ONTARIO PUBLIC HEALTH STANDARDS

DRAFT & CONFIDENTIAL

THIS DRAFT IS FOR CONSULTATION PURPOSES ONLY AND IS SUBJECT TO CHANGE.

THE FINAL STANDARDS MUST BE APPROVED BY THE MINISTERS OF HEALTH AND LONG-TERM CARE, CHILDREN AND YOUTH SERVICES, AND HEALTH PROMOTION.

February 19, 2007

NOTES FOR CONSULTATION PURPOSES

Footnotes

Please note that, for the purpose of the consultation process, this document includes footnotes which are intended either to clarify proposed protocols or provide definitions of key terms. These explanations appear only the first time a term is used in a Foundational or Program Standard.

Most footnotes will not be in the final *Ontario Public Health Standards* document; however, information from the footnotes may be captured in other supporting documents such as the protocols and/or Implementation Resource Manual.

Protocols

The *Ontario Public Health Standards* specify those programs and services that all boards of health are required to provide ("the what"). Many of the standards are supported by specific government protocols or proposed protocols that further delineate expectations for carrying out the requirements ("the how"). Boards of health are accountable for following the procedures as outlined in the protocols.

Protocols have been identified throughout the document, either by date if they exist, or by proposed new protocol name. For consultation purposes the footnotes describe the content of the proposed protocols.

Implementation Resource Manual

It is proposed that an Implementation Resource Manual will accompany the final and approved *Ontario Public Health Standards* to guide and assist boards of health to consistently implement the renewed standards across the province. The manual may include the following for each standard: an introduction with an epidemiological summary of the topic area, an overview of the key issues for public health related to each area, and a high-level description of the role of public health in the area; logic models to support the documentation of the relationship between public health requirements, outcomes and goals; requirements as outlined in the *Ontario Public Health Standards*; and public health research priorities to highlight priorities for specific topic areas including a collection of evidence-based research.

Glossary

Please refer to page 64 for a draft glossary of terms that has been developed to support the consultation on the *Ontario Public Health Standards (OPHS)*. The glossary will not appear in the final *OPHS* but may be included in a supporting document to the *OPHS.*

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INTRODUCTION

Purpose

The *Ontario Public Health Standards* establish the minimum requirements for fundamental public health programs and services necessary for disease prevention, as well as the promotion and protection of health. These standards frame the expectations for boards of health, which are responsible for providing relevant programs and services that contribute to the physical, mental and emotional health, and well-being of Ontarians. Boards of health are responsible for planning and delivering a variety of public health programs and services that address the health needs and contexts of their local communities, including social, economic, behavioural, cultural and physical factors.

Scope and Accountability

The scope of these standards encompasses a broad range of public health-related activities including: population health assessment and health surveillance; improving and promoting health; preventing diseases, disabilities or injuries; preventing, investigating and controlling infectious diseases; protecting against environmental health hazards; and preparing and responding to urgent and emergent health issues. These activities may be directed at an entire population, vulnerable groups or individuals. The *Ontario Public Health Standards* embed the concepts of population health and health promotion.

The *Ontario Public Health Standards* identify those requirements that enable movement towards desired outcomes, based on evidence and best practice. Boards of health shall tailor local programs and services to meet local needs and achieve desired outcomes, where consistent implementation across the province is not required to meet provincial outcomes.

This document specifies only those programs and services that all boards of health shall provide and is not intended to encompass the total potential scope of public health programming in Ontario.

Many of the standards are supported by specific government protocols (or any other documents referred to in these standards). Protocols further delineate expectations for carrying out requirements. Boards of health are accountable for the standards outlined herein, as well as the accompanying protocols.

Statutory Basis

Legal authority for the *Ontario Public Health Standards* is established under Section 7 of the *Health Protection and Promotion Act*, which grants authority to the Minister of Health and Long-Term Care to: “publish guidelines for the provision of mandatory health programs and services, and every board of health shall comply with the published guidelines.” (R.S.O. 1990, c. H.7, s.7(1)) Where there is a reference to the *Health Protection and Promotion Act* in this document, the reference includes the *Act* and its regulations.

Part II of the *Act*, Section 5 specifies that boards of health (as defined in the *Act*) must provide or ensure the provision of a minimum level of public health programs and services in specified areas.

The following programs are administered by the Ministry of Health and Long-Term Care:

- Infectious Diseases
  - Infectious Diseases Prevention and Control
  - Rabies Prevention and Control
  - Tuberculosis Prevention and Control
  - Sexual Health, Sexually Transmitted Infections, Blood-Borne Infections, including HIV
  - Vaccine Preventable Diseases

- Environmental Health
  - Food Safety
  - Drinking Water Systems and Recreational Water Safety
  - Health Hazard Prevention and Management

- Emergency Preparedness
  - Public Health Emergency Preparedness and Response

The following programs are administered by the Ministry of Health Promotion:

- Chronic Diseases and Injuries
  - Chronic Disease Prevention
  - Prevention of Injury and Substance Use and Abuse

- Family Health
  - Reproductive Health
  - Child Health (including Healthy Babies Healthy Children, which is administered by the Ministry of Children and Youth Services)

Boards of health may deliver additional programs and services in response to local needs identified within their communities, as acknowledged in Section 9 of the *Health Protection and Promotion Act*.

In accordance with the *Ontarians with Disabilities Act* and the *Ontario Human Rights Code*, boards of health shall ensure that educational, social and environmental barriers to accessing public health programs and services are minimized. Barriers can include, but are not limited to, education, literacy levels, language, culture, geography, economic circumstances, social factors, as well as mental and physical ability. Endeavours by boards of health to minimize barriers may include adjusting existing programs and/or developing new or special programs, as well as selecting sites and venues that are barrier-free and have appropriate access for special groups.

Furthermore, boards of health shall take into account that, in keeping with the *French Language Services Act*, services in French should be made available to French-speaking Ontarians in designated areas.

For greater specificity, boards of health shall comply with all applicable Ontario laws, including but not limited to: *Day Nurseries Act*, *Employment Standards Act,*

Immunization of School Pupils Act, *Occupational Health and Safety Act*, and the *Personal Health Information Protection Act.*

Overarching Principles

The delivery of public health programs and services occurs in multi-faceted and complex physical, cultural, social and economic environments that are significantly different across Ontario. As such, there are many factors that influence and shape the public health response required to achieve a desired outcome.

Effective public health programs and services require an understanding of health needs, and identifying what kinds of interventions can impact positively on these needs. It also requires identifying appropriate roles within the achievable capacity of boards of health to implement those interventions, in collaboration with partners.

To ensure that boards of health plan, assess/monitor, and manage/implement the delivery of mandatory public health programs and services to meet local needs, while continuing to work towards common outcomes, boards of health shall adhere to the following overarching principles: Need, Impact, Capacity and Partnership/Collaboration.

1. Need

The *Ontario Public Health Standards* encourage flexibility for local public health programming, and emphasize the importance of surveillance and population health assessment for program planning and service delivery – elements of a continuous quality improvement process.

To achieve these standards optimally, boards of health shall tailor their programs and services to address differences in the context of their local communities. Boards of health shall continuously engage in ongoing health-risk assessment, surveillance, as well as population health-status assessments, taking into consideration health conditions and other health determinants (social, economic, behavioural, cultural, as well as physical).

Identifying local needs uses a variety of methods, such as epidemiologic, socio-demographic and qualitative, to describe health issues and their determinants. This process uses specific information on: demographics; burden of illness, including mortality and morbidity rates; reproductive outcomes; risk factor prevalence; cultural and social behaviours related to health; health conditions (including injury and substance use); as well as environmental conditions and hazards. Collaboration among boards of health, their local communities, community partners, and government is integral to the interpretation and prioritization of needs. Shared knowledge can assist in leveraging resources and aligning community goals and objectives.

2. Impact

The ability to influence broader societal changes is the responsibility of many parties. As a sector, public health not only acknowledges its impact, but also strives to influence broader societal changes that reduce health disparities and inequities by coordinating and integrating its programs and services with those of other contributors within the community. Public health has a leading role in fostering relationships to support broader

health goals to achieve the best possible outcomes for Ontarians. Many of the program requirements reflect the need to partner with community organizations, other health care providers, and the community-at-large. The degree of integration between public health programs and services within the broader community goals and outcomes will ultimately reflect desired population outcomes, as identified in the *Ontario Public Health Standards*.

In addition, the *Ontario Public Health Standards* have complementary requirements that, taken together, can have a larger impact on the desired outcomes identified in the standards. Boards of health shall use integrated and comprehensive approaches for the planning and delivery of programs. These include linkages, where possible, among the appropriate programs within the *Ontario Public Health Standards.* Comprehensive approaches require a broad-based, multifaceted range of activities that employ more than one health promotion strategy.

Boards of health shall plan, implement and evaluate their programs and services by considering the following:

- *Is there reasonable evidence of the effectiveness of the tailored intervention in the scientific literature or in reviews of best practices?* The *Ontario Public Health Standards* has taken into account the best evidence available in establishing the requirements. Boards of health shall draw on relevant research, evidence and best practices to support integration of these requirements within their specific context to achieve immediate desired outcomes.
- *Are the interventions compatible with the scope of programming for boards of health?* The *Ontario Public Health Standards* incorporate clearly defined public health functions to assist boards of health in managing their programs and services within established roles. Public health activities shall intervene on the level of primary or early prevention and be developed to:
    - Prevent diseases, or eliminate conditions that are important contributors to the burden of disease;
    - Prevent diseases, or eliminate conditions that are potentially important threats to health; and/or
    - Improve the overall health and wellness and resilience of the population, or a sub-set of the population.
- *What are the barriers to accessing maximum health potential for individuals, groups and communities within the purview of each board of health?* Public health interventions shall acknowledge and aim to reduce existing health inequities. Furthermore, boards of health shall not only examine the accessibility of their programs and services to address physical, social, cultural and economic barriers, but also plan, implement and manage programs to consider the relative importance of each intervention to the population or sub-population, to work towards mutually beneficial results.
- *What relevant performance measures exist or can be developed to assess the impact and effectiveness of programs and services?* Management of local programs and services shall require ongoing monitoring of key performance indicators to support continuous quality improvement and evidence-based public health practice.
- *Do interventions have unintended consequences, whether negative or positive, that need to be further assessed to improve understanding of the program itself, or the context in which it is being implemented?* Boards of health shall re-examine program and service outputs and impacts continually by engaging in

relevant data collection and, where appropriate, program evaluation, as outlined in the Foundational Standard.

3. Capacity

Understanding the capacity and amount of resources required is essential for effective management of programs and services. All boards of health shall have the minimum capacity and resources to meet these standards. Capacity encompasses many areas, including organizational structures and processes, workforce development and maintenance, information and knowledge systems, as well as financial resources. Therefore, it is important that boards of health assess their capacity with respect to the breadth and scope of programs and services, in relation to the skill levels of their staff, the accessibility of relevant and timely information, and the financial implications involved in achieving the desired outcomes for their populations.

The cornerstone of public health is the quality of its workforce. The services provided by boards of health shall be planned and delivered by staff with both the required technical/ professional skills, including core competencies in public health. Boards of health shall employ the services of appropriately trained professionals. This shall be consistent with the qualification requirements of the *Health Protection and Promotion Act* and *Ontario Regulation 566,* Qualifications of Boards of Health Staff, regarding medical officers of health, public health dentists, dental hygienists, public health inspectors, public health nurses, and public health nutritionists. Also, boards of health shall employ staff with training in epidemiology, health promotion, toxicology and other backgrounds that are appropriate for interdisciplinary program planning and effective program delivery. Boards of health shall assure a competent public health workforce by providing ongoing quality improvement and life-long learning programs for staff members, including provision of opportunities for formal and informal public health leadership development.

4. Partnership and Collaboration

Public health programs and services shall involve extensive partnerships within the health sector, such as the Local Health Integration Networks, primary health care, and other sectors. Public health engages and promotes community capacity building by fostering partnerships and collaborating with community partners, including the voluntary sector, non-governmental agencies, local associations, community groups, recreational associations, the education sector, the private sector, and others. Where possible, boards of health shall collaborate with other boards of health to support public health programs and services. The quality and scope of local partnerships shall be an essential indicator of success for boards of health in achieving and maintaining a leadership role in creating the conditions necessary for effective change. Boards of health shall continually monitor and evaluate local partnerships and collaborations to determine their effectiveness in supporting their communities.

Boards of health shall provide leadership in identifying issues and developing programs and services, integrating those endeavours with other services in the community, and advocating for the mitigation of health risks, or the implementation of those changes that enhance and promote health in their communities. Boards of health shall foster the creation of a supportive environment for health, including active participation of key stakeholders and community members in the planning, delivery, implementation and evaluation of programs and services. Through their knowledge of community health and

community participation, and with the use of ongoing planning, program evaluation, priority setting, and needs assessment, boards of health shall ensure that programs and services are adapted to address local needs.

Format

The *Ontario Public Health Standards* specify the minimum requirements to be carried out by each board of health. The four principles, outlined above, underpin the standards to be used by boards of health to plan, implement and evaluate public health programs and services.

The standards have been organized as follows:

- **A Foundational Standard,** which addresses evidence-based public health planning and performance and encompasses four specific areas: Population Health Assessment, Surveillance, Research and Knowledge Exchange, as well as Program Evaluation and Performance Measurement. The Foundational Standard outlines specific requirements that underlie and support the Program Standards.
- **Thirteen Program Standards (grouped under five program areas),** which address Chronic Disease and Injury Prevention, Family Health, Infectious Diseases, Environmental Health, and Emergency Preparedness. Specific requirements are articulated for each of these standards.

These standards translate broad directions into outcomes, which may be either immediate (short-term) or intermediate (long-term), and represent intended or specific changes in knowledge, attitudes, skills, behaviours, practices and policies. The standards also outline the activities that boards of health must undertake to achieve the stated outcomes. The intent of these concepts is outlined below:

Goal: A statement that reflects the broadest level of outcomes to be achieved in a specific standard. The work of boards of health, along with community partners, non-governmental organizations, and other governmental bodies, as well as community members, contribute to achieving the goal.

Outcomes: The desired changes that directly or indirectly result from the activities undertaken by boards of health and other community partners, health care organizations, and governments. These include changes in health status, knowledge, attitudes, skills, behaviours, practices and policies.

> **Intermediate Outcomes:** The changes in health status, organizations, systems, norms, policies and practices that are observed over a longer timeframe than immediate outcomes. These outcomes result from the immediate outcomes and include the contributions made by public health to the overall health of the population. These outcomes are achieved by the work of many organizations, as well as boards of health. Boards of health are not held directly accountable for intermediate outcomes.

Immediate Outcomes: The immediate effects or consequences of activities or requirements that often focus on changes in knowledge, attitudes and skills. Boards of health shall direct their efforts towards, and may be held accountable for, immediate outcomes.

Each board of health shall establish internal processes for managing day-to-day operations of programs to achieve desired local outcomes. These processes shall rely on the ability of boards of health to maintain local operational and strategic plans that align with the outcomes articulated in these standards.

Requirements: The specific statements of action and performance. To accommodate different situations facing local boards of health, requirements have been developed to achieve a balance between flexibility and the need to provide clear program direction for the achievement of province-wide outcomes. All boards of health shall demonstrate progress towards provincially set immediate outcomes.

Program requirements have been grouped into four categories that encompass the breadth of activities entailed by public health programs and services. These complementary and inter-dependent categories are:

- Surveillance and Assessment;
- Health Promotion and Policy Development;
- Disease Prevention; and
- Health Protection.

FOUNDATIONAL STANDARD

EVIDENCE-BASED PUBLIC HEALTH PLANNING AND PERFORMANCE

Evidence-based public health is an approach that makes informed, explicit use of evidence that has been derived from a variety of health and social science methods, including population health assessment, surveillance, research and evaluation methods, to arrive at judicious decisions on public health policies and best practices. Collectively, this evidence should:

- Indicate a need for public health action by describing the magnitude, severity and preventability of public health issues including population risk, disease, injury and other health related states;
- Help to determine what public health action should be taken, by identifying options for action and the relative effectiveness of specific interventions aimed at addressing a problem; and
- Record and assess how an intervention was done, by collecting information on the design and implementation of an intervention, the contextual circumstances in which the intervention was implemented, and information on how the intervention was received.

GOAL:

- **To achieve effective public health policy and practices that respond to the evolving social, economic, behavioural, cultural, as well as physical conditions and factors, which are determinants of health and well-being.**

INTERMEDIATE OUTCOMES:

- Population health needs are anticipated, identified, addressed and evaluated.
- Emerging threats to the public's health are prevented or mitigated.
- Community-based planning and delivery of public health programs and services incorporate new knowledge.

POPULATION HEALTH ASSESSMENT:

Population health assessment includes measuring, monitoring and reporting on the status of a population's health. Population health assessment provides the information necessary to understand the health of populations through the collaborative development and ongoing maintenance of population health profiles, the identification of challenges and opportunities, and the monitoring of the health impacts of healthy public policy and programs.

Immediate Outcomes:

- Public health programs and services are planned to address local population health needs.
- Community partners, non-governmental organizations, and governmental bodies are aware of current population health information.

Requirements:

1. The board of health shall maintain current health status, health care utilization, health practices, health behaviours, and demographic indicators and trends, in accordance with the proposed *Evidenced-Based Public Health Planning and Performance Protocol*[1].

2. The board of health shall assess changes in population health status.

3. The board of health shall use population health assessment information, including the assessment of vulnerable groups, to adapt public health programs and services, where feasible.

4. The board of health shall provide population health information to the community, community partners, non-governmental organizations, government bodies, and health care providers.

SURVEILLANCE:

Surveillance is the systematic, ongoing collection, collation and analysis of health-related information that is communicated in a timely manner to all who need to know, so that action can be taken. Surveillance contributes to effective public health program planning, implementation and evaluation. Dissemination of surveillance analyses may take the form of reports, advisories, healthy public policy recommendations, alerts or warnings. Surveillance has historically been associated with communicable diseases and vaccination programs. More recently, it has become commonplace with respect to environmental health issues, child health, reproductive health, chronic disease prevention, and injury prevention.

Immediate Outcomes:

- Early identification of emerging public health threats.
- Resources are reallocated to reflect emergent board of health priorities.
- Required audiences have the information necessary to take appropriate action.

Requirements:

5. The board of health shall conduct surveillance as required by applicable statutes, regulations and provincial protocols, including the collection, collation, analysis, and periodic reporting of health status indicators.

6. The board of health shall interpret and use surveillance data to prioritize resources and communicate information on risks to required audiences, in

[1] The proposed *Evidence-Based Public Health Planning and Performance Protocol* could include the identification of key public health indicators, building on the Association of Public Health Epidemiologists in Ontario (APHEO) indicators, with detailed methods of analysis, including the identification of health disparities or inequities within sub-populations.

accordance with the proposed *Identification, Investigation and Management of Health Hazards Protocol*[2], the proposed *Risk Assessment and Inspections of Facilities Protocol*[3], the proposed *Measures to Control, Prepare for and Prevent Emerging and Established Vector-borne Diseases Protocol*[4], the proposed *Public Health Emergency Preparedness Protocol*[5], and other protocols, as appropriate.

RESEARCH AND KNOWLEDGE EXCHANGE:

Exploring an issue or investigating a question is accomplished through research, which is the organized and purposeful collection, analysis and interpretation of data. Research may involve the primary collection of new data, or the analysis or synthesis of existing data and research findings. Knowledge exchange is collaborative problem-solving among public health professionals, researchers and decision-makers, which takes place through linkage and exchange. It results in mutual learning through the process of planning, producing, dissemination and applying existing or new research in decision-making.

Immediate Outcome:

- Public health professionals and community decision-makers are aware of current research that relates to the factors that underlie good public health, create risks to the public's health, and support effective public health practice.

Requirements:

7. The board of health shall use a range of methods[6] to provide public health professionals, community decision-makers, and community partners with information on the factors that underlie good public health, create public health risks, and support effective public health practice.

8. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange.

9. The board of health shall facilitate public health research activities, which may include activities conducted solely by the board of health or in partnership or collaboration with other organizations.

PROGRAM EVALUATION AND PERFORMANCE MEASUREMENT:

Program evaluation is the systematic gathering, analysis and reporting of data about a program to assist in decision-making. It includes quantitative, qualitative and mixed-

[2] Refer to Health Hazard Prevention and Management Program Standard.
[3] Ibid
[4] Ibid
[5] Refer to Public Health Emergency Preparedness and Response Program Standard.
[6] This may include oral and poster presentations, published articles, lectures, professional development sessions, access to library services, best-practices workshops, web-site resources, list serves, e-bulletins, newsletters, mentoring, tool-kits, orientation sessions, etc.

method approaches. Program evaluation produces the information needed to support the establishment of new programs (needs assessment); to assesses whether evidence-based programs are carried out with the necessary reach, intensity and duration (process evaluation); or to document the effectiveness and efficiency of programs (outcome evaluation). Program evaluation is an integral component of other processes, including performance management, quality assurance, and continuous quality improvement.

Immediate Outcomes:

- Early identification of program implementation issues.
- Public health professionals and community decision-makers are aware of factors contributing to program effectiveness.

Requirements:

10. The board of health shall routinely monitor program activities and impacts to assess and improve the implementation and effectiveness of programs, including collection, analysis and periodic reporting of performance indicators related to inputs, resources, implementation processes, reach, outputs and outcomes.

11. The board of health shall conduct program evaluations when new interventions are developed or implemented, or when there is evidence of unexpected program results, to understand the linkages between inputs, program activities, outputs and program outcomes.

12. The board of health shall use a range of methods to facilitate public health professionals' awareness of the factors that contribute to program effectiveness.

PROGRAM STANDARDS

CHRONIC DISEASES AND INJURIES

CHRONIC DISEASE PREVENTION

GOAL:

- **To reduce the burden of preventable chronic diseases of public health importance[7].**

INTERMEDIATE OUTCOMES:

- Increased awareness among community partners, non-governmental organizations and governmental bodies about community health status, risk factors and risk conditions associated with chronic diseases required to inform program planning and policy development.
- Increased proportion of the population that live, work, play, and learn in healthier environments related to chronic disease prevention.
- Increased adoption of healthy behaviours associated with reducing the risk of chronic diseases of public health importance.
- Increased community participation in developing local programs that reduce chronic diseases of public health importance.
- Sustained increase in food skills and healthy eating practices for vulnerable groups, as determined through surveillance.
- Adoption of healthy eating behaviours, physical activity and tobacco use cessation among vulnerable groups.
- Reduced exposure of the population to environmental tobacco smoke.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of emerging trends related to chronic disease prevention and their associated risk factors and risk conditions.
- Increased awareness of trends and use of local epidemiology to influence the development of healthy public policy and program delivery for chronic disease prevention.

Requirements:

1. The board of health shall, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[8], conduct surveillance of risk factors and their associated risk conditions related to chronic diseases of public health importance.

[7] Chronic diseases of public health importance include: cardiovascular diseases; cancer; respiratory illnesses; type 2 diabetes. Risk factors for chronic diseases include physical inactivity, poor diet, tobacco smoking, alcohol use and other substance use.

[8] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends and vulnerable groups, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*, in the areas of:
    - Healthy eating;
    - Healthy weights;
    - Comprehensive tobacco control[9];
    - Physical activity;
    - Alcohol use; and
    - Exposure to ultraviolet radiation.

3. The board of health shall monitor food affordability, in accordance with the *Monitoring the Cost of a Nutritious Food Basket Protocol*, *June 1, 1998* (or as current).

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Increased capacity of community partners, coalitions and individuals to address the risk factors that reduce chronic diseases.
- Increased community awareness about the importance of creating healthy environments where people live, work, play, and learn.
- Increased community awareness of comprehensive tobacco control, healthy eating, healthy weights, and physical activity.
- Increased food skills and healthy eating practices for vulnerable groups, as determined through surveillance.
- Adoption of healthy eating behaviours, physical activity, and tobacco use cessation among vulnerable groups.
- Increased awareness among the population of the benefits of screening for early detection of breast, cervical and colorectal cancers.

Requirements:

4. The board of health shall work with school boards and/or staff of elementary, secondary and post-secondary educational settings, utilizing a comprehensive health promotion approach,[10] to influence the development and implementation of healthy public policy and/or to create or enhance supportive environments to address:
    - Healthy eating;
    - Healthy weights;
    - Comprehensive tobacco control;

[9] Comprehensive tobacco control includes the benefits of quitting smoking, cessation methods, and local cessation programs and services.

[10] Boards of health shall use integrated and comprehensive approaches for the planning and delivery of programs. These include linkages, where possible, among the appropriate programs within the *Ontario Public Health Standards.* Comprehensive approaches require a broad-based, multifaceted range of activities that employ more than one health promotion strategy.

- Physical activity;
- Alcohol use; and
- Exposure to ultraviolet radiation;

which shall include:

a. Assessing the needs of the educational setting; and
b. Assisting with the development and/or review of curriculum-support resources.

5. The board of health shall use a comprehensive approach to increase the capacity of workplaces to develop and implement healthy public policies and programs and/or to create or enhance supportive environments to address:
   - Healthy eating;
   - Healthy weights;
   - Comprehensive tobacco control;
   - Physical activity;
   - Alcohol use;
   - Work stress; and
   - Exposure to ultraviolet radiation;

   which shall include:

   a. Conducting a situational assessment; and
   b. Reviewing, adapting and/or providing behaviour change support resources and programs.

6. The board of health shall collaborate with food premises to provide information and to support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke, in addition to requirements under the *Smoke-Free Ontario Act.*

7. The board of health shall work with municipalities to support healthy public policy and/or to create or enhance supportive environments in recreational settings and the built environment, regarding the following topics:
   - Healthy eating;
   - Healthy weights;
   - Comprehensive tobacco control;
   - Physical activity; and
   - Exposure to ultraviolet radiation.

8. The board of health shall increase the capacity of community partners to coordinate and develop local/regional programs and services related to:
   - Healthy eating, including community-based food activities;
   - Healthy weights;
   - Comprehensive tobacco control;
   - Physical activity;
   - Alcohol use; and
   - Exposure to ultraviolet radiation;

   by:

   a. Mobilizing and promoting access to community resources;
   b. Providing skill-building opportunities; and
   c. Sharing best practices and evidence.

9. The board of health shall increase community awareness of:
   - Healthy eating;
   - Healthy weights;
   - Comprehensive tobacco control;
   - Physical activity;
   - Alcohol use;
   - Exposure to ultraviolet radiation;
   - The benefits of screening for early detection of breast, cervical and colorectal cancers; and
   - Health inequities related to chronic diseases;

   by:
   a. Adapting and/or supplementing national and provincial health communications strategies; and/or
   b. Developing and implementing regional/local communications strategies.

10. The board of health shall collaborate with community partners to promote provincially approved screening programs related to early detection of breast, cervical and colorectal cancers.

11. The board of health shall improve food skills and healthy eating practices for vulnerable groups.

12. The board of health shall ensure the provision of tobacco use cessation programs and services for vulnerable groups[11].

DISEASE PREVENTION:

Immediate Outcomes:

- Increased participation in local programs and services to prevent chronic diseases.

Requirements:

13. The board of health shall provide expert advice and information on local programs and services to link people to community services and information on the following topics:
   - Healthy eating;
   - Healthy weights;
   - Comprehensive tobacco control;
   - Physical activity;
   - Alcohol use;
   - Screening for chronic diseases and early detection of cancer; and
   - Exposure to ultraviolet radiation.

[11] Vulnerable groups include pregnant and postpartum women, individuals with low socio-economic status (SES), and youth.

HEALTH PROTECTION:

Immediate Outcomes:

- Decreased number of tobacco vendors found in violation of the *Smoke Free Ontario Act.*
- Reduced access to tobacco products by youth.
- Reduced exposure among the population to tobacco advertising.

Requirement:

14. The board of health shall implement and enforce the *Smoke-Free Ontario Act*, according to provincial protocols, including[12] but not limited to: the *Tobacco Vendor and Manufacturer Inspections Protocol, May 2006* (or as current); the *Smoke-Free Ontario Act Inspections Protocol, May 2006* (or as current); and the *Tobacco Vendor Compliance Check Protocol, May 2006* (or as current).

[12] This shall include, but not be limited to: inspection and re-inspection, including enforcement/compliance checks of all tobacco vendors; inspection and re-inspection of appropriate public places and work places; investigation of all complaints under the *Smoke Free Ontario Act*; maintenance of supporting database related to enforcement of the *Smoke Free Ontario Act*; offering to develop a written agreement with every school board, covering all local schools and outlining the roles and responsibilities of the board of health and school officials, and the procedures related to the *Smoke Free Ontario Act*; and provision of *Smoke Free Ontario Act* education and information to the community.

PREVENTION OF INJURY AND SUBSTANCE USE AND ABUSE[13]

GOAL:

- **To reduce the frequency, impact and severity of preventable injury, and of substance use and abuse.**

INTERMEDIATE OUTCOMES:

- Increased awareness of community partners, non-governmental organizations and governmental bodies about the:
  - Community health status;
  - Risk, protective and resiliency factors; and
  - Impact;

  associated with injuries and substance use and abuse to inform program planning and policy development.
- Increased implementation of ongoing and sustainable activities in collaboration with community partners.
- Increased compliance within the population with current legislation related to the prevention of injury and substance use and abuse.
- Sustained behaviour change within the population that contributes to the prevention of injury and substance use and abuse.
- Change in the population's cultural norms towards viewing injuries as predictable and preventable.
- Increased proportion of the population living in safe environments.
- Reduced incidence of injuries and injury-related disabilities and deaths.
- Reduced incidence of substance use and abuse and substance-related injuries, disabilities and deaths.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Increased awareness and use of local epidemiology to influence the development of healthy public policy and program delivery for the prevention of injury and substance use and abuse.
- The greatest contributors of public health importance to the cost and burden of injury and substance use and abuse are addressed in program planning and delivery.

[13] The program name has been changed to more clearly articulate the need to address the prevention of the illegal use of alcohol and other substances (e.g., prevention of serving alcohol to minors; prevention of illegal drug use) and delaying the onset of the use of alcohol and other substances; and the implementation of harm reduction strategies (i.e., any program or policy designed to reduce substance-related harm without requiring cessation of substance use) to prevent substance abuse.

Requirements:

1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends and vulnerable groups, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[14] in the areas[15] of:
   - Alcohol and other substances;
   - Falls across the lifespan;
   - Road and off-road safety; and
   - Other areas of public health importance[16] for the prevention of injuries.

2. The board of health shall use surveillance data as part of a comprehensive approach to assess local injury and substance use and abuse needs, and to plan, implement and evaluate programs and policies that address the prevention of injury and substance use and abuse.

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Increased awareness of community partners, non-governmental organizations, and governmental bodies about the importance of creating safer environments where people live, play and learn.
- Boards of health are consulted as key partners in the development of policies related to the prevention of injury and substance use and abuse.
- Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the prevention of injury and substance use and abuse.
- Community partners are engaged in the prevention of injury and substance use and abuse.
- Mutual understanding is achieved between boards of health and community partners regarding the importance of preventing injury and substance use and abuse.
- Increased public awareness that the majority of injuries are predictable and preventable.
- Increased public awareness of the risk and protective factors and of the impacts associated with injury and substance use and abuse.
- The community, including vulnerable groups, have the skills and knowledge to prevent injury, substance use and abuse, and associated harms.

[14] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

[15] The broad topic areas of alcohol and substances, falls across the lifespan (i.e., including falls in children, youth, adults and older adults) and road and off-road safety (i.e., including motorized vehicles, pedestrians, cyclists, drivers and occupants) encompass the topics that were included in the 1997 *MHPSG* Injury Prevention Including Substance Abuse Prevention program.

[16] "Other areas of public health importance" related to the prevention of injury and substance use and abuse may include violence, suicide, burns, drowning, farm injuries, poisonings, scalds, suffocation, sport and recreation and playground safety (but not playground inspections). Program planning and implementation for other areas of public health importance would be based on local epidemiology and evidence of effective interventions.

Requirements:

3. The board of health shall work with community partners[17], non-governmental organizations and governmental bodies, utilizing an integrated and comprehensive approach, to influence the development and implementation of healthy public policy and/or to create safe and supportive environments that address:
    - Alcohol and other substances;
    - Falls across the lifespan;
    - Road and off-road safety; and
    - Other areas of public health importance to the prevention of injuries as identified by local surveillance, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

4. The board of health shall use a comprehensive approach to increase the capacity of individuals, groups and the community-at-large regarding the prevention of injury and substance use and abuse by:
    a. Collaborating with and engaging public health community partners;
    b. Mobilizing and promoting access to community resources[18];
    c. Providing skill-building opportunities; and
    d. Sharing best practices and evidence for the prevention of injury and substance use and abuse.

5. The board of health shall use a comprehensive approach to increase community awareness in the following areas:
    - Alcohol and other substances;
    - Falls across the lifespan;
    - Road and off-road safety; and
    - Other areas of public health importance to the prevention of injuries, as identified by local surveillance, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*;

    by:
    a. Adapting and/or supplementing national and provincial health communications campaigns; and/or
    b. Developing and implementing regional/local communications strategies.

HEALTH PROTECTION:

Immediate Outcomes:

- Increased public awareness of current legislation related to the prevention of injury and substance use and abuse.

[17] "Community partners" include, but are not limited to, school boards and/or staff, school councils, and students of elementary, secondary and post-secondary educational settings; parents and other stakeholders, etc.
[18] **"**Community resources" include, but are not limited to, volunteers, priority populations, coalitions, stakeholders, access to safety equipment, etc.

Requirements:

6. The board of health shall use a comprehensive approach in collaboration with municipal police, the Ontario Provincial Police, other enforcement agencies and community partners to enhance the awareness of and promote compliance with current legislation[19] related to the prevention of injury and substance use and abuse in the following areas:
    - Alcohol and other substances;
    - Falls across the lifespan;
    - Road and off-road safety; and
    - Other areas of public health importance to the prevention of injuries, as identified by local surveillance, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

[19] "Legislation" includes municipal by-laws (e.g., community safety zones), provincial legislation (e.g., mandatory child car seats under the *Highway Traffic Act*), and federal legislation (e.g., ban on baby walkers under the *Hazardous Products Act*) that support the prevention of injury and substance use and abuse.

FAMILY HEALTH

REPRODUCTIVE HEALTH

GOAL:

- **To enable individuals to achieve their optimal preconception health, experience a healthy pregnancy, have the healthiest infant(s) possible and be prepared for parenthood.**

INTERMEDIATE OUTCOMES:

- Increased proportion of full-term singleton infants born within a healthy birth weight range.
- Increased proportion of community settings providing safe and nurturing environments to support healthy pregnancies and birth outcomes.
- Individuals contemplating pregnancy are physically, emotionally and socially prepared for conception.
- Pregnant women and their families adopt practices to support a healthy pregnancy.
- Expectant parents are physically, emotionally and socially prepared to become parents.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of pregnant women and their families at risk of poor birth outcomes.
- Increased awareness and use of local epidemiology to influence the development of healthy public policy and program delivery for the promotion of reproductive health.

Requirement:

1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends and vulnerable groups, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[20].

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Increased public awareness about the importance of creating environments that support healthy pregnancies and birth outcomes.
- Increased proportion of individuals who adopt health-promoting practices when contemplating pregnancy.

[20] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

- Increased proportion of pregnant women who adopt health-promoting practices.
- Increased proportion of those individuals contemplating pregnancy and expectant parents who report their intention to breastfeed.
- Increased proportion of expectant parents and their families reporting preparation for pregnancy, labour, delivery, postpartum role-adjustment and parenting.
- Increased access among vulnerable groups to reproductive health information and services in the community.

Requirements:

2. The board of health shall work with community partners and governmental bodies, utilizing a comprehensive health promotion approach, to influence the development and implementation of healthy public policies, and/or to create or enhance supportive environments to address:
   - Preconception health;
   - Healthy pregnancies; and
   - Preparation for parenting;

   which shall include:
   a. Conducting a situational assessment; and
   b. Reviewing, adapting and/or providing behaviour change support resources and programs[21].

3. The board of health shall increase public awareness of preconception health, healthy pregnancies and preparation for parenting by:
   a. Adapting and/or supplementing national and provincial health communications strategies; and/or
   b. Developing and implementing regional/local communications strategies.

4. The board of health shall provide, in collaboration with community partners, prenatal programs and services, and supports, which include:
   a. Consultation and referral; and
   b. Group sessions.

5. The board of health shall provide expert advice and information on local programs and services to link people to community services and information on the following topics:
   - Preconception health;
   - Healthy pregnancies; and
   - Preparation for parenting.

6. The board of health shall provide, in collaboration with community partners and non-governmental organizations, outreach to vulnerable groups (as identified by local surveillance) to link them to information and services in the community.

[21] This could include curriculum support resources (in preschools, schools, etc.), workplace support resources, etc.

DISEASE PREVENTION:

Immediate Outcome:

- Increased proportion of pregnant women and their families, at risk of poor birth outcomes, are supported and referred to services in the prenatal period.

Requirement:

7. The board of health shall provide all the components of the Healthy Babies Healthy Children Program, in accordance with the *Healthy Babies Healthy Children Consolidated Guidelines, 2003* (or as current). (Ministry of Children and Youth Services)

CHILD HEALTH

GOAL:

- **To enable all children to attain and sustain their optimal health and developmental potential.**

INTERMEDIATE OUTCOMES:

- Increased access among parents and children to programs and services needed to improve child health.
- Increased proportion of community settings providing safe and nurturing environments for children and their families.
- Increased proportion of families providing safe and nurturing environments for their children.
- Increased rate of exclusive breastfeeding until 6 months and continued breastfeeding with the introduction of appropriate complementary foods until 12 months and beyond.
- Increased proportion of children reaching growth and developmental milestones.
- Increased proportion of children arriving at school healthy, eager and ready to achieve success in school.
- Increased proportion of children with good oral health.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of children at risk of poor developmental outcomes.
- Early detection and identification of children at risk of poor oral health outcomes.
- Increased awareness and use of local epidemiology to influence the development of healthy public policy and program delivery for the promotion of child health.

Requirements:

1. The board of health shall report required oral health data elements, in accordance with the proposed *Oral Health Information Support System Protocol*[22], using provincial information systems.

2. The board of health shall, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[23] and the proposed *Oral*

[22] The Oral Health Information Support System (OHISS) may be developed to replace the CINOT software and also include elements of the Dental Indices Survey. The new protocol could specify the minimum data fields to be collected and the optional fields for local program planning and evaluation.

Health Information Support System Protocol, conduct surveillance of schools and individuals in other schools who may be at risk of poor oral health outcomes.

3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over-time, emerging trends and vulnerable groups, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Increased public awareness about the importance of creating environments that support healthy child development.
- Increased public awareness about positive parenting and child health.
- Increased proportion of women with breastfeeding problems having access to breastfeeding support.
- Increased access among vulnerable groups to child/family health information and services in the community.

Requirements:

4. The board of health shall work with community partners and governmental bodies, utilizing a comprehensive health promotion approach, to influence the development and implementation of healthy public policies, and/or to create or enhance supportive environments to address:
   - Positive parenting;
   - Breastfeeding;
   - Healthy family dynamics;
   - Healthy eating, healthy weights and physical activity;
   - Growth and development (including adolescents); and
   - Oral health;

   which shall include:
   a. Conducting a situational assessment; and
   b. Reviewing, adapting and/or providing behaviour change support resources and programs[24].

5. The board of health shall increase public awareness of:
   - Positive parenting;
   - Breastfeeding;
   - Healthy family dynamics;
   - Healthy eating, healthy weights and physical activity;
   - Growth and development (including adolescents); and
   - Oral health;

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[23] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

[24] This could include curriculum support resources (in preschools, schools, etc.), workplace support resources, etc.

by:
   a. Adapting and/or supplementing national and provincial health communications strategies; and/or
   b. Developing and implementing regional/local communications strategies.

6. The board of health shall provide, in collaboration with community partners, parenting programs and supports, which include:
   a. Consultation and referral; and
   b. Group sessions.

7. The board of health shall provide expert advice and information on local programs and services to link people to community services and information on the following topics:
   - Positive parenting;
   - Breastfeeding;
   - Healthy family dynamics;
   - Healthy eating, healthy weights and physical activity;
   - Growth and development (including adolescents); and
   - Oral health.

8. The board of health shall provide, in collaboration with community partners and non-governmental organizations, outreach to vulnerable groups (as identified by local surveillance) to link them to information and services in the community.

DISEASE PREVENTION:

Immediate Outcomes:

- Increased proportion of children, at risk of poor developmental outcomes, supported and referred to services prior to school entry.
- Increased proportion of children, at risk of poor oral health outcomes, supported and referred to services.
- Increased proportion of children, urgently in need of oral health care, having access to oral health care.
- Increased proportion of children able to obtain essential clinical preventive oral health services.

Requirements:

9. The board of health shall provide all the components of the Healthy Babies Healthy Children Program, in accordance with the *Healthy Babies Healthy Children Consolidated Guidelines, 2003* (or as current). (Ministry of Children and Youth Services)

10. The board of health shall conduct oral screening, in accordance with the proposed *Oral Health Information Support System Protocol*[25]. Where the board of health is denied entry by a school board or school, the board of health

[25] The *Oral Health Information Support System Protocol* could outline the screening processes to be undertaken by boards of health, which may include JK, SK and Grade 2.

shall provide, at least weekly, a screening clinic at an accessible community location.

11. The board of health shall facilitate access to screening tools[26], for parents to monitor their child's health and development, and provide a contact for parents to discuss results and arrange follow-up.

12. The board of health shall provide the Children In Need Of Treatment (CINOT) Program, in accordance with the *Children In Need Of Treatment Program Protocol, 1997* (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor action taken in accordance with the *Child and Family Services Act*.

13. The board of health shall provide, or refer to a local oral health provider and pay for the provision of, essential clinical preventive oral health services at least annually, as defined in the *Determining Eligibility for Preventive Oral Health Services Provided Through Ontario's Boards of Health Protocol, 2002* (or as current)[27].

    The board of health shall provide one-on-one oral health counselling to parents/caregivers of pre-school children, while essential clinical preventive oral health services are being provided by board of health staff.

HEALTH PROTECTION:

Immediate Outcome:

- Early detection and identification of communities with levels of fluoride outside the therapeutic range.

Requirement:

14. The board of health shall review drinking water quality reports for their municipal drinking water supply(ies) at least monthly, and where necessary, take action in accordance with the *Monitoring the Fluoridation of Local Municipal or Regional Water Supply Protocol, 2000* (or as current).

[26] Screening tools will include the Nipissing District Developmental Screen and other reliable, valid screening tools that may be identified, such as NutriSTEP and the Pediatric Dental Screening Instrument.

[27] Essential clinical preventive oral health services are defined as professionally-applied topical fluoride, pit and fissure sealant(s), sports mouthguards and scaling. These will be provided to children (age 0 to 14), identified through surveillance, or referred to the board of health, and who meet the eligibility criteria listed in the *Determining Eligibility for Preventive Oral Health Services Provided Through Ontario's Boards of Health Protocol, 2002*. The eligibility criteria for sports mouthguards and scaling will be identified in an updated version of the protocol. (Note: In addition to the dental eligibility criteria, children must come from low socio-economic status families with no dental insurance to qualify for these services.)

INFECTIOUS DISEASES

INFECTIOUS DISEASES PREVENTION AND CONTROL

GOAL:

- **To prevent or reduce the burden of infectious diseases of public health importance[28].**

INTERMEDIATE OUTCOMES:

- Reduced transmission and incidence of infectious diseases of public health importance.
- Reduced morbidity and mortality associated with infectious diseases of public health importance.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of cases/outbreaks of infectious diseases of public health importance, their associated risk factors/risk conditions**,** and emerging trends.
- Increased awareness and use of local epidemiology to influence the development of health public policy, risk communications**,** and program delivery, to reduce the burden of infectious diseases of public health importance.

Requirements:

1. The board of health shall report required infectious disease data elements, in accordance with the *Health Protection and Promotion Act* and the proposed *Infectious Disease Protocol(s)[29],* using provincial information systems.

2. The board of health shall, in accordance with the proposed *Infectious Disease Protocol(s)*, conduct surveillance of:
   a. Infectious diseases of public health importance, their associated risk factors/risk conditions and emerging trends; and
   b. Infection prevention and control practices of inspected premises.

[28] "Infectious Diseases of Public Health Importance" include, but are not limited to, those specified reportable diseases as set out by Regulation 559/91 (as amended) under the *Health Protection and Promotion Act*. Emerging infectious diseases may be considered of public health importance based on a variety of criteria including their potential for preventability or public health action, seriousness of their impact on the health of the population, and potential spread.

[29] The proposed *Infectious Disease Protocol(s)* could be developed as a consolidated protocol and/or for specific protocols for existing diseases and diseases yet to be determined, and could include instructions on the required data elements, surveillance and information on the public health management of infectious diseases of public health importance. These would support consistency in the policy and procedures manuals that boards of health currently develop independently.

3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends and vulnerable groups, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[30].

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Increased awareness among appropriate community partners, non-governmental organizations, governmental bodies, and health care providers of the local epidemiology of infectious diseases of public health importance.
- Increased awareness among appropriate community partners, non-governmental organizations, governmental bodies, and health care providers of infection prevention and control practices.
- Increased use of appropriate infection prevention and control practices in settings that are required to be inspected.
- Increased capacity of all hospitals, long-term care homes (LTCHs) and other settings with risk of infections to prevent and control infectious disease.
- Improved ability of hospitals, LTCHs and other settings with risk of infections to manage cases/outbreaks of infectious diseases of public health importance.

Requirements:

4. The board of health shall work with community partners to improve public knowledge of infectious diseases of public health importance and infection prevention and control practices by adapting and/or supplementing national and provincial health communications strategies and/or developing and implementing regional/local communications strategies. Topics to address shall include:
    - Epidemiology of infectious diseases of public health importance that are locally prevalent;
    - Respiratory etiquette;
    - Hand hygiene;
    - Vaccinations and medications to prevent or treat infectious diseases of public health importance; and
    - Other measures, as new interventions and/or diseases arise.

5. The board of health shall participate on committees or advisory bodies that address infection prevention and control practices[31] of (but not limited to):
    a. Hospitals; and
    b. LTCHs.

    The board of health shall consult on the development and/or revision of:
    a. Infection prevention and control policies and procedures;

[30] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol.*

[31] Infection prevention and control practices that may be addressed could include having current, evidence-based infection prevention and control policies and conducting regular staff education sessions to communicate and enhance awareness about the policies' content.

b. Surveillance systems for infectious diseases of public health importance; and
c. Response plans to cases/outbreaks of infectious diseases of public health importance.

6. The board of health shall work with appropriate partners[32] to increase awareness among relevant community partners**,** including correctional facilities, health care**,** and other service providers of:
   a. The local epidemiology of infectious diseases of public health importance;
   b. Infection prevention and control practices; and
   c. Reporting requirements for reportable diseases, as specified in the *Health Protection and Promotion Act***.**

DISEASE PREVENTION:

Immediate Outcomes:

- Reduced number of secondary cases resulting from sporadic cases or outbreaks of infectious diseases of public health importance.
- Public health management of all reported cases/contacts/outbreaks of infectious diseases of public health importance, according to best practice provincial/national protocols.

Requirements:

7. The board of health shall be available on a 24/7 basis to receive reports of and respond to infectious diseases of public health importance, in accordance with the *Health Protection and Promotion Act*, the *Mandatory Blood Testing Act*, the proposed *Infectious Disease Protocol(s)***,** and the proposed *Notification of Emergency Service Workers Protocol*[33].

8. The board of health shall receive reports of and respond and/or refer to appropriate regulatory bodies, in accordance with applicable provincial legislation, complaints regarding infection prevention and control practices, in accordance with the proposed *Infection Prevention and Control Practices Complaint Protocol*[34].

9. The board of health shall receive reports of and respond to complaints regarding infection prevention and control practices in settings for which no regulatory bodies exist, particularly personal service settings in which invasive procedures are undertaken.

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[32] Partners may include, but are not limited to, Regional Infection Control Networks and the proposed Ontario Agency for Health Protection and Promotion.

[33] The proposed *Notification of Emergency Service Workers Protocol* will build on the *Preventing and Assessing Occupational Exposures to Selected Communicable Diseases: An Information Manual for Designated Officers (Nov. 1994*) and be updated to reflect the *Mandatory Blood Testing Act.*

[34] The proposed *Infection Prevention and Control Practices Complaint Protocol* could include instruction for responding to complaints regarding infection prevention and control practices, according to relevant legislation, guidelines and best practice documents.

10. The board of health shall adapt and respond to local, provincial/territorial, federal and international changes in disease epidemiology, as appropriate.

11. Based on local epidemiology and epidemiological information on identified risks associated with infectious diseases of public health importance, the board of health shall supplement provincial efforts in managing risk communications to the appropriate stakeholders.

12. The board of health shall develop and implement mechanisms[35] for communicating in a timely and comprehensive manner with all relevant health care and other partners about infectious disease issues.

HEALTH PROTECTION:

Immediate Outcome:

- Increased use of appropriate infection prevention and control practices in settings that are required to be inspected.

Requirement:

13. The board of health shall, in accordance with *Infection Control in Personal Services Settings Protocol, 1998* (or as current)[36], the proposed *Infection Prevention and Control in Day Nurseries Protocol*[37]*,* and the proposed *Infection Prevention and Control in Other High-Risk Settings Protocol*[38]*,* inspect settings associated with risk of infectious diseases of public health importance.

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[35] Such mechanisms will facilitate communications about urgent or emerging infectious diseases, increases in baseline rates of infectious diseases of public health importance, etc.**,** and might include mechanisms**,** such as maintaining a comprehensive, up-to-date database of relevant health care and other partners.

[36] *Infection Control in Personal Services Settings Protocol,1998 (*or as current). Note that this protocol is currently being revised.

[37] Proposed *Infection Prevention and Control in Day Nurseries Protocol*. This inclusive protocol could address the prevention of enteric, respiratory and blood-borne diseases. It could include routine infection**-**control practices (e.g. hand-hygiene) food-handler safety, physical setting requirements, cleaning and disinfection**,** and health of day workers**,** including recommended immunizations and attendance management policies. It would also incorporate proposed legislation and best practices.

[38] Proposed *Infection Prevention and Control in Other High-Risk Settings Protocol,* could address practices as noted for the proposed *Infection Prevention and Control in Day Nurseries Protocol* in other high-risk settings (i.e., boarding houses and lodging houses, migrant farm workers' housing, homes for the aged, and homes for special care).
Potential risk settings include, but are not limited to:

- Licensed day nurseries;
- Personal services settings;
- Boarding houses and lodging houses with five or more residents;
- Migrant farm workers' housing (if the housing constitutes a private residence and the resident refuses entry, entry may not be made without a warrant from a justice of the peace, under *HPPA*, s.43);
- Residential facilities for the aged;
- Homes for special care.

RABIES PREVENTION AND CONTROL

GOAL:

- **To prevent the occurrence of rabies in humans.**

INTERMEDIATE OUTCOMES:

- Reduced incidence of suspected rabies exposures among humans.
- Prevention of human rabies in all reported suspected rabies exposures.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of local positive reports of rabies in animal species and other emerging risks and trends associated with rabies in humans.
- Increased awareness and use of local epidemiology to influence the development of healthy public policy and program delivery to prevent the occurrence of rabies in humans.

Requirements:

1. The board of health shall liaise with the Canadian Food Inspection Agency to identify local cases of rabies in animal species.

2. The board of health shall report rabies data elements, in accordance with the *Health Protection and Promotion Act* and the proposed *Rabies Protocol*[39], using provincial information systems.

3. The board of health shall, in accordance with the proposed *Rabies Protocol*, conduct the surveillance of rabies to identify prevention strategies and audiences for educational efforts.

4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends and vulnerable groups, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[40].

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[39] *Rabies Protocol* to be developed based on the existing "Guidelines for the management of rabies exposures" and could include activities currently outlined in Regulation 557 and 567 of the *Health Protection and Promotion Act.* This protocol could also include instructions on the required rabies data elements, surveillance and information on the public health management of Rabies and components for a Rabies Contingency Plan.

[40] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcome:

- Increased awareness of rabies and its prevention in the community.

Requirement:

5. Based on local epidemiology, the board of health shall work with community partners, non-governmental organizations, and governmental bodies to improve public knowledge of rabies and its prevention in the community by supplementing national/provincial education/communications strategies and/or developing and implementing regional/local communications strategies[41].

DISEASE PREVENTION/HEALTH PROTECTION:

Immediate Outcomes:

- Timely reporting to the board of health of all suspected rabies exposures by those in the community.
- Public health management of reported suspected rabies exposures, in accordance with the proposed *Rabies Protocol*.
- Preparedness for emerging rabies threats.

Requirements:

6. The board of health shall communicate annually the reporting requirements for suspected rabies exposures with the individuals specified in the *Health Protection and Promotion Act.*

7. The board of health shall receive, investigate and manage reports of suspected rabies exposures, in accordance with the *Health Protection and Promotion Act* and the proposed *Rabies Protocol*.

8. The board of health shall have a Rabies Contingency Plan, as outlined in the proposed *Rabies Protocol*, to address the prevention and control of emerging rabies threats.

[41] This requirement does not explicitly address the promotion of rabies vaccination for cats and dogs because there have been few such cases in recent years. However, this requirement does not preclude the possibility of such activities in the future.

TUBERCULOSIS PREVENTION AND CONTROL

GOAL:

- **To prevent and reduce the burden of tuberculosis (TB).**

INTERMEDIATE OUTCOMES:

- Reduced transmission of TB.
- Reduced progression of latent TB infection (LTBI) to active TB.
- Reduced incidence of drug-resistant TB.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of emerging risks and trends of TB and its associated risk factors and conditions.
- Increased awareness and use of local epidemiology to influence the development of healthy public policy and program delivery to prevent and reduce the burden of TB.

Requirements:

1. The board of health shall report TB data elements, in accordance with the *Health Protection and Promotion Act* and *Tuberculosis Control Protocol, 2006* (or as current), using provincial information systems.

2. The board of health shall, in accordance with the *Tuberculosis Control Protocol, 2006* (or as current), conduct surveillance of active tuberculosis and LTBI.

3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends and vulnerable groups, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[42].

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Improved capacity of community partners, non-governmental organizations, governmental bodies**,** and health care providers to effectively manage TB.
- Improved community access to the diagnosis and treatment of TB.
- Improved community understanding of TB as a disease and the risks related to TB.

[42] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

Requirement:

4. Based on local epidemiology, the board of health shall engage in health promotion and policy development activities with community partners, non-governmental organizations, governmental bodies, and health care providers that have clients/contact with vulnerable groups[43].

DISEASE PREVENTION/HEALTH PROTECTION:

Immediate Outcomes:

- Mitigated public health risks associated with active TB.
- Isolation of individuals with infectious TB.
- Increased proportion of individuals with active TB (cases) receiving necessary medication.
- Early identification of additional individuals with active TB or LTBI.
- All individuals with LTBI offered appropriate treatment.

Requirements:

5. The board of health shall provide public health management of cases to minimize the public health risk, in accordance with the *Tuberculosis Control Protocol, 2006* (or as current).

6. The board of health shall provide a mechanism for access to TB medication at no cost to clients or provider.

7. The board of health shall provide or facilitate the identification, assessment and public health management of contacts of active cases, in accordance with the *Tuberculosis Control Protocol, 2006* (or as current).

8. The board of health shall provide or facilitate the identification and effective public health management of individuals with LTBI, in accordance with the *Tuberculosis Control Protocol, 2006* (or as current), with a particular focus on people at highest risk of progression to active TB[44].
9. The board of health shall adapt and respond to local, provincial/territorial, federal and international changes in disease epidemiology, as appropriate.

[43] For the purpose of this requirement vulnerable groups may include, but are not limited to, those incarcerated in correctional facilities, Aboriginal peoples and First Nation communities, refugees and recent immigrants, and homeless persons. Contact with neighbouring jurisdictions and an understanding of their vulnerable groups will also be important to consider here.

[44] People at highest risk of progression to active TB may include recent contacts, immuno-compromised, and recent arrivals to Canada.

SEXUAL HEALTH, SEXUALLY TRANSMITTED INFECTIONS, BLOOD-BORNE INFECTIONS[45] (INCLUDING HIV)[46]

GOALS:

- **To prevent or reduce the burden of sexually transmitted infections and blood-borne infections.**
- **To promote healthy sexuality.**

INTERMEDIATE OUTCOMES:

- Increased adoption of healthy behaviours among the population regarding sexual health.
- Enhanced supportive social environments regarding healthy sexuality.
- Decreased rate of adolescent pregnancy.
- Reduced transmission and incidence rates of sexually transmitted infections and blood-borne infections.
- Reduced morbidity and mortality associated with sexually transmitted infections and blood-borne infections.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of emerging trends related to sexual health, sexually transmitted infections, and blood-borne infections and their associated risk factors, risk conditions, and risk behaviours.
- Increased awareness of trends and use of local epidemiology to influence the development of healthy public policy and program delivery to prevent or reduce the burden of sexually transmitted infections and blood-borne infections, and to promote healthy sexuality.

Requirements:

1. The board of health shall report required sexually transmitted infections and blood-borne infections data elements, in accordance with the *Health Protection and Promotion Act* and *Sexually Transmitted Diseases Control Protocol, March 2005* (or as current), using provincial information systems.

2. The board of health shall, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[47], conduct surveillance of:

[45] Blood-borne infections (BBIs) include Hepatitis B, Human Immunodeficiency Virus (HIV) and Hepatitis C. BBIs are transmitted to the blood through sexual activities/intercourse and by the sharing of injection equipment and other drug related activities

[46] HIV is included only in the title and is implied throughout the program standard in all sections referring to sexually transmitted infections/blood-borne infections.

[47] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

- Sexually transmitted infections;
- Blood-borne infections;
- Reproductive outcomes;
- Risk behaviours; and
- Distribution of harm reduction materials/equipment.

3. The board of health shall conduct epidemiological analyses of surveillance data, including monitoring of trends over time, emerging trends and vulnerable groups, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Increased supportive environments relating to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections.
- Increased awareness of healthy behaviours relating to healthy sexuality and blood-borne infections.
- Increased adoption of healthy sexuality behaviours.

Requirements:

4. The board of health shall increase public awareness of the epidemiology, associated risk behaviours, risk factors and risk reduction strategies related to healthy sexuality, sexually transmitted infections and blood-borne infections by:
   a. Adapting and/or supplementing national and provincial health communications strategies; and/or
   b. Developing and implementing regional/local communications strategies.

5. The board of health shall engage vulnerable groups[48] in the planning, development and implementation of health promotion activities to promote healthy sexuality, decrease rate of adolescent pregnancy and reduce the burden of sexually transmitted infections and blood-borne infections.

6. The board of health shall provide health promotion activities aimed at promoting healthy sexuality and preventing sexually transmitted infections, blood-borne infections and adolescent pregnancies in the vulnerable groups.

7. The board of health shall collaborate with health care providers, school boards, community partners and non-governmental organizations, to create supportive environments to promote healthy sexuality and access to sexual health services.

[48] Vulnerable groups include adolescents, at-risk individuals, and others for whom barriers to access to primary health care services exist.

DISEASE PREVENTION/HEALTH PROTECTION:

Immediate Outcomes:

- Reduced numbers of secondary cases of sexually transmitted infections and blood-borne infections.
- Public health management of all reported cases and contacts of sexually transmitted infections and blood-borne infections, according to provincial protocols.
- Improved capacity of health care providers to manage cases and contacts of sexually transmitted infections and blood-borne infections.
- Improved access to sexual health services for vulnerable groups, including increased access to contraception and comprehensive pregnancy counselling.
- Increased awareness of risk-reduction behaviours on an individual and community level.
- Improved access to harm reduction materials for vulnerable groups, reducing the transmission of sexually transmitted infections and blood-borne infections.

Requirements:

8. The board of health shall receive reports of and respond to sexually transmitted infections and blood-borne infections, in accordance with the *Health Protection and Promotion Act* and the *Sexually Transmitted Diseases Control Protocol, March 2005* (or as current).

9. The board of health shall provide a mechanism for provincially funded drugs for the treatment of sexually transmitted infections, at no cost to the clients, in accordance with the *Sexually Transmitted Diseases Control Protocol, March 2005* (or as current).

10. The board of health shall communicate and coordinate care with health care providers to achieve a comprehensive and consistent approach to the management of sexually transmitted infections and blood-borne infections.

11. The board of health shall provide clinical services for vulnerable groups to address contraception, sexually transmitted infections and blood-borne infections, in accordance with the proposed *Sexual Health Clinic Protocol*[49].

12. The board of health shall engage clients and community partners in the planning, development and implementation of harm reduction programming.

13. The board of health shall ensure access to evidence-based harm reduction strategies[50], using a variety of harm reduction program delivery models.

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[49] The proposed *Sexual Health Clinic Protocol* could incorporate information from the existing *Sexual Health Clinical Services Manual, January 2002.* The protocol could include: client's health assessment/risk review; contraception counselling, a mechanism to provide contraceptives at cost and/or free for clients in financial need; pregnancy tests and comprehensive pregnancy counselling; post-abortion counselling and referral; screening for cancers of the cervix; provision of counselling, diagnosis, treatment and management for STIs; counselling, testing and referrals for BBIs; and provision of vaccines at no cost, according to provincial eligibility criteria.

[50] Harm reduction strategies include clean and sterile drug-using equipment (as well as sterile water, alcohol swabs, steri-cups, tourniquets, ascorbic acid, and filters, which are currently funded through the Ontario Harm Reduction Distribution Program); condoms; client-centred counselling, skill-building and education; and referral to addictions treatment, health and other social services.

VACCINE PREVENTABLE DISEASES

GOAL:

- **To reduce or eliminate the burden of vaccine preventable diseases.**

INTERMEDIATE OUTCOMES:

- Reduced incidence of vaccine preventable diseases.
- Reduced vaccine wastage.
- Increased immunization coverage rates for vaccine preventable diseases.
- Increased health care provider and public knowledge of immunization programs.
- Enhanced safety in the administration of vaccines/biological products.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of persons susceptible to diseases preventable by provincially funded vaccines.
- Early detection and identification of vulnerable groups facing barriers to immunization.
- Increased awareness and use of local epidemiology to influence program planning and delivery for the prevention of vaccine preventable diseases.

Requirements:

1. The board of health shall report required data elements for the following immunizations using provincial information systems:
   - Immunizations as required by the *Day Nurseries Act*;
   - Immunizations as required by the *Immunization of School Pupils Act*; and
   - All immunizations administered at board of health-based clinics (excluding the annual Universal Influenza Immunization Program).

2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends and vulnerable groups, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[51].

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Increased public awareness about the importance of immunization.

[51] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

- Increased health care provider knowledge of proper vaccine storage and handling practices.
- Increased coverage rates of provincially funded vaccines, according to the current *Publicly Funded Immunization Schedules for Ontario*.

Requirements:

3. The board of health shall work with community partners to improve public knowledge and confidence in immunization programs by supplementing national and provincial health communications strategies and/or developing and implementing regional/local communications strategies. Topics to address shall include:
    - Importance of vaccination;
    - Diseases that vaccines prevent;
    - Recommended vaccine schedule and the importance of adhering to the schedule;
    - Introduction of new provincially funded vaccines;
    - Promotion of adult immunization;
    - Importance of maintaining a personal immunization record for all family members;
    - Importance of reporting adverse events following immunization;
    - Reporting administered vaccines to the board of health as required; and
    - Legislation related to immunizations.

4. The board of health shall, in accordance with the *Vaccine Storage and Handling Protocol, 1998* (or as current)[52], optimize vaccine storage and handling practices among health care providers through the use of a comprehensive information and education strategy that includes:
    a. One-on-one training at the time of refrigerator inspection; and
    b. Distributing information to new physicians.

5. The board of health shall provide consultation to community partners to develop immunization policies (e.g., work place policies).

DISEASE PREVENTION:

Immediate Outcomes:

- Increased coverage of provincially funded vaccines, according to the current *Publicly Funded Immunization Schedules for Ontario*.
- Early detection and response to vaccine preventable disease outbreaks.
- Increased public awareness about the availability of travel health services, including immunizations for travelers.

Requirements:

6. The board of health shall promote and provide immunization clinic services to any eligible person in the health unit area, including but not exclusive to:

[52] The *Vaccine Storage and Handling Protocol* is in the process of being updated.

a. Board of health-based clinics;
b. School-based clinics (including hepatitis B and meningococcal immunization);
c. Community-based clinics;
d. The annual Universal Influenza Immunization Program; and
e. Outreach clinics to vulnerable groups[53].

7. The board of health shall, as part of the Public Health Emergency Preparedness and Response Program Standard, have a contingency plan to deploy board of health staff capable of providing vaccine preventable disease outbreak management and control, such as mass immunization in the event of community outbreaks.

8. The board of health shall provide or ensure the availability of travel health clinics.

HEALTH PROTECTION:

Immediate Outcomes:

- Increased health care provider adherence to proper vaccine storage and handling practices, including inventory management.
- Enhanced equity, timeliness and quality of vaccine distribution.
- Early detection and identification of potential threats to safety associated with vaccines/biological products.
- Increased proportion of children with up-to-date immunizations, according to the current *Publicly Funded Immunization Schedules for Ontario* and in accordance with the *Immunization of School Pupils Act* and the *Day Nurseries Act*.

Requirements:

9. The board of health shall provide a mechanism for the distribution of provincially funded vaccines to health care providers practicing within the health unit area that are adhering to the conditions as outlined in the *Vaccine Storage and Handling Guidelines, 2006* (or as current).

   If any of the minimum requirements outlined in the *Vaccine Storage and Handling Guidelines, 2006* (or as current) are not adhered to, the board of health shall take action in accordance with the *Vaccine Storage and Handling Protocol, 1998* (or as current).

10. The board of health shall ensure vaccine inventory management in all premises where provincially funded vaccines are stored, in accordance with the *Vaccine Storage and Handling Protocol, 1998* (or as current).

[53] Vulnerable groups include children in care, new Canadians, refugees, Aboriginal peoples, those without primary care providers, etc.

11. The board of health shall promote the reporting of adverse events following immunization by health care providers to the local board of health for immediate review and reporting to the Ministry of Health and Long-Term Care.

12. The board of health shall monitor, investigate and document all cases of adverse events following immunization that meet the provincial reporting criteria[54], and promptly report cases, in accordance with provincial information systems.

13. The board of health shall comply with the proposed *Enforcing Legislation Related to Immunization Protocol*[55] that specifies the process for enforcing the:
    a. *Immunization of School Pupils Act*; and
    b. *Day Nurseries Act*.

[54] The provincial reporting criteria are under development at the F/P/T level. It is anticipated that this work will be completed by June 2007.
[55] The proposed *Enforcing Legislation Related to Immunization Protocol* could outline the specific processes that boards of health will be required to follow, when enforcing these two pieces of legislation, to promote province-wide consistency in their enforcement.

ENVIRONMENTAL HEALTH

FOOD SAFETY

GOAL:

- **To prevent or reduce the burden of food-borne illness.**

INTERMEDIATE OUTCOMES:

- Reduced incidence of food-borne illness.
- Private and public food providers handle and manage food in a safe and sanitary manner.
- Food prepared in private homes is handled and managed in a safe and sanitary manner.
- Policies developed by community partners integrate safe food-handling practices.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of food-borne illness.
- Increased awareness and use of local epidemiology to influence the development of healthy public policy and program delivery about food-borne illness.

Requirements:

1. The board of health shall, in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol* [56], conduct surveillance of:
   a. Suspected and confirmed food-borne illnesses; and
   b. Food-handling practices, as defined in the *Hazard Analysis Critical Control Point (HACCP) Protocol, 1998* (or as current), and the proposed *Food Premises Inspection Program Protocol*[57].

[56] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol.* The need for an additional protocol with respect to monitoring and surveillance of food related illness will be determined at a later time.

[57] *Hazard Analysis Critical Control Point Protocol, 1998 (HACCP)* should be revised or replaced with proposed *Food Premises Inspection Program Protocol,* which could include, but not be limited to: *HACCP*; inventory of all food premises; premises risk assessment tool; frequency of inspections; re-inspections; enforcement actions and procedures (*Provincial Offences Act*); food-handler training; complaints; 24/7 availability on-call; response time; public education; and inspection activity reporting information technology system. In addition, this proposed protocol could address: bottled water, recreational camps (Regulation 568), migrant farm workers, farmers' markets and special events, home-prepared foods sold in retail settings and caterers, day care centres, boarding houses and lodging homes with 5 or more residents, residential facilities for the aged, group homes, homes for special care, and any other food premises required to be inspected by other mandatory public health programs.

2. The board of health shall use surveillance information to assess local health needs and to plan and evaluate food safety programs and services, and policies.

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Food from food premises is handled and managed in a safe and sanitary manner.
- Members of the public who prepare food in private homes are aware of safe food-handling practices.
- Community partners are aware of safe food-handling practices.
- Increased awareness of the public regarding food safety issues.

Requirements:

3. The board of health shall ensure food handlers in food premises have access to training in safe food-handling practices and principles, consistent with the *Food Handler Training Protocol, 1998 (*or as current)[58].

4. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles by:
   a. Addressing gaps in the public's knowledge, by working with targeted populations or on specific issues; and
   b. Adapting and/or supplementing national and provincial food safety communications strategies; and/or
   c. Developing and implementing regional/local communications strategies.

5. The board of health shall ensure information concerning the results of food premises inspections is available to the public, in accordance with the proposed *Food Premises Public Disclosure Protocol*[59].

DISEASE PREVENTION/HEALTH PROTECTION:

Immediate Outcomes:

- Identified food-borne illness risks are mitigated.
- Reduced exposure to food that is unfit for human consumption.
- Food from food premises is handled and managed in a safe and sanitary manner.

[58] Current *Food-Handler Training Protocol, 1998* should to be revised to incorporate proposed regulatory amendments and best practices.

[59] Proposed *Food Premises Disclosure Protocol* could include minimum disclosure requirements. Both proactive (e.g., a program that includes posting of ratings) and reactive (e.g., as requested by public) approaches to public reporting, given the lack of clear evidence on the issue. The Program Standards Development Team believes the province should develop a clear policy statement to assist boards of health with implementation.

Requirements:

6. The board of health shall be available on a 24/7 basis, in accordance with the *Health Protection and Promotion Act* and the proposed *Food Safety Management and Control Protocol*[60], to receive reports and respond to:
   a. Reports of suspected and confirmed food-borne illnesses or outbreaks;
   b. Food-related adverse events, such as food recalls, adulteration and consumer complaints; and
   c. Food-related issues arising from environmental emergencies, such as floods, fires and power outages.

7. The board of health shall oversee the safe and sanitary handling and management of food within food premises[61], in accordance with the *Food Premises Regulation (O. Reg. 562)*, the proposed *Food Premises Inspection Program Protocol* and all other applicable *Acts*.

[60] Proposed *Food Safety Management and Control Protocol* could include: report investigation; case management; outbreak management; contact management; reporting of cases/outbreaks to provincial public health authorities [assumes a cross-linkage to Infectious Disease Prevention and Control Program]; as well as support where requested by First Nations.
[61] Food premises as defined by *Health Protection and Promotion Act.*

DRINKING WATER SYSTEMS AND RECREATIONAL WATER SAFETY

GOALS:

- **The population has access to safe drinking water.**
- **To prevent or reduce the burden of water-borne illness related to drinking water.**
- **To prevent or reduce the burden of water-borne illness and injury related to recreational water use.**

INTERMEDIATE OUTCOMES:

- Population has access to safe drinking water.
- Reduced incidence of adverse events related to unsafe drinking water.
- Owners/Operators of drinking water systems conform to prescribed standards and best practices.
- Population engages in practises that reduce their exposure to adverse drinking water events.
- Reduced incidence of water-related illness, injuries and fatalities in public recreational waters.
- Decreased use by the public of public beach water under adverse water quality conditions.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of potential contamination of private drinking water supplies.
- Early detection and identification of risks to public recreational water use.

Requirements:

1. The board of health shall monitor, assess and analyse drinking water sample results, in accordance with provincial information systems[62] and the proposed *Evidence-Based Public Health Planning and Performance Protocol*[63].

2. The board of health shall use drinking water and recreational water surveillance information in assessing local health needs and in the planning and evaluation of safe water programs and services, and policies.

[62] For consultation purposes: the use of Water Testing Information System Electronic Notification (WITSEN) reporting information system could be documented through a new protocol.
[63] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Planning and Performance Protocol.*

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- The population who use private wells, cisterns, rain or lake water are aware of how to safely manage their own drinking water system.
- Owners/operators of drinking water systems provide safe water.
- Increased public awareness of drinking water safety.
- Increased awareness of safe recreational water systems operation among owners/operators of recreational water facilities.

Requirements:

3. The board of health shall provide information to private citizens who operate their own wells, cisterns or lake water system to promote their awareness of how to safely manage their own drinking water system.

4. The board of health shall provide education and training for owners/operators of drinking water systems, in accordance with the proposed *Safe Drinking Water Protocol*[64].

5. The board of health shall increase public awareness of water-borne illnesses and safe drinking water use by:
   a. Addressing gaps in the public's knowledge, by working with targeted populations[65] on specific issues;
   b. Adapting and/or supplementing national and provincial safe drinking water communications strategies; and/or
   c. Developing and implementing regional/local communications strategies.

6. The board of health shall provide education and training for owner/operators of recreational water facilities, in accordance with the proposed *Recreational Water Protocol*[66].

[64] Proposed *Safe Drinking Water Protocol* could include: complaints/inquiries procedure for regulated Drinking Water Systems (DWS) and private DWS; response time on-call 24/7 availability for adverse water regulated DWS; reporting Boil Water Advisories/Drinking Water Advisories (BWA/DWA) to Ministry of Health and Long-Term Care (MOHLTC) and Ministry of the Environment (MOE); action for adverse water quality event and communications plan (public, MOHLTC, MOE, private citizen, drinking water systems operators; interpretation of water analysis reports; remediation; developing and maintaining an inventory of MOE regulated DWS, MOHLTC regulated DWS, water haulers; risk assessment for regulated DWS; operator training; frequency of inspections; re-inspections; sampling; enforcement actions and procedures; provision of water sample bottles for private citizens; public education materials; meeting with local MOE office annually to discuss public notification of adverse water quality; inspection activity reporting information system; as well as support where requested by First Nations.

[65] Targeted populations include children, parents and immuno-compromised individuals.

[66] Proposed *Recreational Water Protocol* for public swimming pools, public spas, and wading pools could include: developing and maintaining an inventory of recreational water facilities; operator training; conducting risk assessments; frequency of inspections; re-inspections for non-compliance; enforcement actions and procedures for Provincial Offences Act (POA) violations; complaints; and inspection activity reporting information system.

DISEASE PREVENTION/HEALTH PROTECTION:

Immediate Outcomes:

- Reduced exposure of the population to water-borne illnesses.
- The population is aware of unsafe drinking water conditions and has necessary information to respond appropriately.
- Reduced exposure of the population to unsafe drinking water.
- Drinking water systems operate in a safe and sanitary manner.
- Increased awareness by population of potential risk of illness and injury related to public beach water use.
- Recreational water facilities operate in a safe and sanitary manner.

Requirements:

7. The board of health shall, in accordance with the *proposed Safe Drinking Water Protocol*, be available on a 24/7 basis to receive reports of, and respond to:
    a. Water-related adverse events, such as reports of adverse drinking water on public drinking water systems;
    b. Reports of water-borne illnesses or outbreaks; and
    c. Water-related issues arising from emergencies, such as floods, fires and power outages.

8. The board of health shall reduce public exposure to unsafe drinking water by overseeing that Drinking Water System operators provide safe drinking water, in accordance with all applicable statues and regulations, and the proposed *Safe Drinking Water Protocol*.

9. The board of health shall inform the public about unsafe drinking water conditions and provide the necessary information to respond appropriately, in accordance with the proposed *Safe Drinking Water Protocol.*

10. The board of health shall reduce risks of public beach use by implementing a beach management program, in accordance with the *Beach Management Protocol, 1998* (or as current)[67].

11. The board of health shall oversee the operation of public recreational water facilities, in accordance with *Public Pools Regulation (O. Reg. 565)*, *Public Spas Regulation (O. Reg. 428/05)* and the proposed *Recreational Waters Protocol*.

[67] *Beach Management Protocol, 1998* needs to be revised. The new protocol could include: conducting risk assessment; collection and analysis of water samples; frequency of inspections; posting notices; and notifying the public of beach-user risk.

HEALTH HAZARD PREVENTION AND MANAGEMENT

GOAL:

- **To prevent or reduce the burden of illness from health hazards[68] in the physical environment[69].**

INTERMEDIATE OUTCOMES:

- Reduced incidence of adverse health outcomes from exposure to chemical, radiological, biological and other physical factors[70] in the environment.
- Reduced exposure of the population to health hazards.
- Increased capacity of community agencies, coalitions and individuals to address the risk factors that reduce health hazard exposure and diseases.
- Increased engagement by the population in practices and activities that reduce exposure to hazardous conditions and factors and protect the environment.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Early detection and identification of health hazard risks.
- Increased awareness and use of local epidemiology to influence the development of healthy public policy and program delivery to prevent or reduce the burden of illness from health hazards in the physical environment.

Requirements:

1. The board of health shall monitor and assess health hazards and the environmental health status of the community**,** in accordance with the proposed *Evidence-Based Public Health Planning and Performance Protocol*[71], the proposed *Identification, Investigation and Management of Health Hazards Protocol*[72]*,* the proposed *Risk Assessment and Inspections of Facilities*

[68] Health Hazard, as defined in s.1(1) of the *Health Protection and Promotion Act,* means "(a) a condition of a premises, (b) a substance, thing, plan or animal other than man, or (c) a solid, liquid, gas or combination of any of them, that is likely to have an adverse effect on the health of any person."

[69] For consultation purposes, the "physical environment" encompasses both the natural, as well as that modified or built by humans, and includes the chemical, biological, radiological and other physical factors that affect the health of individuals and communities.

[70] For consultation purposes, "physical factors" encompass incidents and injuries, extreme temperatures and climate, noise, etc.

[71] See Foundational Standard for the proposed *Evidence-Based Public Health Planning and Performance Protocol*.

[72] The proposed *Identification, Investigation and Management of Health Hazards Protocol* could encompass: developing and maintaining an inventory of geographical areas that contain physical conditions that can be hazardous to health (HIRA); investigating reports of cluster illnesses associated with health hazard exposure; monitoring reported adverse test results undertaken by other agencies; monitoring health hazard management strategies annually or more frequently to

Protocol[73]*,* the proposed *Measures to Control, Prepare for, and Prevent Emerging and Established Vector-borne Diseases Protocol*[74], and the proposed *Public Health Emergency Preparedness Protocol*[75].

2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time and emerging health hazards.

HEALTH PROMOTION AND POLICY DEVELOPMENT:

Immediate Outcomes:

- Increased public awareness of health protection and prevention related to health hazards.
- The population is aware of the environmental conditions that create healthy environments where people live, work, play and learn.

Requirements:

3. The board of health shall increase community awareness of risk factors associated with health hazards, such as:
   - Indoor air quality;
   - Outdoor air quality (e.g., smog);
   - Extreme weather;
   - Climate change; and
   - Other measures, as emerging health issues arise;

   by:
   a. Addressing gaps in the public's knowledge;
   b. Adapting and/or supplementing national and provincial health communications strategies; and/or
   c. Developing and implementing regional/local communications strategies.

4. The board of health shall support healthy public policy development with community partners to reduce exposure to health hazards. Topics may include but are not limited to:
   - Indoor air quality;
   - Outdoor air quality (e.g., smog);
   - Extreme weather; and
   - Built environments.

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ensure effectiveness; communicating risks to the public and community, as well as providing support where requested by First Nations.

[73] The proposed *Risk Assessment and Inspections of Facilities Protocol* could include: developing and maintaining an inventory of facilities (e.g., ice arenas, migrant farm worker housing, recreation camps, and special care residential facilities), and communicating risks to the public and community partners.

[74] The proposed *Measures to Control, Prepare for, and Prevent Emerging and Established Vector-borne Diseases Protocol* could encompass developing and maintaining an inventory of locations or sites with incidence of vector-borne risks, and communicating to the public and community partners, as well as providing support where requested by First Nations.

[75] See Emergency Preparedness and Response Program Standard for the proposed *Public Health Emergency Preparedness Protocol*.

DISEASE PREVENTION/HEALTH PROTECTION:

Immediate Outcomes:

- Identified health hazard risks are mitigated.
- Reduced exposure of the population to health hazards during an incident.
- Community partners are aware of health hazard incidents and risks in a timely manner.

Requirements:

5. The board of health shall be available on a 24/7 basis to respond to and manage health hazards, in accordance with the *Health Protection and Promotion Act* and the proposed *Identification, Investigation and Management of Health Hazards Protocol*.

6. The board of health shall inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards, in accordance with the proposed *Risk Assessment and Inspections of Facilities Protocol.*

7. The board of health shall implement appropriate control measures to prevent or reduce exposure to health hazards, in accordance with the proposed *Identification, Investigation and Management of Health Hazards Protocol* and the proposed *Risk Assessment and Inspections of Facilities Protocol.*

8. The board of health shall develop a local vector-borne management strategy, based on surveillance data and emerging trends, in accordance with the proposed *Measures to Control, Prepare for and Prevent Emerging and Established Vector-borne Diseases Protocol.*

9. The board of health shall communicate to community partners, in a timely and comprehensive manner, information on identified health risks[76] and response measures to required audiences, based on surveillance data, and in accordance with *Health Hazard Prevention and Management Protocols*.

[76] These risks may include: lead, asbestos, mould, arsenic, mercury, pesticides, consumer products, formaldehyde, soil contaminants, radon, perchlorethylene or extreme weather.

EMERGENCY PREPAREDNESS

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

GOAL:

- **To enable and ensure a consistent and effective response to public health emergencies and emergencies with public health impacts.**

INTERMEDIATE OUTCOMES:

- Effective emergency preparedness infrastructure.
- Enhanced emergency preparedness response and recovery behaviours.

SURVEILLANCE AND ASSESSMENT:

Immediate Outcomes:

- Awareness of the hazards that are relevant to the catchment area of the board of health.
- Risk-based emergency planning and programming to guide ongoing board of health preparedness efforts.

Requirement:

1. The board of health shall, in accordance with the proposed *Public Health Emergency Preparedness Protocol*[77] and the proposed *Identification and Management of Health Hazards Protocol*[78], identify and assess the relevant hazards and risks to public health within the health unit area.

HEALTH PROTECTION:

Emergency Planning

Immediate Outcomes:

- Effective mechanisms to support the continuation and restoration of time-critical services in the event of disruption.
- Consistent risk-based emergency response capability and clearly defined public health roles and responsibilities in an emergency.

Requirements:

2. The board of health shall develop a continuity of operations plan for the board of health to support the recovery and continuation of time-critical services from

[77] The proposed *Provincial Protocol on Public Health Emergency Preparedness* could provide boards of health with definitions, templates and tools to assist in the implementation of the Public Health Emergency Preparedness Program Standard.
[78] Refer to Health Hazard Prevention and Management Program Standard for the proposed *Identification, Investigation and Management of Health Hazards Protocol*.

business disruptions, in accordance with the proposed *Public Health Emergency Preparedness Protocol*.

3. The board of health shall develop an emergency response plan in consultation with local, provincial and federal governments that addresses the hazards for which the board of health and medical officer of health will have a lead role in responding to, consistent with an Incident Management System and in accordance with the proposed *Public Health Emergency Preparedness Protocol*.

Risk Communications and Public Awareness

Immediate Outcomes:

- Board of health staff and stakeholders have necessary information to take appropriate action in advance of, during and after a public health emergency, or an emergency with public health impacts.
- Increased public awareness of health risks and emergency preparedness.
- Risk-based emergency planning and programming guide ongoing board of health preparedness efforts.

Requirements:

4. The board of health shall develop, implement and document 24/7 notification protocols for communications with internal board of health staff and external stakeholders, in accordance with the proposed *Public Health Emergency Preparedness Protocol*.

5. The board of health shall participate in public awareness activities on emergency preparedness and response.

Education, Training and Exercises

Immediate Outcomes:

- Increased awareness of emergency preparedness, response and recovery by board of health staff and officials with key roles in emergency response.
- Risk-based emergency planning and programming guide ongoing board of health preparedness efforts.

Requirements:

6. The board of health shall ensure the provision of emergency preparedness, response and recovery education for board of health staff, in accordance with the proposed *Public Health Emergency Preparedness Protocol*.

7. The board of health shall ensure the provision of orientation and training for officials with key roles in emergency response within the board of health catchment area, in accordance with the proposed *Public Health Emergency Preparedness Protocol*.

8. The board of health shall exercise, in whole or in part, the continuity of operations plan, emergency response plan, and 24/7 notification procedures, in accordance with the proposed *Public Health Emergency Preparedness Protocol*.

DRAFT GLOSSARY

This draft glossary has been developed to support the consultation of the *Ontario Public Health Standards (OPHS)*. The glossary will not appear in the final *OPHS* but may be included in a supporting document to the *OPHS.*

Community: A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them. In many societies, particularly those in developed countries, individuals do not belong to a single, distinct community, but rather maintain membership of a range of communities based on variables such as geography, occupation, social and leisure interests.

- ***Community Awareness:*** *Informed; alert; knowledgeable.*
- ***Community Capacity:*** *Characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems. Building community capacity involves providing support to communities, including advice and access to information, skill development, partnership building, networking, infrastructure assistance and funding.*
- ***Community Partners****: An individual, group or agency who share or are associated with another in some action or endeavour. Community Partners include: healthcare professionals/providers, pharmacists, law enforcement professionals, laboratory technicians, boards of education, Local Health Integrated Networks (LHINs) and other service providers for whom that information is essential.*

Comprehensive Approach: Refers to the use of a broad-based, multifaceted range of activities that employ more than one health promotion strategy. These strategies work together as a whole. A comprehensive approach to health promotion action means: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting health services.

Core Competencies in Public Health: A set of cross-cutting skills, knowledge and abilities that public health staff have for the broad practice of public health.

Disease Prevention: Refers to actions or measures taken not only to prevent the occurrence of disease, such as risk factor reduction, but also those taken to arrest its progress and reduce its consequences once established. Disease prevention is sometimes used as a complementary term alongside health promotion. Although there is frequent overlap between the content and strategies, disease prevention is defined separately. Disease prevention in this context is considered to be action which usually emanates from the health sector, dealing with individuals and populations identified as exhibiting identifiable risk factors, often associated with different risk behaviours.

Environments: All that which is external to the individual human host. Can be divided into physical, biological, social, cultural, etc., any or all of which can influence health status of populations.

- ***Built Environment****: It encompasses all buildings, spaces and products that are created, or modified, by people. It includes homes, schools, workplaces, parks/recreation areas, greenways, business areas and transportation systems. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites and subway trains, and across the country in the form of highways. It includes land-use planning and policies that impact our communities in urban, rural and suburban areas.*

Food Premises: Encompass premises where food or milk is manufactured, processed, prepared, stored, handled, displayed, distributed, transported, sold or offered for sale, but does not include a private residence.

Health Care Providers: A person who helps in identifying or preventing or treating illness or disability (e.g. dentists, hospital staff, infection control staff, nurses, nurse practitioners, midwives, physicians, etc.).

Health Disparities: The difference between the levels of health indicators that are observed in a defined population group and the level that would be expected if this group had the health experience of the segment of the population that ranks highest in health indicators. Health disparities mostly result from inequalities in the distribution of the underlying determinants of health across populations. Socio-economic status (SES), Aboriginal identity, gender, culture and geographic location are the important factors associated with health disparities in Canada. These factors are interdependent. The term health disparities is synonymous with health inequalities.

Health Hazard: A condition of a premise; a substance, thing, plant or animal other than man; or a solid, liquid, gas or combination of any of these, that has or that is likely to have an adverse effect on the health of any person.

Health Promotion: The process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept, emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. Health promotion strives to achieve a secure foundation in the basic prerequisites for health through advocacy for health, enabling all people to achieve their fullest health potential, and mediating between differing interests in society for the pursuit of health.

Health Protection: The act of protecting health or the state of being protected; preservation from injury or harm.

Healthy Public Policy: Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy, and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to

lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health enhancing.

Performance Management: The strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves the desired results. An integrated system of activities to support accountability and continuous improvement which includes:

- Setting clear goals and expectations
- Measuring progress towards stated expectations
- Assessing risks that may impact ability to achieve objectives
- In depth evaluation of program effectiveness
- Making adjustments to the system (the expectations, measures, or measurement tools) to ensure accurate information on processes and achievements are available.

Risk: A probability that an event will occur. Within this context, risk is a condition of humans that can be represented in terms of measurable health status or quality-of-life indicators.

- ***Risk Conditions:*** *Social, economic and environmental factors not under an individual's direct control which contribute to the onset of disease.*
- ***Risk Factors:*** *Any social, economic (e.g., poverty), biological (e.g., inheriting a breast cancer gene), behavioural (e.g., smoking) or environmental (e.g., poor housing, pollution) factor that is associated with or can cause an increased risk of a particular disease, illness or injury. Some risk factors including smoking or a sedentary lifestyle can be controlled, others such as age or inherited genes cannot.*
- ***Risk Assessment:*** *Quantitative and/or qualitative estimation of the likelihood that an outcome, such as an adverse effect, will result from exposure to a specified hazard or hazards, or from the absence of protective or beneficial factors.*

Vulnerable Groups: This term is applied to any designated group identified by epidemiological or other studies as being at higher risk than the general population either for specific conditions such as coronary heart disease and HIV/AIDS or for a broad class of conditions such as childhood infectious diseases. Vulnerability implies more than merely being at risk. It also reflects that the impact of disease may be aggravated by other factors such as poverty or malnutrition.