

TurningPoint

Collaborating for a New Century in Public Health

From Silos to Systems: Using Performance Management to Improve the Public's Health

**The Turning Point Performance Management
National Excellence Collaborative**

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**Prepared by
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We welcome your comments and questions about this guide. Please contact PHF (202-898-5600, info@phf.org) or the Turning Point National Program Office (206-616-8410, turnpt@u.washington.edu).

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The Turning Point Performance Management National Excellence Collaborative Members

Illinois: Laura B. Landrum, Coordinator; Michael C. Jones

Alaska: Alice Rarig, Kristin Ryan, Mary Siroky

Missouri: Judy Alexiou, Larry D. Jones

Montana: Melanie Reynolds, Drew Dawson, Stephanie Nelson, Jane Smilie

New Hampshire: Joan Ascheim, William J. Kassler, MD, MPH

New York: Marie D. Miller

West Virginia: Amy Atkins, Kay Shamblin

Association of State and Territorial Health Officials:

Leslie M. Beitsch, MD, JD

Association of State and Territorial Local Health Liaison Officials:

Joan Brewster

National Association of County and City Health Officials: Patrick Libbey

Centers for Disease Control and Prevention: Paul K. Halverson, Dr.PH;
Michael T. Hatcher, Dr.PH

Health Resources and Services Administration: Michael L. Millman, Ph.D.

Turning Point National Program Office: Jack Thompson;
Bud Nicola, MD, MHSA

The following Public Health Foundation staff contributed to this report:

Stacy Baker, Houkje Ross, Ron Bialek, and Zarinah Ali.

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Executive Summary

“Performance management is what you do with the information you’ve developed from measuring performance.”

—*Guidebook for Performance Measurement*¹



A Tool to Achieve Healthy Communities

Performance management is the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. In the case of public health, the ultimate purpose of these efforts is to improve the public’s health. While the concepts of quality improvement, accountability, and performance are hardly new, they are increasingly energizing public health agencies around the country to streamline activities and make sure their work and investments pay off.

Based on recent public health agency reports and literature, performance management practices have measurably improved public health outputs and outcomes, created efficiencies working with partners, and helped staff and management teams solve problems. By defining results and showing accountability, performance management efforts also have helped many public health agencies communicate what they accomplish to policy makers, employees, and the public.

The practice of *system-wide* performance management is vital to the successful delivery of the 10 Essential Public Health Services.* System-wide performance management is the active use of data to measure and improve performance across all areas of an agency’s activities, including: human resources development; data and information systems; customer focus and satisfaction; financial systems; management practices; public health capacity; and health status. For many public health agencies, “system-wide” is a shift from past performance management practices, which often examine performance within specific program areas alone (silos).² Measuring only silos, however, cannot improve overall capacity and performance of an agency, as noted by the Institute of Medicine.³

With increased funding, responsibility, and attention to public health—especially in response to the heightened need for bioterrorism preparedness—come greater accountability and expectations that our field can continually demonstrate performance. It is important that public health agencies strive for the “gold standard” of performance management—using all four components of performance management (see definition, page 10) to improve performance across an agency or system.

* For more information on how the Essential Services can offer a good framework for identifying, analyzing, and evaluating public health activities, refer to Corso LC and Wiesner PJ. Using the Essential Services as a Foundation for Performance Measurement and Assessment of Local Public Health Systems, *Journal of Public Health Management and Practice*. 2000; 6(5): 1-18.



Approaches to Performance Management

Nearly all state health agencies (SHAs) report that they conduct some performance management activities and are taking action to improve these efforts. While their approaches vary, half of SHAs (25) have cross-cutting, SHA-wide performance management efforts, while another 20 limit their efforts to only categorical programs.⁴ Below are a few examples of cross-cutting approaches to performance management:

- **Florida:** Conducts quality improvement efforts based on the Assessment Protocol for Excellence in Public Health (APEXPH) health problem analysis framework, the Malcolm Baldrige National Quality Award Program[†] criteria, and the 10 Essential Public Health Services.
- **Washington:** Creates a strategy-focused organization using the Balanced Scorecard[‡] model and state performance standards.
- **New Mexico, Louisiana, Missouri:** Use management processes and special agency offices to align budgets and programs to priorities.
- **Michigan, Illinois:** Offer accreditation or certification, respectively, of local health departments.
- **West Virginia:** Uses peer and multi-disciplinary teams from local health departments to help assess performance and offer technical assistance.



Lessons Learned

The many examples of performance management highlighted in this guide illustrate lessons learned by the Performance Management National Excellence Collaborative (PMC) during its study of ways to improve public health agency performance and create healthier communities. Over three years, the PMC examined literature, surveyed SHAs, and conducted site visits and in-depth discussions with state and national organizations looking for good practices. Some of the lessons in this guide that aim to establish or improve performance management of health agencies include the following:

- Performance management achieves the best results as an ongoing and system-wide practice, integrated into all routine public health processes and programs.
- Agencies can work more effectively by aligning performance measures, activities, and spending with public health priorities.
- Successful public health agencies need trained staff and dedicated resources, supported by a culture of performance management.
- New or adapted information and management systems are essential to manage performance, especially across programs.

[†] For more information on the Baldrige Award Program, see the “Benefits and Results” section.

[‡] For more information on the Balanced Scorecard, see the “Approaches to Performance Management” section in the main report.

Shifting performance efforts from categorical “silos” to “systems” and from measurement to management takes leadership and a firm commitment to both results and steady progress. Although there is currently no universal strategy to system-wide performance management, now is the perfect time for public health agencies to seize opportunities to improve and coordinate their many performance management efforts.

¹ Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999: 48. www.turningpointprogram.org/Pages/lichello.pdf (11/14/02)

² Turnock BJ and Atchison C. Governmental Public Health in the United States: The Implications of Federalism. *Health Affairs*. 2002; 21(6):68-78.

³ Institute of Medicine. *The Future of the Public's Health in the Twenty-first Century*. Washington, DC: National Academy Press, November 2002:151-153.

⁴ Public Health Foundation. *Turning Point Survey on Performance Management Practices in States: Results of a Baseline Assessment of State Health Agencies*. Seattle, WA: Turning Point National Program Office at the University of Washington, 2002.

Introduction



Purpose and Intended Uses

This guide was primarily developed to assist state health agency (SHA) leaders in understanding performance management and how its practice can improve an agency's capacity and ability to carry out the 10 Essential Public Health Services.

Others that can benefit from reading this guide include: local public health agencies, tribal agencies, territorial agencies, educators, state legislators or other policy makers, public health professional associations, federal agencies that fund or set requirements for states related to performance management, and other public health system partners.

It is the hope of the Turning Point Performance Management National Excellence Collaborative (PMC) that this guide will assist SHA leaders in taking actions to improve state performance management practices and to assist in developing a coordinated performance management system. The "Approaches to Performance Management" section provides concrete illustrations of how others in public health are using performance management concepts to improve their own organizational capacity and their ability to provide services to the public. The "Putting the Pieces Together" section offers tips and suggestions to improve programs and integrate them with other initiatives. This guide also is intended to act as a catalyst for continued discussions and teaching about the benefits and results of performance management efforts in the field.

After reviewing this guide, readers will be able to:

- create or enhance coordinated systems of performance management that include all four components of the PMC's definition (see p. 11, "What is Performance Management?");
- identify elements of a system-wide approach to performance management;
- assess existing performance management practices in their own agency;
- ensure state performance management practices are coordinated with federal/national requirements and initiatives; and
- advocate for improved performance management efforts and resources.

**What
is the
goal
of this
guide?**



Getting the Most of This Guide

Below are some ideas to get the most from this guide.

- Copy and use relevant sections in meetings to discuss performance management. Each section is designed to stand alone.
- To learn more about SHA performance management efforts:
 - 1) Consult the PMC's *Survey on Performance Management Practices in States: Results of a Baseline Assessment of State Health Agencies* (www.turningpointprogram.org/Pages/pmc_state_survey.pdf) for brief profiles of state public health agencies' efforts in this area. The index in Appendix A of this survey report identifies SHAs according to their structure, funding, or performance management efforts.
 - 2) Use the contact information in the "Resources and Contacts" section to learn more about specific examples referenced in this guide.
- Refer to the "Resources and Contacts" section in the back of this guide for links to more information on tools, initiatives, and national organizations listed.



Methods

To identify the most succinct examples of performance management from the field, the PMC evaluated its own learning projects over the course of two years and reviewed the PMC survey and literature report findings. The PMC used the Public Health Foundation as a consultant to conduct telephone interviews with intended audiences for this guide and to compile examples that would underscore key points to successful performance management.⁵ The guide's focus on state examples reflects the wealth of lessons derived from the PMC's study of SHA efforts; it is not meant to imply that performance management is or should be a "top-down" strategy.



Background

Established in 2000, the PMC is a four-year project funded by The Robert Wood Johnson Foundation. The PMC member states and national partners aim to move the field of public health from simply measuring performance of individual programs to actively measuring and managing the performance of an entire agency or "system." The PMC understands that in order for this to happen, a shift within public health agencies must occur. This shift, from managing "silos" to managing a "system" can be seen in many industries and is building momentum in the public health arena.

With increased funding, responsibility, and attention to public health—especially in response to the heightened need for bioterrorism preparedness—**come greater accountability and expectations that our field can continually demonstrate performance.**

⁵The Public Health Foundation made every reasonable effort to confirm the accuracy of all examples, resource listings, Web site addresses, and contact information used in this guide. We apologize for any inconvenience caused by inaccurate listings.

One of the goals of the PMC is to develop and showcase useful and feasible performance management models. This guide is a starting point for that goal, as well as a way for public health professionals to gain a greater understanding of how to go about managing the different parts within an agency or system.

The PMC consists of a seven-state core including Illinois (lead state), Missouri, West Virginia, New Hampshire, New York, Alaska, and Montana. Five additional partners include the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Association of State and Territorial Local Health Liaison Officials.

This guide is part of a series of PMC published materials, which includes the 2002 documents, *Performance Management in Public Health: A Literature Review and Survey on Performance Management Practices in States*.



Future Performance Management National Excellence Collaborative Efforts and Resources

Although this guide aims to spark leadership commitment to performance management and help the majority of public health agencies take initial actions to establish or improve their systems, the PMC recognizes that others are ready for more specific assistance. Future plans of the PMC include the development of further resources needed to carry out performance management functions. The PMC also plans to increase its national leadership activities to create and improve policies that support system-wide performance management in public health. As examples, the PMC and its partners will work to increase funding and incentives to:

- implement system-wide performance management systems,
- conduct research on the relative effectiveness of various performance management models and,
- develop strategies, training, and resources to boost staff capacity to manage performance.

What Is Performance Management?

“Performance management is what you do with the information you’ve developed from measuring performance.”

— *Guidebook for Performance Measurement*⁵

What are the four components of performance management?



Performance Management Is About Using Data

Performance management is the practice of actively using performance data to improve the public’s health. This practice involves strategic use of performance measures and standards to establish performance targets and goals. Performance management practices can also be used to prioritize and allocate resources; to inform managers about needed adjustments or changes in policy or program directions to meet goals; to frame reports on the success in meeting performance goals; and to improve the quality of public health practice.

Performance management includes the following (see also, Figure 1, next page) components:

- 1. Performance standards**—establishment of organizational or system performance standards, targets, and goals to improve public health practices.
- 2. Performance measures**—development, application, and use of performance measures to assess achievement of such standards.
- 3. Reporting of progress**—documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.
- 4. Quality improvement**—establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports.

A **performance management system** is the continuous use of all the above practices so that they are integrated into an agency’s core operations (see inset at right). Performance management can be carried out at multiple levels, including the program, organization, community, and state levels.

The Four Components of Performance Management Can be Applied to...

- Human Resource Development
- Data and Information Systems
- Customer Focus and Satisfaction
- Financial Systems
- Management Practices
- Public Health Capacity
- Health Status

Does Your Agency Have a Performance Management System?

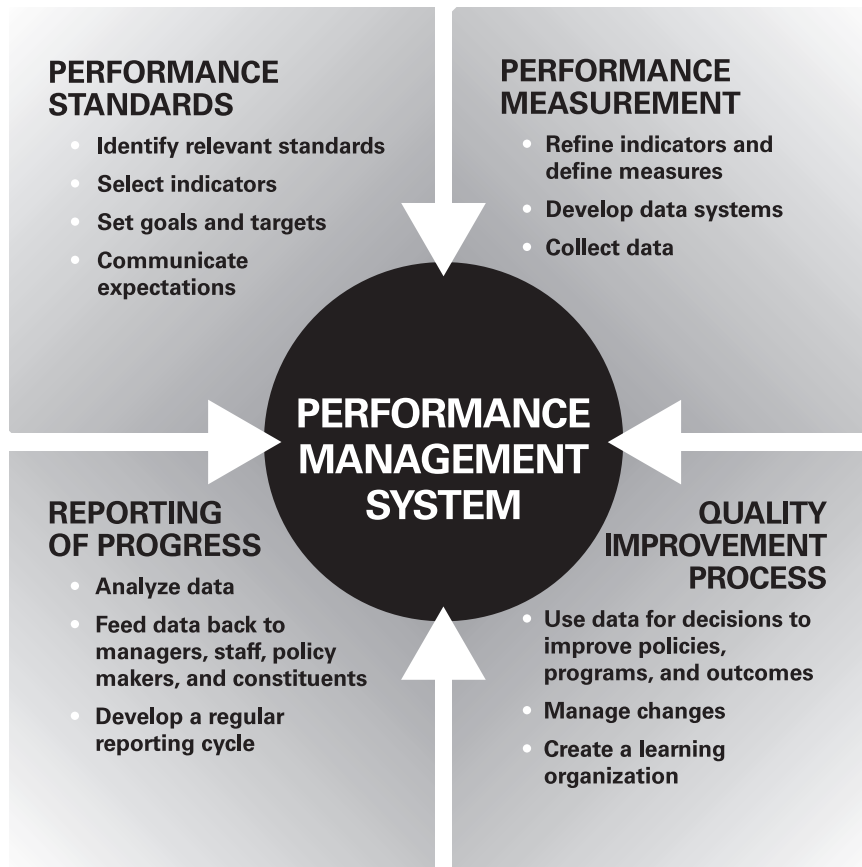
- Do you set specific performance standards, targets, or goals for your organization? How do you determine these standards? Do you benchmark against similar state organizations or use national, state, or scientific guidelines?
- Do you have a way to measure the capacity, process, or outcomes of established performance standards and targets? What tools do you use to assist in these efforts?
- Do you document or report your organization's progress? Do you make this information regularly available to managers, staff, and others?
- Do you have a quality improvement process? What do you do with the information gathered in your progress report or document? Do you have a process to manage changes in policies, programs, or infrastructure that are based on performance standards, measurements, and reports?



Examples of the Four Components

A successful performance management system is driven by state and local needs and designed to closely align with a public health agency's mission and strategic plans. Public health agencies have applied the four components in a variety of ways.

Figure 1. Performance Management Framework and Components



Performance Standards

Public health agencies and their partners can benefit from using national standards, state-specific standards, benchmarks from other jurisdictions, or agency specific targets to define performance expectations. The National Public Health Performance Standards Program (NPHSP) defines performance in each of the 10 Essential Public Health Services for state and local public health systems and governing bodies. The NPHSP supports users of the national standards with a variety of technical assistance products including online data submission and an analytic report back to the user jurisdiction. Some states like **Ohio**, **West Virginia**, and **Washington** have developed their own performance standards for health departments. These state standards serve a variety of purposes, such as to provide a benchmark for continuous quality improvement, to determine eligibility for state subsidies, or for self-assessments in meeting established standards.

It is important to set challenging but achievable targets.** Achieving performance targets should require concerted efforts, resources, and managerial action. If targets can be achieved easily despite budget cuts and limited efforts, there is little motivation to improve performance or to invest in additional agency efforts.

Performance Measures

To select specific performance measures, public health agencies may consult national tools containing tested measures (such as Tracking Healthy People 2010) as well as develop their own procedures to help them assess performance. **Washington** performs field tests with state and local health departments to determine how well its measures work for evaluation. **Texas** created an intranet reporting system for its agency users, which helped to increase efficiency and accuracy of

Terms to Know

Performance standards are objective standards or guidelines that are used to assess an organization's performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health department services as "good" or "excellent"). Standards may be set based on national, state, or scientific guidelines; by benchmarking against similar organizations; based on the public's or leaders' expectations (e.g., 100% access, zero disparities); or other methods.

Performance measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., the number of trained epidemiologists available to investigate, percentage of clients who rate health department services as "good" or "excellent").

Performance indicators summarize the focus (e.g., workforce capacity, customer service) of performance goals and measures, often used for communication purposes and preceding the development of specific measures.

Performance targets set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard.

See the "Resources and Contacts" section for links to useful glossaries.

** For guidance on various methods to set challenging targets, refer to the "Setting Targets for Objectives" tool (p. 93) in Baker, S, Barry, M, Bechamps, M, Conrad, D, and Maiese, D, eds. *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Washington, DC: Public Health Foundation, 1999. www.health.gov/healthypeople/state/toolkit. Additional target setting tools are available in the State Healthy People Tool Library at www.phf.org/HPtools/state.htm.

reporting on its performance measures. The Texas Performance Measure Management Group meets quarterly to discuss measures and reporting. Because quantitative data sometimes are not available to measure performance indicators, **New Hampshire** includes a provision in its performance-based contracting system requiring contractors to describe activities for which they cannot provide data to assess their performance. Contractors are advised to develop systems to capture the data needed for the performance measures.

Reporting of Progress

How a public health agency tracks and reports progress depends upon the purposes of its performance management system and the intended users of performance data. In **Ohio**, the Department of Health publishes periodic reports on key measures (identified by Department staff), which are used by the agency for making improvements. Relevant state and national performance indicators are reviewed by representatives of all interested parties. Casting a wider net for reporting and accountability, **Virginia** established a Web site to make performance reports and planning information accessible to policy makers, public health partners, agency employees, and citizens.

Quality Improvement Process

An established quality improvement process brings consistency to the agency's approach to managing performance, motivates improvement, and helps capture lessons learned. An established quality improvement process may focus on an aspect of performance, such as customer satisfaction, or cut across the entire health agency. Rather than leave the use of performance data to chance, some states have instituted processes to ensure they continually take actions to improve performance and accountability. In its highly dynamic process for system-wide improvement, the **Florida** Department of Health charges its Performance Improvement Office with coordinating resources and efforts to perform regular performance management reviews and provide feedback to managers and local county administrators. As part of the state's quality improvement process, state and local staff collaboratively develop agreements that specify what each party will do to help improve performance in identified areas.

New Hampshire has a process to redirect program dollars to reward quality and contractors' performance in serving the target population.

"If done well, performance management allows an organization not only to assess their current level of functioning, but to effectively allocate limited resources to improve priority health outcomes and identify gaps that need additional resources. In the changing world of public health, we can't afford to view performance management as a luxury, but the key to continuous improvement."

– Shannon B. Lease Director,
Office of Performance Improvement,
Florida Department of Health



The Performance Management Cycle

The ideas of “continuous quality improvement” and a cycle of “performance-based management” are not new. In the 1950s, W. Edward Deming[†], a professor and management consultant, transformed traditional industrial thinking about quality control with his emphasis on employee empowerment, performance feedback, and measurement-based management. Deming believed the following:

- Inspection measures at the end of a production line ignore the root causes of defects and result in inefficiencies. Discarding defective products creates more waste than “doing it right the first time.”
- Defects can be avoided and quality improved indefinitely if these root causes are discovered and addressed through ongoing evaluation processes. Companies should adopt a cycle of continuous product and process improvement, often referred to as “Plan-Do-Check-Act.”
- All business processes should be part of an ongoing measurement process with feedback loops. Managers, working with employees, should examine data fed back to them to determine causes of variation or defects, pinpoint problems with processes, and focus attention on improving specific aspects of production.

Many subsequent models, such as Total Quality Management in the 1980s, take root in Deming’s philosophy.

In public health, the “production line” to create healthy communities has many aspects that must continually be managed with feedback loops.

- Although those working in public health are mission-driven with a focus on health outcomes, checking *only* health status and other outcomes will not help to identify root causes of health problems or inefficiencies. To create high performing agencies, the efficiency and quality of related inputs and outputs leading to better outcomes, must be managed.^{††} The Assessment Protocol for Excellence in Public Health (APEXPH) Health Problem Analysis model, used by **Florida** in its performance management system, is an example of an approach to examine root causes and contributing factors for health problems.

[†] For more information about Deming refer to The Balanced Scorecard Institute at www.balancedscorecard.org/bkgd/bkgd.html

^{††} For definitions of *inputs*, *outputs*, and *outcomes*, plus detailed descriptions of various categories of information used in performance measurement systems, refer to Hatry, HP. *Performance Measurement: Getting Results*. Washington, DC: Urban Institute Press, 1999.

- Donabedian's assessment framework of structures, processes, and outcomes⁶ can help public health agencies examine performance in distinct aspects of their system. An optimal performance management approach creates feedback loops around all three aspects. Public health performance should be managed for:
 1. structures such as financial and information resources;
 2. processes such as health promotion and epidemiology services, and
 3. outcomes such as health status and cost savings.

For an illustration of a continuous performance feedback loop involving structural capacity, processes, and outcomes related to public health, refer to the performance measurement model, Figure A in the Appendix.

- The four components of performance management (see p. 11)—performance standards, measures, reporting, and quality improvement processes—are practical tools help public health agencies put into operation performance feedback loops.

Performance management can be used across a larger system (e.g., to improve state and local public health agency collaboration or efficiency) or to improve the performance of one aspect within a smaller system, (e.g., to improve outcomes of an anti-tobacco campaign, to improve restaurant managers' compliance with an agency's food safety program). However it is applied, the performance management cycle is a tool to improve health, increase efficiency, and create other benefits and value for society.



Science, Anyone?

Performance management should focus on a mix of structure, process, and outcome measures, but what is the right mix? What performance indicators and measures are most related to improved outcomes? On what processes should managers and employees focus their energies? When choosing indicators and making management decisions, it is vital to consult scientific literature and guidelines. In clinical care and many health promotion areas, for example, there are well-established relationships between professional practices and certain outcomes, making management of shorter-term indicators a sound and cost-effective approach. Currently, there is little science to help public health professionals optimally manage performance of a public health system overall, underscoring the need to conduct further research in this area plus share experiences from the field. As researchers and practitioners gather more data, public health professionals can look forward to using more evidence-based approaches to performance management.

Note: For more information on any of the tools listed, please refer to the "Resources and Contacts" section in the back of this guide.

⁵ Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999: 48. www.turningpointprogram.org/Pages/lichello.pdf (11/14/02)

⁶ Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988; 260:1743-8.

Benefits and Results of Performance Management

Performance management processes have measurably improved quality, outputs, and outcomes of public health services. The coordinated efforts of performance management strategies can impact an agency in a number of ways. Some of the ways performance management can positively influence a public health agency, include:

Why use performance management?

- better return on dollars invested in health;
- greater accountability for funding and increases in the public's trust;
- reduced duplication of efforts;
- better understanding of public health accomplishments and priorities among employees, partners, and the public;
- increased sense of cooperation and teamwork;
- increased emphasis on quality, rather than quantity; and
- improved problem solving.



Results in Public Health

According to the February 2002 Performance Management National Excellence Collaborative (PMC) *Survey on Performance Management Practices in States: Results of a Baseline Assessment of State Health Agencies*,⁷ 76 percent of responding state health agencies reported that their performance management efforts resulted in improved performance. Most reported performance improvement pertained to:

- improved delivery of services (program, clinical preventive, and the 10 Essential Public Health Services);
- improved administration/management, contracting, tracking/reporting, coordination; and
- improved policies or legislation.

Specific examples from the PMC Survey of states that used performance management practices and saw results include:

Tennessee: Improved outcomes in rates of immunization.

North Dakota: Improved performance in several maternal and child health indicators.

New Jersey: Improved managed care organization performance, including customer satisfaction and outcome measures; improved survival rates for coronary by-pass surgery, including risk-adjusted mortality for hospitals and individual surgeons; and

improved nursing home performance, including inspection results and complaint data.

Massachusetts: Increased funding for substance abuse, tobacco, breast cancer, pregnancy prevention, school health, and other programs.

Texas: Increased awareness of and accountability for the provision of public health services among program managers and staff.

Over the last decade, the **Florida** Department of Health improved outcomes in several areas of health. Between the years of 1991 and 1998, rates of congenital syphilis decreased by approximately 87 percent.⁸ In the same period of time, rates of tuberculosis cases decreased by 33 percent.⁹ Florida's Department of Health also cut infant mortality rates in minority populations more than any other state.¹⁰ The state attributes these changes to a movement away from a focus solely on quality assurance, to a more comprehensive quality improvement process. The quality improvement process implements the components of performance management, including an emphasis on customers, examining processes, involving employees, benchmarking, and making decisions based on data.

In order for these results to be achieved, performance management practices must be integrated or institutionalized into routine public health processes, and all players within an agency or program need to understand and be invested in his or her role within a larger system.

"We can't understand and improve our overall public health performance by looking at only individual program performance. For example, you could have high performance tires, great gas mileage, and regular oil changes, but you'd still want to know, *How well does the car run? Can I steer it quickly when I need to? Does it meet my family's transportation needs?* Looking at parts can't answer the larger, more important questions."

– Laura B. Landrum, Lead State Coordinator,
Performance Management
National Excellence Collaborative,
Public Health Futures Illinois



Results in Other Fields

Examining the results of performance management practices in other fields, such as the business sector, can help public health professionals gain a better understanding of the importance of the processes of performance management. It is not enough to look at the end results or outputs of a system. Strong evidence from profitable U.S. companies suggests that getting results also requires careful attention to performance in areas such as human resources, information systems, and internal processes.

⁸⁵ The seven criteria include leadership, strategic planning, customer and market focus, information and analysis, human resource focus, process management, and business results. More information is available online at www.nist.gov/public_affairs/factsheet/baldfaqs.htm. For examples of ways public health agencies have used this proven performance management model, see p. 23.

How Managers Can Use Performance Measures

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

— Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999: 48. www.turningpointprogram.org/Pages/lichiello.pdf Based on Hatry HP, Fall M, Singer TO, and Liner EB. *Monitoring the Outcomes of Economic Development Programs*. Washington, DC: The Urban Institute Press, 1990.

For example, the seven performance criteria for the Malcolm Baldrige National Quality Award Program⁵⁵ for business, education, and health care are used by thousands of organizations for self-assessment and training and as a tool to develop performance and business processes. For many organizations, using the criteria results in better employee relations, higher productivity, greater customer satisfaction, increased market share, and improved profitability.

Baldrige award winners who excel in the seven areas have over the last decade created tremendous shareholder value. The “Baldrige Index,” a hypothetical stock fund made up of publicly traded U.S. companies that received the Malcolm Award, has consistently outperformed the Standard & Poor’s 500 by approximately 3 to 1.¹¹

According to a report by the Conference Board, a business membership organization, “A majority of large U.S. firms have used the criteria of the Malcolm Baldrige National Quality Award for self-improvement, and the evidence suggests a long-term link between use of the Baldrige criteria and improved business performance.”¹²

Note: For more information on any of the tools listed, please refer to the “Resources and Contacts” section in the back of this guide.

⁷ Public Health Foundation. *Turning Point Survey on Performance Management Practices in States: Results of a Baseline Assessment of State Health Agencies*. Seattle, WA: Turning Point National Program Office at the University of Washington, 2002.

⁸ Florida Public Health Indicators Data System, <http://hpeapps.doh.state.fl.us/phids/phids.asp> (11/14/02)

⁹ *MMWR Weekly*, 1992; 41(14) 240. www.cdc.gov/mmwr/preview/mmwrhtml/mm4114a.htm and *Reported Tuberculosis in the United States*, 1998. www.cdc.gov/nchstp/tb/pubs/slidesets/surv/surv1998/html/surv4.htm (11/14/02)

¹⁰ *National Vital Statistics Report*, 1991; 42(2) and *National Vital Statistics Report*, 2000; 48(11).

¹¹ Results of 1991-2000 Baldrige Award Recipients 10-Year Common Stock Comparison, National Institute of Standards and Technology, www.nist.gov/public_affairs/factsheet/stockstudy.htm (11/14/02)

¹² Frequently Asked Questions and Answers about the Malcolm Baldrige National Quality Award, National Institute of Standards and Technology, www.nist.gov/public_affairs/factsheet/baldfaq.htm (11/14/02)

Approaches to Performance Management: State Health Agencies



Overview of Performance Management Practices

According to the Performance Management National Excellence Collaborative's (PMC's) recent survey,¹³ nearly all state health agencies (SHAs) report conducting some performance management activities and are taking action to improve these efforts. While approaches vary, half of SHAs (25) have cross-cutting, SHA-wide performance management efforts, while another 20 limit their efforts to only categorical programs within a particular agency or organization. Of those with cross-cutting, SHA-wide efforts, three-quarters (18 states) use a top SHA management team for decision-making and strategic direction of the SHAs performance management efforts.

How do SHAs measure up to the "gold standard"—the use of all four components to improve performance in a range of public health structural, process, and outcome areas (see pp. 11 and Figure A, Appendix)—of performance management?

- Of the four performance management components, SHAs most often have in place a process for assessing standards, measures, and reporting. Many SHAs, however, lack a process to conduct quality improvement or carry out policy, program, or resource changes based on performance data.
- SHAs more frequently have the four components of performance management for health status and information systems, giving less attention to organizational performance in areas such as human resources, and public health capacity.

Effective performance management within states requires state and local coordination. For SHAs, performance management efforts typically begin with the agency managing its own performance. According to the survey, only two SHAs manage agency-wide performance of local public health agencies without applying such efforts to the SHA itself.

Although National Public Health Performance Standards Program (NPHPSP) instruments are intended to be used by public health agencies in concert with other partners in the jurisdiction, many agencies have hesitated to examine or be accountable for performance that they view as outside of their control. Based on the PMC's survey, most SHAs do not manage the performance of partners unless the SHA funds them. The successful implementation of the NPHPSP will challenge public health agencies to first understand and then manage the performance of all partners who contribute to the public health system, not only those that they fund.

How are states using performance management practices?



Lessons Learned

The many examples of performance management highlighted in this section illustrate lessons learned by the PMC during its study of ways to improve public health agency performance and create healthier communities. Over three years, the PMC examined literature, surveyed state health agencies, and conducted site visits and in-depth discussions with state and national organizations looking for good practices. Below are numerous examples of the lessons learned for performance management efforts. [See also lessons in **bold** incorporated in other sections of this guide.]

Performance management achieves the best results as an ongoing and system-wide practice, integrated into routine public health processes.

With leadership support from its central office, the **Florida** Department of Health's performance management system evolved over the course of a decade, beginning with quality assurance efforts with a focus on checklists and audits, then progressing to a quality improvement focus (e.g., facilitating and supporting improvements with technical assistance) and systematic performance review. In Florida's quality improvement system, outcome and performance measures are integrated into an ongoing approach in which health departments regularly examine the impacts of their public health efforts.

Sustainable performance management systems meet state and local needs and political realities.

Performance management seems to work best when it is closely aligned with local needs and existing (or required) public health agency frameworks. Often, agency performance management designs are driven by legislation, agency organization and history, or executive branch performance initiatives. Over two-thirds of the 25 SHAs reporting SHA-wide performance management efforts incorporate a state-specific framework.¹⁴

For example, the **Washington** State Department of Health developed its own performance targets for the governmental public health system called Standards for Public Health in Washington. The Standards are also one component of the state's multi-faceted Public Health Improvement Plan. Over a four-year period, state and local public health workers wrote, tested, evaluated, and revised the Standards along with more than 200 specific performance measures. The work was based on a set of principles that called for collaboration, mutual accountability between state and local government, and careful testing of measures before adoption.

To determine state or local needs that can shape the development of a performance management system and its indicators, public health agencies can draw upon previous needs assessments or collect new data. For example, to improve performance in the area of customer service, the **Oregon** Department of Human Services conducted focus groups to understand quality aspects important to customers.

National performance standards, management models, and tools give systems a head start.

Over three-quarters of all SHAs with statewide performance management efforts use at least one of three national frameworks: Healthy People 2010, core public health functions (assessment, policy development, assurance) or the 10 Essential Public Health Services. The wide variety of models and tools used by SHAs in their performance management efforts include the Assessment Protocol for Excellence in Public Health (APEXPH), Mobilizing for Action through Planning and Partnerships (MAPP), the Health Plan Employer Data and Information Set (HEDIS®), the Malcolm Baldrige National Quality Award Program criteria, and the Balanced Scorecard.¹⁵ (For a discussion of ways that these tools can be used together, see “Putting the Pieces Together” section.)

Across the country, many state and local public health agencies (like **Mississippi** and **Missouri**) have used the NPHPSP instruments as a first step toward performance management, while others (like **New York** and **Ohio**) have used the instruments to complement existing efforts.

The **South Carolina** Department of Health and Environmental Control (DHEC) is among several SHAs that have adopted the seven criteria for the Baldrige award. The Baldrige award is America’s highest honor for performance excellence for business, education, and health care organizations. All South Carolina state agencies are required to complete an Annual Accountability Report that is based on the Baldrige criteria. The South Carolina DHEC completed an agency-wide organizational assessment using the Baldrige criteria. Opportunities for improvement from the Baldrige assessment are addressed through the Department’s strategic plan and the Deputy level operational plans, which promote coordination and communication across the agency.

Similar to other government agencies in the state, the **Florida** Department of Health has incorporated into its performance management efforts the Sterling Criteria for Organizational Performance Excellence,^{***} a quality philosophy based on the nationally recognized Baldrige model. Designed to increase customer focus and organizational effectiveness, this model helps organizations determine current capabilities, strengths, and needed improvement in each of seven Baldrige areas (see inset). Using this review structure helps Florida county health departments assess their overall performance trends and improvement practices in health department services, community health and mortality indicators, contractor performance, financial performance, employee satisfaction, customer satisfaction, and other areas.

Baldrige National Quality Award, Performance Excellence Criteria

1. Leadership
2. Strategic Planning
3. Customer and Market Focus
4. Information and Analysis
5. Human Resource Focus
6. Process Management
7. Business Results

^{***} For more information about the Florida Sterling Criteria for Organizational Performance Excellence, refer to www.floridasterling.com.

People to Involve Early in the Development of Performance Management Efforts

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

—From Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999: 41. www.turningpointprogram.org/Pages/lichiello.pdf
See p. 41 – 48 for ideas and tools to plan stakeholder involvement and assess leadership.

Oregon's Department of Human Services uses the Foundation for Accountability (FACCT) Consumer Information Framework, a consumer-driven approach to providing performance information using data from existing measures such as HEDIS® and Consumer Assessment of Health Plans (CAHPS).

Early stakeholder involvement increases support and successful implementation.

Many SHAs, such as the **Ohio** Department of Health, collaborate with a number of other state and private agencies, community organizations, and partners that support and contribute to performance management activities.

To get its accreditation program off the ground, the **Michigan** Association for Local Public Health and the Michigan Public Health Institute established an 18-member Accreditation Steering Committee to develop the system over an eight-month period. Internal and external partners were involved in the accreditation process from the beginning, developing assessment tools and overseeing pilot tests, and were frequently updated about changes in the process. Three major state departments, local public health agencies, and state public health organizations contributed leadership to the effort.

Organizations can work more effectively by aligning performance measures, activities, and spending with public health priorities.

Several SHAs have adapted Robert Kaplan and David Norton's Balanced Scorecard model, a management approach to creating a "strategy-focused organization." In this model, organizations translate their mission, vision, values, and organizational strategies into operational terms, then mobilize their employees to act in fundamentally different ways, continually guided by the mission and strategy. The performance management model helps organizations to align actions, performance, reporting, workforce training, and other efforts to their strategy. Strategy becomes everyone's job through employee and manager awareness of the strategy, "personal scorecards" or unit scorecards for aligned performance, and continuous use of feedback around internal business processes and external outcomes directly tied to achieving the mission.

In the original Balanced Scorecard model, an organization's performance is viewed from four perspectives: (1) financial perspective; (2) customer perspective; (3) internal processes perspective; and (4) learning and growth. To see **Washington State's** adaptation of the model for public health, see Figure B in the Appendix.

"Without question, our performance management process has created a solid understanding of our mission, what's important, and how the work we do contributes to the public's health. We see it reflected by policy makers who place high value on the work we do, the way state and local public health leaders set priorities, and how our employees describe the innovative approaches they are using to improve public health."

—Joan Brewster, Director, Public Health Systems Planning and Development, Washington State Department of Health

New Mexico's Department of Health developed a strategic alignment and performance review process for all Department contracts, requests for proposals, and grant applications to ensure alignment of contractor activities and performance accountability with the Department of Health's Strategic Plan.

Louisiana's Office of Planning and Budget established a Planning Section that is responsible for planning, accountability, and integration of performance information into the budget development process, as well as linking expenditures to priorities and outcomes.

The **Wisconsin** Division of Public Health's performance-based contracting system makes the state a buyer of outputs and outcomes aligned with priority needs. Through its administrative contracting reforms, the state bundles multiple categorical public health contracts with local agencies into a consolidated contract. Based on a quasi-market model, the state negotiates contracts with agencies to focus on product instead of process. The system severs the link between the amount a local public health agency is paid and agency costs, plus gives local agencies greater flexibility in providing public health services.

Successful systems need trained staff and dedicated resources, supported by a culture of performance management.

To promote quality improvement, **South Carolina's** Department of Health and Environmental Control trains agency staff to review workflow processes and support internal agency process improvements. As a result of focusing on its own performance at the state level, the agency was able to significantly increase immunization rates among two-year olds. The immunization initiative cut across all areas of the agency and involved partnering with private providers and other state agencies in the identification and recall of under-immunized children.

Before you can manage performance, you need to know your baseline and trends over time.

For example, for its Local Health Department Accreditation Program, **Michigan** developed a guidance document to assist health departments in conducting self-assessments. This is the first step in a larger process of determining an agency's readiness to accreditation.

The **Illinois** Project for Local Assessment of Needs (IPLAN) uses performance management practices to assist local health departments in assessing their organizational capacity; analyzing health-related data to identify health problems; and establishing a process of community involvement to identify priority health concerns and formulate plans to address those concerns.

The IPLAN Data System, developed by the Illinois Department of Public Health, helps the state and local communities identify and understand the health priorities of the state's residents over time. The system collects health status indicators data covering all counties and more than 1,200 local jurisdictions and community areas. These data serve as a basis for identifying and discussing health status issues with local health departments' respective community health committees. Now in its third five-year cycle, each round of IPLAN has involved more than 1,000 community partners in selecting local health priorities.

New or adapted information and management systems are essential to manage performance, especially across programs.

When **Wisconsin's** Division of Public Health developed its performance-based contracting system, the state found its information and financial systems were no longer adequate. Accordingly, Wisconsin developed a grant and contract information system to electronically capture information from all phases of the contracting process from real-time negotiation on contract terms to management reports. This system allows remote inquiry and has continued to evolve each year. In shifting from cost-based reimbursement contracts to performance-based contracts, the state also found that their financial systems to process contracts and payments were obsolete. At the state level, rather

than try to reengineer the state's financial system—which would take years—the Division reformatted the system's information needs to enable performance-based contracts and payments to be processed using the cost-based system. At the local level, accounting changes also were needed to handle performance-based contracts and meet grant requirements.¹⁶

As described on pp. 13 and 14, several SHAs including **Texas** and **Virginia** have created intranet- or internet-based reporting systems to increase efficiency and accuracy of reporting on its performance measures, as well as to make performance reports accessible to policy makers, public health partners, agency employees, and citizens.

“Wisconsin’s performance-based contracting system has streamlined categorical funding to deliver better outcomes. This has resulted in a keener focus on quality of services, rather than quantity. We believe that performance management is as fundamental to state level quality improvement and strategic planning as epidemiology is to understanding the dynamics of health and illness patterns in the population.”

—Margaret Schmelzer,
State Health Plan and Public Health Policy
Officer and Sherry Gehl, Director of Operations,
Wisconsin Division of Public Health

Incentives can motivate performance and quality improvement.

In **Wisconsin**'s performance-based contracting system, rewards for performance and penalties for failure are built into contracts with health departments. If certain outcome criteria are met, any funds in excess of agency costs remain in possession of the agency. Some agencies also are offered performance bonuses. However, if agencies do not meet the criteria, they must return a portion of their funding.

In **Michigan**, local health departments have improved performance as a result of requirements to meet all “essential indicators” and more than half of the “important indicators” to receive accreditation with commendation. Those agencies that meet all essential indicators are accredited for three years. Agencies that do not fully meet all essential indicators for accreditation must develop and implement corrective plans of action that can lead to fully accredited status.

Note: For more information on any of the tools listed, please refer to the “Resources and Contacts” section in the back of this guide.

¹³ Public Health Foundation. *Turning Point Survey on Performance Management Practices in States: Results of a Baseline Assessment of State Health Agencies*. Seattle, WA: Turning Point National Program Office at the University of Washington, 2002.

¹⁴ Public Health Foundation, 2002.

¹⁵ Public Health Foundation, 2002.

¹⁶ Chapin J and Fetter B. *Performance-based contracting in Wisconsin public health: transforming state-local relations*. *The Milbank Quarterly*, 2002; 80(1) 97-124.

Putting the Pieces Together

Public health has many assets and tools on which to build or improve performance management efforts. Putting all the pieces together to develop coordinated performance management systems can be challenging because of the many facets of public health. This section offers a number of tips and thoughts on the following:

- moving from performance management “silos” to “systems;”
- moving from measurement to management; and
- examining the relationship of performance management to other initiatives, like public health improvement and strategic planning tools; bioterrorism and emergency preparedness; competencies for public health professionals; and the National Public Health Performance Standards Program.

Keep in mind, creating an effective performance management system takes time. Most states report that their performance management systems are a work in progress and that even incremental progress is valuable. Get the ball rolling with a plan to begin managing at least one aspect of the public health system across the board.

Creating an effective system also takes dedicated human and financial resources. Although some public health agencies have secured special funding for their performance management efforts, many agencies will have to finance their performance management systems through existing management and planning dollars, relevant public health infrastructure programs (e.g., Turning Point, preparedness capacity grants), or a tap on categorical program funds.

How can your state health agency get started?

“We can’t allow the lack of special funding to be a total barrier to something as important as performance management. To dedicate five employees to this out of a state workforce of 14,000 is virtually a rounding error in the public health budget. We can’t talk about the need to tear down categorical walls yet continue to use them as a reason for inaction.”

—Leslie Beitsch, MD, JD, Commissioner of Health, Oklahoma State Department of Health, and former Deputy Secretary and Assistant State Health Officer for the Florida Department of Health



Moving from Silos to Systems—Tips to Get Started

- ❑ Draw on program managers with performance management experience when creating system-wide performance management efforts. With their support, you can build on their expertise. Without it, you risk resistance from those who may fear that a broad system will undo their work or harm their programs. To help minimize turf issues, engage them early as architects of the system. Program managers can be champions of a broader system and help train other staff, based on what they have accomplished in their program areas. They also can help promote an organizational culture that values performance improvement.
- ❑ Create “buy-in” among program staff by presenting system-wide performance management as a way to liberate them from too many measures and tasks that keep them from getting their jobs done.
- ❑ Cross-train public health staff in skills (e.g., customer service, statistical analysis, goal and objective writing, report generation, financial management) needed to improve performance in all program areas. Integrate performance expectations and contributions to the entire performance management system into employee job descriptions.
- ❑ Train staff in skills needed to manage performance.
- ❑ Place internal responsibility for agency performance management with teams, rather than individuals. Involving more people spreads ownership of performance management efforts throughout the agency and ensures performance management decisions take multiple perspectives into account.
- ❑ Consolidate multiple public health advisory groups into one group that meets many grant requirements and agency input needs. For example, **Alaska** merged its Turning Point and Healthy Alaska 2010 groups to be the Partnership for a Healthy Alaska.
- ❑ Modify your information systems, contracting systems, reimbursement systems, and budgeting systems to reflect a cross-cutting approach to performance. As examples, you might ensure all programs use similar data systems and feed into agency-wide performance management efforts. You may need to replace detailed activity reporting for contract reimbursement with performance and quality improvement requirements.



Moving from Measurement to Management—Tips

- ❑ Commit top agency leadership to performance management activities. High level commitment is essential to success.
- ❑ Dedicate human and financial resources to performance management.
- ❑ Engage local health departments, policy makers, and others, early on when planning legislative or administrative reforms related to performance management.
- ❑ Promote new performance management activities to agency managers as a way to ensure data are used. Involve managers in determining what data are useful for decision-making and designing a quality and performance improvement process.

- ❑ Involve front line staff teams in identifying ways to improve performance or quality, and to identify factors that contribute to performance and can be continually managed.
- ❑ Establish a process for regular data review and subsequent managerial action; ensure a measurement and reporting system that can provide information as frequently as needed.
- ❑ Convene top management teams frequently to review performance data and decide areas for improvement and program or policy changes. Consider involving staff at different levels to plan improvements. Assign a person to check that quality improvement tasks are implemented as planned between meetings.
- ❑ Set expectations and reward staff for participation in performance management through employee objectives and evaluations.
- ❑ Cultivate expertise in performance management and analysis (what to do with data, the quality improvement cycle, when performance indicators trigger certain actions or further evaluation, etc.). Draw on staff with untapped analysis capabilities, or establish academic-practice partnerships to help with analysis and decision-making.
- ❑ Create performance-based contracting systems that tie payments to results and emphasize the monitoring of contractor results over the details of their efforts. Train staff to effectively write and manage such contracts, and collect lessons for quality improvement.
- ❑ Use an external, multi-disciplinary advisory group to help the agency consider a variety of performance improvement strategies.
- ❑ Recognize that many large changes usually will not be demonstrated within a year, but contributing indicators and quality improvement activities can be managed for results in the short-term.



Relationship of Performance Management to Other Initiatives

Public Health Improvement and Strategic Planning Tools

Public health agencies and communities can use a variety of high quality health improvement and strategic planning tools to define performance standards and targets. Examples of such tools include Mobilizing for Action through Partnerships and Planning (MAPP), Protocol for Assessing Community Excellence in Environmental health (PACE-EH), Assessment Protocol for Excellence in Public Health (APEXPH), Planned Approach To Community Health (PATCH), and Healthy People in Healthy Communities. The four MAPP assessments can help an organization identify strategic priorities and customer and constituent needs that should drive performance management efforts.

Healthy People 2000/2010

Healthy People 2000/2010 is one of the most popular frameworks that state health agencies report they use for performance management.¹⁷ Most state public health agencies establish Healthy People-related plans and generate periodic reports describing their progress toward accomplishing the goals, objectives, and strategies identified in them.

However, the Performance Management National Excellence Collaborative believes that most Healthy People plans are underutilized as performance management tools. Despite considerable expertise and investment in creating the plans and interim reports, there is often a “disconnect” among priorities, budgets, day-to-day activities, measures, and public health outputs or outcomes.

A health improvement planning and reporting initiative can be considered performance management if it has three components:

1. Objectives, standards, or targets in the plan that are designed to be used for performance management.
2. An explicit description of whose performance is to be measured, such as the health agency, public health system, staff, or another organization.
3. A process in place for the continuous monitoring and use of performance data for quality improvement or changes in programs, policies, or resources.

Bioterrorism and Emergency Preparedness

Increased funding for bioterrorism preparedness and public health system capacity provides a good opportunity to look at system-wide performance. Although to date performance management has not been well addressed in public health preparedness discussions or funding requirements, federal funding for preparedness planning and readiness assessments may provide flexible support for performance management activities. The Public Health Ready accreditation initiative may help spark more performance management and accountability in this area.

Because of their importance, it makes sense to include bioterrorism preparedness measures with performance sets used for continuous quality improvement. Public health agencies using the 10 Essential Public Health Services (EPHS) as a performance framework may find useful a “crosswalk” of preparedness capacity indicators against these services, available on the ASTHO Web site (www.astho.org/pubs/btnphpscrosstalk.pdf).

Competencies for Public Health Professionals

Like other fields, public health is increasingly using nationally defined competencies to help ensure the competence of its workforce and organizations. Competencies have an important role in a performance management system. Competencies, especially the national consensus set of Core Competencies for Public Health Professionals, can help organizations define optimal performance at the individual level plus focus on specific managerial competencies needed for performance management. In addition, competencies can help to define and manage continual learning and growth at the organizational level.

National Public Health Performance Standards Program

The National Public Health Performance Standards Program (NPHPSP) is an important tool that provides the public health field with a standard framework for improving performance related to public health processes, as defined by the 10 EPHS. Offering

three of the four components of performance management, the NPHPSP provides standards, measures, and a reporting mechanism. **The successful implementation of the NPHPSP at all levels — state and local public health systems and governance boards — will significantly advance performance management in relation to the 10 EPHS.**

Although the intent of the NPHPSP is to improve performance, users of the NPHPSP must currently add their own process for quality improvement or change. By selecting a manageable subset of the standards for continuous measurement and improvement, the NPHPSP can support all four components of a performance management system. The program is flexible enough to enable jurisdictions to create their own process for quality improvement or policy, program, or resource changes based on the performance assessment.

The NPHPSP instruments contribute to performance management around the 10 EPHS. Jurisdictions also should consider a balanced portfolio of performance measures beyond those in the NPHPSP. Additional areas of ongoing performance measurement may include organizational or system capacities, internal processes, workforce development, and, of course, health outcomes. The program can be integrated with other models, such as the Balanced Scorecard model (see p. 25). In this model, for example, the NPHPSP would fit into the “Internal Processes Perspective” domain. (For an illustration, see Figure C, Appendix) The 10 EPHS are the “business processes” at which public health agencies must excel to reach their goals and satisfy customers or constituents.

Public Health Expenditures

A hallmark of a goal-focused organization is alignment of its goals with its budget and activities. Accordingly, jurisdictions that participate in the NPHPSP may find it useful to examine their public health expenditures according to the 10 EPHS. When Maryland state and local health departments piloted a tool for this purpose, they estimated that in FY 1998 80 percent of the state’s public health dollars and 50 percent of local health department dollars went toward “assuring the provision of health care services,” and only one to two percent of state or local public health dollars went toward other EPHS such as “monitoring health status.”¹⁸ The expenditure data collection instrument piloted in Maryland by ASTHO, NACCHO, NALBOH, and PHF was found to provide reliable estimates for policy purposes without requiring a significant amount of staff time. Earlier versions of the tool also were piloted in nine states and over 20 local jurisdictions. Looking at performance and expenditures against state or local priorities using the instrument can be a powerful opportunity for decision-making and quality improvement in performance management.

Note: For more information on any of the tools listed, please refer to the “Resources and Contacts” section in the back of this guide.

¹⁷ Public Health Foundation. *Turning Point Survey on Performance Management Practices in States: Results of a Baseline Assessment of State Health Agencies*. Seattle, WA: Turning Point National Program Office at the University of Washington, 2002.

¹⁸ Barry, MA, Bialek, R, Fraser, MR, Brown, CK, and Vogel, S. *Statewide Public Health Expenditures: A Pilot Study in Maryland*. Washington, DC: Public Health Foundation, 2000.

Resources and Contacts

Resources

Glossaries

Glossary, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Public Health Performance Standards Program
www.phppo.cdc.gov/nphpsp/Documents/glossary.pdf

Glossary of Quality Improvement Terms, American Academy of Family Physicians
www.aafp.org/x3848.xml

Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999, p. 81.
www.turningpointprogram.org/Pages/lichiello.pdf

Managed Care Glossary, National Mental Health Information Center
www.mentalhealth.org/publications/allpubs/Mc98-70/default.asp

Performance Measurement Glossary for Disease-Specific Care, Joint Commission on Accreditation of Healthcare Organizations
www.jcaho.org/dsc certification+ information/dsc_pm_glossary.pdf

Tools

Assessment Protocol for Excellence in Public Health (APEXPH)
www.naccho.org/project47.cfm

Balance Scorecard Institute
www.balancedscorecard.org/

Consumer Assessment of Health Plans (CAHPS)
<http://ncbd.cahps.org/>

Foundation for Accountability – Consumer Information Network (FACCT)
www.facct.org/facct/site

The Health Plan Employer Data and Information Set (HEDIS®)
www.ncqa.org/Programs/HEDIS/

Healthy People 2010 Toolkit
www.healthypeople.gov/state/toolkit

Malcolm Baldrige National Quality Award Program
www.quality.nist.gov

Measuring Expenditures for Essential Public Health Services: State/Local Health Department Data Collection Instrument
www.phf.org/Reports/Expend1/app4.pdf

Mobilizing Action through Planning and Partnerships (MAPP)
http://mapp.naccho.org/MAPP_Home.asp

National Public Health Performance Standards Program (NPHPSP)
www.phppo.cdc.gov/nphpsp/

Protocol for Assessing Community Excellence in Environmental Health (PACE EH)
www.naccho.org/GENERAL261.cfm

Planned Approach to Community Health (PATCH)
www.nalboh.org/CHANGES/projects/assessment/patch.htm

Quality Improvement Tools and Resources, National Public Health Performance Standards Program
www.phf.org/PerformanceTools/NPHPSPtools-EPHS.pdf

State Healthy People 2010 Tool Library
www.phf.org/HPtools/state.htm

Talking to Consumers About Health Care Quality
www.talkingquality.gov

Understanding Performance Measurement, Agency for Health Care Quality
www.ahcpr.gov/chtoolbox/understn.htm

Publications

Baker, S, Barry, M, Bechamps, M, Conrad, D, and Maiese, D, eds. *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Washington, DC: Public Health Foundation, 1999.

www.health.gov/healthypeople/state/toolkit

Corso LC and Wiesner PJ. Using the Essential Services as a Foundation for Performance Measurement and Assessment of Local Public Health Systems. *Journal of Public Health Management Practice*. 2000;6(5): 1-18.

Handler A, Issel M, Turnock B. A Conceptual Framework to Measure Performance of the Public Health System. *American Journal of Public Health*. 2001; 91: 1235-1239.

Hatry, HP. *Performance Measurement: Getting Results*. Washington, DC: Urban Institute Press, 1999.

Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999.
www.turningpointprogram.org/Pages/lichello.pdf

Public Health Foundation. *Performance Management in Public Health: A Literature Review*. Seattle, WA: Turning Point National Program Office at the University of Washington, 2002.
http://turningpointprogram.org/Pages/pmc_lit_synthesis.pdf

Public Health Foundation. *Turning Point Survey on Performance Management Practices in States: Results of a Baseline Assessment of State Health Agencies*. Seattle, WA: Turning Point National Program Office at the University of Washington, 2002.
http://turningpointprogram.org/Pages/pmc_state_survey.pdf

Other Resources

Background and History of Measurement-Based Management, Balanced Scorecard Institute
www.balancedscorecard.org/bkgd/bkgd.html

CDC Evaluation Working Group's online resource list for conducting evaluations
www.cdc.gov/eval/resources.htm#tools

Core Competencies for Public Health Professionals, Council on Linkages Between Academia and Public Health Practice
www.trainingfinder.org/competencies

Health Insurance Portability & Accountability Act Resources, Public Health Data Standards Consortium
www.cdc.gov/nchs/otheract/phdsc/wbasedwg_sites.htm

Healthy People 2010
www.health.gov/healthypeople

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
www.jcaho.org

Maternal and Child Health Bureau, Health Resources and Services Administration, Title V Information System
http://205.153.240.79/learn_more/learn_more.asp

National Partnership for Reinventing Government, *Balancing Measures: Best Practices in Performance Management*
<http://govinfo.library.unt.edu/npr/library/papers/bkgrd/balmeasure.html>

The Performance Institute
www.performanceweb.org

Performance Management: A Systems Approach, Virginia Department of Planning and Budget
www.dpb.state.va.us/VAResults/VRHome.html

The Public Health Competency Handbook, Center for Public Health Practice, Rollins School of Public Health, Emory University
www.naccho.org/prod120.cfm

Public Health Ready
www.naccho.org/project83.cfm

Standards for Cultural and Linguistic Appropriate Services (CLAS), HHS Office of Minority Health
www.omhrc.gov/CLAS

10 Essential Public Health Services, Public Health Functions Project
www.health.gov/phfunctions/public.htm

Contacts

State health agencies (SHAs) have offered the following contacts and Web sites to provide additional information about examples that appear in this guide.

Florida Department of Health
Lisa Gordon
Lisa_Gordon@doh.state.fl.us
www.floridasterling.com

Illinois Department of Public Health
Patti Kimmel
pkimmel@idph.state.il.us
IPLAN
http://app.idph.state.il.us

Maryland Department of
Health & Mental Hygiene
www.dhmh.state.md.us/pe/index.html

Michigan Public Health Institute
www.accreditation.localhealth.net

New Hampshire Department of
Health & Human Services
Joan H. Ascheim
jascheim@dhhs.state.nh.us

New Jersey Department of
Health & Senior Services
Frances Prestianni, Ph.D.
Frances.prestianni@doh.state.nj.us

New Mexico Department of Health
Robert Horwitz
Rhorwitz@health.state.nm.us
www.health.state.nm.us

Ohio Department of Health
James A. Pearsol
jpearsol@gw.odh.state.oh.us
www.odh.state.oh.us

South Carolina Department of
Health & Environmental Control
Dorothy A. Cumbey, Ph.D.
cumbeyda@dhec.state.sc.us

Virginia Department of
Planning and Budget
www.dpb.state.va.us/VAResults/
VRHome.html

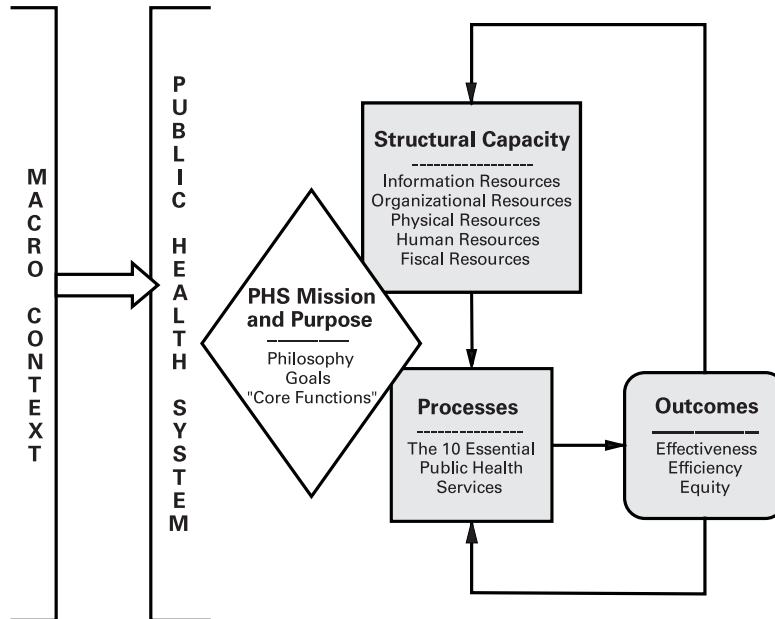
Washington State Department of Health
Joan Brewster
Joan.Brewster@doh.wa.gov
www.doh.wa.gov/hip/standards

West Virginia Department of
Health and Human Resources
Amy Atkins
amyatkins@wvdhhr.org
www.wvlocalhealth.org/
performance_improvement/
performance_standards.htm

For links to SHA home pages and general contact information, visit the ASTHO Web site, www.statepublichealth.org.

Appendix

Figure A. Conceptual Framework of the Public Health System as a Basis for Measuring Public Health Systems Performance



Source: Handler A, Issel M, and Turnock B. A conceptual framework to measure performance of the public health system. *Am J Public Health*. 2001; 91: 1235-1239.

Figure B. Washington State Department of Health's implementation of the state's adaptation of the Balanced Scorecard model.

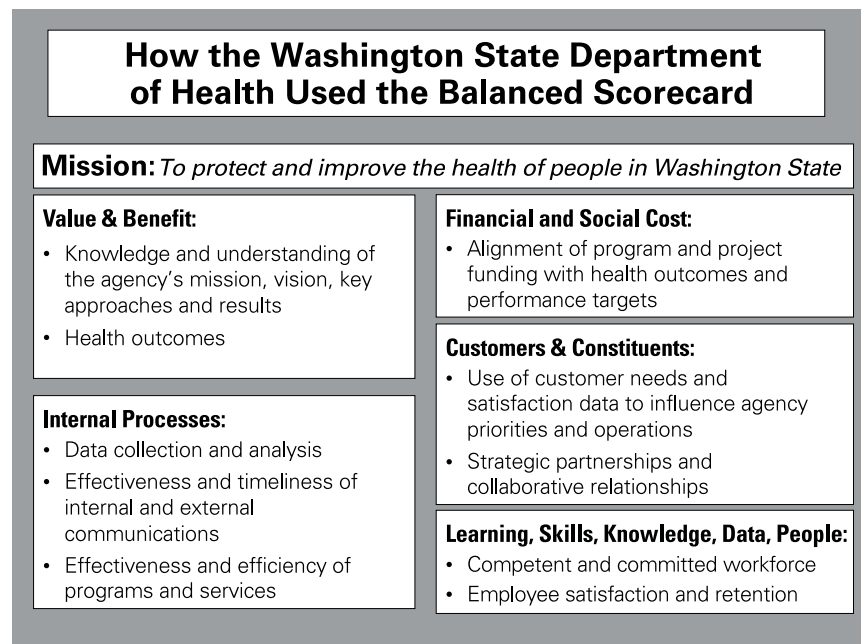


Figure C. Balanced perspectives on public health performance

One way to design a well-balanced performance management system is to focus on four strategic perspectives derived from the Balanced Scorecard model (see p. 25). Figure C includes examples of the many relevant performance indicators, standards, and tools for each perspective on performance.





TurningPoint

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