

**Ministry of Health
and Long-Term Care**

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**Ministère de la Santé
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Direction de la planification et de la performance
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June 12, 2017

MEMORANDUM TO:

Board of Health Chairs
Medical Officers of Health
Chief Executive Officers
Business Administrators

RE:

2017 Public Health Funding and Accountability Agreement Indicators

Given the current state of transformation within the public health sector, the ministry's approach for the 2017 indicators is to minimize the impact of change on boards of health while at the same time continuing to ensure accountability.

The suite of indicators for the 2017 Public Health Funding and Accountability Agreement has been reduced to an essential set of monitoring indicators. Please refer to Appendix A.

If you have any questions, please send them to PHUIndicators@ontario.ca or contact us directly. We look forward to continuing to work with you throughout 2017.

Yours truly,

Original signed by

Jackie Wood
Director
Planning and Performance Branch
Population and Public Health Division

Original signed by

Elizabeth Walker
Director
Accountability and Liaison Branch
Population and Public Health Division

Attachment

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

APPENDIX A – 2017 ACCOUNTABILITY INDICATORS

Program	#	2017 Indicators
Chronic Diseases	1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection
	1.7	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)
Food Safety	2.1	% of high-risk food premises inspected once every 4 months while in operation
Safe Water	2.3	% of Class A pools inspected while in operation
Infectious Diseases	3.1	% of personal services settings inspected annually
	3.6	% of laboratory confirmed gonorrhoea cases treated according to guidelines
Vaccine Preventable Diseases	4.1	% of HPV vaccine wasted that is stored/administered by the public health unit
	4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection
	4.4	% of school-aged children who have completed immunizations for hepatitis B
	4.5	% of school-aged children who have completed immunizations for HPV
	4.6	% of school-aged children who have completed immunizations for meningococcus
	4.7	% of MMR vaccine wasted
	4.8	% of 7 or 8 year old students in compliance with the ISPA
	4.9	% of 16 or 17 year old students in compliance with the ISPA
	4.10	% of influenza vaccine wasted ¹

¹ Similar to the % of MMR vaccine wasted, this indicator will monitor the percentage of wastage of publicly funded influenza vaccine that is stored, transported, or administered by public health units and health care providers. This indicator relates to the effectiveness of vaccine storage, handling and management practices by the public health unit and health care providers. It is believed there are significant opportunities for cost savings by implementing efforts to reduce vaccine wastage, and this is a priority for the ministry. The *Vaccine Storage and Handling Protocol, 2008* (or as current) requires that vaccine wastage should not exceed five percent for any one product. The formula and report will be similar to the MMR indicator and the data source will be from Panorama.