# Information Report

**To:** Mayor and Members  
Board of Health  

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**Re:** Ontario Public Health Standards: The Foundational Standard and Population Health Assessment and Surveillance Protocol BOH09014 - (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, as outlined in Report PH06038.

On January 1, 2009\(^1\), the *Ontario Public Health Standards 2008 (OPHS)* came into effect, replacing the *Mandatory Health Programs and Services Guidelines, 1997 (MHPSG)*. The Foundational Standard and Population Health Assessment and Surveillance (PHAS) protocol outline requirements that encompass the areas of population health assessment; surveillance; research and knowledge exchange; and program evaluation.

The BOH is responsible to ensure that: public health programs are prioritized, planned and resourced; programs and services are evaluated for their effectiveness, community partners and the public have access to current public health information and that PHS has partnerships to support research and knowledge exchange.

The foundational standard replaces the Equal Access and Program Planning and Evaluation General Standards in the former MHPSG. Differences include: a renewed focus on addressing the social determinants of health, increased flexibility in implementation of the standards to be responsive to local needs and increased emphasis on proactive planning and decision making based on evolving best practices.

To respond to the foundational standard PHS will continue its program review process, continue its partnerships with academic research centres, community research organizations and government agencies, implement its recently developed 4 year reporting and dissemination plan and further develop its staff capacity in the areas of

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\(^1\) With the exception of The Safe Water Program, which came into effect on December 1, 2008.
social determinants of health and assessment and analysis through its PHRED program.

Information:

Context

On January 1, 2009, the Ontario Public Health Standards 2008 (OPHS) came into effect, replacing the Mandatory Health Programs and Services Guidelines, 1997 (MHPSG). The OPHS establish requirements for fundamental public health programs and services and outline the responsibilities of the Board of Health (BOH).

This report will:

- Overview the Foundational Standard and accompanying Population Health Assessment and Surveillance (PHAS) protocol, highlighting differences with the MHPSG; and
- Outline PHS’ response to the Foundational Standard and PHAS protocol, identifying areas where further work is needed to address requirements.

What is the Foundational Standard and PHAS Protocol?

The OPHS consists of one Foundational Standard (and associated PHAS protocol) and five Program Standards (and associated 25 program protocols). The Foundational Standard outlines requirements that encompass the areas of population health assessment; surveillance; research and knowledge exchange; and program evaluation. The PHAS protocol operationalizes the requirements of the standard.

At the community level, this means that PHS and its partners are to work together so that: population health needs are anticipated, identified, addressed and evaluated; emerging threats are prevented or mitigated; and planning and delivery of programs and services reflect new knowledge.

The BOH is responsible for ensuring that:

- public health programs and services are prioritized, planned and resourced to address current and emerging local needs;
- practitioners are aware of the effectiveness of programs and services and are able to address implementation issues in a timely manner;
- health care providers, community partners and the public are aware of current population health information and the best available research evidence so that they have the information that they need to act; and
- PHS has effective partnerships to support public health research and knowledge exchange.
What are the requirements of Foundational Standard and PHAS Protocol?

In brief, the Foundational Standard and PHAS Protocol require that PHS:

1. Collect, assess and report on current local population health information. Develop and maintain a locally appropriate plan for reporting and dissemination and engage in knowledge transfer activities.

2. Assess trends and changes in local population health issues at a frequency that is appropriate, feasible and meaningful at a local level.

3. Foster relationships to support public health research and knowledge exchange and engage in public health research activities.

4. Use information to assess the needs of the population and identify ‘priority populations’ who face an increased burden of illness or risk and/or face barriers in accessing health services.

5. Use information and data to identify options for action, make decisions and set priorities, implement and act on decisions.

6. Conduct ‘situational assessments’ that synthesize information about the legal and political environment, stakeholders, population needs, the literature and previous evaluations so that these factors can inform decision-making and program planning.

7. Evaluate programs to support the development of new programs; assess how existing programs are being delivered; and/or evaluate the impact of existing programs.

8. Communicate information related to population health, risk assessment, determinants of health and factors that contribute to program effectiveness to relevant audiences, including public health professionals and policy decision-makers; community partners; and the general public.

How does the Foundational Standard and PHAS Protocol differ from the MHPSG?

The Foundational Standard and PHAS Protocol replace the Equal Access and Program Planning and Evaluation General Standards of the former MHPSG. Some of the key differences include:

1. **A renewed focus on addressing the social determinants of health and health inequities that are deemed to be a local priority.**

   - The Foundational Standard and PHAS Protocol acknowledge the importance of identifying differences in health status and the distribution of the

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2 The PHAS protocol details reporting requirements spanning five program standard areas related to: socio-demographics, morbidity and mortality; reproductive outcomes; growth and development; risk factors; preventive health practices; and health care utilization that are to be addressed.

3 *In areas where public health interventions have been shown to have a substantial impact at a population health level*
determinants of health as key to improving the overall health of the population.

2. **Increased flexibility in how, and when, requirements are met so that planning, programming and decision-making cycles are responsive to local needs.**
   
   - The shift in the language away from ‘vulnerable’ or ‘targeted’ to ‘priority’ populations is purposeful. This gives PHS greater flexibility to focus on local programming priorities.
   
   - PHAS Protocol moves away from the prescriptiveness of the annual Community Health Status Report mandated by the MHPSG to a more flexible reporting schedule that allows the community to determine the frequency and method of reporting that is most appropriate for the issue and the audience.

3. **Increased emphasis on proactive planning and decision-making that is based on emerging trends and evolving best practices.**
   
   - There is a greater emphasis on the role that data and other types of information play in decision-making. Requirements also stress the importance of integrating multiple types of information to respond to emerging trends.

What is PHS’ response to the new requirements?

Significant synergy exists between the PHS Strategic Business Plan 2007-2010 and the requirements of the Foundational Standard and PHAS Protocols, particularly as they relate to Goal D – “Gather, analyze and disseminate information on health and its determinants”. PHS has, or will, address the requirements of the Foundational Standard and PHAS Protocol in the following ways:

1. **Development of an inventory of internal PHS data sources** (completed Fall 2008) to identify areas where there are gaps between existing information sources and reporting requirements and to direct priorities around the collection of new data.

2. **Development of a four-year reporting and dissemination plan** (completed March 2009) that includes:
   
   - Production of 29 topic-based bulletins describing the socio-demographic characteristics, health status and health behaviours of residents living in the City of Hamilton over a four-year period. The first bulletin was released in January 2009.
   
   - Further enhancement of routine reporting of surveillance data to include the additional requirements identified in the Infectious Disease Program Standards.
   
   - A process for responding to request for data that fall outside of the topics and timelines of the routine reporting plan.
3. Continued engagement in the Program Review process (ongoing) to satisfy requirements related to Situational Assessment.

4. Continued development of partnerships with academic research centres, community research organizations and government agencies/bodies (ongoing) to support research and knowledge exchange and program evaluation activities.

5. Development, implementation and evaluation of professional development opportunities for staff (2009) through the Public Health Research, Education and Development (PHRED) Project to build capacity in the areas of social determinants of health and assessment and analysis.

What are the gaps and next steps?

Moving forward, PHS will need to:

- Evaluate our capacity to engage in research and program evaluation activities on a more systematic basis and develop a plan to address gaps in our ability to meet requirements.

- Assess communication materials produced for internal and professional audiences, determine what key messages the public needs to hear and determine the most effective way to share them.

- Continue to build capacity across program areas as it relates to collecting and interpreting various types of information and integrating the results into planning and decision-making processes.

- Continue to build partnerships with colleagues in other departments, the community, the Local Health Integration Network, other health units, professional associations and the Ontario Agency for Health Protection and Promotion to address areas where there are gaps in data collection and coordinate reporting efforts.

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