



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

# POPULATION PUBLIC HEALTH DIETETIC PRACTICUM ORIENTATION PACKAGE

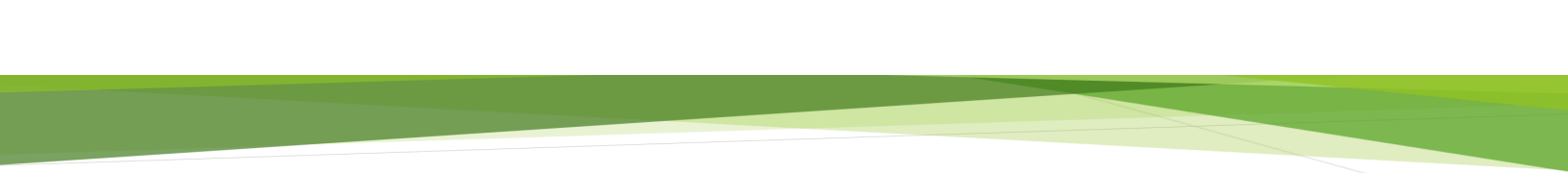
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# 1. Public Health

## a. Defining public health

The foundation of public health is to protect and enhance health and wellbeing in local communities and across the nation. Instead of concentrating on individual health, it concentrates on the health of the entire population and subsets of it, including underserved groups (e.g., high risk youth, new immigrants to Canada). Public health employs interventions to safeguard and promote health, as well as to prevent illness and injury in the community. In order to ensure everyone's health, public health collaborates with local organizations and community members using a population-based approach.

### **Population Health Approach:**

Focuses on improving the health status of an entire population, or sub-population, rather than focusing on individual health status.

Source:

*Locally Driven Collaborative Projects (LDCP)*. Public Health Ontario. (n.d.). Retrieved January 29, 2023, from <https://www.publichealthontario.ca/en/health-topics/public-health-practice/ldcp>

## b. Importance of public health

- ❖ Promotes health by speaking out for public policy that supports a healthy population, informs the public about healthy behaviours, and collaborates with community partners to advance health.
- ❖ Protects health by preventing or decreasing exposure to environmental risks, managing infectious diseases through regulatory inspections and enforcement
- ❖ Prevents illness and injury through monitoring outbreaks, performing cancer screenings, administering vaccines to manage infectious diseases, and undertaking research on injury prevention.

Source:

*Association of Local Public Health Agencies*. (n.d.). Retrieved January 29, 2023, from [https://www.alphaweb.org/page/Public\\_Health\\_ON](https://www.alphaweb.org/page/Public_Health_ON)

## c. Boards of Health

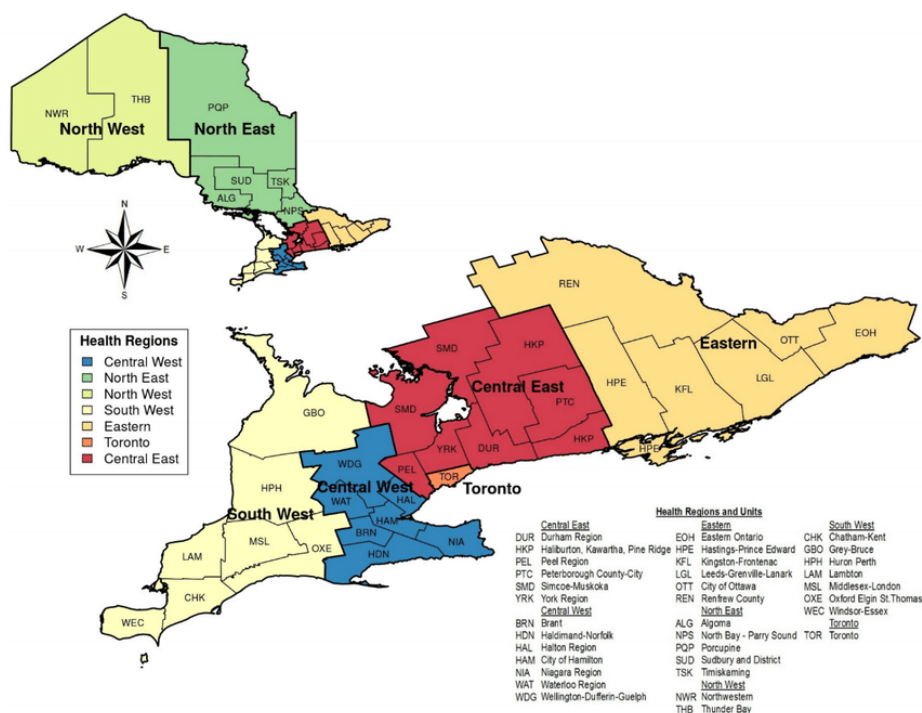
In Ontario, there are 34 local health units (as shown in the map below), each of which is overseen by a Board of Health as specified by the Health Promotion and Protection Act (HPPA). Each health unit provides local communities with health promotion and disease prevention programs to educate, advocate, and support the public on the following:

- Healthy lifestyles
- Communicable/Infectious disease prevention (e.g., TB, COVID, influenza, measles, STI/AIDS education)

- Immunization
- Food premises inspection
- Healthy growth and development, including parenting education
- Health education for all age groups
- Selected screening services

Boards are made up of municipal members, elected officials or community representatives, and, when necessary, provincial appointees. The autonomous organizations that make up around two thirds of Ontario's boards are in charge of regulating the delivery of public health services. Regional municipal councils include the remaining one-third of the population. Municipal and regional councils serve the same purpose within their respective communities.

**Question: What is the goal of public health? How does public health fit into the continuum of health and the health system?**



Source:

Government of Ontario, Ministry of Health and Long-Term Care. (n.d.). *Public Health Units - health services in your community* - MOHLTC. Public Health Units - Health Services in Your Community - MOHLTC. Retrieved January 29, 2023, from <https://www.health.gov.on.ca/en/common/system/services/phu/>

Image Source:

Awuor, L., Meldrum, R., & Liberda, E. N. (2020). Institutional Engagement Practices as Barriers to Public Health Capacity in Climate Change Policy Discourse: Lessons from the Canadian Province of Ontario. *International Journal of Environmental Research and Public Health*, 17(17), 6338. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/ijerph17176338>

## d. Ottawa Charter

### *What is the Ottawa Charter for Health Promotion?*

In November 1986, more than 200 individuals from 38 different nations gathered in Ottawa to discuss health promotion and share experiences. The conference encouraged open communication among government officials, academics, and representatives of nonprofit, governmental, and community organizations. They created a charter that expressed their individual and group commitment to the joint objective of achieving universal health by the year 2000.

The Ottawa Charter discusses the prerequisites for health which include shelter, peace, food, education, income, sustainable resources, a stable ecosystem, equity, and social justice. To improve the health of our communities it requires a secure foundation in these prerequisites.

The Ottawa Charter discusses three basic strategies for health promotion:

1. **Advocating-** Political, economic, social, cultural, environmental, behavioural, and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health
2. **Enabling-** Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential.
3. **Mediating-** Health cannot be ensured by the health sector alone. It demands coordinated action (governments, health and other social and economic sectors, local authorities, by industry, by the media, and by individuals). Part of our role is to mediate among differing interests in society for the pursuit of health.

The Ottawa Charter identifies five priority action areas for health promotion:

1. **Develop personal skills-** Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By doing so, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.
2. **Strengthen community action-** Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.
3. **Create supportive environments -** making environments that make health behaviours easy and appealing.
4. **Reorient health services-** work together towards a health care system which contributes to the pursuit of health.
5. **Build healthy public policy-** Health promotion goes beyond health care. It puts health on the agenda of policy makers in



all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Image source: Ottawa Charter for Health Promotion, 1986

### Question: What are the components of the Ottawa Charter for Health Promotion?

Source:

Canada, P. H. A. of. (2017, November 14). *Government of Canada*. Canada.ca. Retrieved January 29, 2023, from <https://www.canada.ca/en/public-health/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion.html>

Image Source: World Health Organization. (1986). Health Promotion Emblem.

<https://www.who.int/publications/i/item/ottawa-charter-for-health-promotion>

## 2. Structure of public health in Ontario

The public health system in Ontario is made up of various organizations that collaborate with one another.

### Ontario Ministry of Health

The Ministry of Health in Ontario determines the overall goals and priorities for the province's healthcare and public health systems. It creates and upholds laws, rules, regulations, standards, policies, and directives. Also, the Ministry goal is to monitor and improve the health care system with a focus on improving Ontarians' overall health. It seeks to increase access to care, provide community care, and inform Ontarians about health-related decisions. It finances the health system and monitors it to make sure it is sustainable and satisfies the needs of the people of Ontario.

Source:

*Ontario Public Health System*. Public Health Ontario. (n.d.). Retrieved January 29, 2023, from <https://www.publichealthontario.ca/en/About/news/2020/Ontario-Public-Health-System#:~:text=Ministry%20of%20Health&text=The%20Ministry%20monitors%20and%20reports,educate%20Ontarians%20about%20health%20decisions>

### Ontario's Chief Medical Officer of Health

Within the Ministry, the Office of Chief Medical Officer of Health is in charge of identifying the requirements of the province in terms of public health, creating public health initiatives and plans, and overseeing the public health activities carried out by Ontario's local public health units.

The Chief Medical Officer of Health reports directly to the Deputy Minister of Health. In order to respond to urgent and emergency situations, the Office of the Chief Medical Officer of Health works to ensure that the proper steps are implemented. It collaborates with regional, international, and local partners to create public health plans. It provides training and other resources to develop the public health system in Ontario and advises other government departments on the possible health effects of government

projects. When necessary, the Chief Medical Officer of Health may order local governments in Ontario to take certain public health measures in response to a risk to the public's health or a public health emergency.

## Local public health units

Public health units provide their communities with programs and services to support citizens to achieve a health promoting lifestyle, and reduce and prevent sickness. They oversee local initiatives for the prevention and management of communicable diseases, which includes monitoring local data to adjust their programs to what is needed in their community. Additionally, they have programs and services on sexual health, immunizations, substance abuse, mental health, and growth and development.

Each public health unit is led by a medical officer of health who is accountable to a local board of health. Each board of health has responsibility for delivering local public health programs and services within its geographic borders.

## Public Health Ontario

Public Health Ontario (PHO) is an agency of the Government of Ontario and is a crucial member of the province's public health system. The areas PHO are most knowledgeable about include emergency preparedness, environmental and occupational health, health promotion, injury prevention, infectious illness, and microbiology.



PHO works closely with the Ministry, the Office of the Chief Medical Officer of Health, and the local public health units and provides them with scientific and technical information and advice. PHO also monitors the health of Ontario's population and supports local public health units as well as provides education to Ontario's health providers. Additionally, PHO conducts public health research and provides advice and support during emergencies and outbreaks with health implications.

### Question: How is Public Health organized in Ontario?

Source:

*Ontario Public Health System.* Public Health Ontario. (n.d.). Retrieved January 29, 2023, from <https://www.publichealthontario.ca/en/About/news/2020/Ontario-Public-Health-System#:~:text=Each%20PHU%20is%20led%20by,and%20from%20the%20provincial%20government>

## Public health funding in Ontario

Funding for Ontario's public health units comes both from municipalities and from the provincial government. In 2020, the provincial government modified the public health funding formula in response



to the COVID-19 global pandemic. It was announced that the funding would be split 70% from the provincial government and 30% from the municipal government. However, the key difference between this and the former funding split of 75/25 was that the new cost-sharing formula now covers everything. Previously there was 100% provincial funding for some provincially-driven programs, with cost-sharing only for the mandatory Ontario Public Health Standards' programs

Examples of health programs and their funding source:

- Canada Prenatal Nutrition Program- fully (100%) funded by the federal government
- Healthy Babies, Healthy Children- fully (100%) funded by the provincial government
- Student Nutrition Program- partially funded by the provincial government with the majority of other funds raised through local fund raising (charitable donations and sponsorships). Health unit funding of School Nutrition Programs varies greatly.
- Chief Nursing Officer Initiative - fully (100%) funded by the provincial government
- Public Health Nurses Initiative ( 2 FTE Social Determinants of Health nurses hired in every health unit in Ontario) - fully (100%) funded by the provincial government
- Healthy Smiles Ontario dental program for children - fully (100%) funded by the provincial government
- Infectious Diseases Control Initiative - fully (100%) funded by the provincial government
- Small Drinking Water Systems Program - partially (75%) funded by the provincial government
- Vector-Borne Diseases Program - partially (75%) funded by the provincial government

Source:

*Ontario Public Health System*. Public Health Ontario. (n.d.). Retrieved January 29, 2023, from <https://www.publichealthontario.ca/en/About/news/2020/Ontario-Public-Health-System#:~:text=Each%20PHU%20is%20led%20by.and%20from%20the%20provincial%20government>

*Orientation Manual for Boards of Health*. Association of Local Public Health Agencies. (2022). Retrieved June 29, 2023, from [https://cdn.ymaws.com/www.alphaweb.org/resource/collection/E75B6EEF-60B9-482F-83D6-69AEDE790192/BOH\\_orientation\\_manual\\_2022\\_Nov\\_15\\_FINAL.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/E75B6EEF-60B9-482F-83D6-69AEDE790192/BOH_orientation_manual_2022_Nov_15_FINAL.pdf)

## 3. Public Health Standards

### Health Protection and Promotion Act (HPPA)

In Ontario, the Health Protection and Promotion Act (HPPA) provides the legislative mandate for local public health units. The purpose of this Act is to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.

The HPPA and related provincial legislation provide for the existence, structure, governance, authority and functions of public health units and medical officers of health. The HPPA also enables related regulations, the Ontario Public Health Standards and associated protocols. Together these documents establish the requirements for fundamental public health programs, services, management, and governance practices.

## Question: What is the purpose of the Health Protection and Promotion Act (HPPA)?

Source:

Law document english view. Ontario.ca. (2018, November 19). Retrieved January 29, 2023, from <https://www.ontario.ca/laws/statute/90h07>

## Ontario Public Health Standards

The Ontario Public Health Standards: Requirements for Programs, Services and Accountability (standards) (OPHS) outline the roles and responsibilities for providing public health programs and services. The OPHS are published by the Minister of Health and Long Term Care, and boards of health are accountable for implementing the protocols and guidelines highlighted in the document. This document forms the foundation of all public health work.

The OPHS highlights four principles; Need, Impact, Capacity, and Partnership, Collaboration and Engagement. These principles guide boards of health to ensure they assess, plan, deliver, manage and evaluate public health programs and services to meet the OPHS taking into account local needs, while continuing to work towards common outcomes.

There are nine Program Standards that are put in place with the goal to improve and protect the health and well-being of the population of Ontario and reduce health inequities. These include:

1. Chronic Disease Prevention and Well-Being - to reduce the burden of chronic diseases of public health importance and improve well-being.
2. Food Safety - to prevent or reduce the burden of food-borne illnesses.
3. Healthy Environments - to reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate.
4. Healthy Growth and Development - to achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health.
5. Immunization - to reduce or eliminate the burden of vaccine preventable diseases through immunization.
6. Infectious and Communicable Diseases Prevention and Control - to reduce the burden of communicable diseases and other infectious diseases of public health significance.
7. Safe Water - to prevent or reduce the burden of water-borne illnesses related to drinking water; to prevent or reduce the burden of water-borne illnesses and injuries related to recreational water use.

8. School Health - to achieve optimal health of school-age children and youth through partnership and collaboration with school boards and schools.

9. Substance Use and Injury Prevention - to reduce the burden of preventable injuries and substance use such as alcohol, tobacco and drug use.

There are four Foundational Standards that underlie all of the Program Standards in public health. These include:

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

Both the Foundational and Program Standards articulate broad population-based goals, program outcomes, and specific requirements.

Within the Standards, the Organizational Requirements outline the expectations for the effective governance of boards of health and effective management of public health units. They incorporate the following functions:

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

The Organizational requirements support the achievement of a high standard and quality of public health practice and good governance and management practices that provide the foundation for effective delivery of programs and services.

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

Source:

Government of Ontario, Ministry of Health and Long-Term Care. (n.d.). *Ontario public health standards - programs and services - health care professionals - MOHLTC*. Ontario Public Health Standards - Programs and Services - Health Care Professionals - MOHLTC. Retrieved January 29, 2023, from [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Ontario\\_Public\\_Health\\_Standards\\_2021.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf)

## 4. Public health nutrition

Public health nutrition practice requires the leadership of Registered Dietitians with expertise in nutrition, food systems, and related public health sciences. It encompasses the assessment, promotion, protection, and enhancement of health and the prevention of nutrition-related diseases. Public health nutrition uses population and health promotion approaches and strategies focused on the interactions among the determinants of health, nutrition, and overall health.

## Role of Registered Dietitians in public health

- Surveillance of health trends, utilization of data to implement and evaluate practice, and advocacy and policy development affecting food and nutrition at all levels of organizations and government.
- Provide reliable nutrition information to the public, educators, health professionals, policy makers, and the mass media.
- Plan, coordinate, deliver, and evaluate education and skill-building nutrition programs and design, implement, and evaluate programs and policies that will promote health in communities and with specific sub-groups of the population.

## Responsibilities of Registered Dietitians in public health (may include, but is not limited to, activities listed below)

### School Health:

- Support Student Nutrition Programs and related policy development
- Help with creating supportive food environments
- Contribute to the development of curriculum and teaching resources for educators, education partners (e.g., school boards, provincial education organizations (e.g., ophea)
- Train and educate public health professionals (e.g., Public Health Nurses, health promoters) and education staff on food and nutrition related topics
- Plan and/or deliver food literacy programs for students

### Family Health:

- Educate parents and other health professionals on prenatal nutrition
- Provide breastfeeding promotion and lactation support
- Work within the childcare sector and advise on food provision standards, menus, and food related activities for children etc.
- Discuss nutrition support

### Chronic Disease Prevention:

- Focus on environmental supports and advancing healthy public policy
- Advocate for basic income and other financial policies to alleviate food insecurity
- Plan and/or deliver food literacy programming
- Participate in local food policy councils
- Develop food strategies
- Work with recreation centers to improve food environments
- Involved with nutrition screening for older adults
- Monitor food affordability

**Question: Describe Dietetic practice in public health. What role does public health nutrition play in the prevention of chronic diseases and in protecting and promoting the health of the general population?**

## 5. Health equity

### a. Defining health equity, inequity, and inequality

*Health equity* means that everyone can attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position (e.g., racism, ethnicity, gender, or other socially determined circumstance).

*Health inequities* are unfair or unjust differences in health status experienced by various individuals or groups in society that are systematic and socially produced (and therefore modifiable). Underlying the concept of health equity is a commitment to social justice and basic human rights such as access to clean water, food, education and health care.

*Health inequalities* are differences in health status experienced by various individuals or groups in society. These can be the result of genetic and biological factors, but often they are because of unequal access to key factors that influence health like income, education, employment, and social supports. Health inequalities generally are the result of health inequities.

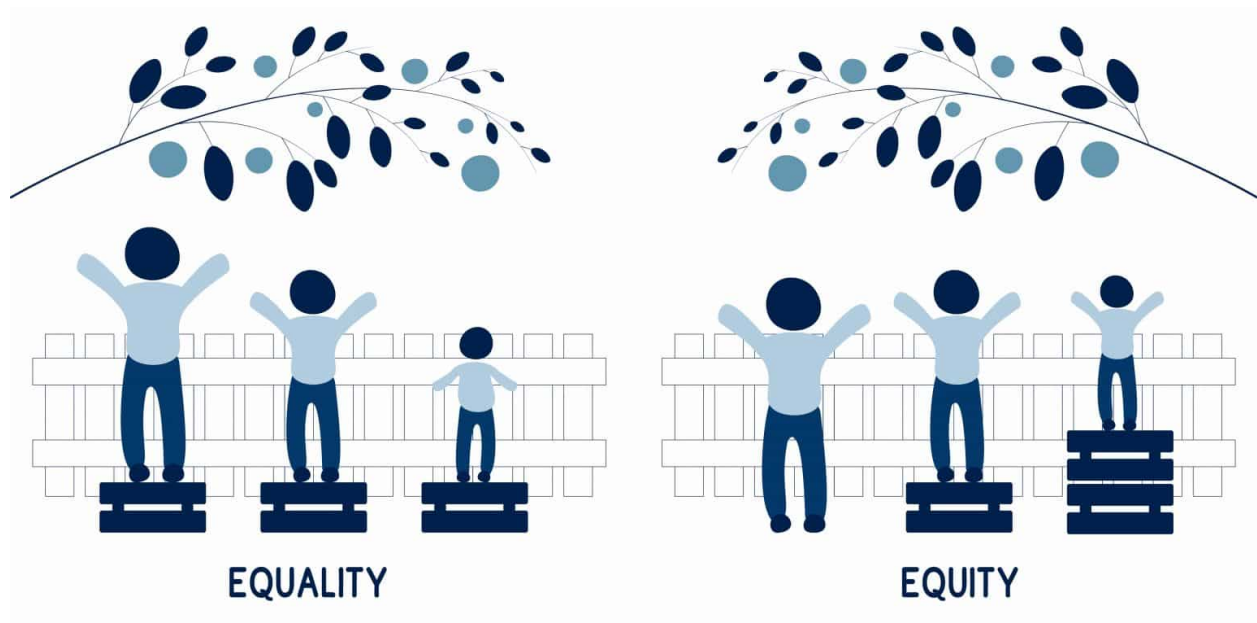


Image source: Soken-Huberty, E., 2022

**Question: What is health equity? What is the difference between health inequities and inequalities?  
How does public health address health inequities?**

Image source:

Soken-Huberty, E. (2022, February 6). *Inequity vs. inequality: An Explainer*. Human Rights Careers. Retrieved from <https://www.humanrightscareers.com/issues/inequity-vs-inequality-an-explainer/>

Source:

National Collaborating Centre for Determinants of Health. (2013). *Let's talk: Health equity*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University. [https://nccdh.ca/images/uploads/Lets\\_Talk\\_Health\\_Equity\\_English.pdf](https://nccdh.ca/images/uploads/Lets_Talk_Health_Equity_English.pdf)

[Indigenous engagement: We all have a collective role to play in learning, understanding, and redressing the ongoing colonialism and becoming allies for Indigenous peoples. We acknowledge that to develop meaningful relationships we need to understand the impact colonization and dispossession has and continues to have on Indigenous peoples.](#)

## **b. Engaging with Indigenous communities**

We are all treaty people and as such, we have a collective role to play in learning, understanding, and redressing ongoing colonialism while becoming allies for Indigenous peoples. To develop meaningful relationships with Indigenous peoples, we need to understand the impact colonization and dispossession has and continues to have on them.

Approaches to board of health engagement with Indigenous communities and organizations share many common factors with a health equity approach. However, there are many distinct Indigenous communities across the province, including many different First Nation governments, each with their own histories, cultures, organizational approaches, and jurisdictional realities that need to be considered. These relationships must be fostered in a culturally safe way, building on trust, mutual respect, understanding, and reciprocity, and are well served by the provision of a separate guideline. Where appropriate, references will be made throughout this Guideline to related advice within the Relationship with Indigenous Communities Guideline, 2018 (or as current), as well as other relevant protocols and guidelines under the Standards.

Sources:

Population and Public Health Division, Ministry of Health and Long-Term Care. (2018). *Ontario public health standards - programs and services*. Health Equity Guideline 2018. Retrieved from [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/)

Population and Public Health Division, Ministry of Health and Long-Term Care. (2018). *Relationship with Indigenous Communities Guideline 2018*. Retrieved from [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Relationship\\_with\\_Indigenous\\_Communities\\_Guideline\\_en.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Relationship_with_Indigenous_Communities_Guideline_en.pdf)

## c. Racism and Public Health

It's racism, not race, that is the primary driver of the social determinants of health. It propels the inequities in housing, income, and education, especially among communities of color. Racism is the underlying structural determinant that sets the stage for all other social determinants and plays a fundamental role in a person's ability to attain health.

Systemic, or structural, racism can manifest itself as legislative policies, hiring practices, unequal resource allocation, and other inequitable practices that limit access to quality education, safe neighborhoods, employment, and other opportunities for some communities simply due to their race or ethnic background.

Health care institutions have a responsibility to recognize, understand, and correct these injustices in order to support the creation of sustainable and healthy communities.

Source: National Collaborating Centre for Determinants of Health (2018). Let's Talk: Racism and Health Equity (Rev. ed.). Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University. ISBN: 978-1-989241-04-2

<https://nccdh.ca/images/uploads/comments/Lets-Talk-Racism-and-Health-Equity-EN.pdf>

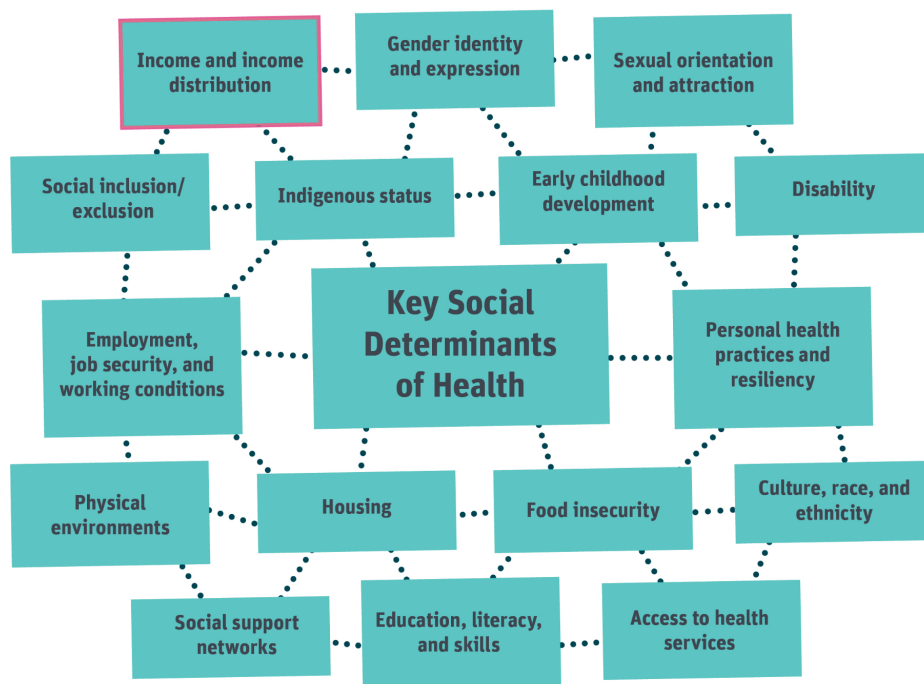
**Questions: What stereotypes and beliefs do you hold about Indigenous and racialized peoples? How and where did you learn these stereotypes? How do your beliefs impact your behaviour and your practice?**

## d. Social determinants of health

The social determinants of health (SDH) are the factors that play a role in determining the health status of the population as a whole. They can influence health in either a negative or positive way. They are significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions. There are a few variations of SDHs, including the [Health Canada](#) and [Dennis Raphael](#) versions. They include:

1. Income and social status
2. Food security
3. Social supports networks
4. Education and literacy
5. Employment/working conditions

6. Social environments
7. Physical environments
8. Personal health practices and coping skills
9. Healthy child development
10. Biology and genetic endowment
11. Health services
12. Gender
13. Culture and language



Source: Public Health Sudbury & Districts. (2020). Opportunities for Health for All: A Focus on Income. Sudbury, ON: Author.

Image source:

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

If public health is to be successful in improving and protecting the health of the population, social and economic conditions must be a key domain of public health action. A shift in the focus of public health activities toward the social and economic determinants of health has great potential to improve opportunities for health for all Ontarians.

Determinants of health do not act in isolation. It is the complex interaction among determinants that can have a far more significant effect on health. For example, unemployment can lead to social isolation and poverty, which in turn influences one's psychological health and coping skills. Together, these factors can



then lead to poor health. As we learn more about how these interactions affect health, we'll better understand why and how policies and different health approaches affect the health of a population. We'll also better understand why some groups within populations are healthier than others in spite of the fact that the health care system in Canada is available to everyone.

**Intersectionality** The concept of intersectionality describes the ways in which systems of inequity based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination “intersect” to create unique dynamics and effects.

**Question: Why is it important to consider the social determinants of health in the program and policy development process?**

Sources:

National Collaborating Centre for Determinants of Health. (2013). Let's talk: Health equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.  
[https://nccdh.ca/images/uploads/Lets\\_Talk\\_Health\\_Equity\\_English.pdf](https://nccdh.ca/images/uploads/Lets_Talk_Health_Equity_English.pdf)

Raphael et al. (2020) Social Determinants of Health: The Canadian Facts. Retrieved from <https://thecanadianfacts.org/>

## e. Levels of intervention

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

**Example 1**

**In public health we like to work upstream...** here is a story to depict what this means:

The story goes, you're standing on the edge of a river, and suddenly see a flailing, drowning child. You dive in to rescue her, only to see another child, and then another, and another. You call others over to help you. As you pull child after child out of the river, someone finally asks, "Who keeps chucking these kids in the river?" and they head upstream to find out. When they head upstream, they realize that there is a playground right at the side of the river and the ground is eroded, making it slippery and easy to fall in.

In this example:

**Problem:** Noticed that there are kids that have fallen in the river and are struggling to swim.

**Downstream solution:** Dive into the river and rescue each struggling child.

**Midstream solution:** Place a net across the river to catch the kids before they go further downstream or we could give them pool noodles to hold on to to help them float.

**Upstream solution:** Find out why the kids are falling in the river in the first place and work to correct that problem.

**Example 2: nutrition-related**

**Problem:** You see a lot of clients in your community who do not have enough food for the entire month – they say it's hard to afford fresh food.

**Downstream:** Opening up a food bank; teaching families how to eat on a budget/food skills

**Midstream:** Subsidized vegetable and fruit boxes for low income families; help people living with low income fill out their taxes so they get the most government benefits back; offering affordable housing in the community so families have more money freed up for food.

**Upstream:** Why are people having trouble affording food? They must not make enough money to afford it. We could advocate for people to get adequate incomes (e.g., improved social assistance, minimum wage increase, easier access to education)?

Source: Ministry of Health and Long-Term Care (2018). [Health\\_Equity\\_Guideline\\_2018\\_en.pdf](#)

**f. Systems thinking**

Systems thinking is a core skill in public health and health promotion and helps professionals develop policies and initiatives that are aware of and prepared for unintended consequences. Although there is no universal definition of a system it can generally be regarded as a group of interacting, interrelated, and interdependent components that form a complex and unified whole ([The Systems Thinker, 2018](#)). All systems have elements or components that make up the system, a relationship between the elements or components, and a pattern of the system as whole.

Systems thinking is a way to make sense of a complex system that gives attention to exploring the relationships, boundaries, and perspectives in a system. Systems approaches are the specific tools and

methods that can be used to better understand the system and the complex problems within it. By combining systems thinking and approaches this enables professionals to see the big picture and give consideration to how changing one part of the system may influence other parts.

System thinking is particularly important in public health when looking at:

- ❖ Multiple interested parties (populations and organizations) and multiple causes that influence and interact with each other
- ❖ Differencing or conflicting perspectives on an issue such as the use of electronic cigarettes
- ❖ The fact that there is no single explanation for what is causing the issue and no single solution that will fit all situations – for example, reducing health inequalities

**Question: What is systems thinking and how does it influence public health practice?**

Source:

*Systems thinking in public health*. Public Health Network Cymru. (2022, May 31). Retrieved from

<https://publichealthnetwork.cymru/topic/systems-thinking-in-public-health/>

## 6. Health Promotion

### a. What is health promotion?

Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people's health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

### b. Three key elements of health promotion

#### 1. Good governance for health

Health promotion requires policy makers across all government departments to make health a central element of government policy. This means they must factor health implications into all the decisions they take, prioritize policies that prevent people from becoming ill, and protect them from injuries.

These policies must be supported by regulations that match private sector incentives with public health goals. This can be accomplished by aligning tax policies on unhealthy or harmful products such as alcohol, tobacco, and food products high in salt, sugars, and saturated fat. Another way in which policies are supported is through legislation that supports healthy urbanization by creating walkable cities, reducing air and water pollution, and enforcing the wearing of seat belts and helmets.

#### 2. Health literacy

People need to acquire the knowledge, skills, and information to make choices that are suitable for them, for example, about the food they eat and the services they need. Opportunities to make those choices are important. People need to be assured of an environment in which people can demand further policy actions to further improve their lives, the lives of their families, and the broader community.

### 3. Healthy cities/communities

Cities have a key role to play in promoting good health. Strong leadership and commitment at the municipal level is essential to healthy urban planning and to support preventive measures in communities and primary health care facilities. From healthy cities evolve healthy countries and, ultimately, a healthier world.

Source:

World Health Organization. (2016). *Health promotion*. World Health Organization. Retrieved from <https://www.who.int/news-room/questions-and-answers/item/health-promotion>

## c. What is population health?

### Population health aims to:

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

It is important to remember that health is not an objective of living or a state - health is a capacity, or resource, for everyday life. This corresponds to the notion of being able to pursue one's goals, to acquire skills and education, and the ability to grow.

The best articulation of this concept of health is "the capacity of people to adapt to, respond to, or control life's challenges and changes" (Frankish et al., 1996). It is a positive concept that emphasizes social, economic, and physical environmental factors that contribute to health. It recognizes that health promotion isn't just the responsibility of the health sector - it goes beyond to include the conditions in which we live, work, play, etc. You can see how with this definition of health, the effort to improve health is multi-sectoral and uses multiple strategies.

Source:

Health Impact Assessment as a Tool for Population Health Promotion and Public Policy by C.J. Frankish et al., Institute of Health Promotion Research, University of British Columbia, Vancouver: 1996

## d. Levels of Prevention

- **Primary prevention** refers to broad strategies implemented at a population level to decrease the likelihood of chronic illnesses, injuries, and similar conditions. These initiatives can include enhancing the nutritional quality of school food, implementing policies that restrict the advertising of certain foods to children, and administering vaccinations to prevent the spread of infectious diseases.
- **Secondary prevention** involves the utilization of screening and other techniques to identify the presence of a condition at an early stage and prevent its progression. This can include various

screening programs, such as those aimed at detecting cancer, including breast cancer and colon cancer. The purpose of these screenings is to detect the disease in its early stages, allowing for timely intervention and treatment to prevent further deterioration.

- **Tertiary prevention** involves efforts to reduce the impact of existing conditions on an individual's quality of life and provide support in managing their symptoms. This can include various interventions, such as prescribing medications and providing dietary counseling to help individuals manage diabetes. In addition to health education, tertiary prevention can also extend beyond education to include activities like building partnerships, developing policies, and implementing strategies to improve the overall management and well-being of individuals with existing conditions.

**Question: What are the four domains of a population health approach that public health programming is focused in? What are the four principles that guide public health work?**

Source:

World Health Organization. (2016). *Health promotion*. World Health Organization. Retrieved from <https://www.who.int/news-room/questions-and-answers/item/health-promotion>

## 7. Advocacy

Public health advocacy involves educating policy makers and the public on public health topics and issues. Advocacy differs from lobbying in that it is not concerned with persuading policy makers to vote a certain way on any one piece of legislation, it is more general. Advocacy is also non-partisan. Decision makers and individuals from all political affiliations need to better understand the role public health plays in keeping communities safe and healthy.

Current and future threats to the health of the community are identified and public health advocates work to inform, create, and influence legislation and change the environment in order to create circumstances in which optimal health is possible. Public health advocacy occurs through media, legislative, and grassroots efforts. Although individual health advocacy for patients and clients can be practiced, it should be stressed that public health advocacy, like the core discipline of public health, is undertaken to enhance the health of communities through improved health policies and programs.

Advocacy efforts also often include events, letters, endorsements, and position statements in support of an initiative or cause.

Source:

Iowa Public Health Association. (n.d.). *Public Health Advocacy*. Retrieved from <https://iowapha.org/public-health-advocacy/>

## 8. The process of policy and program development

### a. Steps of the policy making process

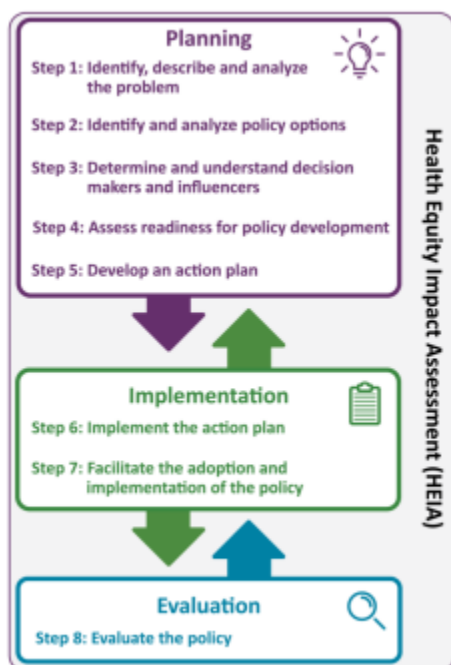
Policy Framework for Public Health Programs and Services				
<b>Goal</b>	To improve and protect the health and well-being of the population of Ontario and reduce health inequities			
<b>Population Health Outcomes</b>	<ul style="list-style-type: none"> <li>Improved health and quality of life</li> <li>Reduced morbidity and premature mortality</li> <li>Reduced health inequity among population groups</li> </ul>			
<b>Domains</b>	<b>Social Determinants of Health</b>	<b>Healthy Behaviours</b>	<b>Healthy Communities</b>	<b>Population Health Assessment</b>
<b>Objectives</b>	To reduce the negative impact of social determinants that contribute to health inequities	To increase knowledge and opportunities that lead to healthy behaviours	To increase policies, partnerships and practices that create safe, supportive and healthy environments	To increase the use of population health information to guide the planning and delivery of programs and services in an integrated health system
<b>Programs and Services</b>	<b>Goals</b>			
	<ul style="list-style-type: none"> <li>To increase the use of public health knowledge and expertise in the planning and delivery of programs and services within an integrated health system</li> <li>To reduce health inequities with equity focused public health practice</li> <li>To increase the use of current and emerging evidence to support effective public health practice</li> <li>To improve behaviours, communities and policies that promote health and well-being</li> <li>To improve growth and development for infants, children and adolescents</li> <li>To reduce disease and death related to infectious, communicable and chronic diseases of public health significance</li> <li>To reduce disease and death related to vaccine preventable diseases</li> <li>To reduce disease and death related to food, water and other environmental hazards</li> <li>To reduce the impact of emergencies on health</li> </ul>			
<b>Principles</b>	<b>Need</b>	<b>Impact</b>	<b>Capacity</b>	<b>Partnership, Collaboration and Engagement</b>
	<ul style="list-style-type: none"> <li>Assess the distribution of social determinants of health and health status</li> <li>Tailor programs and services to address needs of the health unit population</li> </ul>	<ul style="list-style-type: none"> <li>Assess, plan, deliver, and manage programs and services by considering evidence, effectiveness, barriers, and performance measures</li> </ul>	<ul style="list-style-type: none"> <li>Make the best use of available resources to achieve the capacity required to meet the needs of the health unit population</li> </ul>	<ul style="list-style-type: none"> <li>Engage with multiple sectors, partners, communities, priority populations, and citizens</li> <li>Build and further develop the relationship with Indigenous communities. These relationships may take many forms and need to be undertaken in a way that is meaningful to the particular community and/or organization</li> </ul>

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

Policies drive decision-making. Healthy public policies are developed to improve people's options and the conditions within which they live, learn, work, and play. Public health practitioners play a role in supporting the development of healthy public policies in collaboration with those working in other disciplines and sectors. A Health in All Policies approach is a strategy to use while working in collaboration with non health sectors. The policy-making process is complex; assessing intended and unintended health impacts is necessary to avoid developing policies that inadvertently lead to greater health inequities.

The **three-phase, eight-step model** is designed to make the policy-making process manageable. It includes applying a health equity lens to decisions and activities. The steps are presented as a linear process, but moving forward and backward through the steps within the three phases is normal. The actual process may vary in the order of the steps and the time required. In addition, the tools and recommended strategies are optional. Use discretion when selecting strategies, recognizing: 1) the unique context, factors, and issues of those who the policy will impact; and 2) the setting and geographic location of the policy.

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



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

Image source: Public Health Ontario, 2018

## **Phase 1: Planning**

### **Step 1 - Identify, Describe, and Analyze the Problem**

Goals: To develop a collective understanding of the problem AND to gather enough information to determine if a healthy public policy is the appropriate solution.

#### **❖ Activities & Key Considerations:**

1. Frame the problem from different perspectives
  - Frame the problem using different perspectives.
  - Identify underlying causes, including population groups that are most likely to experience inequities with the problem and possibly with the solution.
2. Conduct a situational assessment
  - As a group, brainstorm to develop a collective understanding of the situation, what is making it better or worse and potential actions to address it.
  - Develop a plan and gather evidence to enhance the understanding of the situation, and engage in evidence-informed decision making.
3. Write a briefing note
  - Develop a strategy to communicate the information in the briefing note internally and externally.
4. Draft policy objectives and goals
  - If a healthy public policy is a potential solution, draft goals and objectives of a policy intervention.
  - Analyze the evidence to develop a problem statement and briefing note. Include actionable solutions and whether a policy is one of them.

### **Step 2 - Identify and Analyze Policy Options**

Goals: to explore policy options, and identify the most important and feasible ones within your local context.

#### **❖ Activities & Key Considerations:**

1. Identify policy options
  - Develop a Policy Options Table
  - Generate a list of terms to use when searching for policy options
  - Consider the four suggestions for searching for policy options (review findings from Step 1; internet; library; and key informants).
  - Search for policy options until you reach saturation.
2. Analyze the policy options generated
  - Analyze the policy options using the questions suggested by the National Collaborating Centre for Healthy Public Policy.
3. Engage in decision-making
  - Engage in a deliberative process to review the comparable policy options.
  - As a group, agree on one or two policy options to move forward.

### **Step 3 - Determine and Understand Decision-Makers and Influencers**

Goal: to determine which decision-makers have the power to approve the policy, and understand their beliefs and attitudes regarding the problem and policy. It is also an opportunity to identify those within



organizations and the community who can influence these decision-makers, and to build support for the policy option(s) determined in Step 2.

❖ **Activities & Key Considerations:**

1. Develop a list of decision-makers and influencers
2. Conduct a community partner analysis
3. Prioritize the order in which to engage these decision-makers and influencers including the top five influencers who could sway the decision-maker

**Step 4 - Assess the Readiness for Policy Development**

Goal: to assess the readiness of organizations, communities, and decision-makers to support and implement the policy option. Policy uptake involves decision-makers moving the option onto their political agenda, as well as community members and organizations providing their support when the policy is presented.

❖ **Activities & Key Considerations:**

1. Use the Policy Readiness Tool
  - Use the Policy Readiness Tool to assess the readiness of organization, communities, and decision-makers.
  - Identify those that are innovators, majorities, and late adopters.
2. Conduct a Force Field Analysis
  - Conduct a [Force Field Analysis](#) to identify what drives and resists change.
  - Develop a list of ways to strengthen supportive forces and weaken opposing forces. Identify one policy option to move forward.
  - Understand the types of strategies needed to encourage this policy change.

**Step 5 - Develop an Action Plan**

Goal: to develop an action plan to guide the process of implementing a specific policy option.

❖ **Activities & Key Considerations:**

1. Create a logic model to identify strategies
  - Develop a logic model to inform an action plan for implementing the identified policy option.
2. Develop an action plan
  - Develop an action plan to manage the collective efforts to move the policy option forward.
3. Conduct a Health Equity Impact Assessment (HEIA) on the action plan and revise the plan based on the outcome of the HEIA
  - Conduct an HEIA on the action plan and make necessary revisions.
  - Develop a communication plan to inform community partners about the action plan and invite them to contribute to its implementation.

**Phase 2: Implementation**

**Step 6 - Implement the Action Plan**

Goal: to monitor the implementation of the action plan, and collectively make necessary adjustments based on: 1) the political, economic, and social environment; and 2) the human and financial resources available.

❖ **Activities & Key Considerations:**

1. Developing a progress reporting structure
  - Develop a progress reporting structure to track successes, challenges, and additional support needed.
2. Updating the communication plan to include any changes made and to engage new and existing community partners
  - Determine who will lead the reporting of the progress of the action plan.
  - Ensure that everyone who needs to can access the most recent version of the plan.
  - Develop a response system to communicate what is happening (e.g., changes, key messages) to community partners, including decision-makers and influencers.

**Step 7 - Facilitate the Adoption and Implementation of the Policy**

Goal: focuses specifically on those who have the decision-making power to adopt and implement the policy within their formal system. It is important to develop an understanding of their process in order to persuade and influence their decision-making. Policy implementation involves translating the goals and objectives identified in Step 1 into an operating policy. More often than not, adopting and implementing a policy can take a lot of time. Sharing information gathered throughout the policy-making process will help avoid duplicating data-gathering efforts, and might reduce the time needed for this step.

❖ **Activities & Key Considerations:**

1. Understanding the process for policy implementation
  - Determine if you need to shift from a facilitative/supportive role to advocacy if decision-makers resist or defer policy adoption.
2. Writing the policy
  - Understand the specific steps in the adoption process for the targeted organizations.
3. Communicating the policy
  - Emphasize relationship building with key community partners and decision-makers.

**Phase 3: Evaluation**

**Step 8 - Evaluate the Policy**

Goal: to develop and implement a plan to evaluate the actual policy and/or the policy making process. This is to ensure it has been implemented as intended and is having the desired impact, as well as to understand the process used. Although this is the last step, activities throughout the policy-making process should be monitored and evaluated regularly. The results from these early evaluation efforts should also be revisited in this step.

❖ **Activities & Key Considerations:**

1. Conduct a policy evaluation
  - Determine if you are evaluating the policy, the policy-development process or both.
  - Clearly identify how the results of each will be utilized.
  - Follow PHO's 10 steps for conducting an evaluation.
  - Engage key community partners in the development and implementation of the evaluation plan.
2. Communicate the evaluation results
  - Frame evaluation results in relation to the local context and the original purpose for the policy.

- Choose your format and communication channels based on audience information needs and preferred sources.
- Develop a dissemination plan to communicate the results of the evaluation to community partners and other important audiences.

Developing a policy is complex. It involves a comprehensive process and a wide variety of community partners. Together, they work to define a problem, use evidence to identify potential solutions, and engage in knowledge transfer to support and influence policy outcomes. This process can seem overwhelming. By following the steps in the workbook provided by PHO (link below), public health practitioners can learn the concepts and strategies to support a manageable policy-making process. This will help to support evidence-based policy interventions, which can lead to better health outcomes.

Chart source:

Government of Ontario, Ministry of Health and Long-Term Care. (2021). *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*. Ontario Public Health Standards. Retrieved from [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/)

Source:

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

## b. Program planning and evaluation cycle

Program planning and evaluation is central to public health nutrition. The model found below is very high level because there are many steps in program planning. Various models illustrate program planning and program evaluation as separate entities, although evaluation is as much a part of the program plan as is deciding on intended audience or the messaging. In fact, as you get deeper into these necessary pieces of public health work you will see that they have similar steps. In addition, it is recommended to always build your evaluation plan into your program plan.

Often what happens is that a program is designed and implemented then all involved want to look back and evaluate it. This can be disappointing if, for example, what if no one researched the type of programming before it was implemented or the wrong data was collected during implementation - always best to plan the program with evaluation in mind through the whole process. So when you start working with partners to design the program or initiative remember to ask: “How will we know when we’ve been successful?”

From (the former) Huron County Health Unit:

“Evaluative thinking is critical, actionable and happens anytime, anywhere – it’s a way of doing everything things vs. an activity.

Evaluative thinking can help improve our programs, services and internal culture. We don’t have time to formally evaluate every project, program, and service. Evaluative thinking can be incorporated into everyday practice. It’s a learned skill.

Includes time for reflection, lessons learned, informing future decisions.”

### Steps in program planning and evaluation:



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

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

Source: Ministry of Health and Long-Term Care 2018 Health Equity Guidelines

[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Health\\_Equity\\_Guideline\\_2018\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Health_Equity_Guideline_2018_en.pdf)

## c. Sources of information

It is important to keep note of where data were collected and to document the research process.

- Community stories
- Colleague concerns
- Health status
- Risk and protective factors
- National, provincial, and local data

- Surveillance
- Screening
- Other
- Quantitative & qualitative - surveys, focus groups, key informant interviews, peer-reviewed and gray literature
- Analysis, interpretation, context, data quality, limitations

## d. Nutrition surveillance vs. screening

### Surveillance

- Data collection to measure magnitude, changes, and trends in **populations**
  - Objective is decided if and which intervention is appropriate in defined populations
- **Screening**
- Testing to identify **individuals** at risk for disease
- Ethically requires a treatment option
- Objective can be:
  - Determine personal intervention
  - Protect the public (e.g., blood donors)
  - Measure prevalence in screened populations

**Question: What is the difference between public health surveillance and screening?**

## e. What is evidence-informed decision making?

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



Image source: NCMT, 2023

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

- ❖ Community health issues and local context
- ❖ Existing public health resources

- ❖ Community and political climate
- ❖ Best available research findings
- ❖ Lived experience



Image source: NCMT, 2023

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

Sources:

National Collaborating Centre for Methods and Tools. (2023). *Evidence-informed decision making in Public Health: National Collaborating Centre for Methods and Tools*. Retrieved from <https://www.nccmt.ca/tools/eiph>

## 9. Public Health Nutrition Readings

### General

[Healthy Eating](#) (Public Health Ontario)

[Ontario Dietitians in Public Health](#) (ODPH)

[PEN: Practice-based Evidence in Nutrition](#) (Dietitians of Canada)

[Canada's Dietary Guidelines for Health Professionals and Policy Makers](#) (Government of Canada, 2019)

### Data and Evidence

[Canadian Best Practices Portal](#) (Public Health Agency of Canada)

[Health Evidence](#) (McMaster University)

[Health Statistics](#) (Statistics Canada)

[Public Health Ontario](#) / [PHO Snapshots](#)

### Population Health

[A Model for Evidence-Informed Decision Making in Public Health](#) (National Collaborating Centre for Methods and Tools, 2 pages)

[At a glance: the six steps for planning a health promotion program](#) (Public Health Ontario, 3 pages)

[At a glance: the twelve steps to developing a health communication campaign](#) (Public Health Ontario, 2 pages)

#### [Ontario Public Health Standards](#)

- Healthy Babies, Healthy Children Program Protocol, 2018
- Population Health Assessment and Surveillance Protocol, 2018
- Chronic Disease Prevention Guideline, 2018
- Health Equity Guideline, 2018
- Healthy Environments and Climate Change Guideline, 2018
- Healthy Growth and Development Guideline, 2018
- Mental Health Promotion Guideline, 2018
- School Health Guideline, 2018
- Monitoring Food Affordability Reference Document, 2018
- Reference Document for Safe Food Donation, 2020

### **Anti-Racist Practice**

[Levels of Racism: A Theoretic Framework and a Gardener's Tale](#) (2000, 4 pages)

So You Want to Talk About Race (Ijeoma Oluo) (book, audio book) (MLHU RD Book Club)

[Let's Talk Racism and Health Equity](#) (2018, 8 pages)

[Towards A Definition of Anti-Opressive Dietetic Practice in Canada](#) (2020, 5 pages)

[White Privilege: Unpacking the Invisible Knapsack](#) (1989, 3 pages)

[How to Navigate Your Own Privilege](#) (2020)

[How to Be an Antiracist](#) (2020, video 3 min)

### **Truth and Reconciliation**

[Food is Our Medicine](#) (Nourish Leadership, Learning Journey, Webinar Series)

[Calls to Action](#) (Truth and Reconciliation Commission, 15 mins)

### **Body Diversity (Weight Bias, Weight Stigma, Weight-Based Discrimination)**

[Addressing weight Bias resources](#) (ODPH)

[National Eating Disorder Information Centre](#) (NEDIC)

## **Food Insecurity**

[How to tackle food insecurity in Canada](#) (PROOF, May 2021, 14 min)

[What Would it Take to End Food Insecurity](#) (Tamarack Institute, June 2021, 60 minutes)

[Household Food Insecurity in Canada](#) (PROOF)

[Position Statement and Recommendations on Responses to Food Insecurity](#) (Ontario Dietitians in Public Health, Dec 2020)

[Food Insecurity](#) (Middlesex-London Health Unit, 2019)

[No Money for Food is ... Cent\\$less](#) (Ontario Dietitians in Public Health, May 2022)

## **Food Systems and Food Environment**

[Definitions](#)

[National Food Policy for Canada](#)

[Food Secure Canada](#)

[Middlesex London Food Policy Council \(MLEPC\)](#)

[2016 Middlesex-London Community Food Assessment](#)

[Community Food Assessment Toolkit](#)

[Food Waste](#)

[Ontario Food Collaborative](#)

[Dietitians for Food Justice](#)

[Dietitians of Canada](#)

[Indigenous Food Sovereignty](#)

[International Confederation of Dietetic Associations](#)

[Seven Pillars of Food Sovereignty](#)

[Key Documents for Food Sovereignty](#)

## **Food Literacy**

[Locally Driven Collaborative Project Healthy Eating Team](#) (ODPH, video, 3 min)



[A Call to Action for Healthy Eating: Using a food literacy framework for public health program planning, policy, and evaluation](#) (LDCP Healthy Eating Team, 2018)

Thomas H, Azevedo Perry E, Slack J, Samara HR, Manowiec E, Petermann L, Manafo E, Kirkpatrick SI. Complexities in Conceptualizing and Measuring Food Literacy. JAND. 2019, Apr; 119 (4): 563-573.

[Vidgen HA & Gallegos D. Defining food literacy and its components. Appetite. 2014; 76: 50-59.](#)

## **Life Cycle Nutrition:**

### **Prenatal**

[Pregnancy Summary of Recommendations and Evidence](#) (PEN, 2022) (by subscription)

[Pregnancy](#) (Government of Canada, 2021)

[Canada Prenatal Nutrition Program](#) (Public Health Agency of Canada, 2021)

[Your Guide to a Healthy Pregnancy](#) (Public Health Ontario, 2022)

[Food Safety for Pregnancy Women](#) (Government of Canada, 2021)

### **Breastfeeding**

[Supporting Mothers and Babies: Understanding Breastfeeding and the Baby-Friendly Initiative Web Course](#) (Health Nexus)

[Baby-Friendly Initiative](#) (Breastfeeding Committee for Canada)

[Exclusive Breastfeeding](#) (Statistics Canada, 2019)

### **Infant and Toddler**

[Nutrition for Health Term Infants: Recommendations from Birth to 6 Months](#) (Government of Canada, 2015)

[Nutrition for Healthy Term Infants: Recommendations from 6 to 24 months](#) (Government of Canada, 2015)

[Pediatric Nutrition Guidelines \(Birth to Six Years\) for Health Professionals](#) (Ontario Dietitians in Public Health, 2019)

[Ellyn Satter Institute](#)

[Baby Food](#) (Middlesex-London Health Unit, 2020)

## **Preschool and Child Care**

[NutriSTEP](#) (temporarily on hold)

[Child Care and Early Years Act, 2014](#) (Ontario, 2014)

[Nutrition Recommendations for Licensed Child Care Providers in Ontario](#) (ODPH, 2017)

[Menu Planning and Supportive Nutrition Environments in Child Care Settings](#) (ODPH, 2017)

[Menu and Nutrition Environment Self Assessment Tool for Child Care Settings](#) (ODPH, 2017)

[Paint Your Plate with Vegetables and Fruit: A Toolkit for Ontario Child Care Providers](#) (ODPH, n.d.)

[Online Learning Modules](#) (ODPH, n.d.)

## **School Nutrition**

[Foundations for a Healthy School](#) (Ministry of Education)

[Nurturing Healthy Eaters in Elementary Schools](#)

[Teach Food First](#) (Healthy Schools British Columbia, 2022, video 3:30 min)

[Ontario Student Nutrition Program \(OSNP\) Guidelines](#) (Ministry of Children and Youth Services, 2020, Module 1 and 2 slides)

[Mental Health and Weight Bias in Schools](#)

[Summary of Evidence: Mental Health and Nutrition in School-aged children and youth \(ODPH 2022\)](#)

# Public Health Case Studies

Use the competencies listed for each case study to guide your responses. All case studies incorporate Professionalism and Ethics (2.01-2.13), and Communication and Collaboration (3.01-3.07). Please review these competencies prior to completing the case studies.

## 1. Case study: CPNP - Healthy Families Division

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

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

## 2. Case study: Food Systems

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

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

## 3. Case Study: School Nutrition

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

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

#### **4. Case Study: Media Request - Weight Inclusive Approach**

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

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