



Canton City Public Health

800-034-04-A: EXAMPLE OF QUARTERLY AND 6-MONTH DASHBOARDS



Public Health
Protect. Promote. Prevent.
Canton City Public Health

Canton City Public Health - Performance of Organization Strategic Priorities 2020

Status Summary Dashboard for 3rd Quarter 2018 (as of September 30, 2018)
of select strategic priorities performance measures

| Strategic Priority Category | Division | Organizational Performance Measure | Unit of Measure | Where did we start? (Baseline) | Where do we want to go? (Goal) | Where should we be now? (Quarter Target) | Where are we now? (Quarter Metric/Status) |
|-----------------------------|----------|--|--------------------------------|--------------------------------|--------------------------------|--|---|
| Communicable | Nursing | 1.1 Successfully link new HIV cases to care in 90 days | % success | 69 | 85 | 73 | 60 below target |
| Chronic | EH | 1.1 Implement Tobacco 21 program in Canton (starts 09/01/18) | % of completion | 0 | 100 | 6.2 | 13 target achieved |
| Environmental | APC | 2.2 Decrease the # of backlogged air operating permits | # backlog permits | 29 | 0 | 20 | 19 target achieved |
| Environmental | EH | 1.1 Decrease % of critical food safety violations | % of critical | 11.1 | 10.0 | 10.6 | 10.1 target achieved |
| Environmental | Lab | 2.3 Implement Legionella water testing plan | % of completion | 0 | 100 | 83 | 72 below target |
| Maternal | Thrive | 1.1 Decrease infant mortality rate | # deaths per 1,000 live births | 9.0 | 6.0 | 7.8 | 6.9 target achieved |
| Maternal | WIC | 2.1 Decrease # of participants certified without current benefits | # of participants | 309 | 263 | 294 | 324 below target |
| Maternal | WIC | 2.2 Complete 25 WIC outreach activities per year | % of activities/yr completed | 0 | 100 | 100 | 120 target achieved |
| Access | Nursing | 1.1 Develop funding strategy for STI clinic services (starts 03/01/19) | % of completion | 0 | 100 | n/a | n/a not started |
| Foundational | Admin | 2.1 Implement electronic leave reporting | % of completion | 0 | 100 | 83 | 87 target achieved |
| Staff | Admin | 2.1 Implement strategy to address employee satisfaction survey results (starts 11/01/18) | % of completion | 0 | 100 | n/a | n/a not started |

Status Key:

Target Achieved = status metric equal to or better than quarter target (highlighted green);

Close to Target = status metric worse than quarter target, but within 10% of quarter target (highlighted yellow);

Abbreviations: n/a = not applicable % = percent # = number

Not Started = The start date for the Objective has not occurred yet (highlighted gray)

Below Target = status metric more than 10% worse than quarter target (highlighted red)

Date Reported: 10/18/2018



Canton City Public Health - Performance of Organization Strategic Priorities 2020
Status Summary Dashboard for 6-month period ending September 30, 2018
of all strategic priority performance measures

| Strategic Priority | | Division / Committee | What is the Status? |
|--------------------|---|----------------------|------------------------------|
| Category | Objective | | |
| Communicable | Goal 1. Reduce the risk of bloodborne pathogen infection in the community | | |
| | Objective 1.1. 85% of newly identified HIV cases are linked to care within 90 days of diagnosis. | Nursing | below target |
| | Objective 1.2. Implement a risk reduction program to decrease the number of new Hepatitis C infections in the community by 5% by 2020 | Nursing | target achieved |
| Communicable | Goal 2. Decrease the prevalence of STI infections in the community. | | |
| | Objective 2.1. Decrease the rate of Chlamydia infections in Canton city by 5% by 2020 by effectively treating CCPH cases within 60 days. | Nursing | below target |
| | Objective 2.2. Increase the amount of educational outreach programs in the community by 10% by 2020. Baseline is one program quarterly. | Nursing | target achieved |
| Communicable | Goal 3. Increase the number of children immunized in Canton City | | |
| | Objective 3.1. Children between the ages of 0 and 35 months of age receiving vaccinations at the health department will have their vaccination record accessed, caregiver will receive education, and receive recommended vaccinations (as permitted by caregiver). | Nursing | target achieved |
| Chronic | Goal 1. Increase access to healthier lifestyle choices in the community | | |
| | Objective 1.1. Decrease the incidence of youth initiation of smoking by 5% by the year 2020 through implementation of T 21 program in Canton. | Admin / EH | target achieved |
| | Objective 1.2. Increase the number of tobacco free outdoor areas by 3 by the year 2020. | Admin | Not started |
| | Objective 1.3. Increase the access to fresh food choices in identified community food deserts by 2 by 2020. | Admin | Not started |
| Chronic | Goal 2. Decrease the rate of unintentional injuries. | | |
| | Objective 2.1. Decrease the rate of animal bites in Canton by 10% by 2020 | EH | target achieved |
| Environmental | Goal 1. Increase compliance with environmental health laws and rules | | |
| | Objective 1.1. Decrease the percentage of critical food safety violations divided by total violations (RFE/FSO) by a total of 10% by 2019 and another 10% (totalling 20%) by 2020. | EH | target achieved |
| | Objective 1.2. Decrease the number of open burning violations in Stark County by 10% by 2020. | APC | target achieved |
| Environmental | Goal 2. Keep community informed of environmental laws and rules | | |
| | Objective 2.1. Increase public access to APC/EH enforcement information including summaries of complaints and enforcement actions | APC / EH | close to target |
| | Objective 2.2. To keep APC permitted facilities informed, process 100% of APC renewal operating permits that are backlogged by 2020. | APC | target achieved |
| | Objective 2.3. Develop Legionella water testing plan by 3/31/2019 42-91-2016. | Lab | below target |
| Maternal | Goal 1. Decrease the rate of infant mortality and disparities in birth outcomes in Stark County. | | |
| | Objective 1.1. By 2020, the overall infant mortality rate in Stark County will decrease to less than 6 infant deaths per 1,000 live births. | THRIVE | target achieved |
| | Objective 1.2. By 2020, decrease by more than 50% the disparity between black and white infant mortality rates | THRIVE | target achieved |
| | Objective 1.3. By 2020, reduce the number of preterm births to less than 9.4% of all live births. | THRIVE | target achieved |
| Maternal | Goal 2. Promote WIC services throughout Stark County to increase total WIC caseload by 2%. | | |
| | Objective 2.1. Decrease the # of participants certified without current benefits by at least 15% for Canton WIC. | WIC | below target |
| | Objective 2.2. Accomplish 25 outreach activities completed by staff each fiscal year for Canton WIC | WIC | target achieved |
| Access | Goal 1. Increase use of billable clinic services. | | |
| | Objective 1.1. By October 1, 2019 analyze funding for STI clinic and provide written recommendations to Health Commissioner. | Admin / Nursing | Not started |
| Access | Goal 2. Improve access to transportation services. | | |
| | Objective 2.1. Partner with at least one program providing transportation services to individuals needing transportation for preventative medical care. | THRIVE | target achieved |
| Foundational | Goal 1. Increase marketing of the department and its services. | | |
| | Objective 1.1. Publish articles about the health department in print and online media of general circulation and/or conduct local radio show at least four times each year starting in 2018. | EH / CCPH-wide | Objective completed for 2018 |
| | Objective 1.2. Health department staff attend at least four neighborhood association meetings each calendar year. | EH / CCPH-wide | Not started |
| | Objective 1.3. Implement a comprehensive department communication plan that includes a branding policy and use guidelines by 9/1/2018. | Admin / Domain 3 | Objective completed |
| | Objective 1.4. Sponsor at least one community event (like a food collection day) for staff participation each year starting by 12/31/2017. | Admin | Objective completed for 2018 |



| Strategic Priority | | | Division / Committee | What is the Status? |
|--------------------|---|--|----------------------|--|
| Category | Goal | Objective | | |
| Foundational | Goal 2. Increase use of fiscal services and tools provided by the City of Canton. | | | |
| | | Objective 2.1. Implement paperless leave and reporting system by 12/31/2018. | Admin / CCPH-wide | target achieved |
| | | Objective 2.2. Implement time and activity reporting module in Kronos system to replace current T&E system within 90 days of Auditor making system available. | Admin / CCPH-wide | target achieved |
| Foundational | Goal 3. Improve information sharing for internal staff use on department's community partnerships | | | |
| | | Objective 3.1. Complete inventory of community partnerships that health department staff are participating in. | Admin / Domain 4 | Objective completed |
| | | Objective 3.2. Create an agency-wide database or list of community partnerships and relevant contact information by October 1, 2018. | Admin / Domain 4 | Deleted since duplicate of objective 3.1 |
| Foundational | Goal 4. Foster a "Culture of Quality" in the department | | | |
| | | Objective 4.1. Fully implement the department quality improvement plan by October 1, 2017 | QI | Objective complete |
| | | Objective 4.2. Highlight at least two quality improvement projects at annual all staff meeting. | QI | below target for 2018 |
| Foundational | Goal 5. Provide high quality and relevant internal staff communication | | | |
| | | Objective 5.1. Implement a department intranet by March 31, 2018 December 31, 2018. | Admin / IT | close to target |
| | | Objective 5.2. Hold at least 1 all staff meetings each calendar year. | CCPH-wide | target achieved |
| | | Objective 5.3. Each division will hold at least one full or partial staff development day each calendar year starting on January 1, 2018. | CCPH-wide | below target for 2018 |
| | | Objective 5.4. Health Commissioner will post at least 2 "all staff" communications each month starting on July 1, 2017. | Admin | below target for 2018 |
| Foundational | Goal 6. Effectively utilize technology services within the department | | | |
| | | Objective 6.1. Utilize Office 365 services by July 31, 2018 | CCPH-wide | Objective complete |
| | | Objective 6.2. Fully catalog and document databases in use in department. | Admin / IT | Objective complete |
| Foundational | Goal 7. Provide excellent customer service. | | | |
| | | Objective 7.1. All staff will complete at least one staff training related to customer service (as approved by their supervisor) every two years. | CCPH-wide | Not started |
| | | Objective 7.2. Convert all microfiche birth and death records to PDF so they are faster to retrieve for customer requests. Completed by 6/30/2020. | Vital Statistics | target achieved |
| Foundational | Goal 8. Provide a facility that can better serve the public and enhance work environment for staff. | | | |
| | | Objective 8.1. Implement a schedule for regular staff safety drills (fire, active shooter, severe weather) by August 1, 2018 December 31, 2019 | Admin / Safety | Not started |
| | | Objective 8.2. Assure that all staff have basic situational awareness training by January 1, 2020. | Admin | Not started |
| | | Objective 8.3. Improve the external and internal signage for the department, by August 31, 2018. | Admin / Domain 3 | Objective complete |
| | | Objective 8.4. Provide paint updates to most areas of department and update the floor carpet by December 31, 2018 | Admin | target achieved |
| | | Objective 8.5. Remodel WIC and clinic areas to be more efficient and safe for clients by June 30, 2020 | Admin | not started |
| Staff | Goal 1. Streamline training and development programs for employees. | | | |
| | | Objective 1.1. Develop a new hire training guide by December 31, 2020 (in line with WFD Plan) | Admin / WFD | not started |
| | | Objective 1.2. Document a plan for staff training to include required and optional training modules by January 31, 2020 (in line with WFD Plan) | Admin / WFD | not started |
| | | Objective 1.3. Complete at least 90% of annual staff performance reviews within 30 days of the employee's anniversary date. | CCPH-wide | not started |
| | | Objective 1.4. 85% of all staff will have a written individual development plan documented in their annual evaluation by June 30, 2018 December 31, 2019. | CCPH-wide | target achieved |
| Staff | Goal 2. Promote staff morale. | | | |
| | | Objective 2.1. Complete a comprehensive staff satisfaction survey at least once every 3 years starting in 2018 and implement strategy to address results. | Admin / WFD | not started |
| | | Objective 2.2. Implement a policy to complete staff exit interviews by June 30, 2019 | Admin / WFD | not started |

Status Key:

- Target Achieved = objective metric equal to or better than intermediate period (semester) target (highlighted green)
- Close to Target = objective metric worse than intermediate period (semester) target, but within 10% of intermediate period (semester) target and not worse than baseline (highlighted yellow)
- Below Target = objective metric more than 10% worse than intermediate period (semester) target (highlighted red)
- Objective Complete = Objective has been successfully completed (highlighted green)
- Not Started = The start date for the Objective has not occurred yet (highlighted gray)
- Light Blue highlighting is for objectives that are also organizational performance measures

Date Reported: 10/19/2018