Consultation on the Draft Protocols for the Draft Ontario Public Health Standards

Public Health Assessment and Surveillance Protocol

1. How can the content of this protocol be improved to explain how the applicable requirements in the draft Ontario Public Health Standards should be operationalized?

As "addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario" (OPHS 2008:4), it is essential that the protocols operationalize our growing understanding of how poverty, which is often racialized and feminized, increases mortality and morbidity. For this reason, we have general suggestions on strengthening capacity to assess and address the social determinants of health as well as specific suggestions on program content that will be discussed within our responses to the other questions below.

As the OPHS (2008:18) has rightfully pointed to the importance of using evidence, research, and best practices as the basis for selecting effective interventions to achieve intended outcomes, we also urge that surveillance protocols reflect this evidence, research, and best practices. Breastfeeding provides a compelling illustration of why this is necessary. Health Canada recommends "exclusive breastfeeding for the first six months of life…with the introduction to nutrient rich solid foods…at six months with continued breastfeeding for up to two years and beyond." However, in 2003, while 87% of Ontario infants were breastfed at birth, only 39.4% were breastfed at 6 months and 20% were breastfed exclusively at 6 months. The data collection outcome indicators for "sustained breastfeeding" include measuring initiation, exclusive versus partial breastfeeding and duration rates at entry into service, 2 weeks, 6 months and at one year of age, according to the Breastfeeding Committee for Canada. Well established evidence-based best practices for increasing breastfeeding rates include the policies of the Baby-Friendly Initiative available at: http://www.breastfeedingcanada.ca/html/bfi.html
and the Registered Nurses' Association of Ontario, Breastfeeding Best Practice Guidelines for Nurses, 2003 and 2007 Supplement. http://www.rnao.org

Sources:
Health Canada. (2004). Exclusive Breastfeeding Duration: 2004 Health Canada Recommendation. Ottawa: Author. Retrieved February 13, 2008 from http://www.hc-sc.gc.ca/fn-an/nutrition/child-enfant/infant-nourisson/excl_bf_dur-dur_am_excl_e.html

Statistics Canada. (2005). Canadian Community Health Survey. Rates for Ontario 2003. Catalogue no. 82-221. Vol. 2005 No. 1. CANSIM 2005.

2. How can the structure of this protocol be improved to make it easier to understand? (e.g., Does it flow in a logical sequence? Is it well organized?)

3. **How can the language and terminology of this protocol be improved to be more appropriate, clear, and concise? Please provide suggestions for alternative terminology if appropriate.**

Under Child Health Requirements 1 and 4, we recommend that the term "Breastfeeding" be changed to "Sustained Breastfeeding."

"Sustained" refers to breastfeeding beyond initiation and into the first 6 months and year(s) of duration. The term "sustained" provides the rationale for collection of data beyond measurement of breastfeeding initiation rates. Since long term breastfeeding is a population health strategy recognized by the OPHS, this is the necessary terminology.
This change will support the societal outcome under Child Health of "an increased rate of exclusive breastfeeding until 6 months, with continued breastfeeding until 24 months and beyond."

4. **What (if any) are the gaps or inaccuracies in this protocol? Are there any missing elements? What (if any) areas do not align with accepted guidelines or evidence-based practices?**

Although the OPHS begins with an acknowledgement of the determinants of health, the specific programs and requirements reflect bias toward traditional public health domains and behavioural change models. While these are also necessary, they are not sufficient to address societal inequities that become health inequities. Fuller discussion and supporting evidence for the urgent need for public health to address this issue may be found in:
Lefebvre, S. Warren, G., Lacle, S. & Sutcliffe, P (2006). A Framework to Integrate Social and Economic Determinants of Health Into the Ontario Public Health Standards: A Discussion Paper. Sudbury: Sudbury & District Health Unit.

We strongly suggest that the glossary terms and definitions be reviewed to reflect strong scholarship and leadership in equity in health:

The current definition of "health inequalities and inequities" on page 15 should be replaced by a more robust definition that can guide measurement and so accountability for the effects of action. For example, "for the purposes of measurement and operationalisation, equity in health is the absence of systemic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage—that is,

wealth, power, or prestige. Inequities in health systematically put groups of people who are socially disadvantaged (for example, by virtue of being poor, female, and/or members of a disenfranchised racial, ethnic, or religious group) at further disadvantage with respect to their health; health is essential to wellbeing and to overcoming other effects of social disadvantage." This passage and the supporting argument are from Braveman, P. & Gruskin,S. (2003). Defining Equity in Health. Journal of Epidemiology and Community Health. 57: 254-258.

"Social class" and "Socioeconomic position" should both be defined in the glossary and replace "socio-economic status" as it "privileges status over material resources as the key determinant of socioeconomic position" according to another key scholar in this area. See: Krieger, N. (2001). A Glossary for Social Epidemiology. Journal of Epidemiology and Community Health. 55: 693-700.

"Comprehensive health promotion" should be defined and linked with community-based research where the communities themselves are involved in the creation of health stats about them and how this information is used. Process, community involvement, and community engagement are essential elements that go beyond acknowledgement of legal, political, and community partners' perspectives. Community-lead /participatory action research can provide very different perspectives than expert-led consultations. Explicit mention of empowerment strategies would be helpful.

An important paragraph on p. 9 (i)…specifies discrimination, sexual orientation, etc. but would like to see a focus/goal of building community capacity through these "surveillance" and health promotion activities. Since sexually diverse communities are often consistently overlooked, perhaps specifying these often invisible and vulnerable communities as relevant to all regions would be useful.

We commend the explicit statement on "distribution of harm reduction materials and equipment" on page 6. Given the federal government's move to align this with criminal justice system, health professionals also need support for policies that will support program development and funding in this area.

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5. Reflecting on your responses to the previous four questions, please prioritize the top three changes that are required for this protocol to be finalized.

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2.Under Child Health Requirements 1 and 4, we recommend that the term "Breastfeeding" be changed to "Sustained Breastfeeding."
3.We strongly suggest that the glossary terms and definitions be reviewed to reflect strong scholarship and leadership in equity in health.

6. Any other comments?

A fundamental operational concern expressed by our members is whether resources will be congruent with the needs of our communities and directives within the Ontario Public Health Standards and supporting protocols. Working from the strength of a framework built on the evidence of best practices, adequate funding is essential to ensure the provision of high quality services and a strengthened public health system.

Thank you for the opportunity to participate in this process.