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

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Washington State Department of Health
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

Performance Management

- Performance Measurement
- Program Evaluation
- Quality Improvement
Public Health Accreditation
Standard 9.1

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

United States Government and Accountability Office, 2012
## Similarities and Differences

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

Performance management

- Program evaluation

- Performance measurement & monitoring
- Quality improvement

Cost, Program Maturity, Rigor, Epi Support, Evaluation Expertise
**WCHD PERFORMANCE MANAGEMENT SYSTEM**

**Strategic Planning**
- Step: Create Program Work Plans. Use Friedman exercise to choose Program Performance Measures & Data Development Agenda; connect program measures to Population Indicators (line of site or logic model).

**Operational Planning**
- Step: Manager creates a Program Performance Improvement Plan based on report findings and PMT review.

**Budgeting**
- Step: Any related program modification costs are reviewed and may be incorporated into a Revised Program Budget.

**Management**
- Step: Review of 3-4 program reports per quarter using the *standardized review process. Population measures will be reviewed annually.

**Evaluation**

**Needs Assessment**
- Step: Develop Evaluation Plan using CDC framework and implement evaluation.

**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

July 16, 2014
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?
**WCHD PERFORMANCE MANAGEMENT SYSTEM**

**STEPS FOR IMPROVING PROGRAM PERFORMANCE**

**Strategic Planning**
- Step: Create Program Work Plans. Use Friedman exercise to choose Program Performance Measures & Data Development Agenda; connect program measures to Population Indicators (line of site or logic model).

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- Step: Any related program modification costs are reviewed and may be incorporated into a Revised Program Budget.

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- Step: Performance Management Team Review of 3-4 program reports per quarter using the *standardized review process. Population measures will be reviewed annually.

**Evaluation**
- Step: Develop Evaluation Plan using CDC framework and implement evaluation.

**Management**

**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
We inspect restaurants

Conditions in restaurants don’t create unsafe foods

The public is sold safe food to eat

There are fewer incidents of foodborne illness

Goal: Decrease Rates of Communicable Disease in Spokane County

### Output Measure
- # of inspections

### Early Outcome & Process Measures
- % of critical violations that are corrected within 24 hrs.
- Ave # min to complete an inspection
- Ave # minutes staff travel time

### Intermediate Outcome Measure
- % of critical violations that are corrected within 24 hrs.

### Long-term Outcome Measure
- Rates of food-borne illness per 1,000 population
Mark Friedman’s 5-step method for developing performance measures

1. Identify and agree what matters
2. Collect the right information
3. Learn and improve performance

- How much did we do?
  - # customers served (by customer characteristic)
  - # Activities (by type of activity)

- How well did we do it?
  - % common measures (workload ratio, staff turnover rate, staff morale, percent of staff fully trained, worker safety, unit cost, customer satisfaction: Did we treat you well?)
  - % activity-specific measures (% of actions timely and correct, % clients completing activities, % of actions meeting standards)

- Is Anyone Better Off?
  - # skills/knowledge
  - # attitude/opinion
  - # behavior
  - # circumstance
  - % skills/knowledge
  - % attitude/opinion
  - % behavior
  - % circumstance
## WCHD On Site Sewage Program Measures

<table>
<thead>
<tr>
<th>Step 1: How much did we do?</th>
<th>Step 2: How well did we do it?</th>
</tr>
</thead>
<tbody>
<tr>
<td># of customers served:</td>
<td>Common measures that apply:</td>
</tr>
<tr>
<td></td>
<td>Customer satisfaction, Work load ratio, Efficiency, Effectiveness</td>
</tr>
<tr>
<td></td>
<td>Specific Measures:</td>
</tr>
<tr>
<td># of activities:</td>
<td>Step 3: Is anyone better off?</td>
</tr>
</tbody>
</table>

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

#### Step 3: Is anyone better off?

- Categories to explore:
  - skills/knowledge
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# WCHD On Site Sewage Program Measures

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- **# of activities:**
  - System inspections
  - 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
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## Step 3: Is anyone better off?
# WCHD On Site Sewage Program Measures

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- **Common measures that apply:**
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  - Effectiveness
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  - % 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
- behavior
- circumstances

**Step 3: Is anyone better off?**
- % homeowners with current O&M evaluation
- % OSS failures
- % OSS repairs—cycle time

**Other measures:**
- # 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
- **# of activities:**
  - System inspections
  - 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 response within 14 days
  - 😊 % complaints resolved in 60 days
  - 😊 % accurate homeowner evaluation

### Step 3: Is anyone better off?
- 😊 % homeowners with current O&M evaluation
- 😊 % OSS failures
- 😊 % OSS repairs—cycle time

### Categories to explore:
- skills/knowledge
- attitude/opinion
- behavior
- circumstances
- # homeowners with current O&M eval.
- # 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
- **# of activities:**
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  - Efficiency
  - Effectiveness
- **Specific Measures:**
  - % inspections within 48 hours notice
  - % permit apps reviewed in 30 days
  - % complaint response within 14 day
  - % 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)**
- **# 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
- # of activities:
  - System inspections
  - 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 response within 14 day
  - ☁ % complaints resolved in 60 days
  - ☁ % accurate homeowner evaluation

## 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

## Step 1: How much did we do?
- **# of customers served:**
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- **# of activities:**
  - System inspections
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  - 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 response within 14 day
- ☺ % complaints resolved in 60 days
- ☺ % accurate homeowner evaluation

## Step 3: Is anyone better off?
- ☺ % homeowners with current O&M evaluation
- ☺ % OSS failures
- ☺ % OSS repairs—cycle time
- % customer satisfaction (new)

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

- # homeowners with current O&M eval.
- # OSS failures
- #OSS repairs—cycle time
- # customer satisfaction (new)
# Discussion -- Packing lunch for grade schoolers

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<tr>
<td># of customers served:</td>
<td>Common measures that apply:</td>
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<tr>
<td>Larry</td>
<td>Customer satisfaction, Work load ratio,</td>
</tr>
<tr>
<td>Mo</td>
<td>Efficiency, Effectiveness</td>
</tr>
<tr>
<td>Curly Joe</td>
<td>Specific Measures:</td>
</tr>
<tr>
<td># of activities:</td>
<td></td>
</tr>
</tbody>
</table>

### 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

### Step 3: Is anyone better off?
- **Categories to explore:**
  - skills/knowledge
  - attitude/opinion
    - behavior
    - circumstances

- **# of healthy lunches consumed by customers**

- **# customers satisfied with packed lunches**

---

**DATA DEVELOPMENT AGENDA**

- #1 😊 % healthy lunches consumed by customers
- #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**

**STEPS FOR IMPROVING PROGRAM PERFORMANCE**

1. **Step:** Create Program Work Plans. Use Friedman exercise to choose Program Performance Measures & Data Development Agenda; connect program measures to Population Indicators (line of site or logic model).

2. **Step:** Develop Evaluation Plan using CDC framework and implement evaluation.


4. **Step:** Manager creates a Program Performance Improvement Plan based on report findings and PMT review.

5. **Step:** Evaluate Program using CDC framework and implement evaluation.


7. **Step:** Performance Management Team Review of 3-4 program reports per quarter using the *standardized review process. Population measures will be reviewed annually.

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**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.”*
Program Evaluation (PE) in 6 Steps with 4 Standards

1. Engage Stakeholders
2. Describe Program
3. Focus Evaluation Design
4. Gather Evidence
5. Justify Conclusions
6. Ensure Use/Lessons Learned

STANDARDS
- Utility
- Feasibility
- Propriety
- Accuracy

MMWR, 1999, Framework for Program Evaluation in Public Health
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.

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?
Three dimensional Logic Modeling Demonstration
Step 2: When Describing Program, Don’t Forget About:

Stage of Development

Context
# Maturity of Program

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| **SURVEYS**  | ✦ 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 online | ✦ 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** | ✦ 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 | ✦ 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** | ✦ 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 | ✦ Meeting logistics can be complicated  
✦ Need well-qualified, highly trained interviewer  
✦ Not appropriate when group pressure would inhibit responses |
| **OBSERVATIONS** | ✦ 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 | ✦ Expensive and time-consuming  
✦ Need well-qualified, highly 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**     | ✦ 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 | ✦ May be oversimplified and superficial  
✦ May be very time consuming  
✦ May be biased against some groups of test takers  
✦ May be subject to corruption via coaching or cheating |
| **DOCUMENT STUDIES** | ✦ 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 | ✦ 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** | ✦ Information concerning causes, reasons, and/or best approaches is gathered from an “insider” point of view  
✦ May have side benefit to solidarity relationships among evaluators, clients, participants, and other stakeholders | ✦ Time required to select and get commitment may be substantial  
✦ Relationship between evaluator and informants may influence type of data obtained  
✦ Informants may inject own biases and impressions  
✦ Disagreement among individuals may be hard to resolve |
| **CASE STUDIES** | ✦ 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 | ✦ 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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Chief Evaluation Officer, Centers for Disease Control and Prevention
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404-639-2116
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?
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**

**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 Asthma & 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
  - Skookum Family Medicine
  - Sumas Medical Clinic
  - Tribal Providers: Lummi Tribal Health Center & Nooksack Tribal Health Center
  - Village Family Health

**Return to logic model**

**PUBLIC HEALTH**
*Always working for a safer and healthier Washington*
STEP 2: Describe the Program

Whatcom County Health Department

IMMUNIZATION PROGRAM OVERVIEW

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

- Provide timely immunizations and education, particularly to those who lack access
- Efficiently distribute state-supplied Vaccine For Children (VFC) and educate providers to improve usage and assure vaccine viability
- Capacity for effective disease outbreak response

Evaluation Note: Program Component C was not included in the evaluation. However, it was reviewed in the H1N1 After Action Report dated 6/7/10 and portions of the review pertinent to Component C are incorporated into the evaluation report.

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

Go to logic model
Describe the program
Component A

Whatcom County Health Department

PROGRAM COMPONENT A: FLOW CHART

Step 1: Initial Program Contact (Walk-in or Talk-in)
Q. What does client need?

Step 2: Initial Client Screening
Q. Child or Adult?

Step 3a: Vaccine Screening & Documentation
Q. Child or Adult?
Q. CHILD: Is child eligible for state-supplied vaccine? Answer “yes”
Q. ADULT: Is an immunization needed? Answer “yes”

Step 3b: Information
Q. What information is needed and can program provide it?

Step 4a: Vaccine Action

Step 4b: Education
Q. How best can requested information be provided?

Step 5: Appointment & PHN Assessment
Q. Is an immunization needed today? Answer “yes”

Possible Referrals: Private provider, pharmacy, Planned Parenthood (HPV only), other WCHD programs, WAHA, social services, food bank, etc.

CLIENTS:
Children under age 19
Adults who are high risk and lack access, such as:
- Stem cell transplants
- Immigrants
- Those without insurance
- Low income individuals
Describe the program Component B

Whatcom County Health Department

PROGRAM COMPONENT B: FLOW CHART

Enrollment

Step One: Initial Provider Contact

Step Two: Enrollment Education

Step Three: Provider Education

Step Four: Provider Orientation

PROVIDER Roles & Responsibilities

Step Five: Task 1: Monthly vaccine order to WCHD

Step Five: Task 2: Monthly vaccine report to WCHD

Step Five: Task 3: Participate in site visits

Step Five: Task 4: Participate in education components

WCHD Ongoing Quality Assurance & Education

Step Six: Task 1: Assure that vaccine orders are appropriate based on ordering history and current vaccine availability

Step Six: Task 2: Assure that vaccine reports are completed accurately and on time

Step Six: Tasks 3 & 4: Complete site visits, including AFIX site visits to provide QA and improve immunization rates for children 24-35 months

Step Six: Task 5: Provide vaccine education to providers via multi-media and scheduled events
Describe the program: Logic Model

Whatcom County Health Department

IMMUNIZATION PROGRAM LOGIC MODEL

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

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

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
Go to Stakeholder’s List

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
Capacity for effective disease outbreak response

LONG-TERM OUTCOMES
Provide timely immunizations and education, particularly to those who lack access
See additional short-term outcomes
See additional short-term outcomes

Go to Program Evaluation Overview
Describe the program: Assumptions

Whatcom County Health Department

IMMUNIZATION PROGRAM ASSUMPTIONS

Overall Program Assumptions

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

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**

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

**TIMelines:**

- Go to Stakeholders List
- Go to Short-Term Outcomes
- Go to Stakeholders List

**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

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?

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

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TIMELINES:

QUALITATIVE DATA COLLECTION & REPORTING PLAN:
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2. Create interview guides (Vaccinators) 6/10
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3. Summarize findings (Sloan) 11/10
4. Review findings (Vaccinators) 11/10
5. Incorporate into Report (Sloan) 11/30/10
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.

**Figure 1.2**
Percentage of Whatcom County Children (19-35 months) with up-to-date immunization status (4-3-1-3-3) in Child Profile Registry

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>11%</td>
</tr>
<tr>
<td>2005</td>
<td>25%</td>
</tr>
<tr>
<td>2006</td>
<td>32%</td>
</tr>
<tr>
<td>2007</td>
<td>49%</td>
</tr>
<tr>
<td>2008</td>
<td>45%</td>
</tr>
<tr>
<td>2009</td>
<td>51%</td>
</tr>
<tr>
<td>as of 11/1/10</td>
<td>56%</td>
</tr>
</tbody>
</table>
STEP 5: Justify Conclusions

Whatcom County Health Department

IMMUNIZATION PROGRAM INDICATOR DATA

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 code the final outcome for each. The Excel spreadsheet will include these data fields:

- Date of clinic visit
- Child’s initials (first & last)
- Child’s birthdate
- Vaccine type refused
- 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.
Step: Performance Management Team Review of 3-4 program reports per quarter using the *standardized review process. Population measures will be reviewed annually.

Step: Complete Program Performance Report & Addendums and Population Report Card

Step: Develop Evaluation Plan using CDC framework and implement evaluation.

Step: Create Program Work Plans. Use Friedman exercise to choose Program Performance Measures & Data Development Agenda; connect program measures to Population Indicators (line of site or logic model)

Step: Manager creates a Program Performance Improvement Plan based on report findings and PMT review.

Step: Any related program modification costs are reviewed and may be incorporated into a Revised Program Budget

Step: Program Performance Improvement Plan

Step: Population Indicators

Step: Program Budget

Step: Program Performance Measures

Step: Data Development Agenda

Step: Program Work Plans

Step: Evaluation Plan

Step: Program Performance Report

Step: Population Report

Step: Performance Management Team Review

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.”

July 16, 2014
Build Understanding & Expertise

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


Moving Toward Outcome-Oriented Performance Measurement Systems

Managing for Performance and Results Series


July 16, 2014
## Performance Review Process

<table>
<thead>
<tr>
<th>REVIEW PROCESS GOALS</th>
<th>PROGRAM QUESTIONS</th>
<th>PERFORMANCE MANAGEMENT QUESTIONS</th>
</tr>
</thead>
</table>
| 1. To Analyze Gaps, Trends, Differences.         | • Why are we above or below target?  
• What trends have we identified?  
• How does our performance compare to local, state, or national benchmarks? | • In what ways is this program performing above or below target?  
• What trends can be identified?                                                                                                                   |
| 2. To Improve Results.                           | • 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? | • How might performance be improved?                                                                                                             |
| 3. To Check For Unintended Consequences.         | • Have we verified our data sources?                                                                                                                                                                             | • 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. To Tell The Story.                            | • How has our program/initiative contributed to population outcomes?  
• In what ways are our clients and other stakeholders better off?                                                                                 | • How has this program contributed to population outcomes?  
• Who is better off?                                                                                                                                   |
| 5. To Make Decisions.                            | • 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?                                                                      | • What do these numbers tell us in moving forward?                                                                                                 |
**WCHD PERFORMANCE MANAGEMENT SYSTEM**

**STEPS FOR IMPROVING PROGRAM PERFORMANCE**

Step: **Performance Management Team Review** of 3-4 program reports per quarter using the *standardized review process. Population measures will be reviewed annually.

Step: **Create Program Work Plans**. Use Friedman exercise to choose Program Performance Measures & Data Development Agenda; connect program measures to Population Indicators (line of site or logic model).

Step: **Develop Evaluation Plan** using CDC framework and implement evaluation.

Step: **Needs Assessment**

Step: **Operational Planning**

Step: **Strategic Planning**

Step: **Management**

Step: **Budgeting**

Step: **Evaluation**

Step: **Complete Program Performance Report & Addendums** and Population Report Card

Step: **Manager creates a Program Performance Improvement Plan** based on report findings and PMT review.

Step: **Any related program modification costs are reviewed and may be incorporated into a Revised Program Budget**

**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.”*
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

“Nuggets on the Ground”

“LEAN” style improvements

Data-Driven Improvements

Tacoma-Pierce County Health Department

July 16, 2014
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

Rate per 100,000

2005 2006 2007 2008 2009 2010

Spokane County
Washington State
Program Impacts Continued

Changes in Chlamydia Rates

Changes:
- 34% Increase
- 8% Increase

Rate per 100,000

Spokane County
- 2005-2007: 259.6
- 2008-2010: 346.6

Washington State
- 2005-2007: 293.8
- 2008-2010: 318.0
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.
Public Health Performance Management • Centers for Excellence

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

What gets measured gets done

If you don’t measure results, you can’t tell success from failure

If you can’t see success, you can’t reward it

If you can’t reward success, you’re probably rewarding failure

If you can’t see success, you can’t learn from it

If you can’t recognize failure, you can’t correct it

If you can demonstrate results, you can win public support
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](http://www.doh.wa.gov/PHIP/perfmgtcenters)

• PARTNER tool, sponsored by RWJ Foundation
  [http://www.partnertool.net/](http://www.partnertool.net/)


Resources & References

- NACCHO Social Network Analysis Tool: [www.partnertool.net/](http://www.partnertool.net/)
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/pdance/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.


• 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.