This E-book contains a simple framework – an accountability blueprint – that encompasses everything from managing for the health of whole populations to managing the performance of the smallest programs [1]. We will describe the framework and then share examples from public health departments.

By “accountability” we mean the expectation that the investment of resources will produce results – typically, improvements in wellbeing for communities and customers. An “accountability framework” is the combination of structures and processes by which accountability is managed.

[1] Based on the principles of Results-Based Accountability from Trying Hard is Not Good Enough by Mark Friedman (FPSI Publishing 2005)

Seeking PHAB accreditation without a clear accountability framework is like building an engine without a blueprint: you may have lots of parts but you will not know what goes where and how all the parts work together to form your well-functioning engine.
There are four steps to building your accountability framework:

**Step 1:** Separate Accountability for Population Health from Accountability for Agency Performance.

**Step 2:** Assign accountability measures appropriately.

**Step 3:** Work Sequentially from Population Accountability to Performance Accountability.

**Step 4:** Automate Your Accountability Framework.
The first step in building your accountability framework is to separate managing accountability for the health of whole populations (“Population Accountability”) from managing accountability for the performance of an agency or program (“Performance Accountability”). Why? Because no single agency or program, not even a public health department, can reasonably assume accountability for the health of a whole population. It’s simply too big. The combination of factors that determine the health of whole populations exceeds the grasp of any single agency or program. This principle is well recognized in PHAB and in the field in general.

Any serious effort to improve the health of a whole population, therefore, must always be framed in terms of shared accountability within an intersectoral “public health system” – a system that comprises government public health agencies and various partners, including communities, the health care delivery system, employers and business, the media, and academia.

By comparison, Performance Accountability concerns the expected impact of the services or resources provided by an agency or program on, or for, its specific customers.

Population Accountability organizes our work with co-equal partners to promote community wellbeing. In contrast, Performance Accountability organizes our work to have the greatest impact on our customers. What we do for our customers is our contribution to community impact.
Accountability inherently involves the use of some kind of metrics to gauge impact and progress. Such accountability measures can be – and often are – a source of confusion and angst. Here is a fundamental distinction that will help you and stakeholders to assign accountability sensibly.

**POPULATION ACCOUNTABILITY**

For Population Accountability, assign measures of the health of whole populations, typically the rates of the incidence of diseases or conditions. Rates of low birth weight babies, obesity, Type 2 diabetes, and heart failure are examples. Give these kinds of measures their own term, such as “Population Health Indicators.” Attach them to plain language descriptions of the “Population Results” desired, such as “Babies Born Healthy” or “Free from Death and Suffering Due to Heart Failure.”

**PERFORMANCE ACCOUNTABILITY**

For Performance Accountability, assign measures of the desired impact of a service on the customers served by an agency or program. The percent of teen mothers served by a clinic who have low birth weight babies is an example. Call these kind of measures “Performance Measures” (as distinguished from Population Health Indicators).

**ASSIGN ACCOUNTABILITY MEASURES APPROPRIATELY**

Step 2
Work sequentially from managing accountability for population health (Population Accountability) to managing accountability for the performance of the department and its programs (Performance Accountability). You can manage both with the same basic decision making process, consisting of five questions[2]:

The Turn the Curve Framework

1. How are we doing?
   *Historical and forecasted trend lines for a measure.*

2. What is the story behind the curve?
   *Analysis of the root causes driving the slope of the trend lines - “the curve.”*

3. Who are the partners who have a role to turn the curve?
   *Partners with a role to play in “turning the curve.”*

4. What works to turn the curve?
   *Innovations, best practices, and evidence-based strategies available to consider.*

5. What is our action plan to turn the curve?
   *Strategy - the actions we will take to turn the curve.*

[2] This “turn-the-curve framework” is from Trying Hard is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities, by Mark Friedman (FPSI Publishing, 2005).
This sequencing flows naturally among the key PHAB deliverables as follows:

**Population Accountability**
- ✔ Community Health Assessment
- ✔ Tribal/State/Community Health Improvement Plan
- ✔ Quality improvement principles applied to the Public Health System

**Performance Accountability**
- ✔ Department Strategic Plan
- ✔ Performance Management System
- ✔ Quality Improvement principles applied the department’s services and processes.

Of course, within a Tribal/State/Community Health Improvement Plan, each stakeholder with a role to play will apply performance accountability to the management of its role. And, as noted above, what each does for its customers is its contribution to “turning the curve” of the corresponding population health indicator.

You should not focus on the performance of programs until you first decide what programs you need in the first place.

This is why the sequence moves from Population Accountability to Performance Accountability. In other words, ask first, “What are the right things to do?” and, second, “Are we doing those things right?”

This perspective fosters thinking deeply (examining root causes), broadly (considering all the factors), and collaboratively (engaging a wide range of partners) in improving population health. The public health department is the chief strategist in the management of Population Accountability and often provides the “glue” for collaborations and alignment across agencies and sectors. The public health system, however, shares accountability for population health, and the strategic management of this shared accountability is collaborative.

Work sequentially from Population Accountability to Performance Accountability (cont’d)

Step 3
Once you have the blueprint for your Accountability Framework, automate it. Automate not only your “fully functioning and completely integrated performance management system” (PHAB Standard 9.1) but also the management of accountability for population health. Automation will accelerate and remove burdensome steps in the planning and reporting processes, simplify access to data and analysis for your stakeholders, and foster and document the meaningful engagement of partners and community members.

For managing and communicating accountability for population health and health department performance, consider the Clear Impact Scorecard. Data and plans are updated automatically, reports can be embedded in department Webpages and downloaded as needed, and the transparency of the system fosters collaboration, engagement, and alignment across the department and with partnering agencies and community members.
In summary, the following steps are necessary to building your accountability framework:
(1) understand the difference between and separate population-level and performance-level accountability, (2) create appropriate measures to gauge progress at each level of accountability (3) start with population-level planning and then move to performance-level planning, and (4) automate your accountability framework.

By carefully following the steps listed in this e-book, you are setting the groundwork for a well-functioning public health department. Once your accountability framework is built, it’s time to take the next step to PHAB Accreditation. This involves learning how to put your accountability “machine” to work in achieving PHAB standards and deliverables. Take our recommended steps below to get closer to your goal:

Download the PHAB Five: Five Keys for Tackling PHAB Accreditation

Organizing your department’s performance management and quality improvement planning will put you on the fast track to PHAB Accreditation. Download this free e-book to learn five key strategies to help you accelerate and simplify your journey to accreditation.

Set Up Your Performance Management System

You’re going to need a place to store, manage, and analyze your community health and departmental performance data so that you can monitor the impact of your strategies meet the PHAB performance management standards. Sign up for a live demo today to see how the Clear Impact Scorecard can support all phases of the PHAB accreditation process.
Clear Impact provides performance management software, training and services to help government agencies, non-profits, communities, and foundations track the performance of their programs, measure the impact of their funding, and report on the progress of their missions to improve the lives of children, families and communities worldwide.

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