



Operationalizing Performance Management in Health Departments

May 21, 2025 | 2-3 pm ET

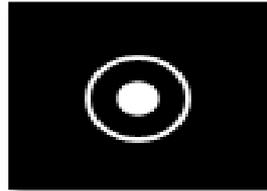
Introductions and Housekeeping



Closed Captioning
is enabled.



Drop your questions into
the Q&A.



Webinar is being
recorded.

Today's Speaker



Amanda McCarty, MS, MBA, MHA
The Public Health Foundation

Operationalizing Performance Management



Performance Management Model



At the core of all quality improvement and performance management activities is the use of data to drive decision making and monitor progress.

Quality Improvement & Performance Management are tools that, when used together, help to improve the value and impact of programs.

• Source: From Silos to Systems: Using Performance Management to Improve Public Health Systems – prepared by the Public Health Foundation for the Performance Management National Excellence Collaborative, 2003.

• Updated framework by the Public Health Foundation, 2013.

• Also PHF Website:
http://www.phf.org/focusareas/performance/Pages/Performance_Management.aspx

Performance Management System

- Performance Management:
Using performance information to help make better decisions.
- Performance Management System:
Using performance information on a regular basis as part of a **continually repeated cycle of performance monitoring, analysis, and improvement**, in which measured results are fed back into decision making to improve future performance.

Measurement Leads to Better Decision Making



The purpose of measuring is not only to know how your program is performing - but to enable it to perform better.



If you can get accurate performance measurement, the data you generate will tell you where you are, how you are doing and where you are going.

Performance Management Components



Goals

General umbrella statement, under which specific objectives can be clustered.



Objectives

Specific, measurable steps that can be taken to meet the goal.

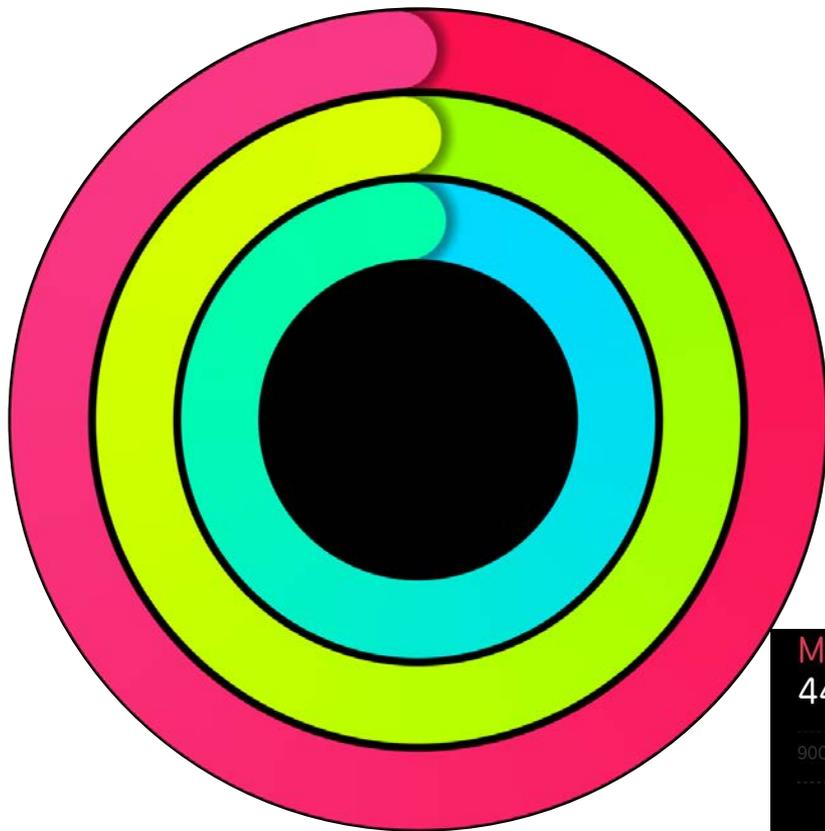


Measures/Indicators

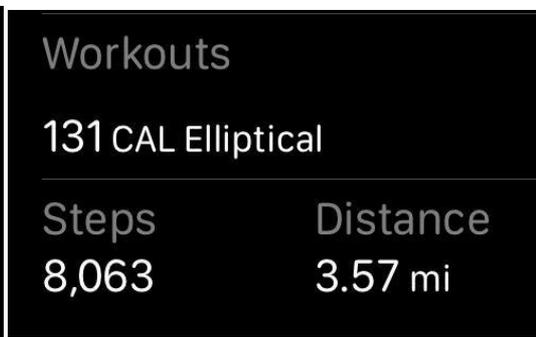
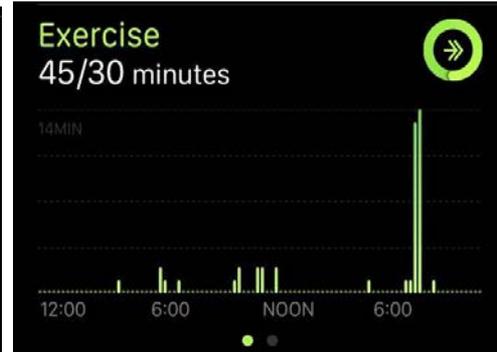
Clearly defined indicators for collecting data to assess achievement

Activities, strategies that are contributing to your objectives

Demonstrate progress

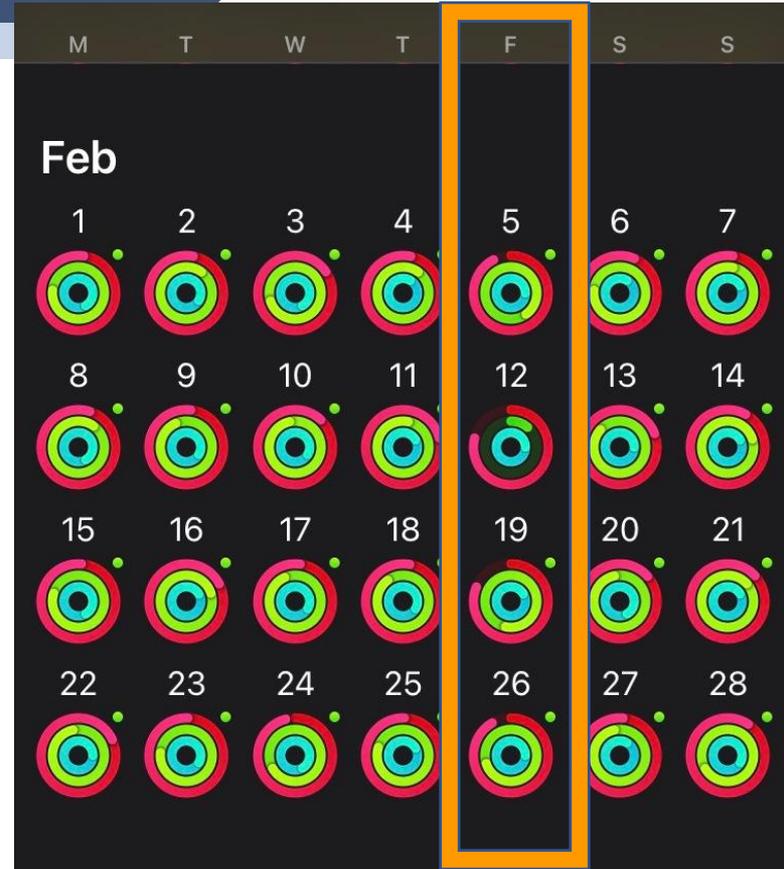


Using performance information to help make informed decisions

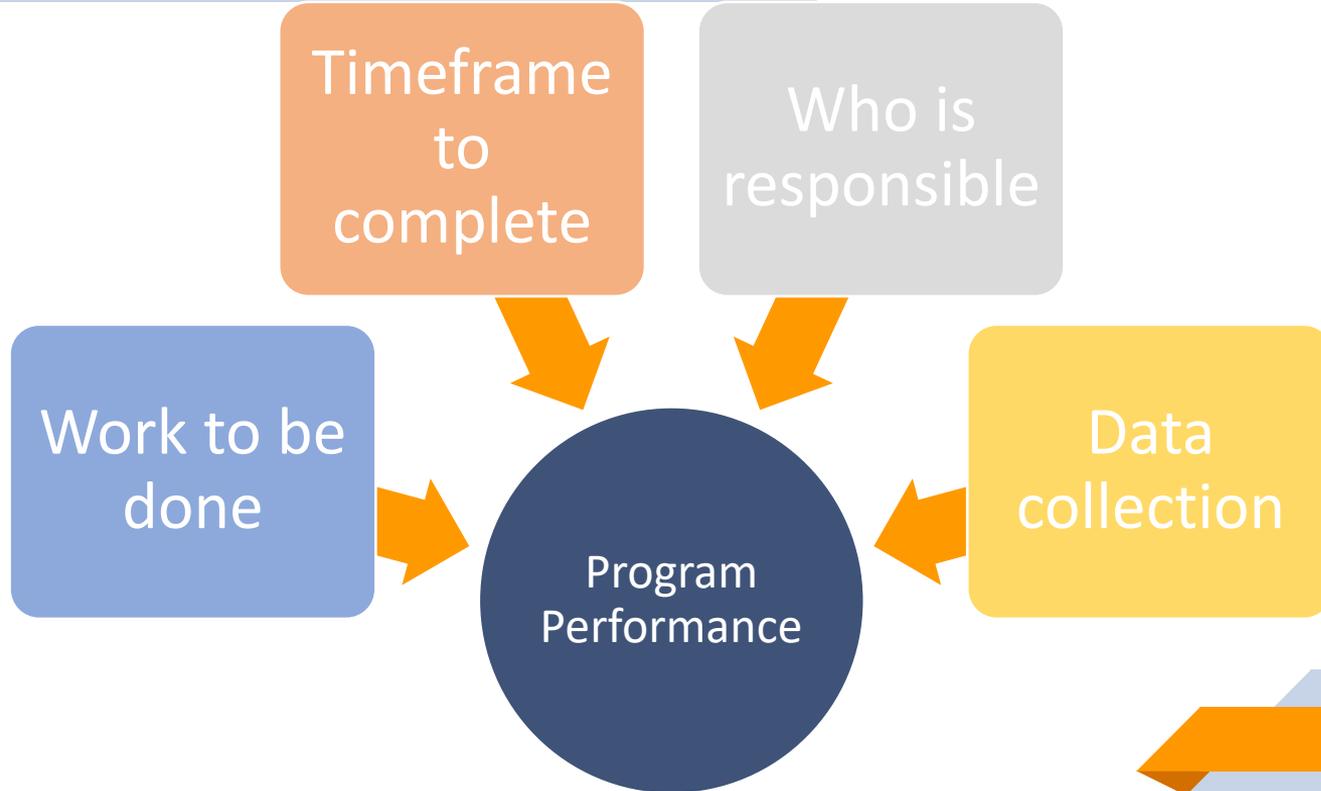


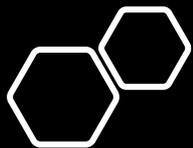
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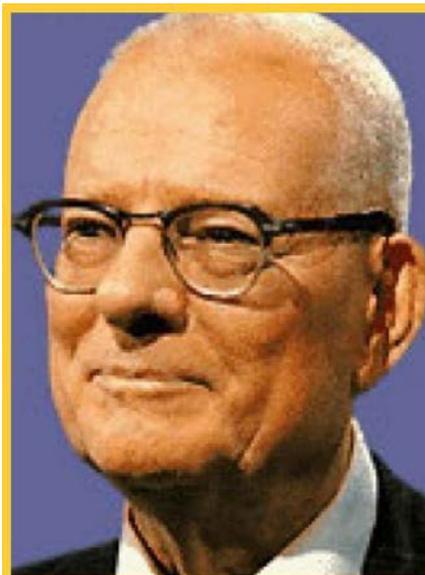


What information goes into planning for the PM System?





*Focus on
quality vs
quantity*



“



A bad system
will beat a
good person
every time.

W. Edwards Deming

Examples



Measuring Activities Instead of Outcomes



Example: Number of pamphlets distributed about smoking cessation.

Why it's weak: It doesn't tell us if behavior actually changed or if people even read the materials.

Examples



Counting Without Context



Example: Number of people tested for a disease.

Why it's weak: Without knowing the positivity rate, population size, or testing need, it's not very useful. More tests might not mean better surveillance.

Examples



Overly Broad or Vague Measures



Example: Improve community well-being

Why it's weak: What does this mean? Without clear definitions and measurable indicators, it's hard to track progress or impact.

Examples



Measuring What's Easy, Not What Matters



Example: Number of meetings held by a public health committee

Why it's weak: Meetings don't guarantee action, implementation, or results.

Examples



Redundant or Duplicative Metrics



Example: Measuring both “# of patients seen” & “# of appointments held” separately without added insight

Why it's weak: Redundancy without added value can clutter dashboards and distract from overall goals

Examples



Pure Process Metrics Without Outcomes



Example: Time it takes to process paperwork for vaccination reimbursement

Why it's weak: Doesn't necessarily link to health outcomes or even patient experience

Using Data to Action

Review

Frequent Review
of Data

Determine Who
Should Be
Reviewing

Identify
opportunities for
improvement

Develop QI
project, project
plan or plan for
improvement

Implement actions

Monitor progress

Evaluate outcomes

Review



Determine level of detail needed



Ensure that the data is reliable, meaningful, and actionable



Review of reports, grant reports, project progress

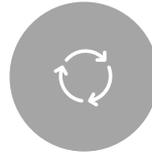


This step helps transform raw data into actionable insights

Frequent Review of Data



Set aside time for frequent review of data



Ensures the process is dynamic, adaptive, and effective



Regular reviews help catch new patterns or shifts in the data that could signal opportunities or threats early on



Ensure data quality remains high and help identify inconsistencies or errors



Stay informed, confident, and ready to take timely actions



Create structured routine, fostering a culture of transparency and accountability

People Involved in Data Review

Program team – the
group doing the
work

Senior leadership of
the program,
bureau or office
(decision makers)

Council/Committee

Subject matter
experts

Identify Opportunities for Improvement



GENERATE INSIGHTS
– FEEDBACK LOOP



ROOT CAUSE
ANALYSIS –
UNDERLYING ISSUES



CONTINUOUS
IMPROVEMENT



ALLOWS FOR
ADAPTATION TO
CHANGE

Develop a Plan for Improvement



Needs Assessment



Prioritization



Baseline
Measurement



Design of
Interventions

Implement Actions



PROJECT
IMPLEMENTATION PLAN



TESTING SOLUTIONS

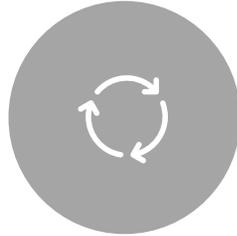


LEARNING AND
ADAPTATION

Monitor Progress



CRITICAL COMPONENT OF THE
"DATA TO ACTION"



EFFECTIVE MONITORING
TRANSFORMS THE "DATA TO
ACTION" PROCESS INTO A
DYNAMIC AND ITERATIVE
CYCLE, ENSURING
CONTINUOUS IMPROVEMENT
AND SUSTAINABLE
OUTCOMES.

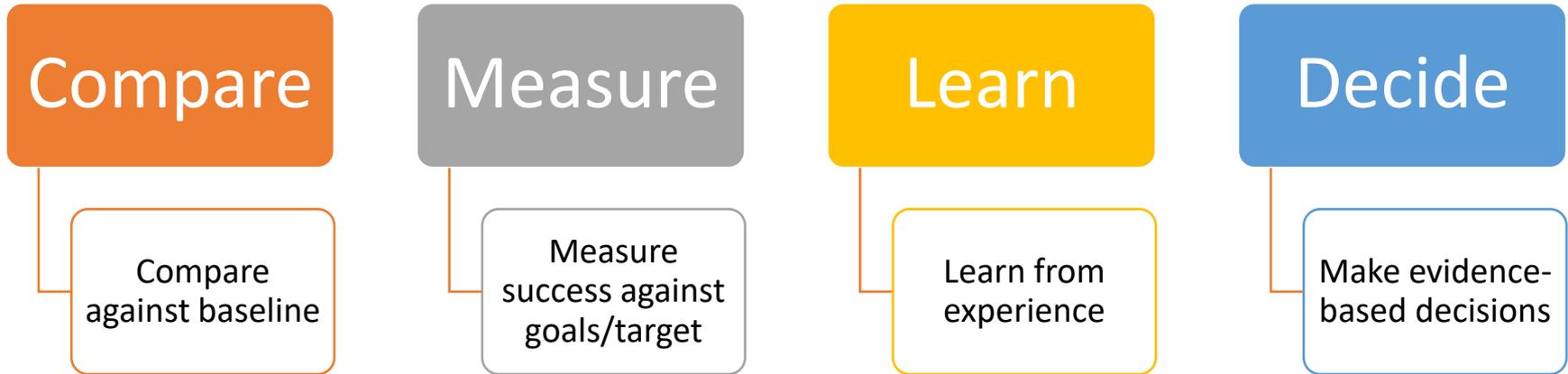


MEASURE EFFECTIVENESS



ALLOWS FOR TIMELY
ADJUSTMENTS

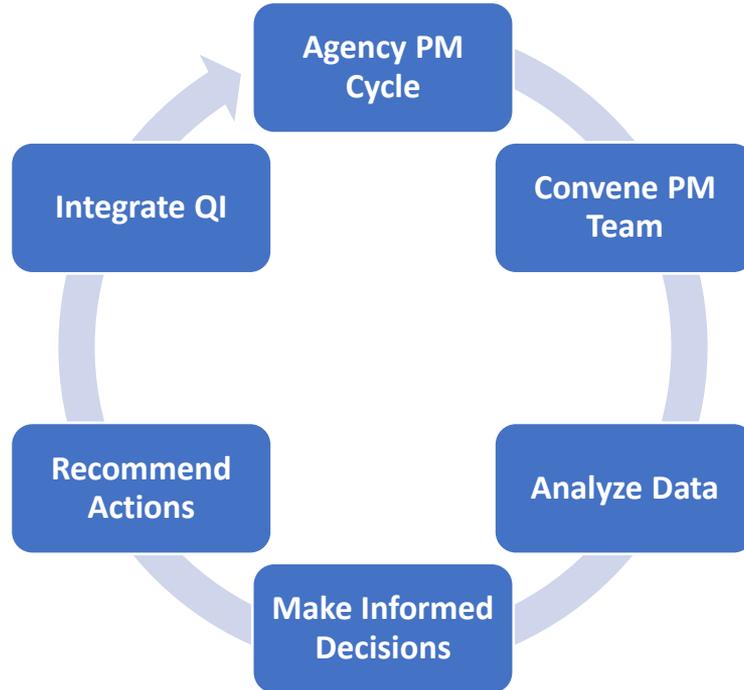
Evaluate Outcomes



Monitoring Dashboards



Agency Quarterly Performance Management Process



Operating Plan Goals, Objectives, & Measures for:	State Health Department		Accreditation		Trend Direction			Support & Documentation		
	Objectives & Performance Measures									
	Goal #:	Objective or Activity:	PHAB Domain	Previous Period	Current Period	Target	& No. Periods	Frequency	QI Plan	Notes
Improve EH outcomes and eliminate disparities	Measures:									
	% of eating establishments inspected at least 1x every 12 months		6	72%	68%	100%	1	quarterly		
	% of eating establishments that pass inspection		1	96%	95%	95%	1	quarterly		
	# of eating establishments the fail re-inspection after first failure		2	0.00	0.00	3.00	2	quarterly		
	Objective or Activity: Investigate and contain EH hazards									
	Measures:									
	# of confirmed new food borne illnesses per quarter		2	2.00	3.00	3.00	1	quarterly		
	# of qualified homes given a home lead testing kits per quarter		3	173.00	100.00	80.00	2	quarterly		
	0		0							
	Objective or Activity: 0									
Measures:										
0		0								

Directional Key

Holding at or near previously reported values

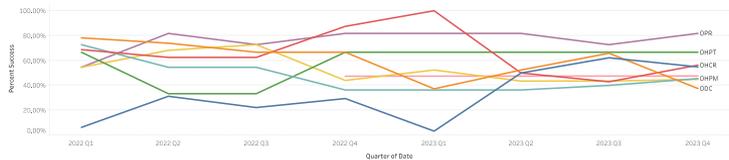
Current Period is moving in desired direction

Current Period is moving opposite of desired direction

Public Health Performance Management Indicators

Performance Measure	Previous Period	Current Period	Target Current Period	Trend Direction	Number of Periods	Frequency
COMMUNITY HEALTH OUTCOME Goals: Measures						
Percent of Medicaid women who smoke in the last three months of pregnancy		42%	39%	↑	1	Annually
Number of infant deaths due to SIDS/SUID		36	35	↑	1	Annually
Number of births to teenagers age 15-17		522	600	↓	1	Annually
Percent of third grade students with dental sealants		23%	32%	↓	1	Annually
COMMUNITY IMPLEMENTATION Objectives: Measures						
Number of women enrolled in quitline services	196	254	336	↑	4	Quarterly
Percentage of RFTS smoking clients enrolled in SCRIPT services		28%	35%	↓	1	Annually
Initiative: Develop a BPH communication plan for smoking during pregnancy		1	1	●	1	Annually
Number of WV Title I Elementary Schools with dental sealant programs	105	110	110	↑	4	Quarterly

Program Goal Success Rate - All Offices



Program Goal Success Rate by each Office

* Percentages of target data compared to actual data for each fiscal year that have been met.

CMHS



OHCR



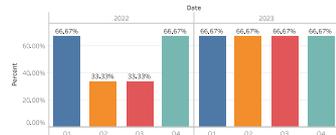
ODC



OHPM



OHPT



OPPS



OPR



OWH



Program Performance by Measure

Office
All

Office	Objectives	Measures	Date								Objectives All	
			2022				2023					
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
CMHS	Communities of Color Special At Risk Populations (COCSPP)	HIV Tests Administered	■	■	■	■	■	■	■	■	■	Result ■ Met ■ Not Met
		Number of HIV Referrals for screening	■	■	■	■	■	■	■	■	■	
		Number of individuals referred for HIV Treatment	■	■	■	■	■	■	■	■	■	
		Number of participants in Outreach and Awareness Events/Activities	■	■	■	■	■	■	■	■	■	
		Tested Positive for HIV	■	■	■	■	■	■	■	■	■	
	COVID Equity Program - Community Revitalization Grant	Total number of Coalition meetings					■	■	■	■	■	
		Total number of community coalitions					■	■	■	■	■	
		Total number of community partners						■	■	■	■	
		Total number of subgrantee coaching sessions (Individual/Group)					■	■	■	■	■	
		Total number of subgrantee community events						■	■	■	■	
	COVID Homeless Supports 2023	Total number of technical assistances to coalitions/partners									■	
		Total number of COVID-19 Home test distributed.					■	■	■	■	■	
		Total number of educational materials distributed.						■	■	■	■	
		Total number of educational sessions.						■	■	■	■	
		Total number of outreach events.						■	■	■	■	
	COVID Peer Educator Program 2023	Total number of protective equipment distributed.					■	■	■	■	■	
		Total number of referrals to COVID-19 treatment and wrap around s...					■	■	■	■	■	
		Total number of COVID-19 vaccine, testing, treatment referrals.					■	■	■	■	■	
		Total Number of educational sessions					■	■	■	■	■	
		Total number of referrals for wrap around services.					■	■	■	■	■	
COVID Peer Educator Program 2024	Total number of people educated.					■	■	■	■	■		
	Education Materials: Number of people reached							■	■	■		
	Education: Number of people referred for additional services							■	■	■		
	Outreach Events: Connections to vaccine							■	■	■		
	Outreach Events: Mobile testing: number and locations of events							■	■	■		
COVID-19 Migrant Workers Mobile Testing & Outbreak Response	Outreach Events: Number of COVID tests given							■	■	■		
	Quarantine and Isolation supports: Number of people served							■	■	■		
	Migrant Camp Response: Number of COVID-19 educational materials...							■	■	■		
	Migrant Camp Response: Number of people getting COVID test							■	■	■		
	Migrant Camp Response: Number of people vaccinated							■	■	■		
Hepatitis Prevention	Migrant Camp Response: Number of positive test results per event							■	■	■		
	Migrant Camp Response: Number of people referred for additional se...							■	■	■		
	Outreach Events: Mobile testing: number and locations of events							■	■	■		
	Number of Hepatitis B screenings administered	■	■	■	■	■	■	■	■	■		
	Number of individuals referred for screenings	■	■	■	■	■	■	■	■	■		
Increasing COVID-19 Outreach in Refugee, Immigrant & Migrant Populations - 23-2	Number of individuals referred for treatment	■	■	■	■	■	■	■	■	■		
	Number of participants in group outreach and education events	■	■	■	■	■	■	■	■	■		
	Number of attendees to COVID-19 educational/outreach events									■		
	Number of COVID-19 educational/outreach events have you hosted									■		
	Number of COVID-19 testing sites set up									■		
Minority AIDS Initiative AIDS Drug Assistance Program (MAI ADAP)	Number of COVID-19 vaccine sites set up									■		
	Number of individual tested									■		
	Number of individuals vaccinated									■		
	Amount of Federal Funds received	■	■	■	■	■	■	■	■	■		
	Number of HIV+ individuals re-enrolled into ADAP	■	■	■	■	■	■	■	■	■		
Pipeline Program - 2023	Number of individuals assisted via the online ADAP eligibility assess...	■	■	■	■	■	■	■	■	■		
	Number of New HIV+ individuals successfully enrolled into ADAP	■	■	■	■	■	■	■	■	■		
	Total number of educational sessions.					■	■	■	■	■		
	Total number of events/fieldtrips.					■	■	■	■	■		
	Total number of parent participants.					■	■	■	■	■		

Identifying Improvement Efforts



Options for Improvement

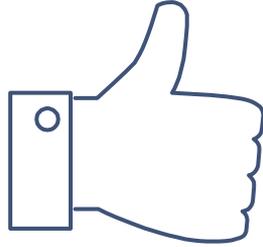
- Formal QI Projects
- Small programmatic tweaks to delivery
- Customer feedback
- Fostering ownership of problem solving

Group Discussion

1. What are supportive aspects that we have for monitoring performance?
2. What are action items that we can work on to begin to implement within our program or strategy area?

Importance of QI & PM in Public Health

- Guide proper monitoring and assessment of performance of our programs, services, initiatives, etc.
- Use findings to improve program activities
- Build organizational culture that focuses on continuous improvement – from leadership to core operations



THANKS!

Any questions?
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Evaluation

<https://bit.ly/3SFLOgc>



Questions: performanceimprovement@astho.org