

Progress requires ‘hard targets’

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Ontario’s rate of teen mothers between 2006 and 2010 was 3.7 per cent. For low-birth-weight babies, the rate was 6.5 per cent. About 85 per cent of pregnant women in the province receive prenatal care in the first trimester.

Are those numbers good? Bad? Better or worse than expected?

It’s impossible to know because there are no hard targets when it comes to these types of health outcomes.

Check the Ontario Public Health Standards, which govern the mandatory programs that are the responsibility of public health units, and you won’t find specific targets listed. Same for the province’s 71-page Reproductive Health Guidance Document, which was published last year.

Instead, there are any number of generic recommendations to increase awareness or reduce rates or improve behaviours for certain outcomes.

It raises a debate about the effectiveness of setting actual quantifiable goals in the provision of health programs.

“Hard targets focus public attention ... which tends to shake up government,” said Lea Caragata, a Wilfrid Laurier University professor of social work.

“And even without that, hard targets give bureaucrats — the people on the ground doing the work — something to focus on.

“But then the trick of the question is what should the hard targets be, because something like maternal health is influenced by so many things.”

New Zealand’s Ministry of Health, for example, publishes an entire Internet-based section on health targets that must be met by the country’s 20 district health boards, including an interactive spreadsheet that can be downloaded showing the performance of each board for the various targets.

In 1997, Ontario’s health ministry did set a hard target of reducing the province’s low-birth-weight rate to 4 per cent by 2010.

Instead, the rate actually worsened over the 13 years, the deadline passed and there were apparently no consequences for failing to meet the

objective.

Ontario Health Minister Deb Matthews suggests the issue is more a question of semantics.

“Whether you set an aspirational target or you look for movement in the right direction, I wouldn’t call that a profound difference of opinion,” said Matthews.

“I think it’s good to set targets,” she added. “I also think it’s important to report on progress toward those targets or lack of progress.

“I think it’s really important to be transparent about what it is you’re doing and report on it, and where you’re not achieving your targets, to understand why not and what you need to do differently.”

At the federal level, the issue of hard targets becomes more complicated.

The federal government provides health funding for First Nations, but the specific method of providing health programs can be a collaboration between the First Nations themselves and the federal and provincial governments.

“In setting the health priorities in their own communities, First Nations may choose to establish hard targets for birth outcomes,” said Health Canada spokesperson Gary Holub, “or may seek to more broadly improve the health outcomes of babies and children across a range of indicators.”