Measuring What Matters

A Collaborative Approach to Developing Chronic Disease Prevention Program Outcome Measurement

UPDATE ON PAST LOCALLY DRIVEN COLLABORATIVE PROJECT: JANUARY 2026

UNIVERSITY OF TORONTO
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In 2023-2024, Thunder Bay District Health Unit and Ottawa Public Health co-led a Locally Driven Collaborative Project (LDCP), in collaboration with over 20 PHUs and University of Toronto's Dalla Lana School of Public Health, to establish a core set of chronic disease prevention (CDP) program performance indicators for PHUs. The project used nutrition as an exemplar topic and focused on program outcome indicators; population health indicators were considered out of scope. Through the project, a proposed set of indicators were developed (see the **LDCP report**).

In 2025, the project team conducted a follow-up survey to obtain feedback on PHU's initial use of the proposed indicators. Survey findings, which showed high satisfaction with the proposed indicator set, were used to finalize the indicators[1]. The final indicator set aims to capture province-wide information about CDP work by PHUs. However, these indicators will not completely capture this work and PHUs are encouraged to continue to use other evidence informed and locally developed indicators in addition. Other resources are available to support selection of additional indicators. For example, Public Health Ontario and Healthy Public Policy Community of Practice have compiled resources to support measurement of progress towards building healthy public policy (https://www.publichealthontario.ca/-/media/Documents/I/25/indicators-tools-healthy-public-policy.pdf).

The follow-up survey also provided other valuable feedback on future directions, including:

- The need for supporting implementation of the indicators, including provision of guidance, learning from other PHU experiences, and general capacity-building on performance measurement and indicators
- Suggestions to develop additional indicators to further capture results of CDP work
- Encouragement to broaden the indicators beyond CDP or nutrition, while also recognizing the value of having some topic-specific indicators (most of the final indicators could be adapted for Comprehensive Health Promotion as part of the 2026 Ontario Public Health Standards (OPHS))

This work was initially driven by priorities set by the Ontario Chronic Disease Prevention Managers in Public Health (OCDPMPH) and the project experience demonstrated widespread support among the field for work to develop common indicators for CDP and beyond. Review will be needed to ensure alignment with the 2026 OPHS as the indicators were developed prior to their release. Future work should also explore how to further incorporate health equity into the indicators, based on the 2026 OPHS.

Public Health Ontario is currently working with the Ministry of Health and PHUs to develop a performance measurement framework and indicators for comprehensive health promotion, to support implementation of the 2026 OPHS. This work will build on the experience gained, and the indicators developed, through this LDCP.

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1 A summary of the survey findings is available upon request.

Final CDP nutrition program indicators developed through the LDCP[2]

01

PARTNERSHIPS

1

Indicator: # of partnerships with the PHU that include food and nutrition-related interventions

Question: How many partnerships has your PHU engaged in?

1a

Sub-indicator: Health promotion strategies used by the partnerships

Question: What health promotion strategies do these partnerships use?

Select all that apply:

- ❒ Build health public policy
- ❒ Create supportive environments
- ❒ Develop personal skills
- ❒ Reorient health services
- ❒ Strengthen community action

1b

Sub-indicator: Food and nutrition topic areas covered by the partnerships

Question: What food and nutrition topic areas are covered by these partnerships?

Select all that apply:

- ❒ Food insecurity
- ❒ Food systems
- ❒ Food environments
- ❒ Food literacy
- ❒ Food sovereignty
- ❒ Food neutrality
- ❒ Weight stigma, bias, and/or discrimination
- ❒ Other (please specify)

1c

Sub-indicator: % of partnerships that address health equity

Question: How many of these partnerships address health equity?

1d

Sub-indicator: Narrative

Question: What is the change/outcome as a result of this partnerships work? Include any relevant locally developed indicators such as diversity within partnerships (including involvement of equity-denied groups), new and/or emerging partnerships, or level of engagement.

2 Definitions of key terms are provided on page 6.

02

FOOD ENVIRONMENTS

2

Indicator: PHU involvement in creating supportive food environments

Question: Has your PHU been involved with creating supportive food environments?

❒ Yes ❒ No

2a

Sub-indicator: Health promotion strategies used in creating supportive food environments

Question: What health promotion strategies does the work to create supportive food environments use?

Select all that apply:

❒ Build health public policy
❒ Create supportive environments
❒ Develop personal skills
❒ Reorient health services
❒ Strengthen community action

2b

Sub-indicator: Settings targeted by the food environment work

Question: What settings is the food environment work seeking to create change in?

Select all that apply:

❒ Schools
❒ Childcare (including early years settings)
❒ Workplaces
❒ Community
❒ Municipalities
❒ First Nations
❒ Urban Indigenous (e.g., Friendship Centre or Aboriginal Health Access Centre)
❒ Congregate living settings
❒ Food Premises
❒ Sport and recreation centers
❒ Hospitals and healthcare
❒ Personal Service
❒ Home
❒ Other (please specify)

2c

Sub-indicator: Health equity addressed in food environment work

Question: Does your PHU address health equity in its food environment work?

❒ Yes - sometimes
❒ Yes - always
❒ No

Please explain:

2d

Sub-indicator: Narrative

Question: What is the change/outcome as a result of this food environment work? Include any relevant locally developed indicators such as those that describe progress in creating supportive food environments.

03

POLICY

3

Indicator: PHU involvement in the process for building healthy public policies that impact food and nutrition

Question: Has your PHU been involved in the process for building healthy public policies that impact food and nutrition?

❒ Yes ❒ No

3a

Sub-indicator: Food and nutrition topic areas addressed by the policy work

Question: What food and nutrition topic areas are addressed by this policy work?

Select all that apply:

❒ Food insecurity
❒ Food systems
❒ Food environments
❒ Food literacy
❒ Food neutrality
❒ Weight stigma, bias, and/or discrimination
❒ Other (please specify)

3b

Sub-indicator: Settings targeted by the policy work

Question: What settings does this policy work seek to create change in?

Select all that apply:

❒ Schools
❒ Childcare (including early years settings)
❒ Workplaces
❒ Community
❒ Municipalities
❒ First Nations
❒ Urban Indigenous (e.g., Friendship Centre or Aboriginal Health Access Centre)
❒ Congregate living settings
❒ Food Premises
❒ Sport and recreation centers
❒ Hospitals and healthcare
❒ Personal Service
❒ Home
❒ Other (please specify)
❒ Not applicable

3c

Sub-indicator: Narrative

Question: What is the change/outcome as a result of this policy work? Include any relevant locally developed indicators, such as those that describe the phases or steps of the policy process

04

MONITORING FOOD AFFORDABILITY

4

Indicator: PHU monitoring of food affordability

Question: Did your PHU monitor food affordability?

❒ Yes ❒ No

4a

Sub-indicator: Use of monitoring food affordability data

Question: How did your PHU use monitoring food affordability data?

Select all that apply:

❒ Awareness
❒ Education
❒ Advocacy
❒ Policy development
❒ Other (specify)

4b

Sub-indicator: Narrative

Question: What is the change/outcome as a result of this monitoring food affordability work? Include any relevant locally developed indicators.

Definitions of key terms

Term	Definition
Build healthy public policy	Involves advocating for, establishing, and/or implementing explicit actions by governments at the local, provincial/territorial, national, and international levels (1).
Childcare (including early years settings)	Includes licensed childcare centres, licensed home childcare, unlicensed child care settings, and before and after school care (project's definition).
Community	Setting for which the primary purpose is not medical care, for example, geographic communities, schools, churches, homeless shelters, worksites, libraries (2).
Congregate living settings (residential facilities)	Congregate living settings refer to a range of facilities where people (most or all of whom are not related) live or stay overnight and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens) including: shelters, group homes, long term care, correctional facilities, child and youth residential settings (3).
Create supportive environments	Involves developing physical and social environments in ways that support health and protect against physical hazards and socially/psychologically damaging practices (1).
Develop personal skills	Enabling individuals to understand and critically use health information, then developing skills to improve their health. It goes beyond the provision of information; it is about developing a set of empowering personal skills that enable communities to engage in a range of actions (1).
Equity denied	A group of people who, because of systemic discrimination, face barriers that prevent them from having the same access to the resources and opportunities that are available to other members of society, and that are necessary for them to attain just outcomes (4).
First Nations (First Nations Communities)	Examples include First Nations Communities listed by band number and cultural affiliation (e.g., Algonquin, Cree, Ojibway) found on the Ontario First Nations map (5).
Food and nutrition related interventions	Any project, initiative and policy that supports food and nutrition related goals.
Food environments	The aspects of the social and physical environment that affect the types of food available, the accessibility of food, and the nutrition information that people are exposed to, including food marketing. All these aspects of the food environment can influence food choices (6).
Food insecurity	Inadequate or insecure access to food due to financial constraints (7).
Food literacy	Includes interconnected attributes organized into the categories of food and nutrition knowledge; food skills; self-efficacy and confidence; food decisions; and ecologic (external) factors (8).

Term	Definition
Food neutrality	The concept that all food is morally equal and that all food has a purpose in the promotion of health. Some foods provide us with energy, pleasure, or have cultural significance, and sometimes it is simply the social aspect of eating that allows food to contribute to our mental well-being. This perspective removes judgement of food and eliminates value-based labels on food (9)
Food premises	A food premise is where food is manufactured, processed, prepared, stored, handled, displayed, distributed, transported, sold or offered for sale. A home kitchen in which food is being prepared for commercial purposes would also be considered a food premise (10).
Food skills	To be able to prepare meals throughout the life span using basic skills like chopping, measuring, cooking, reading recipes, and food safety (8).
Food sovereignty	Food sovereignty is the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems. It puts the aspirations and needs of those who produce, distribute and consume food at the heart of food systems and policies rather than the demands of markets and corporations. It defends the interests and inclusion of the next generation. It offers a strategy to resist and dismantle the current corporate trade and food regime, and directions for food, farming, pastoral and fisheries systems determined by local producers and users (11).
Food systems	Complex, non-linear, systems that embrace all the elements (environment, people, inputs, processes, infrastructure, institutions, markets, and trade) and activities that relate to the production, processing, distribution and marketing, preparation and consumption of food and the outputs of these activities, including socioeconomic and environmental outcomes (12).
Health equity	Health equity is created when individuals have the fair opportunity to reach their fullest health potential. Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust. Many causes of health inequities relate to social and environmental factors including: income, social status, race, gender, education and physical environment (13).
Indigenous food sovereignty	Indigenous food sovereignty (IFS) is an essential element to addressing food security and food insecurity. IFS is not defined as many Indigenous people advise that a definition cannot adequately capture the nuances of IFS, and that it must be discussed in the context of actions and systems change. Colonial systems need to be restructured to better support IFS and ensure policy is grounded in practice. This work is the responsibility of non-Indigenous people — an ongoing process of unlearning current ways of thinking and re-learning based on the values and practices that guide Indigenous peoples' relationships to the land and to each other. The Working Group on Indigenous Food Sovereignty has outlined four key principles that guide IFS: Indigenous food sovereignty is sacred, participatory, self-determined, and embedded in policy reform (14,15).

Term	Definition
Municipalities	Depending on its size and its history, a local municipality may be called a city, a town, or a township or a village (16).
Partnerships	Collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a common goal. There is typically an informal understanding or a more formal agreement among the parties regarding roles and responsibilities, as well as the nature of the goal and how it will be pursued (17).
Personal service	Personal services encompass services from hairdressing and barbering to invasive procedures such as tattooing, piercing and other body modification (18).
Reorient health services	Developing the capacity of health systems and programs to achieve improved population health and greater health equity, and enabling all people- whether sick or well- to move along the health-illness continuum towards health. Actions can take place at structural, organizational and service levels (1).
Schools	Publicly funded and private elementary and secondary school settings.
Strengthen community action	Expanding the resources and capacities of communities to make decisions and to take collective action to increase their control over the determinants of their health (1).
Urban Indigenous Organizations	An organization that serves urban Indigenous Peoples. E.g., Friendship Centre or Aboriginal Health Access Centre.
Weight bias	Negative attitudes, beliefs, assumptions, and judgements towards individuals based on their weight, shape, appearance, or Body Mass Index (BMI) (19).
Weight discrimination	Occurs when people act on their own biases and social stereotypes of people in larger bodies, leading to the unjust treatment of people in larger bodies. Discrimination can range from everyday instances of differential treatment (microaggressions) to being treated unjustly in specific contexts (20).
Weight stigma	Negatively stereotyping people based on body weight, shape, or size (21).

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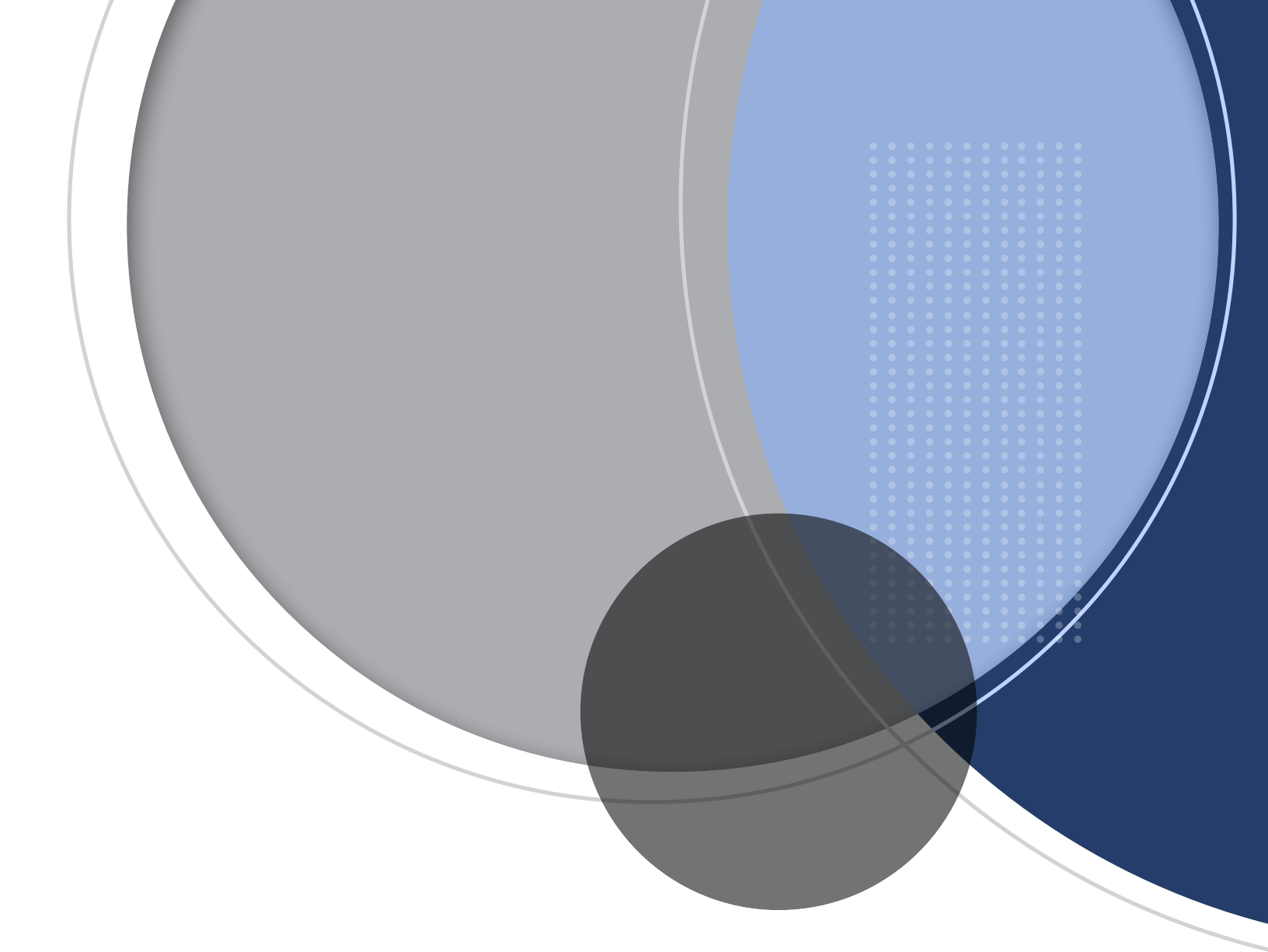

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