

Public Health Performance Management Self-Assessment Tool

How well does your public health team, organization, or system manage performance? Use this assessment to find out if you have the necessary components in place to achieve results and continually improve performance. This self-assessment tool is a guide that was designed to be completed as a group, and can be adapted to fit an organization or system’s specific needs.

Using This Tool

This self-assessment tool will help public health teams, organizations, and systems identify the extent to which the components of a performance management system are in place. It is intended to generate group discussions about building and improving a performance management system. Use it to help manage performance and prepare for voluntary public health department accreditation, if desired. Developed by and for public health agencies, the tool is organized around five components (framework at right)

- Visible Leadership
- Performance Standards
- Performance Measurement
- Reporting Progress
- Quality Improvement

For each component, several questions serve as indicators of performance management capacity. These questions cover the elements, resources, skills, accountability, and communications to effectively practice each component.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Self-Assessment Updated in 2024, Developed in 2013, adapted from the 2003 Turning Point Performance Management System Framework

Contents	
Using This Tool.....	1
Section I. Visible Leadership.....	3
Section II. Performance Standards.....	4
Section III. Performance Measurement.....	6
Section IV. Reporting Progress.....	7
Section V. Quality Improvement.....	9
Resources to Help, Take the Next Step.....	11
Definitions.....	12

Benefits of this Tool

- Teams or programs can use this tool to assess relative performance management strengths and weaknesses in their areas of work
- Organizations can use this tool to assess relative performance management strengths and weaknesses across divisions and programs
- Systems composed of more than one organization can use this tool to assess how well they are managing across the different parts of the system

Choose the Best Response

Choose the response that best describes your current practice:

- Never/Almost Never: You rarely if ever do this (by choice or because you do not have capacity in place); what occurs is not the result of any explicit strategy
- Sometimes: You explicitly do this or have this capacity in place, but it is not consistently practiced
- Always/Almost Always: You have this capacity in place and consistently do this activity

In this tool, “you” does not refer to you as an individual. Rather, when answering questions, “you” can refer to the responding:

- Team, program, or division
- Organization as a whole
- Public health system under your jurisdiction where there is authority to control and influence — including government-al health departments (state, local, territorial, or tribal), other government agencies partnering in public health functions, and private system partners (non-profit, academic, or business)

Because performance management is a shared responsibility throughout a public health system, involvement of internal and external partners in examining ways to better manage performance is encouraged.

About the 2012-2013 Update

In 2012-2013, the Public Health Foundation (PHF) refreshed the Turning Point Performance Management Framework and related resources. This activity was funded through the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support through the National Public Health Improvement Initiative. The update to the Turning Point Framework was a field-driven process incorporating input from Performance Improvement Managers, users in the field, CDC and national partners. Visit the PHF website at https://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx for more information on the update.

Tips:

- ➔ **Preview the entire tool and definitions before you begin.** The detailed questions in Sections II - V may help you better understand performance management and more accurately complete Section I, Visible Leadership.
- ➔ **Be honest about what you are currently doing or not doing to manage performance.** If you are doing very little in an area, it is better to say "Never" or "Sometimes" than to overstate the attention and resources allocated to it. For questions marked "Never," decision makers can determine the activity's relevance, and if appropriate, choose to shift priorities or invest resources. Using information for such decision making is a basic tenet of performance management.
- ➔ **If you are unsure how to answer a question, then leave it blank until you can find the answer.**
- ➔ **Use the Notes section at the bottom of each page.** Write down improvement ideas, insights, or any qualifications to self-assessment answers. Your individual or group responses will help you interpret the results and choose follow-up actions to the assessment.

Section I. Visible Leadership – Senior management commitment to a culture of quality that aligns performance management practices with the organizational mission, regularly takes into account customer feedback, and enables transparency about performance between leadership and staff.

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
1. Senior management demonstrates commitment to utilizing a performance management system				
2. Senior management demonstrates a visible commitment to a quality culture				
3. Senior management sets clear expectations to align performance management practices with the organizational mission				
4. Transparency exists between leadership and staff on communicating the value of the performance management system and how it is being used to improve effectiveness and efficiency				
5. Performance is actively managed in the following areas (check all that apply)				
A. Community Health & Risk Status (e.g., diabetes rates)				
B. Public Health Capacity (e.g., public health programs, staff, health department ability to deliver public services, etc.)				
C. Workforce Development Activities (e.g., training in core competencies, turnover rate, retention, etc.)				
D. Data and Information Systems – <i>Optional</i> (e.g., injury report lag time, participation in intranet report system)				
E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes, tracking number of programs utilizing customer feedback, etc.)				
F. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities)				
G. Management Practices (e.g., projects completed on time)				
H. Service Delivery (e.g., clinic no-show rates)				

I. Other (Specify):				
6. There is a team or Council responsible for integrating performance management efforts across the areas listed in 5 A-I				
7. Managers are trained to manage effective performance				
8. Managers are held accountable by leadership for developing, maintaining, and improving the performance management system				
9. Management performance and performance improvement is communicated as “the way we do business”				
10. A process mechanism exists to align the various components of the performance management system (i.e., performance standards, measures, reports, and improvement processes focus on the same things)				
11. A process or mechanism exists to align performance priorities with budget				
12. Personnel and financial resources are assigned to support performance management functions				

Section II. Performance Standards – Establishment of organizational or system performance standards, targets, and goals to improve public health practices. Standards may be set based on national, state, or scientific guidelines, by benchmarking against similar organizations, based on the public's or leaders' expectations, or other methods.

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
1. The group (program, organization, or system) uses performance standards				
2. The performance standards chosen are relevant to the organization's priorities and activities				
3. Specific performance targets are set to be achieved within designated time periods				

4. There is a culture of accountability for meeting standards and targets				
5. There are defined processes and methods for choosing performance standards, indicators, or target ¹				
A. National performance standards, indicators, and targets are used when possible (e.g, National Public Health Performance Standards, Foundational Public Health Services, Essential Public Health Services, Leading Health Indicators, Healthy People 2030, Public Health Accreditation Board Standards and Measures)				
B. The agency benchmarks its performance against similar entities				
C. Scientific guidelines are used				
D. The group sets relevant priorities (e.g., related to its strategic plan)				
E. The standards used to cover a mix of capacities, processes, and outcomes ²				
6. Performance standards, indicators, and targets are communicated throughout the organization and to its stakeholders and partners				
A. The group relates performance standards to recognized public health goals and frameworks, (e.g, Essential Public Health Services)				
7. The agency regularly reviews standards and targets				
8. Established standards and targets are communicated to staff				
9. Performance standards are aligned across multiple groups (e.g., same child health standard is used across programs and agencies)				
10. Training is available to help staff use performance standards				

¹ Target-setting tools are available in the State Healthy People Tool Library at <https://health.gov/healthypeople/tools-action> (accessed 6/18/2024)

² Donabedian, A. The quality of care. How can it be assessed? Journal of the American Medical Association. 1988;260:1743-8.

11. Personnel and financial resources are assigned to make sure efforts are guided by relevant performance standards and targets				
--	--	--	--	--

Section III Performance Measurement – Development, application, and use of performance measures to assess achievement of performance standards.

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
1. The group (program, organization, or system) uses specific measures for established performance standards and targets				
A. Measures are meaningful and clearly defined				
B. Quantitative measures have clearly defined units of measure				
2. Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication in data collection				
3. There are defined methods and criteria ³ for selecting performance measures				
A. Existing sources of data are used whenever possible				
B. Standardized measures (e.g, national programs or health indicators) are used whenever possible				
C. Standardized measures (e.g, national programs or health indicators) are consistently used across multiple programs, divisions, and organizations ⁴				
D. Measures cover a mix of capacities, processes, and outcomes ⁵				

³ For a list of criteria and guidance on selecting measures, refer to Lichiello P. Guidebook for Performance Measurement. Seattle, WA: Turning Point National Program Office, 1999:65.
<http://www.phf.org/resourcestools/Documents/PMCguidebook.pdf>

⁴ For examples of sources of standardized public health measures, refer to “Health and Human Services Data Systems and Sets” (p. 103) in the Healthy People 2010 Toolkit: A Field Guide to Health Planning at
http://www.phf.org/resourcestools/Pages/Healthy_People_2010_Toolkit.aspx.

⁵ Donabedian, A. The quality of care. How can it be assessed? Journal of the American Medical Association. 1988;260:1743-8.

4. Data is collected on performance measures on an established and regular schedule				
5. Training is available to help staff measure performance				
6. Staff within programs are responsible for collecting performance measurement data and inputting into the PM System				
7. A process exists to review measures on a regular basis to ensure they are meaningful and relevant				

Section IV Reporting Progress – Documentation and reporting progress in meeting standards and targets, and sharing of such information through appropriate feedback channels.

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
1. The group (program, organization or system) documents progress related to performance standards and targets				
2. Information on progress is regularly made available to the following (check all that apply)				
A. Managers and leaders				
B. Staff				
C. Governance boards and policy makers				
D. Stakeholders or partners				
E. The public, including media				
F. Other				

3. Managers at all levels are held accountable for reporting performance				
A. There is a clear plan for the release of performance reports (i.e., who is responsible, methodology, frequency)				
4. A decision has been made on the frequency of analyzing and reporting performance progress for the following types of measures ⁶ (Check all that apply)				
A. Health Status				
B. Public Health Capacity				
C. Workforce Development				
D. Data and Information Systems				
E. Customer Focus and Satisfaction				
F. Financial Systems				
G. Management Practices				
H. Service Delivery				
I. Other (Specify):				
5. The group has a reporting system or software that integrates performance data from programs, agencies, divisions, or management areas				
6. Support is available to help staff effectively analyze and report performance data				

⁶ See Section I, question 5, for examples of each type of measure.

7. Reports on progress are clear, relevant, current, and can be used for decision-making (e.g, performance management dashboard)				
8. Leadership and management review and analyze performance data and report progress on a regular basis				
9. Leaders are effective in communicating performance outcomes to the public to demonstrate effective use of public dollars				

Section V. Quality Improvement – In public health, the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, that focuses on activities that address community needs and population health improvement. QI refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
1. One or more processes exist to improve quality or performance				
A. There is an entity or group responsible for decision-making based on performance report (e.g, top management team, governing or advisory board)				
B. There is an established system in place for QI processes				
C. The steps in the QI process are effectively communicated				
2. Performance reports are used regularly for decision-making				
3. Performance data are used to do the following (Check all that apply)				
A. Determine areas for more analysis or evaluation				
B. Set priorities and allocate/redirect resources				

C. Implement QI projects				
D. Make changes to improve performance and outcomes				
E. Improve performance				
4. The group (program, organization, or system) has the capacity to take action to improve performance when needed				
A. Processes exist to manage changes in policies, programs, or infrastructure				
B. Managers have the authority to make certain changes to improve performance				
C. Staff have the authority to make certain changes to improve performance				
5. The organization tracks performance improvement or QI plans that specify timelines, actions, and responsible parties				
6. QI training is available to managers and staff				
7. Dedicated staff support the organization's QI Culture (e.g., a QI office exists, QI Council)				
8. QI is practiced widely in the program, organization, or system				

Resources to Help

If you are ready to start working on better ways to manage performance, the following resources can help:

- **The Public Health Foundation's Performance Management Toolkit** (https://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx) – Access current performance management resources applicable to public health, including:
 - **Talking Points: Achieving Healthy Communities through Performance Management Systems** – A communications document to help generate leadership, employee, and community buy-in
 - **Performance Management Applications in Public Health** – Examples of how health departments have been successful in applying a customized approach to strategically improve the performance of their agency to better serve and improve the health of the community
- **Turning Point Performance Management Publications** – The Performance Management National Excellence Collaborative developed a package of resource materials specific to helping public health systems manage performance. Historical documents such as the Guidebook for Performance Measurement and Performance Management in Action – Tools and Resources contain information still relevant today.
- **Public Health Accreditation Board (PHAB) Materials** – Locate the Standards and Measures document, glossary, assessment guide, readiness checklist, and other resources to help public health departments prepare for accreditation (<https://phaboard.org/accreditation-recognition/initial-accreditation/>)

Take the Next Step

In public health, we continually strive for better health for all people. In the same spirit, we can continually strive for better ways to manage performance and learn from one another's efforts. Using this self-assessment, your group can identify areas of performance management which may need improvement, as well as areas that are already strong, and should be maintained and leveraged to strengthen other areas.

This tool will help you answer the questions, "Are we really managing performance?" and "Do we have specific components of a performance management system?" However, it is only the first step to improving performance. As you complete this assessment, or as a next step, your team should also discuss other important questions:

- What are examples of work that fall within a performance management system? Do we call them performance management?
- For the components of performance management in place, how well are they being done?
- In which areas does the agency need to invest more time and resources to manage performance more successfully?
- What can leadership and staff do to make the performance management system work?
- What steps could be implemented to improve the performance management system?

Definitions

Performance management is the practice of actively using performance data to improve the public's health. It involves strategic use of performance measures and standards to establish performance targets and goals. In alignment with the organizational mission, performance management practices can also be used to prioritize and allocate resources; to inform managers about needed adjustments or changes in policy or program directions to meet goals; to frame reports on the success in meeting performance goals; and to improve the quality of public health practice. Performance management includes the following components:

- **Visible Leadership**—Senior management commitment to a culture of quality that aligns performance management practices with the organizational mission, regularly takes into account customer feedback, and enables transparency about performance against targets between leadership and staff.
- **Performance Standards**—Establishment of organizational or system performance standards, targets, and goals to improve public health practices. (e.g., one epidemiologist on staff per 100,000 people served, 80 percent of all clients who rate health department services as “good” or “excellent”). Standards may be set based on national, state, or scientific guidelines, by benchmarking against similar organizations, based on the public's or leaders' expectations, or other methods.
- **Performance Measurement**—Development, application, and use of meaningful performance measures to assess achievement of performance standards.
- **Reporting Progress**—Documenting and reporting progress in meeting standards and targets, and sharing of such information through appropriate channels.
- **Quality Improvement**—In public health, the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, that focuses on activities that address community needs and population health improvement. QI refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Source: http://journals.lww.com/jphmp/Fulltext/2010/01000/Defining_Quality_Improvement_in_Public_Health.3.aspx)

Performance Management Components Can be Applied to...

- Health Status
- Public Health Capacity
- Workforce Development
- Data and Information Systems
- Customer Focus and Satisfaction
- Financial Systems
- Management Practices
- Service Delivery

A performance management system is the continuous use of all the components above so that they are integrated into an agency's core operations. Performance management can be carried out on multiple levels, including the program, organization, community, and state levels.

Performance improvement (or systems performance improvement) is defined as positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. Performance improvement can occur system-wide as well as with individual organizations that are part of the public health system. It involves strategic changes to address public health system (or organizational) weaknesses and the use of evidence to inform decision making. (Source: <https://www.cdc.gov/public-health-gateway/php/communications-resources/performance-management-quality-improvement-resources.html>)

Performance indicators summarize the focus (e.g., workforce capacity, customer service) of performance goals and measures, often used for communication purposes and preceding the development of specific measures.

Performance measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., the number of trained epidemiologists, or the percentage of clients who rate health department services as “good” or “excellent”).

Performance targets set specific and measurable 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.

Strategic Plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

(Source: <https://phaboard.org/wp-content/uploads/2019/01/Acronyms-and-Glossary-of-Terms.pdf>)