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January 19, 2016

**MEMORANDUM TO:** Board of Health Chairs  
Medical Officers of Health  
Chief Executive Officers

**RE:** Public Health Funding and Accountability Agreement Indicators

We are writing to outline the 2015 year-end data collection process for indicators in the Public Health Funding and Accountability Agreement (PHFAA) and to communicate the suite of performance and monitoring indicators for 2016.

2015 year-end reporting

The 2015 year-end reporting on the 2015 PHFAA performance and monitoring indicators will be in accordance with the *2015 Year-End Public Health Funding and Accountability Agreement: Health Protection and Health Promotion Indicators Reporting Instructions*. Materials to support the year-end data collection process include:

- two Technical Documents (Health Protection and Health Promotion);
- two sets of reporting instructions (Health Protection and Health Promotion); and
- all of the reporting templates required for self-reported indicators.

**The documents related to this process have been posted on the Public Health Performance Management Data Sharing Network (DoN) website.**

Please review the reporting instructions carefully as the reporting timelines vary between indicators depending on the data source and data collection method.

2016 indicator suite

The 2016 indicator suite is outlined in Appendix A. A number of factors were considered in finalizing the indicators, including ministry priorities, current public health unit performance, the availability of new indicators, and valuable feedback received from you and your staff throughout the year.

The ten health promotion indicators will continue in 2016. Three will become monitoring indicators for 2016:

- % of population (19+) that exceeds the Low-Risk Alcohol Drinking Guidelines
- Fall-related emergency visits in older adults aged 65+
- % of youth (ages 12 – 18) who have never smoked a whole cigarette

For these three indicators the ministry will continue to share data with each public health unit, and monitor performance.

For the health protection indicators, all of the indicators used in 2015 will continue in 2016, with many moving to become monitoring indicators. In addition to the existing indicators, the following new indicators are being introduced:

- % of restaurants with a Certified Food Handler on site at time of routine inspection
- % of 7 or 8 year old students in compliance with the *Immunization of School Pupils Act* (ISPA)
- % of 16 or 17 year old students in compliance with ISPA
- % of MMR vaccine wasted

For these four new health protection indicators, 2016 will be used as the baseline year and data will be collected in early 2017 (or at the end of the 2016-17 school year for the ISPA related indicators) as part of year-end reporting.

A list of the developmental indicators that continue to be of interest in 2016 can be found in Appendix B.

If you have any questions, please feel free to contact us directly or via [PHUIndicators@ontario.ca](mailto:PHUIndicators@ontario.ca).

We look forward to working with you and your staff throughout the 2015 year-end reporting process and on the implementation of the 2016 Public Health Funding and Accountability Agreement indicators.

Yours truly,

*Original signed by*

Paulina Salamo  
Director (A)  
Public Health Standards,  
Practice & Accountability Branch  
Population and Public Health Division

*Original signed by*

Laura A. Pisko  
Director  
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c: Roselle Martino, Assistant Deputy Minister, Population and Public Health Division

## APPENDIX A – 2016 ACCOUNTABILITY INDICATORS

<b>HEALTH PROMOTION INDICATORS – PERFORMANCE</b>	<b>Current</b>	<b>New</b>
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	•	
% of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (SFOA) †	•	
% of tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA)	•	
% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	•	
Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in publicly funded schools	•	
Implementation status of NutriSTEP®	•	
Baby-Friendly Initiative (BFI) Status	•	
<b>HEALTH PROMOTION INDICATORS – MONITORING</b>	<b>Current</b>	<b>New</b>
% of population (19+) that exceeds the Low-Risk Drinking Guidelines	†	
Fall-related emergency visits in older adults aged 65+	•	
% of youth (ages 12-18) who have never smoked a whole cigarette	•	

† Note: As part of 2015 year-end reporting process, 2013 and 2014 combined data will be used to establish the new baseline for this indicator, due to previous changes in the Canadian Community Health Survey Alcohol Module.

<b>HEALTH PROTECTION INDICATORS – PERFORMANCE</b>	<b>Current</b>	<b>New</b>
% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	•	
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification†	•	
% of salmonellosis cases where one or more risk factor(s) other than “Unknown” was entered into iPHIS†	•	
% of influenza vaccine wasted that is stored/administered by the public health unit	•	
% of 7 or 8 year old students in compliance with ISPA		‡
% of 16 or 17 year old students in compliance with ISPA		‡
% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	•	

HEALTH PROTECTION INDICATORS – MONITORING	Current	New
% of high-risk food premises inspected once every 4 months while in operation	•	
% of moderate-risk food premises inspected once every 6 months while in operation	•	
% of restaurants with a Certified Food Handler on site at time of routine inspection		‡
% of Class A pools inspected while in operation	•	
% of public spas inspected while in operation	•	
% of personal services settings inspected annually	•	
% of confirmed gonorrhoea cases where initiation of follow-up occurred within two business days	•	
% of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	•	
% of laboratory confirmed N. gonorrhoeae cases treated according to guidelines	•	
% of HPV vaccine wasted that is stored/administered by the public health unit	•	
% of MMR vaccine wasted		‡
% of school-aged children who have completed immunizations for hepatitis B	•	
% of school-aged children who have completed immunizations for HPV	•	
% of school-aged children who have completed immunizations for meningococcus	•	

‡ Note that 2016 will be used as the baseline year for this indicator.

## APPENDIX B – 2016 DEVELOPMENTAL INDICATORS

“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, but not limited to: the need for new data collection, methodological refinement, testing, consultation or analysis of reliability, feasibility or data quality before being considered to be a Performance Indicator. Developmental Indicators do not have targets and are not measured.

<b>HEALTH PROMOTION DEVELOPMENTAL INDICATORS</b>
Assess the effectiveness of public health unit partnerships regarding falls prevention: using a partnership evaluation tool
Track progression on local alcohol policy development: policies that create or enhance safe and supportive environments
Tobacco Prevention: Level of Achievement of Tobacco Use Prevention in Secondary School: progress towards implementation of tobacco-free living initiatives within secondary schools
Obesity Prevention: Policy & Environmental Support Status: healthy eating and physical activity policy development and the creation of supportive environments that will help to reduce childhood obesity
Growth and Development – Parent access to the Nipissing District Developmental Screen™: promotion and implementation of healthy growth and development screen

<b>HEALTH PROTECTION DEVELOPMENTAL INDICATORS</b>
% of food premises changing risk category
Adverse Events Following Immunization (AEFIs) Education and Reporting