Protecting and Promoting the Health of Ontarians

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*.

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Ontario

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Policy and Legislative Context

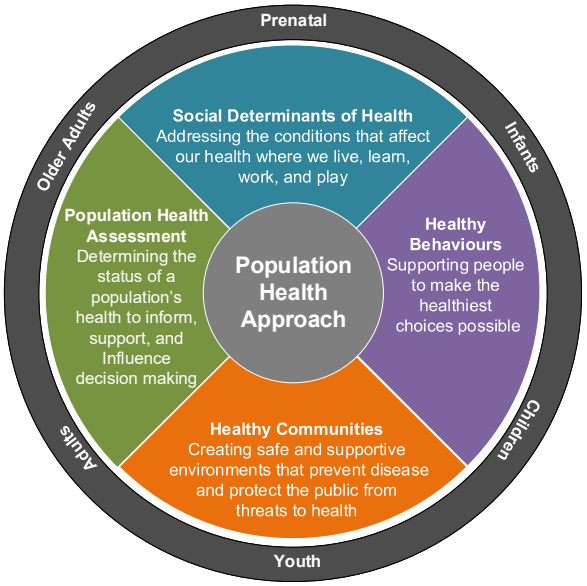
What is Public Health?

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 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 Ontario's 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 its 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 (inclusive of First Nations [Status and Non-Status], Métis, Inuit, and those who self-identify as Indigenous) 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.

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 (i.e., assessment and surveillance, health promotion and policy development, health protection, disease prevention, and emergency management) and highlights the unique approach to our work. It articulates our shared goal and objectives, 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 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; and
- 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 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. Boards of health are guided by the principles of Need; Impact; Capacity; and Partnership, Collaboration, and Engagement. The application of these principles ensures that boards of health assess, plan, deliver, manage, and evaluate public health programs and services to meet local needs, while also working towards common outcomes.

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	• Improved health and quality of life • Reduced morbidity and premature 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, partnerships 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
Programs and Services	**Goals** • 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, communicable and chronic diseases of public health significance • 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			
Principles	**Need** • Assess the distribution of social determinants of health and health status • Tailor programs and services to address needs of the health unit population	**Impact** • Assess, plan, deliver, and manage programs and services by considering evidence, effectiveness, barriers, and performance measures	**Capacity** • Make the best use of available resources to achieve the capacity required to meet the needs of the health unit population	**Partnership, Collaboration and Engagement** • Engage with multiple sectors, partners, communities, priority populations, and citizens • Build and further develop the relationship with Indigenous communities. These relationships may take many forms and need to be undertaken in a way that is meaningful to the particular community and/or organization

Statutory Basis for the Standards

Authority for the establishment of boards of health is provided under Part VI, Section 49, of the *Health Protection and Promotion Act*. The *Health Protection and Promotion Act* specifies that there shall be a board of health for each health unit. A health unit is defined in the *Health Protection and Promotion Act*, in part I, section 1(1), as the "...area of jurisdiction of the board of health". 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, the requirements for the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the Standards) have been written as "The board of health shall...".

Section 5 of the *Health Protection and Promotion Act* specifies that boards of health must superintend, provide or ensure the provision 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 diseases of public health significance, 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 *Health Protection and Promotion Act* grants authority to the Minister of Health and Long-Term Care to "publish public health standards 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.

Where there is a reference to the *Health Protection and Promotion Act* within the Standards, the reference is deemed to include the *Health Protection and Promotion Act* and its regulations.

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 *Health Protection and Promotion Act*.

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, 2015*; the *Smoke Free Ontario Act*; the *Electronic Cigarettes Act, 2015*; the *Skin Cancer Prevention Act (Tanning Beds), 2013*; the *Occupational Health and Safety Act*; and the *Personal Health Information Protection Act, 2004*.

Purpose and Scope of the Standards

The role of boards of health is to support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population, with a focus on promoting the protective factors and addressing the risk factors associated with health outcomes. The Standards define the responsibilities of boards of health in an integrated health system and are informed by the core public health functions, which include:

- Assessment and Surveillance;
- Health Promotion and Policy Development;
- Health Protection;
- Disease Prevention; and
- Emergency Management.

Boards of health are responsible for programs and services in all core function areas, demonstrating accountability to the ministry, and monitoring and measuring the effectiveness, impact and success of their programs and services. The Standards articulate the ministry's expectations for boards of health in these three areas.

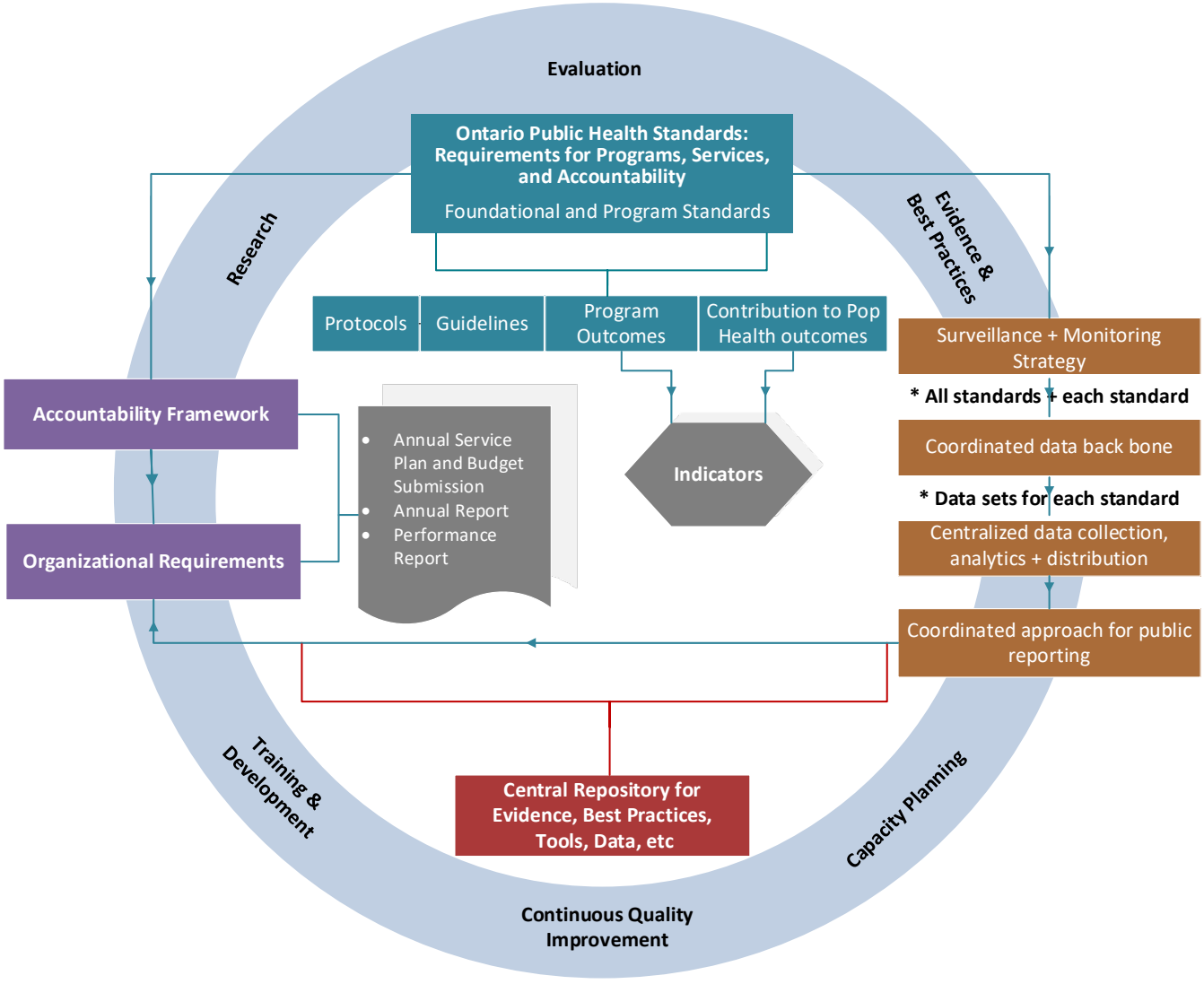
The Standards consist of the following sections:

- Defining the Work: What Public Health Does, which includes the Foundational and Program Standards;
- Strengthened Accountability, which includes the Public Health Accountability Framework and Organizational Requirements; and
- Transparency and Demonstrating Impact, which includes the Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes and Transparency Framework: Disclosure and Reporting Requirements.

A Coordinated Approach to the Standards and Accountability

The **Coordinated Approach** (Figure 3) diagram illustrates how specific processes and tools will enable and support the implementation of the Standards and ensure that implementation is informed by research, evidence, and best practices.

Figure 3: Coordinated Approach



Defining the Work: What Public Health Does

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 Foundational and Program 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. They include a broad range of population-based activities designed to promote and protect the health of the population as a whole and reduce health inequities.

Many of the requirements in the Foundational and Program Standards are supported by protocols and guidelines. Protocols and guidelines are program and topic specific documents which provide direction on how boards of health shall operationalize or approach specific requirements.

Strengthened Accountability

The Public Health Accountability Framework articulates the scope of the accountability relationship between boards of health and the ministry and establishes expectations for boards of health in the domains of Delivery of Programs and Services; Fiduciary Requirements; Good Governance and Management Practices; and Public Health Practice. The ministry's expectation is that boards of health are accountable for meeting all requirements included in legislation (e.g., *Health Protection and Promotion Act*, *Financial Administration Act*, etc.) and the documents that operationalize them (e.g., the Standards, Ministry-Board of Health Accountability Agreement, etc.). The Organizational Requirements specify those requirements where reporting and/or monitoring are required by boards of health to demonstrate accountability to the ministry.

Accountability is demonstrated through the submission of planning and reporting tools by boards of health to the ministry, including the Board of Health Annual Service Plan and Budget Submission, performance reports, and an annual report. These tools enable boards of health to demonstrate that they are meeting defined expectations and provide appropriate oversight for public funding and resources.

Transparency and Demonstrating Impact

The Foundational and Program Standards identify requirements that should result in specified program outcomes and ultimately contribute to population-based goals and

population health outcomes.[1] The achievement of goals and population health outcomes builds on achievements by boards of health, along with those of many other organizations, governmental bodies, and community partners. Measurement of program outcomes and population health outcomes will help to assess the impact and success of public health programs and services and demonstrate the collective contribution towards population health outcomes. The Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes describes the indicators that will be used to monitor our work and measure our success.

An integrated surveillance and monitoring strategy enables the planning, implementation, monitoring, and evaluation of public health programs and services. Identification of common measures and centralized coordination of data access, collection, analysis and distribution facilitates efficient utilization of resources and effective, coordinated actions.

Enhanced transparency is a key priority for the ministry and public sector in general. Boards of health are required to ensure public access to key organizational documents that demonstrate responsible use of public funds and information that allows the public to make informed decisions about their health. The Transparency Framework: Disclosure and Reporting Requirements articulates the expectations of public disclosure by boards of health to support enhanced transparency and promote public confidence in Ontario's public health system.

Bringing available data together with other information, such as best practice and research evidence, in a central repository assists with analytics required at provincial, regional, and local levels. This can support each board of health in managing its own governance, administration, and effective program and service planning, as well as demonstrating the value of public health and impact on overall health and wellness of the population.

[1]Refer to Figure 4 for a definition of program outcomes and goals. The population health outcomes are specified in the Policy Framework for Public Health Programs and Services (Figure 2).

Defining the Work: What Public Health Does

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Defining the Work: What Public Health Does

Foundational and Program Standards

This section includes the Foundational and Program Standards. 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. The Foundational Standards include:

- Population Health Assessment
- Health Equity
- Effective Public Health Practice, which is divided into three sections:
    - Program Planning, Evaluation, and Evidence-Informed Decision-Making
    - Research, Knowledge Exchange, and Communication
    - Quality and Transparency
- Emergency Management

The Program Standards are grouped thematically to address Chronic Disease Prevention and Well-Being; Food Safety; Healthy Environments; Healthy Growth and Development; Immunization; Infectious and Communicable Diseases Prevention and Control; Safe Water; School Health; and Substance Use and Injury Prevention. 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.

Both the Foundational and Program Standards articulate broad population-based goals and program outcomes, and specific requirements. These concepts are described in Figure 4.

Figure 4: Description of the Components of each Standard

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, contributes 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 analyses and situational assessments. All programs and services shall be tailored to reflect the local context and shall be 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). Guidelines are also named in many requirements and provide direction on how boards of health must approach specific requirement(s).

The requirements in the Standards balance the need for standardization across the province, with the need for variability to respond to local needs, priorities, and contexts. This 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 Population Health Assessment Standard.

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's population 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, and communication, with a continued focus on quality and transparency.
- Emergency management is a critical role 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 the measurement, monitoring, analysis, and interpretation of population health data and knowledge and intelligence about the health status of populations and subpopulations, including social 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 social determinants of health and health inequities.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services.
- Planning and delivery of local public health programs and services align with the identified needs of the local population, including priority populations.
- Resources are allocated to reflect public health priorities and reallocated, as feasible, to reflect emergent public health priorities.
- Relevant public health practitioners and community partners receive timely information regarding risks in order to take appropriate action.
- The public, Local Health Integration Networks (LHINs), community partners, and health care providers are aware of relevant and current population health information.
- LHINs and other relevant community partners have population health information, including information on health inequities, necessary for planning, delivering, and monitoring health services that are 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, 2018* (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 and Climate Change Guideline, 2018* (or as current); the *Infectious Diseases Protocol, 2018* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
3. The board of health shall assess current health status, health behaviours, preventive health practices, risk and protective factors, 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, 2018* (or as current).
4. The board of health shall use population health, social determinants of health, health inequities, and other sources of information to assess the needs of the local population, including the identification of populations at risk of negative health outcomes, in order to determine those groups that would benefit most from public health programs and services (i.e., priority populations).[3]
5. The board of health shall tailor public health programs and services to meet identified local population health needs, including those of priority populations.
6. The board of health shall provide population health information, including social determinants of health, health inequities, and other relevant sources to the public, community partners, and other health care providers in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
7. The medical officer of health of a board of health shall formally engage with the chief executive officer from each LHIN within the geographic boundaries of the health unit on population health assessment, joint planning for health services, and population health initiatives in accordance with the *Board of Health and Local Health Integration Network Engagement Guideline, 2018* (or as current).

[3]Priority populations are those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of health; and/or the intersection between them. They are identified using local, provincial and/or federal data sources; emerging trends and local context; community assessments; surveillance; and epidemiological and other research studies.

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 called health inequities.

Health inequities are health differences that are:

- Systematic, meaning that health differences are patterned, where health generally improves as socioeconomic 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/or 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.

The social determinants of health can be used to gain a deeper understanding of the population health needs of communities. Data can be used to examine various health outcomes (e.g., childhood obesity) from the perspective of social determinants of health (e.g., family income, family education level, etc.) and this information helps boards of health identify priority populations. Programs and services tailored to meet the needs of priority populations, policy work aimed at reducing barriers to positive health outcomes, and activities that facilitate positive behaviour changes to optimize health for everyone, are all important components of a program of public health interventions. By assessing the social determinants of health, boards of health have a better understanding of the impact of various social constructs within their communities, and are better able to plan programs and services that can help address health inequities. In some instances, there is sufficient data to demonstrate disparities in health outcomes for populations at the provincial level, such as Francophone and Indigenous communities.

Indigenous Communities and Organizations

The Indigenous population in Ontario is comprised of First Nations, Métis, and Inuit people. There are many different Indigenous communities across the province, including many different First Nation governments each with their own histories, cultures, organizational approaches, and jurisdictional realities that need to be considered.

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, in its fiduciary capacity and as a Treaty partner, also has an obligation to continue to contribute to the improvement of health care and health outcomes for these communities.

One important first step for boards of health in beginning to build and/or further develop their relationships with Indigenous communities and organizations is to ensure it is done in a culturally safe way. The *Relationship with Indigenous Communities Guideline, 2018* (or as current) provides boards of health with information about the different Indigenous communities that may be within the area of jurisdiction of the board of health.

Goal

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

Program Outcomes

- The board of health achieves timely and effective detection and identification of health inequities, associated risk factors, and emerging trends.
- Community partners, including LHINs and the public, are aware of local health inequities, their causes, and impacts.
- There is an increased awareness on the part of the LHINs and other community partners of the impact of social determinants of health on health outcomes and increased support for actions to decrease health inequities.
- Boards of health implement strategies to reduce health inequities.
- Community partners, including LHINs, implement strategies to reduce 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.
- Multi-sectoral collaboration informs development of local strategies to decrease health inequities.

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 that decrease health inequities in accordance with the *Health Equity Guideline, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall modify and orient public health interventions to decrease health inequities in accordance with the *Health Equity Guideline, 2018* (or as current), and by:
   a) Engaging priority populations in order to understand their unique needs, histories, cultures, and capacities; and
   b) Designing strategies to improve the health of the entire population while decreasing the health inequities experienced by priority populations.
3. The board of health shall engage in multi-sectoral collaboration with municipalities, LHINs, and other relevant stakeholders in decreasing health inequities in accordance with the *Health Equity Guideline, 2018* (or as current). Engagement with Indigenous communities and organizations, as well as with First Nation communities striving to reconcile jurisdictional issues, shall include the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships, in accordance with the *Relationship with Indigenous Communities Guideline, 2018* (or as current).
4. The board of health shall lead, support, and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities in accordance with the *Health Equity Guideline, 2018* (or as current).

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 and services 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.
- Public health communication strategies reflect local needs and utilize a variety of communication modalities to ensure effective communication.
- The public and community partners are aware of ongoing public health program improvements.
- The public and community partners are aware of inspection results to support making evidence-informed choices.
- 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.

Requirements

1. The board of health shall develop and implement a Board of Health Annual Service Plan and Budget Submission 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 ensure a culture of on-going program improvement and evaluation, and shall conduct formal program evaluations where required.
4. The board of health shall ensure all programs and services are informed by evidence.

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

5. The board of health shall engage in knowledge exchange activities with public health practitioners across the province, policy-makers, academic and 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.
6. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research[4] and knowledge exchange activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.
7. 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 strategies.

Quality and Transparency

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

[4]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.

Requirements

8. 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 may include:
   a) Identification and use of tools, structures, processes and priorities to measure and improve the quality of programs and services, such as the establishment of a Quality/Practice Committee and/or the development and monitoring of a Quality Improvement Plan;
   b) Measurement of client, community, community partner and stakeholder experience to inform transparency and accountability;
   c) Routine review of outcome data that includes variances from performance expectations and implementation of remediation plans; and
   d) Use of external peer reviews, such as accreditation.
9. The board of health shall publicly disclose results of all inspections or information in accordance with the *Electronic Cigarettes Protocol, 2018* (or as current); the *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco Protocol, 2018* (or as current).

Emergency Management

Emergencies can occur anywhere and at any time. Boards of health 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 management 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 community 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 management of emergency situations.

Program Outcome

- The board of health is ready 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 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.[5]

[5]The ministry policy and guidelines for a ready and resilient health system will set expectations across the broader health system. This will include direction for boards of health in the establishment of an integrated program that incorporates emergency management practices.

Program Standards

Chronic Disease Prevention and Well-Being

Goal

To reduce the burden of chronic diseases of public health importance[6] and improve well-being.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services for the prevention of chronic diseases.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the prevention of chronic diseases.
- Priority populations and health inequities related to chronic diseases have been identified and relevant data have been communicated to community partners.
- There is a reduction in population health inequities related to chronic diseases.
- Community partners are aware of healthy behaviours associated with the prevention of chronic diseases.
- Community partners have knowledge of and increased capacity to act on the factors associated with the prevention of chronic diseases and promotion of well-being, including healthy living behaviours, healthy public policy, and creating supportive environments.
- Community partners, policy-makers, and the public, including priority populations, are meaningfully engaged in the planning, implementation, development and evaluation of programs and services for the prevention of chronic diseases.
- There is increased public awareness of the impact of risk factors, protective factors and healthy behaviours associated with chronic diseases.

[6]Chronic diseases of public health importance include, but are not limited to, obesity, cardiovascular diseases, respiratory disease, cancer, diabetes, intermediate health states (such as metabolic syndrome and prediabetes), hypertension, dementia, mental illness, and addictions.

- There is an increased adoption of healthy living behaviours among populations targeted through program interventions for the prevention of chronic diseases.
- Youth have decreased exposure to ultraviolet (UV) radiation, including reduced access to tanning beds.
- Tanning bed operators are in compliance with the *Skin Cancer Prevention Act (Tanning Beds), 2013*.
- 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, emerging trends, priorities, and health inequities related to chronic diseases and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.

    a) The program of public health interventions shall be informed by:

        i. An assessment of the risk and protective factors for, and distribution of, chronic diseases;

        ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors;

        iii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;

        iv. Consideration of the following topics based on an assessment of local needs:

            - Built environment;
            - Healthy eating behaviours;
            - Healthy sexuality;
            - Mental health promotion;
            - Oral health;
            - Physical activity and sedentary behaviour;
            - Sleep;

- Substance[7] use; and
- UV exposure.

v. Evidence of effectiveness of the interventions employed.

b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).[8]

3. The board of health shall enforce the *Skin Cancer Prevention Act (Tanning Beds), 2013* in accordance with the *Tanning Beds Protocol, 2018* (or as current).
4. The board of health shall enforce the *Healthy Menu Choices Act, 2015* in accordance with the *Menu Labelling Protocol, 2018* (or as current).

[7]Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.
[8]The *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current) provides guidance on alcohol, cannabis, opioids, and illicit substances.

Food Safety

Goal

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

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to food safety.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with food safety.
- 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 are educated in food safety to 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.
- The public and community partners have the knowledge and skills needed to handle food in a safe manner.
- 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, 2018* (or as current); the *Operational Approaches for Food Safety Guideline, 2018* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

2. 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, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).
3. 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, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (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.
4. The board of health shall provide all the components of the Food Safety Program in accordance with the *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).
5. 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, 2018* (or as current); the *Infectious Diseases Protocol, 2018* (or as current); and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).

Healthy Environments

Goal

To reduce exposure to health hazards[9] and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to reducing exposure to health hazards and promoting healthy built and natural environments.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with health hazards and healthy built and natural environments.
- There is a decrease in health inequities related to exposure to health hazards.
- Timely and effective detection, identification, and response to health hazards and associated public health risks, trends, and illnesses.
- The public and community partners are aware of the risks of health hazard incidents.
- The public and community partners are aware of health protection and prevention activities related to health hazards and conditions that create healthy built and natural environments.
- Community partners and the public are engaged in the planning, development, implementation, and evaluation of strategies to reduce exposure to health hazards and promote the creation of 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 built and natural environments.
- There is reduced public exposure to health hazards.

[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 has or is likely to have an adverse effect on the health of any person."

Requirements

1. The board of health shall:
   a) Conduct surveillance of environmental factors in 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, 2018* (or as current); the *Healthy Environments and Climate Change Guideline, 2018* (or as current); the *Infectious Diseases Protocol, 2018* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall identify risk factors and priority health needs in the built and natural environments.
3. The board of health shall assess health impacts related to climate change in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current).
4. The board of health shall engage in community and multi-sectoral collaboration with municipal and other relevant partners to promote healthy built and natural environments in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current).
5. The board of health shall collaborate with community partners to develop effective strategies to reduce exposure to health hazards and promote healthy built and natural environments in accordance with the *Health Hazard Response Protocol, 2018* (or as current) and the *Healthy Environments and Climate Change Guideline, 2018* (or as current).
6. The board of health shall implement a program of public health interventions to reduce exposure to health hazards and promote healthy built and natural environments.
7. 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 and natural environments;
- Climate change;
- Exposure to hazardous environmental contaminants and biological agents;
- Exposure to radiation, including UV light and radon;
- Extreme weather;
- Indoor air pollutants;
- Outdoor air pollutants; and
- Other emerging environmental exposures

in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current).

8. 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, 2018* (or as current).
9. 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, 2018* (or as current).
10. The board of health shall ensure 24/7 availability to receive reports of and respond to health hazards in accordance with the *Health Hazard Response Protocol, 2018* (or as current).

Healthy Growth and Development

Goal

To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to achieving optimal preconception, pregnancy, newborn, child, youth, parental, and family health.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with healthy growth and development.
- There is a decrease in health inequities related to healthy growth and development.
- Community partners have knowledge of the factors associated with and effective programs for the promotion of healthy growth and development, as well as managing the stages of the family life cycle.
- The board of health collaborates with and fosters collaboration among community partners, children, youth, and parents in the planning, development, implementation and evaluation of programs, services, and policies, which positively impact the health of families and communities.
- Individuals and families are aware of the factors associated with healthy growth and development, and the importance of creating safe and supportive environments that promote healthy growth and development.
- Individuals and families have increased knowledge, skills and access to local supports to effectively foster healthy growth and development at different life stages, and progress through the transitions between these stages.
- Youth have knowledge of contraception, healthy sexuality, healthy fertility, and healthy pregnancies.

Requirements

1. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to healthy growth

and development and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population.

   a) The program of public health interventions shall be informed by:

      i. An assessment of risk and protective factors that influence healthy growth and development.

      ii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication.

      iii. 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 LHINs;
         - Social service providers; and
         - Municipalities.

      iv. Consideration of the following topics based on an assessment of local needs:

         - Breastfeeding;
         - Growth and development;
         - Healthy pregnancies;
         - Healthy sexuality;
         - Mental health promotion;
         - Oral Health;
         - Preconception health;
         - Pregnancy counselling;
         - Preparation for parenting;
         - Positive parenting; and

- Visual health.

v. Evidence of the effectiveness of the interventions.

b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Health Equity Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); and the *Mental Health Promotion Guideline, 2018* (or as current).

3. The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Program Protocol, 2018* (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

- Timely and effective detection and identification of children susceptible to vaccine preventable diseases, their associated risk factors, and emerging trends.
- 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*.
- Timely and effective detection and identification of priority populations facing barriers to immunization, their associated risk factors, and emerging trends.
- Eligible persons, including underserved and priority populations, have access to provincially funded immunization programs and services.
- Improved uptake of provincially funded vaccines among Ontarians.
- Reduced incidence of vaccine preventable diseases.
- Effective inventory management for provincially funded vaccines.
- Health care providers report adverse events following immunization to the board of health.
- Timely and effective outbreak management related to vaccine preventable diseases.
- Increased public confidence in immunizations.

Requirements[10]

1. The board of health shall, in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current), assess, maintain records, and report on:
   a) The immunization status of children enrolled in licensed child care settings, as defined in the *Child Care and Early Years Act, 2014*;

[10]For requirements related to school-based immunization programs and services, refer to the School Health Standard.

b) The immunization status of children attending schools in accordance with the *Immunization of School Pupils Act;* and

c) Immunizations administered at board of health-based clinics as required in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current) and the *Infectious Diseases Protocol, 2018* (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 populations in accordance with the *Infectious Diseases Protocol, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2018* (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:

      - Diseases that vaccines prevent;
      - Immunization for travelers;
      - Introduction of new provincially funded vaccines;
      - Legislation related to immunizations;
      - Promotion of childhood and adult immunization, including high-risk programs and services;
      - Recommended immunization schedules for children and adults, and the importance of adhering to the schedules;
      - Reporting immunization information to the board of health as required;
      - The importance of immunization;
      - The importance of maintaining a personal immunization record for all family members;
      - The importance of reporting adverse events following immunization; and
      - Vaccine safety.

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.
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 comprehensive information and education to promote effective inventory management for provincially funded vaccines in accordance with the *Vaccine Storage and Handling Protocol, 2018* (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 health care providers who handle vaccines, including guidance on effective inventory management.
8. The board of health shall promote appropriate vaccine inventory management in accordance with the *Vaccine Storage and Handling Protocol, 2018* (or as current) in all premises where provincially funded vaccines are stored. This shall include:
   a) Prevention, management, and reporting of cold chain incidences; and
   b) Prevention, management, and reporting of vaccine wastage.
9. 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, 2018* (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 criteria[11] and promptly report all cases.

[11]The provincial reporting criteria are specified in Appendix B – Provincial Case Definitions of the *Infectious Diseases Protocol, 2018* (or as current).

Infectious and Communicable Diseases Prevention and Control

Goal

To reduce the burden of communicable diseases and other infectious diseases of public health significance.[12,13]

Program Outcomes

- The board of health is aware of and uses local data to influence and inform the development of local healthy public policy and its programs and services for the prevention of infectious and communicable diseases.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with infectious and communicable diseases.
- Timely and effective detection, identification, and management of exposures and local cases/outbreaks of infectious and communicable diseases of public health significance, including diseases of public health significance, their associated risk factors, and emerging trends.
- Effective case management results in limited secondary cases.
- Priority populations have increased access to sexual health and harm reduction services and supports that prevent exposure to and the transmission of sexually transmitted infections and blood-borne infections.
- Reduced transmission of infections and communicable diseases.
- Reduced progression from latent tuberculosis infection (LTBI) to active tuberculosis (TB) disease.
- Reduced development of acquired drug-resistance among active TB cases.

[12]Infectious diseases of public health significance include, but are not limited to; those specified as diseases of public health significance as set out by regulation under the *Health Protection and Promotion Act* and include zoonotic and vector-borne diseases. Emerging infectious diseases may be considered of public health significance 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 communicable diseases defined in the legislation as set out by regulation under the *Health Protection and Promotion Act*.

- The public, community partners, and health care providers report all potential rabies exposures.
- Veterinarians report all animal cases of avian chlamydiosis, avian influenza, novel influenza, and Echinococcus multilocularis infection for appropriate follow up of human contacts of infected animals.
- Effective and efficient management and mitigation of public health risks associated with infection prevention and control lapses.
- Increased awareness and use of infection prevention and control practices in settings that are required to be inspected.

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, 2018* (or as current)*;* the *Rabies Prevention and Control Protocol, 2018* (or as current)*;* the *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current)*;* and the *Tuberculosis Prevention and Control Protocol, 2018* (or as current);
   b) Conducting surveillance and epidemiological analysis, including the monitoring of trends over time, emerging trends, and priority populations in accordance with the *Infectious Diseases Protocol, 2018* (or as current); the *Population Health Assessment and Surveillance Protocol, 2018* (or as current); the *Rabies Prevention and Control Protocol, 2018* (or as current); the *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current); and the *Tuberculosis Prevention and Control Protocol, 2018* (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 diseases of public health importance and other emerging infectious diseases.
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

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 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 significance;

   b) Infection prevention and control practices; and

   c) Reporting requirements for diseases of public health significance, as specified in the *Health Protection and Promotion Act*.

5. 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.

6. 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 significance.

7. 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.

8. 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 (e.g., sexual health/sexually transmitted infection [STI] clinics) for priority populations to promote and support healthy sexual practices and the

prevention and/or management of sexually transmitted infections and blood-borne infections.

9. The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment, harm reduction programs in accordance with the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).
10. The board of health shall collaborate with health care providers and other relevant community partners to:
    a) Create supportive environments to promote healthy sexual practices,[14] access to sexual health services, and harm reduction programs and services for priority populations; and
    b) 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/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current).
11. 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, 2018* (or as current); the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current); the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); the *Rabies Prevention and Control Protocol, 2018* (or as current); the *Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current); and the *Tuberculosis Prevention and Control Protocol, 2018* (or as current).
12. The board of health shall facilitate timely identification of active cases of TB and referrals of persons through immigration medical surveillance in accordance with the *Tuberculosis Prevention and Control Protocol, 2018* (or as current) and *Tuberculosis Program Guideline, 2018* (or as current), and shall provide or ensure access to TB medication at no cost to clients or providers.
13. The board of health shall receive and respond to all reported cases of potential rabies exposures received from the public, community partners, and health care providers in accordance with the *Health Protection and Promotion Act*; the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); and the *Rabies Prevention and Control Protocol, 2018* (or as current).
14. 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

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

agencies[15] and orders of government, in accordance with the *Management of Potential Rabies Exposures Guideline, 2018* (or as current) and the *Rabies Prevention and Control Protocol, 2018* (or as current).

15. The board of health shall receive and respond to all reported animal cases of avian chlamydiosis (infection of birds with the causative agent of psittacosis in humans), avian influenza, novel influenza, and *Echinococcus multilocularis* infection, in accordance with the *Health Protection and Promotion Act*; the *Management of Avian Chlamydiosis in Birds Guideline, 2018* (or as current); the *Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2018* (or as current); and the *Management of Echinococcus Multilocularis Infections in Animals Guideline, 2018* (or as current).
16. 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, 2018* (or as current).
17. The board of health shall participate on committees, advisory bodies, or networks that address infection prevention and control practices[16] and policies of, but not limited to, hospitals and long-term care homes in accordance with the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current).
18. 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 colleges[17], in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).
19. The board of health shall inspect and evaluate infection prevention and control practices in personal service settings in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).
20. The board of health shall inspect settings associated with risk of infectious diseases of public health significance in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current); the *Infection*

[15]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).

[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.

[17]For the purposes of requirement 18, 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*.

Prevention and Control Complaint Protocol, 2018 (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).

21. The board of health shall ensure 24/7 availability to receive reports of and respond to:

    a) Infectious diseases of public health significance in accordance with the *Health Protection and Promotion Act*; the *Mandatory Blood Testing Act, 2006*; the *Infectious Diseases Protocol, 2018* (or as current); and the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current);

    b) Potential rabies exposures in accordance with the *Health Protection and Promotion Act*; the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); and the *Rabies Prevention and Control Protocol, 2018* (or as current); and

    c) Animal cases of avian chlamydiosis, avian influenza, novel influenza, or *Echinococcus multilocularis* infection, in accordance with the *Health Protection and Promotion Act*, the *Management of Avian Chlamydiosis in Birds Guideline, 2018* (or as current); the *Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2018* (or as current); and the *Management of Echinococcus Multilocularis Infections in Animals Guideline, 2018* (or as current).

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

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to safe water.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with safe water.
- Timely and effective detection, identification, and response to drinking 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 drinking water supplies (e.g., private wells) are aware of how to safely manage their own drinking water systems.
- The public is aware of drinking water safety, including the potential risk of illnesses related to unsafe drinking water.
- 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 recreational water facilities and public beach use.
- Public exposure to recreational water-related illnesses and hazards is reduced.

Requirements

1. The board of health shall:

   a) Conduct surveillance of:

- Drinking water systems and associated illnesses, risk factors, and emerging trends;
- Public beaches and water-borne illnesses associated with recreational water, 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 *Infectious Diseases Protocol, 2018* (or as current); the *Population Health Assessment and Surveillance Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); and the *Small Drinking Water Systems Risk Assessment Guideline, 2018* (or as current).

2. The board of health shall provide information to private citizens who operate their own private drinking water supplies (e.g., private wells) to promote awareness of how to safely manage their own drinking water systems.
3. The board of health shall ensure the availability of education and training for owners/operators of small drinking water systems and recreational water facilities in accordance with the *Operational Approaches for Recreational Water Guideline, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); and the *Small Drinking Water Systems Risk Assessment Guideline, 2018* (or as current).
4. 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.
5. The board of health shall provide all the components of the Safe Water Program in accordance with:
   a) The *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current) and all applicable statutes and regulations to protect the public from exposure to unsafe drinking water; and
   b) The *Operational Approaches for Recreational Water Guideline, 2018* (or as current) and the *Recreational Water Protocol, 2018* (or as current), to reduce

the risks of illness and injuries at public beaches and recreational water facilities.

6. 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 *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current) and the *Small Drinking Water Systems Risk Assessment Guideline, 2018* (or as current).
7. The board of health shall review drinking water quality reports for its municipal drinking water supplies where fluoride is added in accordance with the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current).
8. 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 *Infectious Diseases Protocol, 2018* (or as current); *Operational Approaches for Recreational Water Guideline, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); and the *Small Drinking Water Systems Risk Assessment Guideline, 2018* (or as current).

School Health

Goal

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

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to the health of school-aged children and youth.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the health of school-aged children and youth.
- There is a decrease in health inequities related to the health of school-aged children and youth.
- 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 school-aged children and youth.
- School boards and schools have the knowledge, skills, and capacity needed to act on the factors associated with the health of school-aged children and youth.
- School-based initiatives relevant to healthy living behaviours and healthy environments are informed by effective partnerships between boards of health, school boards, and schools.
- School-aged children, youth, and their families are aware of factors for healthy growth and development.
- There is an increased adoption of healthy living behaviours among school-aged children and youth.
- The board of health achieves timely and effective detection and identification of children and youth at risk of poor oral health outcomes, their associated risk factors, and emerging trends.
- Children and youth from low-income families have improved access to oral health care.
- The oral health of children and youth is improved.
- The board of health and parents/guardians are aware of the visual health needs

of school-aged children.

- Students and parents/gaurdians are aware of the importance of immunization.
- Children and youth 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 and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to the health of school-aged children and youth and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall provide population health information, including social 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 using a comprehensive health promotion approach to improve the health of school-aged children and youth.
   a) The program of public health interventions shall be informed by:
      - 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;
      - Consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students;
      - A review of other relevant programs and services delivered by the board of health; and
      - Evidence of the effectiveness of the interventions employed.
   b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *School Health Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).
4. The board of health shall offer support to school boards and schools, in accordance with the *School Health Guideline, 2018* (or as current), to assist with the implementation of health-related curricula and health needs in schools, based on need and considering, but not limited to:

a) Concussions and injury prevention;
b) Healthy eating behaviours and food safety;
c) Healthy sexuality;
d) Immunization;
e) Infectious disease prevention (e.g., tick awareness, rabies prevention, and hand hygiene);
f) Life promotion, suicide risk and prevention;
g) Mental health promotion;
h) Oral health;
i) Physical activity and sedentary behaviour;
j) Road and off-road safety;
k) Substance[18] use and harm reduction;
l) UV exposure;
m) Violence and bullying; and
n) Visual Health.

Oral Health

5. The board of health shall conduct surveillance, oral screening, and report data and information in accordance with the *Oral Health Protocol, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol*, *2018* (or as current).
6. The board of health shall provide the Healthy Smiles Ontario (HSO) Program in accordance with the *Oral Health Protocol, 2018* (or as current).

Vision

7. 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, 2018* (or as current).

Immunization

8. The board of health shall enforce the *Immunization of School Pupils Act* and assess the immunization status of children in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current).

[18]Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.

9. 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:
      - Diseases that vaccines prevent;
      - Introduction of new provincially funded vaccines;
      - Legislation related to immunizations;
      - Promotion of childhood immunization, including high-risk programs and services;
      - Recommended immunization schedules for children, and the importance of adhering to the schedules;
      - Reporting immunization information to the board of health as required;
      - The importance of immunization;
      - The importance of maintaining a personal immunization record for all family members;
      - The importance of reporting adverse events following immunization; and
      - Vaccine safety.
10. The board of health shall promote and provide provincially funded immunization programs to eligible students in the health unit through school-based clinics.

Substance Use and Injury Prevention

Goal

To reduce the burden of preventable injuries and substance[19] use.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services for preventing injuries, preventing substance use, and reducing harms[20] associated with substance use.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the prevention of injuries, preventing substance use, and reducing harms associated with substance use.
- Priority populations and health inequities related to injuries and substance use have been identified and relevant data have been communicated to community partners.
- There is a reduction in population health inequities related to injuries and substance use.
- Community partners are aware of healthy behaviours associated with the prevention of injuries and substance use, which includes reducing the harms associated with substance use.
- Community partners have knowledge of and increased capacity to act on the factors associated with the prevention of injuries, including healthy living behaviours, healthy public policy, and creating supportive environments.
- Community partners have knowledge of and increased capacity to act on the factors associated with preventing substance use, and reducing harms associated with substance use, including healthy living behaviours and developing personal skills, healthy public policy, and creating supportive environments.

[19]Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.
[20]Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social, and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.

- Community partners, policy-makers, and the public, including priority populations, are meaningfully engaged in the planning, implementation, development and evaluation of programs and services for preventing injuries and substance use, and harm reduction.
- There is increased public awareness of the impact of risk and protective factors associated with injuries and substance use.
- There is increased public awareness of the benefits of and access to harm reduction programs and services.
- There is an increased adoption of healthy living behaviours and personal skills among populations targeted through program interventions for preventing injuries, preventing substance use, and reducing harms associated with substance use.
- Youth have reduced access to tobacco products and e-cigarettes.
- Tobacco vendors and other organizations that are subject to the *Smoke-Free Ontario Act* are in compliance with the Act.
- E-cigarette vendors are in compliance with the *Electronic Cigarettes Act, 2015*.

Requirements

1. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to injuries and substance use and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.
    a) The program of public health interventions shall be informed by:
        i. An assessment of the risk and protective factors for, and distribution of, injuries and substance use;
        ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors, including LHINs;
        iii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;
        iv. Consideration of the following topics based on an assessment of local needs:

- Comprehensive tobacco control;[21]
- Concussions;
- Falls;
- Life promotion, suicide risk and prevention;
- Mental health promotion;
- Off-road safety;
- Road safety;
- Substance use; and
- Violence.

v. Evidence of the effectiveness of the interventions employed.

b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

3. The board of health shall enforce the *Smoke-Free Ontario Act* in accordance with the *Tobacco Protocol, 2018* (or as current).
4. The board of health shall enforce the *Electronic Cigarettes Ac*t, *2015* in accordance with the *Electronic Cigarettes Protocol, 2018* (or as current).

[21]Comprehensive tobacco control includes: preventing the initiation of tobacco; promoting quitting among young people and adults; eliminating exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.

Strengthened Accountability

3

Strengthened Accountability

Public Health Accountability Framework

The **Public Health Accountability Framework** (Figure 5) outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved. It articulates the expectations of the ministry of boards of health to promote a transparent and effective accountability relationship. Enhanced accountability supports the implementation of public health programs and services by ensuring boards of health have the necessary foundations related to the delivery of programs and services, financial management, governance, and public health practice. It also supports a strong public health sector that can provide evidence of the value of public health and its contribution to population health outcomes leading to better health for Ontarians.

The Organizational Requirements specify the requirements where monitoring and/or reporting are required of boards of health to demonstrate accountability to the ministry. They are organized according to the following four domains of the accountability framework:

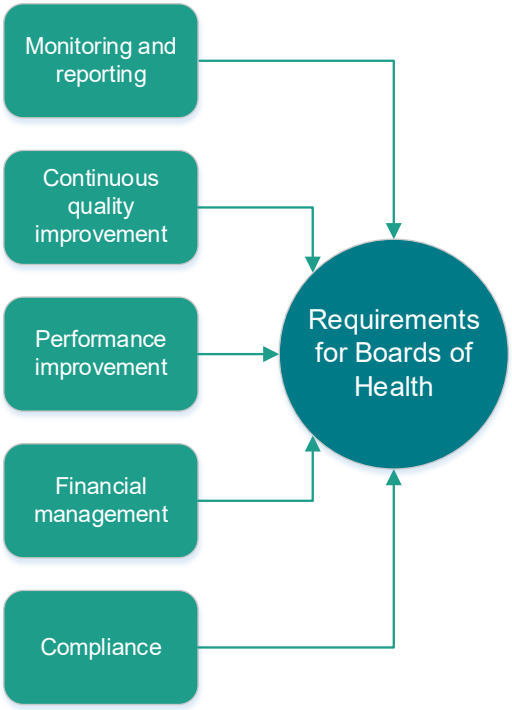
- Delivery of Programs and Services;
- Fiduciary Requirements;
- Good Governance and Management Practices; and
- Public Health Practice.

Figure 5: Public Health Accountability Framework

The Accountability Framework is composed of four Domains

Domain	Delivery of Programs and Services	Fiduciary Requirements	Good Governance and Management Practices	Public Health Practice
Objectives of Domain	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Organizational Requirements incorporate one or more of the following functions:



The Accountability Framework is supported by:

Accountability Documents	• **Organizational Requirements:** Set out requirements against which boards of health will be held accountable across all four domains. • **Ministry-Board of Health Accountability Agreement:** Establishes key operational and funding requirements for boards of health.
Planning Documents	• **Board of Health Strategic Plan:** Sets out the 3 to 5 year local vision, priorities and strategic directions for the board of health. • **Board of Health Annual Service Plan and Budget Submission:** Outlines how the board of health will operationalize the strategic directions and priorities in its strategic plan in accordance with the Standards.
Reporting Documents	• **Performance Reports:** Boards of health provide to the ministry regular performance reports (programmatic and financial) on program achievements, finances, and local challenges/issues in meeting outcomes. • **Annual Report:** Boards of health provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), delivering quality public health programs and services, practicing good governance, and complying with various legislative requirements.

Organizational Requirements incorporate one or more of the following functions:

- **Monitoring and reporting** to measure the activities and achievements of boards of health and assess the results (to demonstrate value and contribution of public health);
- **Continuous quality improvement** to encourage changes in processes, address identified problems, and improve efficiency and effectiveness;
- **Performance improvement** to ensure boards of health achieve the best results possible and contribute to local, provincial, and population health outcomes;
- **Financial management** to ensure that resources are used efficiently and in line with local and provincial requirements; and
- **Compliance** to ensure boards of health meet ministry expectations for required activities articulated in legislation, standards, funding agreements, and policies.

Accountability across the domains is demonstrated through accountability, planning, and reporting tools, including: Ministry-Board of Health Accountability Agreements; Board of Health Strategic Plan; Board of Health Annual Service Plan and Budget Submission; performance and other ad hoc reports; and an annual report. These tools enable boards of health to demonstrate that they comply with all legal requirements and provide appropriate oversight for public funding and resources. They also support the achievement of a high standard and quality of public health practice and good governance and management practices that provide the foundation for the effective delivery of public health programs and service. Furthermore, they demonstrate the value that Ontarians receive for the funding invested in public health, and how that investment contributes to population health outcomes for all Ontarians.

Organizational Requirements

The Organizational Requirements are those requirements where reporting and/or monitoring are required of boards of health to demonstrate accountability to the ministry.

The ministry uses a range of reporting and measurement approaches to assess board of health compliance with these requirements, including:

- Routine board of health audits and year-end attestations;
- Narrative reports and documentation; and
- Indicators and other metrics.

Delivery of Programs and Services Domain

Boards of health are held accountable for the delivery of public health programs and services and achievement of program outcomes in accordance with the Foundational and Program Standards and incorporated protocols and guidelines.

Objective of Requirements

The ministry has a responsibility to ensure that boards of health are delivering mandated programs and services that reflect a level of provincial consistency and local flexibility, and that the services delivered are effective in achieving their intended purposes.

Requirements

1. The board of health shall deliver programs and services in compliance with the Foundational and Program Standards.
2. The board of health shall comply with programs provided for in the *Health Protection and Promotion Act*.
3. The board of health shall undertake population health assessments including identification of priority populations, social determinants of health and health inequities, and measure and report on them.
4. The board of health shall describe the program of public health interventions and the information used to inform them including how health inequities will be addressed.

5. The board of health shall publicly disclose results of all inspections or other required information in accordance with the Foundational and Program Standards.
6. The board of health shall prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.
7. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Foundational and Program Standards.
8. The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year.

Fiduciary Requirements Domain

Boards of health are held accountable for using ministry funding efficiently for its intended purpose.

Objective of Requirements

The ministry has a responsibility to ensure that public health funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations.

The ministry must also ensure that boards of health make efficient use of public resources by delivering high quality, effective program interventions, ensuring value for money.

Requirements

1. The board of health shall comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement.
2. The board of health shall provide costing information by program.
3. The board of health shall submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested.
4. The board of health shall place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry if the ministry provides the grant to boards of health prior to their immediate need for the grant.
5. The board of health shall report all revenues it collects for programs or services in accordance with the direction provided in writing by the ministry.
6. The board of health shall report any part of the grant that has not been used or accounted for in a manner requested by the ministry.
7. The board of health shall repay ministry funding as requested by the ministry.
8. The board of health shall ensure that expenditure forecasts are as accurate as possible.
9. The board of health shall keep a record of financial affairs, invoices, receipts and other documents, and shall prepare annual statements of their financial affairs.
10. The board of health shall comply with the financial requirements of the *Health Protection and Promotion Act* (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations.
11. The board of health shall use the grant only for the purposes of the *Health Protection and Promotion Act* and to provide or ensure the provision of programs

and services in accordance with the *Health Protection and Promotion Act*, Foundational and Program Standards, and Ministry-Board of Health Accountability Agreement.

12. The board of health shall spend the grant only on admissible expenditures.
13. The board of health shall comply with the *Municipal Act, 2001* which requires that boards of health ensure that the administration adopts policies with respect to its procurement of goods and services. All procurement of goods and services should normally be through an open and competitive process.
14. The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place:
    a) A plan for the management of physical and financial resources;
    b) A process for internal financial controls which is based on generally accepted accounting principles;
    c) A process to ensure that areas of variance are addressed and corrected;
    d) A procedure to ensure that the procurement policy is followed across all programs/services areas;
    e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and
    f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.
15. The board of health shall negotiate service level agreements for corporately provided services.
16. The board of health shall have and maintain insurance.
17. The board of health shall maintain an inventory of all tangible capital assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances.
18. The board of health shall not dispose of an asset which exceeds $100,000 in value without the ministry's prior written confirmation.
19. The board of health shall not carry over the grant from one year to the next, unless pre-authorized in writing by the ministry.
20. The board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported.
21. The board of health shall comply with the Community Health Capital Programs policy.

Good Governance and Management Practices Domain

Boards of health are held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.

Objective of Requirements

The organizational requirements within this domain support the use of recommended best practices in governance and organizational processes. By adhering to these practices, boards of health are able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

Requirements

1. The board of health shall submit a list of board members.
2. The board of health shall operate in a transparent and accountable manner, and provide accurate and complete information to the ministry.
3. The board of health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.
4. The board of health shall carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.
5. The board of health shall comply with the governance requirements of the *Health Protection and Promotion Act* (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.
6. The board of health shall comply with the medical officer of health appointments requirements of the *Health Protection and Promotion Act*, and the ministry's policy framework on medical officer of health appointments, reporting, and compensation.
7. The board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
8. The board of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made

available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.

9. The board of health shall engage in community and multi-sectoral collaboration with LHINs and other relevant stakeholders in decreasing health inequities.
10. The board of health shall engage in relationships with Indigenous communities in a way that is meaningful for them.
11. The board of health shall provide population health information, including social determinants of health and health inequities, to the public, community partners, LHINs, and health care providers in accordance with the Foundational and Program Standards.
12. The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including:
    a) Use and establishment of sub-committees;
    b) Rules of order and frequency of meetings;
    c) Preparation of meeting agenda, materials, minutes, and other record keeping;
    d) Selection of officers;
    e) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body;
    f) Remuneration and allowable expenses for board members;
    g) Procurement of external advisors to the board such as lawyers and auditors (if applicable);
    h) Conflict of interest;
    i) Confidentiality;
    j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; and
    k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.
13. The board of health shall ensure that by-laws, policies and procedures are reviewed and revised as necessary, and at least every two years.
14. The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following:
    a) Delivery of programs and services;
    b) Organizational effectiveness through evaluation of the organization and strategic planning;
    c) Stakeholder relations and partnership building;

d) Research and evaluation;

e) Compliance with all applicable legislation and regulations;

f) Workforce issues, including recruitment of medical officer of health and any other senior executives;

g) Financial management, including procurement policies and practices; and

h) Risk management.

15. The board of health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an analysis of the results, board of health discussion, and implementation of feasible recommendations for improvement, if any.

16. The board of health shall ensure the administration develops and implements a set of client service standards.

17. The board of health shall ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management.

Public Health Practice Domain

Boards of health are held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Objective of Requirements

The organizational requirements within this domain include some of the key requirements of the Effective Public Health Practice Standard within the Foundational Standards, and support the fostering of a culture of excellence in professional practice with boards of health.

A culture of quality and continuous organizational self-improvement is part of effective public health practice, which underpins effective program interventions, and therefore is necessary for the achievement of the desired goals and outcomes of public health programs and services.

Requirements

1. The board of heath shall ensure that the administration establishes, maintains, and implements policies and procedures related to research ethics.
2. The board of health shall designate a Chief Nursing Officer.
3. The board of health shall demonstrate the use of a systematic process to plan public health programs and services to 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.
4. The board of health shall employ qualified public health professionals in accordance with the *Qualifications for Public Health Professionals Protocol, 2018* (or as current).
5. The board of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement. This may include:
    a) Measurement of client, community, and stakeholder/partner experience to inform transparency and accountability; and
    b) Regular review of outcome data that includes variances from performance expectations and implementation of remediation plans.

Common to All Domains

The following list of organizational requirements contains those that are relevant to all four domains of the Public Health Accountability Framework, and have been grouped together here to avoid duplication.

Requirements

1. The board of health shall submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs.
2. The board of health shall submit action plans as requested to address any compliance or performance issues.
3. The board of health shall submit all reports as requested by the ministry.
4. The board of health shall have a formal risk management framework in place that identifies, assesses, and addresses risks.
5. The board of health shall produce an annual financial and performance report to the general public.
6. The board of health shall comply with all legal and statutory requirements.

Transparency and Demonstrating Impact

4

Transparency and Demonstrating Impact

In addition to the accountability planning and reporting tools, the ministry uses indicators to monitor progress and measure success of boards of health. The **Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes** (Figure 6) describes the indicators that are used to monitor progress in the delivery of public health programs and services, measure achievement of program outcomes, and assess public health's contributions to population health outcomes.

Measurement at the program outcome level measures the impacts achieved through direct delivery of public health programs and services by boards of health (i.e., by meeting the requirements in the Foundational and Program Standards). Impacts can include changes in awareness, knowledge, skills, and behaviours of populations, service delivery agents, and community partners, as well as changes in environments and policies. Indicators that will be used at the provincial level to measure achievement of outcomes per standard are listed in the **Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes** (Figure 6). Boards of health shall establish program outcome indicators locally for those standards that allow for variability to respond to local needs, priorities, and contexts (i.e., Chronic Disease Prevention and Well-Being, Healthy Environments, Healthy Growth and Development, School Health, and Substance Use and Injury Prevention). The Foundational Standards underlie and support all Program Standards; therefore, it is expected that the outcomes of the Foundational Standards will be achieved through the effective delivery of programs and services.

It is expected that the achievement of program outcomes will contribute to the achievement of population health outcomes. Measurement at the population health outcome level includes measures of improved health and quality of life, reduced morbidity and premature mortality, and reduced health inequities amoung population groups as articulated in the **Framework for Public Health Programs and Services** (Figure 2).

Figure 6: Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes

Goal	To provide an evidence-informed basis for monitoring progress and measuring success of boards of health in achieving program outcomes, and understanding the contribution to population health outcomes
Objectives	• Monitoring progress in the delivery of public health programs and services • Measuring board of health success in achieving program outcomes • Assessing public health's contributions to population health outcomes

Indicator and Information

Contribution to Population Health Outcomes	Program Outcomes	

Improved Health & Quality of Life
• Adoption of healthy lifestyle behaviours
• Perceived health
• Health expectancy
• Life satisfaction
 	
Reduced Morbidity and Mortality
• Overweight/Obesity
• Incidence and prevalence of chronic diseases
• Chronic disease and substance use related morbidity and mortality
• Life expectancy
• Avoidable deaths
• Infant mortality
• Small for gestational age
• Rate per 100,000 of VPD outbreaks by disease
• Incidence rates of reportable VPDs
• % of the public with confidence in immunization programs
 	
Reducing Health Inequities among Population Groups
• Relative index of inequality associated with:
  ○ Chronic Diseases
  ○ Injuries
  ○ Substance Use
  ○ Healthy Growth and Development
• Vulnerability associated with:
  ○ Early development
  ○ School readiness
• Deprivation Index
• Food Security
• Disability Rates
	Chronic Disease Prevention and Well-Being; Healthy Environments; Healthy Growth and Development; School Health; Substance Use and Injury Prevention	• Locally determined program outcome indicators
		• Indicators will be developed in accordance with locally determined programs of public health interventions

	Food Safety	• # of reported cases of foodborne illness • % reported cases of foodborne illness attributed to exposure settings of (i.e., food premises, daycares, homes, etc.) • % of food handlers trained and certified in food safety • % food-borne illness caused by unsafe food handling in the home
	Immunization	• % of doses wasted annually by publicly funded vaccine • % of 7 and 17 year olds whose vaccinations are up-to-date for all ISPA designated diseases • % of students with a valid religious or conscience exemption for ISPA designated diseases • % of immunization providers of publicly funded vaccines indicating they have adequate information to support optimal immunization practices, including AEFI reporting • % of inspected vaccine storage locations that meet storage and handling requirements • % of health units that meet the provincial reporting rate for adverse events following immunization (AEFI) for the three vaccines administered through school-based programs (HPV, Meningococcal, and Hepatitis B)
	Infectious and Communicable Diseases Prevention and Control	• # of Ceftriaxone prescriptions distributed for treatment of gonorrhea annually • # and type of IPAC lapse by sector (PSS, dental office, community laboratories or independent health facility) • # and rate per 100,000 of new active TB infections annually • # of cases of acquired drug-resistance among active TB cases • # of cases of identified LTBI that are initiating prophylaxis and/or the number completing treatment • # of potential rabies exposures investigated by health units annually • # of animals investigated that are current on their rabies vaccination • # of persons given rabies post-exposure prophylaxis (PEP)
	Safe Water	• # of days that fluoride levels were below recommended levels at municipal drinking water systems that add fluoride • # of drinking water advisories (DWAs) and boil water advisories (BWA) issued by days advisories were in effect • % of the public who use private drinking water supplies (e.g., private wells) who are aware of how to safely manage their own drinking water systems • # of small drinking water systems where risk categories change from high risk to moderate or low risk indicating improvement in system performance • % of days per season beaches are posted

To support enhanced transparency in the public sector and promote public confidence in the public health system, boards of health are required to ensure public access to pertinent information through disclosure. The purposes of public disclosure include: helping the public to make informed decisions to protect their health; and sharing information about the work of boards of health and associated level of investment. The **Transparency Framework: Disclosure and Reporting Requirements** (Figure 7) summarizes the types of information that boards of health are required to publicly disclose in accordance with the Foundational and Program Standards and Organizational Requirements.

Figure 7: Transparency Framework: Disclosure and Reporting Requirements

Goal	Promote awareness, understanding, and public confidence in Ontario's public health system.	
Domains	**Protecting the Public's Health**	**Public Reporting**
Objectives	The public knows of the work of public health to protect and promote individual and community health	The public knows how Boards of Health are responding to local community needs

BOH Responsibilities	Post on the board of health website:
	• Results of routine and complaint based inspections of:
	  ○ Food Premises
	  ○ Public Pools and Spas
	  ○ Recreational Water Facilities
	  ○ Personal Services Settings
	  ○ Tanning Beds
	  ○ Recreational Camps
	  ○ Licensed Child Care Settings
	  ○ Small Drinking Water Systems
	• Convictions of tobacco and e-cigarette retailers
	• Infection prevention and control lapses
	• Drinking water advisories for small drinking water systems
	• Status of beach water quality
		Post on the board of health website:
		• Strategic Plan
		• Annual performance and financial report

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