



Hamilton

INFORMATION REPORT

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: November 18, 2013	
SUBJECT/REPORT NO: Public Health Accountability Agreement Indicators - 2013 Mid-Year Provincial Summary and 2014-2016 Agreement Update (BOH13042)(City Wide)	
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SIGNATURE:	

Council Direction:

Not Applicable

Information:

Public Health Accountability Agreement Indicators - 2013 Mid-Year Provincial Summary

PHS received a 2013 mid-year performance indicator report from the Ministry of Health and Long Term Care (MOHLTC) in October 2013. This information report addresses Hamilton’s performance rankings relative to the 36 public health units (PHUs) in Ontario (Appendix A).

The table below provides a comparison of the 2012 year-end and 2013 mid-year indicators for Hamilton vs. the provincial medians for a number of indicators (Appendix B).

**SUBJECT: Public Health Accountability Agreement Indicators - 2013 Mid-Year
Provincial Summary and 2014-2016 Agreement Update (BOH13042)
(City Wide)**

Accountability Agreement Indicator	2012 Year-End Performance			2013 Mid-Year Performance		
	Median HU Performance % (Range)	Hamilton PHS Performance (%)	2012 Target (%)	Median HU Performance % (Range)	Hamilton PHS Performance (%)	2013 Target (%)
High-risk food premises inspected	99.4 (67-100)	98	100	100 (97.1-100)	97.1	100
Class A pools inspected	100 (46.2-100)	98	>75	100 (57.1-100)	94.4	100
Gonorrhoea follow-up	100 (71-100)	99	100	100 (84.2-100)	100	100
Invasive Group A Streptococcal Disease (iGAS) follow-up	Not evaluated	Not evaluated	N/A	100 (83.3-100)	100	100
Immunizations for Meningococcus	84.7 (68.7-92.5)	89	Maintain or improve coverage rate	Not evaluated	Not evaluated	N/A
Tobacco vendors in compliance	96 (84.1-100)	96.1	>90	97.1 (83.2-100)	94.7	>90
Baby-Friendly Initiative (BFI)	Intermediate (Preliminary-Designated)	Intermediate	Advanced	Intermediate/Advanced (Preliminary-Designated)	Intermediate	Significant Progress within Advanced

PHS performed well at this mid-year mark on most of the required indicators in comparison to the other PHUs in the province. Further performance improvement at year-end is required for three indicators: High-risk food premises inspected, Class A pools inspected and Baby-Friendly Initiative (BFI).

High-risk food premises inspected has a target of 100% with a PHS performance of 97.1% at mid-year. This gap can be explained by unscheduled staff absences that reduced inspection service levels.

Class A pools inspected has a target of 100% with a PHS performance of 94.4% mid-year. PHS inspected 34 of 36 pools. The additional two pools were inspected but not within the January 1 to March 31 period defined by the MOHLTC. It is anticipated that all 36 pools will have four inspections completed by December 31, 2013, meeting the year-end MOHLTC requirements.

The modest progress towards BFI designation is a reflection of the time required to complete an in-depth, high-quality infant feeding study and secure approval for corporate policies. PHS staff are working to address all BFI components thoroughly, thereby ensuring the greatest possible positive impact on breastfeeding rates in

Hamilton. The plan is to complete the BFI pre-assessment this fall and conduct the site visit for designation in March 2014. This will allow achievement of "Advanced" BFI status in 2014.

The mid-year PHS compliance rate of 94.4% for tobacco vendors in compliance exceeds the provincial target of $\leq 90\%$. The slight reduction (1.4%) in the indicator measuring compliance with youth access legislation by tobacco vendors between year-end 2012 and mid-year 2013 can be attributed to an increase in the number of Smoke Free Ontario Act (SFOA) Section 3(1) violations during Q1 and Q2 2013. Across Ontario, PHUs are experiencing chronic legislative non-compliance among a smaller minority (>10%) of tobacco product vendors. The PHS Tobacco Enforcement Program follows the MOHLTC SFOA Enforcement Protocols and employs progressive enforcement to non-compliant vendors as required.

Further information regarding the 2013 mid-year performance can be found in Appendix A and B.

2014-2016 Accountability Agreement Indicator Development

In preparation for the upcoming 2014-2016 Accountability Agreement cycle, the MOHLTC has established Indicator Development Task Groups (IDTGs) to advise on and recommend potential new performance indicators.

The IDTGs are comprised of PHU staff and management with expertise in their respective program areas, together with MOHLTC staff. Seven IDTGs that were established in April 2013:

- Infectious Diseases
- Environmental Health
- Vaccine Preventable Diseases
- Chronic Disease Prevention
- Prevention of Injury & Substance Misuse
- Tobacco
- Reproductive & Child Health

Three Hamilton PHS staff are participating in IDTGs.

The IDTGs have evaluated hundreds of possible indicators against established selection criteria. From these, the MOHLTC has selected 15 potential new indicators as best representing the breadth of public health work, areas for performance improvement, and feasible for implementation between 2014 and 2016.

An online survey was developed to obtain feedback from all PHUs on these 15 potential performance indicators, to inform the MOHLTC's final decision on which to use in the 2014-2016 Accountability Agreement. The survey questions were qualitative and quantitative in nature, and addressed clarity and completeness of indicator descriptions, appropriateness as performance measures, feasibility of implementation and availability of baseline data. The survey also asked about next steps in consideration of additional health promotion indicators that would require pilot testing and/or further development.

The Hamilton PHS response was submitted October 4, 2013 and provided feedback from all relevant PHS divisions and programs. Interest was indicated for participating in a pilot looking at policy development related to Obesity Prevention. The pilot will monitor progression towards healthy eating and physical activity policy development and test a policy development tool for the creation of supportive environments to help to reduce childhood obesity, and is anticipated to begin early in 2014.

The BOH will be informed of the 2013 year-end performance indicator results for Hamilton PHS and of the terms for the 2014-2016 Accountability Agreement.

Appendices

Appendix A: 2013 Mid-Year AAI Provincial Summary

Appendix B: AAI Performance Summary Table

2013 Mid-Year Provincial Summary Public Health Accountability Agreement Indicators

Ministry of Health and Long-Term Care
September 2013

Background document for Board of Health information only.
Not for broader circulation.

Introduction

- This document provides an overview of the mid-year data results for the 2013 Accountability Agreement indicators.
- The graphical representation of data shown for all indicators includes data for all 36 health units, unless otherwise indicated.
- Mid-year reporting provides a snapshot of results achieved to date. Performance results may change following year-end reporting.

2013 Mid-Year Reporting, by Indicator

#	Indicator Name (Abbreviated)	2013 Mid-Year Reporting Requirement
1	% of high-risk food premises inspected once every 4 months while in operation	Reported
2	% of Class A pools inspected while in operation	Reported
3	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for inspection	Not Required
4	% of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days	Reported
5	% of confirmed Invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	Reported
6	% of known high risk personal services settings inspected annually	Not Required (Indicator Deferred)
7	% of vaccine wasted by vaccine type that are stored/administered by the public health unit (HPV, Influenza)	Not Required
8	% completion of reports related to vaccine wastage by vaccine type that are stored/administered by other health care providers	Not Required (Indicator Deferred)
9	% of school-aged children who have completed immunizations for Hepatitis B, HPV, Meningococcus	Not Required

2013 Mid-Year Reporting, by Indicator

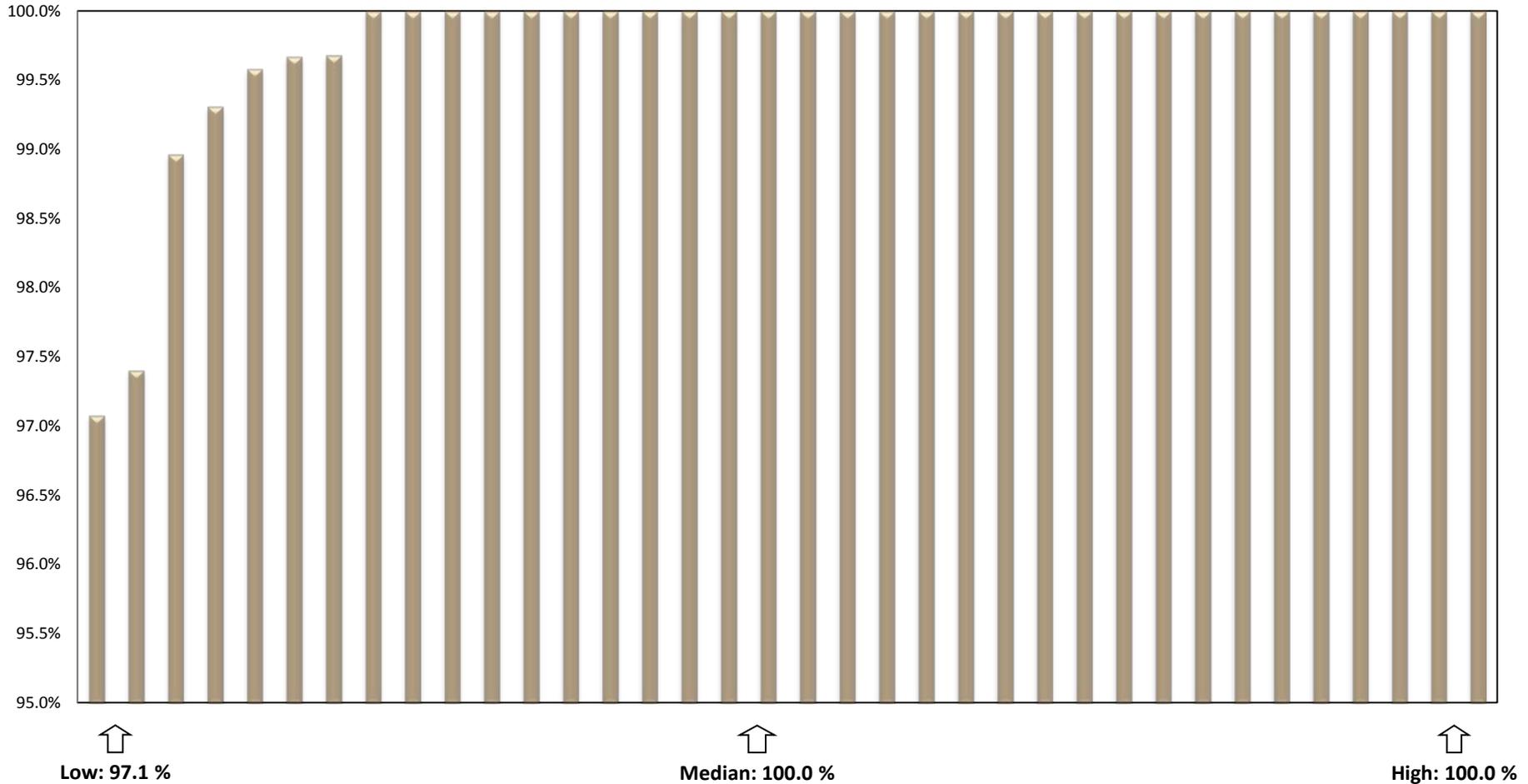
#	Indicator Name (Abbreviated)	2013 Mid-Year Reporting Requirement
10	% of youth (ages 12 - 18) who have never smoked a whole cigarette	Not required for this time frame
11	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	Reported
12	Fall-related emergency visits in older adults aged 65 +	Not required for this time frame
13	% of population (19+) that exceeds the Low-Risk Drinking Guidelines	Not required for this time frame
14	Baby-Friendly Initiative (BFI) Status	Reported

1. % of high-risk food premises inspected once every 4 months while in operation (Comments)

- The data for this indicator were self-reported by health units.
- The numerator and denominator include premises which are open and high-risk for at least one full trimester after their initial inspection.
- The time period for mid-year measurement of high-risk food premises was restricted to the first trimester (January 1 – April 30) as it was the only completed trimester at time of reporting.
- Once a premises misses one required inspection, for example in the first trimester, that premises will never be able to meet the required inspection frequency, and target achievement will be affected.

1. % of high-risk food premises inspected once every 4 months while in operation (Results)

Mid-Year 2013 Performance Results



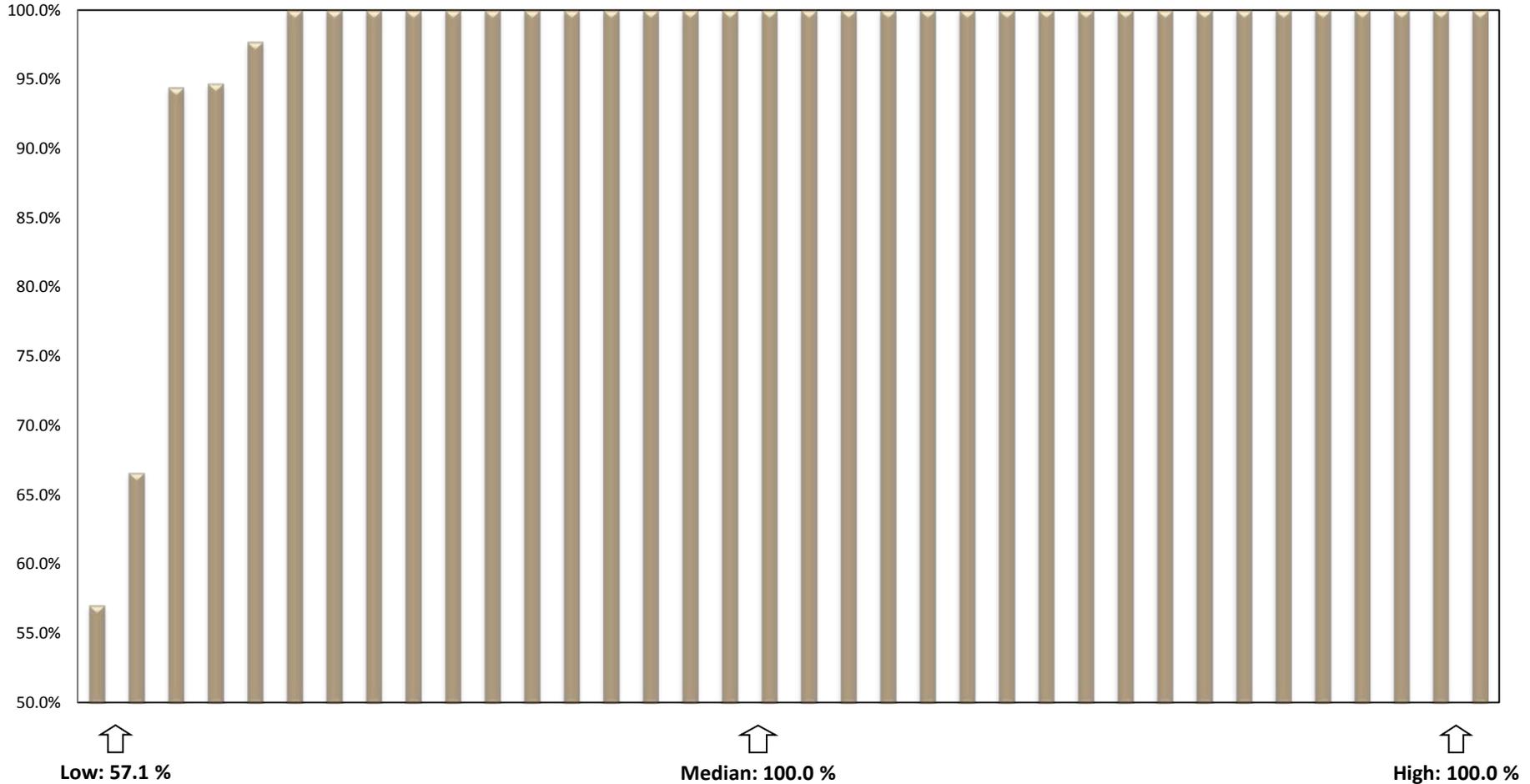
N = 36

2. % of Class A pools inspected while in operation (Comments)

- The data for this indicator were self-reported by health units.
- Due to the timing of the opening of seasonal pools (usually around May-June), only year-round pools were captured in mid-year monitoring.
- As per the Recreational Water Protocol, Class A pools are required to be inspected at least once every three months. Therefore, for mid-year monitoring, two inspection periods were included in the data.
- Once a pool misses one required inspection, for example in the first quarter, that pool will never be able to meet the required inspection frequency, and target achievement will be affected.

2. % of Class A pools inspected while in operation (Results)

Mid-Year 2013 Performance Results



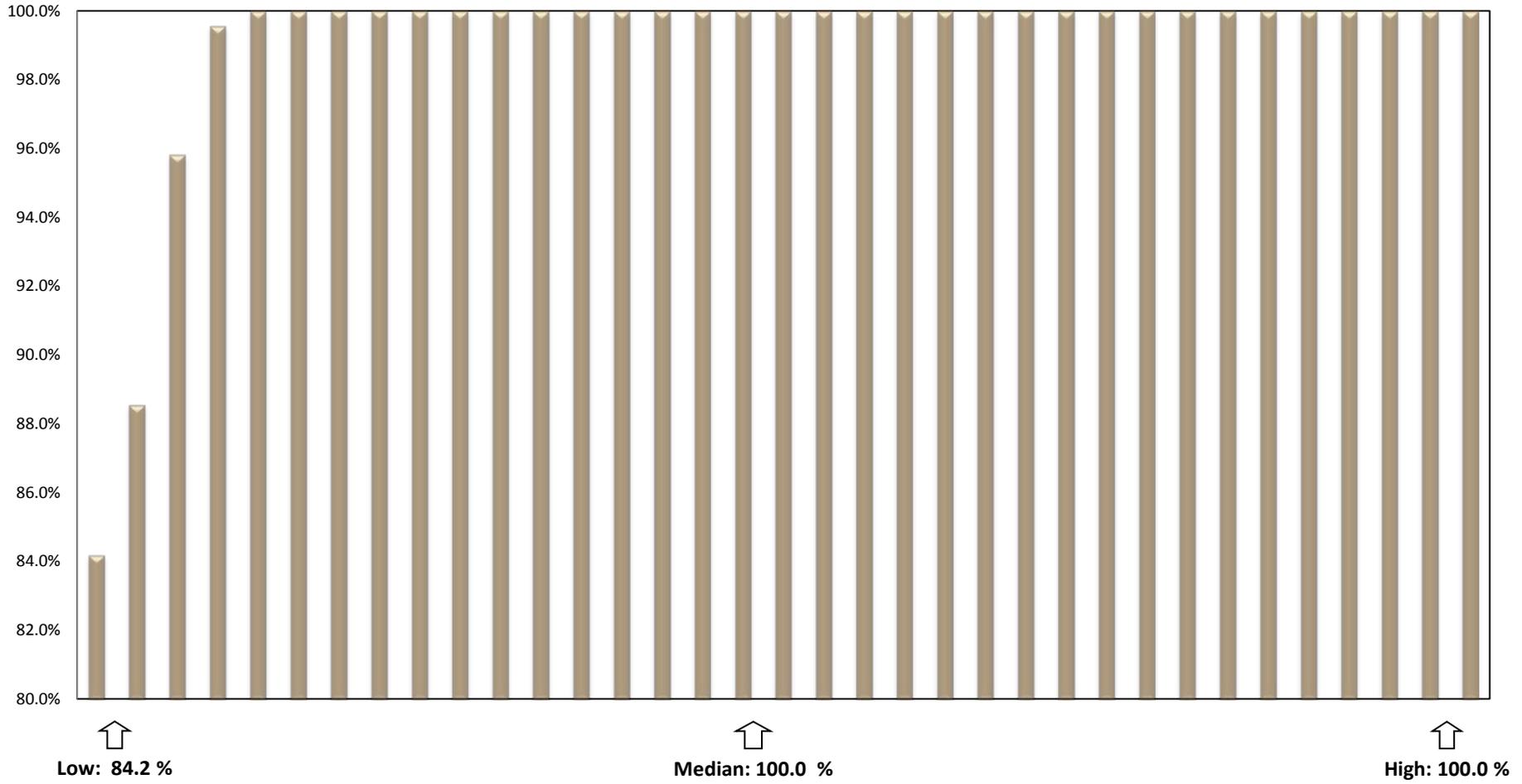
N = 36

4. % of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days (Comments)

- Data were extracted from the Integrated Public Health Information System (iPHIS) on July 29, 2013 and were provided to health units for review and verification.
- Data quality for this indicator has improved since its inception.

4. % of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days (Results)

Mid-Year 2013 Performance Results



N = 35

5. % of confirmed Invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case (Comments)

- Data were extracted from the Integrated Public Health Information System (iPHIS) on July 29, 2013 and were provided to health units for review and verification.
- Data quality for this indicator has improved since its inception.

5. % of confirmed Invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case (Results)

Mid-Year 2013 Performance Results



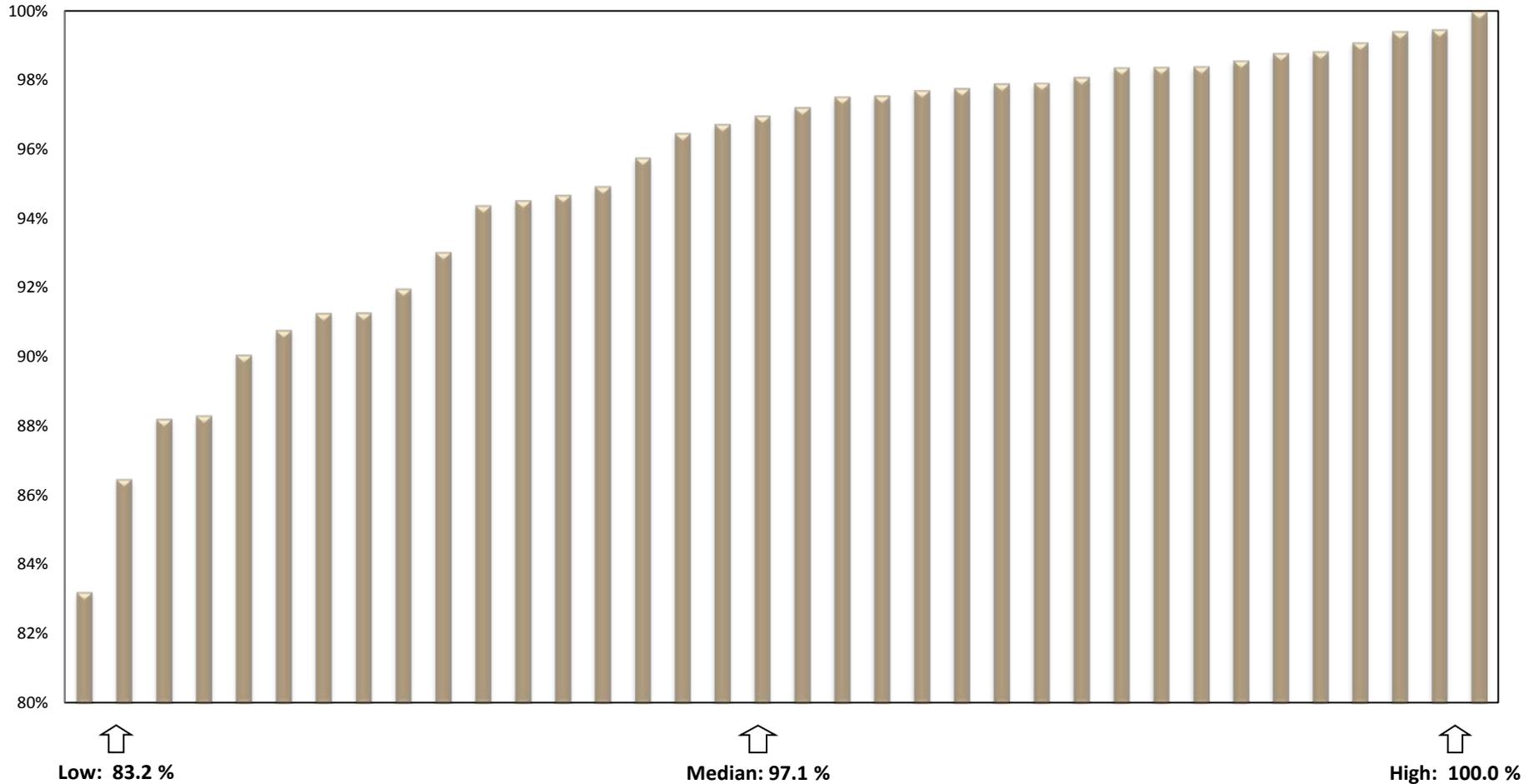
N = 32

11. % of tobacco vendors in compliance with youth access legislation at the time of last inspection (Comments)

- Tobacco Information System (TIS) data were extracted on July 16, 2013, for the period of January 1, 2013 – June 30, 2013.
- Data quality in TIS has improved due to more consistency of data entry business practices.
- TIS vendor compliance report was revised to allow data verification at any point in time.
- Majority of health units are on track to meet target of $\geq 90\%$ compliance.

11. % of tobacco vendors in compliance with youth access legislation at the time of last inspection (Results)

Mid-Year 2013 Performance Results



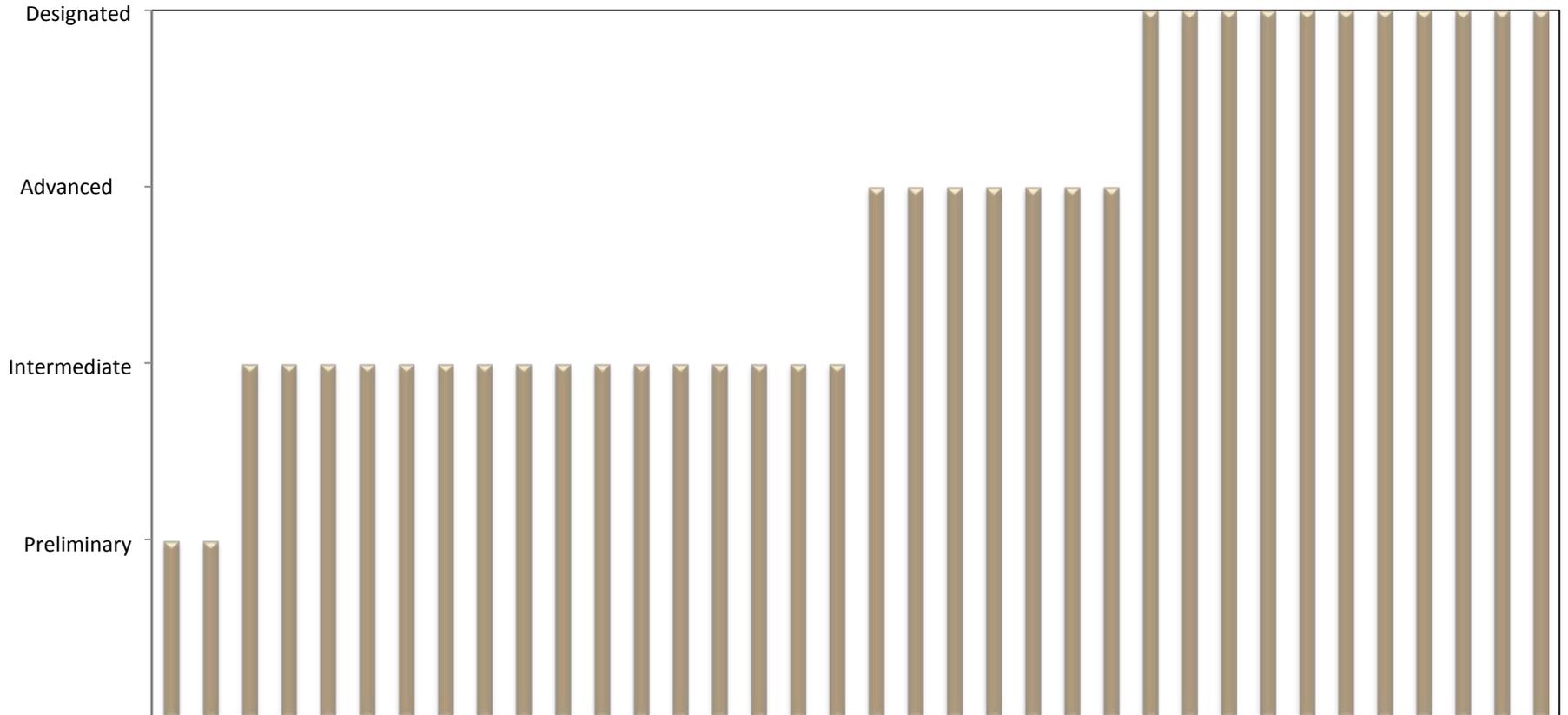
N = 36

14. Baby-Friendly Initiative (BFI) Status (Comments)

- Data were self-reported by each health unit using the BFI 2013 Mid-Year Status Report.
- This indicator shows improvements in health unit progress towards BFI designation:
 - Currently eleven health units have achieved BFI designation.
 - Four health units were designated in this time period:
 - Wellington-Dufferin-Guelph; Toronto; Kingston and Ottawa.

14. Baby-Friendly Initiative (BFI) Status (Results)

Mid-Year 2013 Performance Results



N = 36

**If you have any questions,
please contact
PHUIndicators@Ontario.ca**

Accountability Agreement Performance Indicators		AA INDICATOR PERFORMANCE SUMMARY TABLE CITY OF HAMILTON Date: September 19, 2013													
		Baseline		2012						2013					
		Reporting Period	Performance	2012 Target	2012 Mid-Year (Jan-June)		2012 Year End (Jan- Dec)		2013 Target	2013 Mid-Year (Jan- June)		2013 Year End (Jan - Dec)			
					Reporting Period	Performance	Reporting Period	Performance		Reporting Period	Performance	Reporting Period	Performance		
1	% of high-risk food premises inspected once every 4 months while in operation	2010	71%	100%	January 1, 2012 - April 30, 2012	95%	January 1, 2012 - December 31, 2012	98%	100%	January 1, 2013 - April 30, 2013	97.1%	January 1, 2013 - December 31, 2013			
2	% of Class A pools inspected while in operation	2010	17%	≥ 75%	January 1, 2012 - June 30, 2012	100% *	January 1, 2012 - December 31, 2012	98%	100%	January 1, 2013 - June 30, 2013	94.4% *	January 1, 2013 - December 31, 2013			
3	% of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment	Unavailable	CBE	100%	January 1, 2012 - June 30, 2012	N/A	January 1, 2012 - December 31, 2012	N/A	100%	N/A	N/A	January 1, 2013 - December 31, 2013			
4	% of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days	2010	CBE	100%	January 1, 2012 - June 30, 2012	99%	January 1, 2012 - December 31, 2012	99%	100%	January 1, 2013 - June 30, 2013	100.0%	January 1, 2013 - December 31, 2013			
5	% of confirmed Invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	2010	CBE	100%	January 1, 2012 - June 30, 2012	100%	January 1, 2012 - December 31, 2012	97%	100%	January 1, 2013 - June 30, 2013	100.0%	January 1, 2013 - December 31, 2013			
6	DEFERRED: % of known high risk personal services settings inspected annually	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
7a	% of vaccine wasted by vaccine type that are stored/administered by the public health unit (HPV)	2010	0.5%	Maintain or improve current wastage rate	January 1, 2012 - June 30, 2012	5.1%	January 1, 2012 - December 31, 2012	3.9%	Maintain or improve current wastage rate †	N/A	N/A	January 1, 2013 - December 31, 2013			
7b	% of vaccine wasted by vaccine type that are stored/administered by the public health unit (Influenza)	2010	2.3%	Maintain or improve current wastage rate	N/A	N/A	January 1, 2012 - December 31, 2012	CBE	Maintain or improve current wastage rate †	N/A	N/A	January 1, 2013 - December 31, 2013			
8	DEFERRED: % completion of reports related to vaccine wastage by vaccine type that are stored/administered by other health care providers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
9a	% of school-aged children who have completed immunizations for (Hepatitis B)	2009/10 School Year	74.7%	Maintain or improve current coverage rate	N/A	N/A	2011/12 School Year	CBE	N/A	N/A	N/A	2012/13 School Year			
9b	% of school-aged children who have completed immunizations for (HPV)	2009/10 School Year	55.2%	Maintain or improve current coverage rate	N/A	N/A	2011/12 School Year	CBE	N/A	N/A	N/A	2012/13 School Year			
9c	% of school-aged children who have completed immunizations for (Meningococcus)	2009/10 School Year	88.1%	Maintain or improve current coverage rate	N/A	N/A	2011/12 School Year	89.0%	90.0%	N/A	N/A	2012/13 School Year			
10	% of youth (ages 12 - 18) who have never smoked a whole cigarette	2009 + 2010	86.6%	N/A	N/A	N/A	2011 + 2012 DSO	DP	88.3%	N/A	N/A	2012 + 2013			
11	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	2011	79.0%	≥ 90%	January 1, 2012 - June 30, 2012	87.0%	January 1, 2012 - December 31, 2012	96.1%	≥ 90%	January 1, 2013 - June 30, 2013	94.7%	January 1, 2013 - December 31, 2013			
12	Fall-related emergency visits in older adults aged 65 +	2009	5639	N/A	N/A	N/A	January 1, 2011 - December 31, 2011 DSO	DP	Maintain or improve current rate	N/A	N/A	January 1, 2012 - December 31, 2012			
13	% of population (19+) that exceeds the Low-Risk Drinking Guidelines	2009 + 2010	28.3%	N/A	N/A	N/A	2011 + 2012 DSO	DP	27.1%	N/A	N/A	2012 + 2013			
14	Baby-Friendly Initiative (BFI) Status	2011	Intermediate	Advanced	January 1, 2012 - June 30, 2012	Intermediate	January 1, 2012 - December 31, 2012	Intermediate	Significant progress within Advanced	January 1, 2013 - June 30, 2013	Intermediate	January 1, 2013 - December 31, 2013			

* Note that mid-year results for indicator #2 only includes year-round pools therefore excluding seasonal pools.

† "current wastage rate" or "current coverage rate" refers to the baseline rate.

Legend

CBE Cannot Be Established; for the reporting period data were available but results could not be established.

DP Data Pending; final data are not ready for release but will be made available at a later date.

DSO Data Sharing Only.

N/A Not Applicable; for the reporting period there were no data/ no report required.

NR No Report; the public health unit did not submit a report or data by the end of the reporting period.