

# Oklahoma: A Case Study in Reporting Agency Results

An essential service of any public health agency is to be able to inform, educate, and empower its staff, policy makers, and constituents about relevant health issues. In 2004 the Oklahoma State Department of Health stepped out of the mold and began a new way of reporting state health data. The results show that how a public health agency presents data—in writing and in public—can impact a health agency in positive ways and help instigate needed changes both within the agency and a community.

## Don't Be Afraid of a Low Grade: The Power of Reporting

In the spring of 2004, the Oklahoma State Department of Health (DOH) came out with its annual *State of the State's Health* report, which provides an overview of the health status of the state's citizens as well as recommendations for improvement. This year's report featured a new 'Report Card on Health,' which outlines how the state fared in seven key health areas determined by the state DOH.

Bypassing the usual barrage of charts and graphs that can often bury priorities and opportunities for action, the Report Card instead gives a letter grade (representing the state's performance in a given health area) to each DOH priority area. It lists several key indicators for each focus area, along with the 'consequences' of not doing well. (See graphic below). The state gave itself several "Cs" and even some "Fs."

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**State of the State's Health  
Report Card**

**How Healthy are We?**

		Oklahoma	U.S.	Rank	Grade
<b>Are we eating right?</b>					
Indicators	1. Percent who eat 5+ fruits/vegetables per day	19.9	22.6	50	F
	2. Percent of adults who are overweight	58.7	59.2	22	C
	3. Percent of adults who are obese	22.9	22.2	29	C
Consequences	C1. Percent of adults with diabetes	6.7	6.7	27	C
	C2. Percent of adults ever diagnosed with high cholesterol	29.6	30.2	16	B
<b>Are we getting enough exercise?</b>					
Indicators	4. Percent of HS students who are insufficiently active	30.6	31.2	n/a	n/a
	5. Percent of adults reporting no physical activity	30.6	24.4	47	F
Consequences	C3. Percent of adults ever diagnosed with high blood pressure	28.6	26.6	43	F
	C4. Stroke death rate	66.6	67.9	41	F
	C5. Heart disease death rate	298.1	247.8	49	F
<b>Are we smoking?</b>					
Indicators	6. Percent of youth smokers	16.9	11.0	33*	F
	7. Percent of adult smokers	26.6	23.0	42	F
	8. Percent of smokers who tried to quit last year	48.1	61.8	38	D
Consequences	C6. Percent of adults with asthma	7.2	7.8	10	A
	C7. Lung cancer death rate	64.9	66.1	42	F
<b>Are we injured unnecessarily?</b>					

Source: *State of the State's Health Report Card*, Oklahoma State Department of Health, 2004.

To view the complete report card go to <http://www.phf.org/infrastructure/resources/PMCToolkit/Toolkit0304.pdf>.

Look for the report card under the "Reporting" quadrant.

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As a result of the report, it seems as if legislators have taken notice of the ‘consequences’ of poor health status. The state DOH received \$3 million in additional funding this year, at a time when most state agencies are facing cutbacks. And for the first time, legislation was introduced to address overweight- and obesity-related health issues. This is one of the key health areas for which the DOH gave the state a low grade.

Overall, ‘outing’ the bad grades has had a positive impact for the DOH and its local partners. It was not a surprise to program managers that the scores would be low, notes Pamela Rollins, Special Assistant to the Deputy Commissioner for Community Health Services at the Oklahoma DOH.

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*“Although the DOH had previously acknowledged that Oklahoma ranks low in several key health indicator areas, this was the first time we had given our state’s health status grades through a Report Card. This format brought home the need that more had to be done to improve our health,” said Pamela Rollins, Special Assistant to the Deputy Commissioner for Community Health Services at the Oklahoma State Department of Health.*

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Publicly acknowledging those concerns acted to create a sense of validation among program managers.

As a result of the report, local partners have become increasingly focused on the areas in which they most need to improve and have begun asking more questions about the actions they can take to improve in each area. The state has

LOOKING FOR ADDITIONAL INFORMATION ON PERFORMANCE MANAGEMENT?

**Performance Management in Action: Tools and Resources**

This March 2004 toolkit aims to assist state health agencies and others in implementing the four components of the Performance Management Collaborative’s performance management model. It includes sample performance improvement plans, standards and measures, reports, and other helpful documents from public health agencies. Available online at

<http://www.phf.org/infrastructure/resources/PMCToolkit/Toolkit0304.pdf>

also benefited by having for the first time data from each county that reflect their efforts in each key health area.

“We realized we needed to work together to have an impact,” said Neil Hann, Chief of Community Development at the DOH and primary author of the *State of the State* document. As a result of the Report Card, the state implemented several policy changes, including allocating more funds to programs that will improve immunization rates and streamlining efforts in the Maternal and Child

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TIPS ON CREATING USEFUL REPORTS:

**Keep it Simple.** Find a simple way to bring your message home. Oklahoma chose the ‘indicators and consequences’ format to show people the results of poor health numbers. This was a message that most people could understand.

**Involve others.** Keep your partners (i.e. public relations, communications department) in the loop. They will play a crucial role in working with the media.

**Distribute a mock up** to key players before you go public. Give them a chance to literally see the product and what you are trying to accomplish.

**Involve the media early.** This allows you to frame the issue of system performance in a positive way and it gives the media the opportunity to ask questions and clarify issues.

**Focus first.** It is important to choose your agency focus areas first, then choose your report indicators. Don’t let your state or national ranks influence your focus areas. Focus on what matters most to health in your jurisdiction; don’t limit your performance reports to what the department does well.

**Present a united front.** Get your board of health, medical associations, community members, and other key stakeholders to participate with your DOH when publicizing a report. This adds credibility to your cause and focuses the attention on the health issues, not solely the performance of your agency.

Health program by filling open positions with health educators who can work more closely with community groups.

## Advice from Oklahoma

How did Oklahoma prevent critics from attributing those low grades to ‘poor agency performance’? The DOH didn’t just release the report and hope for the best. A lot of energy and work went into deciding how to present the data, preparing others within the agency and the Board of Health for its release, and working closely with the media and other partners.

The Report Card was also carefully timed to coincide with the Governor’s *State of the State* report, which everyone was already familiar with and had accepted as a sort of ‘industry standard,’ notes Hann. Keeping the Report Card in the context of national standards and trends made it more acceptable.

Kelley Baker, Health Care Information Director, notes that any report should be tied to focus areas or strategic plans of an agency, with data elements, indicators, and consequences that relate to the overall goals of the organization.

“It’s important to not just throw numbers out,” says Baker. “I think the format we chose works because everyone is used to seeing letter grades. It’s something people can connect with, and it’s easy to understand.”

Reporting the state’s performance on key indicators and also showing the ‘consequences’ was also a critical part of getting people to understand what will happen or continue to happen if we don’t do well in a particular area, notes Rollins. This can be a great motivator for public health program managers who often feel overwhelmed; the problems become action items that are doable. The Report Card also acts to focus program managers’ efforts into the key areas that need the most improvement.

*To learn more about Oklahoma’s Report Card, contact Pamela Rollins, Special Assistant to the Deputy Commissioner for Community Health Services at the Oklahoma State Department of Health, at (405) 271-5585 or contact Kelly Baker at (405) 271-6225.*

### Discussion Questions

1. What benefits did Oklahoma see as a result of highlighting its progress in key health indicator areas?
2. What changes occurred as a result of the Oklahoma Report Card?
3. Oklahoma took a bold step in deciding to publicize key health areas that needed improvement. What did Oklahoma do to avoid potential pitfalls?
4. What do you think of the Indicators/Consequences and letter grade format?
5. How did Oklahoma work with its local media, Board of Health, medical associations, and other community groups? What other strategies or information do you think might help Oklahomans use the Report Card for making improvements?
6. What ideas do you take away from this story about successfully using performance reports?