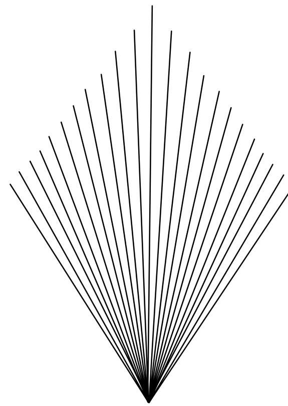
Performance Measurement: The New Engine for Public Health

Final Report of the 1999 Public Health Leadership Society Annual Program



Public Health Leadership Society
Center for Health Leadership & Practice
A Center of the Public Health Institute

January, 2000

Dear PHLI Alumni:

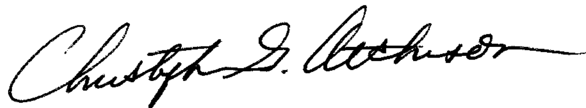
Just as the Public Health Leadership Society (PHLS) continues to grow in numbers, so does the Annual Program of the Society continue to serve as an outstanding opportunity to learn about and discuss emerging trends in public health practice and leadership. Enclosed for your consideration is the roundtable discussion summary of the 1999 PHLS Annual Program, attended by more than 150 Society members, our friends from the state and regional leadership institutes, and other colleagues.

The theme of the meeting was “Performance Measurement: The New Engine for Public Health.” Presenters included Paul Halverson, Bernard Turnock, and William Roper as well as state and local government leaders from Wisconsin, Michigan and Ohio. A portion of the meeting was spent on discussion of the challenges surrounding performance measurement and accountability. This report summarizes the roundtable discussions and provides us with an excellent platform to build on for future Annual Programs.

We hope you will take the time to review this document both for your own information and as a useful document to share with others. We will address the recommendations found in the report in future discussions sponsored by the Society.

On behalf of the Public Health Leadership Society Council and the Society membership, I thank you for your interest and involvement in efforts to improve the health of the public.

Sincerely,



Christopher Atchison, MPA
PHLS Council Chair

Acknowledgments

We would like to acknowledge and thank all whose special efforts made the 1999 Annual Program, *Performance Measurement: The New Engine for Public Health*, and this report possible. In addition to the individuals and organizations listed below, we would like to thank the Public Health Leadership Society Council. A special thank you is

extended to the 1999 Annual Program speakers, alumni participants and our guests from the state and regional leadership institutes and other health organizations.

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Performance Measurement: The New Engine for Public Health

Final Report of the 1999 Public Health Leadership Society Annual Program

I. Introduction

This report summarizes roundtable discussions held at the 1999 Public Health Leadership Society (PHLS) Annual Program, entitled *Performance Measurement: The New Engine for Public Health.* (See Appendix I for the Annual Program Agenda and Objectives) Each year, the Public Health Leadership Society holds an Annual Program to study and discuss timely public health issues. PHLS is the alumni association of the national CDC/UC Public Health Leadership Institute. The Society provides an opportunity for alumni to continue their learning and leadership development; maintain personal and professional relationships; contribute to innovative thinking about public

health issues; and collaborate with other national health-related organizations to shape the future of public health.

Over one hundred and fifty (150) PHLS members, CDC/UC Public Health Leadership Institute alumni, colleagues from the state and regional leadership institutes, and other public health colleagues participated in the 1999 Annual Program. Volunteer committees of Society members developed the program and facilitated/recorded the roundtable discussions. The Annual Program examined the development of performance measures for public health practice; their impact on the public health workforce and public health systems; the organizational, community, and public policy implications of performance measurement; and the issues that public health leaders must contemplate as they institute change. These themes were developed through keynote presentations on the contemporary context and status of public health performance measurement, and exploration of expectations by public officials (a state senator, state budget director, and local board of health member) for public health accountability. Roundtable discussions focused on issues of shared accountability and preparation for performance measurement. The 1999 Annual Program built on the 1998 Annual Program (which focused on the development of the public health workforce) by engaging participants to evaluate the public health workforce's capacity to meet the responsibilities called forth by performance measurement.

This report begins with an overview of the context of performance measurement interspersed with key comments by the presenters and response panelists. It then summarizes the participant roundtable discussions and offers recommendations for the field based on these discussions.

II. Why Performance Measurement?

Many in the public health field believe performance measurement and accountability for results are critical to the future of public health. Impetus for outcome measures and accountability has also come in part from the private sector, as noted by capstone speaker, William Roper, MD, MPH, (Dean of the School of Public Health at the University of North Carolina, Chapel Hill). Does performance measurement represent the "new engine for public health"? It is believed that performance measurement (of capacity, processes and outcomes) will lead to improved public health practice, and thereby improved community health outcomes. As observed by Bernard Turnock, MD, MPH (Director, Center for Public Health Practice, School of Public Health, University of Illinois at Chicago) in his keynote presentation on the performance of public health systems, we must first "measure and understand" before we can make meaningful changes in the way public health is practiced. Performance measurement is promoted as a means for achieving multiple desirable outcomes: assurance that the public health processes and functions are being carried out optimally; enhanced visibility and credibility with policy makers and the public; facilitation of performance-based budgeting; strengthened public health infrastructure; and an improved public health science base. Response panelist Mary Lannoye, MPA (State Budget Director, Michigan Department of Management and Budget) highlighted the tremendous potential for advancing public health harbored in using measures.

Public health practitioners and leaders are also aware of the challenges posed by measuring and improving public health performance. State and local health departments, for example, do not operate in a vacuum, but rather as part of a broader public health system. Paul Halverson, DrPH (Director, National Public Health Performance Standards Program; Deputy Director, Division of Public Health Systems, Public Health Practice Program Office, Centers for Disease Control and Prevention) in his keynote presentation, remarked that approximately 32% of public health activities occur outside of traditional public health systems. The success of performance measurement also depends on the public health system's ability to garner political and public support. Response Panelist Senator Peggy Rosenzweig (Wisconsin State Senate) encouraged participants to regard elected officials as those empowered to pass laws. Influencing elected officials to pass laws that support public health performance measurement and accountability will however require that public health paint an understandable and descriptive picture of what it does for the public.

Other challenges quickly come to mind: How does one measure performance and attribute outcomes in an inter-connected system? How should the entities comprising this system be held accountable for results? What are the appropriate consequences for "poor performance"? Widespread acceptance of performance measurement across diverse public health systems presents another challenge.
Response panelist Molly Seals, MBA (Vice President, Human Resources and Organizational Development, Humility of Mary Health Partners; member, Youngstown, Ohio, Board of Health) noted that public health leaders will need to take risks and serve as catalysts for change if performance measurement is to be widely and successfully adopted.

Across the country, performance measurement is taking hold at the national, state and local levels. The National Public Health Performance Standards Program (Division of Public Health Systems, Public Health Practice Program Office, Centers for Disease Control and Prevention), in collaboration with national, state, and local partners, is providing national leadership in the research, development, and implementation of performance standards. The National Public Health Performance Standards Program has developed and is currently pilot testing local and state performance measurement tools built around the Ten Essential Services. States such as Washington and Illinois have developed their own performance standards.

Over the past decade, local public health systems have been assimilating the core functions of public health into their roles and responsibilities with the assistance of tools such as APEXPH (Assessment Protocol for Excellence in Public Health). Local public health systems are now beginning to align with the core functions and the essential services of public health. These local systems will need new tools such as the public health performance standards to demonstrate their performance in providing the essential public health services to their communities.

III. Roundtable Discussions

The Annual Program roundtable sessions addressed issues of *shared accountability* and *preparation for performance measurement and accountability.* Participants were asked to respond to two questions:

1. The public health system is comprised of many entities including governmental public health. How can we foster shared accountability for performance measurement, outcomes and ultimately health improvement within this multi-entity system? (Examples might include regulation or education.) Who will hold the system accountable?

2. Considering your response to question #1, how will this accountability change the work of public health? How are you preparing for the changes (e.g., workforce development, collaborative partnerships, resources, research and evaluation, policy development, etc. .)?

Response to Question #1: Fostering Shared Accountability for Performance Measurement

Discussion of question #1 revealed that participants overwhelmingly believe that the public health system is currently composed of various governmental and non-governmental partners invested in improving the public's health. The public health "system", in the view of most participants, includes institutions such as local and state public health agencies, mental health, education, law enforcement, civic organizations, the business and faith communities, hospitals, managed care providers, as well as community members. Other participants thought the "public health system" is in fact difficult to define, noting that disagreement exists around which institutions should ultimately be held accountable - singly or jointly - for the public's health. The issue of how to then mobilize this system to be *accountable* for health outcomes gave rise to lively and varied discussions.

Differing opinions emerged on the issue of how accountability could best be shared. Many participants spoke to the need for defining common language and interests among partners, as well as building trust, as the necessary first steps for fostering a sustained shared commitment. The benefits of shared accountability would also need to be understood. With time, roles and responsibilities for the partners would need to be spelled out clearly. Some participants proposed that a multi-entity collaborative structure be formed to oversee the process of defining and assuring shared accountability. Other participants viewed governmental public health - in its shift away from direct service - as the natural convener or catalyst of such a process. Many participants pointed to the tools that would be needed to lay the groundwork for shared accountability. Assessment and data sharing were cited as highly important for enabling shared accountability.

Despite general enthusiasm for the possibility of developing shared accountability, concerns also surfaced: How can a *system* be measured? How will shared accountability ultimately play out? What will the consequences for poor performance be? It was noted by some that setting performance standards and indicators - and then acting on them - would not be easy. Several participants observed that some health

issues are more clear-cut than others from the perspective of shared accountability - breast cancer screening, for example. Areas such as environmental health are less clear-cut.

Many participants noted that shared accountability for the public's health would need to be defined by policy and codified by law and regulation to be truly meaningful. Some pointed to the need for accreditation to enhance public health's credibility. Mandates were viewed by some participants, however, as potentially punitive. They argued that the goal should be improvement, not punishment for not achieving difficult-to-attain improvements. A more general perception shared by participants was that results matter, and that the goal should be a shared commitment to advancing the public's health.

A small but not insignificant minority questioned the very premise of a broadly shared system of accountability. In their view, defining the system too broadly dilutes accountability. Their perception was that governmental public health is appropriately accountable for the public's health. Significant barriers currently impede a stronger role for governmental public health, however. Among them is the lack of resources dedicated to carrying out the core public health functions. As noted by one participant, if responsibility for the public's health ultimately falls to governmental public health, then public health needs to be viewed by policy makers and the public as indispensable as fire and police protection.

Roundtable participants identified a variety of other challenges to shared accountability. A subtle though not uncommon theme was the perception that public health suffers from an "identity crisis" that must first be resolved. For example, several participants noted that disagreement still exists within the field about direct services v. the essential services. Other potential barriers to accountability include extreme variability in health departments across states and localities, and an antiquated infrastructure. The perceived lack of public understanding of what public health is and does concerned others. It was noted that public health needs to do a better job of telling its story and identifying themes - such as food safety and infectious disease monitoring - that the public can easily connect to public health. Several participants stated that ultimately, change is only possible if citizen/community involvement and backing exist.

Response to Question #2: Preparing for Performance Measurement and Accountability

Discussion of question #2 focused more on what still needs to happen to prepare the public health system for performance measurement and accountability than on what is currently being done. Workforce development, building and sustaining relationships and partnerships, data collection, strengthening the science base, investments and resources, and legislative advocacy emerged as key themes across tables.

Workforce development involves a culture change in the workforce. Discussions focused on the reassignment, retraining and continuing education of the workforce. Critical priority skills identified included: communicating clear and consistent messages

about what the public health system and enterprise are all about; collecting and using data and information; and relationship building skills to develop and sustain inter-disciplinary and inter-sectoral community partnerships. The governmental workforce was called on to develop and use a different set of skills which are not so restricted to former, more narrowly defined roles or actions. Finally, institutions of higher education were challenged to assure a strong core public health curricular component in the didactic and experiential education of students.

Many participants viewed building and sustaining relationships and partnerships as vital to performance measurement and accountability. Some participants noted that true partnerships require the courage to give up territory, change priorities, and change ways of thinking and working. As observed by one participant, we must ask ourselves whether we are interested in advancing the public's health, or in preserving the public health structure as we know it. Others noted that as we become more facilitative and work increasingly through partners, it will become harder to define the role of government in public health.

In the area of investments and resources, discussion focused on the need for funding flexibility and a non-categorical orientation. Some participants viewed new funding as critical if we are to eliminate health disparities, become accountable for health status improvement, and have the capacity to address current and emerging health concerns.

Community assessment, health data and information, and community accountability were frequently addressed. Some participants viewed the governmental public health assessment function as a particularly important focus in preparing for performance measurement. By collecting new data, and using existing data more effectively, governmental public health would not only measure progress but also make a stronger case for public health and the value of population-based interventions with policy makers. Several participants identified APEXCPH (Assessment and Planning Excellence Through Community Partners for Health) as a potentially effective new tool for assessing community-wide needs and engaging partners in being accountable for health status improvement.

Finally, many participants also focused on the changing role of public health. A change in culture or role away from "traditional public health" emerged as a thread. Other participants observed the need for enhanced leadership, public visibility, and a stronger, more assertive role overall for public health.

IV. Recommendations

The assembling of a large community of public health leaders as occurred at the 1999 Annual Program offers an opportunity to gather thinking and recommendations that should not be lost. For this reason, the Society has endeavored to capture observations from the roundtables and the meeting as a whole. The recommendations resulting from these observations will be used to both set the stage for future discussions including the Year 2000 PHLS Annual Program and to draw attention to issues facing public health as it embarks on performance measurement.

- There is a need to more effectively communicate the value of public health to a diverse constituency base; of equal significance is the public health community's ability to identify common goals and to clearly articulate resource needs to achieve these goals. Performance measurement represents a promising step in that direction. Public health leaders – now more than ever – have an opportunity to implement performance measurements that lead to quality improvement, shared accountability, and an enlarged science base for the practice of public health.

- Public health systems at all levels must begin a vigorous pursuit to acquire the necessary resources, skills, leadership and relationships to activate performance measurement systems. Public health workforce development is essential to the success of performance measurement.

- Evidence-based public health practice can facilitate the implementation of performance measurement in public health. The evidence-based public health paradigm necessitates the development of local, state and national performance measurement databases for use as a tool in surveillance, planning and evaluation. Data collection should take into account community-based best practices and other qualitative sources of information.

- The Annual Program affirmed that legislative leaders and policy makers fulfill an important public health advocacy role. Public health leaders should assure that these constituents are fully integrated in the broader public health system and in any dialogue about the future of public health.

- Shared accountability in the present multi-entity public health system is critical to the success of performance measurement. Broad coalitions of public and private partners and a spirit of collaboration will be needed to foster shared accountability for the public's health.

- The 1999 Annual Program reaffirmed the need for public health to act under a common definition. The 1988 Institute of Medicine (IOM) report, The Future of Public Health, articulated the Core Functions as an initial framework. The Public Health Functions Work Group expanded this framework through the promulgation of the Ten Essential Services. Consequently, we recommend that the public health community broadly endorse and implement the Ten Essential Services of public health as defined by the Public Health Functions Work Group and listed in the publication, Public Health in America.

Appendix I

1999 Public Health Leadership Society (PHLS)
Annual Program

Sunday, November 7, 1999
Chicago, Illinois
Hyatt Regency Chicago Hotel, Regency Ballroom A

Performance Measurement:
The New Engine for Public Health

AGENDA

7:45 – 8:30 AM Registration

8:30 – 9:00 AM PHLS Activities and Future Direction

- *Christopher Atchison, MPA*
  Director, Center for Public Health Practice, University of Iowa
  PHLS 1999-2000 Council Chair
- *Margaret Schmelzer, RN, MS*
  Public Health Nursing Director, Div. of Public Health, Wisconsin Department of Health and Family Services
  PHLS 1998-1999 Council Chair

9:00 – 9:10 AM Setting the Stage

- *Christopher Atchison*

9:00 – 9:10 AM Keynote Speakers

- Introductions: *Margaret Schmelzer*
  - *Bernard Turnock, MD, MPH*
    Clinical Professor of Community Health Sciences
    Director, Center for Public Health Practice, School of Public Health, University of Illinois at Chicago
  - *Paul Halverson, DrPH*
    Director, National Public Health Performance Standards Program, Public Health Practice Program Office, Centers for Disease Control and Prevention

10:00 – 10:15 AM Break

10:15 – 10:45 AM Response Panel

- Introductions: *Chris Atchison*
  - *Molly Seals, MBA*
    Vice Presdient, Human Resources and Organizational Development, Humility of Mary Health Partners President Pro Tem, Youngstown City Health District
  - *Mary A. Lannoye, MPA*
    State Budget Director, Michigan Department of Management and Budget
  - *Senator Peggy A. Rosenzweig*
    Wisconsin State Senate, 5th District

10:45 – 11:15 AM Questions/Discussion

- Facilitator: *Chris Atchison*

11:15 – 12:00 PM Roundtable Discussions

- Overview: *Maureen Lichtveld, MD, MPH*
  Director, Health Education and Promotion
  Agency for Toxic Substances and Disease Registry
  Centers for Disease Control and Prevention

Noon – 12:30 PM Roundtable Report Back (box lunches distributed)

- Facilitator: *Chris Atchison*

12:30 – 1:00 PM Capstone Speaker

- Introduction: *Margaret Schmelzer*
  - *William Roper, MD, MPH*
    Dean, School of Public Health, University of North Carolina

1:00 PM Adjourn

1999 PHLS Annual Program

Performance Measurement: The New Engine for Public Health

Sunday, November 7, 1999
8:30 am – 1pm
(Registration begins at 7:45 am)
Hyatt Regency Chicago Hotel
Regency Ballroom A

The 1999 Annual Meeting of the Public Health Leadership Society, *Performance Measurement: The New Engine for Public Health*, focuses on the development of performance measures for public health practice, how those measures will impact public health agencies and leaders and what public health agencies must contemplate as they institute change. These themes will be developed through presentations on the contemporary context and status of performance measurement, an exploration of expectations by public officials for public health accountability, and opportunities for focused discussions among practicing public health professionals. The meeting will conclude with a non-governmental perspective on accountability.

Program Objectives

1. Summarize the current status of public health performance measurement development.

2. Explore the organizational, community, systems and public policy implications of performance measurement.

3. Foster dialogue on issues of shared accountability.

4. Prepare participants to take action on performance measurement in the workplace.

5. Prepare participants to contribute to the development of performance measurement at the local, state or national levels.