Chapter 4: CORE PERFORMANCE MEASURES—DATA ANALYSIS AND USE OF FINDINGS

How do we analyze data submitted by Steps communities?

Data analysis procedures vary depending on whether we are assessing program implementation or outcomes. For all performance measures, CDC begins by checking that the information supplied by the communities is complete. For program implementation measures, the intent of data analysis is to determine whether core elements of the Steps Program were implemented as intended. We use basic content analysis techniques to describe key features of program implementation. For program outcome measures, the intent of data analysis is to assess whether Steps communities are making progress toward intended outcomes. Once data for indicators are processed using statistical methods, we use basic comparisons to assess progress. On the basis of data submitted, we compile descriptive information for each performance measure. For example, for the indicator *use multiple, evidence-based public health strategies*, we include examples of evidence-based interventions in the Steps Program's focus areas and across the socio-ecological model; for the indicator *measurable improvements in healthful eating, physical activity, and tobacco use*, descriptive information includes the number of communities that have demonstrated progress in achieving recommended levels of physical activity among adults.

How do we document program implementation and assess progress toward intended outcomes over time?

For each performance measure, we look at the data submitted on all relevant indicators for that performance measure in order to document program implementation or assess progress toward intended outcomes. Each Steps community is compared to itself over time; core performance measures data are not used to compare Steps communities to one another. Descriptive data from program implementation indicators paint a picture of how Steps communities implemented core elements of the Steps Program. We use data from outcome indicators to assess whether Steps communities are making progress toward intended outcomes over time.

All Steps communities share the same intended health outcomes; however, what constitutes progress toward those outcomes is specific to each community. Therefore, we do not specify standards or levels of performance. Instead, we give only basic expectations for progress toward short-term, intermediate, and long-term outcomes. For the purpose of accounting for resources, progress toward intended outcomes is *any* amount of positive change in a specific indicator (i.e., increase or decrease, as appropriate). For example, any increase in the indicator *fruit and vegetable consumption among adults aged 18 or older* constitutes adequate performance. In some cases, data for a specific indicator may show no change; such a finding may also constitute adequate performance when it is compared with national or state trends (e.g., progress is indicated if a Steps community is holding steady on fruit and vegetable consumption while state estimates for this indicator decrease).

This approach to assessing progress affirms the importance of community context to performance measurement. Each Steps community's program takes place in a unique environment, and that environment influences both the implementation and outcomes of the program. Examples of community context include local laws or policies, cultural traditions, or major events like Hurricane Katrina. As needed, contextual information is included in reports to clarify information about use of resources or program results**.**

How do we use findings to account for resources dedicated to the Steps Program?

We account for resources dedicated to the Steps Program by 1) documenting whether core elements of the Steps Program were implemented as intended and 2) documenting whether or not progress was made toward intended outcomes. For the core performance measures intended purposes, we do not identify an individual Steps community without permission. Rather, we report summaries of cumulative data from all Steps communities on each performance measure. In other words, we prepare a report that 1) describes how core elements of the Steps Program were implemented and 2) assesses progress toward short-term, intermediate, and long-term outcomes across the entire Steps Program. For example, a report might indicate that in half of all Steps communities, fruit and vegetable consumption by adults increased; however, we would not name the specific Steps communities in which this finding occurred. With permission, we may

name individual communities as examples of strong program implementation or exceptional progress toward intended health outcomes. However, we do not report our assessment of an individual community's progress for the purpose of accountability or continued funding. Performance data are not used to reduce, rescind, or increase funding for Steps communities.

How do we use findings to inform ongoing improvement across the Steps Program?

Although the primary intended use of data is to demonstrate accountability for program resources, we also use these data to support a process of continuous quality improvement program-wide. These data provide practical information to determine where and how to make improvements in program design and operations. The findings equate to timely, high-quality evidence for decision making. For example, CDC uses this information to allocate resources for technical assistance where they are needed. Concise snapshots of program implementation and progress toward intended health outcomes provide additional tools to better engage program stakeholders, partners, and the public in efforts to prevent chronic disease and promote health in all Steps communities.