

Welcome!

The Role of Evaluation in the
Performance Management System
will begin shortly

The Role of Evaluation in the Performance Management System

July 16, 2014

Megan Davis & Diana Ehri

Washington State Department of Health

Which Center for Excellence Region are you located in?

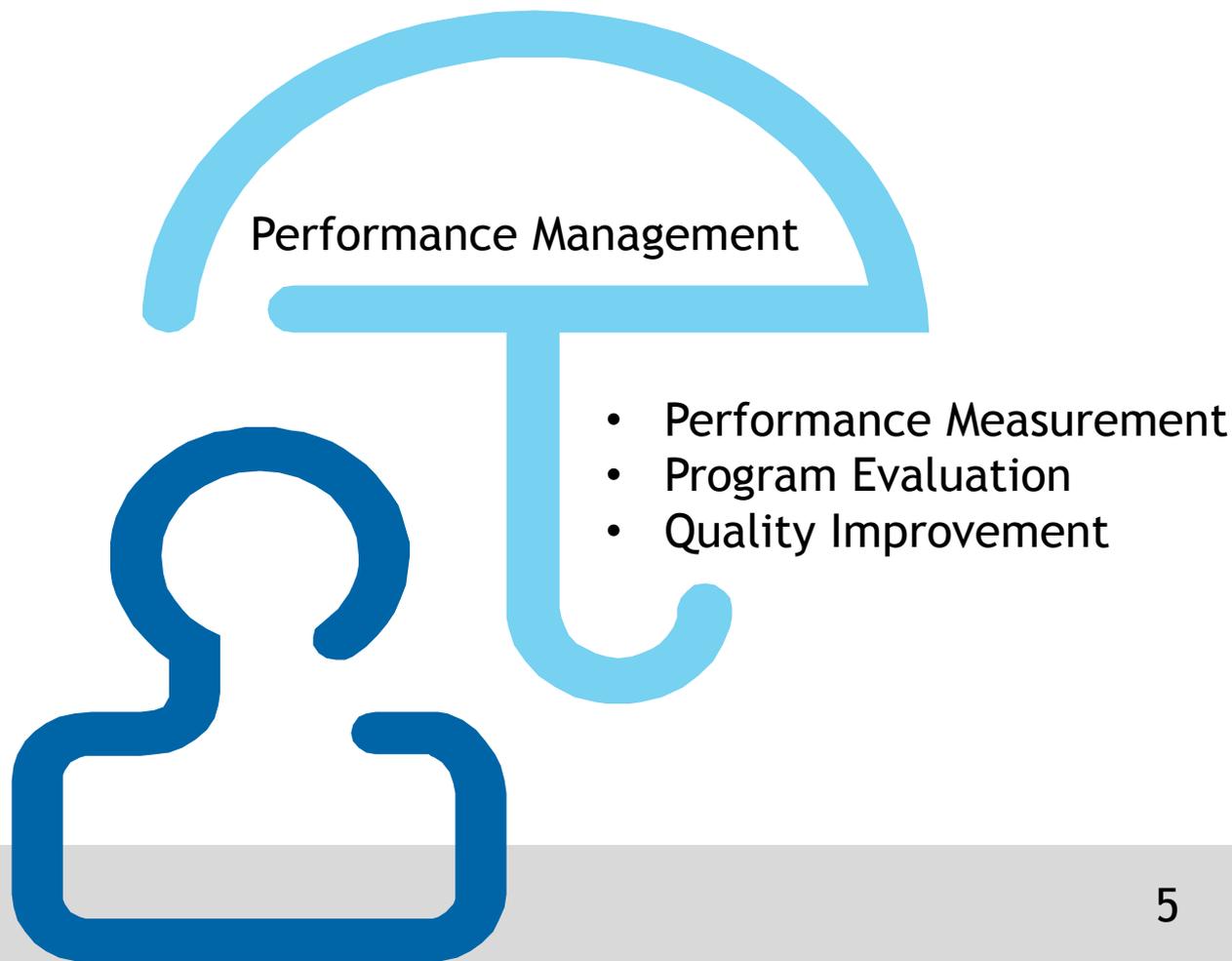


PUBLIC HEALTH
 ALWAYS WORKING FOR A SAFER AND
 HEALTHIER WASHINGTON

Learning Objectives

- Understand the differences and linkages between evaluation and performance management.
- Describe how evaluation findings are used in a performance management system, together with performance measurement and quality improvement methods.
- Describe the key components of the Centers for Disease Control framework for program evaluation in public health.
- Identify the most appropriate performance management strategy for real-life scenarios.
- Identify resources to draw on to develop an evaluation toolkit for your agency.

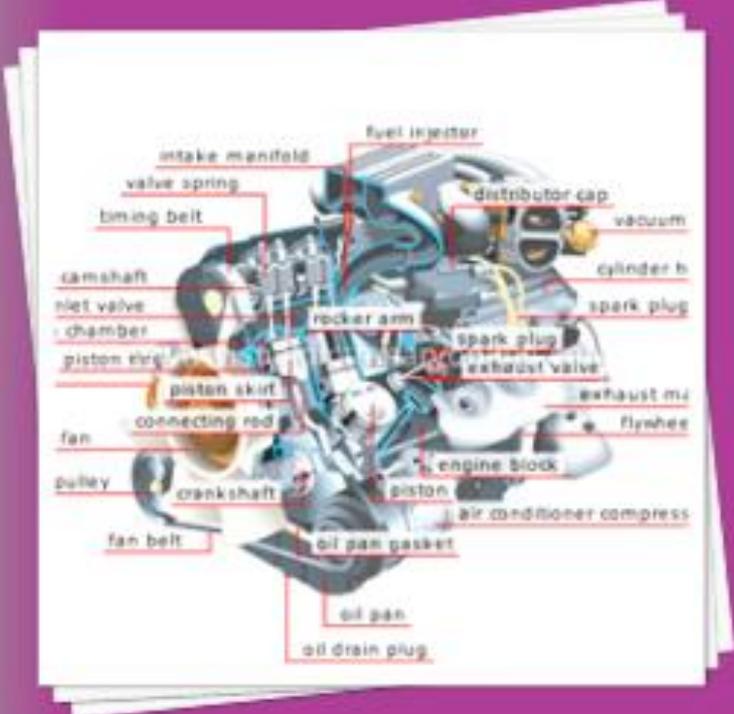
Introduction to Concepts



Public Health Accreditation Standard 9.1

Use a performance management system to monitor achievement of organizational objectives.

What is a System?



WHAT IS A SYSTEM?

A group of interacting, interrelated, or interdependent elements forming a complex whole.

A functionally related group of elements

Definitions

Program evaluation is closely related to performance measurement and reporting. Quality improvement can be linked to program evaluation.

PERFORMANCE MEASUREMENT is the systematic ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals or standards.

PROGRAM EVALUATION analyzes performance measures to assess the achievement of performance objectives but typically examines those achievements in the context of other aspects of program performance or in the context in which the program operates.

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

Similarities and Differences

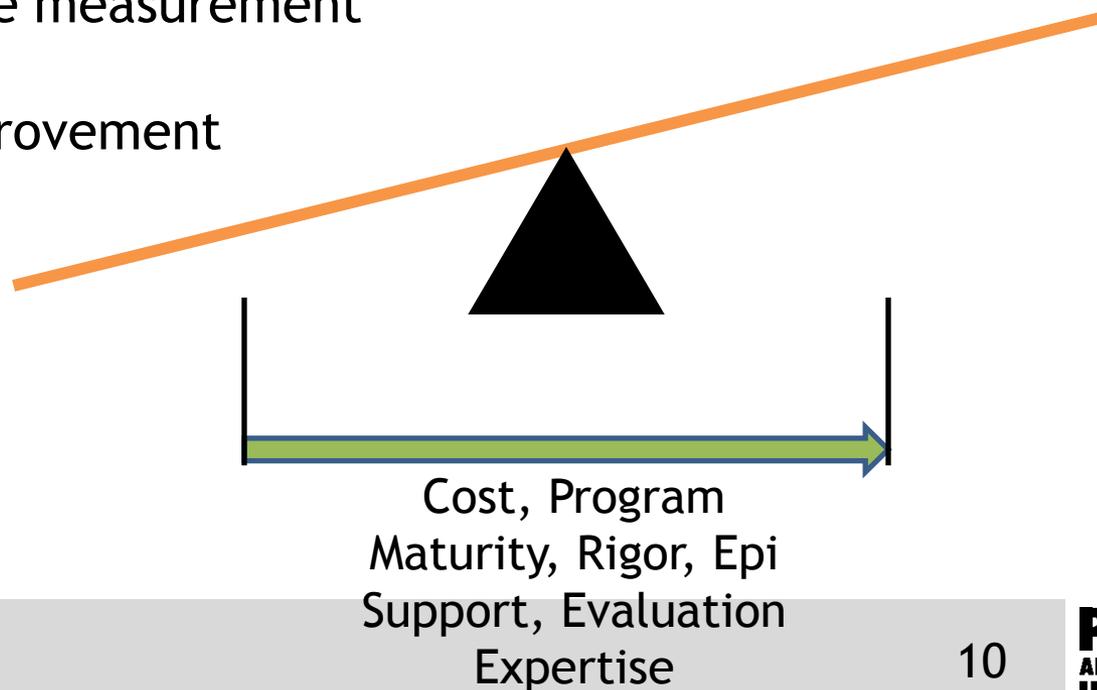
Performance Management		
Performance Measurement	Program Evaluation	Quality Improvement
Ongoing monitoring and reporting of accomplishments	In-depth, systematic study conducted periodically or on an ad-hoc basis	Efforts are focused on understanding and improving a process. Should be continuous.
Examines achievement of <u>program</u> objectives	Explains why the results are occurring	Focused on making measurable improvements to existing <u>processes</u>
Describes program achievements in terms of outputs, outcomes in a given time against a pre-established goal	Examines broader range of information on program performance than is feasible to monitor on an ongoing and daily basis	Entails finding the root cause of a problem and interventions targeted to address it
Early warning system. Can identify opportunities for quality improvement. Sets you up for Program Evaluation	Longer term review of an entire program's effectiveness	Time-limited project to improve specific process
Used in Program Evaluation and Quality Improvement	May utilize existing program measures	May utilize existing program measures

All are strategies used in Performance Management

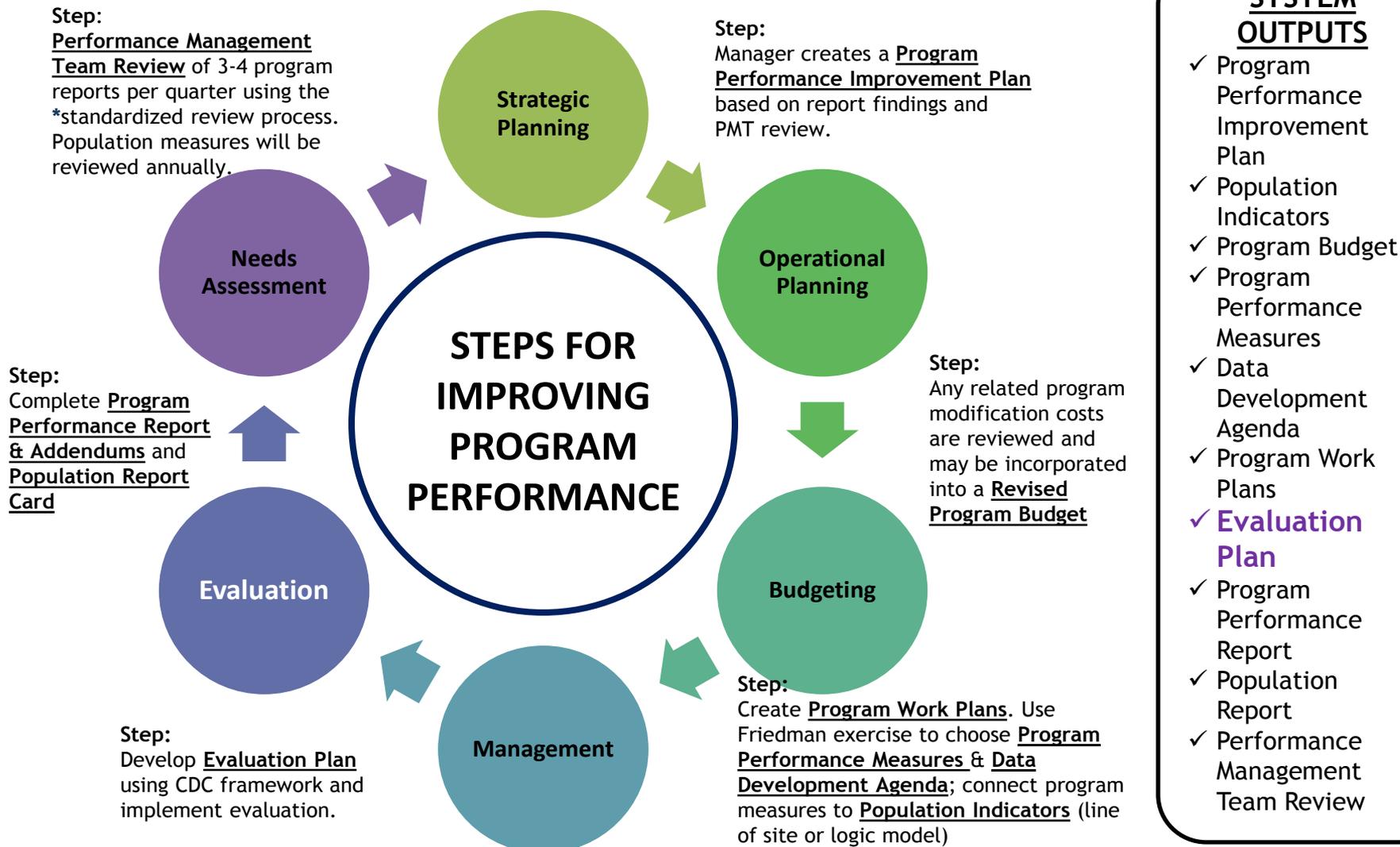
Performance management

- Performance measurement & monitoring
- Quality improvement

- Program evaluation



WCHD PERFORMANCE MANAGEMENT SYSTEM



*Adapted from IBM's "Questions to Ask When Reviewing GMAP Reports."

Poll

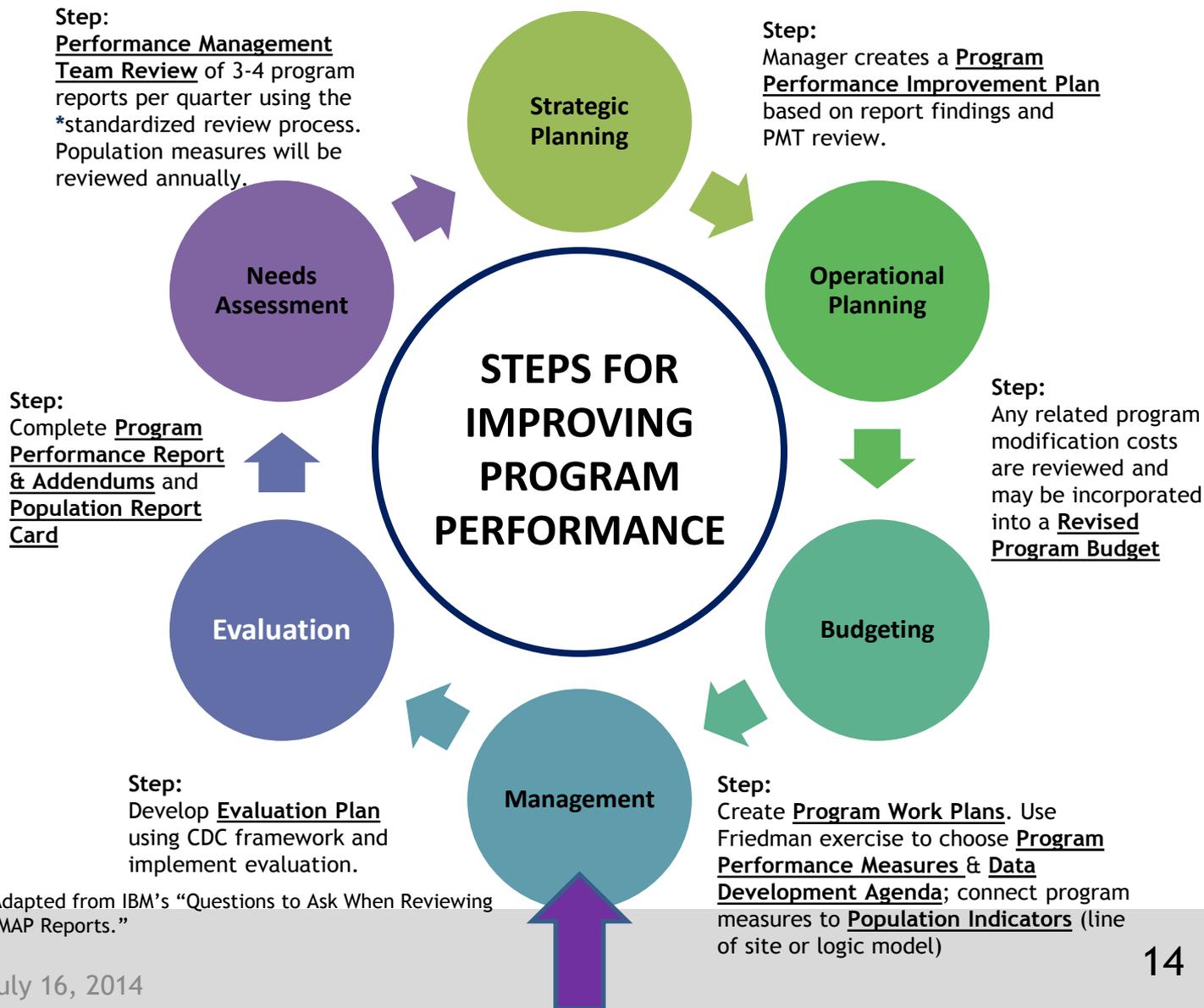
Does your LHJ have a Performance Management System in place?

- A. Yes, we have a well established performance management system.
- B. Yes, we have a PM system but it's new
- C. Not yet, but working towards it.
- D. We do performance management informally.
- E. Who has time for performance management?



Performance Measurement

WCHD PERFORMANCE MANAGEMENT SYSTEM



SYSTEM OUTPUTS

- ✓ Program Performance Improvement Plan
- ✓ Population Indicators
- ✓ Program Budget
- ✓ Program Performance Measures
- ✓ Data Development Agenda
- ✓ Program Work Plans
- ✓ **Evaluation Plan**
- ✓ Program Performance Report
- ✓ Population Report
- ✓ Performance Management Team Review

*Adapted from IBM's "Questions to Ask When Reviewing GMAP Reports."

What is a performance measure?

- A quantitative indicator of performance used to show progress toward a goal or objective or outcome.
- Composed of a number and a unit of measure:
 - Number = degree to which a performance result is occurring overtime (how much)
 - Unit of measure = gives the number meaning (what)



Measurement is the Foundation

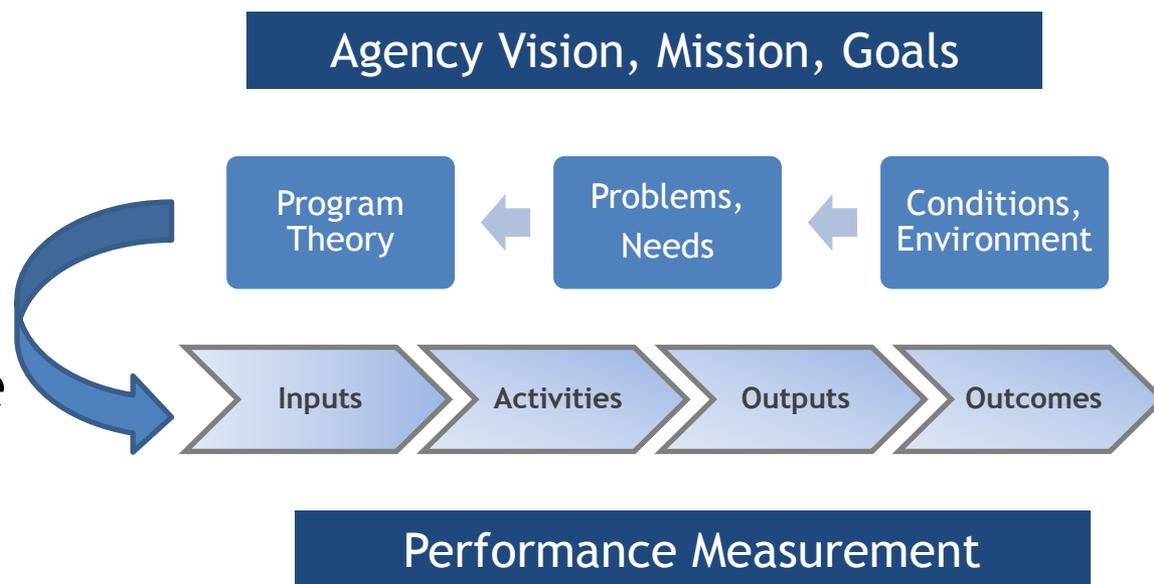
- Facilitate learning and improvement
- Provide employees with feedback on the work they are performing
- Help guide management and decision-making processes
- Help to align with the department's mission, vision, and strategic directions
- Predict future performance

Performance measurement is not punishment!

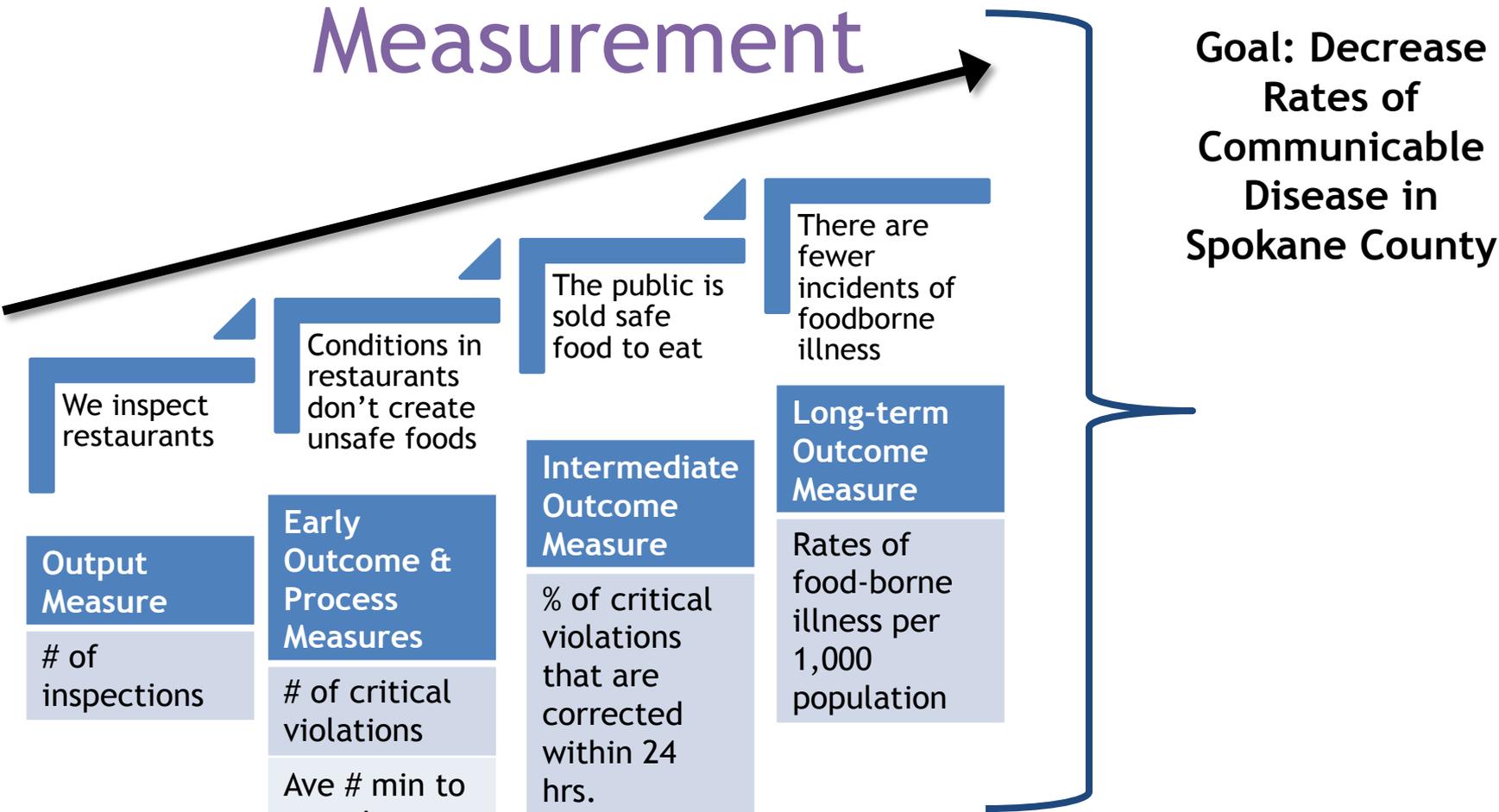


Performance Measure: Types

- Input
- Output
- Process
- Outcome
 - Short
 - Intermediate
 - Long



Line of Sight Performance Measurement



Identify and agree what matters

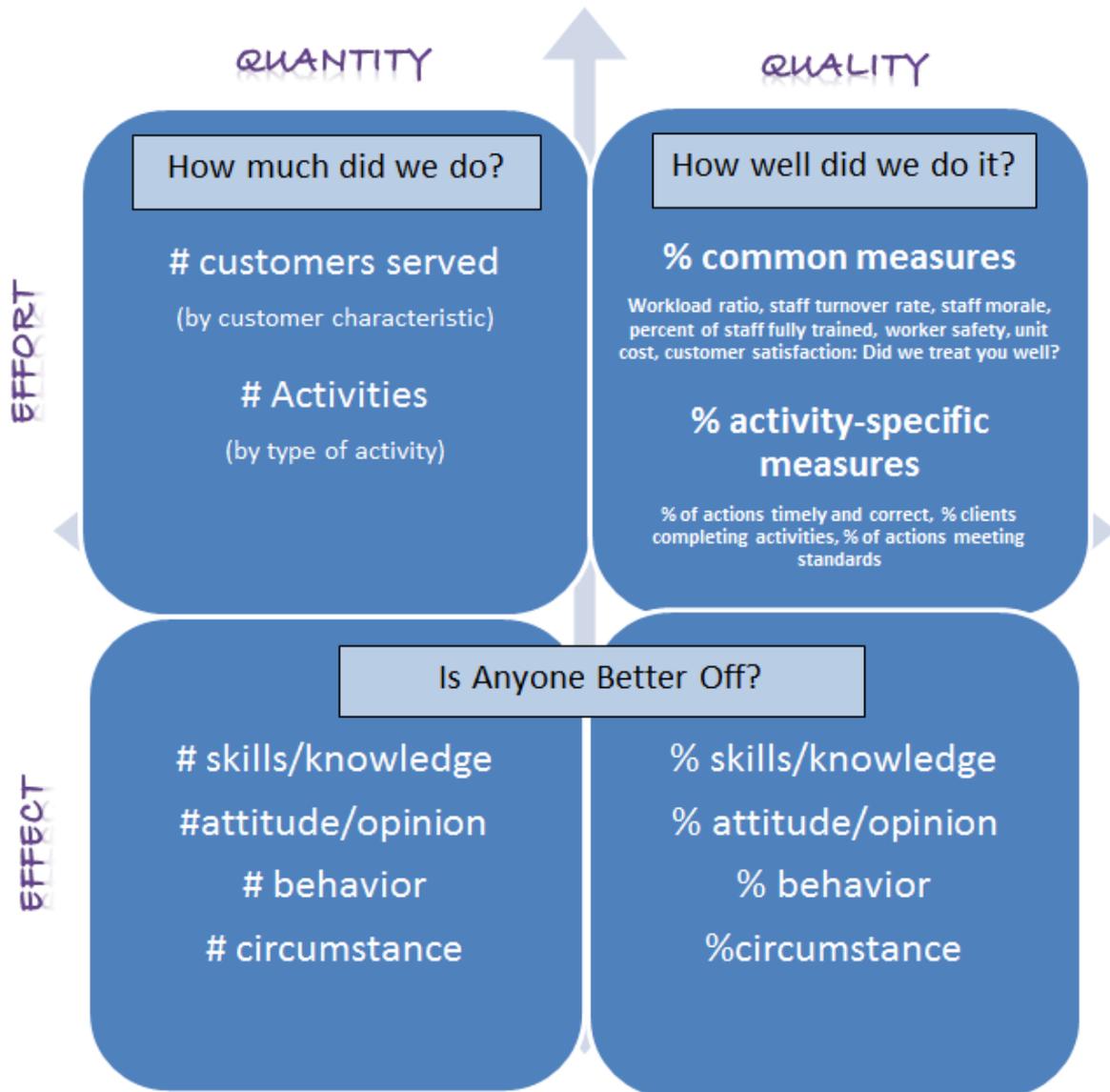


Collect the right information



Learn and improve performance

Mark Friedman's 5-step method for developing performance measures



WCHD On Site Sewage Program Measures

Step 1: How much did we do?

of customers served:

of activities:

Step 2: How well did we do it?

Common measures that apply:

Customer satisfaction, Work load ratio,
Efficiency, Effectiveness

Specific Measures:

Categories to explore:

skills/knowledge
attitude/opinion
behavior
circumstances

Step 3: Is anyone better off?

WCHD On Site Sewage Program Measures

Step 1: How much did we do?

of customers served:

OSS owners; designers, installers, O&M specialists, complainants

of activities:

System inspections

Permit applications

Complaint responses

Agents licensed

Home owners trained

Staff trainings

Step 2: How well did we do it?

Common measures that apply:

Customer satisfaction, Work load ratio, Efficiency, Effectiveness

Categories to explore:

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Permit applications
Complaint responses
Home owners trained
Staff trainings

Step 2: How well did we do it?

Common measures that apply:

Customer satisfaction, Work load ratio, Efficiency, Effectiveness

Specific Measures:

% inspections within 48 hours notice
% permit apps reviewed in 30 days
% complaint responses within 14 day
% complaints resolved in 60 days
% accurate homeowner evaluation

Categories to explore:
skills/knowledge
attitude/opinion
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circumstances

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Step 3: Is anyone better off?

homeowners with current O&M evaluation

OSS failures

#OSS repairs—cycle time

% homeowners with current O&M evaluation

% OSS failures

% OSS repairs—cycle time

WCHD On Site Sewage Program Measures

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- 😊 % complaint response within 14 day
- 😊 % complaints resolved in 60 days
- 😊 % accurate homeowner evaluation

Categories to explore:
skills/knowledge
attitude/opinion
behavior
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homeowners with current O&M eval.
OSS failures
#OSS repairs—cycle time

Step 3: Is anyone better off?

- 😊 % homeowners with current O&M evaluation
- 😊 % OSS failures
- 😊 % OSS repairs—cycle time

WCHD On Site Sewage Program Measures

Step 1: How much did we do?

of customers served:

OSS owners; designers, installers, O&M specialists, complainants

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Specific Measures:

- ☺ % inspections within 48 hours notice
- ☺ % permit apps reviewed in 30 days
- ☺ % complaint response within 14 day
- #2** ☺ % complaints resolved in 60 days
- ☺ % accurate homeowner evaluation

Categories to explore:
skills/knowledge
attitude/opinion
behavior
circumstances

Step 3: Is anyone better off?

- # homeowners with current O&M eval.
- # OSS failures
- #OSS repairs—cycle time
- # customer satisfaction (new)

- #3** ☺ % homeowners with current O&M evaluation
- ☺ % OSS failures
- #1** ☺ % OSS repairs—cycle time

WCHD On Site Sewage Program Measures

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Permit applications
Complaint responses
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Categories to explore:
skills/knowledge
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homeowners with current O&M eval.
OSS failures
#OSS repairs—cycle time
customer satisfaction (new)

Step 3: Is anyone better off?

#3 ☺ % homeowners with current O&M evaluation
☺ % OSS failures
#1 ☺ % OSS repairs—cycle time
DATA DEVELOPMENT AGENDA
% customer satisfaction (new)

WCHD On Site Sewage Program Measures

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Categories to explore:
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- # homeowners with current O&M eval.
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- #OSS repairs—cycle time
- # customer satisfaction (new)

Step 3: Is anyone better off?

- #3 ☺ % homeowners with current O&M evaluation**
- ☺ % OSS failures
- #1 ☺ % OSS repairs—cycle time**
- DATA DEVELOPMENT AGENDA**
- % customer satisfaction (new)**

Discussion--Packing lunch for grade schoolers

Step 1: How much did we do?

of customers served:

Larry

Mo

Curly Joe

of activities:

Step 2: How well did we do it?

Common measures that apply:

Customer satisfaction, Work load ratio,
Efficiency, Effectiveness

Specific Measures:

Categories to explore:

skills/knowledge

attitude/opinion

behavior

circumstances

Step 3: Is anyone better off?

Discussion--Packing lunch for grade schoolers

Step 1: How much did we do?

of customers served

Larry

Mo

Curly Joe

of activities

healthy lunches packed

healthy lunch items packed

Step 2: How well did we do it?

Common measures that apply:

Customer satisfaction, Work load ratio,
Efficiency, 😊 Effectiveness

Specific Measures:

#4 😊 % lunch items traded

#2 😊 % lunch items thrown in the trash

Categories to explore:

- skills/knowledge
- attitude/opinion
 - behavior
- circumstances

of healthy lunches consumed by
customers

customers satisfied with packed lunches

Step 3: Is anyone better off?

#1 😊 % healthy lunches consumed by
customers

DATA DEVELOPMENT AGENDA

#3 % customers satisfied with packed
lunches (new)

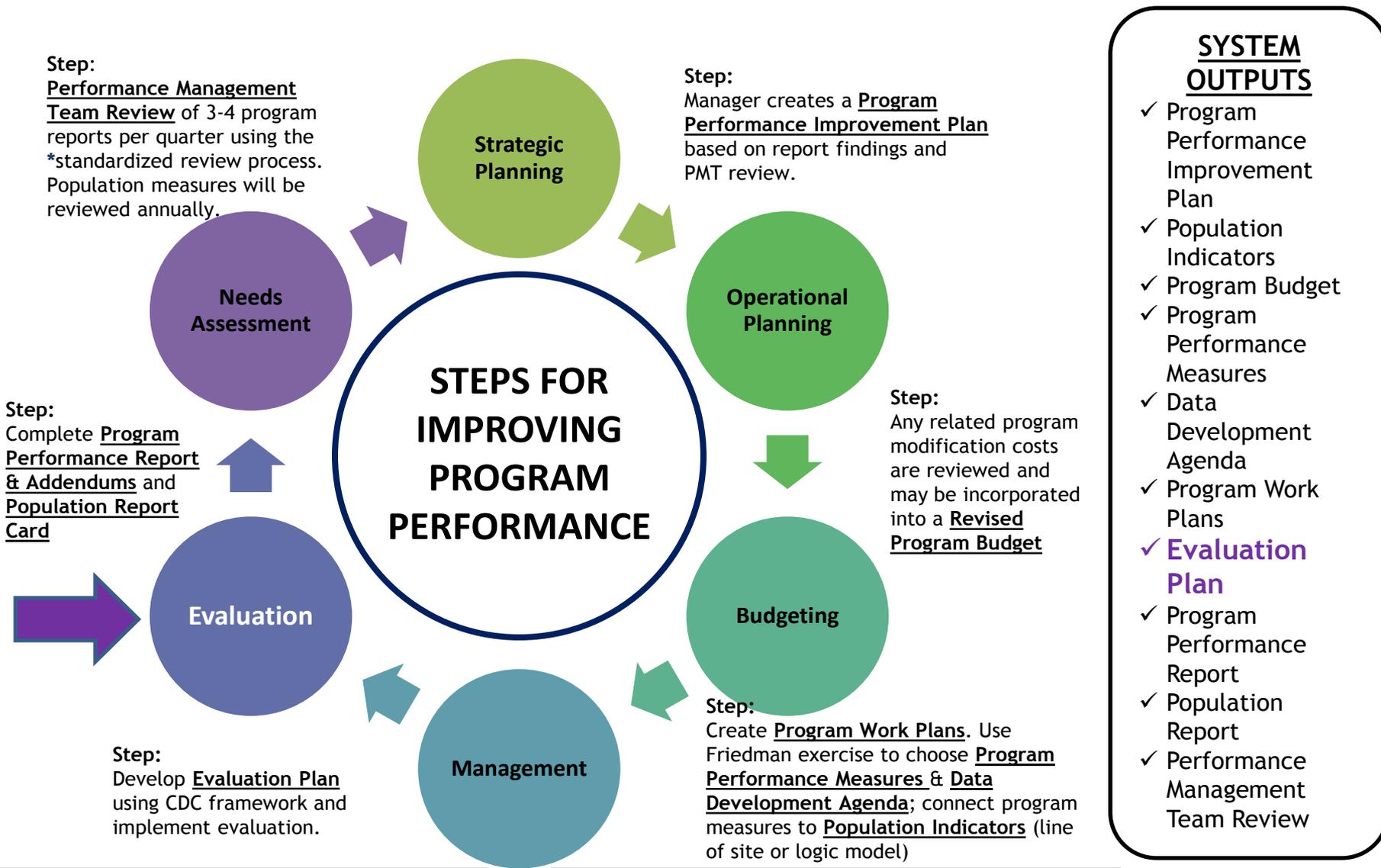
Limitations of Performance Measurement

- Performance data do not, by themselves, tell why the outcomes occurred; they do not reveal the extent to which the program caused the measured result.
- Some outcomes cannot be measured directly—proxies can help here.
- Performance measures provide just part of the information needed to make decisions.
 - Need logic and data



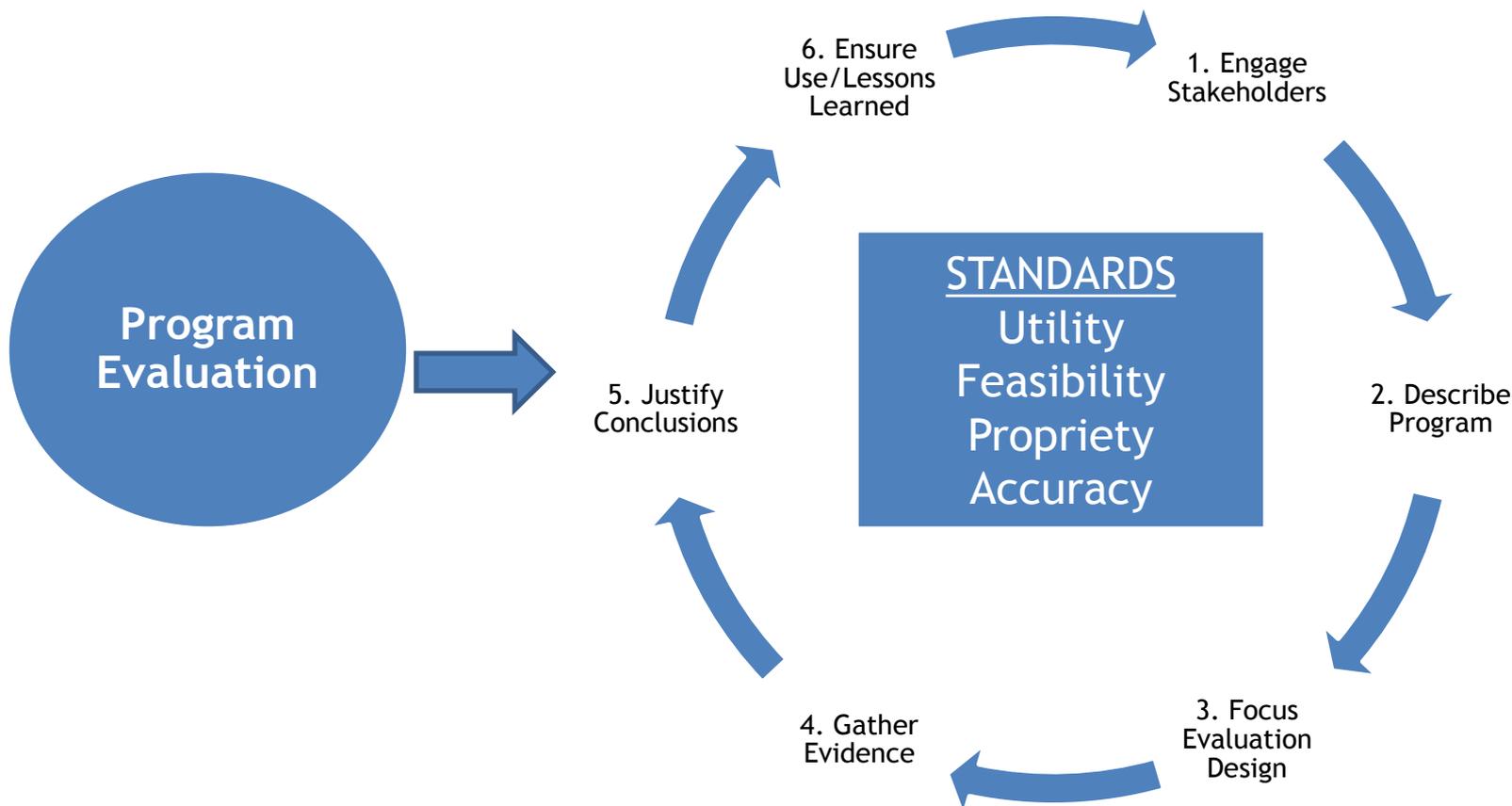
Program Evaluation

WCHD PERFORMANCE MANAGEMENT SYSTEM



*Adapted from IBM's "Questions to Ask When Reviewing GMAP Reports."

Program Evaluation (PE) in 6 Steps with 4 Standards



The 4 Standards (Values) to Consider

- ***Utility***: Who needs the information and what information do they need?
- ***Feasibility***: How much money, time, and effort can we put into this?
- ***Propriety***: What steps need to be taken for the evaluation to be ethical?
- ***Accuracy***: What design will lead to accurate information?
- Remember Your **Human Subjects** Policy

What can local public health staff do to ensure ethical assessment practice around human subjects?

- **Establish policies/protocols** for your agency regarding the collection and use of data from people. Establish an internal review team for non-research assessment and evaluation activities. Look at an [example of a policy](#) from Clark County Public Health.
- **Complete the “Questions to Consider When Using Human Participants in Public Health Assessment and Evaluation”** for each project involving data collection from human participants or analysis of client records.
- **Ask for advice** on your project early in the planning process. Consult with colleagues in public health. If your project involves sensitive topics, vulnerable populations, or potentially falls in the category of research, consult with staff at the WSIRB.
- **Designate an IRB** for your agency. It’s best to do this **before** seeking a grant that requires it.
- **Get trained** in the protection of human subjects. The WSIRB web site contains links to free in-person and web-based learning opportunities: [WSIRB Training](#).

CDC'S SIX-STEP FRAMEWORK FOR EVALUATION IN PUBLIC HEALTH

STEP 1: Engage Stakeholders

Questions:

- Who are the program stakeholders?
[Partners, decision-makers & participants]
- Who should provide input and how will that be achieved?

CDC'S SIX-STEP FRAMEWORK FOR EVALUATION IN PUBLIC HEALTH

STEP 2: Describe the Program

Questions:

- What are the program activities? [flow chart, including decision points]
- What is the logic model that best depicts the relationship between activities and expected outcomes?

Step 2: When Describing Program, Don't Forget About:

Stage of Development



Context





Three dimensional Logic Modeling Demonstration

Maturity of Program

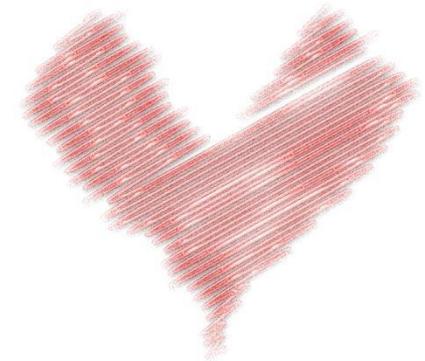
New Program	Established Program	Long-Term Program
Greater focus on process	Focus on process, short and mid-term outcomes	Focus on process, short, mid, and long term outcomes
Is the program operating as planned?	Is the program achieving its outcomes?	Is the program achieving its outcomes?
Did it reach the capacity level intended?	Are the short and mid-term outcomes aligned?	Are there population health results?

CDC'S SIX-STEP FRAMEWORK FOR EVALUATION IN PUBLIC HEALTH

STEP 3: Focus the Evaluation

Questions:

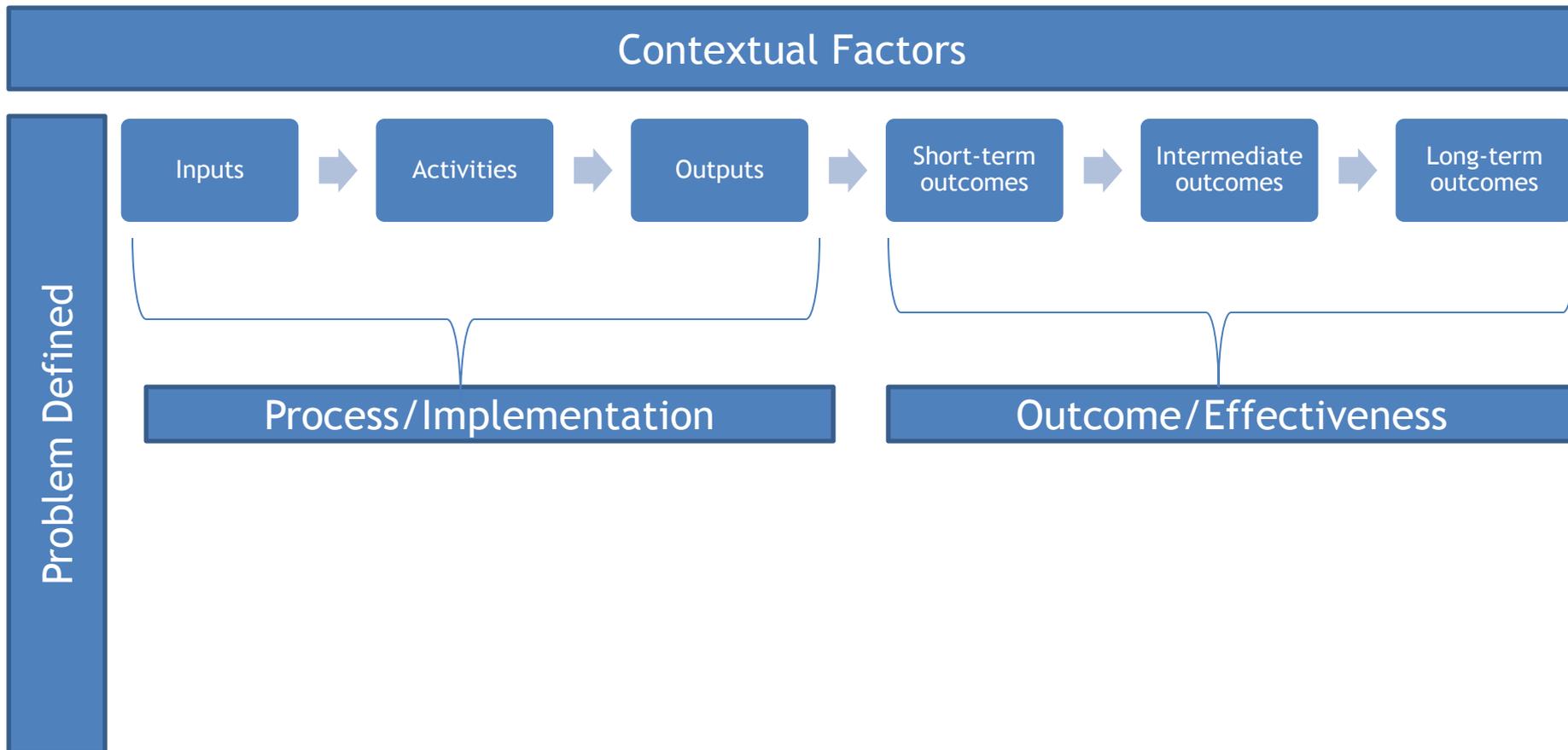
- What ESSENTIAL QUESTIONS (vs. “nice-to-know”) do you want answered?



Types of Program Evaluation

Process Evaluation	Outcome Evaluation
How is the program implemented?	To what extent are desired changes occurring? For whom?
Is the program at capacity?	Is the program making a difference?
Are activities delivered as intended?	What seems to work? Not work?
Are participants being reached as intended?	What are unintended outcomes?
What are participant reactions?	Are we doing the right activities?

Evaluation Designs



Tips for Focusing the Evaluation

- Don't try and evaluate every aspect/initiative/service of a program every year.
- Evaluation focus is context dependent and related to the purposes of the evaluation, primary users, stage of development, logic model, program priorities, and feasibility.
- Evaluation questions should be checked against the logic model and stage of development of the program.
- The iterative nature of plan development is reinforced in this step.

Developing an Effective Evaluation Plan.
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

CDC'S SIX-STEP FRAMEWORK FOR EVALUATION IN PUBLIC HEALTH

STEP 4: Gather Credible Evidence

Questions:

METHODOLOGY & IMPLEMENTATION STAGE

- What types of process data are needed to answer our essential questions?
- What types of outcome data are needed to answer our essential questions?

This is where performance measure data can be used

Selecting an Evaluation Method

Method	Advantages	Disadvantages
SURVEYS	<ul style="list-style-type: none"> ✦ Good for gathering descriptive data ✦ Can cover a wide range of topics ✦ Relatively inexpensive to use ✦ Can be analyzed using a variety of existing software ✦ Can be administered on-line 	<ul style="list-style-type: none"> ✦ Self-report may lead to biased reporting ✦ Data may provide a general picture but may lack depth ✦ May not provide adequate information on context
INTERVIEWS	<ul style="list-style-type: none"> ✦ Usually yields rich data, details, new insights ✦ Permits face-to-face contact with respondents ✦ Provides opportunity to explore topics in depth ✦ Allows interviewer to explain or help clarify questions, increasing the likelihood of useful responses ✦ Allows interviewer to be flexible in administering interview to particular individuals or in particular circumstances 	<ul style="list-style-type: none"> ✦ Expensive and time-consuming ✦ Need well-qualified, highly trained interviewer ✦ Interviewee may distort information through recall error, selective perceptions, desire to please interviewer ✦ Flexibility can result in inconsistencies across interviews ✦ Volume of information very large; may be difficult to transcribe and summarize data
FOCUS GROUPS	<ul style="list-style-type: none"> ✦ Respondents interactions may stimulate a richer response or new ideas ✦ May be less time-consuming and expensive to implement than individual interviews, as the input of many can be obtained in one or more groups 	<ul style="list-style-type: none"> ✦ Meeting logistics can be complicated ✦ Need well-qualified, highly trained interviewer ✦ Not appropriate when group pressure would inhibit responses
OBSERVATIONS	<ul style="list-style-type: none"> ✦ Provides direct information about behavior of individuals and groups ✦ Permits evaluator to enter into and understand situation/context ✦ Provides good opportunities for identifying unanticipated ✦ Exists in natural, unstructured, and flexible setting 	<ul style="list-style-type: none"> ✦ Expensive and time-consuming ✦ Need well-qualified, high trained observers; may need to be content experts ✦ May affect behavior of participants ✦ Selective perception of observer may distort data ✦ Behavior or set of behaviors observed may be atypical
TESTS	<ul style="list-style-type: none"> ✦ Provides objective information on what the test taker knows and can do ✦ Can be constructed to match a given curriculum or set of skills ✦ Can be scored in a straightforward manner ✦ Accepted by the public as a credible indicator of learning 	<ul style="list-style-type: none"> ✦ May be oversimplified and superficial ✦ May be very time consuming ✦ May be biased against some groups of test takers ✦ <u>May be subject to corruption via coaching or cheating.</u>
DOCUMENT STUDIES	<ul style="list-style-type: none"> ✦ Available locally and inexpensive ✦ Grounded in setting and language in which they occur ✦ Useful for determining political climate and public/private attitudes ✦ Provides information on historical trends or sequences ✦ Unobtrusive 	<ul style="list-style-type: none"> ✦ May be incomplete ✦ May be inaccurate or of questionable authenticity ✦ Locating suitable documents may pose challenges ✦ Analysis may be time-consuming and access difficult
KEY INFORMANT SURVEY	<ul style="list-style-type: none"> ✦ Information concerning causes, reasons, and/or best approaches is gathered from an "insider" point of view ✦ May have side benefit to solidify relationships among evaluators, clients, participants, and other stakeholders 	<ul style="list-style-type: none"> ✦ Time required to select and get commitment may be substantial ✦ Relationship between evaluator and informants may influence type of data obtained. ✦ Informants may interject own biases and impressions ✦ Disagreement among individuals may be hard to resolve
CASE STUDIES	<ul style="list-style-type: none"> ✦ Provide a rich picture of what is happening, as seen through the eyes of many individuals ✦ Can help explain changes or facilitating factors that might otherwise not emerge from the data 	<ul style="list-style-type: none"> ✦ Require a sophisticated and well-trained data collection and reporting team ✦ Can be costly in terms of the demands on time and resources ✦ Individual cases may be over interpreted or over generalized

This document has been adapted from the National Science Foundation's 2002 *User-Friendly Handbook for Program Evaluation*.

Tips for Data Collection

- Use **existing data** when feasible
- Understand agency policies and regulations that may effect data collection
- Identify who will be responsible
- Be clear about the data you want to collect and sensitive to the time and effort needed to be expended by the data providers
- Design instruments as needed
- Code instruments for easier analysis.

Introduction to Program Evaluation Using CDC's Evaluation Framework.

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CDC'S SIX-STEP FRAMEWORK FOR EVALUATION IN PUBLIC HEALTH

STEP 5: Justify Conclusions

Questions: ANALYSIS STAGE

- What does analysis of the collected data tell us?
- What are the most important lessons learned?

CDC'S SIX-STEP FRAMEWORK FOR EVALUATION IN PUBLIC HEALTH

STEP 6: Ensure Use and Share Lessons Learned

Questions: ACTION STAGE

- Based on evaluation conclusions, what are the action-oriented recommendations for this program?
- How should findings and recommendations be delivered AND who needs to know?

Short Break!

Be back in 5 minutes, please!



Immunization Program Example from Whatcom County



STEP 1: Engage Stakeholders

STAKEHOLDERS:

Immunization Program Staff:

Program Support Staff .5 FTE

Public Health Nurses 2.4 FTE

Medical Assistant .4 FTE

Clerical Staff .7 FTE

Administration

PLUS ADDITIONAL INTERNAL & EXTERNAL STAKEHOLDERS

Return to logic model

IMMUNIZATION PROGRAM STAKEHOLDERS

Internal Stakeholders (within WCHD)

Management Team

Public Health Advisory Board

Community Health Manager

Staff from other Community Health Programs: Adult Health, Needle Exchange Program, WIC (survey), Parent Child (flu clinic), School Health Team, Employee Health

Disease Response & Control Staff

Business Office Staff

External Stakeholders

Schools

Whatcom County Public School Districts: Nurses, Administrators, and Clerks

Regional Education Service District (ESD 189): School Nurses Corps Supervisor

Bellingham Technical College
Whatcom Community College
WWU Health Center

Other

Non-VFM Private Providers (Option Care, Visiting Nurses, Pharmacies)

Clients: Children, parents, other adults

Nurse midwives
Naturopathic doctors

Department of Health (DOH): Child Profile, Immunization Program, & Hep C Viral Program

Centers for Disease Control (CDC)

Pharmaceutical representatives
Pharmaceutical companies
Medical supply distributors

Private Providers

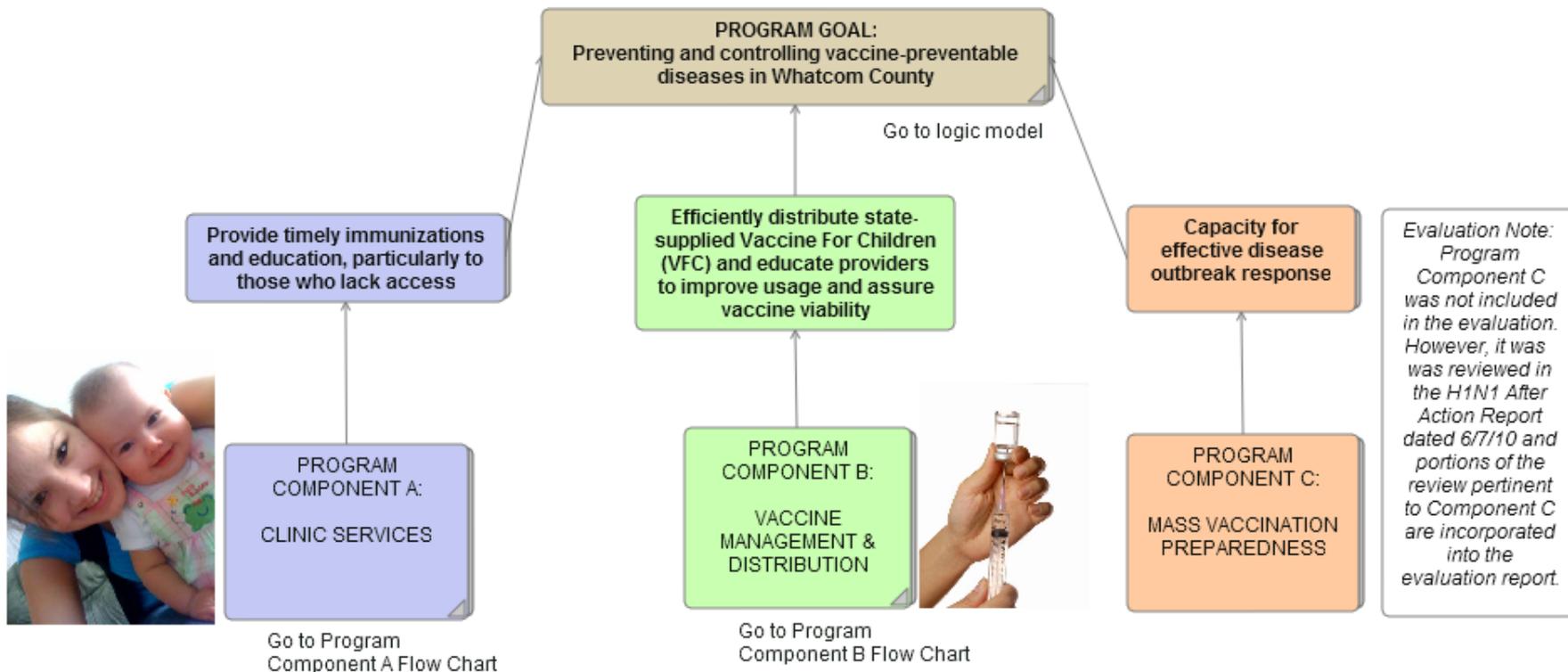
Associates in Family Medicine
Bay Medical
Bellingham Asthmas & Allergy
Bellingham Family Health Clinic
Bellingham Family Medicine
Birch Bay Family Medicine
Blackwell, Binder & Bloom
Bunk's Medical Center
Dickson Medical Clinic
Fairhaven Family & Sports Medicine
Family Health Associates
Ferndale Family Medicine Center
Dennis Foster, MD
Lee C. Hein, MD
Interfaith Family Health Center-Bellingham
Interfaith Family Health Center-Ferndale
Lynden Family Medicine
Mt. Baker Planned Parenthood
North Sound Family Medicine
Peace Health Medical Group
Point Roberts Clinic
SeaMar Community Health Center, Bellingham
SeaMar Community Health Center, Everson
SeaMar/Visions
Spady Medical Center
Squalicum Family Medicine
St. Joseph Hospital
Stockburger Family Medicine
Sumas Medical Clinic
Tribal Providers: Lummi Tribal Health Center & Nooksack Tribal Health Center
Village Family Health

Go to Program Evaluation



STEP 2: Describe the Program

Whatcom County Health Department IMMUNIZATION PROGRAM OVERVIEW



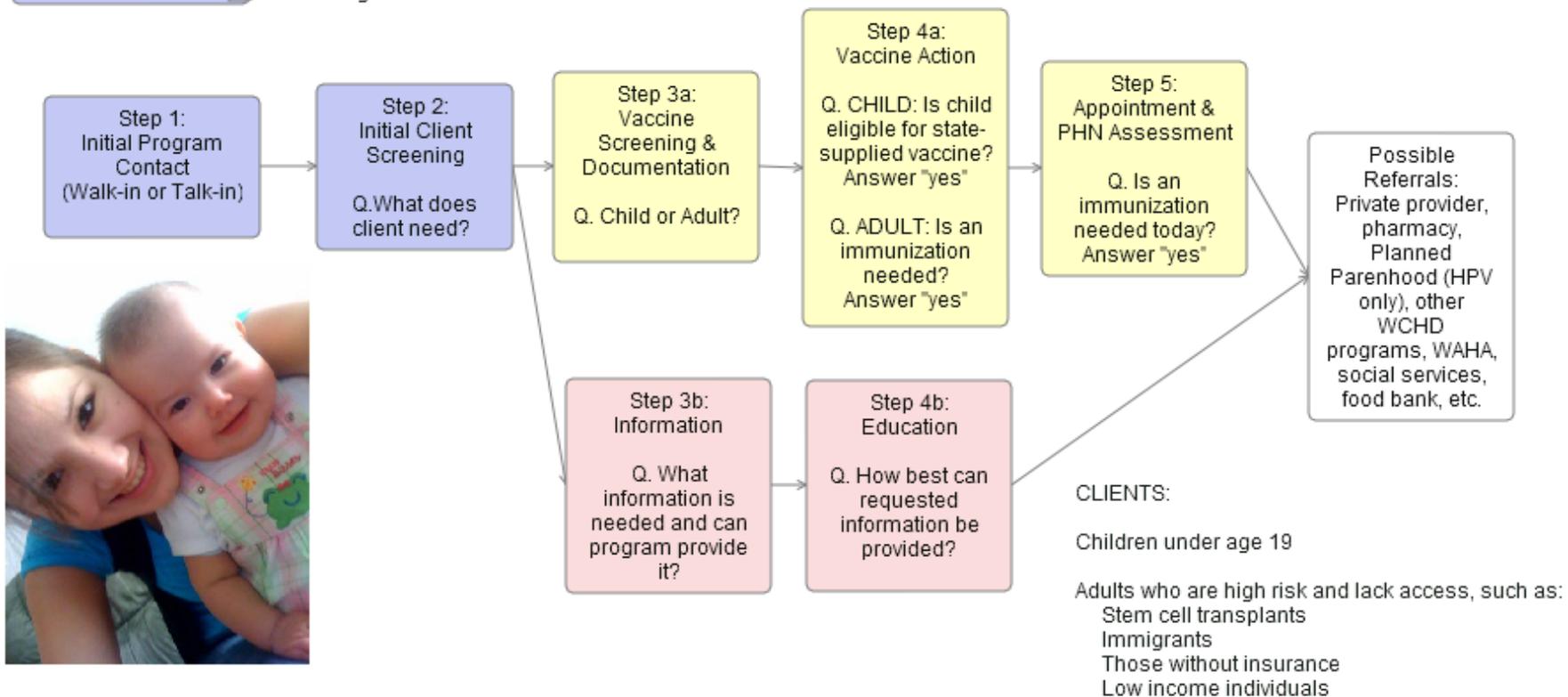
doview.com model

Describe the program Component A

PROGRAM
COMPONENT A:
CLINIC SERVICES

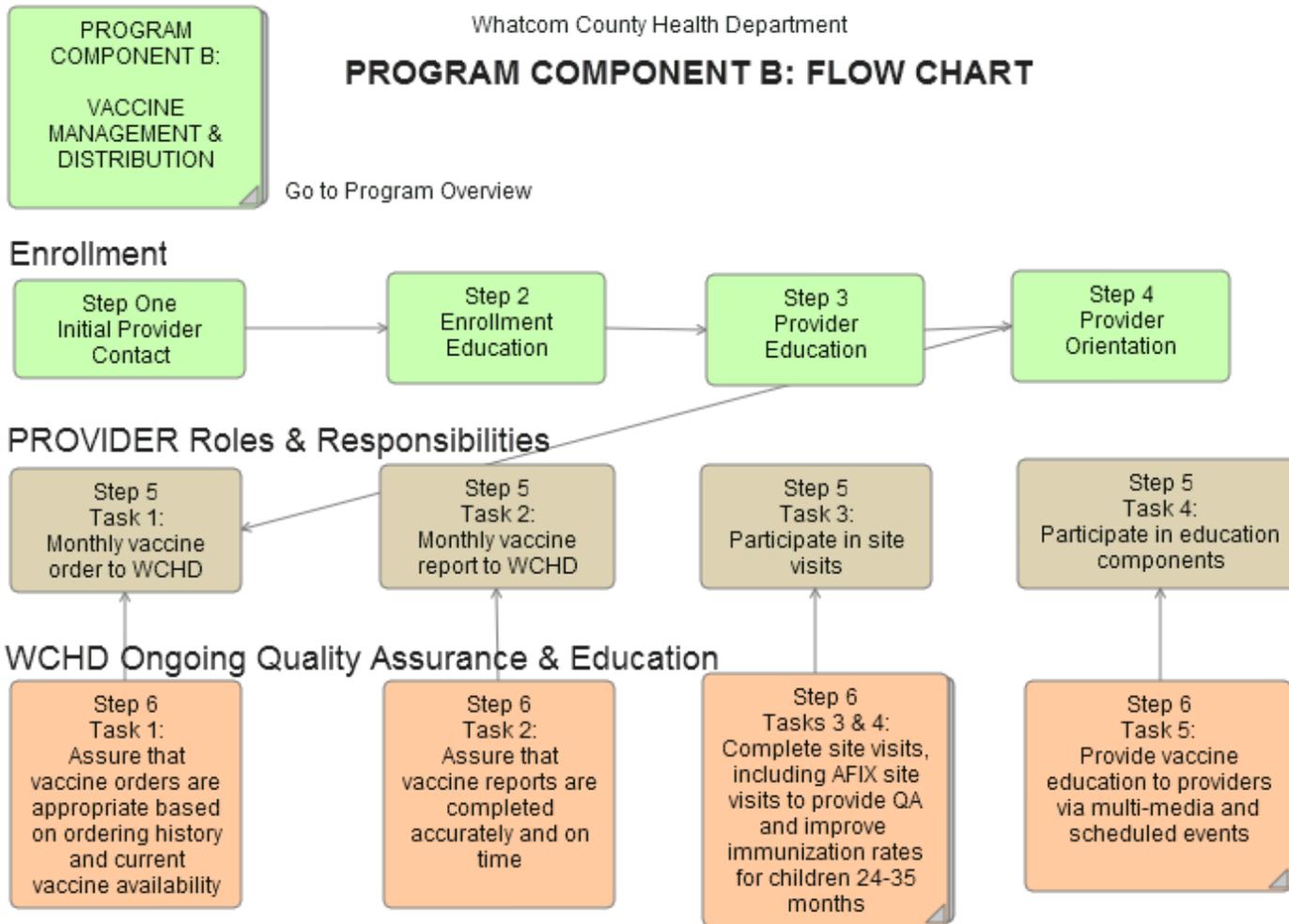
Go to Program Overview

Whatcom County Health Department
PROGRAM COMPONENT A: FLOW CHART



Describe the program

Component B



Describe the program: Logic Model

Whatcom County Health Department

IMMUNIZATION PROGRAM LOGIC MODEL

PROGRAM EVALUATION OVERVIEW

Go to evaluation

PROGRAM GOAL:
Preventing and controlling vaccine-preventable diseases in Whatcom County

Go to Program Overview

ASSUMPTIONS

Assumption 1:
Immunizations reduce the burden of vaccine-preventable diseases

Go to list of all assumptions

Assumption 2:
The WCHD Immunization Program is an essential and non-duplicated community resource

Assumption 3:
Education is essential to increasing immunization rates

Assumption 4:
Reducing or eliminating barriers to immunization helps to improve immunization rates and thus reduce the burden of disease in the community

RESOURCES

STAKEHOLDERS:

Immunization Program Staff:

Program Support Staff .5 FTE

Public Health Nurses 2.4 FTE

Medical Assistant .4 FTE

Clerical Staff .7 FTE

Administration

PLUS ADDITIONAL INTERNAL & EXTERNAL STAKEHOLDERS

Go to Stakeholder's List

PROGRAM COMPONENTS

PROGRAM COMPONENT A:
CLINIC SERVICES

Go to Program Component A Flow Chart

PROGRAM COMPONENT B:
VACCINE MANAGEMENT & DISTRIBUTION

Go to Program Component B Flow Chart

PROGRAM COMPONENT C:
MASS VACCINATION PREPAREDNESS

OUTPUTS

of children receiving immunizations & # of immunizations
of adults receiving immunizations & # of immunizations (including separate information for high-risk adults)

of provider agreements (current & new)
Total \$ value of VFC orders facilitated
of training events
of educational e-mails & # of "Needle Points" newsletters

Outputs are specific to the disease outbreak incident

SHORT-TERM OUTCOMES

Up-to-date childhood immunizations

Effective client referrals

Maximized vaccine use and reduced waste

Increased provider knowledge

Adequate vaccine supplies & skilled personnel

Effective & timely vaccine distribution

LONG-TERM OUTCOMES

Provide timely immunizations and education, particularly to those who lack access

See additional short-term outcomes

Efficiently distribute state-supplied Vaccine For Children (VFC) and educate providers to improve usage and assure vaccine viability

See additional short-term outcomes

Capacity for effective disease outbreak response

Describe the program: Assumptions

Whatcom County Health Department

IMMUNIZATION PROGRAM ASSUMPTIONS

Overall Program Assumptions

Assumption 1:
Immunizations reduce the burden of vaccine-preventable diseases

[Return to logic model](#)

Assumption 2:
The WCHD Immunization Program is an essential and non-duplicated community resource

Assumption 3:
Education is essential to increasing immunization rates

Assumption 4:
Reducing or eliminating barriers to immunization helps to improve immunization rates and thus reduce the burden of disease in the community

Program Component A Assumptions

Assumption 5:
Immunizing individual children helps to protect the health of our community, especially those people who are not immunized

Assumption 6:
Many families who come to the health department for immunization services generally lack a private provider or the means to pay for vaccines

Assumption 7:
Parents need accurate and clearly presented information to make informed decisions regarding childhood vaccination

Program Component B Assumptions

Assumption 8:
Multiple communication strategies targeting private providers and the community are essential for successful program collaboration

Assumption 9:
It is essential to assure that children and adults receive viable vaccine through proper storage and handling practices through the private practices of the community

Program Component C Assumptions

Assumption 10:
The Immunization Program plays a key role in assuring an effective public health response in the event of a disease outbreak.

STEP 3: Focus the Evaluation

Whatcom County Health Department

PROGRAM EVALUATION OVERVIEW

[Return to logic model](#)

The purpose of this evaluation is to assess the effectiveness and impact of the WCHD Immunization Program in preventing and controlling vaccine-preventable diseases in Whatcom County. A secondary purpose is to provide program planners with the information needed to re-focus the program while optimizing the achievement of program goals within the context of declining resources. Areas of consideration include program resources, outcomes, operations, and partnerships.

PRIMARY EVALUATION QUESTIONS:

RESOURCES

Given a systems-level context of diminishing resources, what is the most effective use of available WCHD resources and staff to meet program goals?

PROGRAM OUTCOMES

Is the Immunization Program achieving desired outcomes? In what ways is the program making progress to improve immunization rates in Whatcom County?

PROGRAM OPERATIONS

Do our current operational processes work effectively to meet priority goals? What program components should be retained?

PARTNERSHIPS

How are internal & external partnerships impacting the effectiveness of the immunization program? What are the strengths/weaknesses of these partnerships?

EVALUATION METHODS:

Individual Interviews or Focus Group Interviews with Internal Stakeholders

[Go to Stakeholders List](#)

Data collection as specified under Short-term outcomes (see Indicators A1-A7 and B1-B3)

[Go to Short-Term Outcomes](#)

Focus Group Interviews with WCHD Staff, Supervisors, and Community Health Manager

Focus Group interviews with larger Provider offices and Individual Interviews with smaller Provider Offices and other Stakeholders; observation of site visits

[Go to Stakeholders List](#)

TIMELINES:

QUALITATIVE DATA COLLECTION & REPORTING PLAN:

1. Review methods (Vaccinators) 6/10
2. Create interview guides (Sloan) 6/10
3. Final review of interview guides (Vaccinators) 7/10
4. Schedule interviews (Sloan) 8/15/10
5. Conduct interviews (Sloan) 9/10
6. Summarize interview findings (Sloan) 10/10
7. Review findings (Vaccinators) 11/10
8. Incorporate into Report (Sloan) 11/30/10

OUTCOME DATA COLLECTION & REPORTING PLAN:

1. Detail data collection plan for each indicator (Sloan and Program Supervisor) 8/15/10
2. Collect data (Sloan and Program Supervisor) 10/1/10
3. Summarize findings (Sloan) 11/10
4. Review findings (Vaccinators) 11/10
5. Incorporate into Report (Sloan) 11/30/10

STEP 4: Gather Credible Evidence

Whatcom County Health Department

PROGRAM EVALUATION OVERVIEW

[Return to logic model](#)

The purpose of this evaluation is to assess the effectiveness and impact of the WCHD Immunization Program in preventing and controlling vaccine-preventable diseases in Whatcom County. A secondary purpose is to provide program planners with the information needed to re-focus the program while optimizing the achievement of program goals within the context of declining resources. Areas of consideration include program resources, outcomes, operations, and partnerships.

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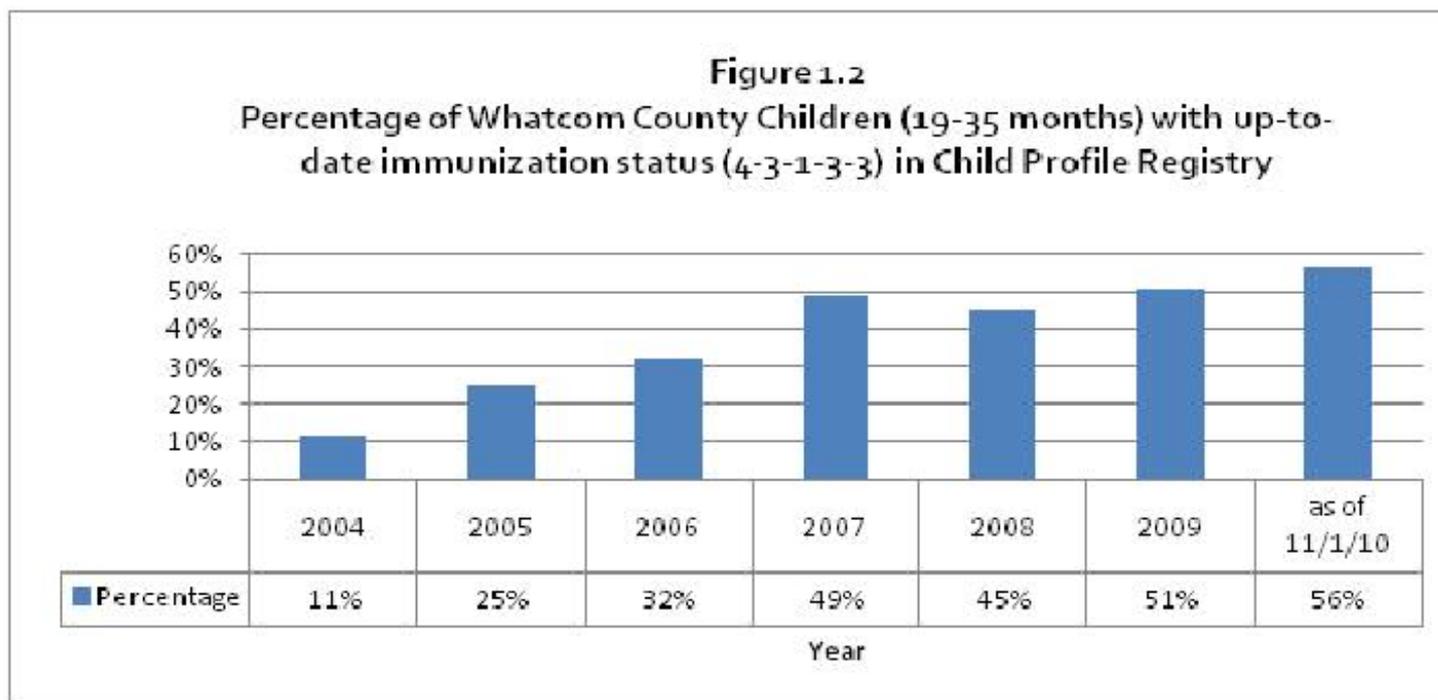
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Gather credible evidence

Indicator 2: 📊 %Whatcom children 24-35 months with up-to-date immunization status

Description: Based on Child Profile Registry data, 56% of Whatcom County children ages 19-35 months were up-to-date on immunizations as of 11/1/10. At that time, 56% of the estimated county population of 3,267 for this age group had documentation in Child Profile of having received the 4-3-1-3-3 immunization series.



STEP 5: Justify Conclusions

Whatcom County Health Department

IMMUNIZATION PROGRAM INDICATOR DATA

Program Component A:
Short-Term Outcome 4

Increased client
knowledge resulting
from educational
process

Go to all short-term outcomes

Indicator A7:

 % of parent coming to clinic with an initial "vaccine-adverse" position who subsequently have their child immunized that day for one or more of these vaccines.

Description: Nurses will flag vaccinations initially refused at the time of the clinic visit but later consented to during the same visit. Track HiP vaccine for children ages 0-23 months.

 **METHODOLOGY:**

Nurses will record all vaccinations refused at the time of the clinic visit in an Excel sheet and will code the final outcome for each. The Excel spreadsheet will include these data fields:

- (1) Date of clinic visit
- (2) Child's initials (first & last)
- (3) Child's birthdate
- (4) Vaccine type refused
- (5) Vaccine outcome (using codes--to be developed)

FINDINGS:

Parent attitudes towards vaccine were tracked for 95 children seen in clinic between August 17 and October 29, 2010. Of the 95 cases, 18 parents (19%) were vaccine hesitant. Of these 18 cases, 12 of the children (67%) did not receive vaccine after the PHN attempted to persuade the parent to have his/her child vaccinated. The parents of six children (33%) who also heard the same persuasive talk did make the choice to immunize that day.

 Do we want to have this information added to INSIGHT?

Poll

Referring to the process of program evaluation just described, do you have a systematic way of conducting program evaluation throughout your organization?

- A. Yes, we have system of program evaluation.
- B. Not yet, but working towards it.
- C. We evaluate programs informally, but have no standard system.
- D. Who has time for program evaluation?

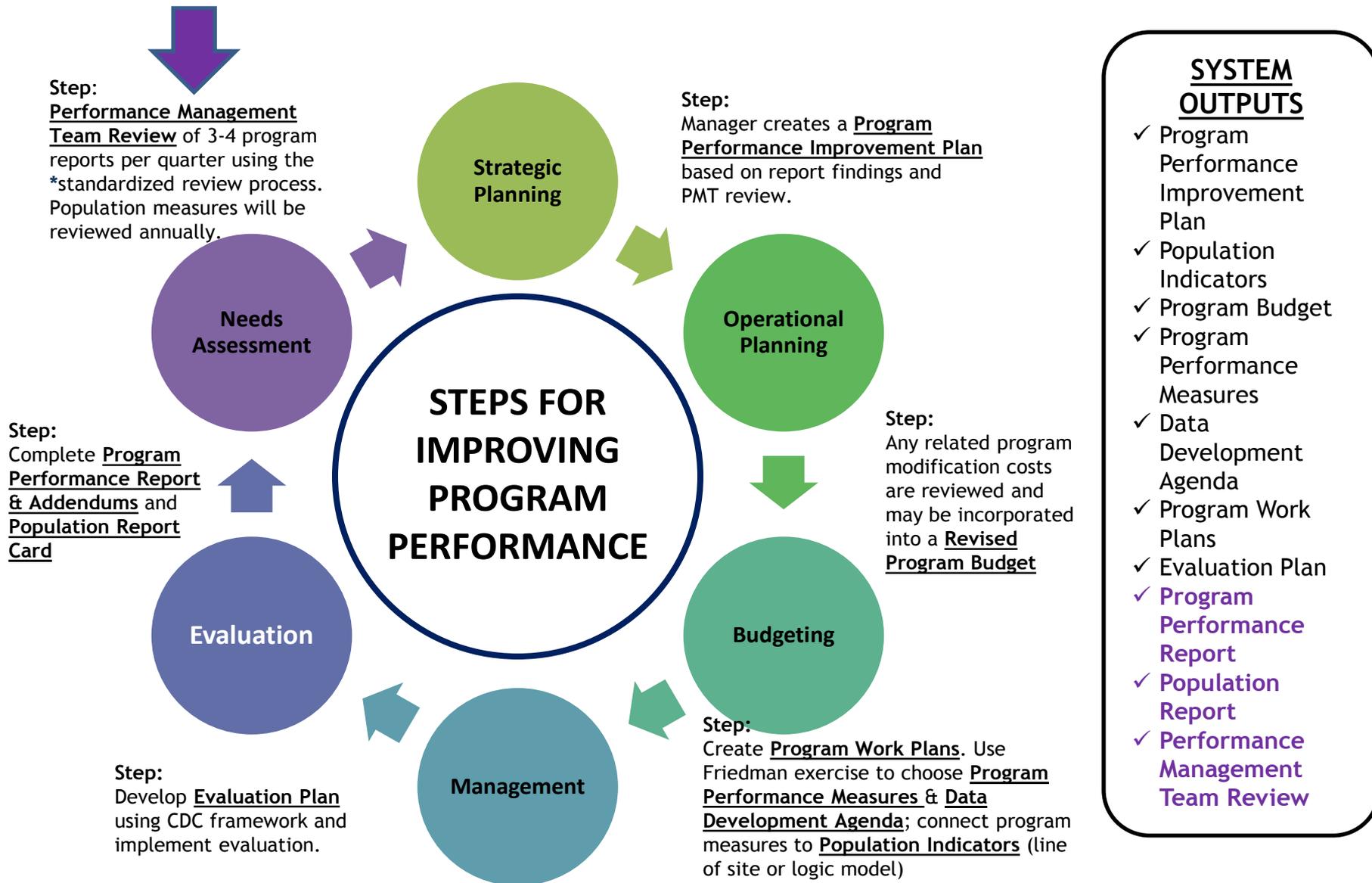


Quality Improvement (using process measures in Program Evaluation)

Public Health Accreditation Standards 9.2

Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.

WCHD PERFORMANCE MANAGEMENT SYSTEM



*Adapted from IBM's "Questions to Ask When Reviewing GMAP Reports."

Build Understanding & Expertise

4 Fourth in a series of Turning Point resources on Performance Management



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

Prepared by
Public Health Foundation
for the Performance Management
National Excellence Collaborative

TurningPoint
Collaborating for a New Century in Public Health

Managing for Performance and Results Series

Moving Toward Outcome-Oriented Performance Measurement Systems

EXPLANATION	RESULTS	ACTUAL	TARGET
Percent of county bridges that are not "structurally deficient" or "functionally obsolete"	◇	54%	55%
Percent of county youth training program clients that increase skills or get jobs	●	110.6M	104.1M
Percent of emergency or transitional housing clients moving to more stable housing	◇	75%	80%
Percent of county's jail network	●	69%	69%
Percent of county's Medicaid enrollees that are not in county cashing permits quickly	●	91%	90%
Percent of county's Medicaid enrollees that are not in county cashing permits quickly	●	48%	40%
Number of patients completing hepatitis B tests	◇	89%	92%

Social Services

MEASURE	EXPLANATION
Percent of county youth training program clients that increase skills or get jobs	King County offers education and training for youth who have dropped out of school or are at risk of dropping out, or have been in the juvenile justice system.
Percent of emergency or transitional housing clients moving to more stable housing	King County provides a variety of emergency and transitional housing services to help clients achieve their goal of ending homelessness.
Percent of alternative-to-detention participants receiving drug treatment	The Community Center for Alternatives provides court-ordered intensive outpatient treatment for participants with chemical dependency.
Percent of jailed adults with mental illness who are provided to current and former jail in reduce recidivism	This measure shows how mental health services provided to current and former jail inmates reduce recidivism.

Governance

MEASURE	EXPLANATION
County's bond rating	The bond rating is a measure of the county's financial strength. A high bond rating reduces the county's cost of borrowing.

Kathe Callahan
Assistant Professor
School of Public Affairs and Administration
Rutgers University–Campus at Newark

Kathryn Kloby
Assistant Professor
Department of Political Science
Monmouth University



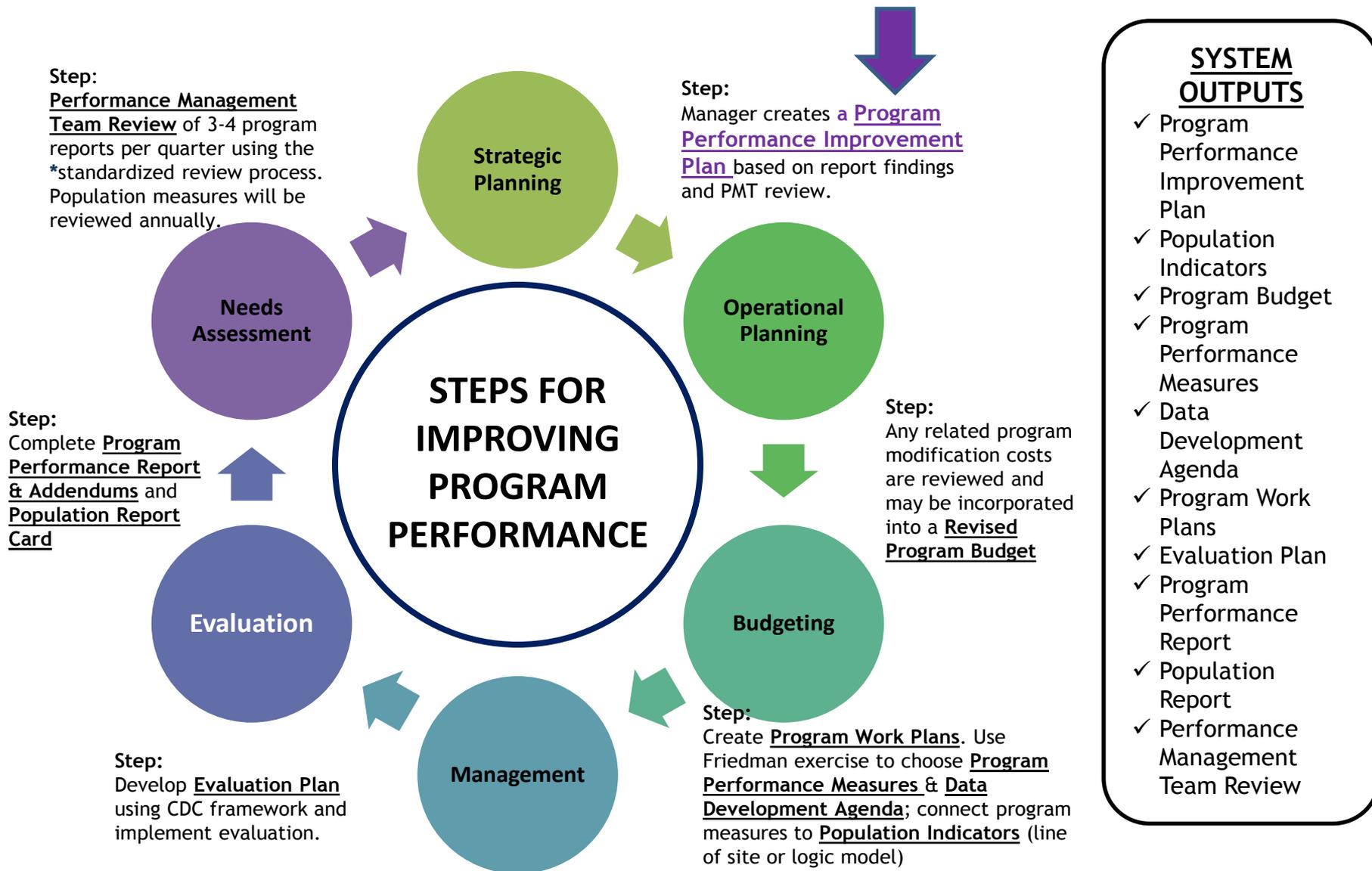
<http://www.phf.org/resourcestools/Documents/silosystem.pdf>

<http://www.businessofgovernment.org/sites/default/files/KlobyReport.pdf>

Performance Review Process

REVIEW PROCESS GOALS	PROGRAM QUESTIONS	PERFORMANCE MANAGEMENT QUESTIONS
1. <i>To Analyze Gaps, Trends, Differences.</i>	<ul style="list-style-type: none"> • Why are we above or below target? • What trends have we identified? • How does our performance compare to local, state, or national benchmarks? 	<ul style="list-style-type: none"> • In what ways is this program performing above or below target? • What trends can be identified?
2. <i>To Improve Results.</i>	<ul style="list-style-type: none"> • What concerns do we have, or problems do we anticipate? • How might performance be improved? • What's our primary focus for innovation? • What risks are we taking and for what desired payoff? • What have we learned from completing this report? 	<ul style="list-style-type: none"> • How might performance be improved?
3. <i>To Check For Unintended Consequences.</i>	<ul style="list-style-type: none"> • Have we verified our data sources? 	<ul style="list-style-type: none"> • What are the opportunity costs if we invest more resources in this program? • Are there any negative potential consequences of increasing results in this area?
4. <i>To Tell The Story.</i>	<ul style="list-style-type: none"> • How has our program/initiative contributed to population outcomes? • In what ways are our clients and other stakeholders better off? 	<ul style="list-style-type: none"> • How has this program contributed to population outcomes? • Who is better off?
5. <i>To Make Decisions.</i>	<ul style="list-style-type: none"> • What are our suggestions for improving the performance of our program/initiative? • What do we need from the performance management team to improve our results? 	<ul style="list-style-type: none"> • What do these numbers tell us in moving forward?

WCHD PERFORMANCE MANAGEMENT SYSTEM



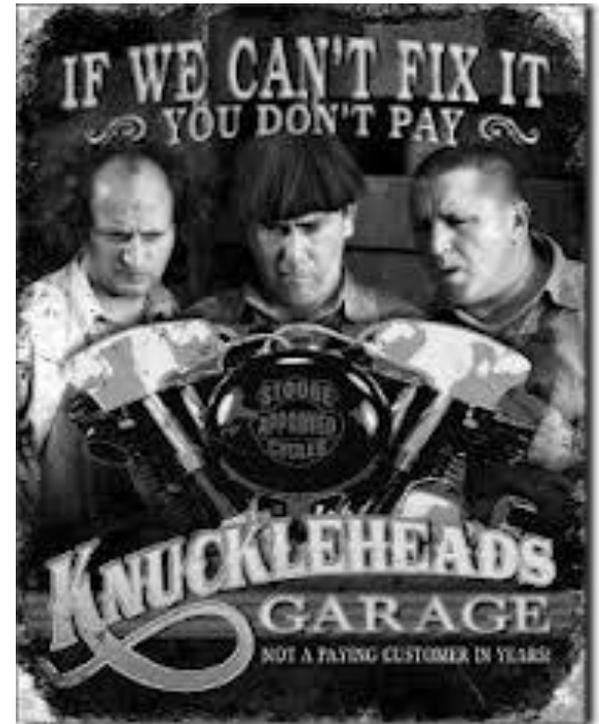
*Adapted from IBM's "Questions to Ask When Reviewing GMAP Reports."

Needs Identified

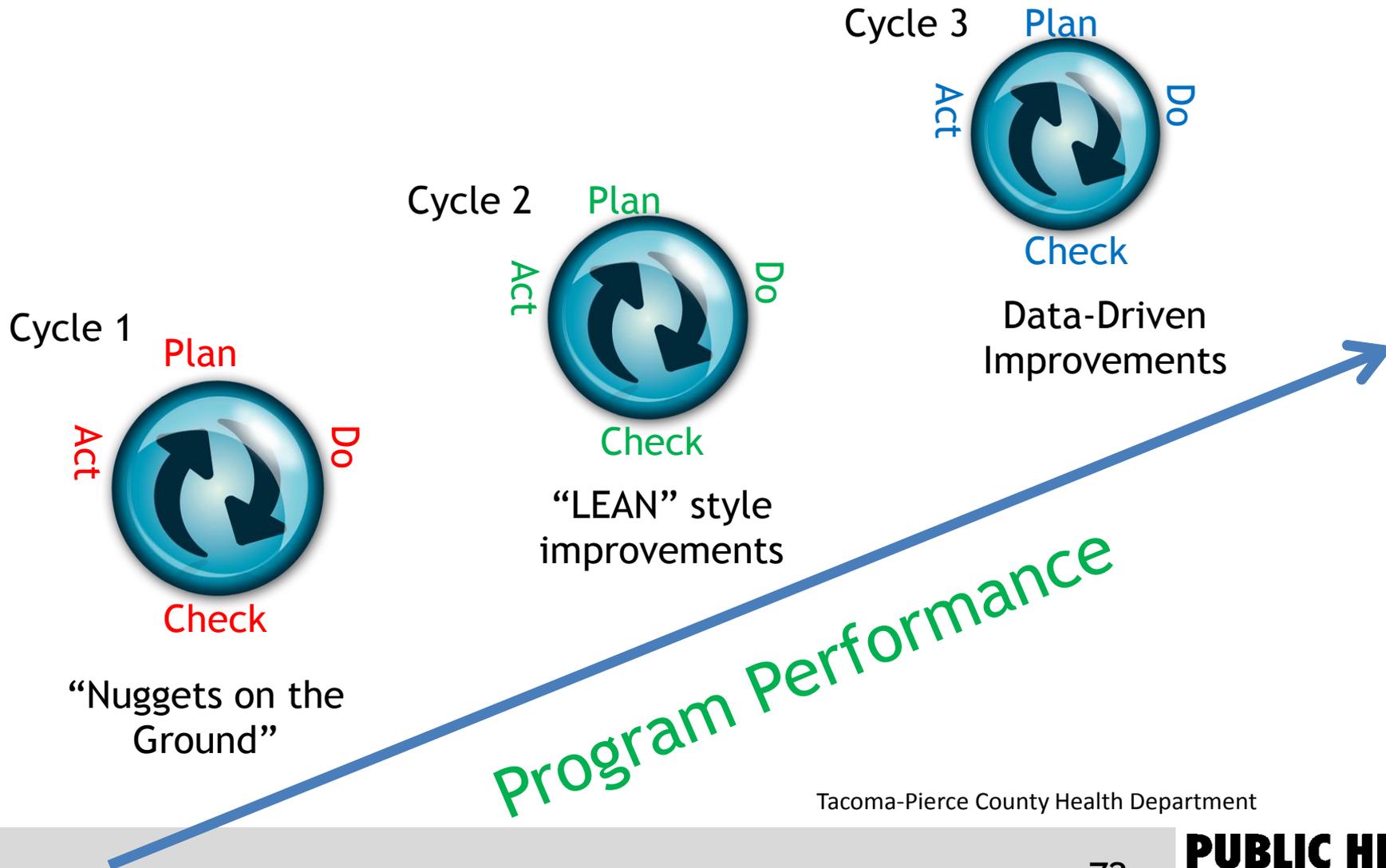
- From your Program Evaluation you might identify:
 - Activities need to be eliminated
 - Activities you need to do more of
 - Better data collection
 - That your program logic or logic model itself needs changed
 - That the data being collected needs improved
 - That key data isn't collected and needs to be
 - Outcomes not being met
 - The need to communicate to key stakeholder to show impact
 - Need for more extensive program evaluation
 - Processes that are inefficient
 - *Leads to Specific Quality Improvement projects*

Quality Improvement Principles

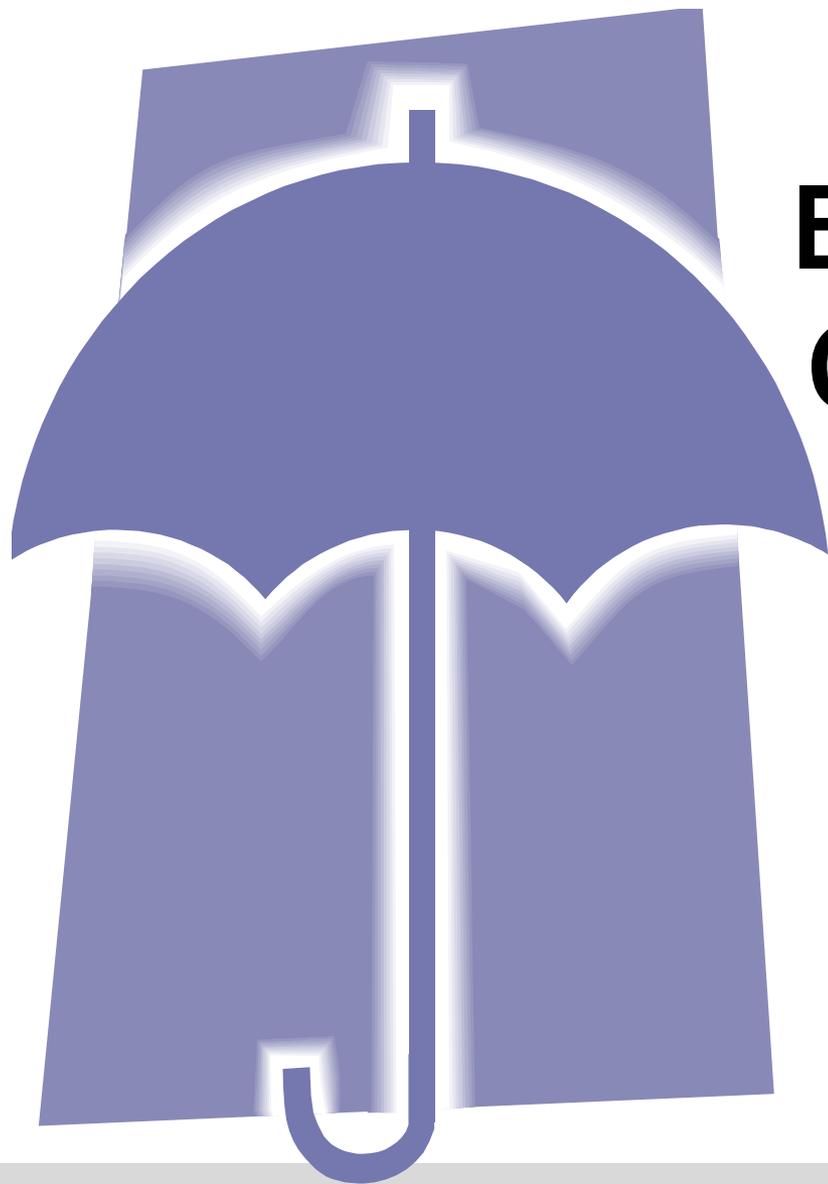
- Meeting customer requirements
- Understanding variation
- Standardizing process
- Using continuous scientific method



QI at the Program Level



Tacoma-Pierce County Health Department

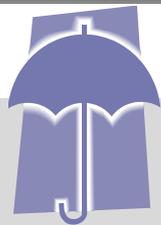
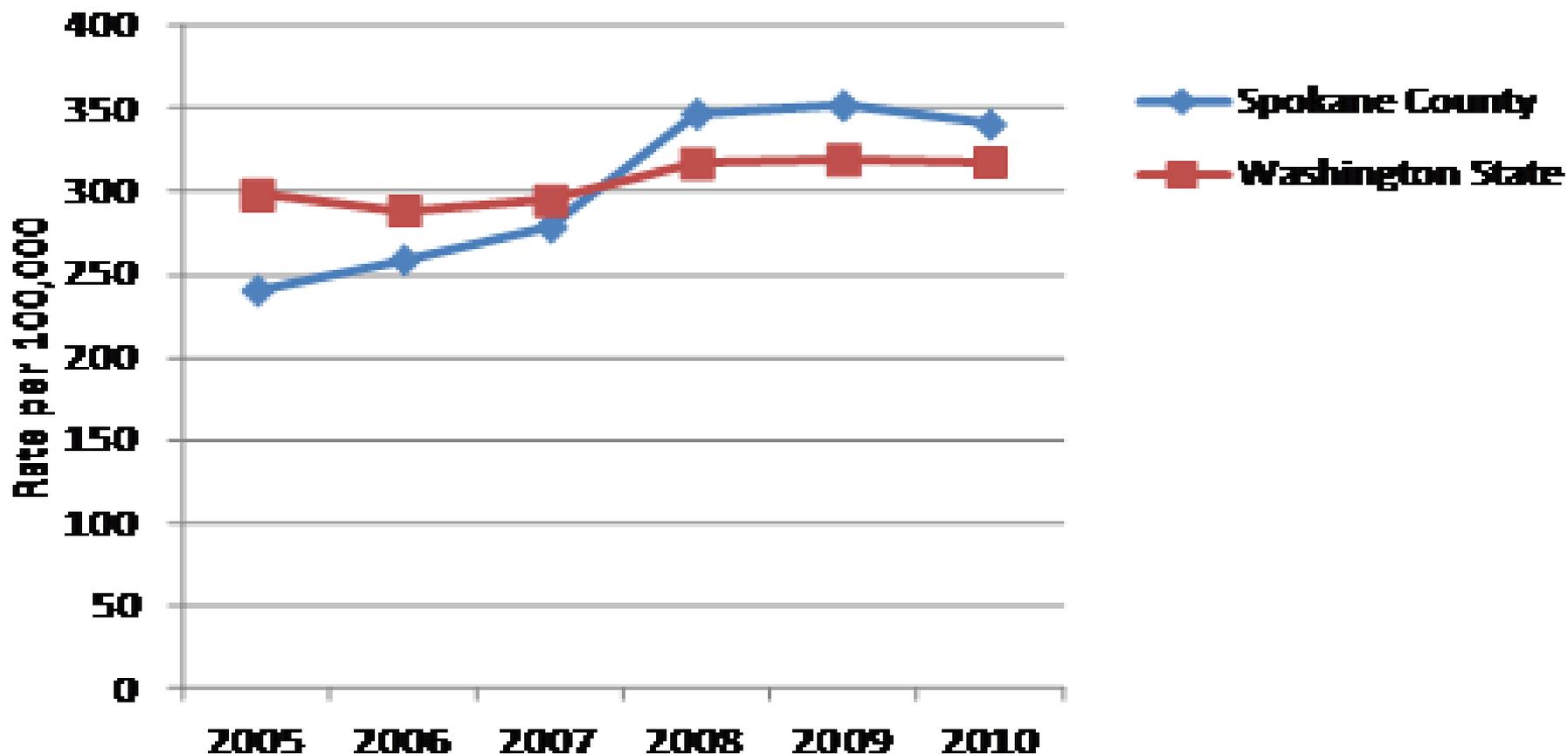


Program Evaluation (Using Outcome Data in Program Evaluation)

Evaluation Question: What was the impact of the increased funding and enhanced programming on rates of chlamydia?

Program Impacts

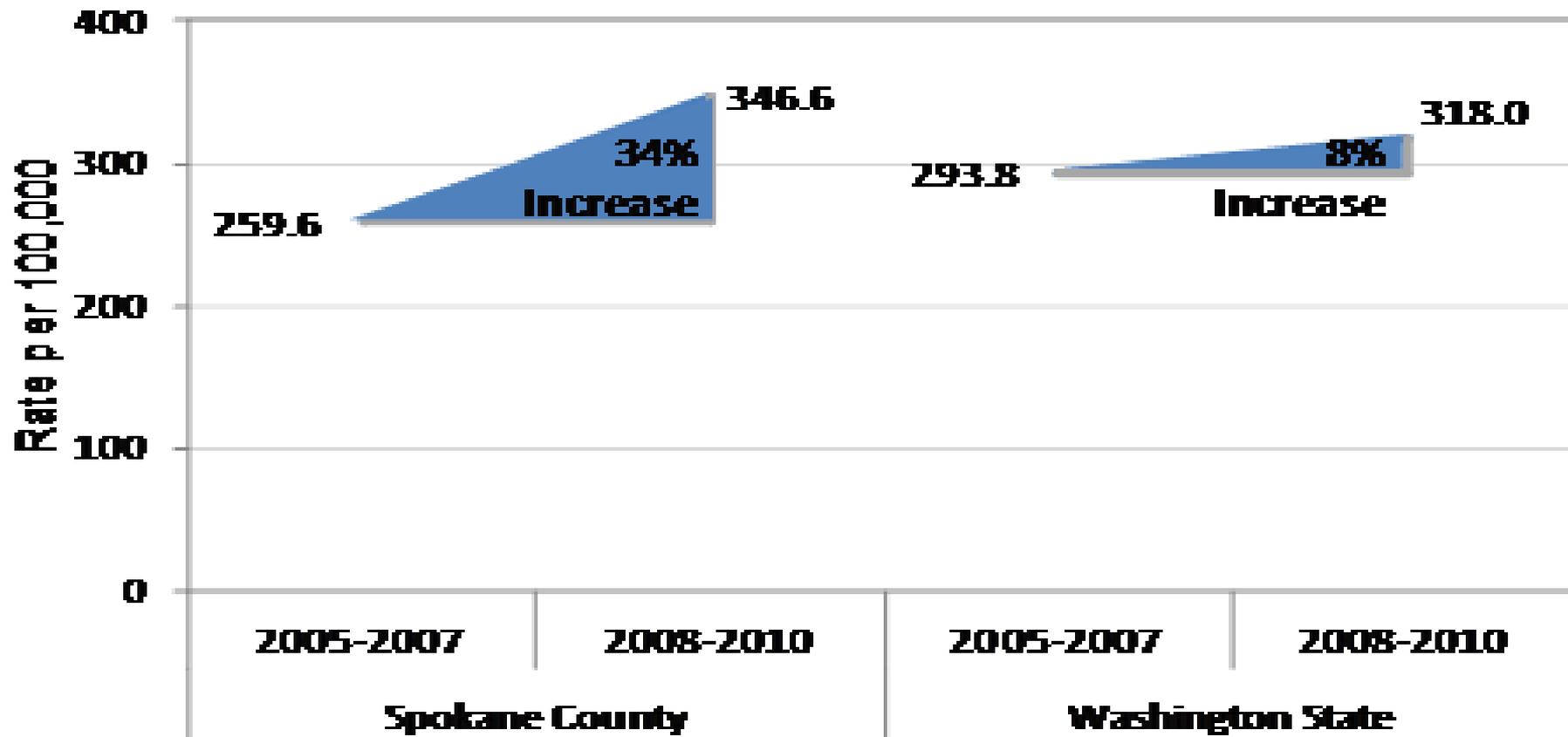
Chlamydia Rates Over Time



Program
Evaluation

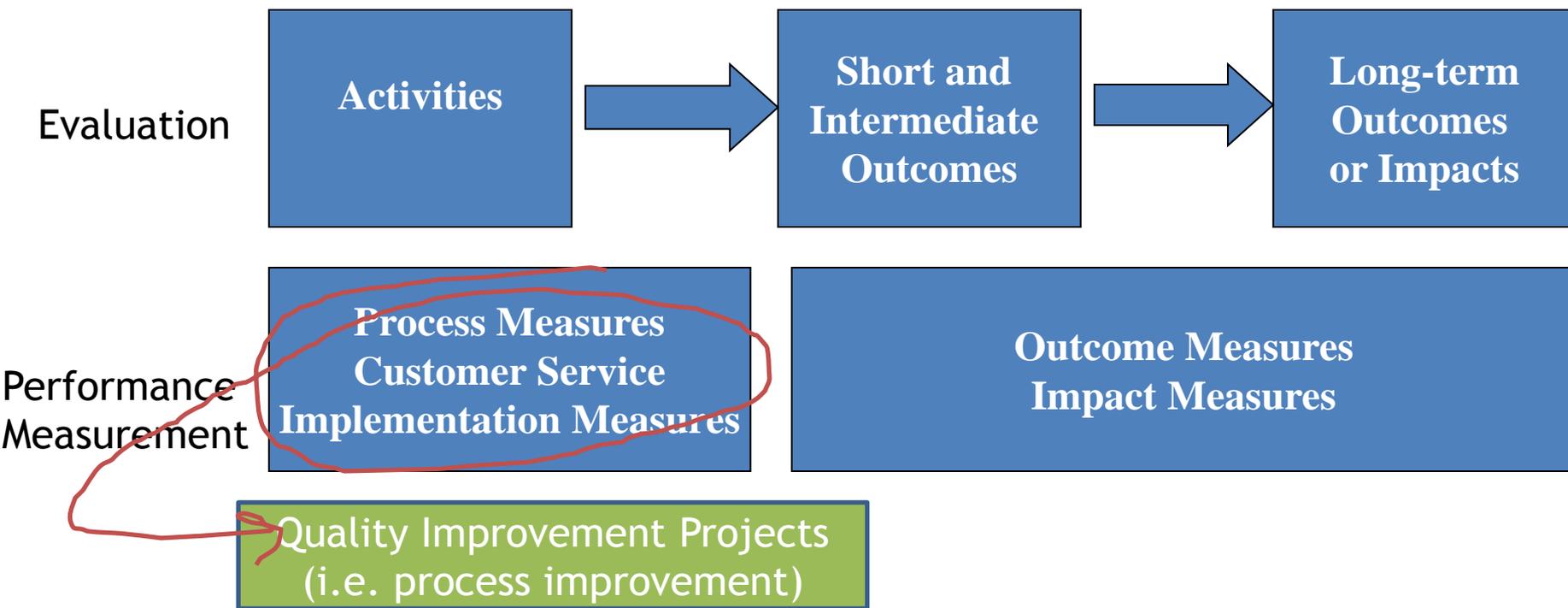
Program Impacts Continued

Changes in Chlamydia Rates



Program
Evaluation

Linking Planning, Evaluation and Performance Measurement



Adapted from Thomas J. Chapel, Practical Program Evaluation Using CDC's Evaluation Framework.

What Performance Management Strategy would you choose?



Let's Practice

Example (1)

- The Opioid Treatment Program's Review Committee identified multiple inconsistencies in the detox and discharge process of patients found to be noncompliant with treatment regimens. You've been asked to address this problem.

What Performance Management approach would you choose? Why?

- A. Establish a performance measurement system.
- B. Conduct a program evaluation.
- C. Conduct a quality improvement project.
- D. I've no idea.

Let's Practice

Example (2)

- The Immunization Clinic monitors providers participating in the Vaccine for Children program; providers are required to submit monthly quality reports. Your director has asked you to present to the BOH on the types of quality issues your staff are seeing, as well as which clinics are having compliance issues. You don't currently have answers to this.

What Performance Management approach would you choose? Why?

- A. Establish a performance measurement system.
- B. Conduct a program evaluation.
- C. Conduct a quality improvement project.
- D. (B) and (C) above.

Let's Practice

Example (3)

Your program was just awarded a 2-year grant targeting child care providers with 3 overall objectives: 1) increase healthy and whole food offerings, 2) increase child care curricula to promote enhanced physical activity, and 3) educating child care providers on trauma-informed care. Multiple stakeholders in the community, including the CDC are interested in the outcomes of the grant.

What approach would you choose? Why?

- A. Establish a performance measurement system.
- B. Conduct a program evaluation.
- C. Conduct a quality improvement project.
- D. I've no idea.

Let's Practice

Example (4)

Your agency has received a grant to improve the local food environment by reducing sodium availability and consumption. Grant activities include: 1) develop and implement food service guidelines/nutrition standards, 2) implement menu and/or meal modifications to reduce sodium, 3) implement strategies that may enhance selection of lower sodium foods, and 4) offer complementary venue-specific consumer information activities. Assisting with procurement practices of restaurants and working with food distributors is a component of program sustainability. Once grant activities are completed, site visits will be integrated with existing health promotion activities and conducted regularly to monitor program compliance and identify barriers.

What approach would you choose? Why?

- A. Establish a performance measurement system.
- B. Conduct a program evaluation.
- C. Conduct a quality improvement project.
- D. (A) and (B) above.

The value of Evaluation





Resources and References

AEA Resources

The [American Evaluation Association](#) is an international association of evaluators devoted to the application and exploration of evaluation.

- **Exceptional in-Person Learning:** [Annual Conference](#) and [AEA/CDC Evaluation Institute](#) (summer-Atlanta)
- **Ongoing Asynchronous Training and Exchange:** Monthly [Thought Leaders Discussion](#) and [Coffee Break Webinars](#) (20 minutes each) on a variety of topics; content is archived for members. Also, in depth [eStudy Workshops](#) are available (fee basis).
- **Essential Reading:** Hardcopy and/or electronic subscriptions to The [American Journal of Evaluation](#) (AJE) and [New Directions for Evaluation](#) (NDE)
- **Networking and Community:** Participation in up to five of AEA's 40+ [Topical Interest Groups](#), each one a professional community of colleagues with similar interests and professional foci. Also, a listing in AEA's Online Membership Directory.
- **Opportunities to Input to AEA public statements.** Example: [Guiding Principles for Evaluators](#)
- **Promotion of Services:** If you are a consultant or work for a consulting firm, you can submit a listing to AEA's searchable ["Find an Evaluator"](#) database.

Resources & References

- Washington's Public Health Performance Management Centers for Excellence
- www.doh.wa.gov/PHIP/perfmgtcenters
- PARTNER tool, sponsored by RWJ Foundation
<http://www.partnertool.net/>
- <http://www.cdc.gov/eval/framework/index.htm>
- <http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx>
- <http://www.doh.wa.gov/PHIP/perfmgtcenters/modules/past.htm>

Resources & References

- NACCHO Social Network Analysis Tool: www.partnertool.net/
- U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to Program Evaluation for Public Health Programs: A self-study guide. Atlanta, GA: Center for Disease Control and Prevention, 2005.
- Bill Riley and Russell Brewer, Review and Analysis of QI Techniques in Police Departments, JPHMP Mar/April 2009.
- Defining Quality Improvement in Public Health. *Journal of Public Health Management and Practice*, 2010, 16(1), 5-7.

Resources & References

Logic Models

- Community Tool Box: Developing a Logic Model
 - ctb.ku.edu/
- NW Center for PH Practice - Online training
 - nwcphp.org/training/courses/logic-models
- Logic Model templates
 - uwex.edu/ces/pdande/evaluation/evallogicmodelworksheets.html
- W.K. Kellogg Foundation Logic Model Development Guide
 - wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf

Resources & References

Performance Measurement

- Public Health Foundation, Turning Point Project: Guidebook for Performance Measurement. Patricia Lichiello; Bernard J. Turnock, Consultant.
 - <http://www.phf.org/resourcestools/Documents/PMCguidebook.pdf>
- Performance Measure Guide. *Office of Financial Management, State of Washington*.
 - <http://www.ofm.wa.gov/budget/instructions/other/2009performancemeasureguide.pdf>
- *Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities*, Mark Friedman, 2009

THANKS FOR YOUR PARTICIPATION

Please complete the evaluation you get in email

Visit us online:

www.doh.wa.gov/PHIP/perfmgtcenters



What Questions Do You Have?

The contents of this presentation were selected by the author and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.