



# ASTHO STAR Capacity Indicators

## Draft for Preview

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<b>Human Resource Management</b>	
<p>Human Resource Management refers to the policies, procedures, and actions of the health department that support the health department’s hiring, management, and personnel performance evaluation processes for conducting the regular business of the agency as well as in times of emergencies, disasters, and outbreaks. This also includes contracting for the workforce. It also includes engagement with and/or on behalf of the governing entity.</p>	
<b>1. Percent of total authorized full-time equivalent (FTE) positions that are currently vacant</b>	
Measurement specifications	<p><b>Numerator:</b> Number of combined FTEs that are currently vacant as of the date of this assessment</p> <p><b>Denominator:</b> Total combined FTE positions in the health department authorized to fill in the current fiscal year</p>
Why this indicator is useful	<p>It is important for health department leadership to know how many of their authorized employment positions are currently filled to determine the capacity of their workforce. Positions are authorized and recruitment begins, as they are deemed necessary per current workload. A low proportion of these positions filled may indicate a human resource issue that requires further investigation (e.g. insufficient staff, unqualified candidates, process barriers).</p>
Possible data source(s)	<p>Health department Human Resources/Personnel Office database and/or recruitment records for the current fiscal year; health department personnel budget for the current fiscal year</p>
Operational definitions	<p><b>Full-time equivalent positions:</b> This indicator is a count of all full-time positions and a prorated count of part-time positions. It includes both regular and contract employees. For example, if an agency had 100 regularly employed full-time workers, 50 full-time contract workers, and 10 part-time workers (each working 50%), the FTEs would be <math>100+50+(10 \times 0.5) = 155</math> FTEs.</p> <p><b>Currently vacant:</b> Include vacancies as of the most recent staffing report or health department budget for the current fiscal year.</p>
<b>2. Proportion of authorized health department staff positions employed as of the date of the assessment</b>	
Measurement specifications	<p><b>Numerator:</b> Number of authorized health department staff employment positions filled and working as of the current point in time</p> <p><b>Denominator:</b> Total number of health department staff employment positions authorized to fill in the current fiscal year</p>
Why this indicator is useful	<p>It is important for health department leadership to know how many of their authorized employment positions are currently filled to determine the capacity of their workforce. Positions are authorized, recruitment begins, as they are deemed necessary per current workload, so a low proportion of these positions filled may indicated a human resource issue that requires further investigation (e.g. insufficient staff, unqualified candidates, process barriers).</p>
Possible data source(s)	<p>Health department Human Resources/Personnel Office database and/or recruitment records or health department budget for the current fiscal year</p>
Operational definitions	<p><b>Authorized health department staff positions:</b> An authorized public health position is a full- or part-time employment listing that has been approved and funding allocated in the budget for the current fiscal year.</p> <p><b>Filled:</b> A position is considered filled as of the first day the hired full- or part-time employee begins work.</p>

<b>3. How would you describe activities sponsored by the health department to address the well-being of employees?</b>	
Measurement specifications	<p><b>No Knowledge/Unsure:</b> Information related to this indicator is not available.</p> <p><b>No activities:</b> No activities are taking place.</p> <p><b>Informal or Ad Hoc activities:</b> Activities implemented are inconsistent and not systematic; activities are reactionary and lack an executive sponsor.</p> <p><b>Formal Activities Implemented in Specific Areas:</b> At least one division has implemented systematic activities, but they are not implemented across the entire agency.</p> <p><b>Formal Agency-Wide activities:</b> Activities are implemented systematically across the entire agency with consistent executive sponsorship.</p>
Why this indicator is useful	Supporting the well-being of employees is part of creating a supportive work environment. Such a work environment can have positive impacts on job satisfaction, employee retention, and employee creativity and productivity. Limited or ineffective activities may result in workforce staffing and engagement issues now or in the future.
Possible data source(s)	Health department or division policies, wellness benefits, or promotional materials, health department job satisfaction surveys
Operational definitions	<b>Activities sponsored by the health department to address /well-being of employees:</b> Activities may include stress reduction methods, employee assistance programs, activities to support work-life balance, or other efforts to create a culture of positive well-being. It can also include employee appreciation and recognition programs, flextime or telework, or other activities that attend to holistic well-being.
<b>4. To what extent have human resource policies that specifically address workforce diversity, equity and inclusivity been reviewed for their impact on the workforce?</b>	
Measurement specifications	<p><b>Not at all:</b> No policies have been reviewed for their impact in the past 2 years.</p> <p><b>Started/In Progress:</b> Some policies have been reviewed for their impact or a plan is in place or being developed to review policies for their impact in the past 2 years.</p> <p><b>Sustained/Ongoing:</b> A plan is in place and consistently being followed to review policies for their impact in the past 2 yrs.</p>
Why this indicator is useful	Policies that address workforce diversity, equity, and inclusivity can help the health department build an authentic workplace and creates a welcoming and open-minded environment that nurtures individual expression of thoughts or feelings. Reviewing and assessing these policies for impact is a crucial step in assuring that such policies and initiatives are meaningful, implemented appropriately, and responsive to staff input. Omitting policy reviews may result in ineffective or harmful policies and initiatives and can contribute to employee turnover
Possible data source(s)	Health department diversity, inclusivity, and equity plan or policy and plan or policy review and/or staff satisfaction assessments
Operational definitions	<b>Human resource policies:</b> For this indicator, human resource policies may be those explicitly managed by a human resources department internal or external to the health department or human resources-related policies that are managed by individual

	<p>divisions within the health department. Human resource policies are those guidelines and/or regulations that inform the management of the workforce in any given organization.</p> <p><b><u>Policies that specifically address workforce diversity, equity, and inclusivity:</u></b> Policies that specifically address workforce diversity, equity, and inclusivity could include listing pronouns in email signatures, requiring unconscious bias training for all employees, acknowledging holidays of all cultures and providing employees the flexibility to use paid time off for those days, or establishing an inclusion council or employee resource group. Leveraging the diverse talents and attributes of the entire workforce will empower the full potential of all employees.</p> <p><b><u>Reviewed for their impact on the workforce:</u></b> A review for impact of diversity, equity, and inclusivity policies and initiatives on the workforce should be conducted systematically and include assessment, analysis of the results, conclusions and potential actions based on the reviews. It should also include any plans for revisions based on the review.</p>
<p><b>5. To what extent have human resource policies that address emergency orders, surge capacity, or other similar non-routine human resource issues been developed?</b></p>	
<p>Measurement specifications</p>	<p><b>Not at all:</b> No policies have been developed in the past 2 years.</p> <p><b>Started/In Progress:</b> Some policies have been developed or a plan is in place or being developed to manage policies in the past 2 years.</p> <p><b>Sustained/Ongoing:</b> Policies are in place that address emergency orders and surge capacity. Additional plans are in place to assess and add to these policies as other non-routine human resources issues are identified. Snapshot in time in the past 2 years.</p>
<p>Why this indicator is useful</p>	<p>Administrative preparedness ensures fiscal, legal, and administrative practices are in place to ensure continuity of operations and remove barriers that can prevent timely response during a public health emergency. Human resources policies require appropriate integration into all stages of emergency preparedness and response. A lack of administrative preparedness planning may have detrimental consequences during an emergency.</p>
<p>Possible data source(s)</p>	<p>Human resource policies and/or Emergency Operations Plans</p>
<p>Operational definitions</p>	<p><b><u>Human resource policies:</u></b> For this indicator, human resource policies may be those explicitly managed by a human resources department internal or external to the health department or human resources-related policies that are managed by individual divisions within the health department. Human resource policies are those guidelines and/or regulations that inform the management of the workforce in any given organization. For this indicator, however, the emphasis is on policies that address unusual or unplanned situations affecting the hiring of employees to address a specific surge in health agency capacity needs.</p> <p><b><u>Emergency orders, surge capacity, or other similar non-routine human resource issues:</u></b> Under a declaration of an public health emergency (i.e., outbreak, natural disaster, etc.) non-routine human resource issues may relate to hiring during an emergency situation, assignment or reassignment of response personnel, maintaining a list of personnel and/or MOUs with organizations</p>

	who are available for surge, communication and notification channels, or expediting background or credentialing verification processes.
<b>6. To what extent has the health department measured the impact of recruitment and retention activities toward achieving a workforce that mirrors the population served?</b>	
Measurement specifications	<p><b>Not at all:</b> The process for measuring impact of recruitment activities has not been initiated in the past 2 years.</p> <p><b>Started/In Progress:</b> Some recruitment activities have been measured for impact or a plan is in place or being developed to measure the impact of recruitment activities within the past 2 years.</p> <p><b>Sustained/Ongoing:</b> A plan is in place and consistently being followed to measure the impact of recruitment activities. A snapshot in time within the past 2 years.</p>
Why this indicator is useful	A multi-disciplinary workforce that mirrors the specific population being served facilitates the ability of the health department to address the population’s public health issues and advance equity. Measuring the impact of recruitment and retention activities in achieving this workforce is a crucial step in assuring relevant, nimble, and effective strategies are in place.
Possible data source(s)	Health department workforce demographics reports, assessments of recruitment modalities (including outreach to specific populations), reviews of job descriptions, and/or staff satisfaction surveys.
Operational definitions	<p><b>Recruitment and retention:</b> The goal of the hiring process should be to attract and identify the individual who has the best mix of skills and attributes for the job available. Ensuring that all qualified individuals — including individuals with disabilities — can participate in the process is key to achieving this goal. Similarly, employers and employees both benefit from a work environment that facilitates the retention of all skilled, qualified workers.</p> <p><b>Recruitment and retention activities:</b> Recruitment and retention activities could include a broad range of initiatives such as supportive workplace activities, diversity/equity/inclusivity initiatives, compensation policies, job postings, communication channels, partnerships with schools and community organizations, and other activities or initiatives.</p> <p><b>Workforce that mirrors the population served:</b> A workforce that mirrors the population served reflects the characteristics and demographics of the population using health department services. Such a workforce helps the health department build understanding of the perspectives and needs of the community. It also contributes to recruiting more diverse workers once they see employees who look like them.</p>

<b>Workforce Development</b>	
<p>Workforce Development refers to the policies, procedures, and actions of the state or territorial health department that support the development of the health department’s workforce. This area could include pipeline support, workforce professional development, workplace culture, and other similar activities. Professional development activities may refer to those provided to the workforce as a group or to individual members of the workforce.</p>	
<p><b>1. Is there a current and in use workforce development plan that addresses all health department staff?</b></p>	
Measurement specifications	Presence or absence of a current and in use Workforce Development Plan (this is for context for the rest of these indicators. The ASTHO peer review team will not assess the quality of the plan).
Why this indicator is useful	A health department Workforce Development Plan ensures that staff development is addressed, coordinated, and appropriate for the health department’s needs. Professional development opportunities to support individual and organization growth, as well as a supportive work environment, can help public health employees thrive.
Possible data source(s)	Health Department Workforce Development Plan
Operational definitions	<p><b>Current:</b> For this indicator, current means the most recent iteration of the plan, preferably written or updated within the past 5 years.</p> <p><b>In use:</b> A Workforce Development Plan that is in use is one that includes regular tracking and monitoring of workforce development initiatives, analysis of outcomes, and adjustments made based on results.</p> <p><b>Workforce development plan:</b> The public health workforce is defined as those individuals who are employed or contracted either full-time or part-time by the governmental public health department for the purpose of supporting the provision of the services described in the ten essential public health services. A workforce development plan in public health aims to improve health outcomes by enhancing the training, skills, and performance of public health workers.</p> <p><b>All health department staff:</b> This indicator includes all full- and part-time regularly employed staff, as well as contract staff.</p>
<p><b>2. What percent of workforce professional development activities described in the agency’s most recent workforce development plan have been implemented?</b></p>	
Measurement specifications	<p><b>Numerator:</b> Number of workforce professional development activities started in the past 2 years</p> <p><b>Denominator:</b> Total number of workforce professional development activities outlined in most current workforce development plan</p>
Why this indicator is useful	All staff should have opportunities for professional development to improve their own skills and also to address the changing needs of the health department. A limited number of professional development activities implemented may indicate a workforce development capacity issue and limit the effectiveness in addressing emerging health trends and maintaining a quality public health workforce. Research shows that attention to workforce professional development contributes to retention of staff.

Possible data source(s)	Health Department workforce development implementation plan and/or individual staff professional development plans
Operational definitions	<p><b><u>Workforce professional development activities:</u></b> Professional development activities are those planned activities aimed at gaining new skills through continuing education and career training after entering the workforce. It can include taking classes or workshops, attending professional or industry conferences, or earning a certificate to expand knowledge in a chosen field. Workforce professional development activities could include education assistance (e.g., time off for classes, tuition reimbursement, bringing classes to the health department), continuing education, training opportunities, mentoring, job shadowing, professional coaching, certification in public health, engagement in professional associations (e.g., serving on committees, reviewing conference abstracts), or opportunities to apply learned skills.</p> <p><b><u>Most recent:</u></b> For this indicator, most recent means a review of the implementation of activities since the plan described in #1 above was approved.</p> <p><b><u>Workforce development plan:</u></b> The public health workforce is defined as those individuals who are employed either full-time or part-time by the governmental public health department for the purpose of supporting the provision of the services described in the ten essential public health services. A workforce development plan in public health aims to improve health outcomes by enhancing the training, skills, and performance of public health workers.</p>
<b>3. What percent of the workforce has participated in professional development activities supported by the health department?</b>	
Measurement specifications	<p><b><u>Numerator:</u></b> The total number of employees (unduplicated) who participated in professional development activities available to them during the past year.</p> <p><b><u>Denominator:</u></b> The total number of professional development activities available to the workforce during the past year</p>
Why this indicator is useful	All staff should have opportunities for professional development to improve their own skills and to address the changing needs of the health department. A limited percentage of staff who participate in professional development activities may indicate a workforce development issue and limit the effectiveness in addressing emerging health trends and maintaining a quality public health workforce. A skilled workforce strengthens the overall performance of the health department.
Possible data source(s)	Health department individual staff professional development plans/human resources or personnel records/workforce development office records
Operational definitions	<p><b><u>Workforce:</u></b> This indicator includes all full- and part-time regularly employed staff, as well as contract staff.</p> <p><b><u>Participated in:</u></b> For this indicator, “participated in” means completed an activity to the extent that it can be tracked as in progress or complete.</p> <p><b><u>Professional development activities:</u></b> Professional development activities are those planned activities aimed at gaining new skills through continuing education and career training after entering the workforce. It can include taking classes or workshops, attending professional or industry conferences, or earning a certificate to expand knowledge in a chosen field. Professional</p>

	<p>development activities could include education assistance (e.g. time off for classes, tuition reimbursement, bringing classes to the health department), continuing education, training opportunities, mentoring, job shadowing, professional coaching, certification in public health, engagement in professional associations (e.g. serving on committees, reviewing conference abstracts), or opportunities to apply learned skills.</p> <p><b>Supported by the health department:</b> Activities that are supported by the health department are those that are either partially or fully paid for by the health department; staff time is available to participate in the activity; and leadership encourages participation in the activity.</p>
<p><b>4. How would you describe health department activities aimed at sharing public health practice content with potential future public health workers?</b></p>	
Measurement specifications	<p><b>No Knowledge/Unsure:</b> Information related to this indicator is not available.</p> <p><b>No activities:</b> No activities are taking place at the current time.</p> <p><b>Informal or Ad Hoc activities:</b> Activities implemented are inconsistent and not systematic; activities are reactionary and lack an executive sponsor. Activities refer to those enacted in the past 2 years.</p> <p><b>Formal Activities Implemented in Specific Areas:</b> At least one health department organizational unit has implemented systematic activities in the past 2 years, but they are not implemented across the entire agency.</p> <p><b>Formal Agency-Wide activities:</b> Activities are implemented systematically across the entire agency with consistent executive sponsorship. Examples can be drawn from a point in time from the past 2 years.</p>
Why this indicator is useful	<p>Collaborative efforts that promote public health as a career option and the health department as an employer of choice open new pathways for recruitment. Sharing public health practice content with potential future public health workers through internships, guest lectures, and other ways can support a strong public health workforce. A limited number of activities in this area may reduce the potential for public health workforce pipelines and future recruitment efforts.</p>
Possible data source(s)	<p>Agreements between the health department and academic institutions for public health rotations; or evidence of participation as a lecturer or presenter for future public health professionals; and/or documentation of health department staff serving as preceptors or adjunct faculty.</p>
Operational definitions	<p><b>Activities aimed at sharing public health practice content with potential future public health workers:</b> Activities may include hosting students for internships or practicums, participating in career fairs or providing guest lectures over multiple semesters, developing, or maintaining an Academic Health Department.</p> <p><b>Potential future public health workers:</b> Potential future public health workers may be individuals in the preprofessional stage. They may include secondary and postsecondary students or other community members who may possess the competencies needed in the public health field. Often referred to as the public health workforce pipeline, future public health workers include critical frontline positions such as epidemiologists, laboratory scientists, community health workers, and data analysts. It can also include health professionals such as nurses, social workers, nutritionists, environmental health professionals and others.</p>



<b>5. How would you describe employee recognition/appreciation activities implemented by the health department?</b>	
Measurement specifications	<p><b>No Knowledge/Unsure:</b> Information related to this indicator is not available.</p> <p><b>No activities:</b> No activities are taking place at the current time.</p> <p><b>Informal or Ad Hoc activities:</b> Activities implemented within the past 2 years are inconsistent and not systematic; activities are reactionary and lack an executive sponsor.</p> <p><b>Formal Activities Implemented in Specific Areas:</b> At least one organizational unit has implemented systematic activities in the past 2 years, but they are not implemented across the entire agency.</p> <p><b>Formal Agency-Wide activities:</b> Activities are implemented systematically across the entire agency with consistent executive sponsorship. Examples can be from a point in time over the past 2 years.</p>
Why this indicator is useful	Employee recognition is a vital component of a supportive work environment. Limited or ineffective activities may result in workforce staffing and engagement issues now or in the future.
Possible data source(s)	Health Department employee recognition policy; documentation of activities implemented to recognize employees
Operational definitions	<b>Employee recognition/appreciation activities:</b> Examples of activities may include recognition through a newsletter, employee of the month program, employee honor roll, recognition letter, documented encouragement for supervisors to provide individual and private recognition, or regularly organized recognition lunch.
<b>6. How would you describe healthy workplace culture activities implemented by the health department?</b>	
Measurement specifications	<p><b>No Knowledge/Unsure:</b> Information related to this indicator is not available.</p> <p><b>No activities:</b> No activities are taking place at the current time.</p> <p><b>Informal or Ad Hoc activities:</b> Activities implemented within the past 2 years are inconsistent and not systematic; activities are reactionary and lack an executive sponsor.</p> <p><b>Formal Activities Implemented in Specific Areas:</b> At least one organizational unit has implemented systematic activities in the past 2 years, but they are not implemented across the entire agency.</p> <p><b>Formal Agency-Wide activities:</b> Activities are implemented systematically across the entire agency with consistent executive sponsorship. Examples can be from a point in time over the past 2 years.</p>
Why this indicator is useful	Developing a healthy workplace culture that promotes trust, belonging, trauma-informed approaches/modeling, and organizational-level approaches for supporting supervisors to strengthen a culture of care for the workforce is critical to improving employees' health and wellness. Limited or ineffective activities may result in workforce staffing and engagement issues now or in the future.
Possible data source(s)	Health Department policies for an inclusive workplace; documentation of activities implemented to support a sense of belong, feeling valued, and trauma-informed approaches and modeling.
Operational	<b>Healthy Workplace Culture:</b> Examples of activities may include evaluating the current work environment and implementing

definitions	changes based on feedback, trainings to support a trauma-informed workforce, identifying and addressing bias in the workplace, and building trust, and communications from leadership that encourage taking mental health breaks, promoting healthy work-life balance, open communication channels to create a safe environment for employees to voice concerns, among others.
<b>7. What percent of total budget from all sources (federal, state, local) is dedicated to planning and implementation of workforce development?</b>	
Measurement specifications	<b>Numerator:</b> Health department budget dedicated to workforce development for a 12-month period <b>Denominator:</b> Total health department budget for a 12-month period
Why this indicator is useful	To make and sustain workforce development gains, staff capacity, infrastructure and funding must be in place to support it. If a small percentage of funding is dedicated to workforce development planning and implementation, it may indicate unsustainable efforts.
Possible data source(s)	Health department annual budget or financial tracking system for workforce development activities and budget expenditures
Operational definitions	<b>Planning and implementation of workforce development:</b> For this indicator, funded planning and implementation activities should include prorated salaries and fringe for staff dedicated to workforce development initiatives, direct expenses for workforce development activities, indirect costs for workforce development divisions, all staff time spent on workforce development activities, and any other quantifiable costs related to the implementation of workforce development.
<b>Facilities Management</b>	
Facilities Management refers to the policies, procedures, and actions associated with the maintenance of facilities that are used by both the workforce and the public. This area pays attention to cleanliness, safety, accessibility, and security. In times of emergencies, disasters, or outbreaks this area could also extend to any temporary facilities for which the health departments may be responsible. It also includes engagement with and/or on behalf of the governing entity or other entities with whom the health department must coordinate facilities management.	
<b>1. Is there a current and in-use facilities management plan that addresses all health department facilities?</b>	
Measurement specifications	Presence or absence of a current and in use facilities management plan
Why this indicator is useful	Facility management is the coordination of the physical workplace with the people and work of the agency. Responsibilities associated with facility management typically include a wide range of function and support services, including janitorial services; security; property or building management; engineering services; space planning and accounting; mail and messenger services. Ignoring the current and future needs of the health department facilities can lead to disruption in services as well as avoidable expenditures if facilities improvements or repairs are left to emergency situations.
Possible data source(s)	Agency records or records of other agencies or contractors who manage the physical facilities for the health department
Operational definitions	<b>Facilities management plan:</b> A facilities management plan includes the procedures the health department uses to address management of each of its facilities.

<p><b>2. To what extent have major improvements related to cleanliness, security, safety and/or access requested for the health department managed facilities (including temporary facilities) been implemented?</b></p>	
Measurement specifications	<p><b>Not at all:</b> No improvements have been made.  <b>Started/In Progress:</b> Some improvements have been identified but are still in progress.  <b>Sustained/Ongoing:</b> Improvements are made on an ongoing basis consistent with the facilities management plan.</p>
Why this indicator is useful	<p>The cleanliness, security, safety and/or access to health department-managed facilities is a major key to excellent customer service as well as for meeting the health department’s mission of serving its jurisdiction. Left unaddressed, these issues can lead to inefficiencies; potential hazards to the public and the staff; and violation of state and federal laws, rules, and regulations.</p>
Possible data source(s)	<p>Agency records; records of other agencies or contractors who manage the physical facilities for the health department</p>
Operational definitions	<p><b>Facilities improvements:</b> Facilities improvements include monitoring all aspects of facility maintenance and upkeep so that the health department can operate at the highest capacity. It includes tracking and responding to environmental, health, safety, and security issues; ensuring facility compliance with relevant regulatory codes and regulations; anticipating future facility needs based on growth, shrinkage, or surge capacity.</p>
<p><b>3. Number of complaints about accessibility of health department managed facilities by persons with disabilities</b></p>	
Measurement specifications	<p>Number of complaints regarding access to health department facilities by persons with disabilities in the past 2 years</p>
Why this indicator is useful	<p>Health departments are public facilities and should be accessible to all members of the public, including those with disabilities. Federal and state laws require that public buildings offer accessibility to the public and accommodations made as needed. Failure to address these requirements can create barriers for the public to participate in the services and programs that health departments provide and can lead to fines or other penalties.</p>
Possible data source(s)	<p>Agency records, records of other agencies or contractors who manage the physical facilities for the health department</p>
Operational definitions	<p><b>Accessibility for persons with disabilities:</b> Accessibility for persons with disabilities is best described in the Americans with Disabilities Act (ADA). ADA provides a valuable tool to fight discrimination and provides procedures for filing a complaint with an appropriate federal agency. It can be made against a health department, formally or informally for violations related to public building and services access.</p>
<p><b>4. Is the number of facilities management positions or contract positions adequate to meet the needs of the health department?</b></p>	
Measurement specifications	<p><b>Yes:</b> The health department has adequate facilities management positions or contracts to meet the needs of the department  <b>No:</b> The health department does not have adequate facilities management positions/contracts to meet the needs of the agency</p>
Why this indicator is	<p>Facilities management staff may be difficult to hire and retain due to the aging of the workforce, as well as to the trend toward more hybrid working. The US State Department has adopted most leading practices in strategic workforce planning to better</p>

useful	understand this workforce and the best use of potentially limited resources. The State Department recommends the development of an inventory of staff skills and review who should be responsible for assigning staff to best address maintenance and facility needs. Failure to have enough staff with adequate skill levels can result in poor facilities management leading to costly issues related to cleanliness, safety, and security of facilities.
Possible data source(s)	Agency records; records of other agencies or contractors who manage the physical facilities for the health department
Operational definitions	<b>Facilities management staff/contracts:</b> Facilities management staff or contract staff are individuals who have the skills to address the ongoing and future needs of the health department facilities. These staff may work for the health department; may be employees of another governmental agency; or may be employees associated with a physical facilities maintenance contract.
<b>Administrative Policy and Planning</b>	
Administrative Policy and Planning refers to those internal policies, procedures, and actions taken by the health department to ensure that operational guidance for the workforce is kept updated and reflective of both the routine operations of the health department as well as the operations that are deployed in the course of conducting public health duties during non-routine activities. This area includes, but does not duplicate, planning for response to public health emergencies, natural disasters, and prevention and control of outbreaks. It also includes engagement with and/or on behalf of the governing entity.	
<b>1. To what extent does the health department maintain agency-wide accessibility for reviewing, revising, and approving agency policies and plans?</b>	
Measurement specifications	<b>Not at all:</b> The process for maintaining agency-wide accessibility for reviewing, revising, and approving agency policies has not been initiated. <b>Started/In Progress:</b> The process for maintaining agency-wide accessibility for reviewing, revising, and approving agency policies is somewhat in place and not consistent. <b>Sustained/Ongoing:</b> A process for maintaining agency-wide accessibility for reviewing, revising, and approving agency policies is in place and has been sustained over time
Why this indicator is useful	Agencies need strong policies to describe and support their actions and responsibilities. Having a set of policies and procedures on how agency-wide policies are reviewed, revised, and approved is essential to sound business practice. Engagement of staff in these processes allows for input and feedback from individuals with a variety of expertise which can ensure stronger policies. Out-of-date policies or those that are developed by a small number of agency staff can lead to management issues in implementation of the agency's key responsibilities.
Possible data source(s)	Policies and/or procedures on the agency's policy review, revision, and approval process
Operational definitions	<b>Policy:</b> the general set of principles by which a government entity is guided in its management of public affairs. For a health department, this may encompass external or community-facing policies (e.g., clean air or school physical education guidelines) as well as internal policies affecting staff (e.g., family leave or hiring practices)

<p><b>2. What proportion of non-emergency policies and plans have been reviewed and revised, according to the health department’s policies for maintaining updated policies and plans?</b></p>	
Measurement specifications	<p><b>Numerator:</b> Number of non-emergency policies and plans reviewed and revised according to the health department’s schedule  <b>Denominator:</b> All non-emergency policies and plans scheduled for review and revision during the past 2 years</p>
Why this indicator is useful	<p>Having a process or plan for review, revision and approval of agency policies is the first step in ensuring a strong infrastructure. The purpose of this indicator is to measure the implementation of the plan as well as the impact of those reviews and revisions. Non-emergency policies can often be delayed in being reviewed because of their routine nature.</p>
Possible data source(s)	<p>Records from the health department’s office or division managing the policy process</p>
Operational definitions	<p><b>Non-emergency:</b> A non-emergency refers to a situation involving conditions which do not pose an imminent threat to human life or immediate potential for extreme property damage which would require immediate response.</p>
<p><b>3. What proportion of emergency operations plan activities reviewed, and policies updated as new information becomes available to the health department? (including After-Action Reports)</b></p>	
Measurement specifications	<p><b>Numerator:</b> Number of emergency policies renewed and/or revised according to the health department’s schedule  <b>Denominator:</b> Number of emergency policies scheduled for review and revision during the past 2 years</p>
Why this indicator is useful	<p>Having a process or plan for review, revision and approval of agency policies is the first step in ensuring a strong infrastructure. The purpose of this indicator is to measure the implementation of the plan as well as the impact of those reviews and revisions. Having a solid and ongoing review, revision and approval process for emergency operations is essential to being well prepared for natural disasters, outbreaks, and other emergencies.</p>
Possible data source(s)	<p>Records from the health department’s office or division managing the policy process</p>
Operational definitions	<p><b>Emergency:</b> An emergency is any natural or man-made situation that results in injury, harm, or loss to humans or property.  <b>After-Action Report:</b> An After-Action Report is a narrative report which captures observations of an exercise (for example: tabletop, functional exercise, or full-scale exercise) and makes recommendations for post-exercise improvements; this is supplemented by an Improvement Plan (IP), which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.</p>
<p><b>4. To what extent are policies and procedures for managing agency operations during uncertain or unplanned events (including continuity of operations) reviewed and revised as new information becomes available?</b></p>	
Measurement specifications	<p><b>Not at all:</b> No policies have been reviewed and updated.  <b>Started/In Progress:</b> Some policies have been reviewed/updated or a plan is in place/being developed to review/update policies.  <b>Sustained/Ongoing:</b> A plan is in place and consistently being followed to review and update policies.</p>
Why this	<p>Lessons learned from the pandemic as well as from ongoing and increasing natural disasters indicate that agency operations</p>

indicator is useful	during uncertain or unplanned events is a key element to efficient and effective response. Use of updated information on an ongoing basis to review and revise these policies is essential to keep these actions as current as possible. Failure to do so can result in delayed response and loss of life.
Possible data source(s)	Agency emergency operations plan or Continuity of Operations plan
Operational definitions	<b>Unplanned or uncertain event:</b> An unplanned or uncertain event is an occurrence or event, natural or manmade, that requires a response to protect life or property. These can include major disasters, emergencies, terrorist attacks or threats, civil unrest, wild and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health emergencies, and other events requiring an emergency response. <b>Continuity of Operations:</b> Continuity of Operations (COOP), as defined in the National Continuity Policy Implementation Plan (NCPPI) and the National Security Presidential Directive 51/Homeland Security Presidential Directive 20 (NSPD-51/HSPD-20), is an effort within individual executive departments and agencies to ensure that Primary Mission Essential Functions (PMEFs) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents and technological or attack-related emergencies.
<b>5. To what extent have the policies reflecting specific actions to improve diversity, equity, and inclusivity been assessed for their impact?</b>	
Measurement specifications	<b>Not at all:</b> No policies have been reviewed for their impact in the past 2 years. <b>Started/In Progress:</b> Some policies have been reviewed in the past 2 years for their impact or a plan is in place or being developed to review policies for their impact. <b>Sustained/Ongoing:</b> A plan is in place and consistently being followed to review policies for their impact. A snapshot in time in the past 2 years.
Why this indicator is useful	The mission of the health department is to serve all individuals in the jurisdictional population. Health departments can best meet this mission by being intentional about their approaches to ensuring diversity, equity, and inclusivity. Review of policies for their impact can ensure that lessons learned are readily translated into practice.
Possible data source(s)	Records from the health department’s office or division managing the policy process
Operational definitions	<b>Diversity, equity, and inclusivity (DEI):</b> DEI refers to a recognition of the existence of differences and similarities among people including, race, gender, ability, and many other elements related to one’s identity and experiences. Fully engaging and benefiting from diversity requires equitable conditions and a culture of inclusion. Diversity is an appreciation and respect for the many differences and similarities we encounter when serving communities and public health jurisdictions. This includes the variety of perspectives, approaches, and competencies of coworkers and populations served.
<b>6. Does the health department have ongoing access to legal consultation for policy/law/regulation development or revisions?</b>	
Measurement specifications	Presence or absence of access to legal consultation for policy/law/regulation development or revisions

Why this indicator is useful	Ongoing and continuous access to public health legal consultation during the development or revision of agency policies, laws, or rules/regulations is an essential infrastructure support. Legal consultation with public health expertise can ensure that the agency's policy/law/regulations are consistent with sound public health law and authority.
Possible data source(s)	Records from the health department's office or division managing the policy process
Operational definitions	<b>Public health legal consultation:</b> Public health legal consultation includes access to evidence and expertise; expertise in designing legal solutions; engaging communities and building political will; support for enforcing and defending legal solutions; and informing policy surveillance and evaluation.
<b>7. To what extent do the health department staff recommend revisions to public health laws/rules and regulations?</b>	
Measurement specifications	<b>Not at all:</b> No staff have been engaged in recommending changes. <b>Started/In Progress:</b> A few key staff have been engaged in recommending changes. <b>Sustained/Ongoing:</b> A plan is in place and consistently being followed for staff to be engaged in recommending revisions.
Why this indicator is useful	One of the key roles of the health department is to recommend changes to public health laws based on new evidence or on routine reviews of older laws. Engagement of a broad number of staff ensures varied expertise in the process for recommending changes or revisions to public health laws/rules and regulations.
Possible data source(s)	Records from the health department's office or division managing the policy process
Operational definitions	<b>Public health laws:</b> Public health laws are any laws that have important consequences for the health of defined populations. They derive from federal and state constitutions; statutes, and other legislative enactments; agency rules and regulations; judicial rulings and case law; and policies of public bodies. Government agencies that apply public health laws include agencies officially designated as "public health agencies," as well as healthcare, environmental protection, education, and law enforcement agencies, among others.
<b>8. What proportion of public health law revisions recommended were not approved?</b>	
Measurement specifications	<b>Numerator:</b> Number of public health law revisions recommended but not approved within the past 2 years <b>Denominator:</b> Number of public health law revisions proposed within the past 2 years
Why this indicator is useful	One of the key roles of the health department is to recommend changes to public health laws based on new evidence or on routine reviews of older laws. However, the approval of those laws is often dependent on entities external to the agency. Tracking the laws requiring revisions that were not approved can be instructive to the agency in how to improve the process.
Possible data source(s)	Records from the health department's office or division managing the policy process
Operational	<b>Public health laws:</b> any laws that have important consequences for the health of defined populations. They derive from federal

definitions	and state constitutions; statutes, and other legislative enactments; agency rules and regulations; judicial rulings and case law; and policies of public bodies. Government agencies that apply public health laws include agencies officially designated as "public health agencies," as well as healthcare, environmental protection, education, and law enforcement agencies, among others.
<b>9. To what extent have public health laws or rules/regulations been enacted that reduce public health authority and capacity?</b>	
Measurement specifications	<p><b>Not at all:</b> No laws or rules have been enacted in the past two years that reduce public health authority and capacity.</p> <p><b>Minimally:</b> A few minor changes to public health laws have been enacted in the past two years that change public health authority or capacity, but the changes are not significant.</p> <p><b>Significantly:</b> Significant changes to public health laws have been enacted in the past two years such that public health authority and capacity have been diminished.</p>
Why this indicator is useful	Any efforts to weaken or roll back important public health authority in regulations and laws that protect the public's health weakens the process for developing evidence-based public health regulations. It also has the potential to dilute the health department's response to disease control and other related services.
Possible data source(s)	Records from the health department's office or division managing the policy process or from the legislative office
Operational definitions	<b>Public health authority:</b> Public health authority means an agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, an Indian tribe, or a foreign government, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandates.
<b>10. To what extent have program policy changes been made based on program evaluations?</b>	
Measurement specifications	<p><b>Not at all:</b> No program policy changes have been made in the past 2 years based on program evaluation.</p> <p><b>Minimally:</b> Program policy changes have been made in the past 2 years, but they have not been based on program evaluations.</p> <p><b>Significantly:</b> There is an agency-wide process in place that schedules program policy revision considerations based on program evaluations, and the schedule has resulted in policy changes.</p>
Why this indicator is useful	Program evaluations are a foundational responsibility of a health department administration. These evaluations provide a systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement. When programs are revised based on evaluations, they are more likely to achieve their objectives and serve the public as intended.
Possible data source(s)	Records from an office of policy and evaluation within the health department
Operational definitions	<b>Evaluation:</b> Evaluation is a systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement.



### Information Systems Management

Information Systems Management refers to the state or territorial department’s process for managing their information management infrastructure. This area includes a continuum of policies, procedures, and actions for procuring the hardware and software that are needed to support the health department functions; updating the hardware and software as improvements are needed; managing the security of the information systems and the data stored within the systems; selecting and using timely data to make mission critical decisions; and developing strategies that link health department systems with other systems that affect the public’s health. It is important to note here that this is broader than data modernization. However, strong information systems are foundational for data modernization. An informatics-savvy health department is one that can obtain, effectively use, and securely exchange information electronically to improve public health practice. To reach this vision, the agency must have an informatics skilled workforce coordinated through an effective agency-wide governance process, employing a disciplined approach to design and use of information systems that effectively support agency program objectives.<sup>1</sup>

**1. Is there a current and in use information systems plan that addresses the elements of an informatics-savvy health department?**

Measurement specifications	Presence or absence of a current and in use information systems plan. (This is for context only. The ASTHO peer review team will not assess the quality of the information systems plan.)
Why this indicator is useful	Lessons learned from the pandemic indicated that health departments need an effective and up-to-date information system staffed by skilled personnel to efficiently function in today’s environment. The public expects that a health department will have current information systems tools and resources that support its mission to its jurisdiction. Several of the post-pandemic reports called for modernization of the public health data systems. Failure to address these issues can result in the health department’s inability to respond to public health threats and emergencies in a timely manner as well as interruption in health department services to the public.
Possible data source(s)	Agency records related to the information systems and its operations
Operational definitions	<p><b>Information systems plan:</b> An information systems plan is a plan for managing an integrated set of components for collecting, storing, and processing data and for providing information, knowledge, and digital products.</p> <p><b>Informatics-savvy health department:</b> An informatics-savvy health department is one that can obtain, effectively use, and securely exchange information electronically to improve public health practice. To reach this vision, the agency must have an informatics skilled workforce coordinated through an effective agency-wide governance process, employing a disciplined approach to design and use of information systems that effectively support agency program objectives.</p>

<sup>1</sup> LaVenture M, Brand B, Ross DA, Baker EL. Building an informatics-savvy health department: Part I, Vision and Core Strategies. *J Public Health Management Practice*. 2014;20(6):667–669. See also, Public Health Informatics Institute. Informatics-savvy health department toolkit Introduction. Accessed June 22, 2022 <https://phii.org/module-1/introduction/>

<b>2. Average number of days it takes to obtain information systems hardware once requested</b>	
Measurement specifications	Average number of days it takes to obtain information systems hardware once requested compared with the forecasted or target number of days in the information systems plan.
Why this indicator is useful	Agency information system operations depend on updated and reliable hardware upon which to run the software applications that support surveillance, disease reporting, vital records, communications, and other vital agency functions. Failure to keep hardware replaced and updated can result in costly public health operations as well as issues with financial management and grants monitoring and reporting.
Possible data source(s)	Agency records related to the information systems and its operations- hardware specific
Operational definitions	<b>Information systems hardware:</b> Large organizations typically employ distributed computer systems, from powerful parallel-processing servers located in data centers to widely dispersed personal computers and mobile devices, integrated into the organizational information systems. Sensors may be widely distributed throughout the physical and biological environment to gather data and, in many cases, to effect control via devices known as actuators. Together with the peripheral equipment—such as magnetic or solid-state storage disks, input-output devices, and telecommunications gear—these constitute the hardware of information systems.
<b>3. Average number of days for software systems updates to be installed once they have been approved</b>	
Measurement specifications	Average number of days for software system updates to be installed once approved compared with the forecasted or target number of days in the information systems plan.
Why this indicator is useful	Agency information system operations depend on updated and reliable software applications that support surveillance, disease reporting, vital records, communications, and other vital agency functions. Failure to keep current and updated versions of software can result in costly public health operations as well as issues with financial management and grants monitoring and reporting.
Possible data source(s)	Agency records related to the information systems and its operations- software specific
Operational definitions	<b>Computer software:</b> Computer software includes system software and application software. The principal system software is the operating system. It manages the hardware, data and program files, and other system resources and provides means for the user to control the computer, generally via a graphical user interface (GUI). Application software is programs designed to handle specific tasks for users.

<b>4. Proportion of days in the past year when the email system was not operational</b>	
Measurement specifications	<b>Numerator:</b> Number of days in the past year when health department email was not operational <b>Denominator:</b> 365 days
Why this indicator is useful	The primary mode of internal and external communication is email. The public, partners, and funders expects to be able to communicate with their health department via email as appropriate for their interactions. Loss of email capability for an extended period of time can create disruptions in services.
Possible data source(s)	Agency records related to the information systems and its operation; Email-specific logs
Operational definitions	<b>Emails:</b> Emails are messages distributed by electronic means from one computer user to one or more recipients via a network
<b>5. Proportion of days in the past year when the surveillance system (disease reporting) was not operational</b>	
Measurement specifications	<b>Numerator:</b> Number of days in the past year when health department disease reporting system was not operational <b>Denominator:</b> 365 days
Why this indicator is useful	One of the key foundational responsibilities of a health department is the maintenance of an accessible disease reporting system. This type of system provides the health department with timely information for the control of communicable diseases and potential outbreaks. In today's environment, reporting entities expect to be able to send information electronically. Failure of these systems to function can affect the health departments and its partners to be able to address outbreaks in a timely manner.
Possible data source(s)	Agency records related to the information systems and its operation; disease reporting systems-specific
Operational definitions	<b>Public health surveillance:</b> Public health surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice.
<b>6. To what extent does the health department have current and in use cross-sectoral or cross- agency data use or data sharing agreements?</b>	
Measurement specifications	<b>Not at all:</b> No cross-sectoral or cross-agency data use/data sharing agreements in place. <b>Started/In Progress:</b> Some cross-sectoral or cross-agency data use/data sharing agreements in place for specific programs but not for all applicable programs. <b>Maintained/Ongoing:</b> Data use/data sharing agreements in place for all applicable programs and currently in use.
Why this indicator is useful	Data sharing provides an opportunity for independent analysis/meta-analyses; reinforces open scientific inquiry; encourages diversity of analysis/opinions; promotes new research and allows for the testing of new or alternative methods; improves methods of data collection/measurement through the scrutiny of others; reduces costs by avoiding duplicate collection efforts; provides a resource for training in research. It assists agencies in fulfilling their role as the authority for public health data.
Possible data source(s)	Health department records of data use agreements; data sharing agreements

Operational definitions	<b>Data sharing agreement:</b> A data sharing agreement is an agreement between two or more parties that outlines which data will be shared and, most importantly, how the data can be used. A data sharing agreement can prevent data misuse, data abuse, and unregulated data dissemination. The typical items found in a data sharing agreement are the period of time the data are to be available, the intended use, confidentiality and security information, usage constraints, details on confidentiality requirements, and financial costs.
<b>7. Number of vacancies in information systems positions, as a percentage of the total number of information systems positions</b>	
Measurement specifications	<b>Numerator:</b> Number of currently vacant information systems positions <b>Denominator:</b> Total number of approved and budgeted information system positions in the current fiscal year
Why this indicator is useful	An informatics-savvy health department is one that can obtain, effectively use, and securely exchange information electronically to improve public health practice. To reach this vision, the agency must have an informatics skilled workforce coordinated through an effective agency-wide governance process, employing a disciplined approach to design and use of information systems that effectively support agency program objectives.
Possible data source(s)	Human resource or IT program area records of staff positions; agency budget
Operational definitions	<b>Information systems positions:</b> Information systems positions are those individual members of the health department’s workforce who are specifically trained in and perform the duties of managing the agency’s information system components. Includes full-time and part-time/contractual positions.
<b>Accounting, Budgeting, and Audit</b>	
Accounting, Budgeting, and Audit refers to the policies, procedures, and actions associated with requesting, managing, and ensuring accountability for financial resources that support both routine health department operations and those that may be added or altered to address emergencies, disasters, and outbreaks. It also includes engagement with and/or on behalf of the governing entity.	
<b>1. Does the health department have an approved annual budget, including budget authority to spend grant funds?</b>	
Measurement specifications	Presence or absence of an approved budget for the current fiscal year.
Why this indicator is useful	An annual budget is the agency’s fiscal plan for implementing its activities and services in the current year. An approved annual budget provides the framework for agency operations as well as alignment with mission. A health department without an approved annual budget is hampered in its ability to function and may experience audit exceptions for any expenditures outside of the approved annual budget.
Possible data source(s)	Health department annual budget
Operational definitions	<b>Annual budget:</b> Annual Budget means the operating budget, including all planned capital expenditures in accordance with federal and state laws and regulations for the applicable calendar year or other period.

<p><b>2. To what extent does the health department have the capacity to conduct financial analysis of available resources and financial support needed to maintain and improve public health infrastructure or services in the jurisdiction served by the health department?</b></p>	
Measurement specifications	<p><b>Not at all:</b> No capacity to conduct financial analyses.  <b>Started/In Progress:</b> Limited capacity to conduct financial analyses.  <b>Maintained/Ongoing:</b> Full capacity to conduct financial analyses.</p>
Why this indicator is useful	<p>Having an approved annual budget provides a financial plan for the health department to use to guide its support for its infrastructure and services. Capacity to perform varied and complex financial analyses give the health department a foundation for being able to effectively use its financial resources as well as to identify gaps and plan for the future.</p>
Possible data source(s)	<p>Reports from financial analyses used to improve public health infrastructure or services</p>
Operational definitions	<p><b>Financial analysis:</b> Financial analysis is the examination of financial information to reach agency business decisions. Analysis typically involves an examination of both historical and projected cash flows, over and under expenditures, and risk. It may result in the reallocation of resources to or from a specific internal operation.</p>
<p><b>3. Proportion of state funds expended in the allotted time frame</b></p>	
Measurement specifications	<p><b>Numerator:</b> Amount of state funds expended in the past fiscal year  <b>Denominator:</b> Total amount of approved state funds authorized for the past fiscal year</p>
Why this indicator is useful	<p>The budget provides valuable resources for the health department to carry out its mission. When budgeted funds are not expended fully, services and programs are negatively impacted. Underspending can also create barriers for future budget requests.</p>
Possible data source(s)	<p>Agency budget report</p>
Operational definitions	<p><b>Expended funds:</b> Expended funds means any cost or expense incurred by the agency which was approved and included in the annual budget (see above), or which has been approved in subsequent budget revisions.</p>
<p><b>4. Proportion of grant funds returned to the grantor because of underspending</b></p>	
Measurement specifications	<p>Federal grant funds returned to funding source in the past 2 fiscal years, as a percentage of the total amount of federal grant funding.</p>
Why this indicator is useful	<p>Federal funds are provided to health departments for specific purposes within specific time frames. They are intended to support the capacity of the health department to provide services to its jurisdiction and/or to enhance or improve infrastructure or workforce. Underspending these funds can occur because of barriers beyond the health department's control. However, underspending to the point of returning funds can negatively affect future grant applications.</p>
Possible data source(s)	<p>Agency budget and grant reports</p>

Operational definitions	<b>Underspending:</b> Budget underspending means any cost or expense incurred by the agency which was approved and included in the annual budget (see above), and which was not spent during the specified budget time frame.
<b>5. Average amount of time for an external invoice to be paid once it has been submitted to the health department</b>	
Measurement specifications	Average amount of time for an external invoice to be paid once it has been submitted to the health department compared with the description of the time expected in health department’s contracts or procedural policies.
Why this indicator is useful	Many of the health department services and programs, as well as the equipment and supplies, are available to the health department through purchase via contracts, vendor agreements, or other similar methods. Payment for those goods and services in a timely manner ensures that these valuable partners will remain partners in the future. Extreme delays in payments can also breach contracts and contribute to a negative image of the health department.
Possible data source(s)	Finance office payment logs or system reports for invoice payments
Operational definitions	<b>Invoice payment:</b> Invoice payment means a detailed, certified, and written request for payment of services by and rendered from the contractor to the agency. Payment invoice(s) contain the deliverable cost and identify the deliverables for which the payment invoice is submitted.
<b>6. To what extent are financial policies/procedures updated to reflect flexible financial management during uncertain/unplanned events?</b>	
Measurement specifications	<b>Not at all:</b> No policies have been reviewed and updated in the past 2 years. <b>Started/In Progress:</b> Some policies have been reviewed and updated or a plan is in place or being developed to review and update policies in the past 2 years. <b>Sustained/Ongoing:</b> A plan is in place and consistently being followed to review and update policies in the past 2 years.
Why this indicator is useful	Lessons learned from the pandemic as well as from ongoing and increasing natural disasters indicate that agency operations during uncertain or unplanned events is a key element to efficient and effective response. Use of updated information on an ongoing basis to review and revise these policies is essential to keep these actions as current as possible. Failure to do so can result in delayed response and loss of life.
Possible data source(s)	Agency budget; agency emergency operations plan; emergency orders budget
Operational definitions	<b>Financial policies:</b> Policy is the general principle by which a government entity is guided in its management of public affairs. For a health department, this may encompass external or community-facing policies (e.g., clean air or school physical education guidelines) as well as internal policies affecting staff (e.g., family leave or hiring practices). Financial policies may encompass both external and internal policies.  <b>Unplanned or uncertain event:</b> An unplanned or uncertain event is an occurrence or event, natural or manmade that requires a response to protect life or property. These can include major disasters, emergencies, terrorist attacks, terrorist threats, civil

	unrest, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.
<b>7. To what extent were internal or external audit findings cited but not addressed during the past year</b>	
Measurement specifications	<p><b>Not at all:</b> No audits were completed in the past year or no audits revealed findings.</p> <p><b>Started/In Progress:</b> Audits were completed in the past year, but no response to audit findings were developed.</p> <p><b>Maintained/Ongoing:</b> There is a routine process by which audits are reviewed and findings are responded to within 30 days of receipt.</p>
Why this indicator is useful	The purpose of financial audits is to assess the health department’s compliance with acceptable financial practices and to ascertain whether funds are expended in accordance with laws, rules, or regulations. Audit findings can be helpful in identifying potential weaknesses in the financial practices of a health department so they can be addressed in a timely manner.
Possible data source(s)	Agency internal or external audit reports for the past year, including audit report responses
Operational definitions	<b>Financial audit:</b> A financial audit is an objective examination and evaluation of the financial statements of an organization to make sure that the financial records are a fair and accurate representation of the transactions they claim to represent. The audit can be conducted internally by employees of the organization or externally by an outside Certified Public Accountant (CPA) firm.
<b>8. Number of federally funded programs receiving a “high-risk grantee” designation</b>	
Measurement specifications	Number of federally funded programs receiving a “high-risk” designation.
Why this indicator is useful	Federal grants provide health departments with the financial resources to support the provision of programs and services. If a health department has experienced financial difficulty in the past or received a less than perfect audit, they might still get federal grant funds but be designated by the government as a “high risk” grant recipient. A high-risk grantee designation will place the health department on reimbursement funding status. Reimbursement funding status means the health department must advance their own funds first and then get reimbursed when they submit documentation of spending. Several programs in high-risk status can jeopardize federal funds in the future. Ideally, this number should be zero.
Possible data source(s)	Agency records of documentation from federal funding agencies
Operational definitions	<p><b>High-risk grantee:</b> A high-risk grantee is a grantee or subgrantee considered to be “high risk” if an awarding agency determines that a grantee or subgrantee:</p> <ol style="list-style-type: none"> <li>(1) Has a history of unsatisfactory performance, or</li> <li>(2) Is not financially stable, or</li> <li>(3) Has a management system which does not meet the management standards set forth in this part, or</li> <li>(4) Has not conformed to terms and conditions of previous awards, or</li> </ol>

	(5) Is otherwise not responsible; and if the awarding agency determines that an award will be made, special conditions and/or restrictions shall correspond to the high-risk condition and shall be included in the award (Code of Federal Regulations (CFR). Title 29, Subtitle A, Part 97, Subpart B § 97.12. Special grant or subgrant conditions for “high-risk” grantees. Last amended on June 1, 2022).
<b>Procurement of Equipment, Supplies, and Services</b>	
Procurement of Equipment, Supplies, and Services refers to the policies, procedures, and actions taken by the health department to obtain the necessary equipment and supplies that may be needed to carry out both its regular agency functions and those functions that may be needed during times of emergencies, disasters, or outbreaks. This area includes contracting for public health services. It also includes engagement with and/or on behalf of the governing entity.	
<b>1. Does the health department have current and in use policies and procedures related to procurement of equipment and supplies both in routine and in emergency situations?</b>	
Measurement specifications	Presence or absence of policies and procedures related to procurement of equipment and supplies
Why this indicator is useful	Health departments are responsible for adhering to laws/rules/regulations regarding the acquisition of equipment and supplies. The purpose of procurement policies and procedures is to ensure that these laws are followed when purchasing business-related products and services, and to minimize fraud, waste, and abuse in purchasing.
Possible data source(s)	Agency procurement records
Operational definitions	<b>Procurement policies and procedures:</b> The purpose of procurement policies and procedures is to ensure that best value – the most advantageous balance of price, quality, and performance —is obtained when purchasing business-related products and services, and to minimize fraud, waste, and abuse in purchasing.
<b>2. Average number of days to receive approval of equipment and supplies once requested</b>	
Measurement specifications	Average number of days to receive approval of equipment and supplies once requested compared with the state’s policies and procedures description of the time expected.
Why this indicator is useful	Timeliness in the approval and execution of procurement actions is a key element of administration. Monitoring for unusual or unpredicted delays in obtaining approval can disrupt health department services; can result in breach of contracts or grant agreements; and/or can result in additional costs.
Possible data source(s)	Agency procurement records
Operational definitions	<b>Timeliness of approvals:</b> Timeliness in the approval and execution of procurement actions is a key element of administration. The start time for the measure is the date the contract is approved internally.



<b>3. Average number of days to receive approval of external services agreement once requested</b>	
Measurement specifications	Average number of days to receive approval of external services agreements once requested compared with the state’s policies and procedures description of the time expected.
Why this indicator is useful	Timeliness in the approval and execution of a contract or other external services is a key element of administration. Monitoring for unusual or unpredicted delays in obtaining approval can disrupt health department services; can result in breach of contracts or grant agreements; and/or can result in additional costs.
Possible data source(s)	Agency records of contracts or other external agreements
Operational definitions	<p><b>Timeliness of approvals:</b> Timeliness in the approval and execution of procurement actions is a key element of administration. The start time for the measure is the date the contract is approved internally. All formal contracts with external vendors, organizations, or agencies should be included.</p> <p><b>Formal contracts:</b> A formal contract is one that is a written and signed legal document. This measure should not include verbal agreements or memoranda of understanding (MOUs).</p>
<b>4. Proportion of equipment and/or supply requests denied in the past year</b>	
Measurement specifications	<p><b>Numerator:</b> The number of equipment and/or supply requests denied in the past year</p> <p><b>Denominator:</b> The total number of equipment and/or supply requests in the past year</p>
Why this indicator is useful	Timeliness in the approval and execution of equipment and/or supply requests is a key element of administration. Monitoring for denied requests can provide valuable information so that intervention can occur to avoid disruption in health department services; breaches of contracts or grant agreements; and/or additional costs.
Possible data source(s)	Agency procurement of equipment and/or supply requests
Operational definitions	<b>Denied requests:</b> “Deny,” or “denied” means the act of administration communicating that a request has been rejected after formal consideration.
<b>5. Number of accountability reviews of subcontractors related to equipment purchases</b>	
Measurement specifications	<p><b>Numerator:</b> Number of accountability reviews related to equipment purchases in the past 2 years</p> <p><b>Denominator:</b> Total number of equipment purchases in the past 2 years</p>
Why this indicator is useful	Health departments are required to evaluate equipment vendor performance and use those evaluations as part of future purchasing decisions. Accountability reviews include evaluation of performance in an objective way and review of integrity information. Good management includes making an award decision after reviewing relevant performance information.
Possible data source(s)	Agency records of accountability reviews of equipment vendors

Operational definitions	<b>Accountability reviews:</b> Performance evaluations/accountability reviews are those which are conducted at least annually and at the time the work under a contract or order is completed. These evaluations are generally for the entity, division, or unit that performed the contract duties, services or provided goods.
<b>6. Number of accountability reviews of subcontractors related to public health contract services</b>	
Measurement specifications	<b>Numerator:</b> Number of accountability reviews related to public health contract services the past 2 years <b>Denominator:</b> Total number of public health contracts executed in the past 2 years
Why this indicator is useful	Health departments are required to evaluate public health service contractor performance and use those evaluations as part of future contracting decisions. Accountability reviews include evaluation of performance in an objective way and review of integrity information. Good management includes making a contract decision after reviewing relevant performance information.
Possible data source(s)	Agency records of accountability reviews of public health contractors
Operational definitions	<b>Accountability reviews:</b> Performance evaluations/accountability reviews are those which are conducted at least annually and at the time the work under a contract or order is completed. These evaluations are generally for the entity, division, or unit that performed the contract duties, services or provided goods.
<b>7. To what extent does the agency have flexibility to award procurement contracts as a priority to minority owned vendors?</b>	
Measurement specifications	<b>Not at all:</b> No agency flexibility to award procurement contracts as a priority to minority owned vendors. <b>Some Flexibility:</b> Agency flexibility to award procurement contracts as a priority to minority owned vendors is present for some contracts but not all contracts. <b>Full Flexibility:</b> Agency flexibility to award procurement contracts as a priority to minority owned vendors is present for all contracts.
Why this indicator is useful	The goal of policies on awarding contracts to minority and women owned businesses is to put minority firms in a better position to compete as either prime contractors or subcontractors. Health departments who have a track record for making contract awards to minority-owned vendors is more likely to contribute to the health department's image as valuing equity.
Possible data source(s)	Agency procurement policies and procedures; webinars offered; other outreach services offered
Operational definitions	<b>Minority owned:</b> Minority group members are United States citizens who are Asian-Indian, Asian-Pacific, Black, Hispanic and Native American. This definition can also extend to women owned businesses. Ownership by minority individuals means the business is at least 51% owned by such individuals or, in the case of a publicly owned business, at least 51% of the stock is owned by one or more such individuals (i.e., the management and daily operations are controlled by those minority group members.)

<b>Communications</b>	
<p>Communications refers to the policies, procedures, and actions taken by the health department to communicate with the public health workforce and with the public both in times of routine operations and in times of emergencies, disasters, and outbreaks. This area focuses on strategies and processes specifically aimed at deploying updated and evolving communications skills and activities both internally and externally. This area includes attention to communications during times of change for the health department as well as communicating with the public to strengthen their trust in the public health system. It also includes engagement with and/or on behalf of the governing entity.</p>	
<p><b>1. Does the health department have a current and in use communications plan that includes both risk communications and non-emergency communications?</b></p>	
Measurement specifications	Presence or absence of a current and in use communications plan
Why this indicator is useful	Effective communication is essential to provide timely, accurate, and reliable information about how to protect, promote, and influence community members towards healthy actions. Health departments provide critical health education and promotion information on a wide variety of topics, including healthy behaviors (e.g., good nutrition, hand washing, and seat belt use) and health risks (e.g., the incidence or prevalence of existing and emerging health threats, such as, food borne illness, anthrax, or coronavirus). To be effective in influencing healthy actions, health departments require communication procedures that consider sound evidence, engagement with community members during the design of messages, and methods of dissemination to ensure community members are reached with actionable and understandable information.
Possible data source(s)	Agency communications plan
Operational definitions	<b>Communications plan:</b> A communications plan contains communications strategies which are descriptions of a situation, audience, behavioral change objectives, strategic approach, key message points, media of communication, management, and evaluation. Health departments may develop communications strategies to address a variety of situation for health communications, emergency response, or health education.
<p><b>2. What percent of the major communications activities described in the agency communications plan have been implemented?</b></p>	
Measurement specifications	<b>Numerator:</b> Number of communications activities implemented in the past 2 years that are part of a communications plan. <b>Denominator:</b> Total number of communications activities described in the communications plan.
Why this indicator is useful	Effective communication builds an understanding among community members about the value, purpose, programs, services, and importance of public health. To facilitate bidirectional flow of information, communication strategies require continually strengthening relationships with partners and community members, including subgroups of the population served. Communication requires authentic community engagement in dialogue with the target audiences to assure that messages are designed considering cultural humility and use channels, such as social media, which are capable of rapidly reaching large audiences.
Possible data	Agency communications plan

source(s)	
Operational definitions	<b>Communications strategies:</b> Communications strategies are descriptions of a situation, audience, behavioral change objectives, strategic approach, key message points, media of communication, management, and evaluation. Health departments may develop communications strategies to address a variety of situation for health communications, emergency response, or health education.
<b>3. To what extent do the activities conducted in accordance with the communications plan for reaching people who are non-English speaking, deaf or hard of hearing, or blind or have low vision been assessed for impact?</b>	
Measurement specifications	<b>Not at all:</b> No activities conducted for reaching people who are non-English speaking, deaf or hard hearing, or blind or have low vision. <b>Started/In Progress:</b> Initial activities conducted for reaching people who are non-English speaking, deaf or hard hearing, or blind or have low vision but not agency-wide or for all types of individuals included in this indicator. <b>Maintained/Ongoing:</b> Agency-wide activities are routinely and consistently conducted for reaching people who are non-English speaking, deaf or hard hearing, or blind or have low vision.
Why this indicator is useful	This indicator is useful to assess implementation of the health department’s communication strategies to the populations that it serves to encourage changes related to health risks, health behaviors, disease prevention, and well-being approaches. Culturally sensitive and linguistically appropriate information ensures that public health information is understandable. To reach intended audiences, communications must be accurate, timely, and provided in a manner that can be understood and used effectively by the priority population.
Possible data source(s)	Agency records of activities conducted for reaching people who are non-English speaking, deaf or hard hearing, or blind or have low vision.
Operational definitions	<b>Targeted communication strategies:</b> Targeted communication strategies require continually strengthening relationships with partners and community members, including subgroups of the population served. Communication requires authentic community engagement in dialogue with the target audiences to assure that messages are designed considering cultural humility and use channels, such as social media, which are capable of rapidly reaching large audiences.
<b>4. To what extent are social media communications a part of the health department’s ongoing communications?</b>	
Measurement specifications	<b>Not at all:</b> No use of social media. <b>Started/In Progress:</b> Some restricted use of social media. <b>Sustained/Ongoing:</b> Use of social media is an ongoing and consistent part of the health department’s communication strategies.
Why this indicator is useful	This indicator is useful in assessing the health department’s use and assessment of a variety of methods and formats to keep the public informed about public health and environmental public health issues, health status, public health laws, health programs, and other public health information. Health departments need to present public health information to different audiences through a variety of methods, including the website and use of social media. Health departments should assess their communications efforts to understand how well they are reaching community members.

Possible data source(s)	Agency social media posts and records
Operational definitions	<b>Social media:</b> Social media includes forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos).
<b>5. To what extent has the agency’s website kept updated as information changes or new information is acquired?</b>	
Measurement specifications	<b>Not at all:</b> No improvements have been made. <b>Started/In Progress:</b> Some improvements have been identified but are still in progress. <b>Sustained/Ongoing:</b> Improvements are made on an ongoing and consistent basis.
Why this indicator is useful	This indicator is useful in assessing the health department’s use and assessment of a variety of methods and formats to keep the public informed about public health and environmental public health issues, health status, public health laws, health programs, and other public health information. Health departments need to present public health information to different audiences through a variety of methods, including the website and use of social media. Health departments should assess their communications efforts to understand how well they are reaching community members
Possible data source(s)	Agency website and related records of web pages
Operational definitions	<b>Website:</b> A website is a collection of publicly accessible, interlinked Web pages that share a single domain name. Websites can be created and maintained by an individual, group, business, or organization to serve a variety of purposes.
<b>6. To what extent are communications strategies and activities revised based on quality improvement, performance management, or other types of evaluation activities?</b>	
Measurement specifications	<b>Not at all:</b> No improvements have been made. <b>Started/In Progress:</b> Some improvements have been identified but are changes are still in progress. <b>Sustained/Ongoing:</b> Improvements are made on an ongoing and consistent basis.
Why this indicator is useful	Sound communications strategies and activities include assessment of communications efforts to understand how well they are reaching the public with vital information. Performance management and/or quality improvement methods can be used to identify revisions to strengthen communication strategies.
Possible data source(s)	Communications plan updates or revisions
Operational definitions	<b>Communication strategies:</b> Communication strategies require continually strengthening relationships with partners and community members, including subgroups of the population served. Communication requires authentic community engagement in dialogue with the target audiences to assure that messages are designed considering cultural humility and use channels, such as social media, which are capable of rapidly reaching large audiences.

	<p><b>Performance management:</b> Performance Management is a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In practice, performance management often means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.</p> <p><b>Quality improvement:</b> Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.</p>
<p><b>Performance Management/Quality Improvement and Evaluation</b></p> <p>Performance Management/Quality Improvement and Evaluation refers to the agency-wide policies, procedures, and actions taken by the health department to ensure an ongoing focus on reviewing health department functions and responsibilities for the specific purpose of improving those functions and responsibilities. It includes a continuum of activities that address both the routine functions of the health department and those functions that may be needed in times of emergencies, disasters, or outbreaks. This area focuses on improving the health department’s existing functions, services, processes, and programs.</p>	
<p><b>1. To what extent does the health department revise administrative or organizational policies or procedures based on performance or quality improvement activities?</b></p>	
<p>Measurement specifications</p>	<p><b>Not at all:</b> No revisions have been made in the past 2 years.  <b>Started/In Progress:</b> Some revisions have been identified but are changes are still in progress.  <b>Sustained/Ongoing:</b> Revisions based on performance or quality improvement activities are made on an ongoing and consistent basis.</p>
<p>Why this indicator is useful</p>	<p>This indicator relates to agency-wide policies, procedures, and actions taken by the health department to ensure an ongoing focus on reviewing health department functions and responsibilities for the specific purpose of improving those functions and responsibilities. It includes a continuum of activities that address both the routine functions of the health department and those functions that may be needed in times of emergencies, disasters, or outbreaks. A process for ongoing assessment of the policies can provide strong guidance for changes that can strengthen health department performance and response.</p>
<p>Possible data source(s)</p>	<p>Agency records from policy management office; performance management system reports; quality improvement reports</p>
<p>Operational definitions</p>	<p><b>Administrative or organizational policies or procedures:</b> Policies are the general principles by which a government entity is guided in its management of public affairs. For a health department, this may encompass external or community-facing policies (e.g., clean air; school physical education guidelines) as well as internal policies affecting staff (e.g., family leave; hiring practices)</p>

	<p><b>Performance management:</b> Performance Management is a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In practice, performance management often means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.</p> <p><b>Quality improvement:</b> Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.</p>
<p><b>2. To what extent are agency activities reviewed for conformity with diversity, equity, and inclusivity policies?</b></p>	
Measurement specifications	<p><b>Not at all:</b> No process for review exists.</p> <p><b>Started/In Progress:</b> Process for review of policies on DEI-related activities exist in selected programs but not agency-wide.</p> <p><b>Maintained/Ongoing:</b> Agency-wide process for review of policies on DEI related activities is an ongoing part of health department operations.</p>
Why this indicator is useful	<p>Department-wide policies and activities related to diversity, equity, inclusion, or anti-racism principles can help infuse those concepts throughout the health department, including in its internal operations. An important first step in those initiatives is having a common understanding of how agency activities conform with DEI policies.</p>
Possible data source(s)	<p>Agency records related to review of agency activities for conformity with DEI policies</p>
Operational definitions	<p><b>Diversity, equity, and inclusivity (DEI) policies:</b> DEI policies highlight efforts toward underserved communities by addressing structural inequities. Organizations that embrace DEI can foster cultures that minimize bias and recognize and address systemic inequities, which, if unaddressed, create disadvantage for certain individuals or groups.</p>
<p><b>3. How often does the agency leadership review findings from the performance management system?</b></p>	
Measurement specifications	<p><b>Not at all:</b> Agency leadership is not involved in performance management system findings reviews.</p> <p><b>Monthly:</b> Agency leadership is involved in performance management system findings reviews on a monthly basis.</p> <p><b>Quarterly:</b> Agency leadership is involved in performance management system findings reviews on a quarterly basis.</p> <p><b>Annually:</b> Agency leadership is involved in performance management system findings reviews on an annual basis.</p> <p><b>Other (specify):</b> Agency leadership is involved in performance management systems finding reviews based on a different schedule than identified above.</p>
Why this indicator is useful	<p>A performance management system encompasses establishing and evaluating the achievement of goals, objectives, and improvements or actions across programs, policies, and processes. Tools like logic models can help health departments determine which objectives to track to understand how the work of the health department, along with the broader public health</p>

	system, contributes to improving health outcomes. Leadership review of reports from the adopted performance management system will ensure that goals are being met consistently in an effective and efficient manner and will identify opportunities for improvement.
Possible data source(s)	Agency records of performance management reviews
Operational definitions	<b>Performance management system:</b> A performance management system is a systematic process which helps an organization achieve its mission and strategic goals by actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.
<b>4. Proportion of complaints from health department customers or member of the public that receive responses</b>	
Measurement specifications	<b>Numerator:</b> Number of complaints filed that received responses in the past 2 years <b>Denominator:</b> Total number of complaints in the past 2 years
Why this indicator is useful	Health departments engage with a variety of customers or other members of the public while carrying out their responsibilities. Customer service includes treating customers in a polite and helpful way, which is considered an important part of running a good business. Attending to complaints from the public or from customers early can often intervene in problems before they become larger and more public issues.
Possible data source(s)	Agency records related to customer or public complaints
Operational definitions	<b>Complaint:</b> A written or spoken statement of dissatisfaction with something (services, actions, activities, etc.).
<b>5. To what extent are external contracts or MOUs reviewed for performance?</b>	
Measurement specifications	<b>Not at all:</b> No reviews of external contracts or MOUs have been performed in the past 2 years. <b>Minimally:</b> Random reviews of external contracts or MOUs have been performed in the past 2 years. <b>Significantly:</b> Systematic and routine reviews of external contracts or MOUS have been performed in the past 2 years.
Why this indicator is useful	Health departments are required to evaluate public health service contractor performance and use those evaluations as part of future contracting decisions. Accountability reviews include evaluation of performance in an objective way and review of integrity information. Good management includes making a contract decision after reviewing relevant performance information.
Possible data source(s)	Agency records of accountability reviews of public health contractors
Operational definitions	<b>Accountability reviews:</b> Performance evaluations/accountability reviews are those which are conducted at least annually and at the time the work under a contract or order is completed. These evaluations are generally for the entity, division, or unit that performed the contract duties, services or provided goods.



<b>6. To what extent are reviews conducted of health department operations during unplanned or uncertain events, as applicable?</b>	
Measurement specifications	<p><b>Not at all:</b> No reviews of health department operations during unplanned or uncertain events have been completed in the past 2 years.</p> <p><b>Minimally:</b> Random reviews of health department operations during unplanned or uncertain events have been completed in the past 2 years.</p> <p><b>Significantly:</b> Systematic and ongoing reviews of health department operations during unplanned or uncertain events have been done in the past 2 years.</p>
Why this indicator is useful	Lessons learned from the pandemic as well as from ongoing and increasing natural disasters indicate that agency operations during uncertain or unplanned events is a key element to efficient and effective response. Use of updated information on an ongoing basis to review and revise these policies is essential to keep these actions as current as possible. Failure to do so can result in delayed response and loss of life.
Possible data source(s)	Agency records of reviews of health department operations during unplanned or uncertain events
Operational definitions	<b>Unplanned or uncertain event:</b> An unplanned or uncertain event is an occurrence or event, natural or manmade that requires a response to protect life or property. These can include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.
<b>7. To what extent are policies or procedures revised based on reviews of health department operations during unplanned or uncertain times, as applicable?</b>	
Measurement specifications	<p><b>Not at all:</b> No policies and/or procedures have been reviewed and updated that are related to health department operations during uncertain times.</p> <p><b>Started/In Progress:</b> Some policies and/or procedures have been reviewed and updated or a plan is in place or being developed to review and update policies and/or procedures for health department operations during uncertain times.</p> <p><b>Sustained/Ongoing:</b> A plan is in place and consistently being followed to review and update policies and/or procedures for health department operations during uncertain times.</p>
Why this indicator is useful	Lessons learned from the pandemic as well as from ongoing and increasing natural disasters indicate that agency operations during uncertain or unplanned events is a key element to efficient and effective response. Use of updated information on an ongoing basis to review and revise these policies is essential to keep these actions as current as possible. Failure to do so can result in delayed response and loss of life.
Possible data source(s)	Agency emergency operations plan or COOP plan reviews and revisions
Operational	<b>Unplanned or uncertain event:</b> An unplanned or uncertain event is an occurrence or event, natural or manmade that requires a

definitions	response to protect life or property. These can include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.
<b>8. Proportion of agency leadership with training in QI/PM</b>	
Measurement specifications	<b>Numerator:</b> Number of agency leadership staff with training in QI/PM in the past 5 years <b>Denominator:</b> Total number of agency leadership staff
Why this indicator is useful	QI tools appropriate for a given improvement model will vary based on the method selected and the type or problem identified. QI tools could include, for example, flowcharting or process mapping to document the way in which the process under study is currently operating. QI tools could include, for example, brainstorming and Strengths Weaknesses, Opportunities and Threats (SWOT) or Strengths, Opportunities, Aspirations, and Results (SOAR) Analysis. When agency leadership has training in the most appropriate methods to use for the type of problem or issue being assessed, then, the value of doing the assessment is enhanced and is more likely to be used for improvements.
Possible data source(s)	Agency training records
Operational definitions	<b>Quality improvement training:</b> Quality improvement training is professional development and/or training in a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.
<b>Learning Organizational Efforts and Innovations</b>	
Learning Organizational Efforts and Innovations refers to the actions of the health department that support its leadership and other staff to continually expand their capacity and skill in testing and considering new knowledge and insights needed to see the parts of the public health department as one whole system. This area focuses on acquiring new knowledge that leads to adapting or adopting new programs, services, processes, or activities. It also includes engagement with and/or on behalf of the governing entity.	
<b>1. Does the health department have activities aimed at contributing to developing research, evidence, practice-based insights, and other innovations?</b>	
Measurement specifications	<b>No Knowledge/Unsure:</b> Information related to this indicator is not available. <b>No activities:</b> No activities are taking place. <b>Informal or Ad Hoc activities:</b> Activities implemented are inconsistent and not systematic; activities are reactionary and lack an executive sponsor. <b>Formal Activities Implemented in Specific Areas:</b> At least one division has implemented systematic activities, but they are not implemented across the entire agency.

	<b>Formal Agency-Wide activities:</b> Activities are implemented systematically across the entire agency with consistent executive sponsorship.
Why this indicator is useful	Public health moves forward when health departments share their insights, best practices, and other types of new ways of doing things. This indicator is designed to probe just how organized a health department is in its intentionality about a consistent approach to contributing to the overall evidence for current public health science and practice.
Possible data source(s)	Office of Science (or similar office) reports; publications by health department staff; staff participation in innovations committees or councils
Operational definitions	<p><b>Evidenced-based practice:</b> Evidenced-based practice involves making decisions based on the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned.</p> <p><b>Public health innovation:</b> Public health innovation refers to the development of a new process, policy, product, or program that increases quality, impact, and efficiency.</p> <p><b>Evaluation:</b> Evaluation is a systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement.</p>
<b>2. To what extent are health department staff engaged in internal activities aimed at seeking solutions to challenges or problems?</b>	
Measurement specifications	<p><b>Not at all:</b> Activities have not been initiated, so no staff are involved.</p> <p><b>Minimal Number:</b> A small number of activities have been initiated with a limited number of staff in divisions with no agency-wide process/plan.</p> <p><b>Significant Number:</b> Activities are taking place in multiple divisions under an agency-wide process/plan with broad staff engagement.</p>
Why this indicator is useful	Public health is undergoing rapid change to address the complex needs of its communities, populations, stakeholders, and funders. Serving as the chief health strategist for a state or island jurisdiction requires that a health department engage in ongoing organized activities aimed at seeking the best solutions to challenges or problems. Public health faces the simultaneous challenges of responsiveness and continuity. Sustained successes frequently lead to apathy, and the visibility and excitement surrounding new problems can promote ad hoc decisions that fragment programs and divert resources from established and successful programs. The role of the health department is to provide balance between the two. Broad engagement of staff can lead to identifying possible policy solutions that may not have been readily apparent.
Possible data source(s)	Agency records related to committee meetings; leadership councils; or governing boards discussion of planning to address complex issues
Operational definitions	<b>Challenging or complex public health problems:</b> Challenging or complex problems facing public health are those problems that are challenging and difficult to resolve and often require systems-thinking to address. In the context of this indicator, these are

	administrative or operational issues.
<b>3. To what extent are activities or efforts to evaluate new strategies for administering public health department operations implemented?</b>	
Measurement specifications	<p><b>No Knowledge/Unsure:</b> No clear knowledge or awareness of activities or efforts in this area</p> <p><b>No activities:</b> Activities have not been initiated.</p> <p><b>Informal or Ad Hoc activities:</b> Activities implemented are inconsistent and not systematic; activities are reactionary and lack an executive sponsor.</p> <p><b>Formal Activities Implemented in Specific Areas:</b> At least one division has implemented systematic activities, but they are not implemented across the entire agency.</p> <p><b>Formal Agency-Wide activities:</b> Activities are implemented systematically across the entire agency with consistent executive sponsorship.</p>
Why this indicator is useful	Lessons learned during the pandemic reminded public health agencies about the importance of strong administrative and operational processes being implemented consistently. Ensuring that administrative operations are the most current and efficient requires ongoing and systematic evaluation of current practices, using those evaluation results to improve operations. The consequence of not attending to strong administrative operations slows response times, affects efficiency, and delays implementation of services.
Possible data source(s)	Agency records related to administrative and operational evaluations; reports from performance management systems
Operational definitions	<p><b>Evaluation:</b> Evaluation is a systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement.</p> <p><b>Health department operations:</b> Health department operations include performance of public health activities involving the practical application of sound business and public health principles or processes.</p>
<b>4. To what extent are activities led or supported by leadership in addressing administrative issues?</b>	
Measurement specifications	<p><b>Not at all:</b> Activities have not been initiated.</p> <p><b>Minimal Number:</b> A small number of activities have been initiated with a limited number of leaders in divisions with no agency-wide process/plan.</p> <p><b>Significant Number:</b> Activities are taking place in multiple divisions under an agency-wide process/plan with broad leadership support.</p>
Why this indicator is useful	Health department administrative issues which are addressed through the engagement and support of agency leadership have greater potential for being successful in making needed changes in policies, processes, and systems. Agency leaders not only get information about the issues for change and the change needed, but they can also make a case for making system-level changes that will address the issues in a more efficient time frame. A wrong decision at any level of management may create difficulties for the whole agency, and leaders can help avoid those pitfalls.

Possible data source(s)	Agency records related to administrative and operational issue discussions; reports from performance management systems
Operational definitions	<b>Public health administrative issues:</b> Public health administrative issues are those challenges that interfere with the health department’s ability and capacity to address their mission as a governmental agency. Examples of these issues can include human resources; procurement; information systems management; contracts management; and other similar activities.
<b>5. To what extent are cross-sectoral activities led or engaged in by health department leadership in addressing governmental system issues?</b>	
Measurement specifications	<b>Not at all:</b> Activities have not been initiated, so no leadership has engaged. <b>Minimal Number:</b> A small number of activities have been initiated with a limited number of leaders in divisions with no agency-wide process/plan. <b>Significant Number:</b> Activities are taking place in multiple divisions under an agency-wide process/plan with broad leadership support.
Why this indicator is useful	Administrative and operational issues identified by the health department as being challenging to overall health department operations occasionally occur as the result of policies, rules/regulations, or actions taken by other governmental agencies. Examples of these may fall into the areas of human resources, contracting, procurement, IT systems, or other similar activities. When health department leadership engages with other governmental agency leaders about the challenges encountered, system level changes can occur that can help solve the problems.
Possible data source(s)	Agency records related to administrative and operational issue discussions with other governmental agencies.
Operational definitions	<b>Public health administrative issues:</b> Public health administrative issues are those challenges that interfere with the health department’s ability and capacity to address their mission as a governmental agency. Examples of these issues can include human resources; procurement; information systems management; contracts management; and other similar activities.  <b>Cross-sectoral governmental discussions:</b> Cross-sectoral governmental discussions are those actions that public health agencies can use to initiate and sustain cross-sector partnerships with other governmental agencies such as Medicaid, housing, and transportation agencies.
<b>6. To what extent are cross-sectoral activities led by leadership in addressing administrative issues that involve non-governmental partners (i.e., access to health care, telehealth, pandemic response, etc.)?</b>	
Measurement specifications	<b>Not at all:</b> Activities have not been initiated, so no leadership has engaged. <b>Minimal Number:</b> A small number of activities have been initiated with a limited number of leaders in divisions with no agency-wide process/plan. <b>Significant Number:</b> Activities are taking place in multiple divisions under an agency-wide process/plan with broad leadership support.
Why this indicator is	Administrative and operational issues identified by the health department as being challenging to overall health

useful	department operations occasionally occur as the result of policies, rules/regulations, or actions taken by other governmental agencies. Examples of these may fall into the areas of human resources, contracting, procurement, IT systems, or other similar activities. When health department leadership engages with other governmental agency leaders about the challenges encountered, system level changes can occur that can help solve the problems.
Possible data source(s)	Agency records related to administrative and operational issue discussions with other governmental agencies.
Operational definitions	<p><b>Public health administrative issues:</b> Public health administrative issues are those challenges that interfere with the health department's ability and capacity to address their mission as a governmental agency. Examples of these issues can include human resources; procurement; information systems management; contracts management; and other similar activities.</p> <p><b>Cross-sector collaboration:</b> Cross-sectoral collaboration is a term used to describe a process where various community organizations come together to collectively focus their expertise and resources on a complex issue of importance to a community they serve. Improving the health of community requires that the public health department, health care institutions, and other community stakeholders providing health and health-related services break out of their comfort zones and work collaboratively.</p>