

A STATE'S EYE VIEW OF THREE U.S. GOVERNMENT BENCHMARKING INITIATIVES

By Jeff Tryens

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NATURE OF THE FEDERAL-STATE RELATIONSHIP

Most programs in the U.S. involve two, and often three, levels of government. Typically, the federal government provides significant funding and rules. State governments add additional funding and assume management responsibility for the program. Local governments, when involved, deliver services for the state government or oversee the work of those who do. State and local governments are fiercely protective of their policy-making prerogatives, balking at undue oversight from above. Benchmarking initiatives are further complicated by the sheer number of state and local governments involved. Over 80,000 local government units operate within the 50 states.

Perhaps because of this vast proliferation of sub-federal governments, federal initiatives that force performance-based competition between states are basically non-existent. I am not aware of any federal program that pits states, head-to-head, in competition based on their respective measurable results.

This presentation will examine three types of results-focused federal programs from one state's perspective. The three types could be called: cooperative, soft prescriptive and hard prescriptive.

The cooperative example, known as the *Oregon Option*, was aimed at creating better results for Oregon by reworking intergovernmental relations. The soft prescriptive example, *Healthy People*, is based on a federal executive initiative designed to spur action at all levels of society by creating a well documented, target-based vision for the future. The hard prescriptive approach, *No Child Left Behind*, is based on a federal law requiring schools receiving certain types of federal funding to improve the academic performance of all their students.

This paper is based on my experience as former executive director of the Oregon Progress Board. As the group responsible for administering the state's results-based strategic vision, *Oregon Shines*, the Board has had some involvement in each of these approaches over its 19 year history.

PROGRAM DESCRIPTIONS

Cooperative Approach: Oregon Option

In 1994 a united front of Oregon state and local elected leaders convinced the Clinton Administration that Oregon was an ideal proving ground for trying out new approaches to government devolution based on shared objectives. Oregon was a known policy innovator. It was far from the glare of East Coast media. And, perhaps most importantly, it had the Oregon Benchmarks: a statutorily-required set of measures focused broadly on the state's well being.

Over the next four years, Oregon and the federal government worked to improve results in three "clusters": child health, family stability, and workforce development. The initiative was considered a key cog in Vice President Al Gore's reinventing government machinery. Thousands of hours at all levels of government were invested in working out new ways to do business.

In preparation for this presentation, I polled ten key players involved in the *Oregon Option*. According to this admittedly small sample, their greatest hopes for the *Oregon Option* were: 1)

achieve better outcomes in the clusters; 2) change the culture of federal-state or local relationships; 3) change the internal functioning of federal/state/local agencies. While the respondents felt that better outcomes had been achieved in the clusters, they felt that culture change and improved bureaucratic operation had been only somewhat or not at all successful. In short, the big picture results were disappointing.

Soft Prescriptive Approach: Healthy People

In existence for nearly two decades, this U.S. Department of Health and Human Services (DHHS) program is described as enabling “diverse groups to combine their efforts and work as a team.” It provides data and national targets for 28 health topics with 467 specific objectives ranging from HIV to health education. Some prevention-related grants and no penalties are associated with the program. State coordinators are encouraged to share information with one another. The federal government also supplies standardized analysis and promotional materials. Comparative data on state progress toward the national targets is not a feature of the program.

Metrics included in program’s first iteration, *Healthy People 2000*, were Oregon’s measures of first choice when establishing the health-related Oregon Benchmarks. And the national targets set by DHHS guided the Progress Board’s discussion regarding state targets. As federally-generated measures, the Healthy People metrics have had a certain cache with public health professionals. Oregon has participated in a national consortium that was formed to advance the goals of *Healthy People 2010*.

While still in existence, *Healthy People 2010* appears to have lost steam at the state level over the years. A former state “Healthy People” coordinator told me that *Healthy People 2010* drives no decisions at the state health department. Nevertheless, the federal government is now preparing *Healthy People 2020*.

Hard Prescriptive: No Child Left Behind (NCLB)

This federally mandated program, begun in 2002, requires all states to “have assessment systems, report disaggregated data and target federal resources to serve their neediest students” according to the federal secretary of education. Each state sets its own targets, without regard to national benchmarks, which schools receiving certain types of federal funding are required to meet for all students. Data is broken down into specific subsets of students for every participating school. Individual schools are subject to state and federal interventions, both positive and negative, as part of the initiative.

An interventionist, performance-based federal education policy is revolutionary in the U.S. where local elected school boards reign. Oregon state government, which has little control over what schools do, has welcomed the initiative. According to one state official, it provides “more and better opportunities to force change.” On the other hand, the federal government appears to treat NCLB as a one-size-fits-all tool with little collaboration among states or between states and the federal government. Again, state-to-state comparisons are not relied upon as part of act implementation.

While many problems remain, NCLB has established the federal government’s role in setting standards for educational performance. Perhaps its greatest achievement is that children are no

longer passed from grade to grade without the requisite learning needed. The legislation is currently up for renewal in the U.S. Congress.

WHAT I'VE LEARNED

Cooperative Model

1. *Desired outcomes must truly be shared.* Despite powerful federal political support for the *Oregon Option*, Oregon participants felt that the federal bureaucrats involved never really bought into the process. Sometimes mid-level federal bureaucrats acted as though the *Oregon Option* was a politically motivated free-pass that they had an obligation to thwart.
2. *Accountability for results must be carefully defined.* The Oregon Benchmarks, while important, were generally too high level to ascribe cause and effect relationships between government intervention and changes in benchmarks. A much more sophisticated set of metrics based on strategy implementation is needed.
3. *True systems change can only happen over the long haul.* Somehow, cooperative commitments must transcend terms of office. The *Oregon Option* was the product of a connection made between a state governor and the vice president of the United States. The departure of that governor in 1995 marked the beginning of the decline of the *Oregon Option* long before the end of the Clinton Administration, which sounded its death knell.

Soft Prescriptive

1. *Data alone doesn't do it.* Comparative data alone will generally motivate high performers to even higher levels but do little for others. Even in a field like public health, where most players are comfortable with data, the mere existence of regular, reliable, comparable data has done little to change the direction of health trends in Oregon in my opinion.
2. *Focus is critical.* A data-rich environment, allowing comparisons across a broad range of related issues, is some people's idea of heaven. It's my idea of hell. Imagine for a moment a yearly matrix of *Healthy People* data with 267 objectives across 50 (or even Germany's 16) states. Layering and priority-setting must be employed when tackling big issues.
3. *Soft incentives, like recognition for performance, are worthwhile.* Oregon uses sub-state level data to motivate counties to focus on benchmark-related issues by recognizing high performing counties and high improvement counties through an awards program. Free analysis is also provided upon request. More than once I've visited with a county leader whose office displayed the Progress Board's certificate of achievement.

Hard Prescriptive

1. *Even mandates should be soft around the edges.* Benchmarking programs should be carefully constructed to allow states to measure progress in ways that work. For instance, Oregon is changing its measurement system to track progress over the course of a classroom year rather than comparing achievement of last year's fifth graders to this year's.
2. *Mandates alone won't create a performance culture.* A school principle in Oregon recently told a state official that if he just had two fewer of a certain kind of student he could get out from under the *No Child Left Behind* requirements. What kind of a learning atmosphere is that for a disadvantaged child?

3. *The theory of change must be apparent.* Mandates are hard to swallow. Without a clear understanding of what the performance model is, even nascent supporters will balk. Is the model based on front line empowerment or top down authority, for instance?