

Public Health Division Update

Presentation to ANDSOOHA
Public Health Division, Ministry of Health and Long-Term Care
March 30, 2011

Purpose

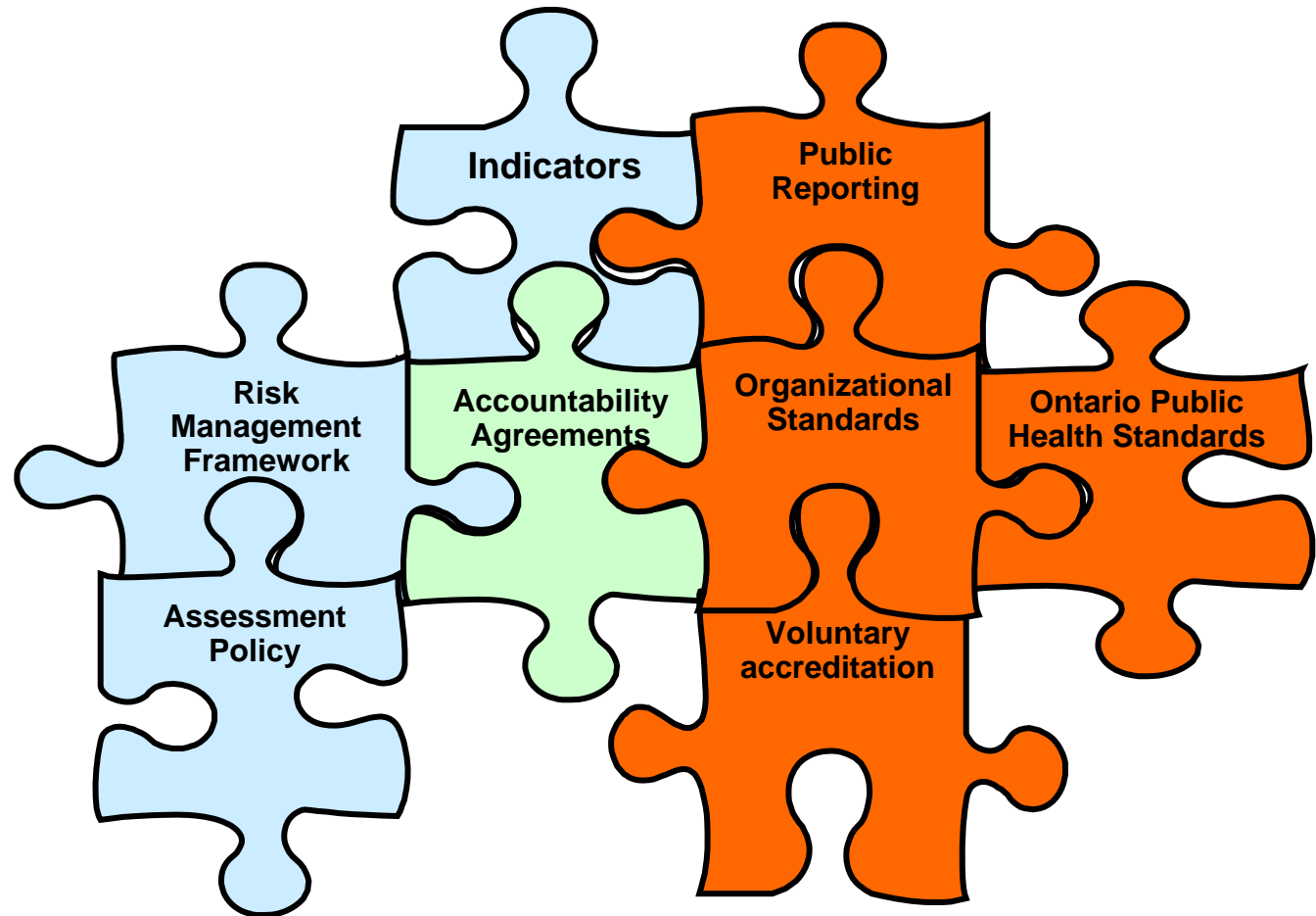
- To provide an update on the Performance Management Framework, including:
 - The Ontario Public Health Organizational Standards;
 - Public Health Accountability Agreements (AA); and,
 - The use of indicators within the AA.
- To provide an update on the funding for new Public Health Nursing positions.

Performance Management Framework Update


PM Components

Objectives:

Alignment with MOHLTC strategic objectives; improved organizational and programmatic performance; continuous quality improvement and enhanced accountability.



 Completed

 Nearing completion

 In development

Public Health Organizational Standards

- Ontario Public Health Organizational Standards were released on February 18, 2011.
- Organizational Standards reflect Government's expectations for governance and administrative practices, based on generally accepted principles of good governance and management excellence.
- The first orientation webinar for the public health sector was held on March 7, 2011. Future orientation sessions are being scheduled for those that could not attend the first session.

The document can be accessed at:

English:

<http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/default.aspx>

French:

<http://www.health.gov.on.ca/fr/pro/programs/publichealth/orgstandards/default.aspx>

Public Health Organizational Standards (cont'd)

- Include expectations of the board of health as the governing body and the public health unit as the administrative body.
- Support delineation of each board's responsibilities as a governing body from the health unit's staff responsibilities of day to day organizational management.
- Mature, well functioning boards of health are likely to be adhering to practices that are in line with the standards.
- There will be many different ways that boards of health can meet the requirements, and this will be acknowledged within the measurement strategy.
- Work continues in partnership with the Ontario Council of Community Health Accreditation (OCCHA) on the development of measurement tools and processes to support the Ministries' Organizational Standards.
- The Organizational Standards will be enabled through Public Health Accountability Agreements.

Chief Nursing Officer

- The Organizational Standards contain a new requirement for boards of health to designate a Chief Nursing Officer (CNO) to be responsible for nursing quality assurance and nursing practice leadership. (Effective January 2013)
 - The CNO position is separate from the two new nursing FTEs described later.
- A working group to identify and recommend roles and requirements of the CNO position in a public health context is being established.
 - Membership will include representation from the Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario (ANDSOOHA) and the Registered Nurses Association of Ontario (RNAO),
 - Implementation expectations and the associated resource implications will be identified and addressed as part of the development of the model.

Accountability Agreements (AAs)

- Updated funding and programming agreements – called Accountability Agreements – are being developed and implemented for boards of health.
- The government's purpose in implementing the AA is to:
 - Demonstrate the effective use of public funds - value for money;
 - Demonstrate clear movement on government priorities;
 - Demonstrate general compliance with Ontario Public Health Standards (OPHS) and Organizational Standards; and,
 - Address public health unit specific performance issues.

Content of Accountability Agreements

- Sets out obligations of the boards of health AND the ministries for a three-year period (January 1, 2011 – December 31, 2013).
 - Finance and performance expectations outlined in schedules will be amended annually.
 - Will include performance indicators established at the BOH outcome level and board-specific targets.
- The AA template is currently under development:
 - Led by Public Health Division, Ministry of Health and Long-Term Care (MOHLTC) and Ministry of Health Promotion and Sport (MHPS).
 - Informed by the Joint Ministries/Boards of Health Committee (JMB), which provides detailed feedback and advice on the language of the AA (see Appendix for membership).
 - Supported by Performance Management Working Group (PMWG), and the Indicator Technical Advisory Committee (InTAC) that provide additional support and input in the development process (see Appendix for membership).
- Much of the content of the AA has been used by the ministries and boards of health in the past, and will be familiar to boards of health.

Indicators for Accountability Agreements

- An initial set of AA indicators is under development.
- A small number of performance indicators will be common across all boards of health and will reflect provincial priorities for performance improvement.
- Indicators for health promotion and prevention programs (MHPS), as well as health protection programs (MOHLTC) will be represented.
- Results are representative of OPHS and Organizational Standards, and focus on board of health outcomes (i.e., results are primarily within control or significant influence of public health units).
- Outcomes are sensitive to change over time (quarterly/ annually).
- Data for indicators are accessible and available (quarterly to yearly).
- Indicators will be in place for 3 years (2011 – 2014).

Multiple Uses of indicators

- **Current and continuing usage:**
 - To support local program management and manage service delivery.
 - Determined at the board of health level.
 - To inform surveillance activities and policy development.
 - Requirements support program managers within government.
- **Proposed uses within performance management system:**
 - Public reporting.
 - Accountability agreements.
 - Monitoring/risk assessment.
- The same indicators may be used for multiple purposes.

Using Targets

- Targets will be used to identify and communicate the government's expectations about the level of performance required by boards of health for each AA indicator, and will be negotiated as part of the AA process.
- In the first year, data will be collected for each indicator in order to establish baselines for each board of health.
- Targets will be individualized for each board of health based on its current reality. Factors to be considered may include geography, population, performance history, performance goals, etc.
- In addition, a performance corridor will be developed for each indicator to articulate anticipated ranges of results around the target.
- There will be on-going opportunities for boards of health to identify and report on events or variables that have affected their achievement towards their targets.

Accountability Agreements Time Line

- Consultation with the field on the AAs and the performance requirements will occur over the next few months.
- Year 1: establish baselines.
- Years 2 and 3: targets for performance improvement will be established in consultation with each board of health, relative to its baseline level of achievement.

January – Spring 2011	Spring/Summer 2011	October – December 2011	January – December 2012 - 2013
AA Template & Indicators Drafted Communication and Review Process with Boards of Health and Public Health Units	Finalize AA Template & Performance Indicators	Initiate Baseline Data Collection	Monitoring and Measurement Begins
	Identify Board-specific indicators as needed. Boards of Health sign AAs	Negotiate targets on all performance indicators for Years 2 & 3.	

Funding for two new Public Health Nurses

- Good News from the 9,000 Nurses Commitment and HealthForceOntario:
 - Base funding of up to \$170,040 annually is being provided to support two new full-time equivalent public health nursing positions for each health unit.
 - The funding is effective as of January 1, 2011, and may be used only for salary and wages. It can not be used to support operating or education costs.
- These new nurses are intended to have knowledge and expertise that will allow them to address the program and service needs of priority populations, including those impacted most negatively by the determinants of health in the health unit area.
- Boards of Health must commit to:
 - Maintaining baseline nursing staffing levels and creating new nursing full-time equivalents (FTEs) above this baseline; and,
 - Maintenance of, and gains towards, the 70% full-time employment target for nurses.
- BOHs are also required to report financial and statistical data to the ministry on various outcomes.

Funding for two new Public Health Nurses (cont'd)

- Recruitment must consider the following:
 - Applicant must be a registered nurse;
 - Applicant must have, or be committed to obtaining, the qualifications of a public health nurse as specified under the *Health Protection and Promotion Act*,
- Boards of health are encouraged to accept applicants that have:
 - Experience that reflects an understanding of priority populations' values, cultural beliefs and social norms; and,
 - The knowledge and skills required to work with priority populations identified through population health assessment and surveillance activities consistent with the Ontario Public Health Standards requirements.

Questions?

Appendices

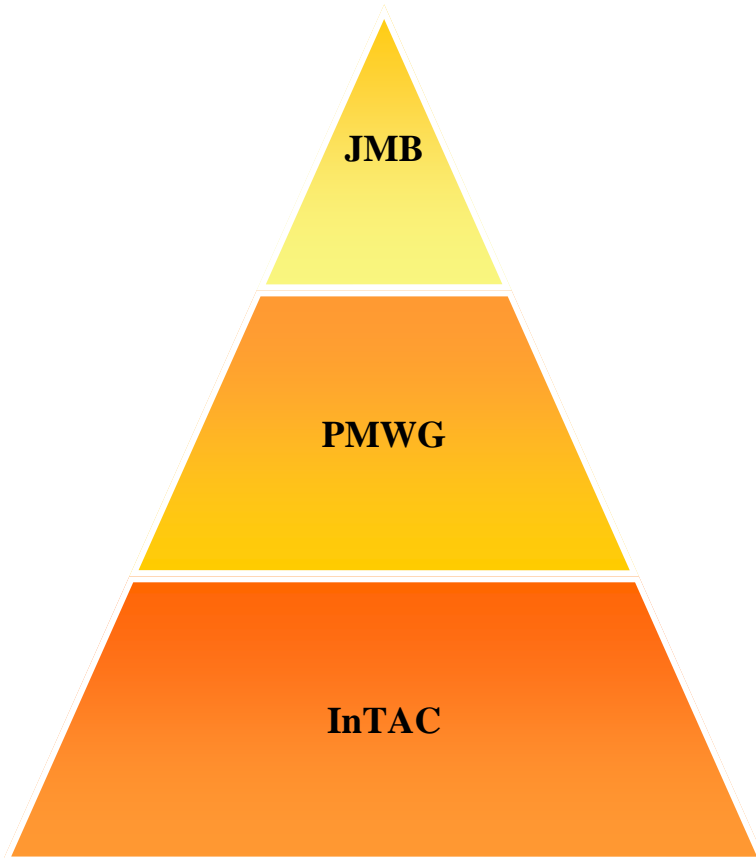
Appendix 1: Organizational Standards Development Process

- Organizational Standards were developed:
 - In response to the Capacity Review Committee Recommendations to establish expectations regarding practices that sustain good governance and organizational accountability;
 - With the guidance of the Performance Management Working Group (PMWG) (see Appendix for membership); and,
 - In consultation with the public health sector.
 - Consultation activities included discussions with PMWG, a Focus Group with 50 public health sector representatives, and an e-survey open to the sector.
 - A total of 267 individual responses to the e-survey were received from 33 boards of health (summer 2010).

Appendix 2: Developing Indicators

- Proposed indicators are assessed against a set of principles:
 - Is there validity and sensitivity?
 - Are they actionable, understandable, reliable, comparable, and appropriate?
 - Is the data available?
- Formal indicator derivations (i.e., formula, definitions, data limitations) will be developed for the final proposed indicators, and will be available to the sector to support consistent reporting.
- InTAC has worked on over 60 possible indicators over the last few months. A much smaller set of these possible indicators will be included in the AAs.
- Over the coming months, we anticipate that InTAC will work on additional indicators that will be used for overall monitoring. This work will begin once the AA indicator work is completed.

Appendix 3: Committee Roles Re: Accountability Agreement Indicators



JMB to recommend indicators for inclusion in accountability agreements

PMWG to provide advice on indicators for all purposes, including proposed AA indicators from a public health system perspective

InTAC to assess technical feasibility of proposed indicators for all purposes (i.e. AAs, dashboard, and future public reporting)

Appendix 4: JMB Membership

Joint-Chairs

- Allison Stuart, Assistant Deputy Minister, Public Health Division (MOHLTC)
- Jean Lam, Assistant Deputy Minister, Sport, Public Health and Community Programs Division, (MHPS)
- Mary Johnson, Chair, alPHa Board of Health Section, Eastern Ontario Health Unit

Members from Health Units and other Organizations

- Maria Harding, Representative, alPHa Board of Health Section, Thunder Bay District Health Unit
- Valerie Sterling, President, alPHa, Toronto Public Health
- Dr. Paul Roumeliotis, Chair, alPHa Council of Medical Officer's of Health, Eastern Ontario Health Unit
- Dr. Allen Heimann, Representative, alPHa Council of Medical Officers of Health, Windsor-Essex County Health Unit
- Dr. Penny Sutcliffe, Representative, alPHa Council of Medical Officers of Health, Sudbury & District Health Unit
- Dr. Robert Kyle, Representative, alPHa Council of Medical Officers of Health, Durham Region Health Department
- Jane Speakman, Representative, Public Health Lawyers' Association, City of Toronto
- Dale Jackson, Chair, alPHa Association of Public Health Business Administrators, Hastings and Price Edward Counties Health Unit
- Patricia Hewitt, Representative, alPHa Association of Public Health Business Administrators, Manager Public Health Programs, Halton Region Health Unit
- Dr. Jo Ann Tober, CEO, Brant County Health Unit
- Cynthia St. John, CEO, Elgin St. Thomas Health Unit

Members from the Ontario Government

- Sylvia Shedden, Director, Public Health Practice Branch (MOHLTC)
- Liam Scott, Counsel, Legal Services Branch (MOHLTC)
- Pier Falotico, Director, Financial Management Branch (MOHLTC)
- Roselle Martino, Director, Chief Medical Officer of Health Office (MOHLTC)
- Laura Pisko-Bezruchko, Director, Standards, Programs and Community Development (MHPS)
- Michèle Harding, Manager (A), Performance Management, Public Health Practice Branch (MOHLTC)
- Laura Belfie, Manager, Sport, Public Health & Community Programs (MHPS)
- Joe Nazareth, Finance Manager, Financial Management Branch (MOHLTC)
- Alex Risha, Senior Policy Analyst, Early Years Programs Unit (MCYS)

Appendix 5: PMWG Membership

Co-Chairs

- Dr. Rosana Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit
- Sylvia Shedden, Director, Public Health Practice Branch, MOHLTC

Members from Health Units and other Organizations

- Dr. Kathleen Dooling, Associate Medical Officer of Health, Peel Regional Health Unit
- Dr. Vera Etches, Associate Medical Officer of Health, Ottawa Public Health
- Dr. Charles Gardner, Medical Officer of Health, Simcoe-Muskoka District Health Unit
- Mary Johnson, Board of Health member, Eastern Ontario Health Unit
- Dr. Jeff Kwong, Scientist, Institute for Clinical Evaluative Sciences
- Dr. Robert Kyle, Medical Officer of Health, Durham Regional Health Department
- Dr. George Pasut, Vice-President, Science and Public Health, Ontario Agency for Health Protection and Promotion
- Shelley Stalker, Manager, Epidemiology and Research, York Region Community and Health Services
- Dr. Jo Ann Tober, CEO, Brant County Health Unit
- Dr. Erica Weir, Associate Medical Officer of Health, York Region Community and Health Services
- Karen Beckerman, Manager, Planning and Performance, Toronto Public Health
- Suzanne Ross, Director, Public Health, Eastern Ontario Health Unit
- Dr. Robert Schwartz, Deputy Director and Director Evaluation & Monitoring, University of Toronto
- Cynthia St. John, CEO, Elgin St. Thomas Health Unit
- Shelley Westhaver, Director, Clinical Services Division, Sudbury & District Health Unit
- Carol Woods, Program Director, Research, Evaluation, Epidemiology, and Sexual Health, Algoma Public Health

Members from the Ontario Government

- Laura Pisko-Bezruchko, Director, Standards, Programs and Community Development, Ministry of Health Promotion and Sport
- Roselle Martino, Director, Chief Medical Officer of Health Office, MOHLTC
- Laura Belfie, Manager, Public Health Units and Standards Branch, Ministry of Health Promotion and Sport
- Thomas Custers, Manager, Strategic Policy – Population Health, Strategic Policy and Planning Branch, Ministry of Health Promotion and Sport
- Domenic Della Ventura, Team Lead, Performance and Accountability, LHIN Liaison Branch, Health System Accountability and Performance Division, MOHLTC
- Dr. Sahba Eftekhary, Senior Specialist, Health System Scorecard, Health System Strategy Division, MOHLTC
- Karen Johnson, Epidemiologist, Public Health Protection and Prevention Branch, MOHLTC
- Naomi Kasman, Senior Health Analyst, Health Analytics Branch, Health System Information Management & Investment Division, MOHLTC
- Stacey Weber, Manager, Early Years Programs Unit, Ministry of Children and Youth Services
- Siamak Tenzif, Senior Advisor, Health System Scorecard, Health System Strategy Division, MOHLTC

Appendix 6: InTAC Membership

Co-Chairs

- Paul Fleiszer, Manager, Metrics and Planning, Toronto Public Health
- Joanne Thanos, Senior Epidemiologist, Public Health Practice Branch, MOHLTC

Members from Health Units and other Organizations

- Sherri Deamond, Epidemiologist, Durham Region Health Department
- Brenda Guarda, (A)Chair, Core Indicators Working Group (APHEO), Team Lead, Simcoe-Muskoka District Health Unit
- Foyez Haque, Epidemiologist, Porcupine Health Unit
- Dr. Jeff Kwong, Scientist, Institute for Clinical Evaluative
- Gillian Lim, Epidemiologist, Ontario Agency for Health Protection and Promotion
- Joanna Oliver, Epidemiologist, Halton Region Health Department
- Suzanne Sinclair, Epidemiologist, KFL&A Public Health
- Shelley Stalker, APHEO representative to PMWG, Manager, Epidemiology, York Region Health Services Department
- Julie Stratton, Manager, Region of Peel Health Department
- Colleen van Berkel, Public Health Research Education & Development (PHRED), Director City of Hamilton Public Health

Members from the Ontario Government

- Naomi Kasman, Senior Analyst, Health Analytics Branch, MOHLTC
- Dr. Elizabeth Rael, Senior Epidemiologist, Ministry of Health Promotion and Sport
- Anne-Joyelle Occhicone, Program Standards Advisor, Ministry of Health Promotion and Sport
- Michael Whelan, Senior Epidemiologist, Public Health Protection and Prevention Branch, MOHLTC