



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health /CEO

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2017 YEAR-END PERFORMANCE ON ACCOUNTABILITY INDICATORS

Recommendation

It is recommended that the Governance Committee receive Report No. 002-19GC re: “2017 Year-end Performance on Accountability Indicators” for information.

Key Points

- The Middlesex-London Health Unit (MLHU) has completed reporting and verification of the 2017 Year-End Accountability Agreement indicators.
- The Ministry of Health and Long-Term Care did not identify performance indicators for 2017, and the indicators here are used for monitoring purposes only.
- MLHU reported on a total of 15 monitoring indicators to the Ministry of Health and Long Term Care.

Background

Under section 5.2 of the Accountability Agreement between the Middlesex-London Health Unit (MLHU) 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.

At total of 15 indicators were reported to the MOHLTC in 2017. These indicators reflect the program areas of food safety, water safety, infectious disease control, vaccine preventable disease, and tobacco control. Due to the current state of transformation within the public health sector, the ministry has reduced the suite of indicators that are monitored to 15 compared to the previously reported 25. Unlike in previous years, no performance targets were proposed by the MOHLTC.

2017 Year-End Results

In February 2019, the MOHLTC published MLHU’s 2017 year-end performance. The 2017 Indicator Summary Table for Health Promotion and Health Protection Indicators provides a summary of these results ([Appendix A](#)). The reporting period for the indicators is January 1, 2017 – December 31, 2017, unless otherwise noted.

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
- 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;
- Reflect the core business of public health;
- Measure Board of Health level outcomes as per the Ontario Public Health Standards;
- Be responsive to change by action of the Board of Health;
- Provide an opportunity for performance improvement;
- Have available data sources; and
- Ensure data is 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, and human resources, that impact each health unit differently. Caution is advised when comparing performance across health units.

This report was prepared by the Program Planning and Evaluation Team, Healthy Organization Division.



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