

Approaches to Accountability in Public Health: Very Preliminary Results

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Research Questions

From which accountability holders do Public Health Units feel pressures and for what?

What accountability approaches are in place?



What are the perceived effects on accountability goals of performance & equity?

What are the unintended consequences?

How do contextual variables (governance/ownership, goals, service characteristics, etc.) affect the performance of accountability approaches?

What are perceived emerging effects of Ontario Public Health Standards and associated Accountability Agreements?

Methods

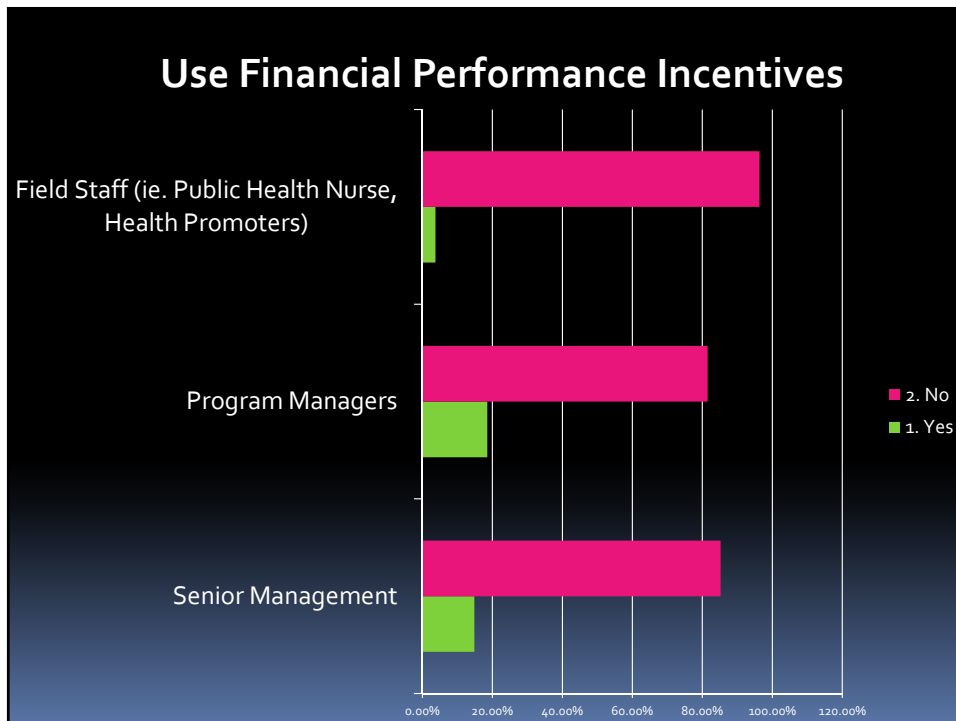
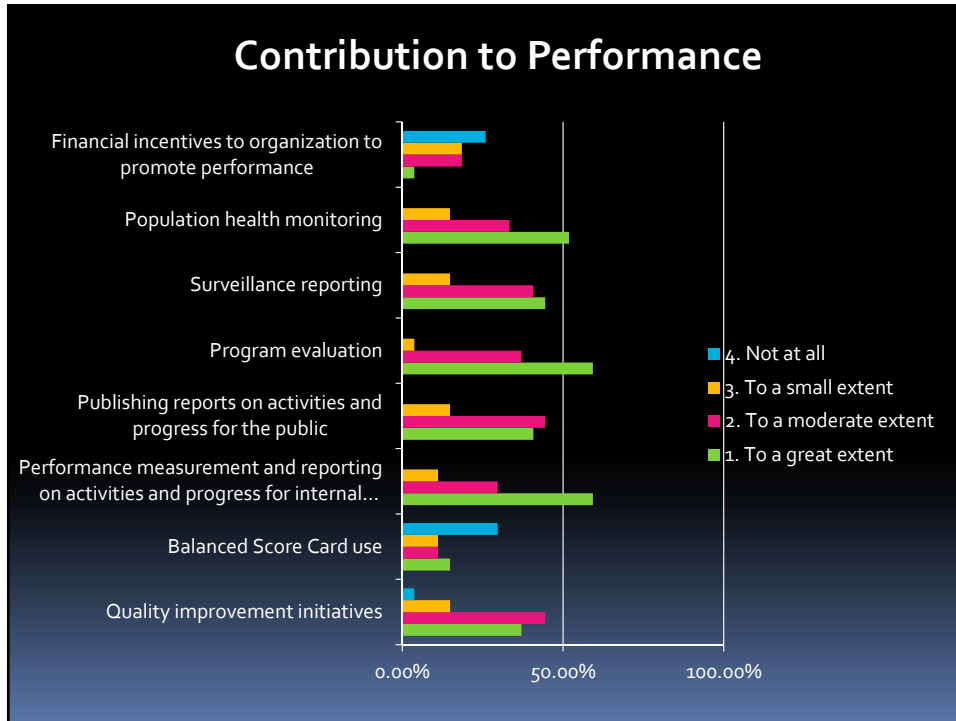
- Key Informant Interviews (n=7)
- Web-survey of Public Health Units (n=36) 

- Comparative Case Studies (n=5) (1 complete)
- Validation & interpretation meetings

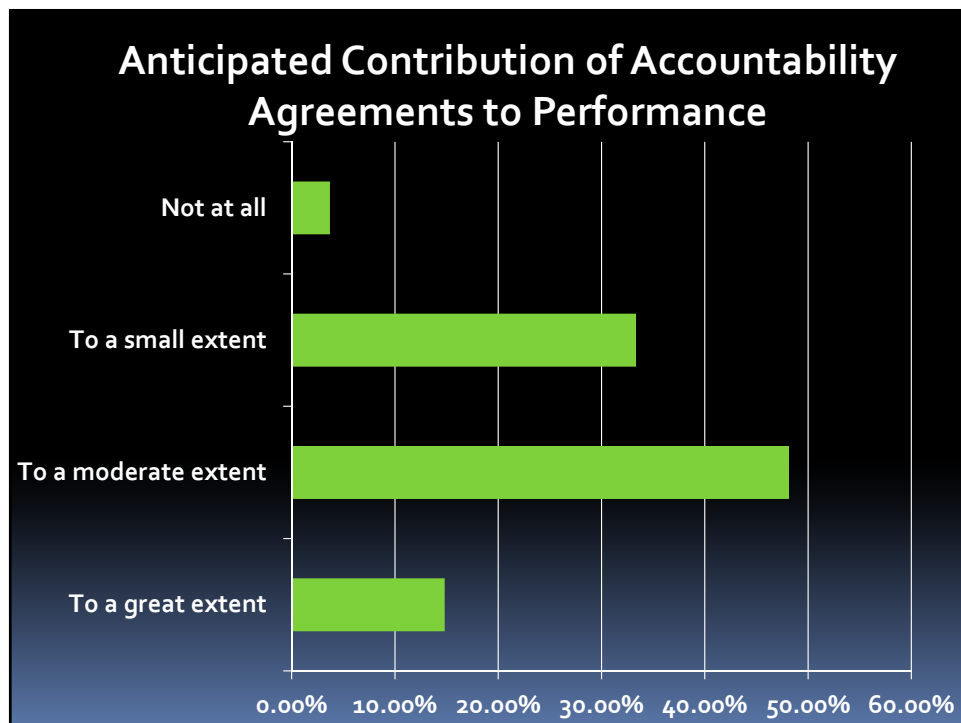
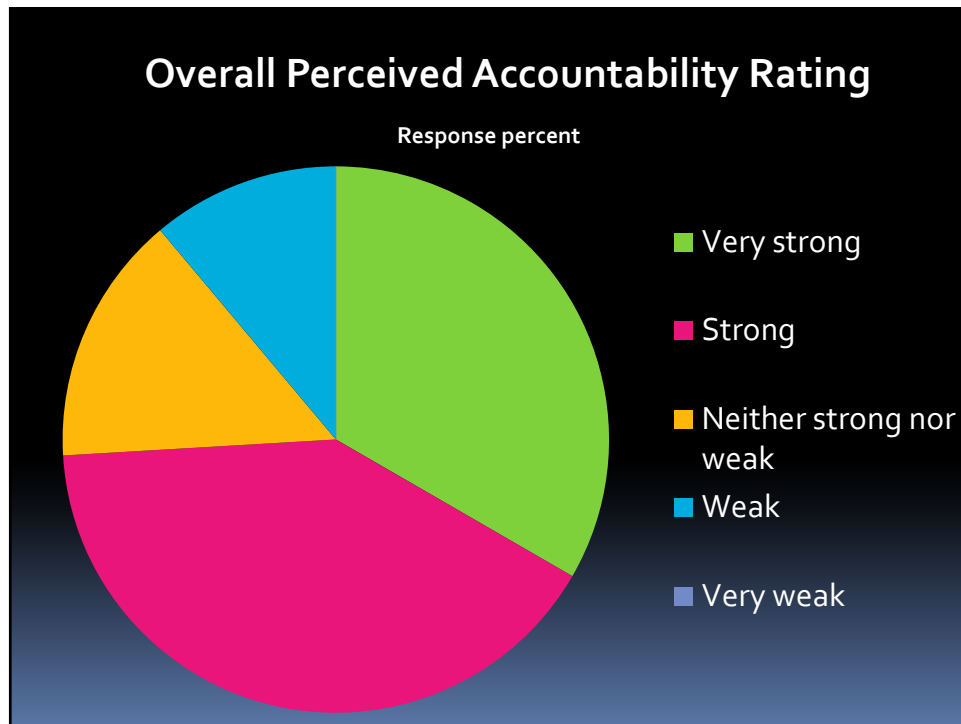
1. Primary accountability pressure are more local than provincial
2. Accountability to provincial ministries has been weak for most services

3. Pressure to demonstrate results (population level outcomes)
4. For many services measurability is an issue
5. Recent experiences with Balanced Score Cards require exploration

6. For some Public Health Units, accreditation may be an important accountability mechanism
7. Financial incentives do not seem to play much of a role
8. Several Public Health Units appear to be developing promising internal accountability mechanisms

9. Multiple accountabilities pose challenges and creates reporting burdens
10. Adjudication and consequencing of information provided for accountability is not always in place






Comments on Accountability Agreements Plus

I don't think that many of the indicators are indicative of the effectiveness of our services. Some are number counting and in other cases the relevance is lacking to us.

Some of the performance indicators are not that relevant in determining our performance. Some are beyond our control. The agreement is biased and unilateral. The government needs to address our capacity issues and funding. They state that funding is not performance "At This Time". We know what that means.



. I recognize the challenge of finding indicators that will allow tracking and accountability, and this is particularly difficult in public health where outcomes are truly occurring far into the future. I am concerned that much effort will go into satisfying these requirements that may be better applied elsewhere. It is a difficult balance

They have chosen very unsatisfactory indicators in some cases, and ones that do not reflect the true activity or the effectiveness of programmes and services.

I fully support the Accountability agreements - what gets measured gets done - we need the data to be able to tell our story and explain how the funds are being spent and our impact

I believe this is a positive step forward. The process of establishing targets will require some effort at first, but as we become more familiar with these it will become easier and more relevant to the day to day practice

Accreditation

We are an accredited agency for almost 20 years and we are well prepared for the accountability agreement.