



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 November 17

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## 2015 YEAR-END PERFORMANCE ON ACCOUNTABILITY INDICATORS

### *Recommendation*

*It is recommended that Report No. 017-16GC re 2015 Public Health Performance Indicators Year-End Results be received for information.*

### **Key Points**

- The Health Unit has demonstrated strong performance on the 2015 Year-End Accountability Agreement performance indicators by meeting or exceeding the targets on 11 out of 17 indicators.
- The performance indicator data is a limited representation of the work of the Health Unit.
- Some indicators are used for monitoring and baseline purposes only.

### **Background**

Under section 5.2 of the Accountability Agreement between the Middlesex-London Board of Health and the Ministry of Health and Long Term Care (MOHLTC), the Board has agreed to use best efforts to achieve agreed upon Performance Targets for the Indicators specified.

There were 25 indicators that are reported to the MOHLTC in 2015. These indicators reflect the program areas of food safety, water safety, infectious disease control, vaccine preventable disease, tobacco control, injury prevention, substance abuse and child health. For 17 of these indicators, a 2015 performance target was negotiated and agreed upon by both the Board and MOHLTC.

### **2015 Year-End Results**

In September 2016, the MOHLTC published the Health Unit's 2015 year-end performance on 25 indicators. The 2015 Mid-Year Indicator Summary Table for Health Promotion Indicators and 2015 Year-End Indicator Summary Table for Health Protection Indicators provide a summary of these results (see [Appendix A](#) and [Appendix B](#)). The reporting period for the indicators is January 1, 2015 – December 31, 2015 unless otherwise noted.

### **Performance Indicators**

Performance indicators include a limited set of indicators which reflect priority areas for performance improvement. These indicators are listed in the Public Health Funding and Accountability Agreement and have performance targets.

Of the 17 performance indicators reported, the Health Unit met or exceeded the targets set on 11 of them. Of the remaining six indicators, four were within 1.3% of their performance targets and the following two indicators had performance noted below:

	<b>Indicator</b>	<b>Year</b>	<b>Performance</b>	<b>Target</b>	<b>Compliance Report?</b>
1.5	% of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (SFOA)	2015	89.3%	100.0%	No
3.4	% of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	2015	94.1%	100.0%	Yes

A compliance report for indicator 3.4 was submitted to the Ministry of Health and Long-Term Care in April 2016 and an update was brought to the Board of Health at the April 2016 meeting.

### **Monitoring Indicators**

Monitoring indicators do not have performance targets and are used to:

- Ensure that high levels of achievement are sustained;
- Allow time for baseline levels of achievement and methods of measurement to be confirmed; and/or
- Monitor risks related to program delivery.

### **Limitations in the Data**

The indicators presented in this report are an incomplete representation of the work that public health units do to protect and promote the health of Ontario residents but have been chosen to:

- Reflect government priority;
- Demonstrate the core business of public health;
- Measure Board of Health level outcomes as per the OPHS, 2008;
- Be responsive to change by action of the Board of Health;
- Provide opportunity for performance improvement;
- Be reported on due to availability of data sources; and
- Highlight indicators that are sensitive, timely, feasible, valid, reliable, understandable, and comparable.

The report also notes that health units operate under unique local factors and there is variability across health units such as demographics, geographic size, human resources, etc., that impact each health unit differently and caution is advised when comparing health unit performance.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects.



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