

Accreditation Principles, Standards and Components

April 2009

Revised July 2010 with changes to Standards 3C and 12G

Introduction

The Ontario Council on Community Health Accreditation (OCCHA) is an independent agency directed by a board whose members are appointed by professional associations involved in public health. OCCHA exists to promote excellence in community and public health programs and services by defining, reviewing and publicizing standards related to structure, process and outcome; enhancing knowledge through consultation and shared experience; measuring agency performance against peer-set standards; developing and submitting comprehensive, constructive reports for the agency, and conferring awards.

Accreditation is an independent, voluntary, peer evaluated process of the administrative and program planning and evaluation aspects of local and regional public health agencies against stated peer-set principles and standards. OCCHA's conviction is that the provision of quality community and public health services requires sound administrative and program planning mechanisms.

A principle is a simple and fundamental statement of truth upon which are established more specific standards. A standard is a statement of excellence, developed by peers, against which conformity of the agency is evaluated. The principles, standards and components are presented in six sections: Leadership, Organizational Capacity; Workforce, Partnerships and Collaboration, Programs and Communication. These sections reflect the quality components within the OCCHA quality framework for public health units.

The standards in Leadership (Section I) relate to governance and management of the agency. The standards in Organizational Capacity (Section II) relate to the structure and management of agency resources. The standards in Workforce (Section III) relate to staffing, training and education and performance evaluation. The standards in Partnerships and Collaboration (Section IV) relate to collaboration between public health agencies and community partners in program planning and delivery. The standards in Programs (Section V) relate to research, planning, implementation, monitoring and evaluation, health promotion, health protection and disease prevention, as well as public health emergency preparedness and risk management. The standards in Communication (Section VI) relate to both internal and external communication strategies and channels. It is important to recognize that flexibility in structure is often appropriate within the agency in order to achieve stated objectives.

The accreditation award symbolizes official recognition of excellence to the public, local public health agencies, other community agencies, professional associations, local, regional and provincial governments.

SECTION I

LEADERSHIP

PRINCIPLE: THERE SHALL BE A GOVERNING BODY AND AN ADMINISTRATIVE STRUCTURE, WHICH PROVIDE LEADERSHIP AND WHICH HAVE OVERALL RESPONSIBILITY FOR THE DELIVERY OF QUALITY SERVICES TO THE COMMUNITY.

1. STRATEGIC DIRECTIONS

There shall be values and priorities which provide the foundation to guide the agency and staff in the planning and implementation of programs and services.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The agency shall work with the governing body, staff and community partners to ensure the development, implementation and monitoring of a strategic plan. <i>Previously Standard 1A</i></p>	<p>Governing Body – a structure functioning under the authority of provincial legislation, which has the overall responsibility for an agency and includes a Board of Health, a Committee of Council or equivalent.</p>
<p>B. The governing body shall ensure that written statements of the philosophy/mission, goals and objectives exist and are available to all staff. <i>Previously Standard 1B</i></p>	<p>Agency – the public health unit</p> <p>Philosophy/Mission – the general wisdom, knowledge or belief/values upon which the programs and services and related administrative processes of an agency are based.</p>
<p>C. The governing body shall ensure that the strategic plan, philosophy/ mission, goals and objectives are reviewed regularly and revised, as necessary. <i>Previously Standard 1C</i></p>	<p>Goals – the ideals toward which the agency aspires.</p> <p>Objectives – quantifiable statements that establish realistic levels of future performance including time frames and quantifiable levels of performance.</p> <p>Strategic Plan – an action-oriented document used by an organization to achieve stated long-term goals and objectives.</p>

2. GOVERNANCE

There shall be stewardship, leadership and direction for the agency.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The governing body shall ensure that there are written by-laws and policies and procedures, consistent with, but not limited to, applicable legislation, which are readily available to staff.</p> <p><i>Previously Standard 1D</i></p>	<p>Stewardship – the active oversight of a public health unit’s governance and mission by a board of health. This includes such components as accountability and transparency; orientation and continuing education of board members; fiscal responsibility; appropriate board structures and succession planning.</p> <p>Governing Body – a structure functioning under the authority of provincial legislation, which has the overall responsibility for an agency and includes a Board of Health, a Committee of Council or equivalent.</p> <p>By-law – the regulations made by an agency having the force and effect of law.</p>
<p>B. The governing body shall ensure that a process exists for the regular review and any necessary revision of its by-laws and policies and procedures.</p> <p><i>Previously Standard 1E</i></p>	
<p>C. The governing body shall have a written procedure for the election of its officers, including Chair, Vice-Chair and committee members.</p> <p><i>Previously Standard 2A</i></p>	
<p>D. The governing body shall develop an appropriate and functional committee structure.</p> <p><i>Previously Standard 2B</i></p>	
<p>E. The governing body shall hold regular meetings, in accordance with its by-laws and/or policies and procedures, in order to conduct the affairs of the agency.</p> <p><i>Previously Standard 2C</i></p>	
<p>F. The governing body shall record the minutes and all resolutions/motions of its general and committee meetings. Minutes of the governing body shall be made available to the general administrative body.</p> <p><i>Previously Standard 2D</i></p>	

<p>G. The governing body shall ensure the development and implementation of a comprehensive orientation plan for its members, which is relevant to their roles and responsibilities, and which includes, but is not limited to: the structure, vision, mission goals and objectives of the agency; the strategic plan; program and service overview, including emergency preparedness planning.</p>	
<p><i>Previously Standard 2F</i></p> <p>H. Members of the governing body shall participate in continuing education relative to their role and responsibilities.</p> <p><i>Previously Standard 2G</i></p>	

3. AGENCY MANAGEMENT

There shall be a management structure in place to direct and support the activities of the agency.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The composition, responsibilities and function of the general administrative body shall be defined in writing.</p> <p><i>Previously Standard 9A</i></p>	<p>General Administrative Body – a group of people who manage or supervise the affairs of the agency and who ensure the consistent implementation of governing body and agency policies and procedures.</p>
<p>B. The general administrative body shall hold regular meetings and take minutes, documenting any discussions and/or actions taken.</p> <p><i>Previously Standard 9B</i></p>	
<p>C. The general administrative body shall establish processes/mechanisms to ensure that all programs, services and projects, including research, are coordinated, planned, implemented, monitored and evaluated on an ongoing basis in a manner consistent with the agency’s strategic plan, goals and objectives and reflective of both the Ontario Public Health Standards and local needs.. Where agency committees (e.g., program planning committee, program advisory committee, program support committees, etc.) are established to facilitate achievement of this objective, terms of reference shall be developed, which include responsibilities and lines of communication/authority.</p> <p><i>Previously Standard 9C</i></p>	

<p>D. The Medical Officer of Health shall be responsible to the governing body for the management of public health programs and services under any legislated Act and shall direct the staff of the board of health (who are responsible to the medical officer of health) if their duties relate to the delivery of public health programs and services.</p> <p><i>Previously Standard 6B, 1st half</i></p>	
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Record of Amendments: 3C revised in April 2010

SECTION II

ORGANIZATIONAL CAPACITY

PRINCIPLE: THE GOVERNING BODY SHALL ESTABLISH PROCESSES AND MECHANISMS FOR THE ONGOING MANAGEMENT OF THE AGENCY.

4. ORGANIZATIONAL STRUCTURE

There shall be an organizational structure which provides the foundation for the agency, including reporting relationships and lines of communication.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The governing body shall approve an organizational structure for the agency that is outlined in an organizational chart, which delineates the lines of authority and formal lines of communication and which is made available to staff.</p> <p><i>Previously Standard 3A</i></p>	<p>Organizational Chart – the organizational chart displays the organizational structure outlining overall reporting relationships.</p> <p>Program/Service – Programs are those as defined by the Ontario Public Health Standards and by the local public health unit; service refers to a service area such as Administration, Health Promotion, Environmental Health, Chronic Disease, Family Health, Healthy Lifestyles etc. The agency may have both service and program goals and objectives.</p>
<p>B. The general administrative body shall ensure that each program/service has an organizational structure that is outlined in an organizational chart which delineates the lines of authority and formal lines of communication within that program/service and which is made available to staff.</p> <p><i>Previously Standard 3B</i></p>	
<p>C. The agency shall ensure that the organizational charts of the agency are regularly reviewed and revised, as appropriate, and the date of the last review/revision shall be recorded.</p> <p><i>Previously Standard 3C</i></p>	

5. RESOURCE MANAGEMENT

The agency shall ensure that it has the capacity to plan and direct the physical, financial and human resources of the agency.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The governing body shall ensure the establishment of 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, as appropriate. Dates of all review and revision shall be recorded.</p> <p><i>Previously Standard 4C</i></p>	<p>Policy – a statement developed to meet identified needs and/or to address existing and emerging issues which in light of given conditions shall guide and determine present and future decisions.</p> <p>Internal Financial Controls – governing body policies and procedures for the receipt, disbursement and control of available funds which safeguard assets, ensure the accuracy of financial data and promote operational efficiency.</p> <p>Public Accountability (Financial) – the concept whereby the public is made aware of the financial activities of an agency – generally seen in the form of annual audited financial statements.</p> <p>Plan for the Management of Physical Resources – policies and procedures for the acquisition, disposition and replacement of physical resources, which may include, but are not limited to, purchasing/leasing, maintenance, inventory control and tendering.</p> <p>Physical Resources – may include buildings, supplies, computers, furniture and other equipment.</p> <p>Protection of Human Resources – includes, but is not limited to, the establishment of a health and safety committee and protocols, facilities inspections, WHMIS and MSDS, fire safety and first aid procedures and posting of appropriate workplace notices.</p> <p>Government Regulations – includes, but is not limited to the HPPA, MFIPPA, PHIPA, Canadian Copyright laws, Long Term Care Act and any other protection of information</p>
<p>B. There shall be a written policy specifying the contents of a personnel file and provisions for access. Complete personnel files shall be maintained for each staff member.</p> <p><i>Previously Standard 4G</i></p>	
<p>C. The governing body shall ensure that a process is in place for the negotiation and ratification of collective agreements.</p> <p><i>Previously Standard 4D.</i></p>	
<p>D. The governing body shall ensure that a process for internal financial controls (see glossary) is in place, which is based on generally accepted accounting principles including public accountability.</p> <p><i>Previously Standard 5A</i></p>	
<p>E. The governing body shall ensure that a plan is in place for the management of physical and financial resources (see glossary).</p> <p><i>Previously Standard 5B</i></p>	
<p>F. The governing body shall adopt practices consistent with government regulations related to the protection of human resources (see Glossary).</p> <p><i>Previously Standard 5C</i></p>	

<p>G. The governing body shall ensure that there is current and relevant insurance coverage for the protection of the physical, financial and human resources of the agency.</p> <p><i>Previously Standard 5D</i></p>	<p>or privacy regulations.</p> <p>Coordination – implies both formal and informal.</p> <p>Contractual Agreements – a written agreement between agencies and/or individuals for the provision of services (eg., clinic physicians, dentists, nursing students, consultants, janitorial services, other service providers, etc.).</p>
<p>H. The general administrative body shall ensure that priority-setting, coordination and evaluation of resource management across programs/services is conducted for the most efficient utilization of resources.</p> <p><i>Previously Standard 10B</i></p>	
<p>I. The general administrative body and the head of each program/service shall have access to and input into the development of agency budgets, which include the assessment and review of staffing requirements (based on the Ontario Public Health Standards and other program priorities). The budget will be presented for review and approval of the governing body and regular and timely financial statements shall be produced and made available to appropriate staff.</p> <p><i>Previously Standards 11A,B,C</i></p>	
<p>J. The governing body shall ensure that a written policy exists for the development of any contractual agreements (see glossary), which is consistently followed across all program/services areas.</p> <p><i>Previously Standard 14A</i></p>	
<p>K. The general administrative body shall have a process in place to ensure the regular evaluation of the quality of service provided by contracted services, in accordance with contract standards. There shall also be a process or processes to ensure that areas of variance are identified and addressed..</p> <p><i>Previously Standard 14C</i></p>	

6. RECORDS MANAGEMENT

There shall be policies, procedures and strategies for the effective management of all agency records.

COMPONENTS	GLOSSARY OF TERMS
<p>A. There shall be a policy or policies for records management, which are consistent with all applicable legislation and which include:</p> <ol style="list-style-type: none"> i. Creation ii. Access iii. Security iv. Maintenance v. Retention, and vi. Disposal. <p><i>Previously Standard 15A</i></p>	<p>Record – is any form of information, however, recorded, whether in printed form, on film, by electronic means or otherwise and includes:</p> <ul style="list-style-type: none"> ✓ Correspondence, a memorandum, a book, a plan, a map, a drawing, a diagram, a pictorial or graphic work, a photograph, a film, a microfilm, a sound recording, a videotape, a machine-readable record (including inventory and other data management systems), any other documentary material regardless of physical form or characteristics and any copy thereof; and ✓ Any record that is capable of being produced from a machine-readable record under the control of an institution by means of computer hardware and software or any other information storage equipment and technical expertise normally used by the institution. <p>Legislation – includes, but is not limited to HPPA[OPHS], MFIPPA, PHIPA, Canadian Copyright laws, Long Term Care Act and any other protection of information or privacy regulations.</p>
<p>B. The records of the agency and each program/service shall be maintained in a manner consistent with applicable regulations and agency policy.</p> <p><i>Previously Standard 15B</i></p>	

SECTION III

WORKFORCE

PRINCIPLE: THE GOVERNING BODY SHALL ENSURE A COMPETENT WORKFORCE THROUGH THE RECRUITMENT AND RETENTION OF SKILLED PROFESSIONALS AND THE PROVISION OF ONGOING TRAINING AND EDUCATION FOR ALL STAFF.

7. STAFFING

The agency shall have the human resources required to achieve the goals and objectives of the agency.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The governing body shall ensure, in keeping with the legislative requirements, that there are qualified and competent staff to carry out any service commitments of the agency. Staff shall be qualified as required for their position.</p> <p><i>Previously Standard 4A</i></p>	<p>Qualified Staff – are those who meet the requirements of Federal and Provincial Statutes and Regulations (e.g., Regulated Health Professions Act) or, where legislation does not exist, are eligible for full membership in their professional discipline, association, society or have the combination of education, skills and experience as required for the position.</p> <p>Statutory Qualifying Body – an organization, concerned with a specific discipline, which is empowered by law to set requirements, grant approvals for practice and keep registers of persons so qualified.</p>
<p>B. When a discipline has a statutory qualifying body, there shall be evidence on file that each person is currently licensed and/or registered by that body.</p> <p><i>Previously Standard 4B</i></p>	
<p>C. The general administrative body shall ensure that there are written position descriptions for all positions, which are reviewed on a regular basis, revised as appropriate and made available to each staff member. Position descriptions shall include a specific statement of duties/responsibilities, level/type of required education, training and related work experience and should be considered during the performance evaluation process.</p> <p><i>Previously Standard 4E</i></p>	
<p>D. The governing body shall appoint a Medical Officer of Health in accordance with provincial legislation and his/her appointment shall be approved by the Minister of Health and Long-Term Care.</p> <p><i>Previously Standard 6A</i></p>	

<p>E. Personnel providing services to the agency on a contractual basis shall have the professional and educational qualifications to carry out their responsibilities.</p> <p><i>Previously Standard 14B</i></p>	
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8. TRAINING/EDUCATION/SKILLS

The agency shall develop strategies to strengthen staff’s proficiency, competency and effectiveness in meeting agency goals and objectives.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The general administrative body shall ensure there is a written staff orientation policy, which includes both an overall orientation to the agency and an orientation specific to the appropriate program/service.</p> <p><i>Previously Standard 12A</i></p>	<p>Agency-Wide Approach to Continuing Education – a strategy, or strategies, which encourage(s) ongoing education/training for all staff in order that they develop and maintain the knowledge and skills for the most effective delivery of public health programs and services. These strategies shall include processes for identification of needs, a mechanism (e.g., written policies and forms) for staff participation and appropriate follow-up.</p> <p>Continuing Education - activities, which may include, but are not limited to, on-site training (e.g., skills enhancement for health surveillance, interdisciplinary skills building), attendance at conferences, seminars and workshops, teleconferencing, study groups and journal clubs, academic work, computer-assisted learning, study kits and manuals, short courses and review of existing publications.</p> <p>Professional Standards of Practice – e.g., Canadian Community Health Nursing standards of practice; core competencies for public health epidemiologists, etc.</p>
<p>B. The general administrative body shall adopt an agency-wide approach (see glossary) to continuing education, with specific strategies to ensure education/training opportunities for all levels of staff across all program/service areas and which is consistent with agency goals and objectives.</p> <p><i>Previously Standard 12B</i></p>	
<p>C. The general administrative body shall support staff by providing opportunities for knowledge and skills enhancement to support public health core competencies, as well as, professional competencies and standards of practice.</p>	
<p>NEW</p>	

9. PERFORMANCE EVALUATION

There shall be processes and tools to measure progress toward staff, student and volunteer identified agency and individual objectives.

COMPONENTS	GLOSSARY OF TERMS
<p>A. There shall be a written policy for the ongoing performance evaluation of staff, which includes frequency, evaluation criteria and responsibility for completion.</p> <p><i>Previously Standard 13A</i></p>	
<p>B. Performance evaluations shall be completed in a manner consistent with agency policy. Staff shall be provided the opportunity for input into the performance evaluation process. All performance evaluations shall be dated and signed by both the staff member being evaluated and the appropriate signing authority(ies). The original signed performance evaluation shall be kept in the personnel file.</p> <p><i>Previously Standard 13B</i></p>	
<p>C. The agency shall have a process for the ongoing monitoring of students and volunteers.</p> <p><i>Previously Standard 13C</i></p>	

SECTION IV

PARTNERSHIPS AND COLLABORATION

PRINCIPLE: THE GOVERNING BODY AND AGENCY MANAGEMENT SHALL FOSTER PARTNERSHIPS AND COLLABORATION WITH COMMUNITY PARTNERS AND SHALL CONTINUALLY MONITOR AND EVALUATE THESE PARTNERSHIPS.

10. COLLABORATION

The agency shall work jointly with community partners and agencies, to support the development and implementation of public health and other programs and services.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The agency shall foster partnerships with community agencies and groups and shall identify strategies to monitor and evaluate these partnerships.</p> <p>NEW</p>	<p>Collaboration – includes knowledge exchange and engagement with community agencies, such as relevant research data, program materials, and advice on effective program strategies and approaches, including infection control measures. Collaboration may also include, but is not limited to, participation and membership in committees and/or coalitions with community agencies and groups.</p> <p>Priority Populations – populations, as identified by surveillance, epidemiological or other research studies which are at risk and for which public health interventions may be reasonably considered to have a substantial impact at the population level. These can include, but are not limited to: youth, pregnant and postpartum women, aboriginal peoples, and individuals of low socio-economic status.</p> <p>Target Groups – e.g., health professionals, day cares, long-term care facilities, etc.</p>
<p>B. Programs/services shall share best available evidence with community partners, priority populations and target groups to increase community capacity in the areas of health promotion and disease prevention.</p> <p>NEW</p>	
<p>C. Programs/services shall collaborate with community partners, priority populations and target groups to develop, plan and implement programs/services and policies related to health promotion, health protection and disease prevention.</p> <p>NEW</p>	

SECTION V

PROGRAMS

PRINCIPLE: THERE SHALL BE PROCESSES/MECHANISMS TO ENSURE THE PLANNING, IMPLEMENTATION, MONITORING AND EVALUATION OF PROGRAMS AND SERVICES.

11. RESEARCH AND KNOWLEDGE EXCHANGE

The agency shall conduct and participate in research and engage in knowledge exchange to facilitate program planning, implementation, monitoring and evaluation.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The governing body shall approve a written policy on research/evaluation activities, including requirements for methodological and ethical review.</p> <p><i>Previously Standard 8A</i></p>	<p>Research/Evaluation – as defined by the agency, it involves the organized and purposeful collection, analysis and interpretation of data.</p> <p>Knowledge Exchange – as per the Ontario Public Health Standards, is problem-solving among public health practitioners, researchers and decision makers, which takes place through linkage and exchange, and which results in mutual learning.</p>
<p>B. The agency shall participate in research/evaluation activities, on its own or with others and shall foster and engage in knowledge exchange with various community partners, including the public.</p> <p>NEW</p>	
<p>C. Research/ evaluation activities across all program/service areas shall be conducted in a manner consistent with agency policy.</p> <p><i>Previously Standard 8A</i></p>	

12. PLANNING AND IMPLEMENTATION

Programs/services shall establish strategies and methods for the provision of public health and other programs and services and to guide the agency towards the achievement of stated goals and objectives.

COMPONENTS	GLOSSARY OF TERMS
<p>A. Each program/service shall have written policies and procedures to ensure the achievement of goals and objectives, which complement the overall agency policies and procedures and which provide for coordination among programs/services, as appropriate. Policies and procedures shall be available to staff.</p> <p><i>Previously Standard 16A</i></p>	<p>Community Input – both formal and informal community representations (e.g., liaison with: local integrated health networks (LIHN’s), social and municipal organizations, educational institutions, law enforcement agencies and social planning bodies; community advisors; public feedback, including community submissions, and delegations to the Board of Health).</p> <p>Priority Populations – populations, as identified by surveillance, epidemiological or other research studies, which are at risk and for which public health interventions may be reasonably considered to have a substantial impact at the population level. These can include, but are not limited to: youth, pregnant and postpartum women, aboriginal peoples, and individuals of low socio-economic status.</p> <p>Community Health Status – may include data on: the determinants of health; demographics; mortality rate; morbidity rates; reproductive outcomes; risk factor prevalence; health conditions that are known or suspected to be associated with exposure to health hazards, and dental health indices.</p> <p>Evidence-Informed Decision Making – implies using the best available information to support decision-making (e.g., collaboration with researchers and practitioners, knowledge exchange, current</p>
<p>B. Program/service policies and procedures shall be regularly reviewed, with staff consultation, and revised, as required. Dates of all review and revisions shall be recorded.</p> <p><i>Previously Standard 16B</i></p>	
<p>C. The head of each program/service shall meet with staff within each program/service for the purpose of planning, coordination, consultation and direction. A record of meetings shall be kept and minutes shall reflect discussions and actions taken.</p> <p><i>Previously Standard 17A</i></p>	
<p>D. Programs/services shall actively seek community and staff input, for the identification and assessment of community needs and resources. Community needs (including those of priority populations), resource assessments, and surveys shall be conducted and used in planning across all program/service areas.</p> <p><i>Previously Standard 17B and Standard 17C</i></p>	

<p>E. The agency shall assess the health status of their community, including but not limited to, trends and changes in population health.</p> <p><i>Previously Standard 17B, 2nd part</i></p>	<p>literature reviews, meta-analyses, quality of study design, results of research and/or evaluation activities).</p>
<p>F. Programs/services shall use an evidence-informed decision-making approach in their program planning and implementation.</p> <p><i>Previously Standard 17D</i></p>	<p>Barriers – can relate to factors that include, but are not limited to: one’s literacy level, geography, social factors, language, culture, education, physical or other disability or economic circumstance; (e.g., age, race, etc.)</p>
<p>G. There shall be an annual written operational plan for each program/service which identifies, at a minimum:</p> <ul style="list-style-type: none"> ✓ Activities (implementation and monitoring); ✓ Time-lines; ✓ Responsibilities, and ✓ Expected outcomes. <p><i>Previously Standard 17E</i></p>	
<p>H. Operational plans shall be the basis of program/service implementation and shall be reviewed and revised, as required, to reflect changing priorities, financial and program developments.</p> <p><i>Previously Standard 17F</i></p>	
<p>I. Programs/services shall be responsive to physical, cultural and social needs and ensure that programs and services are accessible to people for whom barriers may exist.</p> <p><i>Previously Standard 23C</i></p>	

Record of amendments: Standard 12G revised in April 2010

13. HEALTH PROMOTION

The agency shall implement strategies to enable and facilitate the improved health of the public.

COMPONENTS	GLOSSARY OF TERMS
<p>A. Programs/services shall provide opportunities for education and skills development to community partners and priority populations.</p> <p>NEW</p> <p><i>Also, previously Standard 19B</i></p>	<p>Skills Development – includes, but is not limited to: food handler training courses, community workshops on healthy eating or tobacco-free living, etc.</p> <p>Healthy Policy – may include, but is not limited to, the consideration of appropriate by-laws, council guidelines and other policy development (e.g., school food policies, physical activity guidelines, breastfeeding in the workplace, environmental support strategies and guidelines, etc.)</p>
<p>B. The agency shall work with community agencies, partners and organizations to identify and develop strategies to create and enhance supportive environments.</p> <p>NEW</p>	<p>Community – shall include, but is not limited to: the Board of Health, local government, schools and school boards, school advisory councils, principals/teachers, workplaces, local trade and business associations, restaurants, grocery stores and other food purchase outlets.</p>
<p>C. The agency shall model and develop strategies to promote, support and/or implement healthy policy both internally and within the community (see glossary).</p> <p><i>Previously Standard 18A</i></p>	<p>Enhancing Supportive Environments – includes efforts by the agency to engage the community and the public in the assessment, planning, delivery, management and evaluation of programs/services.</p>

14. HEALTH PROTECTION AND DISEASE PREVENTION

The agency shall provide programs and services to the public for the protection of health and the prevention of disease.

COMPONENTS	GLOSSARY OF TERMS
<p>A. Program staff shall provide education, counseling and screening/testing, including those as specified by the Ontario Public Health Standards.</p> <p><i>Previously Standard 21B</i></p>	<p>Inspection –as described in the Ontario Public Health Standards and protocols.</p> <p>Enforcement Check – as described in the Ontario Public Health Standards. Monitored attempts to purchase tobacco by a person under 19 years of age in which a sale by the vendor is completed and the minor purchases tobacco. The result is an infraction and the vendor is charged.</p> <p>Complaint – an expression of dissatisfaction or a reported observed infraction of legislation [(e.g., Smoke Free Ontario Act, HPPA and its regulations (food safety, pools, etc.)]</p>
<p>B. Program staff shall ensure the provision of immunizations, medications, preventive services, equipment and/or health advice, including those as specified by the Ontario Public Health Standards.</p> <p><i>Previously Standard 21C</i></p>	
<p>C. Programs/services shall provide, in collaboration with community partners, services and supports to the public, including priority populations. Such services and supports shall include, but are not limited to: information, consultation, assessment, referrals and group sessions.</p> <p><i>Previously Standards 21A and 21D</i></p>	
<p>D. Programs/services shall have processes in place to provide inspections, respond to complaints and conduct enforcement checks.</p> <p><i>Previously Standard 22C</i></p>	

15. MONITORING AND EVALUATION

Programs/services shall develop and implement strategies and tools to measure and report progress towards the achievement of goals and objectives and to inform future planning.

COMPONENTS	GLOSSARY OF TERMS
<p>A. Programs/services shall have processes to regularly provide for, or ensure the provision of, surveillance, epidemiological analysis, ongoing monitoring and evaluation; and shall ensure that results and future actions are identified.</p> <p><i>Previously Standard 22A</i></p>	<p>Surveillance – as per the Ontario Public Health Standards, it 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.</p>
<p>B. The agency shall have processes in place to ensure the identification of monitoring and evaluation activities, including where new interventions are developed and implemented.</p> <p>NEW</p>	
<p>C. Programs/services shall regularly monitor activities as identified in the operational plans, and evaluate, document and disseminate program/service outcomes, both short-term and long-term.</p> <p><i>Previously Standard 22B</i></p>	
<p>D. Programs/services shall ensure that community/ client input is incorporated into the evaluation of programs/services.</p> <p><i>Previously Standard 22D</i></p>	
<p>E. The general administrative body shall ensure the regular analysis and/or reporting of trends, priority populations and program activities to relevant ministries and other stakeholders, including those as specified in the Ontario Public Health Standards.</p> <p><i>Previously Standard 24F</i></p>	

<p>F. Programs/services shall ensure that all monitoring, surveillance, evaluation and results are considered in subsequent program planning and implementation.</p> <p><i>Previously Standard 22E</i></p>	
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16. PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RISK MANAGEMENT

The general administrative body shall ensure that formal processes for public health emergency preparedness and risk management has been developed, approved and implemented.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The general administrative body shall ensure there is a process in place for reporting of infectious/communicable diseases.</p> <p><i>Previously Standard 24A</i></p>	<p>Risk Management – encompasses the selection of options to ensure that risk is minimized or eliminated and which optimizes benefits. Risk management includes: implementation, monitoring and evaluating, and reviewing the effects of the option choice.</p> <p>Assessment – encompasses the identification of a health hazard through the analysis of the intrinsic properties of substances; case reports of a relationship between an exposure and an outcome in humans, toxicological studies which relate controlled exposure under experimental conditions to observed outcomes in animals or humans; epidemiological studies which relate exposure prevalence to outcome prevalence. The resulting risk estimate is used to describe risks under different scenarios, real or hypothetical.</p> <p>Contingency and Continuity plans – may include, but are not limited to: business planning, cross coverage for the Medical Officer of Health, etc.</p> <p>Communication – includes the translation of the risk determination process to those affected and to translate the effects of the process of assessment and management into understandable concepts and language.</p> <p>Consultation – is providing professional advice actively, either in a reactive manner or proactively.</p>
<p>B. The general administrative body shall ensure the assessment (identification, investigation and response) of all reported incidents.</p> <p><i>Previously Standard 24B</i></p>	
<p>C. The general administrative body shall ensure the development, approval, review, testing and implementation (as required) of contingency plans, continuity plans and emergency response plans, including 24/7 coverage.</p> <p><i>Previously Standard 24C and 23D</i></p>	
<p>D. The general administrative body shall ensure that there is coordination with other external agencies in response to reported public health incidents.</p> <p><i>Previously Standard 24D</i></p>	
<p>E. The general administrative body shall ensure there is communication, consultation and assistance, with all appropriate individuals, community agencies or groups, including all relevant ministries, regarding identified health hazards and infectious diseases.</p> <p><i>Previously Standard 24E</i></p>	

SECTION VI

COMMUNICATION

PRINCIPLE: THERE SHALL BE PROCESSES/MECHANISMS TO ENSURE THAT INFORMATION IS PROVIDED AND EXCHANGED BOTH INTERNALLY AND BETWEEN THE AGENCY AND ITS VARIOUS PARTNERS, INCLUDING THE PUBLIC.

17. INTERNAL COMMUNICATION

There shall be processes and mechanisms in place to ensure communication between the governing body, the general administrative body and program and service staff members.

COMPONENTS	GLOSSARY OF TERMS
<p>A. The governing body shall have a written policy regarding formal reporting to the governing body and attendance by members of the general administrative body and/or designates at meetings of the governing body.</p> <p><i>Previously Standard 2E</i></p>	<p>Pertinent Developments – may include, but are not limited to, labour relations, negotiations, legislative changes and grievances.</p> <p>Communication Processes – may include, but are not limited to the intranet, teleconferencing, e-mail, memos, staff meetings, etc.</p>
<p>B. The Medical Officer of Health shall attend meetings of and report to the governing body on issues related to public health concerns and to public health programs and services under any Act.</p> <p><i>Previously Standard 6B, 2nd half</i></p>	
<p>C. The general administrative body shall establish processes to communicate pertinent information to staff (e.g., policy changes, administrative information, etc.).</p> <p><i>Previously Standard 9B, 2nd half</i></p>	
<p>D. The agency shall establish mechanisms to ensure that changes in programs and/or services are communicated to all relevant staff and/or programs.</p> <p><i>Previously Standard 17F, 2nd half</i></p>	

18. EXTERNAL COMMUNICATION

The governing body shall ensure that provincial and local governments, community agencies and the public are informed of the purposes and activities of the agency and the availability of community resources, programs and services.

COMPONENTS	GLOSSARY OF TERMS
<p>A. Programs/services shall provide health information to community partners, priority populations and the public, using a variety of communication channels, to enhance knowledge, increase awareness and promote availability of public health and community resources, programs and services.</p> <p>NEW <i>Also previously Standards 19C, 23A and 23B</i></p>	<p>Communication Channels – may include, but are not limited to, public health newsletters sent to agencies, columns provided in newsletters of agencies, letters, faxes, LIST serve, web-based information services, e-mail and telephone advice lines.</p> <p>Community Partners – includes, but is not limited to: health care professionals, associations or agencies.</p> <p>Systematic Communication – includes, but is not limited to: the production and dissemination of annual reports on public health programs, audited financial statements, and news releases.</p>
<p>B. The governing body shall ensure there is regular and appropriate communication with provincial and local governments and community agencies.</p> <p><i>Previously Standard 7A</i></p>	
<p>C. The governing body shall establish a written policy to provide for systematic communication (see glossary) to the public.</p> <p><i>Previously Standard 7B</i></p>	
<p>D. The agency shall establish mechanisms and/or processes to respond to community, client and public complaints and/or commendations.</p> <p>NEW</p>	