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YORK REGION PUBLIC HEALTH BRANCH BALANCED SCORECARD

The Health and Emergency Medical Services Committee recommends that:

- 1. The presentation from Nadine D'Entremont, Continuous Quality Improvement Policy Planning Coordinator and Dr. Erica Weir, Associate Medical Officer of Health regarding York Region Public Health Branch Balanced Scorecard be received; and,**
- 2. The recommendations contained in the following report, May 28, 2008, from the Commissioner of Community and Health Services be adopted, with the addition to Recommendation No. 1 of circulating the Report to the Central Local Health Integration Network (LHIN).**

1. RECOMMENDATIONS

It is recommended that:

1. The York Region Public Health Branch Balanced Scorecard be circulated to the Association of Municipalities of Ontario, the Province of Ontario, the Ontario Agency for Health Protection and Promotion, local boards of health, local municipalities, and other public health stakeholders for their comments.
2. Staff be directed to report back in six months on the implications of balanced scorecard findings.

2. PURPOSE

This report informs Council about a York Region Public Health Branch initiative to develop a balanced scorecard on public health performance and plans to disseminate the report for feedback and evaluation.

3. BACKGROUND

The balanced scorecard provides a balanced perspective on an organization's performance

The development of performance measures in public health has been a universally challenging process. In 2004, the Institute for Clinical Evaluative Sciences published a report, "Developing a Balanced Scorecard for Public Health," that suggested that public

health adopt a balanced scorecard framework for performance measurement. The balanced scorecard is made up of a set of measures grouped into four quadrants that give an overall picture of the mandate, effectiveness, and efficiency of an organization.

The balanced scorecard was initially developed as a business tool to provide a more inclusive and balanced perspective on an organization's performance that looks at measures beyond financial. It was quickly adapted for fields beyond business including hospitals, the public sector, and public health. The public health balanced scorecard framework, proposed by the Institute for Clinical Evaluative Sciences, is composed of four quadrants: Health Determinants and Status, Resources and Services, Community Engagement, and Integration and Responsiveness. The Health Determinants and Status quadrant encompasses measures that make up traditional community health status reports such as rates of disease and health behaviours among York Region residents. The Resources and Services quadrant contains measures on inputs, including financial and human resources, as well as outputs, such as key activities and level of service. The Community Engagement quadrant includes measures of client and community satisfaction and participation in program planning and delivery. The Integration and Responsiveness quadrant includes measures of health unit responsiveness to emerging issues and evolving evidence.

Capacity Review Committee recommended balanced scorecard approach for transparency and accountability

In May 2006, the Capacity Review Committee, appointed to lead a review of the organization and capacity of Ontario's local public health units, released its final report. One of the recommendations of this report, which focused on increased accountability, is that health units be required to produce an annual report for their funders and the general public, with both health status and performance indicators, to ensure transparency and accountability. The Committee recommended that the Institute for Clinical Evaluative Sciences balanced scorecard framework be "strongly considered" for this purpose at both the provincial and local levels.

York Region Public Health Branch joins early adopters of the balanced scorecard

In the past few years a small number of Ontario health units have adopted or are exploring the application of the balanced scorecard framework for public health performance measurement. In 2007, the York Region Public Health Branch joined the group of early adopters and experimented with developing public health performance measures using the balanced scorecard framework. A participatory process was used to engage public health program areas and other regional departments to develop performance measures for key activities in 2007. Many public health stakeholders, including the Province and other health units, have expressed interest in this process and the York Region Public Health Branch Balanced Scorecard.

In late 2007, the Ministry of Health and Long-Term Care convened a provincial task group, currently ongoing, to make recommendations on public health performance reporting. The lessons learned from the York Region initiative will help to inform this task group.

4. ANALYSIS AND OPTIONS

The balanced scorecard report groups key activities into five themes

The first balanced scorecard report contains a comprehensive set of measures of key activities categorized into five themes:

1. Control and Prevention of Infectious Disease and Health Hazards
2. Reproductive Health and Infant/Early Childhood Development
3. Chronic Disease and Injury Prevention
4. Nutrition and Physical Activity
5. Inclusivity, Immigration and Population Growth

Where available, measures of service delivery level, reach, and effectiveness have been provided. Per capita costs and staffing levels for mandated programs, as well as level of community engagement and responsiveness, are also reported.

Limitations were identified through the process

In this first attempt at developing performance measures using the balanced scorecard framework, the Public Health Branch encountered some limitations:

- This initial report provides only a snapshot of certain key activities conducted by the York Region Public Health Branch. Over time, it will be possible to look at trends.
- Comparative data for certain risk factors are not available at the provincial level.
- Benchmarks and provincial comparators are lacking overall.
- The effectiveness of certain strategies is not easily measured in quantity.

Next steps will include ongoing evaluation

This report provides a baseline for 2007. It is recommended that the York Region Public Health Branch Balanced Scorecard be disseminated to the Association of Municipalities of Ontario, the Province of Ontario, the Ontario Agency for Health Protection and Promotion, local boards of health, local municipalities, and other public health stakeholders. The balanced scorecard process and product will continue to be evaluated by its producers and users. The results of the evaluation will assist in refining performance measures to ensure greater transparency and accountability and to provide a better basis for decision-making.

5. FINANCIAL IMPLICATIONS

Costs associated with the development and production of the balanced scorecard for the York Region Public Health Branch were accommodated within the existing Public Health budget.

6. LOCAL MUNICIPAL IMPACT

The York Region Public Health Branch Balanced Scorecard describes the mandate of the York Region Public Health Branch, the key activities delivered in 2007, the level of service delivered, and allocation of resources between programs. This information demonstrates the degree of alignment between these components and provides a basis for decision-making to improve this alignment, as required, through changes to service delivery or resource allocation to better meet the public health interests of York Region residents.

7. CONCLUSION

There is a growing movement towards increased accountability in public health. The York Region Public Health Branch, as an early adopter, has produced its first balanced scorecard. This report will be disseminated and evaluated. Lessons learned from this initiative will inform future measurements of the Public Health Branch performance.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health and Director of Public Health Programs at Ext. 4012.

The Senior Management Group has reviewed this report.

(The attachment referred to in this clause is enclosed separately.)