

# Translating Data Into Wisdom Through Performance Measures



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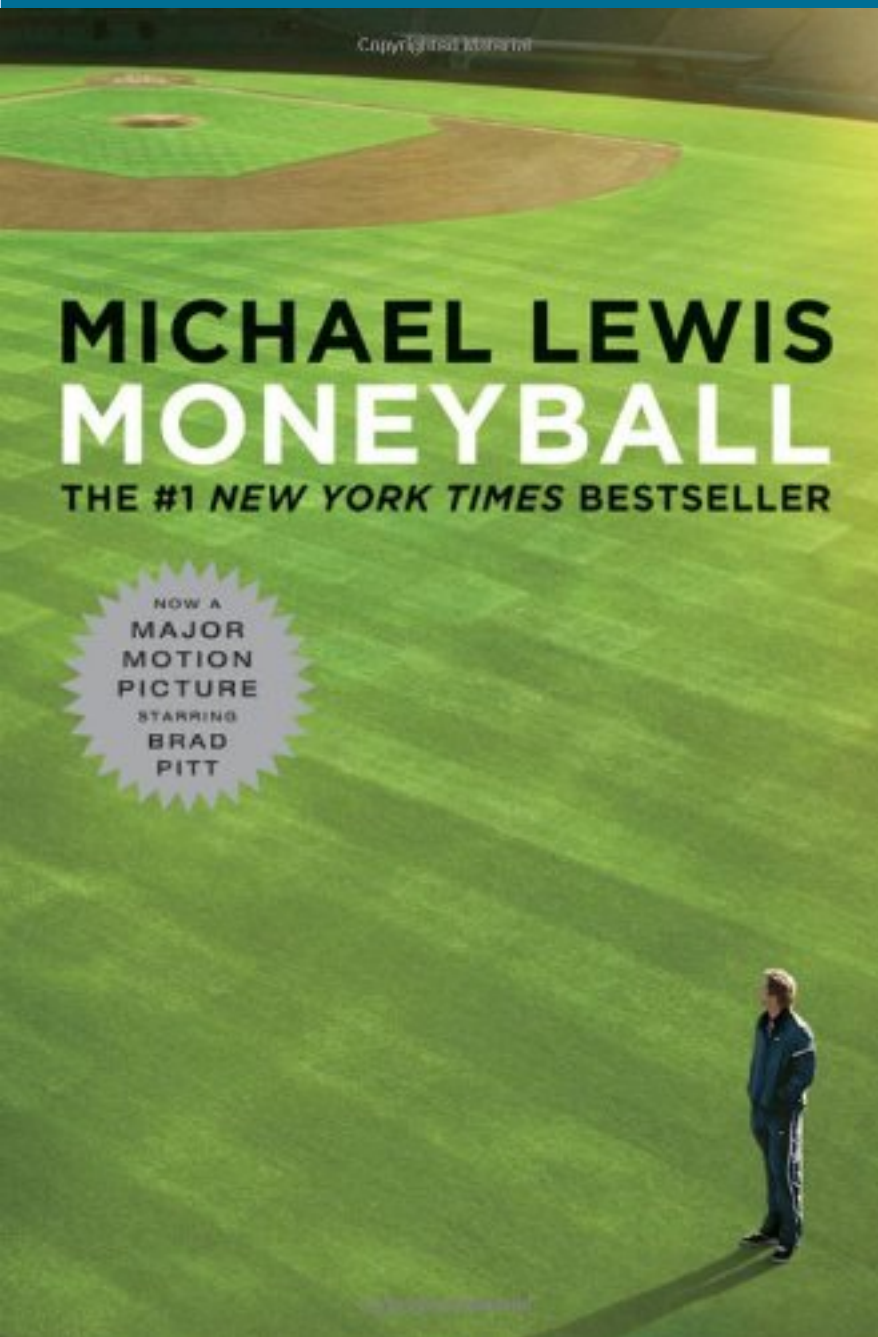
**“You are what your record says you are.  
Nothing more.  
Nothing less.”**

**- Bill Parcells**

**You either run on your record,  
or you run away from it”**

**- Old political adage**





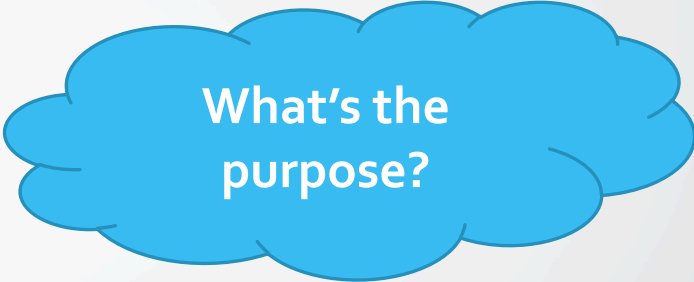
**“There was but one question he left unasked, and it vibrated between his lines: if gross miscalculations of a person's value could occur on a baseball field, before a live audience of thirty thousand, and a television audience of millions more, what did that say about the measurement of performance in other lines of work? If professional baseball players could be over- or under valued, who couldn't?”**  
— Michael Lewis, *Moneyball: The Art of Winning an Unfair Game*

# Performance-Based Planning



# Things we typically report

- Fare Revenue
- Passenger Trips
- Project Revenue Miles
- Deadhead Miles
- Total Project Miles
- Vehicle Service Hours
- Volunteers
- Vehicles
- Incidents
- Injuries
- Fatalities



What's the purpose?



Why does it matter?

# Good or Bad?

- Total Trips: 10,000
- Location: Los Angeles County
- Timeframe: 1 year
- Total Vehicle Hours: 5,000
  - Trips/Hour: 2
- Total Cost: \$500,000
  - Cost/Trip: \$50
  - Cost/Hour: \$100
- Destination: Prenatal Care
  - Outcome: 20% reduction in pre-term births
  - Healthcare savings: \$4M

**Goal:** Improve operating efficiencies and lower operating costs



7X return on investment



Future

## Effective Leadership

- Direction that makes an impact

Given purpose  
becomes



### Wisdom

- Applied knowledge

Given insight  
becomes



### Knowledge

- Synthesized learning

Given meaning  
becomes



### Information

- Patterns, organized, useful

Given context  
becomes

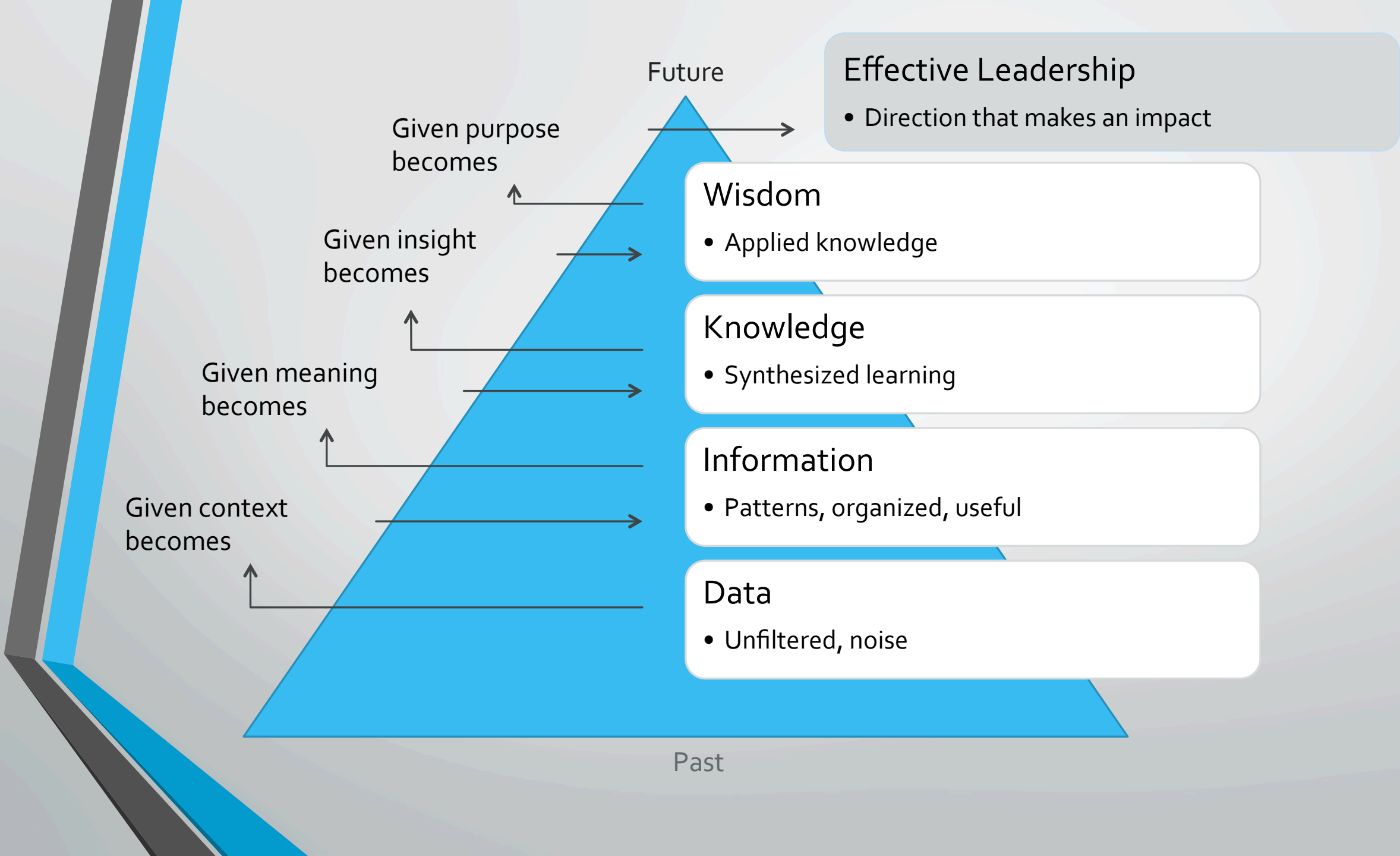


### Data

- Unfiltered, noise



Past





# Performance Measurement Challenge

Goal



A to B

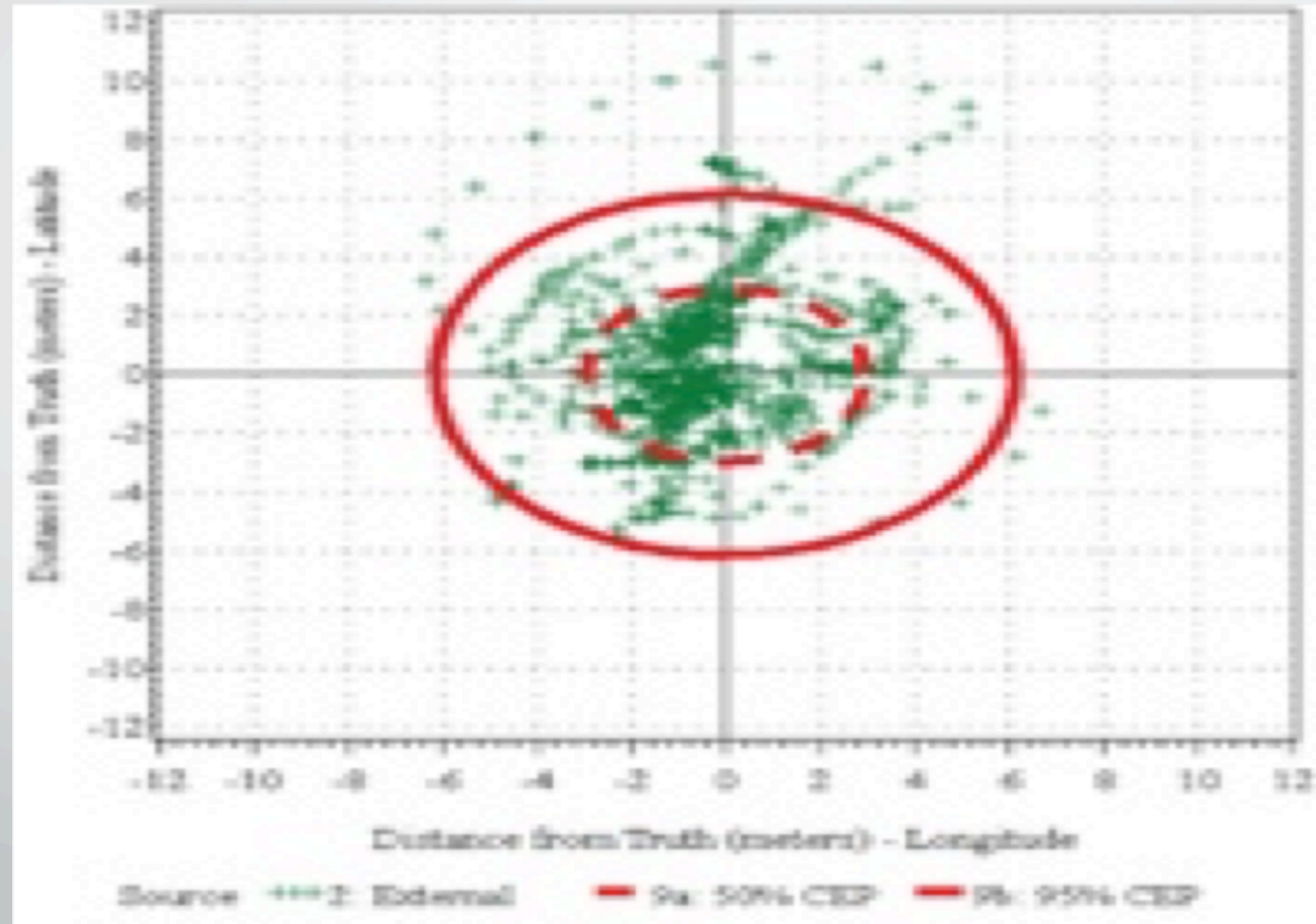
Goal



What happens at B



# 95% of Transit Trips to Employment or Health Care



# Outcomes of Transportation Investments

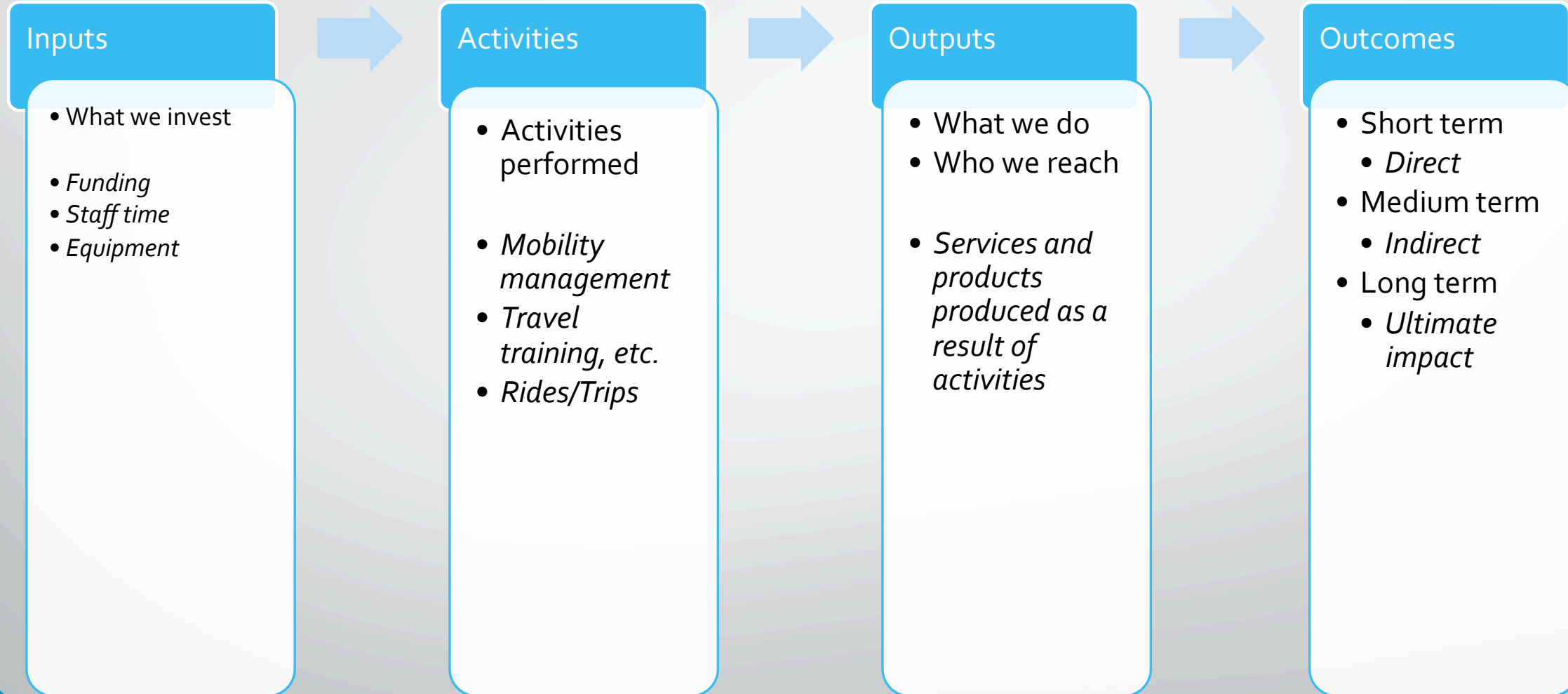
- **Health:**
  - Access to preventive healthcare
  - Improved air quality
  - Increased physical activity
- **Education:**
  - Access to education & training
- **Economic Development:**
  - Access to goods and services
  - Access to jobs
- **Community Living:**
  - Increased independence among seniors and people with disabilities

# Transportation + Health Pathways



Adapted from Procyk, Andrea, 2013, Transportation & Health Context Report, TransLink, Vancouver B.C., Canada

# Logic Model



# Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			Short-Term (direct)	Medium-Term (indirect)	Long-Term (impact)
<ul style="list-style-type: none"> <li>• 5310 Funding</li> <li>• Staff Time</li> <li>• Consultant Time</li> <li>• Partners' Time</li> </ul>	<ul style="list-style-type: none"> <li>• Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Updated Coordinated Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Keeps 5310 Funds Flowing</li> </ul>	<ul style="list-style-type: none"> <li>• New coordination, mobility management &amp; community transportation investments</li> </ul>	<ul style="list-style-type: none"> <li>• Increased Job Access</li> <li>• Improved economic performance</li> <li>• Increased independence among non-drivers</li> <li>• More older adults are able to stay in their homes longer</li> <li>• Improved health</li> </ul>
	<ul style="list-style-type: none"> <li>• Travel Training</li> </ul>	<ul style="list-style-type: none"> <li>• # Individuals trained to travel independently</li> </ul>	<ul style="list-style-type: none"> <li>• Increased fixed-route ridership</li> <li>• Increased mobility among non-drivers</li> </ul>	<ul style="list-style-type: none"> <li>• Lower ADA Paratransit Costs</li> </ul>	
	<ul style="list-style-type: none"> <li>• Driver Sensitivity Training</li> </ul>	<ul style="list-style-type: none"> <li>• # Drivers trained</li> </ul>	<ul style="list-style-type: none"> <li>• Improved customer satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Increased ridership</li> </ul>	
	<ul style="list-style-type: none"> <li>• Centralized Scheduling &amp; Dispatch</li> </ul>	<ul style="list-style-type: none"> <li>• # Participating agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Increased vehicle productivity (rides/vehicle-hour)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced operating cost</li> <li>• Increased operating capacity</li> <li>• Increased ridership</li> </ul>	
	<ul style="list-style-type: none"> <li>• Informal Community of Practice</li> </ul>	<ul style="list-style-type: none"> <li>• # Participating agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Improved communication</li> <li>• Information sharing</li> <li>• Sharing of best practices</li> </ul>	<ul style="list-style-type: none"> <li>• Improved service quality</li> <li>• Increased capacity</li> <li>• Increased ridership</li> </ul>	
	<ul style="list-style-type: none"> <li>• Volunteer Driver Program</li> </ul>	<ul style="list-style-type: none"> <li>• # Volunteer drivers</li> <li>• # Volunteer rides performed</li> </ul>	<ul style="list-style-type: none"> <li>• Increased capacity</li> <li>• Reduced cost/trip</li> </ul>	<ul style="list-style-type: none"> <li>• Increased ridership</li> </ul>	
	<ul style="list-style-type: none"> <li>• Information &amp; Referral Enhancements</li> </ul>	<ul style="list-style-type: none"> <li>• # Transit options available in standard digital format</li> </ul>	<ul style="list-style-type: none"> <li>• Increased awareness of transportation options</li> </ul>	<ul style="list-style-type: none"> <li>• Increased ridership</li> </ul>	
	<ul style="list-style-type: none"> <li>• Flexible Transportation Coupons/Vouchers</li> </ul>	<ul style="list-style-type: none"> <li>• # Dollars pledged</li> </ul>	<ul style="list-style-type: none"> <li>• Increased transportation options</li> </ul>	<ul style="list-style-type: none"> <li>• Increased ridership</li> </ul>	

# Performance-Based Planning 101

- Goals: What you want to accomplish
- Objectives: How you want to accomplish it
- Measures: How you will know if you accomplished it
  
- SMART Measures:
  - Specific
  - Measurable
  - Achievable
  - Results-Focused
  - Time-Bound



# Performance measures

How to measure our program's impact



## First Round

1.

- Healthcare Provider Satisfaction

2.

- Customer Satisfaction Survey

3.

- Grievances

4.

- On Time Performance

5.

- Travel Times

Same

Simplify

Simplify

Adjust Target

Replace

Add

## Revised Measures

1.

- Healthcare Provider Satisfaction

2.

- Customer Satisfaction Survey

3.

- Grievances

4.

- On Time Performance

5.

- Broker Controlled Vehicles

6.

- Broker Defined Measure

# Aligning with Outcomes

- What are the intended outcomes?
- Does this measure actually support one of our primary goals?
- Could this goal have other unintended consequences?
- **Be flexible.**

# Defining the Calculation

- Single Variable or Multi Variable?
- Percent or whole number?
- Quantitative or Qualitative?
- How often will we measure this?
- What should the threshold(s) be?
  - Is it attainable?
- Do we currently collect the data necessary to measure this?  
Or could we?
- How much would it cost to collect it?

# Utilization

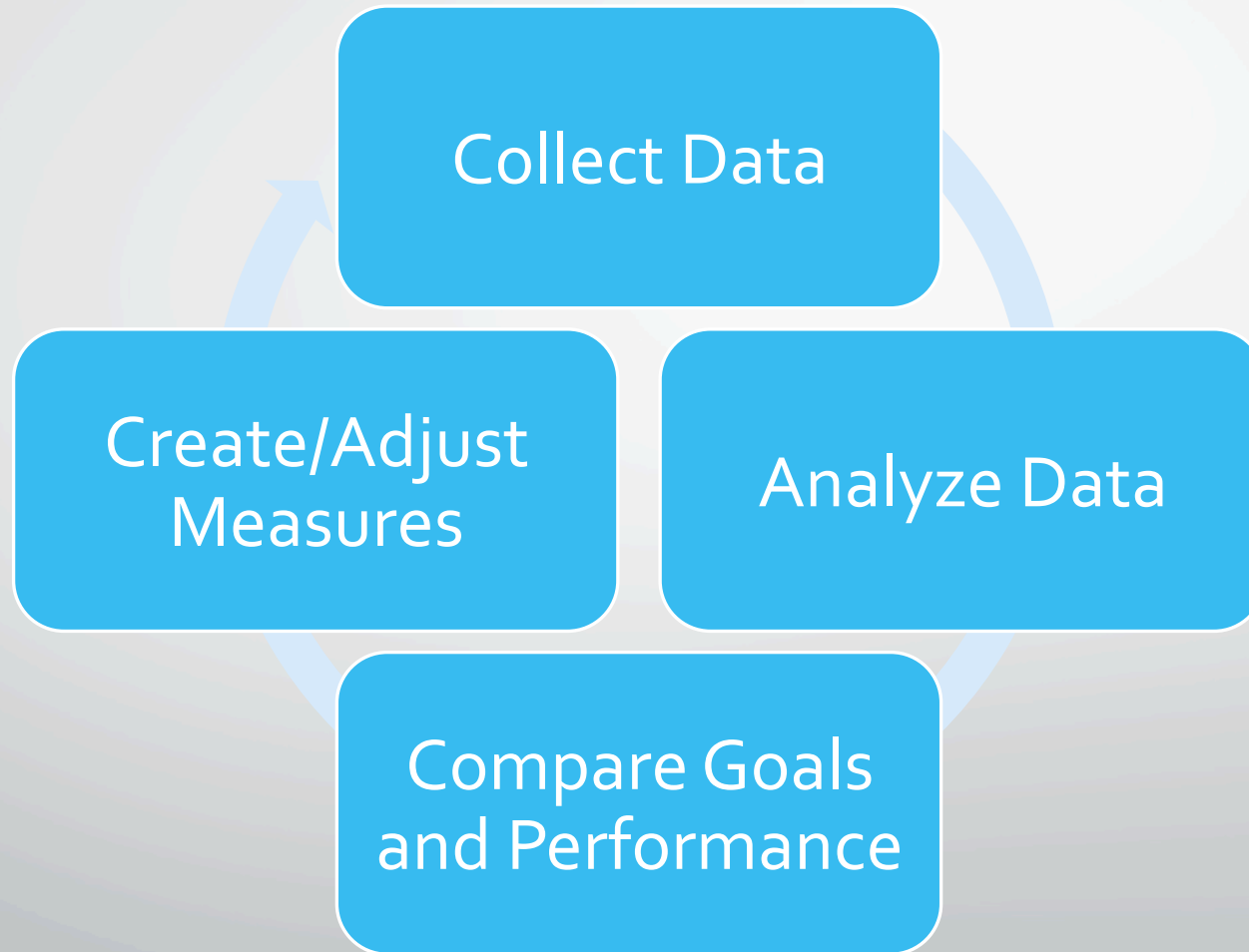
*Unduplicated Riders*

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*All Eligible Members*

- Why is this important?
  - Who is using the service?
  - Who is NOT using the service that could/should be?

# Iterative Process



# Study shows long-term drop in deaths from breast cancer

BY LAURIE MCGINLEY

Breast cancer death rates declined almost 40 percent between 1989 and 2015, averting 322,600 deaths, the American Cancer Society reported Tuesday.

Breast cancer death rates increased by 0.4 percent per year from 1975 to 1989, according to the study. After that, mortality rates decreased rapidly, for a 39 percent drop overall through 2015. The report, the latest to document a long-term reduction in deaths from breast cancer, attributed the declines to improvements in treatments and early detection by mammography.

Deanna Atala, a breast cancer surgeon at the University of California at Los Angeles who was not involved in the study, said the advances in treatment included better chemotherapy regimens — developed in the 1980s and refined ever since — that are administered post-surgery to reduce the risk of recurrence. Other improvements have included tamoxifen, an anti-estrogen agent that was approved in the late 1970s; drugs called aromatase inhibitors; and Herceptin, a drug used to treat tumors with a higher-than-normal level of a protein called HER2. More targeted therapies are also being used to treat cancer that has spread beyond the breast.

Even with these improvements, the toll of the disease is high. Breast cancer is the most common cancer diagnosed among women and the second leading cause of cancer death among women. About 252,000 new breast cancer cases are

study found, death rates decreased for all racial and ethnic groups tracked — non-Hispanic whites, non-Hispanic blacks, Asian/Pacific Islanders, Hispanics and American Indians/Alaska Natives. But there were substan-

In 2015, the death rate for black women diagnosed with breast cancer was 39 percent higher than for white women. While high, that's actually an improvement; the number was 44 percent higher in 2011. The black-white disparity emerged beginning in the 1980s, underscoring that black women have

*A woman in the United States has a 12.4 percent, or 1 in 8, lifetime risk of being diagnosed with breast cancer.*

not shared in the screening and treatment advances that have benefited white women. Overall, the report noted, is that black women didn't benefit as much from the development of tamoxifen because they are less likely to have the kind of breast cancer, called estrogen-receptor positive, that is treated with the drug.

In seven states, the report found, the mortality rates for white women and black women in 2015 were the same. But the black group was cautious about

states: Connecticut, Delaware and Massachusetts.

"This means that there is light at the end of the tunnel," said Carol DeSantis, director of breast and gynecological cancer surveillance research for the cancer society and the lead author of the study. "Some states are showing that they can close the gap."

Still, the remaining black-white disparity is not acceptable," said Lee Schwartzberg, a medical oncologist at West Cancer Center in Germantown, Tenn. He said the gap reflects complicated social, economic and biological factors that are not yet fully understood, including insurance and employment status. In addition, black women are twice as likely as white women to develop "triple negative" breast cancer, which can be harder to treat, the report noted.

"We have patients who get diagnosed with cancer and have difficulty making their appointments, like radiation every day for four or five weeks" because they can't take off from work," Schwartzberg said.

The "excess death rate" — the difference between the death rates of black and white women — ranged from 20 percent in Nevada to 60 percent in Louisiana, the study found.

Eighty-one percent of breast cancers are diagnosed among women ages 50 years and older, the study found, and 89 percent of breast-cancer deaths occur in that age group. The median age at diagnosis is 62.

The findings were published in CA: A Cancer Journal for Clinicians and its companion peer-reviewed publication Breast Facts & Figures. The report was published every two

# Why We Measure Performance

What happened

What needs to improve

How it happened



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