PERFORMANCE MANAGEMENT IN LOCAL PUBLIC HEALTH

Governmental Administration and Finance Seminar
Mt Pleasant, MI
September 15, 2016
USING POLL EVERYWHERE

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WHAT IS PERFORMANCE MANAGEMENT?
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• Performance management is:
  • Collecting data that describes how well (or poorly) you are doing something.
  • Comparing that information to established benchmarks, targets, or standards.
  • Using the comparison to identify when performance is not meeting expectations.
  • And taking systematic action to make improvements.
PERFORMANCE MANAGEMENT: MICRO TO MACRO

- Performance management principles can be applied in a number of different ways to a number of different situations.

- Agency audits.
- Site visits by funders.
- Performance measurement.

- Program audits.
- Program evaluations.
- Performance measurement.

- Performance appraisals.
- Incentive programs.
- Disciplinary actions.

- Health outcomes.
- Health equity/inequity.
- Collaboration/Partnerships.
PERFORMANCE MANAGEMENT IN PUBLIC HEALTH

• “A systematic process by which an organization involves its employees in improving the effectiveness of the organization and achieving the organization’s mission and strategic goals.”

• Performance management can enable health departments to be more:
  - Efficient.
  - Effective.
  - Transparent.
  - Accountable.

http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_About_the_Performance_Management_Framework.aspx
WHY PERFORMANCE MANAGEMENT NOW?
ACCOUNTABILITY

YOU'VE GOT A PROBLEM WITH AVOIDING PERSONAL ACCOUNTABILITY

YA, AND WHOSE FAULT IS THAT?

© 2006 BY DOUG SAVAGE
www.savagechickens.com
ACCOUNTABILITY

• Ensures that public officials are “answerable for their actions…”
  • How do we know goals are being met?
  • To whom is that information being communicated?
• Performance management focuses on achieving standards.
  • It is hard to be held accountable to something if you don’t know to what you are being held accountable.
  • It is also difficult to know whether you are meeting standards if you aren’t collecting performance data.
• Establishing a performance management system helps quantify and measure organizational performance.

TRANSPARENCY

- Ability to demonstrate program and service outcomes to staff, funders and constituents.
- Sharing performance data for programs and services demonstrates agency strengths and areas for improvement.
- As public agencies, transparency in the work we do and how we are using resources is important to stakeholders.

• Communicating performance data will inherently increase communication within the agency.
• Better staff understanding of the organization’s goals and objectives.
• Helps staff understand how they fit within the bigger picture of the organization.

BETTER PLANNING AND DECISIONS

DATA  →  KNOWLEDGE  →  ACTION
LEVERAGE FOR INVESTMENT
MLPHAP Cycle 6: Revisions to QI Supplement include indicators pertaining to PM.
MI STATE ACCREDITATION

• QI Supplement Indicators Assessing PM:
  • 1.1 Staff at all organizational levels are engaged in establishing and/or updating a performance management system.
  • 1.2 The agency has adopted a department-wide performance management system.
  • 1.3 The agency has implemented a performance management system.
  • 1.4 The agency systematically assesses customer satisfaction with agency services and makes improvements.
  • 1.5 The agency provides opportunities for staff involvement in the department’s performance management.
• **Standards and Measures V1.5**

• **Domain 9**: Evaluate and continuously improve processes, programs and interventions.

• **Standard 9.1**: Use a performance management system to monitor achievement of organizational objectives.

• **Standard 9.1 Required Documentation:**
  
  • 9.1.1 Staff at all organizational levels engaged in establishing and/or updating a performance management system.
  
  • 9.1.2 Performance management policy/system.
  
  • 9.1.3 Implemented performance management system.
  
  • 9.1.4 Implemented systematic process for assessing customer satisfaction with health department services.
  
  • 9.1.5 Opportunities provided to staff for involvement in the department’s performance management.
IT IS PART OF OUR JOB AS PUBLIC HEALTH PROFESSIONALS
COMMON PERFORMANCE MANAGEMENT MODELS/ FRAMEWORKS
There are several approaches to PM in public health. Some are better suited for local public health and/or easier to implement than others.

We will talk briefly about 3 popular models/frameworks:

- Turning Point.
- Baldrige Performance Excellence Program.
- Balanced Scorecard.
Your poll will show here

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or
Open poll in your web browser
• Originally developed in 2002 as part of a larger effort led by the Public Health Foundation.

• A “refresh” process by a multidisciplinary “think-thank” updated the framework in 2012.

• Most common model used in local public health because it was developed for public health.
Visible leadership is the commitment of senior management to a culture of quality that aligns performance management practices with the organization’s mission, regularly takes into account customer feedback, and enables transparency and performance between leadership and staff.

http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx
Performance standards are organizational or system standards, targets and goals that aim to improve public health practices.

May be set based on:
- National, state, or scientific guidelines.
- Benchmarking against similar organizations.
- The public’s or leaders’ expectations.
- Others.

http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_Performance_Standards.aspx
Performance measurement is the development, application, and use of measures to assess achievement of performance standards.

Each organization needs to select the method of measurement that will work best in the context of their organization.
MEASUREMENT IS THE FOUNDATION OF BUILDING IMPROVEMENT.
QUALITY IMPROVEMENT

- **QI** is the establishment of a program or process to manage change and achieve quality improvement in policies, programs, and/or infrastructure based on performance standards measures, and reports.

http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_Quality_Improvement.aspx
• **Reporting progress** is the documentation and reporting of how standards and targets are met and the sharing of such information through appropriate feedback channels.
• For maximum effectiveness, reporting should include trends over time.
• It is most appropriate to report about progress that will resonate with the audience to which you are reporting.

http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_Reporting_Progress.aspx
• Baldridge provides a framework to improve organization performance and get sustainable results.

• The performance system consists of 7 categories of embedded beliefs found in high-performing organizations.
  • Leadership.
  • Strategy.
  • Customers.
  • Measurement, analysis, and knowledge management.
  • Workforce.
  • Operations.
  • Results.
BALDRIDGE PERFORMANCE EXCELLENCE PROGRAM
The balanced scorecard is a strategic planning and management system.

Used extensively in business and industry, government, and nonprofit organizations worldwide.

Aims to:
- Align business activities to the vision and strategy.
- Improve internal and external communications.
- Monitor organization performance against strategic goals.

http://balancedscorecard.org/Resources/About-the-Balanced-Scorecard
"One Size Fits all"

I'm Sure He'll Fit...
EVOLUTION OF PERFORMANCE MANAGEMENT

Kent County Health Department’s Journey
“What if we don’t change at all ... and something magical just happens?”
• Pre-PHAB, Kent County had a set of established performance measures.
• These measures continue to be reported annually to the Board of Commissioners.
• They span across all four KCHD Divisions.
Performance by Department

- 63rd District Court
- Aeronautics Department
- Circuit Court
- County Clerk/Register of Deeds
- Community Housing & Development
- Drain Commission
- Equalization
- Facilities
- Fiscal Services
- Friend of the Court
- Health Department
- Human Resources
- Information Technology
- Medical Examiner
DEPARTMENT: HEALTH DEPARTMENT

Department Mission Statement:
To serve, protect, and promote a healthy community for all.

Service Area: Administration

Service Area Mission Statement:
Provide administrative, financial, and information technology support for the Department, conduct ongoing assessments of health status in the community, and disseminate public health information.

Goal
• Serve, protect, and promote a healthy community for all by providing overall leadership and support to the department.

Objectives
• To complete 95% of communicable disease reports within 30 days of notice.
• To ensure at least 67% of hospital infection control/hospital laboratories are entering reportable disease information into the Michigan Disease Surveillance System.
• To ensure computer network is available for login 100% of regular working hours.
• To resolve 99% of Footprints tickets within 10 business days.
• To ensure 100% of revenues and expenditures will be recorded in correct accounts.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2013 Actual</th>
<th>2014 Expected/Actual</th>
<th>2015 Expected/Actual</th>
<th>2016 Expected/Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of communicable disease reports completed within 30 days of notice</td>
<td>93.00%</td>
<td>95.00%/88.00%</td>
<td>95.00%/82.00%</td>
<td>95.00%</td>
</tr>
<tr>
<td>% of hospital infection control/hospital laboratories entering reportable disease information into the Michigan Disease Surveillance System</td>
<td>0.00%</td>
<td>0.00%/50.00%</td>
<td>67.00%/50.00%</td>
<td>67.00%</td>
</tr>
<tr>
<td>% of time the computer network server is available for access during regular working hours</td>
<td>99.90%</td>
<td>100.00%/99.99%</td>
<td>100.00%/99.99%</td>
<td>100.00%</td>
</tr>
<tr>
<td>% of Footprints tickets resolved within 10 business days</td>
<td>99.70%</td>
<td>99.00%/99.08%</td>
<td>99.00%/98.35%</td>
<td>99.00%</td>
</tr>
</tbody>
</table>
• County performance measures process was insufficient for PHAB process.
  • It was a one-time report, conducted annually.
  • Not all programs/services were evaluated or included.
  • Output vs outcome measures.
  • Data from the system was not used to identify areas for quality improvement.
A new system was developed and implemented in 2013.
- It underwent revisions and improvements in 2015-2016.
- The PM System evaluates progress on strategic plan implementation.
Implementation, Progress Tracking, Reporting, and Quality Improvement

Performance Management and the KCHD Strategic Plan
Perfromance management in public health is defined by the Public Health Foundation as the “practice of actively using performance data to improve the public’s health”. The performance management model adopted by the KCHD was originally developed more than ten years ago by the Turning Point National Excellence Collaborative on Performance Management.

With advancements in public health practice and changing priorities, as well as numerous successful examples of performance management system integration in public health departments across the country, the Public Health Foundation convened a workgroup in March 2012 to update the Turning Point materials. The refreshed Turning Point Performance Management Model is the version of the framework that the KCHD has chosen to utilize in its performance management efforts. This model contains the following components:

**Performance Standards** are objective standards or guidelines that are used to assess an organization’s performance. Standards may be based on national, state, or scientific guidelines; benchmarking against other similar agencies; expectations; or other methods. Performance standards can be descriptive (e.g., *a system for communicable disease control shall be maintained*) or numerical (e.g., at least 80% of health department clients will rate services as “good”). Performance standards answer the question, “where should we be?”
<table>
<thead>
<tr>
<th>SP Objective</th>
<th>Baseline Data</th>
<th>National Benchmark</th>
<th>Target</th>
<th>Strategy</th>
<th>Lead Staff</th>
<th>Short-Term</th>
<th>Intermediate</th>
<th>Long-Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Complete a comprehensive community health needs assessment (CHNA) every three years, starting in 2017.</td>
<td>2014 CHNA was published by Healthy Kent. (KCHD, HK)</td>
<td>Completion of a CHNA every five years for PHAB accreditation, every three years for alignment with IRS community benefit requirements for non-profit hospitals.</td>
<td>2017 CHNA completed by Healthy Kent by December 31, 2017. 2020 CHNA completed by Healthy Kent by December 31, 2020.</td>
<td>Complete the CHNA using the model framework from NACCHO - Mobilizing for Action through Planning and Partnerships. Partner with KCHD Environmental Health Division to ensure adequate environmental public health assessment is included in report.</td>
<td>P. Birkelbach  E. Pessell</td>
<td>Partners engaged and data sources updated for indicators included in the 2014 CHNA report. New indicators identified and added to report, as needed. Community Health Forums held and Community Health Surveys collected.</td>
<td>2017 CHNA completed and published by Healthy Kent.</td>
<td>2020 CHNA completed and published by Health Kent.</td>
</tr>
<tr>
<td>1.2 Increase the percentage of demographically representative school districts completing the Michigan Profile for Healthy Youth (MiPHY) to at least 30% of districts by the 2018 cycle.</td>
<td>22% of high schools and 20% of middle schools completed the 2013-2014 MiPHY. African Americans were underrepresented in both high school (3.9%) and middle school (5.7%) data sets. (MiPHY, MDE)</td>
<td>Not Applicable.</td>
<td>At least 30% of school districts, including at least two urban districts, participate in each cycle of the MiPHY.</td>
<td>Promote the importance of MiPHY data with the aid of community partners and enhance the use of these data by Kent County school districts.</td>
<td>B. Hartl</td>
<td>At least one urban school district participates in the 2015-2016 cycle of the MiPHY. At least two urban school districts participate in the 2017-2018 cycle of the MiPHY.</td>
<td>At least 30% of school districts, including at least two urban districts, participate in each cycle of the MiPHY.</td>
<td></td>
</tr>
<tr>
<td>1.3 Implement a data collection strategy for collecting nutrition, physical activity, and tobacco use data.</td>
<td>Kent County lacks population health indicator data for this domain.</td>
<td>Not Applicable.</td>
<td>KCHD will have access to a demographically representative indicator to administer a nutrition, physical activity, and tobacco use survey.</td>
<td>Collaborate with the Kent Intermediate School District to administer a nutrition, physical activity, and tobacco use survey.</td>
<td>B. Hartl</td>
<td>At least four elementary schools complete a comprehensive assessment. The number of elementary schools completing the assessment is increasing.</td>
<td>KCHD will have access to a demographically representative indicator to administer a nutrition, physical activity, and tobacco use survey.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix G: Strategic Plan Quarterly Reporting Template

SP Objective:
Quarter/Year:
Data of Report:
Name of Submitter:
Phone Number:

Overall Objective Status
Please place an “X” in the box that appropriately describes the status of the given objective.

- No Progress
- In Progress
- Completed
- Need to Revise

Performance Measure Data Updates
If updated data for the performance measure is available, please provide the updated data, including date and source of the information. If no new data is available, please state that. Baseline and target data can be located in Appendix C of the strategic plan for all objectives.

<table>
<thead>
<tr>
<th>Reporting Period (Quarter)</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Activities toward Strategy Implementation during Reporting Period
Please provide a brief summary of activities initiated/completed toward strategy implementation during this reporting period. If no progress has been made on the strategy implementation, please describe the reason for why this lack of progress exists.

- Short-Term:
- Intermediate:

Successes Associated with Objective during Reporting Period
Please describe any major successes that have been recorded while implementing activities associated with this objective during this reporting period. Successes could be acquisition of funding or other resources, recognition for efforts, documented successes, or other important achievements associated with the work being done toward this strategic plan objective.

- Barriers/Challenges Encountered while Implementing Activities during Reporting Period
Please describe any barriers or challenges that have affected the successful implementation of activities associated with this objective. If there are barriers or challenges reported, please also describe efforts taken to mediate these barriers/challenges.

- Collaboration and Partnership
Please outline any collaborative efforts or partnerships that have been developed in an effort to implement activities associated with this objective. List partner agencies, organizations, etc. and briefly describe the role they play in the strategy’s implementation.
Appendix G. Strategic Plan Quarterly Reporting Template

SP Objective: E.1
Quarter/Year: Q1/2016
Date of Report: March 31, 2016
Name of Submitter: C. Saari
Phone Number: x7268

Overall Objective Status
Please place an ‘x’ in the box that appropriately describes the status of the given objective.

- No Progress
- In Progress
- Completed
- Need to Reuse

Performance Measure: Data Updates
If updated data for the performance measure is available, please provide the updated data, including date and source of the information. If no new data is available, please state that. Baseline and target data can be located in Appendix C of the strategic plan for all objectives.

<table>
<thead>
<tr>
<th>Reporting Period (Quarter)</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>2015-2016 Winter Semester there were 10 Interns</td>
<td>At least 15 practicum placement opportunities for college/university students</td>
</tr>
<tr>
<td>April</td>
<td>2015-2016 Winter Semester there were 10 Interns</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Activities toward Strategy Implementation during Reporting Period
Please provide a brief summary of activities initiated/completed toward strategy implementation during this reporting period. If no progress has been made on the strategy implementation, please describe the reason for why this lack of progress exists.

Short-Term: The internship program is currently accepting internship applications for the Spring/Summer 2016 semester. They were posted to the internship website before March 15th and will remain open to application through April 15th. To date, we have received 7 student applications for the 15 projects proposed by KCHD staff.

Intermediate: We will have numbers for this measure in August 2016.

Long-Term: We will have numbers for this measure in August 2017.

Successes Associated with Objective during Reporting Period
Please describe any major successes that have been recorded while implementing activities associated with this objective during this reporting period. Successes could be acquisition of funding or other resources, recognition for efforts, documented successes, or other important achievements associated with the work being done toward this strategic plan objective.

Since we have implemented the AHD process, we have had incremental increases in the number of internship projects proposed by KCHD staff each semester. In winter 2016 there were 12 posted projects and in spring/summer 2016 there were 15 projects posted. Twenty student applications were submitted for winter 2016 and 12 were placed in internships. Updates to the internship webpage have been made to address common questions that the AHD liaison was receiving repeatedly and marketing materials were developed and shared through the AHD listserver to increase our program's reach in other local schools.

Barriers/Challenges Encountered while Implementing Activities during Reporting Period
Please describe any barriers or challenges that have affected the successful implementation of activities associated with this objective. If there are barriers or challenges reported, please also describe efforts taken to mediate these barriers/challenges.

Challenges to implementing this program have been primarily with answering student questions, about the required for a preceptor manual and issues with the timeline for application. This is a challenge we will continue to have because we cannot accommodate each school and have a process that also works for KCHD. I have made some slight modifications to the timeline to shorten it so that students are notified earlier than the previous process allowed. This is now reflected on the website and will go into effect for the fall 2016 application cycle.

Collaboration and Partnership
Please outline any collaborative efforts or partnerships that have been developed in an effort to implement activities associated with this objective. List partner agencies, organizations, etc and briefly describe the role they play in the strategy’s implementation.

I worked with the Material Review Committee to have my marketing materials approved for publication and also communicate with numerous academic programs throughout the state. I also collaborated with Wellness to make updates to the internship website.

For Performance Management Council Use Only

Should this objective be referred to the Quality Improvement Team for consideration?
Please place an ‘x’ in the box that appropriately reflects the decision of the PM Council

- Yes
- No
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>2016 Q1 Status</th>
<th>Updated Data</th>
<th>Reason for Proposed Revision</th>
<th>2016 Q2 Status</th>
<th>Updated Data</th>
<th>Reason for Proposed Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Complete</td>
<td>C</td>
<td>None</td>
<td>None</td>
<td>IP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>In Progress</td>
<td>IP</td>
<td>None</td>
<td>None</td>
<td>IP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>No Progress</td>
<td>NP</td>
<td>None</td>
<td>None</td>
<td>IP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Needs Revision</td>
<td>NR</td>
<td>None</td>
<td>None</td>
<td>NP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Increase KHCID social media followers by at least 20% annually, starting in 2016</td>
<td>IP</td>
<td>Facebook Followers: 2104 (April 2016), Twitter</td>
<td>This may be outside of our control; difficult to track</td>
<td>IP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Increase the percentage of KHCID social media followers who are 35 years or younger by December 2016</td>
<td>NR</td>
<td>Have added YouTube channel</td>
<td>This goal may have been too optimistic and may</td>
<td>NR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SAMPLE SUMMARY DATA

Strategic Plan Implementation, Objective Status by Quarter, 2016

Strategic Plan Implementation, Reporting Timeliness by Quarter, 2016
• Establishing meaningful performance measures for all KCHD programs and services.
• Modeling process after Lake County Health Department in Illinois.
• Began with Leadership Buy-In Meeting in June.
• Since then, meetings with Divisions and programs.
  • Review process.
  • Begin measure development.
Kent County Health Department
PM Expansion Project: Phase 1
June 28, 2016

Meeting Agenda
Division Director Meeting

I. Linkages to Strategic Plan – SD#9, Obj. 3
   “Develop, implement, and sustain an agency dashboard which tracks performance data for KCHD programs and services by July 2016.”
<table>
<thead>
<tr>
<th>Program</th>
<th>Program Supervisor</th>
<th>Key Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>G. Brink</td>
<td>K. Bakas</td>
</tr>
<tr>
<td>Grants and Contracts</td>
<td>G. Brink</td>
<td>I. Swedes</td>
</tr>
<tr>
<td>Information Technology</td>
<td>G. Brink</td>
<td>N. Egan / S. Lane</td>
</tr>
<tr>
<td>Communicable Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemiology</td>
<td>B. Hart</td>
<td></td>
</tr>
<tr>
<td>Healthy Kent</td>
<td>C. Saari</td>
<td>BHP</td>
</tr>
<tr>
<td>Marketing and Communications</td>
<td>S. Kelso</td>
<td></td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>K. Buck</td>
<td></td>
</tr>
<tr>
<td>Accreditation &amp; Performance Improvement</td>
<td>C. Saari</td>
<td></td>
</tr>
<tr>
<td>Medical Examiner</td>
<td>C. Perez</td>
<td></td>
</tr>
<tr>
<td>Health Equity</td>
<td>T. Branson</td>
<td>K. Pelon</td>
</tr>
<tr>
<td>Academic Health Department</td>
<td>C. Saari</td>
<td></td>
</tr>
<tr>
<td>Central Supply</td>
<td>G. Brink</td>
<td></td>
</tr>
<tr>
<td>CCS</td>
<td></td>
<td></td>
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<tr>
<td>Immunization Reporting</td>
<td>M. Wisniski</td>
<td></td>
</tr>
<tr>
<td>Immunization Services</td>
<td>M. Wisniski</td>
<td></td>
</tr>
<tr>
<td>WIC Peer Counseling</td>
<td>A. Bishop</td>
<td></td>
</tr>
<tr>
<td>WIC Services</td>
<td>A. Bishop</td>
<td></td>
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<tr>
<td>TB Control and Prevention</td>
<td>A. Hight</td>
<td></td>
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<tr>
<td>HIV/AIDS</td>
<td>A. Hight</td>
<td></td>
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<tr>
<td>STI Testing and Treatment</td>
<td>A. Hight</td>
<td></td>
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<tr>
<td>OW</td>
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<tr>
<td>General Health Education &amp; Promotion Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity, Nutrition, and Food Security</td>
<td>I. Myer</td>
<td></td>
</tr>
<tr>
<td>Women’s Health Network</td>
<td>S. Cory</td>
<td></td>
</tr>
<tr>
<td>Life Skills</td>
<td>A. Oosterink</td>
<td></td>
</tr>
<tr>
<td>Nutritious &amp; Cooking Classes</td>
<td>D. Davies</td>
<td></td>
</tr>
<tr>
<td>Safe Dates Dating and Sexual Abuse Prevention Program</td>
<td>A. Andros, B</td>
<td></td>
</tr>
<tr>
<td>Teen Pregnancy &amp; HIV/STI Prevention</td>
<td>T. Palmer</td>
<td></td>
</tr>
<tr>
<td>Refugee Health</td>
<td>J. Dyer</td>
<td></td>
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<tr>
<td>Childhood Lead Poisoning Prevention &amp; Care Mgmt</td>
<td>J. Dyer</td>
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<td>Strong Beginnings</td>
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<tr>
<td>Maternal Infant Health Program</td>
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<td>Nurse Family Partnership</td>
<td>C. Lowery</td>
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<tr>
<td>Hearing &amp; Vision Screening</td>
<td>C. Buzzok</td>
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<td>Children’s Special Healthcare Services</td>
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<td>Interconception Care Program</td>
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<tr>
<td>Medicaid Enrollment &amp; Coordination</td>
<td>J. Dyer</td>
<td>N. Salgado</td>
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<tr>
<td>Division</td>
<td>Program</td>
<td>Program Goal</td>
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<td>CCS</td>
<td>Immunizations</td>
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<td>Prevent active tuberculosis cases in Kent County.</td>
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<td>HIV/AIDS</td>
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<td>Investigate cases of reportable sexually transmitted infections (STI).</td>
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<td>Performance Management</td>
<td>Description</td>
<td>Data Source &amp; Notes</td>
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<td><strong>Program</strong></td>
<td>Childhood Lead Poisoning Prevention and Case Management</td>
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<td><strong>Goal(s)</strong></td>
<td>Identify and manage cases of elevated blood lead levels (EBLL) among Kent County children aged 9 months to 5 years.</td>
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**Performance Measure 1**
- % cases of children with XX EBLL in Kent County that are responded to within XX timeframe per CDC recommendations.
- CLPP Program Quarterly Report
- J. Dyar

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<tr>
<th>Target</th>
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<th>Feb</th>
<th>Mar</th>
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**Performance Measure 2**
- % cases of children with XX EBLL in Kent County that are responded to within XX timeframe per CDC recommendations.
- CLPP Program Quarterly Report
- J. Dyar

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LESSONS-LEARNED
It's about the journey...

- There is not a one-size fits all PM System.
- You have to create a system that works for your organization right now.
- You probably won't get it “right” the first time and that’s okay.
QUESTIONS?

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Kent County Health Department
Chelsey.Saari@kentcountymi.gov
(616) 632-7268