# Florence County Health Department

## Performance Management Plan

**Public Health**
Prevent. Promote. Protect.
**Florence County Health Department**

# Performance Management

## Table of Contents

# 1. Purpose and Overview

As the Public Health Accreditation Board sets forth in its Standards and Measures document,

*For the health department to most effectively and efficiently improve the health of the population, it is important to monitor the performance of public health processes, programs, interventions, and other activities. A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, 4) identifying areas where achieving objectives requires focused quality improvement processes, and 5) visible leadership for ongoing performance management. (PHAB 9.1)*

The Florence County Health Department (FCHD) Performance Management (PM) Plan exists within the context of the mission, vision, values, guiding principles, and strategic priority areas of the Strategic Plan.  The PM Plan is created to enable FCHD to more effectively achieve its stated

**Mission**:  Connecting you to a **Better Life**! and

**Our Vision**:  Healthy people, vibrant communities

The values that establish a culture which reinforce the organizational vision are:

- Compassion
- Commitment
- Collaboration

The strategic goals that drive the culture of FCHD are:

1. Maintaining National Accreditation
2. Workforce Development
3. Communication
4. Fiscal Sustainability

## 10 Essential Public Health Services

At FCHD, implementation of PM activities is designed to support the broader public health system and achieve the highest quality of services while meeting the needs and expectations of customers. While addressing performance of programs, policies, processes, and the achievement of outcome targets, the overarching goal is to continuously improve the execution and design of processes across the 10 Essential Public Health Services (Center for Disease Control and Prevention, 2014):

1.  Monitor health status to identify and solve community health problems.

2.  Diagnose and investigate health problems and health hazards in the community.

3.  Inform, educate, and empower people about health issues.

4.  Mobilize community partnerships and action to identify and solve health problems.

5.  Develop policies and plans that support individual and community health efforts.

6.  Enforce laws and regulations that protect health and ensure safety.

7.  Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8.  Assure competent public and personal health care workforce.

9.  Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

10.  Research for new insights and innovative solutions to health problems.

## A. Background

FCHD uses the preferred model of performance management developed by the Turning Point National Excellence Collaborative on Performance Management.
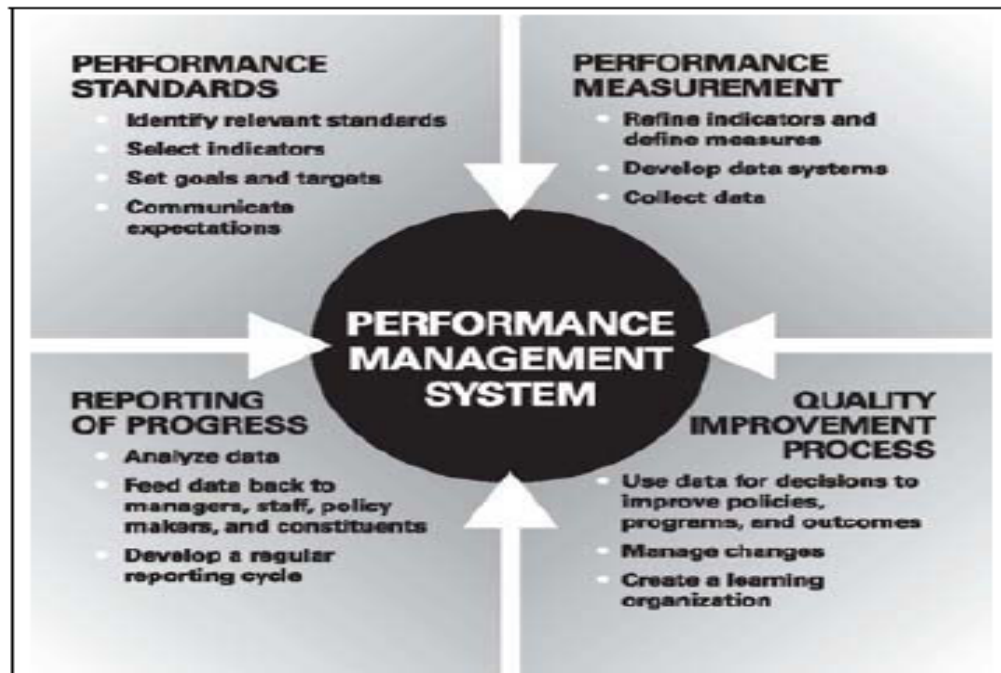


Following this model, performance management components include:

**Performance Standards** - Establishment of organizational or system performance standards, targets and goals and relevant indicators to improve public health practice.

**Performance Measures** - Application and use of performance indicators and measures.

**Reporting of Progress** - Documentation and reporting of progress in meeting standards and targets and sharing such information through feedback.

**Quality Improvement Process** – Establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports.

**Visible Leadership** – Commitment of management to a culture of quality that aligns performance management practices with the organization's mission, regularly takes into account primary data/customer feedback, and enables transparency about performance between leadership and staff.

Utilizing this model promotes transparency across the agency; aligns performance management with other organizational priorities; encourages a culture of quality; and maintains a focus on the customer.

## B. Alignment

The goal of the Performance Management Plan is to provide the infrastructure for the FCHD Performance Management System. This plan aligns with the Florence County Health Department Quality Improvement (QI) Plan and Florence County Health Department Strategic Plan in the following ways:

>    Clearly establishes realistic goals, strategies, and objectives;

>    Effectively communicates goals, strategies, and objectives;

>    Ensures the most effective use of organizational resources;

>    Provides baseline measurements for progress; and

>    Provides organizational focus.

This plan includes participation from all FCHD programs. This ensures an agency wide investment and focus on performance management to pursue the strategies and goals as associated with the Community Health Improvement Plan (CHIP), Strategic Plan, and Quality Improvement Plan.

PM and QI activities at FCHD systematically assess and improve care and service to meet the following Community Health Improvement Plan priorities:

1.  Alcohol and Other Drug Use

2.  Mental Health

3.  Active and Safe Living

Various performance measures are strategically selected from these foundational agency plans and department programs to monitor the progress of the health department as it pursues broader agency and community health goals and objectives.

# 2. Performance Management Framework

## A. Performance Standards

Performance standards establish organizational or system performance standards, targets and goals and relevant indicators to improve public health practice. A performance standard is a generally accepted standard of measurement such as a rule or guideline against which an organization's level of performance can be compared. These can be descriptive or numerical.

Florence County Health Department is committed to utilizing the highest performance standards available. Attaining this relies on the selection of Performance standards from researched, approved and documented sources which include but are not limited to Healthy People 2030, grant contracts, the Community Health Improvement Plan, the FCHD Strategic Plan, and other public health resources and best practices.

Performance standards and measures are reviewed annually for any needed revisions, updates, additions, or deletions from the FCHD PM system. A performance measure template has been developed to assist staff in critically thinking about their performance standard and measure selection and data retrieval. This form can be found in G:\Plans\Performance Management Plans\Most Current PM Plan\Measure Template.

## B. Performance Measures

Performance measures involve the application and use of performance indicators and measures. Performance measurement refines indicators and defines measures, develops data systems, and collects data. A performance measure is the specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance. These are typically represented as a number or percent.

Florence County Health Department measures performance by utilizing standardized program and service databases and internal measurement tools that include tracking databases for agency initiatives, databases such as Wisconsin Immunization Registry, HealthSpace, Secure Public Health Electronic Record Environment, Wisconsin Interactive Statistics on Health, Wisconsin Electronic Disease Surveillance System, Real Online Secure Information Environment, County Health Rankings and Road Maps, and others.

## C. Reporting of Progress

Reporting of progress requires documentation in meeting standards and targets and sharing such information through feedback. This component of the Performance Management Framework involves analyzing data, providing data back to managers, staff, policy makers, and constituents, and developing a regular reporting cycle.

Performance Management reporting is done quarterly at FCHD all-staff meetings and is tracked on the FCHD tracking document on G:/Plans/Performance Management/PM Tracking/Current year. Discussion of data analysis is captured in the all-staff meeting minutes.

An annual report of measures that have met and not met targets is also completed at the end of the first quarter of the following year; these are then labeled as potential quality improvement projects for the following year. This information is then shared with department staff and the Board of Health.

## Reporting of Progress **(**continued**)**

Measurement of progress will be reported to staff, the Florence County Board of Health, and other interested stake holders.  Other audiences for performance management reporting includes:

- State of Wisconsin Division of Public Health
- Other local health departments
- Grant Funders
- Community members
- Community Partners
- Media

## D.  Quality Improvement

FCHD acknowledges the importance of quality improvement within an effective performance management system which includes a culture of quality, ongoing QI activities – both programmatic and administrative, and continued learning within the organization.

The performance of FCHD programs, interventions and services that support organizational goals and objectives are monitored and evaluated for performance gaps.  Performance gaps are then considered for quality improvement projects.  See the following figure.
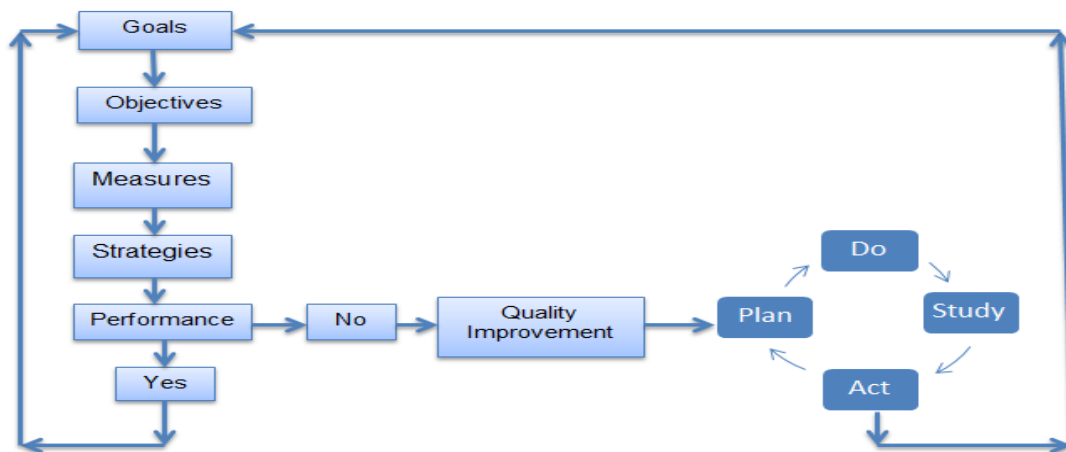


The quality improvement process involves the establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports.

Based on the components of a Performance Management System, the quality improvement process uses data for decisions to improve policies, programs, and outcomes, manages changes and creates a learning organization.

## E. Roles and Responsibilities

The Health Officer has charged the QI Team with carrying out the purpose and scope of the QI program in the department.  The FCHD QI Team will guide and evaluate the QI process by:

- Identifying, monitoring, and evaluating quality improvement projects;
- Encouraging and fostering a supportive QI culture; and
- Implementing at least one administrative and one programmatic QI project annually.

Please see the Florence County Health Department Quality Improvement Plan for details related to the agency's QI program, processes, roles and responsibilities, and additional information related to the improvement efforts.

All FCHD staff, from front line staff to directors, and department leadership to the Board of Health, will participate in developing, using and updating the performance management plan.  The following contains specific roles and responsibilities for key groups within the agency:

Board of Health
- Provides high-level oversight and accountability;
- Provides an outside perspective on Performance Management and QI initiatives;
- Identify public health services in need of quality improvement and areas of focus from an outside community perspective;
- Review performance and project outcomes and make recommendations.

Public Health Administrator/Health Officer
- Facilitate the implementation of the Performance Management System;
- Provide access to resources and trainings, as appropriate;
- Be apprised of all current standards, measures and QI projects;
- Lead quarterly Performance Management Meetings, which includes all staff  to discuss standards, measures, and ongoing and completed QI projects.

Public Health Staff (Reaccred 9.1.1 RD 1 b. i.-iii.)
- Enter data into the performance management system.  Staff can access the appropriate system for their lead program which may be an internal or state data system prior to each quarterly performance management meeting.  Due to the size of the department, all staff will participate in the quarterly performance management meetings to review updated data within the performance management objective.
- Staff will monitor data on lead performance objectives and communicate during the quarterly meetings the current progress.  The presentations during the quarterly meetings to all staff will drive further strategies as applicable.  Resources may be allocated or adjusted to improve outcomes on the objectives.  The tracking log as part of the performance management plan is located on the shared drive under Reports/Year and is thus, accessible to all staff.
- Use data from the performance measures to drive the identification of quality improvement projects. Staff may facilitate QI projects to facilitate progress on a performance measure and further the understanding of the problem/effective strategies.
- Identify, discuss, and develop performance standards, measures and potential QI projects;
- Implement and evaluate projects; and
- Engage in the PM System including suggesting ideas, collecting, monitoring, and reporting data, providing feedback to their program, participating in projects and encouraging other staff to participate.

## F. Roles and Responsibilities Flow Chart

Staff participation in performance management is often related to data selection, collection and analysis. The *Performance Management Responsibility* wheel demonstrates staff responsibility and action roles providing further clarification.

**Data Collection**
Data is meaningful and reliable.

**Data Analysis**
Analyze based on benchmarks, trends, history, etc.

**Evaluation**
Is your data suggesting there is a quality improvement opportunity?

**Re-Collect, Re-Analyze, Re-Evaluate**
Repeat data collection process to continue monitoring QI activities

**Report**
Report findings and process to stakeholders, colleagues, clients, administration, etc

Courtesy of Oneida County Health Department, 2017

# 3. Sustainability

## A. Financial Commitment

A combination of tax levy, revenue, and grant dollars fund staffing and/or administrative support for PM and QI efforts. Grant opportunities, which support PM and QI initiatives, will be pursued to enhance and further build a culture of quality at FCHD.

The primary budget allocation for performance management is staff time for data collection, analysis, reporting and evaluation. As resources allow, budget line items may be dedicated to PM efforts, including the purchase of training materials, attendance at conferences, and securing the services of expert consultation in the areas of PM. Job descriptions have also been revised to include performance management and quality improvement responsibilities.

Florence County Health Department is committed to supporting performance management by providing:

- Administrative Support
  Coordination of activities that support performance management that include:
  Standing all-staff meeting agenda items;
  Assistance with evaluation and analysis of PM gaps;
  Maintaining meeting minutes with PM discussion;
  Providing staff training in PM concepts; and
  Assisting program staff to track and trend their performance data

- Technical Support
  Technical assistance to programs and QI projects related to conducting continuous QI or quality planning, may include data collection/analysis, advice on quality methods/tools, meeting facilitation, project management services or participation as a team member.

## B. Self-Assessment

Performance Management Self-Assessment is a critical step in the development of a performance management system. Every three years, FCHD will complete the Performance Management Self-Assessment Tool by *Turning Point Performance Management National Excellence Collaborative* (Public Health Foundation.org, 2013). The results of the assessment will be analyzed and discussed to determine strengths and weaknesses to focus improvement efforts and priorities in developing the annual PM plan.

Completion of the self-assessment will assist in determining the strengths and gaps of the current performance management system and providing guidance for improvements.

## C. Ongoing All-Staff Training

At least annually, all staff are further trained in PM and QI efforts, despite their level of involvement within the PM system. These trainings may include data collection, analysis and use, QI tools and techniques, new methodologies, etc.

For a list of training opportunities, please see G:/Workforce Development/Training Resources. Additionally, annual staff trainings are recorded under G:/Staff/Staff Training Logs/Current Year.

- Embracing Quality in Local Public Health: Michigan's Quality Improvement Guide Book – http://accreditation.localhealth.net
- QI 101 (NACCHO) –
- Public Health Memory Jogger
- Institute for Wisconsin's Health Public Health Quality Initiative Forum:

# 4. Performance Management Communication

Communication of performance management is an essential part of the performance management system.  All levels of the health department should be included from frontline staff to the Board of Health.

| Key Message | Mode of Communication | Target Audience | Frequency |
|---|---|---|---|
| Performance measure progress; discussion and analysis of PM data | Staff Meetings and PM Quarterly meetings | Staff, Administration | Monthly for QI projects and Quarterly for PM data |
| Performance Management training opportunities | Staff training through webinars, local, regional or state trainings | Staff | Annually or more frequent as available |
| Performance Management 101 or Performance Management | Online Training Modules/ WITRAIN or other | Staff | As part of new employee orientation |
| Annual PM Summary /Dashboard Review | Staff meetings, Board of Health Meetings and FCHD Website | Staff, Board of Health | Annually |

# Appendix 1

## A. Key Quality Terms

**Accountability**

Subject to the obligation to report, explain or justify something; responsible; answerable.

**Accreditation and Reaccreditation**

Public health department accreditation is the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.

**Aim Statement**

A written, measurable, and time-sensitive description of the accomplishments a group expects to make from its improvement efforts. The Aim Statement answers the question: "What are we trying to accomplish?"

**CHA (Community Health Assessment)**

The CHA is a collaborative process conducted in partnership with other organizations and describes the health status of the population, identifies areas for health improvement, determines factors that contribute to health issues, and identifies assets and resources that can be mobilized to address population health improvement.

**CHIP (Community Health Improvement Plan)**

The purpose of the CHIP is to describe how a health department and the community it serves, will work together to improve the health of the population in the jurisdiction that the health department serves. Wisconsin DHS requires each health department to complete a CHIP every five years.

**Continuous Quality Improvement (CQI)**

An ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle.

**Effectiveness**

The degree to which a decided, decisive, or desired effect is achieved; the degree to which desired objectives are achieved and a valid result is produced.

### Evaluation

To judge or determine the significance, worth, or quality of.

### Evidence

The available body of facts or information indicating whether a belief or proposition is true or valid.

*Evidence-based practice (EBP)* – Entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected.

### Organizational Culture of Quality Improvement

The use of a deliberate and defined improvement process, supported by the organization, and focused on activities that are responsive to community needs and improving population health. It refers to a continuous and on-going effort to achieve effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

### Performance Management System

A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.

### Plan-Do-Check-Act (PDCA)

An on-going, four-step management method used for the control and continuous improvement of processes and projects. The FCHD Team uses the PDCA method for all QI Projects.

### Quality Culture

QI is fully embedded into the way the agency does business, across all levels and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives.

### Quality Improvement (QI)

An integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization.

### Quality Improvement Plan

A structured plan to promote, support, and implement a culture of quality within the oversight and responsibility of developing, implementing, evaluating, and reporting QI Projects to improve a process or develop new ones that support the Health Department's Quality Improvement and Performance Management System.

### Quality Improvement Project Team

A group of multi-skilled employees charged with the oversight and responsibility of developing, implementing, evaluating, and reporting QI Projects to improve a process or develop new ones that support the Health Department's Quality Improvement and Performance Management System.

### Quantify

The numerical measurement of processes or features.

### SMART Goals

Goals which are Specific, Measurable, Attainable, Realistic, and Timely.

### Standardize

The process of developing and implementing a set of criteria applied in a consistent and systematic manner.

### Strategic Plan

A plan that sets forth what an organization plans to achieve, how well it will achieve it, and how it will know if it has been achieved. The SP provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities.

Performance data are used to guide decision making. The data may be used to change/adapt strategies during the year, identify a quality improvement project and/or create opportunities for improvement in the future. For example, if the monthly data for the 2-year old immunization rates are significantly lower than the goal, staff may develop additional strategies to implement during that contract year. In addition, staff may initiate a quality improvement project to improve rates or other future improvements.

*These definitions were taken from a variety of sources including:*

*National Association of City and County Health Officials (NACCHO)*

*Public Health Accreditation Board (PHAB)*

*Public Health Foundation (PHF)*

*Public Health Quality Improvement Exchange (PHQIX)*

## Appendix 2

## A. Performance Management Tracking Log
The Strategic Plan provides a dynamic road map that will lead the Florence County Health Department into the future. It provides a balanced framework of what needs to be done to reach our collective vision and fulfill our mission. We have identified four strategic priorities. Strategic Priority one is: 1)Organizational Excellence through National Accreditation.

| Strategic Priority 1 | Organizational Excellence through National Accreditation | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Goal 1: Maintain and improve organizational excellence within the HD | | | | | | | |
| **Objective** | **Performance Measure** | **Data Source** | **Baseline** | **Target** | **Staff** | **Status** | **Date** | |
| Submit reaccreditation application for v2022 in ePHAB, by 3/30/2023 | % Documentation Completed | PHAB Standards & Measures v2022 | 2023: | 100% | RS and LHO | 90% 100% 100% | 1/2023 5/2023 8/2023 | |
| FCHD will upload reaccreditation documentation to ePHAB, by 9/30/2023 | % Documentation Completed | ePHAB | 2023: | 100% | RS and LHO | 0% 100% 100% 100% | 1/2023 5/2023 8/2023 12/2023 | |
| **Strategic Priority 1** | **Organizational Excellence through National Accreditation** | | | | | | | |
| | **Goal 2: Fiscal Support for Accreditation** | | | | | | | |
| **Objective** | **Performance Measure** | **Data Source** | **Baseline** | **Target** | **Staff** | **Status** | **Date** | |
| Annually, FCHD will review budget for accreditation fees, by 12/31/2023 | # Monthly budget summaries reviewed | G:/Fiscal/ Monthly Summaries | 2018: N/A 2019:$2,000 2020: $4,000 2021: $2,000 2022:$3,800 | 100% | LHO and AA | 0% 100% 100% 100% | 1/2023 5/2023 8/2023 12/2023 | |

# Appendix 2 (cont'd)

## A. Performance Management Tracking Log

Strategic Plan Measures: The plan provides a dynamic road map that will lead the Florence County Health Department into the future. It provides a balanced framework of what needs to be done to reach our collective vision and fulfill our mission. We have identified four strategic priorities. Strategic Priority two and three are: 2) Workforce Development. 3) Communication.

| Strategic Priority 2: Workforce Development | Goal 2: Maintain a passionate, competent workforce | | | | | | |
|---|---|---|---|---|---|---|---|
| **Objective** | **Performance Measure** | **Data Source** | **Baseline** | **Target** | **Staff** | **Status** | **Date** |
| Annually, provide staff training on quality improvement to infuse a quality culture into public health practice and operations, by 12/31/2023 | # Training Hours | TRAIN and Staff Training Log | 2018:3 Hours 2019: 9 Hours 2020: 4 Hours 2021: 4 Hours 2022: 1.5 Hours | 3 Hours | All staff | 0 <br>1 hour<br>1 hour<br>2 hours | 1/2023 <br>5/2023<br>8/2023<br>12/2023 |

| Strategic Priority 3: Communication | Goal 1: Maintain involvement in Florence County CHIP and make public aware of goals, progress, and challenges. | | | | | | |
|---|---|---|---|---|---|---|---|
| **Objective** | **Performance Measure** | **Data Source** | **Baseline** | **Target** | **Staff** | **Status** <br>**PR/SM** | **Date** |
| Quarterly, publish or utilize social media, CHIP implemented strategies and share with community members from 12 key sectors, by 12/31/2023 | #of publications/social media posts identifying CHIP strategies | Media/ Social Media tracking log and CHIP | 2018: Not tracked to be specific for CHIP <br>2019: 19 PR, Radio, Billboard <br>2020:36 SM <br>2021: 90 SM, 16 PR <br>2022:112 SM, 19 PR | 12 PR <br><br>30 SM | All Staff | PR: 2, SM: 9 <br>PR: 7, SM: 56 <br>PR: 10, SM: 68 <br>PR: 13 SM: 89 | 1/2023 <br>5/2023 <br>8/2023 <br>12/2023 |

## Appendix 2 (cont'd)

A. Performance Management Tracking Log  Strategic Plan Measures:  The plan provides a dynamic road map that will lead the Florence County Health Department into the future. It provides a balanced framework of what needs to be done to reach our collective vision and fulfill our mission.  We have identified four strategic priorities.  Strategic Priority four is: 4) Fiscal Sustainability.

| Strategic Priority 4: Fiscal Sustainability | Goal 4: Secure resources and funding to sustain public health programs | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Objective** | **Performance Measure** | **Data Source** | **Baseline** | **Target** | **Staff** | **Status** | **Date** | |
| Establish a budget for Quality Improvement training and projects in conjunction with the annual training plan, by 12/31/2023 | % Review monthly budget summaries | G: Fiscal/ Monthly Summaries and Budget | 2018: 0 <br> 2019: $1,200 <br> 2020: 0 COVID-19 related <br> 2021: $1,000 <br> 2022: $1,000. Budgeted but did not use due to staff | $1,000 | LHO | 0% <br> 100% <br> 100% <br> 100% | 1/2023 <br> 5/2023 <br> 8/2023 <br> 12/2023 | |
|  |  |  |  |  |  |  |  | |

## Appendix 2 (cont'd)

A. Performance Management Tracking Log

Public Health Preparedness:  Planning with local, state and regional partners to assure our communities are prepared to respond in the event of a public health emergency

**Public Health Preparedness**

**Goal: Promote public health preparedness through local, regional and state exercises**

| Objective | Performance Measure | Data Source | Baseline | Target | Staff | Status | Date |
|---|---|---|---|---|---|---|---|
| Access 100% of lead staff members during 24/7 communication exercise in less than 60 minutes by 12/31/2023 | Amount of time needed to reach emergency contacts during off hours/w/e's semi annually. | Drill Result | 2018: 25 min<br>2019: 40 min<br>2020: 30 min<br>2021: 53 min<br>2022: 9 min until a lead staff was reached | Complete communi-cation in or less than 60 min | EPC | 0%<br>100%<br>Exercise completed but 80% within 60 minutes (1 staff out of country)<br>80% | 1/2023<br>5/2023<br>8/2023<br>12/2023 |
| Achieve 100% of Improvement Plan gaps identified in AAR within 90 days after exercise. Refer to AARs for past improvement gaps | % of identified gaps addressed within 90 days | AAR | 2018: 100%<br>2019: 100%<br>2020: 100%<br>2021: 100%<br>2022: 100% | 100% | EPC | 100%<br>100%<br>100%<br>100% | 1/2023<br>5/2023<br>8/2023<br>12/2023 |
|  |  |  |  |  |  |  |  |

## Appendix 2 (cont'd)

## A. Performance Management Tracking Log

Communicable Disease:  In this program, department staff provide immunizations and other measures to prevent and control communicable disease transmission among Florence County residents.  This includes control measures for persons that are ill or exposed to illness, as well as providing community education and maintaining a community-wide infrastructure with hospitals, clinics, laboratories and schools to assure protection of the public.  Wisconsin § 252.04 addresses Health Department responsibilities regarding immunization programs.

| Immunizations | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Goal: Improve vaccination rates in order to decrease levels of reportable diseases** | | | | | | | |
| **Objective** | **Performance Measure** | **Data Source** | **Baseline** | **Target** | **Staff** | **Status** | **Date** |
| Increase FC children who complete four DTap, three HepB, one MMR, three HIB, three Polio, one Varicella, four Pneumococcal vaccinations by their second birthday, by 12/31/2023 | % of Florence County children who complete recommended vaccinations by second birthday | Wisconsin Immunization Registry | 2018: 61% 2019: 81% 2020: 72% 2021: 70% 2022: 69% | 85%  (State Target rate) 82% (FCHD target rate) | PHN | 44% 46% 54% 56% | 1/2023 5/2023 8/2023 12/2023 |
| | | | | | | | |

# Appendix 2 (cont'd)

## A. Performance Management Tracking Log

## Communicable Disease and Immunizations:  In this program, department staff provide immunizations and other measures to prevent and control communicable disease transmission among Florence County residents.  This includes control measures for persons that are ill or exposed to illness, as well as providing community education and maintaining a community-wide infrastructure with hospitals, clinics, laboratories and schools to assure protection of the public.  The staff investigates and educates regarding over 75 reportable disease as mandated by Wisconsin §252.

**Communicable Disease**

**Goal: Prevent or contain the spread of communicable and vaccine-preventable diseases in Florence County**

| Objective | Performance Measure | Data Source | Baseline | Target | Staff | Status | Date |
|---|---|---|---|---|---|---|---|
| Provide education and surveillance through investigations of 100% of reportable/ communicable disease cases as determined by category timeline and guidance through DHS 145, by 12/31/2023 | % of reportable communicable disease cases entered into Wisconsin Electronic Disease Surveillance System (WEDSS) as determined by category timeline and guidance through DHS 145, Appendix A | G:/Programs and Services/ WEDSS/ WEDSS Spreadsheet | 2018: 100%<br>2019: 100%<br>2020: 100%<br>2021: 100%<br>2022: 100% | 100% | PHN, and PHA | 100%<br>100%<br>100%<br>100% | 1/2023<br>5/2023<br>8/2023<br>12/2023 |
| | | | | | | | |

# Appendix 2 (cont'd)

## A. Performance Management Tracking Log

**Environmental Health:** The Environmental Health program prevents and controls the transmission and occurrence of illnesses in Florence county residents and pets which are spread by rodents and insects. To protect children in Florence County from lead poisoning through testing and inspection of homes for lead-safe conditions. To prevent unnecessary human exposure to radon from naturally occurring sources through education and availability of radon test kits. Investigation of human health hazards is required by local health departments through Wisconsin §254.59.

**Human Health Hazards**

**Goal: Reduce human health hazards through timely investigations, screening, and education to assure safe and healthy living environments for the community**

| Objective | Performance Measure | Data Source | Baseline | Target | Staff | Status | Date |
|---|---|---|---|---|---|---|---|
| Maintain the percentage of cases with response time to five working days or less for human health hazards investigations opened on or before 12/30/2023 | % of complaints investigated within five working days | G:/ Programs and Services/ Human Health Hazards | 2018: 100% <br> 2019: 100% <br> 2020: 100% <br> 2021: 100% <br> 2022: 100% | 100% | LHO or designee | 100% <br> 100% <br> 100% <br> 100% | 1/2023 <br> 5/2023 <br> 8/2023 <br> 12/2023 |
| Identify and screen 90% of 0-5 year olds who are at the recommended age for lead screening in Florence County according to federal and state guidelines (Wi §254.11), by 12/31/2023 | % of target # of children who are tested for lead | G:/ Programs and Services/ Lead/ Lead log | 2018: 73% (32) <br> 2019: 100% (44) <br> 2020:50% (22) <br> 2021: 45% (20) <br> 2022: 39% (17) | 44 children (determined by DHS Wisconsin) | PHN | N/A <br> 25% <br> 36% <br> 68% | 1/2023 <br> 5/2023 <br> 8/2023 <br> 12/2023 |
| | | | | | | | |

## Appendix 2 (cont'd)

## A. Performance Management Tracking Log

Tobacco Prevention:  Tobacco is the leading preventable cause of disease, chronic illness and death.  Florence County is part of a six county coalition working with the State of Wisconsin to collaborate on evidence-based policy and programs.

**Tobacco Prevention**

**Goal: Protect and improve youth and families health through policies, law enforcements and regulations**

| Objective | Performance Measure | Data Source | Baseline | Target | Staff | Status | Quarterly Reporting |
|---|---|---|---|---|---|---|---|
| Decrease % of illegal sales of tobacco and other tobacco products to minors to 0% by 12/30/2023 | % of illegal sales of tobacco to minors | http://wiwins.org | 2018: 29% 2019: N/A 2020: N/A 2021: N/A 2022: N/A | 0% | LHO or PHA | 0% 0% 2/7 establishments checked sold to minors (7/23) | 1/2023 5/2023 8/2023 12/2023 |
| Decrease % of Florence County adult report currently smoking by 1%, by 12/30/2023 | % adults self-reporting smoking more than 100 cigarettes in their lifetime and currently smoking (every day or most days) | 2017 County Health Rankings/ Behavioral Risk Factor Surveillance System, (CDC) | 2018: 15% (State 17%) 2019: 15% (State 17%) 2020: 21% (State 17%) 2021: 21% (State 17%) 2022: 19% (State 16%) | Decrease by 1% annual | LHO | CHR is reported annually 19% | 5/2023 |
|  |  |  |  |  |  |  |  |

# Appendix 2 (cont'd)

## A. Performance Management Tracking Log

Oral Health: Prevention of tooth decay through outreach, education and fluoride supplements. FCHD is part of the Northwoods Dental Coalition which provides school base services in four counties: Vilas, Oneida, Forest and Florence. School based services is an evidence-based program for rural communities. The Dental Hygienist provides school based assessments, education, referrals, varnishes, and sealants .

**Oral Health**

**Goal: Decrease health disparities and increase health equity to Florence County residents by increasing access for oral health services**

| Objective | Performance Measure | Data Source | Baseline | Target | Staff | Status | Date |
|---|---|---|---|---|---|---|---|
| Increase the number of the target population (K-12) in Florence County, who participate in the education and dental health exam, by 12/31/2023 | % of Students actively participating in oral health exams/dental supplies | Northlakes Dental Outreach Report | New measure (Biannual program)<br><br>2020: N/A<br><br>2021: N/A<br><br>2022: 141 students, 36%<br><br>2023: 130 students, 33% | 40% | PHN | Report comes out in the fall each year<br><br><br>33% | 1/2023<br>5/2023<br><br><br>8/2023<br>12/2023 |

# Appendix 2 (cont'd)

## A. Performance Management Tracking Log

## Reproductive Health: The Reproductive Health Program provides safe and effective contraceptive services to enable women and couples to achieve their family planning goals. The Reproductive Health Program provides affordable and confidential reproductive health care services to both women and men.

**Reproductive Health**

**Goal: Prevent and reduce sexually transmitted diseases and unplanned pregnancies.**

| Objective | Performance Measure | Data Source | Baseline | Target | Staff | Status | Date |
|---|---|---|---|---|---|---|---|
| Provide 7 unduplicated contacts for reproductive health services by 12/31/2023 | # of target population receiving services ages 14 -45 | G:/Programs and Services/ RH Log and/or RedCap | 2017:25% (Began RH Program 08/2017) 2018: 3 2019: 3 2020: 1 2021: 5 2022: 5 2023: 10 | 7 contacts | PHN | 72% 72% 100% 100% | 1/2023 5/2023 8/2023 12/2023 |
| | | | | | | | |
| | | | | | | | |

## Appendix 2

## A. Performance Management Tracking Log

## Environmental Health:  FCHD provides inspections and complaint follow-up to permitted facilities through a contract with DATCP.  The contract requires annual inspections per WI §.  The DNR contracts with FCHD for annual Transient Non-Community Well inspections and sanitary surveys which are required every five years.

**Environmental Health**

**Goal: Complete annual establishment inspection**

| Objective | Performance Measure | Data Source | Baseline | Target | Staff | Status | Date |
|---|---|---|---|---|---|---|---|
| Complete 100% of annual DATCP establishment inspections by 6/30/2023 | % of routine inspections completed | G:/ Programs and Services/ Inspections/YEAR Inspection Log | 2017/2018: 97% <br><br> 2018/2019: 100% <br><br> 2019/2020: 100% <br><br> 2020/2021: 100% <br><br> 2021-2022: 100% | 100% | EH staff | 48% <br><br> 78% <br><br> 100% <br><br> 100% | 1/2023 <br><br> 5/2023 <br><br> 8/2023 <br><br> 12/2023 |
| Complete 100% of  DNR TNC Well testing inspections by 12/30/2023 | % of scheduled inspections | G:/ Programs and Services/ Inspections/1. DNR Inspection Log | 2019: 39 (100%) <br><br> 2020: 40 (100%) <br><br> 2021: 38 (100%) <br><br> 2022: 37 (100%) <br><br> 2023: 37 (100%) | 100% | EH staff | 0% <br><br> 35% <br><br> 92% <br><br> 100% | 1/2023 <br><br> 5/2023 <br><br> 8/2023 <br><br> 12/2023 |
|  |  |  |  |  |  |  |  |

## Appendix 2

## A. Performance Management Tracking Log

## Community Health Improvement Plan: Comprehensive community assessment that identifies the public health needs of Florence County residents. CHIP is on-going with specific goals and objectives, established to improve the health of Florence County residents. The intent of the plan is to foster successful partnerships to improve the quality of life, health status and the environment of the community.

**Mental Health**

**Goal: Decrease in psychiatric hospitalizations and completed suicides**

| Objective | Performance | Data Source | Baseline | Target | Staff | Status | Date |
|---|---|---|---|---|---|---|---|
| Decrease % of poor mental health days from 4.4% to 3.4% by 12/31/2023. | % of individuals reporting poor mental health days | Community Health Rankings | 2021: 4.4%<br>2022: 4.5%<br>2023: 4.3% | 3.4% | All | N/A<br>4.3%<br>4.3%<br>4.3% | 1/2023<br>5/2023<br>8/2023<br>12/2023 |
| | | | | | | | |

## Appendix 2

## A. Performance Management Tracking Log

## Community Health Improvement Plan:  Comprehensive community assessment that identifies the public health needs of Florence County residents.  CHIP is on-going with specific goals and objectives, established to improve the health of Florence County residents.  The intent of the plan is to foster successful partnerships to improve the quality of life, health status and the environment of the community.

**Alcohol and Other Drug Use**

**Goal: Reduce use and abuse of alcohol and other drugs**

| Objective | Performance Measure | Data Source | Baseline | Target | Staff | Status | Date |
|---|---|---|---|---|---|---|---|
| Decrease excessive alcohol use* in Florence County from 27% to 26%, by 12/31/2023 (updated from AODA/MH Coalition Workplan) | % of FC adults that self-report excessive alcohol use | 2017 County Health Rankings/ Behavioral Risk Factor Surveillance System, (CDC) | 2019: 22% (WI 26) 2020:27(WI 27%) 2021:27% (WI 27%) 2022:26% (WI 25%) | 2017: 20% (readjusted to lower target) | LHO and Sheriff's Office | CHR is measured annually 27% | 5/2023 |
| Decrease % of Florence County youth reporting prescription drug use without a doctor's prescription from 25% to 20%, by 12/31/2023 (updated from AODA/MH Coalition Workplan) | % of FC high school students reporting prescription drug misuse | 2018 Wisconsin and local Youth Risk Behavior Survey YRBS conducted every 2 years as of 2019 | 2017: 11.2% (WI) 2018: 18% (WI) 2019: 8.9% 2021: 0% | 0% | PHN and School staff | N/A 0% Completed 2022-2023 school year, data to be released | 1/2023 5/2023 |
|  |  |  |  |  |  |  |  |

*Excessive alcohol use measures the percentage of a counties adult population that reports binge or heavy drinking in the past 30 days.  Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion.  Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day.

## 2019-2020 Tracking Changes to Plan

The Florence County Health Department Performance Management Plan is reviewed and updated regularly.  All changes to the Plan are reviewed by the Health Officer/Director and in coordination with program lead staff.

| Date | Description of Change | Page # | Made By: | Rationale |
|------|----------------------|--------|----------|-----------|
| 1/18/2023 | Dental program measure updated to reflect partnership with FQHC | Pg 25 | All Staff | New partnership |
| 1/18/2023 | Update to v2022 PHAB measure | Pg 17 | All Staff | New PHAB version for reaccreditation |
| 6/1/2023 | Updated the objective of adults smoking | Pg. 24 | All Staff | To align with County Health Rankings |
| 8/31/2023 | Staff reviewed, no changes made | | | |
| 12/1/2023 | Staff reviewed, no changes made | | | |
| | | | | |