



Driving Accountability and Impact through Strategic Alignment, Data Systems, and Collaboration

Examples and Insights from the Field



SHAPING TOMORROW'S PUBLIC HEALTH TODAY.

Today's Session

- A. Welcome and Overview
- B. Examples and Insights from the Field: Illinois, Iowa, Kansas, Pennsylvania
- C. Panelist Q&A and Discussion
- D. Closing and Next Session

Panel Presenters



Marisa Roseberry

Iowa Department of
Health and Human
Services



Traci Addington

Kansas Department of
Health and Environment



Melody Hazard

Kansas Department of
Health and Environment



Noah Franklin


Illinois Department of
Public Health



Anthony Filippini

Pennsylvania
Department of Health

Iowa Department of Health and Human Services



A Plan for Plans: A PHIG-Fueled Approach to Strategic Alignment in Action

Marisa Roseberry

Performance and Operations

August 21, 2025



Health and
Human Services

Goals for today

- ▶ Understand the steps needed to create a process to create actionable plans
- ▶ Identify communication strategies for leadership and staff buy-in on aligning plans
- ▶ Provide take aways you can use to align your own planning work

State of Plans at HHS

- ▶ **Missed opportunities** for connecting with the work of other plans
- ▶ **Duplication of work** when teams and partners aren't at the table or are representing work at multiple tables
- ▶ **No guidance** or process for how to develop, monitor, or report on an HHS plan
- ▶ **Plans are inconsistent** with the use of language and formatting
- ▶ **No inventory** of HHS plans and strategies exists



Example: Alzheimer's and Related Dementias in Iowa State Strategic Plan

Recommended Actions:

- ▶ **Station one dementia care specialist at each of the six Area Agencies on Aging in Iowa** who can provide screenings and referrals to local and state resources.
- ▶ **Encourage health systems to make use of the CPT billing code** for dementia care planning (99490) and to engage with local at-home caregivers and care partners regarding resources, risk assessment and prevention efforts.
- ▶ **Require a review and update of this strategic plan** by a coalition convened by the ADRD Program at least every three years. Publish and distribute yearly progress updates on plan implementation.
- ▶ **Identify, increase support and raise awareness for networks, providers, systems and agencies** equipped to carry out dementia-related services for underserved populations.
- ▶ **Convene decision-makers, care providers, health systems, physicians etc. for a capacity-building summit** relating to aging and dementia. Topics could include future preparedness for ADRD, reviewing and updating existing dementia-related systems and increasing interdisciplinary collaboration.
- ▶ **Focus on building partnerships for informal, at-home caregivers** and care partners with resources in their communities through use of passionate and trusted sources of local information.
- ▶ **Increase funding, training and awareness of Adult Day programs and respite care services** in areas that lack these resources in order to decrease caregiver and care partner burden, burnout, preventable hospitalizations and higher healthcare costs.

- Contains 'recommended actions' so it is unclear what actions HHS (or its partners) is taking
- Unclear when actions will be completed
- Unclear who will be responsible for the actions
- No measures of success included for accountability

What We Did

- ▶ Collaboration with PHIG funded team members leading planning, performance management, systems development, and the state health assessment and improvement plan
 - Identified ideal state
 - Established process
 - Aligned timelines for HHS guiding plans
 - Developed communication plan

What do we mean by “plans and strategies”

Work that
shapes the
strategic
direction of Iowa
HHS as an
agency

This may be a
request to
develop a
strategic plan

It may be an
assessment of a
topic area of
focus or interest
connected to an
agency priority

When does Performance and Operations get involved?



A plan is requested by the HHS Director.



A plan is required by legislation.



A plan will be published on the HHS website.

What types of plans don't go through this process?

- ▶ Program workplans
 - A block grant
 - A competitive or continuation grant application
- ▶ Plans that are for internal use only
- ▶ Project plans
 - IT systems plans
 - Infrastructure plans
 - Legislative and other implementation plans

How Performance and Operations Helps



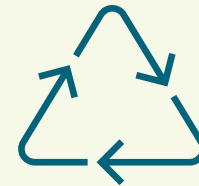
Ensures consistency in language, look and feel of plans produced by HHS



Provides facilitation support so teams can be subject matter experts and participate fully



Builds connections and handoffs with External Relations, Transformation and other teams

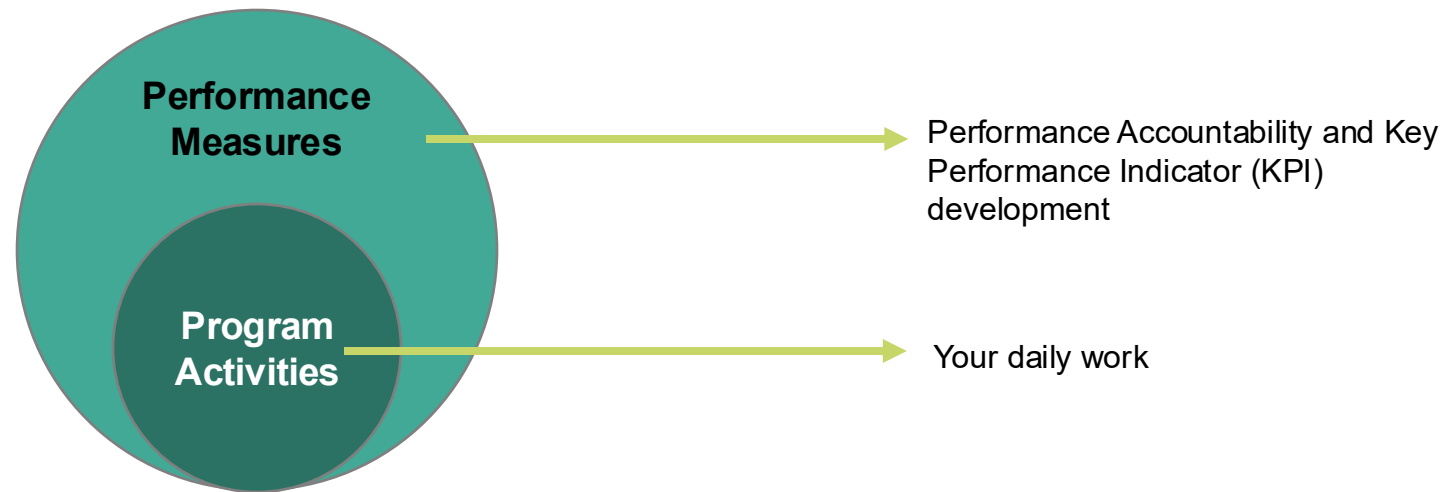


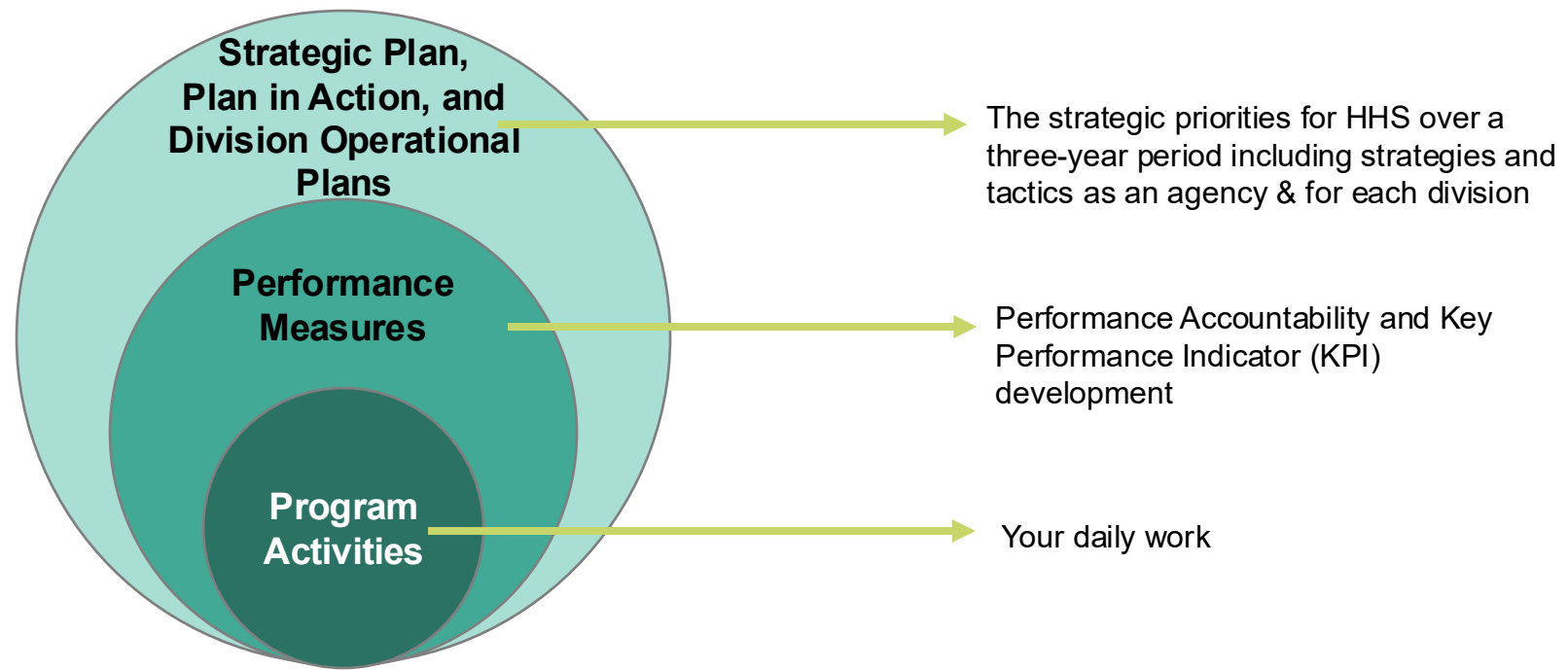
Reduces waste and duplication across plans of similar topic areas

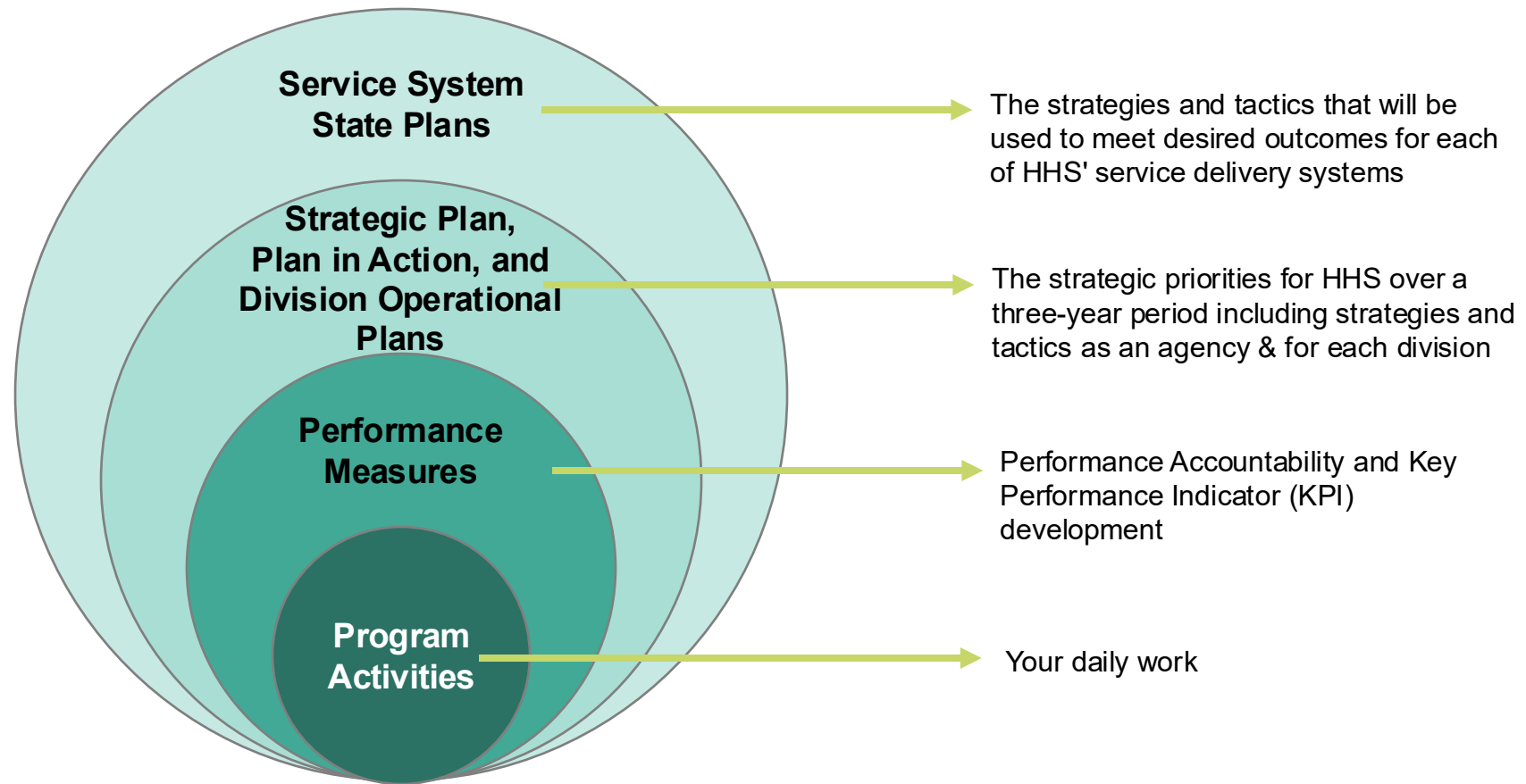
Performance plans

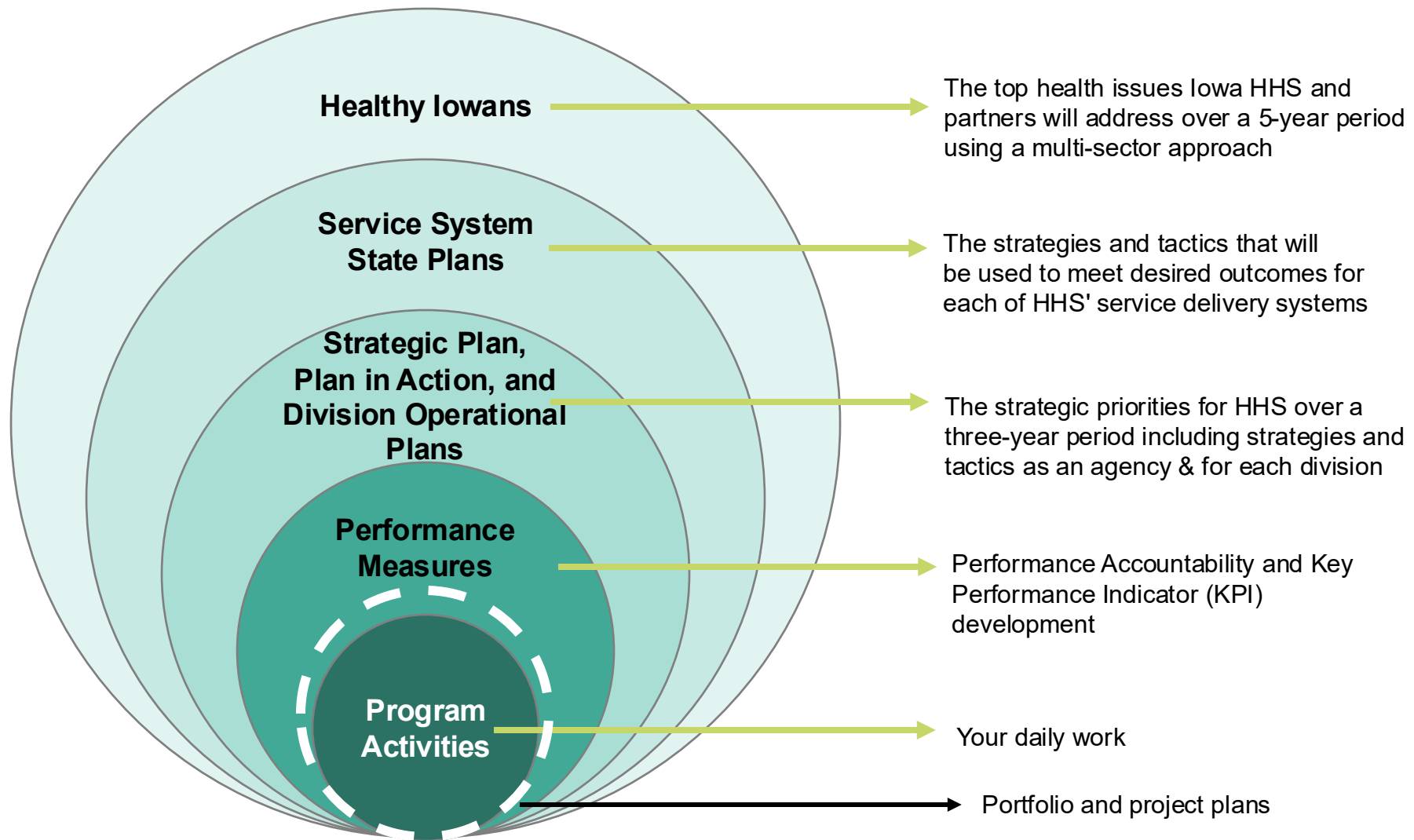
The planning backbone for HHS







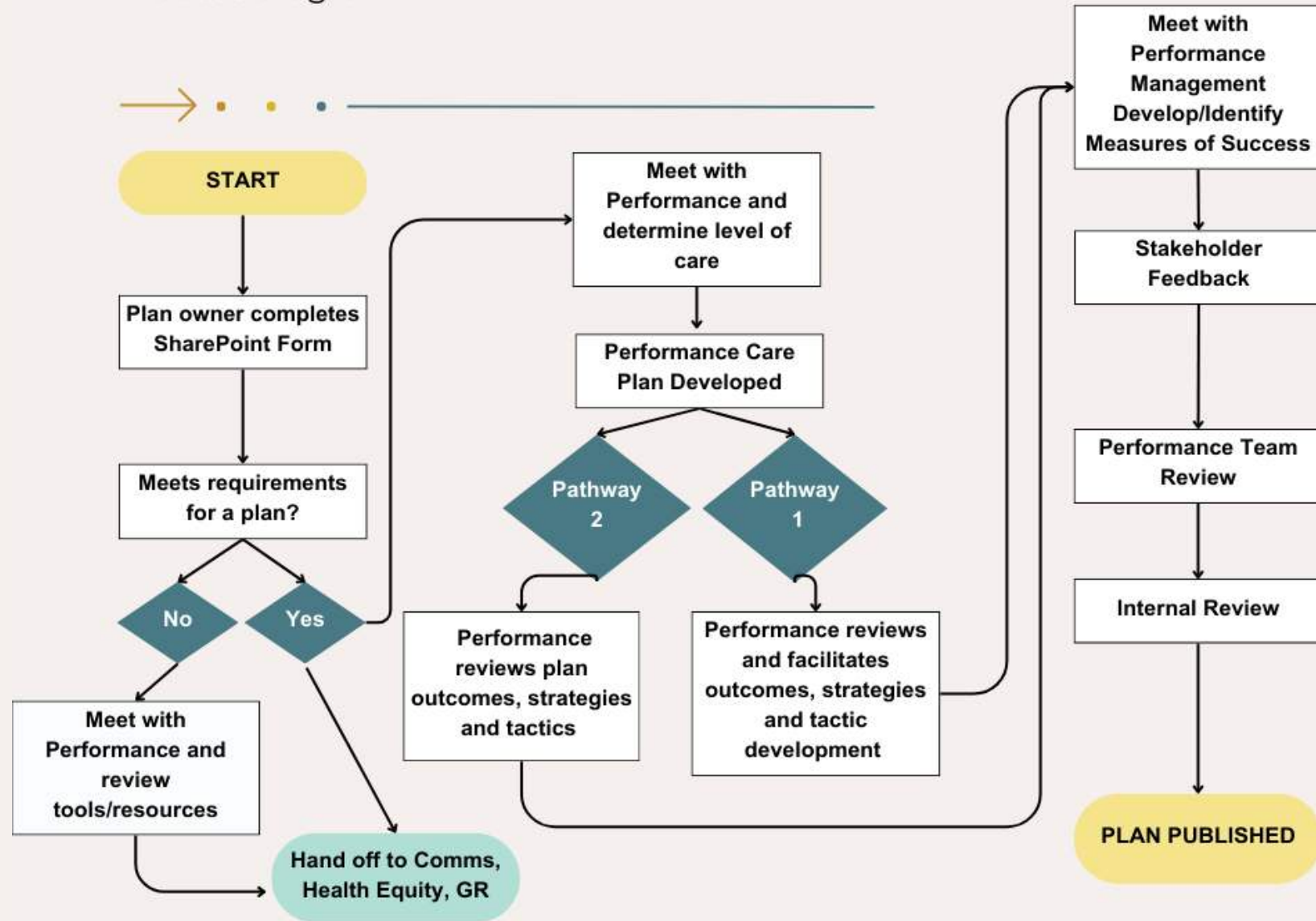




A new process – Starting January 1, 2025

How to ensure Performance and Operations is in the room where it happens

Process diagram:



Required Plan Elements



Desired Outcomes. The results you are working to achieve based on what you are going to do. Who and how is anyone better off?



Strategies. High level statements of what you are going to do.



Tactics. Specific actions that you will take to implement a strategy, including who is responsible and when it will be complete.



Measures of Success. Data that tells you how you are performing on your desired outcomes, strategies or tactics, including a baseline, target value and data source. They measure how much you're doing, how well you're doing it, and is anyone better off.



Connections to Other Plans. Intentional linkages to the work of Healthy Iowans and the HHS Strategic Plan.

Start: SharePoint Form



Complete the “Plans and Strategies Development Questionnaire”



12-14 brief questions



Estimated effort is 10 minutes to complete



Performance Team reviews the form responses and will schedule a meeting for discussion

Performance and Operations Support

1. Meet to determine learn more about the plan and determine the appropriate pathway for support
2. Provide resources, technical assistance, or facilitation and development support.
3. Write plan

Simultaneously

- ▶ Teams are engaging in stakeholder feedback along the way
- ▶ Teams meet with Performance Management to develop measures of success
- ▶ Teams meet with Healthy Iowans to build linkages to key health indicators



Step 3: Review & Publish



Internal review with Bureau of Performance



Internal review with other HHS partners
(Communications, Director, IGOV as needed)



Estimated review period is one month



Celebrate the plan being published

Benefits for Our Teams

- ▶ Reduces the planning time period
- ▶ Provides guidance on assessment and data sources for measures of success
- ▶ Makes connections earlier leading to fewer meetings
- ▶ Allows you and your teams to contribute their subject matter expertise

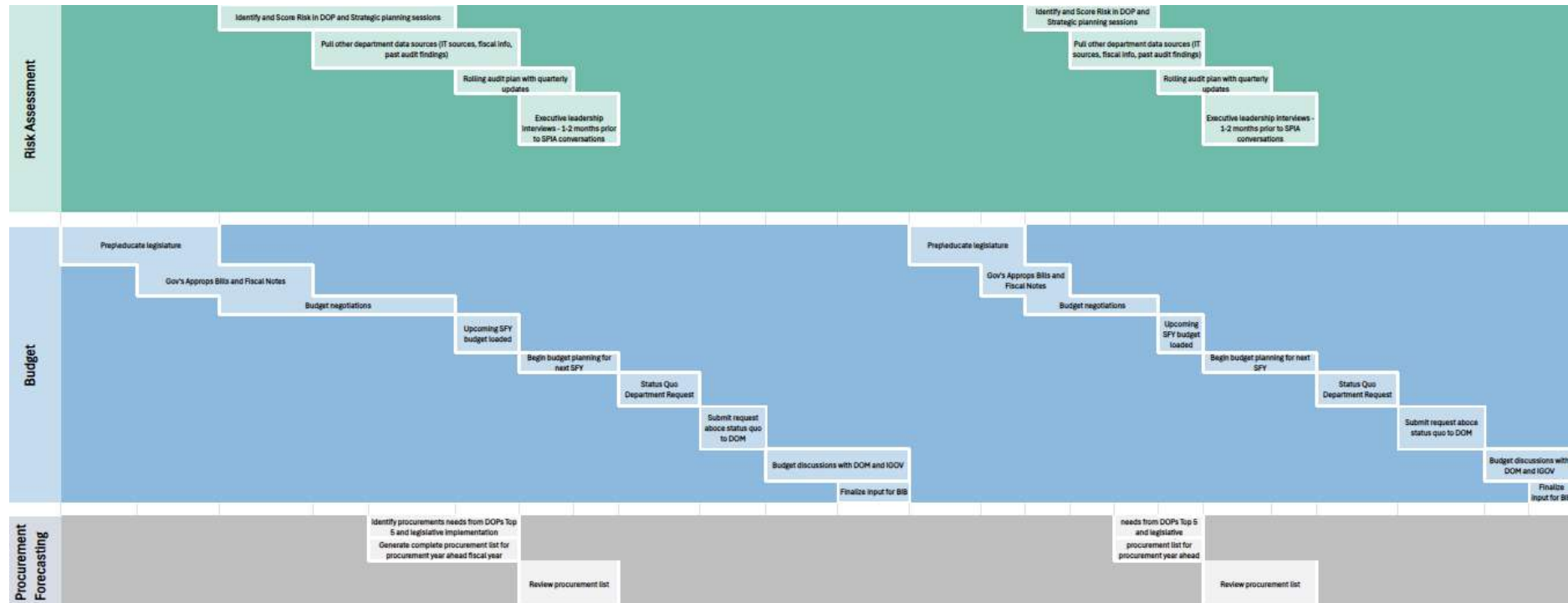


What has been the impact for Iowa
HHS?

Plans Alignment

[illegible]

Operational Timelines





Thank You!

Marisa Roseberry
Performance and Operations Bureau
Marisa.roseberry@hhs.iowa.gov



Health and
Human Services



Kansas Department of Health and Environment



Driving Accountability and Impact Through Strategic Alignment, Data Systems and Collaboration



Traci Addington & Melody Hazard | August 21, 2025

Illinois Department of Public Health

An abstract graphic on the left side of the slide, consisting of a complex network of black dots connected by thin black lines, forming a web-like structure that extends across the left half of the image.

From **Data** to Decision:

Implementing Integrated
Smartsheet Systems to Track
PHIG Projects for Improved
Outcomes

Noah Franklin, MPA, Program Policy Advisor
Illinois Department of Public Health
August 21, 2025

About IDPH

Our mission: The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.

By the numbers



1877

IDPH is one of the state's oldest agencies, organized in 1877 with only 3 employees.



6

Regional Health Offices



3

Laboratories



1,400

IDPH employs 1,400 Illinoisans who are committed to making the state a healthier place.

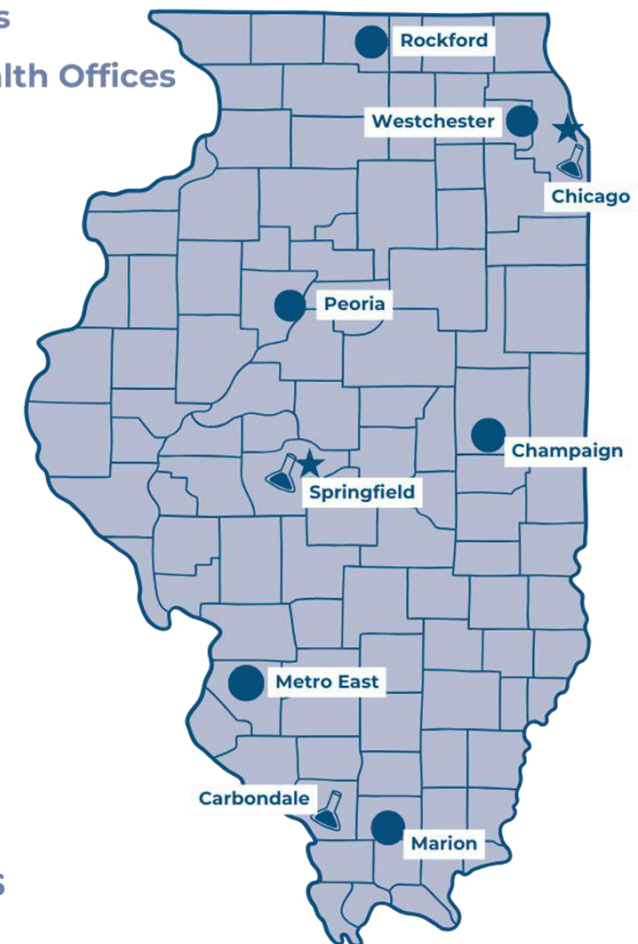
Our Programmatic Offices

- Office of Disease Control
- Office of Health Care Regulation
- Office of Health Promotion
- Office of Health Protection
- Office of Policy, Planning, and Statistics
- Office of Preparedness and Response
- Office of Racial and Cultural Health Equity
- Office of Women's Health and Family Services

★ Headquarters

● Regional Health Offices

🧪 Laboratories



Addressing Budget Visibility Gaps in PHIG- Funded Offices

PHIG Budget Overview

- IDPH was awarded \$121.2 million through PHIG
- Includes 151 budget line items, including 85 positions, 47 contracts, and 250+ activities cross 13 offices.

Current State: Budgets for PHIG-funded offices (A1, A2, A3) were tracked separately.

Problem: Lack of a unified view hinders efficient management.

- Impact:
 - Difficult to see all funded items.
 - Inefficient tracking of updates.
 - Challenges in managing positions and contracts.
- Leadership Needs: Clear insight into spending and hiring status, especially with federal funding uncertainty.

Proposed Solution: *A Unified Tracking System*

- Solution: Implement a centralized tool to track hiring, contracts, and budgets.
- Key Benefits:
 - **Tracker Accuracy:** Maintain a single source of truth with timely, accurate data to reduce discrepancies
 - **Improved Decision-Making:** Enable informed decisions based on reliable data
 - **Enhanced Documentation:** Implement a consistent process for capturing decisions and updates.



A3 1325-25 LDX

CONSULTANT	
Consultant Title/Project Name	Consultant Name
Trusted Exchange Framework and Common Agreement (TEFCA) and Enterprise Data Exchange (DEX) adoption, PHIG	TBD
Total	

A3 1335-25 DATA ACCEL

EMPLOYEE NAME	POSITION TITLE
Vacant	Epidemiologist II (Data Integration Specialist)
Vacant	Epidemiologist II (Senior Data Analyst)
TBD	Data Governance Manager, PSC
TBD	Metadata Specialist, PSC
TBD	DMI Project Manager, PSC
Total	

Creating the Budget Tracker

Budget Tracker Development Process:

- Hired a contractor experienced in **Smartsheet** (our agency's preferred platform).
- Created a detailed list of **PHIG-funded line items** and associated budgets.
- Used this list to
 - Develop a project plan
 - Confirm goals
 - Define success factors & timeline
 - Identify key project stakeholders



	Strategy	Office	Cost Category	Expense Type
167				
168				
169	A3 LDX	OIT	Contractual	Vendor Contract
170	A3 LDX	OIT	Contractual	Vendor Contract
171	A3 LDX	OIT	Contractual	Vendor Contract
172	A3 LDX	OIT	Contractual	Vendor Contract
173	A3 LDX	ODC	Contractual	Sole source
174	A3 LDX	ODC	Personnel Services	Full-Time
175	A3 LDX	ODC	Personnel Services	Full-Time

Here is our
PHIG Budget
Tracker:

Contracts Project Management:

Integrates financial and contract data tied to specific projects

Monitors spending and contract status in real-time

Highlights delays for timely intervention

Forecasts future contract needs and budget impacts per project

Generates clear, auditable records of contract and activities by project

Dropdown bars for tracking progress:

PHIG Budget Tracker ☆							
Status	Contract Status w Formula	Existing or New	Performance Status	Contract Status	Percent Progress w Formula	Percent Progress	Unique Identifier / SAP Contract I
7		#NO MATCH	In Progress	Award Phase		26-50% Some Progress	
8		#NO MATCH	Complete	Status Unknown			
9		#NO MATCH	In Progress	Solicitation Phase		1-25% Little Progress	
10		E	Awaiting Leadership Approval				Not sure if there is a unique identif one
11		E	Awaiting Program Action (e.g., incomplete, fiscal office, COI)				Not sure if there is a unique identif one
12		#NO MATCH	Establishing/ Reviewing Position				
13		#NO MATCH	Complete				
14		#NO MATCH	In Progress	Under HR Review			
15		#NO MATCH	Not Started	Completion Phase		26-50% Some Progress	
16		#NO MATCH	Not Started	Not Started		100% Complete	
17		#NO MATCH	Not Started	Status Unknown		0% Not Started	4100206169
18		#NO MATCH	In Progress	Solicitation Phase		76-99% Mostly Done	
19		E	Complete				

Implementing and maintaining the budget tracker has presented challenges

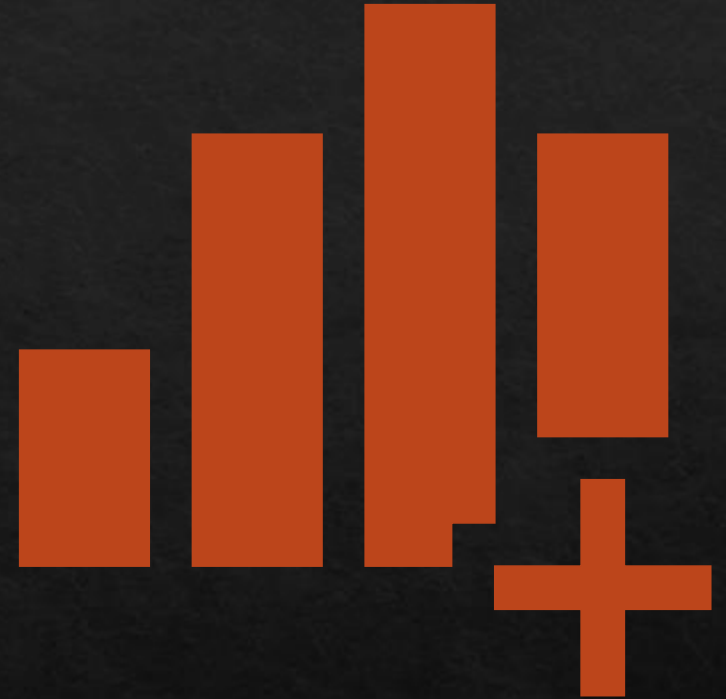
- **Ongoing Updates:**
Keeping information current requires frequent revisions, which can be time-consuming for staff.
- **Expanding Expectations:**
There is increasing demand to integrate additional data from multiple sources, which adds complexity and requires significant coordination and effort to manage effectively.

What's Next:

Looking ahead, our focus will shift toward meeting growing leadership needs for high-level, strategic insights. This includes:

- **Enhanced Reporting:**
Developing summary views of key metrics such as position hiring status, contract progress, and spending trends.
- **Dashboard Development:**
Building new dashboards and automated reports to reduce manual data exports and improve decision-making support.

These next steps will help us better translate raw data into actionable insights, driving greater accountability and impact across PHIG projects.



Reflections & Broader Implications

- **Scaling Up:** Interest in expanding the tracker beyond PHIG signals broader agency relevance.
- **Cross-Team Collaboration:** Working with HR and Procurement has improved alignment.
- **Knowledge Sharing:** Tools and learnings are being shared across funded offices.
- **Sustainability:** Designed with future budget shifts and staffing in mind.
- **Capacity Building:** Staff training and Smartsheet use support long-term use.
- **Accountability:** Leadership sees the tracker as key to grant oversight.
- **Communication & Feedback:** Surveys will capture impact and surface improvements.
- **Looking Ahead:** Exploring innovations and potential AI applications.





Questions?

Recommended Resources and Tools



Getting Started with Smartsheet Onboarding Webinars

Live sessions with Q&A to help new users get up to

speed: <https://www.smartsheet.com/datasheets/pro-desk>



Help and Learning Center

Comprehensive knowledge base for all Smartsheet features

and how-tos: <https://help.smartsheet.com/>



Smartsheet Community

Peer-driven forum for tips, Q&A, and sharing best

practices: <https://community.smartsheet.com/>

Pro Desk Sessions



Personalized, in-depth support with Smartsheet specialists
for setup and

customization: <https://www.smartsheet.com/datasheets/pro-desk>

Pennsylvania Department of Health



Pennsylvania
Department of Health

Data in Action: PHIG Performance Measure Reporting Dashboard

Anthony Filippini, MSN, MSIS, RN
Data Analytics Specialist I
PHIG Grant Evaluator



Goals:

By the end of this presentation, participants will be able to:

1. Describe purpose and key components of a performance measure dashboard.
2. Explain how data visualization supports decision-making and program improvement.
3. Interpret key performance indicators (KPIs) displayed on dashboard to assess progress toward goals.
4. Identify trends, gaps, and actionable insights using dashboard data
5. Apply best practices communicating performance data effectively to stakeholders



Bridging the Gap: Internal Data Collection

Job Classification	Year 1 Goal for recipient agency and LHDs funded by state recipient	Year 5 Goal for recipient agency and LHDs funded by state recipient	Recipient agency - Current Employees (as of 5/31/23)	LHDs funded by state recipient - Current Employees (as of 5/31/23)	Recipient agency - New Hires (as of 5/31/23)	LHDs funded by state recipients - New Hires (as of 5/31/23)	Recipient Total	LHD Total
Agency leadership and management	11	13	2				2	0
Program manager	0	0					0	0
Business, improvement, and financial operations staff	21	25	4		1		5	0
Office and administrative support staff	4	4	1				1	0
Information technology and data system staff	10	10					0	0
Public information, communications, and policy staff	0	0					0	0
Laboratory workers	2	3			1		1	0
Epidemiologists, statisticians, data scientists, other data analysts	6	6	2	3	3		5	3



Pennsylvania Department of Health

=Table1[@[Recipient agency - Positions Filled with New PA state Hires (as of 05/31/2025)]]+Table14[@[Recipient agency - Positions Filled with New PA state

=Table1[@[Recipient agency - Positions Filled with Current PA Employees (as of 05/31/2025)]]+Table14[@[Recipient agency - Positions Filled with Current PA

Created a personalized template tailored to our tracking needs, based on the CDC performance tracking template.

Example calculations above.

Resultant aggregate columns shown to the right.

Improves accuracy and minimizes reporting errors when Performance Measures are entered into PHIVE.

PA state - Positions Filled with New Employee's and Contractors (as of 05/31/2025)

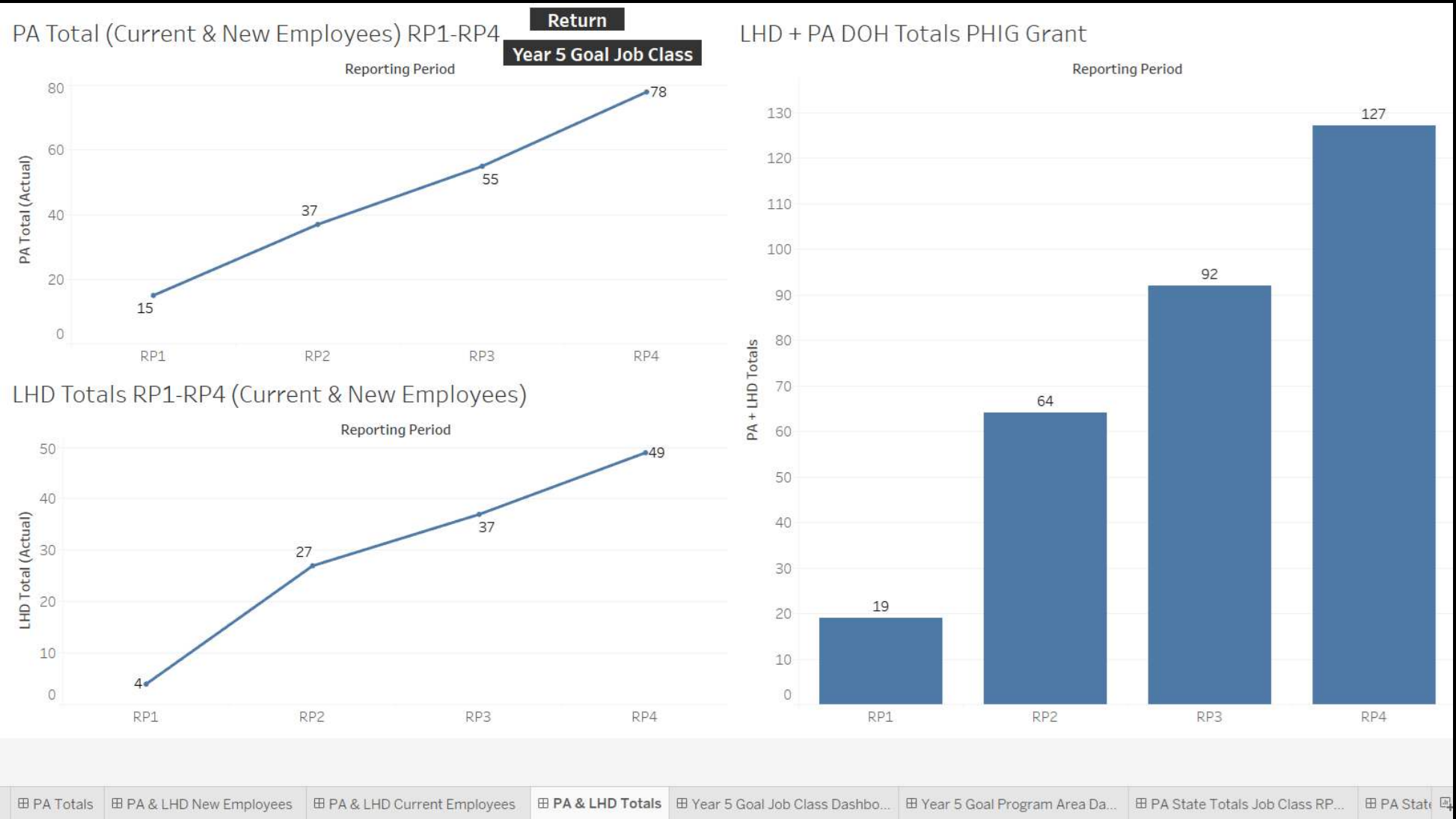
1
2
20
3
6
0
1
4
0
0
0
0
0
0
1
0
0
0
38

PA state - Positions Filled with Current Employees and Contractors (as of 05/31/2025)

3
6
11
1
14
0
2
10
0
0
2
3
0
0
0
0
52

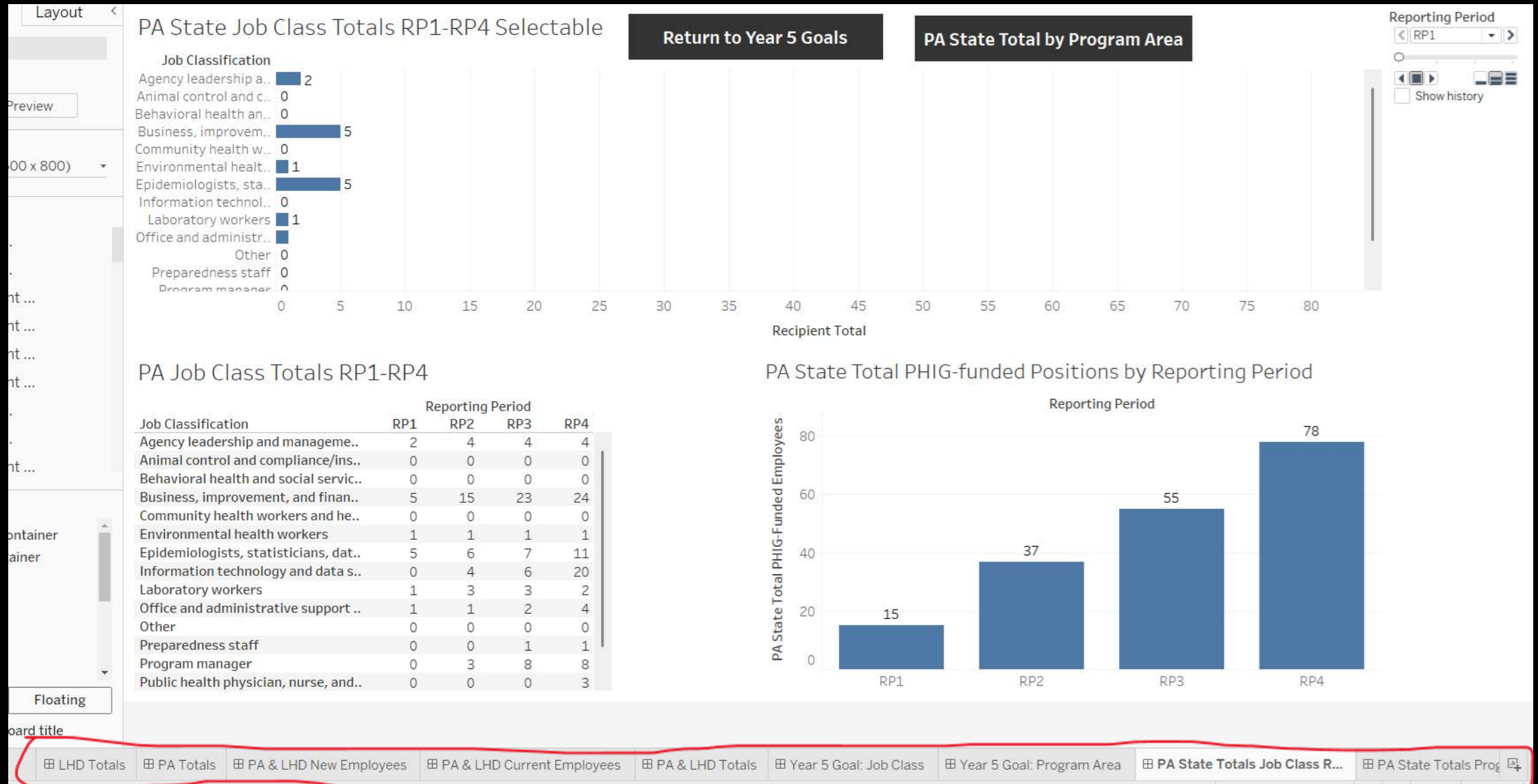


The Solution: Interactive Dashboard



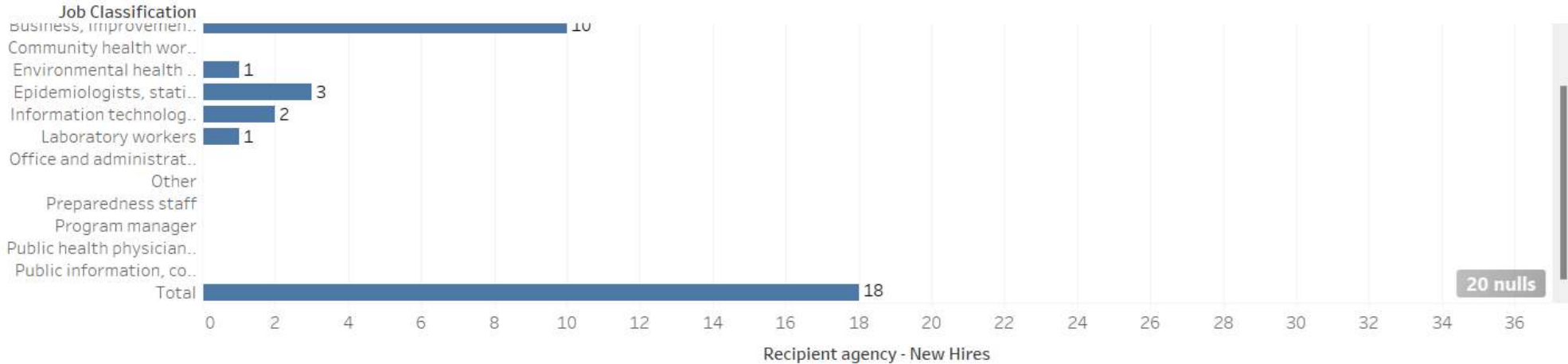


Interactivity





PA State New Job Class - RP2



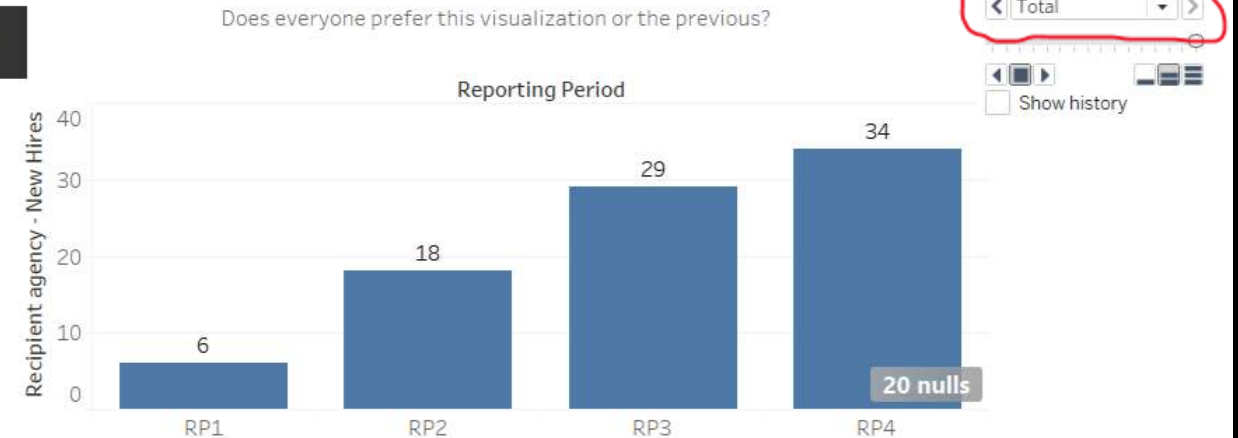
PA New Employees Job Class RP1-RP4

Job Classification	Reporting Period			
	RP1	RP2	RP3	RP4
Community health w..			0	0
Environmental healt..	1	1	1	1
Epidemiologists, sta..	3	3	3	4
Information technol..		2	3	5
Laboratory workers	1	1	2	1
Office and administr..			0	3
Other			0	0
Preparedness staff			0	0
Program manager			2	2
Public health physici..			0	1
Public information, c..			0	0
Total	6	18	29	34

PA State Totals Program Area

PA State Current Job Class

PA New Employees Job Class RP1-RP4 Searchable - Total



Leadership and Real-World Use

Phase 1

Dashboard is updated in scheduled intervals, showing updated visualizations as additions are made to dataset.

Phase 2

Program leadership utilizes dashboard and downloaded reports from dashboard for workforce planning.

Phase 3

Utilizing gained knowledge, identifying gaps and targeting follow-up efforts.



Impact of Data Visualization & Analytics

- Able to visualize and compare performance measures and metrics across PHIG recipients in the Pennsylvania Department of Health and Local Health Department recipients.



- Dashboard visualizations update with additions made to dataset. This will continue for each reporting period throughout the PHIG grant.
- Supports PHIG programmatic goals to ensure that hiring and performance measures are being met.



Challenges and Barriers to use:

- Manual ETL Process
- Software Licensing Requirements
- Data Silos
- Lack of real-time data
- Adheres strictly to PHIVE data format

Some users may lack familiarity with Excel formulas, PowerBI, Tableau or other analytical tools to interact with the dashboard.



Next Steps & Continuation of Use

- Ideas for future enhancements
 - Automated ETL.
 - Additional metrics to track.
 - Connecting to HRIS (Human resources information systems) for real-time data.
 - Creation of a standardized template to allow transference to other federal grantees.

Dataset will be added to after each reporting period cycle allowing for continuous and real-time analytics



Last Steps



Wrapping Up

- As demonstrated, utilizing data science and dashboards can increase efficacy of grant administration and application usage.
- Dashboards allow for potential in process improvement as data is added for each reporting period allowing for quick decision making.
- Allows a story to be told regarding the data that makes the information accessible to a broader audience.

**Thank you for
attending
this
presentation.**



THANK YOU

Anthony Filippini, MSN, MSIS, RN
PHIG Grant Evaluator
afilippini@pa.gov



Pennsylvania
Department of Health

Panelist Q & A



Panel Recommendations: Tools & Resources

- Discovery Process for Plans, Meeting Agenda template (IA)
- Process for Plans – ORID Questions (IA)
- PHIVE Performance Measure Dashboard Instructional Handout (PA)
- Tips, Tricks, and Lessons Learned Along the Way (KS)
- Smartsheet Webinars, Help and Learning Center, Peer-driven Community, and Pro Desk Sessions (IL)



Presenter Contact Information

Marisa Roseberry

Performance & Operations Bureau
Iowa Dept of Health & Human Services
p: 515-322-1925
marisa.roseberry@hhs.iowa.gov

Traci Addington, MSOD

PHIG Program Evaluator
Kansas Dept of Health &
Environment
p: 316-461-1704
traci.addington@ks.gov

Melody Hazard

Workforce Development Coordinator
Kansas Dept of Health & Environment
p: 785-296-5676
melody.hazard@ks.gov

Noah Franklin, MPA

Program Policy Advisor
Director's Office
Illinois Dept of Public Health
p: 312-350-2178
Noah.Franklin@illinois.gov

Anthony Filippini, MSN, MSIS, RN

PHIG Grant Evaluator
Pennsylvania Department of Health
p: 717-836-3357
afilippini@pa.gov

Thank You!

NEXT UP:

Networking Lunch & Closing Session: 12:15 - 1:45 pm

Grand Ballroom