

STATE OF THE STATE

CHAPTER 14

PERFORMANCE MANAGEMENT
MEASURING SUCCESS



Performance Management Measuring Success

DATA-DRIVEN PERFORMANCE MANAGEMENT

Performance management is known by a variety of names – management by objectives, data-driven management, make-good analysis - to name but a few. But these systems all have one thing in common, they recognize the need of programs and projects to be accountable to the public and partners to demonstrate that they are indeed producing the desired results.

A performance management system creates a formalized approach to systematically reviewing the progress toward achieving desired objectives. Along the way, a performance management system:

- Provides “baseline” information about where we’re starting from, and in so doing, helps to clarify what we need to do to reach our goals.
- Fosters mutual accountability based upon objective assessments of how goals have been attained. Thus, it answers the question: “Are we doing what we set out to do?”
- Encourages the establishment of agreed upon outcome measures at the beginning of a project and thus helps participants focus their energies and activities on achieving those outcomes.
- Creates a formal method for measuring the achievement of goals in quantifiable (objective) rather than qualitative (subjective) terms.
- Encourages program development based upon a clear understanding of the desired impacts of the program.

A performance management system creates a structured and systematic approach to the ongoing review of a program or project throughout its life cycle from inception to completion. Having a structured performance management system in place creates numerous advantages for all program leaders:

- It encourages program design based on a clear statement of the measurable outputs, outcomes and impacts that we hope to achieve.
- Program management creates the opportunity to develop specific measures to document the impact the program has had.
- As a management tool, program management permits periodic assessments of progress towards desired goals, and allows for a mid-point corrections if it is determined that the desired impacts are not being achieved.
- Quantifiable program goals create a sense of realism, and assure that program plans can be achieved with the resources that have been identified.
- A well-designed performance management system also allows us to communicate the goals and scope of a project convincingly to persons not familiar with project details.
- Performance management also creates the opportunity to convince potential funding agencies of the benefits of the project and the ability to manage a grant-funding program.

The SHIP Approach to Performance Management

A basic objective in the SHIP 2001-2005 plan was the development of a system for evaluating the effectiveness of the various components of the State Health Improvement Plan. The SHIP Data, Information, and Evaluation Committee conducted a thorough review of SHIP programs and potential evaluation tools and made the following recommendations:

1. The Department of Health should adopt and encourage the use of the logic model as the basis for ongoing planning and evaluation of SHIP activities.
2. The Department should conduct a retrospective evaluation of the 2001-2005 State Health Improvement Plan using the logic model format as the basis for the review.
3. The Department should develop a means of collecting data to support performance management decisions at a minimum of every two years.
4. SHIP affiliated Community Health Improvement Partnerships should be encouraged to adapt the logic model as the basis for local program planning. The Committee also encouraged the Department to develop training opportunities for partnerships in the use of the logic model.
5. The Department should include efforts to identify performance measures and collect performance data as a part of its mini-grant program for SHIP affiliated partnerships.
6. SHIP implementations objectives should be developed with specific impact and output objectives.

THE LOGIC MODEL AS A PLANNING AND PERFORMANCE MANAGEMENT TOOL

In its simplest terms, a logic model is a disciplined and structured method of program planning and evaluation that demonstrates the linkage between processes and desired impacts. The logic model creates a visual and written “road map” as to how a project is supposed to work, and thus allows for program planning, implementation, and evaluation.

There are a variety of formats and depictions of the logic model, however they all refer to the same basic components:

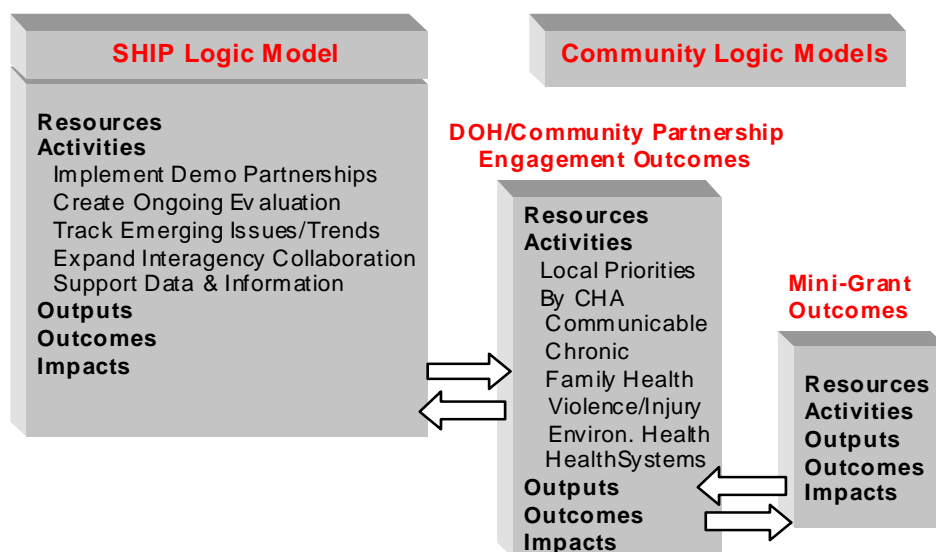
- A statement of the **desired impact** of the project, that is, the change which the project hopes to achieve.
- The identification of the **specific outcomes** – the changes in behaviors, knowledge, or attitudes, that we expect will lead to the desired impact.
- Articulation of the **activities** which we will conduct, and the **outputs**, or direct results of those activities, and finally:
- The **resources**, human, financial and others that will be brought to bear on the problem.

In conjunction with a work group comprised of representatives of SHIP affiliated Community Health Improvement Partnerships, the Department developed and tested a conceptual model of the logic model framework, and identified some basic guidelines for implementation of the logic model within the SHIP context:

- The process should be simple, easy to use, and not resource intensive;
- Guidance and technical assistance for partnerships should be available through the SHIP process;
- The application of the logic model should recognize the varying stages of development or sophistication of affiliated partnerships;
- DOH and partnership logic models should combine into a hierarchy of impacts, for example, by illustrating the contribution of a partnership activity to a broader achievement of a goal such as Healthy People 2010.

Figure 14-1

SHIP Evaluation Conceptual Model



The above conceptual model demonstrates the linkage and mutual accountabilities between the activities of the Department of Health and its affiliated partnerships in achieving desired impacts, whether they are achievement of certain Healthy People 2010 objectives, or individual SHIP program objectives which will enhance the achievement of overall Healthy People 2010 goals.

SHIP 2001-2005 PERFORMANCE REVIEW

At the direction of the SHIP Data, Information, and Evaluation Committee, the Department has undertaken an evaluation of SHIP 2001-2005. Working in conjunction with the Committee and community partnership affiliates the following approach was used.

1. The five SHIP implementation objectives for 2001-2005 were retrospectively placed into the logic model format.
2. Performance measures were developed for each component of the logic model for each SHIP implementation objective.
3. Data sources were identified and/or developed to provide objective measures for assessment of the SHIP process.

Special Report on the Data Needs of the State Health Improvement Plan Affiliated Partnerships - April 2005 (PDF)

- a. A data base of information about DOH mini-grants to SHIP partnerships yielded information about total grant awards, community match, HP 2010 and DOH priorities addressed by the partnerships through the mini-grants.
 - b. The third biennial survey of community health improvement partnerships was conducted. Survey questions were developed by the Data, Information and Evaluation Committee to gain understanding of key program factors such as partnership satisfaction, and shifts in access to data due to program interventions.
 - c. A survey of Department of Health leadership staff and county/municipal health departments was conducted to determine agency awareness and perceptions of SHIP and community partnerships.
 - d. Finally, qualitative information on the level of satisfaction with the SHIP process was obtained through the use of specific questions at the six SHIP town meetings that were conducted as the preliminary event to the SHIP development process.
4. Results were presented to the SHIP Steering Committee and the various task forces for discussion and development of recommendations for inclusion into SHIP 2006-2010.
 5. Finally, a program analysis was conducted (see appendix) to document the actual achievement of the SHIP 2001-2005 Implementation Objectives.

The results of these reviews have been reflected in the recommendations and actions presented by the SHIP task forces. These are included in other parts of this document.

Summary of Results

This approach yielded valuable information about the effectiveness of the SHIP implementation since its inception. For example:

- Every dollar provided in support of community partnership health improvement projects through the SHIP mini-grant process allowed community partnerships to leverage \$ 1.35 in community matching funds. 100% of community health improvement projects supported at least one Healthy People 2010 objective. Results from the 2004 Data Survey of SHIP-Affiliated Partnerships show that, overall, community satisfaction with Department of Health data and data-related technical assistance has improved. For example, 61 percent of partnerships rated the currency of Department of Health data “very good” or “excellent” in 2004, compared to 45 percent in 2000. In addition, 48 percent of partnerships indicated that the technical assistance received from the Department of Health for data use met their needs “extremely well” compared to 30 percent in 2000.
- The number of SHIP affiliated community health improvement partnerships has increased from 7 in 1999 to 61 in 2005. Subjective comments provided by partnership representatives at the regional SHIP community listening sessions revealed that SHIP has had a positive impact on such things as partnership visibility and recognition within the community, improved access to data and technical assistance, improved access to local behavior health risk data, and the addition of new participants to their partnerships as DOH contractors increased their participation in local coordinating efforts.
- SHIP affiliated community health improvement partnerships have enabled DOH to successfully obtain federal grants and move quickly to implement state programs by providing a ready made network of community partners, for example:
 - The Department’s STEPS to a Healthier U.S. grant from the U.S. Department of Health and Human Services was centered around three established community partnerships. The existence of partnerships in these areas enhanced the Department’s ability to compete and obtain this grant.

- Six community partnerships have been awarded Primary Care Challenge Grants to develop medical or dental clinics in underserved areas of Pennsylvania.
- Partnerships have been recognized as valued partners by the Department's immunization program. In 2004, this effort received an Excellence in Immunization Award from the National Partnership for Immunization.
- Approximately 23 community partnerships have engaged with the Department's Tobacco Prevention and Cessation program in local efforts to reduce tobacco use.
- Five of 18 community prevention collaborative grants to prevent drug and alcohol abuse among youth were awarded to SHIP affiliated partnerships by the Bureau of Drug and Alcohol programs.

SHIP Data Information and Evaluation Committee 2006-2010 Recommendations

Health improvement planning is very much a data-driven process at both the state and local level. At the local level, data is used to:

1. Assess local conditions and develop priorities for action.
2. Plan and implement programs in the priority areas identified.
3. To evaluate the results of these programs

The SHIP Data, Information, and Evaluation Committee met during the winter and spring of 2005. As a result of their meetings, the following recommendations for SHIP 2006-2010 were developed:

New Technology

- The DOH should continue to expand technological features that make the collection and presentation of data easy and accessible (e.g. Zoomerang).

Best Practices

- Collect examples of best practices as to how the DOH data are being used.
- Collect, organize, categorize, and make available evidence based interventions that can be used by partnerships as promising approaches, proven practices, and best outcome models.
- Develop criteria for validation of information on practices that are made accessible or disseminated.

Data Quality

- Improve the timeliness and accuracy of data.
- Identify and explain limitations to data as you drill down.
- Include evaluation mechanisms with data products; e.g., conduct satisfaction survey as part of the BRFSS over-sample.

Data Access

- Increase local data access, including the availability of disparity data.
- Improve access to other state agency data so that it is in a workable format for partnerships

- Develop a single data-sharing model for use by Communities That Care (CTC), other collaborative and SHIP program partners.
- Explore ways to refine data collection techniques to reflect the needs of the underserved, underrepresented, and new Americans such as the immigrant population and refugee population.

Technical Assistance

- Support the translation of research into practice by designing an accessible database or other product for partnerships. (Expansion of Community Health Assessment Resources web site may be an option.)
- Identify the pathways and media points by which good, sound information can get out to the public.

BRFSS Over-Sampling

- Create technical assistance on how to benchmark local BRFSS against a community profile.
- Encourage use of regional BRFSS data to develop local estimates of BRFSS behaviors using local population data.
- Determine if available data can demonstrate that county BRFSS identifies significant differences between county, other counties, and state?

Other Recommendations

- Develop/determine a data liaison in each partnership.
- Encourage participation in existing youth data surveys or the Youth Risk Behavioral Surveillance System (YRBSS).
- Encourage/develop regional partnership participation (getting data through the LACs and the DEDs)
- Promote awareness of the SHIP through the development of articles relating to SHIP activities and their submission for subsequent publication in peer reviewed public health journals.

The Next Step – SHIP 2006-2010 Performance Management Plan

Under the guidance of the Data, Information, and Evaluation Committee, the Department will commence an ongoing evaluation of SHIP performance. Under this plan:

SHIP 2006-2010 Evaluation - Logic Model

Impact: The Department will have a method for objectively reviewing the performance of the various components of SHIP 2006-2010 objectives.

Outcome:

1. Increased local use of logic model
 - Performance Goal: 100% of partnerships use some form of the logic model by 2010
2. Increased performance management data
 - Performance Goal: Data for all performance measures available
3. Increased use of performance data to review program progress
 - Performance Goal: Program decisions based on performance measures

Outputs:

1.1.1	Presentations on logic model
1.1.2	Partnerships attend training sessions

- 2.1.1 Partnerships include data measures in mini-grants
- 3.1.1 System for ongoing evaluation of SHIP

- Activities:**
- 1.1 Put all SHIP objectives in logic model format
 - 1.2 Expand partnership training in use of logic model
 - 1.3 Continue logic model presentations at DOH Public Health Institutes
 - 1.4 Present logic model at all LAC meetings
 - 2.1 and 3.1 Develop data measures for inclusion in SHIP mini-grants

- Resources:**
- Health Policy Board
 - SHIP Steering Committee
 - Data, Information, and Evaluation Committee
 - Partnerships
 - Bureau of Health Planning
 - Bureau of Health Statistics and Research

Healthy People 2010 Achievement

Impact: Increase the years of quality life and reduce health disparities for Pennsylvania residents.

- Outcome:**
1. Increased awareness of health disparities among DOH staff, state agencies, and partnerships.
 2. Increased awareness of the risk factors of disease, disability, and death among DOH staff, state agencies, and partnerships.
 - Performance Goal: 75% of participants successfully completing Healthy People 2010 training will score 90% or higher in post test.
 - Performance Goal: 25% increase in the distribution and website visits of SHIP materials.
 3. Increased coordination between local health planning, state initiatives, and Healthy People 2010.
 - Performance Goal: 100% of SHIP Mini-grants will address Healthy People objectives.

- Outputs:**
- 1.1.1 and 2.1.1 Number of persons successfully completing Healthy People 2010 training.
 - 1.2.1 and 2.2.1 SHIP plans, reports, and supporting materials
 - 1.3.1 Health disparity data initiatives
 - 3.1.1 Healthy People 2010 objectives and disparity populations are identified in SHIP mini-grant projects

- Activities:**
- 1.1 and 2.1 Develop and implement Healthy People 2010 training.
 - 1.2 and 2.2 Development and distribution of SHIP 2006-2010 and other special reports.

- 1.3 Increase the availability of Pennsylvania data for these disparity populations.
- 3.1 Continue availability of SHIP mini-grants to address Healthy People 2010 objectives.

Resources: Health Policy Board
SHIP Steering Committee
Data, Information, Evaluation Committee
SHIP partnerships
BCHS
Bureau of Health Planning
Bureau of Health Statistics and Research

Data, Information and Evaluation Performance Measures

Impact: The data and information needed by the SHIP-affiliated partnerships to plan, implement, and evaluate progress towards achieving Healthy People 2010 objectives will be made available in a timely and accessible manner.

Outcome: 1. Increased use of data by the partnerships for program design, implementation and evaluation.

- Performance Goal: At least 90% of Partnership priority statements, plans, and evaluation documents will be data-driven.

2. Increased availability of data and information to SHIP partnerships.

- Performance Goal: At least 5 other state agencies will participate in SHIP data-related activities.

3. Increased awareness of available data and information by SHIP partnerships.

- Performance Goal: At least 90 % of partnerships will be using at least one of the new data sets and at least one of the new analysis methodologies added since 2005.

Outputs:

- 1.1.1 Number of methods developed for partnerships to use DOH data.
- 1.1.2 Number of partnerships using each new and existing methods.
- 2.1.1 Number of other state agencies participating in new and existing DOH and partnership data collection activities.
- 2.1.2 Number of other state agencies providing programmatic state and local data.
- 2.1.3 Number of other state agencies participating on SHIP committees.
- 3.1.1 Number of partnerships using the data and information disseminated by the DOH.
- 3.1.2 Number of new activities developed for the dissemination of data.

Activities:

- 1.1 Develop methods for partnership to use DOH data for the design, implementation and evaluation of programs.
- 2.1. Expand participation of other state agencies in providing state and local data for DOH and partnership use.

3.1 Continue and increase activities for the dissemination of data and information to the partnerships.

Resources: Partnerships
 Bureau of Health Planning
 Bureau of Information and Technology
 Bureau of Health Statistics and Research
 Bureau of Community Health Systems
 Health Policy Board
 SHIP Steering Committee
 Data, Information, and Evaluation Committee
 Other state agencies

Partnering Performance Measures

Impact: Stronger working relationships between community partnerships, DOH, and other state agencies to achieve the Healthy People 2010 objectives.

Outcomes: 1. Increased collaboration and information sharing among community partnerships, DOH, and other state agencies.

- Performance Goal: 100% of SHIP partnerships report participation in at least one collaborative activity with a community partnership, DOH, and other state agencies by 2010.

2. Increased awareness of SHIP by the general public.

- Performance Goal: 60% of the SHIP partnerships perceive the general public has an increased awareness of SHIP by 2010.

Outputs:

- 1.1.1 A marketing plan is developed and implemented to increase collaboration and awareness among community partnerships, DOH, and other state agencies.
- 1.2.1 Continued and increased collaboration among the partnerships.
- 1.2.2 Continued and increased collaboration between state agencies and local partnerships.
- 2.1.1 The marketing plan described in 1.1.1 will also increase awareness of SHIP by the general public.

Activities:

- 1.1 Market SHIP and the SHIP Partnerships to DOH and other state agencies.
- 1.2 Continuation and expansion of the sharing of information among community partnerships, DOH, and other state agencies.
- 2.1 Market SHIP and the SHIP Partnerships to the general public

Resources: Partnerships
 Bureau of Health Planning
 Bureau of Information and Technology
 Bureau of Health Statistics and Research
 District Executive Directors
 Bureau of Community Health Systems
 Department of Health

Communication office
 Health Policy Board
 SHIP Steering Committee
 Other state agencies.

- SHIP implementation objectives for 2006-2010 have been developed in logic model format, and are accompanied by specific performance measures.
- The Department will develop technical assistance capabilities for logic model implementation for community partnerships following the recommendations of the partnership logic model task force.
- The Department will continue to conduct biennial assessments of SHIP performance measures and report these through the Data, Information, and Evaluation Committee to the SHIP Steering Committee and Health Policy Board.

Resources for Program Management

W. K. Kellogg Foundation, "Evaluation Handbook" www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf

Turning Point, "Guidebook for Performance Measurement"
www.depts.washington.edu/hpap/pdf_reports/Turning_point.pdf

National Public Health Performance Standards

THE ESSENTIAL SERVICES OF PUBLIC HEALTH

Building on the core public health functions of assessment, policy development, and quality assurance defined by the Institute of Medicine, the fundamental obligation of agencies responsible for population-based health is to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors and mental health
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services

These responsibilities describe and define the function of public health in *assuring* the availability of quality health services. Both distinct from and encompassing clinical services, public health's role is to assure the conditions necessary for people to live healthy lives, through community-wide prevention and protection programs.

Public health serves communities and individuals within them by providing an array of essential services. Many of these services are invisible to the public. Typically, the public only becomes aware of the need for public health services when a problem develops (e.g., an epidemic occurs). The *practice* of public health becomes the list of "essential services."

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.

- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health service
- Research for new insights and innovative solutions to health problems

Pennsylvania's essential public health services are provided through a network of District Offices, State Health Centers, County and Municipal Health Departments, local health ordinances, health improvement partnerships, contractors, and other state agencies.

The National Public Health Performance Standards (NPHPS) is a program designed to assess and improve the delivery of public health services throughout the state of Pennsylvania. The NPHPS identifies the optimal level of performance for our state and local public health system by using the ten essential services as its framework.

The NPHPS program was developed by the Center for Disease Control (CDC) in collaboration with national public health organizations and is designed to strengthen the national public health systems.

Goals of NPHPS

- Provide performance standards for public health systems and encouraging their widespread use;
- Encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness;
- Promote continuous quality improvement of public health systems; and
- Strengthen the science base for public health practice improvement.

Public Health Standards

The NPHPS are designed around the ten Essential Public Health Services. The use of the Essential Services assures that the standards fully cover the range of public health action needed at state and community levels.

The NPHPS identify an optimal level of performance rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve in Pennsylvania.

The NPHPS are intended to support a process of quality improvement. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

The Advantage of Applying NPHPS to Pennsylvania

- **Improvement** throughout state and communities public health system through communication and collaboration, by bringing partners together.
- **Education** of participants about public health and the interconnectedness of activities, which can lead to a higher appreciation and awareness of the many activities related to improving the public's health.
- **Strengthen** the diverse network of partners within state and local public health systems, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
- **Identification** of strengths and weaknesses to address in quality improvement efforts. Responses to the assessment can be tracked over time to identify system improvements or changes.
- **Provides** a benchmark for public health practice improvements, by providing a standard to which public health systems can aspire.

Resources for National Public Health Performance Standards

For information on the NPHPS program or to view the assessment tools

Center for Disease Control

<http://www.cdc.gov/od/ocphp/nphpsp>

National Association of Local Boards of Health (NALBOH)

<http://www.nalboh.org/perfstds/nphpsp.htm>

American Public Health Association

<http://www.apha.org/ppp/phpmain1/>

Public Health Foundation

<http://www.phf.org/performance.htm>