

Ontario Public Health Standards 2008

The Ontario Public Health Standards are published as the guidelines for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7.

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Introduction to the Standards

Purpose

The Ontario Public Health Standards establish requirements for fundamental public health programs and services, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The Ontario Public Health Standards outline the expectations for boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs, as well as the contexts in which these needs occur.

Scope and Accountability

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.

The scope of these standards includes a broad range of population-based activities designed to promote the health of the population as a whole, and with community partners to reduce health inequities. The concepts of population health and health promotion are embedded in the Ontario Public Health Standards.

The Ontario Public Health Standards identify requirements that should result in specified outcomes and goals.¹ Boards of health shall tailor programs and services to meet local needs and work towards the achievement of those specified outcomes and goals.

Many of the standards are supported by specific protocols (or other documents referred to in these standards) that further specify how to operationalize some of the requirements. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

The achievement of overall goals and societal outcomes depends on achievements by boards of health along with those of many other organizations, governmental bodies, and community partners across the province. Societal outcomes and goals help to qualify the collective contribution towards broader health and societal aspirations. Measurement at these levels will meet provincial reporting requirements while assisting boards of health in planning and organizing programs and services in relation to other community partners.

Determinants of Health

The health of individuals and communities is significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions. These factors are referred to as the determinants of health, and together they play a key role in determining the health status of the population as a whole. Determinants of health include the following:

- Income and social status;
- Social support networks;
- Education and literacy;
- Employment/working conditions;

¹ Refer to Format section for a definition.

- Social and physical environments;
- Personal health practices and coping skills;
- Healthy child development;
- Biology and genetic endowment;
- Health services;
- Gender;
- Culture; and
- Language.

Addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario. Effective public health programs and services consider the impact of the determinants of health on the achievement of intended health outcomes.

A key component of the requirements outlined in the Ontario Public Health Standards is to identify and work with local priority populations. Priority populations are identified by surveillance, epidemiological, or other research studies and are those populations that are at risk and for whom public health interventions may be reasonably considered to have a substantial impact at the population level.

The Ontario Public Health Standards incorporate and address the determinants of health throughout, and include a broad range of population-based activities designed to promote the health of the population and reduce health inequities by working with community partners.

Public Health in Ontario

Public health programs and services are an essential part of the health system, and they share with other services the common vision of a system that helps people stay healthy, delivers good care when people get sick, and will be there for people's children and grandchildren. The primary focus of public health is the health and well-being of the whole population through the promotion and protection of health and the prevention of illness.

The preventive nature of public health means that the public is often unaware of public health interventions. However, the work of public health is important to the overall promotion of a healthier population, reducing the demand on the health care system, and responding to threats to the health of the public. Public health is responsible for many major improvements in the population's health through initiatives such as childhood vaccinations, the control of infectious disease, safe food handling, reproductive health, the prevention of chronic diseases (e.g., through tobacco control), and the prevention of injury. These efforts complement the work of much of the health care system, which focuses predominantly on the treatment of individual illness and disability.

The public health system is an extensive collection of governmental, non-governmental, and community organizations operating at the local, provincial, and federal levels with varying roles, perspectives, and linkages. In Ontario, boards of health have historically been an integral part of the formal health system, with responsibility for the delivery of local public health programs and services. This responsibility is carried out in collaboration with other organizations in the health system and in partnership with others in local communities. The locus of responsibility and accountability of program delivery for boards of health is local, not provincial or federal.

At the time of writing, Ontarians are served by a system of 36 local boards of health that collectively cover the entire province and are individually responsible for serving the population within their geographic borders. Just over two-thirds of Ontario's boards of health are autonomous bodies created to provide local public health services. Municipal councils act as the board of health for the remainder. Specifically there are:

- 22 autonomous boards that operate separately from the administrative structure of their municipalities;
- 4 autonomous boards that are integrated into municipal structures;
- 4 boards that are councils of single tier municipalities; and
- 6 boards that are councils of regional municipalities.

All boards of health have the same responsibilities in terms of delivering public health programs and services within their communities.

Legislative Mandate for Ontario's Boards of Health

Ontario's Health Protection and Promotion Act (HPPA) provides the legislative mandate for boards of health. This section provides an overview of the HPPA.

The guiding purpose of the HPPA is to:

...provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario. (R.S.O. 1990, c. H.7, s.2)

The HPPA is divided into 11 Parts with 111 Sections, summarized² below:

Part I: Interpretation

- Provides a definition of terms used in the HPPA and sets out the purpose of the HPPA.

Part II: Health Programs and Services

- Sets out the duties of boards of health with regard to the provision of mandatory health programs and services (including the application of these programs and services to school pupils).
- Includes the provision of safe drinking water by small drinking water systems.
- Sets out the Minister of Health and Long-Term Care's authority to publish guidelines for the provision of mandatory health programs and services.

Part III: Community Health Protection

- Sets out the duties of public health officials with regard to health hazards (including the issuance of written orders and the provision of direction with regard to investigating or mitigating health hazards).
- Sets out the legislative requirements for the operation and maintenance of food premises.
- Sets out the power of the medical officer of health to vary prescribed regulatory requirements relating to small drinking water systems on a temporary basis, and to specify alternative requirements that will apply in their stead.

Part IV: Communicable Diseases

- Sets out the duties of a medical officer of health with regard to communicable diseases, including the issuance of written orders (i.e., Section 22 orders).
- Includes orders to address communicable diseases outbreaks.
- Sets out the duty to report reportable diseases (for physicians, practitioners, hospital administrators, school principals, etc.).
- Sets out requirements with regard to immunization.

Part V: Rights of Entry and Appeals from Orders

- Describes the right of entry, powers of inspection, and appeals from orders.

Part VI: Health Units and Boards of Health

- Sets out the requirements for the composition of boards of health.
- Sets out the process for boards of health to enter into agreements with the council of the band on a reserve.
- Sets out the duties of boards of health.
- Sets out the manner of appointment of medical officers of health (and of associate medical officers of health).
- Sets out the requirements for boards of health to address medical officer of health vacancies (including vacancies due to inability to act or due to absences).
- Sets out the requirement for payment by obligated municipalities.

² The summary is not comprehensive; refer to the HPPA for a complete list of provisions.

Part VI.1: Provincial Public Health Powers

- Sets out the actions that the Chief Medical Officer of Health may take where there exists or there may exist an immediate risk to the health of persons anywhere in Ontario.
- Authorizes the Minister of Health and Long-Term Care, on certification by the Chief Medical Officer of Health that an immediate risk to human health exists, to procure, acquire, or seize medication and supplies that are essential for safeguarding human health when regular supply and procurement processes are insufficient to address the risk.
- Authorizes the Chief Medical Officer of Health, where there is an immediate and serious risk to the health of persons, to make orders to health information custodians (defined in the Personal Health Information Protection Act) to provide information.
- Authorizes the Chief Medical Officer of Health to issue directives concerning precautions and procedures to health care providers or health care entities.
- Authorizes the Chief Medical Officer of Health to collect, retain, and use pre-existing laboratory specimens to investigate, eliminate, or reduce the risk to health.

Part VII: Administration

- Provides for the Minister of Health and Long-Term Care to make investigations respecting the causes of disease or mortality.
- Provides for the appointment of the Chief Medical Officer of Health.
- Provides for the appointment of assessors.
- Provides for the Minister of Health and Long-Term Care to issue direction to boards of health and powers to ensure that the direction is carried out.
- Provides for the agency known as the Northern Ontario Public Health Service.
- Provides for protection from personal liability for certain persons in certain circumstances.

Part VIII: Regulations

- Provides for the Lieutenant Governor in Council and the Minister of Health and Long-Term Care to make regulations relating to the various parts of the HPPA.

Part IX: Enforcement

- Sets out offences under the HPPA.

Part X: Transition

- Sets out the parameters for transition from the old Public Health Act to the HPPA.

More specifically, authority for the establishment of boards of health is provided under Part VI, Section 49, of the HPPA. The HPPA specifies that there shall be a board of health for each health unit. A health unit is defined in the HPPA, in part, as the "...area of jurisdiction of the board of health" (s.1).

The HPPA also provides the mandate for the duties of boards of health. Boards of health have many statutory responsibilities, including the following:

- Superintend, provide, or ensure the provision of health programs and services in specified areas (s.5);
- Provide health programs and services as prescribed by regulations to the pupils attending schools within the health unit (s.6);
- Superintend and ensure the carrying out of HPPA Parts II, III, and IV and the regulations relating to those parts in the health unit served by the board of health (s.61);
- Appoint a full-time medical officer of health (s.62);
- Hire staff as necessary to carry out the functions of the board (s.71); and
- Give annually to each obligated municipality a written (budget) notice (s.72(5)).

Section 50 of the HPPA allows a board of health to enter into an agreement with the council of the band on a reserve within the health unit. Under such an agreement, the board of health would provide health programs and services to the members of the band, and the council of the band would accept the responsibilities of a municipal council within the health unit.

Under Section 62 of the HPPA, each board of health is required to appoint a full-time medical officer of health. Section 64 states that no person is eligible for appointment as a medical officer of health unless he or she is a physician and possesses the qualifications and requirements prescribed by the regulations for the position, and the Minister of Health and Long-Term Care approves the proposed appointment.

A medical officer of health:

- Is responsible to the board for the management of the public health programs and services;
- Directs staff of the board of health (who are responsible to the medical officer of health) if their duties relate to the delivery of public health programs or services;
- Has authority that is limited to the health unit served by the board of health; and
- Is entitled to attend each meeting of the board and its committees (except as relates to the performance and remuneration of the medical officer of health).

Under Section 71 of the HPPA, boards of health are also required to engage the services of qualified staff to carry out the functions of the board of health, including the duties of the board of health with respect to mandatory health programs and services.

In addition to the qualifications for the position of medical officer of health, R.R.O. 1990, Regulation 566 under the HPPA (Qualifications of Boards of Health Staff) outlines the educational and experiential qualifications for the following classifications of board of health staff:

- Business administrator;
- Public health dentist;
- Dental hygienist;
- Public health inspector;
- Public health nurse; and
- Public health nutritionist.

The HPPA and its associated regulations do not currently outline the required qualifications for other classifications of board of health staff including, but not limited to, epidemiologists, health promoters, toxicologists, program evaluators, data analysts, librarians, communications specialists, etc.

As mandated by Section 72 of the HPPA, obligated municipalities shall pay the expenses of the board of health and the medical officer of health. Boards of health are required to provide a written notice on an annual basis to each obligated municipality to specify the amount required from the municipality to defray the expenses of the board, the medical officer of health, and the provision of public health programs and services.

The Minister of Health and Long-Term Care may make grants for the purposes of the HPPA on such conditions as he or she considers appropriate.

In 2008 the provincial/municipal cost-share relationship for public health programs and services is 75 per cent/25 per cent.

Statutory Basis for the Ontario Public Health Standards

Section 5 of the HPPA specifies that boards of health must provide or ensure the provision of a minimum level of public health programs and services in specified areas as follows:

- Community sanitation and the prevention or elimination of health hazards;
- Provision of safe drinking water by small drinking water systems;
- Control of infectious and reportable disease, including providing immunization services to children and adults;
- Health promotion, health protection, and disease and injury prevention;

- Family health;
- Collection and analysis of epidemiologic data;
- Such additional health programs and services as prescribed by regulations; and
- Home care services that are insured services under the Health Insurance Act including services to the acutely ill and the chronically ill.

Section 7 of the HPPA 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)), thereby establishing the legal authority for the Ontario Public Health Standards.

Where there is a reference to the HPPA within the Ontario Public Health Standards, the reference is deemed to include the HPPA and its regulations.

At the time of writing, the following standards are administered by the Ministry of Health and Long-Term Care:

- Foundational
- Infectious Diseases
 - Infectious Diseases Prevention and Control
 - Rabies Prevention and Control
 - Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)
 - Tuberculosis Prevention and Control
 - Vaccine-Preventable Diseases
- Environmental Health
 - Food Safety
 - Safe Water
 - Health Hazard Prevention and Management
- Emergency Preparedness
 - Public Health Emergency Preparedness

At the time of writing, the following standards are administered by the Ministry of Health Promotion:

- Chronic Diseases and Injuries
 - Chronic Disease Prevention
 - Prevention of Injury and Substance Misuse
- Family Health
 - Reproductive Health
 - Child Health

Note: The Ministry of Children and Youth Services is responsible for the administration of the Healthy Babies Healthy Children components of the Family Health standards.

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 HPPA.

Furthermore, boards of health should bear in mind that in keeping with the French Language Services Act, services in French should be made available to French-speaking Ontarians located in designated areas.

Boards of health need to be knowledgeable about their duties and responsibilities as specified in other applicable Ontario laws, including but not limited to, the Building Code Act, the Day Nurseries Act, the Employment Standards Act, the Immunization of School Pupils Act, the Occupational Health and Safety Act, the Personal Health Information Protection Act, and the Smoke-Free Ontario Act (see Table 1 for an inclusive listing of current Ontario Acts and regulations within which boards of health and medical officers of health are cited).

Table 1: Ontario Acts and associated regulations within which boards of health (BOH) and medical officers of health (MOH) are cited (at the time of writing)

Act	BOH	MOH	Associated regulation(s)	BOH	MOH
Building Code Act, 1992, S.O. 1992, c. 23	✓	✓	O. Reg. 350/06 (5 of 5)	✓	
Cemeteries Act (Revised), R.S.O. 1990, c. C.4		✓	O. Reg. 130/92		✓
Charitable Institutions Act, R.S.O. 1990, c. C.9			R.R.O. 1990, Reg. 69	✓	✓
Child and Family Services Act, R.S.O. 1990, c. C.11			R.R.O. 1990, Reg. 70	✓	✓
City of Greater Sudbury Act, 1999, S.O. 1999, c. 14, Sched. A	✓				
City of Hamilton Act, 1999, S.O. 1999, c. 14, Sched. C	✓				
City of Ottawa Act, 1999, S.O. 1999, c. 14, Sched. E	✓				
City of Toronto Act, 2006, S.O. 2006, c. 11, Sched. A	✓	✓	O. Reg. 596/06 O. Reg. 597/06	✓	
Clean Water Act, 2006, S.O. 2006, c. 22	✓				
Commissioners for Taking Affidavits Act, R.S.O. 1990, c. C.17		✓			
Coroners Act, R.S.O. 1990, c. C.37			O. Reg. 264/99		✓
Day Nurseries Act, R.S.O. 1990, c. D.2			R.R.O. 1990, Reg. 262	✓	✓
Developmental Services Act, R.S.O. 1990, c. D.11			R.R.O. 1990, Reg. 272	✓	✓
Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (formerly Health Disciplines Act)			R.R.O. 1990, Reg. 548	✓	
Education Act, R.S.O. 1990, c. E.2		✓	R.R.O. 1990, Reg. 296		✓
Elderly Persons Centres Act, R.S.O. 1990, c. E.4			R.R.O. 1990, Reg. 314	✓	✓
Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9		✓			
Environmental Assessment Act, R.S.O. 1990, c. E.18			O. Reg. 627/91	✓	
Environmental Protection Act, R.S.O. 1990, c. E.19			O. Reg. 153/04 O. Reg. 419/05 R.R.O. 1990, Reg. 359	✓	✓
Food Safety and Quality Act, 2001, S.O. 2001, c. 20	✓	✓	O. Reg. 31/05		✓
Funeral Directors and Establishments Act, R.S.O. 1990, c. F.36			R.R.O. 1990, Reg. 470		✓
Health Insurance Act, R.S.O. 1990, c. H.6			R.R.O. 1990, Reg. 552	✓	

Table 1 (continued)

Act	BOH	MOH	Associated regulation(s)	BOH	MOH
Health Protection and Promotion Act, R.S.O. 1990, c. H.7	✓	✓	O. Reg. 166/03 – BOH, MOH O. Reg. 199/03 – MOH O. Reg. 489/97 – BOH O. Reg. 338/96 – MOH O. Reg. 428/05 – MOH R.R.O. 1990, Reg. 568 – BOH, MOH R.R.O. 1990, Reg. 569 – MOH R.R.O. 1990, Reg. 565 – MOH R.R.O. 1990, Reg. 566 – BOH, MOH R.R.O. 1990, Reg. 562 – BOH, MOH R.R.O. 1990, Reg. 559 – BOH R.R.O. 1990, Reg. 557 – BOH, MOH R.R.O. 1990, Reg. 554 – BOH, MOH		
Homes for Special Care Act, R.S.O. 1990, c. H.12			R.R.O. 1990, Reg. 636		✓
Homes for the Aged and Rest Homes Act, R.S.O. 1990, c. H.13			R.R.O. 1990, Reg. 637	✓	✓
Immunization of School Pupils Act, R.S.O. 1990, c. I.1		✓	R.R.O. 1990, Reg. 645		
Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c. L.1			R.R.O. 1990, Reg. 682		✓
Long-Term Care Act, 1994, S.O. 1994, c. 26	✓				
Mandatory Blood Testing Act, 2006, S.O. 2006, c. 26	✓	✓	O. Reg. 449/07		✓
Medicine Act, 1991, S.O. 1991, c. 30			O. Reg. 865/93	✓	
Mental Health Act, R.S.O. 1990, c. M.7	✓	✓			
Mental Hospitals Act, R.S.O. 1990, c. M.8			R.R.O. 1990, Reg. 744		✓
Ministry of Government Services Act, R.S.O. 1990, c. M.25	✓				
Municipal Act, 2001, S.O. 2001, c. 25	✓		O. Reg. 204/03 O. Reg. 586/06	✓	
Municipal Affairs Act, R.S.O. 1990, c. M.46	✓				
Municipal Conflict of Interest Act, R.S.O. 1990, c. M.50	✓				
Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56	✓				
Occupational Health and Safety Act, R.S.O. 1990, c. O.1		✓			
Ontario Energy Board Act, 1998, S.O. 1998, c. 15, Sched. B			O. Reg. 161/99	✓	
Ontario Municipal Board Act, R.S.O. 1990, c. O.28	✓				
Ontario Water Resources Act, R.S.O. 1990, c. O.40			O. Reg. 903 “WELLS” s. 21 came into force December 31, 2007.		✓
Pay Equity Act, R.S.O. 1990, c. P.7	✓				
Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A	✓	✓	O. Reg. 329/04		

Table 1 (continued)

Act	BOH	MOH	Associated regulation(s)	BOH	MOH
Pesticides Act, R.S.O. 1990, c. P.11			R.R.O. 1990, Reg. 914	✓	✓
Planning Act, R.S.O. 1990, c. P.13	✓				
Private Hospitals Act, R.S.O. 1990, c. P.24			R.R.O. 1990, Reg. 937		✓
Provincial Offences Act, R.S.O. 1990, c. P.33			R.R.O. 1990, Reg. 950		✓
Public Hospitals Act, R.S.O. 1990, c. P.40			R.R.O. 1990, Reg. 965		✓
Public Sector Salary Disclosure Act, 1996, S.O. 1996, c. 1, Sched. A	✓				
Retail Sales Tax Act, R.S.O. 1990, c. R.31			R.R.O. 1990, Reg. 1012 R.R.O. 1990, Reg. 1013		
Safe Drinking Water Act, 2002, S.O. 2002, c. 32		✓	O. Reg. 169/03 O. Reg. 170/03 O. Reg. 170/03 O. Reg. 242/05 O. Reg. 248/03 O. Reg. 252/05 O. Reg. 243/07 O. Reg. 229/07		
SARS Assistance and Recovery Strategy Act, 2003, S.O. 2003, c. 1	✓	✓			
Social Contract Act, 1993, S.O. 1993, c. 5	✓				
Technical Standards and Safety Act, 2000, S.O. 2000, c. 16			O. Reg. 218/01		✓
Tourism Act, R.S.O. 1990, c. T.16			R.R.O. 1990, Reg. 1037		✓
Town of Haldimand Act, 1999, S.O. 1999, c. 14, Sched. B	✓		O. Reg. 465/01	✓	
Town of Norfolk Act, 1999, S.O. 1999, c. 14, Sched. D	✓				
Vital Statistics Act, R.S.O. 1990, c. V.4			R.R.O. 1990, Reg. 1094 (1 of 3)	✓	✓

Format

The Ontario Public Health Standards specify the requirements to be carried out by each board of health. The Ontario Public Health Standards document is organized as follows:

Foundations

- **Four Principles**, which are Need, Impact, Capacity, and Partnership and Collaboration. The principles underpin the Foundational and Program Standards and are meant to be used by boards of health to guide the assessment, planning, delivery, management, and evaluation of public health programs and services.
- **One Foundational Standard**, which consists of four specific areas:
 - Population Health Assessment;
 - Surveillance;
 - Research and Knowledge Exchange; and
 - Program Evaluation.

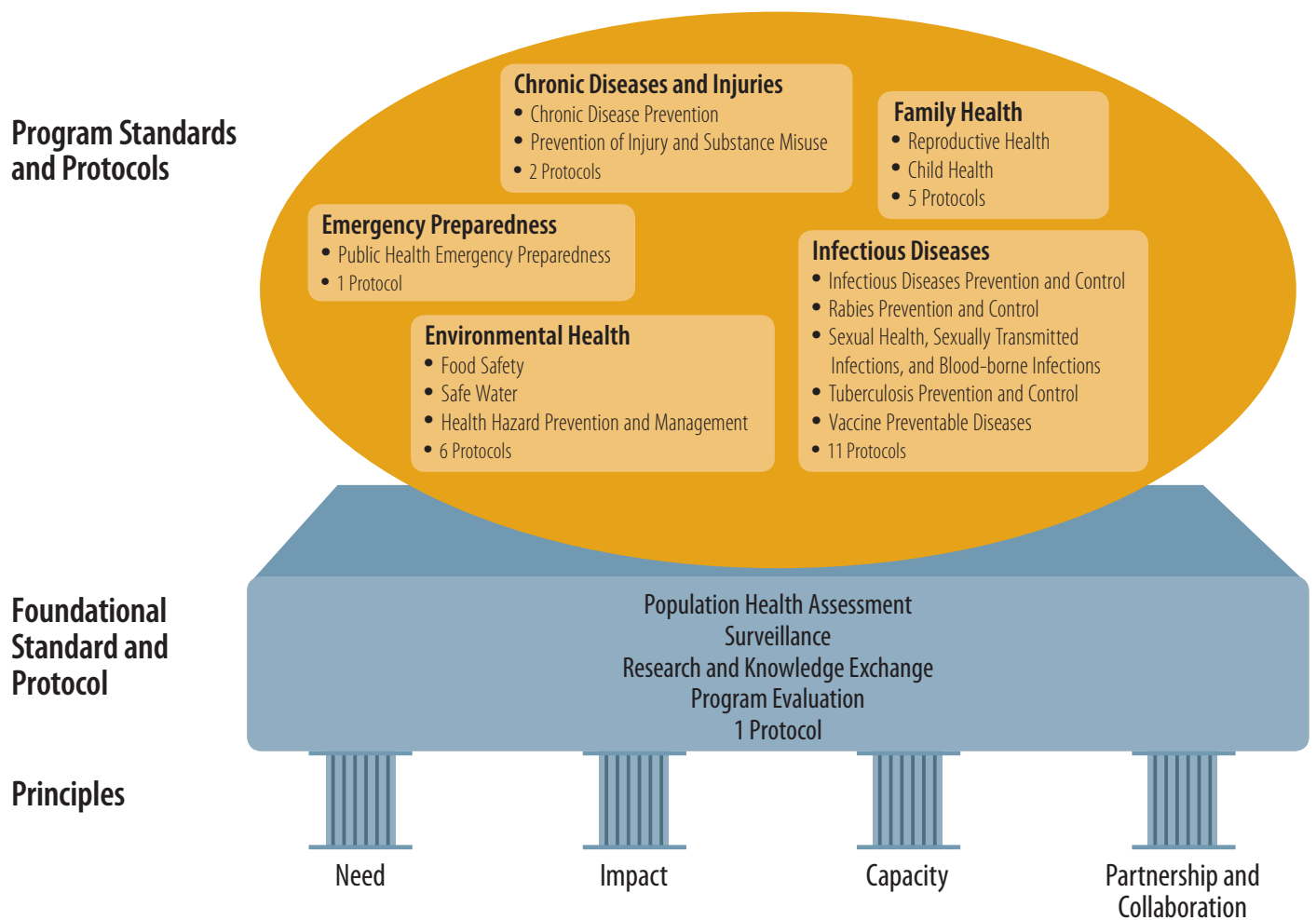
The Foundational Standard outlines specific requirements that underlie and support all Program Standards. Population health assessment and surveillance requirements are included in a general manner in the Foundational Standard and more specifically in each Program Standard.

Program Standards

- **Program Standards (grouped under five program areas)**, which address Chronic Diseases and Injuries, Family Health, Infectious Diseases, Environmental Health, and Emergency Preparedness. Specific requirements are articulated for each of the Program Standards. Boards of health shall assess, plan, deliver, manage, and evaluate programs and services in each of those Program Standards and coordinate across the Program Standards.

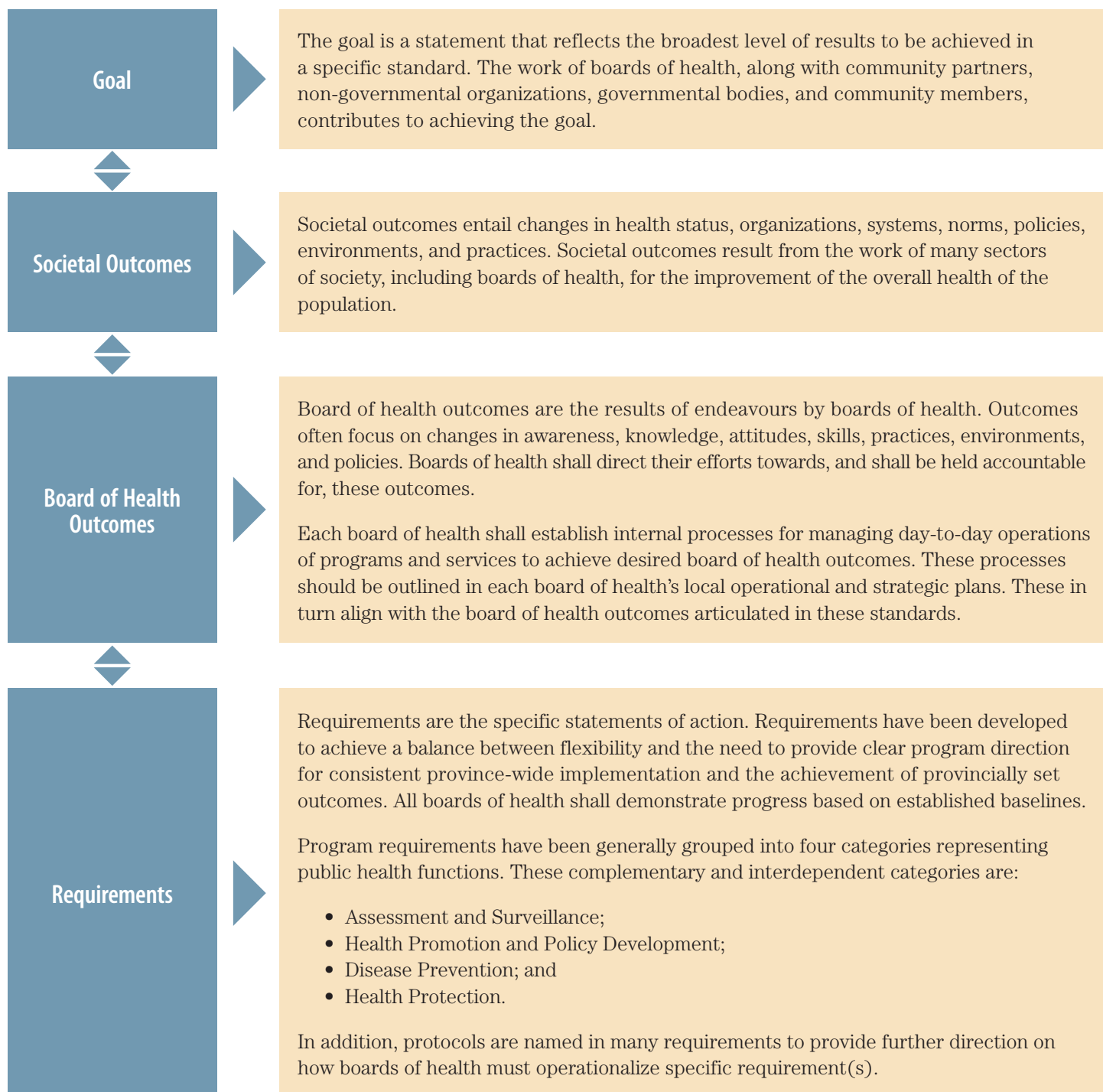
The relationship between the Principles, the Foundational Standard, and the Program Standards is depicted in Figure 1.

Figure 1: Ontario Public Health Standards: Relationship between the Principles, the Foundational Standard, and the Program Standards



Both the Foundational Standard and the Program Standards articulate broad societal **goals** that result from the activities undertaken by boards of health and many others, including community partners, non-governmental organizations, and governmental bodies. These results have been expressed in terms of two levels of outcomes: **societal outcomes** and **board of health outcomes**. **Societal outcomes** entail changes in health status, organizations, systems, norms, policies, environments, and practices. Societal outcomes result from the work of many sectors of society, including boards of health, for the improvement of the overall health of the population. **Board of health outcomes** are the results of endeavours by boards of health and often focus on changes in awareness, knowledge, attitudes, skills, practices, environments, and policies. The standards also outline the **requirements** that boards of health must implement to achieve the stated results. The intent of these concepts is outlined in Figure 2.

Figure 2: Components of each standard



Principles

The delivery of public health programs and services occurs in diverse and complex geographic, physical, cultural, social, and economic environments that differ significantly across Ontario. There are systemic differences in health status that exist across socio-economic groups (i.e., health inequities). Thus, there are both common and diverse factors that influence and shape the public health response required to achieve a desired health outcome.

Effective public health programs and services take into account communities' needs, which are influenced by the determinants of health. As well, an understanding of local public health capacity and the resources required, including collaboration with partners to achieve outcomes, is essential for effective management of programs and services.

To ensure that boards of health assess, plan, deliver, manage, and evaluate public health programs and services to meet local needs, while continuing to work towards common outcomes, boards of health shall be guided by the following principles: **Need, Impact, Capacity, and Partnership and Collaboration.**

1. Need

The principle of need acknowledges the importance of using data and information to inform decision-making at the local level regarding program assessment, planning, delivery, management, and evaluation. This principle must be continuously applied at all levels of program and service delivery to ensure optimal performance. In order to be successful in achieving outcomes, boards of health shall continuously tailor their programs and services to address needs that are influenced by differences in the context of their local communities. The Ontario Public Health Standards allow for flexibility in local public health programming by emphasizing the importance of population health assessment and surveillance to inform program planning and service delivery.

Public health programs and services must consider the health needs of the local population. Need is established by assessing the distribution of determinants of health, health status, and incidence of disease and injury. Boards of health shall engage in ongoing population health assessment and surveillance. Information to support this analysis shall be derived from a range of provincial and local indicators using identified data sets and methodologies. These analyses shall use specific information on the following: demographics; burden of disease, including mortality and morbidity rates; reproductive outcomes; risk factor prevalence; cultural and social behaviours related to health; health conditions (including injury and substance misuse); environmental conditions and hazards; health determinants; and other risks to the public's health.

The determinants of health will often inform the needs of a community. It is evident that population health outcomes are often influenced disproportionately by sub-populations who experience inequities in health status and comparatively less control over factors and conditions that promote, protect, or sustain their health. By tailoring programs and services to meet the needs of priority populations, boards of health contribute to the improvement of overall population health outcomes. Boards of health shall also ensure that 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; discrimination (e.g., age, sexual orientation, race, etc.); social factors, including social isolation; and mental and physical ability.

Many of the requirements can be more optimally achieved through partnerships with community partners, non-governmental organizations, governmental bodies, and others. The attainment of desired population outcomes, as identified in the Ontario Public Health Standards, is dependent upon the degree of integration of public health programs and services with broader community goals. Collaboration among boards of health, their local community partners, academic institutions, 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 the impact of the determinants of health but also strives to influence broader societal changes that reduce health disparities and inequities by coordinating and aligning its programs and services with those of other partners. Public health has a leading role in fostering relationships to support broader health goals to achieve the best possible outcomes for all Ontarians.

Boards of health shall assess, plan, deliver, and manage their programs and services by considering the following:

- **Is there reasonable evidence of the effectiveness of the intervention in the scientific literature or in reviews of best practices?** Boards of health shall draw on relevant research, evidence, and best practices to support integration of the Ontario Public Health Standards' requirements within their specific context in order to achieve intended outcomes. Wherever possible, boards of health are encouraged to use integrated and comprehensive approaches for the assessment, planning, delivery, management, and evaluation of programs. Comprehensive approaches require a broad-based, multifaceted range of activities that employ more than one health promotion strategy.
- **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. The majority of public health activities shall be aimed at primary prevention, using a population-based approach. Some activities shall be aimed at the secondary prevention level in order to achieve broader population-based effects. All activities shall 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, wellness, and resilience of the population as a whole, or of priority populations.
- **What are the barriers to achieving maximum health potential for individuals, groups, and communities and to narrowing inequities in 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 barriers (e.g., physical, social, geographic, cultural and economic), but also assess, plan, deliver, manage, and evaluate programs to reduce inequities in health while at the same time maximizing the health gain for the whole population.
- **What relevant performance measures exist or can be developed to assess the impact and effectiveness of programs and services?** Management of public health programs and services shall require ongoing monitoring of key performance indicators to support continuous quality improvement and evidence-informed public health practice.
- **Do interventions have unintended consequences 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 continually re-examine program and service delivery by engaging in relevant assessment and information management, and where appropriate, program evaluation as outlined in the Foundational Standard.

3. Capacity

Understanding local public health capacity and the resources required to achieve outcomes is essential for effective management of programs and services. All boards of health shall strive to achieve the needed capacity and resources required to meet these standards. Continuous measurement of the resource implications of the standards supports boards of health in their decision-making for managing towards optimal achievement of outcomes.

Capacity includes many areas: organizational structures and processes; workforce planning, development, and maintenance; information and knowledge systems; and 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. Programs and services provided by boards of health shall be planned and delivered by staff with both the required technical and professional skills, including core competencies in public health as well as competencies in public health disciplines. Boards of health shall employ the services of appropriately trained professionals as mandated by the HPPA (e.g., medical officers of health, public health dentists, dental hygienists, public health inspectors, public health nurses, and public health nutritionists). Furthermore, staff shall have appropriate training in interdisciplinary public health program planning and effective program delivery (e.g., epidemiology, health promotion, toxicology, program evaluation, informatics, etc.).

Building and sustaining public health human resource capacity is also dependent on continuing educational opportunities and the influx of new professionals into the system. Boards of health shall ensure a competent and diverse public health workforce by providing ongoing staff development and skill building related to public health competencies. This shall include quality improvement and life-long learning programs for staff members, as well as the provision of opportunities for formal and informal public health leadership development. Boards of health shall foster an interest in public health practice for future health professionals by supporting student placements.

4. Partnership and Collaboration

Public health programs and services involve extensive partnerships within the health sector (e.g., Local Health Integration Networks and primary health care) and other sectors (e.g., education, social services, housing, workplace health and safety system, and environment). Public health promotes community capacity building by fostering partnerships and collaborating with community partners, including the voluntary sector, non-governmental organizations, local associations, community groups, networks, coalitions, academia, governmental bodies, the private sector, and others. Where appropriate, boards of health shall collaborate with other boards of health to coordinate the delivery of public health programs and services.

Boards of health shall foster the creation of a supportive environment for health through community and citizen engagement in the assessment, planning, delivery, management, and evaluation of programs and services. This will support improved local capacity to meet the public health needs of the community.

The quality and scope of local partnerships shall be an essential indicator of success for boards of health in achieving and maintaining the leadership role required to create the conditions necessary for effective change. Boards of health shall continually monitor and evaluate local partnerships and collaborations to determine their effectiveness.

Foundational Standard

Public health programs and services that are informed by evidence are the foundation for effective public health practice. Evidence-informed practice is responsive to the needs and emerging issues of the health unit and uses the best available evidence to address them. Population health assessment, surveillance, research, and program evaluation generate evidence that contributes to the public health knowledge base and ultimately improves public health programs and services.

Goal

Public health practice responds effectively to current and evolving conditions, and contributes to the public's health and well-being.

Societal 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 public health knowledge.

Board of Health Outcomes

- Public health programs and services are planned and implemented to address local population health needs.
- The public, community partners, and health care providers are aware of relevant and current population health information.
- The board of health identifies public health priorities, including identification of emerging public health issues.
- The board of health allocates resources to reflect public health priorities and reallocates resources, as feasible, to reflect emergent public health priorities.
- Relevant audiences have available information that is necessary for taking appropriate action.
- Public health practitioners, policy-makers, community partners, health care providers, and the public are aware of the best available research regarding the factors that determine the health of the population and support effective public health practice.
- The board of health has effective partnerships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange.
- The board of health identifies program implementation issues in a timely and effective manner.
- Public health practitioners and policy-makers are aware of the effectiveness of existing programs and services, as well as of factors contributing to their outcomes.

Population Health Assessment

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

Requirements

1. The board of health shall assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).
2. The board of health shall assess trends and changes in local population health in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

3. The board of health shall use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations³).
4. The board of health shall tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible based on available resources.
5. The board of health shall provide population health information, including determinants of health and health inequities to the public, community partners, and health care providers, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

Surveillance

Surveillance is the systematic and 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, delivery, and management. Dissemination of surveillance analyses may take the form of reports, advisories, healthy public policy recommendations, alerts, or warnings. Surveillance has historically been associated with infectious diseases and vaccination programs, but its importance has become increasingly recognized for environmental health issues, child health, reproductive health, chronic disease prevention, and injury prevention.

Requirements

6. The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).
7. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).

Research and Knowledge Exchange

Exploring an issue or investigating a question is accomplished through research – 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 practitioners, researchers, and decision-makers, which takes place through linkage and exchange. It results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making.

Requirements

8. The board of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research, and program evaluation.
9. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange.
10. The board of health shall engage in public health research activities⁴ which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.

³ Priority populations are identified by surveillance, epidemiological, or other research studies. They are those populations that are at risk and for which public health interventions may be reasonably considered to have a substantial impact at the population level.

⁴ Research that involves personal health information must comply with the Personal Health Information Protection Act, and specifically with Section 44 of that Act.

Program Evaluation

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-method approaches. Program evaluation produces the information needed to support the establishment of new programs and services (needs assessment); assess whether evidence-informed programs are carried out with the necessary reach, intensity, and duration (process evaluation); or document the effectiveness and efficiency of programs and services (outcome evaluation).

Requirements

11. The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs, and outcomes.
12. The board of health shall conduct program evaluations when new interventions are developed or implemented, or when there is evidence of unexpected operational issues or program results, to understand the linkages between inputs, activities, outputs, and outcomes.
13. The board of health shall use a range of methods to facilitate public health practitioners' and policy-makers' awareness of the factors that contribute to program effectiveness.

Chronic Diseases and Injuries Program Standards

Chronic Disease Prevention

Goal

To reduce the burden of preventable chronic diseases of public health importance.⁵

Societal Outcomes

- An increased proportion of the population lives, works, plays, and learns in healthy environments that contribute to chronic disease prevention.
- There is increased adoption of behaviours and skills associated with reducing the risk of chronic diseases of public health importance.
- There is increased community participation in developing integrated and comprehensive local programs that reduce chronic diseases of public health importance.
- Community partners have the capacity to address the risk factors associated with chronic diseases, including poor diet, obesity, tobacco use, physical inactivity, alcohol misuse, and exposure to ultraviolet radiation.

Board of Health Outcomes

- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services for chronic disease prevention.
- There is increased awareness among community partners about the factors associated with chronic diseases that are required to inform program planning and policy development, including the following:
 - Community health status;
 - Risk, protective, and resiliency factors; and
 - The importance of creating healthy environments.
- 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 chronic diseases.
- 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 of public health importance.
- Priority populations have food skills and adopt healthy eating behaviours.
- Priority populations adopt tobacco-free living.
- Tobacco vendors are in compliance with the Smoke-Free Ontario Act.
- Youth have reduced access to tobacco products.

⁵ Chronic diseases of public health importance include cardiovascular diseases, cancer, respiratory diseases, and type 2 diabetes. Risk factors for chronic diseases include, but are not limited to, poor diet, obesity, tobacco use, physical inactivity, alcohol misuse, and exposure to ultraviolet radiation.

Assessment and Surveillance

Requirements

1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of:
 - Healthy eating;
 - Healthy weights;
 - Comprehensive tobacco control⁶;
 - Physical activity;
 - Alcohol use; and
 - Exposure to ultraviolet radiation.
2. The board of health shall monitor food affordability in accordance with the *Nutritious Food Basket Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

Health Promotion and Policy Development

Requirements

3. The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address the following topics:
 - Healthy eating;
 - Healthy weights;
 - Comprehensive tobacco control;
 - Physical activity;
 - Alcohol use; and
 - Exposure to ultraviolet radiation.

These efforts shall include:

 - a. Assessing the needs of educational settings; and
 - b. Assisting with the development and/or review of curriculum support.
4. The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments to address the following topics:
 - Healthy eating;
 - Healthy weights;
 - Comprehensive tobacco control;
 - Physical activity;
 - Alcohol use;
 - Work stress; and
 - Exposure to ultraviolet radiation.

These efforts shall include:

 - a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and
 - b. Reviewing, adapting, and/or providing behaviour change support resources and programs.

⁶ Comprehensive tobacco control includes preventing the initiation of tobacco use among young people; promoting quitting among young people and adults; eliminating non-smokers' exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.

5. The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke.
6. The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding the following topics:
 - Healthy eating;
 - Healthy weights;
 - Comprehensive tobacco control;
 - Physical activity;
 - Alcohol use; and
 - Exposure to ultraviolet radiation.
7. The board of health shall increase the capacity of community partners to coordinate and develop regional/local 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.

These efforts shall include:

- a. Mobilizing and promoting access to community resources;
- b. Providing skill-building opportunities; and
- c. Sharing best practices and evidence for the prevention of chronic diseases.

8. The board of health shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations.⁷
9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.
10. The board of health shall collaborate with community partners to promote provincially approved screening programs related to the early detection of cancers.
11. The board of health shall increase public awareness in the following areas:
 - Healthy eating;
 - Healthy weights;
 - Comprehensive tobacco control;
 - Physical activity;
 - Alcohol use;
 - Exposure to ultraviolet radiation;
 - Benefits of screening for early detection of cancers and other chronic diseases of public health importance; and
 - Health inequities that contribute to chronic diseases.

These efforts shall include:

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

⁷ This may include pregnant and postpartum women, individuals of low socio-economic status and youth.

12. The board of health shall provide advice and information to link people to community programs and services on the following topics:

- Healthy eating;
- Healthy weights;
- Comprehensive tobacco control;
- Physical activity;
- Alcohol use;
- Screening for chronic diseases and early detection of cancers; and
- Exposure to ultraviolet radiation.

Health Protection

Requirement

13. The board of health shall implement and enforce the Smoke-Free Ontario Act⁸ in accordance with provincial protocols, including but not limited to the *Tobacco Compliance Protocol, 2008* (or as current).

⁸ 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 workplaces; inquiries into all complaints under the Smoke-Free Ontario Act; maintenance of a supporting database related to enforcement of the Smoke-Free Ontario Act, and provision of Smoke-Free Ontario Act education and information to the community. It is recommended that boards of health also offer 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.

Prevention of Injury and Substance Misuse⁹

Goal

To reduce the frequency, severity, and impact of preventable injury and of substance misuse.

Societal Outcomes

- Community partners¹⁰ have the capacity to create safe and supportive environments where people live, work, play, and learn.
- Members of the public have an increased capacity to prevent injury and substance misuse.
- There is change in the public's cultural norms towards viewing injuries as predictable and preventable.
- Sustained behaviour change by the public contributes to the prevention of injury and substance misuse.
- An increased proportion of the public lives in safe and supportive environments.
- There is reduced incidence and severity of injuries and injury-related hospitalizations, disabilities, and deaths.
- There is reduced incidence and severity of substance misuse and substance-related injuries, hospitalizations, disabilities, and deaths.

Board of Health Outcomes

- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services for the prevention of injury and substance misuse.
- There is an increased awareness of community partners about the factors associated with injury and substance misuse required to inform program planning and policy development, including the following:
 - Community health status;
 - Risk, protective, and resiliency factors; and
 - Impact.
- 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 misuse.
- Community partners are engaged in the prevention of injury and substance misuse.
- The public is aware that the majority of injuries are predictable and preventable.
- The public is aware of the risk, protective, and resiliency factors associated with injury and substance misuse.
- The public is aware of the impact associated with injury and substance misuse.
- Priority populations have the capacity to prevent injury, substance misuse, and associated harms.
- The public is aware of current legislation related to the prevention of injury and substance misuse.

⁹ Substance misuse refers to the harmful use of any substance, such as alcohol, a street drug, an over-the-counter drug, or a prescribed drug. The program name is meant to clearly articulate the need to address the prevention of the adverse health outcomes associated with substance use, the illegal use of alcohol and other substances (e.g., preventing alcohol from being served to minors and preventing illegal drug use), and delaying the age of initial use of alcohol and other substances. Prevention efforts would include the implementation of harm reduction strategies (i.e., any program or policy designed to help reduce substance-related harm without requiring the cessation of substance use).

¹⁰ Community partners may include but are not limited to non-governmental organizations; governmental bodies; school boards and/or staff, school councils, and students of elementary, secondary, and post-secondary educational settings; parents; employers and employees in workplace settings; and other stakeholders.

Assessment and Surveillance

Requirement

1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of¹¹:
 - Alcohol and other substances;
 - Falls across the lifespan;
 - Road and off-road safety; and
 - Other areas of public health importance¹² for the prevention of injuries.

Health Promotion and Policy Development

Requirements

2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address the following:
 - Alcohol and other substances;
 - Falls across the lifespan;
 - Road and off-road safety; and may include
 - Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).
3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury and substance misuse by:
 - a. Collaborating with and engaging community partners;
 - b. Mobilizing and promoting access to community resources¹³;
 - c. Providing skill-building opportunities; and
 - d. Sharing best practices and evidence for the prevention of injury and substance misuse.
4. The board of health shall increase public awareness of the prevention of injury and substance misuse in the following areas:
 - Alcohol and other substances;
 - Falls across the lifespan;
 - Road and off-road safety; and may include
 - Other areas of public health importance for the prevention of injuries, as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

These efforts shall include:

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

¹¹ The broad topic areas include alcohol and other substances (i.e., including alcohol misuse, drinking and driving, illicit substance use), 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).

¹² Other areas of public health importance related to prevention of injuries and substance misuse may include violence, suicide, burns, drowning, farm injuries, poisonings, scalds, suffocation, sport and recreation, and playground safety. The assessment, planning, delivery, and management for other areas of public health importance would be based on local epidemiology and evidence of effective interventions.

¹³ Community resources may include, but are not limited to, volunteers, coalitions, stakeholders, and access to safety equipment.

Health Protection

Requirement

5. The board of health shall use a comprehensive health promotion approach in collaboration with community partners, including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation¹⁴ related to the prevention of injury and substance misuse in the following areas:
 - Alcohol and other substances;
 - Falls across the lifespan;
 - Road and off-road safety; and may include
 - Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

¹⁴ 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 prevention of injury and substance misuse.

Family Health Program Standards

Reproductive Health

Goal

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

Societal Outcomes

- An increased proportion of community partners provide safe and supportive environments to promote healthy pregnancies, healthy birth outcomes, and preparation for parenthood.
- An increased proportion of individuals in their reproductive years are physically, emotionally, and socially prepared for conception.
- An increased proportion of pregnant women and their families adopt practices to support a healthy pregnancy.
- An increased proportion of expectant parents are physically, emotionally, and socially prepared to become parents.
- An increased proportion of full-term newborns are born within a healthy birth weight range.
- Individuals in their reproductive years, including pregnant women and their families, live, work, play, and learn in safe and supportive environments.

Board of Health Outcomes

- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services for the promotion of reproductive health.
- The public is aware of the importance of creating safe and supportive environments that promote healthy pregnancies, healthy birth outcomes, and preparation for parenthood.
- Community partners are aware of the importance of creating safe and supportive environments that promote healthy pregnancies, healthy birth outcomes, and preparation for parenthood.
- Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the promotion of reproductive health.
- Individuals in their reproductive years, including pregnant women and their families, have the information, skills, and supports necessary to adopt health-promoting practices.
- Expectant parents are aware of the benefits of breastfeeding, the mechanics of breastfeeding, and where to obtain assistance with breastfeeding.
- Priority populations are linked to reproductive health information, programs, and services.
- Pregnant women and their families at risk of poor birth outcomes are supported and referred to services in the prenatal period.

Assessment and Surveillance

Requirement

1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) in the areas of:
 - Preconception health;
 - Healthy pregnancies;
 - Reproductive health outcomes; and
 - Preparation for parenting.

Health Promotion and Policy Development

Requirements

2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address:

- Preconception health;
- Healthy pregnancies; and
- Preparation for parenting.

These efforts shall include:

- a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and
- b. Reviewing, adapting, and/or providing behaviour change support resources and programs.¹⁵

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, services, and supports, which include:

- a. Consultation, assessment, and referral; and
- b. Group sessions.

5. The board of health shall provide advice and information to link people to community programs and services on the following topics:

- Preconception health;
- Healthy pregnancies; and
- Preparation for parenting.

6. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.

Disease Prevention

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 Protocol, 2008* (or as current) (Ministry of Children and Youth Services).¹⁶

¹⁵ This could include, but is not limited to, curriculum support resources (in preschools, schools, etc.), workplace support resources, and education and skill-building opportunities.

¹⁶ While the Healthy Babies Healthy Children program does contain Health Promotion and Policy Development components, it has been included in the Disease Prevention section due to its focus on screening, assessment, referrals, and support services.

Child Health

Goal

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

Societal Outcomes

- An increased proportion of community partners provide safe and supportive environments for children and their families.
- An increased proportion of families provide safe and supportive environments for their children.
- There is an increased rate of exclusive breastfeeding until six months, with continued breastfeeding until 24 months and beyond.
- An increased proportion of children reach growth and developmental outcomes.
- An increased proportion of children beginning school are ready to achieve success.
- An increased proportion of children have optimal oral health.

Board of Health Outcomes

- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services for the promotion of healthy child development.
- The board of health achieves timely and effective detection and identification of children at risk of poor oral health outcomes, their associated risk factors, and emerging trends.
- The public is aware of the importance of creating safe and supportive environments that promote healthy child development.
- The public is aware of the factors associated with positive parenting.
- Community partners are aware of the importance of creating safe and supportive environments that promote healthy child development.
- Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the promotion of healthy child development.
- Breastfeeding women have improved knowledge and skills.
- Priority populations are linked to child/family health information, programs, and services.
- Children at risk of poor health and developmental outcomes are supported and referred to services prior to school entry.
- Children urgently in need of oral health care have access to such care.
- Children in need of preventive oral health services receive essential clinical preventive oral health services.
- The board of health achieves timely and effective detection and identification of communities with levels of fluoride outside the therapeutic range.

Assessment and Surveillance

Requirements

1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of:
 - Positive parenting;
 - Breastfeeding;
 - Healthy family dynamics;
 - Healthy eating, healthy weights, and physical activity;
 - Growth and development; and
 - Oral health.
2. The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current), and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

3. The board of health shall report oral health data elements in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).

Health Promotion and Policy Development

Requirements

4. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address:

- Positive parenting;
- Breastfeeding;
- Healthy family dynamics;
- Healthy eating, healthy weights, and physical activity;
- Growth and development; and
- Oral health.

These efforts shall include:

- a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and
- b. Reviewing, adapting, and/or providing behaviour change support resources and programs.¹⁷

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; and
- Oral health.

These efforts shall include:

- 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, services, and supports, which include:

- a. Consultation, assessment, and referral; and
- b. Group sessions.

7. The board of health shall provide advice and information to link people to community programs and services on the following topics:

- Positive parenting;
- Breastfeeding;
- Healthy family dynamics;
- Healthy eating, healthy weights, and physical activity;
- Growth and development; and
- Oral health.

8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.

¹⁷ This could include, but is not limited to, curriculum support resources (in preschools, schools, etc.), workplace support resources, and education and skill-building opportunities.

Disease Prevention

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 Protocol, 2008* (or as current) (Ministry of Children and Youth Services).¹⁸
10. The board of health shall conduct oral screening in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).
11. The board of health shall facilitate access and support for families to complete screening tools¹⁹ to monitor their child's health and development, and provide a contact for families 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 (CINOT) Program Protocol, 2008* (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken.
13. The board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the *Preventive Oral Health Services Protocol, 2008* (or as current).

Health Protection

Requirement

14. The board of health shall review drinking water quality reports for its municipal drinking water supply(ies) where fluoride is added. These reports shall be reviewed at least monthly and, where necessary, action shall be taken in accordance with the *Protocol for the Monitoring of Community Water Fluoride Levels, 2008* (or as current).

¹⁸ While the Healthy Babies Healthy Children program does contain Health Promotion and Policy Development components, it has been included in the Disease Prevention section due to its focus on screening, assessment, referrals, and support services.

¹⁹ Screening tools will include those that are part of the Healthy Babies Healthy Children program (e.g., Nipissing District Developmental Screen™) as well as other reliable, valid screening tools that may be identified, such as NutriSTEP™ and the Paediatric Dental Screening Instrument.

Infectious Diseases Program Standards

Infectious Diseases Prevention and Control

Goal

To prevent or reduce the burden of infectious diseases of public health importance.²⁰

Societal Outcomes

- There is reduced incidence of infectious diseases of public health importance.
- There is reduced morbidity and mortality associated with infectious diseases of public health importance.
- There is increased public capacity to prevent and control infectious diseases.
- There is increased capacity on the part of all hospitals, long-term care homes (LTCHs), and other settings with risk of infections to prevent and control infectious diseases.

Board of Health Outcomes

- The board of health achieves timely and effective detection and identification of cases/outbreaks of infectious diseases of public health importance, their associated risk factors and emerging trends.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to prevent or reduce the burden of infectious diseases of public health importance.
- There is increased public awareness of infection prevention and control practices.
- Community partners and health care providers are aware of the local epidemiology of infectious diseases of public health importance.
- Community partners and health care providers are aware of infection prevention and control practices.
- Settings that are required to be inspected are aware of appropriate infection prevention and control practices.
- The board of health has effective partnerships with committees, advisory bodies, and networks²¹ that address infection prevention and control practices.
- Hospitals, LTCHs, and other settings with risk of infections are able to prevent nosocomial infections and control the spread of outbreaks of infectious diseases of public health importance.
- The board of health manages outbreaks and other sporadic cases of infectious diseases of public health importance resulting in limited secondary cases.
- The board of health manages reported cases of infectious diseases of public health importance and their contacts.
- The board of health manages infection prevention and control practice complaints.
- Settings that are required to be inspected use appropriate infection prevention and control practices.

²⁰ 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 and include zoonotic diseases. Emerging infectious diseases may be considered of public health importance based on a variety of criteria, including their designation as an emerging disease by international, federal, and/or provincial health authorities; their potential for preventability or public health action; and the seriousness of their impact on the health of the population and potential spread.

²¹ Networks include the Regional Infection Control Networks.

Assessment and Surveillance

Requirements

1. The board of health shall report infectious disease data elements in accordance with the Health Protection and Promotion Act and the *Infectious Diseases Protocol, 2008* (or as current).
2. The board of health shall conduct surveillance of:
 - Infectious diseases of public health importance, their associated risk factors, and emerging trends; and
 - Infection prevention and control practices of inspected premises associated with risk of infectious diseases of public health importance
 in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

Health Promotion and Policy Development

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 in the following areas:
 - Epidemiology of infectious diseases of public health importance that are locally relevant;
 - Respiratory etiquette;
 - Hand hygiene;
 - Vaccinations and medications to prevent or treat infectious diseases of public health importance;
 - Infection prevention and control core competencies, incorporating both Routine Practices (including personal protective equipment) and Additional Precautions (transmission-based precautions); and
 - Other measures, as new interventions and/or diseases arise.

These efforts shall include:

- 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 participate on committees, advisory bodies, or networks that address infection prevention and control practices²² of, but not limited to, hospitals and LTCHs, which shall include consultation on the development and/or revision of:
 - Infection prevention and control policies and procedures;
 - Surveillance systems for infectious diseases of public health importance; and
 - Response plans to cases/outbreaks of infectious diseases of public health importance.
 6. The board of health shall work with appropriate partners²³ to increase awareness among relevant community partners, including correctional facilities, health care and other service providers of:
 - The local epidemiology of infectious diseases of public health importance;
 - Infection prevention and control practices; and
 - Reporting requirements for reportable diseases, as specified in the Health Protection and Promotion Act.

²² Infection prevention and control practices that may be addressed could include having current evidence-informed infection prevention and control policies and conducting regular staff education sessions to communicate and enhance awareness about the content of the policies.

²³ Partners may include, but are not limited to, Regional Infection Control Networks.

Disease Prevention

Requirements

7. The board of health shall ensure that the medical officer of health or designate is 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 *Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).
8. The board of health shall provide public health management of cases and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and provincial and national protocols on best practices.
9. The board of health shall ensure that the medical officer of health or designate receives reports of complaints regarding infection prevention and control practices and responds and/or refers to appropriate regulatory bodies in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).
10. The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies exist, particularly personal services settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).
11. The board of health shall respond to local, provincial/territorial, federal and international changes in disease epidemiology by adapting programs and services.
12. The board of health shall supplement provincial efforts in managing risk communications to the appropriate stakeholders on identified risks associated with infectious diseases of public health importance based on local epidemiology and epidemiological information.
13. The board of health shall communicate in a timely and comprehensive manner with all relevant health care providers and other partners about urgent and emerging infectious disease issues.

Health Protection

Requirement

14. The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the *Infection Prevention and Control in Licensed Day Nurseries Protocol, 2008* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).

Rabies Prevention and Control

Goal

To prevent the occurrence of rabies in humans.

Societal Outcomes

- There is reduced incidence of suspected rabies exposures in humans.
- Human rabies is prevented in all reported suspected rabies exposures.

Board of Health Outcomes

- The board of health achieves timely and effective detection and identification of positive reports of rabies in animal species and other emerging risks and trends associated with rabies in humans.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to prevent the occurrence of rabies in humans.
- The public is aware of rabies and its prevention.
- The public, community partners, and health care providers report all suspected rabies exposures in the health unit to the board of health.
- The board of health manages reports of suspected rabies exposures.
- The public, community partners, and health care providers are prepared for rabies threats.

Assessment and Surveillance

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 *Rabies Prevention and Control Protocol, 2008* (or as current).
3. The board of health shall conduct surveillance of rabies in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Rabies Prevention and Control Protocol, 2008* (or as current).
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

Health Promotion and Policy Development

Requirement

5. The board of health shall work with community partners 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 strategies²⁴ based on local epidemiology.

²⁴ 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.

Disease Prevention/Health Protection

Requirements

6. The board of health shall annually remind those individuals specified in the Health Protection and Promotion Act of their duty to report suspected rabies exposure.
7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to suspected rabies exposures in accordance with the Health Protection and Promotion Act; the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Rabies Prevention and Control Protocol, 2008* (or as current).
8. The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan, as outlined in the *Rabies Prevention and Control Protocol, 2008* (or as current).

Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections²⁵ (including HIV)²⁶

Goals

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

Societal Outcomes

- There is increased adoption of healthy behaviours among the population regarding sexual health.
- There are enhanced supportive environments regarding healthy sexuality.
- There is a decreased rate of adolescent pregnancy.
- There are reduced transmission and incidence rates of sexually transmitted infections and blood-borne infections.
- There is reduced morbidity and mortality associated with sexually transmitted infections and blood-borne infections.

Board of Health Outcomes

- The board of health achieves timely and effective detection and identification of cases of sexually transmitted infections and blood-borne infections, and their associated risk factors and emerging trends.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to promote healthy sexuality and to prevent or reduce the burden of sexually transmitted infections and blood-borne infections.
- The public is aware of risk, protective, and resiliency factors related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections.
- Community partners are aware of the importance of having supportive environments to promote healthy sexuality and prevent sexually transmitted infections and blood-borne infections.
- Priority populations have the capacity to adopt behaviours related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections.
- The board of health manages reported cases and contacts of sexually transmitted infections and blood-borne infections.
- Health care providers have the capacity to manage cases and contacts of sexually transmitted infections and blood-borne infections.
- Priority populations have access to sexual health services, including contraception and comprehensive pregnancy counselling.
- Priority populations have access to harm reduction services to reduce the transmission of sexually transmitted infections and blood-borne infections.

Assessment and Surveillance

Requirements

1. The board of health shall report data elements on sexually transmitted infections and blood-borne infections in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).
2. The board of health shall conduct surveillance of:
 - Sexually transmitted infections;
 - Blood-borne infections;
 - Reproductive outcomes;
 - Risk behaviours; and
 - Distribution of harm reduction materials/equipment

²⁵ Blood-borne infections include hepatitis B, human immunodeficiency virus (HIV), and hepatitis C. Blood-borne infections are transmitted to the blood through sexual activities/intercourse and by the sharing of injection equipment and other drug-related activities.

²⁶ HIV is specified only in the title but is implied throughout the Program Standard in all sections referring to sexually transmitted infections and blood-borne infections.

in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).

3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

Health Promotion and Policy Development

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 use a comprehensive health promotion approach to increase the community capacity regarding the promotion of healthy sexuality, including the prevention of adolescent pregnancies, sexually transmitted infections, and blood-borne infections, by:
 - a. Collaborating with and engaging community partners and priority populations;
 - b. Mobilizing and promoting access to community resources;
 - c. Providing skill-building opportunities; and
 - d. Sharing best practices and evidence.
6. The board of health shall collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services.

Disease Prevention/Health Protection

Requirements

7. The board of health shall provide clinical services for priority populations to address contraception, comprehensive pregnancy counselling, sexually transmitted infections, and blood-borne infections. For further information, refer to the *Sexual Health Clinic Services Manual, 2002* (or as current).
8. The board of health shall ensure that the medical officer of health or designate receives reports of sexually transmitted infections and blood-borne infections and responds in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).
9. The board of health shall provide or ensure access to provincially funded drugs for the treatment of sexually transmitted infections, at no cost to clients, in accordance with the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (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 engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.
12. The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies²⁷ in response to local surveillance.

²⁷ Harm reduction strategies include clean and sterile drug-using equipment (sterile water, alcohol swabs, steri-cups, tourniquets, ascorbic acid, and filters, which are currently funded through the Ontario Harm Reduction Distribution Program); condoms; client-centered counselling; skill-building and education; and referral to addictions treatment, health services and other social services.

Tuberculosis Prevention and Control

Goal

To prevent or reduce the burden of tuberculosis (TB).

Societal Outcomes

- There is reduced transmission of TB.
- There is reduced progression of latent TB infection (LTBI) to active TB.
- There is reduced incidence of drug-resistant TB.
- Community partners and health care providers have improved capacity to effectively manage TB.
- There is improved public access to the diagnosis and treatment of TB.
- The public is aware of TB and its prevention.

Board of Health Outcomes

- The board of health achieves timely and effective detection and identification of TB trends, emerging risks, and associated risk factors.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to prevent and reduce the burden of TB.
- The board of health has effective partnerships with committees, advisory bodies, networks, and community organizations to address the prevention and control of TB.
- Public health risks associated with active TB are mitigated.
- Individuals with infectious TB are isolated.
- Individuals with active TB (cases) receive the appropriate medication.
- Individuals with active TB or LTBI are identified.
- Individuals with LTBI are offered appropriate treatment.

Assessment and Surveillance

Requirements

1. The board of health shall report TB data elements in accordance with the Health Protection and Promotion Act and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).
2. The board of health shall conduct surveillance of active tuberculosis as well as individuals with LTBI in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations,²⁸ in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

Health Promotion and Policy Development

Requirement

4. The board of health shall engage in health promotion and policy development activities with community partners, policy-makers, and health care providers that have clients/contacts from priority populations based on local epidemiology.

²⁸ For the purpose of this standard, priority populations may include, but are not limited to, those incarcerated in correctional facilities, Aboriginal peoples and First Nation communities, refugees, recent arrivals to Canada, homeless persons, and those who work closely with these groups.

Disease Prevention/Health Protection

Requirements

5. The board of health shall facilitate timely identification of active cases of TB and referrals of persons with inactive TB through immigration medical surveillance²⁹ in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).
6. The board of health shall provide management of cases to minimize the public health risk in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).
7. The board of health shall provide or ensure access to TB medication at no cost to clients or providers.
8. The board of health shall provide or ensure the provision of the identification, assessment, and public health management of contacts of active cases in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).
9. The board of health shall provide or ensure the provision of the identification and effective public health management of individuals with LTBI in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current), with a particular focus on people at highest risk of progression to active TB.³⁰
10. The board of health shall respond to local, provincial/territorial, federal, and international changes in disease epidemiology by adapting programs and services.

²⁹ Referrals through Citizenship and Immigration Canada include individuals referred to boards of health, post-landing, for medical follow-up to rule out active TB and to determine the need for treatment of LTBI.

³⁰ People at highest risk of progression to active TB may include recent contacts, the immunocompromised, and recent arrivals to Canada.

Vaccine Preventable Diseases

Goal

To reduce or eliminate the burden of vaccine preventable diseases.

Societal Outcomes

- There is reduced incidence of vaccine preventable diseases.
- Target coverage rates for vaccine preventable diseases are achieved.
- There is increased health care provider knowledge of immunization.
- There is increased public knowledge of immunization.
- There is improved effectiveness of publicly funded immunization programs.
- There is a reduced incidence rate of adverse events following immunization.
- There is reduced vaccine wastage.

Board of Health Outcomes

- The board of health achieves timely and effective detection and identification of children susceptible to vaccine preventable diseases, their associated risk factors, and emerging trends.
- The board of health achieves timely and effective detection and identification of priority populations facing barriers to immunization, their associated risk factors, and emerging trends.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to reduce or eliminate the burden of vaccine preventable diseases.
- The public is aware of the importance of immunization across the lifespan.
- Health care providers report adverse events following immunization to the board of health.
- Health care providers are knowledgeable of improved practices related to proper vaccine management, including storage and handling.
- Target coverage rates for provincially funded immunizations are achieved.
- The board of health effectively responds to vaccine preventable disease outbreaks.
- The public is aware of the availability of travel health services, including immunizations for travellers.
- Health care providers adhere to proper vaccine management, including storage and handling practices and inventory management.
- Vaccines are distributed in an equitable and timely manner that adheres to proper vaccine management, including storage and handling practices.
- The board of health achieves timely and effective detection and identification of adverse events following immunization.
- Children have 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.

Assessment and Surveillance

Requirements

1. The board of health shall assess, maintain records and report, where applicable, on:
 - The immunization status of children enrolled in licensed child care programs as defined in the Day Nurseries Act;
 - The immunization status of children attending schools in accordance with the Immunization of School Pupils Act; and
 - Immunizations administered at board of health-based clinics as required in accordance with the *Immunization Management Protocol, 2008* (or as current) and the *Infectious Diseases Protocol, 2008* (or as current).
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

Health Promotion and Policy Development

Requirements

3. The board of health shall work with community partners to improve public knowledge and confidence in immunization programs by:
 - a. Supplementing national and provincial health communications strategies; and/or
 - b. Developing and implementing regional/local communications strategies.

Topics to be addressed shall include:

- The importance of immunization;
 - Diseases that vaccines prevent;
 - Recommended immunization schedules for children and adults and the importance of adhering to the schedules;
 - Introduction of new provincially funded vaccines;
 - Promotion of childhood and adult immunization, including high-risk programs;
 - The importance of maintaining a personal immunization record for all family members;
 - The importance of reporting adverse events following immunization;
 - Reporting immunization information to the board of health as required;
 - Vaccine safety; and
 - Legislation related to immunizations.
4. The board of health shall promote the reporting of adverse events following immunization by health care providers to the local board of health in accordance with the Health Protection and Promotion Act.
 5. The board of health shall provide a comprehensive information and education strategy to promote optimal vaccine management, including storage and handling practices, among health care providers in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current). This shall include:
 - One-on-one training at the time of cold chain inspection;
 - Distributing information to new health care providers who handle vaccines; and
 - Providing ongoing support to existing health care providers who handle vaccines.
 6. The board of health shall provide consultation to community partners to develop immunization policies (e.g., workplace policies) based on local need and as requested.

Disease Prevention

Requirements

7. The board of health shall promote and provide provincially funded immunization programs to any eligible person in the health unit, including:
 - Board of health-based clinics;
 - School-based clinics (including, but not limited to, hepatitis B and meningococcal immunization);
 - Community-based clinics; and
 - Outreach clinics to priority populations.
8. The board of health shall, as part of the Public Health Emergency Preparedness 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 a community outbreak.
9. The board of health shall provide or ensure the availability of travel health clinics.

Health Protection

Requirements

10. The board of health shall ensure the storage and distribution of provincially funded vaccines including to health care providers practicing within the health unit in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current).
11. The board of health shall promote vaccine inventory management in all premises where provincially funded vaccines are stored in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current).
12. The board of health shall monitor, investigate, and document all suspected cases of adverse events following immunization that meet the provincial reporting criteria³¹ and promptly report all cases.
13. The board of health shall comply with the *Immunization Management Protocol, 2008* (or as current), that specifies the process for the assessment of the immunization status of children in licensed day nurseries as defined in the Day Nurseries Act and the enforcement of the Immunization of School Pupils Act.

³¹ The provincial reporting criteria are under development at the Federal/Provincial/Territorial level.

Environmental Health Program Standards

Food Safety

Goal

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

Societal Outcomes

- There is reduced incidence of food-borne illness.
- There is reduced exposure to food that is unfit for human consumption.
- 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.

Board of Health Outcomes

- The board of health achieves timely and effective detection and identification of:
 - Food-borne illnesses;
 - Their associated risk factors and emerging trends; and
 - Unsafe food in food premises.
- The board of health mitigates food-borne illness risks.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to reduce the burden of food-borne illness of public health importance.
- Food handlers in food premises handle and manage food in a safe and sanitary manner.
- Community partners are aware of safe food-handling practices and food safety issues.
- The public is aware of safe food-handling practices and food safety issues.

Assessment and Surveillance

Requirements

1. The board of health shall conduct surveillance of:
 - Suspected and confirmed food-borne illnesses; and
 - Food premisesin accordance with the *Food Safety Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).
3. The board of health shall report Food Safety Program data elements in accordance with the *Food Safety Protocol, 2008* (or as current).

Health Promotion and Policy Development

Requirements

4. The board of health shall ensure food handlers in food premises have access to training in safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2008* (or as current).
5. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2008* (or as current) by:
 - a. Adapting and/or supplementing national and provincial food safety communications strategies; and/or
 - b. Developing and implementing regional/local communications strategies.

Disease Prevention/Health Protection

Requirements

6. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to:
 - Suspected and confirmed food-borne illnesses or outbreaks;
 - Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and
 - Food-related issues arising from floods, fires, power outages, or other situations that may affect food safety in accordance with the Health Protection and Promotion Act; the *Food Safety Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).
7. The board of health shall inspect food premises and provide all the components of the Food Safety Program within food premises as defined by the Health Protection and Promotion Act and in accordance with the Food Premises Regulation (O. Reg. 562); the *Food Safety Protocol, 2008* (or as current); and all other applicable Acts.

Safe Water

Goals

- **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.**

Societal Outcomes

- The public has access to safe drinking water.
- There is reduced exposure to unsafe drinking water.
- Public exposure to water-borne illnesses is mitigated.
- There is reduced incidence of adverse events related to unsafe drinking water.
- There is reduced incidence of water-related illness, injuries, and fatalities in public recreational waters.
- There is decreased public use of public beach water under adverse water quality conditions.
- There is reduced public exposure to recreational water-borne illnesses.

Board of Health Outcomes

- The board of health achieves timely and effective detection and identification of water contaminants and illnesses, their associated risk factors, and emerging trends.
- The board of health mitigates water-borne illness.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to reduce the burden of water-borne illnesses of public health importance.
- Members of the public who use private wells, cisterns, rain or lake water are aware of how to safely manage their own drinking-water systems.
- The public is aware of drinking water safety.
- Owners/operators of recreational water facilities operate in a safe and sanitary manner.
- Owners/operators of drinking-water systems operate in a safe and sanitary manner.
- The public is aware of potential risk of illness and injury related to public beach use.

Assessment and Surveillance

Requirements

1. The board of health shall report Safe Water Program data elements in accordance with the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).
2. The board of health shall conduct surveillance of drinking-water systems and of drinking water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).
3. The board of health shall conduct surveillance of public beaches and public beach water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Beach Management Protocol, 2008* (or as current).
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).
5. The board of health shall conduct surveillance of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).

Health Promotion and Policy Development

Requirements

6. The board of health shall provide information to private citizens who operate their own wells, cisterns, rain or lake water system to promote their awareness of how to safely manage their own drinking-water systems.
7. The board of health shall provide education and training for owners/operators of drinking-water systems in accordance with the *Drinking Water Protocol, 2008* (or as current).
8. The board of health shall increase public awareness of water-borne illnesses and safe drinking water use by:
 - a. Adapting and/or supplementing national and provincial safe drinking water communications strategies; and/or
 - b. Developing and implementing regional/local communications strategies.
9. The board of health shall provide education and training for owner/operators of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).

Disease Prevention/Health Protection

Requirements

10. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to:
 - Adverse events related to safe water, such as reports of adverse drinking water on drinking-water systems governed under the Health Protection and Promotion Act or the Safe Drinking Water Act;
 - Reports of water-borne illnesses or outbreaks;
 - Safe water issues arising from floods, fires, power outages, or other situations that may affect water safety; and
 - Safe water issues relating to recreational water use including public beaches
 in accordance with the Health Protection and Promotion Act; the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).
11. The board of health shall provide all the components of the Safe Water Program in accordance with all applicable statutes and regulations, and the *Drinking Water Protocol, 2008* (or as current) to protect the public from exposure to unsafe drinking water.
12. 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 *Drinking Water Protocol, 2008* (or as current).
13. The board of health shall reduce risks of public beach use by implementing a beach management program in accordance with the *Beach Management Protocol, 2008* (or as current).
14. The board of health shall reduce the risks of recreational water facility use by implementing a management program in accordance with the *Recreational Water Protocol, 2008* (or as current).

Health Hazard Prevention and Management

Goal

To prevent or reduce the burden of illness from health hazards³² in the physical environment.

Societal Outcomes

- There is reduced incidence of adverse health outcomes from exposure to chemical, radiological, biological, and other physical factors in the environment.
- There is reduced public exposure to health hazards.
- There is increased capacity on the part of the public and community partners to address the risk factors that reduce health hazard exposure and diseases.
- There is increased public engagement in practices and activities that reduce exposure to hazardous conditions and factors and protect the environment.
- There is increased community partner participation in developing local policies and programs that address the risk factors associated with health hazard exposure and diseases.

Board of Health Outcomes

- The board of health achieves timely and effective detection and identification of exposures of human health concern and associated public health risks, trends and illnesses.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to reduce or eliminate the burden of illness from health hazards in the environment.
- The public is aware of health protection and prevention activities related to health hazards and conditions that create healthy environments.
- Community partners have the information necessary to create healthy public policies related to reducing exposure to health hazards.
- The public and community partners are aware of health hazard incidents and risks in a timely manner.

Assessment and Surveillance

Requirements

1. The board of health shall conduct surveillance of the environmental health status of the community in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

³² 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, plant 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.”

Health Promotion and Policy Development

Requirements

3. The board of health shall increase public awareness of health risk factors associated with the following health hazards:

- Indoor air quality;
- Outdoor air quality;
- Extreme weather;
- Climate change;
- Exposure to radiation; and
- Other measures, as emerging health issues arise.

These efforts shall include:

- 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 assist community partners to develop healthy policies related to reducing exposure to health hazards. Topics may include, but are not limited to:

- Indoor air quality;
- Outdoor air quality;
- Extreme weather; and
- Built environments.

Disease Prevention/Health Protection

Requirements

5. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to respond to and manage health hazards in accordance with the Health Protection and Promotion Act; the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).

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 *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).

7. The board of health shall implement control measures to prevent or reduce exposure to health hazards in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current) and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).

8. The board of health shall develop a local vector-borne management strategy based on surveillance data and emerging trends in accordance with the *Infectious Diseases Protocol, 2008* (or as current).

9. The board of health shall maintain systems to support timely and comprehensive communication with all relevant health care and other community partners about identified health hazard risks.

Emergency Preparedness Program Standard

Public Health Emergency Preparedness

Goal

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

Societal Outcomes

- There is effective preparedness infrastructure for public health emergencies.
- There is increased self-sufficiency on the part of the public and community partners during emergencies.

Board of Health Outcomes

- There is enhanced public health emergency preparedness, response, and recovery behaviours.
- The board of health is aware of the hazards in the health unit that are relevant to the board of health.
- The board of health has enhanced risk-based emergency planning and programming to guide ongoing board of health preparedness efforts.
- The board of health has current and relevant mechanisms in place to support the continuation and restoration of time-critical board of health services in the event of disruption.
- The board of health has effective risk-based emergency response capability and clearly defined public health roles and responsibilities in an emergency.
- The board of health communicates with community partners in order to share information required to take action in advance of, during, and after a public health emergency or an emergency with public health impacts.
- The public is aware of health risks and emergency preparedness.
- The board of health is aware of emergency preparedness and response roles and responsibilities.

Assessment and Surveillance

Requirement

1. The board of health shall identify and assess the relevant hazards and risks to the public's health in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).

Health Protection

Emergency Planning

Requirements

2. The board of health shall develop a continuity of operations plan to sustain the ongoing functioning of time-critical board of health services during business disruptions in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).
3. The board of health shall develop its emergency response plan, in consultation with community partners and governmental bodies, to address the identified 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 *Public Health Emergency Preparedness Protocol, 2008* (or as current).

Risk Communications and Public Awareness

Requirements

4. The board of health shall develop, implement, and document 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies to facilitate the sharing of information in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).
5. The board of health shall, in collaboration with community partners, increase public awareness regarding emergency preparedness activities.

Education, Training, and Exercises

Requirements

6. The board of health shall ensure the provision of emergency preparedness and response education and training for board of health staff in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).
7. The board of health shall ensure that its officials are oriented on the board of health's emergency response plan in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).
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 *Public Health Emergency Preparedness Protocol, 2008* (or as current).

