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Developing Performance Measures: An Overview & Practical Pointers

WEBINAR MATERIALS

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Presentation Links

Access the [live recording of the webinar including audio and slides](#)
Access the [presentation slides](#)

Summary:

So often, we choose our performance measures because someone tells us what to measure in advance or we default to "what we can collect". Yet neither of these approaches serves us if we want performance measures to feed a cycle of continuous program improvement.

Tom Chapel and Clay Cooksey are back by popular demand from the Public Health Improvement Training (PHIT) 2013 to present a shorter webinar version of their PHIT workshop.

The focus of the webinar will be practical guidance on how to get clarity and consensus on your program- its activities and its intended outcomes- and then how to use that clarity to select and construct strong measures. Clay and Tom will provide an introduction and overview to a potential longer workshop to be offered at a later date. There will be time for Q&A and dialogue about attendees' challenges. When registering for this webinar, please include your challenges. By the end of the webinar, you will be able to:

- Define a simple program roadmap for any program that includes its activities and intended short- and long-term outcomes
- State foundations, principles, and selection criteria for choosing the best "set" of performance measures for continuous quality improvement
- Understand a framework to develop meaningful measures that fit your program/organizational needs

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PARTICIPANT QUESTIONS

Q. Because evaluation is not always aligned with strategic plans, what are some practical tips to automatically align evaluation and strategic plans?

- A.** Stop looking at evaluation as primarily research oriented studies as noted in the new CDC evaluation guidelines and frameworks. Look at evaluation as a series of questions that get at program improvement and accountability. This idea of a roadmap or a logic model becomes helpful to hold strategic discussions asking these *planning* questions:
- What kind of program we are?
 - What are we trying to achieve?
 - what the major pathways we're taking to get there?

By using these questions, everyone will be looking through the same lens. Then you can determine what part of these questions we should measure in our performance dashboard and what part should we evaluate.

Q. A program called the Initiative for Healthy Weight provides technical assistance (TA) to agencies but not necessarily collect data on an ongoing basis. The program only has national data, but produces a monthly report. It has been difficult to measure their staff time invested in TA, etc., because that requires tracking each person's time and what the time is being used in. Do you have any ideas in tracking performance of this TA?

- A.** The TA programs can be among the most challenging to measure. Fundamentally, a good question to ask is whether the recipient of the TA is *acting* upon the information provided in the TA.

If the time commitment is being measured, be sure to understand why it is important. Does more time spent on TA equal better technical assistance? This helps to understand the quality of TA. Is more time spent associated with better outcomes? If a program is getting the same questions over and over, the TA or program could be improved most likely. For a program, I've worked with, we were providing guidance and monthly calls but weren't seeing the changes. Ask the recipient about how to improve and ask the team what goals you want to accomplish through the delivery of TA.

Q. If a program does not have a mission, vision, goals, etc. do you think it is best to start there before you develop the roadmap so you can start the conversation with the roadmap at least partially filled out?

- A.** Ideally you want those fundamentals there. It begs the question- *What are you really trying to accomplish?* Even without the fundamentals, a roadmap can still be developed to understand what the outcomes you want to see are.

Many programs proceed even without the mission, vision and goals. The roadmap exercise can help cut to the chase in developing the goals, etc. by bringing stakeholders together to systematically outline why this program is supposed to work. If a program does have a mission, vision and goals, what this exercise ensures is that all are working under the same story lines. Without the goals driving the roadmap, a program may unfortunately have multiple and possibly inconsistent story lines in the a) mission vision and goals b) performance measures and c) day to day implementation.

Q. Do you have any recommended tools to develop performance measures?

A. There are a good amount of tools out there for how to develop performance measures step-by-step. A few books that have been instrumental in Clay's work are included in the resources slide near the end of the presentation. The books have helped practitioners rethink how to look at and do measurement. The Virginia Quick Reference Guide can be helpful to provide in-depth, step-by-step guidelines to develop performance measures including baseline and benchmarks.

Q. In developing the Roadmap, do you suggest methods/ means of selecting indicators that are accurately measuring the intended outcomes?

A. If selecting indicators and measures is challenging for a program, here are some ideas. Look to how other health departments, organizations or businesses are currently evaluating their similar program. Be sure to understand if they are trying to achieve the same results. Another idea is to look to white papers and peer reviewed literature in journals. A third idea is to move outside into a broader area of programs to look for good measures. For instance, instead of looking to public health clinics, look to a private healthcare clinic for ideas on indicators.

Q. Can you give an example of some possible performance measures for HIV case management and support services?

A. More information about the program and its goals would be helpful but to take a stab, here are some possible measures.

- Viral counts in the late states to indicate whether more eligible people are getting into care and treatment earlier on.
- The number of persons tested (by frequency) to indicate more connections into care.

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