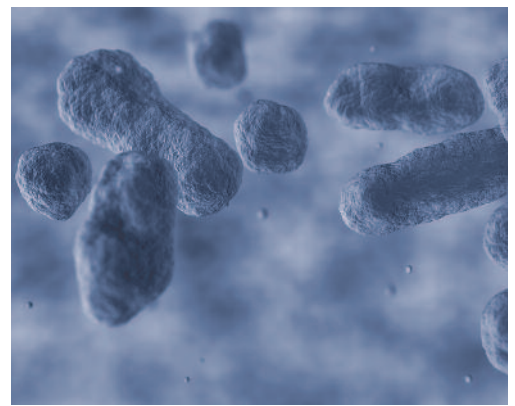
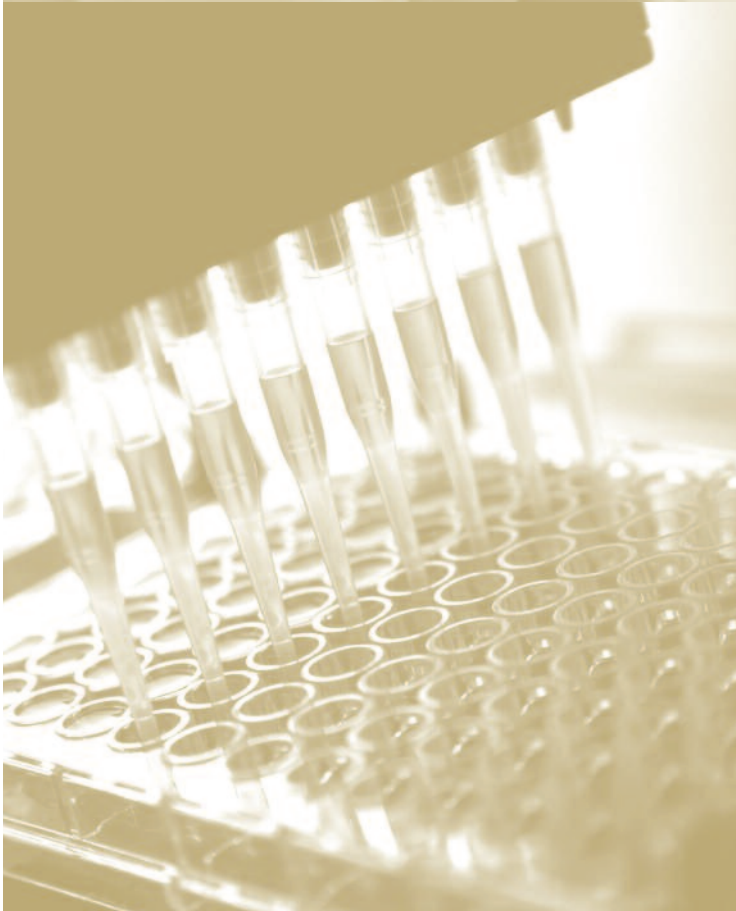


# 2010–13 STRATEGIC PLAN





# TABLE OF CONTENTS

- ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION ..... 1**
- OUR STARTING POINTS.....3**
- OUR CLIENTS AND PARTNERS .....4**
- OVERVIEW .....5**
- OUR PLAN .....6**
  - Goal 1: Better information.....7
  - Goal 2: Better knowledge.....8
  - Goal 3: Better support.....9
- OUR OBJECTIVES .....10**
  - Objective 1: Provide results and reports .....11
  - Objective 2: Add value through surveillance .....12
  - Objective 3: Relevant and responsive research .....13
  - Objective 4: Training, tools and educational support .....14
  - Objective 5: Provide field support.....15
  - Objective 6: Emergency management support.....16
- OUR FOUNDATIONAL OBJECTIVES .....17**
  - Objective 7: Building our organization .....18
  - Objective 8: Developing partnerships .....19
  - Objective 9: Enhancing capacity in the public health system .....19
- SETTING PRIORITIES .....20**
- REFERENCES .....22**



OAHP Command Centre, May 2009



# ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION

INFORMATION, KNOWLEDGE AND SUPPORT FOR PUBLIC  
HEALTH DECISIONS AND ACTIONS

The first three-year strategic plan of the Ontario Agency for Health Protection and Promotion (OAHP) defines the goals, objectives and activities that are necessary to achieve its vision and fulfil its mission in support of public health system renewal in Ontario.

OAHP was created by legislation as a result of recommendations after a series of major public health events in Ontario that included the 2003 outbreak of severe acute respiratory syndrome (SARS), the Walkerton waterborne outbreak of E. coli O157H7, and food safety gaps raised in the report of Justice Archibald Haines, *From Farm to Fork*. While these reviews focused on health protection issues, it was also clearly evident that there are many other significant population health issues in areas of chronic diseases, health inequities and environmental and occupational health. In order to adequately address both health protection and health promotion challenges, it was clear from these and other reports that serious and long-standing deficiencies in both the capacity and functioning of the public health system in Ontario needed to be addressed. To its credit, Ontario did respond and undertook a comprehensive strategy for public health renewal in the province.

All of the post-SARS reports recommended the establishment of an arm's-length body that would provide scientific and technical support to government, public health units and front-line health-care workers. In Operation Health Protection (June 2004), the government committed to establishing Ontario's first public health agency. After extensive work by the Ministry of Health and Long-Term Care and with strong support from the government of Ontario, founding legislation for OAHP received approval from the legislature in 2007. An inaugural board was appointed that fall, the appointment of the president and chief executive officer was announced in March 2008 and OAHP began operations in July 2008.

OAHP moved quickly to fulfil the vision set out by the government in the Agency Implementation Task Force report, starting by recruiting highly experienced executive and scientific leadership. This work coincided with the successful undertaking of a complex transfer of the 12 public health laboratories in Ontario from the Ministry of Health and Long-Term Care to OAHP.

*...continued on next page*

*...continued from previous page*

Despite being in start-up mode, OAHPP has responded to numerous requests for support and advice from the chief medical officer of health (CMOH), health units and health-care providers. Some of the areas where OAHPP has been called on to act include: providing support for E. coli 0157H7 outbreak investigation and guidance for clinicians; developing scientific information to address anti-fluoridation issues; communicating to primary care physicians regarding *Listeria monocytogenes*; and supporting development of surveillance activities regarding childhood healthy weights.

With regard to patient safety, OAHPP Infection Control Resource Teams have been dispatched on multiple occasions at the request of the CMOH to assist in the detection and control of infections in health-care institutions.

In April 2009, public health organizations around the world were alerted to the emergence of a novel strain of H1N1 influenza in Mexico and the southern United States. At the request of the CMOH, OAHPP has housed the scientific response team to support Ontario's response to the outbreak. OAHPP laboratories have responded quickly to provide unprecedented levels of testing. The ability of OAHPP to step up to support the province was possible because the vision of OAHPP as a hub organization, linking research, clinical medicine, public health and beyond, was in place. Throughout these challenges, OAHPP has focused on stability, strong governance, transparency and accountability to the people it serves.

As we have built the organization while meeting diverse challenges, OAHPP staff have demonstrated and lived the values of responsiveness, relevance, credibility, collaboration, innovation and balance.

With the 2010-13 Strategic Plan, we now have the opportunity to further define and clarify the steps we will take as we move forward. To achieve our vision and mission we will provide information, knowledge and support for our public health partners so they can make better decisions and take better actions.

# OUR STARTING POINTS

## VISION:

We will be an internationally recognized centre of expertise dedicated to protecting and promoting the health of all Ontarians through the application and advancement of science and knowledge.

## MISSION:

We are accountable to support health-care providers, the public health system and partner ministries in making informed decisions and taking informed action to improve the health and security of all Ontarians, through the transparent and timely provision of credible scientific advice and practical tools.

## MANDATE:

To provide scientific and technical advice for those working to protect and promote the health of Ontarians.

## VALUES:

### CREDIBLE

We will strive to produce well-researched and high-quality products based upon the best available research and information.

### RESPONSIVE

We exist to help address the real needs of those within the system who provide care, and who work daily to protect and promote the health of the public. To that end, we will strive to be responsive to the emergent needs and priorities of our partners and clients.

### RELEVANT

We will provide information, advice and support that is not only scientifically accurate, but also useful, timely, relevant and in a format and manner that help people respond to and address real issues.

### INNOVATIVE

We will work with others to create solutions and partnerships that go beyond the traditional boundaries of institutions and sectors and seek new approaches to bridging research and practice, science and context.

### COLLABORATIVE

We cannot succeed separate and apart from the public health, health-care and research communities of which we are a part. Our contribution will be advanced most effectively as a collaborator and trusted partner contributing to, advancing and acknowledging the work of others.

### BALANCED

Our mandate is broad and we will strive to meet the needs of many stakeholders. Our ongoing strategic planning will require us to approach our growth with a balanced perspective:

- between field and provincially identified priorities
- between the health protection and health promotion components of the mandate
- between the advancement and application of knowledge
- between using proven methods of intervention and providing leadership in new innovative methods.

## OUR CLIENTS AND PARTNERS

OAHP provides scientific and technical advice and support to those working to protect and promote the health of Ontarians.

We have three clearly defined client groups:

### GOVERNMENT

Most importantly, we support the chief medical officer of health in fulfilment of statutory requirements. We support the work of the Ministry of Health and Long-Term Care and Ministry of Health Promotion as well as many partner ministries whose mandates connect with population and public health.

### PUBLIC HEALTH

We support the work of local public health units. However, we recognize that health protection and promotion services are delivered by many other individuals and organizations throughout society and we will also seek to support them, either directly or through our public health partners.

### HEALTH-CARE PROVIDERS AND INSTITUTIONS

We provide advice and support on public health matters to everyone who provides health services, from primary care through to long-term care, including individual providers and organizations.

To achieve our mandate, we work in partnership with our clients as well as many other groups. Indeed, as a hub organization, our objective is to leverage the considerable strengths that already exist within Ontario. Our clients will be obvious partners not only as the recipients of many of our activities, but also as collaborators. Furthermore, a critical measure of our success will be if we can facilitate the ability of our public health partners to lead in research and demonstration projects.

In addition to our clients, our partners include:

- academic institutions
- research institutes
- other government agencies, locally, provincially, nationally and globally
- data custodians and providers
- non-governmental organizations
- professional associations
- stakeholder organizations
- private sector
- the media
- the public

This strategic plan is built on close consultations with our clients and partners.

Arising from our strategic planning process, we have identified three key goals, six tactical objectives, three foundational objectives and a process for selecting priority activities to realize the potential of our organization. We anticipate great strides will be made as we build on the momentum of 2009-10, our start-up year, and accelerate our activities towards achieving our vision, mission, mandate and our 2010-13 goals and objectives in support of public health renewal in Ontario. While our goals and objectives lay out the long-term foundation for our organization, our activities, by necessity, will remain subject to change as circumstances evolve. This plan clearly lays out a process for setting priorities in the face of the numerous activities we could be called upon to engage in.

## 2010–13 Our goals

*We will enable better public health policy and practice by our partners to improve the health of Ontarians and reduce inequities in health.*

To achieve this overarching goal of enabling better decisions and actions by our partners, we will focus on three goals:

### INFORMATION

Provide timely, relevant and reliable information for better public health decisions and actions.

### KNOWLEDGE

Generate and accelerate the uptake and application of current evidence-informed knowledge in public health decisions and actions.

### SUPPORT

Provide high-quality support to the Ontario public health system in its daily business and enhance capacity in emergencies.

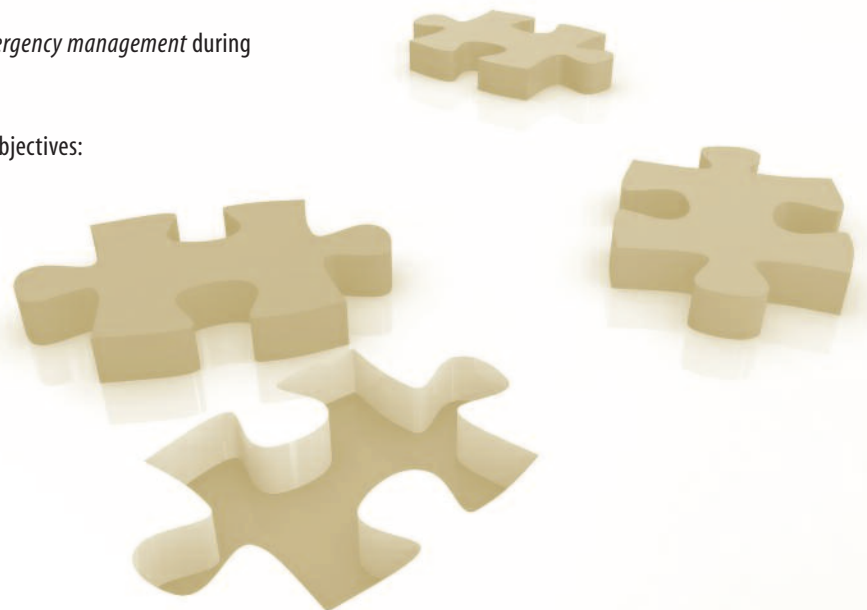
## 2010–13 Our objectives

To achieve better information, knowledge and support for our public health partners, we will:

- Provide timely, accurate and complete *results and reports*
- Add value to data through our *surveillance* activities
- Collaborate to undertake *research* that is relevant and responsive
- Provide *training, tools and educational support* to build capacity in our partners
- Provide *field support* in our areas of expertise
- Support the health system with effective and co-ordinated *emergency management* during public health emergencies

In addition, we have identified the following three foundational objectives:

- Building our organization
- Developing our partnerships
- Enhancing capacity of the public health system





2010–13

# OUR PLAN

## INFORMATION • KNOWLEDGE • SUPPORT

Information, knowledge and support are the outputs of our work and the inputs of public health decisions and actions. How do we ensure timely and accurate data from which to generate public health reports? What are our processes to bring additional value to raw data by adding context and relationships over time? How do we take information we have amassed through our surveillance and laboratory activities and translate this into useful knowledge? How do we support the translation of knowledge into practice and policy – the accelerated uptake of knowledge to ensure the best decisions and the best actions by public health practitioners and others across the health system?

Much has been written about the data, information, knowledge and wisdom hierarchy by authors such as Russell L. Ackoff in *From Data to Wisdom*. In our 2010-13 Strategic Plan, we have explicitly considered our role within the broader Ontario public health landscape within such a hierarchy. We situate ourselves as a knowledge organization that will bridge data and information to enable wiser decisions and actions by our partners. We have taken into account the needs identified by public health, government and health-care system partners. Our plan speaks to the actions that we will take in the next three years to help address those needs. Collectively, we will strive to bring wisdom to our public health system, in the interest of protecting and promoting the health of Ontarians and reducing health inequities.

The following sections provide more information about our 2010–13 goals and objectives.



# GOAL 1:

## BETTER INFORMATION

### We will provide timely, relevant and reliable information for better public health decisions and actions.

Data without analysis and context are of limited value. Ontario has a wealth of diverse population health data sets that have been used in varying degrees for public health purposes. These data sets are not easily integrated and accessed by end users. It can be challenging to link across data sources in order to fully assess the determinants of health, to evaluate population health and to measure and monitor the outcomes and impacts of practice and policy interventions over time and place.

Several of our key planning principles support the need for better data linkage and integration in support of better information:

- We work to support a reduction in health inequities through a population perspective, including applying a population approach across the continuum of health services
- We are committed to more effectively bridging the worlds of animal, human and environmental health
- We seek to incorporate and apply cutting-edge tools and innovations in information and communication technologies.

Our legislated mandate makes it clear that we will “carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.” These activities require secure access to a range of data from multiple sources and the ability to add value through analysis and interpretation of data. Finally, the introduction of the new Ontario Public Health Standards, in particular the Foundational Standard, makes clear the expectations of local public health in terms of population health assessments, identification of priority populations, evaluation and other activities which require access to accurate, complete and timely data and information on the health of the population and the wide range of determinants that affect it.

OAHPP is also a producer of data, through the operation of our laboratories. As part of the Lab Renewal Project, we will seek to refine and modernize test menus, improve test turnaround times, continue to meet evolving public health needs, and add value through the clinical and epidemiological interpretation of test results.

This goal relates to OAHPP Act Objects (d) to develop, collect, use, analyze and disclose data, and (g) to establish, operate and maintain laboratory centres.



## GOAL 2: BETTER KNOWLEDGE

### We will generate and accelerate the uptake and application of evidence-informed knowledge in public health decisions and actions.

Public health decisions and actions occur in the context of a complex system where a myriad of determinants influence outcomes and impact the health of the population. How do we know that the actions and decisions by our public health partners will be those most likely to be of benefit in protecting and promoting the health of Ontarians and reducing health inequities? What practice and policy interventions are of greatest value in mitigating the risk to human health from an emerging or long-standing threat? With our constantly changing microbial environment, can we be sure that our current interventions will continue to protect the public, in the face of novel pathogens and emerging antimicrobial resistance? What are the best approaches—at a population level—to address rising obesity and diabetes rates? How do we understand, plan for and mitigate the effects of global climate change in Ontario? What are the risks to human health from environmental toxins and how do we communicate these risks?

Whether it is in the area of bench research in genomics, social marketing and the new media, or the use of geographic information and modelling to inform public health decision-making, a great deal needs to be done. With a clear focus on knowledge generation, and a plan that includes recruiting respected content leaders in partnership with universities and other academic institutions, we will strive to deliver knowledge that is relevant and responsive to the needs of our public health partners, credible when assessed on a global scale, and innovative.

We will endeavour to support the accelerated application of knowledge by our public health partners. We are aware of the challenges faced by practitioners and policy-makers in terms of being aware of, understanding, applying and integrating current knowledge into practice. We will encourage and support the application of new knowledge by our partners by providing tools, workshops, training and other educational activities, and ongoing support and advice. We will strive to consistently pursue excellence in the products we produce, and with these products and actions, help create a culture of evidence-informed public health practice in Ontario, building on and learning from those with whom we work. In order to be successful, we will engage partners throughout the public health system. We will support local public health by providing training and tools to meet the Foundational Standard expectations in terms of applied research and program evaluation.

This goal relates to OAHPP Act Objects (b) to develop, disseminate and advance public health knowledge, best practices and research, (c) to inform and contribute to policy development processes, (e) to undertake, promote and co-ordinate public health research, (f) to provide education and professional development, and (i) to undertake research related to evaluating modes of transmission of febrile respiratory illness and the risk to health workers.

# GOAL 3:

## BETTER SUPPORT

### We will provide high quality support to the Ontario public health system in its daily business and enhance capacity in emergencies.

How do we ensure that people at the front line, whether in public health units, the community or the hospital environment, have good access to the best public health supports Ontario has to offer? How do we build a system of support that is relevant and responsive to local needs?

We recognize that a centre of technical and scientific expertise such as ours must actively relate and be responsive to the daily challenges faced by our partners in public health units, the government and the health-care system. This will help to ensure that all are able to effectively close the gap between evidence and action. We recognize the need to build a system of support that can effectively link and align capacities in a manner that proactively supports us all.

Based on consultation with our partners, review of the Agency Implementation Task Force recommendations and other planning documents, we are developing a vision, priorities and an action plan for a system of support with several features:

- Rapid access to scientific and technical advice and expertise (face-to-face and virtual)
- Regional support networks in specialized content areas
- Regional knowledge exchange networks
- Centralized training, educational support and outreach

We recognize that there are many ways in which wisdom and knowledge can be gained and exchanged through experience as well as through research. We hope to enhance the rapid acquisition and dissemination of knowledge and best practices across the public health and health-care system, including enhancing collaboration and the sharing of best practices from one health unit to another.

This goal relates to OAHPP Act Objects (a) to provide scientific and technical advice and support to the health-care system and the Ontario government, and (j) as directed by the CMOH, to provide scientific and technical advice and operational support in emergencies or outbreak situations with health implications.



2010–13

# OUR OBJECTIVES

Our objectives describe what we do or provide on a day-to-day basis that leads to better information, knowledge and support for our public health partners. Our objectives are fundamental to and cut across our core content areas, whether in the area of infectious diseases, health promotion, chronic disease and injury prevention, or environmental and occupational health. Our 2010-13 activities describe the prioritized basket of initiatives we will undertake to build an organization capable of delivering on its goals and realizing its potential.

The following section provides more detail about our objectives. Example activities are presented to illustrate the type of work that will be done in support of these objectives. While each objective can primarily be related to a goal, and similarly activities to objectives, in fact multiple objectives relate to multiple goals, as multiple activities relate to multiple objectives. This reflects our desire to ensure we develop as an integrated organization that is neither compartmentalized nor siloed.

# OBJECTIVE 1:

## PROVIDE RESULTS AND REPORTS

### Provide timely, accurate and complete *results and reports*

Our laboratories are a significant operational arm of OAHPP, and their work can relate to all our objectives and actions. Through our operational objective to renew the laboratories, we aim to provide faster access to accurate lab test results. We will reduce turnaround times and improve service to our clients to enable timely decision-making and action, whether at the individual patient or population level.

In addition to lab test results, we will also provide population-level reports linking data from a variety of sources, including data from other custodians such as:

- Integrated Public Health Information System (iPHIS)
- Immunization Records Information System (IRIS)
- Rapid Risk Factor Surveillance System (RRFSS)
- Health services (e.g. hospital discharges, physician visits)
- Institute for Clinical Evaluative Sciences (ICES)
- Canadian Institute for Health Information (CIHI)
- Statistics Canada

Through the provision of accurate, timely and complete results and reports, we will support public health units, the health-care system, ministries and other partners to better understand the needs of the people they serve and the impact of the decisions and actions they take.

We will chart our performance by reviewing the volume, quality and timeliness of results and reports. We will ascertain the impact of our reports by documenting how the results were used as a basis for decision-making and problem solving, for example reports to boards of health, or policy submissions for public health programs in government.

#### FASTER, RELIABLE AND COMPREHENSIVE ACCESS TO CRITICAL INFORMATION

##### Creating a Geographic Information System (GIS) based standardized data set

We are proposing to create a centrally accessible GIS-based standardized data set, available on a health unit by health unit basis. This will allow us to provide common access to core public health indicators and data sets, health status, demographic, socio-economic and outbreak-related information.

##### Improving day-to-day laboratory services

Our staff, management and scientists are working to renew the OAHPP laboratories. Through new test platforms and improved information systems, we will improve the timely delivery of results and reports to better support clinical and public health end users. Importantly, we will bring added value to our results and reports through expert analysis and interpretation and linkages to other data sets.

# OBJECTIVE 2: ADD VALUE THROUGH SURVEILLANCE

## Add value to data through our *surveillance* activities

In addition to producing results and reports, consistent with our goal to support our partners through better information and knowledge, we add value to data from diverse sources through epidemiologic analysis and application of approaches such as geospatial analysis. In this way, we add context and meaning that leads to better understanding and identification of actions that could be taken to enhance health or control the spread of disease. We will also create products that are relevant to and easily applied by the field.

One measure of success with this objective will be the production of regular surveillance products across all areas of our mandate that are the source of timely and useful information for public health decision-making by our partners.



### BUILDING A SURVEILLANCE SYSTEM FOR THE 21ST CENTURY

Several initiatives are underway that will boost Ontario's surveillance system, including:

#### Rapid Risk Factor Surveillance System (RRFSS)

The proposed transformation of the RRFSS to a province-wide system that will be available on a health unit by health unit basis will enable ministries, public health units and others to assess and better understand how planned or intended actions can be best tailored to effectively reach the public.

#### Laboratory surveillance

With the recent introduction of a laboratory information system at our laboratories, we are assessing opportunities for enhancing surveillance and analytic capacity as well as opportunities for integrating with the existing system of communicable disease reporting through Integrated Public Health Information System (iPHIS) and the proposed Panorama system.

# OBJECTIVE 3:

## RELEVANT AND RESPONSIVE RESEARCH

### Collaborate to undertake *research* which is relevant and responsive

OAHP has a legislated object to undertake, promote, co-ordinate and partner on public health research. Our research activities will span the continuum from fundamental to applied, and will range from basic to clinical to population to policy. Consistent with our values, our research activities will be collaborative, relevant and responsive to public health issues. We will be bold and innovative. We will build on our strengths while working to fill a unique niche within Ontario. To ensure high-quality, credible research, we will strive to be internationally competitive.

We will evaluate our research programs using traditional metrics such as citation counts and impact, peer-reviewed funding and technology transfer. However, we will also seek to evaluate our research in terms of its applicability and relevance to our clients and partners.

#### ADVANCING KNOWLEDGE, APPLYING INNOVATION

We will develop and apply new knowledge, approaches and disciplines to advance public health in Ontario and in doing so, will support and contribute to science and innovation in the province. Here are a few examples of our activities, which will span the continuum from molecular to population:

##### Ontario Health Study

We are participating in the Ontario Health Study, a major longitudinal cohort study, in partnership with Cancer Care Ontario, the Ontario Institute for Cancer Research and others. This study will enrol thousands of Ontarians to examine over decades the impacts of genetic susceptibility, environment, social and other factors on population health outcomes.

##### Applying modelling to public health priorities

Working in partnership with the current consortium of influenza modellers, we will be seeking to expand the application of advanced mathematical models, not only in areas of infectious disease, but also in areas such as assessing the impact of the environment and climate change on health, and

assessing disease trajectories and modelling effective interventions to prevent or control chronic disease.

##### Build an infectious disease genomics and proteomics platform

We intend to harness access to infectious microbes identified in our clinical laboratories with genomic and proteomic tools in order to discover novel vaccine and drug targets and diagnostic strategies. Genomic tools, such as whole genome sequencing, and proteomic tools, such as mass spectroscopy, have the capacity to decipher the entire molecular structure of these pathogens. In this way, we will be able to better understand what targets are available for therapeutic and diagnostic strategies. Key to this will be the use of bioinformatics to synthesize the vast amount of data created by genomics and proteomics.





## OBJECTIVE 4:

### TRAINING, TOOLS AND EDUCATIONAL SUPPORT

#### *Provide training, tools and educational support to build capacity in our partners*

We will provide training, tools and educational support to build our partners' capacity. Our vision is to increase the capacity of those who work to protect and promote the health of Ontarians to the benefit of the system as a whole. We will increase capacity by providing guidelines and best practice documents, decision-support tools, a web portal for scientific and technical advice and support, and professional development opportunities. We will monitor quality and satisfaction with our products and programs and will endeavour to understand and increase the impact of our offerings on the system as a whole.

We will evaluate the success of our activities in this area through traditional means of program evaluation (e.g. number of training events, curriculum developed, technical assistance provided, course evaluations and participant feedback) as well as longer-term measures, such as impact on individual and organizational competency.

#### BRINGING PROFESSIONAL DEVELOPMENT TO THE DESKTOP AND BEYOND

Working in concert with experts across Ontario and beyond, beginning in 2010, we will establish an organized system of regular training and professional development opportunities for professionals within public health and the broader health system.

##### Virtual rounds

By 2011, we expect to provide many videoconference, web and on-site capabilities for professional development, training and support opportunities across all areas of our mandate. In this undertaking, we will focus on breaking down the barriers between academic, research and front-line knowledge and practice.

##### Planning and design for health

Recognizing the importance of the built environment to human health, whether in a single building or the broader community, we will advance and formalize our partnerships with the University of Toronto Faculty of Architecture and Urban Planning and others to develop educational activities within the broader design, planning, architecture and public health communities.

# OBJECTIVE 5: PROVIDE FIELD SUPPORT

## Provide *field support* in our areas of expertise

We will build a system of field support to ensure that people at the front line, whether in health units, hospitals or primary care environments, and at the policy level, always have access to specialized expertise at the time they need it. In public health and health-care environments, decisions are often made under tight time constraints and busy practitioners do not always have sufficient time or resources to access, assess, assimilate and apply the literature to define a best practice response. These approaches will be interfaced with hospitals, public health and OAHPP to provide for a more effective alignment of research, scientific expertise, training and support in a single cohesive system. OAHPP will also implement a system allowing rapid access to pre-identified credible technical experts across all of our domains of activity and other mechanisms and programs to ensure a rapid response, including a dedicated service capable of providing timely synopses of evidence on critical issues. Finally, we will work closely with policy-makers to ensure timely support for decision-making regarding policy interventions. This may include conducting rapid reviews, providing guidance in the development of important health notices and other mechanisms and support.

We will assess our success through evaluation of how our resources are utilized, the number of requests, timeliness and impact of our response and satisfaction of our public health partners with the field support provided.

### OPTIMIZING INFECTION CONTROL AND OUTBREAK SUPPORT

We strive to actively relate and respond to day-to-day challenges faced by our colleagues in the field and policy-makers as they promote health and address emergent health risks.

We will continue to optimize the response of infection control resource and outbreak teams, and in the next three years we will:

- advance new approaches to infection control training
- research and promote new approaches to making improvements in facility-acquired infections
- build capacity in local public health by developing resources for outbreak investigation and management

### CREATING A VIRTUAL ROLODEX

Access to expertise is needed across a broad range of disciplines on a daily basis by our public health partners. Ontario has a rich wealth of experts within public health units, hospitals, government, universities and research institutes. At times, it can be daunting and difficult to find the right expert at the right time.

# OBJECTIVE 6:

## EMERGENCY MANAGEMENT SUPPORT

### Support the health system with effective and co-ordinated *emergency management* during public health emergencies

According to the OAHPP Act, one key object is to provide support at the request of the chief medical officer of health in emergency and exigent circumstances. We recognize that an effective public health emergency response requires that we optimize our level of preparedness internally, while supporting an optimal state of readiness outside our organization. Using the Incident Management System (IMS) as our organizing framework, we are working to consistently apply this framework across OAHPP while supporting the CMOH, and the Ministry of Health and Long-Term Care's Emergency Management Branch. Working through the ministry's emergency management process with others will ensure a consistent framework and response across the public health and health-care system in Ontario and beyond.

Evaluating the quality of an emergency response can be difficult: a poor response such as that to SARS in Ontario is evident. A good response is less evident, since in any situation there is much to learn. We will set up organizational learning mechanisms including regular debriefs and retrospective reviews to capture tacit knowledge and lessons learned through reflection and evaluation and building corporate memory within OAHPP and among our stakeholders in order to continuously improve our responses and enhance capacity in Ontario.

#### INTEGRATING AN EMERGENCY MANAGEMENT CULTURE INTO OAHPP

To build credibility and enhance value, we must be responsive to the needs of our public health stakeholders at their most vulnerable times. We will develop our capability to support our clients by:

- building emergency capacity and resilience into our organization, including the laboratories
- training our scientific experts within and outside the organization in incident management systems

#### Building on our H1N1 and Listeria experience

The outbreaks of H1N1 and Listeria provided our first opportunity to support the provincial response, under the provincial chain of command. Building on that experience, we will work with our colleagues at the Ministry of Health and Long-Term Care, Ministry of Labour and others to:

- implement, evaluate and expand our emergency management system
- support an optimal emergency management response in the broader health system

A person is holding a molecular model made of white sticks and dark spheres. The person's face is blurred in the background. The image is overlaid on a blue background on the right side of the page.

# OUR FOUNDATIONAL OBJECTIVES

We cannot achieve our ambitious objectives without building our organization. We also recognize that no matter how strong or influential it may become, one organization cannot do this alone. We must develop and nurture partnerships to be successful. Finally, we must work together with our partners to enhance public health capacity in Ontario so that the system can be sustained. To achieve the above objectives, we have identified the following foundational objectives.



## OBJECTIVE 7: BUILDING OUR ORGANIZATION

In order to be effective in the provision of better information, knowledge and support to our partners, we will build an organization that reflects the values and organizational philosophy to which we aspire. We will create an exemplary workplace that models sustainability of the environment and its people. We will become a learning organization that embraces innovation and dares to probe and challenge, yet remains balanced and reflective and, at all times, credible. We will demonstrate exemplary interpersonal and professional behaviour and will bring a voice of thoughtfulness, moderation and balance to those we serve.

### Sustainability and quality

We will build our organization around sustainability and quality. We will sustain our people and our environment through a plan that promotes healthy and green facilities (e.g. walking, use of stairs and public transit). We will use technology to limit the use of non-renewable resources and will develop practices to reduce, reuse and recycle whenever possible. We will develop policies and processes that support work-life balance and workplace wellness and encourage our employees to be part of their communities through volunteerism.

We will ensure quality and efficiency in a myriad of ways across our organization, including promoting continuous quality improvement (CQI) on both an organizational and individual basis. From an organizational perspective, we will implement a performance management system, including performance indicators and targets and will introduce CQI processes to achieve improvements. We will develop a skills inventory and performance management system for our staff that will be aligned with our mission, vision and values. We will promote and support continuous learning and professional development.

### Governance, administration and accountability

We recognize that the people of Ontario have entrusted us with helping to protect and promote their health. We are provided with some of their hard-earned resources to achieve this mandate. In all of our work, we will ensure that we apply wisdom in managing and allocating these resources to ensure the best possible outcomes.

## OBJECTIVE 8: DEVELOPING PARTNERSHIPS

OAHP is envisioned to be a hub organization. It cannot achieve the outcomes inherent in its objectives by working on its own. In carrying out our mission, and more specifically, the activities described above, we will seek to actively engage with partners in government, local public health, the health-care system, the not-for-profit sector, industry and academia. We recognize that there are many areas of strength in public health in Ontario, at all levels of the system. Rather than seeking to duplicate or compete with those strengths, we

will seek to develop partnerships where we are aligned towards common goals, consistent with our value of collaboration. As outlined earlier, these various types of affiliations and collaborations will ensure that the mandate of OAHP is fulfilled in support of public health renewal in Ontario.

A significant aspect of our partnership strategy in the next three years revolves around system alignment with existing public health networks, such as the Regional Infection Control Networks (RICNs), the Provincial Infectious Diseases Advisory Committee (PIDAC), Public Health Research, Education and Development (PHRED) and the Ontario Health Promotion Resource System (OHPRS). These existing networks, along with our network of regional laboratories, enable us to create a hub-and-spoke model of networking across the province to engage with and support our public health partners.

## OBJECTIVE 9: ENHANCING CAPACITY IN THE PUBLIC HEALTH SYSTEM

*Operation Health Protection* identified numerous areas in which public health in Ontario needed strengthening. The creation of OAHP is but one part of a much larger and intricate plan. As we continue to grow, we will play a bigger role in supporting the Ministry of Health and Long-Term Care in its goal of renewing public health. In particular, we will actively align our goals, objectives and activities with other public health system improvement goals and objectives as elucidated through numerous reviews and policy documents. We will seek to build capacity in ourselves and others so that the

system as a whole functions with a greater degree of co-ordination, synergy and alignment towards the common goal of protecting and promoting the health of all Ontarians.

In order to support public health renewal, we will develop with our partners a program of public health services research that will address areas that include public health practice, ethics, law, policy, organizational design, accountability and performance measurement.

We will work with schools, colleges and universities in creating opportunities for recruiting prospective students into public health and increasing understanding of public health among health professional students. We will also engage in professional and graduate education through teaching, supervision and placements.

Through our work with the Sheela Basrur Centre we will seek to improve the profile of public health in society.



# SETTING PRIORITIES

In order to achieve our goals and objectives we will implement a series of activities that address needs identified by our partners. As the needs that are identified exceed our available capacity, we have developed a priority-setting framework.

As with any health organization, our priorities will be based primarily on burden of illness, in addition to other criteria. Given our action orientation, we will seek to engage in activities that promote innovative and evidence-informed policy and practice. We will work with partners wherever possible and seek to avoid duplication. We will always aim to add value. We will act in a timely manner – while we engage in original research to advance our mission, we recognize that the needs of decision-making partners often cannot await the timelines of research programs. Where necessary, we will synthesize existing literature to support decision-making needs. We will undertake activities that are relevant, feasible and necessary. However, we will not shy away from work that is important because it is too complicated. We will identify and overcome barriers to activities that must be accomplished to improve population health and reduce inequities across our broad protection and promotion mandate.

## Applying a population health equity lens

Our legislation (Purpose in OAHPP Act) speaks to our role in providing scientific and technical advice and support to the health-care system and the Government of Ontario to protect and promote the health of Ontarians and reduce health inequities. “Health inequities are differences in health which are not only unnecessary and avoidable, but in addition, are considered unfair and unjust” (Whitehead 1992). We recognize that in Ontario, poor health is much more common among Ontario residents with low incomes and among Aboriginal Peoples. We also recognize that many of the causal mechanisms of poor health in these populations relate to social and environmental determinants including income and social status, gender, education and the state of the physical environment, including housing.

Globally and within Canada, key reports are strengthening action toward the goal of reducing health inequities. Within the province, the Ontario Public Health Foundational Standards speak to the requirement that boards of health provide population health information including determinants of health and health inequities to the public, community partners, and health-care providers. Furthermore, the Population Health Surveillance and Assessment protocol states in its preamble that the protocol is intended to contribute to the maintenance and improvement of the health and well-

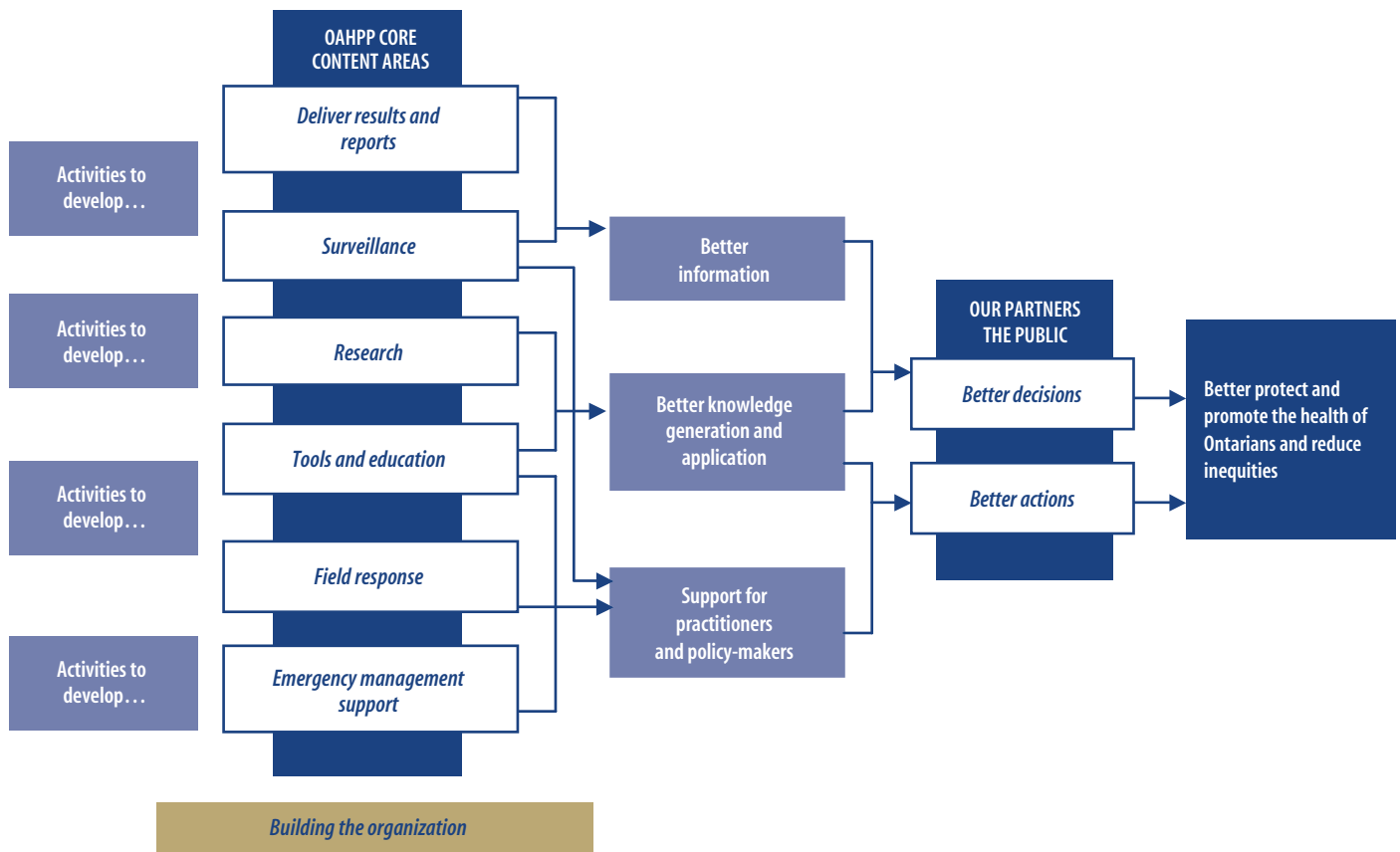
being of the population, including the reduction of health inequities. This protocol requires boards of health to consider the determinants of health when identifying priority populations and using population health data and information to focus public health action.

Within OAHPP, we have chosen to address our role in reducing health inequities through the development and application of a population health equity lens. Practically speaking, this means that in assessing our activities and setting priorities, we will pay specific attention to population groups that are at higher risk or share an unusual burden of illness or risk factors. Working with partners, we will ensure that our activities include priority work that addresses the health protection and promotion needs of these diverse populations. Also, where we provide practice and policy advice regarding evidence-informed public health interventions to support better decisions and better actions by our partners, we will also apply our population health equity lens to ensure that we have considered the need for targeted sub-population programming, combined with universal programs that benefit all Ontarians.

# Measuring our success

We recognize the significant investment that the people of Ontario are making in the creation of OAHPP and the very high expectations of us. In developing our performance measures, we recognize that the final outcomes of our work – improvements in the health of the population and reduction of inequities – will be achieved primarily through the work of our partners. Our success will be measured through the degree to which we have met our goals of providing better information, knowledge and support to those who work to protect and promote the health of Ontarians.

Using a logic model approach, we will identify a suite of qualitative and quantitative measures to assess progress against each of our goals and objectives, and hold ourselves accountable as we strive to achieve our mandate. For example, we will survey clients and partners. Activities will be evaluated on an ongoing basis using a combination of process and outcome indicators. Indicators will be reported on annually to the government through the OAHPP Results-Based Plan.



For example, as we work to renew the OAHPP laboratories, we will identify indicators such as turnaround times with appropriate targets to better meet our partner and client needs. We will develop metrics for lab surveillance activities such as timeliness, comprehensiveness, utility and uptake of lab surveillance reports. We will evaluate the contribution of the OAHPP labs to innovation in Ontario and at the national and international levels and will align the performance metrics of our scientific staff with universities and other academic institutions. Through surveys and other tools designed to measure changes in awareness, attitudes, knowledge and behaviours, we will ascertain the utility of our knowledge exchange offerings. We will evaluate the responsiveness and utility of our outbreak response and infection control resource teams, and seek feedback from public health units and the CMOH on the support we provide during public health emergencies.

In addition, we will develop a process for an arm’s-length independent peer appraisal process, to occur at a minimum of every five years.

Through these mechanisms, we will strive to be a model of public accountability and will endeavour to continuously improve our performance against our stated aims.



## References

Ackoff RL. From data to wisdom: presidential address to ISGR, June 1988. *J. Appl Syst Anal.* 1989;16: 3-9

Canada. National Advisory Committee on SARS and Public Health, Naylor D. Learning from SARS: renewal of public health in Canada: a report of the National Advisory Committee on SARS and Public Health. [Ottawa]: Health Canada; 2003. [online]. Accessed January 4, 2006 from: <http://www.phac-aspc.gc.ca/publicat/sars-sras/pdf/sars-e.pdf>

Ontario. Expert Panel on the Legionnaires' Disease Outbreak in the City of Toronto, Walker D, Henry B, Young J. Report card: progress in protecting the public's health: report of the Expert Panel on the Legionnaires' Disease Outbreak in the City of Toronto – September/October 2005. Toronto, Ont: Ministry of Health and Long-Term Care; 2005. [online]. Accessed June 15, 2009 from: [http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/walker\\_legion/rep\\_final\\_120505.pdf](http://www.health.gov.on.ca/english/public/pub/ministry_reports/walker_legion/rep_final_120505.pdf)

Ontario. Expert Panel on SARS and Infectious Disease Control (Ont.), Walker D. For the public's health: a plan of action: final report of the Ontario Expert Panel on SARS and Infectious Disease Control. Toronto, Ont.: Ministry of Health and Long-Term Care; 2004. [online]. Accessed June 15, 2009 from: [http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/walker04/walker04\\_mn.html](http://www.health.gov.on.ca/english/public/pub/ministry_reports/walker04/walker04_mn.html)

Ontario. Haines RJ. Farm to fork: a strategy for meat safety in Ontario: report of the Meat Regulatory and Inspection Review. Toronto, Ont.: Ministry of the Attorney General; 2004. [online]. Accessed June 15, 2009 from: <http://www.attorneygeneral.jus.gov.on.ca/english/about/pubs/meatinspectionreport/>

Ontario. Health Protection and Promotion Act. R.S.O. 1990, c. H.7. [online]. Accessed January June 15, 2009 from: [http://www.elaws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90h07\\_e.htm](http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm)

Ontario. Ministry of Health and Long-Term Care. The Ontario Public Health Standards 2008. [online]. Accessed June 15, 2009 from: [http://www.health.gov.on.ca/english/providers/program/pubhealth/oph\\_standards/ophs/progstds/pdfs/ophs\\_2008.pdf](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/ophs_2008.pdf)

Ontario. SARS Commission, Campbell A. Interim report: SARS and public health in Ontario. Toronto, Ont.: Ministry of Health and Long-Term Care; 2004. [online]. Accessed June 15, 2009 from: [http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/campbell04/campbell04.pdf](http://www.health.gov.on.ca/english/public/pub/ministry_reports/campbell04/campbell04.pdf)

Ontario. SARS Commission, Campbell A. SARS Commission second interim report: SARS and public health legislation. Toronto, Ont.: Ministry of Health and Long-Term Care; 2005. [online]. Accessed June 15, 2009 from: [http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/campbell05/campbell05.pdf](http://www.health.gov.on.ca/english/public/pub/ministry_reports/campbell05/campbell05.pdf)

Whitehead M. The concepts and principles of equity and health – *International journal of health services: planning, administration, evaluation*- 01-JAN-1992; 22(3): 429-45 [online]. Accessed June 15, 2009 from: <http://www.euro.who.int/Document/PAE/conceptsrpd414.pdf>



CONTACT INFO:

Helen Simeon, Director of Communications  
480 University Avenue, 3rd floor  
Toronto, Ontario M5G 1V2  
Tel: 647-260-7100  
Fax: 647-260-7600  
stratplan@oahpp.ca  
www.oahpp.ca



**Ontario**

**Agency for Health  
Protection and Promotion**

**Agence de protection et  
de promotion de la santé**