

Report to/Rapport au :

Ottawa Board of Health  
Conseil de santé d'Ottawa

November 18, 2013  
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Ref N°: ACS2013-OPH-IQS-0012

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**SUBJECT:** Q3 UPDATE: OTTAWA BOARD OF HEALTH ACCOUNTABILITY  
AGREEMENT PERFORMANCE INDICATORS

**OBJET :** MISE À JOUR POUR LE TROISIÈME TRIMESTRE: ENTENTE DE  
RESPONSABILISATION EN SANTÉ PUBLIQUE DU CONSEIL DE  
SANTÉ D'OTTAWA – INDICATEURS DE RENDEMENT

#### **REPORT RECOMMENDATIONS**

That the Board of Health for the City of Ottawa Health Unit:

1. Approve that the 2013 Positive Performance Variant Report for Indicator 14 (Baby-Friendly Initiative) outlined in Document 1 be signed by the Medical Officer of Health, on behalf of the Board of Health;
2. Receive for information 2011-2012 results for Indicators 10 (youth smoking), 12 (seniors' falls), and 13 (Low-Risk Alcohol Drinking Guidelines), as outlined in this report;
3. Receive for information preliminary 2013 performance indicator results, as outlined in Document 3; and
4. Direct Ottawa Public Health staff to submit this report and supporting documents to the Ministry of Health and Long-Term Care.

## **RECOMMANDATIONS DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa :**

- 1. Accepte que le rapport sur les indicateurs de rendement positifs de 2013 pour l'indicateur 14 (L'Initiative des amis des bébés) décrit dans le document 1 soit signé par le médecin chef en santé, au nom du Conseil de santé;**
- 2. Reçoive pour information les résultats de 2011-2012 pour les indicateurs 10 (tabagisme chez les jeunes), 12 (chute chez les aînés), et 13 (directives de consommation d'alcool à faible risque) comme il est indiqué dans ce rapport;**
- 3. Reçoive pour information les résultats préliminaires pour les indicateurs de rendement de 2013, comme il est indiqué dans le document 3; et**
- 4. Demande au personnel de Santé publique Ottawa de soumettre le rapport et les documents connexes au ministère de la Santé et des Soins de longue durée.**

## **BACKGROUND**

In 2011, the Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Health Promotion and Sport developed Public Health Accountability Agreements (PHAA). The PHAA is a multi-year provincial transfer payment agreement between the Board of Health (the Board) and the MOHLTC, which outlines the Board's fiscal responsibility, performance indicators and targets, reporting requirements and approved financial funding based on local conditions. The agreement includes eighteen performance indicators, thirteen of which have targets that are being actively monitored by the MOHLTC. Two of the indicators have been deferred, two have been suspended and one has been terminated. Each quarter, the Board is provided with updates related to its performance indicators accountabilities.

In August of 2013, the Board confirmed the 2013 performance targets for Indicators 5 (Invasive Group A Streptococcal Disease), 7a (vaccine wastage-HPV) and 7b (vaccine wastage-Influenza), received the 2013 Q2 performance indicator results, and approved a corrected 2012 performance indicator result ([ACS2013-OPH-IQS-0006](#)).

## **DISCUSSION**

**Recommendation 1: Approve that the 2013 Positive Performance Variant Report for Indicator 14 (Baby-Friendly Initiative) outlined in Document 1 be signed by the Medical Officer of Health, on behalf of the Board of Health**

The Positive Performance Variant Report is a MOHLTC tool that allows health units to share and highlight success related to the accountability agreements. Recently, Ottawa Public Health (OPH) celebrated achievement of the Baby-Friendly Initiative designation that is required by Indicator 14. The Baby-Friendly Initiative is an international program established by the World Health Organization and the United Nations Children's Fund to protect, promote and support the initiation, exclusivity and continuation of

breastfeeding. Since 1991, it has recognized health services that offer an optimal level of care for mothers and infants through its designation process.

In May 2013, a representative from the Breastfeeding Committee for Canada completed an assessment of OPH programs, policies and resources and determined that the requirements for the Baby-Friendly Initiative designation had been met.

On July 24, 2013, the MOHLTC extended congratulations to OPH on achieving this designation and confirmed that OPH had met its PHAA Indicator requirement well in advance of the 2013 Year-end target (Document 2).

On October 1, 2013, Anne Smith, representing the Breastfeeding Committee for Canada, attended a celebration along with Member Marguarite Keeley, many community partners (Champlain Maternal Newborn Regional Program, Eastern Ottawa Resource Centre, Carlington Community Health Centre, Pinecrest-Queensway Community Health Centre, Somerset West Community Health Centre, Centretown Community Health Centre, and Lactation Consultants in private practice) and OPH staff. At this celebration event, Anne Smith awarded Dr. Isra Levy and all of OPH the Baby-Friendly Initiative plaque.

**Table 1: 2013 Positive Performance Results**

Indicator Name	Baseline (2011)	2013 Target	2013 Result	Positive Performance Variant Report
#14. Baby-Friendly Initiative (BFI) Status	Intermediate	Designated	Designated	Document 1

**Recommendation 2: Receive for information 2011-2012 results for Indicators 10 (youth smoking), 12 (seniors' falls), and 13 (Low-Risk Alcohol Drinking Guidelines), as outlined in this report**

The current PHAA contains several population level health promotion measures. These measures are influenced by complex interactions of many factors most of which are beyond the direct control of the Board. While there were no 2012 targets established for these indicators, the 2011-2012 data are useful in forecasting the likelihood of meeting the established 2013 targets (Table 2). We anticipate receiving 2013 results in mid-2014.

Data from the Canadian Community Health Survey for 2011-2012 and the National Ambulatory Care Reporting System (2011) demonstrate: Indicator 10 related to youth smoking is well positioned to meet the 2013 target; Indicator 12 associated with fall-related emergency room visits in older adults aged 65+ will likely miss the 2013 target, and for Indicator 13 related to the proportion of adults exceeding the low risk alcohol drinking guidelines, although the point estimate has increased it will likely be on or near the 2013 target. Interpretation of Indicator 13 is complicated by the fact that the target and the 2011-2012 result both fall within the 95% confidence interval of the baseline value that will be used by the MOHLTC to calculate achievement of the 2013 target.

**Table 2: 2011-2012 Health Promotion Indicator Results**

Indicator Name	Baseline	Results	2013 Target	Comment
#10. % of youth (ages 12-18) who have never smoked a whole cigarette	80.2% 2009-2010	90.0% 2011-2012	81.8%	Based on 2011-2012 data the 2013 result is anticipated to be above target.
#12. Fall-related emergency visits in older adults aged 65+ (per 100,00)	5,340 (2009)	5,652 (2011)	Maintain or improve current rate	Based on 2011 data the 2013 result is anticipated to be below target.
#13. % of population (19+) that exceeds the Low-Risk Alcohol Drinking Guidelines	32.6% 2009-2010	34.1% 2011-2012	31.3%	The 2013 results are anticipated to be on target*

\* Based on MOHLTC's definition of how this indicator will be assessed, the 2013 result **currently** falls within the confidence interval of the target.

### **Recommendation 3: Receive for information preliminary 2013 performance indicator results, as outlined in Document 3**

Progress on the 2013 performance indicators is being actively monitored and results to date are outlined in Document 3. Of the thirteen annual indicator targets being monitored, the Board's performance for 2013 is currently: on target or above target for eight of the indicators, below target for four of the indicators, and data is not available yet for one indicator related to the 2013/14 school year.

### **Recommendation 4: Direct Ottawa Public Health staff to submit this report and supporting documents to the MOHLTC.**

Upon approval of this report, the Medical Officer of Health will sign the positive performance variant report. OPH staff will then submit this report and supporting documents to the MOHLTC.

### NEXT STEPS

#### **2014-2016 Accountability Agreement Indicators**

In September, the MOHLTC invited local health units to provide feedback on potential new 2014–2016 accountability agreement indicators via a consultation survey. Staff comments for the survey were shared with the Board and were then submitted to the MOHLTC. The MOHLTC is expected to make its final decisions in November and to subsequently communicate related information to local health units.

### **Low-Risk Alcohol Drinking Guidelines**

As highlighted earlier in this report, based on 2011-2012 data the 2013 result is anticipated to be on or near the target for this indicator. When examined in the context of additional measures specifically related to weekly alcohol consumption limits and binge drinking, there is still reason for concern with patterns of alcohol consumption in the community. The issue of substance misuse, including alcohol, was brought to the Board's attention earlier in 2013 ([ACS2013-OPH-HPDP-0003](#)). Currently, OPH is:

- Actively disseminating the Low-Risk Alcohol Drinking Guidelines through various community locations
- Promoting awareness through a web-based self screening program
- Promoting brief screening practices with primary care practitioners
- Engaging post-secondary institutions to collaborate to reduce alcohol misuse among students.

### **Seniors' falls**

Data from the National Ambulatory Care Reporting System (NACRS) and Statistics Canada for 2011 highlights that fall-related emergency visits involving seniors has increased since 2009 and there will be challenges meeting the 2013 target. Currently, OPH is:

- Continuing to implement its falls prevention strategy in Ottawa and collaborate with partners across the Champlain Local Health Integration Network (LHIN) region and Ontario wide to reduce the number of fall-related emergency room visits. The OPH Falls Prevention Strategy includes a community awareness campaign, falls screening clinics and education sessions.
- Participating in the Public Health Ontario Locally Driven Collaborative Projects to research adult falls prevention with a focus on strategies that public health can implement to increase service providers' knowledge, attitudes, and use of evidence-based falls preventing activities for community-dwelling older adults
- Co-chairing the Champlain LHIN Falls Prevention Steering Committee, presently focusing on testing a falls screening and assessment algorithm for primary care providers across the LHIN

### **Inspections and Case Follow-up**

Three of the indicators below target are health protection indicators with annual targets of 100%. In order to meet annual targets of 100%, performance in each reporting period (quarter or trimester) must achieve 100%. One of these health protection indicators (Indicator 5-Invasive Group A Streptococcal Disease) did meet its target for the current reporting period, but missed its target in a previous reporting period due to a single case ([ACS2013-OPH-IQS-0006](#)).

Two other health protection indicators, including Indicator 2-Class A pools and Indicator 1-high-risk food premises, missed their targets for the current reporting period. However, in the case of high-risk food premises, the few remaining inspections were completed within the first week of the next trimester. This was accomplished only through the redeployment of public health inspectors (PHIs), the reduction of other program activities and unbudgeted overtime. Growth in the number of seasonal special

events requiring food premise inspections, outbreak management, and emergency responses are increasingly straining PHI capacity.

#### LEGAL IMPLICATIONS

There are no legal impediments to receiving the information described in recommendations 2 and 3 of this report. There are no legal impediments to implementing recommendations 1 and 4 of this report.

#### FINANCIAL IMPLICATIONS

There are no financial impediments to the implementation of the recommendations in this report.

#### ACCESSIBILITY IMPACTS

There are no accessibility implications to this report.

#### TECHNOLOGY IMPLICATIONS

There are no technology impediments to the implementation of the recommendations in this report.

#### BOARD OF HEALTH STRATEGIC PRIORITIES

The recommendations of this report support the Board of Health Strategic Priority E3-Measure and report publicly on progress.

#### TERM OF COUNCIL PRIORITIES

The recommendations of this report support the 2011-2014 Term of Council Priorities with regard to governance, planning and decision-making.

#### SUPPORTING DOCUMENTATION

- [Document 1 -](#) Positive Performance Variant Report – AA#14 Baby Friendly Initiative
- [Document 2 -](#) Letter from Laura Pisko, Director, Health Promotion Implementation Branch, Ministry of Health and Long-Term Care to Dr. Isra Levy, Medical Officer of Health regarding Baby Friendly Designation (July 24, 2013)
- [Document 3 -](#) Preliminary 2013 Performance Indicator Results for OPH compared to the MOHLTC targets

#### DISPOSITION

The Medical Officer of Health will sign the Positive Performance Variant Report on behalf of the Board and staff will submit this report and supporting documents to the Ministry of Health and Long-Term Care.