

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 September 17

2014 YEAR END PERFORMANCE ON ACCOUNTABILITY INDICATORS

Recommendation

It is recommended that Report No. 54-15 re 2014 Public Health Performance Indicators Year-End Results be received for information.

Key Points

- The Health Unit has demonstrated strong performance on the 2014 Year-End Accountability Agreement performance indicators meeting or exceeding the targets on 7 out of 12 indicators.
- There are limitations to the performance indicator data and 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 are currently 28 indicators which are reported to the MOHLTC each year. 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 12 of these indicators, a 2014 target was negotiated and agreed upon by both the Board and MOHLTC.

2014 Year-End Results

In August 2015, the MOHLTC published the Health Unit's 2014 year-end performance on 21 indicators. Of those 21 reported, 12 indicators were performance indicators and nine indicators were monitoring indicators. The 2015 Mid-Year Indicator Summary Table for Health Promotion Indicators and 2014 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, 2014 – December 31, 2014 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 12 performance indicators reported, the Health Unit met or exceeded targets on seven.

Of the remaining five indicators, four were within 1% of their performance targets and the indicator for Baby-Friendly Initiative status was one step below the target due to delays on the part of the accrediting body. No additional compliance reporting was required for any of the 12 performance indicators.

Monitoring Indicators

Monitoring indicators are different from performance indicators 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
- to monitor risks related to program delivery.

Monitoring indicators do not have performance targets.

Additional Comments

The data generated for indicators (4.4), (4.5) and (4.6) was collected from Panorama in January 2015. Significant issues which impact the integrity of this data are being addressed, however, have not yet been fully resolved. It is expected that 2015/2016 school year data will be accurate. As a monitoring indicator, it has not been subjected to additional verification by the MOHLTC and caution should be applied when interpreting these results.

Limitation in the Data and One-Time Funding

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;
- Describe some of 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;
- Have available data sources; and
- Be 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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