

A User Guide for Strategy Mapping
Division of Public Health
Office of Performance Management
Updated: June 3, 2010

Purpose

In the spring of 2010, DPH received technical assistance from the Association of State and Territorial Health Officials (ASTHO) and a consulting firm called the Results that Matter Team (www.RTMteam.net). The Results that Matter Team specializes in strategy management, performance management, collaboration and community engagement. The purpose of the technical assistance was for DPH to learn how to develop strategy maps and to consider the relationship between strategy maps and performance management.

This document is intended to summarize information about the strategy mapping process as provided by this technical assistance. This User Guide includes materials provided by the Results That Matter Team for the internal use of DPH.

Those interested in developing strategy maps will likely need to supplement this information with the experience of those that have been engaged in this process.

Background

A strategy map is a visual representation of the strategy of an organization. It illustrates how the organization plans to achieve its mission and vision by means of a linked cause-and-effect chain of strategic objectives. Measures and initiatives are associated with each objective, which can be included in a balanced scorecard,¹ a key component of a performance management system.

Some of the benefits of a strategy map are that:

- The discipline of creating the strategy map engages the team, and often promotes much greater clarity and commitment to the strategy;
- Once created, the strategy map is a powerful communication tool that enables employees and stakeholders to understand the strategy, and translate it into actions they can take to help the organization succeed;
- Aligns day-to-day work to the strategy;
- Provides a disciplined framework for measuring strategic objectives.

Strategy maps and the “Perspectives”

To achieve a comprehensive view of an organization's performance, it needs to be seen from different viewpoints, or perspectives. These perspectives are an integral part of the strategy map. As put by Paul Epstein, et. al., the perspectives of a strategy map “stack up on one another in cause-and-effect fashion whereby the achievement of goals at each

¹ The concept of a balanced scorecard was first advanced by Robert Kaplan and David Norton in the 1990's.

level depends on the achievement of goals from each preceding level.”² In public health, perspectives that have been successfully used in the development of strategy maps are:

Community Health status includes outcomes, *which are improved by:*

Community implementation including investigations, enforcement, health promotion, and health services, *which are made more effective by:*

Community learning and planning including policies and plans, evaluation, health status monitoring and research, *which are made more effective by:*

Community assets, including engaged community members and public health partners, and competent health workforces.²

Note the word “community” in the description of these perspectives. When developing a strategy map, the team should consider whether the map is for the organization itself (i.e. DPH), or for the community in which there are multiple organizations or partners. If the latter, a more collaborative approach may be desirable.

More information about strategy maps can be found in Chapter 18 of *The Public Health Quality Improvement Handbook*² or by viewing the webinar located on this website from the Results That Matter Team:

<http://www.rtmteam.net/page.php?pageName=Webinars>

A Note on Organizing the Strategy Mapping Process

Ideally, Step 1 (preparation) could take place without a formal meeting of the team. Steps 2 and 3 (completing the Strategy Map) will require a full day meeting, or two half days. Step 4 (completing the Objective Information Sheets) can be done by subsets of the team, meeting independently. These are suggestions only, and the actual process used will depend on many factors.

Step 1: Preparation

1a. Assemble the strategy mapping team.

Consider the following as prospective team members:

- Subject matter experts (all organizational levels should be considered)
- DPH stakeholders
- Non-DPH stakeholders
- Persons familiar with strategy mapping.

Attempt to keep the team to no more than 20 individuals.

Select a team coordinator.

² PD Epstein, A Simone and LD Ray. Community Balanced Scorecards for Strategic Public Health Improvement. In R Bialek, GL Duffy, JW Moran, eds., *The Public Health Quality Improvement Handbook*. (Milwaukee, ASQ Quality Press, 2009). Loaner copy available through the Office of Performance Management.

1b. Draft “From/To” statements on the issue, and ideas on how to get “from,” to “to.”

This may be prepared by an individual or subset of the team and then disseminated to other team members for input.

- From: Describe in summary bullets the “Current Conditions” related to this issue
- To: Describe thoughts on the future state you want to achieve
- Ideas: List, in brainstorm fashion, potential ideas for programs/projects to get from "from" current conditions to "to" the desired future. These could be enhancements of existing programs, or proposed new projects or programs.

1c: Assemble information that team members will need.

This will include:

- Draft “From/To” statements reviewed by the team
- List of ideas for potential programs/projects
- Any background information or data that may be needed by the team
- “Raw material” from the above. The Team Coordinator should create this. See Appendix A for an example.

Step 2: Organize ideas

This is best done in a workshop involving the entire team.

2a. Draft a vision statement from the “To” statement and document it on Worksheet 1

2b. Sort the ideas in the raw material (Appendix A) into the perspectives in Worksheet 1.

It is not necessary that there be an idea for every perspective.

2c. Within each perspective, label each idea with a Strategic Objective from the Top Level Strategy Map which is in Worksheet 2.

Label them by noting the number of the strategic objective next to the idea. If an idea fits in more than one Top-Level Strategic Objective, decide which it comes closest to and give it that label. If necessary, create two ideas from the original one, and give it two labels.

If some ideas do not fit into any category, leave them unlabeled.

2d. Complete Worksheet 2.

See Appendix C for an example.

Insert your vision statement where indicated in Worksheet 2

Transfer your ideas from Worksheet 1 to Worksheet 2 under the appropriate Top-level Strategic Objective.

For each Top-level Strategic Objective that you've grouped your ideas under, draft an objective that captures the broad intent of all or most of the ideas in the group. If not all the ideas can be captured by one objective, separate the ideas into two or more subcategories, and draft objectives for each subcategory.

Good objectives are the basis for accountability and provide a bridge from strategy to performance. Good objectives are worded:

- To be action oriented (what must be done to be successful)
- To focus on results to be achieved
- To show continuous improvement potential
- To be easy to understand
- NOT to be one-time projects or activities; no "on-off" switches

Suggested Action Verbs for Creating Objectives

Create	Build	Accelerate	Modify	Allocate
Initiate	Improve	Increase	Produce	Translate
Maintain	Achieve	Design	Facilitate	Invent
Develop	Activate	Sustain	Navigate	Coordinate
Devise	Reduce	Encourage	Reach	Excel
Assist	Supply	Maximize		

Other Suggestions:

- You don't have to use every Top-level Strategic Objective, only those that fit your issue.
- Use the "Other Ideas" section at the end of each perspective to try to group ideas that do not fit under any category above, and try to develop an objective or two for those ideas. If you still have ideas for a perspective that do not "fit" anywhere, list them below those added objectives.
- Once Worksheet 2 is completed, solicit comments and additional ideas from more colleagues and partners before moving forward. Consider sending to such a wider group: your vision statement, the draft objectives with a list of the ideas for each, and any "Other Ideas." Ask them to comment on the vision and objectives, and add any of their own ideas on how to accomplish each objective. Then, if it makes sense to do so, reframe any objectives based on their comments and additional ideas.

Step 3: Create the Strategy map

If the above steps are done carefully, the actual creation of the strategy map will be easy. The description below assumes that a whiteboard and post-it notes are used to create the strategy map. However, the Office of Performance Management can provide “sticky wall” software that will facilitate the creation of the map.

3a. Transfer each objective to a separate post-it note. Organize the post-it notes into the perspectives in the blank strategy map drawn on the whiteboard.

3b. Logically connect each objective to other objectives using arrows.

Ask “why” (do we do this) to connect a lower objective to a higher objective.

Ask “how” (do we get this done) to connect a higher objective from a lower objective.

Large arrows can be used to convey that an objective pertains to everything above.

3c. The Office of Performance Management can provide a blank Strategy Map in PowerPoint format, which can be used to document the final product.

Step 4: Complete the Objective Information Sheet

Worksheet 3 (Appendix B for an example) is an Objective Information Sheet (OIS). The OIS is used to assure that the activities implied by the strategy map are carried out by assigning responsibilities and establishing measures. The OIS is the foundation of the performance management system in DPH.

4a. Assign a team to complete each OIS. An OIS is completed for each objective (“bubble”) on the Strategy Map.

4b. Fill in the objective name and description.

4c. Complete the “Strategic Destination” “From/To” statements.

The “To” statements later help you determine measures (see step 4f).

4d. Identify the team leader and members that will be responsible for assuring that this objective is carried out.

Specific activities identified on the OIS may be a responsibility of someone who is not part of this team. However, the team is responsible for assuring overall coordination of the activities relative to the objective.

Strategy maps can be used to organize the activities of external partners. If this is the case, then consider using the label “owner and advocates” rather than “owner and team.”

4e. Complete the information about current and possible activities.

4f. Complete the possible measures.

See Worksheet 4 (Appendix D for an example) for a guide to developing measures.

Measures should be specific, measurable indicators of achieving the desired results of the objective.

The “To” statements can provide guidance on selecting measures.

4g. Determine the priority activities

See Appendix E for suggestions on how to prioritize

4h. Complete the approved measures.

These are measures that you are recommending be tracked to evaluate performance.

When “approved measures” are determined, it will important to determine baseline data and, when possible, set future targets for specific reporting periods. Measures and their targets together should be “SMART.”

S=Specific
M=Measurable
A=Attainable
R=Realistic
T=Time Bound

Appendixes

Appendices B, C, & D are examples provided by the Results That Matter (RTM) Team for the internal use of DPH. Used with permission of the RTM Team.

Appendix E is based on materials provided by the RTM Team. The matrix on the bottom of Appendix E was provided by the RTM Team for the internal use of DPH. Used with permission of the RTM Team.

Appendix A: “Raw Material” for Strategy Development (Example)

PHYSICAL ACTIVITY

Promote increased activity

Promote use of public transit

Promote active transportation (bicycling and walking)

Counter-advertising for screen time

Safe, attractive accessible places for activity (e.g. access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community designs that leads to injuries).

City planning, zoning and transportation (e.g., planning to include the provision of sidewalks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments)

Require daily quality PE in schools

Require daily physical activity in afterschool/childcare settings

Restrict screen time (afterschool, daycare)

Signage for neighborhood destinations in walkable/mixed-use areas

Signage for public transportation, bike lanes/boulevards.

Reduced price for park/facility use

Incentives for active transit

Subsidized memberships to recreational facilities

Safe routes to school

Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking)

Appendix B. Objective Information Sheet (Sample)

Objective Name: **Increase enrollment in a primary medical care home**

Description

Increase the number of people in Osceola County who have enrolled in a primary care medical home that takes care of all of their medical needs and gives them access to a provider 24 hours a day.

Strategic Destination

From:

- People have difficulty getting timely appointments for primary care.
- Medical home capacity is inadequate to meet total need, yet not all current capacity is used.
- There are not enough caseworkers to help guide needy populations to appropriate medical care.
- Many uninsured/underinsured health care consumers utilize the hospital emergency room as a source of on-going primary care services.
- High hospital costs for providing uncompensated care for primary care treatable conditions in ER. (Average ER costs approximately \$1,744 per patient visit.)
- High rates of diabetes and cardiovascular diseases among uninsured/underinsured population.

To:

- Medical homes speed and simplify access to primary care.
 - Enough caseworkers help all medically indigent people find the most appropriate available care.
 - Increased number of uninsured/underinsured health care consumers enrolled in a medical home setting where they receive on-going primary care services that enable them to better manage their health, particularly chronic diseases.
 - Reduces hospital costs for uncompensated primary care treatable conditions in ER. (Average \$150 per patient visit in a primary care setting.)
 - Improved diabetes and cardiovascular health status indicators among uninsured/underinsured health disparate population.
-

Owners & Team for this Objective (*Possible Alternative: "Owner & Advocates"*)

- Health Department, Hospitals in County, Free Clinics
-

Possible Measures

- Number of patients referred to OCHD through ER Diversion programs (2,000 over 2 years)
 - Number of referred patients receiving on-going primary care at OCHD as their medical home
 - Average Hgb A1c for diabetic patients in program < 7
 - Hypertensive patients in program have appropriate blood pressure (>50% of such patients)
-

Active Initiatives

- Federally Qualified Health Center sites provide medical homes.
 - ER diversion program.
-

Possible Additional Initiatives

- Initiate referral system between hospital ERs and OCHD to divert from improper utilization of ER into a medical home setting.
- OCHD to increase availability of primary care services in medical home setting at Stadium Place, St. Cloud, and Poinciana.

Appendix C: Worksheet 2 (Example)

Perspective: Community Process & Learning

Top-Level Strategic Objective: PH Essential Service #5: *Develop Public Health Policies & Plans* (can include advocacy)

Ideas generated that fit under this category (or subcategory): Housing & homeless prevention

- Advocate for subsidies to nonprofit developers to create more affordable housing units
- Advocate for priority mental health treatment for people at risk of homelessness
- Advocate for priority drug & alcohol treatment for people at risk of homelessness
- Propose zoning changes to allow siting more affordable housing
- Advocate for funding for homelessness prevention
- Develop incentives to prevent loss of affordable housing
- Develop incentives to prevent evictions & foreclosures
- Advocate for expanded low income rent subsidies

Draft Strategic Objective: Advocate for affordable housing and homelessness prevention.

Ideas generated that fit under this category (or subcategory): Health services & promotion

- Develop a plan for multi-lingual health promotion combining formerly homeless & PH staff
- Develop a multi-lingual outreach staffing plan
- Assess language needs for outreach & health promotion
- Develop a monitored treatment plan for homeless with TB
- Plan & budget for expansion of shelter-based health services
- Develop a transportation plan to get homeless from shelters to off-site health services
- Advocate for increased benefit eligibility staff dedicated to homeless

Draft Strategic Objective: Develop programs and plans to connect homeless with health services and health promotion.

Appendix D: PERFORMANCE MEASURE SPECIFICATION SHEET (Example)

County Library Balanced Scorecard	CBSC Strategy Map Perspective: <input type="checkbox"/> Community Outcomes <input checked="" type="checkbox"/> Community Implementation <input type="checkbox"/> Community Process & Learning <input type="checkbox"/> Community Assets	Strategic Objective: Youth and families experience the Library as a nurturing place.
Performance Measure: Youth out-of-school-time (OST) program participation.		
Unit of Measure: Total attendance (head count) of children attending sessions.		Update Frequency: Quarterly
OWNERS OF THIS MEASURE (Name, Organization, Contact Info for each) Data Owner(s): Person(s) Responsible for Reporting Data: Assistant Youth Services Librarians at each branch reporting thru Joann Booker, Branch Coordinator for Children’s Services, 555-8264, jbooker@xyz.org If Different, Implementation Owner: Person Responsible for Implementing the Measure (especially for new measures): Performance Owner of this Measure: Person or Organization Most responsible for Achieving Targets: Associate Librarian for Youth Services		

Description with Detailed Definition of Measure (e.g., start & stop points for a cycle time, specific population included, whether people counted are unique individuals or not):
 Total attendance of all school children (K-12) at youth OST sessions for the period reported. Figures reported are not unique individuals. If the same child comes to four OST sessions, that child is counted four times,

Source(s) of Data: Assistant Youth Services Librarians’ monthly reports.

Data Collection Technique(s): Staff running programs take attendance of the number of children attending each OST session.

Optional question for new measures: Can these techniques be combined or “piggy-backed” with existing data collection efforts to minimize added cost and effort? If yes, explain:

How the Value of the Measure is Calculated: Sum the total attendance of all OST sessions held for the quarter reported. Sum each quarters’ totals for the “year-to-date” and annual performance levels.

Current Performance Level (Baseline Data)	Date or Period of Current Baseline	Future Performance Target(s)	Date(s) or Period(s) of Target(s)
53,027 per year	Annual average over three years, Fiscal Years 2006-07, 2007-08., & 2008-09.		Fiscal 2009-10

Implementation Steps	Completed (Yes/No)?	Dates to Complete Steps
1. Measures precisely defined.	Yes	
2. Data sources & collection techniques developed.	Yes	
3. Baseline data available.	Yes	
4. Future target(s) set and “reality-checked.”	No	May 31, 2009

Appendix E: Prioritization of Ideas/Activities

It is likely that many ideas will be generated during the strategic mapping process, far more than may be capable of being implemented. These ideas need to be prioritized to determine which will actually be turned into activities for implementation, and for which performance measures may be developed. The following are suggestions for a prioritization process.

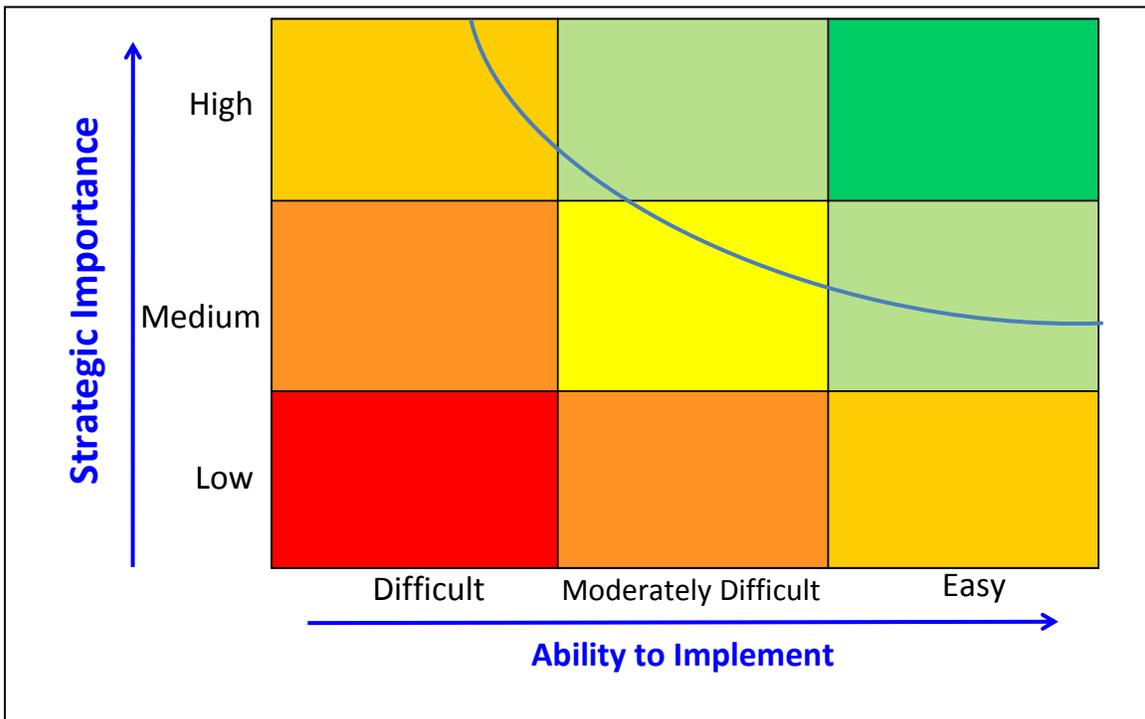
Rate the ideas by two factors, “strategic importance,” and “ability to do.” See below for suggested criteria. The team may add others. Use a scale such as 5=high strategic importance or easy ability and 1=low strategic importance and difficult ability. A priority activity is that which scores high on strategic importance and easy on ability.

Strategic Importance.

- Likelihood to “move the needle” on objectives
- Evidence basis
- Will be noticed; generate visibility to increase support
- Urgency: Important to implement soon, e.g.,
- Other things depend on it, enables things to happen
- Will lose an opportunity if not done soon

Ability to Do (or “Ability to Implement”)

- Availability of needed resources, or ability to get them
- Ability to get needed approvals, if any
- Ability to get cooperation from other parties, if needed
- Level of technical difficulty



Worksheets

These worksheets were provided by the Results That Matter (RTM) Team for the internal use of DPH. Used with permission of the RTM Team.

Worksheet 1

DRAFT VISION:

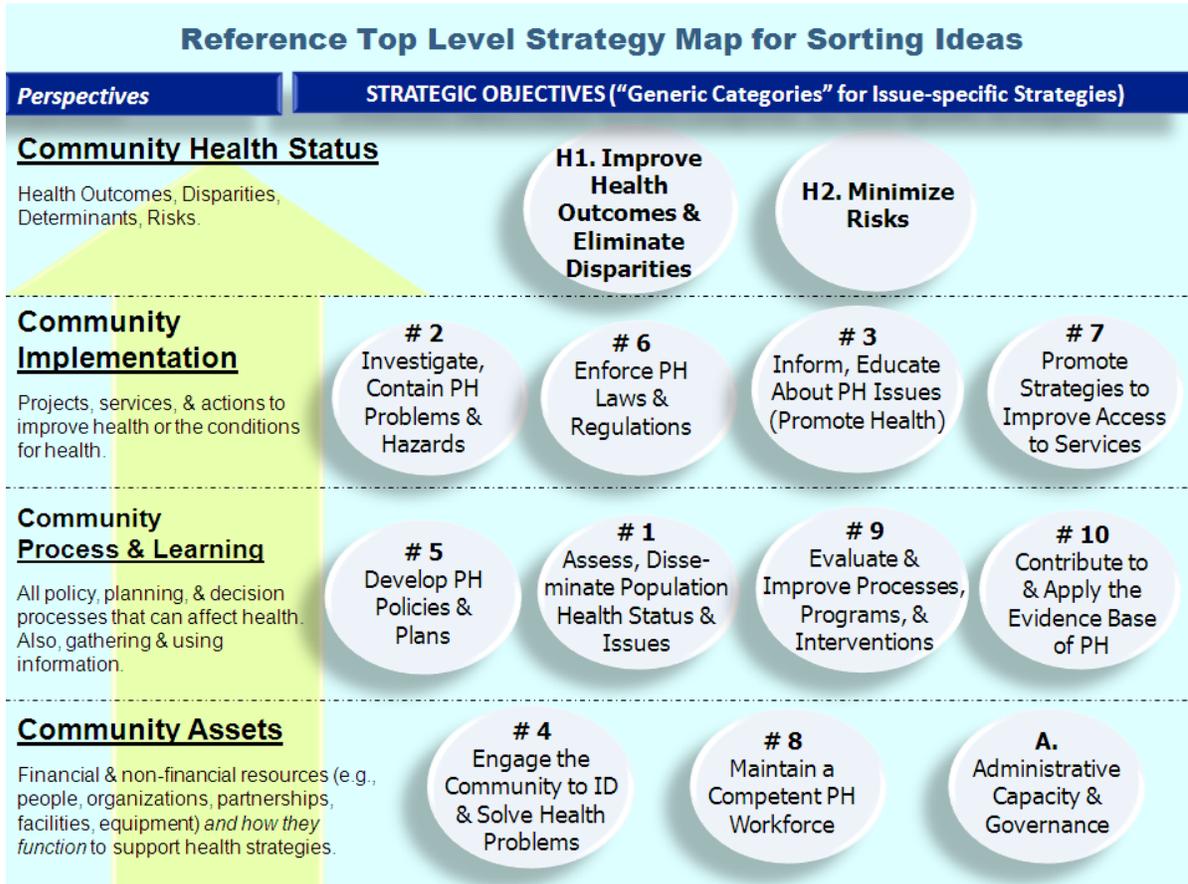
SORT IDEAS BY PERSPECTIVE

1. *Add more ideas if desired for sparsely populated perspectives.*
2. *Within each perspective, label each idea by “Top-Level Strategic Objective,” using the letters for the strategic objectives in the “Reference Top Level Strategy Map.”*
 - If an idea fits in more than one Top-Level Strategic Objective, *preferably*, decide which it comes closest to and give it that label. If necessary, create two ideas from the original one, and give it two labels.
 - If some ideas do not fit into any category, leave them unlabeled.

Community Health Status Health Outcomes, disparities, risks	
Community Implementation Projects, services and actions to improve health or the conditions for health	
Community Process & Learning All policies, planning, and decision processes that can affect health. Also, gathering and using information.	
Community Assets Financial and non-financial information (e.g. people, organizations, partnerships, facilities, equipment) and how they function to support health strategies.	

Worksheet 2

This template follows the logic of this top-level strategy map:



Vision:

Perspective: Community Health Status

Top-Level Strategic Objective: H1: *Improve Health Outcomes and Eliminate Disparities*
e.g., these groups may be types of outcomes to improve, or types of disparities to reduce.

Ideas generated that fit under this category (or subcategory):

-
-
-
-

Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

-
-
-
-

Draft Strategic Objective: _____

Comments:

-
-

Perspective: Community Health Status (continued)

Top-Level Strategic Objective: H2: *Minimize Risks*

e.g., these groups may be types of risks to reduce or types of “determinants of health” to influence

Ideas generated that fit under this category (or subcategory):

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-

Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

-
-
-
-

Draft Strategic Objective: _____

Other Ideas for Community Health Status:

-
-
-
-

Draft Strategic Objective(s): _____

Other Ideas for Community Health Status that Still Don't “Fit”:

-

Comments:

-

Perspective: Community Implementation

Top-Level Strategic Objective: PH Essential Service #2: Investigate, Contain Public Health Problems & Hazards

Ideas generated that fit under this category (or subcategory):

-
-
-
-

Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

-
-
-
-

Draft Strategic Objective: _____

Comments:

-
-

Perspective: Community Implementation (continued)

Top-Level Strategic Objective: PH Essential Service Essential Service #6: *Enforce Public Health Laws & Regulations*

Ideas generated that fit under this category (or subcategory):

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-
-
-

Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

-
-
-
-

Draft Strategic Objective: _____

Comments:

-
-

Perspective: Community Implementation (continued)

Top-Level Strategic Objective: PH Essential Service #3: *Inform, Educate about Public Health Issues (Promote Health)*

Ideas generated that fit under this category (or subcategory):

-
-
-
-

Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

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-
-
-

Draft Strategic Objective: _____

Comments:

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-

Perspective: Community Implementation (continued)

Top-Level Strategic Objective: PH Essential Service #7: Promote Strategies to Improve Access to Services

Ideas generated that fit under this category (or subcategory):

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-
-

Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

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-

Draft Strategic Objective: _____

Other Ideas for Community Implementation:

-
-
-
-

Draft Strategic Objective(s): _____

Other Ideas for Community Implementation that Still Don't "Fit":

-

Comments:

-

Perspective: Community Process & Learning

Top-Level Strategic Objective: PH Essential Service #5: *Develop Public Health Policies & Plans* (can include advocacy)

Ideas generated that fit under this category (or subcategory):

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-
-
-

Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

-
-
-
-

Draft Strategic Objective: _____

Comments:

-
-

Perspective: Community Process & Learning (Continued)

Top-Level Strategic Objective: PH Essential Service #1: Assess, Disseminate Population Health Status & Issues

Ideas generated that fit under this category (or subcategory):

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Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

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-

Draft Strategic Objective: _____

Comments:

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-

Perspective: Community Process & Learning (Continued)

Top-Level Strategic Objective: PH Essential Service #9: Evaluate & Improve Processes, Programs, & Interventions

Ideas generated that fit under this category (or subcategory):

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Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

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-

Draft Strategic Objective: _____

Comments:

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-

Perspective: Community Process & Learning (Continued)

Top-Level Strategic Objective: PH Essential Service #10: *Contribute to & Apply the Evidence Base of Public Health*

Ideas generated that fit under this category (or subcategory):

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Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

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-
-
-

Draft Strategic Objective: _____

Other Ideas for Community Process & Learning:

-
-
-
-

Draft Strategic Objective(s): _____

Other Ideas for Community Process & Learning that Still Don't "Fit":

-

Comments:

-

Perspective: Community Assets

Top-Level Strategic Objective: PH Essential Service #4: Engage the Community to Identify & Solve Health Problems

Ideas generated that fit under this category (or subcategory):

-
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-
-

Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

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-
-

Draft Strategic Objective: _____

Comments:

-
-

Perspective: Community Assets (Continued)

Top-Level Strategic Objective: PH Essential Service #8: *Maintain a Competent PH Workforce*

Ideas generated that fit under this category (or subcategory):

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Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

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-

Draft Strategic Objective: _____

Comments:

-
-

Perspective: Community Assets (Continued)

Top-Level Strategic Objective: PHAB Domain A: Administrative Capacity and Governance

Ideas generated that fit under this category (or subcategory):

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-
-

Draft Strategic Objective: _____

Ideas generated that fit under this category (or subcategory):

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-
-
-

Draft Strategic Objective: _____

Other Ideas for Community Assets:

-
-
-
-

Draft Strategic Objective(s): _____

Other Ideas for Community Assets that Still Don't "Fit":

-

Comments:

Worksheet 3: Objective Information Sheet

Objective Name: *Ties to Objective in Strategy Map*

Description:

Articulates objective for management and others to understand at a glance

Strategic Destination

Establishes desired direction of change and provides a qualitative guide for developing measures and targets

From:

- *Articulates current understanding of existing conditions*

To:

- *Articulates desired future state*
-

Owner & Team for this Objective (or “Owner & Advocates”)

Establishes performance accountability: can connect with individual and team performance plans, and potentially with external partners among the “advocates.”

Possible Measures

- *Ideas for measuring results*

Approved Measures (with Baseline & Targets, where Set) *These become the performance measures and targets in the Performance Management System. (Targets should be set based on budget, partner resources and other external resources that can be tapped, and improvement initiatives planned.)*

Active Initiatives (can refer to as “Existing Programs & Projects”)

- *Existing projects and programs that help maintain or improve performance in accomplishing this objective: what DPH and any partners are doing to hit targets. Connects with program goals and improvement plans.*
-

Possible Additional Initiatives

- *Ideas for new initiatives that can improve performance toward accomplishing this objective. Can be considered for addition to performance improvement plans.*

WORKSEET 4: PERFORMANCE MEASURE SPECIFICATION SHEET

Strategy Map:	CBSC Strategy Map Perspective: <input type="checkbox"/> Community Health Status <input type="checkbox"/> Community Implementation <input type="checkbox"/> Community Process & Learning <input type="checkbox"/> Community Assets	Strategic Objective:
Performance Measure:		
Unit of Measure:		Update Frequency:
OWNERS OF THIS MEASURE (Name, Organization, Contact Info for each) Data Owner(s): Person(s) Responsible for Reporting Data: If Different, Implementation Owner: Person Responsible for Implementing the Measure (especially for new measures): Performance Owner of this Measure: Person or Organization Most responsible for Achieving Targets:		

Description with Detailed Definition of Measure (e.g., start & stop points for a cycle time, specific population included, whether people counted are unique individuals or not):

Source(s) of Data:

Data Collection Technique(s):

Optional question for new measures: Can these techniques be combined or “piggy-backed” with existing data collection efforts to minimize added cost and effort? If yes, explain:

How the Value of the Measure is Calculated:

Current Performance Level (Baseline Data)	Date or Period of Current Baseline	Future Performance Target(s)	Date(s) or Period(s) of Target(s)

Implementation Steps	Completed (Yes/No)?	Dates to Complete Steps
1. Measures precisely defined.		
2. Data sources & collection techniques developed.		
3. Baseline data available.		
4. Future target(s) set and “reality-checked.”		