

# Performance Management

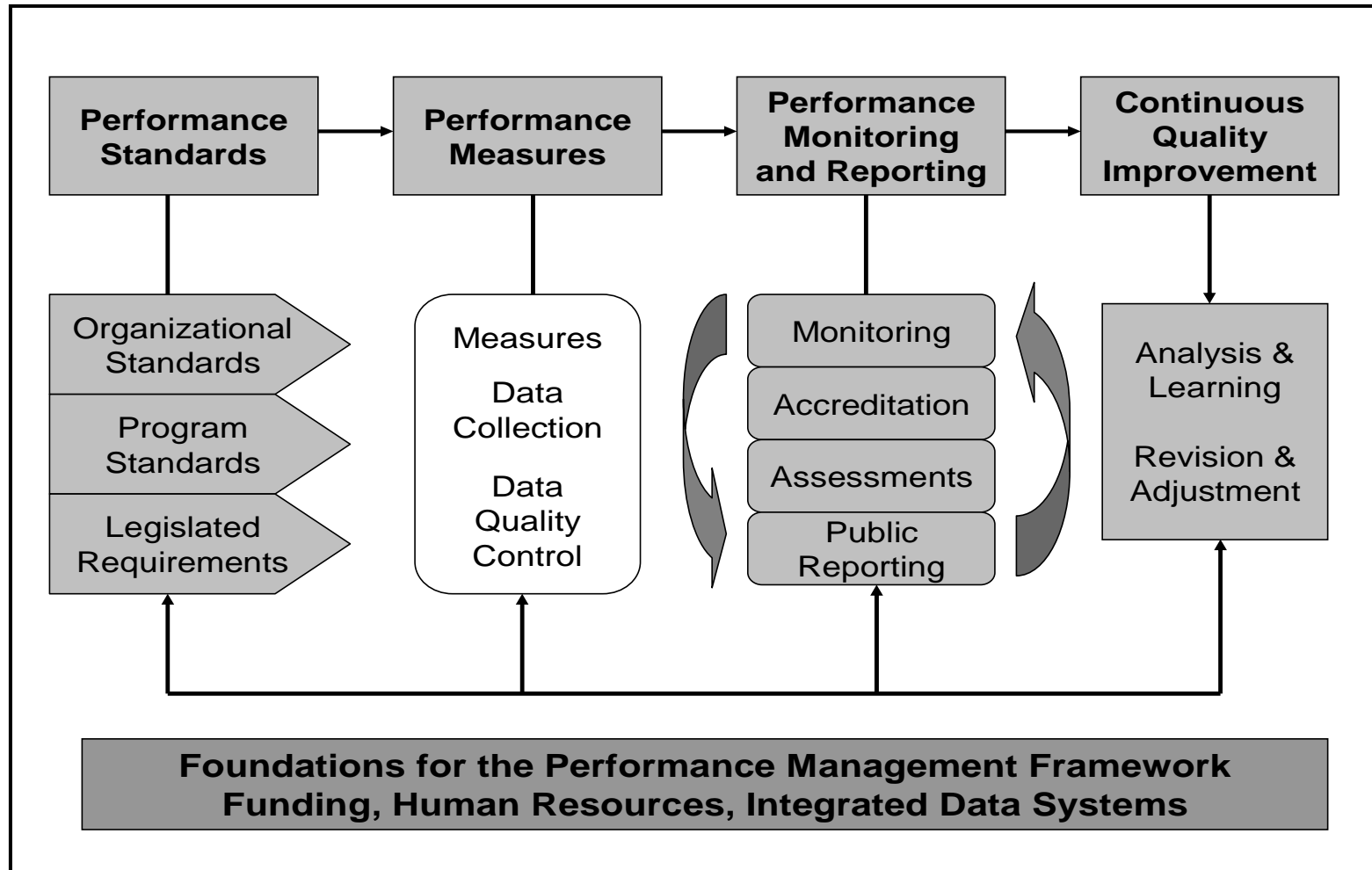
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**OPHS Launch – November 13, 2008**  
**Ms. Sylvia Shedden**  
**Public Health Standards Branch**

# Purpose

- The purpose of this presentation is to present the ministry's current thinking on:
  - the performance management framework and
  - the initial report on public health

# CRC Performance Management Framework



# Linking of OPHS-Related Indicators to Performance Management Processes

- Next steps - how to track and assess specific processes and outcomes identified in the OPHS
- May include:
  - Identification of sentinel indicators which may require immediate action by government, such as assessment
  - Inclusion of OPHS-related indicators in future Reports on Public Health
  - Inclusion of OPHS-related indicators within accountability agreements
- We will also be looking for future consultation opportunities in order to develop indicators related to the OPHS Board of Health Outcomes

# Initial Public Report on Public Health

- The purpose of the report is:
  - snapshot of public health system
  - not intended to be a performance report or scorecard
- Developed in consultation with the Performance Management Working Group
- Will reflect programs funded by MOHLTC, Ministry of Health Promotion and Ministry of Children and Youth Services
- Intended audience: boards of health, medical officers of health, other public health unit staff, government partners
- Target release date: March 2009

# Report Contents

- The report will include:
  - an overview of the public health sector
  - profiles of health units across Ontario
  - data on health status, governance, financial, and human resources within each health unit
  - case studies showcasing local practices

## Health Unit Profiles

- Will present information by peer groups: remote (2), rural (10), urban/rural (12), city centre (4), suburban growth (7) and metro (1)
- Most data for the profiles is currently available through existing sources; health units have been asked to provide information on small number of variables
- Information on approximately 25 variables to be included in the report

## Health Unit Profiles (cont'd)

### Information to be included:

- Size of region (km<sup>2</sup>)
- Population (2007) and population growth rate (2001-2007)
- Population density
- % immigrants
- # First Nations & Aboriginal settlements
- % employment
- % of households whose shelter expenses exceed 30% of household income
- % of children in low income households
- % of population with post-secondary education
- Size of birth cohort
- % Francophone population; % of population speaking neither English or French
- Cost of a nutritious food basket
- # food premises, long-term care homes, hospital sites, licensed day nurseries, personal service settings, schools, school boards, small drinking water systems
- # municipalities
- Board of Health governance model

# Indicators

- 600+ potential public health indicators have been identified
- Health status information is available from other sources (e.g. Canadian Community Health Survey, Canadian Institute for Health Information (CIHI), Statistics Canada, integrated Public Health Information System (iPHIS))
- Approximately 35 indicators have been identified for inclusion in the report
- Indicator rationale:
  - represent areas where public health has influence
  - availability of reliable data at the health unit level

## Indicators (cont'd)

Grouped according to 5 Dimensions:

- Program Effectiveness
- Capacity
- Governance and Management
- Community Partnerships
- Equity

Each indicator will be presented in relation to:

- social determinants of health
- its attribution to public health and other community programs and strategies
- linkages to the broader health care system

# Indicator Dimension: Program Effectiveness

## Examples of indicators:

- Teen pregnancy rate
- Low birth weight rate
- % Breastfeeding duration > 6 months
- % of new mothers who receive a post-partum phone call
- Smoking prevalence rates
- % of population 12+ who are physically active or moderately active
- % of population 12 + reporting consuming recommended number of servings of fruit and vegetables
- % of population 12+ with healthy body mass index
- Fall-related hospitalization rate among seniors
- % population participating in heavy drinking episodes (youth, adults)
- Incidence of enteric illnesses
- Incidence rate of Chlamydia
- Immunization coverage rates for Hepatitis B
- Immunization coverage rates for measles, mumps and rubella

# Indicator Dimension: Capacity

## Examples of indicators:

- Board of health expenditures
- % of expenditures related to training and professional development
- # of FTEs in selected job categories
- Job vacancy rates
- Staff lengths of service
- Emergency response plans tested
- # of adverse drinking water incidents
- # of infectious disease outbreaks in Long Term Care facilities

# Indicator Dimension: Governance and Management

## Examples of indicators:

- Budget variance between projected and actual expenditures
- Board member participation at meetings – % of meetings with quorum, % of meetings cancelled
- Board member orientation and Board self-evaluation
- Accreditation status
- Existence of current strategic plan
- Process for performance evaluation of Medical Officers of Health
- FTE status of MOH and Associate MOHs
- Status of MOHs reporting to Boards of Health

# Indicator Dimension: Community Partnerships

Example of indicator:

- Familiarity of the public with the health unit's programs and services

## Indicator Dimension: Equity

- Will be addressed through case studies as data not available for initial report

## Case Studies

- Will illustrate areas of public health practice that are not effectively represented by indicators
- Opportunity for health units to highlight local initiatives in areas such as partnerships with LHINs, work with priority populations, and community engagement
- Approximately 10 case studies to be included in the report

## Timelines

Survey underway	October 23 <sup>rd</sup> to November 14 <sup>th</sup>
Contact health units to request full case studies	Early December
Case studies to be submitted	January 16 <sup>th</sup>
Health units to verify indicators, survey data and profile information	Mid-January to early February
Report publication	March