

Program Review Situational Assessment Questionnaire: Need and Impact

INTRODUCTION

Program Standard:
Program Standard Goal:
Is this requirement: 1. Stand Alone 2. Combined with other requirements. 3. Separated out because of the topic
Requirement (s) # and Statement (s):
Director's Signature:

PART 1: ASSESSMENT of NEED

1. The Requirement is Directed toward a Cause of Morbidity

1. List the causes of morbidity that this requirement is meant to prevent, reduce or eliminate? (column H in program spreadsheet)

A. For each cause of morbidity, describe the data on hospitalizations in Leeds, Grenville and Lanark (LGL) and the source and year of the data. Note whether the cause of morbidity is in the top 10 overall causes of hospitalization. If there is no data available, indicate “unknown”.

Cause of Morbidity	Hospital Data/Lengths of Stay by Cause	Among top 10 causes of hospitalization (Y or N)	Data Source and Year, Data Quality Comments

B. For each cause of morbidity, describe the disease incidence in LGL and list the data source and year. Note whether the incidence is significant (age standardized incidence rate is > 10 per 100,000). If there is no data available, indicate “unknown”.

Cause of Morbidity	Age Standardized Incidence Rate	Incidence significant (> 10 per 100,000) (Y or N)	Data Source and Year Data Quality Comments

C. For each cause of morbidity, describe the trend in the incidence rate in LGL and note whether the trend is statistically significant. If there is no data available, indicate “unknown”.

Cause of Morbidity	Trend in Incidence Rate in LGL	Statistically significant (Y or N) Include the p-value.	Data Source and Years Data Quality Comments

D. For cause of morbidity, provide the **standardized incidence ratio (SIR)** and note whether any it is statistically significant. If there is no data available, indicate “unknown”.

Cause of Morbidity	Standardized Incidence Ratio	Statistically significant (Y or N)	Data Source and Years Data Quality Comments

E. For those causes of morbidity where there is not local data available due to a lack of reporting, present the evidence on the incidence of the disease in other jurisdictions and explain why it is relevant to LGL.

Cause of Morbidity	Disease Incidence in other jurisdictions	Relevance to LGL	Data Source and Year Data Quality Comments

2. The Requirement is Directed Toward a Cause of Mortality

2. What are the causes of mortality that this requirement is meant to prevent, reduce or eliminate? (column H in program spreadsheet)?

A. For each cause of mortality, indicate the age adjusted mortality rate in Leeds, Grenville and Lanark (LGL) and the source and year of the data. Note whether the mortality rate is among the top 10 causes of mortality.

Cause of Mortality	Mortality Rate in LGL	Among top 10 causes of mortality (Y or N)	Data Source and Year Data Quality Comments

B. For each of the causes of mortality, indicate the number of years of life lost (PYLL – potential years of life lost and the source and year of the data. Not whether the PYLL is among the top 10 in LGL.

Cause of Mortality	Potential Years of Life Lost in LGL	Among top 10 causes of PYLL (Y or N)	Data Source and Year Data Quality Comments

C. For each of the causes of mortality, describe the trend in the mortality rate in LGL and note whether the trend is statistically significant. If there is no data available, indicate “unknown”.

Cause of Mortality	Trend in Mortality Rate in LGL	Statistically Significant (Y or N) . Include p-value.	Data Source and Year Data Quality Comments

D. For each cause of mortality, indicate the **standardized mortality ratio (SMR)** and the source and year of the data. Note whether the SMR is statistically significant.

Cause of Mortality	Standardized Mortality Ratio	Statistically significant (Y or N)	Data Source and Year, Data Quality Comments

3. The Requirement is Directed Toward a Risk Factor and/or Cause that Is Prevalent in Our Community

3. List the risk factors for the causes of morbidity and mortality that this requirement is meant to prevent, reduce or eliminate? (column J in program spreadsheet)

A. For each risk factor, provide the data that describes the prevalence of the risk factor in Leeds, Grenville and Lanark (LGL) and the source and year of the data. If there is no data available, indicate “unknown”.

Risk Factors	Prevalence of Behaviour or Health Threat	Data Source and Year Data Quality Comments

4. Economic Burden of Illness: The Requirement is Directed toward a Cause/Problem with Large Costs

4. List the causes of morbidity/mortality that this requirement is meant to prevent, reduce or eliminate that have an economic burden associated with them?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

A. For each cause of morbidity/mortality, list the type of **direct costs**, the annual monetary value of those costs (if available) and the data source. If there is not data on the monetary value, please indicate “unavailable”.

Causes of Morbidity/Mortality	Type of Direct Cost	Cost (Annual Monetary Value or cost per case)	Data source and year

B. For each cause of morbidity/mortality, list the type of **indirect costs**, the annual monetary value of those costs (if available) and the data source. If there is not data on the monetary value, please indicate “unavailable”.

Causes of Morbidity/Mortality	Type of Indirect Cost	Cost (Annual Monetary Value or cost per case)	Data Source and year

5. Potential Consequences If Requirement Not Implemented

A. If this requirement were not implemented, would there be a potential **increase in morbidity and/or mortality**?

Causes of Morbidity/Mortality	Description of consequences of not implementing requirement	Timeframe that consequences might occur	Data Source and year

B. If this requirement were not implemented would there be other **costs to society** (i.e direct or indirect economic burden)?

Other societal costs	Description of consequences of not implementing requirement	Timeframe that consequences might occur	Data Source and year

PART 2: ASSESSMENT of IMPACT

The impact criteria relate to a specific public health protocol or intervention, and its ability to make impact on the need (problem and/or burden of illness) described in the first part of this questionnaire. The first set of questions asks you to specify and describe the protocol or intervention(s) that are being put forward for each requirement.

1. Does this requirement have associated protocols? YES NO

△ If yes, please list and briefly describe the protocols in the table below and go to the questions on effectiveness.

Name of Protocol(s)	Brief Description

2. List and briefly describe all of the interventions that have been identified to address the need and fulfill the requirement and go to the questions on effectiveness.

Name of Intervention(s)	Brief Description (include target population, setting, risk factor(s) addressed, outcomes being achieved, etc). If it is a past health unit activity/program, include the name of the program (i.e Baby Talk).	Source: past activity, best practice, other health unit, gov't agency, etc

2. List all of the health unit programs/activities that are currently being done to meet this requirement, indicate whether they will be included in the review and provide the rationale.

Current health unit programs	Included in the review -Yes or No	Rationale

6. Effectiveness: Evidence of the effectiveness of the protocol or intervention in the scientific literature or in reviews of best practice.

A. Describe the specific nature of the effectiveness evidence gathered from the research literature for the protocol(s) or intervention(s) are If there is not any evidence for a protocol or intervention, indicate “not available” in the “name of study” column and make an appropriate conclusion in the last column, using the definitions in the criteria document of “does not work”, “may work”, “works”, and “works well”.

Name of Protocol or Intervention	Name of the Study/Report and Source	Type of Evidence (Use hierarchy of evidence).	Summary of Findings (description of the evidence and circumstances under which the intervention is effective/factors that make the intervention effective/ineffective).	Conclusion of Study (Does Not Work, May Work, Works, Works Well)

B. Summarize the OVERALL nature of the evidence for each protocol or intervention, by writing the number of the types of research found for each category of works well, works, may work, does not work.

Name of Protocol or Intervention	Evidence Summary - Effectiveness			
	Does Not Work	May Work	Works	Works Well
Example – Comprehensive School Health		1 summary	2 single studies	1 grey literature

7. Cost Effectiveness: Evidence that the benefits of the protocol or intervention justify the costs which are incurred in delivery.

- A. Describe the evidence from the **research literature** regarding cost-effectiveness of the protocols or interventions, outlining the benefits and the costs. Come to a conclusion regarding the cost-effectiveness, using the definitions in the criteria document of “does not work”, “may work”, “works”, and “works well”. If there is not any cost-effectiveness evidence for a protocol or intervention, indicate “not available” in the “name of study” column and make an appropriate conclusion in the last column.

Name of Protocol or Intervention	Name of the Study/Report and Source	Type of Evidence (use hierarchy of evidence).	Describe the benefits of the intervention from the research (i.e how it addresses the problems, the outcomes it achieves)	Describe the costs of the intervention from the research (i.e - \$ to implement, other costs associated).	Conclusions of study (Does Not Work, May Work, Works, Works Well)

B. Summarize the OVERALL nature of the evidence for each protocol or intervention, by writing the number of the types of research found for each category of works well, works, may work, does not work.

Name of Protocol or Intervention	Evidence Summary – Cost-Effectiveness				
	Does Not Work	No Conclusion can be reached	May Work	Works	Works Well
<i>Example – Comprehensive School Health</i>		<i>1 summary</i>	<i>2 single studies</i>		

8. Appropriate to this Health Unit

A. Indicate whether the protocols or interventions are considered to be primary, secondary or tertiary prevention and a rationale based on the definition in the criteria document.

Name of Protocol or Intervention	Type of Prevention (primary, secondary, tertiary)	Rationale – Explain why this intervention is a primary, secondary or tertiary type of prevention.

B. Do the protocols or interventions address any of the following determinants of health in order to reduce health inequities in priority populations? If yes, explain how the intervention will address the determinants of health and will reduce health inequities.

Determinants of Health	Name of Protocols or Interventions	Explain how the intervention(s) address the determinants of health.
Income and social status <i>Higher social and economic status is associated with better health</i>		
Social support networks <i>Support from families, friends and communities is associated with better health</i>		
Education and literacy <i>Health status improves with level of education</i>		
Employment/working conditions <i>Unemployment, underemployment, stressful or unsafe work are associated with poorer health</i>		
Social and physical environments <i>The communities as well as the physical environment that people live in influences health</i>		

Determinants of Health	Name of Protocols or Interventions	Comments/Explanation
<p>Healthy child development <i>(Birth-6 years) Positive stimulation early in life improves learning, behaviour and health into adulthood.</i></p>		
<p>Personal health practices and coping skills <i>Actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health</i></p>		
<p>Gender <i>Many health issues are a function of gender-based social status or roles</i></p>		
<p>Culture <i>Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values</i></p>		
<p>Language <i>Some persons or groups may face barriers to accessing health services due to language barriers</i></p>		

9. Exclusiveness of the Activity

A. Indicate whether the protocols or interventions require exclusive implementation by health unit staff? Yes No

Name of Protocol or Intervention	Exclusive Implementation (Yes or No)	If exclusive implementation is not required, describe how other organizations or individuals could be involved in implementation.

B. If the protocols or interventions require exclusive implementation by specific types of health unit staff, indicate the reason and describe the rationale as described in the criteria document.

Name of Protocol or Intervention	Reason for Exclusive Implementation (Technical and professional skills, scope of practice, legislation).	Rationale (name the specific core competency, scope of practice guideline and/or piece of legislation).