



Achieving Results

Resource Guide

***"Every child, beginning at birth,
will be healthy and successful."***

Overview of Community Empowerment

Community Empowerment was established by legislation during the 1998 session in an effort to create a partnership between communities and state government with an emphasis to improve the well-being of families with young children. Community Empowerment Areas enable local citizens to lead collaborative efforts involving education, health, and human services programs on behalf of children, families and other citizens residing in the area.

Purpose / Mission of Community Empowerment

The purpose of Community Empowerment is to empower individuals and their communities to achieve desired results for improving the quality of life in the communities in this state. It is believed that local individuals in local communities working together will identify and implement the best means for attaining the desired results. The role of the Iowa empowerment board and the State is to support and facilitate growth of individual and community responsibility in place of the directive role that the public has come to expect of government.

By the end of the year 2005, every community in Iowa will have developed the capacity and commitment for achieving these results:

- Healthy Children;
- Children Ready to Succeed in School;
- Safe and Supportive Communities;
- Secure and Nurturing Families; and
- Secure and Nurturing Child Care Environments.

Community Empowerment is an example of the most effective role of state government – the role of partner. Community Empowerment leverages local resources; supports local efforts; generates comparison data among areas and focuses on results.

The initiative is provided oversight by the state empowerment board, which includes citizen members appointed by the Governor, the directors of the departments of Education, Public Health, Human Rights, Human Services and ex-officio legislators.

Community Empowerment Areas are collaborative bodies consisting of citizens, elected officials, and representatives of education, health, human services, faith, business and consumers charged with the achievement of desired results for improving the quality of life for young children (0-5 years) and their families.

Purpose of this Resource Guide

This resource guide is intended to provide the reader with the concepts and tools needed to report on desired results, indicators and performance measures for the services, activities or products funded by local Empowerment Areas.

Table of Contents

AGA/Community Empowerment - Common Language

A common language is necessary in developing and reporting progress toward achieving desired results. The Common Language document provided the terms and definitions that have been adopted by Community Empowerment and the State of Iowa for reporting results.

Early Care, Health and Education System Results-Planning Framework

A framework, which takes the Common Language to assist planners in linking planning elements (results and goals and strategies) to the appropriate type of measures (indicators or performance measures).

(Sample) Early Care, Health and Education System Results-Planning Framework

An example of a completed framework describing the state-wide result of "Healthy Children"

Iowa's Early Care, Health and Education System Results-Based Strategic Planning Matrix

An example of how to use the information gathered in the planning framework to design a results-based strategic plan.

Identifying and Prioritizing Strategies (or Activities, Services and/or Products) to Achieve Results

A tool to assist in the development of measurable strategies to achieve desired results.

Adding Measurability to Strategies, Activities and Services

A concept paper and tool for adding measures to strategies, activities and services. It is helpful in establishing an outcome-driven purpose for strategies, et al. Developing an "outcome statement" is particularly helpful in the development of performance measures.

Performance Measures (Matrix)

A graphic description of the 4 types of performance measures (input, output, quality/efficiency and outcome) needed to develop a "family of measures" for strategies, et al. It helps describe the measures in terms of effort (what we do) and effect (what the effort accomplishes) and Quantity (number counts) and Quality (helps describe what the "numbers" mean with percentages, ratios and rates).

Contents (Continued):

Performance Measures (Menu)

A menu or examples of measures for each type of performance measure (input, output, quality/efficiency and outcome).

Linking Community Indicators, Strategies and Performance Measures to State-wide Results and Indicators (Worksheet)

A worksheet to assist in linking community and state-wide results-based planning. It is useful in assuring that all information needed for community planning and for reporting results of local efforts in the Community Empowerment annual report.

Linking Community Indicators, Strategies and Performance Measures to State-wide Results and Indicators (Sample)

An example of a completed "linking" worksheet.

From the Community Empowerment Annual Report:

SECTION III – Linking Local Planning/Priorities to State Results

SECTION IV – Local Community-Wide Indicators

SECTION V – Performance Measures: Early Childhood and School Ready Using Common Language Framework

Examples of completed Community Empowerment annual report documents.

AGA/Community Empowerment COMMON RESULTS PLANNING

Common Language

1. Demand

Definition: the estimated level of need for any program, activity, or service.

What is the program, activity or service and who needs it?

Demographic information may be used to document needs and to describe populations with needs.

2. Result

Definition: the effect desired for lowans.

“Results” can be stated in different degrees of specificity. “Safe lowans” is an example of a broadly stated result. “Safe lowans” describes an effect desired for lowans but is too broad to measure or to guide decision making. If a department, division, or work unit were asked to make lowans “safer,” they would need more policy guidance before knowing what to do. Should they make roads safer? Work to keep muggers off the streets? Reduce the incidences of domestic violence? Safer from what?

Policymakers should state the specific results they want to see achieved so those charged with implementing policy can suggest measures, identify strategies, and propose initiatives. In the example above, one possible specific result is “highways free of alcohol-related accidents.”

Empowerment results for lowans (Adopted January 2000):

- Healthy Children
- Children Ready to Succeed in School
- Safe and Nurturing Families
- Safe and Supportive Communities
- Secure and Nurturing Childcare Environments

3. Goal/Focus

Definition: Broad measurable statements of intent to set a future direction.

3- 5-year goals can be set at the statewide, as well as at the local level.

The focus or goal communicates the direction of (more, less, maintain) the result statement, while linking the desired statewide result and indicator to local strategies and performance measures.

4. Indicator

Definition: A measure that indirectly quantifies the achievement of a result.

Indicators can be statewide indicators or local indicators.

Sometimes the statewide indicator and the local indicator can be the same thing such as the rate of immunization by age 2 as an indicator of Healthy Children at the statewide level and/or the local level.

Other local indicators of Healthy Children could be determined by the local empowerment area such as lead screening (which is not a statewide indicator).

5. Strategy

Definition: General methods or overall approaches used to achieve goals. Strategies do not tell you specifically what to do; they provide direction.

6. Activities, Services and Products

Definition: Direct, indirect or contracted means to carry out the strategies.

These are often the services and programs Community Empowerment areas fund to achieve positive results. Examples of activities, services and/or products can include collaborative efforts, services and supports to families, and services and supports to child care and preschool programs, and service coordination.

7. Performance Measures

Definition: measures that assess a program, activity, or service.

Performance measures include:

a. **How much did we put in? (input measures):** The financial and nonfinancial resources invested, used, or spent for programs, activities or services.

b. **How much did we do? (output measures):** A quantification of the programs, activities, or services produced or provided.

c. **How well did we do it? (quality, efficiency, and customer satisfaction**

measures): Measures of the quality, speed, accuracy, cost, unit cost, or productivity associated with a given program, activity or service.

d. **What difference did it make for the customer? (outcome measures):**

The measurable effect on customers, clients, the environment, roads, etc., of a program, activity, or service.

- May be found in the Community Empowerment Tool Kit (**Tool J**).

Early Care, Health and Education System Results-Planning Framework
Vision: Every child, beginning at birth, will be healthy and successful.

This framework is based on the questions we need to ask:

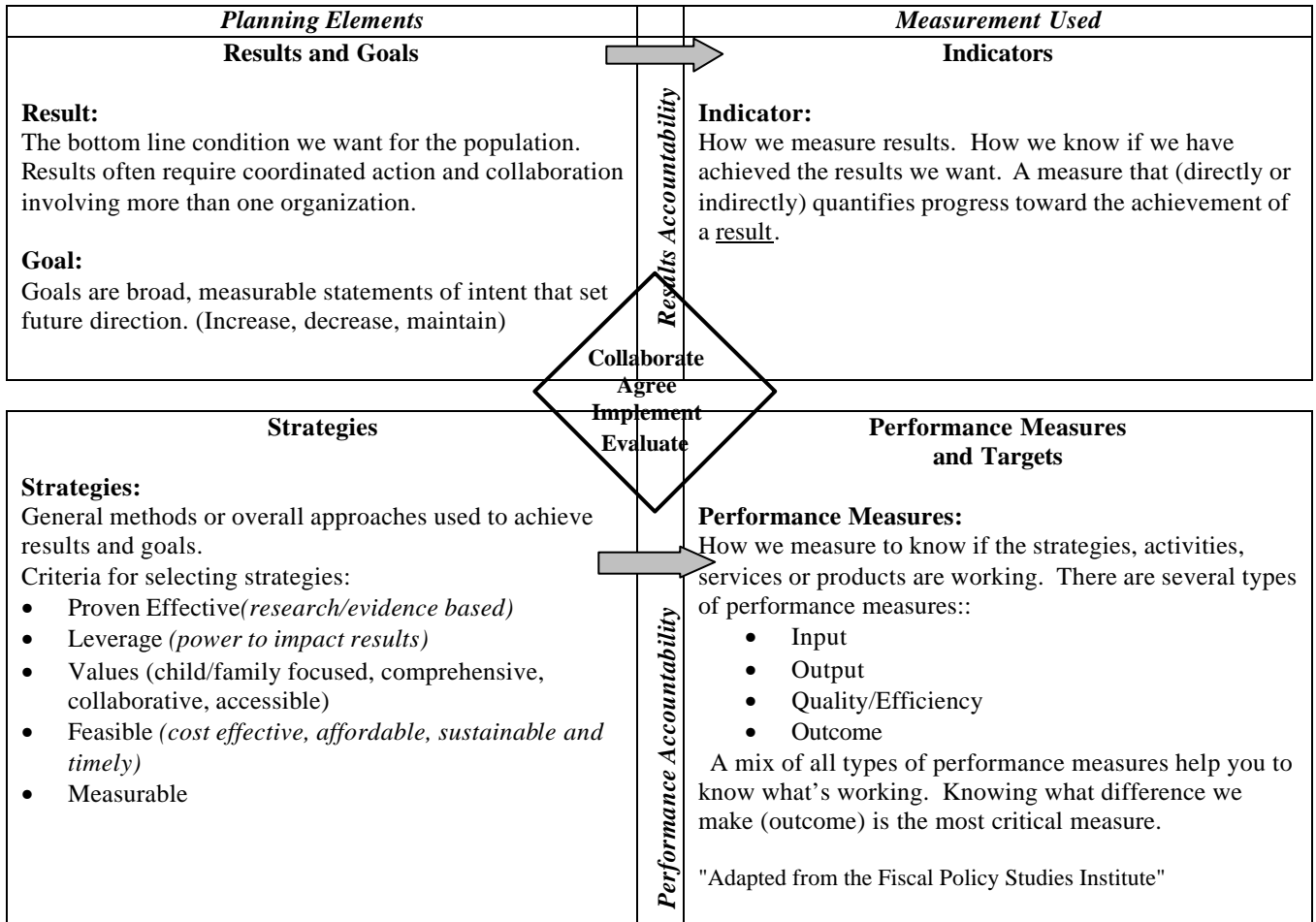
- | |
|--|
| <ul style="list-style-type: none"> • What are the results that we want? • What do data tell us about how we are doing? • What will work to improve results? <ul style="list-style-type: none"> ○ Who are the partners to involve? ○ What are the strategies to be used? • How does this program/proposal/budget item help improve results? <p align="center"><i>National Conference of State Legislatures</i></p> |
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Results Accountability:

Accountability at the systemic and policy level. The desired results/goals and indicator measures are shared responsibilities across organizational boundaries and reflect the desired results for the population.

Performance Accountability:

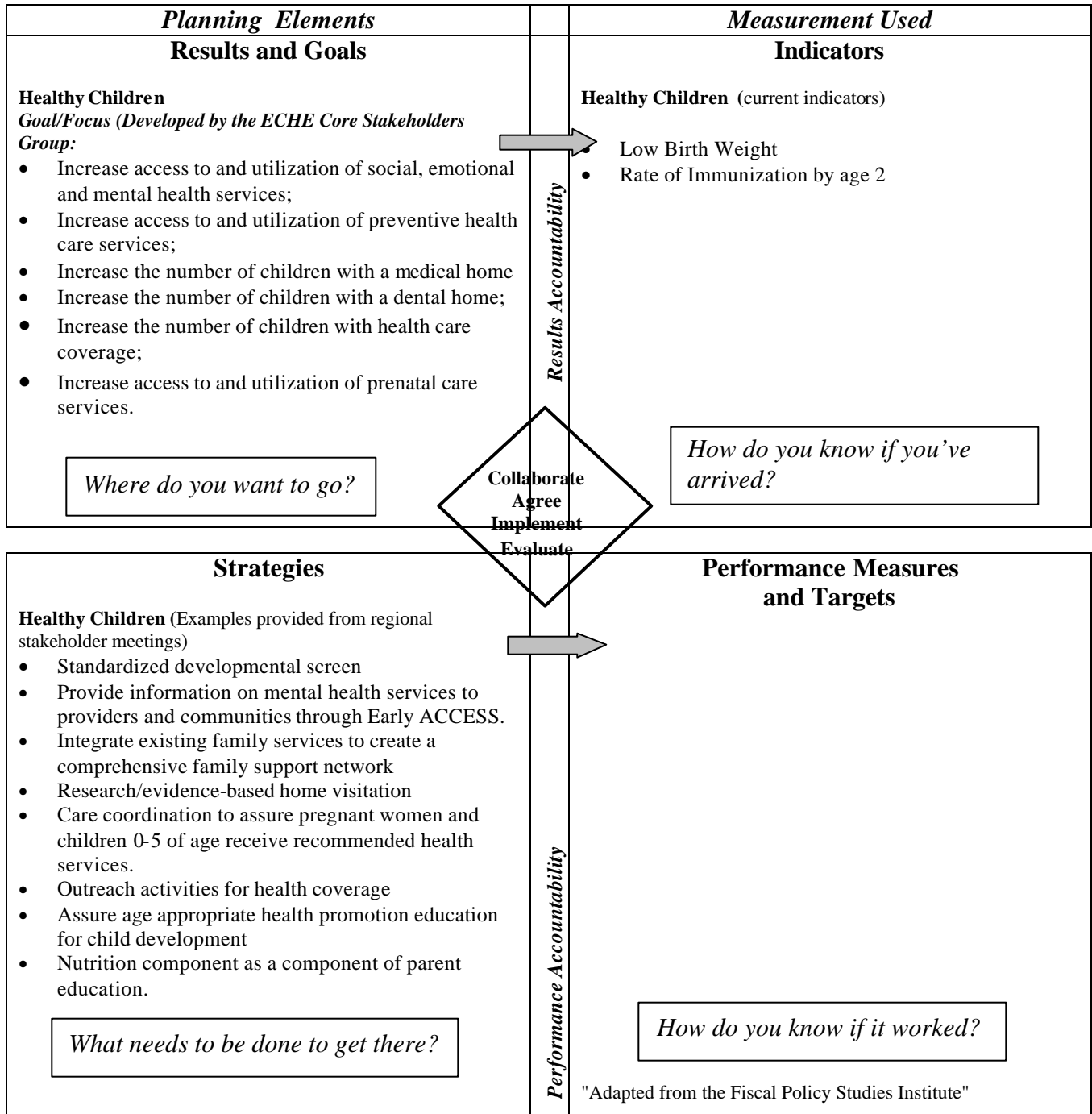
Accountability at the strategic and programmatic level. This is the work done to "turn the curve" for better results or outcomes. Strategies are globally defined best practices to positively impact the lives of children, individuals and families served. Specific activities, services or products are employed and performance measures are used to know if what we are doing is making a positive difference.





Iowa Community Empowerment
**Results Planning Framework for an
 Early Care, Health and Education System**

Vision: Every Child, beginning at birth, will be healthy and successful.
Healthy Children



"Adapted from the Fiscal Policy Studies Institute"

Iowa's Early Care, Health and Education System Results-Based Strategic Planning Matrix

Sample Tool #2

State Wide Result: Healthy Children

State Goals	Indicators	Goal Targets
<ul style="list-style-type: none"> • Increase access to and utilization of social, emotional and mental health services. • Increase access to and utilization of preventive health care services • Increase the number of children with a medical home • Increase the number of children with a dental home • Increase the number of children with health care coverage • Increase access to and utilization of prenatal care services 	<ul style="list-style-type: none"> • Low Birth Weight • Rate of Immunization by age 2 	TBD

Strategies to Accomplish Goals	Performance Measures	Performance Targets
Standardized developmental screen		
Provide information on mental health services to providers and communities through Early ACCESS		
Integrate existing family services to create a comprehensive family support network		
Research/evidence-based home visitation		
Care coordination to assure pregnant women and children 0- 5 of age receive recommended health services		
Outreach activities for health coverage		
Assure age appropriate health promotion education for child development		
Nutrition component as a component of parent education		

Identifying and Prioritizing Strategies (or Activities, Services and/or Products) to Achieve Results

The fundamental question is what will work to increase the likelihood that, "Children, beginning at birth, will be healthy and successful?" The more detailed question is, "How do we know what works or shows promise of working?" Research or evidence based strategies along with the social and economic environment of the state should all be considered in determining strategies to pursue. For instance, research tells us that not all home visiting programs are equal. Frequency and staff qualities is integral in preventing child abuse, better assuring good health, and providing stimulating environments for children. A set of criteria is needed to help determine *what works*.

The challenge is to identify strategies (or specific activities, services and/or products) that rank high on all the criteria based upon proven effectiveness, values and feasibility to implement and evaluate.

Criteria for Ranking:

Proven Effective: The proposed strategy is a research-based or evidence-based (promising practice) approach.

Leverage or potential impact: The proposed strategy, current or new, has the power to have an impact on positively changing the conditions, skills, attitudes or behaviors for the children and families served. It is not just a token effort or re-statement of a strategy not known to have an impact.

Values: The proposed strategy is child and family focused, comprehensive, collaborative, and easily accessible.

Feasibility: The proposed strategy is cost effective, affordable and sustainable. It is possibly low cost or no cost. It could be funded from multiple sources. It is timely in that it can be acted upon and funded in one to two years.

Measurable: The proposed strategy one for which data can be collected and analyzed to know if it is working the way it should.

Instructions:

Step 1.

- Rank each proposed strategy in each category using high(H), Medium (M) or Low (L).
- Use the Note section to explain why you chose particular rankings if necessary.

Step 2.

- Rank order the proposed strategies according to categorical ranking.
- The most important being *proven effective, leverage, values and measurable*. If the strategy is not *feasible* to implement or sustain in the next few years, it should not be discarded, but possibly implemented or expanded over time.

Format:

Potential Strategies Of "What Works"	Proven Effective <i>(research- based or evidence- based)</i>	Leverage <i>(power to impact results)</i>	Values <i>(child/family focused, comprehensive collaborative, accessible)</i>	Feasible <i>(cost effective, affordable, sustainable and timely)</i>	Measurable <i>(Able to collect and analyze data)</i>	Rank Order	Notes

Adding Measurability to Strategies, Activities and Services

To add measurability to the strategies, activities or services you intend to fund, the following questions should be asked:

- Do we know the intended population, customers or stakeholders?
- Do we know the intended outcome(s)?
- Can we establish a link to community goals and indicators?
- Can it impact the indicator measures?
- Who are the partners to make it work?

A clear understanding and an agreement on the potential customers or stakeholders allows you to determine the "population universe" of the strategy and specific activities or service. Knowing this helps shape who to measure for impact.

Secondly, to help decide what you will want to measure, you need to determine what is the intended purpose and intended outcome for the identified customers or stakeholders. Until you know where you want to head, its hard to know if you're getting there through measures.

It is suggested that for every strategy, activity or service you want to support and/or fund, an outcome statement should be written.

A simple approach is:

The purpose of (strategy) is to provide (activity or service) to or for (customers/stakeholders) so they can/in order to (outcome/planned benefit).

Example:

The purpose of **child care capacity building** is to provide for the **recruitment, training and mentoring** for **new and existing registered providers** in order to **provide a larger pool of quality child care slots for parents needing child care.**

Now that a purpose/outcome statement has been crafted, the next question is how to measure it, which is done through performance measures.

Performance measures are measures that assess the progress toward/or success of an activity or service. A mix of input, output, quality/efficiency and outcome measures provide information on what effort has been made, the effect of those efforts and ultimately the outcome effect for the customers or stakeholders.

Performance Measures

"Adapted from the Fiscal Policy Studies Institute"

Quantity

Quality

**E
f
f
o
r
t**

**How Much was
Invested or
Done?
(Inputs)**

**How Well Did
We Do It?
(Quality,
Efficiency, Cost
Efficiency)**

**E
f
f
e
c
t**

**How Much
Change was
Produced?
(Outputs)**

**What was the
Change in
Conditions for
Those We
Served?
(Outcomes)**

Performance Measures (Menu)

"Adapted from the Fiscal Policy Studies Institute"

<p style="text-align: center;"><u>How Much was Invested or Done?</u> (Inputs)</p> <ul style="list-style-type: none"> • # staff • # hours provided • # eligible customers • # customers applying • # units produced • Dollars invested 	<p style="text-align: center;"><u>How Well Did We Do It?</u> (Quality, Efficiency, Cost Efficiency)</p> <ul style="list-style-type: none"> • Client staff ratios/caseloads • % fully trained staff • % satisfied customers • % customers completing activity • Unit cost • Staff turn-over rate • % Timely actions
<p style="text-align: center;"><u>How Much Change was Produced?</u> (Outputs)</p> <ul style="list-style-type: none"> • # clients/customers enrolled • # clients completing activity • # days in care • # applications processed 	<p style="text-align: center;"><u>What was the Change in Conditions for Those We Served?</u> (Outcomes)</p> <ul style="list-style-type: none"> • % change in skills/knowledge (e.g. parenting skills, school ready skills) • % change in attitude (e.g. parenting, healthy behaviors) • % change in behavior (e.g. pre-school attendance, reading to child) • % change in conditions (e.g. affordable care, safe families, healthy households, now having access to care)

**Linking Community Indicators, Strategies and Performance Measures
to State-wide Results and Indicators
(Worksheet)**

State Result	State Indicator(s)	Local Indicator(s)	Local Goals:

Strategy (Activity, Service and/or Product)	Performance Measures	
	Inputs (#'s)	Quality (% , Rates, Ratios)
	Outputs (#'s)	Outcomes (% , Rates, Ratios)

**Linking Community Indicators, Strategies and Performance Measures
to State-wide Results and Indicators
(Sample)**

State Result	State Indicator(s)	Local Indicator(s)	Local Goals:
Secure and Nurturing Child Care Environments	<ul style="list-style-type: none"> • Availability of Child Care • Child Abuse in a Child Care Setting 	<ul style="list-style-type: none"> • Number of registered child care providers • % increase in registered providers 	<ul style="list-style-type: none"> • Increase the number of registered providers by 20% by 2005

Strategy (Activity, Service and/or Product)	Performance Measures	
Contract with local Child Care Resource and Referral office to recruit, train and mentor new and existing registered providers	<p style="text-align: center;">Inputs (#'s)</p> \$ invested # providers at first of year # children in reg. care first of year # training courses offered # Mentors	<p style="text-align: center;">Quality (% , Rates, Ratios)</p> % providers completing training # mentors: # registered providers Average number mentor visits per provider
	<p style="text-align: center;">Outputs (#'s)</p> # providers at end of year # children in reg. care at end of year # providers attending training # mentor/provider relationships established # mentor visits	<p style="text-align: center;">Outcomes (% , Rates, Ratios)</p> % increase in number of reg. providers % increase in number of children in reg. care

From the Community Empowerment Annual Reports

SECTION III – Linking Local Planning/Priorities to State Results

- *State Results: A. Healthy Children (Birth to 5) D. Secure and Nurturing Families
 B. Children Ready to Succeed in School E. Secure and Nurturing Child Care Environments
 C. Safe and Supportive Communities

Local Identified Needs/Priorities	Local Community-Wide Indicators	*To Which State Result(s) does Local Indicator Link (A – E)
Need for quality child care homes (Registered Homes)	<ul style="list-style-type: none"> • Number of registered child care providers • % increase in registered providers 	E.

SECTION IV – Local Community-Wide Indicators

When completing this section, each column should be completed for each indicator, even if it is to explain that the information is ‘not available.’

Local Community-Wide Indicators (From Above)	Baseline Data (Include date and actual data)	Sub-Subsequent Years Data (Trend Line)			Goal (Projected Timeline)	Progress Update (Analysis)
<ul style="list-style-type: none"> • Number of registered child care providers • % increase in registered providers 	127 (6/30/00) NA	132 (FY 01)	137 (FY 02)	147 (FY 03)	Increase the number of to 152 registered providers or by 20% from FY 2000 to FY 2004 or	Through a contract with CC R&R for recruitment and training and through public awareness campaigns, we appear to be able to come close to the original goal by the end of FY 2004.

From the Community Empowerment Annual Reports

SECTION V – Performance Measures: Early Childhood and School Ready Using Common Language Framework

1. Early Childhood

Early Childhood Services Provided (Coincide w/ Budget Line Items)	How Much Did We Put In? (Input Measures)	How Much Did We Do? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Difference Did It Make? (Outcome Measures)
Recruit, train and mentor new and existing registered providers with home care consultant	\$24,000 1 full time home consultant at CC R&R, including benefits	23 non-registered providers visited 35 current reg. providers provided mentoring (5 or more visits) 7 new providers reg. through the home consultant's effort	\$274/provider mentored \$686 training cost per new provider	16 children previously in non-registered care, now in registered care 9 new families have their children in registered care

2. School Ready

School Ready Services Provided (Coincide w/ Budget Line Items)	How Much Did We Put In? (Input Measures)	How Much Did We Do? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Difference Did It Make? (Outcome Measures)

Resources

Guide Books

Iowa Accountable Government Act Guidebooks

http://www.dom.state.ia.us/planning_performance/index.html

Results Accountability (Mark Friedman)

<http://www.resultsaccountability.com/>

Results-Based Publications and Examples

America's Children: Key National Indicators for 2003 (Federal Agencies Forum on Child and Family Services)

<http://www.childstats.gov/americaschildren/>

Child Trends Data Bank (Child Trends, Inc.)

<http://www.childtrendsdatbank.org/>

Community Profiles (State of Vermont)

<http://www.ahs.state.vt.us/pdfFile/9907GuideToPartnerships.pdf>

Iowa Kids Count (Child and Family Policy Center)

<http://www.cfpciowa.org/ipkc.shtml>

Kids Count - National (Annie E. Casey Foundation)

<http://www.aecf.org/kidscount/>

Statistical Information and Data

National Center on Health Statistics

<http://www.cdc.gov/nchs/>

Iowa Census Tables

<http://www.silo.lib.ia.us/specialized-services/datacenter/browse/state.html#Age>