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# EVALUATING PLANNING BODIES: SOME FIRST STEPS FROM THE DISTRICT HEALTH COUNCIL SYSTEM

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**Abstract:** The sixteen district health councils (DHCs) in Ontario are mandated to provide advice to the Minister of Health on the health needs of residents in their respective districts. Like much of the broader public service, in recent years DHCs have come under increased pressure to prove their value. This practice note reviews the evaluation efforts of a small rural DHC and discusses some of the challenges facing the DHC system as a whole as it struggles to become more accountable.

**Résumé:** Les seize conseils régionaux de santé de l'Ontario ont pour mandat de renseigner le ministre de la santé sur les besoins concernant la santé de la population qu'ils représentent. Comme beaucoup d'autres organismes du secteur public ces derniers années, les conseils régionaux de santé ont dû faire face à une pression croissante les incitant à prouver leur valeur. Cette note discute les efforts d'un petit conseil régional de santé en milieu rural pour s'évaluer et explore certaines difficultés rencontrées par l'ensemble de ces conseils régionaux de santé s'efforçant de devenir plus responsables.

## DESCRIPTION OF STUDY

The district health council (DHC) system in Ontario is composed of sixteen semi-autonomous organizations each with a small staff that takes direction from a council made up of volunteers appointed by the Minister of Health. The primary function of these councils is to provide the Minister of Health with advice on the health needs of residents of the districts. To this end, the councils undertake community planning on a variety of projects that have been identified as a priority by the Minister of Health (e.g., mental health, long-term care) or by the specific communities they serve (e.g., women's health, child nutrition). This dual accountability to both the funder (Ministry of Health) and the community, although

not unusual in the broader public sector, generates some challenges when issues of accountability are considered. In particular, it raises the question whether a council can be consistently and simultaneously accountable to two masters, and suggests that the boundaries of each of these accountability relationships need to be well defined prior to undertaking evaluation activities.

Like many publicly funded organizations, DHCs have come under increasing pressure to prove their value as a component of the health system. This increased emphasis on accountability is evident in the approach taken to the recent restructuring of the DHC system, with the introduction by the Ministry of Health (1997) of memoranda of understanding and detailed work plans for each planning area to document the specific activities and milestones that will be expected of the new DHCs. This new approach, although it has potential to bring much-needed clarity to the boundaries of DHC roles, may adjust the balance between community and Ministry priorities addressed by individual DHCs.

In the pre-restructuring phase (1995–97), the Haldimand-Norfolk District Health Council, a small rural DHC that no longer exists in the restructured system, undertook a series of evaluation studies (1996a, 1996b) in response to these accountability pressures. The purpose of these studies was: (1) to determine the feasibility of incorporating a self-evaluation component into the DHC's activities (evaluability assessment), and (2) to pilot test a more outcome-focused evaluation approach.

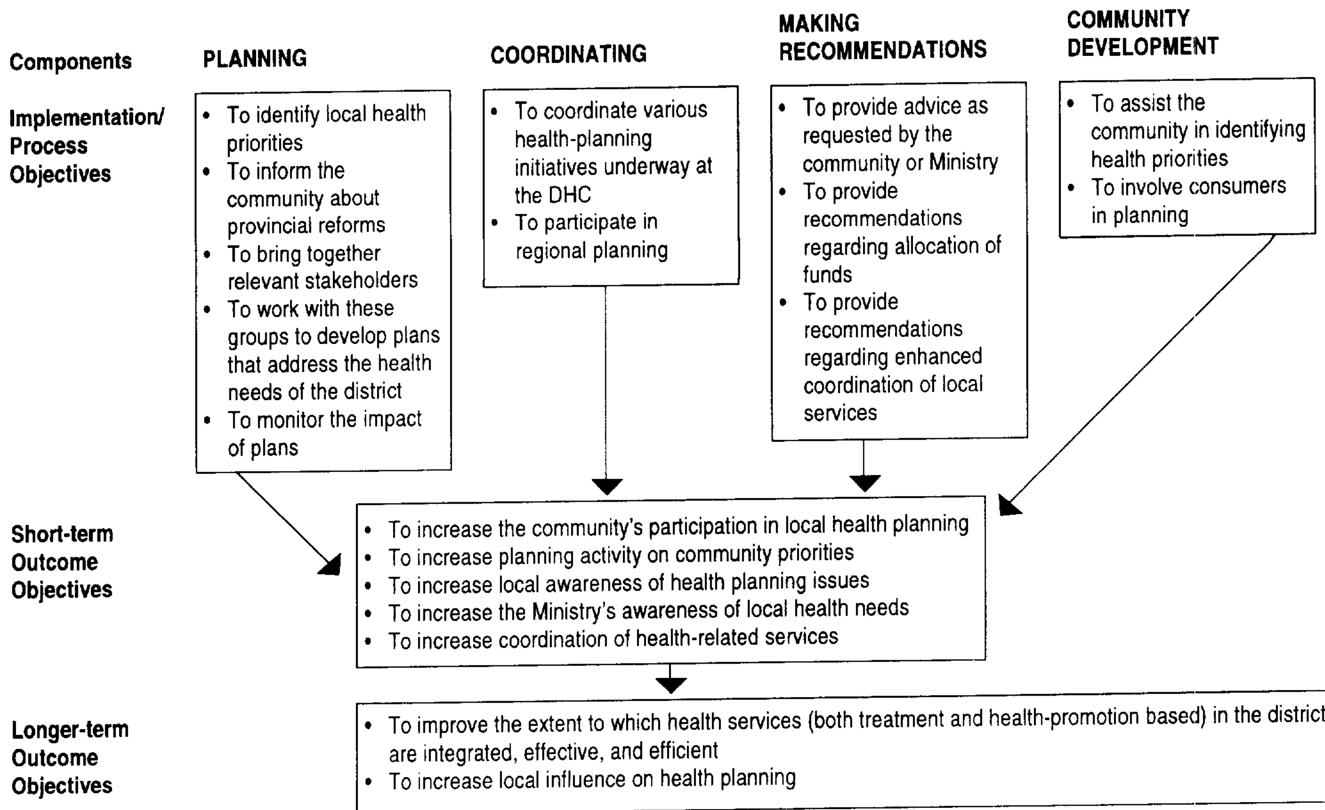
## FINDINGS AND LIMITATIONS

One of the major products of the evaluability assessment was the development of a logic model for the Haldimand-Norfolk DHC (revised version shown in Figure 1).

One of the challenges in developing the logic model was the dissonance between the very process-oriented functions of the DHC delineated by Ministry documents and the somewhat more change-oriented objectives developed by the staff, Ministry representative, and council member team that guided the evaluability assessment. These differing, albeit complementary, views are contrasted in Table 1.

Although this difference in interpretation of role is not uncharacteristic of multi-stakeholder evaluations, it does have implications

**Figure 1**
**Logic Model for a District Health Council**



for what different stakeholders may have in mind when they start to talk about increasing "accountability." An important if somewhat obvious first step to an overall evaluation framework for DHCs is, then, stakeholder consensus on DHC responsibilities. However, the many latent political roles of DHCs (e.g., diverting political pressure to the local level, acting as a scapegoat if services are changed or not implemented) may well militate against a more explicit definition of expectations for DHCs.

Other challenges that emerged when the focus of the study turned to measuring the outcomes or impacts of the DHC included:

- the District Health Council's extremely limited ability to actually cause their plans to be enacted. Unlike many jurisdictions across Canada, which have merged responsibility for the planning and management of health systems in newly created regional health authorities, Ontario has kept these functions separate. As a result, DHCs can produce prodigious amounts of both advice and plans without anything changing in the local health system, if for any number of reasons (political, financial, etc.) the Minister chooses not to implement the recommended changes. This fact, and the latent political roles of DHCs, may suggest that for the time being at least evaluation of DHCs might best be focused on process rather than outcome issues.

**Table 1**
**Differing Views of the Role of DHCs**

| DHC Functions as Defined by the Ministry of Health (Ministry of Health, 1997) | DHC Short-Term Objectives Developed by Staff, Ministry Representative, and Volunteers of Haldimand-Norfolk DHC |
|---|---|
| • To advise the Minister of Health on health needs and other health matters<br>• To make recommendations on the allocation of resources to meet health needs<br>• To make plans for the development and implementation of a balanced and integrated health care system | • To increase the community's participation in local health planning<br>• To increase planning activity on community priorities<br>• To increase local awareness of health planning issues<br>• To increase the Ministry's awareness of local health needs<br>• To increase coordination of health related services in various sectors |

- resistance to "bean-counting" on the part of DHC staff and volunteers. This relates to the perception that process evaluation is not a meaningful or valuable exercise, and that the information collection systems that would need to be implemented to measure the inputs (staff hours and resources) to various planning efforts would be onerous and overly bureaucratic.

- inadequate historical monitoring of either inputs to the planning process (e.g., staff time by project, volunteer hours by project) or outputs (e.g., follow-up on recommendation from plans) that made the retrospective focus of the more outcome-focused evaluation pilot study (Haldimand-Norfolk DHC, 1996b) somewhat problematic.

## OPPORTUNITIES FOR FUTURE STUDY

These challenges, although they were not addressed in Haldimand-Norfolk due to pending DHC restructuring, among other factors, remain as significant today for the reorganized DHC system. Other DHCs that have addressed the issue of restructuring have developed tools for monitoring the adequacy of planning project processes (Metropolitan Toronto DHC, 1997) but have not addressed in any depth the issues of the dual and fluctuating accountabilities of DHCs or their latent political functions.

Should outcome evaluation of DHCs be pursued, one possible approach is for councils to explicitly define what outcomes are expected from each of their decisions or reports. Follow-up monitoring of actual outcomes would provide a gauge of DHCs' success in matching these internally defined expectations, along with an assessment of the reasons for differences between expected and actual outcomes. Strengths of this approach include the direct involvement of the council in setting realistic expectations that can take into account, to the extent possible, political aspects of decision implementation. Weaknesses include the lack of fixed benchmarks and the difficulty of setting out explicit expectations in the environment of public scrutiny within which DHCs operate.

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