

ADDENDUM: January 21, 2016 Board of Health Meeting

8.0 ADDENDUM

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**ADDENDUM – FIRST MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
JANUARY 21, 2016**

8. ADDENDUM

DECLARATION OF CONFLICT OF INTEREST

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 - Email from the Association of Local Public Health Agencies (aPHa) dated January 19, 2016

- ii) Ministry of Health and Long-Term Care Memorandum Re: 2015 Year-End Data Collection for the Public Health Funding and Accountability Agreement Indicators**
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The Chair will ask Board members whether there are any conflicts of interest.

This is an opportunity for Board members to announce a conflict which would then eliminate the individual(s) from any discussion on that topic.

From: allhealthunits-bounces@lists.alphaweb.org [<mailto:allhealthunits-bounces@lists.alphaweb.org>]
On Behalf Of Linda Stewart
Sent: January-19-16 11:28 AM
To: 'All Health Units' <allhealthunits@lists.alphaweb.org>
Subject: [allhealthunits] IMPORTANT UPDATE to BOH Members - HOLD THE DATE!
Importance: High

Please forward to all Board of Health Members.

Thank you. Linda Stewart, Executive Director, alPha

Dear Board of Health Member.

UPDATE: Please note that the Board of Health Section meeting on February 25, 2016 will now be a full day session. A half day will be dedicated to the Patients First discussion paper and a half day will be dedicated to the recommendations in the Algoma report (skills-based boards, etc). The meeting will be scheduled for 8:30 AM to 4:00 PM. The Risk Management session on February 24, 2016 will continue as previously planned.

Following the successful session on Risk Management held in Toronto on November 5, 2015, alPha received many requests for more education focused on Risk Management. A working group was established and have been working on a follow up session that will be held on **Wednesday, February 24, 2016**. The session will provide a brief overview of material covered in November and then help you to build on that knowledge. You can expect an engaging, interactive session that will get you started on identifying your top risks locally.

In addition to members of boards of health, the Risk Management session will be open to medical officers of health, associate medical officers of health and senior management.

On the next day, **Thursday, February 25th**, there will be a full-day Board of Health Section meeting that will provide board of health members with the opportunity to discuss:

1. the recommendations in the [Assessors Report on Algoma Public Health Unit](#), and
2. the proposals for changes to local public health units that were included in Minister Hoskins' December 17th discussion paper entitled, [Patients First – A Proposal to Strengthen Patient-Centred Health Care in Ontario](#).

The meetings on February 24th and 25th will both take place at the [Hotel Novotel Toronto](#), Centre, 45 The Esplanade, Toronto, Ontario M5E 1W2. Registration for both sessions will open soon, as well as a block of rooms available at a discounted rate for alPha members.

At this time, we are asking you to hold the dates for these important meetings.

Thank you.

Linda

Linda Stewart
Executive Director

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For more information visit our web site: <http://www.alphaweb.org>

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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.

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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.

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
Health Promotion Implementation Branch
Population and Public Health Division

c: Roselle Martino, Assistant Deputy Minister, Population and Public Health Division

APPENDIX A – 2016 ACCOUNTABILITY INDICATORS

HEALTH PROMOTION INDICATORS – PERFORMANCE	Current	New
% 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	•	
HEALTH PROMOTION INDICATORS – MONITORING	Current	New
% 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.

HEALTH PROTECTION INDICATORS – PERFORMANCE	Current	New
% 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.

HEALTH PROMOTION DEVELOPMENTAL INDICATORS
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

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