CHRONIC DISEASE PREVENTION

Assessment and Surveillance Requirements

Board of Health Outcomes

Health Promotion and Policy Development, Disease Prevention, Health Protection

Requirements

Board of Health Outcomes

Societal Outcomes

Goal

1. The BoH shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations.

The BoH is aware of and uses epidemiology to influence the development of healthy public policy and programs.

3. The BoH shall work with school boards and school staff to influence the development of healthy policies, and the creation of supportive environments.

7. The BoH shall increase the capacity of community partners to coordinate and develop regional/local programs and services.

4. The BoH shall increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments.

6. The BoH shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment.

2. The BoH shall monitor food affordability.

5. The BoH shall collaborate with local food premises to provide information and support environmental changes through policy development.

8. The BoH shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations.

9. The BoH shall ensure the provision of tobacco use cessation programs and services for priority populations.

11. The BoH shall increase public awareness through health communications strategies.

12. The BoH shall provide advice and information to link people to community programs and services.

10. The BoH shall collaborate with community partners to promote screening programs related to the early detection of cancers.

13. The BoH shall implement and enforce the Smoke-Free Ontario Act.

Increased awareness among community partners about the factors associated with chronic diseases that are required to inform program planning and policy development.

Policy-makers have the information required to amend or develop policies that impact on the prevention of chronic diseases.

Priority populations have food skills and adopt healthy eating behaviours.

Priority populations adopt tobacco-free living.

The public is aware of the importance of healthy eating, healthy weights, comprehensive tobacco control, physical activity, reduced alcohol use, and reduced exposure to ultraviolet radiation.

The public is aware of the benefits of screening for early detection of cancers and other chronic diseases.

Tobacco vendors are in compliance with the Smoke-Free Ontario Act.

Youth have reduced access to tobacco products.

Increased proportion of the population lives, works, plays, and learns in healthy environments that contribute to chronic disease prevention.

Community partners have the capacity to address the risk factors associated with chronic diseases.

Increased community participation in developing integrated and comprehensive local programs that reduce chronic diseases of public health importance.

Increased adoption of behaviours and skills associated with reducing the risk of chronic diseases of public health importance.

To reduce the burden of preventable chronic diseases of public health importance.