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| **Part 1** |
| **Submitted by (Name & Program):** |       |
| **Date of Original Submission:** |       |
| **Submitted to:** *Refer to Map of PPH Groups* |       |
| Issue: *Describe the issue and the impact on the public’s health. What do you think is the public policy that needs to be enforced, changed, or developed?* |
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| Current Context: *Describe the situation. Are there other organizations, community groups working on this issue? Is there a time-sensitive need to respond?* |
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| **Background Information:** *What information further explains the issue? Provide relevant information from community stories and input, Community Health Assessment, Health for All report, locally produced information etc.* |
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| Options and Analysis: *Describe the type of action you propose or support required. Consider:**Who (group or program) should lead this?* *Who helps?* *Who should know?* |
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| Potential Stakeholders: *Which external partners should be involved? What organization/partners in the community could provide support? What is their role (consultation, financial, community engagement etc.)?* |
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| Public Health Strategic Priorities: *Indicate the related strategic priorities and content areas (choose all that apply).* |
| [ ] Healthy Public Policy [ ] Health Equity[ ] Closing the Gaps in Indigenous Health [ ] Healthy Built Environment[ ] Substance Use [ ] Injury Prevention[ ] Physical Activity[ ] Nutrition Promotion[ ] Mental Health Promotion[ ]  Healthy Sexuality & Harm Reduction | [ ]  Early Childhood Development & Healthy Parenting[ ] Communicable Disease Control & Immunization[ ] Clinical Nurse Specialist Practice Council[ ] Families First Practice Council[ ] Public Health Dietitian Practice Council[ ] Public Health Nursing Practice Council[ ] Population & Public Health Operations Team[ ] Strategic Directions[ ] Other |
| **Part 2: To be completed by lead group or program** |
| **Planned Action:** *Describe the planned approach to address the issue.* |
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| Actions Taken: *Describe the actions and outcomes. Include rationale for decisions made.* |
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| *Date of resolution:* |
|       |