

# **Overview of the Ontario Public Health Standards and Protocols**

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# Overview of Presentation

- 1. Context and history**
- 2. Overview of the OPHS and Protocols**
- 3. Implications for Program-based Grants**
- 4. Going Forward**

# Context and History

# Development of the OPHS and Protocols – Context and History

- The government has made major commitments to continue to renew and re-invest in public health
- Operation Health Protection was released in June 2004:
  - Based on recommendations of the Final Report of the Expert Panel on SARS and Infectious Disease Control and the First Interim Report of Justice Campbell
  - A 3-year Action Plan to revitalize the public health system in Ontario
- Operation Health Protection included six key strategic priorities:
  1. The creation of a Health Protection and Promotion Agency
  2. Public Health Renewal - including the review of the Mandatory Health Programs and Services Guidelines (MHPSG), 1997, and Capacity Review
  3. Public Health Emergency Management
  4. Infection Control and Communicable Disease Capacity
  5. Health Human Resources
  6. Infrastructure for Health System Preparedness

## Development of the OPHS and Protocols – Context and History (cont'd)

- In Operation Health Protection MOHLTC committed to initiate a review of the MHPSTG as part of the overall strategy to renew public health in Ontario
- In its final report (May, 2006), the Capacity Review Committee proposed that the existing MHPSTG should be replaced with new program standards as part of a new vision for public health in Ontario
- The Program Standards Technical Review Committee (TRC), as well as the OPHS Writing Teams and the Protocol Development Teams provided strategic and technical advice to guide the OPHS and Protocols to completion
- The Ontario Public Health Standards were developed over a two-year period in close and ongoing consultation with the public health sector
- The development, completion and release of the OPHS represents the first comprehensive, consultative review and re-development of guidelines for mandatory public health programs and services in Ontario in 11 years

# Development of the OPHS and Protocols – Process

- The Program Standards Technical Review Committee (TRC) oversaw and guided the review of the MHPSG and the development of the OPHS
- There was a high level of engagement and input from the sector in the development of the OPHS and Protocols
  - As well as participating in Writing Teams and Protocol Development Teams, health unit staff and other public health stakeholders demonstrated a consistent level of investment and engagement in the process
- Input received through 3 large-scale consultation activities addressed technical programmatic issues as well as current evidence in public health program planning and delivery

# Overview of the OPHS and Protocols

# Authority of the OPHS and Protocols

- The OPHS are published by the Minister of Health and Long-Term Care through section 7 of the Health Protection and Promotion Act (HPPA) as the guidelines for mandatory public health programs and services to be provided by Ontario's boards of health.
  - “The Minister may 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).”
- Amendments to the HPPA under the Health Systems Improvement Act came into effect September 30, 2008 which allow for the incorporation of documents such as Protocols into guidelines as well as their ongoing amendment. Sections 7(5) and 7(6) of the HPPA provide this authority:
  - As a result, Protocols which are named in the OPHS become incorporated and form a part of the OPHS
  - Ability for the rolling incorporation of Protocols facilitates their revision

## Authorities of Ministries

- Order in Council No. 1485/2005 assigns 4 mandatory health programs and services under section 7 of the HPPA to the Ministry of Health Promotion
- Order in Council No. 495/2004 assigns responsibilities for the Healthy Babies Healthy Children program under section 7 of the HPPA to the Ministry of Children and Youth Services
- Orders in Council will be updated to reflect program standards in the OPHS

# Legislative Authority for the Ontario Public Health Standards and Incorporated Protocols

## HPPA, Section 7

- 7 (1) – provides the minister the authority to issue guidelines
- 7 (2) – requires that guidelines are transmitted to boards of health
- 7 (3) – states that a guideline is not a regulation
- 7 (4) – clarifies that a guideline is subordinate to a regulation
- 7 (5) – allows for the adoption of other documents by reference, in a guideline
- 7 (6) – specifies that a document incorporated by reference should be referred to as “amended from time to time”
- 7 (7) – states that a document comes into effect when the MOHLTC notifies boards of health and when it publishes a notice

**Protocols -**  
 Protocols include detailed direction to assist boards of health to operationalize specific requirements in the OPHS. 26 protocols in total are included in the OPHS.

## Enforceable

### LEGISLATION

*The Health Protection and Promotion Act, 1990*



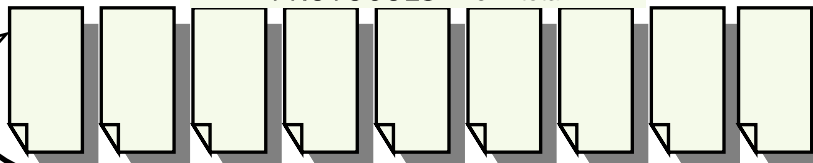
Section 7 provides the Minister of Health and Long-Term Care with the authority to issue guidelines

### GUIDELINES = ONTARIO PUBLIC HEALTH STANDARDS (OPHS)

The OPHS includes 1 foundational standard and 13 program standards. Each program standard includes goals, societal outcomes, board of health outcomes, and requirements.

Foundational Standard	Chronic Diseases & Injuries Standard	Family Health Standard	Infectious Diseases Standard	Environmental Health Standard	Emergency Preparedness Standard
1 Standard	2 Program Standards	2 Program Standards	5 Program Standards	3 Program Standards	1 Program Standard

### PROTOCOLS - 26 in total



### BEST PRACTICE / GUIDANCE DOCUMENTS

Documents, or sections of documents, which may be referenced in protocols are **enforceable** when referred to as “in accordance with”.

## Not Enforceable

### BEST PRACTICE / GUIDANCE DOCUMENTS

Documents, or sections of documents, which may be referenced in protocols are **not enforceable** when referred in such a manner as to indicate that they are being provided for guidance purposes only. An example of this would be where the document is referred to as being provided to the board of health for their “further information”.

# The Standards

- Include technical revisions to reflect new science, evidence and best practices in public health
- Adopt a logic model approach to clearly identify and illustrate societal and board of health outcomes
- Are structured to reflect key public health functions consistently across all program standards that build on the F/P/T and CDC/PAHO functions
- Balance the need for provincial standards and programs that are responsive to local needs and contexts - thus not as prescriptive as the MHPSG (1997)
- Clearly articulate the role of public health in addressing the determinants of health
- Move toward standards that are measurable and will be linked with specific performance measures for increased accountability and will be integrated into the Public Health Performance Management Framework
- Will be accompanied by an ongoing review, enhancement and support process – the “Evergreen Process” – to ensure that they are reviewed and revised as appropriate
- Were developed to fit within the current fiscal envelope for public health in Ontario

# OPHS and the MHPSG: Comparison of Structure

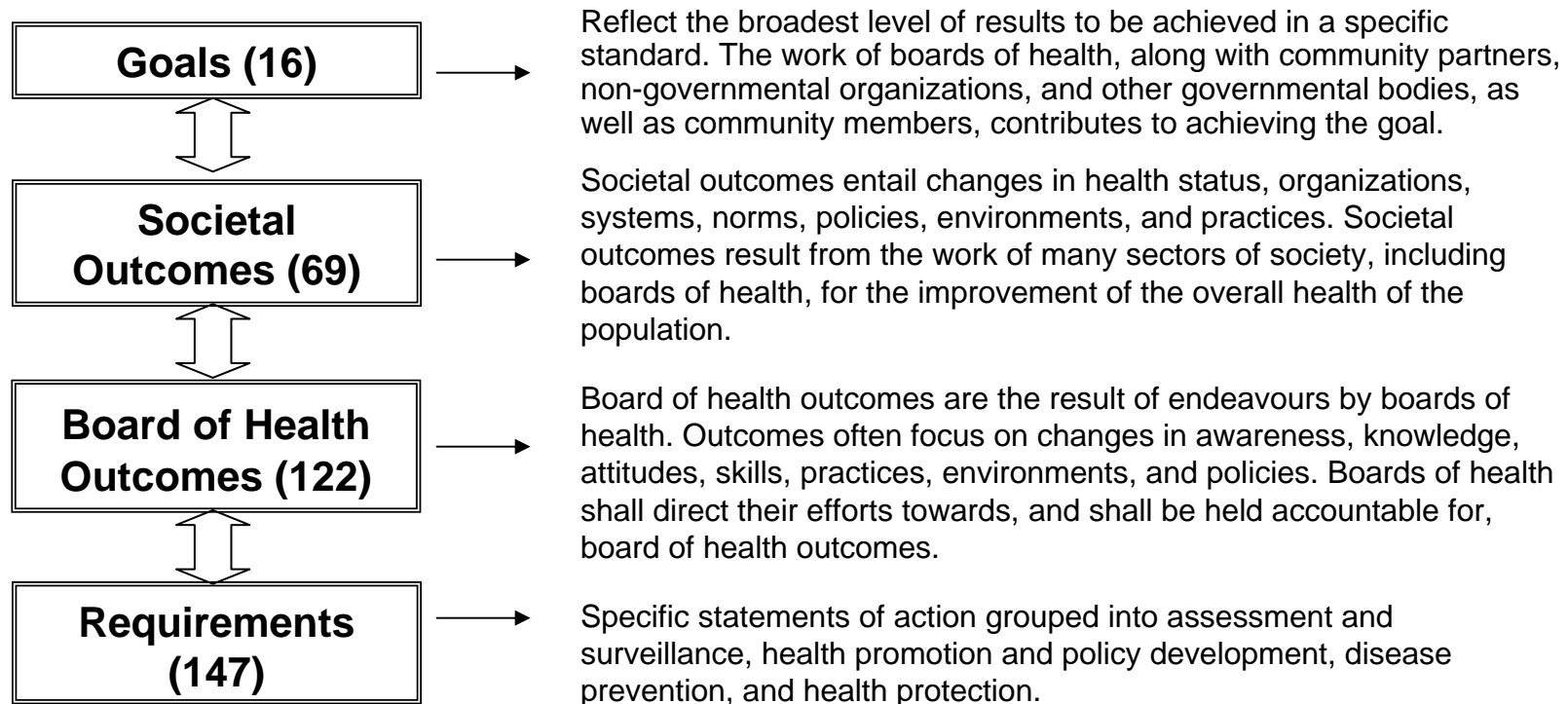
<b><u>Ontario Public Health Standards 2008</u></b>		<b><u>Mandatory Health Programs and Services Guidelines, 1997</u></b>
<b>Total number of requirements (147)</b> <b>Number of Protocols – 26</b>  <b>Contents:</b> <ul style="list-style-type: none"> <li>- Introduction</li> <li>- Foundations - Principles and Foundational Standard</li> </ul>		<b>Total number of requirements (120)</b> <b>Number of Protocols – 19</b>  <b>Contents:</b> <ul style="list-style-type: none"> <li>- Introduction and principles</li> <li>- General Standards: Equal Access, Program Planning and Evaluation and Health Hazard Investigation</li> </ul>
<b>MHP</b>	<b>Chronic Diseases and Injuries Program Standards</b> <ul style="list-style-type: none"> <li>- Chronic Disease Prevention and Prevention of Injury and Substance Misuse</li> </ul>	<b>Program Standards</b> <b>Chronic Diseases and Injuries</b> <ul style="list-style-type: none"> <li>- Chronic Disease Prevention; Early Detection of Cancer; and Injury Prevention including Substance Abuse Prevention</li> </ul>
<b>MHP, MCYS</b>	<b>Family Health Program Standards</b> <ul style="list-style-type: none"> <li>- Reproductive Health and Child Health</li> </ul>	<b>Family Health</b> <ul style="list-style-type: none"> <li>- Sexual Health, Reproductive Health and Child Health</li> </ul>
	<b>Infectious Diseases Program Standards</b> <ul style="list-style-type: none"> <li>- Infectious Diseases Prevention and Control; Rabies Prevention and Control; Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV); Tuberculosis Prevention and Control, and Vaccine Preventable Diseases</li> </ul>	<b>Infectious Diseases</b> <ul style="list-style-type: none"> <li>- Control of Infectious Diseases; Infection Control; Rabies Control; Sexually Transmitted Infections Including HIV/AIDS; Tuberculosis Prevention and Control; Vaccine Preventable Diseases; Food Safety; and Safe Water</li> </ul>
<b>MOHLTC</b>	<b>Environmental Health Program Standards</b> <ul style="list-style-type: none"> <li>- Food Safety; Safe Water; Health Hazard Prevention and Management</li> </ul>	<b>Note:</b> In 1997 MOHLTC was responsible for the MHPSG in its entirety. OICs in 2004 and 2005 assigned responsibility for some programs and services to MCYS and MHP, as indicated at the left of this table.
	<b>Emergency Preparedness Program Standard</b> <ul style="list-style-type: none"> <li>- Public Health Emergency Preparedness</li> </ul>	

# Introduction section of the OPHS

- Highlights role of public health in addressing the determinants of health and reducing inequities
- Includes a description of public health in Ontario
- Outlines the legislative mandate for Ontario's boards of health by providing a summary of the HPPA sections:
  - Highlighting that boards of health may deliver additional programs and services to the mandatory programs in response to local needs
  - Articulating French Language Services Act provision of services in designated areas
- Includes a summary of the Acts and associated regulations within which boards of health and medical officers of health are cited (over 55 Acts)

# Structure of the OPHS

- The 1997 MHPSTG included objectives with numerical targets which in some cases were too prescriptive, out-of-date, and unachievable
- The standards replace objectives with directional outcomes; specific performance targets are not reflected in the standards

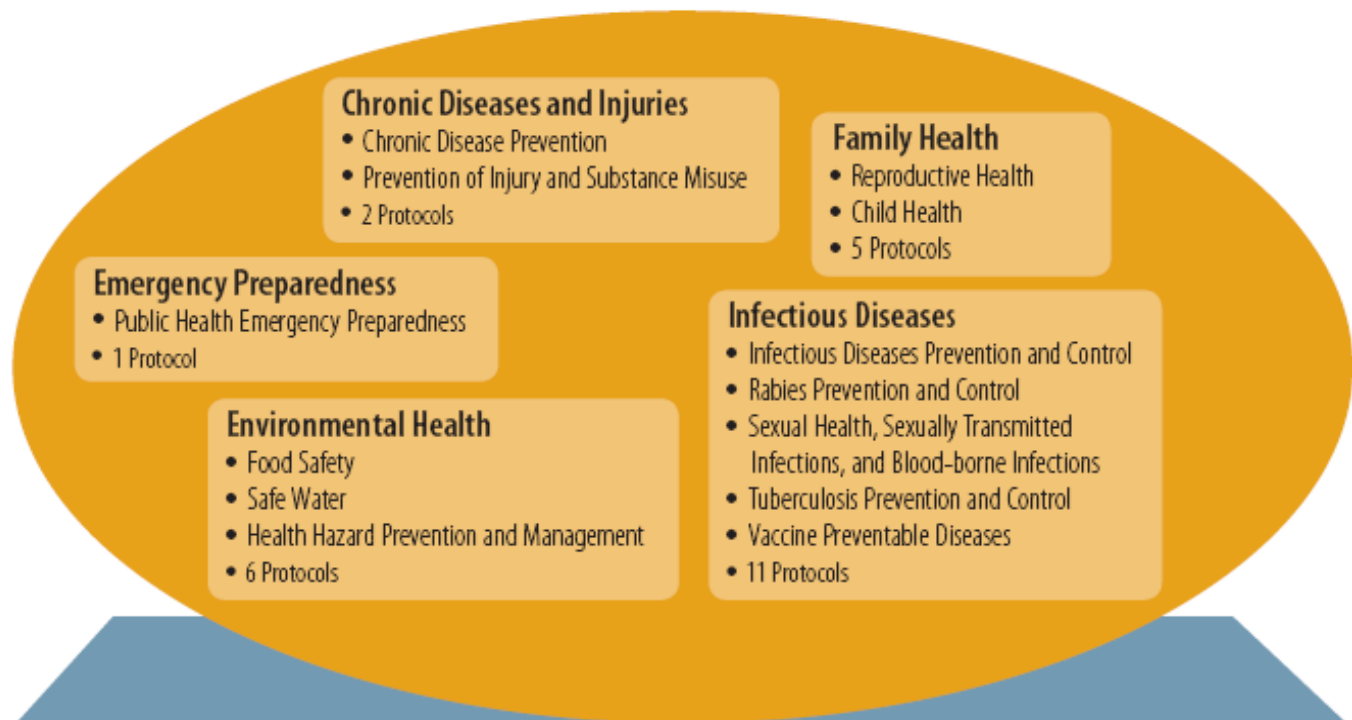


# The OPHS Protocols

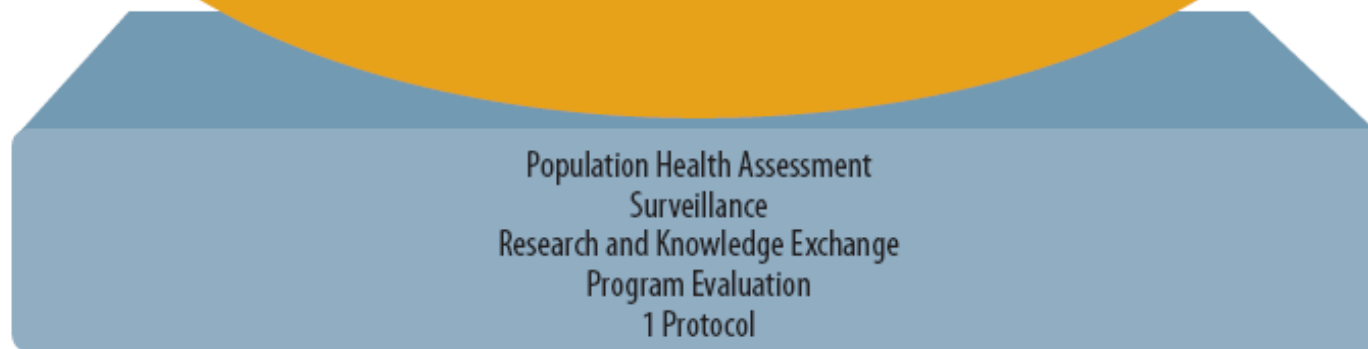
- The OPHS incorporate 26 detailed Protocols (refer to Appendix A)
- Protocols provide further detail to assist boards of health to operationalize specific requirements
- Many requirements are linked to more than one Protocol
- Protocols have been developed to address areas where standardization across the province is required
- The lack of Protocols for a specific requirement or a Standard reflects the nature of the work – locally based

# OPHS “Atlas”

## Program Standards and Protocols



## Foundational Standard and Protocol



## Principles



# The OPHS Foundations: Principles

- The OPHS and Protocols are under-pinned by Principles and the Foundational Standard
- OPHS Principles: “To ensure that boards of health assess, plan, deliver and manage 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.***”
- Similar to the principles in the MHPSEG (1997) of Need, Impact, Appropriateness and Capacity
- Principles in the OPHS now acknowledge the key public health goals achieved by boards of health through extensive Partnership and Collaboration with both health sector and other community partners to meet public health needs of the community

# The OPHS Foundations: Principles (cont'd)

## 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
- Need is established by assessing the distribution of the determinants of health and incidence of disease frequency
- The principle of need must be continuously applied at all levels of program and service delivery to ensure optimal performance
- Boards of health must continuously tailor programs and services to address the unique needs of their communities and populations and to contribute to the improvement of overall population health outcomes with an emphasis on the determinants of health and inequities in health

# The OPHS Foundations: Principles (cont'd)

## Impact

- The principle of impact acknowledges the role of public health in influencing broader societal changes to reduce disparities in health and in addressing the determinants of health in public health programs and services
- Boards of health must 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?
  - √ Are the interventions compatible with the scope of programming for boards of health?
  - √ What are the barriers to achieving maximum health potential for individuals, groups, and communities and to narrowing inequities in health?
  - √ What relevant performance measures exist or can be developed to assess the impact and effectiveness of programs and services?
  - √ 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?

# The OPHS Foundations: Principles (cont'd)

## Capacity

- The principle of capacity acknowledges that an understanding of local public health capacity, as well as the resources required to achieve outcomes, is essential for the effective management of programs and services
- Capacity includes many areas: organizational structures and processes; workforce planning, development and maintenance; information and knowledge systems; and financial resources
- Boards of health must assess their capacity with respect to the breadth and scope of programs and services in relation to the skill levels of staff, the accessibility of relevant and timely information, and the financial implications involved in achieving the desired outcomes for their populations
- The principle of capacity also speaks to the importance of building and sustaining need for staff with both the technical and professional skills including core competencies in public health and public health disciplines

# The OPHS Foundations: Principles (cont'd)

## Partnership and Collaboration

- The principle of partnership and collaboration acknowledges the importance of community capacity development through cooperation within the health sector and other sectors
- Boards of health must foster the creation of supportive environments for health through community and citizen engagement in the assessment, planning, delivery, management and evaluation of programs and services – to support improved local capacity to meet the public health needs of the community
- The quality and scope of local partnerships is 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

# The OPHS Foundations: Foundational Standard

- The OPHS includes a Foundational Standard aimed at acknowledging and reinforcing the importance of foundational public health activities that under-pin the planning, delivery and evaluation of all public health programs and services and each of the Program Standards in the OPHS

<p><b>Population Health Assessment</b> includes measuring, monitoring, and reporting on the status of a population’s health, including determinants of health and health inequities.</p>	<p><b>Research and Knowledge Exchange</b> includes the organized and purposeful collection, analysis, and interpretation of data and collaborative problem-solving among public health practitioners, researchers, and decision-makers, which takes place through linkage and exchange.</p>
<p><b>Surveillance</b> 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.</p>	<p><b>Program Evaluation</b> is the systemic gathering, analysis and reporting of data about a program to assist in decision-making. Program evaluation produces the information needed to support the establishment of new programs and services, assess whether evidence-informed programs are carried out with the necessary reach, intensity and duration; or to document the effectiveness and efficiency of programs and services.</p>

# Cross-Linkages Across Program Standards

- The OPHS endeavour to challenge programmatic silos
- They are under-pinned by key principles and reinforce the importance of foundational activities to inform and guide program and service planning, delivery and evaluation across all public health programs and services
- The outcomes identified have been approached from a conceptual framework which addresses necessary integration and cross-linkages across public health programs and services to achieve optimal outcomes for Ontarians
- The OPHS are also organized coherently and consistently to reflect key activities which must be undertaken in all programs including:
  - Surveillance and assessment; health promotion and policy development; disease prevention; and health protection
- There is consistency in the requirement for 24/7 on-call mechanisms and response across Standards such as public health emergency preparedness, infectious diseases prevention and management, and environmental health

# Implications for Program-based Grants

# Mapping Program-Based Grants Funding to the OPHS

- MOHLTC has considered how best to “map” funding categories, including its current approach to funding the Mandatory Programs under the MHPSG, to the OPHS
- The OPHS is structured differently from the MHPSG, for example:
  - The MHPSG did not include a Public Health Emergency Preparedness Program Standard
  - The Foundational Standard under the OPHS is significantly different from the General Standards in the MHPSG
  - There are some differences in the organization and alignment of program standards under the two frameworks – MHPSG/OPHS
- The following mapping has been developed and was presented to Business Administrators in September 2008

# Mapping Mandatory Programs to OPHS

MHPSG

## Foundational Standard

OPHS

- Equal Access
- Program Planning and Evaluation



- Foundational Standard

## Chronic Diseases and Injuries

- Chronic Diseases Prevention
- Early Detection of Cancer



- Chronic Disease Prevention

- Injury Prevention Including Substance Abuse Prevention



- Prevention of Injury and Substance Misuse

## Family Health

- Reproductive Health



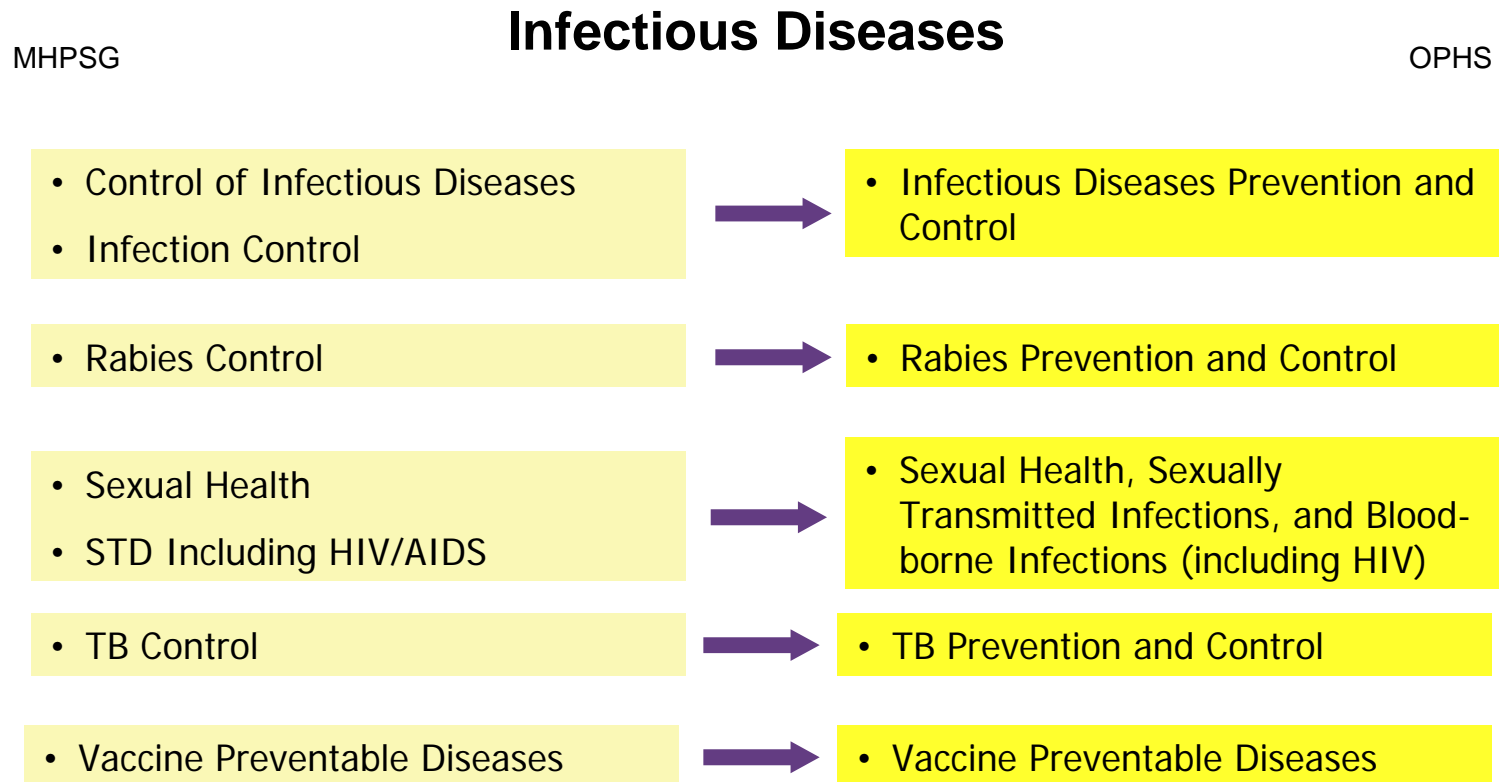
- Reproductive Health

- Child Health



- Child Health

# Mapping Mandatory Programs to OPHS (cont'd)



# Mapping Mandatory Programs to OPHS (cont'd)

MHPSPG

## Environmental Health

OPHS

• Food Safety

• Food Safety

• Safe Water

• Safe Water

• Health Hazard Investigation

• Health Hazard Prevention and Management

## Emergency Preparedness

• Public Health Emergency Preparedness

# Going Forward – Adoption of the OPHS and Protocols

## Going Forward

- The OPHS and Protocols come into effect on January 1, 2009
  - The Safe Water Program Standard and the Drinking Water Protocol will come into effect on December 1, 2008
  - Oversight for Small Drinking Water Systems becomes the responsibility of MOHLTC and boards of health, and public health inspectors will be expected to begin conducting individual site-specific risk assessments of Small Drinking Water Systems in the province
- Through the “evergreen” and other consultation processes the Ministries will be looking to the sector for input and advice regarding the OPHS and Protocols including: key challenges associated with adoption; areas for improvement and revision, and emerging issues

# Appendix A: List of Protocols (26)

## **MOHLTC (19):**

- Beach Management
- Drinking Water
- Exposure of Emergency Service Workers to Infectious Diseases
- Food Safety
- Identification, Investigation and Management of Health Hazards
- Immunization Management
- Infection Prevention and Control in Licensed Day Nurseries
- Infection Prevention and Control in Personal Services Settings
- Infection Prevention and Control Practices Complaint
- Infectious Diseases Protocol
- Institutional/Facility Outbreak Prevention and Control
- Population Health Assessment and Surveillance
- Public Health Emergency Preparedness
- Rabies Prevention and Control
- Recreational Water
- Risk Assessment and Inspection of Facilities
- Sexual Health and Sexually Transmitted Infections Prevention and Control
- Tuberculosis Prevention and Control
- Vaccine Storage and Handling

## **MHP (6):**

- Children in Need of Treatment Program
- Monitoring of Community Water Fluoride Levels
- Nutritious Food Basket
- Oral Health Assessment and Surveillance
- Preventive Oral Health Services
- Tobacco Vendor Compliance

## **MCYS**

- Healthy Babies Healthy Children