



## DSTDP Performance Measures (PM) - Guiding Principles

1. There will be a range of 10 – 20 performance measures.
2. New and current PM will be evaluated against the evaluation criteria on an annual basis at a face to face meeting. Recommendations to add, delete or modify PM will be made at this meeting.
3. Any new PM recommended for implementation will be distributed to the field for comment.
4. All applicable PM will be reported on every six months.
5. There doesn't need to be a PM for every essential function (e.g., leadership).
6. The Performance Measures Guidance document will include how each PM was evaluated (evaluation criteria) and what long term outcome(s) are possible (using the STD logic model).
7. Quality Assurance is needed to support program improvement.
8. Project areas may, and are encouraged to, create and report on locally developed measures, indicators, or objectives. This allows programs flexibility.
9. PM are not the only important aspect of program improvement.
10. Best practices, challenges, and lessons learned will be documented and shared between CDC and project areas, and between project areas, via the PM Technical Assistance Network (TAN), informal collaboration, webcasts, regional and national meetings, and other methods as they're identified.
11. PM data reports in the PM database will include stratification by project area, region, funding level, population, and morbidity.
12. PM data will be shared with all project areas via the ranking reports in the PM database. The purpose of data sharing is to facilitate collaboration between project areas in an effort to improve program performance.
13. After soliciting, receiving and considering all input, suggestions, and recommendations, DSTDP will make all final decisions affecting current and new PM.

*c/PMguidingprinciplesList.doc*  
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