

York Region Public Health Balanced Scorecard



aPHa Annual Conference

Shelley Stalker
Nadine d'Entremont

June 13, 2011



Our starting point

- To describe what we do
- To identify what we do well
- To identify areas for improvement
- To report to the board of health



Accountability

- Having to be answerable to someone, for meeting defined objectives.
- Has financial, performance, and political/democratic dimensions.

From Robert Schwartz, Approaches to Accountability in Public Health (Public Health Unit Web Survey)



The Public Health Balanced Scorecard



Institute for Clinical Evaluative Sciences, 2004



Approach

- Focus on areas where bulk of resources are allocated
- Derive concepts we want to measure (e.g. level of service, reach)
- Use objective criteria for indicator selection
- Recognize that process is iterative
- Incorporate the Balanced Scorecard into CQI



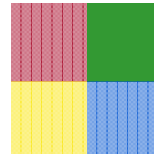
BSC 2007: Participatory process

- Meetings with all public health program areas
- Consensus-building process:
 - Three levels of public health staff
 - External stakeholders
 - External facilitator



BSC 2007: Resources + Services

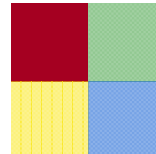
- Key activities identified by program areas
 - Level of service: total number of outputs
 - Reach: proportion or number of clients
 - Effectiveness: baseline measures of an objective of the activity
- Financial measures in separate section





BSC 2007: Health Determinants + Status

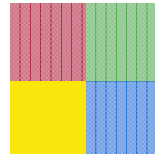
- Delphi exercise to select
- Indicators selected from existing survey and administrative databases
- Not directly linked to key activities





BSC 2007: Community Engagement

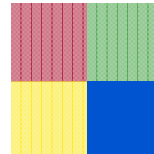
- Measures related to:
 - client involvement in program planning/evaluation
 - volume of media encounters
 - volume of information products





BSC 2007: Integration + Responsiveness

- Measures related to:
 - staff morale/engagement
 - continuing professional development
 - emergency planning





Factors that influenced changes in next Balanced Scorecard (2009)

- Staff feedback
- Alignment with *Initial Report on Public Health*
- New guidelines for indicator selection



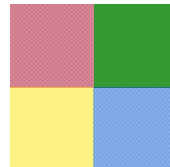
BSC 2009: Centralized process

- Divisional champions
- No external stakeholders
- Standardized conceptual definitions
- Improvement of data dictionary



BSC 2009: Resources + Services

- 4 key activities per division
- Indicator criteria more stringently defined:
 - level of need (measurable target population)
 - reach (introduced denominator)
 - level of service (per FTE)
- Effectiveness indicators more closely linked to logic models





BSC 2009: Health Determinants + Status

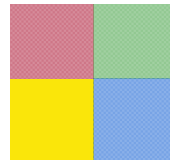
- Directly linked to key activities
- Comparison to measures from peer group health units where available





BSC 2009: Community Engagement

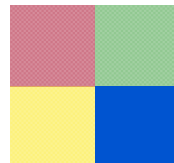
- Case studies
- One per division
- Guiding questions for case studies:
 - How are we engaging the community?
 - How do we ensure community input into public health planning and service delivery?





BSC 2009: Integration + Responsiveness

- Case studies
- One per division
- Guiding questions for case studies:
 - How do we increase the capacity of community partners to address public health needs?
 - How do we identify and respond to emerging issues?
 - How do we ensure employees continue to develop professional competency?





Next steps

- Explore options for addressing data gaps
- Trend analysis
- Align with Accountability Agreement indicators
- Consider measurement of Organizational Standards

Questions?

