

**3** Third in a series of Turning Point  
resources on Performance Management



# Survey on Performance Management Practices in States

## Results of a Baseline Assessment of State Health Agencies



**Prepared by  
Public Health Foundation**

for the Performance Management  
National Excellence Collaborative

The *Turning Point Performance Management Collaborative Survey on Performance Management Practices in States* was produced by the Turning Point National Program Office at the University of Washington. This report was researched and written by the Public Health Foundation, under contract to the Turning Point Performance Management Collaborative, funded by The Robert Wood Johnson Foundation through *Turning Point: Collaborating for a New Century in Public Health*.

**Suggested citation:**

Public Health Foundation. Turning Point Performance Management Collaborative Survey on Performance Management Practices in States. Seattle, WA: Turning Point National Program Office at the University of Washington, February 2002.

**Availability Online and in Print**

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## Acknowledgments

We would like to thank the staff in each participating state health agency who devoted valuable time and effort to providing quality information for this Survey and helped us achieve such a high response rate. We are also grateful for the insights and assistance from the Turning Point Performance Management Collaborative (PMC) members who contributed to the development of the Survey and this report. State PMC members include Alaska, Illinois, Missouri, Montana, New Hampshire, New York, and West Virginia. National partners include the Association of State and Territorial Health Officials, National Association of County and City Health Officials, Centers for Disease Control and Prevention, Health Resources and Services Administration, and Association of State and Territorial Local Health Liaison Officials.

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

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## Foreword

On behalf of the Turning Point Performance Management Collaborative (PMC), the Turning Point National Program Office, and the Public Health Foundation (PHF), we are pleased to present the results of the 2001 *Survey of Performance Management Practices in States* (the Survey). The Survey was sponsored by the PMC—a group of seven states and five national partner organizations working to study and promote systems to manage public health performance. The four-year collaborative project is funded by The Robert Wood Johnson Foundation through *Turning Point: Collaborating for a New Century in Public Health*. The Survey design, administration, and analysis were conducted by PHF with assistance from the Association of State and Territorial Health Officials (ASTHO).

### Purposes of the Survey

The purpose of this Survey was to characterize state health agency (SHA) efforts to measure and manage public health performance. The PMC desired this information to (1) develop a baseline of what is happening in SHA performance management across the nation; (2) develop state performance management profiles that will help SHAs identify and learn from states with similar systems; and (3) set the stage for the next phase of PMC work—the development of performance management resources for states based on the findings.

### PMC Performance Management Series

This report is part of a series of PMC activities to promote and advance the use of accountable performance

management systems in public health. In 2001, the PMC produced with PHF a review of the performance management literature, highlighting references from the public health, business, government, health care, education, and non-profit sectors, available at [www.turningpointprogram.org/Pages/pmc\\_lit\\_synthesis.pdf](http://www.turningpointprogram.org/Pages/pmc_lit_synthesis.pdf).

The Survey builds on this literature review and will be a catalyst for the next phase of the PMC's work to identify and develop model practices.

### Implications and Uses

The outstanding response (94 percent) to this Survey has resulted in an unprecedented set of baseline data on state public health performance management practices. These data expose the striking lack of information available to decision-makers trying to choose an effective approach to performance management in their jurisdictions. The findings underscore SHAs' desires for more information about models and best practices in this arena, as well as the challenges in fulfilling their needs. No single performance management approach is used by most SHAs, and there are insufficient data to know which among the variety of SHA approaches are good models or ones to avoid.

The members of the PMC appreciate the challenge before them in ensuring that SHAs receive the assistance they need according to this Survey. The development of performance management models that are feasible for implementation by states will test the limits of our knowledge, vision, and

creativity. The diversity of state public health systems and the evolution of their management systems is always a key consideration in evaluating and promoting state public health practices. But the need for improved accountability and the capability of monitoring and articulating the value of public health is of clear concern to states.

For the many public health leaders that need current information about performance management in public health, the state performance management profiles and other information contained in the report are important tools. The PMC is committed to continuing to gather and share information about SHA practices, as well as provide models, options, and guidance for SHAs grounded in available research.

We call on our partners in academic, philanthropic, federal, and practice settings to help formulate and fund a practice-oriented research agenda to assess the effectiveness of models of performance management in public health.

This report provides excellent leads for developing such an agenda and carrying out research at both the state and local levels. As examples, this report invites further exploration of the following:

- components of performance management (e.g., performance targets, processes for change and quality improvement), their relationship to improving performance, and ways to operationalize these components within various SHA structures;
- factors that may account for differences in outcomes among performance management efforts; and

- practices and outcomes within the areas of performance that SHAs most and least often address (health status and human resource development, respectively).

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## Introduction

### Origins of Performance Measurement in Public Health

Performance measurement has increasingly become a powerful tool for assessing program outcomes and program activities. Indeed, the concepts of managing and measuring performance are not entirely new and are embedded in the principles of evaluation, or the systematic application of scientific procedures for assessing the utility of programs (Rossi and Freeman, 1989). In the public health arena, the principles of performance measurement have been applied in one form or another for about 80 years now, according to Turnock (1997). In 1914, a survey of state health agencies documented service delivery and the development of local health departments. In 1921, the American Public Health Association (APHA) constituted a Committee on Municipal Health Department Practice that developed a survey to gather information on service delivery of health departments in 80 cities. The reconstituted committee developed what was called an 'Appraisal Form,' which was, in fact, a 'self-assessment tool' used by local health officers to assess public health practice (Turnock, 1997:170-173). Subsequent iterations of these assessment efforts involved the development of an 'Evaluation Schedule,' the Emerson Report, and the adoption of policies by the APHA to examine the practice of public health, especially at the local level.

According to Hatry (1999), the current principles of results-based performance measurement are derived from the principles of cost-effectiveness and program budgeting that were initiated by the RAND Corporation for the Defense Department. These principles were modified to make them relevant for the non-defense sector. During the 1960s and

1970s, the Urban Institute worked with several state and local agencies to refine procedures and activities for monitoring performance and tracking outcomes. The Government Performance and Results Act of 1993 provided needed impetus not just to federal agencies, but to state and local agencies to emphasize performance monitoring and to assess outcomes. In addition to the principles of cost-effectiveness, practitioners in the public health arena rely on health-specific frameworks to conduct performance monitoring.

### Current Performance Measurement Frameworks & Tools

In the *Guidebook for Performance Measurement* (1999), written for the Turning Point National Program Office, Lichiello summarizes eight frameworks used in public health to assess performance; the list culminates in the Ten Essential Public Health Services established in 1994 by the Public Health Functions Steering Committee. Currently, the broad objectives of the Healthy People 2010 document provide guidance for action and performance monitoring. Additionally, the National Public Health Performance Standards Program (NPHPSP) developed by the Centers for Disease Control and Prevention (CDC) and its partners provides a uniform template for effective evaluation and measurement of public health performance at the state and local levels. These frameworks illustrate the efforts of the performance measurement 'movement' in public health to assess activities and link them to health outcomes through protocols, activity guidance, and self-assessment instruments or tools.

Other tools or instruments for performance measurement in public health include Mobilizing for Action Through Planning



and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO), which incorporates the local NPHPSP instrument; Health Plan Employer Data and Information Set (HEDIS) developed by the National Committee on Quality Assurance (NCQA); and Community Health Accreditation Program (CHAP) developed by the National League of Nursing. Many of these tools have evolved to include a significant emphasis on managing performance.

### **Moving from Performance Measurement to Management: Survey on Performance Management Practices in States**

The formation of the Turning Point Performance Management Collaborative (PMC) marked a growing desire to move the field of public health from simply measuring performance to actively managing it across agencies and systems. The PMC has perceived performance management to be a fragmented state public health function that is neither well understood nor practiced in a comprehensive fashion in most states.

The PMC's definitions of "performance management" set forth in the Survey represent important steps to clarify what is meant by performance management in public health. A greater emphasis on the analysis and use of performance data is seen in the PMC's four defined components of performance management: setting performance targets, using performance measures or standards, reporting progress, and having a process for quality improvement or making changes based on the performance data. By defining several areas in which public health agencies may manage performance—such as financial systems, human resource development, and health status—the PMC has broadened the dimensions of performance in public health. The Survey is the first to

characterize many aspects of organizational and system performance examined by state public health agencies.

Through its work and the Survey, the PMC has identified several processes related to performance management, such as performance measurement, program evaluation, assessment and planning, and cost analysis. Although such processes are usually present in state public health agencies, their scope differs dramatically. The PMC has perceived that agencies often do not organize these management processes in a coherent or effective way.

In light of the array of performance management or measurement information and tools, the Survey is meant to provide comprehensive baseline data on public health performance management at the state level, and inform practitioners and researchers about how states are currently measuring and managing their performance in the public health arena.

### **References**

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- Lichiello, Patricia. 1999. *Guidebook for Performance Measurement*. A Report Submitted to the Turning Point National Program, Funded by The Robert Wood Johnson Foundation. University of Washington.
- Rossi, Peter H. and Howard E. Freeman. 1989. *Evaluation: A Systematic Approach*, 4<sup>th</sup> edition. Newbury Park, California: Sage Publications.
- Turnock, Bernard J. 1997. *Public Health: What It Is and How It Works*. Gaithersburg, Maryland: Aspen Publishers.

## **Methods**

### **Survey Design and Input**

The Survey was developed by PHF, with the Turning Point PMC providing extensive input into the design, content, and protocol of the survey by participating in conference calls and reviewing draft versions.

The Survey, available in both web-based and paper versions, consists of five sections: A) State Characteristics, B) Components of Performance Management, C) Characteristics of State Health Agency (SHA) Performance Management Efforts, D) Questions for States with Any Performance Management Efforts, and E) Questions for All SHAs. (A glossary of key terms used in the Survey is provided in Appendix B. See Appendix C for the Survey instrument.)

The Survey was designed with skip patterns, enabling SHAs to answer only questions that pertain to their level of implementation of performance management efforts.

Respondents to the web-based version were automatically taken or “skipped” to the next appropriate question based on responses. All states answered sections A and B. Those SHAs that indicated they apply performance management efforts SHA wide, to SHA and local public health agencies, or to local public health agencies only, completed sections C, D, and E. Those SHAs that indicated efforts were applied to categorical programs only completed sections D and E. Those SHAs that indicated efforts were applied to no agencies or programs were skipped to section E.

ASTHO hosted the web-based Survey and assisted PHF with the development and manipulation of the database of responses.

### **Study Population**

The Survey study population was defined as the SHAs of 49 states and the District of Columbia. For purposes of this Survey, “state” refers to states as well as the District of Columbia. One state, Nevada, was not included in the Survey to honor that SHA’s request not to be included in surveys from ASTHO, which was hosting the web-based Survey. On each chart or table presented in this report, the “N” represents the number of states included in the analysis presented. Because of the skip patterns, not all SHAs were asked to answer all questions.

### **Survey Testing**

Six individuals assisted with testing the Survey before the final deployment. All testers were current or former SHA employees who had familiarity with state performance management systems, but who would not be any SHA’s designated respondent. Four testers were recommended by the Collaborative; one was identified through the Association of State and Territorial Local Health Liaison Officials; and one tester, a former employee of PHF with extensive survey experience, volunteered. The testers completed the Survey online and answered a short comment form about the Survey.

All testers were called and asked to describe their SHA’s performance management efforts. This was done to confirm

that their verbal descriptions matched their answers to question B1 about the agencies to which the SHA applies performance management efforts. Careful testing of this question was important because it determined which sections of the Survey respondents would be asked to complete, and triggered automatic skip patterns to appropriate sections on the web-based Survey.

None of the testers had any technical problems with completing the Survey online, and all completed appropriate sections. The most common concern was the desire of testers to explain why they answered as they did. This concern was remedied by providing a comment box with question B1 and a general comment box at the end of the Survey.

Minor changes were made to the Survey based on tester comments with the Collaborative's input.

## **Survey Administration and Follow-up**

### **Phase I: Identification of designated respondents (July 2001)**

- A letter was sent to senior SHA deputy directors requesting a designated respondent for the Survey.
- Sixteen SHAs that did not return the Survey Respondent Form within three weeks were again contacted either by phone or e-mail.
- Overall, 27 senior deputies designated alternative staff within their division/department to complete the Survey, 17 designated themselves as Survey respondents, and 6 SHAs did not return the form, so the Survey was sent to the senior deputy.

### **Phase II: Deployment of the Survey (August 2001)**

- The Survey was sent via e-mail to the SHA in 49 states and the District of Columbia with the web URL for the Survey embedded in the e-mail message, requesting completion within three weeks. A paper version of the Survey was offered by request.

### **Phase III: Extensive follow-up (August 2001 – February 2002)**

- Two days before the stated deadline, an e-mail reminder was sent to the 36 SHAs who had not completed the Survey, again with the URL embedded in the text.
- After five weeks, 12 SHAs still had not completed the Survey. Four SHA respondents were contacted by PMC or other Turning Point representatives. PHF contacted the eight remaining SHAs by phone and sent another e-mail with the Survey URL embedded in the message and a Word version of the Survey attached. Respondents were asked to complete the Survey within 10 days.
- To the six non-responding SHAs remaining after seven weeks, a final e-mail was sent to both the designated respondents and the individuals who designated them, requesting completion within approximately one week.
- A total of 47 SHAs submitted Surveys (a 94 percent response rate). SHAs in California, the District of Columbia, and Maine did not respond. Survey data were accepted between August 1, 2001, and February 1, 2002.

## **Survey Deployment**

Overall, the process of using a web-based survey was successful in increasing the response rate. All but three SHAs completed the Survey online. However, there were some

technical and procedural problems. These included: (1) some SHAs delayed completing the Survey due to rerouting the Survey e-mail within their departments to find the most appropriate person; (2) two SHAs asked to make changes to the Survey after submission; (3) technical problems existed with two SHAs indicating that they had submitted the Survey, although no record existed, and they had to resubmit their Surveys; (4) a virus disabled the server for a few days so no Surveys could be submitted during that time; (5) nine SHAs submitted inconsistent or incomplete responses to questions that triggered the automatic skip patterns, requiring the research team to contact them to ensure they completed appropriate sections.

### **Data Analysis Methods and Notes**

All responses submitted online were stored in the web-based survey application, Inquisite, hosted by ASTHO. These data were then transferred to an Access database for analysis. Data from the three surveys submitted by fax were entered manually into the Access database.

Using SPSS, univariate frequencies were run for all variables. Based on Survey objectives, variables were chosen for multivariate analysis and the examination of significant correlations between variables.

### **Report Design and Input on Data Presentation**

Charts and tables are provided for performance management data according to the objectives of the Survey. Additionally,

charts are provided on state infrastructure characteristics. Where frequencies are provided, the number of states is also indicated in parentheses. Finally, state profiles for each participating state are included, highlighting the state structure, SHA characteristics, and components of their performance management efforts.

The Collaborative was presented with a preliminary draft report. Members of the Collaborative provided input on the layout, data presentation, and headlines that accompany each chart.

### **Limitations of Survey**

Study limitations include the following: (1) many multiple choice questions forced answers that may not have fully captured the complexity of SHA structures, their performance management efforts, and varying stages of implementation of performance management systems; (2) several questions asked for estimation on the part of the respondent; (3) while the process of obtaining a designated respondent for each SHA helped to ensure that the most appropriate person answered the Survey, the degree to which respondents were familiar with their SHA's performance management efforts cannot be verified; and (4) no follow-up was made to SHAs to verify reported or missing information unless there was an inconsistent response to the same question, missing data suggestive of a skip pattern error, or missing data to D7 (a critical question for analysis).

## Key Findings

### Characteristics of State Health Agency (SHA) Performance Management Efforts

- Almost every reporting SHA (45) has some type of performance management process in place. About half of SHAs (25) apply performance management efforts statewide and across programs, while 20 apply performance management to only categorical programs such as maternal and child health, STD/HIV, or nutrition. (N=47)
- Reporting SHAs<sup>1</sup> most frequently measure, report, and use performance data related to health status or their data and information systems, often ignoring other organizational or system performance measures—particularly human resource development. In addition, few SHAs have components of performance management for financial systems, public health capacity, or customer focus and satisfaction.
- Fourteen SHAs<sup>2</sup> reported having all four components<sup>3</sup> of performance management for the SHA or local public health agencies (LHAs).
- Few SHAs reported having a process to conduct quality improvement or to carry out changes based on performance data for the SHA (15) or LHAs (8).<sup>4</sup>

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<sup>1, 2, 4, 5, 6</sup> Based on data from SHAs with statewide, cross-cutting performance management efforts applied to state or local public health agencies (N=25).

<sup>3</sup> Components include (1) performance targets, (2) performance standards and measures, (3) reporting of progress, and (4) a process to conduct quality improvement or to carry out changes based on performance data. Refer to Appendix C for definitions.

- Over three-quarters of reporting SHAs<sup>5</sup> incorporate one of three frameworks into their statewide performance management efforts: Healthy People, Core Public Health Functions, or Essential Public Health Services.
- Most reporting SHAs<sup>6</sup> with statewide performance management efforts dedicate staff or financial resources to the task.

### Desired Aids to Improve Performance Management Efforts

- Funding is the number one aid SHAs report needing to improve state performance management efforts in public health. Other top choices, in rank order, are detailed examples or models from other states, technical assistance, “how to” guides, and a set of voluntary national performance standards for public health systems (tied with “how to” guides). (N=47)

### Achieving Positive Outcomes from Performance Management

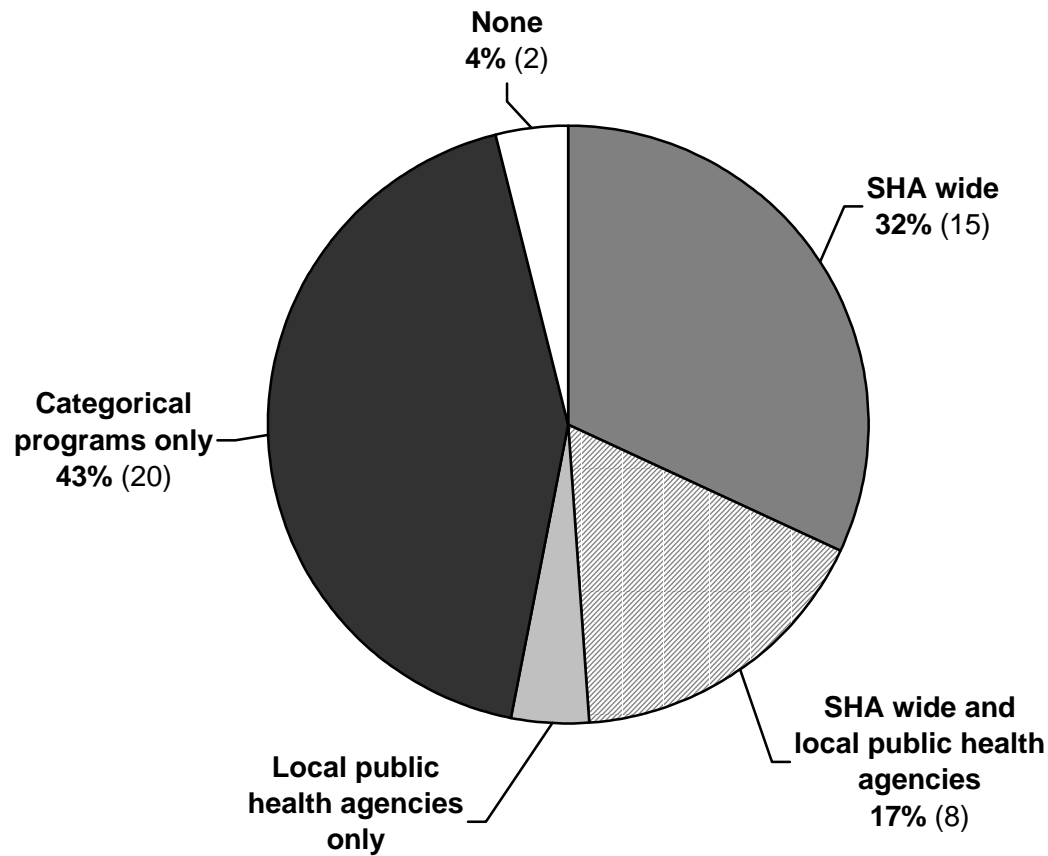
- Over three-quarters of reporting SHAs (76 percent) with any performance management efforts say that these efforts have resulted in improved performance. Most reports of improved performance relate to structures and processes (e.g., contracting, reporting systems, policies, funding, priority setting, staff development, service delivery), with several states reporting improvements in health and health-related outcomes (e.g., immunization rates, cancer death rates, cancer screening rates, coronary bypass surgery survival rates). (N=41)

# I. Performance Management Characteristics of All SHAs

# Nearly All SHAs Have Some Performance Management Efforts

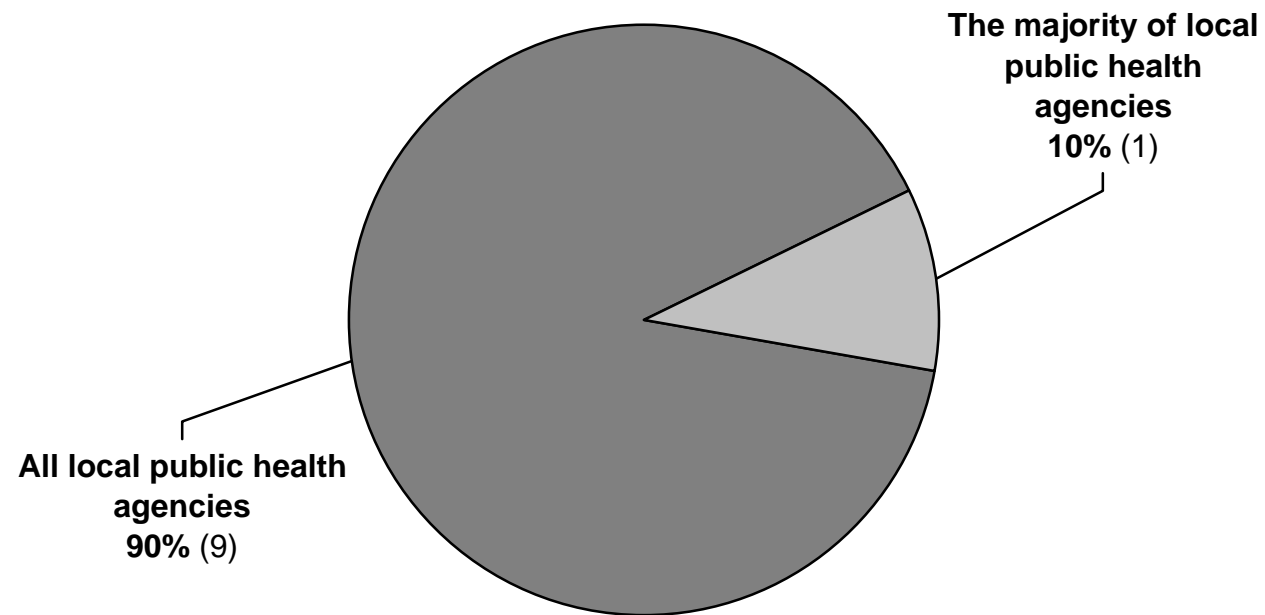
*However, only about half apply performance management efforts statewide beyond categorical programs*

**Figure 1.** Agencies or programs to which SHAs apply performance management efforts (N=47)



## Nearly All SHAs with Performance Management Efforts Aimed at Local Public Health Agencies Include All Local Public Health Agencies

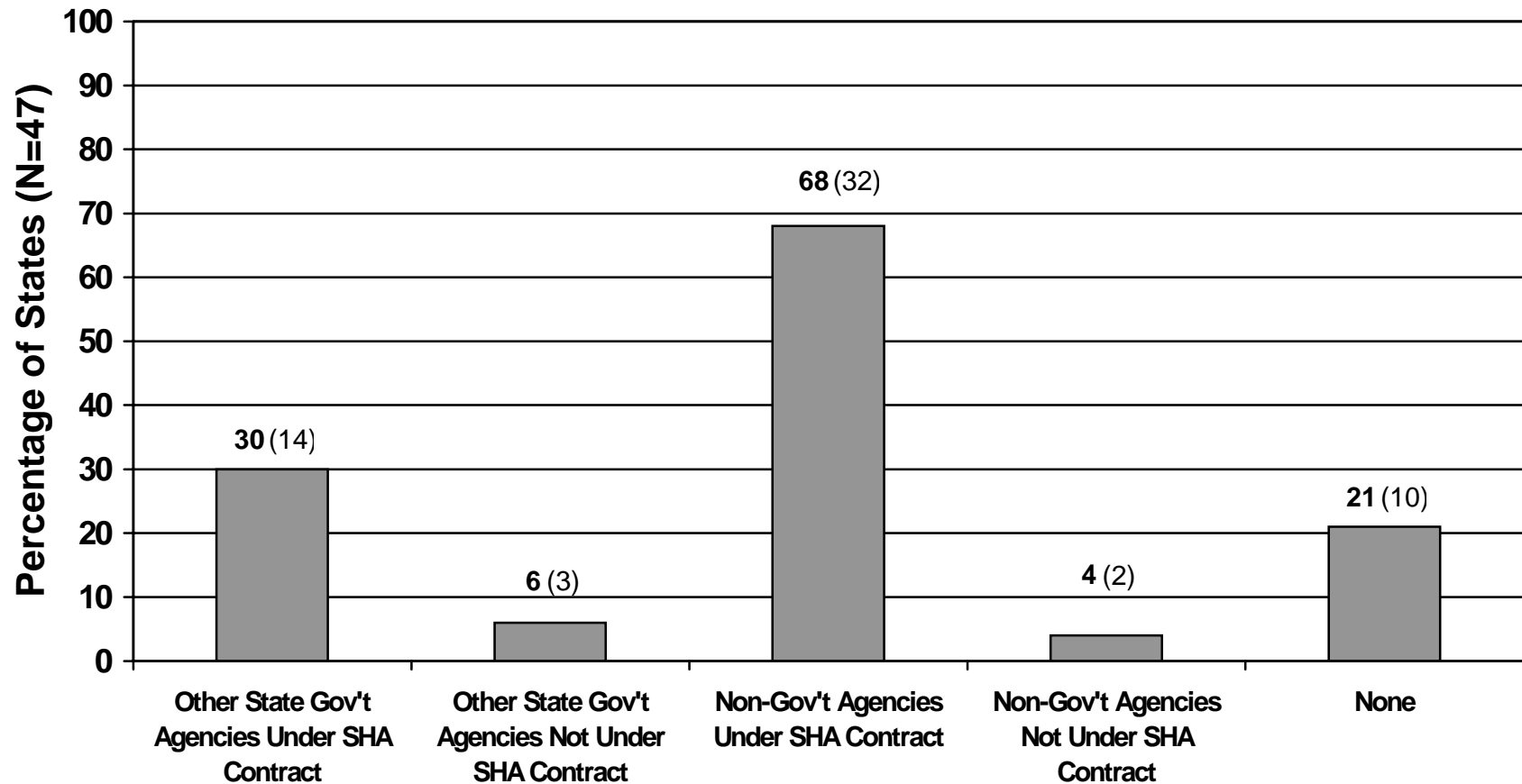
**Figure 2.** Extent to which SHAs apply performance management efforts to local public health agencies, of those states that indicated they apply performance management efforts SHA wide and to local public health agencies, or to local public health agencies only (N=10)





# Performance Management Is More Often Applied to Public Health System Partners if Under SHA Contract

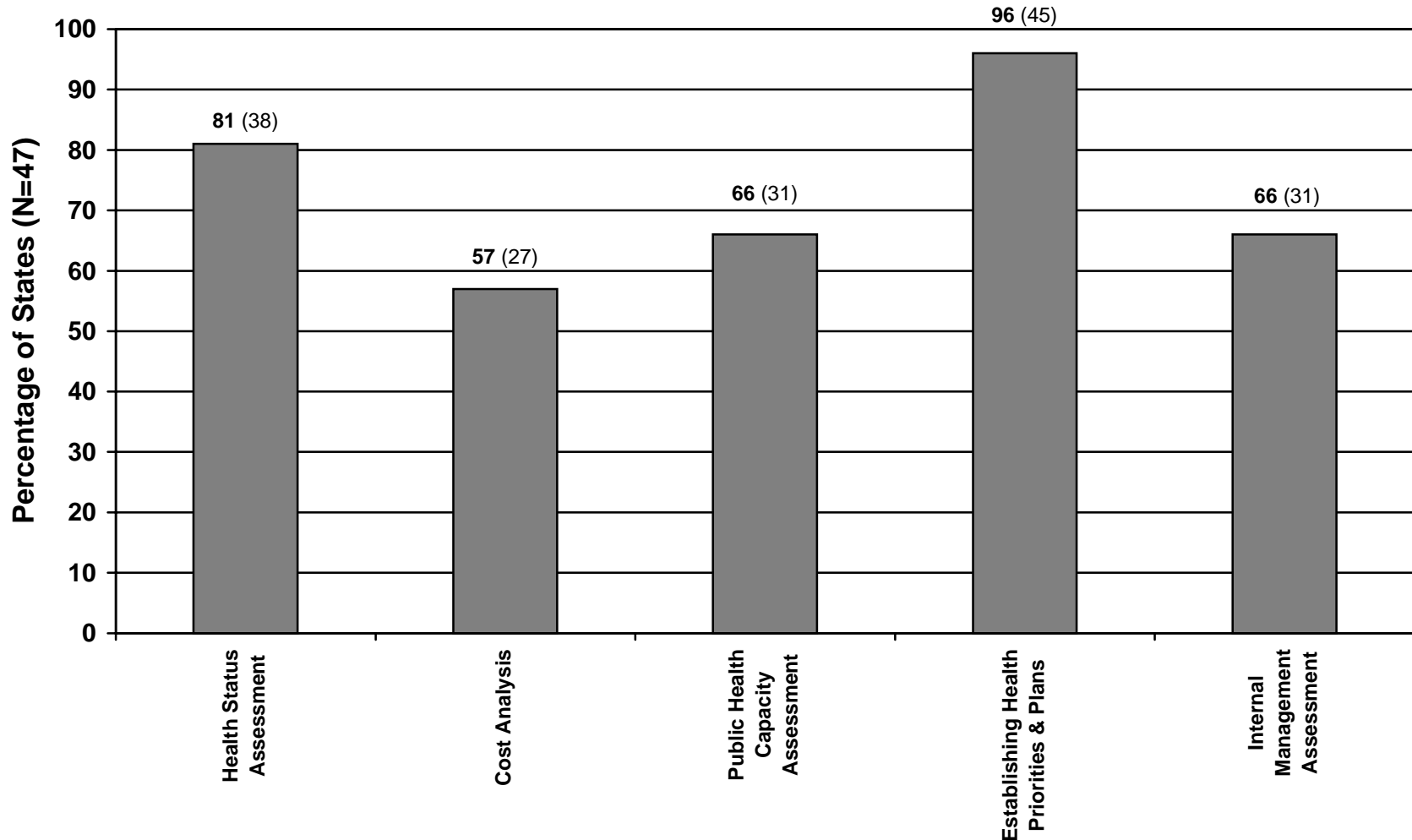
Figure 3. Other agencies in the public health system to which SHAs apply performance management efforts (N=47)



Note: Respondents could choose more than one response, so total does not equal 100

# Most SHAs Recently Conducted a Public Health Process Related to Performance Management

Figure 4. Percentage of SHAs that conducted specified public health processes related to performance management in the last 12 months (N=47)



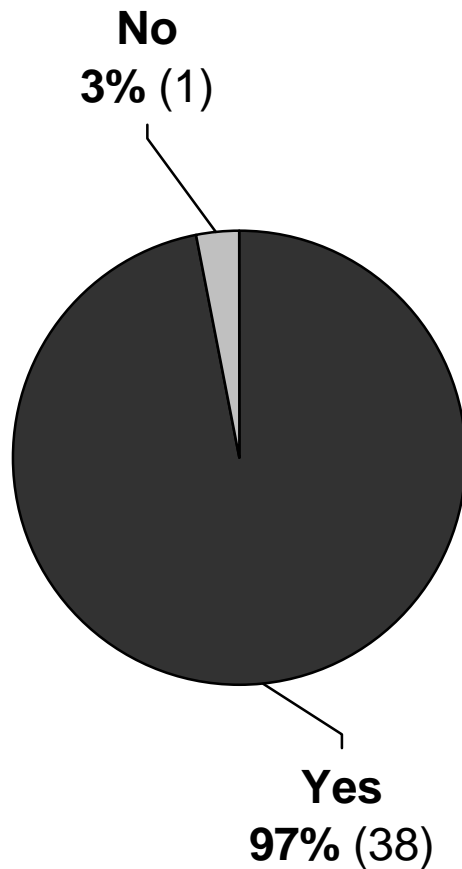
## Funding for Performance Management Chosen as Number One Way to Improve SHAs' Efforts

**Figure 5.** Types of aid identified as most useful to SHAs to improve SHA performance management efforts, in rank order (N=47)

	Number of SHAs that ranked each answer 1-3		
	1st	2nd	3rd
1. Funding sources/support	18	7	3
2. Detailed examples/a set of models from other states' performance management systems	9	10	4
3. Consultation/technical assistance	3	5	7
4. "How to" guide/toolkit (tie)	4	5	3
4. A set of voluntary national performance standards for public health systems (tie)	6	1	5

# Nearly Every SHA Is Taking Action to Improve the Way It Manages Performance

Figure 6. Percentage of SHAs that are currently taking any actions to improve the way they manage performance (N=39)



## Reported SHA Actions to Improve Performance Management: Themes

### MAJOR THEMES

- ✓ Learning about performance management—gathering information, training staff
- ✓ Improving performance data systems and measures
- ✓ Strategic planning
- ✓ Conducting regular reviews—of plans, budgets, performance
- ✓ Developing or expanding state performance management systems

### MINOR THEMES

- Healthy People 2010 planning
- Using the National Public Health Performance Standards Program instrument
- Participating in Turning Point
- Assessing public health capacity
- Assessing clinical performance
- Looking at personnel performance
- Working with policy makers or advisory groups



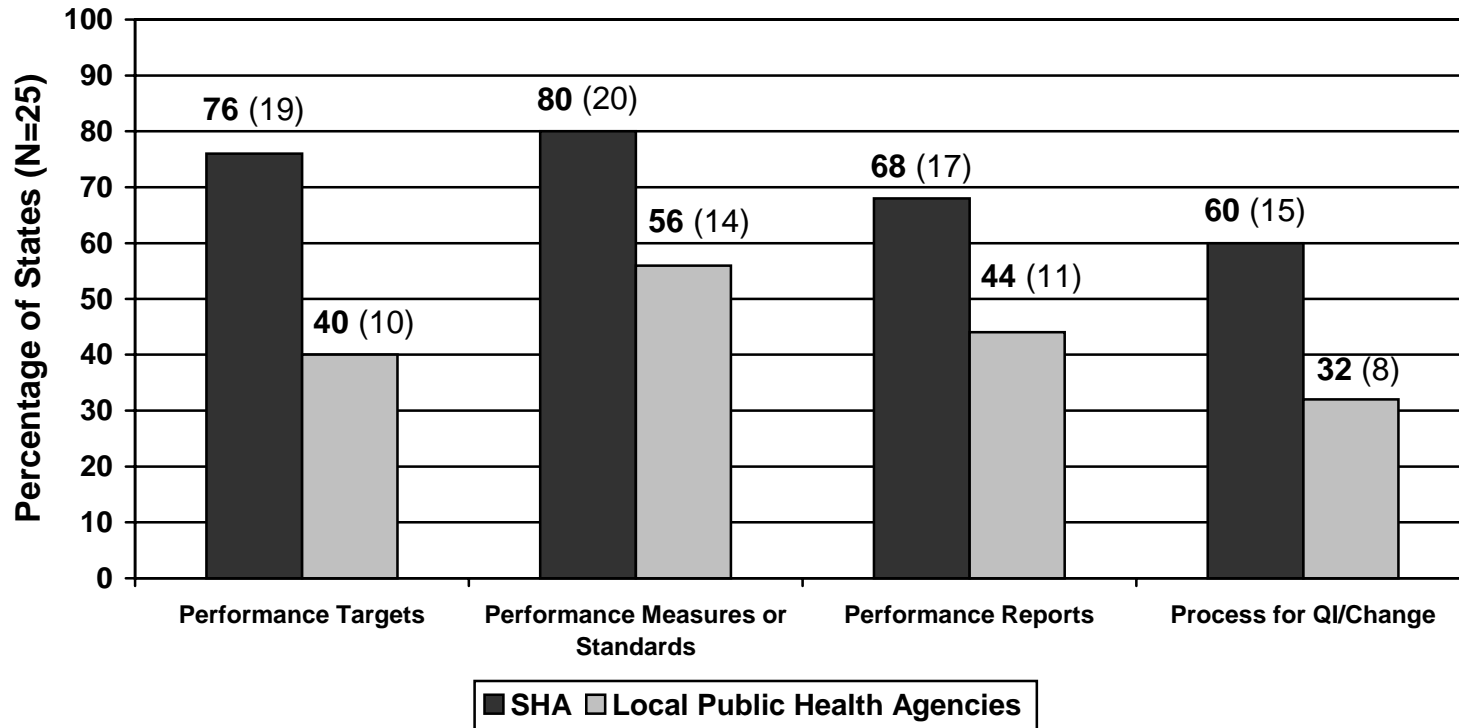
## II. Performance Management Characteristics of SHAs with Agency Wide or Locally Applied Performance Management Efforts

- SHA wide (includes local agencies operated by the state)
- SHA wide and local public health agencies
- Local public health agencies only

# More SHAs Have Components of Performance Management for Their Own Agency Than for Locals

*14 of 25 states (56%) have all components of performance management for SHA wide or locally applied efforts*

**Figure 7.** Percentage of SHAs that have performance management components in place [targets, measures or standards, reports, and process for quality improvement (QI)/change] for SHA and for local public health agencies, of SHAs that apply performance management efforts SHA wide, SHA wide and to local public health agencies, or to local public health agencies only (N=25)



*Note: For definitions of performance management components as used in the survey, see Glossary of Terms, Appendix B.*

# SHAs Most Likely to Have Components of Performance Management for Health Status; Least Likely for Human Resource Development

**Figure 8.** Areas most and least likely to have performance targets, measures or standards, reports, and processes for quality improvement (QI)/change, of SHAs that apply performance management efforts SHA wide, SHA wide and to local public health agencies, or to local public health agencies only (N=25)

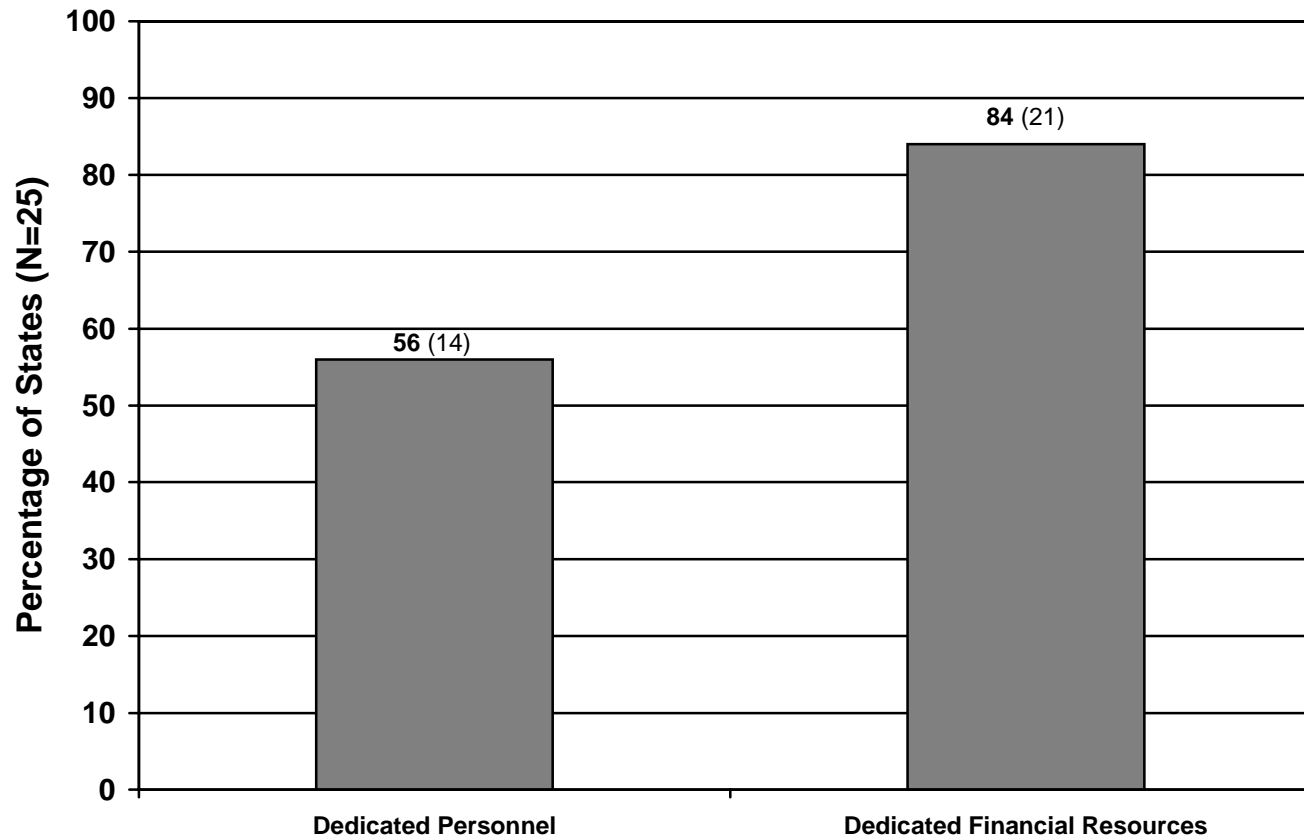
	<b>Most Likely</b>	<b>Least Likely</b>
<b>Performance Targets</b>	<ul style="list-style-type: none"> <li>• Health Status</li> <li>• Data &amp; Information Systems</li> </ul>	<ul style="list-style-type: none"> <li>• Human Resource Development</li> <li>• Public Health Capacity</li> </ul>
<b>Performance Measures or Standards</b>	<ul style="list-style-type: none"> <li>• Health Status</li> <li>• Data &amp; Information Systems</li> </ul>	<ul style="list-style-type: none"> <li>• Human Resource Development</li> <li>• Customer Focus and Satisfaction</li> </ul>
<b>Performance Reports</b>	<ul style="list-style-type: none"> <li>• Health Status</li> <li>• Data &amp; Information Systems</li> <li>• Management Practices</li> </ul>	<ul style="list-style-type: none"> <li>• Human Resource Development</li> <li>• Public Health Capacity</li> </ul>
<b>Process for QI/Change</b>	<ul style="list-style-type: none"> <li>• Health Status</li> <li>• Customer Focus and Satisfaction</li> <li>• Management Practices</li> </ul>	<ul style="list-style-type: none"> <li>• Human Resource Development</li> <li>• Public Health Capacity</li> </ul>

*Note: For definitions of performance management components as used in the survey, see Glossary of Terms, Appendix B.*



# Most SHAs with Agency Wide or Locally Applied Performance Management Efforts Provide Dedicated Staff or Financial Resources for the Task

**Figure 9.** Percentage of SHAs that provide dedicated resources for performance management efforts, of SHAs that apply performance management efforts SHA wide, SHA wide and to local public health agencies, or to local public health agencies only (N=25)

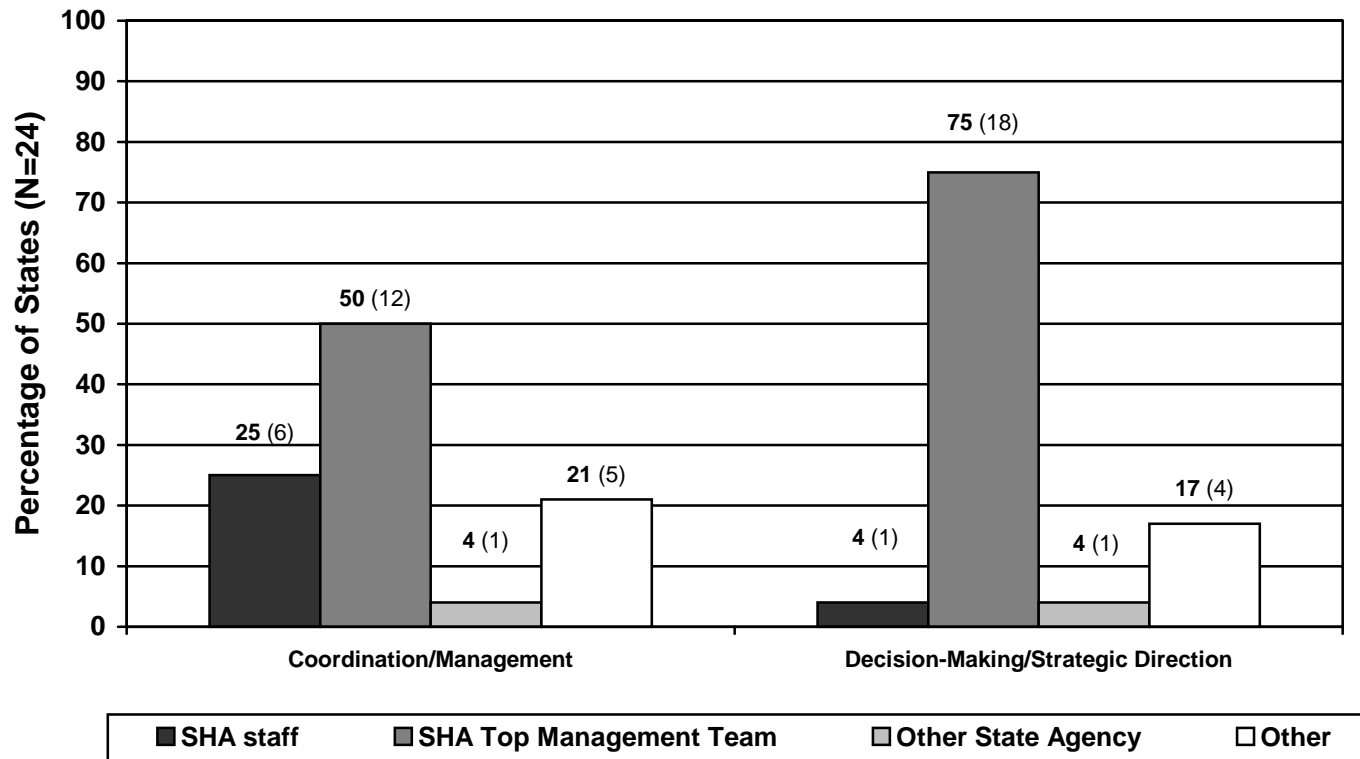


Note: Dedicated personnel was defined as at least one person who spends 50 percent of his/her time on performance management efforts.

# “Top Management Teams”

## Top List of Agency or Office in Charge of SHA Performance Management Efforts

**Figure 10.** Percentage of SHAs that use specified agencies or offices to coordinate and direct performance management efforts, of SHAs that apply performance management efforts SHA wide, SHA wide and to local public health agencies, or to local public health agencies only (N=24)



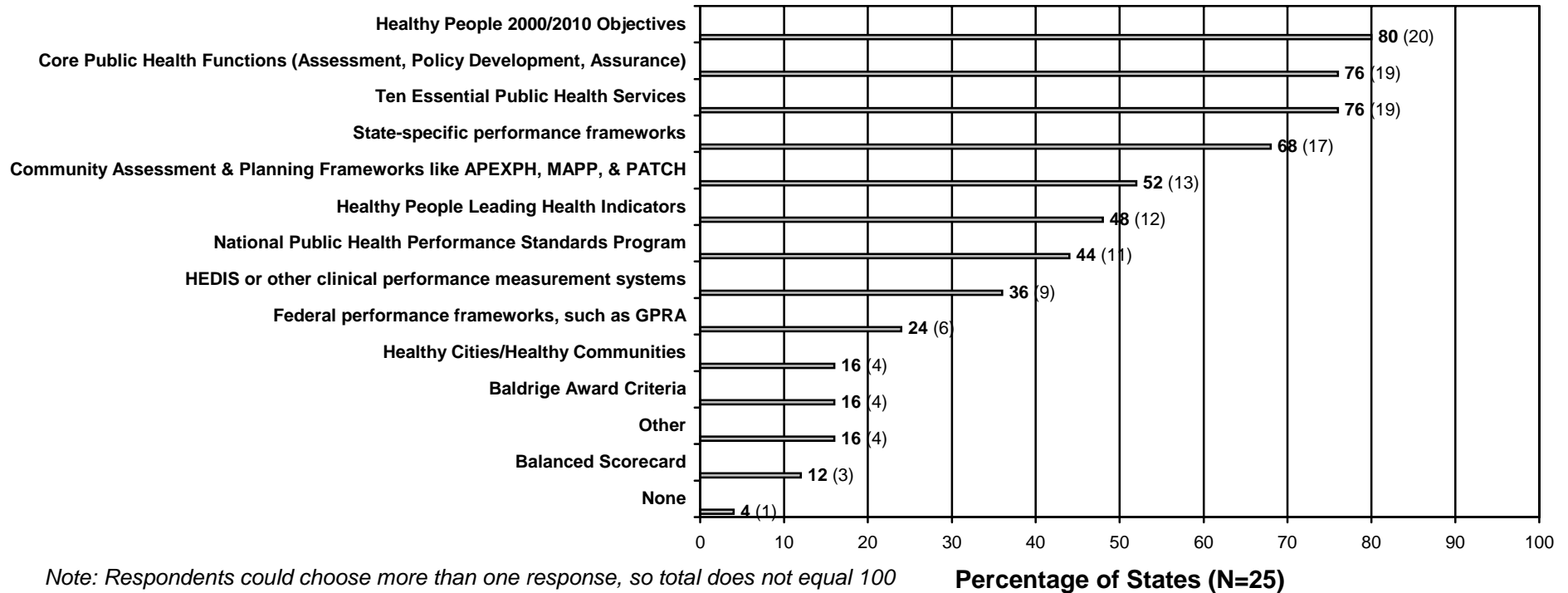
SHA Staff = SHA staff within a single Bureau/Division

SHA Top Management Team = interdisciplinary team from multiple Bureaus/Divisions

# Healthy People Objectives, Core Public Health Functions, and Ten Essential Public Health Services Top List of Models/Frameworks Explicitly Incorporated by SHAs into Their Performance Management

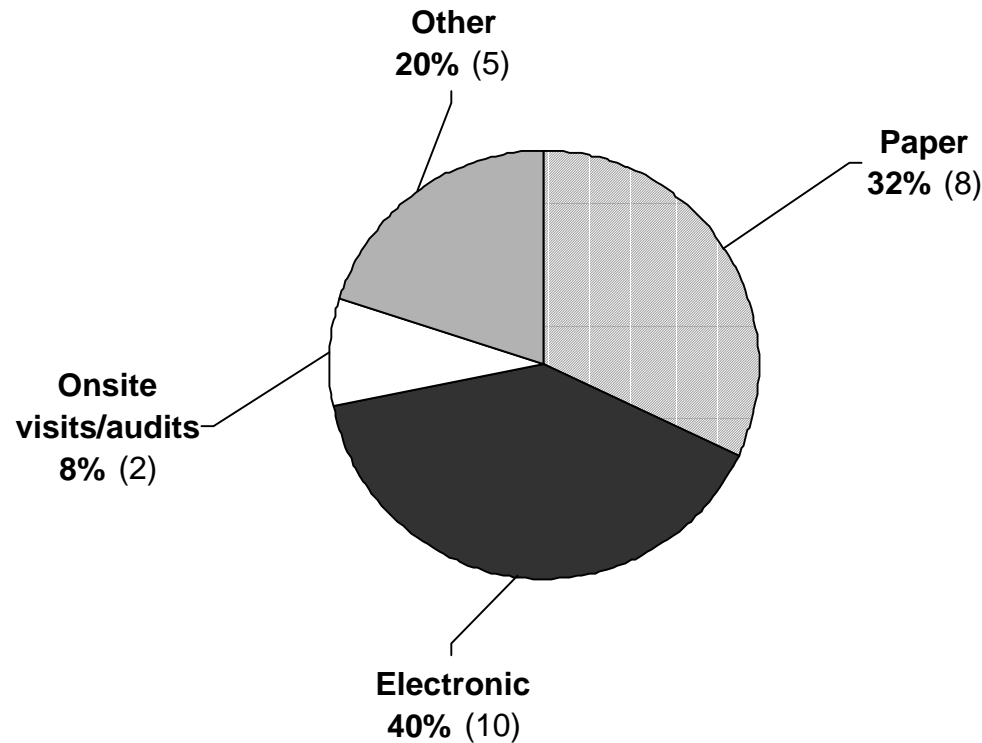
A variety of models/frameworks, in a variety of combinations, are being used by state

**Figure 11.** Percentage of SHAs that indicated specified models or frameworks are explicitly incorporated into their performance management efforts, of SHAs that apply performance management efforts SHA wide, SHA wide and to local public health agencies, or to local public health agencies only (N=25)



# Paper Submission Is Still Used by Nearly One-Third of SHAs for Collecting Agency Wide or Local Performance Management Data

**Figure 12.** Most prevalent methods of collecting data for SHA performance management efforts, of SHAs that apply performance management efforts SHA wide, SHA wide and to local public health agencies, or to local public health agencies only (N=25)

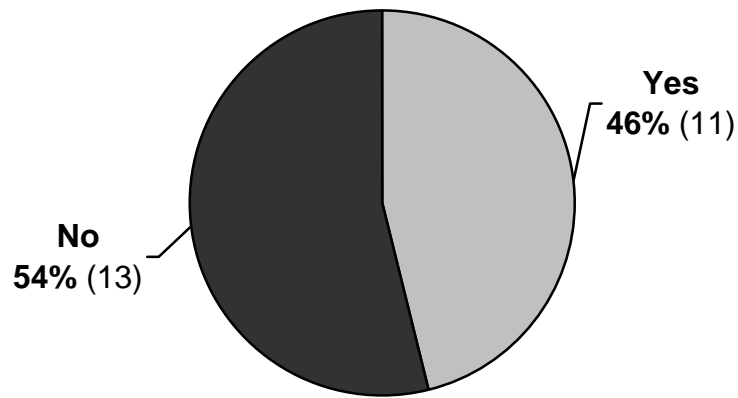


# SHAs with Integrated Performance Information Systems Use Custom Software to Gather Data

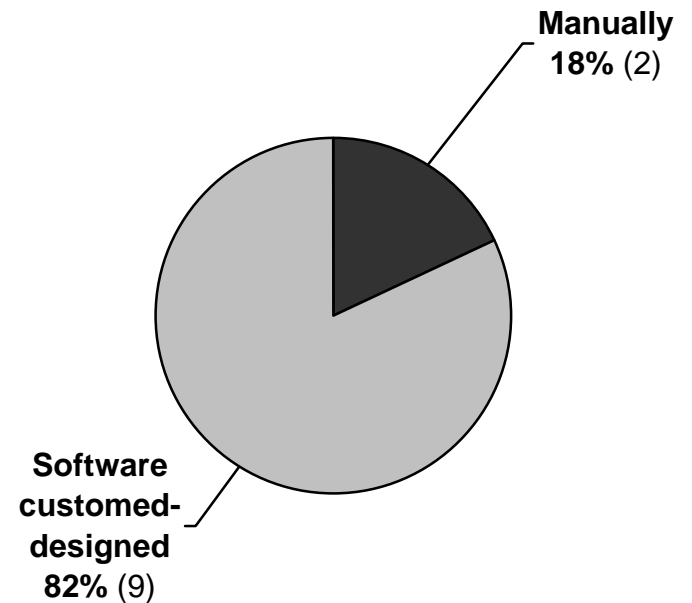
**Figure 13A.** Percentage of SHAs that have a system that integrates and uses performance data from programs, agencies, divisions, or management areas, of SHAs that apply performance management efforts SHA wide, SHA wide and to local public health agencies, or to local public health agencies only (N=24)

**Figure 13B.** Of SHAs with such integrated performance information systems, the percentage that uses specified methods of data synthesis (N=11)

## A. Information System that Integrates and Uses Performance Data Across Programs

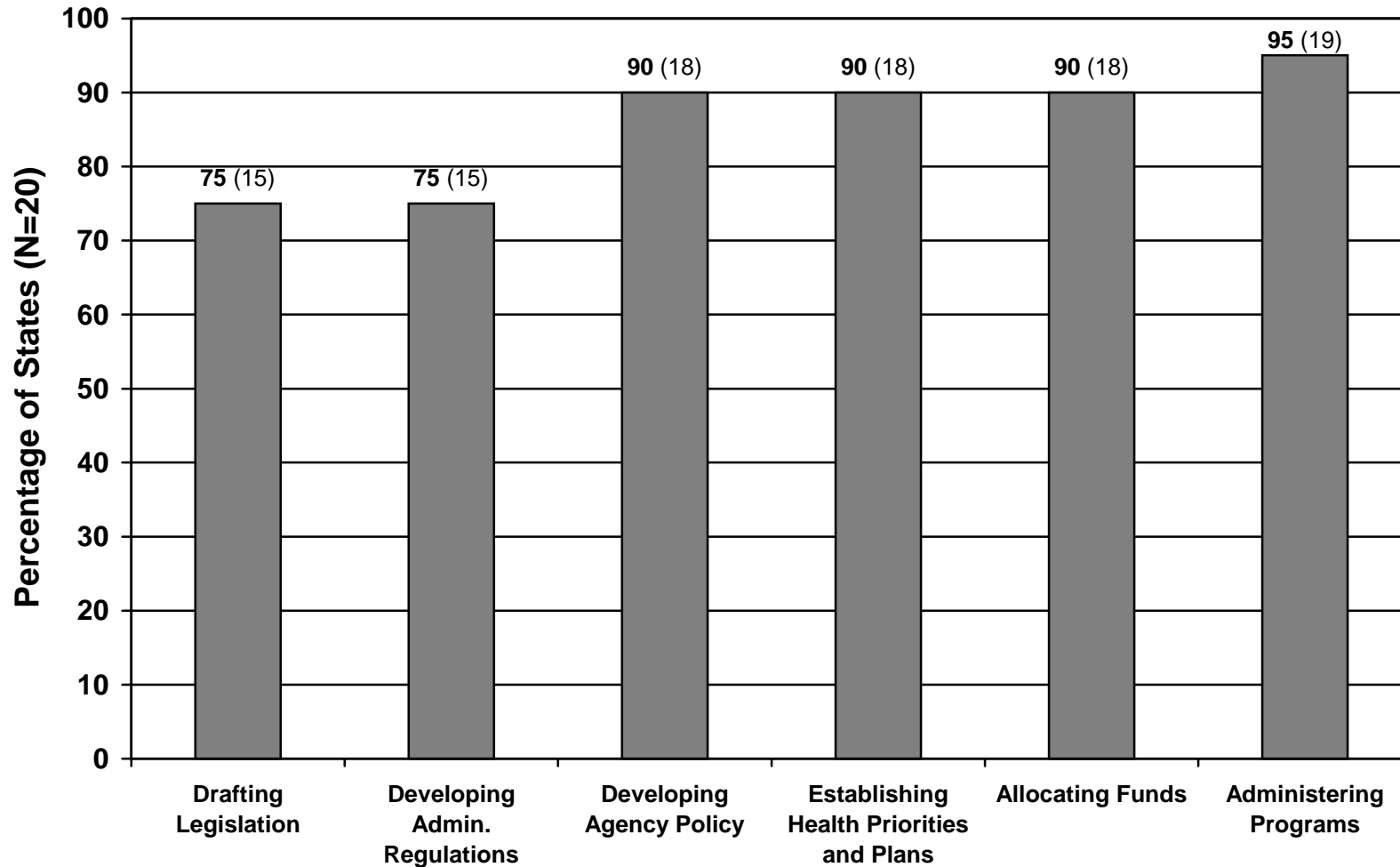


## B. How Data Are Synthesized from Multiple Programs



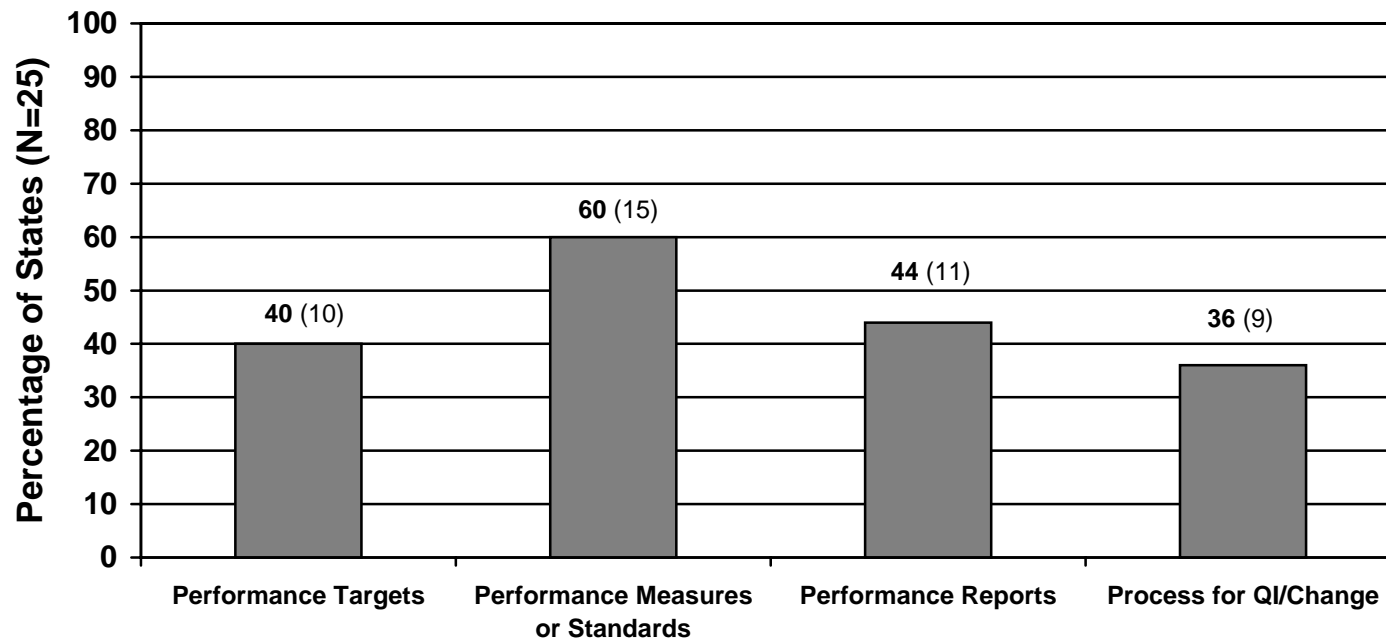
# Performance Reports Are Used in Public Health Practice

**Figure 14.** Percentage of SHAs that use performance management reports to guide specified public health practices, of SHAs that produce performance reports and have performance management efforts targeted SHA wide, SHA wide and to local public health agencies, or to local public health agencies only (N=20)



# Most SHAs Have Performance Measures, Targets, and Reports, While Fewer States Have Process for Quality Improvement or Change\*

**Figure 15.** Percentage of SHAs that have specified components of performance management for **public health capacity** (N=25)



\*Correlation analysis revealed that there is a comparatively weak relationship between having performance targets, performance measures, or performance reports and process for quality improvement (QI)/change. That is, in general, fewer states indicated that they did have a process for change, even though they indicated having performance targets, performance measures, or performance reports. This was the case for all areas of performance management studied (Human Resource Development, Data & Information Systems, Customer Focus and Satisfaction, Financial Systems, Management Practices, Public Health Capacity, and Health Status). Figure 15 illustrates this finding.

*Note: For definitions of performance management components as used in the survey, see Glossary of Terms, Appendix B.*

## Most of the Agencies to Which SHA Applies Performance Management Derive More Than Half of Their Funding from the SHA

**Figure 16.** Estimated proportion of most local public health agency budgets provided or administered by the SHA by agencies to which performance management is applied (N=23)

**Estimated proportion of most local public health agency budgets in the state that are provided or administered by the SHA**

Agencies to which performance management is applied	0-25%	26-50%	51-75%	76-100%	Don't Know	Not Applicable	
SHA Wide	3 21%	1 7%	2 14%	6 43%	1 7%	1 7%	
SHA Wide and Local Public Health Agencies	3 43%	—	3 43%	—	1 14%	—	
Local Public Health Agencies Only	1 50%	1 50%	—	—	—	—	
<b>Total</b>	<b>7</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>23</b>
<b>Percent of Total</b>	<b>30%</b>	<b>9%</b>	<b>22%</b>	<b>26%</b>	<b>9%</b>	<b>4%</b>	

Note: Due to rounding, percentages may not add up to 100





### III. Performance Management Characteristics of SHAs with Any Performance Management Efforts

- SHA wide (includes local agencies operated by the state)
- SHA wide and local public health agencies
- Local public health agencies only
- Categorical programs only (e.g., MCH, STD/HIV, nutrition)

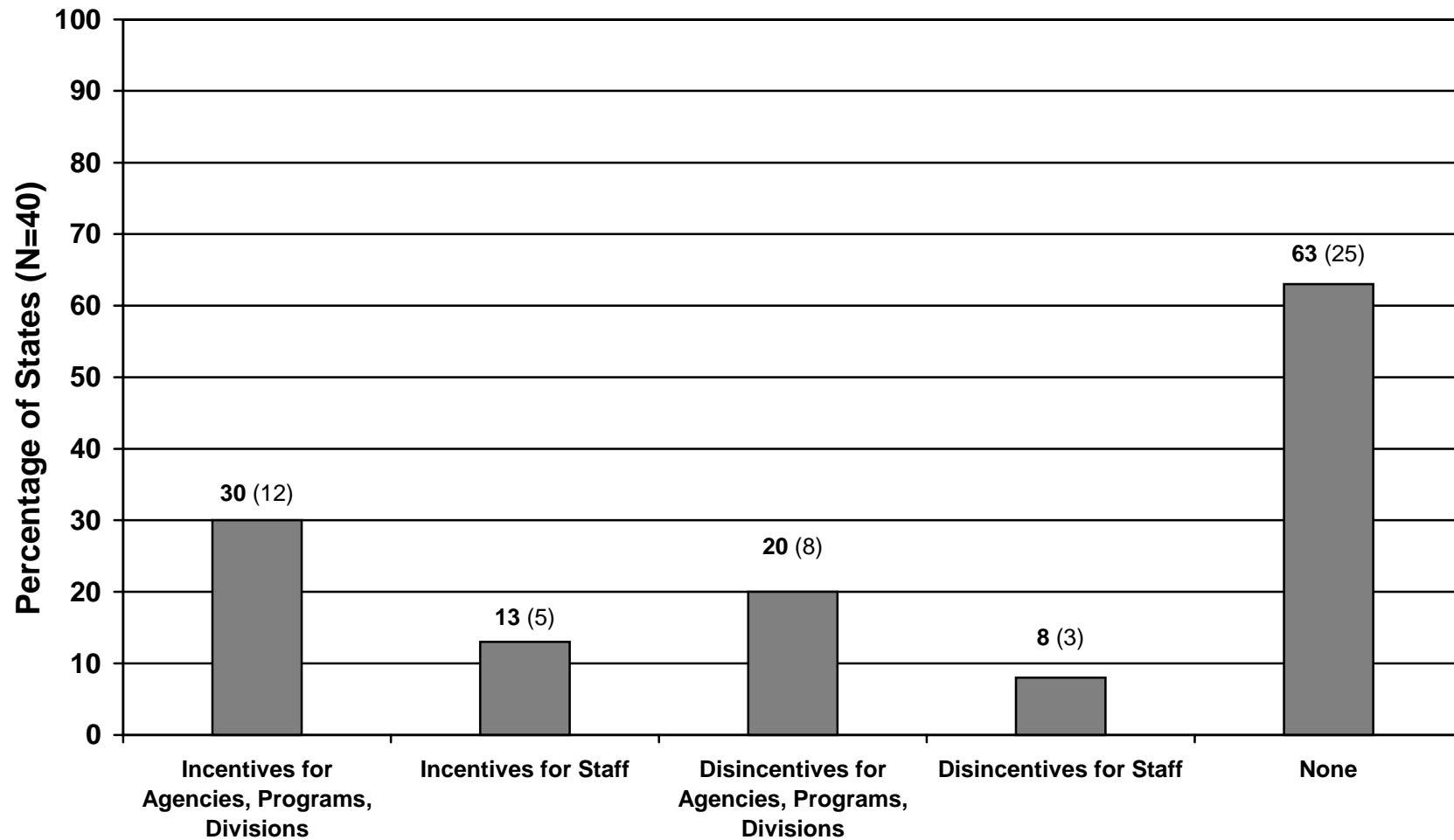
## Quality Improvement and Health Status Improvement Are the Primary Reasons for Most SHAs to Initiate and Continue Performance Management Efforts

**Figure 17.** SHA reasons for initiating and continuing performance management efforts, in rank order (N=42)

		Number of SHAs that ranked each answer 1-3		
		<b>1st</b>	<b>2nd</b>	<b>3rd</b>
1. Improve quality and/or performance	Initiating	10	7	9
	Continuing	13	5	10
2. Improve community health status	Initiating	11	4	7
	Continuing	15	3	6
3. Ensure accountability to legislature and policy makers or as a requirement of legislation	Initiating	7	9	7
	Continuing	5	10	4

# Most SHAs Use Neither Incentives nor Disincentives to Improve Performance

Figure 18. Percentage of SHA performance efforts that include incentives or disincentives to improve performance (N=40)

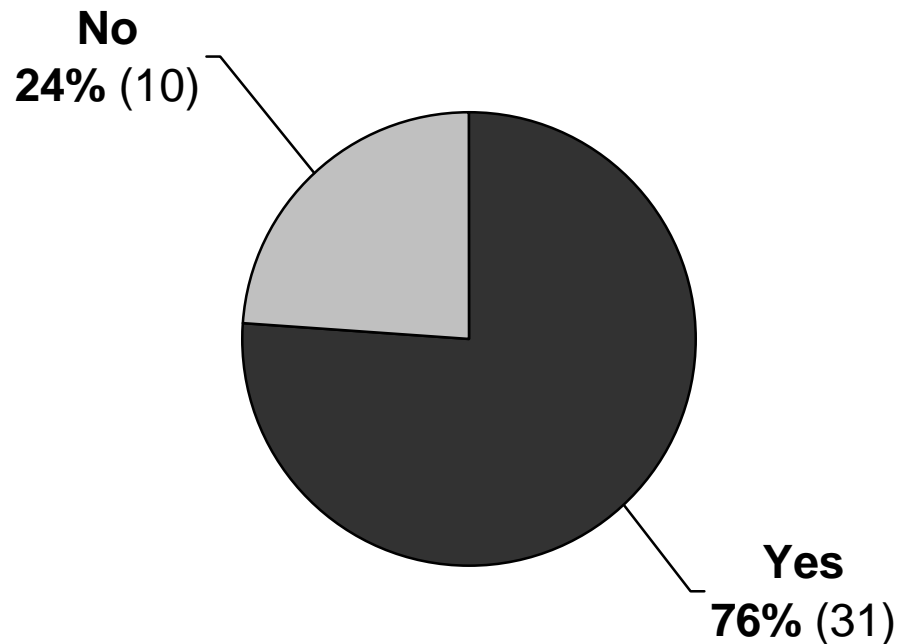


Note: Respondents could choose more than one response, so total does not equal 100

# Performance Management Efforts Result in Improved Performance for Three-Quarters of SHAs

*Most improvement reported in service delivery, administration/management, and policy*

**Figure 19.** Percentage of SHAs that report their performance management efforts resulted in improved performance (N=41)



## Reported Outcomes Resulting From SHA Performance Management Efforts: Themes

### MAJOR THEMES

- ✓ Improved delivery of services—program services, clinical preventive services, essential services
- ✓ Improved administration/management—contracting, tracking/reporting, coordination
- ✓ Legislation or policy changes

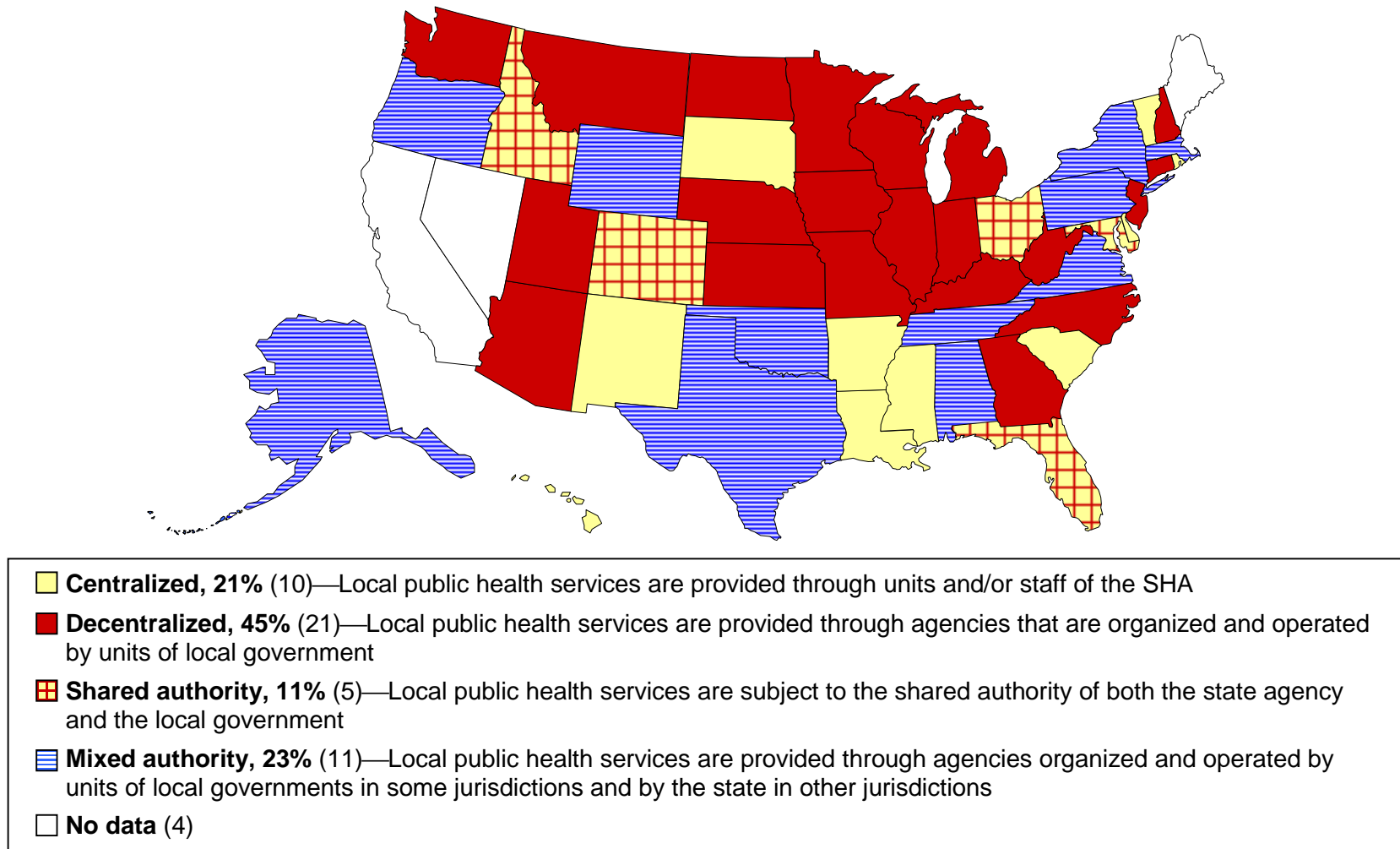
### MINOR THEMES

- Funding—new or sustained allocations
- Staff development
- Improved health outcomes

## **IV. State Infrastructure Characteristics**

# Organization of Local Public Health Services in States

Figure 20. Organization of local public health services in states (N=47)

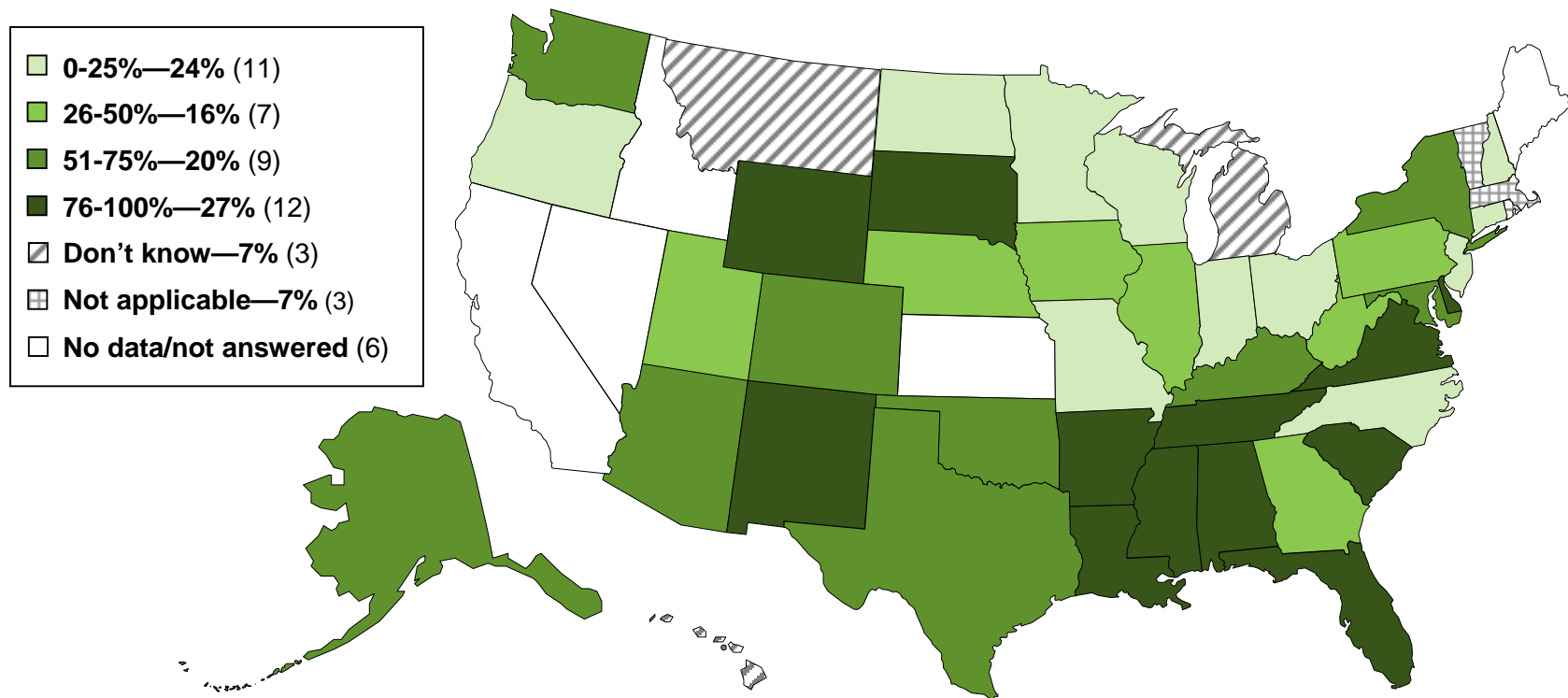






# Estimated Proportion of Public Health Budgets for Most Local Public Health Agencies That Are Provided or Administered by State Health Agencies

**Figure 22.** Estimated proportion of public health budgets for most local public health agencies in states that are provided or administered by state health agencies (N=45)



Note: Due to rounding, percentages do not add up to 100

# State Public Health Performance Management Profiles

Profiles are provided for each state that completed the *Survey on Performance Management Practices in States*. Responses used for profiles were chosen to help SHAs identify and learn from states with similar systems.

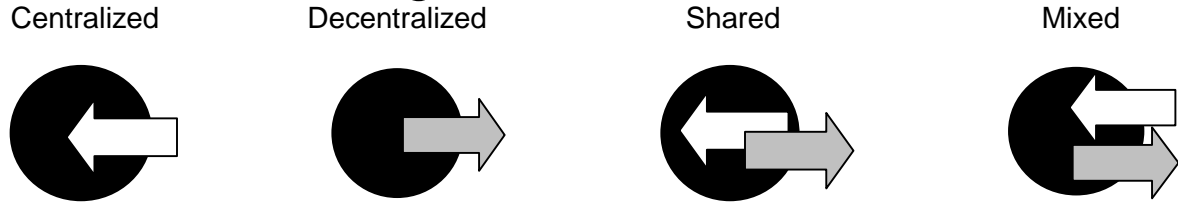
State characteristics are presented for all 47 responding states. Profiles will vary based on the SHA's response to question B1 regarding the SHA's application of performance management efforts.

SHAs that apply performance management SHA wide and/or to local public health agencies were asked to answer several questions that are represented in the profiles.

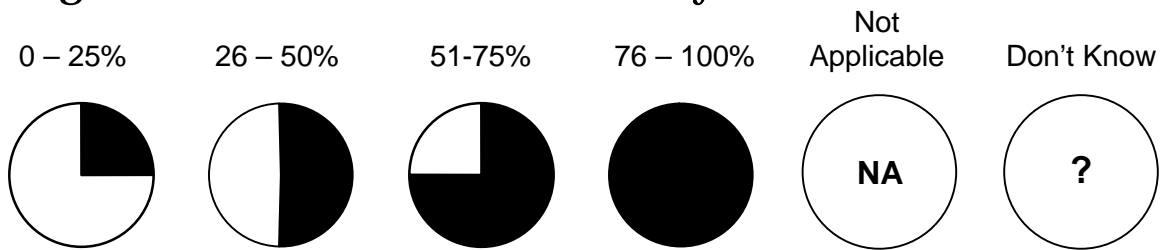
States that apply performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition) or to "none" were not asked as many questions. Therefore, more limited information is presented in their profiles. This was a design of the Survey and does not represent missing data unless specified "not answered."

# Key to State Profiles

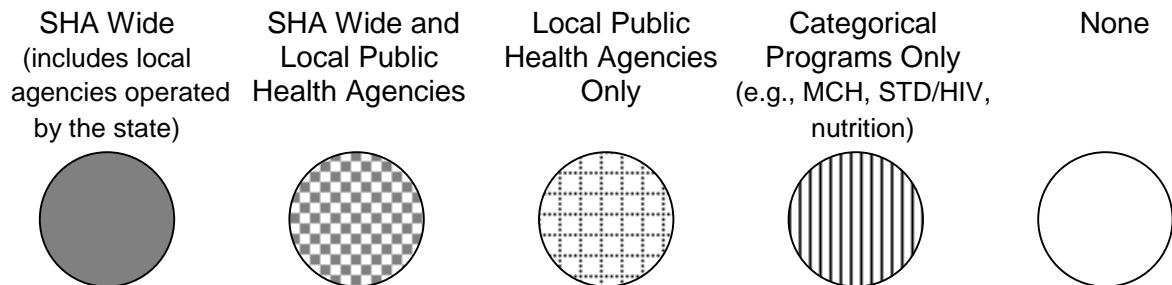
## Structure—State Organization of Local Public Health Services



## Estimated Percentage of Most Local Public Health Agency Budgets Provided or Administered by the SHA

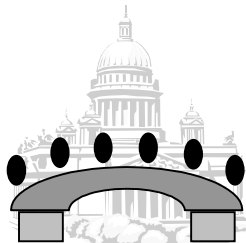


## SHA Application of Performance Management Efforts



## Governance or Advisory Structure

State Board of Health

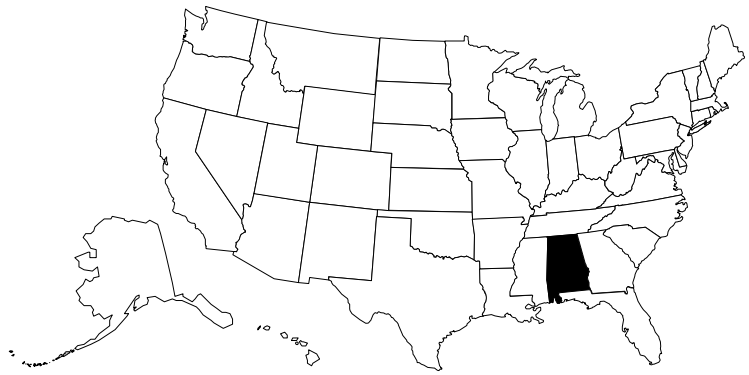


Health Council or Other Body for Citizen Input



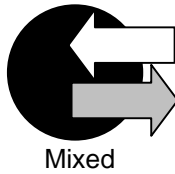
# Alabama

## State Public Health Performance Management Profile



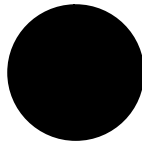
### State Characteristics

#### Structure



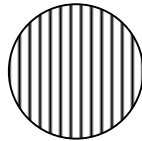
Mixed

#### Est. % of Most Local PHA Budgets Provided by SHA



76 – 100%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, Alabama has conducted the following public health processes:

- Cost analysis
- Established health priorities and plans

### Characteristics of Categorical Performance Management Efforts

- Alabama continues its performance management efforts to:
  1. Improve community health status
  2. Assure that public health agencies have capacity to deliver health services
  3. Increase community awareness of public health goals and activities

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified "not answered."

### Most innovative and successful approaches to performance management...

*Within the MCH programs, Alabama has established a mini-grant program for local health departments. The "local" grantees are the Public Health Areas (regions) into which the Department of Public Health has organized the counties for management of public health activities. Local health departments "agree" to participate in certain community-oriented activities in order to receive the mini-grant. Also, production bonuses are given in the family planning and WIC clinics.*

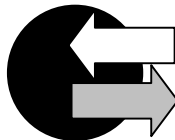
# Alaska

## State Public Health Performance Management Profile



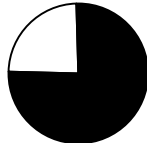
### State Characteristics

#### Structure



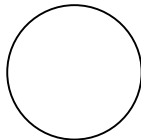
Mixed

#### Est. % of Most Local PHA Budgets Provided by SHA



51 – 75%

#### Application of Performance Management Efforts



None

#### Governance or Advisory Structure

None

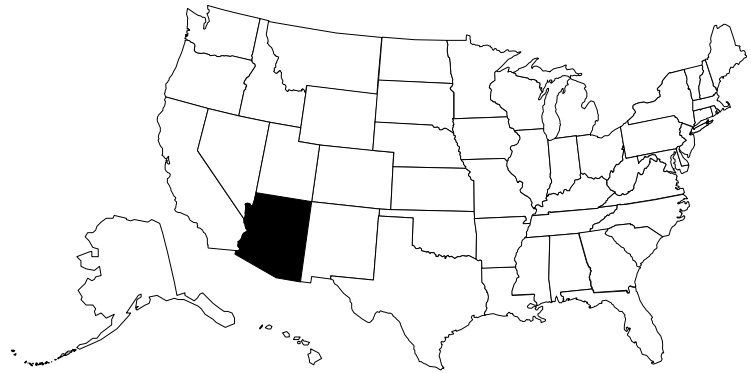
Note: Because the Alaska SHA does not apply performance management efforts SHA wide, to local public health agencies, or to categorical programs, the SHA was not asked questions represented in this section of the profile.

In the last year, Alaska has conducted the following public health processes:

- Health status assessment
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

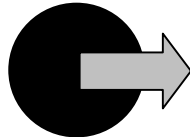
# Arizona

## State Public Health Performance Management Profile



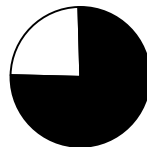
### State Characteristics

#### Structure



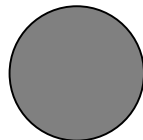
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



51 – 75%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Arizona has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide Performance Management Efforts

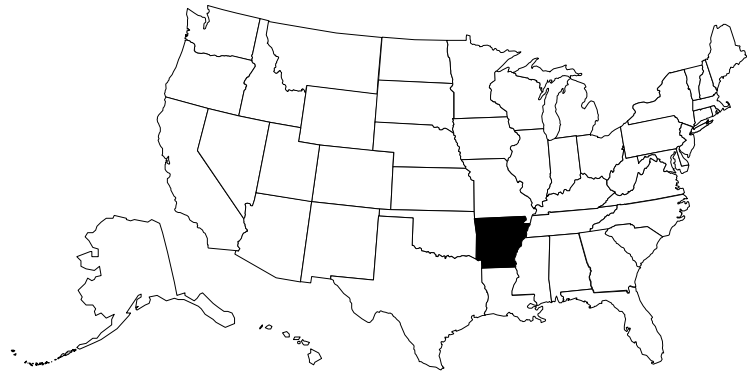
- The following models or frameworks have been explicitly incorporated by Arizona:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - Healthy People 2000/2010 objectives
- Arizona dedicates personnel and financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Arizona
- Arizona has a Process for Quality Improvement or Change for: SHA
- Arizona continues its performance management efforts to:
  1. Improve quality or performance
  2. Measure improvements in efficiency and effectiveness
  3. Ensure accountability to legislature and policy makers or as a requirement of legislation

### Most innovative and successful approaches to performance management...

(Not answered)

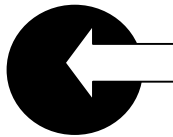
# Arkansas

## State Public Health Performance Management Profile



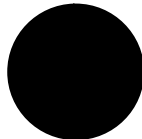
### State Characteristics

#### Structure



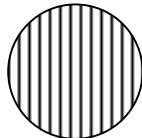
Centralized

#### Est. % of Most Local PHA Budgets Provided by SHA



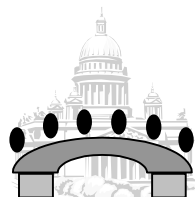
76 – 100%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with an advisory function

In the last year, Arkansas has conducted the following public health processes:

- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Arkansas continues its performance management efforts to:
  1. Increase state, federal, or private funding and/or maintain accountability to funders
  2. Improve community health status
  3. Ensure accountability to legislature and policy makers or as a requirement of legislation

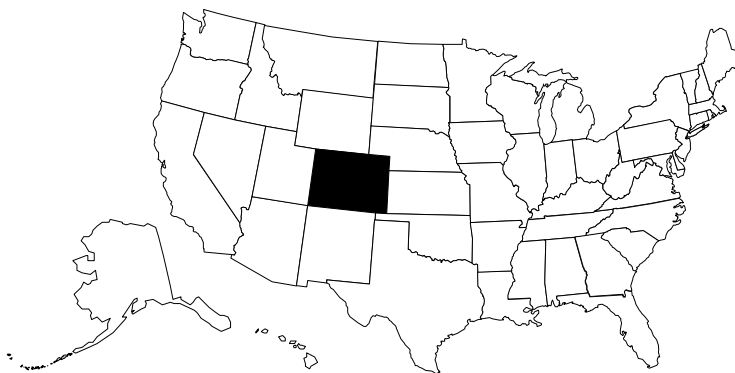
Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*Our performance measurement efforts primarily rely on the requirements of Federal agencies and programs, i.e., MCH Block Grant and Preventative Health Block Grant.*

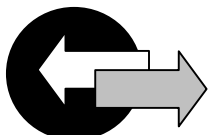
# Colorado

## State Public Health Performance Management Profile



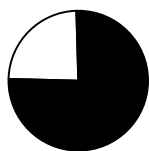
### State Characteristics

#### Structure



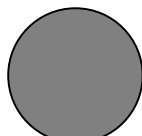
Shared

#### Est. % of Most Local PHA Budgets Provided by SHA



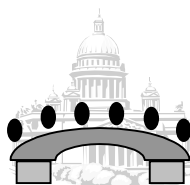
51 – 75%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, Colorado has conducted the following public health processes:

- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by Colorado:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - Healthy People 2000/2010 objectives
  - Healthy People Leading Health Indicators
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
- Colorado does not dedicate personnel, but dedicates financial resources to its performance management effort
- Staff within the Department (e.g., Office of Local Liaison and the Planning, Budgeting, and Analysis Section) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Colorado
- Colorado has a Process for Quality Improvement or Change for: customer focus and satisfaction
- Colorado continues its performance management efforts to:
  1. Measure improvements in efficiency and effectiveness
  2. Assure that public health agencies have capacity to deliver health services
  3. Increase state, federal, or private funding and/or maintain accountability to funders

### Most innovative and successful approaches to performance management...

*While not a direct function of the Performance Management system, the State does do in-depth program evaluations to analyze the effectiveness and efficiency of individual programs within the Department. These analyses in some cases lead to increased funding, or some type of change.*



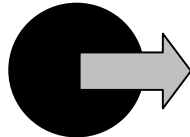
# Connecticut

## State Public Health Performance Management Profile



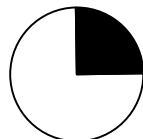
### State Characteristics

#### Structure



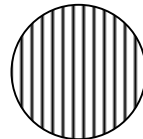
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



0 – 25%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure

None

In the last year, Connecticut has conducted the following public health processes:

- Health status assessment
- Public health capacity assessment
- Established health priorities and plans

### Characteristics of Categorical Performance Management Efforts

- Connecticut continues its performance management efforts to:  
(Not answered)

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

(Not answered)

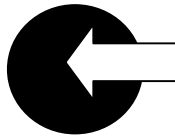
# Delaware

## State Public Health Performance Management Profile



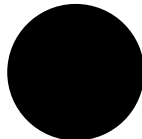
### State Characteristics

#### Structure



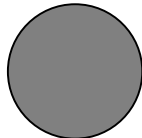
Centralized

#### Est. % of Most Local PHA Budgets Provided by SHA



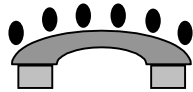
76 – 100%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Delaware has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Established health priorities and plans

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by Delaware:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - State-specific performance frameworks
  - Healthy People 2000/2010 objectives
  - Healthy People Leading Health Indicators
  - HEDIS or other clinical performance measurement systems
- Delaware does not dedicate personnel or financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Delaware
- Delaware has a Process for Quality Improvement or Change for: customer focus and satisfaction
- Delaware continues its performance management efforts to: (Not answered)

### Most innovative and successful approaches to performance management...

(Not answered)

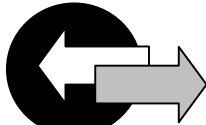
# Florida

## State Public Health Performance Management Profile



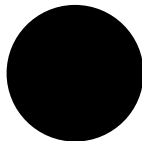
### State Characteristics

#### Structure



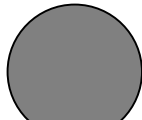
Shared

#### Est. % of Most Local PHA Budgets Provided by SHA



76 – 100%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Florida has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Establishing health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by Florida:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - Balanced Scorecard
  - State-specific performance frameworks
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
  - Healthy Cities/Healthy Communities
  - Other – We utilize the Sterling Model which is patterned after Baldrige
- Florida dedicates personnel and financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Florida
- Florida has a Process for Quality Improvement or Change for: SHA, local public health agencies, human resource development, data and information systems, customer focus and satisfaction, financial systems, management practices, and health status
- Florida continues its performance management efforts to:
  1. Improve quality or performance
  2. Ensure accountability to legislature and policy makers or as a requirement of legislation
  3. Improve community health status

### Most innovative and successful approaches to performance management...

*The Florida Department of Health has over a 12-year history of a documented quality assurance and quality improvement process. This process is facilitated at the state level with involvement of all 67 county health departments (CHDs). The process now involves assessment of the services by central office with a dialogue with the local CHDs on areas of continuous improvement. CHDs are benchmarked with other CHDs in the state to determine if they are meeting a standardized set of health indicators. We also began a process of peer reviewers, which began with the directors/administrators and business managers. This is being expanded to include other disciplines. This total quality improvement process is being replicated across the country.*

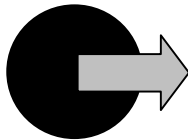
# Georgia

## State Public Health Performance Management Profile



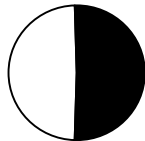
### State Characteristics

**Structure**



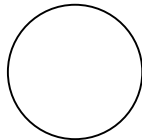
Decentralized

**Est. % of Most Local PHA Budgets Provided by SHA**



26 – 50%

**Application of Performance Management Efforts**



None

**Governance or Advisory Structure**

None

In the last year, Georgia has conducted the following public health processes:

- None

Note: Because the Georgia SHA does not apply performance management efforts SHA wide, to local public health agencies, or to categorical programs, the SHA was not asked questions represented in this section of the profile.

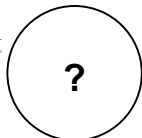
# Hawaii

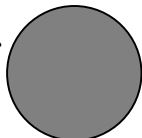
## State Public Health Performance Management Profile

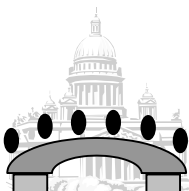


### State Characteristics

**Structure**   
Centralized

**Est. % of Most Local PHA Budgets Provided by SHA**   
Don't know

**Application of Performance Management Efforts**   
SHA wide

**Governance or Advisory Structure**   
Board of health with an advisory function

In the last year, Hawaii has conducted the following public health processes:

- Health status assessment
- Public health capacity assessment

### Characteristics of SHA Wide Performance Management Efforts

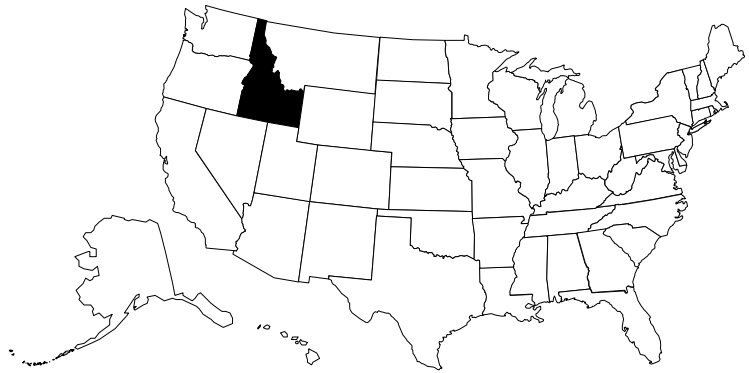
- The following models or frameworks have been explicitly incorporated by Hawaii:
  - None
- Hawaii does not dedicate personnel, but dedicates financial resources to its performance management effort
- SHA staff within a single bureau/division is responsible for the coordination and management of performance management efforts
- Other, to be determined, is responsible for the decision-making and strategic direction of performance management efforts in Hawaii
- Hawaii has a Process for Quality Improvement or Change for: None
- Hawaii continues its performance management efforts to:
  1. Improve community health status
  2. Assure that public health agencies have capacity to deliver health services
  3. Increase state, federal, or private funding and/or maintain accountability to funders

### Most innovative and successful approaches to performance management...

*The Hawaii State Department of Health implemented the Total Quality Management program, but due to lack of funds discontinued its usage. We recently administered CDC's National Public Health Performance Standards Program (NPHPSP) tool to the public health system and would like to use its results for policy change and to get resources to improve public health practice.*

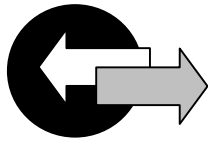
# Idaho

## State Public Health Performance Management Profile



### State Characteristics

#### Structure

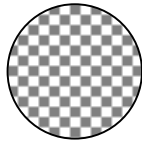


Shared

#### Est. % of Most Local PHA Budgets Provided by SHA

Not Answered

#### Application of Performance Management Efforts



SHA wide and local

#### Governance or Advisory Structure



Board of health

In the last year, Idaho has conducted the following public health processes:

- Health status assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide and Local Performance Management Efforts

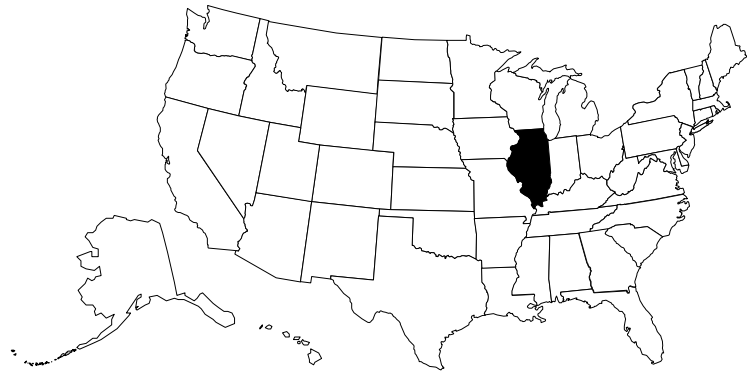
- The following models or frameworks have been explicitly incorporated by Idaho:
  - Other: Performance measures are developed at the State level to track specific program activities and targeted populations
- Idaho dedicates personnel and financial resources to its performance management effort
- SHA staff within a single bureau/division is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Idaho
- Idaho has a Process for Quality Improvement or Change for: None
- Idaho continues its performance management efforts to:
  1. Improve quality or performance
  2. Measure improvements in efficiency and effectiveness
  3. Improve community health status

### Most innovative and successful approaches to performance management...

(Not answered)

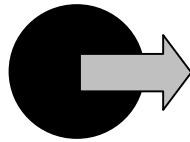
# Illinois

## State Public Health Performance Management Profile



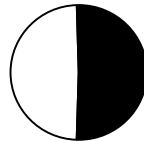
### State Characteristics

#### Structure



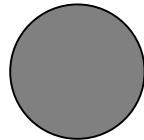
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



26 – 50%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



Board of health with an advisory function

In the last year, Illinois has conducted the following public health processes:

- Established health priorities and plans

### Characteristics of SHA Wide Performance Management Efforts

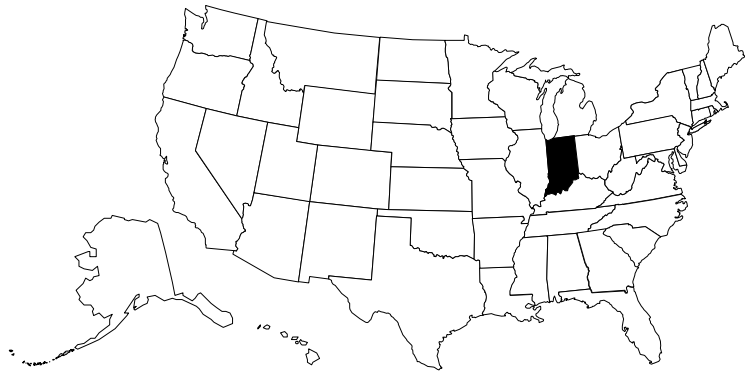
- The following models or frameworks have been explicitly incorporated by Illinois:
  - State-specific performance frameworks
  - Healthy People 2000/2010 objectives
- Illinois does not dedicate personnel or financial resources to its performance management effort
- SHA staff within a single bureau/division is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Illinois
- Illinois has a Process for Quality Improvement or Change for: SHA, human resource development, data and information systems, customer focus and satisfaction, financial systems, management practices, public health capacity, health status, and other (administrative and programmatic functions of the agency)
- Illinois continues its performance management efforts to:
  1. Improve quality or performance
  2. Other: Ensure accountability to the public for the delivery of effective and efficient public health services
  3. Measure improvements in efficiency and effectiveness

### Most innovative and successful approaches to performance management...

*The Department has adopted a Managing for Results Initiative to integrate the process for identifying priority health issues, assessing relevant data, developing action plans, and measuring and evaluating the effectiveness of agency actions. The overarching principle in this process is a focus on our customers. As part of a strategic planning process - which considers Healthy People 2010 Objectives, staff is asked to identify priority health issues for which a program does or should exist and develop a model for change. This model involves the development of action plans and the identification of indicators to assess the success of implementation efforts.*

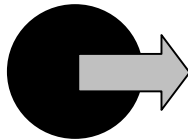
# Indiana

## State Public Health Performance Management Profile



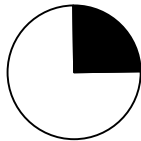
### State Characteristics

#### Structure



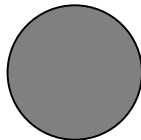
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



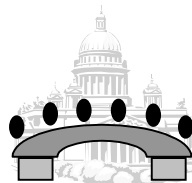
0 – 25%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, Indiana has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by Indiana:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - State-specific performance frameworks
  - Healthy People 2000/2010 objectives
  - Healthy People Leading Health Indicators
- Indiana dedicates personnel and financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Indiana
- Indiana has a Process for Quality Improvement or Change for: SHA, human resource development, data and information systems, customer focus and satisfaction, financial systems, management practices, public health capacity, and health status
- Indiana continues its performance management efforts to:
  1. Improve quality or performance
  2. Increase coordination and collaboration (internal to agency or external to system)
  3. Ensure accountability to the public for the delivery of effective and efficient public health services

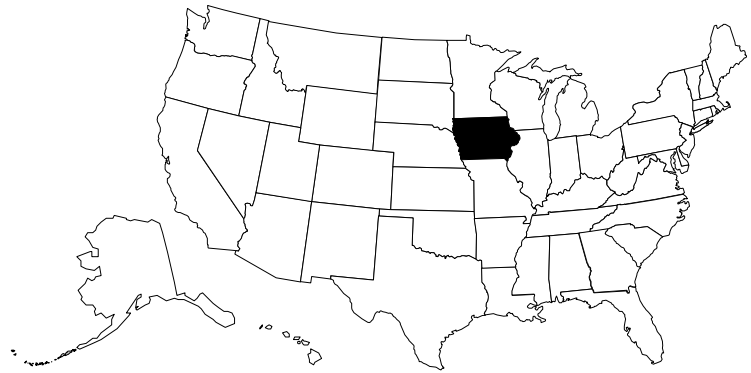
### Most innovative and successful approaches to performance management...

(Not answered)



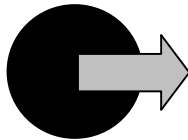
# Iowa

## State Public Health Performance Management Profile



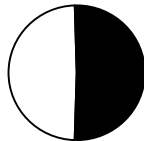
### State Characteristics

#### Structure



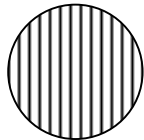
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



26 – 50%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, Iowa has conducted the following public health processes:

- Health status assessment
- Established health priorities and plans

### Characteristics of Categorical Performance Management Efforts

- Iowa continues its performance management efforts to:
  1. Improve quality or performance
  2. Ensure accountability to legislature and policy makers or as a requirement of legislation
  3. Measure improvements in efficiency and effectiveness

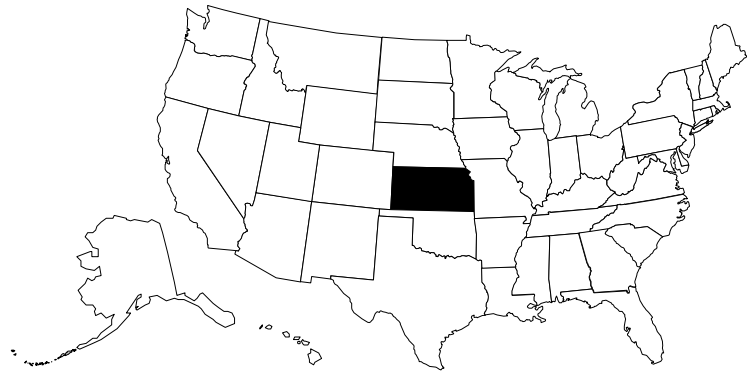
Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*The department has implemented a Customer Satisfaction Survey to collect base performance information from the customer perspective about the services or products received. This information will be utilized to monitor one aspect of program performance. A recent addition to the survey is a web-based component for customers with Internet access.*

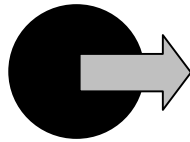
# Kansas

## State Public Health Performance Management Profile



### State Characteristics

#### Structure

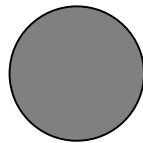


Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA

Not Answered

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure

None

In the last year, Kansas has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by Kansas:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - Healthy People 2000/2010 objectives
  - Healthy People Leading Health Indicators
- Kansas does not dedicate personnel, but dedicates financial resources to its performance management effort
- Staff of separate bureaus, overseen by the Office of the Director of Health, is responsible for the coordination and management of performance management efforts
- State Division of Budget, working in conjunction with Legislative Research Department, is responsible for the decision-making and strategic direction of performance management efforts in Kansas
- Kansas has a Process for Quality Improvement or Change for: None
- Kansas continues its performance management efforts to:
  1. Ensure accountability to legislature and policy makers or as a requirement of legislation
  2. Assure that public health agencies have capacity to deliver health services
  3. Improve quality or performance

### Most innovative and successful approaches to performance management...

*Healthy Kansans 2000*

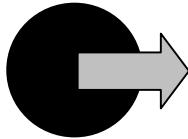
# Kentucky

## State Public Health Performance Management Profile



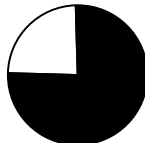
### State Characteristics

#### Structure



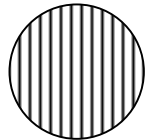
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



51 – 75%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure

None

In the last year, Kentucky has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Kentucky continues its performance management efforts to:
  1. Improve quality or performance
  2. Assure that public health agencies have capacity to deliver health services
  3. Measure improvements in efficiency and effectiveness

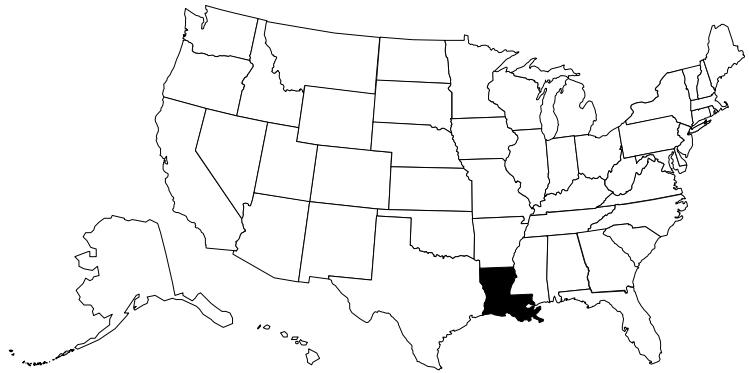
Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*We are going to start with an adaptation of the Michigan accreditation model suitable for Kentucky. We are also going to work with the latest draft of the National Public Health Performance Standards. We may pilot that in some counties and do a comparison of the two. We may work with the University of Kentucky and CDC in the testing phase.*

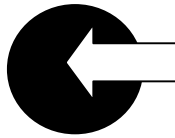
# Louisiana

## State Public Health Performance Management Profile



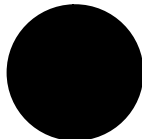
### State Characteristics

#### Structure



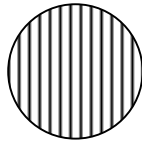
Centralized

#### Est. % of Most Local PHA Budgets Provided by SHA



76 – 100%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure

None

In the last year, Louisiana has conducted the following public health processes:

- Cost analysis
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Louisiana continues its performance management efforts to:
  1. Improve quality or performance
  2. Improve community health status
  3. Increase coordination and collaboration (internal to agency or external to system)

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*All the citizens in Louisiana benefit from the work of public health. Within our performance management we try to gauge where we need to place our scarce resources to meet the growing needs of the public. To help us evaluate the enormous data that this process can generate, our office is in the process of setting up a program evaluation section to help further our performance assessment capacity. Because the legislature has placed such emphasis on performance measurement as it relates to budget allocations, the Office of Public Health is also establishing a program integrity section that will work closely with the evaluation staff toward office-wide quality improvement.*

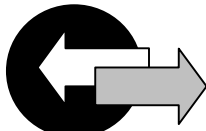
# Maryland

## State Public Health Performance Management Profile



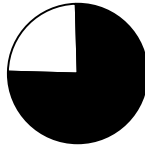
### State Characteristics

#### Structure



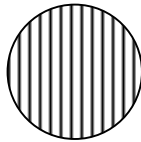
Shared

#### Est. % of Most Local PHA Budgets Provided by SHA



51 – 75%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure

None

In the last year, Maryland has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Maryland continues its performance management efforts to:
  1. Improve quality or performance
  2. Ensure accountability to legislature and policy makers or as a requirement of legislation
  3. Improve community health status

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*Under Managing for Results, DHMH establishes measurable goals and objectives for all public health programs with outcome and process measures analyzed every 6 months.*

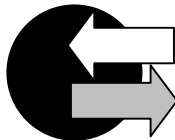
# Massachusetts

## State Public Health Performance Management Profile



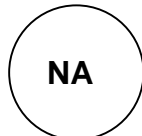
### State Characteristics

#### Structure



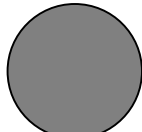
Mixed

#### Est. % of Most Local PHA Budgets Provided by SHA



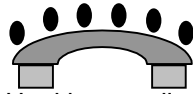
Not applicable

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Massachusetts has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by Massachusetts:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - State-specific performance frameworks
  - Federal performance frameworks, such as GPRA
  - Healthy People 2000/2010 Objectives
  - Healthy People Leading Health Indicators
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
  - Healthy Cities/Healthy Communities
  - HEDIS or other clinical performance measurement systems
  - Other: SAMSHA Criteria; IDEA Part C – early intervention
- Massachusetts dedicates personnel and financial resources to its performance management effort
- All management and program leaders are responsible for the coordination and management of performance management efforts
- Program managers and their senior managers are responsible for the decision-making and strategic direction of performance management efforts in Massachusetts
- Massachusetts has a Process for Quality Improvement or Change for: SHA, human resource development, data and information systems, customer focus and satisfaction, financial systems, management practices, public health capacity, and health status
- Massachusetts continues its performance management efforts to:
  1. Improve quality or performance
  2. Increase state, federal, or private funding and/or maintain accountability to funders
  3. Increase coordination and collaboration (internal to agency or external to system)

### Most innovative and successful approaches to performance management...

*Massachusetts has used some version of a performance management system for over five years; it is required of all contracts throughout state government purchasing. Since we purchase the large majority of our services from prevention to primary care to treatment, performance measurement has been incorporated into all procurement and contract monitoring. The outcomes of the performance-based contracting system, along with data and information from all the population-based surveys and data systems, are used to monitor public health status, as well as access and utilization of services. Most data is reported in aggregate at various levels of geography in MassCHIP.*

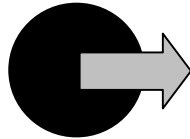
# Michigan

## State Public Health Performance Management Profile



### State Characteristics

#### Structure



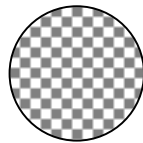
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



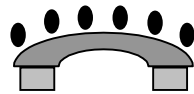
Don't know

#### Application of Performance Management Efforts



SHA wide and local

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Michigan has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide and Local Performance Management Efforts

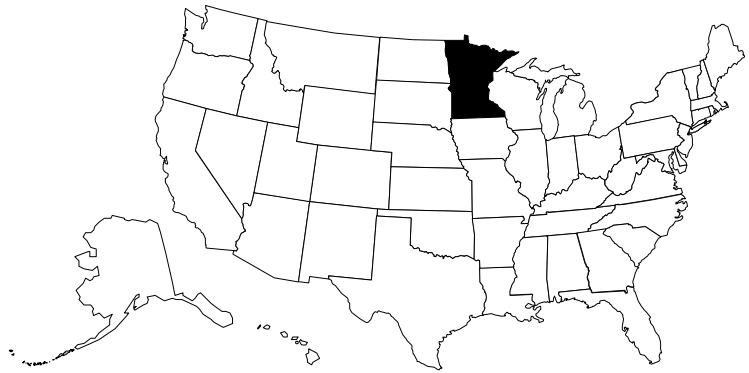
- The following models or frameworks have been explicitly incorporated by Michigan:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - State-specific performance frameworks
  - Healthy People 2000/2010 objectives
  - Healthy People Leading Health Indicators
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
- Michigan does not dedicate personnel, but dedicates financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Michigan
- Michigan has a Process for Quality Improvement or Change for: SHA, data and information systems, customer focus and satisfaction, financial systems, management practices, public health capacity, and health status
- Michigan continues its performance management efforts to:
  1. Improve community health status
  2. Improve quality or performance
  3. Measure improvements in efficiency and effectiveness

### Most innovative and successful approaches to performance management...

*The Michigan Local Public Health Accreditation Program is a collaborative effort between the Michigan Department of Community Health, the Michigan Public Health Institute, and the Michigan Departments of Agriculture and Environmental Quality. The program identifies and promotes the implementation of minimum program standards for local public health departments and evaluates and accredits the departments on their abilities to meet these standards. The standards have been designed to assist local health departments in focusing on service delivery to meet increasing and changing community needs, providing a benchmark for continuous quality improvement, maximizing limited public health resources, and recognizing performance excellence.*

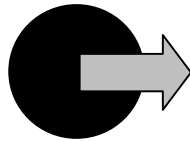
# Minnesota

## State Public Health Performance Management Profile



### State Characteristics

#### Structure



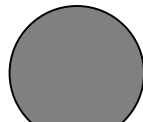
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



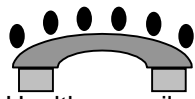
0 – 25%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Minnesota has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by Minnesota:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - State-specific performance frameworks
  - Federal performance frameworks, such as GPRA
  - Healthy People 2000/2010 Objectives
  - Healthy People Leading Health Indicators
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
  - HEDIS or other clinical performance measurement systems
- Minnesota does not dedicate personnel, but dedicates financial resources to its performance management effort
- SHA staff within a single bureau/division is responsible for the coordination and management of performance management efforts for leading health indicators. Other individuals have responsibility for performance measures for specific funding sources. The governor's office also has some staff who are responsible for statewide performance measures across all areas, not just health.
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Minnesota
- Minnesota has a Process for Quality Improvement or Change for: data and information systems, management practices, public health capacity, and health status
- Minnesota continues its performance management efforts to:
  1. Improve community health status
  2. Ensure accountability to legislature and policy makers or as a requirement of legislation
  3. Improve quality or performance

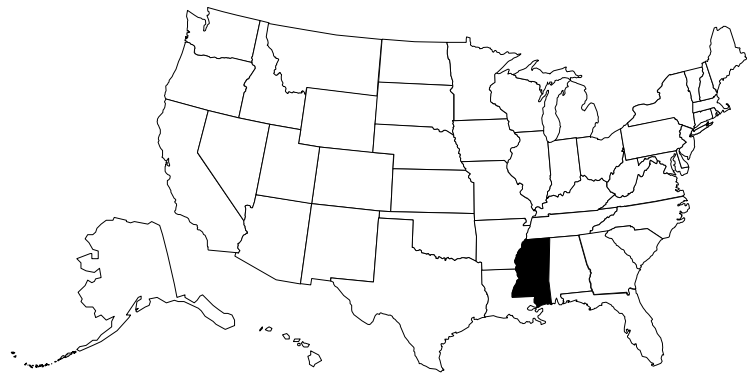
### Most innovative and successful approaches to performance management...

*Example of good outcome-based effort is our youth tobacco prevention initiative, which set a target of reduced tobacco use in statute. This stimulated coordinated, comprehensive youth health program with well-thought-out indicators.*



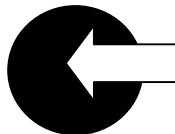
# Mississippi

## State Public Health Performance Management Profile



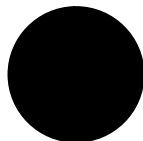
### State Characteristics

#### Structure



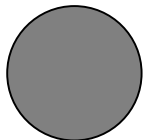
Centralized

#### Est. % of Most Local PHA Budgets Provided by SHA



76 – 100%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



In the last year, Mississippi has conducted the following public health processes:

- Health status assessment
- Public health capacity assessment
- Established health priorities and plans

### Characteristics of SHA Wide Performance Management Efforts

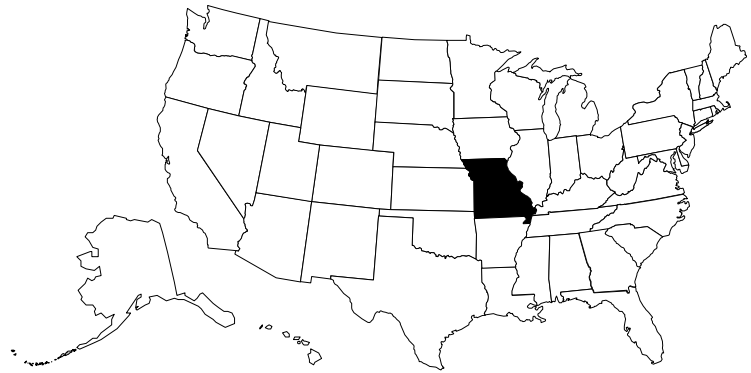
- The following models or frameworks have been explicitly incorporated by Mississippi:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - State-specific performance frameworks
  - Federal performance frameworks, such as GPRA
  - Healthy People 2000/2010 objectives
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
  - HEDIS or other clinical performance measurement systems
  - Other: HIPAA
- Mississippi does not dedicate personnel or financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Mississippi
- Mississippi has a Process for Quality Improvement or Change for: SHA and local public health agencies
- Mississippi continues its performance management efforts to:
  1. Measure improvements in efficiency and effectiveness
  2. Assure that public health agencies have capacity to deliver health services
  3. Improve quality or performance

### Most innovative and successful approaches to performance management...

*We have an integrated approach to performance management that includes a variety of classifications of staff within the Department as well as a sampling of our external customers. We utilize both quantitative and qualitative methodology to gather information. Our agency has recognized that this is an ongoing process and not just an annual set of activities.*

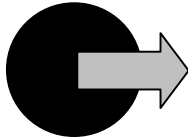
# Missouri

## State Public Health Performance Management Profile



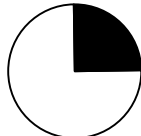
### State Characteristics

#### Structure



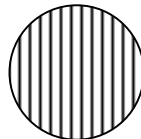
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



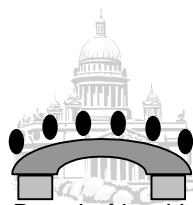
0 – 25%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with an advisory function

In the last year, Missouri has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Missouri continues its performance management efforts to:
  1. Improve community health status
  2. Improve quality or performance
  3. Assure that public health agencies have capacity to deliver health services

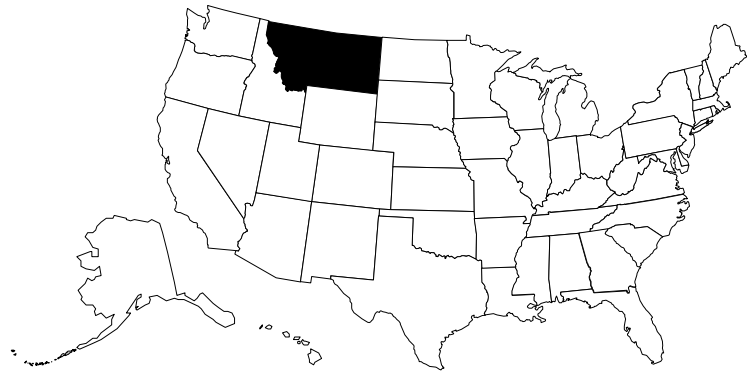
Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*We have moved our contracting system in two areas to a more outcome driven approach. We have also designed for internet access a program entitled MICA, which makes county-specific health status information available to both governmental agencies and all community partners and also individuals who may be interested in working on improving the health outcome of the community.*

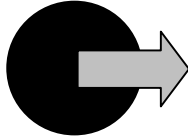
# Montana

## State Public Health Performance Management Profile



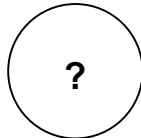
### State Characteristics

#### Structure



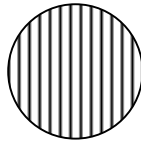
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



Don't know

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure

None

In the last year, Montana has conducted the following public health processes:

- Public health capacity assessment
- Established health priorities and plans

### Characteristics of Categorical Performance Management Efforts

- Montana continues its performance management efforts to:
  1. Increase state, federal, or private funding and/or maintain accountability to funders
  2. Measure improvements in efficiency and effectiveness
  3. Improve quality or performance

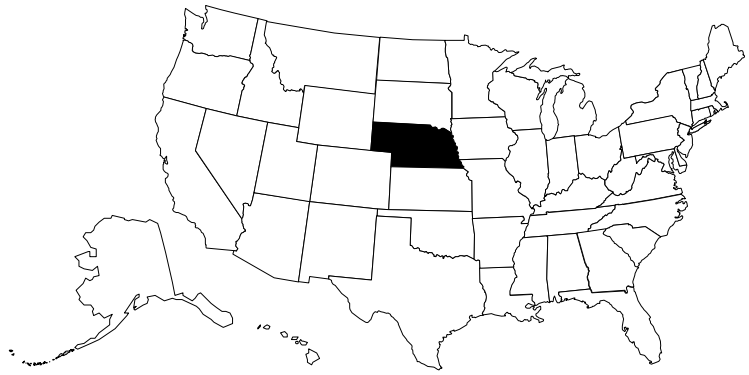
Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified "not answered."

### Most innovative and successful approaches to performance management...

(Not answered)

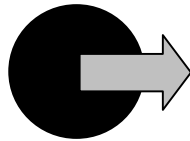
# Nebraska

## State Public Health Performance Management Profile



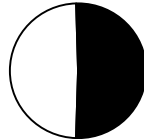
### State Characteristics

#### Structure



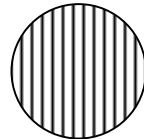
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



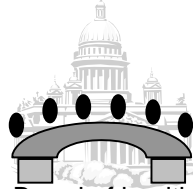
26 – 50%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with an advisory function

In the last year, Nebraska has conducted the following public health processes:

- Health status assessment
- Public health capacity assessment
- Established health priorities and plans

### Characteristics of Categorical Performance Management Efforts

- Nebraska continues its performance management efforts to:
  1. Increase state, federal, or private funding and/or maintain accountability to funders
  2. Ensure accountability to legislature and policy makers or as a requirement of legislation
  3. Increase community awareness of public health goals and activities

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

(Not answered)

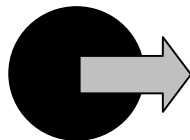
# New Hampshire

## State Public Health Performance Management Profile



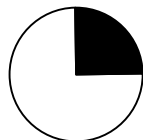
### State Characteristics

#### Structure



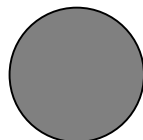
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



0 – 25%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure

None

In the last year, New Hampshire has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by New Hampshire:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - State-specific performance frameworks
  - Healthy People 2000/2010 objectives
  - Healthy People Leading Health Indicators
  - HEDIS or other clinical performance measurement systems
- New Hampshire does not dedicate personnel, but dedicates financial resources to its performance management effort
- Other (not specified) is responsible for the coordination and management of performance management efforts
- SHA staff within a single bureau/division is responsible for the decision-making and strategic direction of performance management efforts in New Hampshire
- New Hampshire has a Process for Quality Improvement or Change for: SHA, data and information systems, customer focus and satisfaction, management practices, and health status
- New Hampshire continues its performance management efforts to:
  1. Improve quality or performance
  2. Measure improvements in efficiency and effectiveness
  3. Improve community health status

### Most innovative and successful approaches to performance management...

*Through the Office of Community & Public Health, our SHA is moving in the direction of value-based purchasing through the use of performance measures. This entails the development of a performance-based contracting system. We have been working with agencies to develop measures of clinical quality and service delivery and have begun to use this information in our purchasing systems. We have developed two sets of performance measures. The first are required performance measures. Our contractors are asked to provide both data to assess progress towards the measures and activities undertaken to achieve the measures. The second are developmental performance measures. These are measures for which data are not required, but for which contractors must describe the activities to achieve the measure and how contractors might set out to collect the data in the future.*

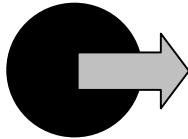
# New Jersey

## State Public Health Performance Management Profile



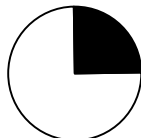
### State Characteristics

#### Structure



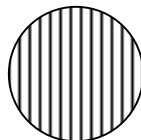
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



0 – 25%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, New Jersey has conducted the following public health processes:

- Health status assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- New Jersey continues its performance management efforts to:
  1. Measure improvements in efficiency and effectiveness
  2. Increase state, federal, or private funding and/or maintain accountability to funders
  3. Improve quality or performance

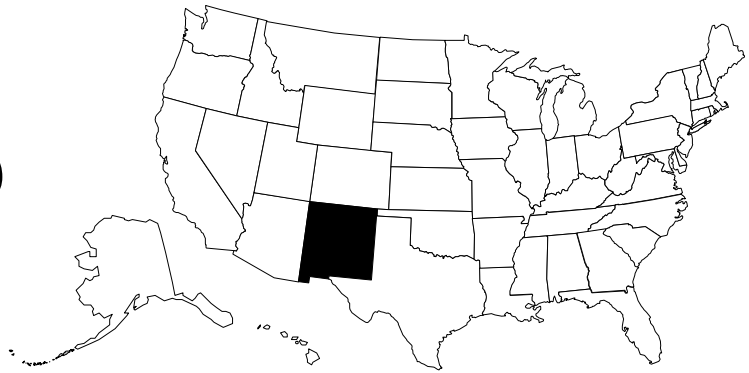
Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*Performance measures for Managed Care Organizations in a report card format that is provided to the media. Coronary By-pass Surgery performance rates for hospitals as well as individual practitioners made available to the media. Public Health Practice Standards that are based on the 10 Essential Public Health Services and National Public Health Performance Standards have been under development for local health departments. Pilot projects are underway and plans are being developed to build a performance measurement and accountability system to implement and monitor local health department performance.*

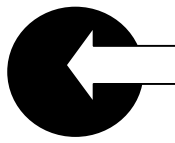
# New Mexico

## State Public Health Performance Management Profile



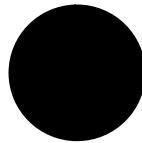
### State Characteristics

#### Structure



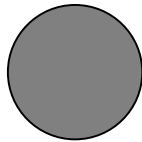
Centralized

#### Est. % of Most Local PHA Budgets Provided by SHA



76 – 100%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure

None

In the last year, New Mexico has conducted the following public health processes:

- Health status assessment
- Established health priorities and plans

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by New Mexico:
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - Baldrige Award Criteria
  - State-specific performance frameworks
  - Healthy People 2000/2010 Objectives
  - Healthy People Leading Health Indicators
  - HEDIS or other clinical performance measurement systems
- New Mexico dedicates personnel and financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for decision-making and strategic direction of performance management efforts in New Mexico
- New Mexico has a Process for Quality Improvement or Change for: human resource development, data & information systems, customer focus and satisfaction, financial systems, management practices, public health capacity, and health status
- New Mexico continues its performance management efforts to:
  1. Improve quality or performance
  2. Ensure accountability to legislature and policy makers or as a requirement of legislation
  3. Improve community health status

### Most innovative and successful approaches to performance management...

*The New Mexico Department of Health has implemented a strategic alignment and performance review process for all Department contracts, requests for proposals, and grant applications. The review is conducted by top management to assure alignment of contractor activities and performance accountability with the Department of Health's Strategic Plan.*

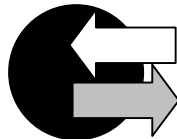
# New York

## State Public Health Performance Management Profile



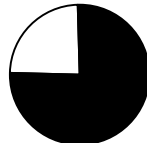
### State Characteristics

#### Structure



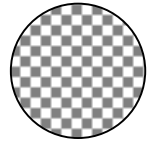
Mixed

#### Est. % of Most Local PHA Budgets Pro- vided by SHA



51 – 75%

#### Application of Performance Management Efforts



SHA wide and local

#### Governance or Advisory Structure



Health council or  
other body  
for citizen input

In the last year, New York has conducted the following public health processes:

- Health status assessment
- Public health capacity assessment
- Established health priorities and plans

### Characteristics of SHA Wide and Local Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by New York:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - Healthy People 2000/2010 objectives
  - Healthy People Leading Health Indicators
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
  - HEDIS or other clinical performance measurement systems
- New York dedicates personnel and financial resources to its performance management effort
- Staff within a single center is responsible for the coordination and management of performance management for Local Health Departments; SHA Top Management Team is responsible for the coordination and management of performance management efforts for the SHA
- Staff within a single center is responsible for decision-making and strategic direction for performance management of Local Health Departments; SHA Top Management Team is responsible for decision-making and strategic direction of performance management efforts for the SHA in New York
- New York has a Process for Quality Improvement or Change for: SHA and management practices
- New York continues its performance management efforts to:
  1. Improve community health status
  2. Ensure accountability to legislature and policy makers or as a requirement of legislation
  3. Increase state, federal, or private funding and/or maintain accountability to funders

### Most innovative and successful approaches to performance management...

*The SHA performance management process for state health agency performance is conducted by a cross-functional team including central and regional office staff. Focus has been on implementing strategies to make sure we will improve performance. CO/RO staff worked on roles and responsibilities of each to help determine how we would be able to meet the performance goals.*



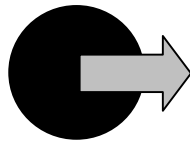
# North Carolina

## State Public Health Performance Management Profile



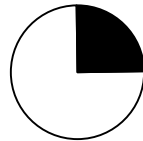
### State Characteristics

**Structure**



Decentralized

**Est. % of Most Local PHA Budgets Provided by SHA**



0 – 25%

**Application of Performance Management Efforts**



SHA wide and local

**Governance or Advisory Structure**



Health council or other body for citizen input

In the last year, North Carolina has conducted the following public health processes:

- Health status assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide and Local Performance Management Efforts

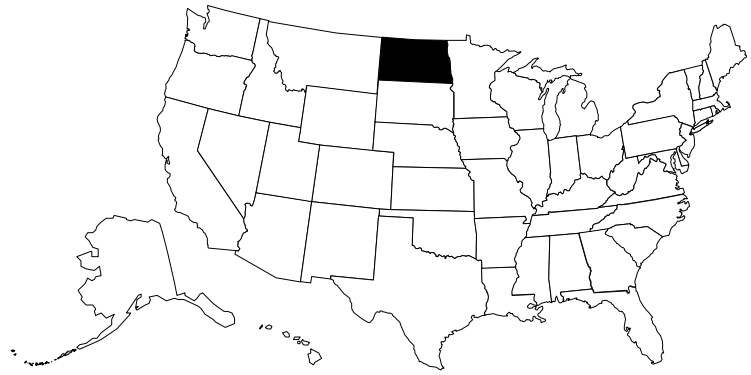
- The following models or frameworks have been explicitly incorporated by North Carolina:
  - State-specific performance frameworks
  - Federal performance frameworks, such as GPRA
  - Healthy People 2000/2010 objectives
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
  - HEDIS or other clinical performance measurement systems
- North Carolina does not dedicate personnel or financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in North Carolina
- North Carolina has a Process for Quality Improvement or Change for: local public health agencies and health status
- North Carolina continues its performance management efforts to:  
(Not answered)

**Most innovative and successful approaches to performance management...**

(Not answered)

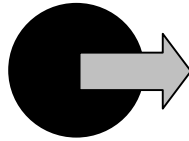
# North Dakota

## State Public Health Performance Management Profile



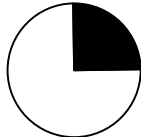
### State Characteristics

#### Structure



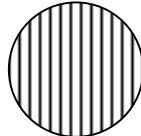
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



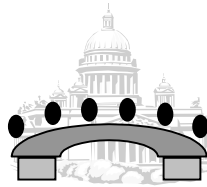
0 – 25%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, North Dakota has conducted the following public health processes:

- Health status assessment
- Public health capacity assessment
- Established health priorities and plans

### Characteristics of Categorical Performance Management Efforts

- North Dakota continues its performance management efforts to:
  1. Improve community health status
  2. Improve quality or performance
  3. Increase state, federal, or private funding and/or maintain accountability to funders

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

(Not answered)

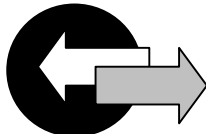
# Ohio

## State Public Health Performance Management Profile



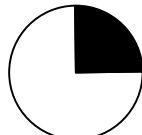
### State Characteristics

#### Structure



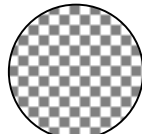
Shared

#### Est. % of Most Local PHA Budgets Provided by SHA



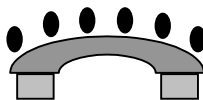
0 – 25%

#### Application of Performance Management Efforts



SHA wide and local

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Ohio has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide and Local Performance Management Efforts

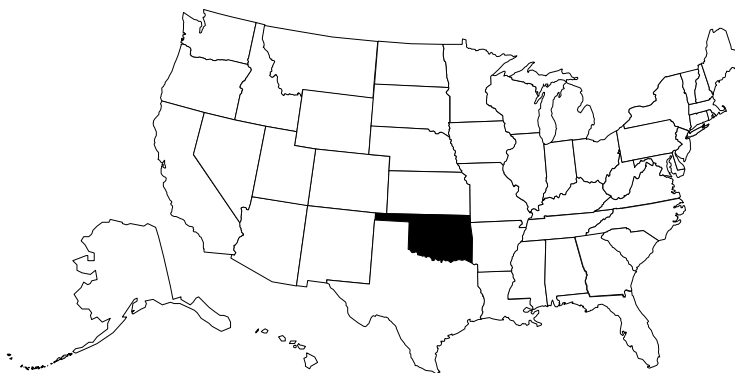
- The following models or frameworks have been explicitly incorporated by Ohio:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - Baldrige Award Criteria
  - Balanced Scorecard
  - State-specific performance frameworks
  - Federal performance frameworks, such as GPRA
  - Healthy People 2000/2010 Objectives
  - Healthy People Leading Health Indicators
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
  - Healthy Cities/Healthy Communities
  - HEDIS or other clinical performance measurement systems
- Ohio dedicates personnel and financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Ohio
- Ohio has a Process for Quality Improvement or Change for: SHA, local public health agencies, human resource development, data and information systems, customer focus and satisfaction, financial systems, management practices, public health capacity, health status, and other (workforce and leadership development)
- Ohio continues its performance management efforts to:
  1. Improve community health status
  2. Measure improvements in efficiency and effectiveness
  3. Increasing coordination and collaboration (internal to agency or external to system)

### Most innovative and successful approaches to performance management...

*The most successful aspect of our approach to performance management has been the ability to articulate and apply four key steps in strategic planning. These four steps are: strategic thinking, planning, priorities, and management. Following these four steps, we have defined mission, vision, core values, strategic goals, priorities, budget, performance measures, and accomplishments.*

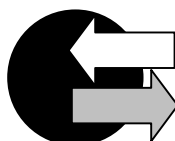
# Oklahoma

## State Public Health Performance Management Profile



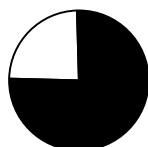
### State Characteristics

#### Structure



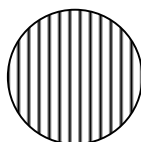
Mixed

#### Est. % of Most Local PHA Budgets Provided by SHA



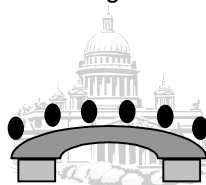
51 – 75%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, Oklahoma has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Oklahoma continues its performance management efforts to:
  1. Measure improvements in efficiency and effectiveness
  2. Improve quality or performance
  3. Assure that public health agencies have capacity to deliver health services

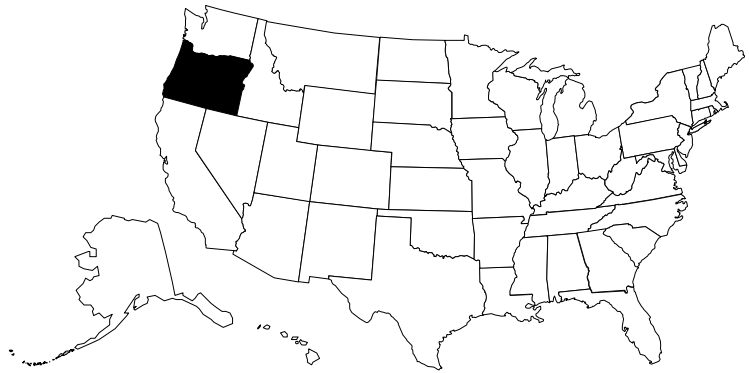
Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified "not answered."

### Most innovative and successful approaches to performance management...

*The Oklahoma State Board of Health compiles a yearly review of the "State of the State's Health." This review looks at performance in several health status categories, and makes recommendations for improvement. The yearly document also includes policy recommendations from the State Board, and has included the policy of making Turning Point the key mechanism for public health improvement in Oklahoma.*

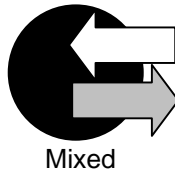
# Oregon

## State Public Health Performance Management Profile



### State Characteristics

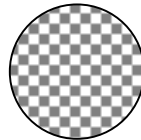
#### Structure



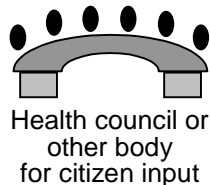
#### Est. % of Most Local PHA Budgets Provided by SHA



#### Application of Performance Management Efforts



#### Governance or Advisory Structure



In the last year, Oregon has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide and Local Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by Oregon:
  - Ten Essential Public Health Services
  - National Public Health Performance Standards Program
  - State-specific performance frameworks
- Oregon does not dedicate personnel, but dedicates financial resources to its performance management effort
- Department of Human Services (DHS) Continuous System Improvement staff and DHS Health Services Office of Planning and Community Relations staff are responsible for the coordination and management of performance management efforts
- Department of Human Services (DHS) Continuous System Improvement staff and DHS Health Services Office of Planning and Community Relations staff are responsible for the decision-making and strategic direction of performance management efforts in Oregon
- Oregon has a Process for Quality Improvement or Change for: SHA and local public health agencies
- Oregon continues its performance management efforts to:
  1. Ensure accountability to legislature and policy makers or as a requirement of legislation
  2. Increase state, federal, or private funding and/or maintain accountability to funders
  3. Assure that public health agencies have capacity to deliver health services

### Most innovative and successful approaches to performance management...

*Oregon Benchmarks*

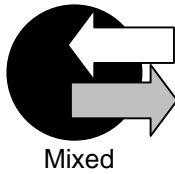
# Pennsylvania

## State Public Health Performance Management Profile

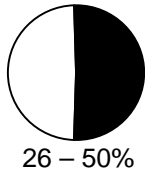


### State Characteristics

#### Structure



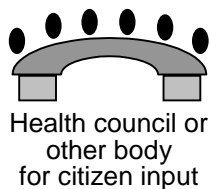
#### Est. % of Most Local PHA Budgets Provided by SHA



#### Application of Performance Management Efforts



#### Governance or Advisory Structure



In the last year, Pennsylvania has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plan
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Pennsylvania continues its performance management efforts to:
  1. Improve community health status
  2. Ensure accountability to legislature and policy makers or as a requirement of legislation
  3. Increase coordination and collaboration (internal to agency or external to system)

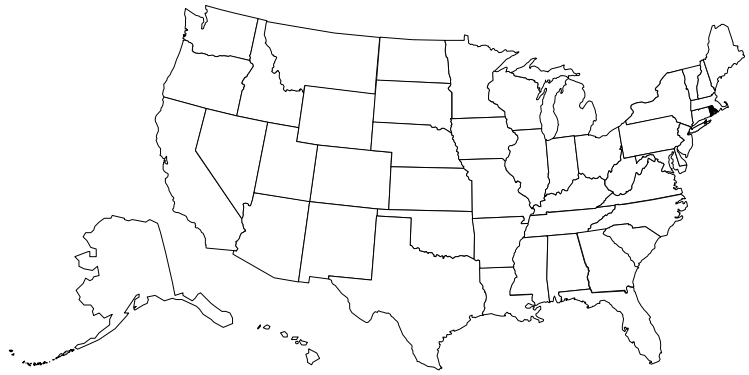
Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified "not answered."

### Most innovative and successful approaches to performance management...

*The department includes performance standards and measurable outcomes requirements in contracts with outside providers and vendors. This is a significant change in how the department does business and impacts almost one thousand contracts for public health services. While this initiative is not yet implemented in all program areas, we are determined to institute such performance standards with service partners consistent with administrative guidelines and state and federal budget requirements.*

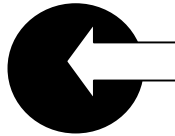
# Rhode Island

## State Public Health Performance Management Profile



### State Characteristics

#### Structure



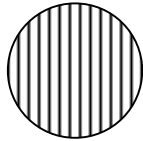
Centralized

#### Est. % of Most Local PHA Budgets Provided by SHA



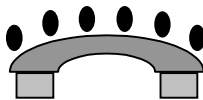
Not applicable

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Rhode Island has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans

### Characteristics of Categorical Performance Management Efforts

- Rhode Island continues its performance management efforts to:
  1. Ensure accountability to legislature and policy makers or as a requirement of legislation
  2. Measure improvements in efficiency and effectiveness
  3. Increase community awareness of public health goals and activities

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified "not answered."

### Most innovative and successful approaches to performance management...

*Integration of the required state and federal Family Health assessment and performance measures into a broader state children's policy context in the Children's Cabinet and RI Kids Count. This helps promote public health policy and also forces other agencies to emulate.*

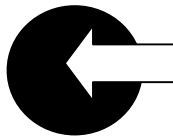
# South Carolina

## State Public Health Performance Management Profile



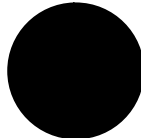
### State Characteristics

#### Structure



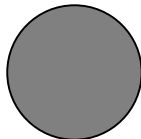
Centralized

#### Est. % of Most Local PHA Budgets Provided by SHA



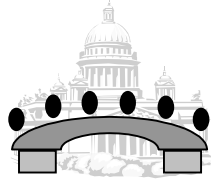
76 – 100%

#### Application of Performance Management Efforts



SHA wide

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, South Carolina has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by South Carolina:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - Baldrige Award Criteria
  - State-specific performance frameworks
  - Federal performance frameworks, such as GRPA
  - Healthy People 2000/2010 objectives
  - Healthy People Leading Health Indicators
  - Community Assessment and Planning Frameworks like APEX/PH, MAPP, and PATCH
  - Healthy Cities/Healthy Communities
- South Carolina dedicates personnel and financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in South Carolina
- South Carolina has a Process for Quality Improvement or Change for: SHA, local public health agencies, data and information systems, customer focus and satisfaction, financial systems, management practices, and health status
- South Carolina continues its performance management efforts to:
  1. Improve community health status
  2. Assure that public health agencies have capacity to deliver health services
  3. Improve quality or performance

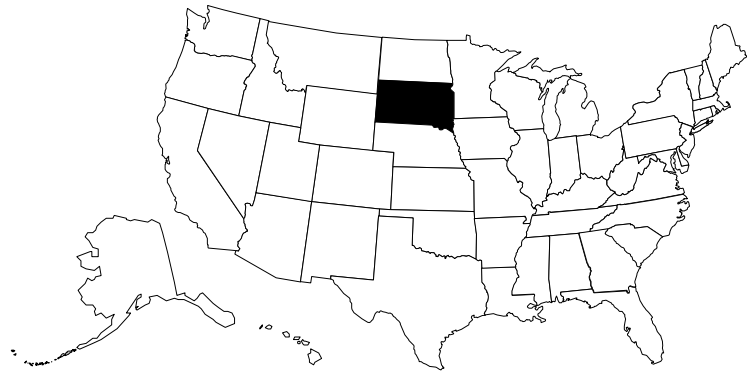
### Most innovative and successful approaches to performance management...

*The development and implementation of the South Carolina Department of Health and Environmental Control 2000-2005 Strategic Plan which is an outcomes-based plan that through 8 long term goals and 36 strategic goals provides a single strategic direction for the agency and links all the agency's programs and services. The plan promotes coordination, collaboration and communication among all units in the agency and will also serve as a key communication mechanism to our stakeholders. The Strategic Plan is deployed daily through unit /deputy operational plans. Operational plans are linked through an electronic database and a comprehensive measurement plan, providing consistency for all planning and evaluation activities through having the entire organization focus on one set of goals.*



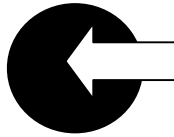
# South Dakota

## State Public Health Performance Management Profile



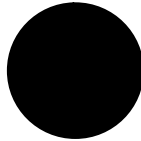
### State Characteristics

#### Structure



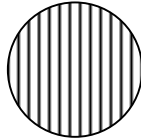
Centralized

#### Est. % of Most Local PHA Budgets Provided by SHA



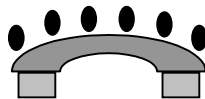
76 – 100%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, South Dakota has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- South Dakota continues its performance management efforts to:
  1. Improve community health status
  2. Assure that public health agencies have capacity to deliver health services
  3. Improve quality or performance

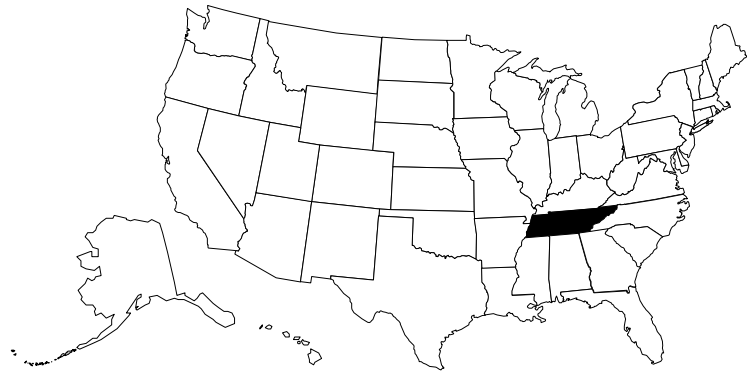
Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

(Not answered)

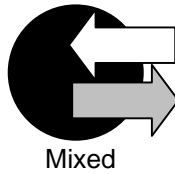
# Tennessee

## State Public Health Performance Management Profile

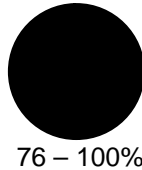


### State Characteristics

#### Structure



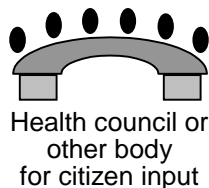
#### Est. % of Most Local PHA Budgets Provided by SHA



#### Application of Performance Management Efforts



#### Governance or Advisory Structure



In the last year, Tennessee has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by Tennessee:
  - Healthy People 2000/2010 objectives
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
- Tennessee dedicates personnel and financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Tennessee
- Tennessee has a Process for Quality Improvement or Change for: None
- Tennessee continues its performance management efforts to:
  1. Improve quality or performance
  2. Increase state, federal, or private funding and/or maintain accountability to funders
  3. Ensure accountability to legislature and policy makers or as a requirement of legislation

### Most innovative and successful approaches to performance management...

*Our state is divided into regions. We report most measures by region with comparison across regions. This seems to result in a significant increase in effort in the lower performing regions on any given measure.*

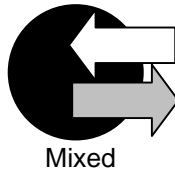
# Texas

## State Public Health Performance Management Profile

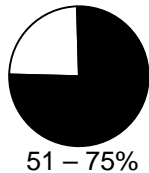


### State Characteristics

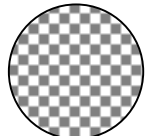
#### Structure



#### Est. % of Most Local PHA Budgets Provided by SHA



#### Application of Performance Management Efforts



#### Governance or Advisory Structure



In the last year, Texas has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide and Local Performance Management Efforts

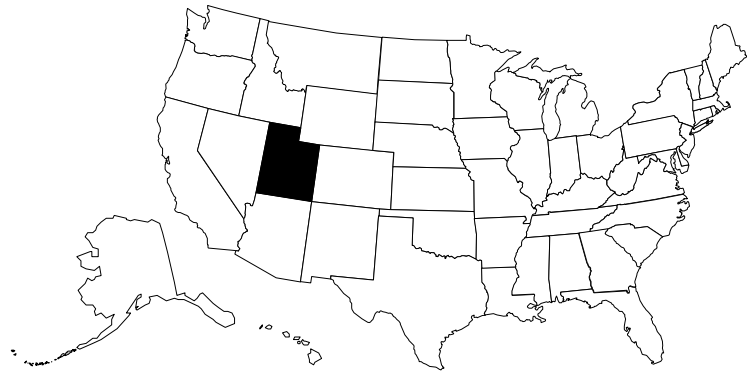
- The following models or frameworks have been explicitly incorporated by Texas:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - State-specific performance frameworks
  - Healthy People 2000/2010 objectives
- Texas dedicates personnel and financial resources to its performance management effort
- Other State Agency is responsible for the coordination and management of performance management efforts
- Other State Agency is responsible for the decision-making and strategic direction of performance management efforts in Texas
- Texas has a Process for Quality Improvement or Change for: SHA, local public health agencies, human resource development, data and information systems, customer focus and satisfaction, financial systems, management practices, public health capacity, and health status
- Texas continues its performance management efforts to:
  1. Ensure accountability to legislature and policy makers or as a requirement of legislation
  2. Improve community health status
  3. Improve quality or performance

### Most innovative and successful approaches to performance management...

1) The Bureau of Budget and Revenue, the Texas Department of Health (TDH), created an intranet performance measure reporting system to increase the efficiency and accuracy of reporting performance, 2) TDH's Bureau of Budget and Revenue, in collaboration with the Office Policy and Planning, initiated a Performance Measure Management Group that meets quarterly to discuss performance measures issues and reporting, and 3) TDH designed the Tracking Planning Tool, an intranet system, to follow the progress of public health initiatives at TDH.

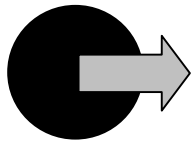
# Utah

## State Public Health Performance Management Profile



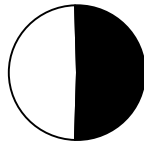
### State Characteristics

#### Structure



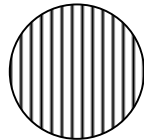
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



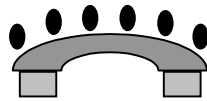
26 – 50%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Utah has conducted the following public health processes:

- Health status assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Utah continues its performance management efforts to:
  1. Improve quality or performance
  2. Ensure accountability legislature and policy makers or as a requirement of legislation
  3. Assure that public health agencies have capacity to deliver health services

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

(Not answered)

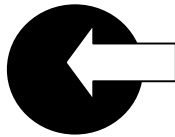
# Vermont

## State Public Health Performance Management Profile



### State Characteristics

#### Structure



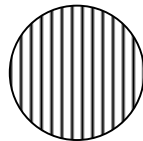
Centralized

#### Est. % of Most Local PHA Budgets Provided by SHA



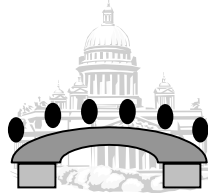
Not applicable

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with an advisory function

In the last year, Vermont has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Vermont continues its performance management efforts to:
  1. Improve community health status
  2. Increase community awareness of public health goals and activities
  3. Increase state, federal, or private funding and/or maintain accountability to funders

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*The Vermont Department of Health's lead poisoning prevention program has used performance management to reduce the number of children with elevated blood lead levels (EBL) and increase screening rates. The initial prevalence study found 14.9% of Medicaid children with EBL leading to efforts to screen this group through statewide clinics. Ongoing monitoring has provided the performance data to make program improvements. Screening rates increased from 27% in 1994 to 69% in 2000 through collaborative efforts with health care providers and public outreach. Effective use of performance management accomplished this without mandatory screening laws or expensive lead paint removal mandates.*

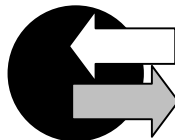
# Virginia

## State Public Health Performance Management Profile



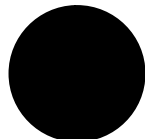
### State Characteristics

#### Structure



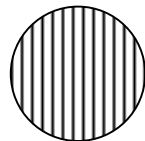
Mixed

#### Est. % of Most Local PHA Budgets Provided by SHA



76 – 100%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, Virginia has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Virginia continues its performance management efforts to:
  1. Increase state, federal, or private funding and/or maintain accountability to funders
  2. Ensure accountability to legislature and policy makers or as a requirement of legislation
  3. Improve community health status

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*Virginia Local Health Districts received WIC funding based on historical participation. The SHA added a District target, set at one percent above funding level. Additional funding is given for every client served above this target each month. Reports compare actual to target participation for every district creating “friendly competition.” Performance based funding resulted in support of existing growth areas and allowed districts to reverse their downward spiral of service and funding. Because statewide participation has increased and federal dollars are maximized for fiscal year 2001, this practice has been continued into fiscal year 2002.*

# Washington

## State Public Health Performance Management Profile



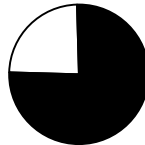
### State Characteristics

#### Structure



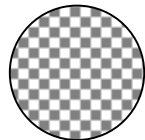
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



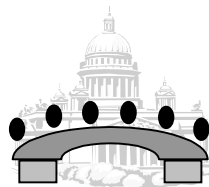
51 – 75%

#### Application of Performance Management Efforts



SHA wide and local

#### Governance or Advisory Structure



Board of health with a governing/policy making function

In the last year, Washington has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of SHA Wide and Local Performance Management Efforts

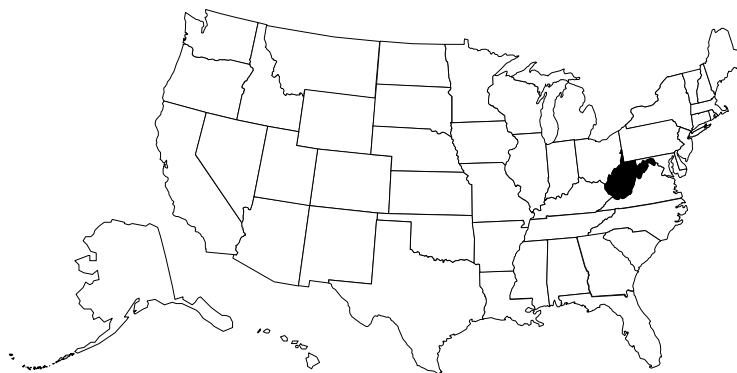
- The following models or frameworks have been explicitly incorporated by Washington:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - Baldrige Award Criteria
  - Balanced Scorecard
- Washington dedicates personnel and financial resources to its performance management effort
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Washington
- Washington has a Process for Quality Improvement or Change for: customer focus and satisfaction, and financial systems
- Washington continues its performance management efforts to:
  1. Assure that public health agencies have capacity to deliver health services
  2. Measure improvements in efficiency and effectiveness
  3. Improve quality or performance

### Most innovative and successful approaches to performance management...

*We chose a development process that involved many state and local health officials. They worked together to define what is most important about their respective roles and how performance can be meaningfully measured. We have taken time and tested our materials each step of the way, making changes based on what we learn. We have agreed that implementing the system for ongoing performance measurement will be a shared state and local responsibility. The emphasis is on quality improvement and building a stronger system to serve all residents of our state.*

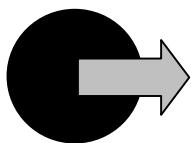
# West Virginia

## State Public Health Performance Management Profile



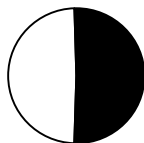
### State Characteristics

#### Structure



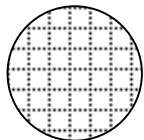
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



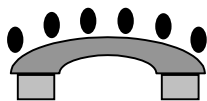
26 – 50%

#### Application of Performance Management Efforts



Local agencies

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, West Virginia has conducted the following public health processes:

- Health status assessment
- Cost analysis
- Public health capacity assessment
- Established health priorities and plans
- Internal management assessment

### Characteristics of Local Performance Management Efforts

- The following models or frameworks have been explicitly incorporated by West Virginia:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - State-specific performance frameworks
  - Healthy People 2000/2010 Objectives
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH State
- West Virginia dedicates personnel and financial resources to its performance management effort
- SHA staff within a single bureau/division is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in West Virginia
- West Virginia has a Process for Quality Improvement or Change for: SHA, local public health agencies, human resource development, data and information systems, financial systems, management practices, public health capacity, and health status
- West Virginia continues its performance management efforts to:
  1. Improve community health status
  2. Assure that public health agencies have capacity to deliver health services
  3. Improve quality or performance

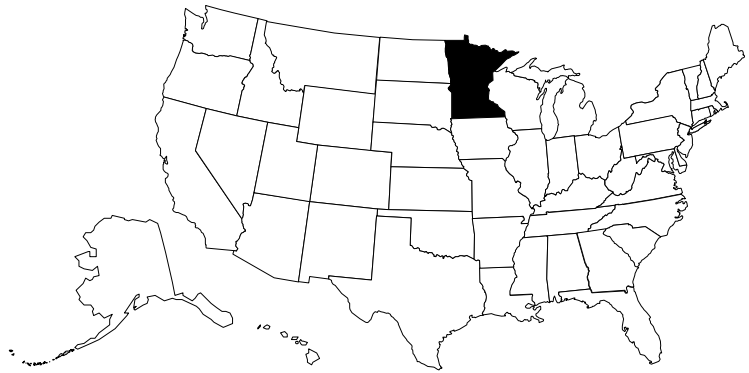
### Most innovative and successful approaches to performance management...

*On-site peer team assessment of 6 randomly selected local health departments were conducted to identify gaps in the delivery of public health functions and develop an estimate of additional resources needed. Both state and local participants valued the process and are exploring incorporating this concept into our developing performance management efforts. Formed state multi-disciplinary technical assistance teams to conduct assessments and provide technical assistance to local health departments upon request. This event was triggered by data collected in the local health department's annual program plan.*



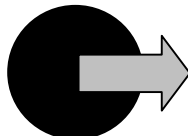
# Wisconsin

## State Public Health Performance Management Profile



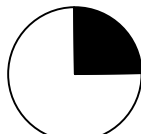
### State Characteristics

#### Structure



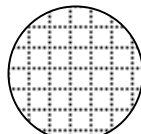
Decentralized

#### Est. % of Most Local PHA Budgets Provided by SHA



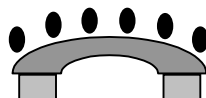
0 – 25%

#### Application of Performance Management Efforts



Local agencies

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Wisconsin has conducted the following public health processes:

- Established health priorities and plans

### Characteristics of Local Performance Management Efforts

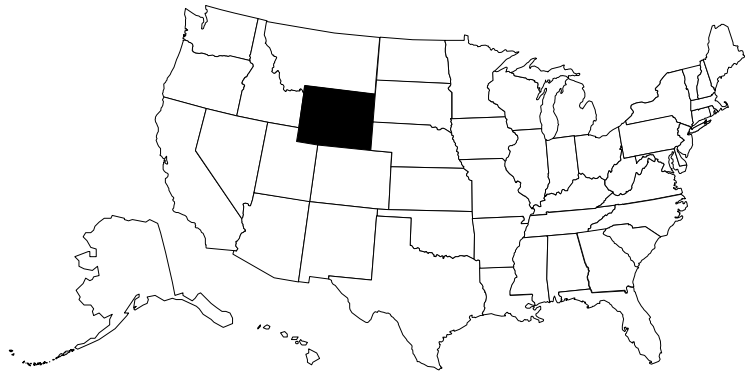
- The following models or frameworks have been explicitly incorporated by Wisconsin:
  - Ten Essential Public Health Services
  - Core Public Health Functions (Assessment, Policy Development, Assurance)
  - National Public Health Performance Standards Program
  - State-specific performance frameworks
  - Healthy People 2000/2010 objectives
  - Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
- Wisconsin dedicates personnel and financial resources to its performance management effort
- SHA staff within a single bureau/division is responsible for the coordination and management of performance management efforts
- SHA Top Management Team (interdisciplinary team from multiple divisions/bureaus) is responsible for the decision-making and strategic direction of performance management efforts in Wisconsin
- Wisconsin has a Process for Quality Improvement or Change for: None
- Wisconsin continues its performance management efforts to:
  1. Improve community health status

### Most innovative and successful approaches to performance management...

(Not answered)

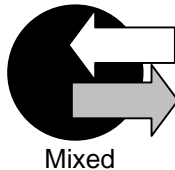
# Wyoming

## State Public Health Performance Management Profile



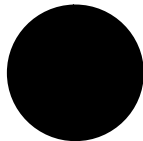
### State Characteristics

#### Structure



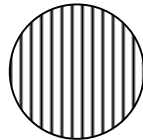
Mixed

#### Est. % of Most Local PHA Budgets Provided by SHA



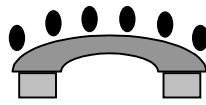
76 – 100%

#### Application of Performance Management Efforts



Categorical

#### Governance or Advisory Structure



Health council or other body for citizen input

In the last year, Wyoming has conducted the following public health processes:

- Established health priorities and plans
- Internal management assessment

### Characteristics of Categorical Performance Management Efforts

- Wyoming continues its performance management efforts to:
  1. Ensure accountability to legislature and policy makers or as a requirement of legislation
  2. Improve quality or performance
  3. Measure improvements in efficiency and effectiveness

Note: Because the SHA applies performance management to categorical programs only (e.g., MCH, STD/HIV, nutrition), the SHA was asked only a subset of questions used to develop the state profile. The more limited information presented for this state reflects the design of the Survey and does not represent missing data unless specified “not answered.”

### Most innovative and successful approaches to performance management...

*The Wyoming Department of Health is presently combining the Strategic Plan with the Healthy People 2010 national objectives. This is being accomplished by meeting with program managers to review the Healthy People 2010 objectives, goals and measurements. If an objective/goal will apply to the program, then it will be used as the 10-year goal of the department. Since we are required by state law to evaluate the goals every year and the Strategic Plan is based on 4 years (2 budgets), the Strategic Plan will be utilized as the short term, incremental goals and measurements to the long term Healthy People 2010 objectives.*



# Appendix A:

## Index of Selected State Characteristics

Use the table below to look up Performance Management Profiles of states that are similar to your state or have the characteristics that interest you.

State	Page	State Health Agency (SHA) Structure	Est. % of Local Public Health Budgets Administered by SHA	Agency(ies) or Program(s) to which SHA Applies Performance Management <sup>1</sup>
Alabama	31	Mixed	76-100%	C
Alaska	32	Mixed	51-75%	N
Arizona	33	Decentralized	51-75%	SHA
Arkansas	34	Centralized	76-100%	C
Colorado	35	Shared	51-75%	SHA
Connecticut	36	Decentralized	0-25%	C
Delaware	37	Centralized	76-100%	SHA
Florida	38	Shared	76-100%	SHA
Georgia	39	Decentralized	26-50%	N
Hawaii	40	Centralized	Don't know	SHA
Idaho	41	Shared	(Not Answered)	SHA + L
Illinois	42	Decentralized	26-50%	SHA
Indiana	43	Decentralized	0-25%	SHA
Iowa	44	Decentralized	26-50%	C
Kansas	45	Decentralized	(Not Answered)	SHA
Kentucky	46	Decentralized	51-75%	C
Louisiana	47	Centralized	76-100%	C
Maryland	48	Shared	51-75%	C
Massachusetts	49	Mixed	Not Applicable	SHA
Michigan	50	Decentralized	Don't know	SHA + L
Minnesota	51	Decentralized	0-25%	SHA
Mississippi	52	Centralized	76-100%	SHA
Missouri	53	Decentralized	0-25%	C
Montana	54	Decentralized	Don't know	C
Nebraska	55	Decentralized	26-50%	C
New Hampshire	56	Decentralized	0-25%	SHA
New Jersey	57	Decentralized	0-25%	C
New Mexico	58	Centralized	76-100%	SHA
New York	59	Mixed	51-75%	SHA + L
North Carolina	60	Decentralized	0-25%	SHA + L
North Dakota	61	Decentralized	0-25%	C
Ohio	62	Shared	0-25%	SHA + L
Oklahoma	63	Mixed	51-75%	C
Oregon	64	Mixed	0-25%	SHA + L
Pennsylvania	65	Mixed	26-50%	C
Rhode Island	66	Centralized	Not Applicable	C
South Carolina	67	Centralized	76-100%	SHA
South Dakota	68	Centralized	76-100%	C
Tennessee	69	Mixed	76-100%	SHA
Texas	70	Mixed	51-75%	SHA + L
Utah	71	Decentralized	26-50%	C
Vermont	72	Centralized	Not Applicable	C
Virginia	73	Mixed	76-100%	C
Washington	74	Decentralized	51-75%	SHA + L
West Virginia	75	Decentralized	26-50%	L
Wisconsin	76	Decentralized	0-25%	L
Wyoming	77	Mixed	76-100%	C

<sup>1</sup> Responses based on survey definitions of performance management.  
Key: SHA = SHA wide; SHA+L = SHA wide and local public health agencies; L = Local public health agencies only; C = Categorical programs only (e.g., MCH, STD/HIV, nutrition).

# Index of Selected Characteristics of SHAs with Statewide or Locally Applied Performance Management Efforts

Use the table below to look up Performance Management Profiles of states that are similar to your state or have the characteristics that interest you.

State	Page	Application of Performance Management to State Agencies						Dedicated Personnel <sup>2</sup>	Dedicated Financial Resources	Agency/Office Responsible for Coordination/Management <sup>3</sup>
		Alcohol and Substance Abuse	Mental Health	Occupational Health	Environmental Health	Medicaid	CHIP			
Arizona	33	Yes	Yes	No	Yes	No	No	Yes	Yes	TMT
Colorado	35	No	No	No	Yes	No	No	No	Yes	Other: Staff within the Department
Delaware	37	No	No	No	No	No	No	No	No	TMT
Florida	38	No	No	Yes	Yes	No	Yes	Yes	Yes	TMT
Hawaii	40	Yes	Yes	-	Yes	-	-	No	Yes	SHA Staff
Idaho	41	No	No	Yes	Yes	No	No	Yes	Yes	SHA Staff
Illinois	42	No	No	Yes	Yes	No	No	No	No	SHA Staff
Indiana	43	No	No	No	No	No	No	Yes	Yes	TMT
Kansas	45	No	No	No	No	No	No	No	Yes	Other: Staff of separate bureaus, overseen by one SHA office
Massachusetts	49	Yes	No	Yes	Yes	No	No	Yes	Yes	Other: All managers and program leaders
Michigan	50	Yes	Yes	No	No	Yes	Yes	No	Yes	TMT
Minnesota	51	No	No	No	Yes	No	No	No	Yes	SHA Staff
Mississippi	52	No	No	No	Yes	No	No	No	No	TMT
New Hampshire	56	Yes	Yes	No	No	Yes	Yes	No	Yes	Other: Not specified
New Mexico	58	Yes	Yes	No	No	No	No	Yes	Yes	TMT
New York	59	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Other: Staff in single Center for local health depts.; TMT for SHA
North Carolina	60	No	No	Yes	Yes	No	No	No	No	TMT
Ohio	62	No	No	No	No	No	No	Yes	Yes	TMT
Oregon	64	No	No	No	No	No	No	No	Yes	Other: Staff in one Dept. of Human Services office and one DHS Dept. of Health office
South Carolina	67	No	No	No	Yes	No	No	Yes	Yes	TMT
Tennessee	69	Yes	No	No	No	No	No	Yes	Yes	TMT
Texas	70	No	No	No	Yes	No	No	Yes	Yes	Other State Agency
Washington	74	No	No	No	Yes	No	No	Yes	Yes	TMT
West Virginia	75	-	-	-	Yes	-	-	Yes	Yes	SHA Staff
Wisconsin	76	No	No	No	No	No	No	Yes	Yes	SHA Staff

<sup>2</sup> Dedicated personnel was defined as at least one person who spends 50 percent of his/her time on performance management efforts.

<sup>3</sup> Key: SHA Staff = SHA staff within a single Bureau/Division; TMT = SHA Top Management Team (interdisciplinary team from multiple bureaus/divisions).

# Appendix B:

## Glossary of Terms

**Centralized:** Local public health services are provided through units and/or staff of the state health agency (SHA) (see also Decentralized, Mixed Authority, and Shared Authority).

**Decentralized:** Local public health services are provided through agencies that are organized and operated by units of local government (see also Decentralized, Mixed Authority, and Shared Authority).

**Mixed Authority:** Local public health services are provided through agencies organized and operated by units of local governments in some jurisdictions and by the state in other jurisdictions (see also Decentralized, Mixed Authority, and Shared Authority).

**Performance Management** components include the following:

- 1) establishment of organizational or statewide **performance targets** and the designation of performance management teams and resources;
- 2) use of **performance standards** and **performance measures** to carry out organizational practices and activities;
- 3) documentation and **reporting of progress** in meeting standards and sharing of such information through feedback; and
- 4) establishment of a program or **process to conduct quality improvement or to carry out policy, program, or resource changes** based on performance reports or data.

**Performance Management Efforts:** A general phrase used in the survey and report to refer to any practices that are included in the definition of performance management provided in the survey (see “Performance Management”) and as identified by survey respondents.

**Performance Management System** is the **reproduction of the above practices** on a **regular basis** (e.g., quarterly, biannually, annually) so that they become part of the organization’s operations.

**Performance Measures** are any quantitative measures or indicators of capacities, processes, or outcomes relevant to the assessment of an established performance goal or objective (e.g., the number of epidemiologists on staff capable of conducting investigations, percentage of clients who rate health department services as “good” or “excellent,” percentage of immunized children).

**Performance Standards** are objective standards or guidelines that are used to assess an organization’s performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health department services as “good” or “excellent,” 100 percent immunization rate for all children). Standards may be set by benchmarking against similar organizations, or based on national, state, or scientific guidelines.

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

**SHA (State Health Agency):** The agency primarily responsible for the administration of public health services within their jurisdiction and headed by the chief state health official.

**Shared Authority:** Local public health services are subject to the shared authority of both the state agency and the local government (see also Decentralized, Mixed Authority, and Shared Authority).

# Appendix C: State Survey Instrument

(paper version)

## Turning Point Performance Management Collaborative State Survey on Performance Management

### A. State Characteristics

As used in this survey, a **State Health Agency (SHA)** is the agency primarily responsible for the administration of public health services within their jurisdiction and headed by the chief state health official.

**A1. In the last 12 months, has your SHA conducted any of the following public health practices or processes?**

	Yes	No
Health status assessment	<input type="checkbox"/>	<input type="checkbox"/>
Cost analysis	<input type="checkbox"/>	<input type="checkbox"/>
Public health capacity assessment	<input type="checkbox"/>	<input type="checkbox"/>
Establishing health priorities and plans	<input type="checkbox"/>	<input type="checkbox"/>
Internal management assessment	<input type="checkbox"/>	<input type="checkbox"/>

**A2. Are the local public health services in your state (choose one)**

- Centralized** (Local public health services are provided through units and/or staff of the SHA)?
- Decentralized** (Local public health services are provided through agencies that are organized and operated by units of local government)?
- Shared authority** (Local public health services are subject to the shared authority of both the state agency and the local government)?
- Mixed authority** (Local public health services are provided through agencies organized and operated by units of local governments in some jurisdictions and by the state in other jurisdictions)?

**A3. Does your state have a State Board of Health?**

- Yes
- No → Go to question A5

**A4. What type of function does the State Board have? (choose one)**

- An advisory function** (makes recommendations or suggestions to the body that has governing authority over the SHA)
- A governing or policy making function** (functions may include: approve budget allocations, hire the executive officer of the SHA, make policies for the SHA, adopt regulations and policies for the SHA's jurisdiction, or act as a judicial review board for complaints and violations)

GO TO QUESTION A6.

**A5. Does your SHA have a Health Council or other body that provides citizens the opportunity for input into the operation of the SHA?**

- Yes                      No

**A6. For most local public health agencies (LPHAs) in your state, what proportion of their public health budgets are provided or administered by the SHA? Your best estimate is fine.**

1. 0 - 25%
2. 26 - 50%
3. 51 - 75%
4. 76 -100%
5. Don't know
6. Not Applicable

**B. Components of Performance Management**

The following definitions will be helpful in answering questions in this section.

**Performance Measures** are any quantitative measures or indicators of capacities, processes, or outcomes relevant to the assessment of an established performance goal or objective (e.g., the number of epidemiologists on staff capable of conducting investigations, percentage of clients who rate health department services as “good” or “excellent,” percentage of immunized children).

**Performance Standards** are objective standards or guidelines that are used to assess an organization’s performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health department services as “good” or “excellent,” 100 percent immunization rate for all children). Standards may be set by benchmarking against similar organizations, or based on national, state, or scientific guidelines.

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

**Performance Management** includes:

- (1) establishment of organizational or statewide **performance targets** and the designation of performance management teams and resources
- (2) use of **performance standards** and **performance measures** to carry out organizational practices and activities
- (3) documentation and **reporting of progress** in meeting standards and sharing of such information through feedback
- (4) establishment of a program or **process to conduct quality improvement or to carry out policy, program or resource changes** based on performance reports or data

**Performance Management System** is the **reproduction of the above practices** on a **regular basis** (e.g., quarterly, biannually, annually) so that they become part of the organization’s operations.

**B1. Based on the above definitions, to which of the following agencies does your SHA apply performance management efforts? (choose one)**

1. SHA wide (includes local agencies operated by the state) —————> Go to B3
2. SHA wide and local public health agencies
3. Local public health agencies only
4. Categorical programs only (e.g., MCH, STD/HIV, nutrition) —————> Go to B3
5. None —————> Go to B3

Comments



**B2. To what extent does your SHA apply performance management efforts?**

1. All local public health agencies
2. The majority of local public health agencies
3. Fewer than half of local public health agencies

**B3. To which of the following public health system partners does your SHA apply performance management efforts? (choose all that apply)**

1. Other state government agencies under SHA contract
2. Other state government agencies not under SHA contract
3. Non-government agencies under SHA contract
4. Non-government agencies not under SHA contract
5. None

**B4. The next set of questions is based on your answer to B1. Please indicate again your response to B1 and go to the next part of the survey.****Based on the previous definitions, to which of the following agencies does your SHA apply performance management efforts? (choose one)**

- SHA wide —————▶ Go to page 4
- SHA and local public health agencies —————▶ Go to page 4
- Local public health agencies only————▶ Go to page 4
- Categorical programs only————▶ Go to page 8
- None —————▶ Go to page 10

### C. Characteristics of SHA Performance Management Efforts

The following questions concern your SHA efforts, as described in section B, to measure performance across a variety of programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction).

**C1. Does the SHA have components of performance management for the agencies listed below? Check the box to indicate that the component is in place for the specified agencies. If your SHA has not established any components for the agency, please check "None."**

COMPONENTS OF PERFORMANCE MANAGEMENT					
	Has the SHA established <b>Performance Targets</b> for...?	Does the SHA use <b>Performance Measures or Standards</b> for...?	Does the SHA produce <b>Performance Reports</b> for...?	Does the SHA have a <b>Process for Change or Quality Improvement</b> for...?	<b>None</b>
AGENCY					
A. SHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Health Agencies (choose "None" if not applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C2. Does the SHA have components of performance management for the areas of performance listed below? Check the box to indicate that the component is in place to measure or manage performance in the specified area. If your SHA has not established any components for the area, please check "None."**

COMPONENTS OF PERFORMANCE MANAGEMENT					
	Has the SHA established <b>Performance Targets</b> for...?	Does the SHA use <b>Performance Measures or Standards</b> for...?	Does the SHA produce <b>Performance Reports</b> for...?	Does the SHA have a <b>Process for Change or Quality Improvement</b> for...?	<b>None</b>
AREA OF PERFORMANCE					
A. Human Resource Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Data & Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Customer Focus and Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Financial Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Management Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Public Health Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Health Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other, specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other, please specify: \_\_\_\_\_

**C3. Does the SHA apply performance management efforts to the agencies or offices listed below? If the agency has its own performance management efforts and the SHA does not coordinate these efforts, then please answer no.**

	Yes	No
Alcohol and Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Children's Health Insurance Program (CHIP)	<input type="checkbox"/>	<input type="checkbox"/>

**C4. Has the SHA dedicated personnel (at least one person who spends 50% of his/her time) to any performance management efforts?**

Yes      No

**C5. Has the SHA dedicated financial resources to any performance management efforts?**

Yes      No

**C6. Which agency/office is primarily responsible for the coordination and management (e.g., the collection/synthesis of data, day to day operations) of your state's performance management efforts? (choose one)**

1. SHA staff within a single Bureau/Division
2. SHA Top Management Team (interdisciplinary team from multiple Bureaus/Divisions)
3. Other State Agency
4. State Board of Health or Health Council
5. Governor Appointed Committee
6. Legislative Committee
7. Non-governmental Committee
8. Contractor or Consultant
9. No one
10. Other, please specify \_\_\_\_\_

**C7. Which agency/office is primarily responsible for the decision-making and strategic direction of your state's performance management efforts? (choose one)**

1. SHA staff within a single Bureau/Division
2. SHA Top Management Team (interdisciplinary team from multiple Bureaus/Divisions)
3. Other State Agency
4. State Board of Health or Health Council
5. Governor Appointed Committee
6. Legislative Committee
7. Non-governmental Committee
8. Contractor or Consultant
9. No one
10. Other, please specify \_\_\_\_\_

**C8. What models or frameworks have you explicitly incorporated into your performance management efforts? (check all that apply)**

- Ten Essential Public Health Services
- Core Public Health Functions (Assessment, Policy Development, Assurance)
- National Public Health Performance Standards Program
- Baldrige Award Criteria
- Balanced Scorecard
- State-specific performance frameworks
- Federal performance frameworks, such as GPRA
- Healthy People 2000/2010 Objectives
- Healthy People Leading Health Indicators
- Community Assessment and Planning Frameworks like APEXPH, MAPP, and PATCH
- Healthy Cities/Healthy Communities
- HEDIS or other clinical performance measurement systems
- None
- Other, please specify \_\_\_\_\_

**C9. In your SHA's performance management efforts, which is the most prevalent method of collecting data? (choose one)**

1. Paper submission
2. Electronic submission
3. Online Internet/ web submission
4. Online Intranet/ web submission
5. Onsite visits or audits
6. Other, please specify \_\_\_\_\_

**C10. Does your SHA have an information system that integrates and uses performance data from programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction)?**

1. Yes, please describe \_\_\_\_\_
2. No → Go to question C13

**C11. How are the data synthesized from multiple programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction)? (choose one)**

1. Manually
2. Through commercial software
3. Through software custom designed for this task

**C12. How often does your SHA use data synthesized from these multiple programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction)?**

1. Monthly
2. Quarterly
3. Semi-annually
4. Annually
5. Biannually
6. Every 3-5 years
7. Other, please specify \_\_\_\_\_

**C13. Does your SHA have a standard protocol for collecting performance data across all programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction)?**

Yes                      No

**C14. Does your SHA produce any performance reports?**

- 1. Yes
- 2. No      → Go to question D1

**C15. Does your SHA produce any performance reports geared to the following audience? (choose all that apply)**

- 1. Reporting agencies, programs, or divisions
- 2. Health and community organizations
- 3. Policy Makers
- 4. Media
- 5. Researchers
- 6. Other, please specify \_\_\_\_\_

**C16. Are your performance reports used in the following SHA public health practices or processes?**

	Yes	No
Drafting and revising legislation	<input type="checkbox"/>	<input type="checkbox"/>
Developing administrative regulations	<input type="checkbox"/>	<input type="checkbox"/>
Developing agency policy	<input type="checkbox"/>	<input type="checkbox"/>
Establishing health priorities and plans	<input type="checkbox"/>	<input type="checkbox"/>
Allocating funds	<input type="checkbox"/>	<input type="checkbox"/>
Administering programs	<input type="checkbox"/>	<input type="checkbox"/>

**D. Questions for states with any Performance Management efforts****D1. Do you collect data as part of your performance management effort?**

1. Yes
2. No

**D2. What methods or approaches have you found to be the most useful in collecting performance data?**


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**D3. What have you found to be the most effective uses of your performance management data?****D4. According to state documents or legislation, which of the following best describes your SHA's reasons for initiating its performance management efforts? (choose no more than three and rank your choices with 1 being the most important)**

1.  Measure improvements in efficiency and effectiveness
2.  Assure that public health agencies have capacity to deliver health services
3.  Improve quality and/or performance
4.  Increase state, federal, or private funding and/or maintain accountability to funders
5.  Ensure accountability to legislature and policy makers or as a requirement of legislation
6.  Improve community health status
7.  Increase community awareness of public health goals and activities
8.  Increase coordination and collaboration (internal to agency or external to system)
9.  Other, please specify \_\_\_\_\_

**D5. Which of the following best describes your SHA's reasons for continuing its performance management efforts? (choose no more than three and rank your choices with 1 being the most important)**

1.  Measure improvements in efficiency and effectiveness
2.  Assure that public health agencies have capacity to deliver health services
3.  Improve quality or performance
4.  Increase state, federal, or private funding and/or maintain accountability to funders
5.  Ensure accountability to legislature and policy makers or as a requirement of legislation
6.  Improve community health status
7.  Increase community awareness of public health goals and activities
8.  Increasing coordination and collaboration (internal to agency or external to system)
9.  Other, please specify \_\_\_\_\_

**D6. Do your SHA performance management efforts include any of the following to improve performance? (choose all that apply)**

1. Incentives for agencies/ programs/ divisions
2. Incentives for staff
3. Disincentives for agencies/ programs/ divisions
4. Disincentives for staff
5. No incentives or disincentives

Please describe: \_\_\_\_\_

**D7. We are interested in learning whether performance management efforts make a difference. Have your SHA's performance management efforts resulted in improved performance?**

Examples of positive outcomes may include health improvement, more funding, or policy changes.

- 1. Yes
- 2. No    → Go to question D10

**D8. Tell us about any outcomes specifically resulting from your SHA's performance management efforts.**

**D9. Are the above outcomes documented?**

Yes    No

**D10. In no more than 100 words, please describe your SHA's most *innovative* and *successful* approaches to performance management. This summary will be included in your state's profile compiled by the Collaborative.**

**D11. We would like to identify and share state performance documents and tools. Has your state produced any performance management documents or tools that you would like to share with other states?**

Yes    No  
If yes, please list:

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**D12. How can your SHA performance management efforts be improved?** \_\_\_\_\_

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**E. Questions for all SHAs**

**E1. Is your SHA currently taking any actions to improve the way it manages performance?**

Yes    No

If yes, please specify \_\_\_\_\_

**E2. What would most aid in improving your SHA's performance management efforts? (choose no more than three and rank your choices with 1 being the most important)**

1. \_\_\_ Detailed examples/a set of models from other states' performance management systems
2. \_\_\_ "How to" guide/toolkit
3. \_\_\_ Consultant/technical assistance
4. \_\_\_ More learning opportunities (seminars, workshops)
5. \_\_\_ Networking opportunities
6. \_\_\_ Implementing new policies/requirements
7. \_\_\_ Use of incentives or disincentives
8. \_\_\_ Funding sources/support
9. \_\_\_ Assistance in working with or gaining support from policy makers
10. \_\_\_ A set of voluntary national performance standards for public health systems
11. \_\_\_ A set of mandated national performance standards for public health systems
12. \_\_\_ Other, please specify \_\_\_\_\_

**Respondent Information (REQUIRED)**

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

State: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**E3. Would you like to be involved in continued discussions via conference call or email on state performance management systems?**

Yes    No

**E4. Would you like a copy of this survey report?**

Yes    No

**E5. In case we have questions about your responses on this survey, may we contact you?**

Yes    No

**E6. Additional Comments**

**THANK YOU!**



Please review the questionnaire to make sure all the questions to which you were directed have been answered. Return it in the postage-paid envelope or by fax to:

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Turning Point is funded by:

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