

Appendix C: Findings of the Environmental Scan

Table C-17: Selected Public Health Standards: Foundation (Purpose/Guiding Principles)

Jurisdiction	Title of Standard	Foundation		Equity	
		Purpose	Guiding Principles	Reference	Operationalized Through:
Ontario	Ontario Public Health Standards 2008 Revised October, 2015	<p>To establish requirements for fundamental public health programs and services, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection.</p> <p>To outline the expectations for boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians.</p> <p>A key component of the requirements outlined in the Ontario Public Health Standards is to identify and work with local priority populations. Priority populations are identified by surveillance, epidemiological, or other research studies and are those populations that are at risk and for whom public health interventions may be reasonably considered to have a substantial impact at the population level.</p>	<p>Need</p> <p>Acknowledges the importance of using data and information to inform decision-making at the local level regarding program assessment, planning, delivery, management, and evaluation.</p> <p>Public health programs and services must consider the health needs of the local population. Need is established by assessing the distribution of determinants of health, health status, and incidence of disease and injury.</p> <p>Boards of health shall engage in ongoing population health assessment and surveillance. Information to support this analysis shall be derived from a range of provincial and local indicators using identified data sets and methodologies. These analyses shall use specific information on the following: demographics; burden of disease, including mortality and morbidity rates; reproductive outcomes; risk factor prevalence; cultural and social behaviours related to health; health conditions (including injury and substance misuse);</p>	<p>Health Status: well-being, health inequity, health disparity</p> <p>Root Causes: risk factors, risk conditions, social determinants of health</p> <p>Populations: priority populations, at risk</p> <p>Interventions: downstream (i.e., unintended consequences), closing the gap (i.e., narrowing the inequities),</p>	<p>1 Foundational Standard</p> <p>5 Program Areas:</p> <ol style="list-style-type: none"> 1. Chronic Diseases and Injuries 2. Family Health 3. Infectious Diseases 4. Environmental Health 5. Emergency Preparedness. <p>13 Protocols:</p> <ol style="list-style-type: none"> 1. Chronic Diseases and Injuries Program Standards 2. Chronic Disease Prevention 3. Prevention of Injury and Substance Misuse 4. Family Health Program Standards 5. Reproductive Health 6. Child Health 7. Infectious Diseases Program Standards 8. Infectious Diseases Prevention and Control 9. Rabies Prevention and Control 10. Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) 11. Tuberculosis Prevention and



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			<p>environmental conditions and hazards; health determinants; and other risks to the public's health.</p> <p>Impact</p> <p>The ability to influence broader societal changes is the responsibility of many parties. As a sector, public health not only acknowledges the impact of the determinants of health but also strives to influence broader societal changes that reduce health disparities and inequities by coordinating and aligning its programs and services with those of other partners. Public health has a leading role in fostering relationships to support broader health goals to achieve the best possible outcomes for all Ontarians.</p> <p>Boards of health shall assess, plan, deliver, and manage their programs and services by considering the following:</p> <ul style="list-style-type: none"> • Is there reasonable evidence of the effectiveness of the intervention in the scientific literature or in reviews of best practices? • Are the interventions compatible with the scope of programming for boards of health? • What are the barriers to achieving maximum health potential for individuals, groups, and communities and to narrowing 		<p>Control</p> <p>12. Vaccine Preventable Diseases</p> <p>13. Environmental Health Program Standards</p> <p><u>Foundational Standard & Program Area-Specific Standards:</u></p> <p>See Table C-18 for additional information on the outcomes and requirements of the foundational public health standards, one of the Environmental Health Program Standards (namely, the Food Safety Protocol).</p>



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			<p>inequities in health?</p> <p>Public health interventions shall acknowledge and aim to reduce existing health inequities. Furthermore, boards of health shall not only examine the accessibility of their programs and services to address barriers (e.g., physical, social, geographic, cultural and economic), but also assess, plan, deliver, manage, and evaluate programs to reduce inequities in health while at the same time maximizing the health gain for the whole population.</p> <ul style="list-style-type: none"> • What relevant performance measures exist or can be developed to assess the impact and effectiveness of programs and services? • Do interventions have unintended consequences that need to be further assessed to improve understanding of the program itself or the context in which it is being implemented? <p>Partnership and Collaboration</p> <p>Public health programs and services involve extensive partnerships within the health sector (e.g., Local Health</p>		



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			<p>Integration Networks and primary health care) and other sectors (e.g., education, social services, housing, workplace health and safety system, and environment). Public health promotes community capacity building by fostering partnerships and collaborating with community partners, including the voluntary sector, non-governmental organizations, local associations, community groups, networks, coalitions, academia, governmental bodies, the private sector, and others. Where appropriate, boards of health shall collaborate with other boards of health to coordinate the delivery of public health programs and services.</p> <p>Boards of health shall foster the creation of a supportive environment for health through community and citizen engagement in the assessment, planning, delivery, management, and evaluation of programs and services. This will support improved local capacity to meet the public health needs of the community.</p> <p>The quality and scope of local partnerships shall be an essential indicator of success for boards of health in achieving and maintaining the leadership role required to create the conditions necessary for effective change. Boards of health shall</p>		

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			continually monitor and evaluate local partnerships and collaborations to determine their effectiveness.		
Nova Scotia	Nova Scotia Public Health Standards, 2011-2016	<p>To establish the expectations for public health at provincial and regional (District Health Authority) levels.</p> <p><u>Purpose Statement:</u> Public health works with others to understand the health of our communities, and acts together to improve health.</p> <p>Achieving this purpose necessitates a shift in the emphasis of our work 'further upstream' to address the social, economic and physical environments that strongly influence the health of Nova Scotians. This shift in emphasis requires rebalancing the focus of our efforts from individuals to the health of groups and populations. These Standards have been written to support this shift.</p>	<ol style="list-style-type: none"> 1. Public health is guided by its purpose statement: 'Public health works with others to understand the health of our communities, and acts together to improve health.' 2. Public health is committed to develop and integrate participatory leadership and processes throughout our culture, working within our teams and our partnerships. 3. Public health recognizes that meaningful relationships are central for our success and that public health is being called to strengthen its role as advocate, connector, collaborator, coach, mentor champion, catalyst and innovator. 4. Public health is committed to the integration of the five core functions of public health with a focus on the population. 5. Recognizing that social justice and understanding are key threads in everything public health does, the following are the focus of our work: healthy development, healthy communities, communicable disease prevention 	<p>Health Status: health</p> <p>Root Causes: socioeconomic, environmental, social determinants</p> <p>Populations:</p> <p>Interventions: upstream</p>	<p>1 Foundational Standard</p> <p>4 Focus Areas:</p> <ol style="list-style-type: none"> 1. Healthy development 2. Healthy communities 3. Communicable disease prevention and control 4. Environmental health <p>Foundational Standard & Focus Area Standards:</p> <p>See Table C-18 for details on the elements and requirements of the foundational public health standards and the Food Safety Protocol.</p>



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			and control, and environmental health. 6. Public health clearly recognizes the need to enhance our collective and individual skills and competencies and have adopted The Core Competencies for Public Health in Canada Release 1.0 as foundational for all public health practitioners.		