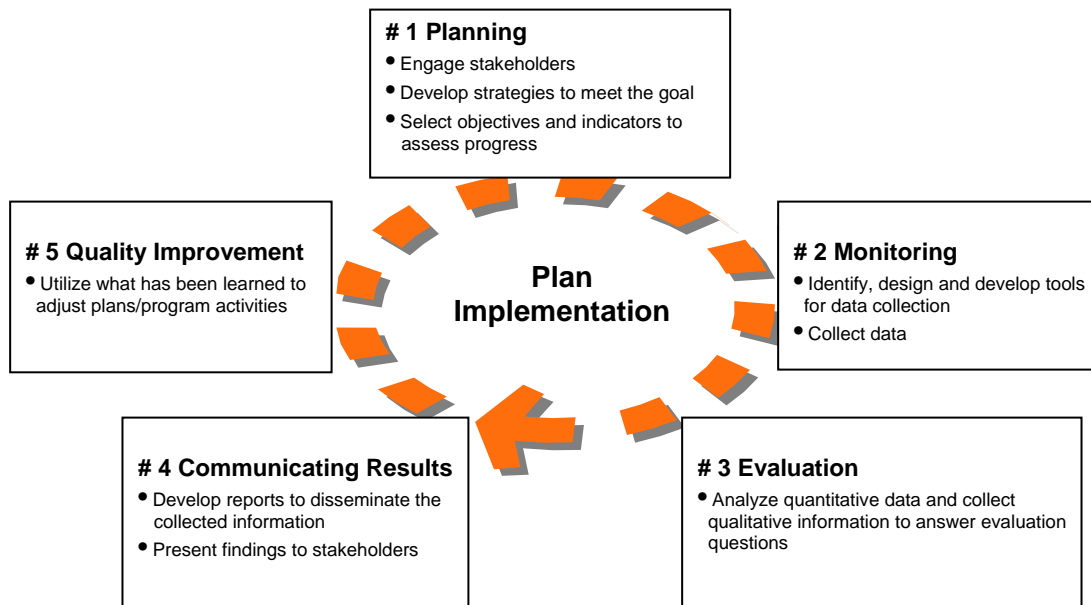


Florida Childhood Lead Poisoning Prevention Program

Planning, Performance Measurement & Evaluation Framework



Florida Department of Health
Division of Community Environmental Health

January 2006

*Centers for Disease Control and Prevention
Cooperative Agreement #US7/CCU422868-03*

Planning, Performance Measurement and Evaluation Framework Florida Childhood Lead Poisoning Prevention Program

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I. Executive Summary

The Planning, Performance Measurement & Evaluation Framework presented in this document is a roadmap for the ongoing collection, analysis and use of data related to the processes and impacts of the combined activities of the Florida Childhood Lead Poisoning Prevention Program (FL CLPPP) and the Committee for the Elimination of Childhood Lead Poisoning.

The FL CLPPP was established at the Florida Department of Health (FL DOH) in 1992 with a grant from the Centers for Disease Control and Prevention (CDC). In 2003 the FL CLPPP funding agreement changed from a grant to a cooperative agreement. At this time the mandate from the CDC changed and the primary activities of FL CLPPP shifted from providing direct screening, case management, and education services to coordinating statewide primary prevention efforts to meet the Healthy People 2010 goal of eliminating childhood lead poisoning. This change also united three independently funded CLPPPs in Miami-Dade, Duval, and Pinellas counties under one cooperative agreement with the Florida Department of Health.

In late 2003 the FL CLPPP brought together an advisory committee with representatives from federal, state and local government agencies, universities and community organizations to develop a strategic plan to meet the goal of eliminating childhood lead poisoning in Florida. Coordinating the efforts of the committee and other stakeholders in the implementation of the plan is now the primary focus of the FL CLPPP at both the state and local levels.

Monitoring and evaluation of the programs efforts are important components of assuring success. The information collected in these processes can be used to determine how well the planned activities of the committee are being implemented and where improvements can be made. The evaluation component will also help participants and stakeholders see the overall impact of the program's activities.

The *Planning, Performance Measurement and Evaluation Framework* is made up of five interrelated components: planning, monitoring, evaluation, reporting and quality improvement. Planning involves the stakeholders in a collaborative effort to define the activities that will result in an overall reduction in childhood lead poisoning in the state of Florida. Monitoring is defined as the periodic collection and analysis of selected process and impact indicators. Evaluation involves the use of quantitative monitoring data and qualitative information from stakeholders to assess the overall impact of program activities towards the intended outcome. The sharing of data found through the monitoring and evaluation process with stakeholders and other interested parties is considered reporting. The use of the above mentioned information for continuous learning and adjustment of planned program activities is part of the ongoing quality improvement process. Outside information, such as identified best practices, or strategies from citizens, staff, or other CLPPPs will also be incorporated.

This document is intended to define the process by which the FL CLPPP plans to coordinate strategic planning and evaluation efforts towards the goal of eliminating childhood lead poisoning. It explains the process and rationale behind each component of the framework and includes the tools that will be used to guide, document and report the findings of this process. Its intended users include CLPPP staff, committee members, stakeholders and funders.

II. Childhood Lead Poisoning Prevention Program (CLPPP) Overview

Healthy People 2010 Objectives

FL CLPPP began in 1992 with a grant awarded to the FL DOH by the CDC. The primary purpose of this funding is to support statewide efforts consistent with the United States Department of Health and Human Services' Healthy People 2010 strategy for improving the Nation's health by eliminating elevated blood lead levels in young children aged one through five years old. The purpose of this funding is also closely aligned with FL DOH's Secretary of Health's strategic goal: "To prevent diseases of environmental origin" and the Bureau of Community Environmental Health's mission: "To promote and protect the health of all Florida residents and visitors through a comprehensive series of preventive health programs."

CLPPP's Main Goal

The Florida CLPPP's main goal is to coordinate statewide efforts to eliminate lead poisoning in children under 72 months of age in the state of Florida by 2010. In order to accomplish this goal, the majority of federal funds awarded to the state are transferred to county level childhood lead poisoning prevention programs, which develop targeted initiatives to protect at-risk children in Florida from lead exposure. These local initiatives include the coordination of case management, development of primary prevention strategies, building strategic partnerships and increasing blood lead screening. Much of the functioning of CLPPP at the state level is focused on program management, evaluation, surveillance, technical assistance, strategic partnerships and policy-making. However, the state and local CLPPPs routinely work together to help facilitate the implementation of comprehensive strategies statewide.

CLPPP's Programmatic Goals

CLPPP implements six primary programmatic components or strategies to achieve its main goal of eliminating childhood lead poisoning in Florida:

- 1) Targeted Blood Lead Screening
- 2) Surveillance
- 3) Case Management
- 4) Strategic Partnerships
- 5) Primary Prevention
- 6) Policy and Legislation

These program components are defined in Program Announcement 03007 which guides the CDC cooperative agreement with the FL CLPPP. The seventh component, evaluation, is considered an additional programmatic component that transverse all of the above-mentioned programmatic areas and supports effective program implementation. This program area includes the process of performance measurement and evaluation and is the crux of this framework.

CLPPP Infrastructure

Florida has received federal funding for statewide childhood lead poisoning prevention and surveillance efforts since 1992, coinciding with the designation of lead poisoning as one of the state's notifiable conditions. Prior to 2003, the CLPPP state office (Tallahassee) and three county health department (CHD) CLPPPs Duval, Miami-Dade and Pinellas were independently

funded through federal grant awards provided directly from CDC. In addition to the funds distributed to these three CHDs operating comprehensive CLPP programs funds were also distributed from the state office to Broward, Hillsborough, Orange, Palm Beach and Polk counties. All eight counties have a large number of older housing units and at-risk children.

In 2003, a cooperative agreement was established between the state of Florida and the CDC, in lieu of grant awards. This action required a “restructuring” of the statewide program towards a more centralized system. While programmatic goals are the shared responsibility of all levels of the statewide CLPPP, primary responsibility for achieving each goal varies according to the amount of involvement needed from the respective levels. For example, case management and screening require significant involvement and implementation from the local level. However, the state CLPPP plays an important role in establishing norms and guidelines as well as in monitoring this type of service provision.

The three county health departments mentioned above continue to receive funding, albeit channeled through the state CLPPP. At the state level, funds are currently used to employ a coordinator, a surveillance and outreach coordinator and an epidemiologist. The program conducts grant business by the fiscal year July 1 to June 30, however annual reports are generated according to the calendar year. The three CHDs report to the State CLPPP. The state CLPPP works with the CHDs to develop work plans and budgets for applications and reports required by the CDC. The role of the CDC in this cooperative agreement is to provide assistance with programmatic, scientific, and/or technical aspects of the program.

The state and local CLPPPs work as part of the Committee for the Elimination of Childhood Lead Poisoning. The committee was convened in late 2003 to develop a jurisdiction wide plan for eliminating childhood lead poisoning. It is comprised of approximately 45 individuals representing all levels of government, universities, community organizations and other FL DOH programs. The group is tasked with providing guidance to the FL CLPPP and ensuring effective implementation of the strategic plan. The committee members participate in subcommittees or work groups organized around the major programmatic areas of the CLPPP.

III. The Planning, Performance Measurement & Evaluation Framework

Objectives of the Framework

Planning, performance measurement and evaluation involves systematic collection and analysis of data and information to answer questions about the program. The fundamental objectives of FL CLPPP's *Planning, Performance Measurement and Evaluation Framework* are to:

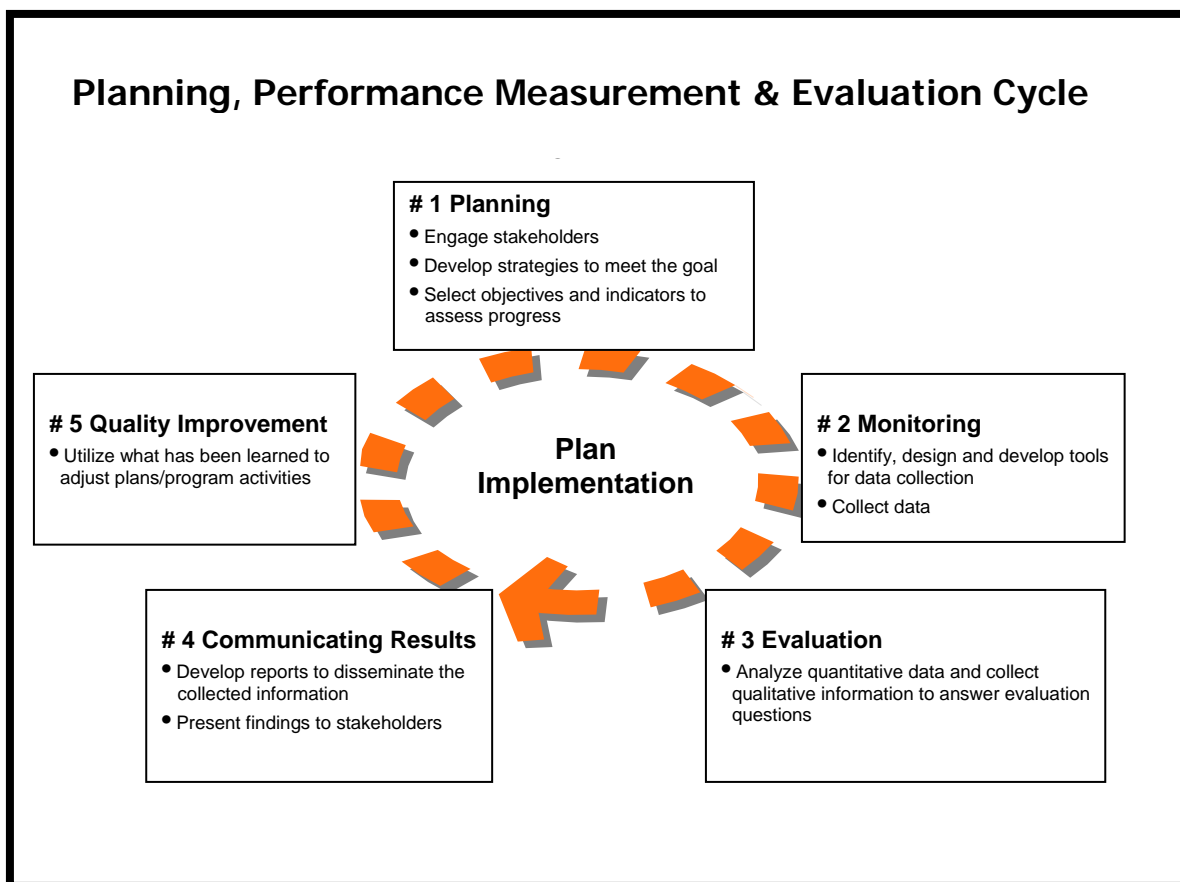
1. provide an opportunity for self-evaluation for the CLPPP, CDC and stakeholders,
2. ensure accountability with CDC, communities, and other stakeholders, and
3. create a formalized learning process for CLPPP, CHDs, and stakeholders to adjust and improve activities towards the goal of eliminating childhood lead poisoning through the performance measurement, evaluation and quality improvement processes.

The Planning, Performance Measurement and Evaluation Framework established by the FL CLPPP is made up of five interrelated components: planning, monitoring, evaluation, reporting and quality improvement. Performance measurement and evaluation activities help programs identify what services/activities are needed, how these activities can be improved, and how to

better meet the needs of the community. The information collected in these processes can be used to determine how well the planned activities of the committee are being implemented and where improvements can be made. The evaluation component will also help participants and stakeholders see the overall impact of the program's activities. As illustrated in the diagram below, each component of the framework is a part of an interactive, continuous cycle that uses data to inform program staff and stakeholders. This feedback is then used to improve the work of the program.

The data collected and analyzed through the framework are intended to help expand the body of knowledge about implementing statewide childhood lead poisoning prevention programs. Some of the FL CLPPPs results may be generalized to provide insight into the ways in which public resources can be leveraged to achieve the goal of elimination by delivering accessible, efficient, and high quality health services in other jurisdictions.

The diagram below illustrates the cycle of the FL CLPPP Performance Measurement and Evaluation Framework. The information collected in these processes can be used to determine how well the planned activities of the program are being implemented, if the planned activities are meeting the intended audiences and if the activities are accomplishing their intended results. Feedback from the system is then used to improve the work of the program and its partners through the quality improvement process.



1. Planning

Planning is the act of outlining the actions that need to take place in order to reach an identified goal or achieve a desired outcome. Strategic planning is the process of engaging stakeholders at all levels of the primary organization and external stakeholders or partners to define and commit to an agreed upon set of desired outcomes and goals. It also involves the definition of objectives and activities or strategies (conducted independently or collaboratively) that are required to achieve the desired outcomes. Strategic planning includes the process of thinking through and explaining the reasoning, or logic, of how the inputs and activities of the stakeholders work towards achieving the goals. A logic model is used by the FL CLPPP to guide and illustrate the relationship between strategic planning and evaluation activities. Components of “planning” in this framework include the FL CLPPP logic model, and the various planning documents with their identified activities, objectives and performance standards.

● FL CLPPP’s Logic Model

A logic model is a tool for planning, monitoring and evaluation. It helps planners logically connect inputs to activities and outputs, outputs to intermediate outcomes, and outcomes to goals. It helps managers and evaluators select indicators that will help determine if inputs and activities are indeed achieving the desired intermediate and long term objectives. Logic models provide a simple means of presenting a program and its goals in a systematic fashion.

CLPPP’s logic model, included as Appendix A, can be described in terms of some basic components: 1) program inputs, 2) major activities organized by programmatic goals; 3) outputs or short-term outcomes; 4) intermediate outcomes; and 5) long-term outcomes (impacts). The objectives and major activities are aimed at resolving the problem being addressed -- childhood lead poisoning in Florida. The expected outcomes reflect what the program and its partners are trying to achieve with their activities. The model can be viewed as the link or bridge between the program design and the information that a program needs to collect in order to assess and document accomplishment of its activities and outcomes.

● Planning Documents

The FL CLPPP is involved in several different levels of planning. The overarching plan of the FL CLPPP and our partners is Florida’s Strategic Plan for the Elimination of Childhood Lead Poisoning. From this overarching plan comes the committee’s annual action plans. The annual action plans are created during an in-person meeting of the Committee for the Elimination of Childhood Lead Poisoning that occurs each November. During this meeting stakeholders work together utilizing the findings of performance monitoring, evaluation and quality improvement ideas to develop the upcoming year’s annual action plan. The annual action plan is used to guide the development of the sub grantee work plans and a state level FL CLPPP business plan. These plans can be found in the appendix as attachments B, C, and D respectively. Each plan is strategically aligned with the others to support the ultimate goal of elimination.

● Performance Measures/Targets

Objectives, performance standards or targets express what the program and the committee hopes to achieve through their inputs and activities. They are the primary components of the planning documents. The process of establishing these objectives and targets begins by identifying indicators, sometimes called measures. An indicator or measure is something that can directly or indirectly measure an event or condition. An indicator may also be observable evidence that provides an answer to a performance or evaluation question. Indicators and

measures aim to reveal the direction of a system, whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same. Language used to describe indicators is typically neutral, and for this reason indicators are sometimes written with targets in order to show the direction or level of performance the program and the committee seek to achieve.

For example:

<i>Measure</i>	<i>Target</i>
<u>Number</u> of lead safe work practice trainings provided.	Provide <u>20</u> lead safe work practice trainings.

The selection of the measures and standards is done in collaboration with stakeholders using the logic model as a tool. Careful attention is paid in the selection of each measure/standard to ensure that each indicator/standard exhibits the following attributes.

Key Attributes of a Performance <i>Measure</i>
Validity: a valid measure is one that captures the essence of what it professes to measure.
Reliability: a reliable measure has a high likelihood of yielding the same results in repeated trials, so there are low levels of random error in measurement.
Responsiveness: a responsive measure should be able to detect change.
Functionality: a functional measure is directly related to objectives.
Credibility: a credible measure is supported by stakeholders.
Understandability: an understandable measure is easily understood by all, with minimal explanation.
Availability: an available measure is readily available through the means on hand.

The FL CLPPP Planning, Performance Measurement and Evaluation Framework seeks to provide a multidimensional perspective on the process and impact of the committee's and CLPPP's performance. Therefore the standards have been grouped, when possible, into the following categories: "process", "output" and "intermediate outcome". Process and output measures help determine if activities have been done as planned. Outcome measures help us know if our activities achieved their desired effect. The following definitions are used for these key categories:

Process: This category focuses on the completion of the defined activity or the creation of a defined product. Examples include the development of administrative policy; drafting of a memoranda of understanding (MOU); developing training modules; obtaining supplemental funding such as grants; developing procedures and standards, norms and recommendations; managing resources; etc. Process questions are typically answered with "yes" or "no".

Process measures answer the questions:

- Was the intended activity complete?
- Did the responsible parties provide the service or create the product?

Output: The number of services or materials made available to the intended service recipients or target audience. Indicators that measure outputs assist managers in determining whether the system/services/products are available to the intended target group or user. Output measures are important because they can help us determine if we are doing enough to get to the intended audience.

Output measures answer the questions:

- How widely was the product or service made available?
- How much work did we do?
- How many had access to the product, service or system?
- How much did the audience use the product, service or system provided?

Intermediate Outcome: The degree to which a system, component, or process meets specified requirements, standards and achieves the expected outcome such as a change in knowledge, skills, ability, behavior or an environment. Outcome indicators answer the questions about the impact of the activity on the audience, stakeholder or user of a product or a service.

Intermediate Outcome measures answer the questions:

- Did the activity achieve what we expected it to achieve?

For example:

Activity: <i>Present a lead safe work practice curriculum to 300 housing professionals.</i>		
Performance Targets...		
Process	Output	Outcome
Develop a 1.5 hours lead safe work practices training.	Provide <u>10</u> lead safe work practice trainings per quarter.	90% of participants report on the evaluation survey that they will use information obtained during the training to minimize lead hazards during renovation work.

● Data Sources & Methods of Data Collection for Performance Measures

Each performance standard is derived from a specific data source and collected at a predetermined frequency. In order to assure the each measure meets the key attribute criteria the data sources, collection method and frequency must be explicit. Each quarterly report form documents the information that further characterizes indicators and standards listed in the plans. As the FL CLPPP collects information on the measures it is documented in the standardized quarterly report forms. In the reports data source and data collection method information is organized under the column "evidence for indicators". This column provides detailed information such as data requirements, data sources, formulas or mathematical calculations, responsible staff, and frequency of data collection for each process, output and intermediate outcome measure identified in the planning documents. The data source refers to where the information needed to calculate the measure is gathered. Examples of data sources are surveys, logs, records, or interviews.

For example:

Activity: <i>Present a lead safe work practice curriculum to housing professionals.</i>		
Performance Targets...		
Process	Output	Outcome
Develop a 1.5 hours lead safe work practices training.	Provide <u> 20 </u> lead safe work practice trainings per quarter.	90% of participants report they will use information obtained during the training.
Evidence for Measures (Data source and method of collection and calculation)		
Data Source: Reported by state CLPPP in the state monitoring form Frequency: annually Responsible Party: CLPPP Evaluation Specialist	Data Source: Reported by partners providing the training in the state and local monitoring forms Frequency: quarterly Responsible Party: CLPPP Evaluation Specialist	Data Source: Reported in the training evaluation survey results. Frequency: quarterly Responsible Party: Compiled by local CLPPPs and partners.

2. Monitoring

CLPPP defines monitoring as the periodic collection and analysis of selected measures to enable managers to determine whether key activities are being carried out as planned. It is the routine, systematic collection and recording of information about a program mainly for purposes of determining levels of accomplishment, and the quality and effectiveness of the activities defined in the plans. Monitoring is a necessary element of process and impact evaluation, but monitoring is done more frequently than evaluation. The ongoing nature of monitoring is important for two main reasons. It can serve as an early warning system to managers and it can be a vehicle for improving accountability to the public and stakeholders.

● Monitoring Forms

Monitoring forms are additional management tools used to capture and formally document performance towards expected outcomes. CLPPP has three types of monitoring forms:

- 1) Sub-Grantee Quarterly Monitoring Forms
- 2) Action Plan Quarterly Monitoring Form
- 3) Elimination Plan Annual Monitoring Form

The template for the sub grantee monitoring forms include the following elements: activities, performance targets, evidence for indicators, actual performance and comments (obstacles, challenges). A short narrative is also requested each quarter for the CLPPP sub grantee reports. This narrative is akin to an executive summary that addresses overall progress, challenges and strategies to overcome obstacles during the reporting period. This reporting is the responsibility of the sub grantees. The local quarterly report is due to the state CLPPP 14 days following the end of the quarter. The State CLPPP evaluation specialist and program manager will compile select information from the sub grantee reports and include it in the quarterly action plan monitoring form.

The Action Plan Monitoring Form has the same elements as the sub grantee form. It will be completed by the CLPPP evaluation specialist each quarter and distributed to select CLPPP stakeholders within one month after the end of each quarter.

The Elimination Plan Monitoring Form includes some of the same elements as the quarterly monitoring form. The form collects data analysis on long-term outcome indicators and illustrates cumulative progress made on reaching the annual targets for each long-term objective. The CLPPP epidemiologist and evaluation specialist will take the lead on preparing and disseminating the Elimination Plan Annual Monitoring Form each year.

In addition to providing valuable management information regarding program performance, data collected through monitoring activities will be used to answer questions defined in the annual evaluation plan, to produce progress reports submitted as part of the CDC continuation applications, and to publish the CLPPP Annual Report. Information gathered on pertinent indicators will also be submitted to the FL DOH Secretary of Health.

3. Evaluation

Evaluation is defined as the process of determining whether programs or certain aspects of programs are appropriate, adequate, effective and efficient. It includes an assessment of the effectiveness of a program in achieving its goals, objectives and intended outcomes. Evaluation involves using monitoring and other information to make judgments on how the program is doing. It is distinguished from monitoring by the frequency and type of indicators measured. Ultimately, evaluation activities should assess the "impact" of statewide collaborative efforts on the targeted population. This type of evaluation examines long-term outcomes. CLPPP will complete formal evaluations on an annual basis each January.

● The Annual Evaluation

The FL CLPPP will work with the committee to conduct a comprehensive elimination plan evaluation. The focus of the evaluation and the actual evaluation will be defined by an evaluation work group on an annual basis. The plan will include the elements defined in the section below.

- I. Evaluation goal & intended use
- II. The focus of the evaluation
 - a. background & discussion of stakeholder needs
 - b. evaluation questions
 - c. evaluation design
- V. Timeline for conducting the evaluation
- VI. Communication of results

4. Communication & Reporting

Reporting is the process of sharing generated information with interested parties. It includes providing the information collected in the monitoring and evaluation processes. This cyclical process ensures on-going assessments and feedback benefits program managers as well as funders and the target groups/users/community. The implementers of the program benefit by constantly being updated on the progress of the program, and when necessary, use the

information to make adjustments to ensure progress towards program goals. Funders benefit from a clear understanding of the process and progress made by the program. Progress demonstrated through these efforts can be used to justify additional future support. Finally, the user/community benefits by having access to information about the programs that seek to meet their needs.

Each year the FL CLPPP evaluation specialist will work with the FL CLPPP epidemiologist to produce reports and hold meetings that ensure all stakeholders are well informed of the activities and overall progress of the program and the committee towards the elimination goal.

● **The Annual Lead Poisoning Prevention Progress Report**

The Annual Lead Elimination Progress Report will contain the results of the annual lead elimination evaluation, the quarterly action plan monitoring forms, and the elimination plan annual monitoring form. It will be created in collaboration with the evaluation work group and distributed by the FL CLPPP to funding agencies, committee members and other interested stakeholders. The format for the progress report will be as follows:

- I. Executive Summary
- II. Resources
- III. The Focus of the Evaluation & Evaluation Questions
- IV. Methodology
- V. Results
 - a. Process findings
 - b. Outcome/Impact findings
- VI. Discussion
- VII. Recommendations
- VIII. Conclusion

5. Quality Improvement

The Childhood Lead Poisoning Elimination Committee has the shared responsibility of ensuring performance information, evaluation findings as well as new strategies and best practices can be used during decision making and incorporated to improve our progress towards elimination. Quality Improvement (QI) has two aspects:

1. Using ongoing feedback received through monitoring and evaluation activities to enhance the efficiency of meeting desired outcomes by adjusting program activities.
2. Incorporating additional strategies and new developments in the field of lead poisoning prevention into the work of the committee.

Combined, these two quality improvement activities aim to improve the efficiency and overall impact of activities conducted to reach the elimination goal.

● **Leadership at all Levels**

The FL CLPPP and our partners recognize that ideas and strategies for addressing childhood lead poisoning can come from any individual at any time. We congratulate and encourage leadership in strategy development and implementation from all staff members of the FL CLPPP, all members of the Committee for the Elimination of Childhood Lead Poisoning and our outside partners. CLPPP and the committee support an open and ongoing forum for communicating

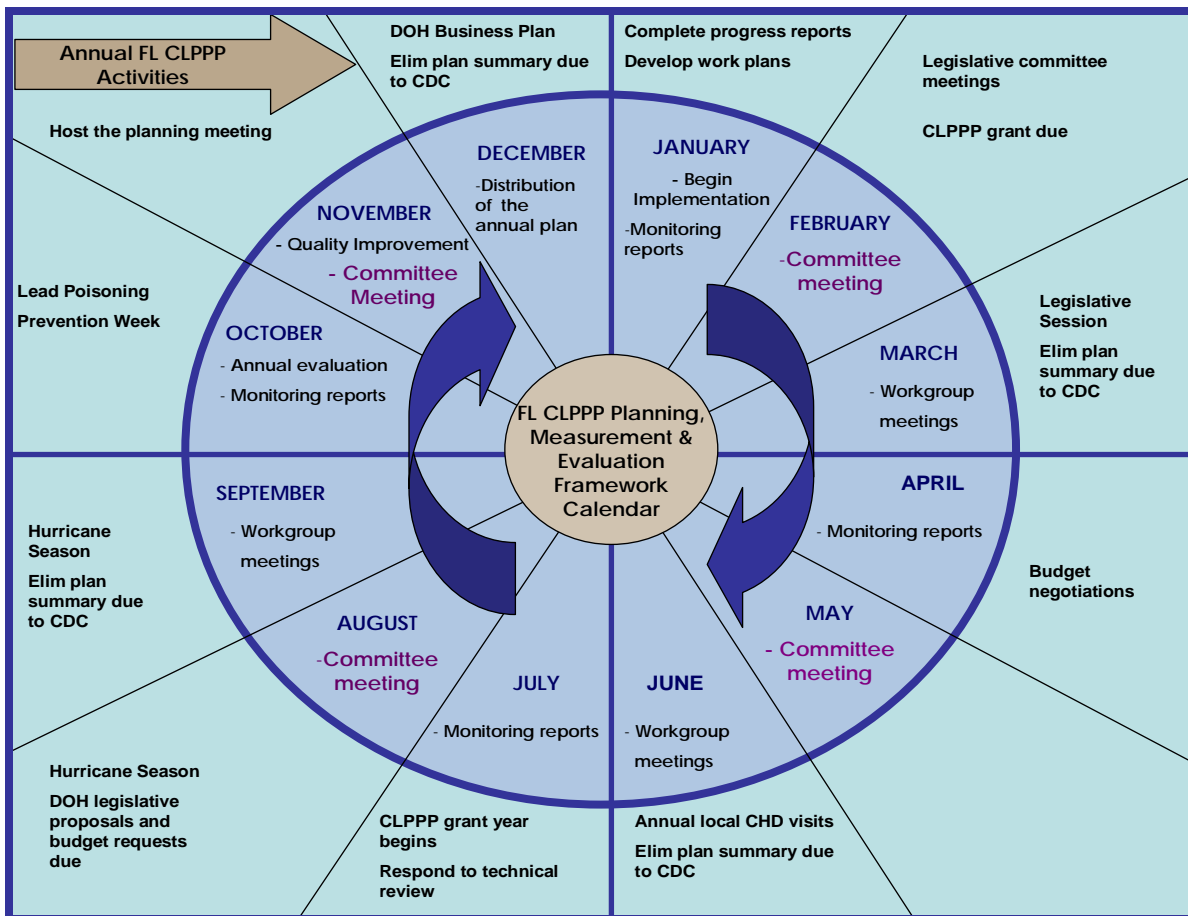
and using new ideas by allowing ongoing opportunities for incorporating emerging strategies into the annual action plans and the sub grantee work plans.

The Lead Poisoning Prevention Leadership Awards

The FL CLPPP recognizes the importance of recognizing the exceptional commitment of all members of the Childhood Lead Poisoning Elimination Committee. Each year the program will award individuals with outstanding contributions to lead elimination efforts in the state of Florida. Awards will be distributed each January.

V. Calendar for Planning, Performance Measurement & Evaluation Activities

The FL CLPPP Planning, Performance Measurement & Evaluation Framework Calendar is designed to illustrate when the components of the framework occur. The inner circle relates specifically to the advisory committee activities. The outer square helps put the framework activities in the context of other activities undertaken by the FL CLPPP.



V. Definitions

Activities	What the program does with the inputs to fulfill its objectives and goals.
Critical Assumption	These are critical factors not controlled by the program managers or the executing agency, but which influence a program's implementation and chances for success.
Evaluation	The process of determining whether programs or certain aspects of programs are appropriate, adequate, effective and efficient. It includes an assessment of the effectiveness of an ongoing program in achieving its goals, objectives and intended outcomes. Evaluation involves using monitoring and other information to make judgments on how an organization, project or program is doing. Evaluation can be done externally or internally.
Goal	A broad statement describing a desired future condition or achievement without being specific about how much and when.
Input	Resources dedicated for program delivery, such as money, staff, time, facilities, equipment, etc.
Intermediate outcome	The changes, benefits, or other effects that happen as a result of services and activities provided by an organization or program. They are often smaller scale changes that need to happen before the long-term and final goal/result/impact can be reached. They are usually related to changes in practices, attitudes, and behavior.
Impact evaluation	Examines the long-term outcomes or ultimate "effect" or "goal" of a program on some type of public health issue.
Logic Model	A systematic and visual way to present the perceived relationships among the resources available to operate the program, the activities you plan to do, and the changes or results you hope to achieve. A graphic representation or "blueprint" of the key elements of a program or project and how they will work under certain conditions to solve unidentified problems. A tool depicting the "chain of events" that links inputs and activities to outcomes.
Long-term outcome	The changes, benefits, or other effects that happen as a result of services and activities provided by an organization or program. Accomplishment of long-term outcomes provides evidence that changes have an "impact" on the status of a public health concern/issue. Some measures of impact are morbidity, mortality, incidence, prevalence, social norms, economic impact and community or public health capacity.
Monitoring	The periodic collection and analysis of selected indicators (usually process) to enable managers to determine whether key activities are being carried out as planned. Monitoring is considered an element of process evaluation in which program activities are observed and recorded to determine levels of accomplishment, and the quality and effectiveness of the activities. It is routine, systematic collection and recording of information about a project mainly for purpose of checking its progress against its plan.
Objective (SMART)	A measurable target that describes specific end results that a program is expected to accomplish within a given time period.
Performance Indicator/Measure	The specific quantitative representation of a capacity, process or outcome deemed relevant to the assessment of performance. A direct or indirect measure of an event or condition. Indicators reveal the direction of a system, whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same. However, language used to describe indicators is neutral. For example, a person's weight would indicate whether or not he/she has gained or lost weight. The objective may be to increase weight by 5 pounds by June 30, 2005.
Performance	The selection, regular collection and use of quantitative data to measure capacities,

Measurement	processes, and outcomes to assess critical aspects of activities, including their effect on the public.
Performance Standard	The specific quantitative or qualitative description of what a program seeks to achieve through the activities or a generally accepted objective standard of measurement that establishes the level of performance expected. The performance standard is the guideline against which a program's level of performance can be compared. Can be descriptive or numerical.
Process Evaluation	An evaluation designed to assess how well the implementation of the program is going, such as the extent to which the program is operating consistently with objectives and activities originally defined for them.
Short-term outcome	The changes, benefits, learning or other effects that happen as a result of services, products and activities provided by an organization or program. Short-term outcomes are also known as "outputs" of a program (i.e. # of services, # of people trained, # of products distributed, # of clients served, # of tests conducted, etc.)
Strategic Plan	A strategic plan developed by an advisory council that is an important tool in helping communities focus efforts and resources towards a common goal. It is an important instrument in gauging progress and helping leaders to determine when and if they should adjust activities and refocus resources to ensure success of the overall elimination goal.
Surveillance	Ongoing, systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know in public health programs.

VII. Attachments

- A. Florida's Lead Poisoning Elimination Logic Model
- B. 2006 Action Plan Quarterly Monitoring Form
- C. Elimination Plan Annual Monitoring Form

Florida's Childhood Lead Poisoning Prevention Program Logic Model

Resources needed to operate the program

If you have resources, then you can accomplish planned activities

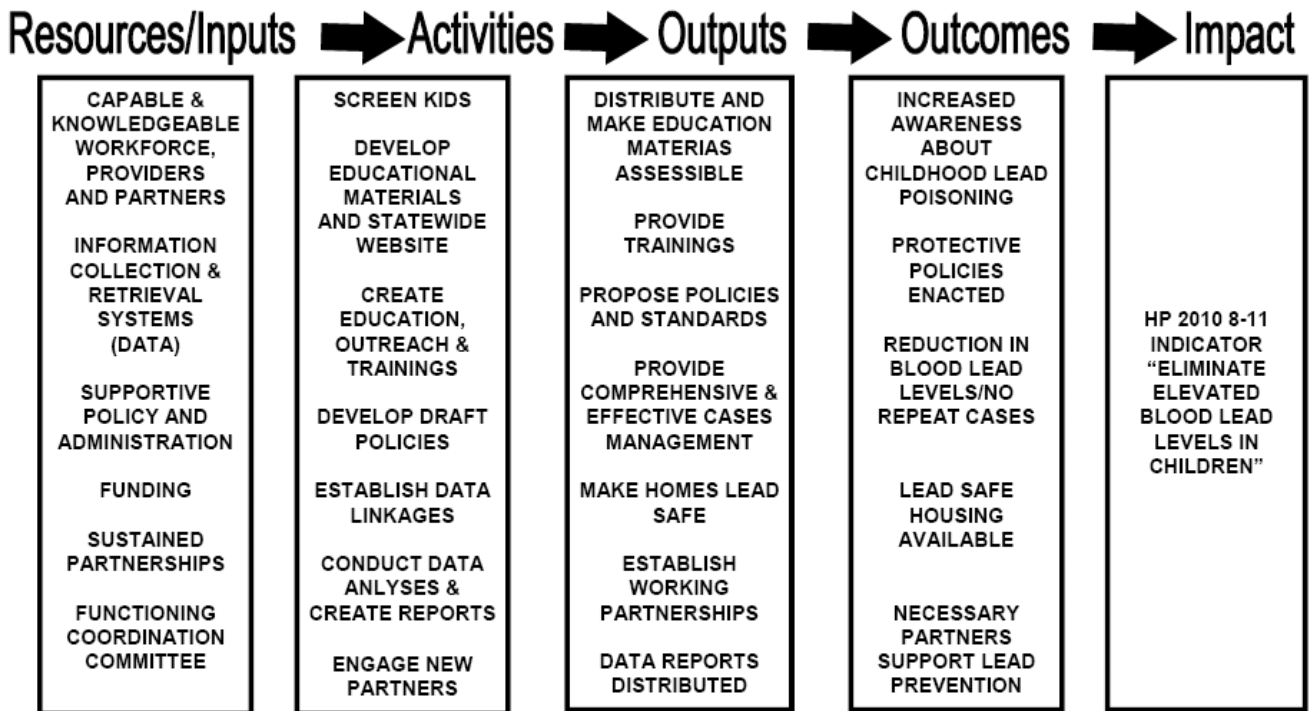
If you accomplish planned activities, then you will deliver service/product intended

If you accomplish planned activities, then benefits accrue

If benefits accrue, then organizational, community or system changes occur

Planned Work

Intended Results



During the 2005 Annual Planning and Networking Meeting, the Committee for the elimination of childhood lead poisoning created a logic model to depict the resources, inputs, activities and outputs necessary to achieve desired long-term objectives and impacts. The logic model is a simple and visual way to illustrate how the activities listed the Elimination Plan and the annual action plans relate to the long-term goal of eliminating childhood lead poisoning. This logic model will guide the selection of activities and evaluation measures included in CLPPP work plans and in future annual action plans.