



Board of Health Competency Self-Assessment

2022 REPORT CARD

WINDSOR-ESSEX COUNTY
HEALTH UNIT

Department of Planning and
Strategic Initiatives



Introduction

In May 2022, a competency based self-assessment survey was distributed to WECHU Board of Health (BoH) members. This survey was structured around twelve competency areas and was developed based on the Ontario Public Health Standards (OPHS)(2021), the WECHU BoH By-laws, and the Association of Local Public Health Agencies Board of Health Governance Toolkit. The purpose of this approach was to identify the strengths of the BoH, while also identifying opportunities to provide additional training and support. The OPHS (2021), under the Good Governance and Management Practices Domain, states: “the board of health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an analysis of the results, board of health discussion, and implementation of feasible recommendations for improvement, if any”.

The same survey was implemented in 2017, 2018, 2020, and again in 2022, allowing for a comparison of the data across years. Current BoH membership includes 11 members, of which 10 completed the 2022 self-evaluation competency survey.

Results

Competency Scores

There were 2 to 4 questions asked for each of the 12 competency areas. Average scores for each competency range from 0 to 4. The BoH average scores for each statement can be found in [Appendix A](#). The overall BoH average score for each competency, along with the difference from the satisfactory and optimal range, can be found in **Table 1**.

The satisfactory response range (BoH average scores greater than 2, but below 3) reflects a score indicating that BoH members, on average, have the necessary competencies to successfully complete tasks related to that topic, but might require assistance from an expert at times.

The optimal response range (BoH average scores greater than or equal to 3) represents areas where BoH members on average are able to function most effectively, and are able to perform actions related to these topic areas without expert assistance.

Table 1. Competency scores

Competency	2018 BoH Average (baseline)	2020 BoH Average	2022 BoH Average	Difference from 2020 Average	2022 Difference from satisfactory	2022 Difference from optimal
Knowledge and Delivery of Public Health Programs/Services	1.74	1.87	1.63	↓0.24	↓0.37	↓1.37
Legal	1.95	2.1	2.07	↓0.03	↑0.07	↓0.93
Risk Management	2.31	2.3	2.07	↓0.23	↑0.07	↓0.93
Health Equity	2.04	2.35	2.00	↓0.35	↔0.00	↓1.00
Strategic and Operational Planning	2.44	2.43	2.50	↑0.07	↑0.5	↓0.50
Financial Management	2.37	2.6	2.63	↑0.03	↑0.63	↓0.37
Human Resources	2.52	2.65	2.40	↓0.25	↑0.40	↓0.60
Performance Management and Quality Improvement	2.54	2.65	2.45	↓0.20	↑0.45	↓0.55
Communication and Marketing	2.62	2.67	2.67	↔0.00	↑0.67	↓0.33
Community Partners and Stakeholder Engagement	2.64	2.7	2.57	↓0.13	↑0.57	↓0.33
Political Acumen	2.65	3.02	2.88	↓0.14	↑0.88	↓0.12
Leadership and Governance	3.02	3.08	3.10	↑0.02	↑1.1	↑0.01

The overall average for 2022 was 2.46, which lower than the 2020 average of 2.54.

As shown in **Table 1**, average scores in 2022 were lower than those in 2020 for all but four competencies (Strategic and Operational Planning, Financial Management, Communication and Marketing, and Leadership and Governance).

Figures 1 and 2 are visual representations of the BoH average score on each competency compared to the satisfactory and optimal range. Scores for all but one competency (Knowledge and Delivery of Public Health Program/Services) fell into the satisfactory range, while scores for only one (Leadership and Governance) fell into the optimal range.

Figure 1. Average scores compared to the satisfactory and optimal range

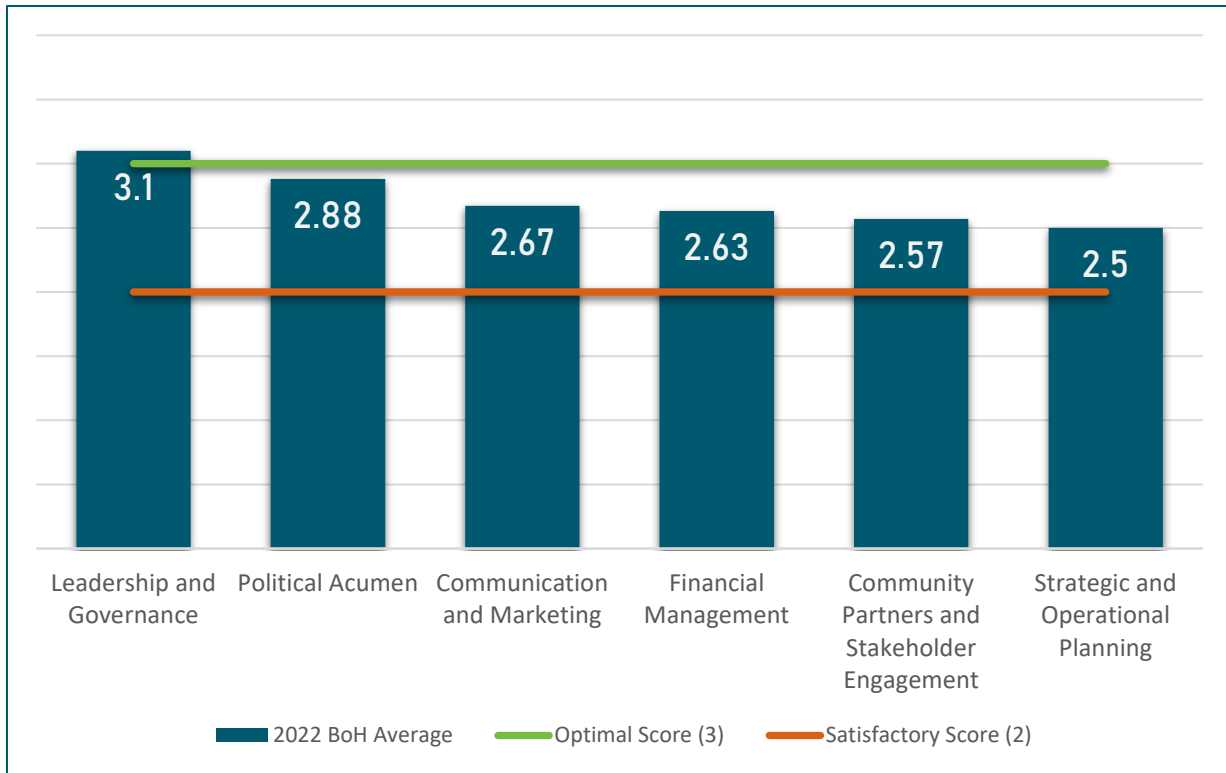
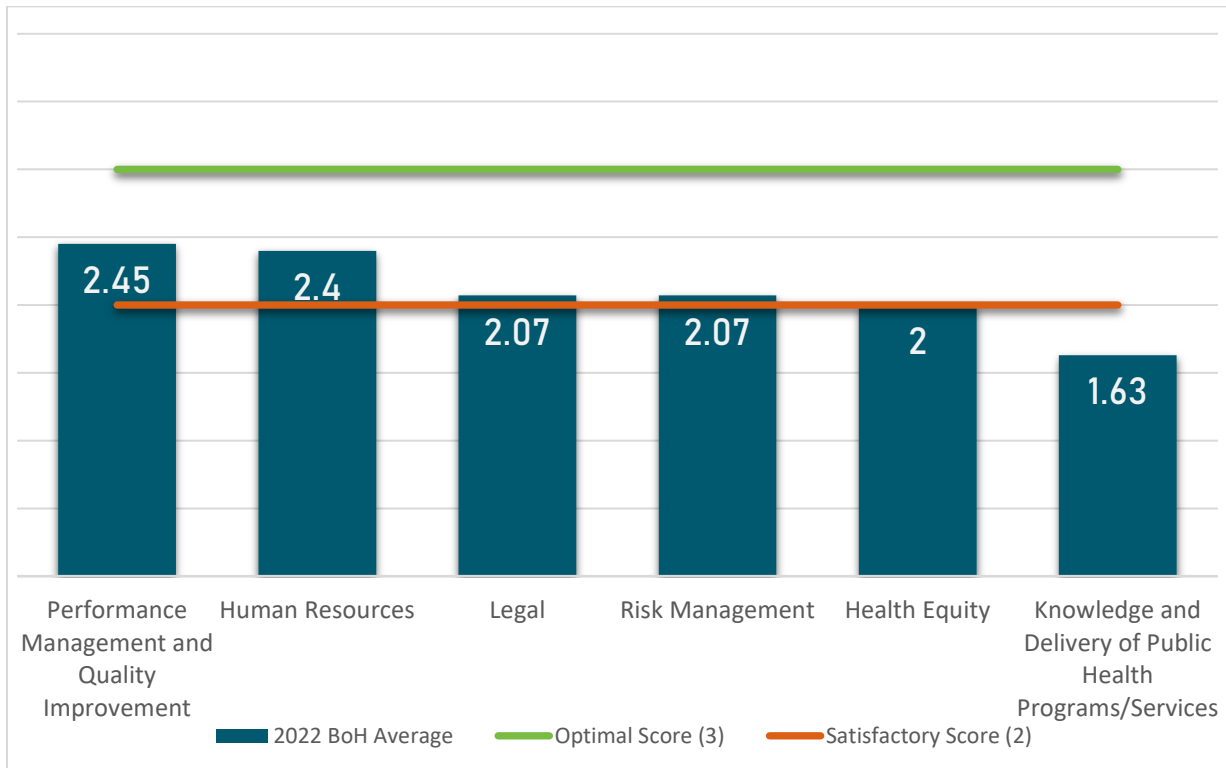


Figure 2. Average scores compared to the satisfactory and optimal range (con't).

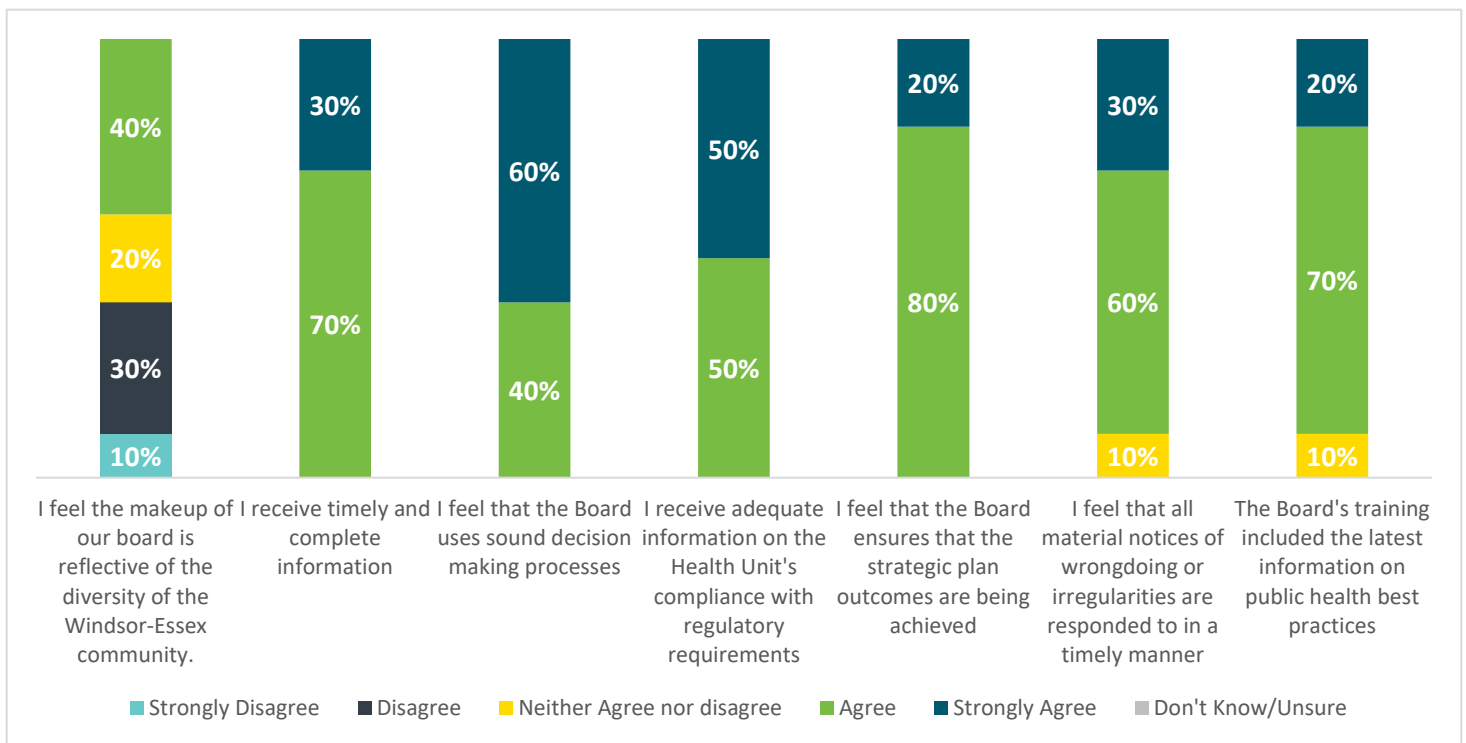


Board of Health Operations

To gain a better understanding of BoH operations, members of the BoH were asked to indicate their agreement with 7 statements related to their experiences. **Figure 3** provides a visual representation of the BoH responses to these 7 statements. **Appendix B** includes a list of the 7 statements and the percentage of those that agreed or strongly agreed with each statement. All of the BoH members who completed the survey stated that based on their experiences they 'agreed' or 'strongly agreed' with the following five statements:

- I feel the Board uses sound decision-making processes
- I receive adequate information on the Health Unit's compliance with regulatory requirements
- I receive timely and complete information
- I feel that the Board ensures that the strategic plan outcomes are being achieved.

Figure 3. BoH agreement with Board operations based on their experience.



The only statement with which some of the board disagreed (40%) was that the makeup of the board is reflective of the diversity of the Windsor-Essex community.

Decision Making

Members were also asked to provide suggestions as to what could be done to improve the BoH's decision making. The most commonly cited suggestions centered on how the Board communicates internally. There is a desire to hold more robust discussions before voting and that these discussions can be enhanced by committing to use the full two hours of reserved meeting time. Additionally, conducting a survey with BoH members after the meetings can gather feedback on the perceptions of the participants in regards to the decision making process.

The survey respondents noted that external communications should continue to focus on working together with the municipalities on major issues; as well as consulting with the public, especially with residents who have lived experiences.

Other suggestions around improving board decision making included facilitating team building exercises to enhance member relationships, focusing on improving the diversity of the members, offering orientation/refreshers, as well as training on governance and fiduciary responsibility.

Additional Comments and Suggestions

Lastly, members were asked if they had any further comments or suggestions. Three respondents provided additional comments. The themes of the comments included the desire to return to in-person meetings as soon as possible, to explore appointing new members with each term of City of Council for fresh ideas, and to take note that the Ontario Ministry of Health has been very slow to appoint new board members.

Overall Recommendations

- Provide training education sessions to board members, beginning with those areas with the lowest scores (i.e., Knowledge and Delivery of Public Health Programs and Services, Legal).
- Return to in-person Board meetings when practical.
- Consideration of BoH diversity should be given in selecting/appointing members to be more reflective of the Windsor-Essex community and for appointments to be made in a more expedient manner.

Appendices

Appendix A: 2022 BoH mean scores for each statement by competency

	BoH Average	Minimum	Maximum
Leadership and Governance			
Service on other boards or committees.	3.10	2.00	4.00
Decision-making that considers the impact on relevant stakeholders.	3.10	2.00	4.00
Leadership-level guidance of organizational operations.	3.10	2.00	4.00
Guiding an organization through change to reach their goals.	3.10	2.00	4.00
Financial Management			
Managing a budget within an organization.	2.70	0.00	4.00
Assessing financial information.	2.40	0.00	4.00
Creating innovative approaches to deal with fiscal restraints.	2.60	0.00	4.00
Re-allocating resources within an organization.	2.80	0.00	4.00
Human Resources			
Attracting and retaining employees.	2.40	0.00	3.00
Assessing the work-related performance of employees.	2.30	0.00	3.00
Succession planning in an organization.	2.60	0.00	4.00
Addressing challenges in a unionized environment.	2.30	0.00	4.00
Political Acumen			
Understand the formal process for decision making at the municipal level.	3.00	1.00	4.00
Identifying key players in the political decision making process.	3.30	1.00	4.00
Developing healthy public policies (e.g., analyzing, planning, implementing, and evaluating policy).	2.60	1.00	4.00
Advocating for the passing and enforcement of healthy public policies.	2.60	1.00	4.00
Legal			
Managing organizational legal considerations.	2.10	0.00	3.00
Applying ministry-level legal requirements in an organization.	2.20	0.00	3.00
Adhering to ministry required Board of Health legal obligations.	1.90	0.00	4.00
Risk Management			
Identifying organizational risks.	2.20	1.00	3.00

	BoH Average	Minimum	Maximum
Documenting the cause and consequence(s) of identified organizational risks.	1.90	1.00	3.00
Prioritization of risks to determine which should be addressed by an organization.	2.10	1.00	3.00
Knowledge/ Delivery of Public Health Prgms/Services			
Implementation of the Ontario Public Health Standards.	1.30	0.00	3.00
Developing evidence-based programs/services.	1.90	0.00	4.00
Integrating client/customer needs into programs/services.	1.70	0.00	3.00
Strategic and Operational Planning			
Development of organizational strategic plans.	2.60	0.00	4.00
Working towards organizational strategic priorities.	2.60	0.00	4.00
Monitoring progress towards meeting a strategic plan.	2.30	0.00	4.00
Community Partners and Stakeholder Engagement			
Identifying key partners/stakeholders.	2.30	0.00	4.00
Establishing strong partnerships with other organizations.	2.80	1.00	4.00
Resolving conflicts between partners/stakeholders.	2.60	1.00	4.00
Performance Mgmt and Quality Improvement			
Supporting an organizational culture of continuous quality improvement.	2.50	1.00	4.00
Making organizational decisions based on the quality of programs/services.	2.40	1.00	4.00
Communication and Marketing			
Successfully communicating organizational messages to the media.	2.70	0.00	4.00
Representing the interests of an organization in the media.	2.80	0.00	4.00
Interacting with partners to promote programs/services.	2.50	0.00	4.00
Health Equity			
Identifying barriers individuals face when accessing public health services.	2.00	1.00	4.00
Consideration of health inequities in program/services decision making.	2.00	1.00	4.00

**Appendix B: BoH agreement with statements related to Board operations
(respondents answered either strongly agree or agree).**

Statement	% in agreement
a) I feel that the Board uses sound decision making processes.	100%
b) I receive adequate information on the Health Unit compliance with regulatory requirements.	100%
c) I feel that all material notices of wrongdoing or irregularities are responded to in a timely manner.	90%
d) I receive timely and complete information.	100%
e) The Board's training included the latest information on public health best practices.	90%
f) I feel that the Board ensures that the strategic plan outcomes are being achieved.	100%
g) I feel the makeup of our board is reflective of the diversity of the Windsor-Essex community.	40%



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