

Ministry of Health and Long-Term Care

Standards for Public Health Programs and Services

Consultation Document

Planning and Performance Branch
Population and Public Health Division

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Ministry of Health and Long-Term Care

THIS DOCUMENT IS FOR CONSULTATION PURPOSES ONLY AND IS SUBJECT TO CHANGE. THE FINAL STANDARDS FOR PUBLIC HEALTH PROGRAMS AND SERVICES MUST BE APPROVED BY THE MINISTER OF HEALTH AND LONG-TERM CARE.

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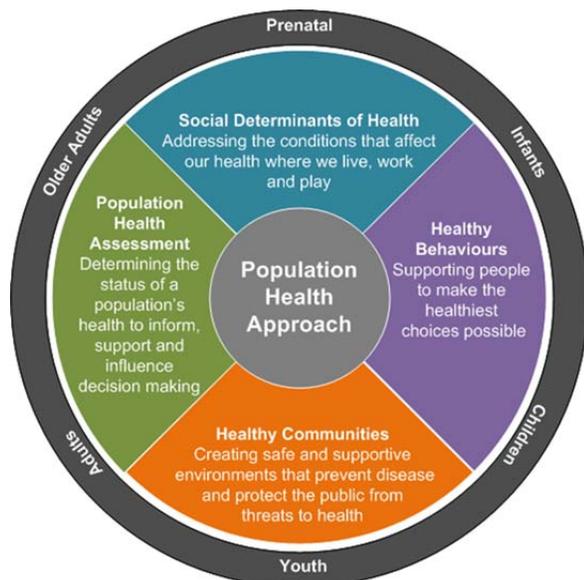
What is Public Health?

The focus of public health is on the whole population. Its work is embedded in the daily lives of the people of Ontario. Public health interventions have made the cars we drive and the food we eat safer, they have protected us from infectious diseases and environmental threats to health, and they have created healthier environments to support and inform choices about risks including those related to tobacco and alcohol. Public health also impacts communities by developing healthier built environments, responding to public health emergencies, and promoting social conditions that improve health.

Public health works through multiple channels and on multiple issues in order to have an impact on the health of the population. The work is diverse, including individual clinical service delivery, education, inspection, surveillance, and policy development among other activities. What unifies public health action is its focus on prevention, upstream interventions and societal factors that influence health.

Our public health system reflects the diversity of the Ontario population. Boards of health serve populations large and small, in urban and rural settings. Each has responsibility for delivering local public health programs and services within their geographic borders. Public health does this in partnership with many other entities including governmental, non-governmental and community organizations. Public health also builds partnerships with Indigenous communities to work together to address their public health needs.

Figure 1: What is Public Health?



Public health work is grounded in a population health approach – focused on upstream efforts to promote health and prevent diseases to improve the health of populations and the differences in health among and between groups. Health risks and priorities change as people grow and age and public health works to address health across the life course.

Defining Our Work: Policy Framework for Public Health Programs and Services

The work of public health is diverse, multi-faceted and expansive. The **Policy Framework for Public Health Programs and Services** (Figure 2) brings focus to core functions of public health and highlights the unique approach to our work. It articulates our shared goal and objectives as the sector transforms, and outlines the contribution of our work in reaching population health outcomes related to health and health equity.

Our goal is realized through the achievement of program outcomes and contributions to population health outcomes - by reducing preventable disease, injury and death and taking action on health inequities for the people of Ontario. The public health sector works in partnership with health and social sectors to contribute to these population health outcomes.

Consistent with the Ministry of Health and Long-Term Care (ministry) policy direction, public health programs and services are focused primarily in four domains:

- Social Determinants of Health
- Healthy Behaviours
- Healthy Communities
- Population Health Assessment

The population health approach assesses more than health status and the biological determinants of health but includes the social factors that influence health, including income, education, and employment. It moves beyond traditional health perspectives that focus on disease and disability, taking into account mental and social well-being and quality of life.

The work of public health is supported and shaped by a series of enabling factors. These include legislation (including the *Health Protection and Promotion Act*), funding, evidence and research, agencies such as Public Health Ontario, public health associations, municipal and federal governments, and organizations with whom we partner both provincially and locally. These enablers help us to achieve our objectives.

The public health sector achieves its objectives and ultimately improves population health outcomes through the delivery of public health programs and services. Our programs and services reach all Ontarians, with a special focus on those at greater risk of poor health outcomes. Delivering public health programs and services also requires partnering with multiple sectors both within and outside of the health system.

Figure 2: Policy Framework for Public Health Programs and Services

| | | | | | | | |
|-----------------------------------|---|---------|---|-------------------------|--|-----------------------|---|
| GOAL | To improve and protect the health and well-being of the population of Ontario and reduce health inequities | | | | | | |
| POPULATION HEALTH OUTCOMES | <ul style="list-style-type: none"> Improved health and quality of life Reduced morbidity and mortality Reduced health inequity among population groups | | | | | | |
| DOMAINS | Social Determinants of Health | | Healthy Behaviours | | Healthy Communities | | Population Health Assessment |
| OBJECTIVES | To reduce the negative impact of social determinants that contribute to health inequities | | To increase knowledge and opportunities that lead to healthy behaviours | | To increase policies and practices that create safe, supportive and healthy environments | | To increase the use of population health information to guide the planning and delivery of programs and services in an integrated health system |
| ENABLERS | Legislation | Funding | Evidence | Agencies & Associations | Municipal & Federal Governments | Partner Organizations | |
| PROGRAMS AND SERVICES | <p style="text-align: center;">GOALS</p> <ul style="list-style-type: none"> To increase the use of public health knowledge and expertise in the planning and delivery of programs and services within an integrated health system To reduce health inequities with equity focused public health practice To increase the use of current and emerging evidence to support effective public health practice To improve behaviours, communities and policies that promote health and well-being To improve growth and development for infants, children and adolescents To reduce disease and death related to infectious and communicable diseases of public health importance To reduce disease and death related to vaccine preventable diseases To reduce disease and death related to food, water and other environmental hazards To reduce the impact of emergencies on health | | | | | | |
| PARTNERS | Health Care (including Primary, Community, Acute and Long-Term Care), Education, Housing, Children and Youth Services, Community and Social Services, Labour, Environment, Agriculture and Food, Transportation, Municipalities, Non-Governmental Agencies, Public and Private Sectors, Academia, and Indigenous communities and organizations | | | | | | |

Public Health Transformation

Transformation is happening within the public health sector, including its role in the broader health system. These changes aim to maximize public health's contributions to improve the health of the population and leverage our strengths to inform and reorient the health care system. They will strengthen the public health sector, making it more transparent, accountable, and sustainable. Alongside changes in health care, public health transformation will lead to a more integrated health system that can meet the needs of all Ontarians.

Public Health Transformation is triggered by a series of drivers.

- There are opportunities to improve the quality and delivery of public health programs and services. The evidence base for public health is growing; we know more about effective practice across the core public health functions. The work of public health needs to be responsive to this emerging evidence and Ontario's priority issues.
- There is recognition that public health is disconnected from the broader health care system. Public health's programs and services are not seamlessly integrated with those of other health sectors and public health knowledge and expertise is not a consistent part of health system planning.
- There is a call for greater efficiency across all health sectors, including public health, and a need to strengthen accountability and transparency to demonstrate the contribution and value of public health.

The Standards for Public Health Programs and Services will fulfill three main purposes:

- Incorporate emerging evidence and current accepted best practices in public health.
- Align public health programs and services with broader public health and health system changes.
- Facilitate optimal delivery of public health functions and coordinate delivery of public health programs and services across the full continuum of health.

The Standards for Public Health Programs and Services support tangible improvements in the health of all Ontarians through the delivery of public health programs and services based on the needs and contexts of local communities.

Standards for Public Health Programs and Services

Purpose

The standards define the roles of public health in a transformed system and are informed by the core public health functions which include:

- Assessment and Surveillance
- Health Promotion and Policy Development
- Health Protection
- Disease Prevention
- Emergency Preparedness

Boards of health are responsible for activities in all core function areas.

NOTE: In order to respect the board of health as the body that is accountable to the ministry while also respecting the delegation of authority for the day to day management and administrative tasks to the Medical Officer of Health (and CEO or other executive officers, where applicable), the requirements for the Standards for Public Health Programs and Services have been written as “The board of health shall...”

Scope

Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a range of public health programs and services that address multiple health needs and respond to the contexts in which these needs occur. The following standards articulate only those programs and services that all boards of health shall provide and are 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 and protect the health of the population as a whole and reduce health inequities. The role of boards of health is to support and protect the physical and mental well-being, resiliency and social connectedness of the local health unit population with a focus on promoting the protective factors and addressing the risk factors.

The Standards for Public Health Programs and Services identify requirements that should result in specified program outcomes and contribute to population based

outcomes and goals.¹ Boards of health shall tailor programs and services to meet local needs and work towards the achievement of specified outcomes and goals.

Many of the standards are supported by protocols that further specify how to operationalize specific requirements. Boards of health are accountable for implementing requirements articulated in these standards and protocols. Other documents referenced in the standards support planning and implementation. If the phrase ‘in accordance with’ precedes the document title within the text of the standards or protocols, then compliance with the document is expected.

The achievement of overall goals builds on achievements by boards of health along with those of many other organizations, governmental bodies, and community partners. Population based 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.

Statutory Basis

Section 5 of the *Health Protection and Promotion Act* (HPPA) specifies that boards of health must superintend, 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 diseases, including providing immunization services to children and adults;
- Health promotion, health protection, and disease and injury prevention;
- Family health;
- Collection and analysis of epidemiological data; and
- Such additional health programs and services as prescribed by regulations.

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” (s.7(1)), thereby establishing the legal authority for the Standards for Public Health Programs and Services.

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

¹ Refer to Figure 3 for a definition of program outcomes and goals.

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, 1992*; the *Child Care and Early Years Act, 2014*; the *Employment Standards Act, 2000*; the *Immunization of School Pupils Act*; the *Healthy Menu Choices Act*; the *Smoke Free Ontario Act*; the *Electronic Cigarettes Act*; the *Skin Cancer Prevention Act*; the *Occupational Health and Safety Act*; and the *Personal Health Information Protection Act, 2004*.

Format

The four principles of Need, Impact, Capacity, Partnership, Collaboration and Engagement underpin the Foundational and Program Standards. Boards of health shall use the principles to guide the assessment, planning, delivery, management, and evaluation of public health programs and services.

The Standards for Public Health Programs and Services are organized as follows:

- Four Foundational Standards:
 - Population Health Assessment
 - Health Equity
 - Effective Public Health Practice includes three sections:
 - Program Planning, Evaluation, and Evidence-Informed Decision-Making;
 - Research, Knowledge Exchange, and Communication; and
 - Quality and Transparency.
 - Emergency Preparedness, Response, and Recovery

The Foundational Standards articulate specific requirements that underlie and support all Program Standards. Population health assessment and surveillance requirements are also included in each Program Standard.

- Eight Program Standards include requirements grouped thematically to address Chronic Diseases and Injury Prevention, Wellness and Substance Misuse; Food Safety; Healthy Environments; Healthy Growth and Development; Immunization; Infectious and Communicable Diseases Prevention and Control; Safe Water; and School Health.

Both the Foundational Standards and the Program Standards articulate broad population based goals, program outcomes, and requirements.

Although requirements are listed thematically, boards of health shall assess, plan, deliver, manage, and evaluate programs and services cohesively across thematic areas, impacting multiple settings and meeting needs across the lifespan.

A description of the Principles, the Foundational Standards, Program Standards, and related goals, program outcomes, and requirements is depicted in Figure 3.

Figure 3: Standards for Public Health Programs and Services: Description of the Principles, the Foundational Standards and the Program Standards

| Principles | | | | | | | |
|---|---|----------------------|--------------------------------|----------------------------------|---|--|---------------|
| Need | Boards of health shall continuously tailor their programs and services to address needs of the health unit population. Need is established by assessing the distribution of social determinants of health, health status, and incidence of disease and injury. | | | | | | |
| Impact | Boards of health shall assess, plan, deliver, and manage their programs and services by considering evidence, effectiveness of the intervention, barriers to achieving maximum health potential, relevant performance measures, and unintended consequences. | | | | | | |
| Capacity | Understanding local public health capacity required to achieve outcomes is essential to ensure the effective and efficient delivery of public health programs and services. Boards of health shall strive to make the best use of available resources to achieve the capacity required to meet the standards. | | | | | | |
| Partnership, Collaboration and Engagement | Boards of health shall engage and establish meaningful relationships with a variety of sectors, partners, communities, priority populations, and citizens, which are essential to the work of public health and support health system efficiency. Establishing meaningful relationships with priority populations includes building and further developing the relationship with Indigenous communities. These relationships may take many forms and need to be undertaken in a way that is meaningful to the community and/or organization. | | | | | | |
| Foundational Standards | | | | | | | |
| Population Health Assessment | | Health Equity | | Effective Public Health Practice | | Emergency Preparedness, Response, and Recovery | |
| Program Standards | | | | | | | |
| Chronic Diseases and Injury Prevention, Wellness and Substance Misuse | Food Safety | Healthy Environments | Healthy Growth and Development | Immunization | Infectious and Communicable Diseases Prevention and Control | Safe Water | School Health |

| Components of Each Standard | | |
|---|--|--|
| Goal | Program Outcomes | Requirements |
| The goal is a statement that reflects the broadest level of results to be achieved in a specific standard. The work of boards of health, along with other parts of the health system, community partners, non-governmental organizations, governmental bodies, and community members, contribute to achieving the goal. | Program outcomes are the results of programs and services implemented by boards of health. Outcomes often focus on changes in awareness, knowledge, attitudes, skills, practices, environments, and policies. Each board of health shall establish internal processes for managing day-to-day operations of programs and services to achieve desired program outcomes. | Requirements are the specific statements of action. Requirements articulate the activities that boards of health are expected to undertake. Some requirements are core to public health practice and are expected to be adhered to consistently across the province while others are to be carried out in accordance with the local context through the use of detailed population based analysis and situational assessment. All programs and services are tailored to reflect the local context and are responsive to the needs of priority populations. ² Protocols are named in many requirements to provide further direction on how boards of health must operationalize specific requirement(s). |

Standardization and Variability

The modernized Standards for Public Health Programs and Services balance the need for **standardization** across the province with the need for **variability** to respond to local needs, priorities and contexts.

Specificity remains for those programs and services where standardization is required to protect the health of the public.

A flexible approach accommodates greater variability where there is an opportunity to plan programs to decrease health inequities and address the needs of priority populations.

² Priority populations as defined in the Foundational Standards.

Standards

Foundational Standards

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 is integral to public health practice.
- A focus on health equity is important to the delivery of all public health programs and services in order to support people to reach their full health potential.
- Effective public health practice requires boards of health to apply skills in evidence-informed decision-making, research, knowledge exchange, program planning and evaluation, communication, with a continued focus on quality and transparency.
- Emergency preparedness, response and recovery are critical roles that boards of health play in ensuring that they have the capacity to respond to new and emerging events and cope with a range of disruptions.

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.

Population health assessment also includes a monitoring role, described as epidemiological surveillance. This 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. It contributes to effective public health program planning, delivery, and management. Dissemination of analyses may take the form of reports, advisories, healthy public policy recommendations, alerts, or warnings.

Goal

Public health practice responds effectively to current and evolving conditions, and contributes to the public's health and well-being with programs and services that are informed by the population's health status, including determinants of health and health inequities.

Program Outcomes

- Local public health programs and services align with the needs of the local population, as demonstrated through surveillance and assessment.
- 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.
- Resources are allocated to reflect public health priorities and reallocated, as feasible, to reflect emergent public health priorities.
- Planning and delivery of programs and services is tailored to meet the identified needs of priority populations.
- Local Health Integration Networks (LHIN(s)) and other relevant community partners have and use available population health information, including information on health inequities, that is necessary for planning, delivering, and monitoring health services responsive to population health needs.

Requirements

1. The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health information, as required by the *Health Protection and Promotion Act* and in accordance with the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
2. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the *Healthy Environments Protocol, 2017* (to be drafted); the *Infectious Diseases Protocol, 2016* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
3. The board of health shall assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators, including the assessment of trends and changes, in accordance with the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
4. 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 populations).³

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.

5. 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.
6. The board of health shall provide population health information, including determinants of health and health inequities, to the public, LHIN(s), community partners, and health care providers, in accordance with the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
7. *Requirement pending:*
**Work is currently underway to define the parameters of population health assessment and expectations for the relationship between LHIN(s), boards of health, as well as LHIN CEOs and Medical Officers of Health or their designates.*

Health Equity

Health is influenced by a broad range of factors - genetics, individual lifestyles and behaviours, and the physical, social, and economic environments in which we live. These factors contribute to health experienced by individuals and to the overall level of health in a community or population. Factors beyond an individual's biology and behaviours - those that form the conditions in which people are born, grow up, live, and work - are known as the social determinants of health. Any differences or variations in health status between groups are known as health inequalities. When health inequalities have the potential to be changed or decreased by social action, they are labelled as health inequities.

Health inequities are health differences that are:

- Systematic, meaning that health differences are patterned, where health generally improves as socio-economic status improves;
- Socially produced, and therefore could be avoided by ensuring that all people have the social and economic conditions that are needed for good health and well-being; and
- Unfair and unjust because opportunities for health and well-being are limited.

Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance. Boards of health shall assess the impact of the social determinants of health on population health outcomes as they consider the need for programs and services.

Indigenous Communities and Organizations

The Indigenous population in Ontario is comprised of First Nations, Métis, and Inuit people. There are many different First Nation and urban Indigenous communities across the province, each with their own histories, cultures, governance and organizational approaches.

Relationships between boards of health and Indigenous communities and organizations need to come from a place of trust, mutual respect, understanding, and reciprocity. It is important to acknowledge that as part of this relationship building, First Nations in Ontario believe that Canada, as a Treaty partner, also has an obligation to continue to contribute to the improvement of health care and health outcomes for their communities.

One important first step for boards of health in beginning to build and/or further develop their relationships with Indigenous communities is to ensure it is done in a culturally safe way. A series of tools will be made available to boards of health and will be further outlined in a Guidance Document, including opportunities for cultural safety training approaches.⁴

⁴ An accompanying Guidance Document will provide further guidance to boards of health on how Indigenous communities view these relationships and will provide some potential approaches and best practices that may be considered. It will also include a better understanding of the different Indigenous communities that may be within the geographic boundaries of the health unit.

Goal

Public health practice aims to decrease health inequities such that everyone has equal opportunities for health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

Program Outcomes

- Multi-sectoral collaboration informs development of local strategies to decrease health inequities.
- Community partners and the public are aware of local health inequities and their causes.
- There is an increased awareness on the part of the LHIN(s) and other community partners of the impact of social determinants of health on health outcomes and increased support for actions to decrease health inequities.
- Priority populations are meaningfully engaged in the planning of public health interventions.
- Indigenous communities are engaged in a way that is meaningful for them.

Requirements

1. The board of health shall assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities.
2. The board of health shall modify and orient public health interventions to decrease health inequities by:
 - a) Engaging priority populations in considering their unique needs, histories, cultures, and capacities; and
 - b) Aiming to improve the health of the entire population while leveling up the health of priority populations.
3. The board of health shall engage in community and multi-sectoral collaboration with LHIN(s) and other relevant stakeholders in decreasing health inequities. Engagement with Indigenous organizations and communities shall include, but not be limited to, fostering the creation of meaningful relationships with them, starting with engagement through to collaborative partnership.
4. The board of health shall lead, support, and participate with other stakeholders in policy development, health equity analysis, and promoting decreases in health inequities.

Effective Public Health Practice

Goal

Public health practice is transparent, responsive to current and emerging evidence and emphasizes continuous quality improvement.

Program Outcomes

- Public health programs and services are reflective of local population health issues, the best available evidence, new public health knowledge, and adapted to the local context.
- Public health programs are modified to address issues related to program effectiveness.
- Public health practitioners, policy-makers, community partners, health care providers, and the public are aware of the factors that determine the health of the population.
- Public health research and knowledge exchange activities are reflective of effective partnerships with community researchers, academic partners, and other appropriate organizations.
- The public and community partners are aware of ongoing public health program improvements.
- Public health communication strategies reflect a variety of communication modalities and local needs.
- Ongoing program improvements enhance client and community partner experience and address issues identified through various means.

Program Planning, Evaluation, and Evidence-Informed Decision-Making

Program planning and evaluation are part of an ongoing and iterative cycle of program development and improvement.

A program is a plan of action intended to achieve specific outcomes. Program planning is an ongoing, iterative process that organizations use to develop and modify a program throughout its lifespan.

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 and services are carried out with the necessary reach,

intensity, and duration (process evaluation); or document the effectiveness and efficiency of programs and services (outcome evaluation).

Evidence-informed decision-making is the process of analyzing and using the best available evidence from research, context, and experience to inform decisions on development and delivery of public health programs and services.

Evidence to inform the decision-making process may come from a variety sources including: key facts, findings, trends, and recommendations from published scientific research; data and analyses obtained from population health assessment and surveillance; legal and political environments; stakeholder perspectives; public engagement; and recommendations based on past experiences including program evaluation information.

A number of tools and resources are available to support decision-makers in making evidence-informed decisions.

Requirements

1. The board of health shall develop, implement, and make available to the public a Board of Health Annual Service Plan and Budget Submission⁵ which:
 - a) Demonstrates the use of a systematic process to plan public health programs and services to address the needs of the community by integrating the best available research and evaluation evidence with contextual factors such as local population health issues, priority populations, community assets and needs, political climate, public engagement, and available resources; and
 - b) Describes the public health programs and services planned for implementation and the information which informed it.
2. 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.
3. The board of health shall consider the need for program evaluation (e.g., 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) and conduct program evaluation where required.
4. 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.
5. The board of health shall ensure all programs and services are informed by evidence.

⁵ The Board of Health Annual Service Plan and Budget Submission will be further delineated in the Ministry-Board of Health Accountability Agreement.

Research, Knowledge Exchange, and Communication

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 findings.

Knowledge exchange is collaborative problem-solving among public health practitioners, researchers, and decision-makers. It results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making.

Promoting and protecting the public's health require effective communication. Various communication strategies may be needed to ensure the greatest impact, depending on the population, local context, available resources, and local and provincial priorities.

Requirements

6. 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 as informed by population health assessment, surveillance, research, and program evaluation.
7. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations including Public Health Ontario, to support public health research and knowledge exchange.
8. The board of health shall engage in public health research activities,⁶ which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.
9. The board of health shall use a variety of communication modalities, including social media, taking advantage of existing resources where possible, and complementing national/provincial health communications.

Quality and Transparency

A public health system with a culture of quality and transparency is safe, effective, client and community/population centered, efficient, responsive, and timely.

Requirements

10. The board of health shall ensure a culture of quality and continuous organizational self-improvement that underpins programs and services and public health practice and demonstrates transparency and accountability to clients, the public, and other stakeholders. This includes, but is not limited to:

⁶ Research activities that involve personal health information must comply with the *Personal Health Information Protection Act, 2004* and specifically with Section 44 of that Act.

- a) Identification and use of tools, structures, processes and priorities to measure and improve the quality of programs and services. This may include the establishment of a Quality/Practice Committee and/or the development and monitoring of a Quality Improvement Plan;
 - b) Measurement of client, community, and stakeholder/partner experience to inform transparency and accountability;
 - c) Regular review of outcome data that includes variances from performance expectations and implementation of remediation plans; and
 - d) Use of external peer reviews.
11. The board of health shall publicly disclose results of all inspections or information in accordance with the *Drinking Water Protocol, 2014* (or as current); the *Food Safety Protocol, 2016* (or as current); the *Electronic Cigarettes Compliance Protocol, 2016* (or as current); the *Infection Prevention and Control in Child Care Centres Protocol, 2016* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2016* (or as current); the *Infection Prevention and Control Practices Complaint Protocol, 2015* (or as current); the *Recreational Water Protocol, 2016* (or as current); the *Tanning Beds Compliance Protocol, 2014* (or as current); the *Tobacco Compliance Protocol, 2016* (or as current); and the *Vaccine Storage and Handling Protocol, 2016* (or as current).

Emergency Preparedness, Response, and Recovery

Emergencies can occur anywhere and at any time. Boards of health in Ontario regularly experience new and emerging events ranging from infectious diseases such as SARS, the H1N1 influenza pandemic, and Ebola virus disease to extreme weather events and environmental hazards such as flooding and forest fires.

Effective emergency preparedness, response, and recovery ensures that boards of health are ready to cope with and recover from threats to public health or disruptions to public health programs and services. This is done through a range of activities carried out in coordination with other partners.

This planning, and its associated activities, is a critical role in strengthening the overall resilience of boards of health and the broader health system. Ministry policy and expectations to support a ready and resilient health system will be outlined separately.

Goal

To enable consistent and effective preparedness for, response to, and recovery from emergency situations.

Program Outcome

- The ongoing readiness of the board of health to respond to and recover from new and emerging events and/or emergencies with public health impacts.

Requirement

1. The board of health shall effectively prepare for emergencies to ensure timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidance documents.⁷

⁷ The forthcoming ministry policy for a ready and resilient health system will set expectations across the broader health system. This will include direction for public health units in the establishment of an integrated program that incorporates emergency management practices.

Program Standards

Chronic Diseases and Injury Prevention, Wellness and Substance Misuse

Goal

To reduce the burden of chronic diseases of public health importance, preventable injuries, and substance misuse.⁸

Program Outcomes

- There is a reduction in population health inequities related to chronic diseases, injuries, and substance misuse.
- Population health inequities and priority populations have been identified and relevant data have been communicated to community partners.
- Public health chronic diseases, injury prevention, and substance misuse programs and services are implemented taking into account all relevant programs and services available in the health unit.
- Community partners, including policy-makers, and the public are meaningfully engaged in the planning, implementation, development and evaluation of chronic diseases, injury prevention, and substance misuse programs and services of relevance to the community.
- There is increased public awareness of the risk factors and healthy behaviours associated with chronic diseases, substance misuse, and injuries.
- There is an increased adoption of healthy living behaviours among populations targeted through chronic diseases, injury prevention, and substance misuse program interventions.
- Youth have reduced access to tobacco products, e-cigarettes and tanning beds.
- Tobacco vendors are in compliance with the *Smoke-Free Ontario Act*.

⁸ Chronic diseases of public health importance include, but are not limited to, cardiovascular diseases, respiratory disease, cancer, diabetes, and mental illness (including problematic use of alcohol and other substances, suicide, suicide attempts, and suicide ideation). Injury, both intentional and unintentional, prevention includes, but is not limited to, falls across the lifespan, road and off-road safety, and other injuries of public health importance.

- Tanning bed operators are in compliance with the *Skin Cancer Prevention Act (Tanning Beds), 2013*.
- E-cigarette vendors are in compliance with the *Electronic Cigarettes Act, 2015*.
- Community partners have knowledge of, and increased capacity to act on, the factors associated with healthy living behaviours, skills and practices, healthy policies, and supportive environments.
- Food premises are in compliance with the *Healthy Menu Choices Act, 2015*.

Requirements

1. The board of health shall collect and analyze relevant data to monitor trends over time and population inequities in outcomes, and communicate the population results in accordance with the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
2. The board of health shall implement a program of public health interventions that addresses chronic diseases and substance misuse risk factors to reduce the burden of illness from chronic diseases and substance misuse in the health unit population, informed by:
 - a) An assessment of the risk and protective factors for, and distribution of, chronic diseases and substance misuse;
 - b) Evidence of the effectiveness of the interventions employed;
 - c) Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental and other relevant sectors including LHIN(s); and
 - d) Consideration of the following topics based on an assessment of local needs:
 - Alcohol and other substance misuse (e.g., illicit drugs, including harm reduction strategies);
 - Built environment;
 - Comprehensive tobacco control (including addressing e-cigarettes and emerging products);
 - Healthy eating;
 - Healthy sexuality;
 - Mental health promotion;
 - Oral health;
 - Physical activity and sedentary behaviour;
 - Sleep;

- Suicide risk and prevention; and
 - UV exposure.
3. The board of health shall implement a program of public health interventions to reduce the burden of illness from injuries in the health unit population, informed by:
 - a) An assessment of the risk factors for, and distribution of, injuries;
 - b) Evidence of the effectiveness of the interventions employed;
 - c) Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental and other relevant sectors including LHIN(s); and
 - d) Consideration of the following topics based on an assessment of local needs:
 - Concussions;
 - Falls;
 - Off-road safety;
 - Road safety; and
 - Violence.
 4. The board of health shall include a description, as part of its Board of Health Annual Service Plan and Budget Submission, of its programs of public health interventions that:
 - a) Address chronic diseases and substance misuse risk factors to reduce the burden of illness from chronic diseases in the health unit population; and
 - b) Prevent and reduce the burden of illness from injuries in the health unit population.
 5. The board of health shall implement and enforce the *Smoke-Free Ontario Act* in accordance with the *Tobacco Compliance Protocol, 2016* (or as current).
 6. The board of health shall implement and enforce the *Skin Cancer Prevention Act (Tanning Beds), 2013* in accordance with the *Tanning Beds Compliance Protocol, 2014* (or as current).
 7. The board of health shall implement and enforce the *Electronic Cigarettes Act, 2015*, in accordance with the *Electronic Cigarettes Compliance Protocol, 2016* (or as current).
 8. The board of health shall implement and enforce the *Healthy Menu Choices Act, 2015*, in accordance with the *Menu Labelling Compliance Protocol, 2017* (or as current).

Food Safety

Goal

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

Program Outcomes

- Timely and effective detection, identification, and response to food-borne illnesses, their associated risk factors, emerging trends, and unsafe food offered for public consumption.
- Food-borne illness risks are mitigated.
- Food handlers handle and manage food for public consumption in a safe and sanitary manner.
- The public and community partners are aware of safe food-handling practices and food safety issues.
- There is reduced incidence of food-borne illnesses.

Requirements

1. The board of health shall:
 - a) Conduct surveillance of suspected and confirmed food-borne illnesses, food premises, and food for public consumption;
 - b) Conduct epidemiological analysis of surveillance data including monitoring of trends over time, emerging trends, and priority populations; and
 - c) Respond by adapting programs and services in accordance with the *Food Safety Protocol, 2016* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
2. The board of health shall report Food Safety Program data elements in accordance with the *Food Safety Protocol, 2016* (or as current).
3. 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, 2016* (or as current).
4. 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, 2016* (or as current) by:

- a) Adapting and/or supplementing national/provincial food safety communications strategies where local assessment has identified a need; and/or
 - b) Developing and implementing regional/local communications strategies where local assessment has identified a need.
5. The board of health shall inspect food premises and foods offered for public consumption and provide all the components of the Food Safety Program defined by the *Health Protection and Promotion Act* and in accordance with the Food Premises Regulation (O. Reg. 562); the *Food Safety Protocol, 2016* (or as current); and all other applicable Acts.
6. The board of health shall ensure 24/7 availability to receive reports of and respond to:
- a) Suspected and confirmed food-borne illnesses or outbreaks;
 - b) Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and
 - c) 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, 2016* (or as current); and the *Infectious Diseases Protocol, 2016* (or as current).

Healthy Environments

Goal

To reduce exposure to health hazards⁹ and promote the development of healthy natural and built environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate.

Program Outcomes

- Timely and effective detection, identification, and response to health hazards and associated public health risks, trends, and illnesses.
- The public is aware of health protection and prevention activities related to health hazards and conditions that create healthy natural and built environments.
- Community partners have the information necessary to create healthy public policies related to reducing exposure to health hazards and creating healthy natural and built environments.
- The public and community partners are aware of health hazard incidents and risks in a timely manner.
- There is reduced public exposure to health hazards.

Requirements

1. The board of health shall:
 - a) Conduct surveillance of the environmental health status of the community;
 - b) Conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations; and
 - c) Use information obtained to inform Healthy Environments programs and services

in accordance with the *Health Hazard Response Protocol, 2017* (to be drafted); the *Healthy Environments Protocol, 2017* (to be drafted); the *Infectious Diseases Protocol, 2016* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
2. The board of health shall identify risk factors and priority health needs in the local physical and natural environments related to building a healthy environment.

⁹ 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.”

3. The board of health shall develop effective strategies in collaboration with community partners to reduce exposure to health hazards and promote healthy natural and built environments in accordance with the *Health Hazard Response Protocol, 2017* (to be drafted) and the *Healthy Environments Protocol, 2017* (to be drafted).
4. The board of health shall, as part of its strategy to reduce exposure to health hazards and promote healthy natural and built environments, effectively communicate with the public by:
 - a) Adapting and/or supplementing national/provincial health communications strategies where local assessment has identified a need;
 - b) Developing and implementing regional/local communications strategies where local assessment has identified a need; and
 - c) Addressing the following topics based on an assessment of local needs:
 - Built environment;
 - Climate change;
 - Exposure to chemical contamination;
 - Exposure to hazardous environmental contaminants and biological agents;
 - Exposure to radiation;
 - Extreme weather;
 - Indoor air pollutants;
 - Outdoor air pollutants; and
 - Other measures as emerging health issues arise.
5. The board of health shall assess and inspect 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 *Health Hazard Response Protocol, 2017* (to be drafted).
6. The board of health shall investigate potential health hazards and respond by preventing or reducing exposure to health hazards in accordance with the *Health Hazard Response Protocol, 2017* (to be drafted).
7. The board of health shall ensure 24/7 availability to receive reports of and respond to health hazards in accordance with the *Health Protection and Promotion Act* and the *Healthy Environments Protocol, 2017* (to be drafted).

Healthy Growth and Development

Goal

To achieve optimal maternal, newborn, child, youth, and family health.

Program Outcomes

- There is a reduction in health inequities related to healthy growth and development.
- Increased community partner knowledge about the factors associated with, and effective programs for, the promotion of healthy growth and development and managing the stages of the family life cycle.
- Increased collaboration among community partners, children, youth, emerging adults, and parents in the planning, development, implementing, and evaluation of programs, services, and policies which positively impact healthy families and communities.
- Individuals and families have increased knowledge, skills and access to local resources related to healthy growth and development to effectively manage the different life stages and their transitions (e.g., maternal, newborn, child, and youth).
- Increased public knowledge about the importance of creating safe and supportive environments that promote healthy growth and development.
- Increased awareness among youth and emerging adults about contraception and healthy pregnancies.
- Families are aware of community resources and tools available to assess children's health and development.

Requirements

1. The board of health shall collect, obtain, and analyze relevant data to monitor trends over time in outcomes, in healthy growth and development and population inequities, and communicate the population results in accordance with the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
2. The board of health shall implement a program of public health interventions to support healthy growth and development in the health unit population, informed by:
 - a) An assessment of risk and protective factors that influence healthy growth and development;

- b) Evidence of the effectiveness of the interventions employed;
 - c) Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, social, and other relevant sectors with specific attention to:
 - School boards, principals, educators, parent groups, student leaders, and students;
 - Child care providers and organizations that provide child care services, such as Community Hubs and Family Centres;
 - Health care providers and LHIN(s);
 - Social service providers; and
 - Municipalities.
 - d) Consideration of the following topics based on an assessment of local needs:
 - Breastfeeding;
 - Growth and development;
 - Healthy pregnancies;
 - Healthy sexuality;
 - Mental health promotion;
 - Preconception health;
 - Preparation for parenting; and
 - Positive parenting.
3. The board of health shall include a description, as part of its Board of Health Annual Service Plan and Budget Submission, of its programs of public health interventions to support healthy growth and development.
 4. The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2012* (or as current) (Ministry of Children and Youth Services).

Immunization

Goal

To reduce or eliminate the burden of vaccine preventable diseases through immunization.

Program Outcomes

- There is reduced incidence of vaccine preventable diseases.
- Timely and effective detection and identification of children susceptible to vaccine preventable diseases, their associated risk factors, and emerging trends.
- Timely and effective detection and identification of priority populations facing barriers to immunization, their associated risk factors, and emerging trends.
- Health care providers are knowledgeable of and adhere to improved practices related to proper vaccine management, including storage and handling and inventory management.
- There is reduced vaccine wastage.
- Target coverage rates for provincially funded immunizations are achieved.
- Effective outbreak management related to vaccine preventable disease outbreaks is achieved.
- The public and community partners are aware of the importance of immunization.
- Health care providers report adverse events following immunization to the board of health.
- 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 *Child Care and Early Years Act, 2014*.

Requirements

1. The board of health shall assess, maintain records, and report on:
 - a) The immunization status of children enrolled in child care centres as defined in the *Child Care and Early Years Act, 2014*; and
 - b) Immunizations administered at board of health-based clinics as required in accordance with the *Immunization Management Protocol, 2016* (or as current) and the *Infectious Diseases Protocol, 2016* (or as current).

2. The board of health shall conduct epidemiological analysis of surveillance data for vaccine preventable diseases, vaccine coverage, and adverse events following immunization, including monitoring of trends over time, emerging trends, and priority populations¹⁰ in accordance with the *Infectious Diseases Protocol, 2016* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
3. The board of health shall work with community partners to improve public knowledge and confidence in immunization programs and services by:
 - a) Adapting and/or supplementing national/provincial health communications strategies where local assessment has identified a need;
 - b) Developing and implementing regional/local communications strategies where local assessment has identified a need; and
 - c) Addressing the following topics based on an assessment of local needs:
 - 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 and services;
 - The importance of maintaining a personal immunization record for all family members;
 - Immunization for travelers;
 - 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 provide consultation to community partners on immunization and immunization practices based on local needs and as requested.
5. The board of health shall promote and provide provincially funded immunization programs and services to eligible persons in the health unit, including underserved and priority populations.

¹⁰ Priority populations as defined in the Foundational Standards.

6. The board of health shall have a contingency plan to deploy board of health staff capable of providing vaccine preventable diseases outbreak management and control, such as mass immunization, in the event of a community outbreak.
7. 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, 2016* (or as current). This shall include:
 - a) Training at the time of cold chain inspection;
 - b) Distributing information to new health care providers who handle vaccines;
and
 - c) Providing ongoing support to existing health care providers who handle vaccines.
8. The board of health shall ensure that the storage and distribution of provincially funded vaccines, including to health care providers practicing within the health unit, is in accordance with the *Vaccine Storage and Handling Protocol, 2016* (or as current).
9. 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, 2016* (or as current).
10. The board of health shall:
 - a) Promote 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*, and
 - b) Monitor, investigate, and document all suspected cases of adverse events following immunization that meet the provincial reporting criteria¹¹ and promptly report all cases.

¹¹ The provincial reporting criteria are under development at the Federal/Provincial/Territorial level.

Infectious and Communicable Diseases Prevention and Control

Goal

To reduce the burden of communicable diseases and other infectious diseases of public health importance.^{12,13}

Program Outcomes

- Timely and effective detection, identification, and management of exposures and local cases/outbreaks of infectious and communicable diseases of public health importance, including reportable diseases, their associated risk factors, and emerging trends.
- The public, health care providers, and other relevant partners, including emergency service workers are aware of the epidemiology, associated risk and protective factors, and practices related to the prevention and control of infectious and communicable diseases of public health importance.
- Effective partnerships support actions to prevent and control the spread of infectious and communicable diseases of public health importance.
- Effective case management results in limited secondary cases.
- Priority populations have access to harm reduction services and supports necessary to adopt healthy behaviours and practices that prevent exposure to and the transmission of sexually transmitted infections and blood-borne infections.
- There is reduced transmission of infections and communicable diseases including reduced progression of tuberculosis (TB).

¹² 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 and vector-borne 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/Territorial 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.

¹³ Communicable diseases are a subset of infectious diseases and defined in the legislation as set out by Regulation 558/91 (as amended) under the *Health Protection and Promotion Act*.

- The public, community partners, and health care providers report all suspected rabies exposures.
- Public health risks associated with infection prevention and control lapses are managed and mitigated effectively and efficiently.
- Settings that are required to be inspected are aware of and use infection prevention and control practices.

Requirements

1. The board of health shall conduct population health assessment and surveillance regarding infectious and communicable diseases and their determinants. These efforts shall include:
 - a) Reporting data elements in accordance with the *Health Protection and Promotion Act*; the *Infectious Diseases Protocol, 2016* (or as current); the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2013* (or as current); the *Rabies Prevention and Control Protocol, 2013* (or as current); and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current);
 - b) Conducting surveillance and epidemiological analysis, including the monitoring of trends over time, emerging trends, and priority populations¹⁴ in accordance with the *Infectious Diseases Protocol, 2016* (or as current); the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2013* (or as current); the *Rabies Prevention and Control Protocol, 2013* (or as current); the *Tuberculosis Prevention and Control Protocol, 2008* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2016* (or as current);
 - c) Responding to international, Federal, Provincial/Territorial and local changes in diseases epidemiology by adapting programs and services; and
 - d) Using the information obtained through assessment and surveillance to inform program development regarding communicable diseases and other infectious diseases of public health importance.
2. The board of health shall provide public education to increase awareness related to infection prevention and control measures, including respiratory etiquette, and hand hygiene. These efforts shall include:
 - a) Adapting and/or supplementing national/provincial health education/communications strategies where local assessment has identified a need; and/or

¹⁴ Priority populations as defined in the Foundational Standards.

- b) Developing and implementing regional/local communications strategies where local assessment has identified a need.
3. The board of health shall work with community partners and service providers to determine and address the need for knowledge translation resources and supports in the area of infection prevention and control. These efforts shall include:
 - a) Adapting and/or supplementing national/provincial health education/communications strategies where local assessment has identified a need; and/or
 - b) Developing and implementing regional/local communications strategies where local assessment has identified a need.
 4. The board of health shall use health promotion approaches to increase adoption of healthy behaviours among the population regarding sexual practices and injection drug use to prevent and reduce exposures to sexually transmitted and blood-borne infections by collaborating with and engaging health care providers, community and other relevant partners, and priority populations.
 5. The board of health shall collaborate with health care providers and community partners, including school boards, to create supportive environments to promote healthy sexual practices¹⁵ and access to sexual health services and harm reduction programs and services for priority populations.
 6. The board of health shall participate on committees, advisory bodies, or networks that address infection prevention and control practices¹⁶ and policies of, but not limited to, hospitals and long-term care homes in accordance with the *Institutional/Facility Outbreak Prevention and Control Protocol, 2016* (or as current).
 7. The board of health shall work with appropriate partners to increase awareness among relevant community partners, including correctional facilities, health care, and other service providers, of:
 - a) The local epidemiology of communicable diseases and other infectious diseases of public health importance;
 - b) Infection prevention and control practices; and
 - c) Reporting requirements for reportable diseases, as specified in the *Health Protection and Promotion Act*.

¹⁵ Healthy sexual practices include, but are not limited to, contraception, pregnancy counselling, and the prevention and/or management of sexually transmitted infections and blood-borne infections.

¹⁶ 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.

8. The board of health shall provide public health management of cases, contacts and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2016* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2016* (or as current); the *Tuberculosis Prevention and Control Protocol, 2008* (or as current); the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2013* (or as current); and the *Rabies Prevention and Control Protocol, 2013* (or as current).
9. The board of health shall receive reports of complaints regarding infection prevention and control practices and respond to and/or refer to appropriate regulatory bodies, including regulatory colleges¹⁷, in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Practices Complaint Protocol, 2015* (or as current).
10. The board of health shall receive and evaluate reports of complaints regarding infection prevention and control practices in settings for which no regulatory bodies or regulatory colleges exist, particularly personal services settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings Protocol, 2016* (or as current) and the *Infection Prevention and Control Practices Complaint Protocol, 2015* (or as current).
11. 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 diseases issues.
12. The board of health shall, based on local epidemiology, supplement provincial efforts in managing risk communications to appropriate stakeholders on identified risks associated with infectious diseases and emerging diseases of public health importance.
13. The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide, based on local assessment, clinical services for priority populations to promote and support healthy sexual practices, contraception, pregnancy counselling, and the prevention and/or management of sexually transmitted infections and blood-borne infections.
14. The board of health shall collaborate with health care providers and other relevant community partners to achieve a comprehensive and consistent approach, based on local assessment and risk surveillance, to address and manage sexually transmitted infections and blood-borne infections in accordance with the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2013* (or as current).

¹⁷ For the purposes of requirements 9 and 10, a “regulatory college” means the college of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the *Regulated Health Professions Act, 1991*.

15. The board of health shall receive and respond to all reported cases of suspected rabies exposures received from the public, community partners and health care providers in accordance with the *Health Protection and Promotion Act* and the *Rabies Prevention and Control Protocol, 2013* (or as current).
16. The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan and in consultation with other relevant agencies¹⁸ and orders of government, in accordance with the *Rabies Prevention and Control Protocol, 2013* (or as current).
17. 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, 2016* (or as current).
18. 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 Child Care Centres Protocol, 2016* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2016* (or as current); and the *Healthy Environments Protocol, 2017* (to be drafted).
19. The board of health shall ensure 24/7 availability to receive reports of and respond to:
 - a) Infectious diseases of public health importance in accordance with the *Health Protection and Promotion Act*, the *Mandatory Blood Testing Act, 2006*; the *Infectious Diseases Protocol, 2016* (or as current); and the *Institutional/Facility Outbreak Prevention and Control Protocol, 2016* (or as current); and
 - b) Suspected rabies exposures in accordance with the *Health Protection and Promotion Act* and the *Rabies Prevention and Control Protocol, 2013* (or as current).

¹⁸ Currently these agencies include the Ministry of Natural Resources and Forestry (MNRF), the Canadian Food Inspection Agency (CFIA) and the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA).

Safe Water

Goals

- **To prevent or reduce the burden of water-borne illnesses related to drinking water.**
- **To prevent or reduce the burden of water-borne illnesses and injuries related to recreational water use.**

Program Outcomes

- Timely and effective detection, identification, and response to water contaminants and illnesses, their associated risk factors, and emerging trends, including levels of fluoride outside the recommended range.
- Water-borne illness risks are mitigated.
- Members of the public who use private wells, cisterns, and 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 and owners/operators of small drinking-water systems operate in a safe and sanitary manner.
- The public is aware of potential risk of illnesses and injuries related to public beach use.
- Public exposure to recreational water-related illnesses and hazards is reduced.

Requirements

1. The board of health shall report Safe Water Program data elements in accordance with the *Drinking Water Protocol, 2014* (or as current) and the *Recreational Water Protocol, 2016* (or as current).
2. The board of health shall:
 - a) Conduct surveillance of:
 - Drinking water sources and systems and of drinking water illnesses of public health importance, their associated risk factors, and emerging trends;
 - Public beaches and public beach water-borne illnesses of public health importance, their associated risk factors, and emerging trends; and
 - Recreational water facilities;

- b) Conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations; and
 - c) Use the information obtained to inform Safe Water programs and services in accordance with the *Drinking Water Protocol, 2014* (or as current); the *Infectious Diseases Protocol, 2016* (or as current); the *Recreational Water Protocol, 2016* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
3. The board of health shall provide information to private citizens who operate their own wells, cisterns, and rain or lake water systems to promote awareness of how to safely manage their own drinking-water systems.
 4. The board of health shall ensure the provision of education and training for owners/operators of drinking-water systems in accordance with the *Drinking Water Protocol, 2014* (or as current).
 5. The board of health shall increase public awareness of water-borne illnesses and safe drinking water by working with community partners and by:
 - a) Adapting and/or supplementing national/provincial safe drinking water communications strategies where local assessment has identified a need; and/or
 - b) Developing and implementing regional/local communications strategies where local assessment has identified a need.
 6. The board of health shall ensure the provision of education and training for owner/operators of recreational water facilities in accordance with the *Recreational Water Protocol, 2016* (or as current).
 7. 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, 2014* (or as current) to protect the public from exposure to unsafe drinking water.
 8. 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, 2014* (or as current).
 9. The board of health shall reduce risks of public beach and recreational water facilities use in accordance with the *Recreational Water Protocol, 2016* (or as current).
 10. 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, 2014* (or as current).

11. The board of health shall ensure 24/7 availability to receive reports of and respond to:
- a) Adverse events related to safe water, such as reports of adverse drinking water of drinking water systems, governed under the *Health Protection and Promotion Act* or the *Safe Drinking Water Act, 2002*;
 - b) Reports of water-borne illnesses or outbreaks;
 - c) Safe water issues arising from floods, fires, power outages, or other situations that may affect water safety; and
 - d) Safe water issues relating to recreational water use including public beaches in accordance with the *Health Protection and Promotion Act*, the *Drinking Water Protocol, 2014* (or as current); the *Infectious Diseases Protocol, 2016* (or as current); and the *Recreational Water Protocol, 2016* (or as current).

School Health

Goal

To achieve optimal health of children and youth in schools through partnership and collaboration with school boards and schools.

Program Outcomes

- School boards and schools are aware of relevant and current population health needs impacting students in their schools.
- School boards and schools are meaningfully engaged in the planning, development, implementation, and evaluation of public health programs and services relevant to children and youth.
- School-based initiatives relevant to healthy living behaviours are informed by effective partnerships between boards of health, school boards, and schools.
- There is an increased adoption of healthy living behaviours among children and youth.
- Children, youth, and emerging adults have increased knowledge about, and skills for healthy growth and development.
- There is an increased awareness among youth and emerging adults about contraception and healthy pregnancies.
- Oral health of children and youth from low-income families is improved by enabling access to oral health care.
- There is an increase in the number of children screened for visual health concerns.
- 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*.

Requirements

1. The board of health shall collect, obtain and analyze relevant data to monitor trends over time in outcomes, in the health of children and youth in schools and population inequities, and communicate the population results in accordance with the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
2. The board of health shall provide population health information, including determinants of health and health inequities, relevant to the school population to school boards and schools to identify public health needs in schools.

3. The board of health shall develop and implement a program of public health interventions to improve the health of children and youth in schools, informed by:
 - a) An assessment of the local population, including the identification of priority populations in schools as well as school communities at risk for increased health inequities and negative health outcomes;
 - b) Evidence of the effectiveness of the interventions employed;
 - c) Consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students; and
 - d) A review of other relevant programs and services delivered by the board of health.
4. The board of health shall include a description, as part of its Board of Health Annual Service Plan and Budget Submission, of its programs of public health interventions to improve the health of children and youth in school.
5. The board of health shall offer support to school boards and schools to assist with the implementation of health-related curricula and health needs in schools, based on need and considering, but not limited to:
 - a) Alcohol and other substance misuse (e.g., illicit drugs, including harm reduction strategies);
 - b) Comprehensive tobacco control (including addressing e-cigarettes and emerging products);
 - c) Concussions and injury prevention;
 - d) Healthy eating and food safety;
 - e) Healthy sexuality;
 - f) Mental health promotion;
 - g) Oral health;
 - h) Physical activity and sedentary behaviour;
 - i) Road and off-road safety;
 - j) Suicide risk and prevention;
 - k) UV exposure; and
 - l) Violence and bullying.

Oral Health

6. The board of health shall conduct surveillance of children in schools and report in accordance with the *Oral Health Assessment and Surveillance Protocol, 2016* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).
7. The board of health shall conduct oral screening in accordance with the *Oral Health Assessment and Surveillance Protocol, 2016* (or as current).
8. The board of health shall provide the Healthy Smiles Ontario (HSO) Program in accordance with the *Healthy Smiles Ontario (HSO) Program Protocol, 2016* (or as current).

Vision

9. The board of health shall provide, in collaboration with community partners, visual health supports and vision screening services in accordance with the *Child Visual Health and Vision Screening Protocol, 2017* (to be drafted).

Immunization

10. The board of health shall enforce the *Immunization of School Pupils Act* and assess the immunization status of children in accordance with the *Immunization Management Protocol, 2016* (or as current).
11. The board of health shall work with school boards and schools to identify opportunities to improve public knowledge and confidence in immunization for school-aged children by:
 - a) Adapting and/or supplementing national/provincial health communications strategies where local assessment has identified a need;
 - b) Developing and implementing regional/local communications strategies where local assessment has identified a need; and
 - c) Addressing the following topics based on an assessment of local needs:
 - The importance of immunization;
 - Diseases that vaccines prevent;
 - Recommended immunization schedules for children and the importance of adhering to the schedules;
 - Introduction of new provincially funded vaccines;
 - Promotion of childhood immunization, including high-risk programs and services;
 - 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.

12. The board of health shall promote and provide provincially funded immunization programs to eligible students in the health unit through school-based clinics.