

Draft Ontario Public Health Standards Consultation

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March 8, 2007

Section 1 INTRODUCTION TO THE ONTARIO PUBLIC HEALTH STANDARDS

Please indicate the extent to which your health unit/ organization agrees with the following statements regarding the Introduction to the Ontario Public Health Standards.

1.1 The Introduction to the Ontario Public Health Standards is clearly written and easy to follow.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree			Strongly Agree	

(If 1 or 2)

Please provide any suggestions you have for clarifying the language in the Introduction and making it easier to follow.

Introduction – needs more clarity on page 4 regarding the relationship between Ministry of Children and Youth Services and Health Promotion under the Child Health program (which also includes some elements of Reproductive Health). It appears that MCYS will administer the Healthy Babies Healthy Children program, but the wording in the introduction suggests that there is an administrative role for the Ministry of Health Promotion.

1.2 The Introduction provides a sufficient level of detail concerning the purpose of the Ontario Public Health Standards.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree			Strongly Agree	

(If 1 or 2)

Please specify any additional information that should appear in the Introduction related to the purpose.

While the Social and Economic Determinants of Health have not been included as a discrete program / service area, alPHa appreciates that mention of the related concepts of inequities and disparities in the Purpose, Overarching Principles and Foundational Standard requires that their

impact to be examined when planning to meet the requirements of each of the 13 program areas. aPHa would nevertheless like to see additional and more specific references to the vocabulary that is in common use (e.g. refer to the SOCIAL and ECONOMIC DETERMINANTS of HEALTH where there are references to "inequities" and/or "disparities") and include a specific definition in the glossary.

1.3 The Introduction provides a sufficient level of detail about the statutory basis of the Ontario Public Health Standards.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree			Strongly Agree	

(If 1 or 2)

Please specify any additional information that would sufficiently explain the statutory basis of the Ontario Public Health Standards.

1.4 The Overarching Principles underlying the Ontario Public Health Standards are clearly defined.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree			Strongly Agree	

(If 1 or 2)

Please provide any suggestions you have for clarifying the Overarching Principles.

1.5 Adherence to the Overarching Principles will help to ensure that Boards of Health plan, assess/monitor and manage/implement the delivery of public health programs to meet local needs while continuing to work towards common outcomes.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree			Strongly Agree	

(If 1 or 2)

Please provide any suggestions you have for revising the Overarching Principles to better ensure that Boards of Health plan, assess/monitor and manage/implement the delivery of public health programs to meet local needs while continuing to work towards common outcomes.

aPHa requests clarity on the statement under the principle of "capacity" that "All boards of health shall have the minimum capacity and resources to meet these standards". While boards of health determine budgets, they are underwritten by obligated municipalities and provincial Ministries, which are not directly responsible for meeting the requirements of the OPHS.

- Does this statement therefore imply that the board of health is accountable for ensuring that they have the minimum capacity and resources even if they have difficulty securing them from the provincial and local funders?
- Depending on the program, there is a strong potential for open-ended interpretation of whether or not a given standard has been met. By what indicators and by whom is this measured? How are they used to determine required minimum capacity?

1.6 The Overarching Principles are suitably positioned in the Introduction to reflect their significance as a guide for implementing the Ontario Public Health Standards.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree			Strongly Agree	

(If 1 or 2)

How could the Principles be re-positioned or made more prominent to better reflect their significance as a guide for implementing the Ontario Public Health Standards?

1.7 The linkages between the Foundational Standard (Evidence-based Public Health Planning and Performance) and the thirteen Program Standards is clear.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree			Strongly Agree	

(If 1 or 2)

Please describe how the linkages between the Evidence Based Public Health Planning and Performance Foundational Standard and the thirteen Program Standards could be more clearly defined.

1.8 The information in the Introduction is organized in a logical sequence.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree			Strongly Agree	

(If 1 or 2)

Please provide any suggestions you have for re-organizing the information contained in the Introduction.

1.9 The term Goal, as it applies to the Ontario Public Health Standards, is clearly defined in the Introduction.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please provide any suggestions you have for defining the term Goal as it applies to the Ontario Public Health Standards.

1.10 The term Outcomes, as it applies to the Ontario Public Health Standards, is clearly defined in the Introduction.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please provide any suggestions you have for defining the term Outcomes as it applies to the Ontario Public Health Standards.

1.11 The distinction between Intermediate and Immediate Outcomes, as stated in the Introduction, is clear.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please provide any suggestions you have for clarifying the distinction between Intermediate and Immediate Outcomes.

1.12 The term Requirements, as it applies to the Ontario Public Health Standards, is clear as stated in the Introduction.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please provide any suggestions you have for defining the term Requirements as it applies to the Ontario Public Health Standards.

1.13 Do you have any additional suggestions for revising the Introduction to the Ontario Public Health Standards?

Yes No

If 'yes', please provide your suggestions for revision.

While the introductory section is well organized and clear, it benefits a great deal from the preamble ("Notes for Consultation Purposes"), explanatory footnotes and the appended glossary, none of which is intended to appear in the final release. These should at least be referred to in the text of the Introduction to the Standards if not incorporated into the final document. Footnotes that refer to protocols that have not yet been developed should remain in the document to assist Boards of Health in planning and delivery of related programs. Protocols that are already in use should be available in compendium form, which should in turn be referred to in the introductory section.



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Section 2 EVIDENCE-BASED PUBLIC HEALTH PLANNING AND PERFORMANCE FOUNDATIONAL STANDARD

2.3 Population Health Assessment

Immediate outcome (first bullet point):

Public health programs and services are planned to address local population health needs.
should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the outcome as written (select all that apply).

- not clearly written
- not specific enough (too broad or general)
- not measurable
- boards of health should not be held accountable for this outcome
- lack of fit with intermediate outcomes
- lack of fit with goal statement
- other (please specify):

Please provide your suggestions for revision.

Immediate outcome (second bullet point):

Community partners, non-governmental organizations, and governmental bodies are aware of current population health information.

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the outcome as written (select all that apply).

- not clearly written
- not specific enough (too broad or general)
- not measurable
- boards of health should not be held accountable for this outcome
- lack of fit with intermediate outcomes
- lack of fit with goal statement
- other (please specify):

Please provide your suggestions for revision.

Requirement 1:

The board of health shall maintain current health status, health care utilization, health practices, health behaviours, and demographic indicators and trends in accordance with the proposed *Evidenced-based Public Health Planning and Performance Protocol*.

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the requirement as written (select all that apply).

- not clearly written
- does not reflect evidence/best practices
- does not fit with current health unit practice
- barriers to implementation
- boards of health should not be held accountable for this requirement
- lack of fit with immediate outcomes
- other (please specify):

Please provide your suggestions for revision.

Comment on this strongly depends on the content of the proposed protocol. There is a difference between population health assessment and health service utilization assessment. Boards of health should be responsible only for health services utilization data that can be demonstrably linked to public health interventions (e.g. increases in cancer screening utilization linked to health promotion campaigns). Otherwise, there could be significant resource implications, especially if LHINs look to the epidemiological expertise in health units to provide comprehensive analyses of all local health care utilization.

Requirement 2:

The board of health shall assess changes in population health status.

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the requirement as written (select all that apply).

- not clearly written
- does not reflect evidence/best practices
- does not fit with current health unit practice
- barriers to implementation
- boards of health should not be held accountable for this requirement
- lack of fit with immediate outcomes
- other (please specify):

Please provide your suggestions for revision.

Requirement 3:

The board of health shall use population health assessment information, including the assessment of vulnerable groups, to adapt public health programs and services, where feasible.

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the requirement as written (select all that apply).

- not clearly written
- does not reflect evidence/best practices
- does not fit with current health unit practice
- barriers to implementation
- boards of health should not be held accountable for this requirement
- lack of fit with immediate outcomes

other (please specify):

Please provide your suggestions for revision.

Requirement 4:

The board of health shall provide population health information to the community, community partners, non-governmental organizations, government bodies, and health care providers.

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the requirement as written (select all that apply).

- not clearly written
- does not reflect evidence/best practices
- does not fit with current health unit practice
- barriers to implementation
- boards of health should not be held accountable for this requirement
- lack of fit with immediate outcomes
- other (please specify):

Please provide your suggestions for revision.

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Section 2 EVIDENCE-BASED PUBLIC HEALTH PLANNING AND PERFORMANCE FOUNDATIONAL STANDARD

2.4 Surveillance

Immediate outcome (first bullet point):

Early identification of emerging public health threats.

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the outcome as written (select all that apply).

- not clearly written
- not specific enough (too broad or general)
- not measurable
- boards of health should not be held accountable for this outcome
- lack of fit with intermediate outcomes
- lack of fit with goal statement
- other (please specify):

Please provide your suggestions for revision.

Immediate outcome (second bullet point):

Resources are reallocated to reflect emergent board of health priorities.

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the outcome as written (select all that apply).

- not clearly written
- not specific enough (too broad or general)
- not measurable
- boards of health should not be held accountable for this outcome
- lack of fit with intermediate outcomes
- lack of fit with goal statement
- other (please specify):

Please provide your suggestions for revision.

There is a danger that this statement as written could give license to committing resources to priorities that may be more accurately characterized as political than as public health, e.g. media-driven issues that do not meet accepted evidenciary standards for defining something as a true public health priority.

In addition, any direction to reallocate resources must be accompanied by a statement that ensures that such reallocation is not at the expense of other Ontario Public Health Standards.

alPHA suggests rewording this Immediate Outcome as follows: "Resources are managed to allow emphasis on emergent public health priorities while ensuring that all Ontario Public Health Standards continue to be met"

Immediate outcome (third bullet point):

Required audiences have the information necessary to take appropriate action.

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the outcome as written (select all that apply).

- not clearly written
- not specific enough
- not measurable
- boards of health should not be held accountable for this outcome
- lack of fit with intermediate outcomes
- lack of fit with goal statement
- other (please specify):

Please provide your suggestions for revision.

Requirement 5:

The board of health shall conduct surveillance as required by applicable statutes, regulations and provincial protocols, including the collection, collation, analysis and periodic reporting of health status indicators.

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the requirement as written (select all that apply).

- not clearly written
- does not reflect evidence/best practices
- does not fit with current health unit practice
- barriers to implementation
- boards of health should not be held accountable for this requirement
- lack of fit with immediate outcomes
- other (please specify):

Please provide your suggestions for revision.

Requirement 6:

The board of health shall interpret and use surveillance data to prioritize resources and communicate information on risks to required audiences, in accordance with the proposed *Identification, Investigation and Management of Health Hazards Protocol*, the proposed *Risk Assessment and Inspections of Facilities Protocol*, the proposed *Measures to Control, Prepare for and Prevent Emerging and Established Vector-borne Diseases Protocol*, the proposed *Public Health Emergency Preparedness Protocol*, and other protocols, as appropriate,

should be included in the Ontario Public Health Standards as written.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please indicate the nature of your disagreement with the requirement as written (select all that apply).

- not clearly written
- does not reflect evidence/best practices

does not fit with current health unit practice

barriers to implementation

boards of health should not be held accountable for this requirement

lack of fit with immediate outcomes

other (please specify):

Please provide your suggestions for revision.

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Section 2 EVIDENCE-BASED PUBLIC HEALTH PLANNING AND PERFORMANCE FOUNDATIONAL STANDARD

2.7 Do you have any additional comments or suggestions (including proposed revisions) about the Foundational (Evidence-Based Public Health Planning and Performance) Program Standard?

This section clearly sets out the expectations of boards of health as those responsible for planning and delivering public health programs and services, building in mechanisms for continual evaluation and adaptation, and identifying them as the leaders for community health. aPHa would like to see a bit more in the foundational standard about what is expected of board of health members, specifically building in requirements that move toward skills-based and public health focused boards as recommended in the final report of the Capacity Review Committee.

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Section 16 OVERALL FEEDBACK

16.1 The proposed Ontario Public Health Standards are organized in a logical sequence.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

Please provide any suggestions you have for re-ordering the information provided in the draft Standards document.

16.2 It is clear that boards of health are expected to act on all portions of the proposed Ontario Public Health Standards, including the Introduction, Foundational Standard and Program Standards.

1	2	3	4	5	Don't Know
Strongly Disagree	Neither Disagree/Agree		Strongly Agree		

(If 1 or 2)

How could the Standards be revised to clarify the expectations of boards of health?

16.3 In the opinion of your health unit (organization), what are the key strengths of the proposed Ontario Public Health Standards (compared to the current (1997) Mandatory Health Programs and Services Guidelines)?

- The new standards make public health more clearly the population health experts in the province.
- More on continuous quality improvement through surveillance and assessment
- More emphasis on flexibility
- Implicit requirement to advocate for healthy public policy
- More detail on interrelationships among program standards
- More emphasis on continually evaluating outcomes against relevant performance measures
- Requires BOH to consider evidence, compatibility of interventions with scope of programming, barriers to accessing maximum benefit, unintended consequences of interventions while planning programs
- Explicit instruction to examine and overcome barriers to effective interventions
- Expanded consideration of organizational structures and processes, competent workforce development and maintenance, information and knowledge systems, and financial resources to effectively manage programs and services.
- Mandates collaboration with broader health sector, community partners and other boards of health, and requires that boards of health assume a leadership role in fostering a supportive

environment for health in their communities.

- More sensible categorization of Programs
- The determinants of health are emphasized much better and more explicitly integrated

16.4 Is there anything else regarding the proposed Ontario Public Health Standards you'd like to add?

- alPHA members feel that well constructed comments on the Standards will depend on the content of the proposed Implementation Resource Manual as well as the proposed and existing Protocols that will contain the specifics for the delivery of standard programs and services. Each of these supporting documents should be referred to in the text of the Standards, and an appendix that provides the information required to access them should be included.
- Given the importance of the Protocols and Implementation Resource Manual to a complete evaluation of these standards, alPHA would appreciate assurances that they will be subject to a separate consultation (i.e. that the present survey does not count as such) with the provision of a time frame on the release of drafts for consultation.
- alPHA insists that while the OPHS outlines the responsibilities of Boards of Health, their goals and objectives can only be realized if similar responsibilities for public health are formalized for the provincial government and other agencies as requested in
 - 1) alPHA Resolution #A03-1, Establishment of Health Goals and Objectives for Ontario that...: "the government of Ontario should review the current process for development and adoption of Mandatory Health Programs and Services Guidelines within the Health Protection and Promotion Act and replace it with a process to establish health goals and objectives for the province of Ontario and subsequently set requirements and standards for all government ministries and government-funded agencies that are comprehensive, complementary and effective in promoting the health of Ontario residents in light of the provincial goals and objectives."
 - 2) alPHA Resolution A04-9, Public Health Impact Statement Requirements, "that the Government of Ontario immediately require that public health impact analysis statements be a component of Cabinet Submissions prepared by any Ministry of Government."

16.5 Please briefly describe the process by which you gathered the information to complete this survey, including any consultations that took place within your organization and the individuals involved in collecting and collating the information that informed your responses to the survey.

alPHA is the association that represents board of health members of Ontario's 36 health units, their medical and associate medical officers of health, and affiliate members which are duly-constituted associations or societies representative of public health unit management, including

- ANDSOOHA - Public Health Nursing Management
- Association of Ontario Public Health Business Administrators
- Association of Public Health Epidemiologists in Ontario
- Association of Supervisors of Public Health Inspectors of Ontario
- Health Promotion Ontario
- Ontario Association of Public Health Dentistry
- Ontario Society of Nutrition Professionals in Public Health

Given that each of the above groups has also been given its own license to complete the survey, alPHA's Board of Directors (on which each of the above is represented) agreed that the Association response to the survey would ignore the Likert scales and focus on areas offering opportunity for general comment, deferring to its members to provide more detailed and informed comments on the technical aspects of the proposed standards.

alPHA's collaborative process follows:

- Feb 14 – alPHA (representing Boards of Health) and its 8 other constituents participate in the Reference Panel meeting. Preliminary information from the day's presentation circulated among Section and Affiliate members.
- Feb 19 – Draft OPHS for Consultation Purposes Received and circulated to Executive Committee

of the aPHa Board of Directors

- Feb 19 – High-level summary of the Introduction and Foundational Standard sections of the proposed OPHS along with some tables comparing them to those of the current MHPSPG circulated by aPHa staff to its Executive Committee

- Feb 21 – aPHa Executive Committee members discuss response process via teleconference, with Q&A assistance from Monika Turner. The Executive Committee agreed that aPHa

- 1) should respond primarily to the general principles and foundational standards, leaving it to its member health units and affiliate groups to respond to the specific standards.

- 2) should examine its current Resolutions and position statements to see if anything has been included that would invite aPHa comment

- 3) should hold a teleconference for the Chairs of its Board of Health Section and Council of Medical Officers of Health along with a representative from each of its Affiliates (ASPHIO, AOPHBA, ANDSOOHA, HPOph, OAPHD, APHEO, OSNPPH) to discuss other areas for potential input.

- March 1 – aPHa holds teleconference described above. Participants followed a document assembled by aPHa staff entitled ONTARIO PUBLIC HEALTH STANDARDS – CONSULTATION DRAFT AND SURVEY OVERVIEW – A MAP TO GUIDE aPHa’s RESPONSE, a synthesis of portions of the survey as it appears online, some passages from the Ontario Public Health Standards Consultation Draft, and related aPHa Positions and suggested responses. Feedback on this was incorporated and then circulated to the aPHa Board of Directors to guide a similar teleconference the following week

- March 7 – aPHa Board of Directors meets via teleconference to give its final directions to aPHa staff for filling out its survey.

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