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## **POLICY AND PROCEDURE**

SUBJECT/TITLE:	Organizational Strategic and Performance Management System
APPLICABILITY:	All Staff, Board of Health
CONTACT PERSON & DIVISION:	Performance Improvement and Accreditation Coordinator
ORIGINAL DATE ADOPTED:	11/7/2018
LATEST EFFECTIVE DATE:	10/1/2025
REVIEW FREQUENCY:	5 years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	800-034-P

### **A. PURPOSE**

Performance Management (PM) compares actual results with planned goals, while Quality Improvement (QI) aims to enhance effectiveness and efficiency. Together, they create a culture of organizational learning through continuous data monitoring and analysis. The consistent use of PM and QI supports ongoing staff development and systemic improvement.

### **B. POLICY**

The Performance Management System monitors, reports, and aligns organizational performance standards with the Community Health Improvement Plan (CHIP). The PM Committee, designated by CCPH leadership, is responsible for driving PM efforts, offering technical support, and reporting. The committee meets quarterly to review progress, and PM training is included in staff orientation.

### **C. BACKGROUND**

CCPH follows the Turning Point Framework and Results Based Accountability to structure and guide performance management efforts. These frameworks support a comprehensive, data-driven approach to improve public health outcomes.

### **D. GLOSSARY OF TERMS**

**Action plan:** A detailed plan consisting of action steps, timeframes, responsible parties, and success measures for each strategic goal.

**Clear Impact:** A software platform (including Scorecard) that supports performance tracking and transparency using Results-Based Accountability (RBA).

**Dashboard:** The summary of data that is a visual display of the data that communicates progress and gaps visually in the Clear Impact software system.

**Division Leadership Team (DLT) and members:** The Division Leader positions make up the Division Leadership Team along with the Health Commissioner, as well as other positions designated by the Health Commissioner.

**Goal:** A broad, qualitative statement describing a desired future condition or outcome.

**Indicator:** A measurable value that helps quantify the achievement of a result. Indicators are data points that help measure progress towards a result. For example, if the result is "Children are ready for school," an indicator might be the percentage of children entering kindergarten prepared.

**Objective:** A measurable, time-bound outcome supporting a goal.

**Performance Management:** The practice of actively using performance data to improve the public's health. It involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.

**Performance Measure:** These are specific metrics used to evaluate the effectiveness of programs and organizations in delivering on their stated goals and improving the lives of those they serve.

**Performance standard:** Objective standards or guidelines that are used to assess an organization's performance. May be set based on national, state, local, or scientific guidelines; by benchmarking against similar organizations; based on the public's or leaders' expectations; or other methods. Specific examples include: Healthy People 2020, Grant or contract requirements, regulation requirements, PHAB requirements, SHA/SHIP, CHA/CHIP, and Strategic Priorities. *[PHF Turning Point Model]*

**Result/Outcome:** A condition of well-being for a population, stated in plain language. RBA focuses on measurable outcomes for entire populations, such as "Children are born healthy" or "Everyone in the community is safe". These are stated in plain language to be easily understood by the public.

**Results Based Accountability:** A framework that helps organizations and communities improve their impact by focusing on measurable outcomes and using data to drive decision-making. It's a structured approach that helps organizations clearly define what they want to achieve (results), track progress towards those goals (indicators), and use that data to make improvements.

**Strategy:** A specific initiative or action designed to influence an indicator and achieve results.

**Target:** A desired number or level related to a performance measure. Targets are the performance objectives an organization is striving to reach.

**Turning Point Framework:** The framework includes visible leadership, performance standards, performance measurement, reporting progress, and quality improvement as its main components. This framework aims to integrate these practices into the organization's core operations to achieve long-term benefits and uphold a culture of performance excellence.

## **E. STANDARD OPERATING GUIDELINES**

### **1. STRATEGIC PLANNING**

- A. Canton City Public Health (CCPH) will develop an organizational strategic plan, as needed. This plan will be used to manage the various program activities of the organization.
- B. At least 9 months prior to the CCPH Strategic Plan expiration, a Strategic Planning Workgroup will be established by the Health Commissioner, or their designee. The workgroup will be comprised of at least one member from each division and at least one member from each level of the organization. The Division Leadership Team (DLT) will decide the final membership to the workgroup.
- C. The Strategic Planning Workgroup is responsible for the development of the draft organizational strategic plan using the following guidelines:
  - The Strategic Planning Workgroup will follow the guidelines in the resource *"Developing a Local Health Department Strategic Plan: A How-To Guide"* from National Association of County and City Health Officials (NACCHO) for this effort.



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- As part of this effort, the workgroup will develop, revise, or retain the organization's Mission, Vision, and Values (MVV) statements. The goal is to have the MVV be representative of the organization's role and purpose in the community, the organization's future view, and the organization's guiding principles.
  - Conduct a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis.
  - Review relevant performance standards (e.g., SHA, SHIP, CHA, CHIP).
  - Identify and vote on strategic priorities.
  - Engage stakeholders through surveys or focus groups, with special attention to community diversity.
  - Gather CCPH staff input.
- D. The workgroup will complete the draft organization strategic plan, following the strategic plan structure listed below, and submit it to the DLT for review.

## **2. STRATEGIC PLAN STRUCTURE, APPROVAL, AND REVISION**

- A. The strategic plan will contain the following elements.
- i. A listing of the organizational mission, vision, and values.
  - ii. A narrative of the organization's risk (SWOT) analysis.
  - iii. A listing of the organizational priorities, by priority area, that includes relevant, strategies, goals and objectives with measurable and time-framed targets.
  - iv. Description of how the organizational strategic plan links with the most current SHIP, CHIP, relevant PHAB (Public Health Accreditation Board) standards, and other relevant planning documents in the community (as needed).
  - v. A communication plan for the Strategic Plan.
  - vi. An evaluation plan for the Strategic Plan.
    - 1) Note that all goals and objectives within the strategic plan will be tracked using the Performance Monitoring Plan as described later in this document.
  - vii. Appendices will be added as needed, these might include:
    - 1) List of individuals (with organizations and titles) that participated in the planning process.
    - 2) Summary or overview of the planning process, including the dates of all meetings, and the duration of the planning process.
    - 3) Description of the method of review by community stakeholders.
    - 4) Description of the various steps in the planning process (SWOT analysis, environmental scan, stakeholder analysis, and other steps).
    - 5) Summary of major revisions to the plan.
    - 6) Description, summary or overview of the strategic plan action plan with measurable and time-framed targets
- B. The DLT will review the draft organization strategic plan developed by the strategic planning workgroup. The DLT may suggest revisions to assure alignment with relevant performance standards and available data, while retaining the intent of the priorities that were originally drafted. The updated organization strategic plan will be submitted to the Board of Health (BOH) for final approval.
- C. The BOH will review and approve the organization strategic plan, requesting any revisions it deems necessary. Once the plan receives approval from the BOH, the plan is considered final.

- D. The final strategic plan will be available in Clear Impact. The Performance Improvement and Accreditation Coordinator is responsible to add this information to Clear Impact.

### 3. STRATEGIC PLAN ACTION PLAN

- A. Once the organizational strategic plan is approved, the responsible division develops the action plan for each strategic priority goal (aka Result) and objective (aka Indicator or Performance Measure) listed in the plan.
- B. The action plan consists of individual action steps (e.g. activities, tactics, etc.), the timeframe for completion of each action step, the responsibility for each action step, the measure of success (e.g. the measure to know the step has been achieved) for each action step, and the measure of success for the overall strategic priority objective and goal.
- i. The development of the measures should meet the guidelines established in section E.5.B of this document.
- C. Each performance measure is assigned to a DLT member to develop the action plan.
- D. The action plan is documented within the performance measure or Indicator in Clear Impact.

### 4. PERFORMANCE MANAGEMENT SYSTEM STRUCTURE AND FRAMEWORK

- A. Canton City Public Health utilizes the Turning Point Public Health Performance Management System (Public Health Foundation, 2015) (see Figure 1)

**PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM**



Figure 1: Turning Point Public Health Performance Management System (Public Health Foundation, 2015)

- i. From the turning point framework:
- i. **Visible Leadership:** The commitment of senior management (e.g. division leaders and Health Commissioner) to a culture of quality that aligns performance management practices with the organization's mission, regularly takes into account customer feedback, and enables transparency about performance between leadership and staff.



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- ii. **Performance standards:** Establishment of organizational or system performance standards, targets and goals and relevant indicators to improve public health practice.
  - iii. **Performance Measurement:** Development, application, and use of performance measures to assess achievement of performance standards.
  - iv. **Reporting Progress:** Documentation and reporting of progress in meeting standards and targets and sharing such information through appropriate feedback channels.
  - v. **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, measures, and reports.
    - Quality improvement is an important component of performance management. This performance management policy will work in conjunction with the organization's Quality Improvement Plan (800-015-P) to achieve performance standards and measures and create quality initiatives when improvement needs are identified.
- D. DLT serves as the performance management team and is responsible for implementing and overseeing the performance management system at CCPH.
- a. Meetings are defined in 6.C.

## **5. PERFORMANCE GOALS, OBJECTIVES, AND MEASURES**

- A. The Canton City Public Health performance management system defines its organizational performance standards as the strategic priority goals and objectives listed in the most recent strategic plan. Program performance standards (also known as Division Dashboards) are also part of the CCPH PM system.
- B. Organization level goals, objectives, and measures are jointly developed by leadership and the Strategic Planning Committee. Program (also known as Division Dashboards) level goals, objectives, and measures are developed by program/division leaders responsible for the program.
  - i. Organization and Program goals and objectives should be:
    - Based on performance standards from national, state, local, scientific, regulation, grant/contract standards, expectations or requirements. Also, can include benchmarking against similar organizations.
    - Aligned with the current organizational strategic plan.
    - Meaningful to program activities and staff.
    - Framed as a "SMART" objective or goal. (specific, measurable, actionable, relevant, time-bound)
  - ii. Performance measure selection should be guided by the following:
    - Data for the measure should be quantifiable (able to be expressed as a numeric value) and easily available.
    - Data should be reliable, in that we are confident in the accuracy of the data and that it measures what is intended to measure.
    - The measure should clearly tie to the objective or goal that it is intended to influence, reflecting how well the program is working toward its priorities or achieving the intended outcome.
    - The measure should provide useful feedback to improve processes.
- A. Program goals, objectives, and measures are included in Clear Impact.

## **6. COLLECTION, ANALYSIS, MONITORING, AND REPORTING OF PERFORMANCE DATA**



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- A. Data will be collected from the sources identified during the development of the objectives by the Strategic Planning committee, leadership team or program staff. Program managers, or their designee, are responsible for the entry of data into the performance monitoring system (aka Clear Impact).
- B. Data entry must be completed by the end of the calendar month, following the end of the reporting period.
- C. Progress toward achievement of the strategic priority goals and objectives is assessed by the PM Committee during its quarterly review.
  - i. The committee will meet quarterly, following data entry and prior to the BOH meeting.
  - ii. The committee will identify items of interest for the BOH report.
  - iii. A summary report of the PM system will then be provided to the Board of Health (BOH) during their monthly meeting in the month following the data entry.
  - iv. An emailed report will be provided to all staff following the BOH meeting.
- D. Program managers are responsible for monitoring progress toward goals on division scorecards.
  - i. Program managers will report items of interest to the board of health.

## **7. INTEGRATION WITH THE QUALITY IMPROVEMENT PLAN**

- A. While monitoring the progress of the plan, the PM Committee, or program managers, may see that a performance measure has not been successfully implemented or that it is failing to meet the objectives. These measures will be referred to the Quality Improvement Committee as a potential QI project.

## **8. DESCRIPTION OF PERFORMANCE MONITORING PLAN**

- A. The performance monitoring plan is housed in the Clear Impact system (clearimpact.com).
  - i. Clear Impact uses a Result Based Accountability framework, as outlined in the definitions.

## **9. ROLES AND RESPONSIBILITIES**

Everyone at Canton City Public Health has a critical role to play in performance management. Specific roles and responsibilities include:

<b>Role</b>	<b>Responsibilities</b>
All Staff	<ul style="list-style-type: none"><li>• Develop a basic understanding of performance management and quality improvement through participation in training and staff meetings.</li><li>• Participate with leadership by providing input in the development of relevant performance metrics and strategic priorities.</li><li>• Contribute input to the development, monitoring, and evaluation of the performance management system, as necessary.</li></ul>
Health Commissioner	<ul style="list-style-type: none"><li>• Promote a culture of quality within the organization.</li><li>• Report on performance management and quality improvement activities to the Board of Health, City of Canton administration and leadership, and the community.</li><li>• Assure that relevant performance measures are developed, monitored, and analyzed for the organization.</li><li>• Allocate resources for performance management and quality improvement and training activities.</li></ul>



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Role	Responsibilities
Performance Improvement and Accreditation Coordinator	<ul style="list-style-type: none"><li>• Administration of the Clear Impact system</li><li>• Facilitate quarterly Performance Management Committee meetings</li><li>• Preparation of the performance status reports for the BOH based on the recommendations of the Performance Management Committee.</li><li>• Serve as technical expert to provide technical assistance in updating the system and development of performance measures and data collection plans.</li><li>• Facilitate the development of the department's strategic plan, priorities, indicators and performance measures.</li><li>• Reports performance management and strategic plan progress to staff</li></ul>
Division Leadership Team (DLT)	<ul style="list-style-type: none"><li>• Participate in setting the vision and direction for the organization for strategic planning, performance management and quality improvement activities.</li><li>• Oversee maintenance of data in the performance management system.</li><li>• Serve on the Performance Management Committee to evaluate the performance management system and implement changes as necessary.</li><li>• Identifies quality improvement (QI) project needs based on performance management results and strategic plan implementation and submits QI project ideas to the QI Committee.</li><li>• Collect, analyze, and evaluate performance data</li></ul>
Board of Health	<ul style="list-style-type: none"><li>• Receive regular reports on the performance of the organization.</li><li>• Support the organization's efforts for performance management and quality improvement by assuring accountability for established performance metrics.</li><li>• Contribute to the monitoring of the performance management system.</li><li>• Make recommendations for areas of focus from an outside community perspective</li></ul>

## 10. COMMUNICATION

- A. Regular reports will be provided to the BOH and to staff at all levels, as defined in sections 6.C.iii – 6.C.iv and 6.D.i

## 11. PERFORMANCE MANAGEMENT TRAINING

- A. New staff will receive an introduction to Results Based Accountability and Clear Impact at quarterly orientation trainings hosted by the Workforce Development Team.
- i. The Performance Improvement and Accreditation Coordinator will be responsible for this portion of the orientation.
- B. Additional training files are available in the Performance and Quality Improvement SharePoint

## F. CITATIONS & REFERENCES

- *“Developing a Local Health Department Strategic Plan: A How-To Guide”* from National Association of County and City Health Officials (NACCHO)
- 800-015-P Quality Improvement Plan





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## **G. CONTRIBUTORS**

The following staff contributed to the authorship of this document:

1. Robert Knight, Performance Improvement and Accreditation Coordinator

## **H. APPENDICIES & ATTACHMENTS**

None

## **I. REFERENCE FORMS**

None

## **J. REVISION & REVIEW HISTORY**

Revision Date	Review Date	Author	Notes
August 12, 2025	August 12, 2025	Robert Knight	Changed from spreadsheet system to Clear Impact

## **K. APPROVAL**

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.