



Symbols Key

GOALS			
	All Targets Met, Score on indicators increasing		Not All Targets Met, Score on indicators increasing
	All Targets Met, Score on indicators equal to last quarter		Not All Targets Met, Score on indicators equal to last quarter
	All Targets Met, Score on indicators decreasing		Not All Targets Met, Score on indicators decreasing

STRATEGIES		
	On Target	> half of scheduled actions completed or in progress
	Caution	≤ half of scheduled actions completed or in progress
	Off Target	> half of scheduled actions not started or behind schedule
	No Information	≥ half of actions with no information or > half of actions not scheduled to begin yet

ACTION / ACTIVITIES	
	Completed
	In Progress
	Not Started / Behind Schedule
	No Information

INDICATORS / MEASURES			
	Target Met, Trend in Right Direction	Score=6	No Information
	Target Met, No Trend	Score=5	Not Yet Defined
	Target Met, Trend in Wrong Direction	Score=4	
	Target Not Met, Trend in Right Direction	Score=3	
	Target Not Met, No Trend	Score=2	
	Target Not Met, Trend in Wrong Direction	Score=1	

Goals, Indicators, Strategies Summary

Strategic Plan



Goal	Indicator	Strategy
GOAL 1: Strengthen IDPH's infrastructure of core services to promote and protect the health of Iowans in accordance with Healthy Iowans, Iowa's state health improvement plan.	% of employees that know the IDPH vision (Employee Survey)	Strategy 1: Identify and communicate needs related to sustaining core services.
	% of employees that know the IDPH mission (Employee Survey)	Strategy 2: Review programs and services to align with changes in the health delivery system.
	% of employees that know how their work fits into the IDPH plan (Employee Survey)	Strategy 3: Seek and align funding to support core services.
	% of programs that have been evaluated for alignment with changes in the health delivery system	
	% of programs that have assessed state, federal, and other investments in code-required activities.	
GOAL 2: Invest in the right people with the right skills to promote & protect the health of Iowans.	% of employees that feel "IDPH has the right people with the right skills to do its work" (emp. survey)	Strategy 1: Enable supervisors to better evaluate and manage performance.
	% of supervisors that find the performance plan useful	Strategy 2: Assess and document future skill set needs to identify and reduce gaps.
	% of programs for which a list of needed job skills/competencies is documented	
	% of job skill sets identified that are filled (out of needed skill sets that are identified in Objective 2)	
GOAL 3: Improve the ability to manage, analyze, and act on data to improve operations and health outcomes.	% of Blueprint activities with a schedule for implementation	Integrate IT projects to leverage resources for updating IT technology to better manage data.
	% of core services with dashboard metrics that can show measureable improvement	Strategy 1: Identify/develop a framework, policies, and processes for a department-wide data management program (Data Management Blueprint). Strategy 2: Identify and implement metrics to improve operations and health outcomes.
GOAL 4: Cultivate an organizational culture of Lean/quality improvement.	% of employees that respond (+) to "We have good processes for doing our work" (employee survey)	Strategy 1: Identify/develop a framework, policies, and processes for a department wide QI program.
	% of employees that respond (+) to 'I have influence in improving my work processes' (employee survey)	
	% of IDPH staff who have had exposure to QI in the last year	Strategy 2: Conduct department-wide QI activities.
	% of IDPH staff with QI in their performance plans	



GOAL 1: Strengthen IDPH's infrastructure of core services to promote & protect the health of Iowans, in accordance with Healthy Iowans

Strategic Plan



Home



Scorecard



Strategies



Indicators

Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
<p>Strategy 1: Identify and communicate needs related to sustaining core services.</p> <p>↑</p>	<p>✔ Distribute Strategic Operational Plan to staff.</p>	Gerd Clabaugh	7/1/13	7/25/13	Completed.
	<p>✔ Develop an elevator speech which can be the basis for communications to achieve this strategy.</p>		8/1/13	9/3/13	Completed.
	<p>ⓘ Action 1: Communicate with staff and stakeholders about the IDPH strategic plan (annual revisions).</p>		8/1/14	6/30/16	Strategic Plan and Strategic Plan Status Report are published on the Intranet and Internet (http://www.idph.state.ia.us/do/default.asp). New employees are invited to a series of department orientation sessions. The IDPH strategic plan and goals are discussed during session two. Division-Specific Activities: Administration and Professional Licensure discussed in April staff meeting.
	<p>ⓘ Action 3: Communicate with staff and stakeholders about IDPH needs and priorities.</p>		8/1/14	6/30/16	No department-wide activities reported. Division-Specific Activities: Discussed during Tobacco Division's CDC site visit in May. Shared what the priorities were and plans to get to them.
<p>Strategy 2: Review programs and services to align with changes in the health delivery system.</p> <p>↑</p>	<p>ⓘ Action 2: Complete additional actuarial studies with IDPH programs.</p>	Gerd Clabaugh & Kathy Stone	8/1/14	6/30/16	<p>IDPH's initial actuarial study of the impact of the Affordable Care Act (ACA) on IDPH-supported direct healthcare services has been completed. Entitled "Iowa Department of Public Health Affordable Care Act Impact Study", the report received in October 2014 projects potential changes in demand for 4 IDPH programs from 2014 through 2017, based on modeled enrollment of the programs' historical service recipients in new ACA health plans. While the transition to these new health plans includes multiple complex considerations, at IDPH's direction, the Milliman actuarial firm focused its analysis in 3 areas: covered populations, covered benefits, and provider networks. In summary, the final report projected the following:</p> <ol style="list-style-type: none"> 1. Overall demand for IDPH-funded Substance Abuse Treatment is projected to decrease in 2014 and then remain level through 2017, with IDPH responsible for 19% of outpatient treatment services and all residential treatment. 2. Demand for Home Care Aide and Nursing services will not change, primarily because the covered population is generally aged 65 and older and therefore not eligible for ACA enrollment and because of current waiting lists for such services. 3. Demand for Tobacco Quitline and related cessation services is projected to increase as such services are not currently available in new health plans. 4. Demand for Cervical Cancer Screening and other preventative services is projected to decrease as historically eligible women become enrolled in new health plans. <p>IDPH will use this initial analysis as well as actual 2014-2017 utilization data to inform program planning and expenditures. The report has been shared with the State Board of Health, key stakeholders, and IDPH staff. IDPH is now working with Milliman on similar analysis of 4 more direct healthcare service programs: Chlamydia Testing and Ryan White Program, Oral Health Sealant Dental Services, Title V Home Visiting, and Title X Family Planning. Plan is to complete analyses by 6/30/15.</p> <p>IDPH received a draft report and conference calls have been held between the programs and the contractor. We expect to have a final report by the end of June.</p>



Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis	
 Strategy 3: Seek and align funding to support core services.	 Action 5: Encourage & support flexibility in how IDPH uses funds & educate stakeholders on why flexibility is necessary.	A5: Gerd Clabaugh & Deborah Thompson A6: Ken Sharp & Brenda Dobson A7: Ken Sharp A4: Marcia Spangler	7/1/13	6/30/16	<p>Division-Specific Activities:</p> <p>HPCDP Division: There are a series of earmarks for the Iowa Collaborative Safety Net Network that is administered by the Iowa Primary Care Association (IPCA). In years past there have been a total of 10 paragraphs related to the initiative in the annual Health and Human Services Appropriations Bill. Nine of these paragraphs were specific earmarks to grantees – the last one was a directive. The funding passes through IDPH to IPCA for continuation of these contracts with their grantees and previously resulted in at least 30 subcontracts.</p> <p>This year, IDPH approached IPCA to ask them to reduce these earmarks for FY 2016. The number of pass through funding earmarks was reduced from 9 to 6. The total number of paragraphs was only reduced by one however because of some additional reporting requirements that IPCA will have to fulfill. We're hoping this will decrease the number of subcontracts though. At the very least, IPCA will now have more flexibility in who the recipients of the funding will be.</p> <p>ADPER/EH Division: 2015 Legislature approved reallocation of chronic conditions funding dedicated to cancer screening and shifted \$200K in funding to support EMS for 2 FTE, plus a P/T medical director position.</p> <p>During 2015 legislative session, ADPER/EH committed to initiating additional rule changes in the Private Water Well grants to counties program that will allow for easier reallocation of those dollars from under-performing grantees to high-performing grantees to ensure better utilization of grant funds.</p> <p>Tobacco Division: This has been a conversation for the last few months within the tobacco contracts. We need to use the funds accurately, but we have been flexible and open to effective, new ideas.</p>	
	 Action 6: Identify & implement additional funding strategies that align with and support core services.			7/1/13	6/30/16	<p>No department-wide activities reported.</p> <p>Division-Specific Activities:</p> <p>During planning for 2016 legislative session, ADPER/EH Division identified CADE (Epi & IDSS), and IRIS as high-priority programs eligible for reallocation of state resources. Justification is the need for state resources to support foundational public health programs, rather than reliance upon uncertain federal grant dollars. Decisions regarding any reallocation of funds will be made in partnership with Department Director and ETeam.</p>
	 Review and document use of indirect funds. (2014)			6/1/14	6/30/14	Executive Team review and allocation for FY2015 completed.
	 Review and document use of indirect funds. (2015)			4/1/15	6/30/15	<p>Discussion occurred at ET Meeting on 05.05.15 and 06.15.15.</p> <p>ETeam approved establishment of MA 3 and PP2 to support department data management and an additional FTE to assist with accounts payable functions.</p> <p>Executive Team review and allocation for FY2016 completed.</p>
	 Action 7: Assess state, federal, and other investments in code-required activities.			7/1/15	6/30/16	Not started yet. Will begin in Third Quarter.
	 Action 4: Review and document use of indirect funds. (2016)			4/1/16	6/30/16	Not scheduled to begin until 2016.

GOAL 2: Invest in the right people with the right skills to promote & protect the health of Iowans

Strategic Plan



Home



Scorecard



Strategies



Indicators

Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
<p>Strategy 1: Enable supervisors to better evaluate and manage performance.</p>	<p> Action 1: Use a Performance Evaluation QI Team to recommend strategies to improve the IDPH performance plan and evaluation process.</p>	<p>Kathy Stone, Brenda Dobson, & Jerilyn Oshel</p>	8/1/13	6/30/16	<p>Performance Evaluation QI team has continued work. Post survey of management staff was completed in April. Management survey results were reviewed during the May meeting along with metrics regarding percentage of evaluations and percentage of evaluations done with 30 days of due date. Results and future suggestions will be provided to E-team during July 6th meeting and to Bureau Chiefs at their subsequent meeting.</p> <p>The team discussed additional ways for management to share and discuss evaluation best practices. The team would like to facilitate an open discussion with managers about best practices related to use of the evaluation tool and strategies for conducting the meeting with employees. The October Bureau Chiefs meeting was tentatively identified as a possibility.</p>
	<p> Action 2: Assess options related to organizational structure, use of roles, and managing span of control.</p>		10/1/14	6/30/16	<p>No department-wide activities reported.</p> <p>Division-Specific Activities: With new staff joining the Tobacco Division, we have had several conversations about the roles of staff to ensure we are utilizing everyone's strengths.</p>
	<p> Action 3: Conduct customized performance management trainings for supervisors.</p>		7/1/15	6/30/16	<p>In process. Will be addressed by the Performance Plan QI Team.</p> <p>Training on revised performance plan tools has been completed for all bureaus.</p>
<p>Strategy 2: Assess and document future skill set needs to identify and reduce gaps.</p>	<p> Action 1: Determine an assessment process and assess needed and existing skills.</p>	<p>Brenda Dobson & Kathy Stone</p>	3/1/14	8/1/15	<p>A draft workforce skills assessment (WSA) has been developed incorporating the PHAB Domain 8 accreditation requirements. The WSA questions were adapted from the Council on Linkage's Core Competencies and from examining other state and local WSA's. The questions have been formatted in a Survey Monkey tool. The current draft has been beta tested with support staff, the data group Community of Practice, and the Planning Services Bureau.</p> <p>The WSA process and justification for need will be presented at the July Bureau Chief meeting. Moving forward the goal is to do some additional beta testing in August, promote the survey in September, and give the survey to all IDPH employees in October.</p>
	<p> Action 2: Create a workforce plan to direct hiring, development, retention, and succession planning actions to close gaps between current and future skill sets.</p>		8/1/15	6/30/16	<p>In process. A subcommittee has been meeting on PHAB Standards, Domain 8. Workforce plans from other state public health agencies along with past IDPH plans have been gathered. One of the first steps will be to do the workforce assessment. A crosswalk of six other state workforce plans, the 2011 IDPH Workforce Development Plan and the PHAB Domain 8 accreditation requirements for workforce development plans has been completed. Additionally, a workforce development plan toolkit promoted by ASTHO has been reviewed. The results of the workforce skills assessment, targeted to be completed in October, 2015, will be used to help guide the train development and implementation which will be outlined in the workforce development plan.</p> <p>Division-Specific Activities: Dept Director and ADPER/EH DD have initiated discussions regarding the need for contingency planning for the State PH Medical Director position.</p>



GOAL 3: Improve the ability to manage, analyze, & act on data to improve operations & health outcomes

Strategic Plan



Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
Integrate IT projects to leverage resources for updating IT technology to better manage data.	Establish a regular agenda item for Executive Team & Bureau Chiefs meetings to improve the connection between IT projects.	Gerd Clabaugh	7/1/13	7/1/13	Completed. Listed on each Executive Team agenda and IDPH Bureau Chiefs Quarterly meeting as standing item effective 7/1/13.
Strategy 1: Identify/develop a framework, policies, and processes for a department-wide data management program (Data Management Blueprint).	Action 1: Identify and implement best-practices in managing data (e.g., from other states and organizations).	Ken Sharp	7/1/14	6/30/16	Using the Preventive Health & Health Services Block Grant, IDPH contracted with the U of Iowa to conduct an evaluation of data management at IDPH and other large public and private entities. The Data Management Work Group is guiding this process. A mid-term report was provided in May 2015. The U of I will be holding a SWOT analysis in July with IDPH staff. A final report is expected in August 2015. ETeam approved the establishment and indirect funding for an MA3 and a PP2 position to support the Data Management Program Manager position. This will fill permanent, full-time positions that were previously covered by P/T, temporary positions; allowing for greater sustainability of data management needs for IDPH.
	Action 2: Identify existing and future barriers to managing and analyzing data.		11/1/14	9/1/15	The Data Management Work Group is working to evaluate current and potential health impacts of IDPH data and key data stakeholders. They are also assisting the external contractor in understanding IDPH's current structures for data management, resourcing, and data processes to help create better informed recommendations for an IDPH data management structure. To address the 5-year goals for the tracking portal, the Tracking Portal Administration Team has been working to develop a current, maintenance, and ideal budget for the tracking portal. This budget will be presented to the E-Team to provide a status report and discuss next steps and to determine the funding, staff, and other resource needs to achieve these goals as well as existing opportunities and challenges. IDPH secured \$100,000 through the PHHS block grant to create a comprehensive data dictionary register. The Data Management Program is drafting a Data Sharing Agreement Policy to support data governance and support improved ability to manage and analyze data both internally and externally.
	Action 3: Identify and document the risks/benefits of centralized data collection, management, and reporting.		11/1/14	6/30/16	IDPH has requested \$500,000 from the Technology Reinvestment Fund to engage an external entity who is familiar with government operations to determine the optimal number of data systems required to support IDPH functions most efficiently. This request has been included in IDPH's legislative appropriations request. IDPH was not granted the \$500,000 for the external review.
Strategy 2: Identify and implement metrics to improve operations and health outcomes.	Action 4: Develop an IDPH core services dashboard.	Ken Sharp	10/1/14	6/30/16	In concert with Goal 4, Action 3: Four out of 5 Division Directors have each been given a Performance Plan goal to begin the department QI/PM process. APL has developed an Executive Dashboard and is reviewing KPIs (key performance indicators) quarterly to monitor progress. ADPER & EH is in the planning stages of their Executive Dashboard. HPCDP and Tobacco have been introduced to the process and have tentative plans to begin later summer/fall.



GOAL 4: Cultivate an organizational culture of quality improvement (QI)

Strategic Plan



Home



Scorecard



Strategies

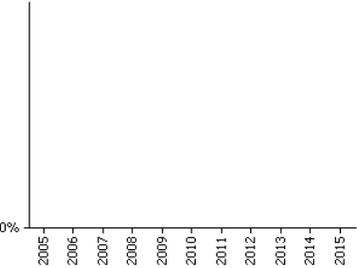
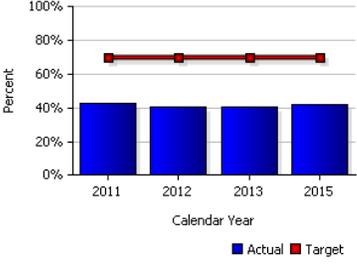
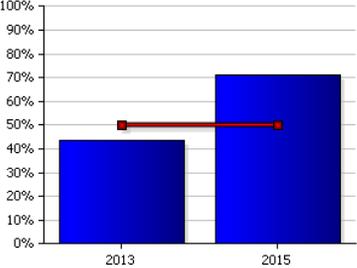
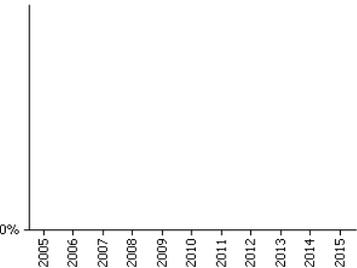


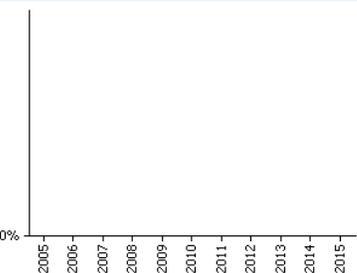
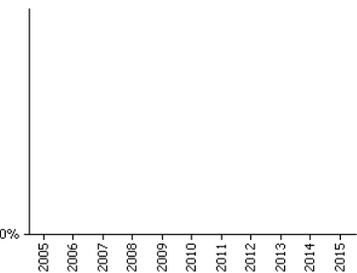
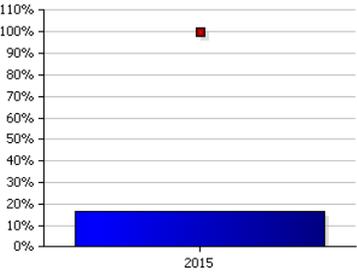
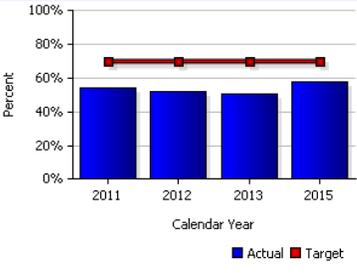
Indicators

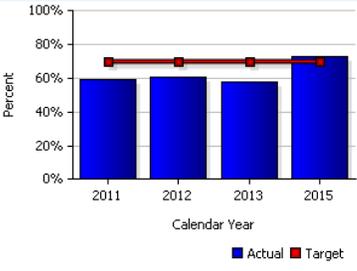
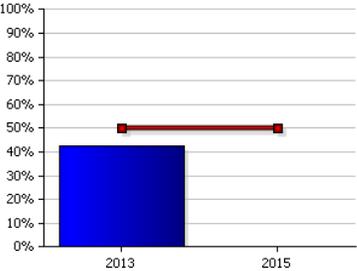
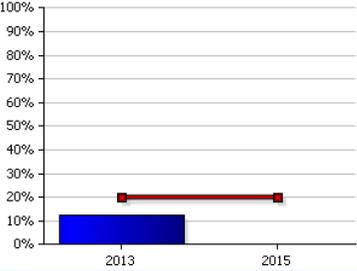
Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
Strategy 1: Identify/develop a framework, policies, and processes for a department wide QI program.	Action 2: Identify/develop a framework for a department wide QI program.	Gerd Clabaugh	4/1/15	6/30/16	Reviewing PHAB accredited health departments' QI plans for best practices. PHAB Domain 9 accreditation prep timeline submitted to management for consideration. Division-Specific Activities: ADPER/EH Division planning July retreat to establish a division-wide strategic plan (focused on enhanced communications with key stakeholders) that includes 1-3 priority goals per bureau for FY16 – FY18 period. Each bureau is working on goal identification, and establishing measures for tracking purposes. The strategic plan, goals, and progress toward measures will be used to establish a communication strategy with Division stakeholders.
	Action 1: Assess resource needs for implementing a QI program.		1/1/16	6/30/16	Reviewing PHAB accredited health departments' QI plans for best practices. PHAB Domain 9 accreditation prep timeline submitted to management for consideration.
Strategy 2: Conduct department-wide QI activities.	Action 3: Include QI goals/activities in division directors' and bureau chiefs' performance plans.	Gerd Clabaugh	11/1/14	6/30/15	In process. 4 out of 5 Division Directors have been given a Performance Plan goal to begin the department QI/PM process. Formal plans have not been made to add to BC performance plans. Division-Specific Activities: Each ADPER/EH bureau chief is working to establish a QI initiative for 1-3 priorities, with these priorities incorporated into the work plan for each chief. Added to Bureau of Health Statistics evaluation plan (06.16.15 – 06.15.16).
	Action 4: Identify and apply criteria for conducting department-wide QI projects.		7/1/15	6/30/16	No formal discussions for QI projects have taken place yet. Action is dependent on previous action steps being completed. Quality Improvement classes are offered to all staff and publicized on the IDPH in-house training calendar. For 2015, the following classes are scheduled: <ul style="list-style-type: none"> • <i>QI Basics:</i> 3/12/15 (held) and 8/4/15 • <i>QI Intermediate:</i> 6/9/15 and 10/13/15 • <i>QI Practice Workshop:</i> 7/7/15 and 12/1/15 Division-Specific Activities: QI project identified and planning has begun for a project in Professional Licensure bureau.



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<p>◆ GOAL 4: Cultivate an organizational culture of Lean/quality improvement.</p>	<p>◆ % of employees that respond (+) to "We have good processes for doing our work" (employee survey)</p>	 <table border="1"> <caption>Data for Employee Survey</caption> <thead> <tr> <th>Year</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>55%</td> <td>70%</td> </tr> <tr> <td>2012</td> <td>52%</td> <td>70%</td> </tr> <tr> <td>2013</td> <td>50%</td> <td>70%</td> </tr> <tr> <td>2015</td> <td>58%</td> <td>70%</td> </tr> </tbody> </table>	Year	Actual	Target	2011	55%	70%	2012	52%	70%	2013	50%	70%	2015	58%	70%
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Goals	Indicator	Charts															
	<p> % of employees that respond (+) to 'I have influence in improving my work processes' (employee survey)</p>	 <table border="1"> <caption>Employee Survey Influence Data</caption> <thead> <tr> <th>Calendar Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>60</td> <td>70</td> </tr> <tr> <td>2012</td> <td>60</td> <td>70</td> </tr> <tr> <td>2013</td> <td>60</td> <td>70</td> </tr> <tr> <td>2015</td> <td>70</td> <td>70</td> </tr> </tbody> </table>	Calendar Year	Actual (%)	Target (%)	2011	60	70	2012	60	70	2013	60	70	2015	70	70
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	<p> % of IDPH staff who have had exposure to QI in the last year</p>	 <table border="1"> <caption>IDPH Staff Exposure to QI Data</caption> <thead> <tr> <th>Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>45</td> <td>50</td> </tr> <tr> <td>2015</td> <td>50</td> <td>50</td> </tr> </tbody> </table>	Year	Actual (%)	Target (%)	2013	45	50	2015	50	50						
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	<p> % of IDPH staff with QI in their performance plans</p>	 <table border="1"> <caption>IDPH Staff with QI in Performance Plans Data</caption> <thead> <tr> <th>Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>15</td> <td>20</td> </tr> <tr> <td>2015</td> <td>20</td> <td>20</td> </tr> </tbody> </table>	Year	Actual (%)	Target (%)	2013	15	20	2015	20	20						
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