

Program Review Questions and Answers

Q: Why are you conducting a program review?

A: In 2006, the Board of Health passed a motion for the Health Unit to undertake a comprehensive programs and services review in order to justify annual enhancement requests to meet mandated programs and services. At the time of the motion, staff were aware that the Mandatory Health Programs and Services Guidelines were undergoing a technical review at the provincial level, and recommended that a local programs and services review be postponed until the guidelines were revised. Subsequently, the new Ontario Public Health Standards (OPHS) were released in October 2008 with additional requirements and protocols, but without an increase in provincial funding. Implementation of the OPHS will require decisions regarding the elimination/modification of existing programs and services and the development of new programs and services. A sound decision making and priority-setting method, based on multiple sources of evidence and proper documentation, is required in order to ensure that decisions made have a strong and documented rationale and resources are allocated in the most effective and efficient manner.

Q: What do you hope to accomplish with the review?

A: Using an evidence based planning process, as outlined in the OPHS, consistently throughout the organization, will help the Health Unit determine the focus for local programs and services based on our local context and enable us to allocate resources to requirements based on local need, impact, capacity and partnerships/collaboration. Such a process is strategically aligned with our Moving Upstream goals of evidence-based decision-making and an integrated planning framework.¹

The specific **objectives** of the process are:

1. To meet the Board of Health's requirements for a comprehensive programs and services review.
2. To systematically assess OPHS requirements based on need, impact, capacity and partnerships/collaboration.
3. To set priorities for delivery of OPHS requirements based on need and impact.
4. To determine the levels and types of human and other resources required for OPHS implementation.
5. To allocate current human and financial resources to OPHS requirements.

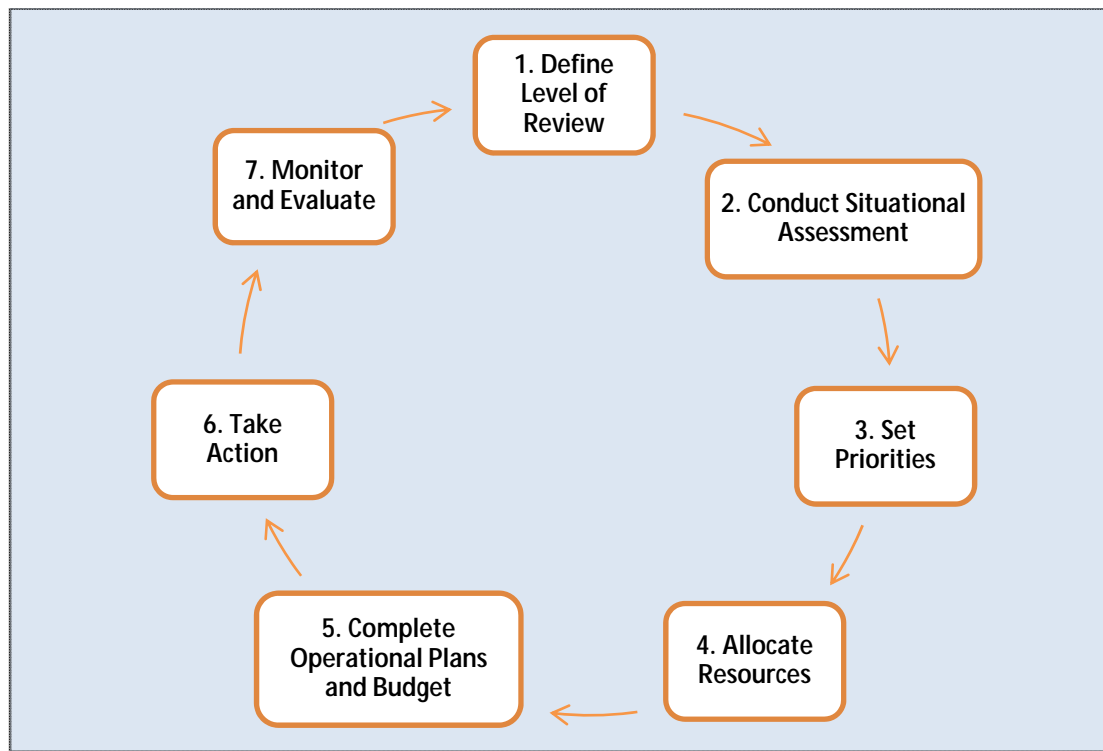
¹ Leeds, Grenville and Lanark District Health Unit. Moving Upstream. Health Unit Strategic Plan. 2006-2012.

Q: What is included in the review? What is not included?

The **focus** of the review is the program requirements in the Ontario Public Health Standards, which can be found at the following link: www.health.gov.on.ca/publichealthstandards. Most of the requirements will be assessed for need and impact. The emergency preparedness standard, foundational standard and the requirements for assessment and surveillance and 24/7 coverage in each of the 13 program standards will not be assessed for need and impact, but will undergo the capacity assessment. Those requirements that refer to 100% funded programs will not be included in the prioritization process (i.e. Smoke-Free Ontario, Healthy Babies Healthy Children).

Q: How are you conducting the process?

The program review and prioritization process consists of 7 steps as below:



Q: How are you setting your priorities?

We are setting priorities based on evidence of local need (the burden of illness in our community) and impact (the potential of an intervention to mitigate the burden of illness). There are 9 prioritization criteria that have been established: 5 to assess need and 4 to assess impact. Each requirement in the OPHS will be assessed against these criteria. Each criterion will be scored on a scale of 1 to 5 and a total score will be calculated for each requirement, based on a weighting system. These scores will allow the ranking of OPHS requirements.

Q: How will you be allocating resources?

The need and impact scores for each requirement will be used, along with the data collected on the capacity and partnership assessments, to assign current health unit resources to program requirements. The capacity and partnership assessments will also provide data to estimate the total amount and types of resources needed to fully implement the OPHS.

Q: Who is involved in the program review process?

There are many stakeholders involved in the process, including:

- **Board of Health:** As the governing authority, the Board of Health is ultimately accountable for the process to meet their requirements for a comprehensive programs and services review and ongoing communication with and involvement of Board members is critical.
- **Program Review Steering Committee:** In order to involve the Board of Health and external stakeholder groups, such as municipalities and partner organizations, a program review steering committee has been formed, which will be responsible for monitoring the program review methodology, advising the prioritization committee, establishing an accountability strategy (including an appeals process) and establishing a communication and engagement plan.
- **Program Review Team:** Successful completion of the process requires the commitment of dedicated, objective staff from each department within the Health Unit for a designated period of time, working in a team environment with leadership from the Quality Improvement Department to collect and document the data/evidence on need, impact, capacity and partnerships.
- **Program Prioritization Committee:** The Program Prioritization Committee's purpose is to score all need and impact situational assessment questionnaires using the 9 prioritization criteria and situational assessment information. The committee will consist of health unit management and non-management staff, with equal representation from each program department. Members are NOT on the committee to represent their particular department's interests in the prioritization process, but simply to score the questionnaires based on their interpretation of the evidence. Members of the prioritization committee have been instructed to score the situational assessment questionnaires based solely on the evidence submitted, not based on their individual experiences, knowledge or opinions.
- **Health Unit Staff:** Staff who are not directly involved in the program review will be provided with general information and updates on the review. Staff have also been given the opportunity to review the prioritization criteria and make evidence-informed suggestions.

Q: When will the review be completed?

The program review process will be conducted systematically for all OPHS program requirements throughout 2009 and 2010. The original goal for completion of the review was to have the 2010 program operational plans and budget based on priorities identified through this process. However, the

second wave of the pandemic H1N1 influenza virus in the fall of 2009 has delayed the completion of the program review into the spring/summer of 2010.

Q: Have you already made changes to your programs and services?

No. In order to manage the review internally however, we have had to suspend new program development throughout 2009 and early 2010, and in some cases we may have decreased routine service delivery. Partner organizations and the public may have felt the impact of some of these decisions. Permanent changes to programs and services will not be made until the program review process is complete.

Q: How are you ensuring that the process is fair and objective?

Priority-setting is not only a technical act; it is an ethical and a social act. The challenge of any priority setting process is to balance the technical part with the people part. Therefore, people's values and assumptions will come into the process and opportunities must be given for people to express these values and assumptions. The fairness of the priority setting process is very important, as an ethical issue, as a fair process is more likely to produce fair outcomes and be accepted by the stakeholders.²

Accountability **for reasonableness strategy** is comprised of the following 5 conditions:

1. Relevance: Decisions should be based on reasons (evidence, principles, values, or arguments) that fair-minded people agree are relevant under the circumstances.
2. Publicity: Decisions and their rationales and the processes that led to the decisions should be made publicly and conveniently accessible.
3. Revision: There should be accessible opportunities and processes to revise decisions based on further evidence or arguments and there should be a mechanism for challenges, appeals and dispute resolution.
4. Enforcement: There should be either voluntary or public regulation of the process to ensure that the other four conditions are met.
5. Empowerment: There should be efforts to optimize effective opportunities for participation in priority-setting and to minimize power differences in the decision-making context.

² Ministry of Health and Long-Term Care. Health System Intelligence Project – 2008. The Health Planner's Toolkit. Module 7: Priority Setting.

http://www.health.gov.on.ca/transformation/providers/information/resources/health_planner/module_7.pdf
(March 16, 2009)