Nova Scotia Public Health

Understanding
Protocol
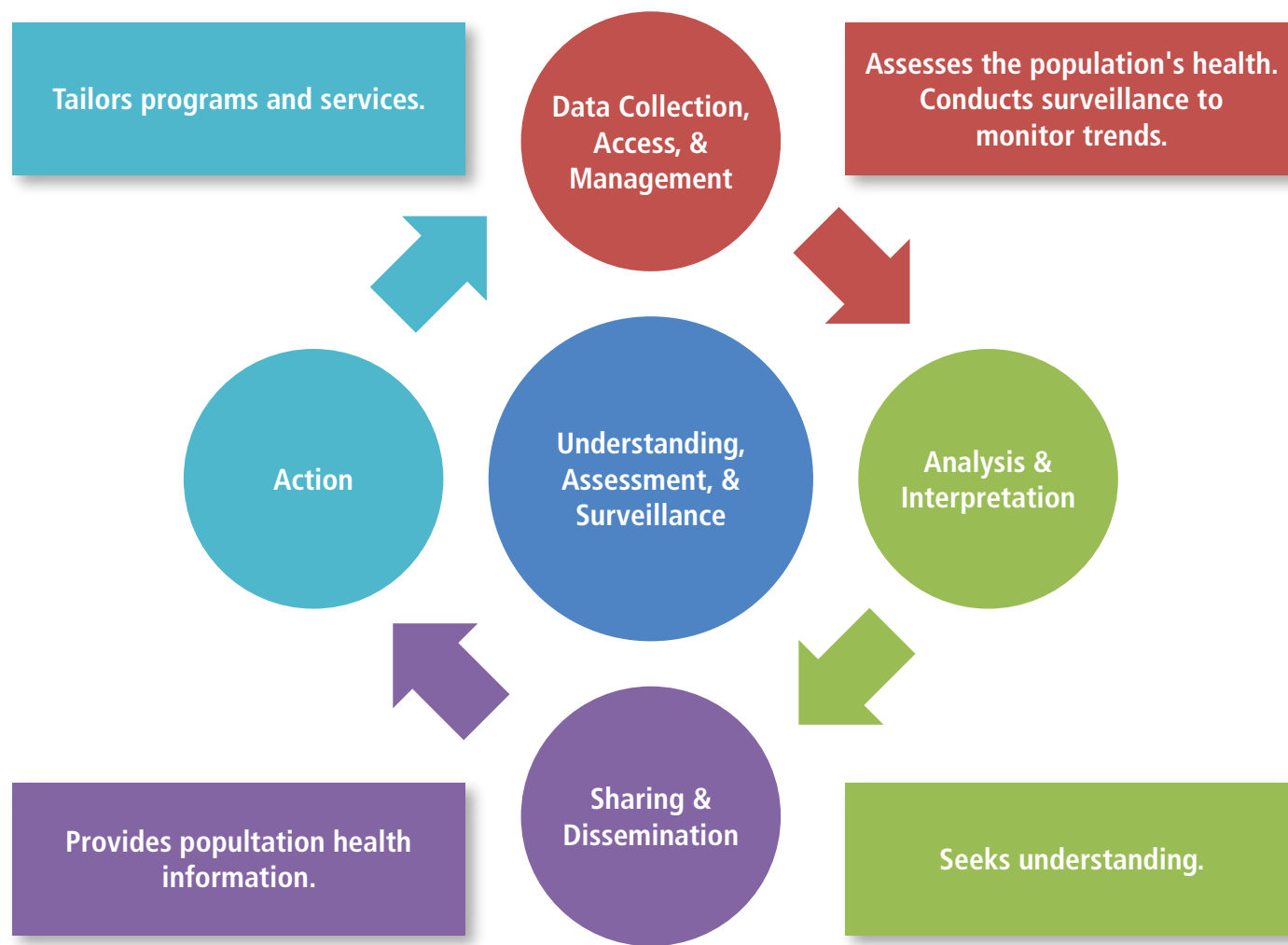
NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

Expectations

Figure 1: Surveillance Cycle [2]

Tailors programs and services.

Data Collection, Access, & Management

Assesses the population's health. Conducts surveillance to monitor trends.

Action

Understanding, Assessment, & Surveillance

Analysis & Interpretation

Provides popultation health information.

Sharing & Dissemination

Seeks understanding.

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

Data Collection/Data Access/Data Management

Public health will

- collect and/or access data and information[3] that supports public health work and priority setting for the purpose of identifying inequalities, inequities, and priority populations[4]

- determine the information needs of the public health system

- identify the most appropriate data collection/access methods based on the information needs and how the information will be used

- use data and information from multiple sources (e.g., public health information systems, literature reviews, national surveys, etc.)

- use quantitative and qualitative data and information, where appropriate

- ensure the quality and rigour of data and information by

  - applying standard definitions for variables and health indicators

  - standardizing data and information collection processes

  - applying data validation and quality checking procedures

- ensure public health data is adequately managed and stored according to privacy legislation and security standards (provincially, nationally, internationally) that are consistent with existing legislation

- establish processes to share data throughout the public health system

- provide support for provincial public health information systems and applications

- establish, support, and collaborate over new and improved provincial information systems to support public health practice

Analysis and Interpretation

Public health will

- monitor, analyse, and interpret data/information in a systematic and timely way

- apply consistent/standard methods for handling data (e.g., removal of outliers, duplicate records, cleaning of transcripts, etc.)

- apply consistent/standard methodologies for data analysis (e.g., immunization coverage rates, race, language, age/sex standardization, triangulation and thematic analysis, etc.)

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

- analyse data/information by person, place, and time[5] and consider the relationships between these factors

  - person: analysis by socio-demographic variables

  - place: analysis of how data are spatially distributed

  - time: analysis of how data are distributed over time

- consider contextual factors when interpreting data and information (e.g., social, economic, political, environmental, etc.)

- develop reports as necessary and as required by legislation

Sharing and Dissemination

Public health will

- consult with intended audiences to produce information products that are meaningful to them

- develop and implement plans for reporting and disseminating information. The plan will describe the purpose, data, and information to be shared, intended audiences, frequency with which dissemination will take place, and the format in which information will be shared.

- provide details of analysis in reports (e.g., data sources, methods, assumptions, indicator definitions, and data limitations)

- share information products in a timely manner, in a variety of ways, and with a range of stakeholders

Action

Public health will

- use data and information to

  - make decisions related to continuing, modifying, or creating new policies, programs or other interventions

  - identify issues requiring further analysis and/or investigation

  - set priorities (see Priority Setting and Planning Protocol)

Partnership

Public health will

- collaborate with researchers and academic partners to maintain an up-to-date knowledge base of public health research, best practice, and evidence

- support partners in the application of research, best practice, and evidence to inform program and service development and community action

- participate in research initiatives with public health relevance

---

[1] Understanding is vital to the work of public health. The objective of Understanding is to describe the trends in the distribution of health outcomes, risk factors, preventive health practices, determinants of health, and other relevant information to assess the health of the population. It encompasses surveillance, epidemiology, and research through the use of quantitative and qualitative data and information to understand communities and the factors that impact health. Understanding requires access to appropriate data, community relationships, skills in analysis, and multiple approaches to communication and information systems. Understanding is the driver of public health work, and a major role is to uncover health inequalities and inequities. These steps are inclusive of surveillance, program monitoring, and evaluation. "Data and information" refers to population health assessment, surveillance and evaluation data, research, evidence, and information.

[2] Adapted from *Maxey-Rosenau-Last Public Health and Preventive Medicine*, fifteenth edition, pp. 9–14.

[3] "Data and information" refers to qualitative and quantitative data/ information.

[4] Public health will identify priority populations to address the determinants of health, by considering those with health inequities, including increased burden of illness; increased risk for adverse health outcomes; and/or those who may experience barriers in accessing public health or other health services or who would benefit from public health action. Public health organizations shall use the following to identify priority populations: socio-demographic and geographic characteristics of the catchment area; interpretation of existing and/or acquired data and information that describe the relationship between the barriers and specific program requirements (e.g., relationship between age or education and reproductive outcomes; immigration status and tobacco use; etc.); and program evaluation data and information that identifies program benefits and gaps for diverse populations. (Source: Ontario Public Health Standards, Population health assessment and surveillance protocol)

[5] This analysis will expose inequalities and inequities.

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development