

**Ministry of Health  
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**Ministère de la Santé  
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**APR 10 2012**

Mr. Bob Bratina  
Chair  
City of Hamilton Board of Health  
Hamilton City Hall  
71 Main Street West, 2<sup>nd</sup> Floor  
Hamilton ON L8P 4Y5

Dear Mr. Bratina:

**Re: Ministry of Health and Long-Term Care Public Health Accountability Agreement with the City of Hamilton (the "Board") dated January 1, 2011 (the "Accountability Agreement")**

In follow-up to our communication sent to you on December 23, 2011 regarding the performance targets for the Accountability Agreement indicators, the Ministry of Health and Long-Term Care (the "ministry") is pleased to advise you of its agreement with your response to the proposed targets for the performance indicators in the 2011-2013 Public Health Accountability Agreement.

In our December 23, 2011 communication, the ministry proposed performance targets for the Accountability Agreement performance indicators. All boards were invited to negotiate performance targets with the ministry and propose alternate targets. Some boards accepted all ministry proposed targets, while most boards accepted some ministry targets and proposed alternate targets for some indicators.

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Mr. Bob Bratina

The ministry considered several factors when reviewing the feedback received from boards of health, including the rationale supporting board proposed targets, and the discussions that we have had with boards of health throughout the negotiations process. We have used a consistent approach in our review of board proposed targets and our subsequent responses to boards of health. Even though the ministry has accepted some targets below those initially proposed by the ministry, we would like to emphasize that the targets sent on December 23, 2011 represent those that we would like the public health system to continue to work towards.

Establishing performance targets for Ontario's public health system represents a significant milestone in the continued implementation of the government's public health renewal agenda, and the performance framework for public health. The performance indicators address the range of programs that boards of health are responsible for providing as articulated in the Ontario Public Health Standards (OPHS). The OPHS include requirements for public health programs and services and articulate how they contribute to achieving outcomes at the board of health and societal levels. Some performance indicators relate directly to the requirements in the OPHS, some relate to the board of health outcomes, and others reflect public health's contribution toward societal outcomes, as part of a broader system. The performance targets are intended to move all boards toward improved performance in key areas of health protection and health promotion. It is anticipated that by the end of 2013, agreed upon targets will be achieved, resulting in system level improvement.

We are grateful for the contributions, support, and time, from our colleagues in the field in finalizing the Accountability Agreements and the performance indicators. We have included a summary of the milestones and process to date to finalize the Accountability Agreements, the performance indicators, and the performance targets in Appendix A.

As you know, the ministry and the Board entered into an Accountability Agreement effective January 1, 2011. We are pleased to provide you with two copies of an Amending Agreement and the revised Schedule D that includes finalized baselines for each indicator; updated indicator numbering and wording for the indicators to ensure consistency with the *Technical Document*; and the mutually agreed upon performance targets for 2012 and 2013. Please be advised that performance corridors have not been included in Schedule D. As work on performance corridors has not been completed, reference to performance corridors in Schedule D has been removed from Funding Year 2011 – Obligations, paragraph 1. (a).

Please review the Amending Agreement carefully and sign both copies enclosed and return both copies to:

Brent Feeney  
Manager, Funding and Accountability  
Public Health Standards, Practice and Accountability Branch  
Public Health Division, Ministry of Health and Long-Term Care  
393 University Avenue, Suite 2100  
Toronto ON M7A 2S1

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Mr. Bob Bratina

Once the Amending Agreement has been executed by both parties, the ministry will return one copy of the Amending Agreement to you.

The ministry is currently working on finalizing the reporting requirements for the Accountability Agreement indicators. These will be based on collecting the data required to calculate the results for the performance indicators as detailed in the *Technical Document*. The reporting requirements and reporting frequency will be communicated to all boards once finalized.

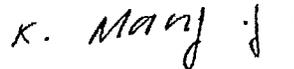
As we move onto the reporting and monitoring phase of the performance management framework, we look forward to working together to improve accountability and performance for all boards and public health units in Ontario. We are committed to work collaboratively with the field to improve the performance of Ontario's public health system for the benefit of all Ontarians.

If you have any questions, please contact Sylvia Shedden, Director, Public Health Standards, Practice and Accountability Branch, at 416-327-7423 for health protection indicators or Laura Pisko-Bezruchko, Director, Standards, Programs & Community Development Branch, at 416-327-7445 for health promotion indicators.

Yours truly,



Roselle Martino  
Executive Director (A)



Kate Manson-Smith  
Assistant Deputy Minister

Enclosure: Amending Agreement

- c: Dr. Arlene King, Chief Medical Officer of Health  
Sylvia Shedden, Director, Public Health Standards, Practice and Accountability Branch  
Laura Pisko-Bezruchko, Director, Standards, Programs & Community Development Branch  
Brent Feeney, Manager, Funding and Accountability Unit, Public Health Standards, Practice and Accountability Branch  
Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton Public Health Services



## Appendix A

### **Key Milestones in the Establishment of Accountability Agreements, Performance Indicators, and Performance Targets**

#### ***Establishment of the Indicator Technical Advisory Committee (InTAC) – April 2010***

The InTAC was established to provide technical advice and recommendations into the development of performance indicators for board of health Accountability Agreements. The InTAC was comprised of members from the Ministry of Health and Long-Term Care, the former Ministry of Health Promotion and Sport, the Association of Public Health Epidemiologists in Ontario (APHEO), the Performance Management Working Group (PMWG), the Institute for Clinical Evaluative Sciences (ICES), and other representatives from boards of health. InTAC reviewed a pre-selected group of indicators and provided advice on technical specifications, implementation, and future measurement issues.

#### ***Establishment of the Joint Ministries/Boards of Health Committee (JMB) – October 2010***

The JMB Committee was established to provide detailed feedback and advice on the language of the proposed Accountability Agreement template. Membership included representation from the Ministry of Health and Long-Term Care, the former Ministry of Health Promotion and Sport, the Association of Local Public Health Agencies (alPHa), the Council of Ontario Medical Officers of Health (COMOH), and public health units. The JMB Committee also provided advice on the proposed set of performance indicators for the accountability agreements. The JMB Committee will be reconvened to provide advice on the performance indicators for the Organizational Standards as well as to review any amendments required to the Accountability Agreement template for 2014 – 2016.

#### ***Consultation on the Draft Accountability Agreement template and Potential Performance Indicators – May 2011***

Prior to finalizing the Accountability Agreement, the Ministry of Health and Long-Term Care and the former Ministry of Health Promotion and Sport undertook a consultation process to provide all boards of health an opportunity to ask questions and provide feedback on the draft Accountability Agreement template and the set of potential performance indicators to be included in the Accountability Agreement. The consultation process included a number of regional webinars followed by an e-survey open to all boards of health from May 9, 2011 to May 25, 2011. The feedback from the webinars and the results of the e-survey were presented to the JMB Committee for review and comment.

Feedback received through the consultation process and from the JMB Committee was incorporated into the final Accountability Agreement and the final set of performance indicators. A summary of the feedback, e-survey results, the changes to the Accountability Agreement template resulting from the consultation process, the final set of performance indicators, and timelines for next steps were presented at the alPHa Annual General Meeting on June 13, 2011.

#### ***Finalized Accountability Agreements including a final set of Performance Indicators – August 2011***

The final 2011-2013 Public Health Accountability Agreements were sent to boards of health for signing on August 2, 2011. The performance indicators were included in the Accountability Agreements, however, baselines and performance targets for 2012 and 2013 were not established at the time.

All 36 Accountability Agreements were signed by the end of October 2011.

***Release of the Technical Document – December 2011 (revised Technical Document sent January 2012)***

The *Technical Document*, in support of the performance indicators included in the 2011-2013 Accountability Agreements, was sent to all Medical Officers of Health on December 2, 2011. The *Technical Document* includes a detailed description of each indicator, associated data sources and data sets, and detailed syntax, where relevant, to support board of health implementation of the indicators. The *Technical Document* also provides refinement of some health promotion indicators as a result of their technical development.

A revised *Technical Document* was sent to all boards of health on January 17, 2012 to incorporate syntax that is compatible with the new, national Low-Risk Drinking Guidelines.

***Individualized baseline data sent to each Medical Officer of Health – December 2011***

On December 9, 2011, Medical Officers of Health (MOHs) received an individualized document including their health unit baselines for all the performance indicators, except the Low-Risk Drinking Guidelines indicator as new syntax for that indicator was being developed at the time to correspond to the new, national Low-Risk Drinking Guidelines which were released on November 25, 2011. The documents included the baseline for each indicator and any specific comments, issues, or supporting information where relevant.

MOHs were asked to review the baseline data and provide clarification or validation, where relevant, to the Province. It was communicated that baseline data were going to be used by the Province as a starting point from which individualized targets for performance improvement would be established.

***Performance negotiations packages sent to all boards of health – December 2011***

On December 23, 2011, each board of health received an information package which included a joint communication from the Ministry of Health and Long-Term Care and the former Ministry of Health Promotion and Sport explaining the process for negotiation of the targets, two spreadsheets (one for health protection indicators and one for health promotion indicators) identifying the proposed performance targets for each indicator along with the rationale for the targets, and a document that included supplementary provincial data and a summary of proposed targets in relation to the baseline data for all indicators.

All boards of health were given the opportunity to either accept the proposed performance targets or propose alternate targets with a supporting rationale.

An informational webinar was held on January 16, 2012 to review the performance targets and negotiations process and to answer any questions.

***Optional Meetings with individual boards and/or MOHs/CEOs – January 2012***

All boards of health were given the opportunity to arrange a meeting with Sylvia Shedden, Director, Public Health Standards, Practice, and Accountability Branch, Public Health Division and/or Laura Pisko-Bezruchko, Director, Standards, Programs, and Community Development Branch, Health Promotion Division, to discuss performance targets and to address any related questions or concerns. It was communicated at the January 16, 2012 webinar that the purpose of the meetings would be to discuss concerns and answer questions and that no decisions regarding the targets would be made at the meeting.

**Amending Agreement No. 2**

**Between:**

**HER MAJESTY THE QUEEN IN RIGHT OF  
ONTARIO**

**as represented by the Minister of Health  
and Long-Term Care and the Minister of  
Health Promotion and Sport**

**(the "Province")**

**- and -**

**City of Hamilton**

**(the "City or Board of Health")**

**WHEREAS** the Province and the Board of Health entered into a Public Health Accountability Agreement effective as of the first day of January 2011 (the "**Accountability Agreement**"); and

**AND WHEREAS** the Parties wish to amend the Accountability Agreement;

**NOW THEREFORE IN CONSIDERATION** of the mutual covenants and agreements contained in this Amending Agreement No. 2, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This amending agreement ("Amending Agreement No. 2") shall be effective as the date it is signed by the Province.
2. Except for the amendments provided for in this Amending Agreement No. 2, all provisions in the Accountability Agreement shall remain in full force and effect.
3. Capitalized terms used but not defined in this Amending Agreement No. 2 have the meanings ascribed to them in the Accountability Agreement.
4. The Accountability Agreement is amended by:
  - [a] Deleting Schedule D (Board of Health Performance) and substituting Schedule D-1 (Board of Health Performance), attached to this Amending Agreement No. 2.

The Parties have executed the Amending Agreement No. 2 as of the date last written below.

**HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO**  
as represented by the Minister of **Health and Long-Term Care**

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Title:

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Title:

**City of Hamilton**

I/We have authority to bind the City and its Board of Health.

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Position:

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Position:

## SCHEDULE D-1

### BOARD OF HEALTH PERFORMANCE

#### PART A. PURPOSE OF SCHEDULE

To set out Performance Indicators to improve board of health performance and support the achievement of improved health outcomes in Ontario.

#### PART B. PERFORMANCE OBLIGATIONS

##### Definitions

1. In this Schedule, the following terms have the following meanings:

**"BOH Baseline"** means the result at a given time for a performance indicator that provides a starting point for establishing targets for future board of health performance and measuring changes in such performance.

**"Developmental Indicator"** means a measure of performance or an area of common interest for creating a measure of performance that requires development due to factors such as the need for new data collection, methodological refinement, testing, consultation, or analysis of reliability, feasibility or data quality before being considered to be added as a Performance Indicator.

##### **FUNDING YEAR 2011 - OBLIGATIONS**

1. The Province will:
  - (a) Provide to the Board of Health technical documentation on the Performance Indicators set out in Table A including methodology, inclusions and exclusions for the Performance Indicators; and,
  - (b) Provide the Board of Health with the values for the Performance Indicators set out in Table A.
2. **Both Parties** will,
  - (a) By December 2011 (or by such later date as mutually agreed to by the Parties), establish appropriate BOH Baselines for all Performance Indicators;
  - (b) Once BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;

- (c) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:
  - (i) physical activity;
  - (ii) healthy eating and nutrition;
  - (iii) child and reproductive health;
  - (iv) comprehensive tobacco control; and
  - (v) equity.

#### **FUNDING YEARS 2012-13 - OBLIGATIONS**

1. The Province will:
  - (a) Provide the Board of Health with values for the Performance Indicators set out in Table A.
2. **Both Parties** will,
  - (a) Establish appropriate BOH Baselines for Performance Indicators where required;
  - (b) Once remaining BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;
  - (c) By December 31, 2012 (or by such later date as mutually agreed to by the Parties), refresh Performance Targets for 2013 for the Performance Indicators outlined in Table A; and
  - (d) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:
    - (i) physical activity;
    - (ii) healthy eating and nutrition;
    - (iii) child and reproductive health;
    - (iv) comprehensive tobacco control; and
    - (v) equity.

**Table A: Performance Indicators Based on Program Standards<sup>2</sup>**

INDICATOR	Baseline	Performance Target		
		2011 <sup>1</sup>	2012	2013
1. % of high risk food premises inspected once every 4 months while in operation	71%	Establish Baseline	100%	100%
2. % of pools and public spas by class inspected while in operation	17%	Establish Baseline	≥ 75%	100%
3. % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	Cannot be established	N/A	100%	100%
4. Time between health unit notification of a case of gonorrhoea and initiation of follow-up  <i>This indicator measures the percentage of confirmed gonorrhoea cases where initiation of follow-up occurred within 0-2 business days</i>	Cannot be established	Establish Baseline	100%	100%
5. Time between health unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up  <i>This indicator measures the percentage of confirmed iGAS cases where initiation of follow-up</i>	Cannot be established	Establish Baseline	100%	100%
6. % of known high risk personal services settings inspected annually	TBD	DEFERRED	DEFERRED	
7a. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (HPV)	0.5%	Establish Baseline	Maintain or improve current wastage rate	Maintain or improve current wastage rate
7b. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (influenza)	2.3%	Establish Baseline	Maintain or improve current wastage rate	Maintain or improve current wastage rate

**Table A: Performance Indicators Based on Program Standards<sup>2</sup>**

INDICATOR	Baseline	Performance Target		
		2011 <sup>1</sup>	2012	2013
8. % completion of reports related to vaccine wastage by vaccine type that are stored/administered by other health care providers	TBD	DEFERRED	DEFERRED	
9a. % of school-aged children who have completed immunizations for Hepatitis B	74.7%	Establish Baseline	Maintain or improve current coverage rate	80.0%
9b. % of school-aged children who have completed immunizations for HPV <i>This indicator measures the percentage of school-aged girls who have completed immunizations for HPV</i>	55.2%	Establish Baseline	Maintain or improve current coverage rate	65.0%
9c. % of school-aged children who have completed immunizations for meningococcus	88.1%	Establish Baseline	Maintain or improve current coverage rate	90.0%
10. % of youth (ages 12-18) who have never smoked a whole cigarette	86.6%	Establish Baseline	N/A	88.3%
11. % of tobacco vendors in compliance with youth access legislation at the time of last inspection	79%	Establish Baseline	≥90%	≥90%
12. Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)	5,639	Establish Baseline	N/A	Maintain or improve current rate
13. % of population (19+) that exceeds the Low-Risk Drinking Guidelines	28.3%	Establish Baseline	N/A	27.1%
14. Baby Friendly Initiative (BFI) Status (category)	Intermediate	Establish Baseline	Advanced	Significant progress within Advanced

**Notes:**

- 1) BOH Baselines will be established for each Performance Indicator during Funding Year 2011, where possible. Reporting on Performance Targets will begin in Funding Year 2012.
- 2) Reporting on Organizational Standards and other items will begin in Funding Year 2012.