Measuring What Matters in Public Health

A Health Department's Guide to Performance Management

The National Association of County and City Health Officials

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Contents

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Acknowledgements

A special thank you to the following local public health leaders who contributed content to the creation of this guide:

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Introduction

Health departments and their community partners have incredibly ambitious goals; fundamentally, they are charged with protecting and improving the public's health. Measuring progress toward these goals can feel daunting at best. It is not the charge of the health department to single-handedly achieve health equity, eliminate disease, or address the social determinants of health, but to mobilize the community to achieve goals that no one organization can achieve alone. Local health departments (LHDs) need a way to measure progress toward meeting community challenges. They also need to demonstrate their own *individual contributions* to community health as well as the contributions of community partners to achieving these goals. That's where performance management (PM) can help.

PM is the mechanism by which any organization can understand its own contributions to moving the needle on its desired outcomes. Integrating PM into the fabric of a health department means carefully aligning operations with organizational *and* community level strategy, defining internal performance goals and objectives, identifying meaningful performance measures which elucidate performance milestones and gaps, and acting on improvement opportunities to achieve goals and objectives. Formally defined, PM is the practice of *actively using performance data to improve the public's health* through the strategic use of performance standards and measures, progress reports, and ongoing quality improvement (QI).[1]

Health departments are experienced in monitoring population health indicators such as disease incidence, behavioral risk factors, or morbidity rates at the community level. Due to grant or other reporting requirements, health departments are also accustomed to measuring outputs like the "number of clients served." However, in isolation, no single measure or group of measures can show whether a health department is achieving its mission and vision for the community. It takes an aligned measurement strategy for health departments to demonstrate how the outputs they produce impact the outcomes they seek to achieve.

About this Guide

There are many approaches and frameworks to PM, and this guide references several. Health departments, each with their own unique culture, structure, assets and challenges, should select the approach that best meets its needs. This guide offers a conceptual approach of seven steps to building a PM system, supplemented with templates, worksheets, and stories from the field. The guide contains guidance for launching a PM system for the first time, while also offering ideas for improvement for LHDs with well-established PM systems.

What is Performance Management?

Performance Management is the practice of actively using performance data to improve the public's health through the strategic use of performance standards and measures, progress reports, and ongoing QI. For even the most experienced professionals, PM can feel steeped with jargon as terms are often used interchangeably, differently, and sometimes incorrectly. Your health department or community is free to choose from the variety of PM language in the field; however, the importance of clearly defining concepts across internal and external stakeholders cannot be overstated. Consistent communication clarifies expectations for success and reduces risk of misunderstanding goals or misinterpreting data. For clarity, we will define terms as they are introduced throughout the guide and include a comprehensive list of definitions in the Glossary. Definitions offered in this guide are intended to communicate key concepts, however, your community should choose the terms and definitions that resonate most with staff and stakeholders. You can use the Results-Based Accountability Tool for Choosing a Common Language to build a glossary for talking about PM. There are a few important distinctions to make between concepts before we begin.

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Performance Management vs. Performance Measurement

Performance measurement is the use of quantitative metrics and indicators to collect data and *track progress against strategy, goals, and objectives*.[2] Most organizations are engaged in performance measurement, whether formally or informally. For example, health departments likely collect data and report on defined performance measures to meet grant requirements. Performance measurement is a prerequisite to understanding performance, but it stops short of driving improvements. Performance management encompasses performance measurement; it is the practice of *actively using performance data to improve the public's health* through the strategic use of performance standards and measures, progress reports, and ongoing quality improvement. Managing strategy involves reviewing performance data and identifying actions to continuously improve results. In other words, performance measurement tracks progress against strategy while performance management is how an agency manages achievement of that strategy.

Performance Management vs. Quality Improvement

In [NACCHO's Roadmap to a Culture of Quality](#), PM is presented within one of the six foundational elements of a culture of quality. Quality improvement is a deliberate and defined process to achieve measurable improvements in the efficiency, effectiveness, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community.[3] Performance management unveils gaps in performance, provides insight into unmet customer needs, and provides a data-driven approach to identifying and prioritizing QI projects. Performance data are also critical to implementation of QI projects as reviewing data before and after an intervention can reveal whether a change led to an improvement. In Step 7 of the guide, we will discuss how performance data can be used to drive continuous improvement.

Community Indicators vs. Key Performance Indicators/Performance Measures

Performance measures directly measure or quantify activities and processes of a program and key performance indicators (KPIs) measure performance against agency strategy whereas community indicators describe the whole population. It is essential to distinguish between measures of agency performance (such as health outcomes for clients in a Diabetes Prevention Program), and population health (e.g. county diabetes rate). In this example, the health department should track performance measures for the Diabetes Prevention Program, while also tracking the county diabetes rate as a community indicator. A common mistake is to hold the LHD solely accountable for the diabetes rate, when many sectors and community partners impact these rates. Health departments often serve as convener and organizer around community health issues, but community health issues cannot be addressed by one agency alone. In Step 4 of the guide, we will explore how aligning community indicators and performance measures can help demonstrate how each agency's work contributes to the community's health.

Health Equity and Performance Management

Public health is evolving to take a more holistic approach to population health by focusing on the social determinants of health (SDOH) -- the conditions in the social, physical, and economic environment in which people are born, live, work, and age -- to achieve health equity. Health equity is defined as the assurance of the conditions for optimal health for all people[1] and health inequities are differences in health status that are systematic, patterned, unfair, unjust, and actionable. It is critical to mobilize performance data to document existing health inequities, understand their root causes, and inform "upstream" interventions to move towards optimal health for all. Approaching PM with a health equity lens requires focusing on how performance data will be collected and analyzed to identify health inequities, framing goals and objectives to address health inequities, integrating the community voice into performance indicators and reporting, and selecting "upstream" interventions. How might the health department be contributing to or exacerbate health inequities? How can the health department play a greater role in addressing the various factors that are contributing to poor health outcomes such as housing, transportation, or education? How can the health department bring these sectors together to mobilize resources and align strategy? Each step in this guide will offer considerations related to health equity. Learn about how Harris County Public Health in Texas uses performance management to achieve health equity in this [story from the field](#).

The Performance Improvement Umbrella: Aligning Plans

Performance management should work in concert with other performance improvement (PI) initiatives to ensure data driven planning, improvement, and decision-making. Performance improvement is the positive change in public health capacity, processes, or outcomes using clear and aligned planning, monitoring, and improvement activities.[4] **Figure 1** illustrates the interplay between assessment, planning, and improvement efforts with performance management underpinning all three.
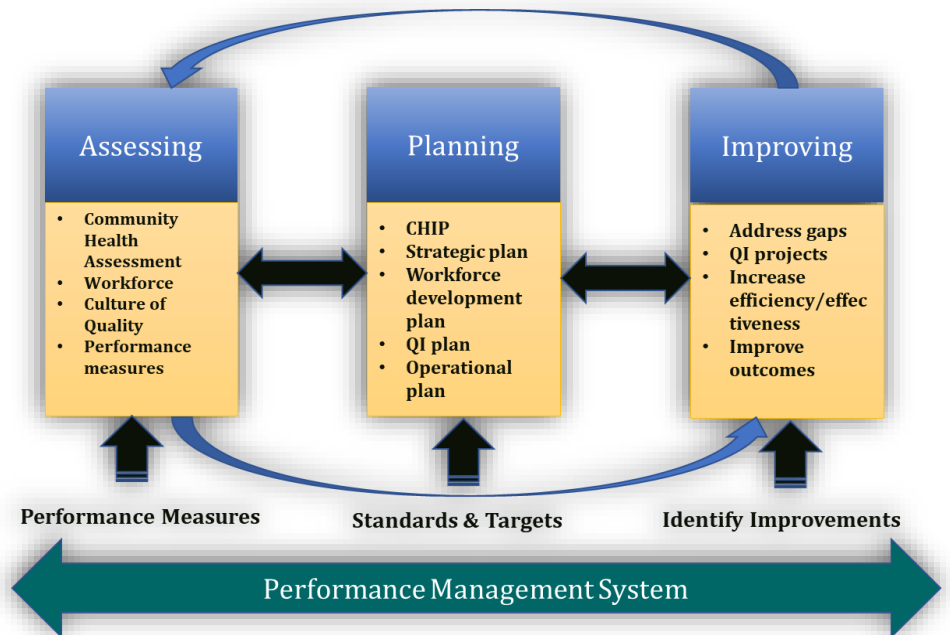
Figure 1: The Performance Improvement Framework

Performance management weaves together multiple layers of performance assessment, planning, and improvement efforts. Without an effective PM system, many agencies find that their PI efforts are disjointed. **Table 1** summarizes how performance management links to each component of a health department's overall PI framework. Learn how Lake County Health Department and Community Health Center in Illinois aligned plans in this story from the field.

Table 1: Linking Performance Improvement with Performance Management

PI Activity	Link to Performance Management System
Community Health Assessment & Improvement Plan	The community health assessment (CHA) outlines the community-wide health status on various population health and social determinants of health indicators which informs the priorities and strategies in the community health improvement plan (CHIP) - a community-wide strategic plan implemented in collaboration with partners and directed at improving health outcomes. Each community partner monitors and tracks their individual contribution to the CHIP through internal PM, while a lead organization or backbone organization also tracks community indicators.
Agency Strategic Plan	The strategic plan is fundamental to PM; the agency strategic plan includes strategic priorities and goals that reflect where the agency wants to go while PM helps monitor whether they are getting there. Each community partner should consider how their agency's work aligns with CHIP priorities when developing or updating the agency strategic plan. The strategic plan should incorporate the agency's role in implementing the CHIP and identify a strategy for achieving the agency mission and vision, given current environmental factors impacting agency performance.
Operational/Program Plans	Each division, program, or work unit across the agency should engage in its own efforts to understand how their work contributes to agency strategy and develop operational or action plans that align either directly or indirectly with the strategic plan. If the strategic plan is the nucleus of PM, the operational plans are the nerve endings.
QI Plan	PM reveals opportunities for improvement which should be prioritized for QI projects. Performance data is the backbone of QI; resources should be devoted to QI projects where the greatest gaps between agency goals and actual performance exist.

	Performance data are also critical to implementation of QI projects as reviewing data at baseline and after applying an intervention can reveal whether a change leads to improvement.
Workforce Development Plan	Every employee plays a role in achieving the agency mission. The agency workforce development plan should identify performance objectives and measures to monitor and improve the competencies and capacity of the workforce to deliver agency strategy.
Employee Development Plans	Performance management should be used as a mechanism to provide data driven feedback to individual employees on their performance. Either formally through a performance appraisal process or informally through feedback sessions with supervisors, providing constructive feedback can help employees understand in concrete terms how they can continuously improve their work.

Develop a Community and Agency Level Strategy

Have you ever put immense effort and resources into developing a CHIP or strategic plan only to have it sit on a shelf? Often, when community or agency strategic plans are not executed, it is because there is not an effective performance management system in place. Your agency may have several elements of a PM system in place but missed the step of aligning strategic priorities and operational or programmatic objectives and measures. Let's look at how to align the CHIP, strategic plan, and operational program plans to allow your agency to manage performance in service of strategy.

Community Health Improvement Plan
The CHIP is a community-owned strategic plan to address public health challenges identified from a CHA. It outlines strategic issues which negatively impact health; these strategic issues are typically broad and focus on root causes such as policy or the built environment. In collaboration with the community, the health department defines an implementation plan delegating strategic issues across partners. Each community partner should consider how to integrate CHIP priorities into their respective strategic plans to sustain CHIP implementation. For more information on developing a CHIP, visit the Mobilizing for Action through Planning and Partnerships (MAPP) webpage.

Agency Strategic Plan
The strategic plan defines a strategy for fulfilling agency mission and vision using broad strategic priority areas. It is very important for the agency level strategic priorities to identify the health department's role in implementing the CHIP to ensure sustained CHIP implementation. Health departments, or other backbone agencies of a CHIP process, should encourage community partners to do the same. In addition, strategic priorities commonly address key support internal agency functions such as communications or information technology. For more information on strategic planning, see NACCHO's Developing a Local Health Department Strategic Plan How-To Guide.

Operational/Program Plans
An operational plan details how a program, team, or work unit will contribute to the

Figure 2: CHIP, Strategic Plan, and Program Plan Alignment

- CHIP
  - ➢ Community Strategic Issues
  - ➢ CHIP Goals
  - ➢ Population Indicators
- Strategic Plan
  - ➢ Agency Strategic Priorities
  - ➢ Strategic Goals
  - ➢ Key Performance Indicators
- Program Plans
  - ➢ Programmatic Objectives
  - ➢ Program Activities
  - ➢ Performance measures
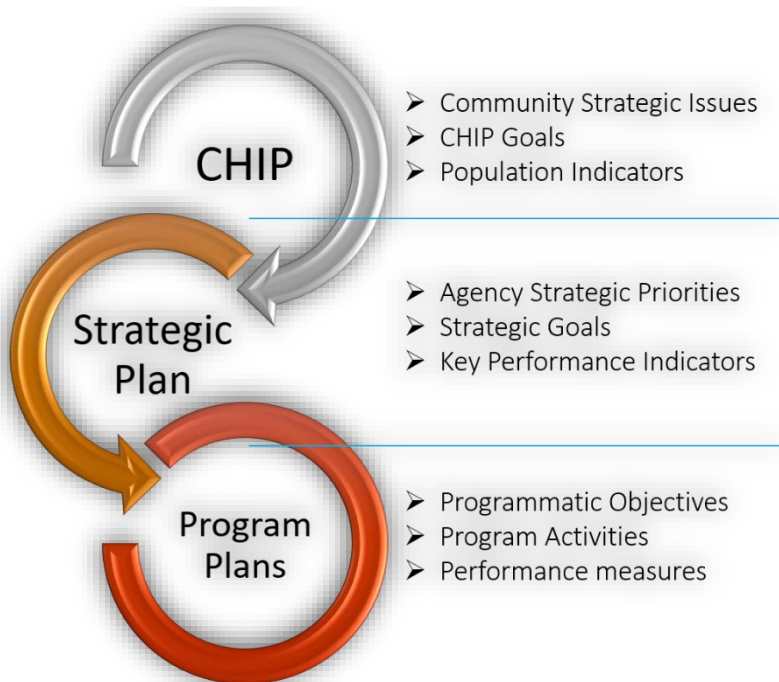
achievement of organizational level strategic goals (also referred to as a program plan or action plan).[5] These plans include shorter-term objectives or milestones for achieving strategic goals, specific tactics or activities specifying how objectives will be achieved, performance measures, timeframes, and roles and responsibilities. Just as the strategic plan should deliberately link to the CHIP, operational plans should deliberately link to the agency strategic plan. Only with this alignment will community and agency level strategy be operationalized.

Figures 2 demonstrates conceptually how the CHIP feeds into the strategic plan, which feeds into program plans. **Figure 3** provides an example of how a health department and other sectors can align CHIP, strategic plan, and operational plans; performance management provides a framework for aligning each of these levels. Program and agency metrics from an internal PM system should align with population level outcomes and broader community health improvement efforts. The CHIP and agency strategic plan are like guiding lights, with the CHIP embodying the long-range vision for the community and the strategic plan containing the health department's role in achieving that vision.

Figure 3: Aligning CHIP, Strategic Plan, and Program Goals and Measures Across Sectors
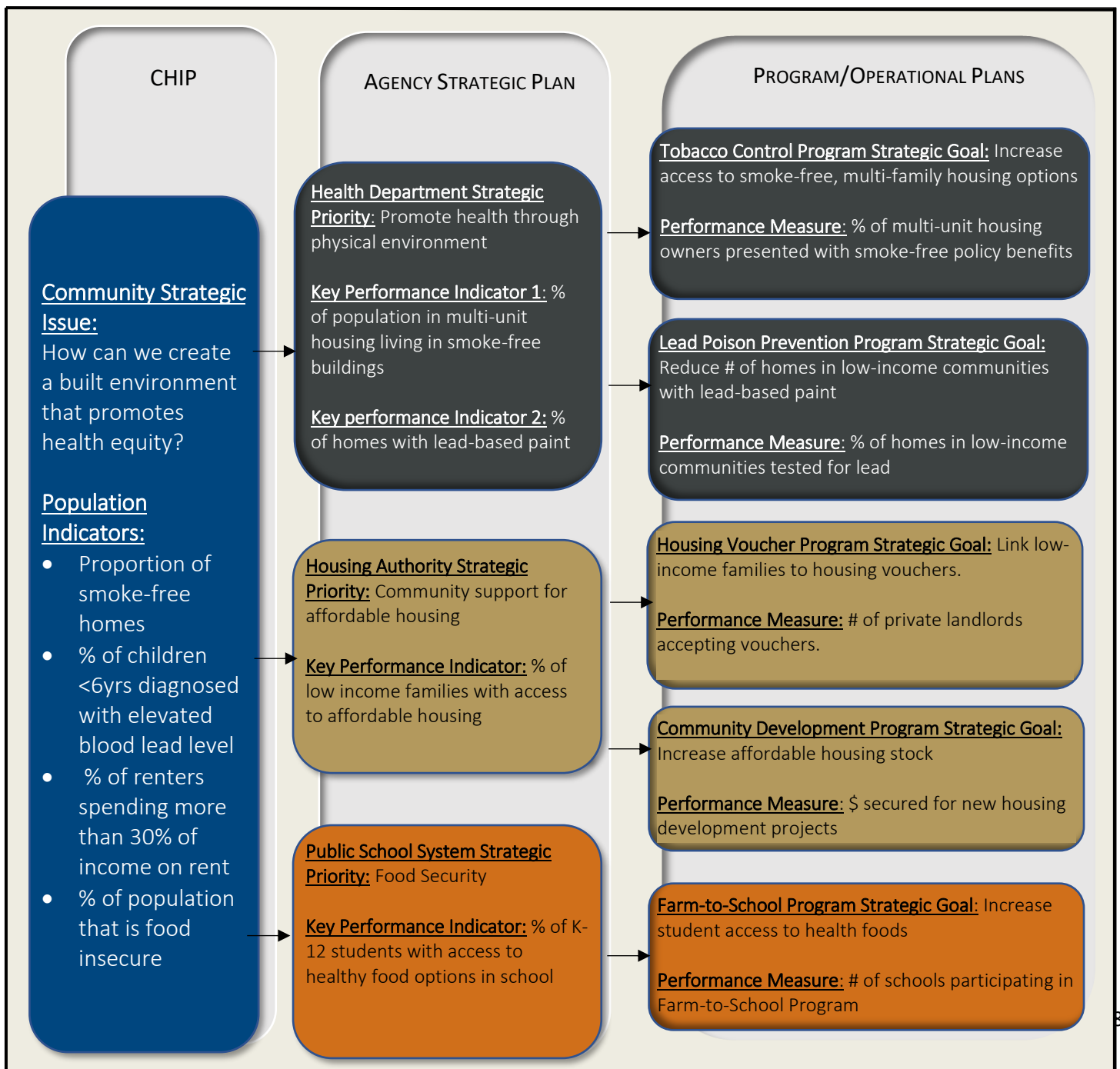
Laying the Groundwork for Performance Management

Once leadership decides to formalize PM in the agency, think about the structures your agency should establish to help sustain PM in the long-run. Here are some key early actions that help to formalize performance management.

Establish a Performance Management Committee

Forming a cross-sectional committee facilitates the spread of PM throughout an agency, while providing support for performance management across work units. Ideally, at least some of these members should have some level of authority, such as division heads, so that each work unit is held accountable to participating in the agency's performance PM system. Executive leadership, frontline staff or early adopters, and data experts should also be engaged, as appropriate.

Train Staff in Performance Management

One of the first orders of business should be to assess performance management knowledge, skills, and abilities (KSAs) among staff and address gaps through workforce development. Because leadership and the PM committee will need to drive these efforts, they should be among the first trained so that they can chart a course for training the rest of the staff. Eventually, every level of the workforce should be engaged in performance management.

Conduct a Performance Management Self-Assessment

Formally assessing your agency culture of quality, including current performance management efforts, helps to identify not only the gaps but what current practices can be leveraged. For example, your PM committee can use performance measures that are already in place for specific programs to populate an agency-wide PM dashboard. A formal assessment tool can help to provide structure to this process. Commonly used assessment tools in public health include NACCHO's Organizational Culture of Quality Self-Assessment Tool (SAT) (designed to be a comprehensive assessment of both a culture of quality improvement and performance management), the Baldrige Criteria, and the Turning Point Performance Management Self-Assessment. Use the assessment data to identify priority steps for developing your performance management system. Add the assessment data and your prioritized steps to your performance management and/or QI plans.

Develop a Performance Management Plan

The PM plan outlines key structures and processes for integrating performance management across the agency andshould address the following areas:

- Staff Engagement - How are leadership and staff engaged in PM, including respective roles and responsibilities across the agency?
- PM Committee - Who is on the PM Committee and how is it structured and governed?
- PM Processes - What are the processes for developing performance goals, measures, and standards?
- Data Collection and Analysis – What data systems are being used for managing data? What processes are in place for data collection and reporting?
- Improvement - How does performance management inform quality improvement efforts?

Examples of performance management plans can be found on NACCHO's Performance Management page. Some agencies have combined QI/PM plans and some have separate plans with linkages between the two.

Formal Agency-Wide Performance Management: Seven Steps for Success

The value of PM is not to simply to measure something but to measure the right things, which means getting clarity on what matters to your agency and to its customers. A common pitfall is to begin writing performance measures before getting consensus on what a program or agency is trying to achieve. Once agency strategy is defined through strategic planning, the following process can help every division, work unit, or program area to align day-to-day operations with strategy. **Figure 4** provides a snapshot of the seven steps of performance management presented in this guide.

Figure 4: Agency-Wide Performance Management: Seven Steps to Success

Step		Questions
STEP 1	Align program purpose with agency strategy	• What impact on its customers does the program seek to achieve? • How does the program's purpose align with agency mission and strategy?
STEP 2	Identify outcomes, goals, and objectives	• Over what outcomes does the program have influence? • How will the program influence these outcomes?
STEP 3	Link activities to outcomes and objectives	• What work will we do to achieve our objectives? • How does our work align with our outcomes?
STEP 4	Define performance measures	• How will we know if we are achieving our outcomes? • How will we know if outcomes are the result of our programs?
STEP 5	Set targets and standards for the measures	• For what level of performance are we aiming? • How do we compare to the field?
STEP 6	Develop data management system and reporting protocols	• How will we use data to make informed decisions? • How will we keep our stakeholders informed?
STEP 7	Prioritize and implement improvements	• How will we use data to continuously improve to better meet community needs?

Step 1: Align Program Purpose with Agency Strategy

> **Goal:** Align program or work unit purpose with strategy
>
> By the end of this step, each program or work unit will:
>
> - Define program purpose
> - Identify the program's customer needs
> - Articulate how the program aligns with agency strategy

Define Program/Work Unit Purpose

As the field of public health shifts some resources from traditional public health interventions to promoting health equity and addressing the social determinants of health,[6] health departments should re-examine their mission and strategy to meet the changing needs of their communities. In concert with agency level planning, program staff should regularly consider their role in improving the public's health and be ready to change course, as needed.

To effectively manage performance, staff from every program should step back and identify the fundamental purpose of the program. If one does not exist, develop a purpose statement which answers three questions:

- Why does the program exist?
- What does the program do?
- For whom does it do it?

> **Purpose Statement Template:**
> "[*Insert program name*] seeks to [*Insert results you seek to achieve*] for [*Insert direct customer groups*] through [*Insert the broad strategies of work.*]"
>
> **Example Purpose Statement**
> "*The Tobacco Control Program seeks to eliminate tobacco-related death and disease for all through population-based interventions, coalition building, and policy change.*"

The statement is the overarching purpose of the program and performance goals should flow from that purpose. At this level, you want to remain broad, not defining your program by *how* you do the work, but by the general work you do and the results you seek to achieve. The tobacco control example included here states its purpose through broad strategies like policy change versus specific activities such as training policy makers or implementing a tobacco quit line.

Use the facilitation questions presented above and the purpose statement template to the right to achieve group consensus on a purpose statement. Worksheet 1 can be used to facilitate this process with each program or work unit.

Articulate Link to Agency Strategy

Defining a program's purpose provides a good foundation to link the program's work to overall agency strategy. This step is important for two reasons: 1) a CHIP or agency strategy plan is difficult to operationalize unless programs and work units make a deliberate connection to the defined strategy; and 2) understanding how day-to-day work fits into a larger purpose builds employee commitment to their work. This connection to strategy may be more direct for some programs than others depending on the strategic priorities selected. For example, a strategic priority focusing on infant mortality clearly links to a maternal and child health program. However, the environmental health department may also find linkages between their lead abatement program, which impacts the health of babies and children, to the infant mortality strategic priority. Revisit Worksheet 1 to articulate the link between the program purpose and agency strategy and identify any strategic priority area or goal from the strategic plan that links to the program or work unit.

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<u>Identify and Understand Customers</u>

While you are identifying *why* your program exists, it's also important to identify *for whom* the program exists, or the customer. In public health, the customer is essentially the broad community; however, there are many customer segments or sub-populations within a community, each with a unique set of needs. For example, disparities in health among racial or ethnic groups warrant targeted efforts to address root causes of health inequities; people with ready access to affordable healthcare have different needs than the un- or under-insured; specific neighborhoods may be exposed to greater environmental health hazards. Charged with the responsibility to improve population health, health departments must establish an ongoing and authentic relationship with the community to remain attuned to the diverse needs, including groups who do not currently use their services or have not historically had their voices heard.

Internal customers are those within the department who depend on a service or information from another party. Here are a few examples of functions in health departments with internal customers:
- IT department helps install and license software for an employee
- Human resources department manages employee training
- Performance management committee monitors program outputs and outcomes across an agency

External customers are those outside of your agency who are the direct recipients or users of the program or service. In LHDs, common external customer categories are:
- Community members
- Other federal, state, and local government agencies
- Regulated industry (e.g. restaurants, tattoo parlors)

Use these facilitation questions to assist with brainstorming all customers of your program or work unit.

When identifying your program's customers, ask:

- Who directly benefits from the program or service?
- Who may be indirectly affected by the program (e.g. parents are indirect customers of teen pregnancy prevention efforts)?
- Are certain demographic groups particularly affected by the program?
- Are there certain demographic groups who could be engaged in the program, but aren't (e.g. persons with disabilities)?
- How can the program impact existing health inequities?
- Does your program impact the community at large (e.g. water sanitation programs)?
- Are the program's customers internal, external, or both?
- Has the program or agency conducted other planning processes to identify stakeholders or customers?

Let's pause to define some key terms.

- **Community engagement:** the process of working collaboratively with groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people.[7]
- **Customer needs:** a desire or an expectation of a customer from a given product or service.[8] For example, a low-income mother may be searching for maternal and child health care and her needs may be that it is affordable, accessible in evening hours, and near public transportation.
- **Customer satisfaction:** the extent to which customer needs and expectations are met by a program or service.[9] For example, a customer satisfaction measure may be "% of clients that indicate clinic hours are convenient."

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Community Engagement: Understanding Customer Needs

Fundamental to public health is actively engaging the community to understand the issues impacting health and partnering with the community in addressing those needs. Community engagement means an ongoing relationship with community members in all aspects of a program, from identifying needs, developing solutions, measuring the degree to which those needs are being met, and sharing results back to the community. It is important to note the distinction between assessing customer need and measuring customer satisfaction. Customer satisfaction data are critical to identify and make improvements, but it's important to also plan programs around customer needs in the first place rather than only reacting to negative customer feedback.

Use Worksheet 2 to brainstorm customer needs. Inventory the data you already have about your customers and fill in what you know about your customers' needs. Then, think about which customer groups you need to engage, or need to engage differently, to provide a full picture of the needs of your customers.

The following data sources are commonly available at LHDs and may help to identify customer groups and their needs:

- Community health assessment results related to program area
- Customer needs assessments
- Customer satisfaction data
- Employee satisfaction surveys
- Epidemiological data
- Partner data

- Stakeholder analyses (e.g. part of a strategic planning process)
- Evaluation or quality improvement results
- Past performance data
- Employees working directly with customer groups

Identifying customer needs helps to inform which elements of customer satisfaction are most important to measure on an ongoing basis to provide a feedback loop to your program staff. We will revisit how to measure customer satisfaction in *Step 4: Write Performance Measures and Data Collection Protocols*.

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Step 2: Identify Outcomes, Goals, and Objectives

Goal: Articulate what the program seeks to achieve

By the end of this step, each program or work unit will:

- Identify outcomes over which the program has control
- Define overarching goals that link to agency strategy
- Define concrete objectives for achieving goals

In the previous step, each program articulated the overall purpose of the program. In this step, the program should get more specific by identifying the outcomes or results it seeks to achieve and how those outcomes contribute to the broad program purpose. First, let's define the following key terms:[10]

- **Impact**: The organizational, community, or system level changes that result, in part, from program activities. Examples may include improved living conditions, improve community indicators, and/or policy change.

- **Outcome**: Specific changes in knowledge, attitudes, behaviors, skills, status, or level of functioning expected to result from specific program activities. Outcomes are expressed as different levels of results a program seeks to achieve.

The distinction between impact and outcomes is critical, as one organization or program alone should not be held accountable for creating system-level change but rather, should be able to clearly demonstrate how its own outcomes contribute to overall impact.

Identify a Sequence of Outcomes

A logic model is a tool to map out anticipated program outcomes by visually displaying the sequential relationship among your program's resources, activities, outputs, and outcomes. Outcomes are essentially hypotheses about the results program activities will achieve. **Figures 5 and 6** define and illustrate a general sequence of short, intermediate, and long-term outcomes using logic models. Every program or work unit should complete or update a logic model to inform their performance goals, objectives, and measures. In this step, you will first brainstorm outcomes on the right side of the logic model prior to identifying activities and outputs on the left. This allows employees to focus on what the program should ideally seek to achieve without being clouded by existing activities.

Reference the definitions of short, intermediate, and long-term outcomes in **Figure 5** on the following page and use Worksheet 3 to complete the "outcomes" side of the logic model. You will revisit and complete the left side of the logic model in *Step 3: Linking Activities to Outcomes, Goals, and Objectives.*
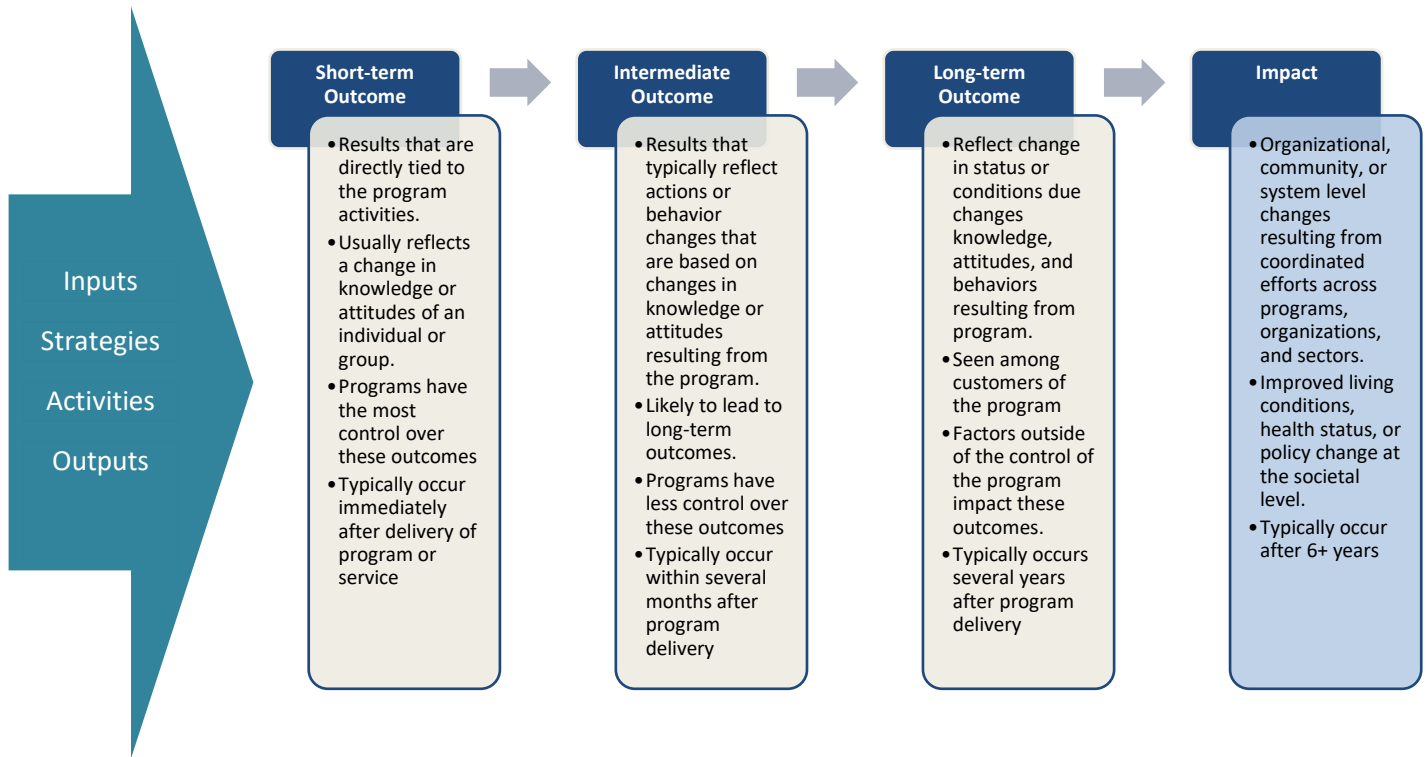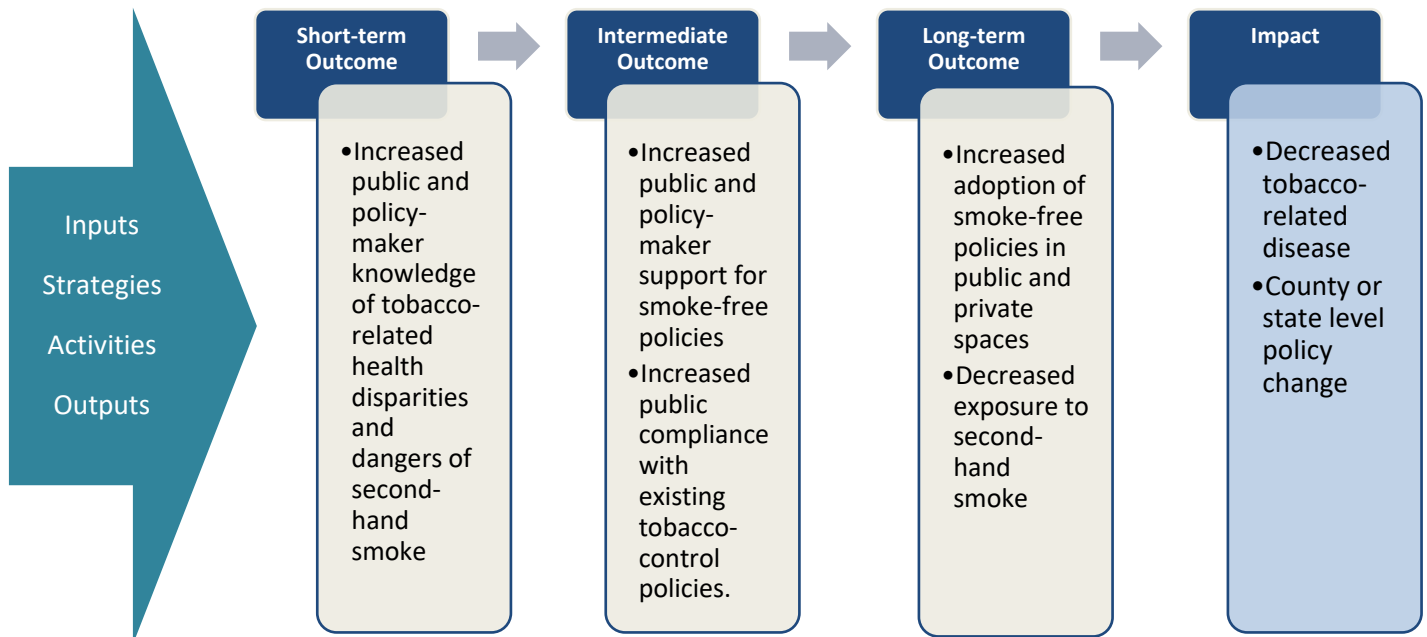
Figure 5: Mapping Outcomes Using a Logic Model

Inputs
Strategies
Activities
Outputs

Short-term Outcome	Intermediate Outcome	Long-term Outcome	Impact
• Results that are directly tied to the program activities. • Usually reflects a change in knowledge or attitudes of an individual or group. • Programs have the most control over these outcomes • Typically occur immediately after delivery of program or service	• Results that typically reflect actions or behavior changes that are based on changes in knowledge or attitudes resulting from the program. • Likely to lead to long-term outcomes. • Programs have less control over these outcomes • Typically occur within several months after program delivery	• Reflect change in status or conditions due changes knowledge, attitudes, and behaviors resulting from program. • Seen among customers of the program • Factors outside of the control of the program impact these outcomes. • Typically occurs several years after program delivery	• Organizational, community, or system level changes resulting from coordinated efforts across programs, organizations, and sectors. • Improved living conditions, health status, or policy change at the societal level. • Typically occur after 6+ years

Figure 6: Enhance Access to Public and Private Smoke-Free Spaces: Outcomes Sequence Example

Inputs
Strategies
Activities
Outputs

Short-term Outcome	Intermediate Outcome	Long-term Outcome	Impact
• Increased public and policy-maker knowledge of tobacco-related health disparities and dangers of second-hand smoke	• Increased public and policy-maker support for smoke-free policies • Increased public compliance with existing tobacco-control policies.	• Increased adoption of smoke-free policies in public and private spaces • Decreased exposure to second-hand smoke	• Decreased tobacco-related disease • County or state level policy change

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Develop Goals and Objectives

From the agency strategic plan and the desired short, intermediate, and long-term outcomes, each program should derive key goals and objectives for which it will be responsible. As stated previously, it is critical to align program goals and objectives with strategic goals as much possible.

Table 2: Goals versus Objectives	
Goals	**Objectives**
Broad in scope	Narrow in scope
General direction	Specific direction
Abstract in nature	Concrete in nature
Difficult to measure	Measurable
The end result	Incremental results
Derived from long term outcomes or impact	Derived from shorter term outcomes

Goals and objectives are often used inter-changeably but are different. This guide offers the following definitions:[11]

• **Goal:** Long-range outcomes statements that broadly define the direction of the program.

• **Objective:** Short to intermediate outcome statements that are concrete and tied to the achievement of goals. Objectives are clear, measurable, specific, time-bound, and communicate how a goal with be achieved.

Table 2 summarizes the key distinctions between goals and objectives. To identify goals, look at the program's longer-term outcomes and revisit the strategic plan to identify strategic priorities to which the program contributes. Prioritize the most strategic goals –avoid setting too many goals at any given time. Use the program's long-term outcomes and facilitation questions on the left to brainstorm goals. Examples of goals include "*Increase access to smoke-free housing*" or "*Reduce food insecurity among low-income populations*."

Once you have selected goals, write objectives describing the short to intermediate-term milestones toward achieving those goals. Most goals will have multiple objectives associated with them. A common mistake in this step is to write activities instead of objectives. A good test is to brainstorm multiple activities for inclusion under the objective. If this is difficult, it is likely an activity. For example, "train 40% of low-income multi-family housing landlords in dangers of second-hand smoke" is an objective while developing training content, sending training invitations, and delivering trainings would be activities under the objective. We will discuss activities in *Step 3: Link Activities to Outcomes, Goals, and Objectives.*

Use the following SMART criteria to write strong objectives:

> **To identify key program goals, ask:**
>
> - How can the program contribute to achievement of agency strategy?
> - Where are the program's performance gaps?
> - Which customer needs is the program not meeting? Which customer groups have been historically left out?
> - How can customer satisfaction be improved?
> - Is the program efficient?

- **S**pecific: Does the objective specify what will be accomplished and for whom? Eliminate ambiguity by being as specific as possible.
- **M**easurable: How will success be measured? How much change is expected? Express the objective in quantifiable terms.
- **A**chievable: Is the objective feasible to achieve? Are there sufficient resources? Write an objective that is challenging but within reach.
- **R**elevant: Does the objective contribute to the overarching goal or strategy?
- **T**imebound: Within what timeframe will the objective be achieved?

Use Worksheet 4 to develop goals and associated SMART objectives for each program or work unit.

Step 3: Link Activities to Outcomes, Goals, and Objectives

Goal: Link activities to desired results

By the end of this step, each program or work unit will:

- Complete a logic model with inputs, activities, and outputs
- Identify the activities in service of achieving outcomes

Program and work units already deliver activities that support outcomes, goals, and objectives. The logic model referenced in the previous step may be used to illustrate the connection between these activities and the outcomes, goals, objectives. The components of the left side of the logic model are defined below:[12]

- **Inputs**: the resources and assets used to support program activities (e.g. staff, facilities, equipment, materials, relationships) and barriers that must be addressed (e.g. history of conflict, norms inconsistent with program goals).

- **Activities:** the processes, techniques, interventions, events, and actions of the planned program. These may include products – promotional materials and educational curricula; services – education and training, counseling, or health screening; and infrastructure – structure, relationships, and capacity used to bring about the desired results.

- **Outputs:** the direct results of program activities, usually described in terms of the size and/or scope of the services and products delivered or produced by the program. Outputs are important to measure as they indicate whether a program was delivered to the intended audiences at the intended "dose." Examples include number of classes taught, meetings held, materials produced and distributed, or hours of service provided.

Revisit Worksheet 3 and complete the left side of the logic model to align activities with the outcomes, goals and objectives. The goal is to analyze current activities and link them to the intended results. Programs or work units may reference existing workplans or operational plans to complete this step. If there is a long list of activities, it may be helpful to first summarize and then incorporate them into the logic model. One activity will likely link to multiple outcomes. When incorporating new activities into the logic model it is best to use evidence-based, best, or promising practices, where possible. Once data are collected, you can revisit the logic model to determine whether the "logic" holds true and test whether the activities truly lead to the outcomes identified.

See the following resources for more examples and detailed guidance on developing logic models:

- The Kellogg Foundation's comprehensive guide to logic models
- Metrics for Healthy Communities: Building a Culture of Health through Better Measurement

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Step 4: Define Performance Measures and Data Collection Protocols

Goal: Measure performance to assess progress towards goals and objectives

By the end of this step, each program or work unit will:

- Identify performance indicators for assessing progress against strategic goals and long-term outcomes
- Identify performance measures for assessing how a program contributes to outcomes

The next step is to formulate performance indicators and measures to assess how efficiently and effectively goals and objectives are achieved. Agencies use various terms or definitions for these concepts; what matters is that terms are clearly defined, and all stakeholders have a common understanding. The Tool for Choosing a Common Language referenced earlier can again be helpful in defining the terms you will use at your agency. This guide offers the following definitions for three commonly used terms in performance measurement.

- **Performance Measure** – A quantitative expression of how much, how well, and at what level programs, services, and products are provided within a given period. In other words, performance measures directly measure or quantify *activities and processes* of a program. Examples of performance measures may include cycle times or errors rates.

- **Key Performance Indicator (KPI)** – A type of performance measure, a KPI is a quantitative expression of success or progress toward a strategic goal. KPIs measure critical aspects of achieving strategy in an organization and quantify *results* of a program(s).[13] In contrast to a community health indicator, KPIs only measure outcomes related to the direct customers of a program, not to the community at large.

- **Community Level Indicator** – A quantitative expression that measures something about a population group.[14] Community indicators measure an aspect of overall health in the community for which no single organization should be held accountable. Community indicators such as infant mortality rates, unemployment rates, or cigarette sales are often assessed through the CHA. Indicators performing poorly are prioritized for the CHIP in a prioritization process involving multiple partners and sectors.

Community level indicators, KPIs, and performance measures should be aligned where appropriate so that a health department can measure its progress towards achieving its internal goals, while also measuring its role in achieving population health outcomes. For example, a CHIP goal may be to reduce rate of tobacco-related disease. The LHD aligns its strategic plan with the CHIP, adopting "*increase smoke-free multi-unit housing*" as a strategic priority, and starts a program to train multi-unit housing owners about the dangers of secondhand smoke exposure. The LHD tracks outputs and outcomes for this program as shown in **Figure 7** while also monitoring community-wide rates of people exposed to second-hand smoke as a community-level indicator.
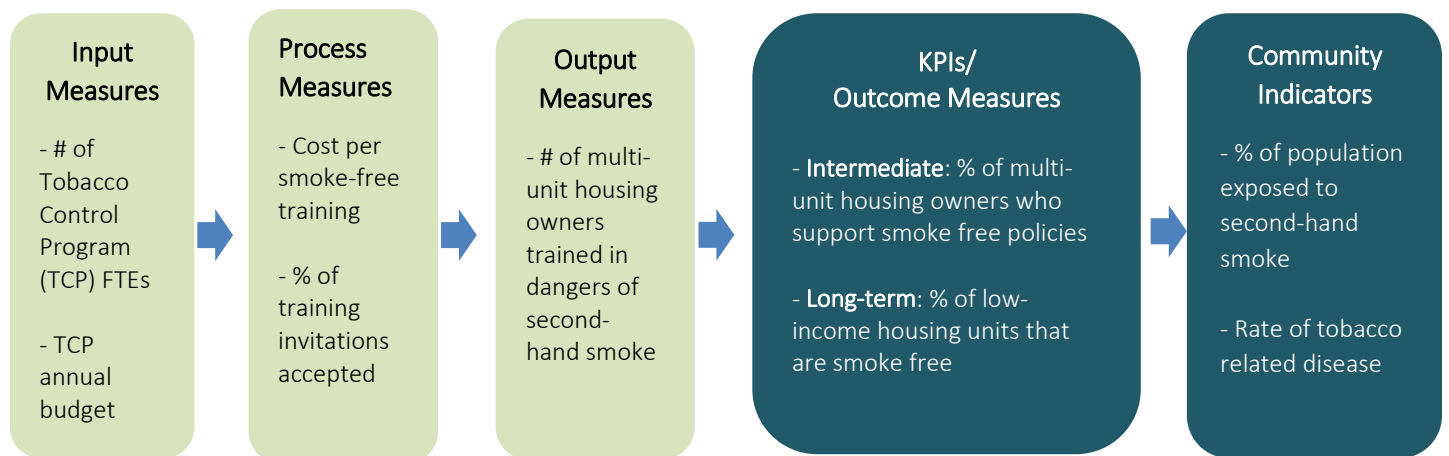
Types of Performance Measures

The next step is to identify measures for each component of the logic model for your program. This guide will use the following definitions:

- **Input measure** – measures the resources devoted to delivering a program or service (e.g. staff time, dollars spent). Input measures answer the question, "*How much did it cost to deliver this program*?" or "*What resources are needed to implement this program*?"

- **Process measure** – measures specific aspects of program activities or steps in processes that lead – either positively or negatively – to an outcome. Process measures answer the questions, "*Are we implementing our program as planned*?" or "*Are we doing the right things to improve outcomes*?"

- **Output measure** – quantify the immediate results of program delivery such as the amount of services delivered, the reach of services, or how much was accomplished. They answer the questions, "*How many services did we deliver*?" or "*How many people did we reach*?"

- **Outcome measure** – quantitative measures of specific results programs are intended to achieve. These commonly relate to quality, customer satisfaction, cost effectiveness, or health outcomes. These answer the question, "*Are we impacting our customers*?" or "*Are we achieving our goals*?" These are typically the KPIs.

Monitoring a mix of each type of measure provides information to help explain why a program is not meeting its outcomes and can also provide data that may be used to make improvements. As illustrated in **Figure 7**, you can use the logic model to identify meaningful performance measures and indicators. The key is to ensure that there is a clear causal link between operational measures and outcome measures. **Figure 7** demonstrates the link between measures for the tobacco control example presented earlier. Let's say in this, albeit simplistic, example you find that only 20% of your targeted multi-unit housing owners adopt smoke-free policies but you are not tracking process or outcome measures. You would be unable to determine that most of the owners never attended a training which may reveal why there is minimal support. Vice versa, by only tracking how many owners are trained in the absence of outcomes measures, you may not know whether your trainings are resulting in increased adoption of smoke free policies.

Figure 7: Access to Public and Private Smoke-Free Spaces: Performance Measures

Balanced Performance Measures

When establishing agency measures, think about selecting performance measures that will allow you to look at your agency from a variety of angles or perspectives. A common mistake is to focus too heavily on one category of measures such as finance measures or output measures (e.g. # of clients served) without looking at other critical measures like client satisfaction, service quality, or efficiency. It can be useful to reference a framework to help identify a balanced set of metrics that adequately measure all key areas of performance. The Balanced Scorecard is widely used and measures performance across four perspectives: *customer, finance, internal process,* and *workforce*. The Results Based Accountability approach guides performance measurement using three questions: "*How much did we do*?," "*How well did we do it*?," "*Is anyone better off*?" The Baldrige Excellence Framework assesses performance across seven criteria of organizational excellence. We describe below some key perspectives to consider in public health.

The Customer Perspective
Measuring customer satisfaction is fundamental to accountability and should be incorporated into performance measurement across any sector, organization, or program. We already discussed in Step 1 the importance of assessing customer needs. When developing performance measures, it is critical to identify customer satisfaction measures to assess the degree to which needs are met and cuhstomers are satisfied with programs and services. As a part of community engagement efforts, customer groups should have a voice in which customer satisfaction measures are most important to them and reflective of their needs and expectations. Common types of customer satisfaction measures include, but are not limited to:

- Quality – the degree to which customer needs and requirements are met (e.g. error rates)
- Timeliness – the speed at which products or services are delivered (e.g. client wait times)
- Access – degree to which products or services are easily accessible to the customer (e.g. transportation time, affordability)
- Staff attitude – level of staff courtesy or politeness reported by the customer

Common methods for collecting customer data include key informant interviews, focus groups, public hearings, and client or community surveys. When designing customer satisfaction surveys, it is helpful to engage customers through interviews or focus groups and pilot surveys with customers. Consider developing standardized survey questions to measure customer satisfaction across all programs and services, allowing for customer satisfaction data across programs, easy translation of questions into languages spoken by customers, and adequate testing of surveys before use. Read about how Cobb-Douglas Department of Public Health in Georgia used the Balanced Scorecard framework to facilitate a customer focus throughout the department in this story from the field.

For additional guidance on customer focus in public health, please visit:

The Association of State and Territorial Health Official's *Measuring Customer Satisfaction: Nine Steps to Success* resource which contains step-by-step guidance and examples of measuring customer satisfaction in health departments.

The Health Equity Perspective
With an increased focus on health equity and SDOH, leverage resources to highlight health inequities across programs by disaggregating community level data by race, ethnicity, income, gender, neighborhood, etc. Additionally, programs should proactively identify and incorporate health equity and SDOH performance measures and indicators into ongoing data collection and analysis, where possible. Because health departments may not be experts or charged with impacting SDOH indicators, one strategy to measure progress in this arena is to assess how well the health department is mobilizing community partnerships to increase health equity. For example, a youth tobacco education program may partner with schools to assess high school graduation rates in addition to smoking rates, as higher educational attainment is linked to lower smoking rates.[15]

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Resources for identifying common health equity related measures include:

- [Measuring Performance to Advance Equity](#) (Office of Health Equity, Colorado Department of Public Health & Improvement).
- [Measuring What Works to Achieve health Equity: Metrics for the Determinants of Health](#) (Prepared for the Robert Wood Johnson Foundation by the Prevention Institute).
- [Applying Social Determinants of Health Indicators Data for Advancing Health Equity: A Guide for Local Health Department Epidemiologists and Public Health Professionals](#) (Bay Area Regional Health Inequities Initiative).
- [HEDA: Conducting a Health Equity Data Analysis: A Guide for Local Health Departments in Minnesota, Version 2](#) (Minnesota Department of Health).

Table 3 presents a summary of common perspectives to consider when developing performance measures. No single framework or set of perspectives will work for every agency but exploring available frameworks and perspectives may help you find a good starting point for developing a set of balanced measures.

Table 3: Aspects of Performance to Measure		
Perspective	Answers the Questions:	Example Metrics
Customer (can be *process or outcome* measures)	- Are our customers satisfied with our services? - Are we meeting the needs of the community? - Are we engaging all groups within the community?	- % of clients satisfied with service - Average wait time for Quit Line callers - % of school principals satisfied with programs/services targeted toward schools - % of community members who are aware of service
Finance (can be *process or outcome* measures)	- How well are we funded? - Do we have enough resources (FTEs, $$,) to meet goals? - Do we have the necessary infrastructure, technology, etc. to deliver high quality products?	- % of grant dollars expended on time - Total dollar value of grants received - % of submitted grant applications funded
Internal Process (process measures)	- Are our processes for delivering products and services effective in delivering outputs? Are they efficient and cost effective? - What process improvements can be made?	- Cost per client that quits smoking (efficiency measure) - % of client records accurately entered
Learning & Growth (typically *process* measures)	- Do staff have the necessary KSAs to deliver on goals? - Does the program test new and innovative ideas?	- % of staff trained in tobacco control evidence-based practices - # of best practices adopted
Health/Health Equity (typically *outcome* measures)	- Are we moving the needle on health outcomes? Social determinants of health? - Where are there health inequities in the community? - Are we meeting needs of different populations in our community (e.g. immigrant communities, low-income households)	- % of low income population living in a smoke free building - % of population reported smoking 6 months following completion of smoking cessation program

Read about how Humboldt County Health Department in California facilitated the development of performance measures for each program area in this [story from the field](#).

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Criteria for Selecting Performance Measures

Where possible, use performance measures and indicators that have already been developed for the field, as they are likely to be well-defined, grounded in evidence, and provide opportunity to benchmark with others in the field. However, you may need to write your own measures, and the criteria in **Figure 8** can help your organization define the measure. Selecting too many performance measures is a common mistake that can lead to staff frustration, wasted resources, and underutilized data. Consider the following criteria when selecting performance measures.[16]

- Relevance: Is the measure relevant to the strategic goals and objectives
- Importance: Does the measure assess an important aspect of the objective (e.g. delivery process, customer satisfaction)?
- Clarity: Does the measure clearly describe what is being measured to users? Is there room for misinterpretation?
- Feasibility: Is data collection feasible and likely to produce good data?
- Uniqueness: Is the measure duplicative or overlapping with other measures?
- Manipulability: Does the measure encourage staff to manipulate data (e.g. tracking # of complaints resolved may discourage preventing complaints in the first place)
- Program Influence: Is the influence a program has over an outcome balanced with the need to track key outcomes?
- Longevity: Can these data be measured and compared over time?

Adapted from H.P. Hatry. Performance Measurement: Getting Results. 2nd Edition.

The following resources present existing performance measures to choose from:

- [Example Performance Measures from Clear Impact](#): This webpage provides examples of measures for different program areas, based on the Results-Based Accountability model for selecting performance measures
- [Big City Health Department Population Indicator and Performance Measures Library](#): This resource provides a library of indicators and performance measures, categorized by common public health topic areas.
- [Healthy People 2020 Indicators](#): Provides national level objectives, indicators, and benchmarks across a variety of public health related topic areas

Defining Performance Measures and Data Collection Protocols

Once you have identified potential measures, focus on defining your performance measures clearly to eliminate ambiguity and avoid varied interpretations. Having well-defined measures is especially important to consistently collect data in the event of staff turnover. In addition, having defined data collection protocols will help assure that performance data is accurate, timely, and a reliable assessment of the program's performance. If data collection is infeasible or too resource intensive, reconsider adoption of that performance measure. Data experts should be engaged during this process. **Figure 8** describes the components of a performance measure.[17] You can download NACCHO's [Performance Measures and Data Collection Plan Template](#) to create a library of clearly defined performance measures and data collection protocols for each of your programs. Include goals and objectives developed in the previous step in this template and align measures with the goals and objectives.

Figure 8: Components of a Performance Measure (with an HPV Immunization Example)*

Component	Component Description	Example
Performance Measure Title	A brief heading capturing the focus of the measure	HPV immunization series completion rate among 11-26 yr. old clients
Definition	A clear and concise description of the indicator	Percent of Immunization clinic clients between the ages of 11-26 years old who receive complete HPV vaccination dosage in past year. This includes health department and community health center (CHC) run clinics, but not privately-run providers.
Purpose/Rationale	The reason that the indicator exists; why it is needed and useful	The HPV vaccination may prevent certain strains of cervical cancer in women. The CDC recommends administering the HPV vaccination to children starting at age 11 and up to age 26.
Numerator	The top number of a common fraction, which indicates the number of parts from the whole that are included in the calculation	The number of clients between the ages of 11-26 years old who received the complete HPV vaccination dosage in the past year, across health department and CHC clinics.
Denominator	The bottom number of a common fraction, which indicates the number of parts in the whole	The total number of individual clients between the ages of 11-26 years old who visited a health department or CHC clinic in the past year.
Calculation	The specific steps in a process to determine the measure's value	Numerator divided by the denominator; multiplied by 100. The numerator will be calculated by obtaining the disaggregated data for health department and CHC run providers. The number of 11-26 yr. old clients that have initiated the vaccination series from each provider will be summed together. The denominator will be calculated by summing together all 11-26-year-old clients across health department and CHC run clinics in the past year.
Data Collection Methods	Data sources and the general approaches used to collect data (e.g. surveys, records, direct observations.	The data will be collected from the state Immunization Information System (IIS). Data will be disaggregated for health department and CHC run clinics to obtain the numerator. Clinic records will be used to obtain the total number of 11-26 yr old client visits to obtain the denominator. Calculated rates will be manually entered into the health department information system. All clinic managers will be responsible for reporting number of clinic clients to the nursing manager at the health department. The nursing manager will calculate HPV immunization rates and input into the department information system monthly.
Data Collection Frequency	Intervals at which data are collected (e.g. quarterly)	Data will be updated quarterly.
Disaggregation	The ways data will be disaggregated (e.g. race, neighborhood)	Data will be disaggregated by health department and CHC clinics.

*Adapted from UNAIDS. An Introduction to Indicators. Available at:
http://www.unaids.org/sites/default/files/sub_landing/files/8_2-Intro-to-IndicatorsFMEF.pdf

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Step 5: Set Performance Standards and Targets

> **Goal:** Set performance standards and targets for performance measures
>
> By the end of this step, each program or work unit will:
>
> - Identify sources for common standards and targets
> - Adopt standards and targets for performance

Once the program or work unit has established a set of performance measures, it is time to set performance standards or targets. *A performance standard is a management-approved quantified expression of the performance threshold(s), requirement(s), or expectation(s) that work units aim to achieve.*[18] Performance standards specify a desired level of performance and provide benchmarks for comparing actual performance to desired performance. Setting a performance standard may feel arbitrary, but there are many different strategies for identifying appropriate performance standards. Use the following guidance to identify common sources for setting standards and targets in public health:

- **Regulations and Mandates**: Health departments are the public health authority in their communities and are commonly subject to meeting certain regulations and mandates. Always consider regulations or standards at the county, state, or federal level when setting performance benchmarks. For example, standards related to drinking water quality, emissions from wastewater treatment plants, or public health workforce credentialing may be used to benchmark performance.

- **Peer Organizations or Jurisdictions**: For some measures, it is valuable to compare performance to organizations with similar missions and goals or jurisdictions with similar demographic characteristics. For example, County Health Rankings & Roadmaps (CHR&R) annually release reports providing comparisons among counties in each state on more than 30 health indicators. CHR&R also offers a peer county comparison feature to find and compare health indicators with counties across the country having similar demographic, social, and economic indicators. Note that this resource provides population level data on health outcomes, factors, and policies and would likely be most informative for setting targets for outcome measures.

- **Past Performance**: It is always valuable to consider past performance data when setting standards and targets. Analyzing performance trends over time reveal whether performance is improving or declining. If performance is particularly low when compared to generally accepted standards (e.g. Healthy People), it may be too ambitious to use that standard. Past performance data allows programs and work units to set targets that are balanced with being stretch targets while also being realistic.

- **National, State, or County Data and Recognized Standards**: Generally recognized standards in the field may also be good references for setting targets. For example, Healthy People 2020 provides a comprehensive set of 10-year national goals with established benchmarks for improving health across 42 topic areas. The state health improvement plan may also provide useful benchmarks to compare performance. In addition, trade associations often have established industry standards. There are several sources of secondary data which can be used to benchmark performance such as the Behavioral Risk Factor Surveillance System, Health Indicators Warehouse, and the National Equity Atlas. Community Commons allows users to drill down and access data at the neighborhood level which can allow for benchmarking against surrounding neighborhoods in a single community.

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Step 6: Develop Data Management System and Reporting Protocols

Goal: Develop a system for managing and reporting data

By the end of this step, each program or work unit will:

- Select an information system for managing data
- Define performance reporting protocols for different stakeholders

Selecting an Information System

As an organization formalizes performance management, an effective information system with which to collect, analyze, and access data is necessary. Prior to investing in a costly information software, carefully plan to make sure the software meets the agency's needs. See **Figure 9** for some considerations to help you identify criteria for vetting software. An information system can range from a simple series of Excel spreadsheets to a commercial software or other platform. Click here to read about Houston Public Health's process to select and evolve their information system.

When starting a PM system, many health departments begin with an Excel spreadsheet or another resource that does not require much training or resource investment. There is great value in establishing processes for writing meaningful goals, objectives, and measures prior to investing in a costly software. You can adapt this Excel-based performance monitoring template to enter each program's goals, objectives, measures, standards, and data.

Figure 9: Considerations for Selecting an Information System	
Criteria	**Questions to Consider**
Cost	• What is the initial cost of developing/acquiring the system? • What is the ongoing cost of maintaining the system? • What costs are associated with adding additional users in the future?
Interoperability	• How will the system align with – or enhance - existing systems? • Should data be automatically populated or manually entered? • How frequently do data need to be updated?
Stakeholder Needs	• Who are the end users? • Will internal and external stakeholders be using the system? • What are the needs of each stakeholder?
Data Analysis & Visualization	• Can data be manipulated and analyzed? Who owns the data? • Can the system assist with generating performance reports? • What data visualization capabilities are needed?
Security	• How does the system meet privacy and security requirements? • How will the system maintain confidentiality across users?
Utility	• Is the system user-friendly? • Does the system meet the organization/community's needs for managing performance? • How many people need to access system at one time? • What are the training requirements for using the system?

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<u>Reporting Protocols</u>

Next, think about how your performance management system will produce usable information. The analysis, interpretation, and presentation of performance data are necessary to establish accountability and transparency and drive continuous improvement. Consider how and when to share performance data with external and internal stakeholders. Reporting to external stakeholders – including elected officials, funders, interest groups, or the community– is important to demonstrate what is being done with taxpayer money and foster trust and public confidence. External stakeholders are generally more interested in outcome measures while shorter-term outcomes and process measures are important for internal use and QI.

In certain instances, public health programs and agencies have mandatory reporting requirements, such as to funders, the board of health, or other governing entities. These reports often include specific metrics related to outputs and budgeting. However, performance data alone do not tell a performance story, so carefully select which metrics are relevant to various stakeholders and present those data with contextual information that help stakeholders to interpret the data. To continue community engagement, it is important to present the data findings to customer groups and collect their insights. The community can provide personal experiences and meaningful context to turn the data into performance stories. When documenting performance reporting protocols and crafting a performance story, consider the following:

- Responsibilities – Who is responsible for putting the report together? Who will provide the report to the stakeholder groups?

- Target Audience – Are you reporting to internal or external stakeholders? What does each stakeholder group want to know? Which indicators and measures will be reported to each stakeholder group?

- Reporting Frequency – How frequently will different levels of performance be reported? In general, process measures should be reported at least monthly or quarterly to help staff identify improvements. However, longer-term outcomes may not change as frequently.

- Reporting Format – In what format will each performance report be presented? Does the target audience prefer verbal presentations, brief reports, or extensive data?

- Data Presentation – How will the data be reported? Consider different options for presenting the data such as, displaying trends over time, comparing two defined periods, comparing demographic or customer groups, or benchmarking with state or national performance. Data visualization tools such as line charts, bar graphs, or GIS maps should be used to present the data in an easy to digest format.

- Context –What is the environment in which the agency or program is operating? Are certain economic or demographic shifts impacting performance? Highlight internal and external factors of relevance to explain the results. Internal and external customers can also provide important context on results to supplement data with qualitative feedback.

- Customer Feedback – The data should be supplemented with qualitative content and feedback from the customer and community to help interpret the data and provide anecdotes and personal experiences to validate and reinforce the data. Additionally, report back to the customers that you identified in Step 1, to show that their input matters and to communicate the changes that the department will make accordingly.

Use Worksheet 5 to plan reporting protocols and craft a core message for different stakeholders.

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Step 7: Manage and Improve Performance

> **Goal:** Use performance data to continuously improve
>
> By the end of this step, each program or work unit will:
>
> - Identify how performance data will be used to make decisions
> - Develop practices to provide feedback to employees
> - Develop processes for prioritizing and selecting improvement efforts

At this stage, programs have defined key performance goals and objectives that are aligned with the strategic plan and CHIP, identified performance measures and indicators to assess whether objectives are being met, and defined protocols for collecting data and reporting results. It is now time to use the data to make management decisions, provide regular feedback to employees, and to identify and pursue improvement opportunities. Described below are common uses of performance data and information.

Making Decisions around Resource Allocation

Performance data can help internal managers along with external officials, including funders or elected officials, make decisions around what programs and activities are likely to produce the best outcomes. Tracking outcomes can demonstrate that dollars are being used effectively. Positive program outcomes will help justify sustained funding. Conversely, where program outcomes are worse than expected, performance data (e.g. process and output measures) can help identify causes of the poor outcomes and provide justification for allocating resources to address those issues. With the reality of reduced budgets across health departments, performance data can also be valuable in prioritizing allocation of funding to programs and services.

Informing Other Agency Planning Efforts

Performance improvement initiatives are cyclical processes that embody continuous improvement. Just as the CHIP and agency strategic plan inform the performance management process, performance data should continuously feed back into those same planning processes to identify where goals and targets are on track. For new planning cycles, historical performance data can inform future strategy and provide baseline values for relevant goals and objectives.

Establishing Performance Feedback Mechanisms

Providing regular performance feedback to staff after each reporting period will clarify expectations and empower staff to use data in their work, identify improvement opportunities at the team or individual level, and take corrective action to address performance gaps where feasible. Staff often find customer data related to service quality particularly motivating as these are generally more personally rewarding and linked to overall purpose and mission. Incorporating performance targets for unmet goals and objectives into performance reviews is an effective way to align strategy all the way down to the individual level. To create a culture of learning and continuous improvement, frequent and informal "Reflection" sessions can be held with teams to review performance data and brainstorm improvements.

Identifying Root Causes of Performance Problems

Reviewing process and outcome data allows departments to examine why they did not reach performance benchmarks or achieve intended outcomes. In some cases, improvement opportunities may be obvious and readily identifiable. In other cases, where a solution is not apparent, the program may choose to sponsor a formal QI project to conduct a root cause analysis and use data to test improvement interventions.

Prioritizing and Selecting QI projects

Formal QI methods like Lean or Plan-Do-Study-Act (PDSA) are powerful tools to examine performance issues and bring forth measurable improvement. How to conduct a QI project is outside the scope of this guide, however, a common challenge in public health is identifying projects appropriate for QI. The importance of using performance data in QI project prioritization cannot be overstated, so this guide offers the following guidance for prioritizing and selecting QI projects.

As QI projects can be resource intensive, before embarking on a QI project, consider whether QI is the best course of action for a problem. Signs that a QI project is needed include inefficiencies (e.g. slow processing times, redundancies), increasing costs, high error rates, critical unmet targets (e.g. high rates of unimmunized children), high variability in results across reporting periods or, high customer dissatisfaction, to name a few.[19] The following considerations help assess whether a QI project is needed:

- People versus Process – QI methods are designed to bring forth improvements in processes within a larger system. They are not designed to address performance issues among staff. W. Edwards Deming famously stated, "every system is perfectly designed to get the results it gets." If poor program or agency performance is due to personnel problems rather than the process, then a QI project is not the right course of action. Addressing staff underperformance through a QI project can undermine staff trust and deter participation in future QI projects.

- Standardized Processes – If a program or activity does not have standardized processes, QI should not be used for addressing performance gaps. QI is designed to analyze and improve existing processes. If the processes do not exist, they should first be created with input from those doing the work and from the direct customers. If standardized processes are not being followed by staff, they should be trained in the processes. Please note that training staff on a process is generally not a good QI project as staff should always be trained in their own work processes.

- Performance Data – If performance data do not exist, data should be collected prior to initiating a QI project. Performance data is critical to a formal QI method as baseline data are needed for comparative analysis of the test intervention. If baseline data are too costly or infeasible to collect, an alternate project should be pursued. Likewise, if existing performance data do not indicate evidence of under-performance, then other performance gaps should be prioritized for QI.

- Clear Solutions – There are certain performance issues that do not require a scientific QI process to identify and test solutions. For example, if customer feedback indicates clinic hours are inconvenient, an obvious solution would be to adjust the hours. If a solution is clear, then it should simply be implemented without devoting precious resources to a QI project.

- Longevity – If a program or service is underperforming but is temporary or likely to go away, the use of QI is typically not appropriate as the result may be irrelevant once the program is gone.

Fostering a culture of quality means engaging all staff in continuous improvement. Leadership can facilitate staff engagement in QI by providing staff the opportunity to nominate QI projects, the time to devote to QI, and the appropriate level of authority to improve work. Worksheet 6 can be used by staff and a QI Committee to nominate and screen QI projects.

After screening potential projects, an agreed-upon set of criteria and a formal prioritization process (e.g. Prioritization Matrix, Multi-Voting) is helpful to select the highest priority projects. NACCHO's Guide to Prioritization Techniques offers guidance on using prioritization techniques to select QI projects.

Common criteria include, but are not limited to:
- Impact – Which projects have the greatest potential for impact?
- Urgency – What risks are associated with not addressing this problem?
- Alignment – Does the project align with the priorities identified in the agency strategic plan and/or CHIP?
- Resistance – Is the project likely to meet resistance from internal or external stakeholders?
- Feasible – Do resources and expertise exist to implement this project?
- Customer focus—What changes are most important to customers of our program or service?

Visit NACCHO's Roadmap to a Culture of Quality for more information on how to integrate continuous quality improvement into organizational culture.

Appendix

A. Glossary of Terms

B. Performance Management at a Glance: Key Steps and Resource List

C. Worksheet 1: Defining a Purpose Statement

D. Worksheet 2: Identifying and Understanding Customer Needs

E. Worksheet 3: Logic Model

F. Worksheet 4: Develop Goals and SMART Objectives

G. Worksheet 5: Develop Reporting Protocols

H. Worksheet 6: QI Project Nomination Form

I. Story from the Field: Cobb-Douglas County Health Department

J. Story from the Field: Harris County Public Health

K. Story from the Field: Houston Health Department

L. Story from the Field: Humboldt County Health Department

M. Story from the Field: Lake County Health Department and Community Health Center

Glossary of Terms

Community Engagement - the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people

Community Health Assessment – Community health assessment (CHA) is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a CHA is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community CHA; the essential ingredients are community engagement and collaborative participation.

Community Health Improvement Plan - A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health.

Community Health Indicator - – A quantitative expression of population level health status rather than the individual level. Indicators tell you something about overall health in the community for which no single organization should be held accountable. Also referred to as a population indicator.

Customer Needs – A desire or an expectation of a customer from a given product or service

Customer Satisfaction - the extent to which customer needs and expectations are met by a program or service

Goals - Long-range outcome statements that are broad enough to guide the organization's programs, administrative, financial and governance functions.

Health Equity - The assurance of the conditions for optimal health for all people

Health Inequities – The differences in health status that are systematic, patterned, unfair, unjust, and actionable.

Impact - The organizational, community, or system level changes that result, in part, from program activities. Examples may include improved living conditions, improve community indicators, and/or policy change.

Key Performance Indicator – A quantitative expression of success or progress toward a strategic goal. KPIs measure critical aspects of achieving strategy in an organization, quantifying results of a program. In contrast to a community health indicator, KPIs measure only measure critical outcomes related to the direct customers of program.

Logic Model - visual depiction of the sequential relationship among your program's resources, activities, outputs, and outcomes

Objectives - Short to intermediate outcome statements that are specifically tied to the goal. Objectives are clear, measurable and communicate how a goal will be achieved. Objectives may be referred to as outcome objectives.

Outcome - Specific changes in knowledge, attitudes, behaviors, skills, status, or level of functioning expected to result from specific program activities. Outcomes are expressed as different levels of results a program seeks to achieve.

Performance Improvement - the positive change in public health capacity, processes, or outcomes using clear and aligned planning, monitoring, and improvement activities.

Performance Management – practice of actively using performance data to improve the public's health through the strategic use of performance standards and measures, progress reports, and ongoing quality improvement.

Performance Measure – A quantitative expression of how much, how well, and at what level programs, services, and products are provided to customers within a given period. In other words, performance measures, quantify activities and processes of a program.

Performance Measurement - the use of quantitative metrics and indicators to collect data and *track progress against goals and objectives*.

Performance Standard - A performance standard is a management-approved quantified expression of the performance threshold(s), requirement(s), or expectation(s) that work units aim to achieve.

Quality Improvement - Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

Social Determinants of Health - the conditions in the social, physical, and economic environment in which people are born, live, work, and age

Strategic Plan - A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

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Performance Management at a Glance: Key Steps and Resource List

Step	Key actions	Resources
Align with Strategy	- Define program purpose - Identify and understand customer needs - Articulate link to agency strategy	- Blueprint to Align Local Public Health Systems (Lake County Health Department and Community Health Center) - A Crosswalk for Aligning Accreditation Plans (PHF) - Mobilizing for Action through Planning and Partnerships - Putting Customer Focus into Practice - NACCHO Strategic Planning Guide
Define Goals, Objectives, and Outcomes	- Identify a sequence of outcomes using a logic model - Identify and develop strategic goals - Write SMART objectives	- Turning Point Performance Management resources - Logic Model Development Guide (Kellogg Foundation) - Metrics for Healthy Communities: Logic Models
Link Activities to Outcomes	- Complete a logic model with program inputs, activities, and outputs	- Turning Point Performance Management resources - Logic Model Development Guide (Kellogg Foundation) - Metrics for Healthy Communities: Logic Models
Define Performance Measures	- Identify key performance indicators associated with strategic goals - Define components of each performance measure - Prioritize and select a balance set of performance measures - Define data collection protocols	Example Indicators and Measures - Big City Health Department Population Indicator and Performance Measures Library - Healthy People 2020 - Health Equity Guide - RBA Example Performance Measures (Clear Impact) - An Introduction to Indicators (UNAIDS) - Measuring Outcomes guidebook (USDHHS) PM Frameworks: - Balanced Scorecard - Results Based Accountability - Baldridge Criteria
Set Targets and Standards	- Use a variety of sources to identify realistic but motivating performance standards and targets	- Healthy People 2020 - County Health Rankings - Community Commons - Health Indicators Warehouse - National Equity Atlas - Behavioral Risk Factor Surveillance System
Data Collection and Reporting	- Identify and select a performance information system - Define reporting protocols	- Turning Point Performance Management resources - An Introduction to Indicators (UNAIDS)
Implement Improvements	- Identify how performance data will be used to make decisions - Develop practices to provide feedback to employees - Develop processes for prioritizing and selecting improvement efforts	- NACCHO Roadmap to a Culture of Quality - NACCHO Organizational Culture of Quality Self-Assessment Tool - NACCHO Compendium of QI Trainings - Public Health Quality Improvement Practice Exchange - NACCHO Guide to Prioritization Techniques

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Worksheet 1: Defining a Purpose Statement

Why do we exist? *Brainstorm what purpose the program exists to serve. Think in terms of the ultimate impact the program is seeking to make at a broader societal level. This should be something the project does not have full control over but has a role to play in. What impact do we want to see made at a community or society level?*

What do we do? *Brainstorm broad strategies the program implements to achieve the ultimate impact it is seeking to make. Be careful not to get so specific that you are stating how you do the work. For example, a school health program indicate education as a broad strategy rather than designing training curriculums.*

For whom do we do it? *List the target population(s) or customers that directly receive the services offered by the program.*

Purpose Statement. *Write a purpose statement that includes the ultimate impact the program seeks to achieve, the broad strategies used to achieve that impact, and the direct recipients of the program's products or services.*

_____
_____
_____

Program alignment with agency strategy. *Based on the purpose statement, articulate how the program links to the agency level strategic plan. For example, think about how the program aligns with the agency mission or vision and explicitly state how the program contributes or relates to strategic priorities identified in the agency strategic plan. Include specific strategic goals or strategies that your program may directly or indirectly impact.*

Worksheet 2: Identifying and Understanding Customer Needs

Use the following worksheet to identify the direct and indirect customers of your program. Add more rows as needed.

- **Output**: What services/products do you provide? What do you do?
- **Customer**: Who are the direct and indirect recipients of your services?
- **Customer Needs and Wants**: What do your customers ultimately need from your program or service? What do they want?
- **Customer Data**: How do/would you know if you are successful in meeting your customers' needs and wants? What customer data do we have?

Output	Customer Group	Customer Needs and Wants	Customer Data

Discussion questions:

- What barriers or challenges have we encountered in delivering this service or meeting customer needs?

- Which customer needs are we meeting?

- Which customer groups are the most satisfied with our program or services?

- What customer groups are not accessing our programs or services that could be?

- What do we need to better understand about our customers?

Adapted from Customer Identification Worksheet from the Minnesota Department of Health Center for Public Health Practice

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Worksheet 3: Logic Model

Inputs	Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes	Impact
Resources to implement activities and produce outputs	*Activities implemented to produce outputs*	*Products and services delivered*	*Immediate results achieved following delivery of output*	*Results expected to lead to the end outcome*	*Ultimate desired change as a result of program*	*Ultimate change desired <u>outside of your full control</u>*
⬆ ⬆ ⬆ **Assumptions, Factors, and Barriers impacting Product/Service Delivery**			⬆ ⬆ ⬆ **Assumptions, Factors, and Barriers impact achievement of outcomes**			

Develop your logic model. *Fill in the logic model template to identify our processes and outcomes. Consider assumptions, barriers, and other factors or trends impact this work. Start with the right side of the logic model and identify what we are ultimately seeking to achieve and move your way to the left, ensuring that each subsequent column has a logical link. Short, intermediate, and long-term outcomes should all be within our realm of control. Be thoughtful about what you are reasonably seeking to achieve as a result of this project.*

Worksheet 4: Develop Goals and SMART Objectives

Instructions: *Complete the following worksheet to write broad goals that are linked to your program purpose and overall agency strategy. For each goal, write SMART objectives which are sub-steps or milestones toward achieving goals and strategic priorities.*

Program Purpose/Mission Statement: Agency Level Strategic Priority:			
Goal: What is the broad, long-term outcome we want to achieve?	Goal 1:		
SMART Objectives	**Objective 1.1**	**Objective 1.2**	**Objective 1.3**
Specific: Who? (target population and persons doing the activity) and What? (action/activity)			
Measurable: How will we quantify success?			
Achievable: Is this feasible given current resources and constraints?			
Relevant: Will this help make significant progress toward the goal/strategic priority?			
Time-bound: By when will this objective be met?			
Objective Statement: Use the information brainstormed above to draft SMART Objective statements.	Objective 1.1:	Objective 1.2:	Objective 1.3:

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Worksheet 5: Develop Reporting Protocols

Instructions: *Use the following worksheet to plan reporting protocols and to help craft a story to tell with your performance data based on each of your stakeholders' interests.*

Key Stakeholder	Why is this stakeholder interested in your program? How are they impacted?	Which metrics and indicators interest this group the most?		What methods would you use to report performance? (e.g. graphs, visuals, presentations)	Using the performance data, what key points would you include in your performance story?
		Metrics/ Indicators	**Reporting Frequency**		

Worksheet 6: QI Project Nomination Form

Instructions: *Use the following form to describe the rationale for and nominate a QI project.*

Describe the performance gap you want to improve:	
What program or organizational goals and objectives are associated with this performance gap?	What specific process and outcome metrics are used to track performance of these goals and objectives?
What are the specific processes associated with this performance issue (e.g. new staff onboarding, restaurant inspection process, client follow-ups)?	Who are the direct internal or external customers of this process? (e.g. program staff, restaurant owners, community partners)

Does performance data exist to support the need for this project?
   o *Yes*
   o *No*
If no, can it be feasibly collected?
	Describe the evidence to support the need to work on this issue. Use performance data when possible.

Describe the change you hope to see as a result of this project:	

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From Theory to Practice: PM with a Customer Focus
Cobb-Douglas County Health Department

Cobb Douglas Public Health (CDPH), located in the Northwest suburbs of Atlanta, GA, is one of 18 district health departments in Georgia. Approximately 380 CDPH staff and leadership work diligently to assess and address public health needs of about 900,000 residents of communities in its jurisdiction. CDPH was the first Georgia Health District to achieve accreditation, in May 2015.

Since 2009, CDPH has utilized the Balanced Scorecard framework (BSC), which allows the department to monitor key performance indicators from four perspectives: *customer, internal business processes, employee learning and growth,* and *financial*, seen in the CDPH Strategic Management Framework graphic. The BSC is cascaded throughout the agency. In other words, each CDPH employee has a personal scorecard that aligns with the scorecard of their program or center, which aligns with the CDPH scorecard as a whole.
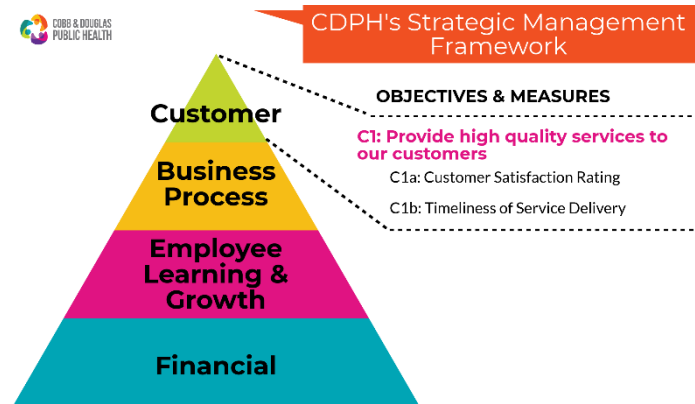
Given that customer is one of four categories in the BSC framework, CDPH was focused on the customer from the outset. Under the priority area of customer, CDPH identified two objectives: provide high quality services to our customers and promote health and prevent injury and disease to achieve healthy outcomes. We have an agency-level balanced scorecard and 30 program scorecards that "roll-up" to the agency-level scorecard. All programs have those 5 customer measures but can add additional measures if desired.

To identify customer needs, we asked the following 3 questions:
- Who are your customers?
- What would happy customers say?
- Describe the from-to gap? (this is describing the current state, or where the program is today, and the desired future state, or what happy customers would say in 5 years.)

A customer survey was implemented in January 2017 for 24 out of 30 programs that provide direct services to customers. For programs utilizing the electronic medical records system, a text message is sent to the client within 24 hours of service. The survey is available on the CDPH website and signage with a QR code is posted throughout the agency. The two questions asked of CDPH customers are:

- Overall Customer Satisfaction Rate: Were you satisfied with your overall quality of services?
- Timeliness of Service Delivery: Was your wait time acceptable?

On a quarterly basis, all programs receive a Qualtrics report with their average quantitative responses to 5 questions, along with any qualitative responses collected. These are shared with program staff and entered into InsightVision, the performance management information system used by CDPH. Providing patient experience results on a quarterly basis allows CDPH leaders to address patient concerns in a timely manner and identify QI efforts to improve performance. We also recognize CDPH employees who are mentioned by name in positive survey comments.

Strengths that supported CDPH to embark on the development and implementation of a comprehensive PM system include leadership support (including Board of Health), community partners, and a strong sense of organizational direction to support the teams involved through ongoing meetings and accountability of team members. The Boards of Health have provided and approved sufficient funding for activities.

From Theory to Practice: Using PM to Achieve Health Equity

Harris County Public Health

The Harris County Public Health (HCPH) performance management (PM) system grew out of a strategic priority aimed at department-wide evaluation and quality improvement. The HCPH Strategic Plan was also the catalyst for integrating health equity into the PM system to put health equity at the core of HCPH's programs, policies, services, and interventions. Strategic Directive 1C guides HCPH to "*work towards eliminating health inequities by assessing inequities among Harris County populations and preventing additional inequities as an unintended consequence of work by HCPH or community partners*." A Health Equity Coordinator and some members of the Health Equity Advisory Committee sit on the Performance and Quality Improvement (PQI) Council to ensure that a health equity lens is applied when collecting and analyzing data, reporting data to a community, as well as monitoring and evaluating activities.

HCPH's Health Equity Framework

HCPH's Health Equity Dashboard, housed on the Power BI performance management platform, is an interactive user interface that contains information based on current and targeted standards and measures. The health equity standards were developed by a Health Equity Advisory Committee and informed by HCPH's strategic plan. An informal health equity/social determinants of health (SDOH) inventory helped inform the creation of the dashboard and Health Equity Framework (pictured here). The standards are reflected in both HCPH's health equity policy and procedures (e.g. communications, community engagement, program development). Starting in 2018, all HCPH staff are required to receive PQI 101 training, which helps them interact with the dashboard and utilize dashboard reports.
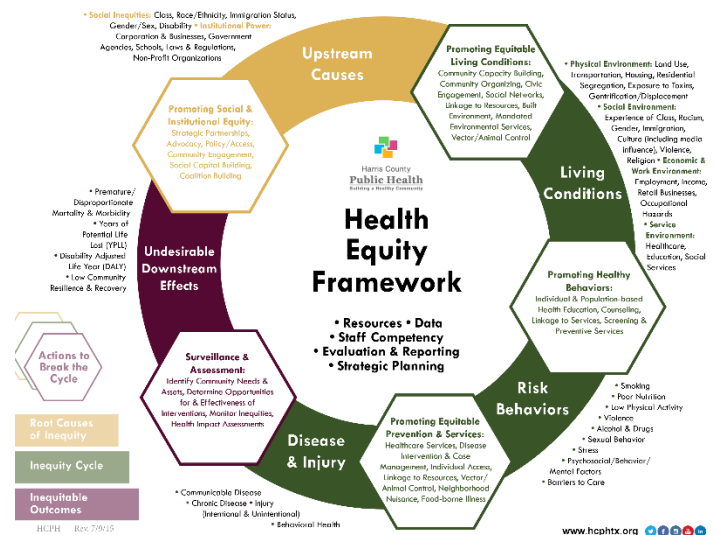
Successes, Challenges, and Lessons Learned

It is important to define boundaries at a sub-county level to better assess differences, but it is difficult to access data with greater granularity due to barriers such data due to privacy obstacles. Our advice to other health departments who are incorporating a health equity approach into their PM system development is to start small; our indicators were initially focused on place and easily accessible in U.S. Census data. It is also important to consider vulnerable populations that might be overlooked such as military veterans.

We also suggest that others prepare for the unintended consequences of having a PM system. Data is central to our Health Equity Framework because it informs our course of action. Data, however, can be easily distorted, misused, and is practically meaningless without context. The key component to our data analysis is our collaboration with the communities we serve. Understanding a community's story, their work, and their social needs helps properly contextualize the data and ascribe true meaning.

HCPH believes that what gets measured, gets done. The PM system, particularly the measures linked to community health outcomes, will help HCPH better meet the public health needs of vulnerable people and places within the county. Not only will the PM system help HCPH plan its programs, policies, and interventions but it will allow us to better assess our effectiveness. Our intention is that HCPH's actions break the cycle of inequity in Harris County and that HCPH does not create or perpetuate existing health inequities.

From Theory to Practice: Evolving the PM System
Houston Health Department

Houston Health Department (HHD) serves a population of 2.2 million people with over 1,200 employees. In 2011, three significant occurrences happened concurrently: initial accreditation preparation, the development of the Office of Performance Management (OPM), and the Mayor's emphasis on performance within the city. The accreditation team collaborated with Office of Performance Management (OPM) to conceptualize performance management within the agency and, in 2014, Houston became the first city in the state of Texas with an accredited health department.

The PM Journey

Every program was trained in how to develop performance measures, write SMART objectives, and identify indicators. Each department developed objectives and measures which were aligned with the City of Houston's performance framework and were reported monthly to the mayor. Performance measures were derived from legal requirements, program and grant requirements, department initiatives, and the strategic plan.

Upon the first strategic planning cycle, HCHD realized there was a lack of an accurate way to measure progress towards strategic objectives. During the current iteration, there is a focus on ensuring data is in place and is accessible, and that the objectives in the strategic plan are measurable and can be tracked and entered into the PM software.

Once objectives and measures were in place, every program used an Excel spreadsheet within SharePoint where the data for the measures could be uploaded. The information from these spreadsheets feeds into the current PM software, Klipfolio, which is a good tool for those that need a dashboard up and running quickly, and for those who are not as technologically savvy. HHD experienced great success implementing the dashboard system as staff regularly submit information and dashboard allows performance information to be easily displayed to the directors and governing body.

Upon gaining some experience with PM, more sophisticated data visualization was needed and HCHD decided to begin a transition to the Power BI software. Although Power BI takes more time and skills to set up, the enhanced functionality – including cloud-based technology, security features, and integration with Microsoft - will allow for a more personalized experience for the agency.

The next step is to conduct the NACCHO Organizational Culture of Quality Self-Assessment Tool to inform the QI plan's focus for the next 3 years. A big focus would be on the department weaknesses and the QI plan will focus on projects that will address those gaps – PM will show us appropriate objectives.

Engaging Staff

As a health department, PM was packaged and branded jointly with accreditation and quality improvement (QI). Initially, these efforts were met with fear, confusion, and disinterest as staff did not understand the relevance to their work and generally feared that it would cause more work or threaten job stability. The Turning Point assessment was used to gauge the staff base knowledge of PM and QI and based on the findings, in-house trainings on PM and QI were delivered. To make the process fun, *QI Star Trek*, a two-day Train the Trainer program through Public Health Foundation (PHF) was hosted for staff across divisions. Staff received an intensive PM/QI training, formed teams, and came up with a QI project in which they developed an aim statement, performance indicators, measures, and conducted a QI project over the month after the on-site training ended. Following the training, outcomes were tracked the department observed an increase in staff knowledge, validating efforts around this training strategy.

Advice and Lessons Learned

HHD's main challenge with PM ensuring that data sources were available for selected performance measures. It is important to make sure you have the data and a way to regularly access and report the data. Programs must also understand what is needed long-term as many grant/funding requirements do not necessarily require the same rigor as HHD was working towards.

Developing a PM system forced programs to contemplate which activities are determining the success of the program and created a shift from tracking things that had no bearing on success to identifying the most important and necessary data. Previously, programs were tracking things that had no bearing on success; this process made staff take a closer look at what they are tracking and why.

For health departments embarking on PM, HHD recommends not rushing through the initial phase. It is a time intensive process to make sure things are done correctly and it can be tempting to complete it very quickly. Investing time at the front end and making sure appropriate data sources are available is critical.

From Theory to Practice: Developing Performance Measures
Humboldt County Health Department

Humboldt County Department of Health & Human Services (HCDHHS) serves a rural population of 135,000 in Northeastern, California. For the agency, the deliberate process of developing a documentable performance management system began with PHAB accreditation, which was officially awarded in 2016. Like many health departments, the Turning Point Performance Management Model displayed here was adopted. The first step was to offer a range of training, first to managers and then followed by staff. One of the hurdles was using standardized language for terms like goal, objective, target, performance measure, outcome measure, action, activity, and tactics.

To assist staff in developing program performance measures, they were asked the very simple questions of "*why does your program exist*?" and "*how do you know if you're succeeding, or doing a good job*?" Early on, performance was tracked on a spreadsheet which was updated and printed in a quarterly report forms. This was challenging because it was difficult to get updates from all of the programs and even though a standard report form was used, there was no consistent interpretation of the language. The PM system evolved from an Excel-based platform to a software platform. HCDHHS was especially interested in several specific criteria:

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM

- Cloud-based
- Both internal-facing and external-facing dashboard capabilities
- Multiple licenses
- A shared platform with community partners
- PHAB accreditation / re-accreditation documentation management

Several platforms met the first three criteria, but only one met all 5. It was a bonus that the one we chose also incorporated the Balanced Scorecard framework. Staff contributed to weighting the criteria and InsightVision was ultimately selected. The process was initiated with 10 licenses and a 5-session training with the contractors via "Go-To Meeting". Follow-ups were conducted with unit-by-unit working sessions to review potential measures and identify how and where the programs align with the strategic plan, workforce development plan, and/or community health improvement plan.

The goal was to find an elegant way to align plans without needless redundancy and confusing narrative describing how the connections. The Balanced Scorecard method assisted with this and help to derive objectives four different perspectives: community (customer); internal processes (programs, policies, etc.); organizational capacity (including workforce); and financial stewardship. All plans were weaved together through these perspectives, and collective, this is the agency performance management system. The InsightVision software platform supports Balanced Scorecard as perspectives are assigned to each objective and objective can be sorted and arranged by plan, program, division, etc. The software also populates a strategy map, which is useful to demonstrate to the public the work of HCDHHS.

The PM system is also used to share data with our community partners and at least one is moving ahead with developing their own similar system. The overall process and outcome is a uniting force to demonstrate with data how the work of the agency is connected to the larger mission, vision, and priorities. A formalized PM system is like adjusting to a new pair of glasses; things look a little fuzzy at first, but now everything is viewed through these lenses.

From Theory to Practice: Aligning Plans
Lake County Health Department and Community Health Center (Illinois)
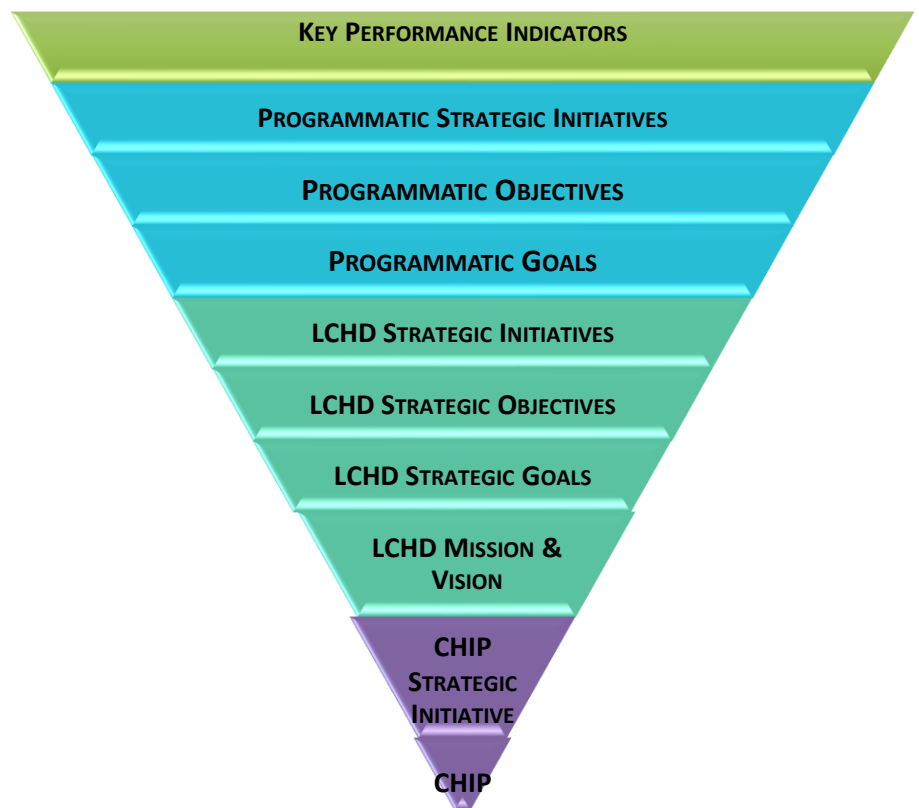
Lake County Health Department and Community Health Center (LCHD/CHC) houses traditional public health programming, a federally quality health center (FQHC), and behavioral health services. With approximately 1,000 staff it is the largest provider of human services in the county. LCHD/CHC was accredited in 2016.

Evolving from Performance to Quality

In 2013, LCHD/CHC initiated its first soiree into performance management using a modified Balanced Scorecard approach. This process required all approximately 50 programs to develop performance measures in four areas – Health Determinants and Status, Community and Customer, Employees and Capacity, and Financial and Business Processes. With little training in developing measures, staff found the process too complex, resulting in an abundance of performance measures. In 2016, the agency evolved from a performance management system to a quality management system with an increased focus on customer experience and outcomes. The Quality Improvement Team met with each team to reduce and refine existing performance measures into key performance indicators (KPIs), which focus only on finance, quality, and operations and emphasize areas in which the program has some control in influencing.

Quality Alignment

LCHD/CHC performance and quality are aligned across every level, stemming from the community health improvement plan and drilling down to quality improvement planning. The CHIP forms the basis for all alignment and lays the groundwork for all public health interventions in the community. Strategic plan objectives are derived from the CHIP's strategic priorities. All KPIs align either directly or indirectly with the strategic plan and are assigned to programs that directly affect that KPI. When KPI's are below their target for two consecutive months, the manager forms a QI team and implements a QI project using the Plan-Do-Study-Act (PDSA) method to fully understand the potential problem. The presented graphic illustrates each level of alignment.

KEY PERFORMANCE INDICATORS

PROGRAMMATIC STRATEGIC INITIATIVES

PROGRAMMATIC OBJECTIVES

PROGRAMMATIC GOALS

LCHD STRATEGIC INITIATIVES

LCHD STRATEGIC OBJECTIVES

LCHD STRATEGIC GOALS

LCHD MISSION & VISION

CHIP STRATEGIC INITIATIVE

CHIP

Staff engagement

The work of all staff contributes to meeting KPI targets. All staff have access to the dashboards and are encouraged to review them and suggest ideas for improvement. Mid-level program managers are directly responsible for entering data, meeting targets and initiating QI for unmet targets. Ensuring commitment is most important for this group as they are held accountable for their KPIs and can serve as quality champions. Senior leaders perform a monthly review of their programs' KPIs and discuss progress and opportunities for improvement with their direct reports. Incorporating individual staff performance goals tied to KPIs is a current work in progress.

Performance Dashboard

Performance data is collected from several disparate data collection systems (e.g. INEDSS, Intergov, NextGen) and stored in Excel spreadsheets. Excel was initially selected because it allowed for a cost-effective and user-friendly system that could be deployed in a reasonable time-frame. This ensured that managers had data to effectively manage programs but knew at the time that it was a temporary solution. A Director of Health Informatics was recently hired to streamline the process of collecting, storing, and accessing data. The ultimate goal is a more robust, user-friendly system with centralized KPIs and reports, more data visualization features, and interoperability to reduce manual data entry.

Moving Forward

The PM system has evolved over time and will continue to evolve. As with anything new, you learn by trial and error. In refining the PM system, program managers and their teams were engaged to understand what was most important to them, pros and cons of the initial PM system, and their needs for the next iteration. Having a PM system created clear expectations of staff and communicated that it's ultimately all about outcomes. Through this process, LCHD/CHC has already seen some improvement in outcomes and a more positive staff outlook on QI. While this is not yet universal, it is a welcomed worked in progress.

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