TurningPoint

Collaborating for a New Century in Public Health

Guidebook for Performance Measurement

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December 1999
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This document is produced by the Turning Point National Program Office at the University of Washington.

Acknowledgements

This guidebook benefited from the thoughtful and good-natured input of two key people:

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Infrastructure support, including computer and communications technology, was provided by:

University of Washington Health Policy Analysis Program

School of Public Health and Community Medicine
http://depts.washington.edu/hpap

Those of us affiliated with the technical assistance program of the University of Washington Turning Point National Program Office would like to express our gratitude to the many Turning Point state and local partners that participated in technical assistance workshops to help determine the contents of this guidebook. Their input and good humor were invaluable. The author, in particular, hopes that the guidebook does justice to their candor, thoughtfulness, and willingness to be perplexed.

And she hopes they find it useful.

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Introduction

"Accountability for Results!"

...a rallying cry that has taken our country by storm. And it seems that those most eager to be swept into the tempest are our government programs. Public programs of every stripe and size across the nation are shifting from seeing themselves as accountable for creating and carrying out activities to being accountable for achieving results – meeting goals, effecting change, and improving the quality of their services.

Such transformation can be *exciting*: changing the way you work, the way you assess your work, and the way you inform others of your progress. And it can be *difficult*: redefining roles and responsibilities, creating new collaborations, overcoming resistance to change.

But in public health, such struggling to understand a program's role and striving to fairly evaluate how well it's carrying out that role really isn't *new*...

We've been at this for decades!

Public health has been measuring itself in one way or another for over 80 years [1]. We've been surveying and assessing and comparing the work of state and local public health organizations across this country since about 1914, always with the intent of gathering information to improve public health practice.

To help us in these assessments, we've developed many ways of looking at the fundamental activities of public health:

- the basic six local public health services (1945)
- optimal responsibilities of local health departments (1950)
- the eight basic services of local public health (1963)
- model standards (1985)
- the three core functions (1988)
- 332 national health objectives for the year 2000 (1990)
- ten organizational practices (1990)
- and now, the essential public health services (1994) [1]

And this is just a few of these efforts – there are many others you might be thinking of right now (*yes, like* APEX*PH*)!

Along the way, the emphasis of all these evaluations and assessment tools has shifted back and forth between examining whether public health was doing things

right, and examining whether the right things were being done. We have counted visits and inspections and immunizations *(Are we doing things right?)* and we have conducted community health assessments *(Are the right things being done?)* Yet as time has marched on, we've been inching ever closer along the "doing things right–doing the right things" continuum to the "right things" end: toward measuring results rather than only measuring resources and activities, toward measuring outcomes rather than just counting inputs and outputs.

> *Assessment of service delivery at the local level of government is not new, but linking the measures, or indicators, to program mission; setting performance targets; and regularly reporting on the achievement of target levels of performance are new features in the performance measurement movement sweeping across the public and nonprofit sectors in the United States.*
> – Kathryn E. Newcomer [2]

So as government programs across the country jump into the stormy sea of "Accountability for Results!", we in public health should take pause – and a deep breath. Those big waves of performance measurement zeal we see sweeping the nation don't have to crash on top of us. We can use our history and experience to ride them! Public health is on strong footing when it comes to performance measurement – we have a history of trial and error in assessing our work and assessing the needs of those we serve. When it comes to this most recent version of organizational self assessment, we can take what we've learned and build on it.

And for what we don't know, a little common sense and some good information will help keep us upright in the water.

But we do need to watch out for the *jargon* sharks. Jargon is one of the most perplexing things about performance measurement, and can really...muddy...the waters. As the rest of this guidebook – and any person involved in performance measurement – will attest, this enterprise is not for the lexical faint of heart!

About this guidebook

The *Turning Point Guidebook for Performance Measurement* offers the fundamentals of performance measurement in public health. It covers basic information about what we mean by performance measurement in general, and background information on performance measurement in public health, in particular. It offers reasons for developing a performance measurement process and a description of the key components in developing such a process. It offers performance measurement strategies tried by public health practitioners across the country and by other public and private sector organizations.

The guidebook provides an overview of the *fundamental steps* – the key components – in developing a performance measurement process. These fundamentals are critical to developing a process that is accepted, successful, and respected. The guidebook does not offer a set of step-by-step instructions. The literature, the World Wide Web, and several public and private performance measurement consultants offer many such guidelines that walk you through each step of the performance measurement process. Although no two of these step-by-step guidelines are completely alike, there is one thing about almost all of them that is key: they have several particular, and clearly fundamental, steps in common. It is these fundamental steps, or key components, that are described in this guidebook.

Chapter 1 of the guidebook offers an answer to the question, "What do we mean by performance measurement?" It then provides definitions for some key terms, including performance measure, performance standard, and performance management, and offers some insight into how the terms program evaluation and performance monitoring and auditing are used.

Chapter 2 describes some of the unique attributes of public health that influence the design and implementation of a performance measurement process in this field of work. Chapter 3 offers seven good reasons for conducting performance measurement, no matter what field you're in. This chapter also offers a few reasons to hesitate before taking on performance measurement.

Chapter 4 gets down to basics, describing the key components in developing an effective performance measurement process. These are the fundamentals that can be found in just about any set of performance measurement guidelines. Finally, Chapter 5 offers some general guidance for reporting performance measurement results, both internally and out to constituents.

Each of the five chapters offers information on both concept and practice. The text is full of references to resources where you can find additional or more detailed information. In particular, note the boxes labeled *KEY RESOURCES*. The text also is packed with tips, insights, suggestions, illustrations, and *GOOD EXAMPLES* gleaned from public health practice, other public and private sector experience with performance measurement, and from the literature. The *GOOD EXAMPLES* are full-page worksheets designed to help you think through some key steps in developing a performance measurement process.

Finally, the guidebook ends with a *GLOSSARY*. This comes last because the text tries very hard to avoid using the jargon of the trade. This, of course, is just not possible! Consequently, wherever specific performance measurement or public health terms are used, the definitions are provided right in the text. These are then collected in the *GLOSSARY*, to give you a single location to turn to when you experience a *jargon alert*!

Who is the guidebook for?

Public health practice comes in many forms: work groups, service programs, agencies, departments, divisions, intra-agency and interagency committees, and public-private initiatives such as community coalitions and agency/community steering committees and task forces, among others. Any of these organized groups can measure the performance of its work. This guidebook is designed for any such group, no matter its size or funding mechanism or participants or any other organizing principle. To acknowledge this, the text uses the phrase **work group, program, or organization** as a catch-all for any group of public health practitioners that wants to measure its performance. It doesn't matter if you're an interagency committee or an immunization program, the phrase "work group, program, or organization" means *you*!

[1] Bernard J. Turnock and Arden S. Handler. "From Measuring to Improving Public Health Practice," *Annual Reviews, Inc.* (1997): 261-282.

[2] Kathryn E. Newcomer. "Using Performance Measurement to Improve Programs," *New Directions for Evaluation* 75 (Fall 1997): 5-13.

Chapter 1: What Do We Mean By "Performance Measurement"?

Performance measurement is a simple concept without a simple definition.

Essentially, performance measurement analyzes the success of a work group, program, or organization's efforts by comparing data on what actually happened to what was planned or intended [1]. Performance measurement asks "Is progress being made toward desired goals? Are appropriate activities being undertaken to promote achieving those goals? Are there problem areas that need attention? Successful efforts that can serve as a model for others?" [2]

Any article, book or paper you read on performance measurement will provide a good working definition – and each of these will say essentially the same thing. They might use different words or look at performance measurement from a different angle, but the underlying concept will be the same. Here are two such definitions:

> ***Performance measurement*** *is the selection and use of quantitative measures of capacities, processes, and outcomes to develop information about critical aspects of activities, including their effect on the public.* [2]

That's a pretty good definition. Here's an even simpler one:

> ***Performance measurement*** *is the regular collection and reporting of data to track work produced and results achieved.* [3]

To understand the first definition, you need to know what is meant by capacity, process, and outcome. Capacity, process, and outcome are three key components of public health practice:

> **Capacity** means the ability of a work group, program, or organization to carry out the essential public health services, and in particular, to provide specific services; for example, disease surveillance, community education, or clinical screening. This ability is made possible by specific program resources as well as by maintenance of the basic infrastructure of the public health system [2]. Capacity means, for example, that you have sufficient staff, training, facilities, and finances, among other things.
>
> **Process** means the things that are done by defined individuals or groups – or to, for, or with individuals or groups – as part of the *provision* of public health services. Process means all the things we do in public health practice; for example, conducting educational classes, performing a test or procedure, investigating a complaint, crunching data, or meeting with community groups. [2]

Outcome means a change, or lack of change, in the health of a defined population that is related to a public health intervention – such as the tests, investigations, or educational services you offered as part of your process, above. Outcomes can be of three types:

Health Status Outcome. A change, or lack of change, in physical or mental status.

Social Functioning Outcome. A change, or lack of change, in the ability of an individual to function in society.

Consumer Satisfaction. The response of an individual to services received from a health provider or program. [2]

KEY RESOURCES

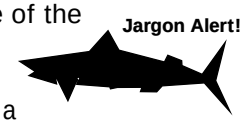
Building Results III: Measuring Outcomes for Oregon's Children, Youth, and Families. 1998. Oregon State University Family Policy Program (C. C. Pratt, et al.). Oregon Commission on Children & Families, 530 Center Street NE, Suite 300, Salem, OR 97310. Phone 503-373-1283.

Health Performance Measurement in the Public Sector: Principles and Policies for Implementing an Information Network. 1999. E. B. Perrin, J. S. Durch, and S. M. Skillman, eds. National Research Council. National Academy Press. Available from the National Academy Press, Box 285, 2101 Constitution Avenue, N.W., Washington, DC 20055. Phone 888-624-8373. Also available at http://books.nap.edu/books/0309064368/html/index.html

Virginia's Handbook on Planning & Performance. 1998. (See Section 3: Performance Measurement.) Virginia Department of Planning and Budget, Planning and Evaluation Section, 200 North Ninth Street, Room 418, Richmond, VA 23219. Phone 804-786-5132. Also available at http://dit1.state.va.us/dpb/pm/handbook/handbook.htm

Serving the American Public: Best Practices in Performance Measurement. Benchmarking Study Report. 1997. The National Performance Review (now the National Partnership for Reinventing Government). Available through the Government Printing Office. Phone 202-512-1800; Fax 202-512-2250. Also available at http://www.npr.gov/library/papers/benchmrk/nprbook.html

What is a performance measure, exactly?



Unfortunately, there is no "exactly" when it comes to our collective use of the term "performance measure." Different people have very clear and different definitions for what constitutes the "measure" part. The good news is that although there are many different ideas about what a "measure" is, there is one commonality among them:

> *A performance measure measures something...usually progress toward an objective or goal.*

So it doesn't matter if we call it a performance measure or a performance indicator or, in some cases, a performance standard. What matters is the concept:

> *A performance measure measures something.*

Here's a good, straightforward definition of a performance measure:

> ***A Performance Measure*** *is the specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance.* [2]

Key Attributes of a Performance Measure

Validity... a valid measure is one that captures the essence of what it professes to measure.

Reliability... a reliable measure has a high likelihood of yielding the same results in repeated trials, so there are low levels of random error in measurement.

Responsiveness ... a responsive measure should be able to detect change.

Functionality... a functional measure is directly related to objectives.

Credibility... a credible measure is supported by stakeholders.

Understandability... an understandable measure is easily understood by all, with minimal explanation.

Availability... an available measure is readily available through the means on hand.

Abuse-Proof ... an abuse-proof measure is unlikely to be used against that which is, or those who are, measured.

Sample Performance Measures

Proposed or Used by Public Health and Social Service Agencies Across the Nation

- Percentage of children with age-appropriate immunization levels at age two.
- Percentage of patients maintaining adequate blood glucose.
- Percentage of persons age 18-65 with disabilities who are in the work force.
- Length of time between a request for services and an actual meeting with a service provider.
- Proportion of assessed rivers, lakes, and estuaries that support beneficial uses (e.g., fishing and swimming approved).
- Percentage of constituents reporting "satisfactory" ratings.
- Whether the local health jurisdiction has access to people technically skilled in carrying out prevention programs.
- Percentage of target audiences that recall content of public service announcements, brochures, posters, or presentations.
- Number of residents on community meeting sign-up sheets.
- Proportion of adults satisfied with the health care system in the community.
- Availability of effective patient and family support programs.
- Percentage of individuals without a usual source of care.
- Increase to 65% the proportion of healthcare facility and services inspections completed within established timelines.

Then what is a performance standard?

A Performance Standard *is a generally accepted, objective standard of measurement such as a rule or guideline against which an organization's level of performance can be compared.* [5]

A performance standard establishes the level of performance expected. Standards can be descriptive or numerical. A **descriptive standard** characterizes certain infrastructure components or certain activities – that is, certain capacities or processes – that are expected to be in place. Here are some sample descriptive performance standards:

- A system for communicable disease surveillance and control shall be maintained.
- The local public health system is actively involved in the development and review of public health policies.
- The information systems in use enable the collection, use, and communication of data.

A **numerical standard** establishes a quantifiable level of achievement. For example:

- At least 80% of mental health clients and their families will be satisfied with the mental health services received.

Numerical standards are often used as minimum standards. These standards look very much like goals or objectives, except that you are evaluated on whether or not you have achieved them, not on your progress toward achieving them. For this reason, numerical minimum standards can be controversial.

Both kinds of performance standard can be considered a measure of performance, in that each helps you evaluate the success of your efforts by comparing what actually happened against the standard. The numerical standard is easiest to consider a measure because it is quantifiable – you can compare the level you achieved against the standard. The descriptive standard is harder to consider a "measure" by itself, but you can find ways to measure your level of achievement with such a standard.

To summarize, a performance measure...

...measures something. A performance measure can measure your capacity to undertake public health services, the specific things you do to provide the services, and the consequences of having provided the services. A performance measure is a quantitative representation of public health activities. Hence, if something called a performance "indicator" or a performance "standard" measures something – such as capacity, process, or outcomes – it is a performance "measure."

> *The problem with measurement is that it can be a loaded gun – dangerous if misused and at least threatening if pointed in the wrong direction.*
> – Dennis S. O'Leary [4]

How do other performance assessment activities relate to performance measurement?

Performance measurement is an aspect of performance management

Performance management is what you do with the information you've developed from measuring performance. Performance managing means using performance measurement information to manage your public health capacity and processes: for example, to review services and programs; assess and revise goals and objectives; assess progress against targets; conduct employee evaluations; and formulate and justify budgets.

> *Performance measurement is needed as a management tool to clarify goals, document the contribution toward achieving those goals, and document the benefits received from the investment in each program.*
> – U.S. Department of Health and Human Services [7]

Thoughts on Performance Management
National Center for Public Productivity

It is essential that performance measurement be considered an inherent and indispensable part of the management process. Usually, performance management is described as contributing to the following:

- Better decision-making by managers.
- More informed individual and organizational performance appraisals.
- A fostering of accountability and responsibility.
- Improved service performance.
- Greater interest by the public through clear reporting.
- Improved civic discourse based on more factual and specific reporting.

Source: National Center for Public Productivity, Rutgers University. *A Brief Guide for Performance Measurement in Local Government*. (Newark: National Center for Public Productivity, 1997). Available: http://newark.rutgers.edu/~ncpp/cdgp/Manual.htm#man4 [cited October 1999].

Performance management *is the use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals.* [6]

Performance measurement is an aspect of program evaluation

Performance measurement focuses on measuring what is occurring, but does not ask "why" or "how" it is occurring [8]. Program evaluation is a broader analysis – it incorporates performance measurement to assess what is occurring, but then looks further to determine cause and effect, to ask "why" or "how."

In its most formal sense, program evaluation compares a population that has been served by your activities against one that has not, to assess the extent to which your efforts have contributed to differences between them – that is, to determine not just whether your activities have had the intended results, but why and how. A program evaluation has several components, one of which can be performance measurement. In-depth program evaluations often – but not always – are performed by an outside organization, not by the group conducting the activities. [1,9]

Performance measurement might be referred to as performance monitoring or performance auditing

The jury is out on the definitions of performance monitoring and performance auditing. How these terms are defined greatly depends upon who is using them at any given time, and the differences among them are often quite subtle. Consequently, there isn't one good, solid definition that will clearly delineate what these two terms mean.

Darn.

> *Regular monitoring of service quality and program results is a key component of informed public management and the identification of opportunities for improved public-sector performance.*
> – Wholey and Hatry [10]

But as with the term performance measure, it doesn't matter whether we say we are conducting performance measurement, monitoring, or auditing if we are talking about a single concept:

> Using quantitative measures of capacities, processes, and outcomes to develop information about critical aspects of activities, including their effect on the public. Analyzing the success of program efforts by comparing data on what actually happened to what was planned or intended.

So if you read or hear about performance *monitoring* and it sounds like what is happening is what is described above, what you've got is performance *measurement*.

Performance measurement is not...

...punishment.

> *Performance measurement is not something done to you by someone else but something done together, in partnership, to improve our ability at every level – local, state, regional, and national – to achieve our common goals.*
> – former Assistant Secretary for Health, Philip R. Lee

[1] Oregon State University Family Study Center (Clara C. Pratt, et al.). *Building Results: From Wellness Goals to Positive Outcomes for Oregon's Children, Youth, and Families*, 2nd ed. (Salem, OR: Oregon Commission on Children and Families, 1997).

[2] Based on: National Research Council. E. B. Perrin, J. S. Durch, and S. M. Skillman, eds., *Health Performance Measurement in the Public Sector: Principles and Policies for Implementing an Information Network*. (Washington D.C.: National Academy Press, 1999).

[3] Virginia Department of Planning and Budget, Planning and Evaluation Section. *Virginia's Handbook on Planning & Performance* (Richmond: VA Department of Planning and Budget, 1998).

[4] Dennis S. O'Leary, Joint Commission on Accreditation of Healthcare Organizations. "Measurement and Accountability: Taking Careful Aim," *Journal of Quality Improvement* 21(July 1995): 354-357.

[5] Based on: Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Available at http://www.jcaho.org/perfmeas

[6] The National Performance Review (now the National Partnership for Reinventing Government). *Serving the American Public: Best Practices in Performance Measurement. Benchmarking Study Report*. (Washington, D.C.: Government Printing Office, 1997).

[7] U.S. Dept. of Health and Human Services World Wide Web Site. Available at http://aspe.os.dhhs.gov/progsys/perfmeas [cited April 1998; September 1999]

[8] Kathryn E. Newcomer. "Using Performance Measurement to Improve Programs,"*New Directions for Evaluation* 75 (Fall 1997): 5-13.

[9] Harry P. Hatry. "Where the Rubber Meets the Road: Performance Measurement for State and Local Public Agencies," *New Directions for Evaluation* 75 (Fall 1997): 31-44.

[10] Joseph S. Wholey and Harry P. Hatry. "The Case for Performance Monitoring," *Public Administration Review* 52 (Nov./Dec. 1992): 604-610.

Chapter 2: Performance Measurement In Public Health

Are we unique?

Are there things about public health that make performance measurement unique or different – that is, different from measuring performance in some other type of work, like manufacturing sunglasses, software or snowboards?

Yes and no.

Measuring performance in public services is different from measuring performance in private enterprises in some ways, but not in many. And the differences can be measured in degrees, not leaps. The surprising truth is, there are components of performance measurement – including strategies for developing and implementing a performance measurement process and barriers to making both happen – that are so fundamental that it simply does not matter what the setting is: working in government or the private sector; running a job training program; operating a hospital; building airplanes; or providing immunizations.

What being unique does do is *inform* a performance measurement development and implementation process. The unique aspects of an endeavor don't change the fundamental components of performance measurement, only how we make them work in our situation. Consequently, a good place to start when thinking about implementing performance measurement in public health is to understand those things that are unique or different about public health practice. These unique things will inform our performance measurement development and implementation strategies.

Diverse services provided directly to diverse constituents with diverse health concerns

> *Public health goals are broad-based community goals, not a specific goal for a specific organization – it is difficult to get clear causal connections.*
> – Local public health official

Public health offers services to the whole population in all of its glorious diversity – diversity in culture, language, and ethnicity; income, education, and employment; age and physical and mental condition; and in hopes, dreams, and goals. Providing services to all of these people means public health practitioners need to understand the demographic, social, and environmental circumstances of their lives; their cultural beliefs and values regarding health; effective ways to communicate with them; and finally, their health needs ... among other things. That's a tall order!

Added to this are the many, many variables that affect the lives and overall well being of people - variables not under any single control. Many factors other than public health interventions – including social, political, economic, and physical environment factors – influence people's lives [1]. For any public program trying to assess its performance, separating the impact of its services from that of factors external to those services is just plain hard.

> *Once government agencies focus on outcomes, elected officials, the media, and the public need to recognize that the government agency is only one of many factors that are likely to affect outcomes. Probably the most sensible approach, at least for the near future, is for all parties to recognize explicitly that public agencies have only partial control, and therefore, only partial accountability.*
> – Harry P. Hatry [2]

Finally, public health services are intended to protect, promote, and improve the health of the entire population. That means we need a common understanding of the word "health." Fortunately, the World Health Organization has provided one:

> *A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.*
> – World Health Organization

A broad definition like that is another tall order!

In its efforts to protect, promote, and improve the population's health, public health has developed a profusion of services; for example, maternal and child health, family planning, immunizations, STD screening and treatment, oral health, environmental health, mental health, substance abuse, violence prevention, and so on. In addition, public health covers both ends of the service spectrum: from services to broad populations on one end to personal health care services on the other – including, for example, primary care clinics.

How do we measure public health performance in the face of so many different services, provided to so many different people, for whom our services are only one of many different factors influencing their health and well-being?

It's tricky.

But tricky does not mean "not possible." In fact, there are a few other unique things about public health that provide a good launching point for performance measurement. They are: the core functions, the essential public health services, and *Healthy People 2000* and *2010*.

> *How do you measure when you're a player, not the driver?*
> – Local public health official

Core functions and essential public health services

Thanks to the Institute of Medicine [3], all public health practice can be understood to fall into three functional categories, or core functions: assessment, policy development, and assurance. Thinking about how our work fits into each of these functional categories helps us to understand the nature of our charge in protecting, promoting, and improving the health of the public, and how our many, diverse efforts can be understood in relation to one another.

The core functions essentially help us structure our work – individually, by program or organization, or within or across groups, programs, or organizations – to best meet the needs of our constituents. So they can be a built-in way to think about and organize a performance measurement process! Here's an example of performance measures designed for local public health agencies based on the core functions [4]:

The Core Functions of Public Health

Assessment – Figuring out what the important health problems are.
Policy Development – Deciding what to do.
Assurance – Doing it well or making sure someone else does it well.

Source: Washington State Dept. of Health. *The Public Health Improvement Plan*. (Olympia: Washington State Dept. of Health, 1994). Available at http://www.doh.wa.gov/Publicat/94_PHIP/94phip.htm

Core Function	Local Public Health Agency Performance Measure
Assessment	A community health assessment process that systematically describes the prevailing health status, strengths, and needs of the community is in place.
Policy Development	Community health needs, which have been identified from a community needs assessment, have been prioritized.
Assurance	Resources have been deployed, as necessary, to address the priority health needs identified in the community health needs assessment.

The U.S. Public Health Service – and a host of additional contributors (the Public Health Functions Steering Committee) – has developed another structure that can be used as a framework for developing performance measures: the essential services of public health practice. These are:

Essential Public Health Services

1. Monitor health status to identify and solve community health problems (e.g., community health profile, vital statistics, and health status).
2. Diagnose and investigate health problems and health hazards in the community (e.g., epidemiologic surveillance systems, laboratory support).
3. Inform, educate, and empower people about health issues (e.g., health promotion and social marketing).
4. Mobilize community partnerships and action to identify and solve health problems (e.g., convening and facilitating community groups to promote health).
5. Develop policies and plans that support individual and community health efforts (e.g., leadership development and health systems planning).
6. Enforce laws and regulations that protect health and ensure safety (e.g., enforcement of sanitary codes to ensure safety of environment).
7. Link people to needed personal health services (e.g., services that increase access to health care).
8. Assure competent public and personal health care workforce (e.g., education and training for all public health care providers).
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services (e.g., continuous evaluation of public health programs).
10. Research for new insights and innovative solutions to health problems (e.g., links with academic institutions and capacity for epidemiologic and economic analyses).

Source: Centers for Disease Control and Prevention, Public Health Practice Program Office. Available at http://www.phppo.cdc.gov/dphs/nphpsp/whatmeasuring.htm [cited October 1999].

Public health practitioners can use these broad service categories for developing performance measures of *capacity* (the capacity to conduct each service), *process* (the processes used to conduct each service), and *outcomes* (the results of the services). Here's an example of performance measures designed for a public health agency based on one of the essential services:

Essential Service	Public Health Agency Performance Measure
Diagnose and investigate health problems and health hazards in the community.	CAPACITY MEASURE: The health agency has trained staff and current science-based protocols to guide the immediate investigation of communicable disease outbreaks, environmental health hazards, potential biologic agent threats, and large-scale disasters. (yes/no) PROCESS MEASURE: For the jurisdiction(s) served by the health agency, timely investigations of adverse health events, including communicable disease outbreaks and environmental health hazards, are conducted on an ongoing basis. (yes/no) OUTCOME MEASURE: No preventable deaths occur as a result of communicable disease outbreaks, environmental health hazards, biologic agents, or large-scale disasters. (yes/no)

Healthy People 2000 and *2010*

The 332 *Healthy People 2000* national health objectives (for the year 2000) have been helping to focus public health practice since their publication in 1990. Developed by public health practitioners across the nation, the objectives have been a unifying influence on public health practice, helping a myriad of public health endeavors to protect, promote, and improve the health of the entire nation through services to constituent populations. The objectives in *Healthy People 2010* will enhance this work and carry it forward.

Now here's the good part when it comes to performance measurement: the *Healthy People 2000* and *2010* objectives offer public health practitioners a built-in set of performance measures! How many other loosely-connected networks of independent organizations across the nation, with the same overall purpose but with different structures, policies, and governance, can boast that they have a unifying set of performance measures?!?

We don't have to use the *Healthy People* objectives as our performance measures, but they do provide us with a good starting point and some good ideas. For example, you can adopt one of the objectives as a *goal* for your work group, program, or organization. Or you can use one of the objectives as a *standard* toward which you will strive, or a *measure* of progress.
For example:

***Healthy People 2000* Objective: By the Year 2000...**

Goal	Reduce to no more than 8% the proportion of people who experience a limitation in major activity due to chronic conditions (Objective 17.2).
Objective	Reduce to no more than 10% the proportion of people with asthma who experience activity limitation (Objective 17.4).
Standard	Establish community health promotion programs that separately or together address at least three of the *Healthy People 2000* priorities and reach at least 40% of the state's population (Objective 8.10).
Measure	Reduce end-stage renal disease, a complication of diabetes, to 1.4 persons per 1,000 (Objective 17.10).

> Healthy People *is well established as the nation's prevention agenda and as a scorecard for monitoring health status.*
> – U.S. Department of Health and Human Services

If you adopt a *Healthy People* objective as one of your own performance measures, you might consider revising the objective's target or the timeline for achieving it. In 1991, the American Public Health Association published *Healthy Communities 2000: Model Standards, Third Edition*, which is a guide for doing just that. The guide lists each of the original *Healthy People 2000* objectives with blank spaces inserted where once a target or target date existed. The original *Healthy People* target and target date are provided in parentheses. For example:

> By ____ (2000), reduce to no more than ____ (10) percent the proportion of people with asthma who experience activity limitation (Objective 17.4).

For each *Healthy People* objective, the blanks help you think about what you can help achieve for the populations you serve, *given your capacity to serve them*. You can choose to adopt the original objective's target and year 2000 target date, or insert your own, as you see fit for your circumstances. The guide also offers ideas on ways to measure change for each objective.

Jargon Alert!

Goals, objectives, standards, indicators, measures. *Jargon* again! Don't let these words catch you: the important concept is that the *Healthy People 2000* "objectives" can be used in many ways in your own performance measurement process.

KEY RESOURCES
Core Functions and Essential Services

Core Function-Related Measures of Local Public Health Practice Performance. 1995. University of North Carolina at Chapel Hill and the University of Illinois-Chicago. Available from the federal Public Health Practice Program Office, Phone 1-800-747-7649. Also available at http://www.phppo.cdc.gov/dphs/nphpsp/survinst/

Healthy People 2000: National Health Promotion and Disease Prevention Objectives. 1990. U.S. Department of Health and Human Services, Public Health Service. For sale by the Government Printing Office (Stock No. 017-001-00474-0). Background, explanatory, update, and ordering information is available at http://odphp.osophs.dhhs.gov/pubs/hp2000/

Healthy Communities 2000: Model Standards, Third Edition. 1991. American Public Health Association. Available through APHA Publications Sales, P.O. Box 753, Waldorf, MD 20604-0753. Phone 301-893-1894/1895; Fax 301-843-0159. Ordering and explanatory information also is available at http://www.apha.org/science/model/msmain.html

Healthy People 2010 Toolkit. 1999. The Public Health Foundation, under contract with the U.S. Department of Health and Human Services. Available from the Public Health Foundation, Publication Sales, P.O. Box 753, Waldorf, MD 20604. Phone 877-252-1200. Also available at http://www.health.gov/healthypeople/state/toolkit/

In summary...

...public health does not have the benefit of a tidy manufacturing process – it is big and diverse and offers a huge array of services to an immense number of people. While it hopes to influence people's lives and well-being, it is not solely responsible for either.

Yet public health benefits in the performance measurement venture by having in place two held-in-common structural frameworks for all public health practice: the three core functions and the essential public health services. These frameworks can be used to help understand the nature of the work we do and to define measures of its performance. And public health has a nationally agreed upon and extensive set of objectives – *Healthy People 2000* and *2010* – that can be used as goals, standards, or some other measure of performance by individuals; work groups, programs, or other organizations; or across groups, programs, or organizations.

Not bad!

[1] Oregon State University Family Study Center (Clara C. Pratt, et al.). *Building Results: From Wellness Goals to Positive Outcomes for Oregon's Children, Youth, and Families*, 2nd ed. (Salem, OR: Oregon Commission on Children and Families, 1997).

[2] Harry P. Hatry. "Where the Rubber Meets the Road: Performance Measurement for State and Local Public Agencies," New Directions for Evaluation 75 (Fall 1997): 31-44.

[3] Institute of Medicine, Committee for the Study of the Future of Public Health, Division of Health Care Services. *The Future of Public Health*. (Washington, DC: National Academy Press, 1988).

[4] Based on: University of North Carolina at Chapel Hill and the University of Illinois-Chicago. *The Core Function-Related Measures of Local Public Health Practice Performance*. Available at http://www.phppo.cdc.gov/dphs/nphpsp/survinst/ [cited October 1999].

Chapter 3: Why Do Performance Measurement?

In order to improve something you have to be able to change it. In order to change it you have to be able to understand it. In order to understand it you have to be able to measure it. – An expert

What gets measured gets done. – The experts

An effective performance measurement system gives you useful, credible information for assessing:

- Your capacity to undertake your work.
- The quality of your efforts.
- The outcomes of your efforts.

Such a system also generates readily understandable information that can be reported out to your stakeholders and back to the people in your organization who carried out the work (also stakeholders!)

Of the many good reasons to implement performance measurement, here are seven big ones:

> *The reality is that performance measurement, quality improvement, and public accountability are all highly controversial concepts with all the hugging appeal of a porcupine.*
> – Dennis S. O'Leary [1]

Seven good reasons to conduct performance measurement

1

Setting Goals, Developing Objectives
Implementing performance measurement compels you to reassess your work group's, program's, or organization's goals and objectives. Goals describe where you want to go and how it looks when you get there. Objectives define specific results that will show movement toward your goals – the mileposts along the road, if you will [2].

Thinking about how to measure your performance might inspire you to set new long-term goals, new long-term and short-term objectives, and new or revised approaches to your work. Rethinking goals and objectives might result in developing a new strategic plan for your many efforts.

Taking a chunk of time to assess goals and think about objectives for reaching them can be eye-opening and invigorating. It can regenerate people's interest – and belief – in their work, and can pull you and your stakeholders, both outside and within your group, together as you engage in creative debate and collaboration. There really is something to be said for forging a *unified vision* of where you want your efforts to lead.

Performance measurement yields many benefits for an organization. One benefit is that it provides a structured approach for focusing on a program's strategic plan, goals, and performance.
– National Partnership for Reinventing Government [3]

Common Characteristics of Attainable Objectives
S.M.A.R.T.

Specific	Action oriented; providing clear direction; easily understood.
Measurable	Quantifiable and/or verifiable.
Aggressive, but Attainable	Challenging and realistic.
Results-Oriented	Focused on outcomes, not methods.
Time Bound	Having a reasonable, yet aggressive, time frame.

Source: Virginia Department of Planning and Budget, Planning and Evaluation Section. *Virginia's Handbook on Planning & Performance* (Richmond: VA Department of Planning and Budget, 1998).

SAMPLE GOALS AND OBJECTIVES

U.S. Department of Health and Human Services
September 30, 1997 Strategic Plan

Strategic Goal 3:
Improve access to health services and ensure the integrity of the nation's health entitlement and safety net programs.

Strategic Objectives:

3.1 Increase the Percentage of the Nation's Children and Adults Who Have Health Insurance Coverage
3.2 Increase the Availability of Primary Health Care Services
3.3 Improve Access to and the Effectiveness of Health Care Services for Persons with Specific Needs
3.4 Protect and Improve Beneficiary Health and Satisfaction in Medicare and Medicaid
3.5 Enhance the Fiscal Integrity of HCFA Programs and Ensure the Best Value for Health Care Beneficiaries
3.6 Improve the Health Status of American Indians and Alaska Natives

"The Department's strategic goals and objectives establish its framework for the management and measurement of specific areas of Department responsibility .... The strategic goals and objectives state what we expect in the way of outcomes by the end of the six-year time frame."

SAMPLE GOALS

Illinois Department of Human Services
FY 98 Outcome Management Plan

Direct Client Service Goals

Goal 1 Increase Family Self-Sufficiency
Goal 2 Improve the Health Status of Children and Adults and Promote Prevention
Goal 3 Improve the Behavioral Health Status of Children and Adults
Goal 4 Maximize Independent Living for Individuals with Disabilities

SAMPLE GOALS
AND MEASURES OF ACHIEVEMENT

Wisconsin Department of Health and Family Services
Community Integration Program

Goal:	Provide cost-efficient services.
Measure:	Average daily costs.
Goal:	Provide timely and responsive services.
Measure:	Proportion of guardians indicating counties address concerns in a timely manner.
Goal:	Provide quality community living to clients.
Measure:	Overall guardian satisfaction with services.

Source: Wisconsin State Office of Strategic Finance, Strategic Planning and Evaluation Section. *Wisconsin Outcomes: Measuring the Performance of Department of Health and Family Services Programs*. (Madison: Office of Strategic Finance, 1997).

2 Taking Stock

Implementing performance measurement gives you an opportunity to step back and assess your organization's capacity to undertake your work. What are the "holes" in your skills, knowledge, finances, and infrastructure? Are your organizational structures and procedures working effectively? What are your strengths and weaknesses?

The performance measures you select will depend on and *reflect* your capacity to carry out your work. You don't want to try to do more in performance measurement than the capacity available to you allows. For example, developing measures that require statistical analysis skills to which you don't have access is counterproductive. When you haven't got the finances or infrastructure or other needed capacity to measure certain processes or outcomes, committing to those measures in the hope of *developing* the capacity can set you up for failure. The measures could present an impression of your work that doesn’t do it justice and mask otherwise good efforts.

And measures that create an inaccurate impression of your work can be used against you.

Thus, effective and truly *reflective* performance measurement is premised on a pragmatic, unsentimental assessment of the tools at hand.

TAKING STOCK

What Does "Capacity" Mean?

Structures and Policies – You have the clear lines of authority, organizational structure, and procedures needed to effectively carry out the core functions.

Skills and Resources – You have the workforce, financing, facilities, and equipment required to effectively carry out the core functions.

Information and Communication – You can receive, process, and communicate information, data, and reports to effectively carry out the core functions.

Source: Washington State Department of Health. *The Public Health Improvement Plan*. (Olympia: Washington State Dept. of Health, 1994). Available at http://www.doh.wa.gov/Publicat/94_PHIP/94phip.htm

TAKING STOCK

Some Areas to Look at in Assessing Capacity

Organizational Culture – For example: management styles; decision-making processes; ability to change; communication patterns.

People – For example: numbers and allocation; knowledge, skills, and abilities; turnover rates.

Structure – For example: formal and informal structures; reporting relationships; understanding and acceptance of roles.

Systems and Processes – For example: work planning; policies and procedures; management and control systems.

Services and Funding – For example: services currently provided; identification of mandated services; current funding; funding trends.

Outcomes – For example: measures of effectiveness and efficiency already in place; expected outcomes defined.

Technology – For example: current systems; current needs; the state of the art and gaps that need to be addressed.

Source: Virginia Department of Planning and Budget, Planning and Evaluation Section. *Virginia's Handbook on Planning & Performance* (Richmond: VA Department of Planning and Budget, 1998).

KEY RESOURCES
Capacity Assessment

APEXPH: Assessment Protocol for Excellence in Public Health. 1991. National Association of County Health Officials. (*See, in particular, pp. 39-42*.) Available from the National Association of County and City Health Officials, 1100 17th Street, Second Floor, Washington, DC 20036. Phone 202-783-5550; Fax 202-783-1583. Ordering information available at http://www.naccho.org/cat1.htm. Background information available at http://www.naccho.org/project47.htm

Survey of Public Health Capacity in Local Health Districts. 1999. Unpublished research survey. Contact UIC School of Public Health, Division of Community Health Sciences, 2035 West Taylor Street, Chicago, IL 60612

Building Results III: Measuring Outcomes for Oregon's Children, Youth, and Families. 1998. Oregon State University Family Policy Program (C. C. Pratt, et al.). (*See, in particular, Chapter 2*.) Oregon Commission on Children & Families, 530 Center Street NE, Suite 300, Salem, OR 97310. Phone 503-373-1283

3 Collaborating

Implementing performance measurement gives you an opportunity to create working arrangements with other groups, programs, departments, agencies, organizations, and stakeholders. This collaborative cross-fertilizing can make for a stronger approach to meeting goals – especially large ones that overarch others' efforts besides yours – and can help fill holes in your capacity to carry out your work.

Maybe you can't most effectively meet an objective if you don't have the cooperation and participation of another work group. Maybe collaboration with another program will eliminate duplication of effort between you. Could you share a database administrator with another department to meet both of your needs more efficiently? What about trading expertise with another agency or stakeholder organization instead of hiring someone to come in and conduct a training?

> *A strictly program-specific approach might lead to duplication of data collection efforts or missed opportunities to adopt measures that can be used by more than one program. For example, measures related to tobacco use may be of interest not only to a tobacco control program, but also to programs aimed at preventing cancer, preventing and controlling chronic respiratory illnesses such as asthma, and reducing the incidence of low-weight births.*
> – National Research Council [4]

Collaboration comes in many forms, and just knowing your performance is going to be measured gives you an opportunity and incentive to dream up styles that will work for you. So get out of those constricting "silos" and into some cross-functional teams...or exchanges...or partnerships...or....

Traditional systems tend to report results based on functional or departmental lines. Unfortunately, this reinforces reporting or organizational lines of authority, rather than encouraging team, process, or other cross-functional approaches. This does not reflect the way that your customers, suppliers, employees, or other stakeholders view your organization.
– Panorama Business Views [5]

4 Assigning Accountability

Accountability can mean two things to people working in the public sector: accountability for making a difference in the lives of the people you serve – BIG picture accountability – and accountability for the work for which you are responsible on a day-to-day basis – pragmatic accountability.

No single public health organization, program, group or service is responsible or accountable for achieving big picture public health goals all by itself. But while it might not be fully responsible for achieving any single social goal, it might be responsible for *addressing* the goal and for achieving outcomes that take everyone closer to it [7].

Implementing performance measurement gives you an opportunity to evaluate and define the types and levels of contribution you do or can make to achieving large, overarching public health goals and thus for defining – and accepting – your portion of accountability for the big picture.

Many measures that track health outcomes (such as infant mortality rates) or social functioning (such as child abuse) are affected by so many factors that change in outcomes cannot be attributed to specific program effectiveness alone. Attribution of responsibility for outcomes becomes even more difficult when the services in question are supported by multiple funding sources or multiple providers.
– U.S. Dept. of Health and Human Services, Strategic Plan 1997 [6]

Implementing performance measurement also provides an opportunity to assess more pragmatic accountability issues, such as evaluating and defining roles and responsibilities, and levels and lines of authority. Assigning this day-to-day accountability helps reduce the "*It wasn't my job*" or "*It wasn't up to me*" responses to issues, problems, and crises. The nice thing about this more pragmatic accountability is that day-to-day roles and responsibilities and lines of authority are the key ingredients in successfully contributing to meeting the large, big-picture goals for which you are also, in part, accountable.

Who is accountable? For what services? To whom?
– Stephen F. Jencks [8]

Accountability for results must be clearly assigned and well understood. High-performance organizations clearly identify what it takes to determine success and make sure that all managers and employees understand what they were responsible for in achieving organizational goals. – National Partnership for Reinventing Government [3]

A word of caution: It is best to assign accountability from the perspective of achieving quality improvement, not to mete out punishment. Reprimands, jobs lost, and slashed funding are not particularly helpful outcomes of the accountability assigned in performance measurement.

Performance measurement systems should be positive, not punitive. The most successful performance measurement systems are not 'gotcha' systems, but learning systems that help the organization identify what works.
– National Partnership for Reinventing Government [3]

5 Improving Work Quality

Implementing performance measurement gives you an opportunity to assess the quality or effectiveness of your work *right now*. You can't measure progress if you haven't got a baseline.

Once you've completed that scary task, developing a performance measurement process offers you two more opportunities

- The opportunity to identify those areas where you want to improve and have ready access to the tools you need to make it happen.
- The opportunity to track changes (ideally, improvements) in quality and effectiveness in these areas over time.

So performance measurement gives you an opportunity to assess, *right now*, the quality and effectiveness of your work, as well as an opportunity to develop ways to improve on both. Reaching out to peers and trolling the literature to learn about "best practices" – or "good examples" – in public health, including some of the most effective intervention strategies, will help in this regard.

"Turning Point" Network Resource Center

Turning Point, a program of the W. K. Kellogg Foundation and The Robert Wood Johnson Foundation, is designed to transform and strengthen the public health infrastructure in the United States to help states, local communities, and public health agencies respond to the health challenges of the next century. On the Internet, the Turning Point Network site – **www.tpnet.org** – offers the *NACCHO National Program Office Resource Center*. The center is an on-line discussion group for Turning Point participants designed to be a launching point for community-generated dialogue and resource sharing. The discussion group moderator encourages participants to share materials, planning tools, and literature.

KEY RESOURCES
Best Practices in Public Health

APEXPH: Assessment Protocol for Excellence in Public Health. 1991. National Association of County Health Officials. Available from the National Association of County and City Health Officials, 1100 17th Street, Second Floor, Washington, DC 20036. Phone 202-783-5550; Fax 202-783-1583. Ordering information available at http://www.naccho.org/cat1.htm Background information available at http://www.naccho.org/project47.htm

Core Function-Related Measures of Local Public Health Practice Performance. 1995. University of North Carolina at Chapel Hill and the University of Illinois-Chicago. Available from the federal Public Health Practice Program Office, Phone 1-800-747-7649. Also available at http://www.phppo.cdc.gov/dphs/nphpsp/survinst/

Centers for Disease Control and Prevention. World Wide Web site at http://www.cdc.gov/

U.S. Department of Health and Human Services. World Wide Web Site. See: U.S. State & Local Gateway–Health: Best Practices, at http://www.health.gov/statelocal/best_prac.html

6 Tracking Progress

This is one of the things that performance measurement is all about! Tracking your progress over time through performance measurement gives you an opportunity to assess and improve on practices, processes, activities, and systems. Tracking performance measures allows you to observe whether changes in things like management practices or data retrieval techniques are working. Bottom line: performance measurement allows you to track your progress toward achieving your objectives and meeting your goals.

Conducting performance measurement also gives you good information to help identify problem areas that need attention. Although it cannot tell you *why* these areas aren't working as effectively as you might like, performance

measurement gives you information on *where* the problems might be, a critical first step.

Tracking performance measures also helps reveal where you're having success. You might want to examine these areas, too, to find out the "why": *Why is this activity working so well? Could an approach in use here serve as a model for others?*

Finally, *tracking* progress allows you to *report* progress to those who most want to know how you're doing, which leads us to...

> *One of the principal purposes of performance measurement is to assess whether progress is being made toward desired goals and whether appropriate program activities are being undertaken to promote the achievement of those goals.*
> – National Research Council [4]

7 Reporting Out

Conducting performance measurement gives you good information for reporting progress to all of your stakeholders, who might include:

- State government, including the executive and legislative branches.
- Your peers, including other groups, programs, departments, divisions, agencies, and the like.
- Other public health organizations, including state, regional, and local government and private-sector organizations.
- The community you serve, whether it's defined geographically – for example, state, region, county, city, township – or as a particular group of people.

> *Another performance reporting objective is to keep employees at all levels "in the loop," interested, and motivated.*
> – National Partnership for Reinventing Government [3]

A key goal of performance measurement, too, is to report progress back to those in your organization responsible for carrying out the work. You cannot improve what you don't know needs improving. And positive, constructive feedback from a performance measurement process goes a long way toward a confident, optimistic, and constantly improving work environment.

Is performance budgeting an eighth good reason?

Maybe.

The jury is out on this one. Some organizations find that using performance measures to inform resource allocation is just the ticket for achieving their objectives and reaching toward their goals.

Others have found that tying performance measures to funding confounds their best efforts by removing dollars from where they are most needed – such as from programs that are not achieving their objectives – or funneling dollars into those programs where success is more likely and easier to achieve, leaving programs with tougher goals behind.

KEY RESOURCES
Perspectives on Performance Budgeting

Using Performance Measures for Budgeting: A New Beat, or Is It the Same Old Tune? 1997. P. G. Joyce. *New Directions for Evaluation* 75 (Fall 1997): 45-61.

Health Performance Measurement in the Public Sector: Principles and Policies for Implementing an Information Network. E. B. Perrin, J. S. Durch, and S. M. Skillman, eds. National Research Council. National Academy Press. Available from the National Academy Press, Box 285, 2101 Constitution Avenue, N.W., Washington, DC 20055. Phone 888-624-8373.
Also available at http://books.nap.edu/books/0309064368/html/index.html

Simply put, it is not clear how performance measures should be used to allocate resources. For example, one cannot simply reward those agencies whose measures indicate good performance (performance in excess of some agreed-upon target, for example) and take resources away from those whose measures indicate bad performance. A thorough understanding of all the factors (including the level of funding) that contribute to negative or positive performance is necessary before we can begin to understand how performance measures can be used to allocate resources.
– Philip G. Joyce [9]

Performance Budgeting Examples

Fairfax County Human Services. *FY 1998 Performance Budget: Response to Challenges in the Community* (FY 1998 Performance Budget). (Fairfax County, VA: Office of Systems Management for Human Services, 1997). Phone 703-324-5638.

Washington State Office of Financial Management. "Section 2: Agency Strategic Plan and Performance Measures" in *1999-01 Operating Budget Instructions*. Available at http://ofm.wa.gov/budinst/bitoc.htm

Reasons to hesitate before taking on performance measurement

Performance measurement is not the answer for every question in public health practice, but it can give us information that helps answer many of those questions. Still, there are good reasons for *seriously hesitating* before developing a performance measurement process – or you risk limiting its effectiveness.

You haven't yet assessed your ability to develop and implement performance measurement.
Taking time upfront to assess your capacity to measure performance – for example, taking stock of the tools at hand for organizing a performance measurement development process, of the kinds of data to which you have access, of the skills of the people who will be conducting the measurement – is a crucial, unavoidable, must-do first step.

> *Self-assessment can help a program to define its capacity for performance measurement, and ensures that chosen performance measurement strategies really fit that program's resources and participants.*
> – Oregon State University Family Policy Program [10]

Questions to Ask in a Performance Measurement Capacity Self-Assessment

How established is your initiative or program? How long has your initiative or program been operating? What is its size, stability of staff and leadership, community support, and funding level?

How intense is your program? How frequent and how intense are contacts with participants?

How much and how complicated is the information that you need? Do you need just basic information – who we serve, what we do? Do you need basic plus additional information about outcomes? Do you need both of these plus information on more complicated or extensive outcomes that are more difficult to achieve?

What resources do you have for performance assessment? What money, staff skills and time, equipment, and technical assistance are available for data collection, record-keeping, and analysis?

Adapted from: Oregon State University Family Policy Program (Clara C. Pratt, et al.). "Figure 2-4" in *Building Results III: Measuring Outcomes for Oregon's Children, Youth, and Families*. (Salem, OR: Oregon Commission on Children and Families, 1998).

After your self assessment, you find you do not have the time or resources to develop a strong performance measurement process.
Hurrying through the development process is not conducive to designing effective performance measurement that reflects the capacity, processes, and expected outcomes of your organization, group, or program. Rushing or pushing development also doesn't help you get the internal and external stakeholder buy-in needed for the process to be accepted and respected. If you can, make the time and find the resources – people, office space, budget allocations – to commit to a well-thought-out development process.

Good Example **See Sample Worksheet A: Timeline for Planning and Implementing Performance Measurement on Next Page**

There is no way under the sun to improve your efforts right now, and you don't have anyone requiring you to measure performance.
If improvement just isn't going to happen no matter what you do; if you just can't even begin to think about taking time and resources away from your organization's or group's efforts to put into developing and implementing performance measurement; and if there's no-one requiring that you measure your performance; then maybe it's a good idea to forgo performance measurement for now. There are times in any endeavor that it's best to focus hard on the tasks at hand and delay taking on new ventures.

If you think the "wrong way" is just an expedient way of getting things done.
Again, taking the time to do it "right" – or well, or effectively – will really pay off when those performance results start coming in and you have to then report them out! Don't sacrifice the time it takes to develop a good performance measurement process for ill-thought-out expediency. Take time and take care at the outset.

Sample Worksheet A

Timeline for Planning and Implementing Performance Measurement

Fill in the months across the top (you can use numbers to represent months, as in Month 1, 2, and so on). Then for each task, draw a straight line across the boxes (or put an "x" in each box) beginning in the month the task is to begin and ending in the month where the task is to be completed.

	Month											
Sample Steps												
1. Get ready.												
2. Choose what we want to measure.												
3. Specify measures.												
4. Prepare to collect data on our measures.												
5. Try out our performance measurement process.												
6. Analyze and report our findings.												
7. Improve our performance measurement process.												
8. Launch full-scale implementation.												
9. Use our findings.												

Timeline for Planning and Implementing Performance Measurement. Adapted from *Measuring Program Outcomes: A Practical Approach*. 1996. United Way of America. Item No. 0989

[1] Dennis S. O'Leary, Joint Commission on Accreditation of Healthcare Organizations. "Measurement and Accountability: Taking Careful Aim," *Journal of Quality Improvement* 21(July 1995): 354-357.

[2] Virginia Department of Planning and Budget, Planning and Evaluation Section. *Virginia's Handbook on Planning & Performance* (Richmond: 1998).

[3] The National Performance Review (now the National Partnership for Reinventing Government). *Serving the American Public: Best Practices in Performance Measurement. Benchmarking Study Report*. (Washington, D.C.: Government Printing Office, 1997).

[4] National Research Council. E. B. Perrin, J. S. Durch, and S. M. Skillman, eds., *Health Performance Measurement in the Public Sector: Principles and Policies for Implementing an Information Network*. (Washington D.C.: National Academy Press, 1999).

[5] See Panorama Business Views World Wide Web site. Available at http://www.pbviews.com

[6] U.S. Department of Health and Human Services. *Strategic Plan, September 30, 1997*. Available at http://aspe.os.dhhs.gov/hhsplan

[7] Clara C. Pratt. "Accountability for Results: The Oregon Commission on Children and Families Accountability System." (Corvallis, OR: Oregon State University Family Policy Program, 1998).

[8] Stephen F. Jencks. "The Government's Role in Hospital Accountability for Quality of Care," *Journal on Quality Improvement* 20 (July 1994): 364-369.

[9] Philip G. Joyce. "Using Performance Measures for Budgeting: A New Beat, or is It the Same Old Tune?" *New Directions for Evaluation* 75 (Fall 1997): 45-61.

[10] Oregon State University Family Policy Program (Clara C. Pratt, et al.). *Building Results III: Measuring Outcomes for Oregon's Children, Youth, and Families*. (Salem, OR: Oregon Commission on Children and Families, 1998).

Chapter 4: Key Components In Developing An Effective Performance Measurement Process

Whether measuring performance in public health or in making widgets...whether it's a ten-person group project or a 300-person department...there are some basic components of performance measurement that are key to its success. Pundits from business to advocacy to research to government agree: these components are key to developing an effective, user-friendly, and trusted performance measurement process – a process that gives you the information you intended to get, is justifiable to stakeholders within and outside the organization, and is understood and appreciated by those whose performance is being assessed.

So let's take a look at the key components in developing such an effective performance measurement process. They are:

Incorporate Stakeholder Input
Promote Top Leadership Support
Create a Mission, Long-Term Goals, and Objectives
Formulate Short-Term Goals
Devise a Simple, Manageable Approach
Provide Technical Assistance

Incorporate stakeholder input

The first essential key is to include **in the development phase** the perspectives of all people who have an interest in the process results. They include:

- The people whose performance will be measured – *e.g., your co-workers*.
- The people who are financing the services – *e.g., the public, legislators, other agencies*.
- The people who are receiving the services – *e.g., the public, a particular population*.
- The people who advocate for the people for whom the services are intended – *e.g., special interest groups, legal services*.
- The people who regulate or oversee the services – *e.g., legislators, boards of health, agencies*.
- The people who evaluate the services – *e.g., professional review organizations, researchers*.

These are your stakeholders, and they can be found within and outside of your organization.

> ***A stakeholder*** *is any person, group, or organization that can place a claim on or influence your resources or services; is affected by your activities or services; or has an interest in or expectation of you.* [1]

The intention of performance measurement is to use the data and information generated to track work produced and results achieved. The people most interested in this information will be your stakeholders – hence, they will comprise most of the people to whom you'll be reporting performance results. So as you begin to think about developing a performance measurement process, one of your first steps should be to identify who your stakeholders are and what it is they want or expect from you (whether or not these wants and expectations are realistic or achievable, or even within your purview). What are the questions they commonly ask about your efforts? What about your work matters most to them? What do they most need from you?

Developing A Performance Measurement Process:
Key Questions Regarding Stakeholders

- How are they connected to our work?
- What do we think they need from us?
- What do they say they need from us?

USEFUL STRATEGY

Make a list of your stakeholders and group them – for example, under headings such as advocates, recipients of services, funders, legislators, internal managers, internal staff. Then answer three questions for each group:

1. How are they connected to our work?
2. What do we think they need from us?
3. What do they say they need from us?

Good Example **See Sample Worksheet B: Analysis of Stakeholders on Next Page**

Sample Worksheet B

Analysis of Stakeholders

Fill out one worksheet for every stakeholder group.

Stakeholder:

What is their connection to our work?

What do they say they need from us?

What do we think they need from us?

Criteria the Stakeholder Uses to Assess our Performance	How the Stakeholder Thinks We are Performing		
	Fully Meet Expectations	Usually Meet Expectations	Need Immediate Improvement

Analysis of Stakeholders. Adapted from *Virginia's Handbook on Planning & Performance*, 1998. Virginia Department of Planning & Budget.

A word about internal stakeholders

Performance measurement is fraught with opportunities for misunderstandings, misperceptions, suspicion, fear, and resistance by those whose performance is being measured. This is **not theory** – it's been documented again and again, in many settings, over many years. (Perhaps it's something you've experienced already?) Getting the support of these internal stakeholders is critical to the success of a performance measurement process. Managers and staff need to participate in developing the process, especially in formulating performance measures. People from other work groups, programs, or organizations who have an indirect but valuable connection to your work ought to participate, too.

Enroll people, get their buy-in, and get their buy-off, and you'll have a stronger, more effective, and more respected performance measurement process.

> *If we really want people to measure well, improve their performance, and meet their public accountabilities, they must own this process. This means the measurement tools and the improvement process must make sense to them and even be uplifting.*
> – Dennis S. O'Leary [2]

USEFUL STRATEGY

In your early performance measurement planning meetings, find out from staff and management what they think their work is all about, what is working well for them, and where they think improvements are needed. This helps get people thinking about how a performance measurement process could be structured: what might be useful to measure, what might be difficult or impossible to measure, what they would like to see measured, what realistically can be measured, and so on.

Good Example **See Sample Worksheet C: Getting Staff Input on Next Page**

Getting stakeholder participation

Ultimately, you might have to drag some stakeholders to the performance measurement table kicking and screaming. And in some cases, you'll want stakeholder input but their presence at the table isn't necessary. Methods for getting information and ideas out of your stakeholders include:

- Meetings – both internal and public, one-on-one and group.
- Surveys and Questionnaires – handed out at meetings, mailed, placed in strategic offices, etc.
- Key Informant Interviews – where all interviewees are asked the same set of questions.
- Focus Groups – at your place of work, at a neutral site, at their place of work.
- Telephone Conversations and Conference Calls.
- E-mail Messages – to individuals or a list of people.

Sample Worksheet C

Getting Staff Input

1. What important things happened over the past 12-18 months and how did the organization/work group/program perform?

2. What improvements could be made?

3. Are there ways that critical activities could support one another better?

4. What important issues does the organization/work group/program face?

5. Are there things that the organization/work group/program is doing that it should not be doing or that it could modify?

6. Are there things that the organization/work group/program is neglecting to do that it should do?

7. What things could the organization/work group/program do that would help you perform better?

Getting Staff Input. Adapted from Virginia's *Handbook on Planning & Performance.* 1998. Virginia Department of Planning and Budget.

Bear in mind that incorporating stakeholder input is an ongoing process, one that needs constant attention. A single meeting or phone call will rarely suffice. Public health organizations across the country that have, at one time or another, been engrossed in this continuous stakeholder involvement process offer these succinct words of advice:

> *Communication is crucial for establishing and maintaining a performance measurement system. It should be multidirectional, running top-down, bottom-up, and horizontally within and across the organization.*
> – National Partnership for Reinventing Government

Network.
Negotiate.
Collaborate.
Build consensus.
Build partnerships.
Build relationships.
Share resources.
Develop trust.
Don't be isolated.
Sit down and talk often.
Hold frequent meetings.
Form internal research groups.
Promote ownership of the process.
Enroll people in design and decision-making.
Create internal, external, intra-organizational, and inter-organizational committees.
Network.

This impressive list can be summed up in two words: ***continuous communication.***

KEY RESOURCES
Getting Community Stakeholder Input

Improving Health in the Community: A Role for Performance Monitoring. 1997. J. S. Durch, L. A. Bailey, and M. A. Stoto, Eds. Committee on Using Performance Monitoring to Improve Community Health, Institute of Medicine. Available from the National Academy Press, Box 285, 2101 Constitution Avenue, N.W., Washington, DC 20055. Phone 888-624-8373. Also available at http://www.nap.edu

The Community Toolbox. Developed by the University of Kansas and the AHEC/Community Partners. Available from the Work Group on Health Promotion and Community Development, University of Kansas, 4082 Dole Center, Lawrence, KS 66045. Phone 785-864-0533. Also available at http://ctb.lsi.ukans.edu/

Healthy People 2010 Toolkit. 1999. The Public Health Foundation, under contract with the U.S. Department of Health and Human Services. Available from the Public Health Foundation, Publication Sales, P.O. Box 753, Waldorf, MD 20604. Phone 877-252-1200. Also available at http://www.health.gov/healthypeople/state/toolkit/

The Outcomes Tool Kit. An interactive CD-ROM and Internet-based planning tool developed by the Health Forum. Contact Health Forum Customer Service at 1-800-821-2039. Also available at: http://www.ahapress.com/thfnet/toolkit.htm

The Community Indicators Handbook: Measuring Progress Toward Health and Sustainable Communities, Redefining Progress. 1997. Redefining Progress, Tyler Norris Associates, and Sustainable Seattle. Available from Redefining Progress, One Kearny Street, 4th Floor, San Francisco, CA 94108. Phone 800-896-2100; Fax 415-781-1198; e-mail info@rprogress.org. Orders not accepted over the Internet.

In summary...

...incorporating stakeholder input will be critical to the ultimate success of your performance measurement process. Bottom line: you'll discern what you really need to measure – which might surprise you! And you'll strengthen and build new relationships among your stakeholders and you.

Promote top leadership support

Commitment to performance measurement must come from the leadership of any organization, program, or work group interested in developing and implementing the process. And that commitment must be communicated to everyone involved. Without leadership from the top, there is a very good chance that others involved – such as mid-level managers and other staff – either are not going to be "on board" when it comes to performance measurement (that is, they won't play!), or they will be stymied in their efforts to conduct performance measurement by those in power. Either case is not good.

> *Leadership is critical in designing and deploying effective performance measurement and management systems. Clear, consistent, and visible involvement by senior executives and managers is necessary. Senior leadership should be actively involved in both creation and implementation.*
> – National Partnership for Reinventing Government

Leadership support is a critical element that can make or break performance measurement efforts [3]. Top management must demonstrate genuine support for performance measurement and provide clear direction in developing and implementing a performance measurement process. Because performance measurement can be a very scary enterprise to some people, it is incumbent on leadership to create a positive attitude toward it [4].

USEFUL STRATEGIES

Get management together at the outset and orient them to the performance measurement process:

- Explain the expected mechanics of developing and implementing the process.
- Describe the ways that they can use information generated by performance measurement.
- Get questions and concerns out on the table and encourage discussion, collaboration, and compromise.
- Establish their level of commitment.

> *Creating an empowering environment is not a vague human resources process; it is leadership work of the highest order.* – Dveirin and Adams [5]

Get leadership's interest and ongoing commitment. Leaders in public health organizations that have developed and implemented performance measurement suggest these approaches:

- Show managers how to use performance measurement data.
- Link the performance measurement process with existing management committees and systems.
- Once implemented, give management positive reinforcement by showcasing the ways they are using performance measurement data.

Good Example

See Sample Worksheet D: Performance Measurement Leadership Assessment on Next Page

How Managers Can Use Performance Measurement

- Identify aspects of the work that have and have not resulted in satisfactory results.
- Identify trends.
- Delve further into the nature of particular problems.
- Set targets for future periods.
- Motivate managers and staff to improve performance; increase their interest in better serving clients.
- Hold managers and staff accountable.
- Develop and improve programs and policies.
- Help design policies and budgets, and help explain these to stakeholders.

Based on Harry P. Hatry, Mark Fall, Thomas O. Singer, and E. Blaine Liner. *Monitoring the Outcomes of Economic Development Programs*. (Washington, DC: The Urban Institute Press, 1990).

Sample Worksheet D

Performance Measurement Leadership Assessment

A list of key characteristics of performance measurement leadership to help you identify gaps.

	Demonstrates enthusiasm about and commitment to performance measurement and quality improvement.
	Sets challenging goals to improve the quality and outcomes of our work.
	Is open to new ideas and willing to incorporate them into the performance measurement process and into daily work.
	Is accessible to co-workers and other stakeholders.
	Appreciates and capitalizes on differences in co-workers, recognizing that diversity is one of their strengths.
	Effectively uses and communicates the findings of the performance measurement process within and outside the group/program/organization.
	Models appreciation for, and recognition of, everyone's efforts to improve quality and outcomes through performance measurement.

Performance Measurement Leadership Assessment. Adapted from *Results Roadmap: A Plan for Implementing Quality in Multnomah County, Oregon.* 1996. RESULTS Steering Committee

Create a mission, long-term goals, and objectives

What is the purpose of your work group, organization, or program? What do you want to achieve? How will you know whether you're making progress toward those achievements?

That's what having a mission, long-term goals, and objectives is all about. It would be very difficult to measure your performance – your capacity to undertake your work, the quality of your efforts, and the outcomes of your efforts – if you didn't have a mission that defines the purpose of your work and goals and objectives that describe what you want your achievements to be.

KEY RESOURCES
Developing a Mission, Goals, and Objectives

Healthy People 2010 Toolkit. 1999. ("*Defining the Terms," pp. 60-64*.) Developed by the Public Health Foundation under contract with the U.S. Department of Health and Human Services. Available from the Public Health Foundation, Publication Sales, P.O. Box 753, Waldorf, MD 20604. Phone 877-252-1200. Also available at http://www.health.gov/healthypeople/state/toolkit/

Mission statement

No matter what kind of work group, program or organization you are – in fact, especially if you're a work group that crosses organizational boundaries – it's a very good idea, perhaps even essential, to have a mission statement.

> ***A mission statement*** *is a comprehensive yet concise statement defining what your work group/program/organization does, for whom, how, and why.* [6]

If you already have a mission statement, you needn't rewrite it in order to undertake performance measurement. But developing a performance measurement process does offer you an opportunity to revisit the statement and see if it is still appropriate.

And although your mission statement doesn't have to answer all four questions – that is, what you do, for whom, how, and why – by doing so you force your work group to think about these questions *collectively*: What do we all agree this work group/program/organization is all about? What are we doing here? Who are we really working for? And how do we do it, or how do we want to do it?

Good Example **See Sample Worksheet E: Mission Statement Assessment on Next Page**

Sample Worksheet E

Mission Statement Assessment

Ideally, a mission statement should answer these four questions:

- ☐ What does your organization/group/program do?
- ☐ For whom?
- ☐ How?
- ☐ Why?

A list of key characteristics of an effective mission statement:

	It is clear and concise.
	It is readily understood by your stakeholders.
	It addresses your organization/group/program's mandates.
	It defines who you serve.
	It identifies what you intend to accomplish.
	It acknowledges the expectations of your primary stakeholders.
	It serves as the foundation for your work group/program/organization's direction.
	It is realistic.

Mission Statement Assessment. Derived from Section 2, "Mission and Purpose," in *Virginia's Handbook on Planning & Performance*. 1998. Virginia Department of Planning and Budget.

In addition to assessing your mission statement for its response to "what, for whom, how, and why," a good practical test of the statement is, can you create goals that fulfill it?

SAMPLE MISSION STATEMENTS

Our Mission: To use the best available scientific knowledge to set public health policy and ensure provision of services which guarantee the health of all Alaskans, so that they can live full lives with optimum well-being. – *Alaska Division of Public Health*

Mission: Working together and committed to excellence, we protect and promote the health of New Yorkers through prevention, science, and the assurance of quality health care delivery. – *New York State Department of Health*

The mission of the Illinois Department of Public Health is to promote the health of the people of Illinois through the prevention and control of disease and injury. – *Illinois Department of Public Health*

Long-term goals

Mission. Goals. Objectives. Are we swamped in *jargon* again?

It can seem that way. Sometimes the difference between a mission statement and goals and objectives can be confusing. Again, it's best to consider the concepts behind the words.

A mission statement defines what your organization or program or group does, for whom, how, and why. Based on the mission, goal statements then define what you want your accomplishments to be:

> ***A goal*** *is an issue-oriented statement of an organization's desired future direction or desired end state. Goals guide an organization's effort; they articulate the overall expectations and intentions for the organization.* [7]

An important thing to remember about goals is that they can be long-term or short-term. Long-term goals are broad and high-level; they describe where you *ultimately* want to go and how it will look when you get there. Short-term goals are just that: they are goals you want to achieve in a shorter time frame.

Here's an example of a mission statement and a related long-term goal statement:

Tulsa (OK) City-County Health Department

Mission:	Our mission is the prevention of disease and the promotion of good health practices, delivered with respect, for every person in Tulsa County through the effective use of community-wide resources.
Goal:	Meet community public health care needs by using resources effectively.

When it comes to developing goals, here's a perspective to bear in mind:

> *Goals that cannot be measured are merely slogans.* [8]

SAMPLE MISSION AND GOALS

Multnomah County, Oregon, Health Department

Mission:
In partnership with the diverse communities we serve, the Health Department strives to assure, promote, and protect the health of the people of Multnomah County.

Goals:
- Maintain or decrease levels of reportable diseases.
- Contribute to a reduction in incidence and impact of disease.
- Improve access to health care (including dental care) services for medically underserved residents.
- Contribute to a reduction in the teen pregnancy rate.
- Decrease substance abuse and its impact on families.
- Contribute to a reduction in all forms of violence in our community.
- Improve the percentage of babies born healthy in our community.

Source: Multnomah County Health Department. Available at http://www.multnomah.lib.or.us/health/vision.html

SAMPLE MISSION AND GOALS
Tulsa, Oklahoma, City-County Health Department

Mission:
Our mission is the prevention of disease and the promotion of good health practices, delivered with respect, for every person in Tulsa County through the effective use of community-wide resources.

Sample Goals (excerpt):
- Further advance the resources of the Board of Health.
- Create constancy of purpose throughout the organization.
- Be fiscally responsible.
- Identify community public health needs.
- Encourage employee participation, creativity, and innovation.

Source: Tulsa City-County Health Department. Available at http://www.tulsa-health.org/index.htm

Objectives

The difference between goals and objectives can be subtle. Whereas a goal is something you're aiming toward, objectives are the steps you take to get there:

> ***An objective*** *is a measurable target that describes specific end results that a service or program is expected to accomplish within a given time period.* [7]

Objectives are time-bound and quantifiable or verifiable. They are action-oriented and focus on results [6]. They help you track progress toward achieving your goals and carrying out your mission.

Good Example **See Sample Worksheet F: Characteristics of Attainable Objectives on Next Page**

Sample Worksheet F

Characteristics of Attainable Objectives: SMART

For each goal, check to see if the following characteristics hold.

OBJECTIVE:

This objective is:

	Specific	Action-oriented; providing clear direction; easily understood by staff and stakeholders.
	Measurable	Quantifiable and/or verifiable.
	Aggressive	... but **attainable**. Challenging *and* realistic.
	Results-oriented	Focused on outcomes, not methods.
	Time-bound	Having a reasonable, yet aggressive time frame.

Characteristics of Attainable Objectives: SMART. Adapted from *Virginia's Handbook on Planning & Performance*. 1998. Virginia Department of Planning and Budget.

Together, a mission statement, a set of goals, and a collection of objectives for meeting these goals combine to give focus to your work and offer you a framework for measuring your performance...that is, they give you something to measure. Here's an example of a mission statement, a related long-term goal statement, and a related objective:

U.S. Department of Health and Human Services

Mission:	To enhance the health and well-being of Americans by providing for effective health and human services and by fostering strong, sustained advances in the sciences underlying medicine, public health, and social services.
Goal:	Improve access to health services and ensure the integrity of the nation's health entitlement and safety net programs.
Objective: (6 years)	Increase the percentage of the nation's children and adults who have health insurance coverage.

SAMPLE MISSION, GOAL, AND OBJECTIVES

West Virginia Department of Health and Human Resources

Mission:
The Department of Health and Human Resources mission is to promote and provide appropriate health and human services for the people of West Virginia, in order to improve their quality of life.

Sample Goal:
Enhance the exemplary management of the Department.

Objectives:
- Achieve administrative and programmatic efficiency through automation.
- Enhance management and staff's abilities through intradepartmental communication, training and continued education.
- Improve/maintain a sound fiscal policy through creative and legitimate financing of priority service delivery systems.
- Create and foster positive attitude among staff though recruitment, rewards, working environment and training so that customer service quality and efficiency is enriched.
- Emphasize accountability of staff and those with whom the Department contracts services.

Source: West Virginia Department of Health and Human Resources. Available at http://www.wvdhhr.org/goals.htm

Formulate short-term goals

In public health we often are working toward goals for which we do not have complete accountability. Perhaps, for example, the state has established a set of societal goals for public services. Your department is expected to contribute to some of them, but is not solely responsible for achieving any one of them. Or maybe a federal program has established a set of goals that it then mandates to the states. These goals are defined broadly enough that no single public health program could achieve them by itself, and besides, many other factors, positive and negative, contribute toward whether such goals can be achieved.

How do you measure your performance in working toward achieving these kinds of large, overarching goals? How do you measure the outcomes of your efforts?

The experts' answer is: develop short-term goals that define what your contribution is toward achieving the long-term, overarching goal. While you might not be fully responsible for achieving a particular long-term public health goal, you might be responsible, with others, for working toward achieving the goal. As Chapter 3 observed: implementing performance measurement gives you an opportunity to evaluate and define the types and levels of contribution you can or do make to achieving large, overarching public health goals.

If you approach performance measurement as a quality improvement mechanism that measures progress over time, you can develop short-term goals that will help you assess progress toward long term goals or benchmarks for which you will be held accountable. The same is true if you have very long-term goals for which you are accountable, but you need to focus your work and the attention of your stakeholders over the short term.

Devise a simple, manageable approach

> *The good news is that you don't have to re-engineer your organization before you can operate an effective performance measurement system. All you need to do is stick to two guiding principles: measure what matters, and keep it simple.* [9]

The hardest part about developing a performance measurement process is developing a simple, manageable one. To do that, you *must* resist the urge to make performance measurement over-complicated. This will be difficult because most of us work in complicated organizations with multiple levels of management and authority and fragmented responsibilities [9]. How do we develop a simple, manageable performance measurement process in the face of this complexity?

Not easily, and not quickly. Here are some useful strategies for keeping performance measurement simple and manageable.

USEFUL STRATEGIES

Take the time necessary. The irony is, keeping things simple can often be a complex process. Mark Twain said it well when he observed:

If I had more time, I would have written you a shorter letter.

Developing a simple, manageable process will take time and lots of attention. Rushing development and skipping key steps will result in performance measurement that is far less responsive to your stakeholders and your goals, and a process that is far more complex than necessary. Construct a timeline at the outset for your performance measurement development process, and consider adding "buffer" into it at every step. Some people estimate the time it will take to do a task and then multiply the number by two or by three, acknowledging that even their most carefully thought out time estimates are probably optimistic.

> *Designing a performance measurement system is an extremely time- and resource-consuming process that should be undertaken with clear expectations among relevant parties about what is needed. Political will from the top of the pertinent organizations must be in place.*
> – Kathryn E. Newcomer [11]

> *Quality management programs that fail generally do so because managers attempt to jump over the philosophy and get right to the tools.*
> – Lawrence L. Martin [10]

KEY RESOURCES
Develop a Simple, Manageable Approach

Measure What Really Matters. 1998. R. Young, A. T. Kearney Ltd. Available from Panorama Business Views, 6 Pardee Avenue, Suite 103, Toronto, Ontario M6K 3H5 Canada. Phone 1-800-449-3804; Fax 416-537-8298. Also available at http://www.pbviews.com/performance/index.html

Measuring Program Outcomes: A Practical Approach. 1996. United Way of America. Item No. 0989. Phone 703-836-7100.

Building State Systems Based on Performance: The Workforce Development Experience. 1996. C. E. Trott and J. Baj. National Governor's Association, NGA Publications, P.O. Box 421, Annapolis Junction, MD 20701. Synopsis available at http://www.nga.org/Pubs/IssueBriefs/1997/970727BuildingStateSystems.asp

Building Results III: Measuring Outcomes for Oregon's Children, Youth, and Families. 1998. Oregon State University Family Policy Program (C. C. Pratt, et al.). Oregon Commission on Children & Families, 530 Center Street NE, Suite 300, Salem, OR 97310. Phone 503-373-1283.

Good Example **See Sample Worksheet A: Timeline for Planning and Implementing Performance Measurement in Chapter 3**

Worksheet A, presented in Chapter 3, is a model timeline with possible performance measurement development tasks. Use these or create your own.

Develop measures that correspond to your goals and objectives. You did a lot of work developing those goals and objectives with the intent that you would then develop measures of your performance in achieving them. So don't leave that work behind!

Good Example **See Sample Worksheet G: Relating Performance Measures to Goals and Objectives on Next Page**

Sample Worksheet G on the following page is a basic guide for thinking about how performance measures relate to objectives, which relate to goals. Although the worksheet has room for four measures for each objective, *you don't have to have that many!* You could have fewer or, if you have a very good reason, you could have more.

Sample Worksheet G

Relating Performance Measures to Goals and Objectives

Use one worksheet for each objective.

Goal				
Objective				
Performance Measures				
Data Source				

Measure what really matters. A value matrix can help you figure this out.

Good Example **See Sample Worksheet H: Value Matrix on Next Page**

Sample Worksheet H on the following page is an example of a value matrix. You can plot both capacities and activities on the matrix to help you decide what to measure. For example, one way to use the matrix is to take a look at your list of stakeholders and the answers you wrote to two of the three stakeholder questions:

- What do we think they need from us?
- What do they say they need from us?

Place one stakeholder on the x-axis of the matrix and another on the y-axis. Now plot your capacities and activities on the matrix by the value they hold for each group – just write them in the appropriate boxes. What will emerge is the activities that are highly valued by both sets of stakeholders – they're up there in the upper right hand corner of the matrix. Ideally, these are the activities you want to measure. And the activities in the lower left corner – the low-value-to-both-stakeholders box? *Avoid measuring these!*

By constructing a few key value matrices and using different matches of stakeholders on the two axes, you'll discover what really matters to the most people.

And, yes, you often do have to measure capacities and activities that are less important to some stakeholders – including yourselves. The key here is to try to keep the number of your measures down by identifying those things that matter *most* to everyone involved and focusing on them. Then you can add in a few that respond to some particular needs or interests.

Keep the number of measures down. Did you notice the hints in the last two sections? Both ended with advice about keeping the number of your measures down to a manageable level. What's manageable will differ for each work group, program, department, or other organization, and will depend not only on what you want to measure, but on your capacity to measure.

At first, everybody and their cousin will want their favorite measure included in the performance measurement process. And they'll all have good rationales for doing so – or at least interesting ones. Using a value matrix approach can help you keep the overall number of measures down, and can help rationalize to all of those people why their favorite measure might not be in the final list.

In a complex organization with multiple groups or programs, another way to keep the number of measures manageable is to construct layers (or cascades) of measures. For example, a work group might have its own manageable set of measures; a particular program, another; a department, another; and the overall organization, another. The key to these layers is that the measures in each must relate to the overall organizational objectives and goals, and all layers must relate to the measures in the uppermost layer – in this example, the overall organizational measures.

Sample Worksheet H

Value Matrix

Value matrices can help you decide what capacities and activities to measure. Those that fall into the high value box for both the x and the y axis are hits! These are the things you will want to measure. You can make several different matrices, placing various stakeholders on each axis: for example, internal and external stakeholders; internal stakeholders and certain advocates; your organization and an oversight organization. What activities fall into the high/high box for all of the matrices?

High	**High** value for y axis / **Low** value for x axis	**High** value for y axis / **High** value for x axis
Low	**Low** value for y axis / **Low** value for x axis	**Low** value for y axis / **High** value for x axis

Low → **High**

Value Matrix. Adapted from *Measure What Really Matters*, by Robin Young, A.T. Kearney Ltd. 1998. Panorama Business Views.

Decide what level of performance defines success. This sounds simple, but not forging a common understanding of what defines success *at the outset* will undermine all of your good intentions for performance measurement. You must decide what an acceptable measurement result is, or you will simply not be able to interpret what change means. Here are three possible definitions of success for measuring performance in public health practice [12]:

- **Minimum or Acceptable Level.** The performance measurement process defines what a "minimum" or an "acceptable" performance level is. Results below this level, even if they show positive gains, are too low – not enough improvement in performance has been achieved. Performance standards can be considered "minimum" or "acceptable" levels of success.

- **Challenge Level.** The performance measurement process defines a "challenge" level of performance, a goal toward which efforts are aimed. Performance results below this level are acceptable because the level is a challenge that is not expected to be achieved right away. Performance standards also can be considered "challenge" levels of success.

- **Better Than Before**. The performance measurement process is comparative from measurement period to measurement period. Success is defined as performance better than the last period of measurement. This definition comes out of the continuous quality improvement (CQI) perspective.

Those developing the performance measurement process must agree on what "success" means at the outset. Don't wait until you have results to discover that one group thought the measure was a minimum and is concerned that it wasn't achieved, while another group thought the measure was a challenge and feels good about progress thus far.

When you think about how to define success, you also need to think about what the consequences might be of not achieving it. Here are some possible consequences [12]:

- **Technical Assistance.** The group/program/organization is provided technical assistance to improve results. The trick here is not to have technical assistance seen as a reward. In some cases, you might not want it to be seen as an opportunity to be awarded additional resources, either.

- **Corrective Action Plan.** The group/program/organization is required to develop a corrective action plan, and implementation of the plan is monitored. This is a little like probation. Depending on the circumstances, the plan might or might not be seen as an opportunity to request additional resources.

- **Withholding Discretionary Funds.** Nonperformance means you are not eligible for special discretionary funds. This is a little like punishment.

- **Prohibiting Budget Increases.** Nonperformance means you cannot request additional funding in the next budget cycle (except for inflation factors). This is like punishment, too.

- **The Axe.** The working group, program, or organization is closed down. This is the most drastic consequence, and hopefully would be implemented only if performance results were consistently poor and were combined with other convergent circumstances. This is just not a good situation.

These are only examples of consequences for not achieving the defined level of success. When you're defining success, you need to think about the consequences for which your group, program, or organization has authority, and the consequences to which you are subject. For example, many public health organizations are subject to the oversight of boards of health, legislators, the executive branch, or funding agencies. Thinking about what the consequences might be of not achieving success will help you to define what success is.

Match data and information demands to your ability to deliver. What measures can be implemented with existing databases, research methods, and personnel, rather than new or complicated data collection schemes and new personnel?

This question should be your mantra as you work through identifying performance measures. For many, the urge to use performance measurement as an opportunity to lobby for new data systems and software will be very, very strong. Eyes will light with excitement at the prospect of equipment that is newer, better, and faster.

> *In most cases, 80% of the key measures can be derived and reported on from existing systems and processes.*
> – Michel Cesar, Deloitte & Touche [4]

Resist this. Performance measurement is hard enough to design and implement without adding tremendous resource and training costs for new equipment and software. Start first with what you have at hand. Once the performance measurement process gets rolling, you'll know better what your data-related technical needs really are, and you can better determine fiscal and other repercussions of purchasing new equipment and software, and potentially hiring new personnel.

When it comes to identifying the data sources at hand, the first thing to notice is that you are surrounded with sources that can be used for performance measurement. These include data and information collected from your stakeholders, including recipients of your services – for example, through surveys, questionnaires, interviews, focus groups, videotapes, observations, and case studies; school, hospital, referral agency, court, and employer records, and the like; public health records in particular; data collected from the general public; vital statistics; census data; and various land use, architectural, lab, and other similar measurements.

Where do you find these sources?

- Turn first to your own sources, generated within or for your work group, program, or organization or provided to you by others on a regular basis.

- Turn next to other work groups, programs, departments, agencies, organizations, etc., for access to data they already generate. For example, can they include you on their reporting list? Perhaps they generate data that they don't usually share, but with appropriate confidentiality protections and specific data-sharing agreements, they would be willing to do so.

- Finally, build data collaborations with others to pull certain data from their databases, to develop analyses on particular data they generate, or to add onto their existing data collection – for example, adding one or two questions to a survey they regularly administer.

In matching performance data and information demands to your ability to deliver, you also want to focus on the existing talents of your staff. That's where the capacity assessment you performed at the beginning of the process really helps. Match the kinds of performance data you want to collect with the abilities and skills of those who will be generating the data. It might be the case that you have staff with as-yet-untapped skills. And it also might be that with minimum additional training, you can get exponential growth in technical data skills.

Sample Sources of Performance Measurement Data

- Records, in General – for example, from schools, hospitals, referral agencies, courts, employers, and law enforcement agencies.
- Public Health Records – for example, treatment or service records, complaints, information request records, and many others from work groups, programs, departments, divisions, and the like.
- Census Data
- Vital Statistics
- Specific Individuals – for example, information collected through surveys, questionnaires, interviews, focus groups, videotapes, observations, case studies, or other techniques from program participants; participant's parents or guardians; employers, teachers, counselors; advocacy groups; service-providing staff and volunteers in your group; and staff of other work groups, programs, organizations, or agencies.
- General Public – information collected through neighborhood groups or other community groups, such as teen, church, or parent groups.
- Mechanical Tests and Measurements – for example, lab tests (such as water quality, air quality), and various land use, geographic, and architectural measures (such as land tracts, river miles, acreage, square footage).

Sources: Oregon State University Family Policy Program (Clara C. Pratt, et al.). *Building Results III: Measuring Outcomes for Oregon's Children, Youth, and Families*. (Salem, OR: Oregon Commission on Children and Families, 1998) and United Way of America (H. Hatry, T. van Houten, M. Plantz, and M. Taylor). *Measuring Program Outcomes: A Practical Approach*. (Alexandria, VA: United Way of America, 1996). Item No. 0989.

Public health organizations that have implemented performance measurement offer these ideas for using and enhancing the technical skills at hand:

- Match performance measurement tasks with existing expertise.
- Identify key people that you want involved in measuring performance, assess their skills, and provide them training.
- Collaborate with other work groups/programs/divisions/etc. for data collection and analysis.
- Contract or collaborate with academic researchers for data research and analysis. Consider taking on graduate students who have independent study, internship, or other similar needs.
- If you must provide training, provide focused training using instructors with performance measurement expertise.

Finally, the pundits warn:

> Don't collect data for performance measurement for the sake of collecting data for performance measurement.

Having a lot of data does not mean having a lot of meaningful performance measurement information. Looking good does not mean being swamped with information that has little or any value in it for assessing changes in performance – or the value that is there is so buried that no one can find it. In fact, too much data can make you look bad, as in *Why couldn't your group develop a compact set of strategic goals, objectives, and measures? Are you disorganized, not well managed, without direction?*

Really. Match your performance measurement data and information demands to your ability to deliver, and keep the number of demands and the amount of data down.

Key Principles for Selecting Performance Measures

- Measures should have a clear relationship to system goals. They should be aimed at a specific objective and be result oriented.
- Measures should be meaningful and easy to understand.
- Measures should inform evaluative, planning, and policy decisions.
- Data should be adequate to support the measures.
- Care should be taken to guard against unintended consequences of the measures.
- Performance should have a clear and direct effect on the measures.
- Performance should be a primary influence on the measures.
- Measures should be valid, reliable, and responsive.

Sources: National Governors' Association (C. E. Trott and J. Baj). *Building State Systems Based on Performance: The Workforce Development Experience* (Annapolis Junction, MD: NGA Publications, 1996) and National Research Council. *Health Performance Measurement in the Public Sector: Principles and Policies for Implementing an Information Network.* (Washington D.C.: National Academy Press, 1999).

"The philosophy has been, 'Let's collect everything and we'll figure it all out in the morning.' That's a very expensive philosophy. We need a different model ... a model that derives meaningful information from what the stakeholders want to know about performance. If you have a good question about performance, I can give you a good measure. If you have 50 good questions, I can give you a meaningful, focused database."

– Dennis S. O'Leary [2]

Reject a Performance Measure That:

Does not provide good information – The measure is not valid, reliable, responsive, and/or abuse-proof. Exactly what is being measured and how the results should be interpreted are not clear.

Does not illustrate progress toward achieving goals and objectives – The measure is not responsive and/or functional.

Does not have ownership – The measure is not functional, credible, and/or understandable. No-one is responsible for this performance, or no-one cares about it.

Will never have data available – The measure is not available; it would be impossible or cost-prohibitive to capture the necessary data.

Source: Some of this information was drawn from the Panorama Business Views World Wide Web site at http://www.pbviews.com/ in June 1998. The information was subsequently removed from the site.

Provide technical assistance

When you organize to develop a performance measurement process, you are asking a lot of your internal stakeholders: the people whose performance will be measured. You are asking them to understand, accept, and promote the concepts and values behind performance measurement. You are asking them to think about how and why they conduct their work tasks and to rethink the goals and objectives of their work group. You are asking them to develop ways to measure their own performance and that of others. And you are asking them to report on the results of their performance measurement.

You are asking them to generate change.

That's a lot to ask. Consequently, one of the key components in developing an effective performance measurement process is providing those involved with the assistance they need to understand and implement the process, as well as the training they need to improve their performance.

As you look at your timeline for developing a performance measurement process, incorporate opportunities for training in performance measurement wherever you can, and include a plan for ongoing staff development. Managers, in particular, might benefit from training on how to effectively use performance measurement results.

> *The key here is for the organization to identify gaps in knowledge and experience – at whatever level – and provide targeted, just-in-time training to address these.*
> – National Partnership for Reinventing Government [1]

Ultimately, you want your performance measurement process to reveal improvement on past performance or, if an attainment level of performance has been achieved, at least the steady maintenance of that level. That means you need ongoing assessment of the capacities of your staff and provision of appropriate training and development opportunities.

> *Managers need to be informed about the nature of the performance information and about how it might best be used to improve services. Such information should be included in management training programs, for both current and new managers.*
> – Harry P. Hatry, et al. [13]

Why Does Performance Measurement Sometimes Fail?

- Excessive costs of data collection.
- Lack of long-term support from management and/or public officials.
- Absence of leadership to keep the process running.
- Lack of training.
- Not using data generated by the process in actual operations.
- Not enough emphasis on performance indicators.

Source: National Center for Public Productivity, Rutgers University. *A Brief Guide for Performance Measurement in Local Government* (Newark: National Center for Public Productivity, 1997). Available at http://newark.rutgers.edu/~ncpp/cdgp/Manual.htm#man4

[1] The National Performance Review (now the National Partnership for Reinventing Government). *Serving the American Public: Best Practices in Performance Measurement. Benchmarking Study Report*. (Washington, D.C.: Government Printing Office, 1997).

[2] Dennis S. O'Leary, Joint Commission on Accreditation of Healthcare Organizations. "Measurement and Accountability: Taking Careful Aim," *Journal of Quality Improvement* 21(July 1995): 354-357.

[3] University of Washington Prevention Effectiveness Center and University of Washington Health Policy Analysis Program. *Enabling Performance Measurement Activities in the States and Communities*. (Washington, DC: U.S. Dept. of Health and Human Services, 1998).

[4] Michel Cesar, Deloitte & Touche. "Six Axioms for Successful Performance Measurement in the Public Sector," (Panorama Business Views, 1999). Available: http://www.pbviews.com/magazine/articles/cesar.html [cited October 1999].

[5] Gordon F. Dveirin and Kenneth L. Adams. "Empowering Health Care Improvement: An Operational Model," *Journal on Quality Improvement* 19 (July 1993): 222-233.

[6] Virginia Department of Planning and Budget, Planning and Evaluation Section. *Virginia's Handbook on Planning & Performance* (Richmond: 1998).

[7] Washington State Office of Financial Management. "Section 2: Agency Strategic Plan and Performance Measures " in 1999-01 *Operating Budget Instructions*. (Olympia: 1999). Available at http://www.ofm.wa.gov/budinst/bitoc.htm [cited October 1999].

[8] Warren H. Schmidt and Jerome P. Finnegan. *The Race Without a Finish Line.* (San Francisco: Jossey-Bass Publishers, 1992). As quoted in: National Governors' Association (C. E. Trott and J. Baj). *Building State Systems Based on Performance: The Workforce Development Experience*. (Annapolis Junction, MD: NGA Publications, 1996).

[9] Robin Young, A.T. Kearney Ltd. "Measure What Really Matters," (Panorama Business Views, 1998). Available at http://www.pbviews.com/performance/index.html [cited October 1998].

[10] Lawrence L. Martin. *Total Quality Management in Human Service Organizations – SAGE Human Services Guide 67*. Published in cooperation with the University of Michigan School of Social Work. (Newbury Park: SAGE Publications).

[11] Kathryn E. Newcomer. "Using Performance Measurement to Improve Programs," *New Directions for Evaluation* 75 (Fall 1997): 5-13.

[12] For more information, see: National Governors' Association (C. E. Trott and J. Baj). "Chapter 4: Strategy No. 2 – Choose Measures and Measurement Strategies to Accomplish the Right Objectives" in *Building State Systems Based on Performance: The Workforce Development Experience*. (Annapolis Junction, MD: NGA Publications, 1996).

[13] Harry P. Hatry, Mark Fall, Thomas O. Singer, and E. Blaine Liner. *Monitoring the Outcomes of Economic Development Programs*. (Washington, DC: The Urban Institute Press, 1990).

Chapter 5: A Few Words About Reporting Results

Once you get your performance measurement process up and running, the time will come when you have to report the results. Your various audiences (remember, you won't have just one) might include:

- Other public health organizations, including those with direct oversight of your work. For example, state, regional, and local government and private-sector agencies and organizations.
- State government, including the executive and legislative branches.
- Your peers, including other groups, programs, departments, divisions, agencies, and the like.
- The community you serve, whether it's defined geographically – for example, state, region, county, city, township – or as a particular group of people.
- Community advocates.

Reporting performance measurement results to these multiple audiences can be fraught with perplexing questions:

- What information do you share with which audience?
- How do you present complicated data to a certain audience?
- What is important to report and what can be left out?

And anxieties:

- Will the reader misinterpret what's being presented?
- Will the information in the report become fodder for attacks on your work?

> *Program managers fear that elected officials, interest groups, and the media may use service quality and program outcome information as fodder for attacks on them....This will indeed occur on occasion. Possible misuse of negative findings is an unavoidable risk of performance reporting.*
> – Wholey and Hatry [1]

All of the perplexing questions – what to report to which audience and how – have answers. But it might take some experimentation, a few iterations, and some mistakes before you hit on the right mix of information and audience for your reports. And all of the anxieties are warranted: misinterpretation and attacks can and will happen. Accepting the reality that reporting performance results is complicated, however, and anticipating potential reporting misunderstandings and misapprehensions allows you to design more effective and better understood performance reports. You will also reduce the level of fear and anxiety in those who are reporting.

Just as there are key components in developing a performance measurement process, there are some fundamentals to reporting performance measurement results. Again, these hold true no matter who you are or what kind of performance news – good or bad – you're reporting. These include:

Provide Context
Create Clear, Easy-to-Read, Understandable Report Designs
Determine Reporting Frequency
Offer Staff Training

Three Key Questions to Ask When Developing a Performance Report

- Are we presenting the right information?
- Are we presenting information in the right way?
- Are we reporting information at the right time?

Source: Maggie Kennedy. "Strategic Performance Measurement Systems: Next Step After Dashboards. *Quality Letter for Healthcare Leaders 7* (Dec 95-Jan 96): 2-21.

More Questions to Ask When Developing a Performance Report

- What is (are) the purpose(s) of the report?
- Who is the critical audience?
- Whose work is being reported: e.g., work group, program, division; an entire system of services?
- How can the complexity of the performance results be balanced with the need to keep the report easily comprehensible?
- Who is responsible for preparing the report?
- Who should review the report before it is released?

Source: National Governors' Association (C. E. Trott and J. Baj). *Building State Systems Based on Performance: The Workforce Development Experience* (Annapolis Junction, MD: NGA Publications, 1996).

Provide context

No matter what their background or perspective, your readers need context to understand and appreciate what you are reporting. Without some kind of context, the reader is left to imagine why you chose the particular measures you did and why the resulting data look the way they do. That's not a good idea...

...especially for readers with good imaginations.

Context provides readers with the key things they need to know to understand your mission and goals, why you have chosen these particular performance measures, and why the results look this way. If your work group serves a population with particularly difficult health status or socioeconomic issues, for example, put this in your report. If events or conditions external to your efforts influenced your work – for example, a dominant industry laid off a large number of workers; the winter weather was particularly severe; your community experienced flash floods, tornadoes, or hurricanes; a community clinic closed its doors – put that in there, too.

Unexpected events or conditions internal to your efforts also need to be identified – for example, high staff turnover or budget cuts that have limited or cut some capacities or services.

> *Managers should use performance reports to present information on resource constraints and other factors, such as caseload characteristics or economic conditions, which are likely to affect program performance.*
> – Wholey and Hatry [1]

Providing context gives those being held accountable for results a chance to explain, making them more comfortable with, and confident about, reporting. Don't equate providing context with whining. Reporting performance measurement results is an opportunity to educate your audience about what is and is not under your control, about the many factors other than your work that influence the lives of the people you serve, and for describing the extent to which you have been able to contribute to their lives. Don't miss this opportunity.

At the same time, don't go on and on! Brevity is the soul of wit (Shakespeare).

USEFUL STRATEGIES

Have work group, program, division, or departmental managers review performance data before they are reported up or out. This gives management an opportunity to consider what explanatory information to append, including causes, rationales, recommendations, or corrective steps. [2]

Tie information and data to your goals and objectives. Goals and objectives are your primary context for reporting performance results, as these are what you are measuring your work against. This relationship can be presented graphically to enhance its comprehensibility (see below). You might also want to add just a little text that spells out the relationship, just to make sure the reader gets it.

For results that are worse than expected, include in your report an outline of what you are doing or plan to do to improve them. [3]

Create clear, easy-to-read, understandable report designs

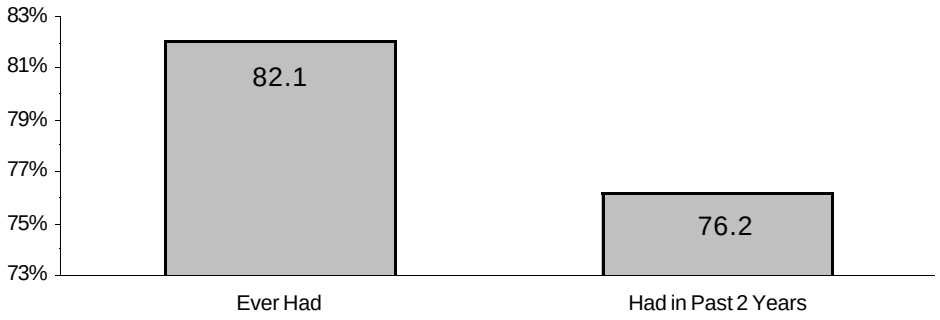
Let's face it, not all public health practitioners are familiar with the ins and outs of page design. But designing reports can be fun, and it might even be one of those as-yet-untapped talents of someone within your work group, program, or organization. Another place where your initial capacity assessment pays off!

USEFUL STRATEGIES

Put data into charts and tables. Bar charts, pie charts, line charts, and tables are readily understood by a variety of audiences – that is, if they aren't cluttered with too much data, too many labels, and too many screens or colors.

BAR CHART EXAMPLE

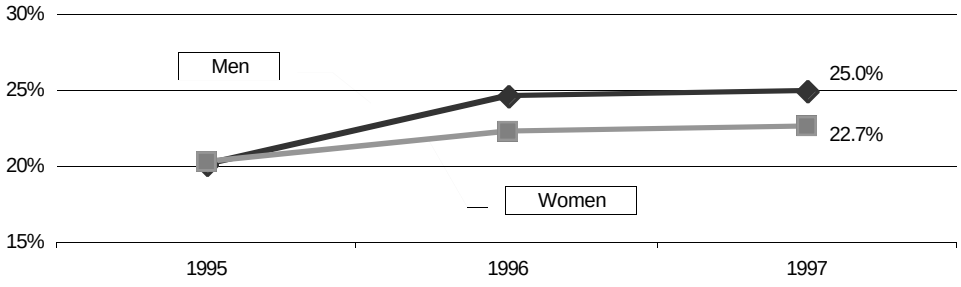
Women in Washington State, Age 40-49, Who Have Ever Had a Mammogram and Those Who Have Had One in the Last Two Years, 1997



Source: U.S. CDC. 1999. BRFSS Online Prevalence Data (www.cdc.gov).

LINE CHART EXAMPLE

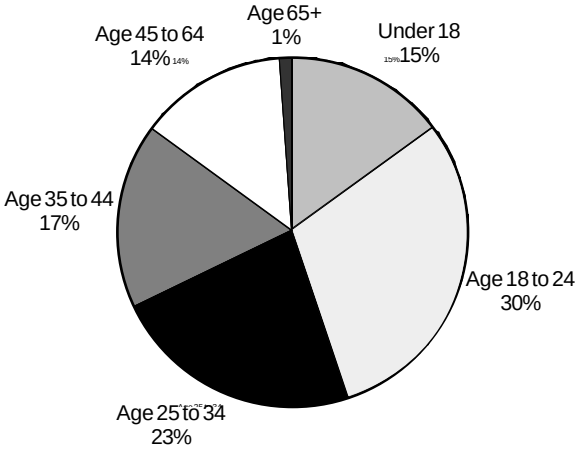
Washington State Smoking Prevalence, Age 18+, 1995-1997



Source: U.S. CDC. 1999. BRFSS Online Prevalence Data (www.cdc.gov).

PIE CHART EXAMPLE

Percent of the U.S. Population Without Health Insurance, by Age, 1997



Source: Bennefield, R.L. 1998. Health Insurance Coverage: 1997. *Current Population Reports.* U.S. Census Bureau. P60-202

Use maps. Maps, too, are a very good way to present information across a community or region. As with charts and tables, keep the amount of information you have on the map to a minimum, and use a clearly marked map key. Consider that different data sources might have unique reporting districts – for example, census tracts, subdivision tracts, hospital service areas. You might find that you'll need to produce more than one map of the same area using different reporting districts.

Color-code results. Colors can help you distinguish performance results from your targets (e.g., goals, objectives). For example, you might indicate performance at less than your target in red and performance that exceeds your target in green [4].

Keep language basic and avoid jargon. How many of your stakeholders are going to know what you mean if you say, "To meet our core function of assurance...."? As much as you can and as hard as it might be – and actually, it is very hard – keep the jargon out.

Target reports to audiences. Consider what the information needs are for different audiences. The stakeholder assessment you did as a precursor to designing your performance measurement process can give you some insight into what data you want to report out to whom. The questions you asked about your stakeholders were:

- What is their connection to our work?
- What do they say they need from us?
- What do we think they need from us?

Use stakeholder focus groups to review preliminary report designs, and use an iterative design process. Have stakeholders within and external to your organization review some sample report designs that include example charts and tables. Is the report layout easy to follow? Are the graphics comprehensible? Do the colors work? Is the information what they want to see? Have you gone overboard on your explanations? Don't expect your first draft layout to be perfect – this is something graphic artists learn early on. Use stakeholder feedback to modify your designs and then run the new version by the same or another group of reviewers. Your goal is to make your reports as clear and understandable as possible to reduce the risk of confusion, misinterpretation, and active imaginations.

Develop a few standardized reports. If you receive certain questions on a regular basis, you might consider developing short, standard reports that respond to them. These reports should be simple and easy to understand. They can be sent in response as questions come in, or they can be sent out proactively.

Questions to Ask About Report Design

- Are our graphics, including charts and tables, useful and easy to understand?
- Is the report cluttered with too much or unnecessary information?
- Can readers easily compare our current performance against our target (e.g., our objectives)?
- Have we provided appropriate explanatory information?
- Are we meeting the information needs of this particular audience?

Maggie Kennedy. "Strategic Performance Measurement Systems: Next Step After Dashboards," *Quality Letter for Healthcare Leaders 7* (Dec 95-Jan 96): 2-21.

Public health organizations that have implemented performance measurement and gone through the process of designing performance reports offer these suggestions:

- Pay attention to formatting and layout.
- Produce reports that look polished, with detail and clarity.
- Move data from mainframes to desktop computers so that you can put the numbers into easily read formats.
- Explore and make better use of software possibilities.
- Build World Wide Web graphics to the lowest common denominator in hardware (for example, for a small screen) and Internet browsers.
- Use point-and-click graphics on the Web to give information pizzazz.

Good Example **See Sample Worksheet I: One Model for a Performance Report on Next Page**

Determine reporting frequency

Some report audiences will need – or require – reporting at specific intervals; for example, quarterly reports to the state executive branch. Your data also will dictate reporting frequency. For example, some data are collected only at particular intervals, such as annually; other data might be available more frequently, but are not particularly valuable to report that often; still other data might be available and interesting to report at regular intervals – or at certain times of the year. Knowing who will get what data, and the frequency that those data are available, will help you determine how often to report to different audiences.

One key audience needs reporting that is timely and prompt: those whose performance is being assessed. If their performance is not at the level expected or desired, prompt feedback is very important to being able to take appropriate corrective action. Feedback needs to be timed with data collection cycles so that wherever possible, action can be taken that will affect the next cycle. An extended time lapse between receiving performance results and reporting them back to those accountable can result in capacity, process, and outcome adjustments that are too little, or too late, or both [5].

Offer staff training

Finally, we arrive again at the importance of offering training and technical assistance to those whose performance is being assessed. Performance reports are the culmination of all of your hard work on performance measurement. The best process will become, at best, irrelevant to your group/program/organization and, at worst, fodder for attacks against you if your reports are not well-thought-out, clear, understandable, easy to use, self-explanatory, and targeted to their audiences. You really don't want to drop the ball here.

Providing staff training in report production and developing this capability throughout large organizations will pay off. Again, the notion of "ownership" plays an important role in easing staff fears and anxieties about performance reports in particular, and performance measurement overall. Incorporate people's ideas into various report designs. Allow those who are doing the work to design the reports – with peer review, of course. Get training in the basics of report content. Find some good examples to pass around.

Training and technical assistance, even if targeted to a few key people, will enhance not just the quality of the reports overall, but also acceptance of the reports by those on whose work you are reporting, and the way in which the reports are used by stakeholders and other audiences.

Sample Worksheet I

One Model for a Performance Report

This report model, adapted from one developed by the Oregon State University Family Study Center,* provides information in four categories: facts, meaning, assessments, and recommendations.

The Facts:

	What, how, and from whom was the information collected?
	What evidence is there that you achieved your intended goals or objectives – that is, what are the data?

The Meaning of the Information:

	Why is this finding important?
	How does this finding relate to your goals and objectives?

Your Assessment:

	Given these findings and their meaning, have you been successful in reaching your goals and/or objectives?
	Has your work been successful for some stakeholders but not others?

	Based on the facts, their meaning, and your assessment, what courses of action are possible?
	What changes might be made?
	Do goals or objectives need to be revised?
	What alternative courses of action might improve your efforts and your performance?

*Adapted from Oregon State University Family Policy Program (Clara C. Pratt, et al.). *Building Results III: Measuring Outcomes for Oregon's Children, Youth, and Families.* (Salem, OR: Oregon Commission on Children and Families, 1998).

[1] Joseph S. Wholey and Harry P. Hatry. "The Case for Performance Monitoring," *Public Administration Review* 52 (Nov./Dec. 1992): 604-610.

[2] Harry P. Hatry, Mark Fall, Thomas O. Singer, and E. Blaine Liner. *Monitoring the Outcomes of Economic Development Programs*. (Washington, DC: The Urban Institute Press, 1990).

[3] United Way of America (H. Hatry, T. van Houten, M. Plantz, and M. Taylor). *Measuring Program Outcomes: A Practical Approach*. (Alexandria, VA: United Way of America, 1996). Item No. 0989.

[4] This suggestion was drawn from the Panorama Business Views World Wide Web site at http://www.pbviews.com/ in June 1998. The text that held the suggestion was subsequently removed from the site.

[5] National Governors' Association (C. E. Trott and J. Baj). *Building State Systems Based on Performance: The Workforce Development Experience*. (Annapolis Junction, MD: NGA Publications, 1996).

Glossary

Accountability An obligation or willingness to be assessed on the basis of appropriate measures of actions and outcomes with regard to the achievement of workgroup/program/organization or policy purposes. [1]

Capacity The ability of a work group, program, or organization to carry out the essential public health services, and in particular to provide specific services; for example, disease surveillance, community education, or clinical screening. This ability is made possible by specific program resources as well as by maintenance of the basic infrastructure of the public health system. [1]

Goal An issue-oriented statement of an organization's desired future direction or desired end state. Goals guide an organization's efforts; they articulate the overall expectations and intentions for the organization. [3]

Mission Statement A comprehensive yet concise statement defining what a work group/program/organization does, for whom, how, and why. [4]

Objective A measurable target that describes specific end results that a service or program is expected to accomplish within a given time period. [3]

Outcome A change, or lack of change, in the health of a defined population that is related to a public health intervention – such as educational classes, tests or clinical procedures, or complaint investigations. [1] Outcomes can be of three types:

> **Health Status Outcome** A change, or lack of change, in physical or mental status.
>
> **Social Functioning Outcome** A change, or lack of change, in the ability of an individual to function in society.
>
> **Consumer Satisfaction** The response of an individual to services received from a health provider or program. [1]

Performance Management The use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals. [5]

Performance Measure The specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance. [1]

Performance Measurement The selection and use of quantitative measures of capacities, processes, and outcomes to develop information about critical aspects of activities, including their effect on the public. [1] **Performance measurement** is the regular collection and reporting of data to track work produced and results achieved. [4]

Performance Standard A generally accepted, objective standard of measurement such as a rule or guideline against which an organization's level of performance can be compared. [6]

Process The things that are done by defined individuals or groups – or to, for, or with individuals or groups – as part of the provision of public health services. Process means all of the things we do in public health practice; for example, conducting educational classes, performing a test or procedure, investigating a complaint, crunching data, meeting with community groups. [1]

Stakeholder Any person, group, or organization that can place a claim on or influence the work group/program/organization's resources or outputs; is affected by those outputs; or has an interest in or expectation of the work group/program/organization. [5]

Strategic Planning A continuous and systematic process whereby an organization makes decisions about its future, develops the necessary procedures and operations to achieve that future, and determines how success is to be measured. [5]

[1] National Research Council. E. B. Perrin, J. S. Durch, and S. M. Skillman, eds., *Health Performance Measurement in the Public Sector: Principles and Policies for Implementing an Information Network*. (Washington D.C.: National Academy Press, 1999).

[2] Based on: *The American Heritage Dictionary, Second College Edition*. (Boston: Houghton Mifflin Company, 1991).

[3] Based on: Washington State Office of Financial Management. "Section 2: Agency Strategic Plan and Performance Measures " in 1999-01 *Operating Budget Instructions*. (Olympia: 1999). Available at http://www.ofm.wa.gov/budinst/bitoc.htm [cited October 1999].

[4] Virginia Department of Planning and Budget, Planning and Evaluation Section. *Virginia's Handbook on Planning & Performance* (Richmond: 1998).

[5] The National Performance Review (now the National Partnership for Reinventing Government). *Serving the American Public: Best Practices in Performance Measurement. Benchmarking Study Report*. (Washington, D.C.: Government Printing Office, 1997).

[6] Based on: Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Available at http://www.jcaho.org/perfmeas

Turning Point is funded jointly by:

The Robert Wood Johnson Foundation

The W. K. Kellogg Foundation