Ontario

Healthy Eating, Physical Activity and Healthy Weights

Guidance Document

Standards, Programs & Community Development Branch
Ministry of Health Promotion
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Table of Contents

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Section 1. Introduction

The *Ontario Public Health Standards* (OPHS) are published by the Ministry of Health and Long-Term Care under the Section 7 of the *Health Protection and Promotion Act* (HPPA). These standards specify the mandatory requirements for boards of health to implement various public health programs and services. Order in Council (OIC) has assigned responsibility to the Ministry of Health Promotion (MHP) for several of these standards: (a) reproductive health, (b) child health, (c) prevention of injuries and substance misuse and (d) chronic disease prevention. The OPHS for health promotion identify the requirements for complex, multifaceted responsibilities of local boards of health in health promotion. The Ministry of Children and Youth Services has OIC responsibility for the oversight of the *Healthy Babies Healthy Children* section of the *Reproductive and Child Program Standards*.

The OPHS are based on four principles: need; impact; capacity; and partnership/collaboration. One Foundational Standard focuses on four specific areas: (a) population health assessment; (b) surveillance; (c) research and knowledge exchange; and (d) program evaluation.

a) Development of MHPs Guidance Documents

The MHP has worked collaboratively with local public health experts to prepare a series of Guidance Documents. These Guidance Documents will assist the staff of boards of health to identify issues and approaches for local consideration and implementation of the standards. While the OPHS and associated protocols published by the Minister under Section 7 of the HPPA are legally binding, Guidance Documents that are not incorporated by reference into the OPHS are not enforceable by statute. These Guidance Documents are intended to be resources to assist professional staff employed by local boards of health as they plan and execute their responsibilities under the HPPA and OPHS.

In developing the Guidance Documents, consultation took place with staff of the Ministries of Health and Long-Term Care, Children and Youth Services, and Transportation and Education. The MHP has created a number of Guidance Documents to support the implementation of the program standards for which it is responsible, e.g.:

- Child Health
- Child Health Program Oral Health
- Comprehensive Tobacco Control
- Healthy Eating/Physical Activity/Healthy Weights
- Nutritious Food Basket
- Prevention of Injury
- Prevention of Substance Misuse
- Reproductive Health
- School Health

This particular Guidance Document provides specific advice about the *OPHS Requirements* related to HEALTHY EATING, PHYSICAL ACTIVITY AND HEALTHY WEIGHTS.

b) Content Overview

Section 2 of this Guidance Document provides background information relevant to healthy eating, physical activity and healthy weights, including the significance and burden related to these behaviours, a brief overview of provincial policy direction and strategies, as well as supporting evidence and rationale. The section also addresses the value of mental well-being and social determinants of health considerations in the public health approach to healthy eating, physical activity and healthy weights.

Section 3 provides a statement of each Requirement, which includes a statement of the actual OPHS (2008) Requirement pertaining to healthy eating, physical activity and healthy weights; a further explanation of the Requirement based on evidence, innovations and suggested priorities; suggested actions (organized into various categories of situational assessment, policy, program/social marketing and evaluation and monitoring); and some examples of how this has been done in Ontario or other jurisdictions with enough detail and guidance to adopt or adapt these examples and incorporate them into local health promotion plans.

Section 4 identifies and examines areas of integration with other program standard requirements. This section acknowledges elements and opportunities for multi-level partnerships, including suggested roles at each level (i.e., provincial, municipal/boards of health, community agencies and others) of public health governance. In addition, areas of integration with other strategies and programs such as the *Smoke-Free Ontario Strategy* and *Healthy Babies Healthy Children* are identified.

Finally, **Section 5** lists the key tools and resources that may assist local public health units in their efforts to plan, implement and evaluate interventions directed at healthy eating, physical activity and healthy weights. **Section 6** is the conclusion.

c) Intended Audience and Purpose

This Guidance Document is intended to be a tool that identifies key concepts and practical resources that public health staff may use in health promotion planning. It provides advice and guidance to both managers and front-line staff in supporting a comprehensive health promotion approach to fulfill the OPHS 2008 requirements for the Child Health, Chronic Disease Prevention, Prevention of Injury and Substance Misuse and Reproductive Health program standards.

Note: In the event of any conflict between this Guidance Document and the *Ontario Public Health Standards* (2008), the *Ontario Public Health Standards* will prevail.

Section 2. Background

During the past decade, the incidence of chronic (or non-communicable) diseases has increased worldwide. These diseases cause the majority of premature deaths in Canada and also contribute to the majority of disabilities. Although chronic diseases are most often experienced by the elderly, in 2005, more than 40% of Canadians over the age of 11 reported living with at least one chronic disease, such as heart disease, cancer, diabetes, hypertension, chronic obstructive pulmonary disease, eating disorders, respiratory diseases and stroke. (1) The *Ontario Public Health Standards* contain specific requirements to address the major risk factors for chronic disease. These include but are not limited to obesity, poor diet, tobacco use, physical inactivity, alcohol misuse and exposure to ultraviolet radiation. The following paragraphs highlight the contribution of obesity, unhealthy diets, physical inactivity, alcohol consumption and the built environment to chronic disease.

a) Obesity

Obesity is a strong risk factor for various chronic diseases. Obesity has been historically viewed as a personal or individual problem; however, rapidly rising rates among Canadians have brought the issue to the forefront as a public health concern of epidemic proportions. In Canada, between 1970 and 2004, the prevalence of obesity increased dramatically in all age groups. During that same period, the proportion of major chronic diseases attributable to obesity more than doubled for men and increased almost 40% for women. (2) Approximately 65% of Canadian men and 53% of Canadian women are overweight or obese. (3)

The health risks of being overweight and of obesity have been well documented and include cardiovascular diseases (such as coronary heart disease and stroke), diabetes, hypertension, osteoarthritis, several types of cancers and gallbladder disease. In Ontario, cardiovascular diseases had the highest mortality rates in 2004, 2005 and 2006 combined, compared to all other health conditions. (4) Cardiovascular diseases are also the most common cause of mortality across Canada. Cardiovascular disease has a relationship with diabetes, in that people with diabetes often have a higher risk of developing cardiovascular disease. Ontario has seen a rising trend in diabetes prevalence between 1995 and 2005. In 2005, 1.3 million Canadians 12 years of age and older reported having diabetes. (4) The key to reducing the burden of such chronic diseases in Canada is to foster environments that promote healthy weights.

According to the International Obesity Task Force, social changes in the past 30 years have created environments that promote physical inactivity and the consumption of energy-dense foods. (5) These "obesogenic" environments promote unhealthy weights, since more adults work in sedentary jobs, daily activities often require lengthy travel times, portion-sizes are larger, communities lack sidewalks, pathways and green spaces that promote physical activity and healthy food choices are often inconvenient and expensive. (1)

b) Healthy Weights

Achieving a healthy weight requires maintaining a balance between energy intake and energy output. However, sustaining this balance is challenging within today's social, cultural and physical environments. Healthy weights policies and programming require the use of sensitive language; one example is the *Healthy Measures – Be Active, Eat Well, Be Yourself* approach and tool kit, produced by Toronto Public Health.

c) Healthy Eating and Physical Activity

While many complex factors influence weight (such as biological, social, economic, cultural, environmental, lifestyle and behavioural factors), promoting a balance between healthy food choices (energy input) and regular physical activity (energy output) is imperative to maintaining a healthy weight and preventing chronic disease. Nutritional and overall health is affected by the types, quantity and quality of food eaten.

Healthy eating and physical activity are key factors in child development. Habits and attitudes developed in childhood last a lifetime. People who eat healthy foods and are physically active during their childhood and youth are more likely to eat nutritious food and be active throughout their lives. *Healthy Eating and Active Living* (HEAL) Action Plan.

Eating Well With Canada's Food Guide recommends that Canadians choose a variety of foods from each of the four food groups, in appropriate quantities, and limit foods and beverages high in calories, fat, sugar or sodium. Maintaining healthy eating habits as recommended by the *Food Guide* will help Canadians meet their nutrient requirements. Combined with regular physical activity at recommended levels, Canadians can reduce their risk of certain chronic disease and improve their overall health and well-being.

Canada's *Physical Activity Guide to Healthy Active Living* recommends that adults engage in 30 to 60 minutes of moderate physical activity (such as brisk walking) on most days of the week, accomplished in bouts of ten minutes or more throughout the day. Consistent physical activity at recommended levels has been associated with several health benefits, including lowered risk of some cancers, cardiovascular disease, diabetes, hypertension, osteoporosis, depression, anxiety and all-cause mortality. (6)

d) Alcohol Consumption

Alcohol consumption has now been identified as a risk factor for chronic disease. Strong evidence is available that links alcohol consumption and rates of cardiovascular diseases. When not accompanied with meals, alcohol consumption has been associated with increased risk for cardiovascular incidents. In combination with meals, moderate alcohol consumption has been found to lower the risk for cardiovascular disease later in life. However, the benefits of moderate levels of alcohol can also be attained through healthy eating patterns and regular physical activity. (7) The Centre for Addiction and Mental Health published the *Low-Risk Drinking Guidelines* to help mitigate the risks of alcohol consumption (8); these guidelines can be found in the *Prevention of Substance Misuse Guidance Document*.

e) Built Environment

The built environment is a risk factor for several adverse health outcomes. Environmental conditions (e.g., population density, segregation of land uses into commercial, residential and employment areas, the nature and quality of transportation services, availability of leisure amenities, air quality and other pollution) in urban areas are major determinants of chronic disease, including obesity, cardiovascular disease, arthritis, diabetes and musculoskeletal problems. This is in part because these diseases are perpetuated by environmental conditions that promote poor eating habits and sedentary lifestyles.

The World Health Organization's International Agency for Research on Cancer estimates that overweight/obesity and lack of physical activity cause one-quarter to one-third of all breast, colon, endometrial, kidney and esophageal cancers. (9) Inadequate levels of physical activity and poor nutrition are known to increase the risk for cancers and other chronic diseases, even in the absence of overweight and obesity. (10) The design of built environments also impacts pedestrian injury and fatalities, as areas of urban sprawl that are more car-dependent have higher rates of injury and deaths from traffic accidents. The design of the built environment influences nutrition through the accessibility of healthy foods. (11) There is now an urgent need to shift the focus of neighbourhood planning to create communities that are safe for all ages, to support healthy eating and encourage physical activity.

f) Food Security

"Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life" (Food and Agriculture Organization 1996). (12)

g) Moving Forward

To halt the current and growing trend towards physical inactivity, poor eating habits and their related health consequences, it is recommended that Ontario adopt a comprehensive approach, creating communities that foster and promote a balance between healthy food consumption and regular physical activity. A comprehensive approach requires the involvement of all stakeholders responsible for healthy eating and physical activity, including public health organizations, governments, food and recreation industries, workplaces, schools, parents, caregivers, communities and individuals. (1) A comprehensive approach would target all population levels, address different settings and implement multiple strategies at various levels of intervention.

In order to curb the rising rates of chronic disease, it is imperative that Ontario develops healthy public policies and fosters supportive environments. Public health organizations must focus on population-wide strategies such as policy development and environmental support rather than delivering messages to individuals or small groups. To create national, provincial and local environments that promote healthy weights, the Ministry of Health and Long-Term Care has published recommendations for action for all levels of government. (1) Local and regional governments, including public health organizations, can implement local policies and programming as stated in the *Ontario Public Health Standards*. Implementing programs and policies in partnership with community agencies not only builds community capacity, but may also help reach a broader population base.

The ever-rising burden of chronic disease on Ontarians' health status, and its resulting economic impact, calls for immediate, widespread and innovative action. Historically, public health organizations have been successful at stimulating public interest and population-wide behavioural change to address communicable diseases. However, chronic disease presents a much greater threat to public health, given rising rates and an aging population. Chronic disease prevention and health promotion efforts need to start now, and must address health inequalities, engage multiple sectors, intervene at multiple levels, strengthen community capacity and foster collective will. With a strong and widespread commitment to change, public health organizations can lead the way to better health for all Ontarians.

Section 3. OPHS Healthy Eating, Physical Activity and Healthy Weights Requirements

NOTE: OPHS Requirements 3 (Educational Settings); 4 (Workplace Health); 9 (Tobacco Cessation for Priority Populations); 10 (Promotion of Cancer Screening Programs); and 13 (Tobacco Compliance Protocol) are not covered fully in this Guidance Document because they either do not apply directly to the issues of Healthy Eating, Physical Activity and Healthy Weights, or are covered in other Guidance Documents.

Requirement 1

1. *The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends and priority populations, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current), in the areas of:*
   - ***Healthy eating;***
   - ***Healthy weights;***
   - *Comprehensive tobacco control;*
   - ***Physical activity;***
   - *Alcohol use; and*
   - *Exposure to ultraviolet radiation.*

a) Explanation

The *Population Health Assessment and Surveillance Protocol, 2008* outlines the following steps for population health assessment and surveillance: data access, collection and management; data analysis and interpretation; reporting and dissemination; and action.

In order to plan effective population-based and well targeted interventions to prevent disease and promote health, it is important to develop a clear and comprehensive understanding of community health status and outcomes, including the burden of disease, risk factors by sex, age and other local priorities and the range and patterns of health behaviours; identify logical, systematic and unique ways of gathering and explaining data to further understand risk factors, disease burden and health behaviours; and keep abreast of the latest research and literature so that data analysis and explanation are conducted on the most up-to-date risk factors and risk behaviours.

Program staff should work closely with epidemiologists to understand current and potential data and other types of information available. If an epidemiologist is not employed by the health unit, it may be worthwhile to acquire the services of one on contract, or to seek out skill enhancement in epidemiology. The local academic community may also provide useful skills and expertise in this area.

Health units that are limited in epidemiological skill and/or staff capacity could focus on one or two health topics and assess the relevance of the surveillance data and information available, identify whether the health unit has the expertise to analyze, and if not, determine how best to acquire the necessary expertise to analyze and explain the data and information.

The *Towards Evidence Informed Practice* (TEIP) project, undertaken by the Heart Health Resource Centre, has mapped tools for the following categories:

- Evidence-Informed Practice Compendium
- Program Assessment Tool
- Program Evidence Tool
- Program Evaluation Tool

- **Data Access, Collection and Management:**

1. *Determine what data and information are available.* It may be best to start with local data and then proceed to regional, provincial and federal data as necessary to compare and contrast the local burden of disease. Provincial data sources relevant to healthy eating, physical activity and healthy weights include the *Canadian Community Health Survey*,[1] the *Rapid Risk Factor Surveillance System*[2] and the *Transportation Tomorrow Survey*.[3] Additional information can be obtained from the Canadian Institute for Health Information, Local Health Integration Networks (LHINs) and the Canadian Fitness and Lifestyle Research Institute.[4] Data collected by other departments can also inform program planning. For instance, local planning departments can provide Geographic Information System (GIS) maps of parks, trails, sidewalks, etc. that can provide insight into built environment barriers to active living.
2. *Assess the methodological limitations of data and information sources.* This may help identify gaps and can help determine further sources of data and information. Sometimes data and information will need to be extrapolated from provincial or national sources.
3. *Access other sources of data and information, or systematically collect new data and information.* Other sources of data and information may include surveys, databases, literature (both peer-reviewed and "grey" literature), policy and program documentation and evaluation reports. Primary data collection includes both quantitative and qualitative data collection in the form of surveys, interviews and focus groups.

(Source: adapted from the *Population Health Assessment and Surveillance Protocol, 2008*)

[1] Public health units receive the "share" file of record-level CCHS data on Ontario respondents who have agreed their data can be shared with provincial health ministries. This is distributed to public health units by the Ministry of Health and Long-Term Care (MOHLTC), Health Analytics Branch. Public health units also receive the *CCHS Public Use Microdata File* (PUMF) of record-level data, where some of the responses are grouped into categories to ensure anonymity. This arrangement is through Statistics Canada, on the advice of MOHLTC, Health Analytics Branch. PHUs can use these data files to cross-tabulate the health behaviours and conditions (e.g., body mass index) use of substances variables with the socio-demographic or health behaviour variables. The correlations found among them are helpful for the planning of healthy eating, physical activity and healthy weights use of substance prevention programs.

[2] The current RRFSS (http://www.rrfss.ca/) data collection, analysis, reporting and dissemination processes provide the opportunity to locally monitor injury modules in a limited number of health unit jurisdictions across Ontario.

[3] This important travel survey is a cooperative effort by 21 local and provincial government agencies to collect information about urban travel. An understanding of urban travel results in better decisions on road and transit improvements, both now and in the future. Similar surveys were undertaken in 1986, 1991, 1996 and 2001 and the resulting information was widely used in literally hundreds of transportation planning studies. http://www.jpint.utoronto.ca/ttshome/

[4] The Canadian Fitness and Lifestyle Research Institute (CFLRI) conducts research, monitors trends and makes recommendations to increase levels of physical activity and improve the health of all Canadians. http://www.cflri.ca/eng/index.php

- **Data Analysis and Explanation:**

Once data gathering and collection is complete, data should be systematically appraised to paint a picture of local needs. This involves epidemiological and public health practitioner analysis of data related to person, place and time:

- *Analysis by person* involves assessing and explaining the data according to socio-demographic factors such as age, income, educational status, sex, immigration status, ethnicity, employment status, housing and language. Person-based analysis is useful to determine populations at risk (priority populations).*
- *Analysis by place* involves assessing the location, spread and distribution of disease and its determinants within and among communities. It may also involve studying health care utilization by location, which may provide useful information about spatial patterns in use of or access to services. Place-based comparisons can be done locally, regionally, provincially, nationally or internationally, depending on the nature of the available data and information, in order to reflect the purpose of data collection.
- *Analysis by time* involves understanding disease burdens, risk factors and health behaviours over time. Time-based analysis is useful for: identifying trends over time, and how disease, risk factor and behaviour patterns change with successive cohorts, as well as with major environmental, social and political changes.

(Source: adapted from the *Population Health Assessment and Surveillance Protocol, 2008*)

* The OPHS defines **priority populations** as "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." According to the *Population Health Assessment and Surveillance Protocol*, the purpose of identifying priority populations is to "address the determinants of health, by considering those with health inequities, including: increased burden of illness; increased risk for adverse health outcome(s); and/or those who may experience barriers in accessing public health or other health services or who would benefit from public health action."

Each health unit will need to identify their own priority populations, sub-populations and the target audience for each public health intervention. This is because targeted populations may not be the entire priority population for a particular health outcome. Public health interventions may not be able to reach all individuals within the priority population, as some members may be marginalized, or may not be accessible through the surveys and data collection methods.

- **Reporting, Dissemination and Action:**

Once data has been analyzed and explained, the information, insights and knowledge gained should be shared with key stakeholders and fed back into the decision-making process. The format chosen to disseminate results will depend on the intended audience. The following key points can be used as guidelines for reporting and dissemination:

1. Consider the frequency of reporting, the characteristics of the data, policy-making cycles, the usefulness of the information and the reporting format.
2. Know your **target audience** and what information they need. Different audiences need different information, even when addressing the same issues. Consider the needs of key stakeholder groups, such as public health professionals, policy-makers, community partners and the general public.

3. Create a plan for utilizing information from ongoing reports and dissemination products about continuing and/or modifying existing programs, policies and interventions, as well as in determining priority populations. Recommendations that are based on the explanation and practical significance of results are key to evidence-informed decision-making. Recommendations to continue, expand, redesign, or terminate a program, policy or intervention must focus on more than just need and effectiveness, and must take into consideration situational and organizational context.
4. Tailor population health assessment and surveillance activities on an ongoing basis, as necessary, based on the results of the data collection cycle.

Insights and knowledge gained from explaining the data may be used for setting priorities regarding public health programming. Priority-setting in public health can occur through many approaches. One option is to respond to demand from consumers, the general public, or politicians. A second approach to priority-setting is based on currently provided programs and the demands for services induced by the providers of those programs. A third type of priority-setting allocates funds to interventions that, when combined, produce maximum results for money spent. (13)

b) Examples to Supplement the Explanation

The analysis of existing surveillance data may not provide sufficient information to engage in effective program planning. Epidemiological analysis can help to identify limitations and gaps in data and determine further information needs. Data is more than just information on health outcomes and risk factors; data is any information that is needed, collected, compiled, tabulated and analyzed to understand populations and can enable effective decision-making.

- Sometimes additional sources of data may be required to obtain a clear understanding of local health behaviours and populations at risk. For example, the Peel Public Health Department uses the *Canadian Community Health Survey* (CCHS) as a source of information on most health behaviours and outcomes. Because the CCHS sample size is too small to analyze the survey outcomes at the level of the three individual municipalities within that region, the health department has collected additional data to provide more detailed surveillance of health outcomes and behaviours within local areas. The *2008 Recreation and Physical Fitness Survey*, conducted by Ipsos Reid, provides more information on recreational and physical activity among Peel residents. A food preferences survey is also collecting information about eating behaviours by immigrant status and cultural group.

Identifying priority populations is a complex and challenging task. Once a priority population is identified, it is also not always possible to target this population subgroup in its entirety through public health programs and interventions, as public health units vary in their resource capacity. Nevertheless, it is important to take time to systematically identify populations at risk and outline plans to reach as many priority populations as possible, with an understanding of the resources required to reach the rest.

It is also important to systematically analyze the data gathered. If no trained epidemiologist exists on staff, consider other means, such as contracts to external experts, professional skill enhancement for staff and/or partnering with universities for this service.

The following list highlights relevant surveillance being conducted at the provincial or local level.

- *The School Health Action Planning and Evaluation System (SHAPES) and The School Health Environment Survey (SHES)* are assessment tools that generate health profiles of schools in order to assist with planning, evaluation, surveillance and research. The Canadian Cancer Society's Centre for Behavioural Research and Program Evaluation and the Population Health Research Group at the University of Waterloo created SHAPES. SHAPES can be used to determine whether supports exist in schools for implementing policies and activities related to physical activity.

  The Public Health Research, Education and Development (PHRED) Program at the Sudbury District Health Unit and the Centre for Behavioural Research and Program Evaluation at the University of Waterloo, with the Ontario Ministry of Health Promotion, created SHES. This survey was applied across schools in Ontario during the 2007-2008 school year and to assess healthy eating and physical activity environments in Ontario's elementary, middle and secondary schools. SHES includes an elementary and secondary questionnaire in both English and French that addresses the four components of the Ontario Ministry of Education's *Foundations for a Healthy School*: high-quality instructions and programs, a healthy physical environment, a supportive social environment and community partnerships.

  For more information on both tools, visit www.shapes.uwaterloo.ca.

  Note: SHAPES/SHES were provincially implemented from 2001 to 2008. Individual health units may carry out surveillance of school environments using these surveillance tools. A *Healthy School Planner* is currently being developed as a planning tool for comprehensive school health promotion programming. This planner can conduct situational assessments of the school environment and is available at eng.jcsh-cces.ca/index.php?option=com_content&view=article&id=54&Itemid=80.

- *Skills Enhancement for Public Health* (Public Health Agency of Canada) offers modules for practitioners to build knowledge and skills in basic epidemiology, measurement of health status, surveillance and other epidemiological concepts. More information can be found at www.phac-aspc.gc.ca/sehs-acss/index-eng.php.
- *Local Health Integration Networks* (LHINs) are an additional source of data and information.
- *The Canadian Fitness and Lifestyle Research Institute* (CFLRI) is a national research agency that conducts primary research and monitors trends of physical activity in Canada, and makes recommendations to increase levels of physical activity and the overall health of Canadians. The Institute monitors physical activity and sport participation of various population subgroups in various settings. To access this resource, visit www.cflri.ca.
- NutriStep® stands for Nutrition Screening Tool for Every Preschooler. NutriStep® is a valid and reliable English and French nutrition risk screening questionnaire for preschoolers aged three to five years. The questionnaire is designed to be completed by the child's parent or primary caregiver in order to assess nutrition risk in his/her child. For more information, visit www.nutristep.ca.

c) Linkages to Other Requirements, Organizations and Workgroups

Linkages to Other Requirements

++ Linkages to Food Safety Requirements 1, 2 and 3 under Assessment and Surveillance

1. *The board of health shall conduct surveillance of:*
   - *Suspected and confirmed food-borne illnesses; and*
   - *Food premises.*

   in accordance with the Food Safety Protocol, 2008 (or as current) and the Population Health Assessment and Surveillance Protocol, 2008 (or as current).
2. *The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends and priority populations, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*
3. *The board of health shall report Food Safety Program data elements in accordance with the Food Safety Protocol, 2008 (or as current).*

++ Linkages to Child Health Requirements 1 and 2 under Assessment and Surveillance

1. *The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends and priority populations in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current), in the areas of:*
   - *Positive parenting;*
   - *Breastfeeding;*
   - *Healthy family dynamics;*
   - *Healthy eating, healthy weights and physical activity;*
   - *Growth and development; and*
   - *Oral health.*
2. *The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes in accordance with the Oral Health Assessment and Surveillance Protocol, 2008 (or as current), and the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*

++ Linkages to Prevention of Injury and Substance Misuse Requirement 1 under Assessment and Surveillance

1. *The board of health shall conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends and priority populations, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current), in the areas of:*
   - *Alcohol and other substances;*
   - *Falls across the lifespan;*
   - *Road and off-road safety; and*
   - *Other areas of public health importance for the prevention of injuries.*

++ Linkages to the Requirements within the Foundational Standard under Population Health Assessment, Surveillance, Research and Knowledge Exchange.

1. *The board of health shall assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*

2. *The board of health shall assess trends and changes in local population health in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*
3. *The board of health shall use population health, determinants of health and health inequities information to assess the needs of local populations, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations).*
4. *The board of health shall tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible based on available resources.*
5. *The board of health shall provide population health information, including determinants of health and health inequities to the public, community partners and health care providers, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*
6. *The board of health shall conduct surveillance, including the ongoing collection, collation, analysis and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*
7. *The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the Identification, Investigation and Management of Health Hazards Protocol, 2008 (or as current); the Infectious Diseases Protocol, 2008 (or as current); the Population Health Assessment and Surveillance Protocol, 2008 (or as current); the Public Health Emergency Preparedness Protocol, 2008 (or as current); and the Risk Assessment and Inspection of Facilities Protocol, 2008 (or as current).*

Requirement 2

*The board of health shall monitor food affordability in accordance with the **Nutritious Food Basket Protocol**, 2008 (or as current) and the **Population Health Assessment and Surveillance Protocol**, 2008 (or as current).*

a) Explanation and Examples to Supplement Explanation

Refer to the Nutritious Food Basket Guidance Document, 2008 (or as current).

Requirement 5

5. *The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke.*

a) Explanation

The OPHS requires boards of health to engage in policy development through partnerships between health units and local food premises, the provision of information to local food premises and support for environmental change within local food premises that foster healthy eating.

- The OPHS defines food premises as "premises where food or milk is manufactured, processed, prepared, stored, handled, displayed, distributed, transported, sold or offered for sale, but does not include a private residence." These venues may include:
  - Restaurants and cafés
  - Cafeterias (within schools, workplaces, recreation centres and daycares)
  - Grocery stores and supermarkets

- A **comprehensive health promotion** approach combines multiple strategies and addresses a full range of **health determinants** to achieve a balance between individual and population-level interventions. Health promotion interventions and capacity building strategies exist on a continuum that spans from a focus on the individual to a focus on populations. Interventions and strategies on this continuum can include screening, individual risk assessment, immunization, health education and skill development, social marketing and health information, strengthening community action and creating supportive environments. Building healthy public policy and reorienting health services are ways to create supportive environments for action. Each of these strategies can be applied at the level of the individual, family, community, sector or system, or society (population-wide). (14-16)

As a key component of a comprehensive health promotion strategy, a policy should:
- Make healthy choices more accessible
- Make unhealthy choices less accessible
- Consider the **determinants of health** in the process of policy development

Policy development* considers risk factors, settings and audiences and includes activities that range from raising awareness, education, skill building and providing environmental support, to ultimately changing policy. (15 -17)

While systematic policy development does not necessarily require a whole new set of skills, it does require the consideration of public health issues from different perspectives; being persistent and flexible; and aligning priorities, supports and activities to the current policy climate for maximum effectiveness. Systematic policy development often involves a process that is unclear, non-linear and unpredictable, but when accomplished successfully, has the potential to widely influence public health problems. (17) *OPHS Requirement 5* may generate a need for consultation with registered dietitians or experts on the policy development process.

Policy development can include creating policies that change the environment of healthy eating. These can be broad, far-reaching policies, such as bylaws, smaller institution or corporate-based policies, or program policies that impact the content of all programs delivered. Policy development to meet this Requirement may include:
- Improving the availability of healthier food and beverage choices in local food premises (18);
- Restricting the availability of less healthy foods and beverages in food premises (18) by developing nutrition criteria for food and beverages sold in various settings;
- Encouraging healthy eating choices by increasing menu options for vegetables and fruit, whole grain products and items that are lower in saturated and trans fat (19);
- Requiring local food premises to provide nutrition information for all food items served (20);
- Instituting smaller portion size options for food served in local food premises (18);
- Providing point of purchase information (19); and
- Encouraging food premises to adopt competitive pricing and positioning of healthier food products (19).

Formative research that assesses public support for policy is imperative to effective policy development.

Collaborating with local food premises to engage in policy development requires the provision of relevant background information. This information can include technical information on the nutritional value of foods, as well as guidance on possible policy options and access to tools and resources required to explore policy options. Providing targeted information that matches the stage at which local food premises are prepared to engage in policy development will maximize the value of supportive resources. In addition, a supportive environment for change can be enhanced by maintaining strong partnerships with local food premises while they engage in the steps of systematic policy development and social marketing campaigns that support advocacy efforts and raise public awareness on any new policy being implemented.

Health units may be constrained in their ability to engage in systematic policy development for a variety of reasons, such as capacity limitations. However, instead of trying to complete all the components of this Requirement, focusing on a few policy activities and targeting a smaller range of settings with an action plan to broaden reach and scope over time may be an effective use of health unit resources. For instance, if policy development is possible in only one or two local food premises, it may be valuable to focus on completing all components of *Requirement 5* (providing information and supportive environments for policy development) for those premises and then expanding reach based on local needs and priorities. A key component of policy development is the environment in which the policy will be advanced. This component should also be considered when prioritizing the activities and settings to be addressed. The broad scope of activities and diversity of settings referenced in *OPHS Requirement 5* allow for flexibility to consider local capacity, needs and priorities, as well as overall policy climate, in order to implement the most effective interventions.

* The Health Communication Unit outlines the key steps involved in the policy development process:

1. Identify/describe/analyze the problem
2. Assess community capacity and readiness to determine "if policy is an appropriate strategy"
3. Develop goals, objectives and policy options
4. Identify decision-makers and key influencers
5. Build support for policy among decision-makers
6. Write and/or revise policy
7. Implement policy
8. Evaluate and monitor policy on an ongoing basis

b) Examples to Supplement the Explanation

Note: Policy development is most effective when combined with environmental support for policy changes and relevant technical information. Policy development is only one component of a comprehensive health promotion strategy and should always be integrated with social marketing and community or program interventions.

The following examples illustrate a range of activities that show how health units can engage in policy development and create supportive environments for healthy eating.

- Public health units can support local school boards and/or individual schools with interpreting, implementing and monitoring the Ministry of Education's *School Food and Beverage Nutrition Standards*, known as *The Healthy Food for Healthy Schools Act*. This Act has two components: the first eliminates trans fats from being served in elementary and secondary schools in Ontario, and the second provides nutrition standards that Ontario schools must adopt for all food sold in schools. This includes food provided in cafeterias, vending machines and tuck shops. Additional supportive activities include developing policies, or strengthening existing policies, linking schools and school boards with provincial supports and providing schools and school boards with consultation on technical nutrition-related information. The *School Health Guidance Document* provides further information on how to effectively work in a school setting, including opportunities for alignment with the education sector.
- Public health units can support their local Student Nutrition Programs by explaining, implementing and monitoring the *Ministry of Children and Youth Services Nutritional Guidelines*. These guidelines outline the foods and beverages that can be served in Student Nutrition Programs (including breakfasts, lunch and snack foods). For more information, visit http://www.children.gov.on.ca/.
- ***Nutrition Tools for Schools***© is an implementation tool kit designed to support elementary schools in creating healthy nutrition policies and environments. Public health units can support schools to conduct an initial situational assessment and subsequently engage in policy development. Public health units are encouraged to build relationships with schools to provide ongoing support. For more information on the tool kit, visit http://nutritiontoolsforschools.wetpaint.com.
- **Ophea's Menu of Choices** offers resources and tools to support elementary and secondary schools to develop policies and create supportive environments for healthy eating. For more information, visit http://www.menuofchoices.ca.
- ***The Eat Smart!* Program (Nutrition Resource Centre).** *Eat Smart!* is an Award of Excellence program for food premises that meet standards and nutrition food safety and a smoke-free environment. Through this program, public health units can engage in policy development and create supportive environments for healthy eating in schools, workplaces and recreation centres. For more information visit, http://www.eatsmartontario.ca/.
  - ***Eat Smart!* School Program:** The *Eat Smart!* School Program offers an Award of Excellence to schools that meet exceptional standards in nutrition, food safety and smoke-free environments.
  - ***Eat Smart!* The Workplace Program:** The *Eat Smart!* Workplace Program offers an Award of Excellence to workplaces that meet exceptional standards in nutrition, food safety and smoke-free environments.
  - ***Eat Smart!* Recreation Centre Program:** The *Eat Smart!* Recreation Centre Program offers an Award of Excellence to recreation facilities that meet exceptional standards in nutrition and food safety for items sold in snack bars and vending machines, as well as smoke-free environments.
- **EatRight Ontario** is a provincial program that provides access to registered dietitians and evidence-based healthy eating and nutrition information. EatRight Ontario may be useful for public health and the community when developing healthy eating resources or policy. For more information, visit http://www.ontario.ca/eatright.

c) Linkages to Other Requirements, Organizations and Workgroups

The *School Health Guidance Document* provides advice on how to effectively work in school settings, including opportunities for alignment with the education sector and identification of priorities in consultation with school boards and schools.

Requirement 6

6. *The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment, regarding the following topics:*
    - ***Healthy eating;***
    - **Healthy weights;**
    - *Comprehensive tobacco control;*
    - ***Physical activity;***
    - *Alcohol use; and*
    - *Exposure to ultraviolet radiation.*

a) Explanation

While social, cultural and physical environments are important **determinants of health** and key enablers of individual behaviour, the environment also strongly influences these factors. This is particularly true for disadvantaged populations. It is imperative, therefore, to modify existing environments and foster supportive environments as a key population-based approach to reducing health inequities between population subgroups. In the area of food policy development, specifically, it is also important to find a balance between eliminating all unhealthy foods and cultivating positive behaviours.

Public health units often develop partnerships with local land use and transportation departments to mitigate the health consequences associated with detrimental land-use patterns. This type of integrated approach can influence planning and development processes and shape neighbourhoods into more healthy, active communities. Health units can also develop partnerships with environmental health, nutrition, child and youth services and social services, and be open to non-traditional partners either at the municipal, regional or community level.

Public health and environmental health programs have traditionally had a relationship with land-use planning in regards to industrial and commercial land uses and air pollution. Additional partnerships between public health and planning would enable a more coordinated approach to the planning sector. An internal committee composed of a representative from each department, division or team is one option to create a coordinated approach. Public health units could also influence municipal decision-makers to modify existing policies or create new policies through partnerships with community-based organizations already working to improve access to recreation or development patterns. Public health units could provide community-based organizations support in the form of policy development expertise and topic-relevant information.

Multi-sector relationship building, especially in sectors where public health has not traditionally had a role, is key. Supporting and developing policy for recreational settings and the **built environment** requires activities and supports at all levels. Senior management and organizational buy-in are important to prioritize and create support for multi-sector initiatives. Relationships must also be built between front-line nutrition and physical activity promotion professionals in public health, and land use and transportation planners within local planning departments. Public health units can build relationships at all levels of government, including municipal, provincial and national: locally between municipal planners and health units, provincially between relevant organizations and nationally between planning and public health organizations.

There are several variations in government structure that can impact a public health unit's ability to engage in policy development. Public health units may benefit from identifying their unique governmental structure and determining an effective policy development process. This can help to build partnerships between health and planning, since a public health unit may operate on a regional level, but planning may occur on a municipal level. Some health units have developed visual maps outlining regional and/or municipal structures that are important for policy development.

Policy development often falls into one of the pathways listed below. Exploring activities that can be undertaken to mobilize each of the following categories will ensure a comprehensive approach to developing effective policy with relevant environmental supports for implementation and maintenance.

- *Reactive.* A high profile incident or a regular process, such as an Official Plan policy review, may provide opportunities for policy development. An Official Plan is a policy document that guides planning in each municipality and/or region and undergoes mandatory review for conformity with provincial policies every five to ten years. This opportunity can provide a way to advocate for evaluating existing policies within the local official plan from a health lens, and to provide comments and propose policy to strengthen the health rationale of the official plan.
- *Proactive.* Activities that are undertaken during policy development reactive windows are usually considered proactive policy development. Proactive policy development can consist of identifying gaps in existing policies, advocating for improved policies, building relationships and partnerships between key stakeholders, etc. As mentioned above, proactive policy development activities include formalizing relationships between public health and planning through the formation of advisory committees and/or creating a process for public health to provide comments on development plans.
- *Topic or issue-specific.* Topic or issue-specific policy development includes activities that identify policy and environmental gaps relevant to healthy eating and physical activity. Policy development steps include scanning existing policies for a particular issue, identifying gaps and linkages and creating new policy and supportive environments. Issue-specific policy development activities may include advocating for safe and easy access to stairways as a means to promote physical activity in new municipal and/or regional buildings.

Before the planning process is initiated, a thorough situational assessment should be undertaken to evaluate gaps in policies and environmental supports that exist to promote healthy eating and physical activity in recreational settings and the built environment. A situational assessment could include an environmental scan of policies and supports that currently exist, a gap analysis to determine the policies and processes that need to be implemented to increase healthy eating and active living, a health impact assessment of the impacts of the built environment on health and/or an audit of walkability and the food environment conducted in collaboration with local communities, businesses, institutions and other local partners.

Creating communities that are safe and support physical activity can prevent obesity and increase levels of physical activity. This can be achieved by improving access to outdoor recreational facilities, increasing infrastructure support for bicycling and walking, locating schools within walking distance of residential areas, improving access to public transportation, planning for more mixed-use development and improving pedestrian and traffic safety in areas where people might be physically active (Centers for Disease Control and Prevention, 2009). Other actions that can increase levels of physical activity include community-wide campaigns, social support interventions and individually-tailored behavioural change programs. (21)

Supporting healthy public policies and creating supportive environments for policy development means identifying opportunities and building relationships between key stakeholders at each level of policy development (municipal, regional, provincial and federal); building internal skills to engage in systematic policy development; and contributing to the knowledge base on the issue, either through new research or evaluation of existing programs, processes and policies. With support from public health, municipalities can develop healthy eating and active living policies within their own workplaces, programs and services to lead by example for the local community and other workplaces. (19) Health units should also align local policy development activities within provincial strategies that support their efforts.

Recreational Settings

Recreation through physical, social and artistic expression provides opportunities for individuals to improve their health and wellness, socialize and interact with others, learn new skills, have fun and find balance in their lives. Health units could engage in awareness-raising about the benefits of recreation on mental health to increase support for recreational opportunities. This may also benefit specific age groups, such as seniors, where the combination of opportunity, accessibility and choice offered by an effective recreational program may promote mental well-being as well.

The Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH) has begun to establish links with Parks and Recreation Ontario (PRO) to increase access to and levels of physical activity among Ontarians. Physical activity promoters within health units can benefit from partnerships with local recreation centres to develop creative solutions to physical inactivity in the community. In one instance, a public health unit partnered with a local recreation centre to identify and address the recreational needs of community youth. The public health unit's goal was to increase the physical activity levels of youth, and the goal of the recreation centre was to address the recreational needs of youth. The partnership between these organizations led to the development of skateboard parks in the community and thereby addressed both goals.

- Supportive environments, as referenced in *OPHS Requirement 6* for recreational settings, can be explained as:
  a. Fostering social, cultural and physical environments that enable healthy choices.
  b. Creating new/modifying existing food policies to make the healthy choice the easier choice.
  c. The de-normalization of high-fat, saturated and trans fat, sodium-rich and sugar-rich foods and beverages in public recreational settings such as:
     - arenas
     - recreational centres (indoor and outdoor)
     - parks
     - schools
     - vending machines
     - cafeterias
     - foods sold at sporting events in schools or communities
     - foods sold to raise money for sport or recreational events
     - food at meetings
     - day camps
     - pre/after school programs

- Achieving healthy public policies in recreational settings may involve creating new policies or modifying existing policies at the municipal level to enable populations to make healthier choices regarding healthy eating, healthy weights and physical activity. This includes:
  - Building internal capacity to assess public policy on recreational settings.
  - Engaging in **systematic policy development*** to create new and/or modify existing policies related to recreational settings.
  - Enabling universal access to recreational programs through program subsidies.
  - Providing subsidized spaces and finding opportunities for physical activity in areas where high-risk population subgroups live.
  - Increasing access to and the availability of nutritious foods in areas where high-risk population subgroups live.
  - Advocating for corporate and institutional policy development that supports healthy eating.

The Built Environment

The built environment refers to the physical and spatial arrangement of community structures and open spaces, including transportation systems, land-use patterns and urban design characteristics. Almost every element in a community contributes to its built environment, such as roads, streets, sidewalks, parking lots, parks, trails, transit stops, schools, residences, libraries and stores. (4, 22)

Terms such as "street connectivity," "land-use mix," "proximity," "density" and "aesthetics" are often used to describe built environments. Urban sprawl, a type of development pattern often seen in Ontario's suburban areas, is characterized by low density, poor street connectivity and a low level of land-use mix. In contrast, more compact, walkable neighbourhoods typically seen in downtown cores are characterized by high density, well-connected streets and a large mix of land uses located near residential areas.

Public health units can play an important role in mitigating the effects of the built environment on health outcomes. Local public health organizations can take the first steps by:

- Forging new partnerships between public health, planning and transportation officials to bring health into the forefront of land use and transportation planning discussions;
- Serving as information conduits by keeping abreast of current research and disseminating information to key stakeholders and the community at large;
- Building community support for change by increasing awareness and knowledge about how the built environment is an important determinant of health;
- Providing support for and participating in land use planning decisions; and
- Engaging in policy development that supports healthy community development. (23)

In addition, health units should consider the following activities and initiatives to promote healthy development planning:

- Encourage planning and transportation professionals to consider themselves as public health enablers and forge sustainable partnerships between departments of public health and planning;
- Advance the field of research by developing tools to understand and measure the relationships between health and the built environment;
- Advocate for land use planning to be seen as a health promotion strategy to decrease the burden of chronic disease;
- Establish health as a priority area of concern and strengthen public health's support for healthy transportation and land use policies;
- Integrate the concept of healthy and complete communities into official plans (such as within community impact statements);
- Support changes to zoning codes that facilitate mixed use land development at the neighbourhood level;
- Formalize public health's role in providing feedback on municipal secondary and block plans, and establish a process for utilizing health assessment tools to measure the health-promoting potential of development applications; and
- Encourage balanced transportation planning that is designed around people rather than cars at the neighbourhood level.

(Source: *Peel Health's Position Statement on The Impacts of the Built Environment on Public Health*)

- Supportive environments can be further explained as:
  - Physical environments that are age-friendly, enable healthy eating and active living, foster social empowerment and civic engagement, allow safe and equal access to health and social service resources, offer protection from environmental toxins and are diverse, safe and sustainable;
  - Fostering social, cultural and physical environments that enable active living;
  - Creating new/modifying existing policies to make choosing active modes of transportation the easier choice;
  - The de-normalization of an automobile-dependent culture;
  - Building community support for change by increasing awareness and knowledge about how the built environment is an important determinant of health;
  - Providing opportunities for community involvement to improve local built environments;
  - Access to open space that fosters community gatherings and community interaction;
  - Accessible and safe green space (such as parks, playgrounds), bike paths and trails that enable physical activity and recreation for all age groups;
  - Accessible and safe sidewalks and pathways for pedestrian activity; and
  - Access to healthy foods.

- Healthy public policies on the built environment can also mean creating new or modifying existing policies at the municipal level to enable populations and population subgroups to conveniently make healthier choices regarding healthy eating, healthy weights and physical activity. This includes:
  - Building internal capacity to assess planning policy documents for health language and inclusiveness;
  - Engaging in **systematic policy development*** to create new and/or modify existing policies related to the built environment;
  - Creating formal partnerships between boards of health and departments of development and transportation planning to bring health into the forefront of land use and transportation planning discussions;
  - Enabling consistent consideration of health impacts of built environments at each stage of the development process; and
  - Creating health standards for local development.

Interventions and policy development activities can occur at several levels of development. Designing new or retrofitting existing built environment structures to support pedestrian activity and provide convenient opportunities for active transportation can occur at the level of the site, the block, the neighbourhood, the municipality or the region. Design changes may include:

- Improving access to, and the safety of, school playgrounds to create spaces where children may be physically active;
- Improving the design of school entrances to foster safe and convenient access through active modes of transportation; and
- Improving and maintaining the quality and safety of sidewalks to facilitate active transportation and recreational physical activity.

b) Examples to Supplement the Explanation

Note: Most cost-effective, population-based strategies that address physical activity and healthy eating are comprehensive, reach a wide range of the population and include the following components:

- Community action
- Healthy public policy
- Supportive environments
- Personal skill and capacity building
- Reorientation of health services

Examples of Healthy Public Policy in Recreational Settings:

- ***Eat Smart!* Recreation Centre Program (Nutrition Resource Centre):** The *Eat Smart!* Recreation Centre Program offers an Award of Excellence to facilities that meet exceptional standards in nutrition for items sold in snack bars and vending machines. For more information, visit http://www.eatsmartontario.ca.
- The Durham Region Health Department developed a pilot program, **Creating Healthy Eating for Youth (CHEY)**, to promote healthy food choices by adults and children in arenas. The program won a Dietitians of Canada award in 2007 and offers healthier menu options such as oatmeal for breakfast, soups and veggie burgers for lunch/dinner, and provides informational bulletins, presentations and manuals for schools and parents. For more information, visit http://www.region.durham.on.ca/.
- Toronto Public Health has worked with local sports arenas to increase healthier food options at these sites.

Examples of Other Policy Development Activities in Recreational Settings:

- In Chatham-Kent, the Chatham-Kent Public Health Unit, the Recreation Programs and Facilities Departments and the Chatham-Kent Family YMCA joined forces to initiate *Free Swims for Grade Five Students in Chatham-Kent*. This campaign provided grade five students with a pass allowing unlimited access to the two indoor municipal swimming pools, the indoor YMCA pool, as well as all municipal arenas (skating). The grade five student who used these facilities the most was awarded with a bicycle and safety equipment.

Examples of Healthy Public Policy in the Built Environment:

- The Chatham-Kent Public Health Unit has developed a corporate food and beverage policy that provides supportive environments for healthy eating. The policy states that:
  - The Municipality of Chatham-Kent is committed to supporting healthy eating at all municipal programs, events, meetings and functions. This includes training sessions, educational workshops and community events.
  - The Municipality of Chatham-Kent will use the following six principles to guide decision-making at programs, events, meetings and functions where food and beverages are to be served:
    - Promote healthy eating
    - Practice safe food handling
    - Be environmentally friendly
    - Promote Ontario-grown products
    - Recognize cultural and dietary needs of the group
    - Be fiscally accountable
- Some heath units have worked with local schools and/or school boards on policies to improve the nutritious quality of food and beverages served in school vending machines, as well as to strengthen implementation of the Ministry of Education's *Daily Physical Activity Requirements*.

Examples of other Policy Development Activities in the Built Environment:

- Simcoe-Muskoka District Health Unit conducted a needs assessment with their municipal planners to determine the tools and resources required at the local level to implement healthy development plans. The health unit is currently developing a tool kit for their planning staff that contains:
  - A review of the evidence between health and the built environment.
  - Examples of healthy development proposals.
  - Templates with policy language guides for ongoing policy development within official plans.
  - A checklist of essential land use elements for healthy development.
- The Simcoe-Muskoka District Health Unit has developed built environment indicators for their balanced score card (performance management) tool in order to monitor progress and implementation of the health unit's Building Healthy Communities Initiative. These built environment indicators were developed to measure organizational activities related to the initiative and their alignment with strategic priorities.
- The Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit has undertaken a number of initiatives related to healthy community development and the promotion of active communities. HKPR resources include guidelines for reviewing official plans, tools for the development of active communities, a draft checklist for planners to design active communities, research summaries and an *Active Communities Charter*. For more information, visit http://www.hkpr.on.ca.
- The Region of Waterloo, the City of Kitchener, the City of Cambridge and the City of Waterloo have adopted a Pedestrian Charter that encourages and supports walking as a mode of travel. A Pedestrian Charter Steering Committee was created to monitor the implementation of the pedestrian charter in local municipalities. For more information, visit http://www.region.waterloo.on.ca.
- The Halton Region Health Department has identified the parameters or criteria that should be captured in the long-term land use planning process to encourage walkable and transit-supportive communities (Report: *Creating Walkable and Transit-Supportive Communities in Halton*). This research and report was created with the intention of informing policies within the Region's Official Plan or acting as additional guidance to existing Official Plan policies. The health unit has also successfully incorporated language about healthy and sustainable development, focusing on walkable and transit-supportive development, within their Official Plan.
- The Region of Waterloo Public Health has undertaken a three year inter-departmental and inter-disciplinary project entitled Neighbourhood Environment in Waterloo Region, Physical Activity Transportation and Health (NEWPATH). This project aims to establish a data collection model that integrates diet, physical activity and transportation patterns with measures of the built environment to inform policy development, as well as transportation and land use planning decisions. The project also aims to evaluate the amount of air pollutants generated due to personal travel by people living in different levels of walkability.

Provincial Strategies, Frameworks and Recommendations to Align Local Initiatives to Create Supportive Recreational and Built Environments

- *Healthy Weights, Healthy Lives*, a 2004 report by Ontario's Chief Medical Officer of Health, highlights the urgency of reducing the burden of overweight and obesity in Ontario. Public health units can use recommendations from the report as valuable planning and priority-setting tools. For more information, visit http://www.health.gov.on.ca.
- Parks and Recreation Ontario (PRO) is a not-for-profit organization that supports recreation and physical activity through advocacy, information sharing and research and development activities. PRO oversees a task force on Affordable Access to Recreation for Ontarians which has released its policy framework outlining the steps necessary for systemic change in access to recreation for low-income populations. To access this policy framework and other relevant resources, visit http://www.prontario.org/.
- The Ministry of Health Promotion developed the *Ontario Trails Strategy*, a long-term plan that establishes strategic directions for the planning, managing, promotion and use of trails in Ontario. The strategy was launched in October 2005 and includes $3.5 million in funding over five years for implementation. The *Ontario Trails Strategy* will focus on all single and shared-use outdoor designated trail networks in urban, rural and wilderness settings that are used for recreation, active living, utilitarian and tourism purposes, including but not limited to:
  - Trails with natural (e.g., hiking, cross-country skiing) or treated surfaces (e.g., bicycle greenways/paths/lanes)
  - On-road bicycle routes
  - Walkways, boardwalks and sidewalks
  - Trails located on transportation and utility corridors
  - Access roads (i.e., for forestry and mining) "designated" for trail use
  - Trails integrated with public transit services
  - Waterway routes (e.g., along designated Canadian heritage rivers, including the French, Humber, Mattawa, Rideau and Thames Rivers) and portage routes
- Public health units may benefit from creating liaisons between existing coalitions with the mandate to engage in policy development related to the built environment.

c) Linkages to Other Requirements, Organizations and Workgroups

++ Linkages to Requirements #3, 4 (Chronic Disease)

3. The board of health shall work with school boards and/or staff of elementary, secondary and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address the following topics:

- *Healthy eating;*
- *Healthy weights;*
- *Comprehensive tobacco control;*
- *Physical activity;*
- *Alcohol use; and*
- *Exposure to ultraviolet radiation.*

These efforts shall include:

a. *Assessing the needs of educational settings; and*

b. *Assisting with the development and/or review of curriculum support.*

4. *The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments to address the following topics:*
    - *Healthy eating;*
    - *Healthy weights;*
    - *Comprehensive tobacco control;*
    - *Physical activity;*
    - *Alcohol use;*
    - *Work stress; and*
    - *Exposure to ultraviolet radiation.*

    These efforts shall include:
    a. *Conducting a situational assessment in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current); and*
    b. *Reviewing, adapting, and/or providing behaviour change support resources and programs.*

++ Linkages to *Prevention of Injury and Substance Misuse Requirement 2* under Assessment and Surveillance

2. *The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address the following:*
    - *Alcohol and other substances;*
    - *Falls across the lifespan;*
    - *Road and off-road safety; and may include*
    - *Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*

++ Linkages to *Health Hazard Prevention and Management Requirement 3 and 4* under Health Promotion and Policy Development

3. *The board of health shall increase public awareness of health risk factors associated with the following health hazards:*
    - *Indoor air quality;*
    - *Outdoor air quality;*
    - *Extreme weather;*
    - *Climate change;*
    - *Exposure to radiation; and*
    - *Other measures, as emerging health issues arise.*

    These efforts shall include:
    a. *Adapting and/or supplementing national and provincial health communications strategies; and/or*
    b. *Developing and implementing regional/local communications strategies.*

4. *The board of health shall assist community partners to develop healthy policies related to reducing exposure to health hazards. Topics may include, but are not limited to:*
    - *Indoor air quality;*
    - *Outdoor air quality;*
    - *Extreme weather; and*
    - *Built environments.*

Requirement 7

7. *The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to:*
    - ***Healthy eating**, including community-based food activities;*
    - ***Healthy weights**; and*
    - ***Physical activity**.*

These efforts shall include:

a. *Mobilizing and promoting access to community resources;*
b. *Providing skill-building opportunities; and*
c. *Sharing best practices and evidence for the prevention of chronic diseases*

a) Explanation

Coordinated, integrated and comprehensive health promotion programming requires strong partnerships within the community to increase local capacity and deliver programs and services that meet local needs. Participation in community partnerships and coalitions has been recommended as a strategy to address obesity. (18, 19)

Policy development is a key component of strong partnerships and comprehensive programming. Working with community partners may lead to policy development. Whenever possible, *OPHS Requirement 7* should be explained in conjunction with *OPHS Requirement 6*. It is important to be mindful of the interaction and relationships among all the Chronic Disease Requirements and to approach each Requirement through a comprehensive strategic lens.

Community partners include any community stakeholder that is involved with physical activity promotion; food preparation, delivery and/or sales; skill building with regards to physical activity and healthy eating; and/or provides access to information about healthy eating and physical activity. Community partners can be settlement agencies, workplaces or schools, as well as coalitions working together in the field of healthy eating and/or physical activity. For instance, school boards can be considered community partners that are in a position to increase opportunities and create supportive environments for healthy eating and physical activity within schools. Current school board policies regulate the types of food sold in school cafeterias. However, foods are often brought into schools during special events by volunteers and parents. A partnership initiative with school boards could include limiting the number of unhealthy foods brought into the schools during these events. See the *School Health Guidance Document* for information on how to work in the school setting, including opportunities for alignment with the education sector as well as working with schools and school boards to identify priorities.

Working with community partners requires an investment of time, money and skills. Public health units can share best practices and inform evidence-based practices by contributing expertise on data, risk factors and health outcomes; resources and capacity on knowledge translation; information and theoretical frameworks for designing good programs; and guidance on the development of comprehensive programs and services tailored to priority populations. For example, public health professionals should use their expertise in communications, data management, program planning, development, delivery, surveillance, monitoring and evaluation to advise and collaborate with family health teams and community health centres on initiatives related to healthy eating and active living. (19)

The role of public health in capacity building may include contributing content expertise in the development of proposals for community organizations. Public health units can build coalitions, provide policy development expertise and professional development opportunities for community partners. In this way, *OPHS Requirement 7* encourages bringing together community groups, networks, organizations and other stakeholders to increase their capacity, skills and resources, through pooled investments and information-sharing, to deliver targeted programs and services within the community.

Partnerships between community stakeholders and public health units can increase the capacity of local partners to deliver effective programming through skill building, resource sharing, training, provision of relevant information and program support. Community partners and the programs and services they deliver can also increase local population capacity through skill development and education about healthy eating, healthy weights and physical activity.

An initial situational assessment undertaken prior to engaging in capacity building activities can assess partner strengths and assets, and identify the type and level of partnership needed. For example, a community partner applying for external funding through a grant proposal process for the first time might benefit from a workshop on grant writing. A community partner with a designated staff grant writer may need support from the public health unit through a formalized partnership for grant eligibility and/or editorial contributions to the proposal. The public health unit can play a crucial role in identifying and providing support to community partners during program planning opportunities as they arise (such as through a funding opportunity), as well as for ongoing comprehensive health promotion program planning.

b) Examples to Supplement the Explanation

The following examples highlight community capacity-building programs that public health units could model, community groups with whom public health units could partner and possible partnership activities.

Curriculum and School Policy

- Work with school boards and schools to support the understanding, implementation and monitoring of provincial legislation related to healthy eating (e.g., Ministry of Education *School Food and Beverage Nutrition Standards*, Ministry of Children and Youth Services *Nutrition Guidelines for Student Nutrition Programs*) and physical activity (e.g., Ministry of Education *Daily Physical Activity Requirements*).
- Support schools and school boards by recommending appropriate curriculum support resources related to healthy eating and physical activity (e.g., the Region of Peel's *Being Active Eating Well* website (http://www.peelregion.ca/health/baew) and the *School Health 101* website http://www.peelregion.ca/scripts/school/health101.pl).

- Sudbury and District Health Unit, along with community partners, host an annual skate exchange program. Residents, businesses and sport and recreation groups are encouraged to drop off gently used skates at designated locations throughout the community. Free skate "exchanges" (pick-up) are scheduled on specific dates at targeted locations. The Skate Exchange aims to provide adults and children with access to equipment in order to participate in regular physical activity throughout the winter

Training and Resources

- Train staff who work in daycare settings to implement resources developed by health units within each daycare site.
- Provide training and support to teachers to implement the Ministry of Education's *Daily Physical Activity (DPA) Requirements*.
- Distribute resources to community partners. For example, *Eat Right Be Active*, developed by the Nutrition Resource Centre, provides healthy eating and active living messages for caregivers of children aged three to five and six to eight. For more information, see http://www.nutritionrc.ca/nrc-resources-english.html or order online at Service Ontario Publications: https://www.publications.serviceontario.ca.
- **Canadian Sport for Life** is a national program that works to increase levels of sport among Canadians and to establish the Long-Term Athlete Development philosophy as a model to inculcate sport in early childhood development. Canadian Sport for Life can train health units on increasing sport and physical activity among priority populations, as well as on the Long-Term Athlete Development Model. For more information, visit: http://www.canadiansportforlife.ca.
- **Healthy Eating's In Store For You** is a resource site run by the Canadian Diabetes Association and Dietitians of Canada that provides information on nutrition labelling to improve health literacy. Health units can receive training and knowledge to implement outreach activities on nutrition labelling. For more information on the resource site, visit http://www.healthyeatingisinstore.ca/.
- **Ontario Physical and Health Education Association (Ophea)** provides quality programs, services and training to schools and communities for topics ranging from physical activity, healthy eating and injury prevention to mental health and healthy development. Ophea's website also includes a Healthy Communities section, which includes information and resources to support public health professionals in their work in schools. PARC is managed by Ophea and supports physical activity promoters in public health, community health and recreation across Ontario through the provision of capacity building, training, consultation, access to resources, and networking opportunities. For more information, visit: http://www.ophea.net or http://www.parc.ophea.net.
- Examples of health units providing expertise/consultation/training on issues related to healthy eating, physical activity and healthy weights:
  - Region of Peel provides training/professional development for teachers related to positive body image messaging. *Integrating mental health promotion in the prevention of chronic disease – A balanced approach to healthy weights* is a professional development/reflective practice program aimed at key adult influencers in an effort to promote a balanced approach to healthy weights.

Policy and Supportive Environments

- Support community groups, such as local walking and bicycling groups, to increase support for walking trails, to map out existing walking trails and to conduct workshops on cycling safety to address local needs.
- Partner with key media to increase awareness about issues related to healthy eating and physical activity among the general public and key decision-makers, e.g., advocating for walkable communities or more active/public transportation at public meetings for new official plans.

Programs and Policy

- **FoodShare Toronto** is a grassroots organization that addresses the food system (i.e., from farm to table) and facilitates sustainable food growing, processing and access. Toronto Public Health partners with FoodShare to provide healthy food options for student nutrition programs. For more information, visit http://www.foodshare.net/index.htm.
- Collaborate with municipal government and local retailers and agencies to improve access to local food, e.g., through community food delivery programs, community shared agriculture and community gardens. (19)
- **Shifting Gears – Peterborough Moves** is an annual month-long event that challenges employees who work in Peterborough to walk, cycle, carpool, bus or telecommute to work. The event is a partnership between the City of Peterborough, Peterborough County-City Health Unit, Transport Canada and Peterborough Green Up, a non-profit community-based environmental organization. The partnership model between various sectors working to increase active transportation in the community is one component of this program's success. For more information on the event visit, http://www.peterboroughmoves.com/.
- **Colour It Up…Go for More Vegetables and Fruit (Nutrition Resource Centre)** is a community-based program run by the Nutrition Resource Centre designed to increase fruit and vegetable intake among women and their families. The program can be implemented directly by health units or in collaboration with community partners who provide outreach in various settings. In communities where access to dietitians is limited, community partners may deliver the program as a way to build capacity in other organizations.
- Community partners can be mobilized to increase access to resources available in new developments and thereby address the relationship between health and built environments, and increase opportunities for physical activity through the design of neighbourhoods. This may include influencing the location, availability and diversity of services, products or recreational centres that are designed as part of new developments. **Green Communities Canada** is a community organization that partners with municipalities to improve the built environment.
  - **Green Communities Canada**
    - Provides program support and coordination for a number of joint programs across the country, such as Active and Safe Routes to Schools. Local *Green Communities* members execute program delivery.
    - *Green Communities*' success is based on its strong partnership-based model and its use of community-based social marketing.
    - *Green Communities* partners with municipalities, organizations, private businesses, media and governments. This partnership model allows for sharing of resources and contributions from partners that include funding, services, marketing support, materials and equipment.

Provincial Strategies, Frameworks and Recommendations to Align Local Initiatives to Create Supportive Recreational and Built Environments

- Ontario's After School Initiative: The Ministry of Health Promotion has partnered with a variety of provincial and community organizations in priority neighbourhoods to deliver after-school programs and services. More than 15,500 children and youth in over 270 sites across the province will benefit from the Ontario's After-School Initiative.

c) Linkages to Other Requirements, Organizations and Workgroups

++ Linkages with *Prevention of Injury and Substance Misuse Requirement 3b* under Health Promotion and Policy Development

3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury and substance misuse by:

a. *Collaborating with and engaging community partners;*
b. *Mobilizing and promoting access to community resources;*
c. *Providing skill-building opportunities; and*
d. *Sharing best practices and evidence for the prevention of injury and substance misuse.*

Requirement 8

8. The board of health shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations.

a) Explanation

Skill development exists within a continuum of approaches that begins with healthy public policy development and ends with initiatives such as individual behaviour counselling and tailored health communication messaging. Policy development, skill development, program development, health communication and individual interventions are all integral parts of a comprehensive health promotion strategy. *OPHS Requirement 8* encourages health units to provide opportunities for food skills development and for healthy eating practices among priority populations. Since skills are a necessary precursor for behaviour change across all ages and populations, both components of this Requirement, developing food skills and healthy eating, need to be addressed by health units. Skill development may also contribute to behaviour change by increasing the confidence to change behaviour.

Priority populations are those that benefit most from improving food skills. This may include adults who need skill development in food preparation, as well as cultural subgroups, certain age groups, or population subgroups such as elementary and secondary school students. It is important to be aware of what food skills mean for each targeted population subgroup and how skill development and the promotion of healthy eating can be tailored to meet their needs. Population subgroups that may benefit include children, youth, young adults, parents, newcomers to Canada and pregnant or post-partum women. (19) Food skills programs for caregivers of children can be tailored to include information on how to encourage young children to eat healthy foods and develop a healthy relationship with food. (19) Additional subgroups may include aging populations, and those who live alone.

Food skills development can be a strategy to improve food access for marginalized populations. However, research demonstrates that food insecurity often results from a lack of resources such as income and housing. (24) Food skills development is useful for all populations, given changing lifestyles that include more food being consumed outside the home. A situational assessment, including a literature review and primary data collection to gather information on gaps in the existing literature, can be an essential step to identifying the target population.

Health units should define food skills in a way that considers the needs of the local community and the health unit capacity to provide interventions and training programs to develop those food skills. At a minimum, a definition of food skills should include the following:

- Food selection (e.g., menu planning and food shopping)
- Healthy food preparation (e.g., chopping, pureeing, cooking, safe food handling and serving)
- Food storage (e.g., safe storage techniques) (19)

A more ambitious definition of food skills may include:

- Knowledge (nutrition, label reading, food safety, food varieties, ingredients, substitution)
- Planning (organizing meals, budgeting, food preparation, teaching food skills to children)
- Conceptualizing food (creative thinking about leftovers, adjusting recipes)
- Mechanical techniques (preparing meals, chopping/mixing, cooking, following recipes)
- Food perception (using your senses – texture, taste, when foods are cooked) (25)

Regardless of the definition, all interventions undertaken to build food skills must be in line with the target population's level of access to healthy foods.

A long-term goal for developing food skills and encouraging healthy eating practices among elementary and secondary school students might be to require a set number of hours of food skills development. This educational requirement could be coupled with a certain set number of hours of physical activity skill development, as recommended by Canada's *Long-Term Athlete Development Model* (Canadian Heritage Sport Canada, Government of Canada; Canadian Sport for Life).

A healthy eating pattern, as defined in *Eating Well with Canada's Food Guide* includes:

- Eating amounts and types of foods recommended in *Canada's Food Guide*;
- Eating a variety of foods from each of the four food groups; and
- Using the nutrition facts panel on foods to compare and choose foods lower in fat, saturated fat, trans fat, sugar and sodium.

When resources and capacity are limited, a situational assessment can help determine what type of food skills the local population would most benefit from, the format of skill development courses, course content and how long courses/workshops should run. This will help identify the resources required; for example, whether a registered dietitian is needed to facilitate skill development, or whether a train-the-trainer model using health promotion staff would maximize reach. Other creative formats that may efficiently reach the target population might be to:

- Teach members of the community who prepare food for others.
- Teach members of the community who teach others how to prepare food (train-the-trainer).
- Broadcast food skills training on television or radio.
- Broadcast food skills training via podcast or social networking sites to reach a younger demographic.
- Create peer-to-peer initiatives to increase skill and build food skills among peer leaders.
- Feature a skill of the week or month in schools and other settings.

b) Examples to Supplement the Explanation

- In Peterborough, community workers run six-week sessions with population subgroups at various sites through the *Come Cook with Us* program. This program targets low income adults and vulnerable youth and provides food vouchers, childcare and paid transportation. Participants are taught food preparation skills and how to buy affordable, healthier and less processed foods.
- The **Community Food Advisor (CFA) Program (Nutrition Resource Centre)** trains peer-educators from the local community who then offer food demonstrations and presentations on healthy eating to priority populations. The program is designed to be implemented with ongoing support from local community partners. For more information, visit http://www.nutritionrc.ca.
- Region of Waterloo Public Health has worked to understand and define food skills. An initial situational assessment consisted of:
  - A review of the literature, including grey literature, on priority populations, food skills and best practices.
  - A scan of internal programs, including previous program documents, evaluations, etc.
  - A regional survey on food skills that identified levels of skills perceptions within the general population, trends by demographic variables and issues for definition and measurement of food skills.

  The situational assessment provided valuable information that shaped the region's definition of food skills and provided a preliminary understanding of their priority population. A survey of peer workers within the region's Peer Program further identified priority populations that needed food skill development (one such population subgroup identified was young adults living alone for the first time).
- The **Peer Nutrition Program (Toronto Public Health)** involves over 70 community partners and seeks to improve the nutritional status of children aged six months to six years by delivering culturally and linguistically appropriate nutrition programs to parents, grandparents and caregivers. The program includes four components: a promotional workshop, nutrition education workshops, support groups/drop-in and community gardens. Participants receive direct education from peer facilitators, supported by dietitians, nutritionists and managers with a nutrition background. Peer nutrition programs train laypeople to deliver cooking classes and food demonstrations within their community to encourage healthy eating among their peers. For more information, visit: http://www.toronto.ca/health/peernutrition/index.htm.
- **Colour It Up…Go for More Vegetables and Fruit (Nutrition Resource Centre)** is a community-based program run by the Nutrition Resource Centre designed to increase fruit and vegetable intake among women and their families. The program can be implemented directly by health units or in collaboration with community partners who provide outreach in various settings. In communities where access to dietitians is limited, community partners may deliver the program as a way to build capacity in other organizations.
- Middlesex-London Health Unit has designed a community-based cooking program for at-risk youth called *Cook It Up!* The program focuses on education and skill-building and offers general nutrition, food safety, food preparation, food selection and cooking skills. The program is currently being evaluated.

c) Linkages to other Requirements, Organizations and Workgroups

++ Linkages to Requirements 7 & 9 (Chronic Disease)

7. The board of health shall increase the capacity of community partners to coordinate and develop regional/ local programs and services related to:

- *Healthy eating, including community-based food activities;*
- *Healthy weights;*
- *Comprehensive tobacco control;*
- *Physical activity;*
- *Alcohol use; and*
- *Exposure to ultraviolet radiation.*

These efforts shall include:

a. *Mobilizing and promoting access to community resources;*
b. *Providing skill-building opportunities; and*
c. *Sharing best practices and evidence for the prevention of chronic diseases.*

9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.

++ Linkages to Requirements 5 & 6 under Reproductive Health

5. The board of health shall provide advice and information to link people to community programs and services on the following topics:

- *Preconception health;*
- *Healthy pregnancies; and*
- *Preparation for parenting.*

6. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs and services.

++ Linkages to Requirements 7 & 8 under Child Health

7. The board of health shall provide advice and information to link people to community programs and services on the following topics:

- *Positive parenting;*
- *Breastfeeding;*
- *Healthy family dynamics;*
- *Healthy eating, healthy weights, and physical activity;*
- *Growth and development; and*
- *Oral health.*

8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs and services.

Requirement 11: Health Promotion and Policy Development

11. The board of health shall increase public awareness in the following areas:

- ***Healthy eating**;*
- ***Healthy weights**; and*
- ***Physical activity**.*

These efforts shall include:

- *Adapting and/or supplementing national and provincial health communications strategies; and/or*
- *Developing and implementing regional/local communications strategies.*

a) Explanation

Health communication is "the process of promoting health by disseminating messages through mass media, interpersonal channels and events. It may include clinician-patient interactions, classes, self-help groups, mailings, hotlines and mass media campaigns." (26) Health communication may range from small-scale initiatives that include identifying local champions, to medium-scale public awareness-raising campaigns and large-scale social marketing campaigns.

The most effective health communication programs aim to change individual behaviour as well as the social system. (27) The "people and places" framework examines ecological models of health and suggests that health communication efforts target multiple levels of influence. (28) These levels of influence may include the individual, the social network and the community or population at large. They also include "place" at the local (such as a person's home or work environment) or the distal (such as decisions made by government) level.

The target audience is an important consideration when planning any health communication strategy. Health communication messages and events can target entire nations, provinces, communities, small-groups, organizations, particular networks, or individuals (including distinct age groups, cultural and ethnic groups or genders) and should be tailored appropriately. Audience analysis is an essential step in an effective health communication strategy. Audience analysis (sometimes called audience segmentation or psychographic analysis) involves understanding the target audience and designing relevant and appealing messages. Audience analysis studies behavioural, demographic and psychographic characteristics. Behavioural analysis includes a study of current behaviour, benefits gained from the behaviour and readiness for change. Demographically, audiences may be segmented and analyzed by age, gender, income, education, family situation, occupation and culture. Psychographic analysis includes the study of personal characteristics, values and beliefs, where health information is accessed, as well as social networking patterns etc. (26) Psychographic information about a target audience is often obtained through qualitative research using focus groups.

Context is another important consideration when planning health communication strategies. A health communication strategy may be less effective when it is implemented in a different setting or context. This should be kept in mind when adapting an existing communication strategy to fit local needs.

Health communication is most effective when combined with a comprehensive health promotion strategy, and when the target population receives well-designed health messages that are consistent and repeatedly reinforced. (29-31) Campaign effectiveness is also enhanced when the target audience is frequently exposed to simultaneous, consistent messaging. Local health communication is reinforced when local activities and health messages are aligned with provincial messaging. However, aligning health communication messages with provincial priorities and strategies may only work for large-scale interventions that have a provincial and local component. When a small-scale health communication strategy has no comparative provincial equivalent, the strategy should be executed as part of an overall comprehensive approach to behaviour change.

OHPS Requirement 11 should be combined with other initiatives within a comprehensive health promotion approach. Behaviour change is complex and involves qualitative elements, such as patterns of interpersonal relationships and levels of social support. Even well-designed health communication campaigns may have only moderate effects on behaviour change. On average, communication campaigns contribute to behaviour change in only 9% of the population. (30) Health communication tends to be most effective in encouraging behaviour change for those individuals who are at the later stages of the stages of change model (also known as the Transtheoretical Model) and when accompanied by appropriate environmental supports. (26, 32)

Community-based interventions can include promotional activities and media messaging to raise awareness, but these efforts should be part of a longer-term, multi-component intervention rather than one-off activities, and should be accompanied by targeted follow-up with priority populations. (19) Targeted follow-up allows for the provision of tailored messages about access to services and/or resources needed to engage in behaviour change. (33) The combination of messaging with a comprehensive health promotion approach has the greatest potential for knowledge and behaviour change. Whenever possible, health communication should also be combined with initiatives to increase community capacity, as this could indirectly lead to the creation of enabling and supportive environments for behaviour change.

Health communication strategies do not always require large-scale, expensive media campaigns. This misconception often creates the perception that significant internal capacity and resources are required. Health communication can be undertaken at a range that is effective, tailored to local needs and within resource and capacity limitations. For instance, some health units have effectively implemented point-of-decision prompts to increase stair use. These motivational signs have been proven to increase stair use when placed on or near stairwells or at the base of elevators/escalators. (34) These signs inform people about the health benefits of taking the stairs and are effective at reminding people already predisposed to becoming more active.

Local skill levels should also be assessed when planning and implementing a health communication strategy. Health communication planning, implementation and evaluation can require skills in staff training, human resource development or communicating with public relations and/or marketing firms. Evaluating local resources, local skill, community readiness, environmental supports, programmatic supports, target audience and target behaviour should all be part of a routine situational assessment. The mental health and resilience of the target audience, as well as the social determinants of health, are also important components.

The situational assessment should also assess whether the target audience has the environmental and social supports in place to act on the message. If barriers are not addressed, they may negate the best of health promotion efforts. Public health has an ethical responsibility to ensure, as much as possible, that the factors that enable and facilitate a change in behaviour are in place before such behaviour is actively encouraged.

Whenever possible, larger-scale public awareness and social marketing campaigns should be shared among health units. This may include streamlining language within contracts and other adaptations to allow for sharing. Fostering a sense of collectivism around sharing of activities, interventions and resources between health units can reinforce and strengthen the public health mandate. Shared large-scale health communication should be done in conjunction with appropriate smaller-scale tailored health promotion strategies that meet the specific needs of local communities.

b) Examples to Supplement the Explanation

The following examples highlight health communication initiatives implemented by public health units, agencies, as well as community groups that frequently plan and implement health communication activities, with which public health units could partner.

- The Peterborough County-City Health Unit used a media campaign as an advocacy tool to reach decision-makers, as part of their Heart Health Project. The campaign presented survey results through the media about the fact that children were not being considered as part of opportunities for physical activity. The campaign also captured social determinants of health issues related to opportunities for physical activity among children.
- *in motion* is a partnership model between the University of Saskatchewan, Saskatoon Health Region, City of Saskatoon and *ParticipACTION* Canada. Saskatoon Health Region created a comprehensive, community-wide active living strategy with a focus on physical activity, and utilized a collaborative approach with public, private and volunteer sectors in the community. *in motion* includes health messages and interventions to create a community-wide campaign. The program's success is based on four key components: building partnerships, targeted community strategies that encompass a wide cross-section of the population, measuring success and building community awareness through marketing and branding. The partnership model has evolved to different stages at different health units. For instance, at the Chatham-Kent Health Unit, only the social marketing component of *in motion* is carried out. The key to *in motion* is its shared message, combined with variability in its implementation. The interventions include pre-packaged programs for the community, school and workplace. For more information, visit http://www.in-motion.ca.
- *ParticipACTION* is a partnership-based approach that includes the key components of communication, capacity building and knowledge exchange. Through consistent communication, *ParticipACTION* aims to create a branded approach to increasing physical activity levels among Canadians and a recognizable call to action. For more information, visit http://www.participaction.com.
- *Active 2010*, part of Ontario's Healthy Living Strategy, is a comprehensive strategy aimed at increasing sport participation and physical activity rates. The strategy combines social marketing with tools and resources to assess fitness, raise knowledge and increase physical activity levels. The *Active 2010* strategy also contains a pedometer challenge that provides guidance on walking and using a pedometer, tips to increase the number of steps taken, an online step tracker and a list of fellow participants and awards won. For more information on *Active 2010,* visit http://www.active2010.ca.
- Peel Public Health and Toronto Public Health collaborated on a joint health communications campaign to raise public awareness about childhood obesity that was implemented through print, media and billboard mediums. This collaborative initiative involved one health unit developing the creative component through focus testing and psychographic analysis. The final creative product and messaging was then shared by both health units, and each health unit purchased their own media space.
- The *NutriSTEP®* (Nutrition Resource Centre) *Implementation Tool kit* includes parent education and service provider materials that aim to increase nutrition awareness and knowledge. Information and downloadable materials are available at: http://www.nutristep.ca.

- Peel Public Health's *Youth Risk Research/Middle School Strategy (My Life Panel)* aims to undertake a comprehensive analysis of youth's perceptions of health risk and their decision-making process related to potentially detrimental health behaviours. The My Life Panel may also provide insight into current knowledge and awareness, influencers such as media and effectiveness of current programs and messages. Youth in grades seven to nine are asked questions on topics such as injury prevention, substance abuse and youth violence, body image, healthy eating and physical activity. The extensive analysis and insight provided by the project will facilitate the design and implementation of health communication messages on health risk and health behaviour tailored to a specific youth subgroup.
- Brant County Health Unit's Obesity/Healthy Weight Strategy is supported by the "Why Weight?" program and offers resources to citizens, health professionals and workplaces. The program includes a social marketing component aimed at men that emphasizes healthy weight loss through healthy eating, physical activity and stress management. For more information, as well as downloadable tools and resources, visit http://www.bchu.org/index.php?option=com_content&task=view&id=864&Itemid=668.
- *Give Your Head a Shake* is a sodium reduction mass media campaign to raise public awareness about excessive sodium intake and encourage the public to reduce the level of sodium in their diet. The media campaign will target adults aged 35 to 50 years of age and will be implemented through radio, television, Internet and print media. The campaign is jointly funded by the Champlain Cardiovascular Disease Prevention Network (CCPN), University of Ottawa Heart Institute, Ottawa Public Health, Eastern Ontario Health Unit, Champlain Local Health Integration Network, Heart and Stroke Foundation of Ontario and the Ontario Ministry of Health and Long-Term Care.

Requirement 12: Health Promotion and Policy Development

12. The board of health shall provide advice and information to link people to community programs and services on the following topics:

- ***Healthy eating;***
- ***Healthy weights;***
- *Comprehensive tobacco control;*
- ***Physical activity;***
- *Alcohol use;*
- *Screening for chronic diseases and early detection of cancers; and*
- *Exposure to ultraviolet radiation.*

a) Explanation

Even the most effective health communication strategy may still be hampered by poor access or limited information for certain individuals, communities and population subgroups. As mentioned previously, health communication tends to be most effective in encouraging behaviour change for those individuals who are at the later stages of the stages of change model. (32) The "Theory of Reasoned Action" postulates that intention to change behaviour is the closest predictor of behaviour change. (35) However, barriers often act as moderating factors between behavioural intention and actual behaviour. *OPHS Requirement 12* can be a bridge to move people from intent to positive behavioural change by targeting barriers to access and information. It encourages helping people who are motivated to change and improve eating habits or become more active by increasing their self efficacy or belief in their ability to change. (19)

Advice and information can include:

- Information on the availability of subsidies.
- Information about access to health services.
- Health topic and risk factor-based information, such as *Canada's Food Guide* and *Canada's Physical Activity Guides* (Health Canada).
- Information on barriers to behavioural change and relevant solutions.
- Information and referrals regarding perceived behavioural control and ability to change.
- Information on ongoing support to accompany existing local or provincial interventions.

OPHS Requirement 12 requires a knowledge base about what exists and where to make referrals about healthy eating, physical activity and healthy weights. Common referrals might be to existing provincial or local programs, diabetes education centres, nutrition and/or physical activity resource centres, local Community Care Access Centres, Community Health Centres and Local Health Integration Networks. Referrals may be made to in-house specialists or to a community health professional, such as a registered dietitian, physical activity specialist, health promoter, public health nurse or general practitioner. (19)

Information and advice, as referenced in *OPHS Requirement 12*, can be provided through:

- Telephone lines
- Websites
- Social networking
- Podcasts
- Linkages with existing programs and interventions where appropriate

Consistent channels of access to information that is linked to a comprehensive health promotion strategy are more effective than one-time events such as presentations, displays and health fairs. Health fairs may provide good opportunities to bring together stakeholders, raise public awareness and to initiate a community committee for policy change on a particular issue.

b) Examples to Supplement the Explanation

Health units may fulfil the Requirement by:

- Providing advice and information via the web and/or via a call/contact centre such as:
  - Wellington-Dufferin Guelph Public Health's informational website called *Living Well* that contains learning modules focusing on healthy eating and physical activity, in addition to general information on these topics. For more information, visit http://www.wdglivewell.ca.
- Providing appropriate referrals to provincial and national programs and services such as:
  - The **EatRight Ontario** website and call centre, which allows public health units to continually update information about local healthy eating programs and services. For more information, visit www.ontario.ca\eatright or call 1-877-510-510-2.
  - The **Heart and Stroke** website and **Health Check Restaurant Program**.
  - The **Cancer Care Ontario** website.
  - The **Health Canada** website.
  - The **FoodNet Ontario** website.

– The **Dietitians of Canada** website and listing of consulting dietitians.
– The **NutriSTEP® (Nutrition Resource Centre) Implementation Tool kit** includes parent education and service provider materials to increase nutrition awareness and knowledge. Information and downloadable materials are available at http://www.nutristep.ca/.

c) Linkages to Other Requirements, Organizations and Workgroups

++ Linkages to the Requirements within the Foundational Standard under Population Health Assessment, Surveillance, Research and Knowledge Exchange.

1. *The board of health shall assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health and demographic indicators in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*
2. *The board of health shall assess trends and changes in local population health in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*
3. *The board of health shall use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations).*
4. *The board of health shall tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible, based on available resources.*
5. *The board of health shall provide population health information, including determinants of health and health inequities to the public, community partners and health care providers, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*
6. *The board of health shall conduct surveillance, including the ongoing collection, collation, analysis and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*
7. *The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the Identification, Investigation and Management of Health Hazards Protocol, 2008 (or as current); the Infectious Diseases Protocol, 2008 (or as current); the Population Health Assessment and Surveillance Protocol, 2008 (or as current); the Public Health Emergency Preparedness Protocol, 2008 (or as current); and the Risk Assessment and Inspection of Facilities Protocol, 2008 (or as current).*
8. *The board of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers and the public regarding factors that determine the health of the population, and support effective public health practice gained through population health assessment, surveillance, research and program evaluation.*
9. *The board of health shall foster relationships with community researchers, academic partners and other appropriate organizations to support public health research and knowledge exchange.*
10. *The board of health shall engage in public health research activities, which may include those conducted by the board of health alone, or in partnership or collaboration with other organizations.*

Section 4. Integration

The following is a list of provincial or national strategies and/or programs that align with the Ontario Public Health Standards Requirements on healthy eating, physical activity and healthy weights.

Ministry of Health Promotion – Healthy Communities Framework

- The new Healthy Communities Framework is a streamlined approach that encourages health promotion initiatives to be planned and delivered using a multi-risk factor perspective.
- Support will be provided to organizations looking to improve health and well-being at all levels under the Healthy Communities Fund.
- Funding will be allocated into the local, planning, or provincial stream.
- The new multi-pronged framework is an effort to enhance cohesive and integrative chronic disease prevention strategies.
- The goal of the Healthy Communities Framework is to increase coordination of planning and implementation at local, regional and provincial levels.

Ministry of Health Promotion – Diabetes Strategy

- The goal of this strategy is to reduce the incidence of type-2 diabetes in those populations at greatest risk, including Aboriginal, South Asian and low-income Ontarians.
- Using a primary prevention approach, the strategy targets four settings, including community, workplace, health care and media/web-based.

Ministry of Education – *Healthy Foods for Healthy Schools Act*

- The Ministry of Education passed the *Healthy Foods for Healthy Schools Act* in April 2008.
- The legislation required schools to eliminate trans fat from food and beverages sold in schools.
- The legislation also permitted the establishment of nutrition standards to be applied to foods sold in school cafeterias, vending machines, tuck shops, canteens and other daily food services in schools.
- Provincial *Nutrition Standards* were released January 2010 with implementation required by September 2011.

Ministry of Education – Healthy Schools Recognition Program

- The program recognizes and celebrates healthy behaviours and practices in Ontario schools.
- Schools pledge to start a new healthy activity or build on an existing activity, and in return receive recognition by the Premier, Minister of Education and Minister of Health Promotion in the form of a certificate.

Ministry of Children and Youth Services – Student Nutrition Program

- This program provides funding opportunities for programs that provide healthy meals and snacks to children and youth in schools.

The Heart and Stroke Foundation of Ontario – Spark Together for Healthy Kids

- Spark Together for Healthy Kids is a new multi-layered initiative to increase public awareness of childhood obesity, and to spark collective change to help children become more physically active and eat healthier foods. The initiative includes a social marketing campaign, political advocacy and community-based support through the Spark Advocacy Fund.

Integration with Public Health:

To integrate programming across more than one requirement, public health units have used cross-divisional committees in which staff from Chronic Disease, Injury Prevention, Child Health and Reproductive Health work together on a particular initiative, such as obesity prevention.

Section 5. Resources

The following are tools, documents, associations, organizations and websites that may be useful resources to assist health units with planning for and implementing the Ontario Public Health Standards requirements as suggested in this Ontario Public Health Standards Guidance Document.

a) Data Sources and Resources for Evidence-Informed Practice

- **Association of Public Health Epidemiologists in Ontario (APHEO)** has compiled a list of core indicators and resources that are currently being revised to reflect the *Ontario Public Health Standards*. The aim of the initial project was to provide a consistent definition of over 120 public health indicators and increase standardized reporting and measurement across public health units in Ontario. For access to this resource, visit http://www.apheo.ca.
- **Canadian Community Health Survey (CCHS)** is a collaborative effort of Health Canada, Statistics Canada and The Canadian Institute for Health Information (CIHI). The survey began in 2000 and collects population-level information on health determinants, health status, health behaviour and health system utilization. CCHS operates on a two-year data collection cycle and consists of two types of surveys: a general health survey that collects information at the level of provincial health regions and a focused topic survey that samples Canadians at the provincial level. For more information on the CCHS contact Health Canada, Statistics Canada or your local epidemiology department.
  - Cycle 2.2 of the CCHS focused on nutrition. CCHS 2.2 provides national and provincial-level data on food intake by food group, nutritional supplements, nutrient intake, physical activity and BMI.
- **Rapid Risk Factor Surveillance System (RRFSS)** is a telephone survey occurring in public health units across Ontario that collects data, on a monthly basis, to monitor key and emerging public health issues in a timely manner. The surveillance system contains core module and optional modules. All participating health units collect data on the core modules, but can choose optional modules to focus on for each year. RRFSS is administered by the Institute for Social Research at York University. For more information on RRFSS, visit http://www.rrfss.ca or contact your health unit's epidemiology department.
- **Local Health Integration Networks (LHINs)** are not-for-profit corporations that plan, integrate and fund local health services such as hospitals, community care access centres, community support services, long-term care, mental health and addiction services and community health centres. There are 14 LHINs across Ontario. A LHIN may undertake additional data collection and surveillance to inform its strategic planning and decision-making about programs and services to implement for the community it serves. For more information and to identify your local LHIN, visit http://www.lhins.on.ca.
- **Canadian Institute for Health Information (CIHI)** is an independent non-profit organization that collects and provides data on the Canadian health system and the health of Canadians. CIHI focuses on health care services, health spending, health human resources and population health, and consolidates data from medical practitioners, governments, hospitals and regional health authorities. It also coordinates national health information standards to increase consistency in the measurement and reporting of health indicators across Canada. For more information on CIHI, visit http://www.cihi.ca.
- **Canadian Fitness and Lifestyle Research Institute (CFLRI)** is a national research agency that conducts primary research and monitors physical activity trends in Canada. CFLRI also makes recommendations to increase levels of physical activity and improve the overall health of Canadians. The Institute monitors physical activity and sport participation of various population subgroups in various settings. To access this resource, visit http://www.cflri.ca.

- **The Canadian Best Practice Portal for Health Promotion and Chronic Disease Prevention (Public Health Agency of Canada)** provides access to information, resources, systematic reviews and expert recommendations about effective interventions, policy and evidence-informed decision-making for all topics related to chronic disease prevention and health promotion. For access to this resource, visit : http://cbpp-pcpe.phac-aspc.gc.ca.
- **The Cochrane Library** contains systematic and other reviews, clinical trials and evidence from medical research studies that are regarded as the gold standard in evidence-based health care. All Canadians now have free access to the Cochrane Library. To access this resource visit, http://www.thecochranelibrary.com.
- **Health Evidence.ca** provides access to methodologically sound reviews of public health interventions and best practices, from 1985 to present, in formats that are useful to decision-makers. It identifies gaps in current research, knowledge and systematic reviews of public health interventions and shares this information with funders and researchers to facilitate effective public health practice at local and regional levels across Canada. To access this resource containing research, evidence and best practices of policy and program interventions, visit http://health-evidence.ca.
- **Towards Evidence-Informed Practice (TEIP)** is a program of the Ontario Public Health Association (OPHA) and aims to increase the application of evidence in community-based health promotion and chronic disease prevention activities. The program provides public health professionals with three rigorously field-tested and evaluated tools for the purposes of program assessment, gathering program evidence and conducting program evaluation. For access to the tools and other resources from the program, visit http://teip.hhrc.net.

b) Health Promotion, Program Planning, Evaluation and Policy

- **The Health Communication Unit (THCU)** is administered by the Dalla Lana School of Public Health at the University of Toronto. THCU provides training and support in health communication, program planning, evaluation, policy development and sustainability through workshops, events, consultation, information and resources. THCU's services are available free of charge to health promotion practitioners at public health units, community health centres and other agencies across Ontario. To access this resource, visit http://www.thcu.ca.
- **The National Collaborating Centre for Methods and Tools (NCCMT).** Created in 2003, NCCMT is housed out of McMaster University in Hamilton, Ontario. NCCMT aims to increase access to and use of evidence-based methods and tools in policy making, program planning, practice and public health research. NCCMT engages in knowledge sharing, transfer and exchange (KSTE) between KSTE experts and public health practitioners, policy-makers and researchers. NCCMT produces informational fact sheets, workshops and events newsletter, and offers numerous services for public health practitioners. For more information on resources, products, services and events by NCCMT, visit http://www.nccmt.ca.

  The following services offered by NCCMT may be valuable for public health units.
  - *Online Health Program Planner* (managed in cooperation with the Health Communication Unit (THCU): This online tool assists public health professionals engage in effective decision-making about programs and policies by providing a systematic process and access to the best available evidence.
  - *DialoguePH*: Dialogue Public Health is a networking service for public health professionals to share knowledge and best practices across public health units in Canada.
  - *Public Health +*: The service offers public health decision-makers and managers summaries and reviews of academic articles that have been critically appraised and deemed to be methodologically sound, relevant and newsworthy.

- *Evidence-Informed Public Health*: This online tool offers step-by-step guidance on using evidence to inform public health decision-making.
- *Evidence Related to Chronic Disease Programming in Public Health*: NCCMT hosts a collection of systematic reviews on effective interventions for chronic disease prevention.

- **Health Nexus** (formerly the Ontario Prevention Clearinghouse) enhances health promotion capacity at the community level by helping organizations and individuals develop and implement effective health promotion strategies in the areas of early childhood development, chronic disease prevention and health equity. The organization offers capacity building for health promoters; provides print and electronic resources as well as educational events, workshops and tailored consultation; leads partnership formation among different sectors; and advocates for healthy public policy. The organization's Health Promotion Hub resource centre may be useful to public health units working on healthy eating, healthy weights and physical activity strategies. To access this resource, visit http://www.healthnexus.ca.

c) Organizations and Associations

- **Ontario Public Health Association (OPHA)** is a non-profit organization that aims to strengthen public health practice in Ontario through leadership, advocacy and community mobilization, as well as provision of professional development opportunities and guidance for collaboration, consultations and partnerships in public and community health. For more information on OPHA, visit http://www.opha.on.ca.
- **Ontario Chronic Disease Prevention Alliance (OCDPA).** Formed in 2003, OCDPA provides a structure for integrated action and collaboration on the topic of chronic disease prevention. OCDPA consists of 11 core partner organizations and over 20 member organizations. OCDPA primarily focuses on creating a comprehensive chronic disease prevention system through capacity development, identification of best practices, research, surveillance and monitoring, evaluation and program and policy implementation. OCDPA recently released a report entitled *Obesity: An Overview of Current Landscape and Prevention-Related Activities in Ontario*. For access to this and other resources, visit http://www.ocdpa.on.ca.
- **Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH)** aims to increase levels of physical activity among Ontarians and position physical activity as a public health priority in the province through engagement, education, advocacy and strategic alliances. For more information, visit www.ospapph.ca.
- **Ontario Society of Nutrition Professionals in Public Health (OSNPPH)** advocates and responds in order to advance the public health nutrition agenda, as well as facilitates connections and provides supports among members in order to enhance their individual and collective effectiveness. OSNPPH members are Registered Dietitians (RDs) and members of the College of Dietitians of Ontario. All members work in the public health sector or universities with community nutrition programs. For more information, visit http://www.osnpph.on.ca.
- **Ontario Physical and Health Education Association (Ophea)** provides quality programs, services and training to schools and communities on topics ranging from physical activity, healthy eating and injury prevention to mental health and healthy development. Ophea's website also includes a Healthy Communities section, which includes information and resources to support public health professionals in their work in schools. Ophea manages the Physical Activity Resource Centre (PARC) and supports physical activity promoters in public health, community health and recreation across Ontario through the provision of capacity building, training, consultation, access to resources, and networking opportunities. For more information, visit http://www.ophea.net or http://www.parc.ophea.net

- **Canadian Public Health Association (CPHA)** is a national non-profit organization that represents public health professionals and decision-makers across the country and provides links to the international public health community. CPHA engages in cross-sector partnerships, liaisons and networks to further public health goals. The organization provides support and leadership for public health through opportunities for professional development, networking, research and advocacy. It organizes an annual national conference and publishes the *Canadian Journal of Public Health*. For more information, visit http://www.cpha.ca.
- **National Collaborating Centres for Public Health (NCCPH).** Six national collaborating centres make up the NCCPH, including the National Collaborating Centre for Aboriginal Health (http://www.nccah.ca), the National Collaborating Centre for Environmental Health (http://www.ncceh.ca), the National Collaborating Centre for Infectious Disease (http://www.nccid.ca), the National Collaborating Centre for Methods and Tools (http://www.nccmt.ca), the National Collaborating Centre for Healthy Public Policy (http://www.ncchpp.ca) and the National Collaborating Centre for Determinants of Health (http://nccdh.ca). The National Collaborating Centres were formed by the Government of Canada to renew and strengthen public health practice through knowledge synthesis, knowledge translation and network development. For more information, visit http://www.nccph.ca.
- **Ontario Healthy Communities Coalition (OHCC)** is a registered charity that brings together community and provincial associations to enable knowledge, skill and experience exchanges with the ultimate goal of fostering healthy communities. OHCC is funded by the Ministry of Health Promotion as a Health Promotion Resource Centre. OHCC services include webinars, educational publications, specialized projects, monthly e-bulletins, the *Healthy Communities* newsletter and a resource library. For more information on OHCC, visit http://www.ohcc-ccso.ca.
- **Association of Local Public Health Agencies (alPHa)** is a non-profit organization with a mandate to provide leadership on issues of management, governance and administration, to boards of health and local public health units across Ontario. alPHa members include medical officers of health, senior public health management and board of health members. For more information, visit http://www.alphaweb.org.
- **Cancer Care Ontario (CCO)** is a provincial agency that provides advice to the Government of Ontario on improving cancer services by planning for the future of cancer services through the provision of cancer prevention and screening programs, quality improvement efforts, transferring research into action and working with professionals and Local Health Integration Networks. The CCO has done extensive work to understand and further explain the *Ontario Public Health Standards*. For more information, visit http://www.cancercare.on.ca.
- **Heart and Stroke Foundation of Canada (HSFC)** is a national non-profit organization, with provincial and regional chapters, that aims to reduce heart disease and stroke in Canada. The organization advances research and practice in the field of eliminating heart disease and stroke through a commitment to the values of collaboration, excellence, innovation, integrity and respect. The HSFC offers valuable resources, publications and report cards on health, as well as access to best practice and research. For more information, visit http://www.heartandstroke.com.
- **Physical and Health Education Canada (PHE Canada)** is a national, charitable, voluntary-sector organization whose primary concern is to influence the healthy development of children and youth by advocating for quality, school-based physical and health education. For more information, visit http://www.cahperd.ca/eng/about/.

d) Resource Centres

- **Heart Health Resource Centre (HHRC)** aims to increase the capacity of public health agencies and community partners to implement effective, comprehensive and community-based heart health programs. The Resource Centre provides support to Heart Health Coordinators and their community partners through the provision of coaching and consultation, training workshops and events and tools and resources. The Centre was formed in 1993 as a project of the Ontario Public Health Association and is funded by the Ministry of Health Promotion. HHRC provides several tools and resources on topics of policy, evaluation, evidence-informed practice, partnerships and coalitions and sustainability. For more information on these resources, visit http://www.hhrc.net.
- **Physical Activity Resource Centre (PARC)** is managed by the Ophea and funded by the Ministry of Health Promotion. PARC supports physical activity promoters in public health units, community health centres and recreation centres across Ontario through the provision of capacity building, sharing and learning opportunities. PARC provides training and consultation, access to resources, networking opportunities and adaptable workshops. For more information, visit www.parc.ophea.net.
- **Nutrition Resource Centre (NRC)** was established to increase provincial support for nutrition program planning and to strengthen the capacity of nutrition practitioners to deliver effective nutrition programs in health promotion settings. The NRC, funded by the Ministry of Health Promotion, manages and coordinates the implementation of the following programs: *Colour It Up, Community Food Advisor, Eat Smart!* and *NutriSTEP®*. The NRC also provides referrals and opportunities for networking, information and knowledge exchange. Finally, the NRC has created a document mapping out its existing programs to the requirements of the *Ontario Public Health Standards*. For more information, visit http://www.nutritionrc.ca.

e) Skill Building/Professional Development

Executing comprehensive health promotion strategies requires skills in the areas of statistical analysis, epidemiology, program planning, evaluation, health promotion, health communication, social marketing and policy development. Health units can benefit from ensuring that these basic skill sets exist among health unit staff. However, where capacity and resources are limited, gaps in skills can be filled through professional development opportunities, training, consultation and/or contracts with field experts. The following resources might be useful for acquiring training and professional development in key public health skills.

- **Core Competencies for Public Health in Canada.** The Public Health Agency of Canada (PHAC), in consultation with the public health community across the country, has identified the essential knowledge, skills and attitudes necessary for public health practice and to strengthen public health capacity. The core competencies provide a foundation for education and skill building, as well as ongoing professional development for public health professionals. There are 36 core competencies organized under the following categories: Public Health Sciences; Assessment and Analysis; Policy and Program Planning, Implementation and Evaluation; Partnerships, Collaboration and Advocacy; Diversity and Inclusiveness; Communication; and Leadership. Public Health units can benefit from ensuring procurement of these core competencies, either through professional development, new employees or contracted services. For more information on the 36 core competencies, visit http://www.phac-aspc.gc.ca/ccph-cesp/. Health Promotion Ontario is currently working with PHAC on the development of discipline-specific competencies for health promoters.

- **The Health Communication Unit (THCU)** offers workshops to increase skill and capacity on the following topics: Planning Health Promotion Programs, Policy Change in Health Promotion and Sustainability of Health Promotion Programs. They offer self-directed online courses on Health Promotion 101 and Proposal Writing; webinars on topics ranging from social marketing and health communication to policy development. THCU also manages an Online Health Promotion Planner and runs a Health Promotion summer school. For more information visit http://www.thcu.ca.
- **Canadian Evaluation Society (CES)** is a membership organization committed to the advancement of evaluation theory and practice through leadership, knowledge exchange, advocacy and professional development. CES offers workshops on logic model development, survey design and program evaluation, as part of their Essential Skills Series. For more information, visit http://www.evaluationcanada.ca.
- **Skill Enhancement for Public Health – Public Health Agency of Canada (PHAC).** Skill Enhancement for Public Health Building a Solid Foundation for Public Health Practice is a continuing education program offered by PHAC to help public health professionals acquire and strengthen the skills needed for effective public health practice. The program is offered out of the Office of Public Health Practice at PHAC. The program offers a series of online modules and courses in English and French to help develop the necessary knowledge and skills to acquire core competencies for public health. The program soon plans to release a Self-Assessment Tool and an Orientation Module for new public health staff. For more information, visit http://www.phac-aspc.gc.ca.
- **The Physical Activity Resource Centre (PARC)** offers workshops on a variety of physical activity promotion topics, including early years, older adults, behavioural change and mental health. Workshops are offered both online and face-to-face and are designed to build skills and capacity and allow for health promoters to network and share local programs and successes. For more information, visit http://www.parc.ophea.net.

f) Resource Documents

i) Evidence-Informed

- *A Compendium of Critical Appraisal Tools for Public Health Practice.* D. Ciliska, H. Thomas, C. Buffet National Collaborating Centre for Methods and Tools. February 2008.
- *Improving Population Health: The Uses of Systematic Review.* M. Sweet and R. Moynihan. Centers for Disease Control and Prevention. 2007.
- *The Chief Public Health Officer's Annual Report on the State of Public Health in Canada.* Public Health Agency of Canada. 2008 and 2009.
- *The effectiveness of interventions to increase physical activity.* A systematic review. E. Kahn, et al. Am J Prev Med 22 (4S) 2002. http://www.thecommunityguide.org/pa/pa-ajpm-evrev.pdf
- *Recommended Community Strategies and Measurements to Prevent Obesity in the United States.* L.K. Khan et al. Morbidity Mortality Weekly Report. Centers for Disease Control and Prevention. 58(RR07), pp. 1-26. July 24, 2009.
- *Reversing the Trend of Childhood Obesity.* D.F. Stroup et al. Preventing Chronic Disease: Public Health Research, Practice and Policy. Centers for Disease Control and Prevention; 6(3). 2009.
- *A Systems-Oriented Multilevel Framework for Addressing Obesity in the 21st Century.* T.T. Huang, et al. Preventing Chronic Disease: Public Health Research, Practice and Policy. Centers for Disease Control and Prevention; 6(3). 2009.
- Action Strategies Tool kit: A Guide for Local and State Leaders Working to Create Healthy Communities and Prevent Childhood Obesity. Leadership for healthy communities. Robert Wood Johnson Foundation. May 2009. http://www.leadershipforhealthycommunities.org

ii) Social Determinants of Health

- *Primer to Action: Social Determinants of Health. A resource for health and community workers, activists and local residents to understand how the social determinants of health impact chronic disease – and what we can do about it.* Ontario Chronic Disease Prevention Alliance and Health Nexus. May 2008.
- *Our cities, our health, our future: Acting on social determinants for health equity in urban settings.* World Health Organization. 2008.
- *Steps to Equity: Ideas and Strategies for Health Equity in Ontario, 2008-2010.* D. Patychuk and D. Seskar-Hencic. November 2008. http://www.healthnexus.ca/policy/firststeps_healthyequity.pdf

iii) Priority Population

- Safe Communities of Canada has developed a priority-setting model that considers qualitative and quantitative information when establishing priorities. For more information, visit http://www.safecommunities.ca.

(1) Resources Organized as Relevant to Specific Requirements

Requirement 1 (Surveillance)

- **Local Health Integration Networks (LHIN).** Health units may benefit from contacting data analysis professionals employed at the LHIN most relevant to the health unit for access to additional data collection and analysis. For more information and to identify your local LHIN, visit http://www.lhins.on.ca.
- **Canadian Institute for Health Information (CIHI)** collects and shares data and information on health care services, health spending, health human resources, and population health and consolidates data from medical practitioners, governments, hospitals and regional health authorities. It also coordinates national health information standards to increase consistency in the measurement and reporting of health indicators across Canada. Health units may benefit from accessing this resource. For more information, visit http://www.cihi.ca.
- **Association of Public Health Epidemiologists in Ontario (APHEO)** has compiled a list of core indicators and resources that are currently being revised to reflect the *Ontario Public Health Standards*. APHEO has also established a workgroup to identify built environment indicators to address the new standards and a general chronic disease workgroup that identifies indicators to measure chronic disease. APHEO takes rural/urban issues into consideration when developing indicators. For more information, visit http://www.apheo.ca.
- **Transportation Tomorrow Survey (TTS)** is a joint effort of 21 local and Ontario government agencies to collect data on travel patterns and behaviour in order to inform decision-making about land use and transportation planning. The survey collects information on individuals, their household and about each trip made by each person the previous day. For more information on the survey and to identify participating agencies, visit http://www.jpint.utoronto.ca/ttshome/ or contact your local planning department.
- **Local Planning Departments.** Health units may benefit from contacting their local planner or planning department for access to routinely-collected data on land use and transportation elements, such as GIS maps of parks, trails, sidewalks, street networks and so on. This data can be used to improve decision-making on built environment issues related to healthy eating and active living.
- **Canadian Fitness and Lifestyle Research Institute (CFLRI)** is a national research agency that conducts primary research and monitors trends of physical activity in Canada, and makes recommendations to increase levels of physical activity and the overall health of Canadians. The Institute monitors physical activity and sport participation of various population subgroups and at various settings. To access this resource, visit http://www.cflri.ca.

Requirement 6 (Recreation and Built Environment)

- **Ontario Professional Planners Institute (OPPI)** is the Ontario affiliate of the Canadian Institute of Planners and provides leadership and support for the professional planning community on issues related to planning, development, environment and policy. The OPPI recently released two Calls to Action entitled *Planning for Age-Friendly Communities and Plan for the Needs of Children and Youth* that focus on key issues and concerns to be addressed when planning for specific age groups. In 2007, OPPI released several publications highlighting the linkages between the built environment and health. These are available under the series *Healthy Communities, Sustainable Communities*. For access to resources available through OPPI, visit http://www.ontarioplanners.on.ca.
- **Canadian Institute of Planners (CIP)** is the national professional institute and certification body for planners and the planning profession in Canada. It provides a forum for knowledge sharing, leads changes in the field, issues standards for training, professional development and best practices and addresses issues relevant to its members and the public. For more information, visit http://www.cip-icu.ca.
- **Planning Active Communities across Ontario (PACAO)** is a committee working together to develop a joint land-use planning and public health framework to design, support and promote active communities. In an effort to bridge the terminology gap between land-use planners and public health professionals, they have developed a report titled *Bridging the Terminology Gap in Support of Active Communities: Land-use Planners and Public Health Professionals*. For more information, visit http://www.planningactivecommunities.com.
- **Lifestyle Information Network (LIN)** is a knowledge exchange forum that hosts information on best and promising practices in leisure, recreation sport and healthy living research. The site provides a direct link to the National Recreation Resource Database. LIN is a non-profit organization established through support from the Ontario Ministry of Tourism and Recreation and the Fitness Program of Health Canada. To access the network, visit http://lin.ca.
- **Ministry of Municipal Affairs and Housing (MMAH)** is responsible for land use planning and development in Ontario. It has a goal of seeing "an Ontario made up of safe and strong urban and rural communities with dynamic local economies, abundant green space and a quality of life that is second to none." For more information, visit http://www.mah.gov.on.ca.
  - **Citizens' Guides to Land-Use Planning** – The MMAH provides a set of *Citizens' Guides to Land-Use Planning* on their website that provides valuable information about the planning process, including the *Planning Act*, as well as useful municipal planning and development tools and resources.
  - **The *Planning Act*** is the legislative document that controls and shapes land-use planning in Ontario. Health units looking to modify the built environment as a means to improve health outcomes would benefit from learning about the Act.
  - **Provincial Policy Statement (PPS)** is issued under the authority of the *Planning Act* to provide additional direction on matters of provincial interest related to land-use planning and development. A new Provincial Policy Statement was released in 2005 and applies to all applications submitted after this date. Of use to public health units are the sections within the PPS on Building Strong Communities; Managing and Directing Land Use to Achieve Efficient Development and Land-Use Patterns; Public Spaces, Parks and Open Spaces; and Protecting Public Health and Safety.

- **Ministry of Energy and Infrastructure (MEI)** Capital Programs Branch is responsible for developing and implementing policies governing pupil accommodation and funding for school operations, school renewal and new school construction.
  - The MEI regulates *Places to Grow – Growth Plan for the Greater Golden Horseshoe*. *Places to Grow* is the Ministry of Energy and Infrastructure's plan to shape and manage growth in Ontario. The plan provides a framework for municipalities that includes leadership and guidance on where and how to grow, infrastructure to support growth, protecting what is valuable and implementation. Health units wishing to work with planning departments to influence land-use patterns to benefit health should become familiar with the *Growth Plan*. For more information, visit http://www.mei.gov.on.ca.
- **Transportation Tomorrow Survey (TTS)** is a joint effort of 21 local and provincial government agencies to collect data on travel patterns and behaviour in order to inform decision-making about land use and transportation planning. The survey collects information on individuals, their household and about each trip made by each person the previous day. For more information on the survey and to identify participating agencies, visit http://www.jpint.utoronto.ca/ttshome/ or contact your local planning department.
- **Rapid Risk Factor Surveillance System (RRFSS)** is a telephone survey occurring in public health units across Ontario that collects data on a monthly basis to monitor key and emerging public health issues in a timely manner. The Surveillance System contains core module and optional modules. All participating health units collect data on the core modules, but can choose optional modules to focus on for each year. RRFSS is administered by the Institute for Social Research at York University. For more information on RRFSS, visit http://www.rrfss.ca or contact your local epidemiology department.
  - RRFSS now has a module measuring the importance of land-use elements in the built environment within walking distance from residential areas. The module, suitable for urban-suburban areas, is called *Urban Development: Importance of Walking Distance from Home*.
  - A second module on urban development is currently in progress.
- **Association of Public Health Epidemiologists in Ontario (APHEO)** has compiled a list of core indicators and resources that are currently being revised to reflect the *Ontario Public Health Standards*. APHEO has also established a workgroup to identify built environment core indicators to address the new standards and a general chronic disease workgroup that identifies indicators to measure chronic disease. APHEO takes rural/urban issues into consideration when developing indicators. For more information, visit http://www.apheo.ca.
- **Walk-ON** is a community partnership of the Central West Heart Health Networks that works to support and increase the development of walkable communities. The partnership undertook a large survey of residents in the Central West area, on knowledge, attitudes and behaviours related to walking and the built environment. Resources available through Walk-ON include information sessions and workshops, tool kit, checklist, pedestrian charters and research reports. For more information, visit http://www.walkon.ca.
- **Ontario Trails Strategy** is part of the Active 2010 initiative of the Ministry of Health Promotion. The Strategy is the Ministry's long-term plan for promoting the use of trails in Ontario. The five strategic directions of the strategy are: improving collaboration among stakeholders, enhancing the sustainability of trails, enhancing the trail experience, educating Ontario residents about trails and fostering better health and a strong economy through trails. For more information on the strategy, visit http://www.mhp.gov.on.ca/English/sportandrec/recreation/trailsstrategy/default.asp.
- **Parks and Recreation Ontario (PRO)** is a non-profit organization that aims to increase awareness and support for the benefits of parks, recreation and physical activity. PRO does this through information, advocacy and innovative research and development. For more information, visit http://www.prontario.org.

- **Association of Local Public Health Agencies (alPHa)** is a non-profit organization with a mandate to provide leadership on issues of management, governance and administration to boards of health and local public health units across Ontario. alPHa members include medical officers of health, senior public health management and board of health members. For more information, visit http://www.alphaweb.org.
- **Ontario Public Health Association (OHPA) Built Environment Work Group.** OHPA recently established a work group focusing on issues related to the built environment and health. Contact OPHA (http://www.opha.on.ca) for more details.
- **Heart Health Networks** have recently been given the mandate to engage in built environment policy development. Liaisons between Heart Health Networks, health units and planning departments should be explored to coordinate efforts to improve the built environment. The Heart Health Resource Centre report entitled *Policies in Action*, released in 2002, contains actual and sample Ontario policies, including policies on active living and healthy eating, as well as valuable information to guide community-based policy development. For more information, contact the Heart Health Resource Centre (http://www.hhrc.net).
- **Physical Activity Resource Centre (PARC)** offers workshops on a variety of physical activity promotion topics including early years, older adults, behaviours change and mental health. Workshops are offered both online and face-to-face and are designed to build skills and capacity and allow for health promoters to network and share local programs and successes. For more information, visit http://www.parc.ophea.net
- As part of their Healthy Community and the Built Environment project, **The Ontario Healthy Communities Coalition** prepared a literature review entitled *Linking Health and the Built Environment*, looking at Canadian and non-Canadian evidence. For access to this literature review, visit http://www.ohcc-ccso.ca/en/linking-health-and-the-built-environment-a-literature-review.
- **The Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information (CIHI)** has released two research reports that begin to explore the relationship between health and the built environment in Canada. The first report, entitled *Improving the Health of Canadians: An Introduction to Health in Urban Places*, was released in 2006. The second report, entitled *State of the Evidence Review on Urban Health and Healthy Weights* was published in 2008. For access to these reports, visit http://www.cihi.ca.
- **The Heart and Stroke Foundation of Canada** released a position statement on *The Built Environment, Physical Activity, Heart Disease and Stroke* with information on the links between built environment and health as well as recommendations for municipal governments, community planners, developers and Canadians at large. The organization also prepared a report card on health in 2005, entitled *Has the Suburban Dream Gone Sour?* and is currently funding nine research projects on the relationship between health and the built environment across Canada. For more information visit http://www.heartandstroke.com.
- **LEED for Neighbourhood Development (LEED-ND)** is a rating system for neighbourhood design that integrates the principles of smart growth, urbanism and green building. In 2006, a report was prepared and presented to the LEED-ND Core Committee on the health impacts of the built environment, entitled *Understanding the Relationship between public health and the built environment*. To access this report, visit the U.S. Green Building Council at http://www.usgbc.org. For more information on LEED and LEED-ND in Canada, visit the Canadian Green Building Council at http://www.cagbc.org.
- **The Ministry of Transportation** oversees a Transportation Demand Management Municipal Grant Program: *A program to encourage cycling, walking, transit and trip reduction*. Transportation demand management is a key part of transportation planning. For more information, contact your local transportation planner or planning department and/or visit http://www.mto.gov.on.ca.

- **Local Official Plans** guide infrastructure, transportation and land-use planning and development, as well as growth management for municipalities. Connect with municipal planning departments for access to and information on the Official Plan.
- **Green Communities Canada**. Green Communities Canada is a network of community-based non-profit organizations working together to achieve environmental sustainability. Green Communities Canada focuses on information sharing, coordinating joint programs that are common to the networks' members, building capacity, building visibility and building membership. For more information, visit http://www.gca.ca.

Requirement 11 (Health Communication/Social Marketing)

- **The Health Communication Unit (THCU)** runs out of the Dalla Lana School of Public Health at the University of Toronto. THCU provides training and support in health communication, program planning, evaluation, policy development and sustainability through workshops, events, consultation, information and resources. THCU's services are available free of charge to health promotion practitioners at public health units, community health centres and other agencies across Ontario. To access this valuable resource, visit http://www.thcu.ca.
- **Social Marketing – Health Canada** contains links to Health Canada's social marketing campaigns as well as access to social marketing learning tools and resources. Visit http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/index-eng.php for information.
- **National Center for Health Marketing at the Centers for Disease Control and Prevention (CDC)** contains valuable links to resources and tools, partnerships, research and evaluation, health marketing basics as well as professional development related to health marketing. For information, visit http://www.cdc.gov/healthmarketing.
- **The National Social Marketing Centre (NSM)** is a valuable resource for case studies, best practices, research, reports, tools, presentations and training materials related to health communication and social marketing. Visit http://www.nsms.org.uk for information.
- **Communications Branch – Ministry of Health Promotion.**
- *A Field Guide to Designing a Health Communication Strategy: A Resource for Health Communication Professionals.* Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. March 2003.
- *Pink Book: Making Health Communication Programs Work.* U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.

Section 6. Conclusion

This Guidance Document is one of a series that have been prepared by the Ontario Ministry of Health Promotion to provide guidance to boards of health as they implement health promotion programs and services that fall under the 2008 *Ontario Public Health Standards (OPHS)*. This Guidance Document has provided background information specific to healthy eating, physical activity and healthy weights, including its significance and burden.

In addition, this Guidance Document has provided information about situational assessments for each OPHS Requirement relevant to healthy eating, physical activity and healthy weights and included related information about policies, program/social marketing, evaluation and monitoring issues and the social determinants of health. It has also suggested policy direction and strategies for consideration, and examined evidence and rationale.

Achieving overall health goals and societal outcomes will depend on the efforts of boards of health working together with many other community partners such as non-governmental organizations, local and municipal governments, government-funded agencies and the private sector. By working in partnership towards a common set of requirements, Ontario can better accomplish its health goals by reaching for higher standards and adequately measuring the processes involved.

The health of individuals and communities in Ontario is significantly influenced by complex interactions between social and economic factors, the physical environment and individual behaviours and conditions. Addressing the determinants of health and reducing health inequities will also ensure that boards of health are successful in their efforts.

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