CITY WIDE IMPLICATIONS

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<th>Mayor and Members Board of Health</th>
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Date: December 16, 2008
Re: Ontario Public Health Standards BOH09004 (City Wide)

Council Direction:
This report is provided in keeping with the Board of Health policy on communication between the Medical Officer of Health and the Board of Health.

Information:
The new Ontario Public Health Standards and Protocols (OPHS) were officially launched by the Ministry of Health and Long Term Care on November 13, 2008. The Standards have been developed over the past two years in close and ongoing consultation with the public health sector. The OPHS replaced the Mandatory Health Programs and Services Guidelines, 1997 (MHPSG) as of January 1, 2009. The Safe Water Program of the OPHS came into effect on December 1, 2008.

The OPHS represent the first comprehensive, consultative review and re-development of guidelines for mandatory public health programs and services in Ontario in 11 years.

History
Renewal of the public health system was one of the six strategic priorities identified in Operation Health Protection, the three-year action plan for revitalizing Ontario’s public health system. The report was released in June 2004, in response to the final report of the expert panel on SARS and infectious disease control, and the first interim report of Justice Campbell.

The Capacity Review Committee (CRC) submitted its final report titled Revitalizing Ontario’s Public Health Capacity to the Ministry in May 2006, outlining 50 recommendations designed to collectively create a revitalized public health system. The report proposed a vision for a public health performance management framework that incorporates continuous quality improvement, transparency and enhanced program and organizational accountability.
Between 2006 and 2008, the Ministries of Health and Long-Term Care (MOHLTC), Health Promotion (MHP), and Children and Youth Services (MCYS) undertook a collaborative review of the Mandatory Health Programs and Services Guidelines (MHPSG), 1997. The following directions served as foundations for the review:

- Move from guidelines to program standards that are linked with specific performance measures for increased accountability.
- Renew the program standards based on current science, evidence, and best practices.
- Integrate renewed standards into an overall performance management system for public health.
- Adopt a logic model approach to clearly identify and illustrate short- and long-term outcomes.
- Establish ongoing review, enhancement and support processes so that standards are continually evolving.

**Legislative Authority**

The OPHS are directed to Boards of Health and are published by the Minister of Health and Long-Term Care, under Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7.

Amendments to the HPPA came into effect September 30, 2008 under the Health Systems Improvement Act, allowing for the incorporation and ongoing revision of documents, such as Protocols, into the guidelines.

Two Orders in Council will be updated to reflect reassignment of ministerial responsibilities for certain public health programs:

- No. 1485/2005 assigns four mandatory health programs and services under section 7 of the HPPA to the Ministry of Health Promotion.
- 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.

**Scope and Accountability**

The OPHS outlines responsibilities of provincial Boards of Health for:

- Providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians.
- Assessing, planning, delivering, managing, and evaluating the range of public health programs and services that address these multiple health needs, as well as the contexts in which these needs occur.

The OPHS and Protocols establish the minimum requirements for fundamental public health programs and services that address assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection.

The OPHS differ from the MHPSG in three key areas:
• The OPHS includes a Program Standard for Public Health Emergency Preparedness.
• The OPHS Foundational Standard is significantly different from the MHPSG General Standards.
• The organization and alignment of Program Standards under the two frameworks is significantly different.

Description of OPHS and Protocols

Figure 1 illustrates the relationship between the OPHS Principles, the Foundational Standards, and the Program Standards.

**OPHS “Atlas”**

![OPHS Diagram](image)

**Figure 1: Framework for the new Ontario Public Health Standards**
The OPHS includes a total of 26 Protocols which are underpinned by Principles that were defined to balance local public health needs with the need for common outcomes across the public health system. The OPHS shares the first three principles with the MHPSG, substituting the Principle of Partnership and Collaboration for Appropriateness.

- **Need** describes the requirement that 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.

- **Impact** refers to 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.

- **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.

- **Partnership and collaboration** acknowledges the importance of community capacity development through cooperation within the health sector and other sectors.

Building upon the Principles, the **Foundational Standard and Protocol** describes four activities that must be undertaken in order to plan, deliver and evaluate the public health programs and services within the five Program Standard areas:

- **Population Health Assessment** is the measurement, monitoring and reporting of population health status, including the social determinants of health and health inequities.

- **Research and Knowledge Exchange** is 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.

- **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.

- **Program Evaluation** is the systemic gathering, analysis and reporting of data about a program to assist in decision-making. Decision-making may relate to the establishment of new programs and services, the assessment of 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.
Finally, there are five OPHS Program Standards and associated Protocols: Chronic Disease and Injuries (2 Protocols), Family Health (5 Protocols), Infectious Diseases (11 Protocols), Environmental Health (6 Protocols), and Emergency Preparedness (1 Protocol).

The new Program Standards balance the need for provincial standards and programming that is responsive to local needs and context, and clearly articulates the role of public health in addressing the determinants of health. Technical revisions have been included that reflect new science, evidence and best practices in public health. A logic model approach has been introduced, to clearly and consistently identify and illustrate societal and board of health outcomes across all program standards. 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.

Each Program Standard is defined by four components:

- **The Goal** statement reflects the broadest level of results to be achieved in a specific standard through the contributions of boards of health, along with community partners non-governmental organizations, governmental bodies, and community members.

- **Societal outcomes** describe the changes in health status, organizations, systems, norms, policies, environments, and practices that are signals of improvements of the overall health of the population.

- **Board of health outcomes** are the results of activities undertaken by boards of health, and often focus on changes in awareness, knowledge, attitudes, skills, practices, environments, and policies. Boards of health are expected to direct their efforts towards these outcomes and will be held accountable for their achievement as articulated in these standards. Internal processes to support these outcomes should be outlined in local strategic and operational plans, and managed on a day-to-day basis.

- **Requirements** are the specific statements of action that have been developed to achieve a balance between flexibility and the need to provide clear program direction for consistent and successful province-wide implementation. There is an expectation that each board of health shall demonstrate progress based on established baselines. In addition, protocols are named in many requirements to provide further direction on how boards of health must operationalize specific requirement(s).

**Next Steps**

- **Performance Management Framework**

The MOHLTC is currently looking at the tracking and assessment processes and outcomes identified in the new standards. Performance standards are being developed that are measurable and linked with specific measures for increased accountability.

Consultation with public health units will continue in order to develop indicators related to the OPHS Board of Health Outcomes. The MOHLTC is currently developing *A Public Report on Public Health* that will provide a “baseline” snapshot of the Ontario Public Health System. The targeted release date is March 2009.
• **Evergreen Process**

An ongoing review, enhancement and support process has been developed to ensure that the OPHS are reviewed and revised as appropriate, relative to the current fiscal envelope for public health in Ontario. Any revisions to the OPHS will require tri Ministerial approval (MOHLTC, MHP and MCYS).

• **Provincial Training**

Beginning January 1, 2009, the MOHLTC and other responsible provincial ministries will be providing additional training sessions and activities for public health unit personnel.

• **Hamilton OPHS Roll-out**

Hamilton PHS is developing a roll-out plan to ensure alignment of local public health programs and services with the new OPHS and Protocols. BOH updates will be modified in 2009-2010 to reflect the new OPHS standards, to highlight adaptive changes in program planning, management and delivery and to identify resource requirements for implementation.

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