BOARD OF HEALTH

REPORT 12-001

1:30 p.m.
February 6, 2012
Council Chambers
Hamilton City Hall

Present:	Mayor B. Bratina (Chair) Councillors B. Clark, C. Collins, L. Ferguson, T. Jackson, B. Johnson, B. McHattie, S. Merulla, B. Morelli, R. Pasuta, M. Pearson, R. Powers, T. Whitehead
Absent:	S. Duvall – City Business J. Farr – Personal Business J. Partridge – Personal Business
Also Present:	Dr. E. Richardson, Medical Officer of Health Dr. C. Mackie, Associate Medical Officer of Health Dr. N. Tran, Associate Medical Officer of Health D. Barr-Elliott, Director; S. Brown, Healthy Living Division R. Hall, Director; E. Mathews, Health Protection Branch G. McArthur, Director; Clinical and Preventative Services D. Sheehan, Director; Family Health Division T. Bendo, Director; Planning and Business Improvement C. Newman, Legislative Assistant, Office of the City Clerk

THE BOARD OF HEALTH PRESENTS REPORT 12-001 AND RESPECTFULLY RECOMMENDS:

1. Parenting Program Changes (BOH12001) (City Wide) (Item 5.1)

That Report BOH12001 respecting Parenting Program Changes, be received.

2. Public Health Accountability Agreement – Response to Ministry Draft OPHS Performance Targets for 2012 & 2013 (BOH11038(a)) (City Wide) (Item 8.1)

a) That report BOH 11038(a) - Public Health Accountability Agreement – Response to Ministry Draft OPHS Performance Targets for 2012 & 2013 be received; and

b) That the Medical Officer of Health be authorized and directed to send the response outlined in Appendix "A" to Board of Health Report 12-001, regarding BOH recommendations for the 2012 and 2013 Performance Targets for the Ontario Public Health Standards for Hamilton to the Ministry of Health & Long Term Care.

FOR THE INFORMATION OF COUNCIL:

(a) CHANGES TO THE AGENDA (Item 1)

ADDED CONSENT ITEM

(i) Community Food Security Stakeholder Advisory Committee – Minutes from December 7, 2011 (Added item 5.2)

On a motion the agenda was approved, as amended.

(b) MINUTES (Item 3)

(i) November 28, 2011 (Item 3.1)

On a motion the minutes from the November 28, 2011 Board of Health Meeting, were approved.

(c) CONSENT ITEMS (Item 5)

(i) Community Food Security Stakeholder Advisory Committee – Minutes from December 7, 2011 (Added item 5.2)

On a motion the Community Food Security Stakeholder Advisory Committee, minutes from December 7, 2011, was received.

(d) DISCUSSION ITEMS (Item 8)

(i) Public Health Accountability Agreement – Response to Ministry Draft OPHS Performance Targets for 2012 & 2013 (BOH11038(a)) (City Wide) (Item 8.1)

Dr. Richardson addressed the Board respecting the Public Health Accountability Agreement – Response to Ministry Draft OPHS Performance Targets for 2012 & 2013. Her comments included but were not limited to the following:

- Accountability agreement was signed between the City of Hamilton and the Province in November 2011.
- Part of the agreement states that performance indicators are established to track the progress of Public Health Services.
- Some of the indicators are communicable diseases, vaccination, immunization, youth smoking rates, falls among the elderly.
- Baseline information for indicators was collected from all health units, and the Ministry produced draft targets.
- Some Ministry targets are too high to be considered a benchmark, and immunization targets seem unreasonable to meet.

The Board discussed the matter. Their comments included but were not limited to the following:

- How the accountability agreement affects the funding of Hamilton Public Health.
- Will extra funding be required by the City or the Ministry to track the data for the performance indicators, set out in the Accountability Agreement.

(f) ADJOURNMENT (Item 13)

The Board of Health adjourned at 2:30 p.m.

Respectfully submitted,

Mayor B. Bratina, Chair
Board of Health

Christopher Newman
Legislative Coordinator
February 6, 2012

CITY OF HAMILTON Accountability Agreement Performance Indicator Targets		Ontario Median	Ontario Range	Your Baseline	MOHLTC Identified Targets				2011 actual if known	Board of Health Proposed Targets						
					Date:		23/12/2011			Date:						
					2012 Target	Rationale for 2012 Target	2013 Target	Rationale for 2013 Target		1 Board of Health Accepts (Y/N)		2	3	4	5	
	Indicator									2012	2013	2012 Target	Board of Health Rationale for 2012 Target	2013 Target	Board of Health Rationale for 2013 Target	
1	% of high risk food premises inspected once every 4 months while in operation Baseline Year: 2010	82%	15% - 100%	71%	100%	It is anticipated that with improvements to business practices and data quality, the board of health will be able to make signficant improvements in 2012.	100%	All boards of health are expected to meet the requirements as stated in the Ontario Public Health Standards.	97%	yes	yes	as performance target 100% as minimum standard >95%	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	as performance target 100% as minimum standard >95%	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	
2	% of pools and public spas by class inspected while in operation Baseline Year: 2010	73%	0% - 100%	17%	≥ 75%	It is acknowledged that baseline results may be reflective of issues with data retrieval. It is anticipated that with improvements to business practices and data quality, the board of health will be able to make signficant improvements in 2012.	100%	All boards of health are expected to meet the requirements as stated in the Ontario Public Health Standards.	100%	yes	yes	as performance target 100% as minimum standard >95%	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	as performance target 100% as minimum standard >95%	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	
3	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection Baseline Year: unavailable	cannot be established	cannot be established	cannot be established	100%	The target for this indicator is not negotiable. Baseline data is not available for this indicator. All boards of health are expected to complete the required inspections of high-risk SDWS as stated in the Ontario Public Health Standards.	100%	The target for this indicator is not negotiable. All boards of health are expected to complete the required inspections of high-risk SDWS as stated in the Ontario Public Health Standards.	100%	yes	yes	as performance target 100% as minimum standard >95%	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	as performance target 100% as minimum standard >95%	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	
4	Time between health unit notification of a case of gonorrhoea and initiation of follow-up *This indicator measures the percentage of confirmed gonorrhoea cases where initiation of follow-up occurred within 0-2 business days* Baseline Year: 2010	80%	0% - 100%	Cannot be established	100%	As a baseline cannot be established, a target has been established based on the requirements as stated in the Ontario Public Health Standards.	100%	All boards of health are expected to meet the requirements as stated in the Ontario Public Health Standards.	N/A	yes	yes	100	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	100	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	
5	Time between health unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up *This indicator measures the percentage of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case* Baseline Year: 2010	94%	3% - 100%	Cannot be established	100%	iGAS is a serious disease that requires immediate follow-up. Historical data has also shown relatively low case counts for all boards of health. With improvements in business practices, it is anticipated that all boards of health will be able to initiate follow-up of all cases on the same day.	100%	iGAS is a serious disease that requires immediate follow-up. Historical data has also shown relatively low case counts for all boards of health. With improvements in business practices, it is anticipated that all boards of health will be able to initiate follow-up of all cases on the same day.	N/A	yes	yes	100%	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	100	This target is currently in the OPHS standsrds and is consistent with our policies and procedures.	

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					2012 Target	Rationale for 2012 Target	2013 Target	Rationale for 2013 Target		1 Board of Health Accepts (Y/N)		2	3	4	5	
	Indicator									2012	2013	2012 Target	Board of Health Rationale for 2012 Target	2013 Target	Board of Health Rationale for 2013 Target	
6	DEFERRED: % of known high risk personal services settings inspected annually	n/a	n/a	n/a												
7a	% of vaccine wasted by vaccine type that is stored/administered by the public health unit (HPV) Baseline Year: 2010	0.1%	0.0% - 16.6%	0.5%	Maintain or improve current wastage rates	Boards of health that are successful in meeting the requirements as stated in the Ontario Public Health Standards are required to maintain their results or improve.	Maintain or improve current wastage rates	Boards of health that are successful in meeting the requirements as stated in the Ontario Public Health Standards are required to maintain their results or improve.	0.19%	yes	yes	≤0.5%	Currently have strict policies regarding vaccine storage and use and closely monitor the vaccine supply to ensure as little wastage as possible	≤0.5%	Currently have strict policies regarding vaccine storage and use and closely monitor the vaccine supply to ensure as little wastage as possible	
7b	% of vaccine wasted by vaccine type that is stored/administered by the public health unit (influenza) Baseline Year: 2010	2.7%	0.0% - 33.3%	2.3%	Maintain or improve current wastage rates	Boards of health that are successful in meeting the requirements as stated in the Ontario Public Health Standards are required to maintain their results or improve.	Maintain or improve current wastage rates	Boards of health that are successful in meeting the requirements as stated in the Ontario Public Health Standards are required to maintain their results or improve.	0.22%	yes	yes	≤2.3%	Currently have strict policies regarding vaccine storage and use and closely monitor the vaccine supply to ensure as little wastage as possible	≤2.3%	Currently have strict policies regarding vaccine storage and use and closely monitor the vaccine supply to ensure as little wastage as possible	
8	DEFERRED: % completion of reports related to vaccine wastage by vaccine type that is stored/ administered by other health care providers	n/a	n/a	n/a												
9a	% of school-aged children who have completed immunizations for Hepatitis B Baseline Year: 2009/10	80.3%	29.0% - 89.8%	74.7%	Maintain or improve current coverage rates	Due to the timing of the target negotiation process, it is acknowledged that significant performance improvement of school-based immunization programs in the 2011/2012 school year may not be achievable. As such, boards of health are required to maintain coverage rates or improve where possible.	95.0%	Boards of health are required to improve immunization coverage and work towards achievement of National immunization coverage targets.	72%	Yes	No	≥74.7%	The VPD School Program currently undergoing a program review specifically aimed at increasing our rates of immunization. The review findings are expected to implemented in the fall of 2012.	80%	This target will be difficult to achieve because so many of the factors influencing why an individual may or may not be vaccinated at outside of the direct control of public health.	
9b	% of school-aged children who have completed immunizations for HPV Baseline Year: 2009/10	52.0%	1.7% - 65.0%	55.2%	Maintain or improve current coverage rates	Due to the timing of the target negotiation process, it is acknowledged that significant performance improvement of school-based immunization programs in the 2011/2012 school year may not be achievable. As such, boards of health are required to maintain coverage rates or improve where possible.	90.0%	The target has been established to move all boards of health towards achievement of National coverage targets.	61%	Yes	No	≥55.2%	The VPD School Program currently undergoing a program review specifically aimed at increasing our rates of immunization. The review findings are expected to implemented in the fall of 2012.	65%	This target will be difficult to achieve because so many of the factors influencing why an individual may or may not be vaccinated at outside of the direct control of public health.	

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					2012 Target	Rationale for 2012 Target	2013 Target	Rationale for 2013 Target		1 Board of Health Accepts (Y/N)		2	3	4	5
	Indicator									2012	2013	2012 Target	Board of Health Rationale for 2012 Target	2013 Target	Board of Health Rationale for 2013 Target
9c	% of school-aged children who have completed immunizations for meningococcus Baseline Year: 2009/10	86.7%	52.5% - 93.8%	88.1%	Maintain or improve current coverage rates	Due to the timing of the target negotiation process, it is acknowledged that significant performance improvement of school-based immunization programs in the 2011/2012 school year may not be achievable. As such, boards of health are required to maintain coverage rates or improve where possible.	90.0%	Boards of health are required to improve immunization coverage and work towards achievement of National immunization coverage targets.	85%	Yes	Yes	≥88.1%	The VPD School Program currently undergoing a program review specifically aimed at increasing our rates of immunization. The review findings are expected to implemented in the fall of 2012.	90%	The VPD School Program currently undergoing a program review specifically aimed at increasing our rates of immunization. The review findings are expected to implemented in the fall of 2012.

City of Hamilton - Public Health Services Accountability Agreement Performance Indicator Targets		Baseline Period	Ontario Median	Ontario Range	Your Baseline	MOHLTC Health Promotion Division Identified Targets				2011 actual if known	Board of Health Proposed Targets					
						Date: January 2012					Date:					
						2012 Target	Rationale for 2012 Target	2013 Target	Rationale for 2013 Target		1 Board of Health Accepts (Y/N)		2	3	4	5
Indicator											2012	2013	2012 Target	Board of Health Rationale for 2012 Target	2013 Target	Board of Health Rationale for 2013 Target
10	% of youth (ages 12-18) who have never smoked a whole cigarette	2009+2010	84.2%	67.3%-92.5%	86.6%	N/A	MHPS will monitor 2012 results but due to data quality, will only set a 2013 target using combined 2012-2013 data.	88.3%	Achievement of targets will result in continued improvement at the provincial level. Your health unit is in quartile 2 which has been assigned a target of +2% relative to your baseline based on current performance and room for further improvement.	N/A	Y	Y	N/A	Agree with no target for 2012	88.3%	This indicator is not appropriate as a performance indicator as PHS is only one of many influencers over these rates. These are important and appropriate as health status indicators to monitor and set targets for. If status declines, it may indicate a need for additional resources to address local need, action by another influencer, greater collaboration across all local influencers, or advocacy for system or policy change. The Board of Health could accept this indicator with that understanding.
11	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	2011	94%	79%-100%	79%	≥90%	Achievement of targets will result in maintaining the current provincial tobacco vendor compliance rates. Your health unit has been assigned a tobacco vendor compliance rate target of ≥90% based on current performance and room for further improvement. A minimum of a 90% tobacco vendor compliance rate has been documented as the level that effectively limits youth access to tobacco products and takes into consideration other confounding factors.	≥90%	Achievement of targets will result in maintaining the current provincial tobacco vendor compliance rates. Your health unit has been assigned a tobacco vendor compliance rate target of ≥90% based on current performance and room for further improvement. A minimum of a 90% tobacco vendor compliance rate has been documented as the level that effectively limits youth access to tobacco products and takes into consideration other confounding factors.		Y	Y	≥90%	Note the Ministry-established baseline (79%) for Hamilton did not take into account a full year of data, nor a negotiated reduced # of Test Shop inspections in order that PHS could participate in the MHPS/OTRU taxi pilot study. Based on our own data inventory/analysis the baseline compliance rate is approximately 87-92%. Reaching a 2013 target of <90% should not be a problem.	≥90%	Note the Ministry-established baseline (79%) for Hamilton did not take into account a full year of data, nor a negotiated reduced # of Test Shop inspections in order that PHS could participate in the MHPS/OTRU taxi pilot study. Based on our own data inventory/analysis the baseline compliance rate is approximately 87-92%. Reaching a 2013 target of <90% should not be a problem.

City of Hamilton - Public Health Services Accountability Agreement Performance Indicator Targets		Baseline Period	Ontario Median	Ontario Range	Your Baseline	MOHLTC Health Promotion Division Identified Targets				2011 actual if known	Board of Health Proposed Targets					
						Date: January 2012					Date:					
						2012 Target	Rationale for 2012 Target	2013 Target	Rationale for 2013 Target		1 Board of Health Accepts (Y/N)		2	3	4	5
Indicator											2012	2013	2012 Target	Board of Health Rationale for 2012 Target	2013 Target	Board of Health Rationale for 2013 Target
12	Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)	2009	6,020	3817-8365	5,639	N/A	MHPS will continue to monitor 2012 results but due to data lag, will only set a 2013 target.	5,470	Achievement of targets will result in a reversal of the current provincial trend of increasing falls rates among those aged 65 years+. Note that 2013 target reflects 2012 achievements. Your health unit is in quartile 2 which has been assigned a target of -3% relative to your baseline, based on current performance and room for further improvement.		Y	Y	N/A	Agree with no target for 2012	5,470	This indicator is not appropriate as a performance indicator as PHS is only one of many influencers over these rates. These are important and appropriate as health status indicators to monitor and set targets for. If status declines, it may indicate a need for additional resources to address local need, action by another influencer, greater collaboration across all local influencers, or advocacy for system or policy change. The Board of Health could accept this indicator with that understanding.
13	% of population (19+) that exceeds the Low-Risk Drinking Guidelines	2009+ 2010	32.2%	20.2%-36.5%	28.3%*	N/A	MHPS will monitor 2012 results but due to data quality, will only set a 2013 target using combined 2012-2013 data.	27.1%	Achievement of targets will result in improvement at the provincial level. Your health unit is in quartile 2 which has been assigned a target of -4% relative to your baseline based on current performance and room for further improvement.		Y	Y	N/A	Agree with no target for 2012	27.1%	This indicator is not appropriate as a performance indicator as PHS is only one of many influencers over these rates. These are important and appropriate as health status indicators to monitor and set targets for. If status declines, it may indicate a need for additional resources to address local need, action by another influencer, greater collaboration across all local influencers, or advocacy for system or policy change. The Board of Health could accept this indicator with that understanding.

City of Hamilton - Public Health Services Accountability Agreement Performance Indicator Targets		Baseline Period	Ontario Median	Ontario Range	Your Baseline	MOHLTC Health Promotion Division Identified Targets				2011 actual if known	Board of Health Proposed Targets					
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						2012 Target	Rationale for 2012 Target	2013 Target	Rationale for 2013 Target		1 Board of Health Accepts (Y/N)		2	3	4	5
Indicator											2012	2013	2012 Target	Board of Health Rationale for 2012 Target	2013 Target	Board of Health Rationale for 2013 Target
14	Baby Friendly Initiative Status (category)	2011	N/A	Preliminary - Designated	Intermediate	Advanced	MHPS' goal is to have all public health units BFI Designated to support breastfeeding in Ontario. Currently your health unit is in the Intermediate category with an assigned target of Advanced.	Designated	MHPS' goal is to have all public health units BFI Designated to support breastfeeding in Ontario. Your health unit will be in the Advanced category with the assigned target of BFI Designation.	Inter-mediate	No	No	Intermediate	Plan is to complete remaining BFI Status Report requirements of the "Intermediate" level (staff education, written information materials for women and their families, finalize plan for future data collection/ analysis including beginnning a 2nd breastfeeding survey the recruitment method of which may be influenced by Healthy Babies Healthy Children policy changes and thus more time-consuming) and the following "Advanced" requirements-identify priorities for year 2013, complete present survey data anaylsis & report, continue to collect and analyze 2nd breastfeeding survey data, documentation review in progress.	Advanced in preparation for 2014 designation	Plan for completion of all staff education, completion of 2nd Breastfeeeding Survey data analysis; the collection and analysis of the 3rd Breastfeeding Survey data (its completion will occur in 2014) plus the Advanced BFI Status Report requirements which include submission of Pre-Assessment contract/fee, pre-assessment site visit. Remaining "Advanced" requirements -external site visit and submission of External Assessment Contract and fee to BCC will take place in 2014.

***95% Confidence Interval (24.9%, 31.7%)**