Population Public Health

Orientation Modules

ODPH
Ontario Dietitians in Public Health
Diététistes en santé publique de l'Ontario

Module 1:
Intro, Structure, and Standards

Public Health Orientation Learning Modules

ODPH
Ontario Dietitians in Public Health
Diététistes en santé publique de l'Ontario

Introduction

Welcome to your official population public health placement orientation!

- Structure and operations of the public health system in Ontario.
- Reflection questions
- Case studies to be discussed with your preceptor.

Topics

1. Public health
2. The structure of public health in Ontario
3. Public health standards
4. Public health nutrition
5. Health equity
6. Health promotion
7. Advocacy
8. Process of policy and program development in nutrition

1. Public Health

a. Defining public health

- Protect and enhance health and wellbeing.
- Prevent illness and injury in the community.
- Collaborates with local organizations and community members using a population-based approach.

b. Importance of public health

In public health we promote health by:

- Speaking out for public policy that supports a healthy population.
- Informing the public about healthy behaviours.
- Collaborating with community partners to advance health.

1. Public Health

c. Board of Health

- In Ontario, there are 34 local health units.
- Each health unit is overseen by a Board of Health as specified by the Health Promotion and Protection Act (HPPA).
- We provide local communities with health promotion and disease prevention programs and services.

1. Public Health

c. Board of Health - programs and services

- Healthy lifestyles
- Communicable/Infectious disease control
- Immunization
- Food premises inspection
- Healthy growth and development, including parenting education
- Health education for all age groups
- Selected screening services

1. Public Health

c. Board of Health

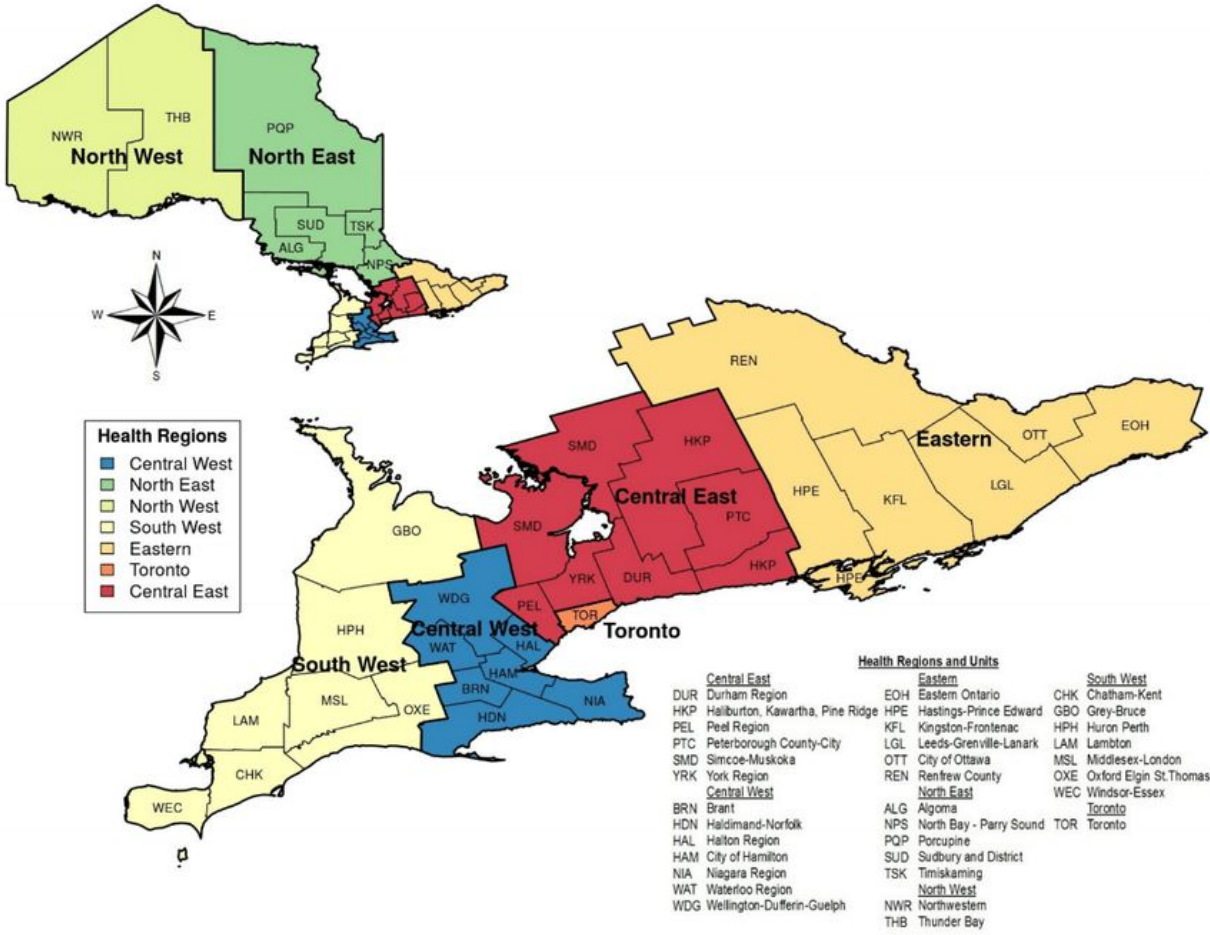
Boards may be made up of:

- Municipal members
- Elected officials or community representatives
- Provincial appointees

1. Public Health

c. Board of Health

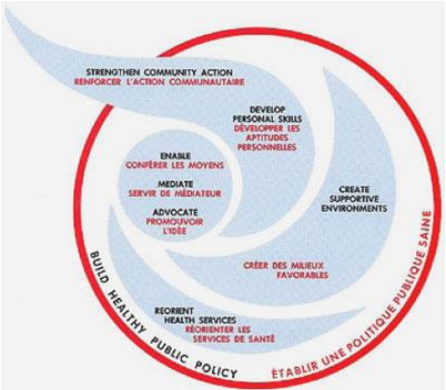
Public health regions and the corresponding public health units in Ontario



1. Public Health

d. Ottawa Charter

- 200 individuals from 38 different nations gathered in Ottawa to discuss health promotion in November of 1986.
- A charter was created that expressed their individual and group commitment to the joint objective of achieving universal health by the year 2000.

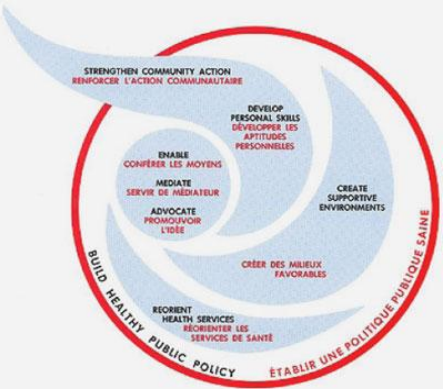


1. Public Health

d. Ottawa Charter

The Ottawa Charter discusses the prerequisites for health which include:

- Shelter, peace
- Food, education
- Income
- Sustainable resources
- Stable ecosystem
- Equity
- Social justice



1. Public Health

d. Ottawa Charter

Three strategies for health promotion:

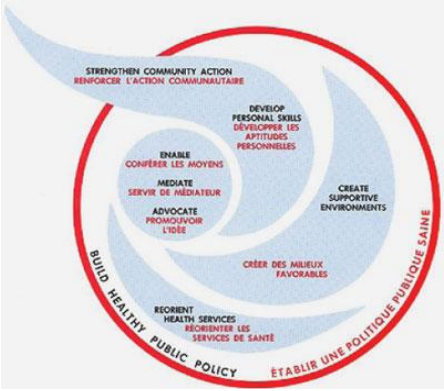
1. **Advocating**
   Examples: tobacco control legislation, vaccination promotion, policies supporting healthy eating and physical activity, health equity policies and practices, mental health awareness and supports

2. **Enabling**
   Examples: access to health care, health education and literacy, social support systems, health equity policies, research and surveillance

3. **Mediating**
   Examples: intersectoral collaboration, community engagement, media advocacy and communication, negotiation and conflict resolution advocacy and policy development

1. Public Health

d. Ottawa Charter



Five priority action areas for health promotion:

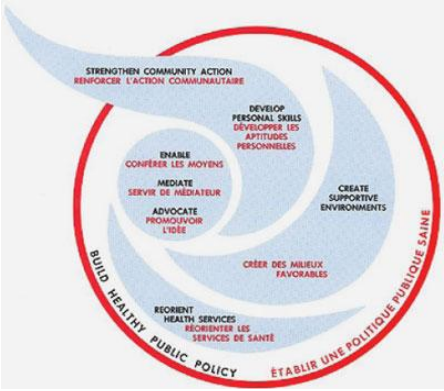
1. **Develop personal skills** - Health promotion supports personal and social development through providing information, education for health, and enhancing life skills.

2. **Strengthen community action** - Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies, and implementing them to achieve better health.

3. **Create supportive environments** - making environments that make health behaviours easy and appealing.

1. Public Health

d. Ottawa Charter



Five priority action areas for health promotion:

4. **Reorient health services** - work together toward a health care system which contributes to the pursuit of health.

5. **Build healthy public policy**- Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions, and to accept their responsibilities for health.

Public Health Questions

1. **What is the goal of public health?**

2. **How does public health fit into the continuum of health and the health system?**

3. **What are the components of the Ottawa Charter for Health Promotion?**

2. Structure of Public Health in Ontario

a. Ontario Ministry of Health and Long-Term Care

- Determines the overall goals and priorities for the province's healthcare and public health systems.

- Creates and upholds laws, rules, regulations, standards, policies, and directives.

2. Structure of Public Health in Ontario

a. Ontario Ministry of Health and Long-Term Care

- Monitors the health care system and the wellbeing of Ontarians.
- Seeks to increase access to care, provide community care, and inform Ontarians about health-related decisions.
- Finances the health system and monitors it.

2. Structure of Public Health in Ontario

b. Ontario's Chief Medical Officer of Health

- Identifies the requirements of the province in terms of public health.

- The Chief Medical Officer of Health reports to the Deputy Minister of Health.

2. Structure of Public Health in Ontario

b. Ontario's Chief Medical Officer of Health

- Works to ensure that the proper steps are implemented during an emergency.
- Collaborates with regional, international, and local partners to create public health plans.
- Provides training and other resources.

2. Structure of Public Health in Ontario

c. Local public health units

- Provide their communities with programs and services to support citizens

- Oversee local initiatives for the prevention and management of communicable diseases

2. Structure of Public Health in Ontario

c. Local public health units

- Provide additional programs

- Each public health unit is led by a Medical Officer of Health who is accountable to a local Board of Health

2. Structure of Public Health in Ontario

d. Public Health Ontario (PHO)

- PHO is an agency of the Government of Ontario.

- Most knowledgeable about emergency preparedness, environmental and occupational health, health promotion, injury prevention, infectious illness, and microbiology.

2. Structure of Public Health in Ontario

d. Public Health Ontario (PHO)

- Works closely with the Ministry, the Office of the Chief Medical Officer of Health, and the local public health units.

- Monitors the health of Ontario's population and supports local public health units.

- Conducts public health research and provides advice and support during emergencies and outbreaks with health implication.

2. Structure of Public Health in Ontario

E. Public health funding in Ontario

- Funding comes both from municipalities and from the provincial government.
- The provincial government contributes 100% of the funding for selective programs and approximately 70-75% of funding for other public health programs.
- Municipalities are responsible for the 25-30% of all other costs.

2. Structure of Public Health in Ontario

E. Public health funding in Ontario

Examples of health programs and their funding bodies:

- Canada Prenatal Nutrition Program- fully (100%) funded by the federal government
- Healthy Babies, Healthy Children- fully (100%) funded by the provincial government
- Student Nutrition Program- partially funded by the provincial government with the majority of other funds raised through local fund raising (charitable donations and sponsorships)

Structure of Public Health in Ontario Questions

1. How is Public Health organized in Ontario?

2. How is public health funded in Ontario

3. Public Health Standards

a. Health Protection and Promotion Act (HPPA)

- HPPA provides the legislative mandate for local public health units

Purpose of this Act:

- ❖ Provide for the organization and delivery of public health programs and services
- ❖ Prevent the spread of disease
- ❖ Promote and protect the health of the people of Ontario

Ontario

3. Public Health Standards

B. Ontario Public Health Standards (OPHS)

- OPHS is a document that guides and outlines the roles and responsibilities for providing public health programs and services

- Boards of health are accountable for implementing the protocols and guidelines highlighted in the document

- The OPHS highlights four principles: **Need; Impact; Capacity;** and **Partnership, Collaboration, and Engagement**

3. Public Health Standards

B. Ontario Public Health Standards (OPHS)

Nine Program Standards:

1. Chronic Disease Prevention and Well-Being
2. Food Safety
3. Healthy Environments
4. Healthy Growth and Development
5. Immunization
6. Infectious and Communicable Diseases Prevention and Control
7. Safe Water
8. School Health
9. Substance Use and Injury Prevention

3. Public Health Standards

B. Ontario Public Health Standards (OPHS)

Four Foundational Standards that underlie all of the Program Standards in public health. These include:

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

3. Public Health Standards

B. Ontario Public Health Standards (OPHS)

Organizational Requirements incorporate the following functions:

- Monitoring and reporting
- Continuous quality improvement
- Financial management
- Compliance with Ministry expectations

Public Health Standards Questions

1. **What is the purpose of the Health Protection and Promotion Act (HPPA)?**

2. **What are the Ontario Public Health Standards (OPHS) and what impact do they have on public health policies and programming?**

4. Public Health Nutrition

- Requires the leadership of Registered Dietitians with expertise in nutrition, food systems, and related public health sciences.
- Encompasses the assessment, promotion, protection, and enhancement of health and the prevention of nutrition-related diseases.
- Uses population and health promotion approaches and strategies.

4. Public Health Nutrition

- Role of Registered Dietitians in public health
- Surveillance of health trends, utilization of data to implement and evaluate practice, and advocacy and policy development.
- Provide reliable and accurate nutrition information.
- Plan, coordinate, deliver, and evaluate education and skill-building nutrition programs.
- Design, implement, and evaluate programs and policies that will promote health in communities.

4. Public Health Nutrition (PHN)

B. Responsibilities of Registered Dietitians in public health
(may include, but are not limited to, activities listed below)

School Health:

- Plan student nutrition programs and policies
- Help with creating supportive food environments
- Contribute to the development of curriculum and teaching resources for educator, education partners
- Educate public health professionals
- Plan food literacy programs for students

4. Public Health Nutrition (PHN)

B. Responsibilities of Registered Dietitians in public health
(may include, but are not limited to, activities listed below)

Family Health:

- Educate parents and other health professionals on prenatal nutrition
- Provide breastfeeding promotion and lactation support
- Work within the childcare sector
- Discuss nutrition support

4. Public Health Nutrition (PHN)

B. Responsibilities of Registered Dietitians in public health
(may include, but are not limited to, activities listed below)

Chronic Disease Prevention:

- Focus on environmental supports and advancing healthy public policy
- Advocate for basic income and other financial policies to alleviate food insecurity
- Plan and/or deliver food literacy programming
- Coordinate and lead local food policy councils
- Develop food strategies
- Work with recreation centers to improve food environments
- Involved with nutrition screening for older adults
- Engage in the Nutritious Food Basket data collection

4. Public Health Nutrition (PHN)

Ontario Dietitians in Public Health (ODPH)

The Ontario Dietitians in Public Health (ODPH) is the independent and official voice of Registered Dietitians working in public health in Ontario.

Our Vision: Ontario Dietitians in Public Health are recognized and valued as leaders in public health nutrition working to promote the health of Ontarians.

Our Mission: To advance public health nutrition through member and partner collaboration in order to improve population health and health equity locally and provincially.

ODPH Ontario Dietitians in Public Health
Diététistes en santé publique de l'Ontario

4. Public Health Nutrition

Ontario Dietitians in Public Health (ODPH)

Guiding Principles:

- **Member driven, member engaged:** We value member input and strive to ensure all members have an opportunity to participate.

- **Evidence informed:** We build on best practices by using current high-quality evidence (research, context, experience) to ensure our work in public health nutrition is relevant and credible.

- **Comprehensive health promotion:** We believe in the health promotion principles embedded in the Ottawa Charter, which grounds the work that we do in public health nutrition.

4. Public Health Nutrition

Ontario Dietitians in Public Health (ODPH)

Guiding Principles:

- **Health equity:** We work to reduce the socially produced, unfair, and unjust disadvantages that undermine health so that all populations have equitable access and opportunities to reach their full health potential.

- **Indigenous engagement:** We are all treaty people and as such, we have a collective role to play in learning, understanding, and redressing ongoing colonialism while becoming allies for Indigenous peoples.

4. Public Health Nutrition (PHN)

Ontario Dietitians in Public Health (ODPH)

Benefits of ODPH Membership:

1. Network with Registered Dietitians in public health across Ontario.
2. Access to the ODPH Listserv - which provides a great way to communicate with ODPH members about research, resources, and programs.
3. Member discount for the Annual Nutrition Exchange, the only provincial conference for dietitians in public health.

4. Public Health Nutrition (PHN)

Ontario Dietitians in Public Health (ODPH)

Benefits of ODPH Membership:

4. Involvement in advocacy issues - ad hoc or through ongoing ODPH workgroups.
5. Collaboration, with other dietitians in public health, on specific areas of interest through ODPH workgroups.
6. Skills enhancement - expand on leadership, advocacy, collaboration and partnership skills by becoming involved in the ODPH executive or workgroups.

Public Health Nutrition Question

1. **Describe Dietetic practice in public health.**

2. **What roles do public health nutrition play in the prevention of chronic diseases and in protecting and promoting the health of the general population?**

Module 2: Practice, Principles, Health Equity, Health Promotion, Advocacy

Public Health Orientation Learning Modules

ODPH
Ontario Dietitians in Public Health
Diététistes en santé publique de l'Ontario

5. Health Equity

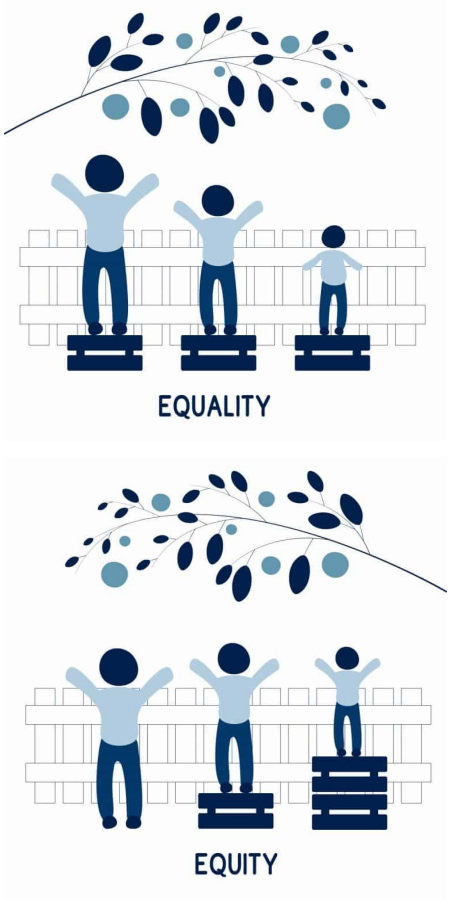
a. Defining health equity, inequities and inequalities

Health equity

- Everyone could attain their full health potential
- No one should be disadvantaged because of their social position/circumstances

Health inequities

- Socially produced unjust differences in health status of various individuals/groups
- Modifiable

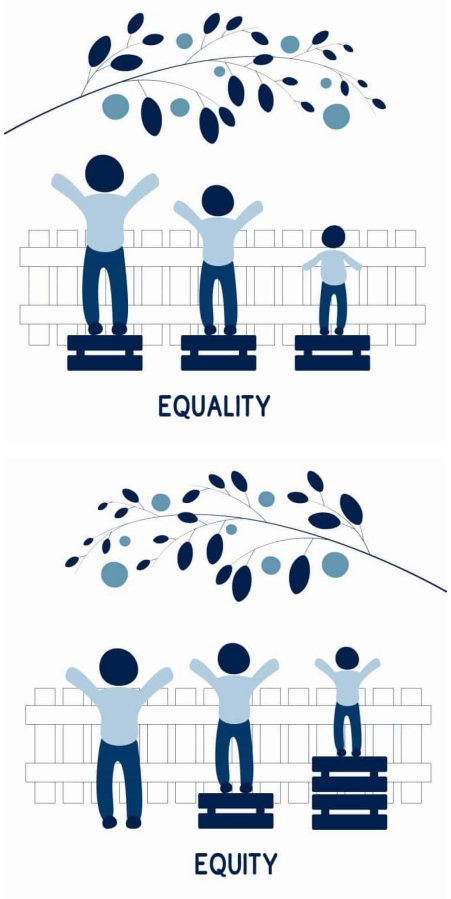


5. Health Equity

a. Defining health equity, inequities and inequalities

Health inequalities

- Differences in health status experienced by various individuals or groups in society as a result of:
  - Genetic and biological factors
  - Choices made
  - Unequal access to health factors like income, education, employment, and social supports



5. Health Equity

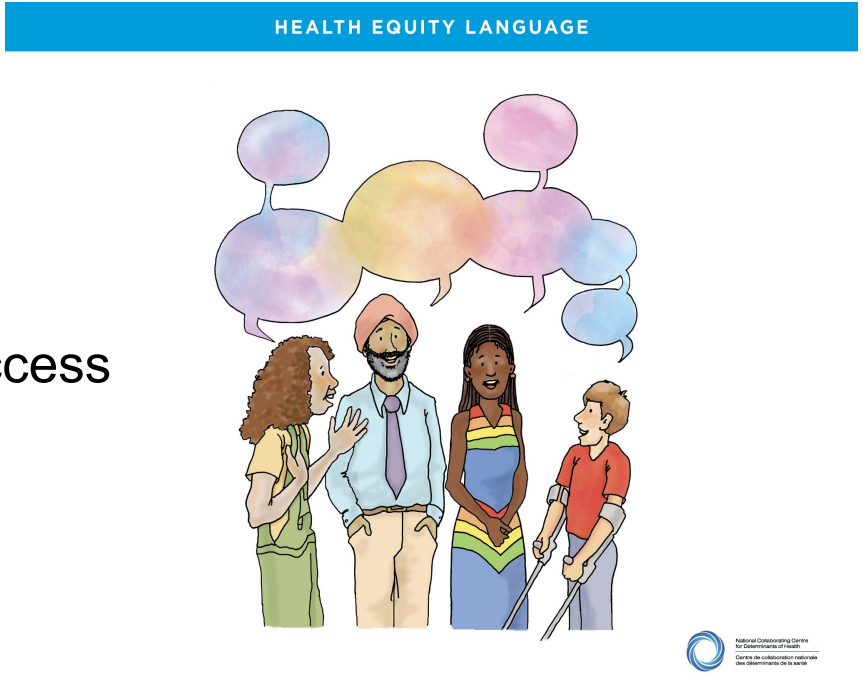
b. Engaging with Indigenous communities

- Cultural safety
- Distinct Indigenous communities
  - First Nation governments
  - Histories
  - Cultures
  - Organizational approaches
  - Jurisdictional realities

5. Health Equity

c. Racism in Public Health

- Racism, not race, drives the SDOH
- Systemic/structural racism
  - Legislative policies
  - Hiring practices
  - Unequal resource allocation
  - Inequitable practices that limit access



5. Health Equity

d. Social determinants of health

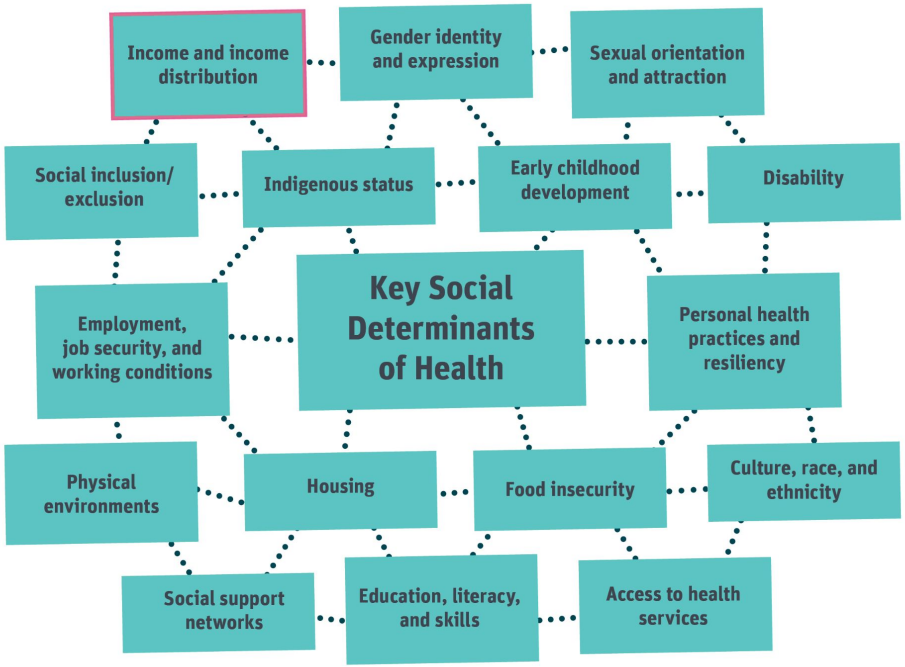


Image source: https://www.phsd.ca/resources/research-statistics/health-statistics/opportunities-for-health-for-all-a-focus-on-income/

5. Health Equity

d. Levels of intervention

Upstream	Midstream	Downstream
Seek to reform social and economic structures. Generally macro-policy level: national, provincial Changing the causes-of-causes. Takes advocacy skills, multi-sectoral collaboration & a lot of patience! e.g., basic income guarantee	Seek to reduce exposure to hazards. Micro-policy level: regional, local, community, organizational Changing the causes. Requires community development and communications. e.g., freeing up money for food (housing, childcare, etc.) or ensuring full benefits are received	Seek to increase access. Service or individual level Changing the effects of the causes. Requires internal and local collaboration. e.g., work with others to ensure everyone has access to benefits and services. Improve conditions and quality of food.

Adapted from OPHS Health Equity Guidelines 2018

5. Health Equity

e. Systems thinking

- Policies that are aware and prepared for unintended consequences
- Exploring relationships, boundaries, and perspectives

System: a group of interacting, interrelated, and interdependent components that form a complex and unified whole

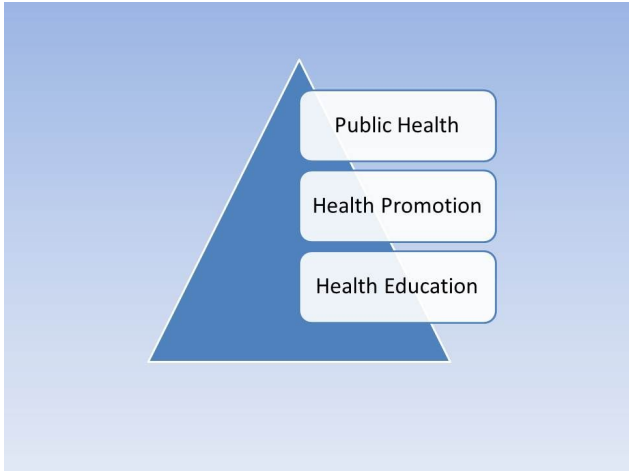
Health Equity Questions

1. What is health equity?
2. What is the difference between health inequities and inequalities?
3. How does public health address health inequities?
4. Why is it important to consider the social determinants of health in the program and policy development process?
5. What is systems thinking and how does it influence public health practice?

6. Health Promotion

a. What is health promotion?

Social and Environmental Interventions | **Protect health and quality life** | **Root cause of illness**



6. Health Promotion

b. Three key elements of health promotion

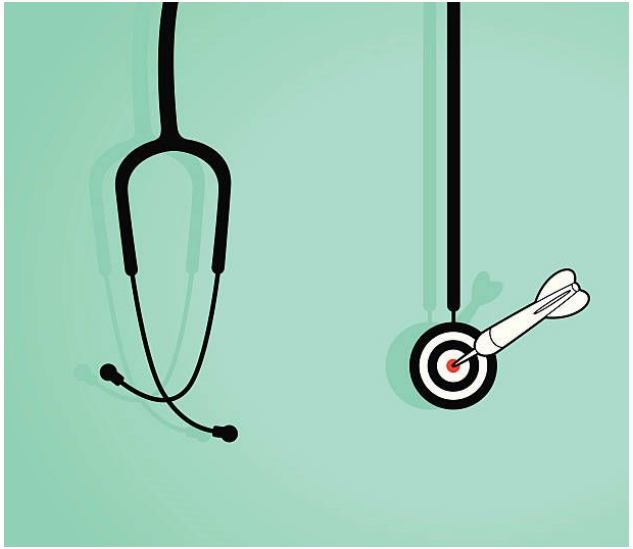
1. Good Governance for health
2. Health Literacy
3. Healthy Cities

6. Health Promotion

c. What is population health?

Population health aims to:

- Improve the health of the **entire** population; AND
- Reduce health **inequities** among population groups.

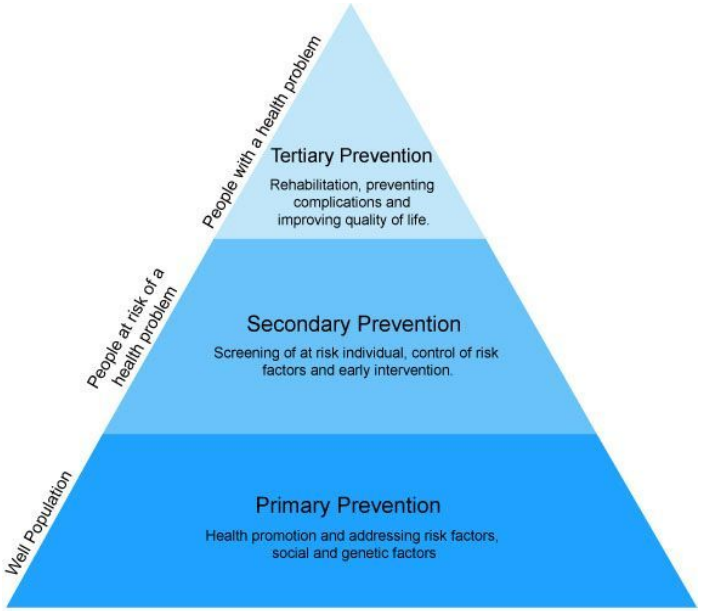


6. Health Promotion

d. Levels of Prevention

- **Primary prevention**:

- Broad strategies implemented at a population level
- Decreases the likelihood of chronic illnesses, injuries, and similar conditions, e.g.,
  - enhancing the nutritional quality of school food
  - implementing policies that restrict the advertising of certain foods to children
  - administering vaccinations to prevent the spread of infectious diseases.



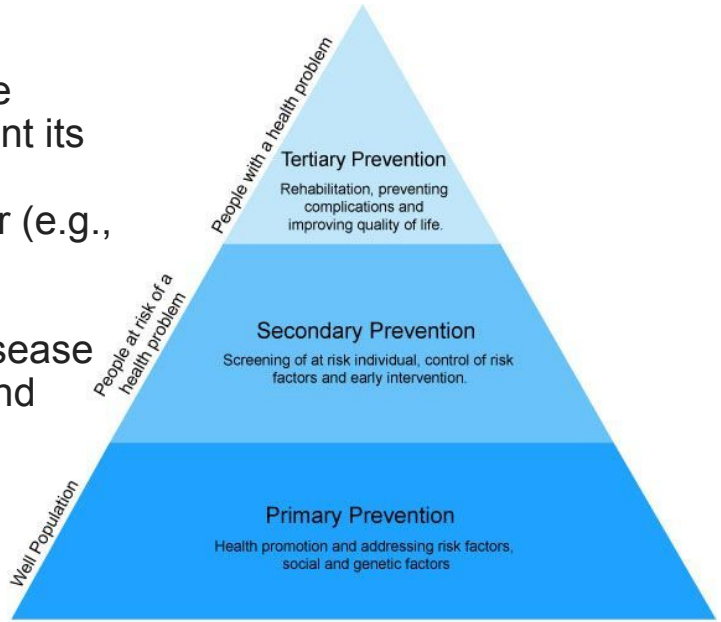
6. Health Promotion

d. Levels of Prevention

- **Secondary prevention:**

- Using screening and other techniques to identify the presence of a condition at an early stage and prevent its progression, e.g.,
  - screening programs aimed at detecting cancer (e.g., breast cancer, colon cancer)

- The purpose of these screenings is to detect the disease in its early stages, allowing for timely intervention and treatment to prevent further deterioration.



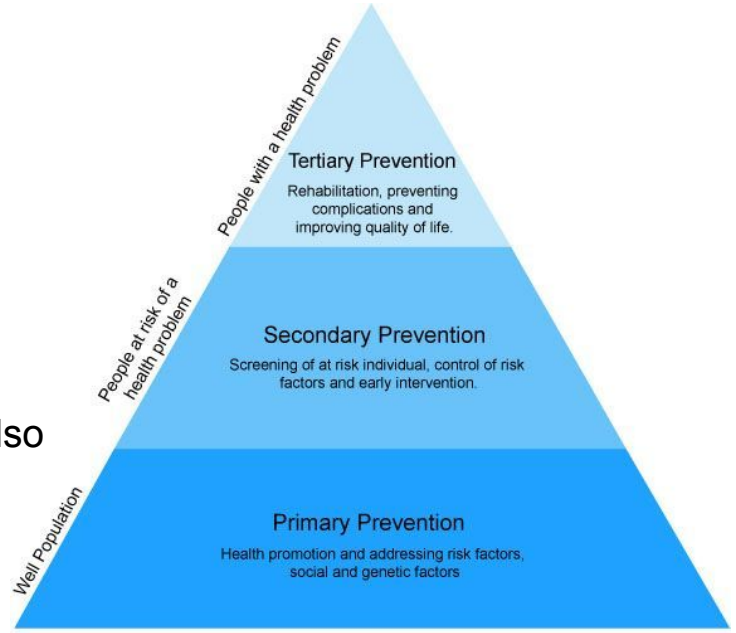
6. Health Promotion

d. Levels of Prevention

- **Tertiary prevention:**

- Efforts to reduce the impact of existing conditions on an individual's quality of life
- Provide support in managing their symptoms, e.g.,
  - prescribing medications
  - providing dietary counseling to help individuals manage diabetes.

- In addition to health education, tertiary prevention can also extend beyond education to include activities like:
- building partnerships,
- developing policies
- implementing strategies to improve the overall management and well-being of individuals with existing conditions



Health Promotion Questions

1. **What are the four domains of a population health approach that public health programming is focused in?**

2. **What are the four principles that guide public health work?**

7. Advocacy

- Non-partisan
- Occurs through media, legislative, and grassroots efforts
  - Events
  - Letters
  - Endorsements
  - Position statements in support of an initiative/cause

Module 3: Policy and Program Development in Nutrition

Public Health Orientation Learning Modules

8. The process of policy and program development

a. Steps of the policy making process

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

Chart source: Government of Ontario, Ministry of Health and Long-Term Care, 2021

8. The process of policy and program development

b. Program planning and evaluation cycle

Steps in program planning and evaluation:

1. Engage interested parties
2. Clarify what is to be accomplished/evaluated
3. Determine questions & sources of information(data) to assess situation,needs, assets, barriers, resources, evaluability
4. Consider the ethical issues around your program plan & evaluation work
5. Determine appropriate methods/procedures to implement program and evaluate
6. Develop your plans
7. Implement/Collect data
8. Monitor
9. Process and analyze data
10. Interpret and disseminate results
11. Apply evaluation findings

Image source: https://elizabethqualynch.weebly.com/program-planning.html

8. The process of policy and program development

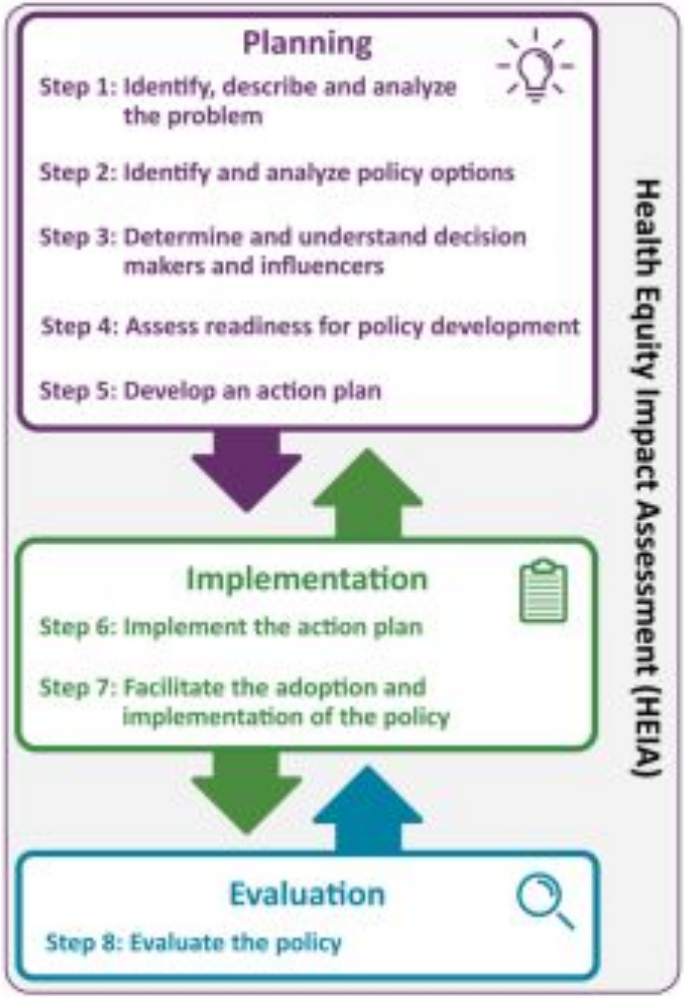
c. Sources of information

- Community stories
- Colleague concerns
- Health status
- Risk and protective factors

8. The process of policy and program development

c. Sources of information

- National, provincial, and local data
  - Surveillance
  - Screening
  - Other
  - Quantitative and qualitative (e.g., surveys, focus groups, key informant interviews, peer-reviewed literature, and gray literature)
  - Analysis, interpretation, context, data quality, limitations



Three-Phase, Eight-Step Policy Making Process for Developing Healthy Public Policy

Public Health Ontario. (2018). *Supporting policy making*. Retrieved from https://www.publichealthontario.ca/-/media/documents/S/2018/supporting-policy-making.pdf?la=en

8. The process of policy and program development

d. Nutrition surveillance vs. screening

Surveillance

- Data collection to measure magnitude, changes, and trends in **populations**
  - Objective is decided if and when an intervention is appropriate in defined populations.

Screening

- Testing to identify **individuals** at risk for disease
- Ethically requires a treatment option
- Objective can be:
  - Determine personal intervention
  - Protect the public (e.g., blood donors)
  - Measure prevalence in screened populations

8. The process of policy and program development

e. What is evidence-informed decision making?

The process of distilling and disseminating the best available evidence from research, context and experience, and using that evidence to inform and improve public health practice and policy.

Image source: NCMT, 2023

8. The process of policy and program development

e. What is evidence-informed decision making?

Evidence-informed decision making in public health considers the valuable evidence from a variety of sources:

- Community health issues and local context
- Existing public health resources
- Community and political climate
- Best available research findings
- Lived experience

Image source: NCMT, 2023

Policy and Program Development Questions

1. **What is the difference between public health surveillance and screening?**

2. **What are some valuable sources of information used in evidence-informed decision making?**

Public Health Case Studies

Public Health Case Studies

1. Case study: CPNP - Healthy Families Division

You are the new Registered Dietitian (RD) in an existing Canada Prenatal Nutrition Program in an urban Community Health Centre (CHC) setting. You will be providing an education session to a group of pregnant women and their partners. (4.01-4.06)

1. How would you assess and determine food- and nutrition- related issues of this population? (6.01-6.02)
2. What considerations contribute to the development of a food- and nutrition-related population health plan? (6.03)
3. How would you monitor and evaluate the food- and nutrition-related population health plan? (6.05)

Public Health Case Studies

2. Case study: Food Systems

Community leaders have approached you to be a part of a food policy council. (4.01-4.06) What are some key considerations related to your involvement?

1. What steps would you take to assess food related issues in your community? (6.01d, f, g)
2. How would you develop a community food policy plan? (6.02-6.03)
3. What would you consider for evaluating the plan? (6.05)

Public Health Case Studies

3. Case Study: School Nutrition

You are a part of an elementary school's nutrition committee. There is discussion around “good/bad” and “healthy/unhealthy” food choices available for breakfast programs, monthly school food events, and fundraising. The committee is creating an action plan for the next school year.

1. How would you determine the school’s food and nutrition assets and resources? (6.01-6.02)
2. How would you communicate your key messages? (4.04, 6.02b)
3. What would help make this school’s plan more comprehensive? (think of the whole school food culture/environment) (4.04-4.06)

Public Health Case Studies

4. Case Study: Media Request - Weight Inclusive Approach

A reporter calls to request a phone interview about nutrition and New Year's Resolutions. It is common that weight loss goals are a hot topic around the New Year. (3.01, 3.03, 3.05)

1. How would you prepare for this interview? (6.01f, 6.03b)
2. How would you reframe the message request? (4.03-4.06)
3. What would you do if the published interview has misinterpreted your responses? (2.10, 3.02-3.03)

Certificate

of Completion

Population Public Health Orientation Module

ODPH

Ontario Dietitians in Public Health

Diététistes en santé publique de l'Ontario