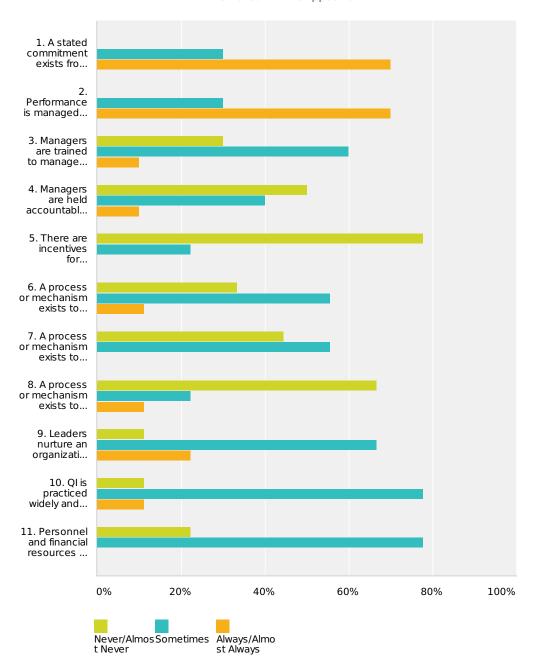
Q1 Choose the best response that represents the stage of development for your program: - Always/Almost Always = You explicitly do this activity or have this capacity in place. - Sometimes = You explicitly do this or have the capacity, but have a way to go. - Never/Almost Never = You do this barely or not at all. What occurs is not the result of any explicit strategy.

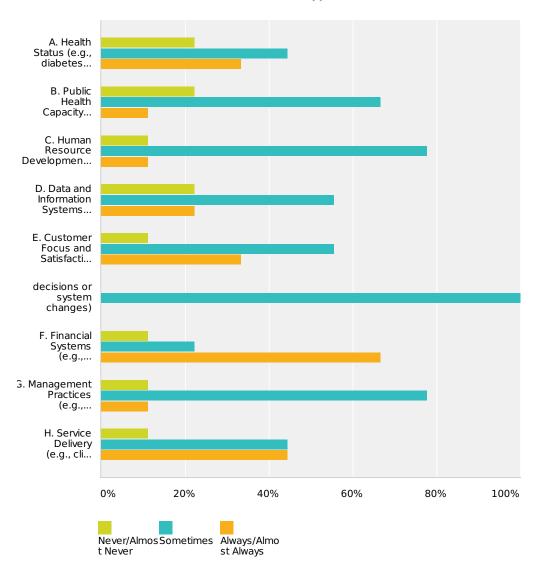
Answered: 10 Skipped: 0



	Never/Almost Never	Sometimes	Always/Almost	Total
			Always	
1. A stated commitment exists from high-level leadership for a performance management system	0% 0	30% 3	70% 7	10
2. Performance is managed for at least some priority areas that are critical to the organization's mission and function	0% 0	30% 3	70% 7	10
3. Managers are trained to manage performance	30% 3	60% 6	10%	10
4. Managers are held accountable for developing, maintaining, and improving the performance management system	50% 5	40% 4	10% 1	10
5. There are incentives for performance improvement	77.78% 7	22.22% 2	0% 0	9
6. A process or mechanism exists to align the various components of the performance management system (i.e., performance standards, measures, reports, and improvement processes focus on the same things)	33.33% 3	55.56% 5	11.11% 1	9
7. A process or mechanism exists to align the organization's performance management system with your strategic plan	44.44% 4	55.56% 5	0% 0	9
8. A process or mechanism exists to align your performance priorities with your budget	66.67% 6	22.22% 2	11.11% 1	9
9. Leaders nurture an organizational culture focused on performance improvement	11.11%	66.67% 6	22.22% 2	9
10. QI is practiced widely and regularly in the department	11.11%	77.78%	11.11%	9
11. Personnel and financial resources are assigned to performance management functions	22.22% 2	77.78% 7	0% 0	9

Q2 12. Performance is actively managed in the following areas (CHECK ALL THAT APPLY)

Answered: 9 Skipped: 1

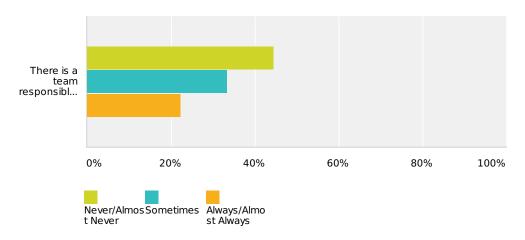


	Never/Almost Never	Sometimes	Always/Almost Always	Total
A. Health Status (e.g., diabetes rates)	22.22% 2	44.44% 4	33.33%	9
B. Public Health Capacity (e.g., communities served by a health department or program)	22.22% 2	66.67% 6	11.11% 1	9
C. Human Resource Development (e.g., workforce training in core competencies)	11.11% 1	77.78% 7	11.11% 1	9
D. Data and Information Systems (e.g., injury report lag time, participation in intranet report system)	22.22% 2	55.56% 5	22.22% 2	9

- Constant C				
E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program	11.11% 1	55.56% 5	33.33% 3	9
decisions or system changes)	0% 0	100%	0% 0	1
F. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities)	11.11% 1	22.22% 2	66.67% 6	9
G. Management Practices (e.g., communication of vision to employees, projects completed on time)	11.11% 1	77.78% 7	11.11% 1	9
H. Service Delivery (e.g., clinic no-show rates)	11.11% 1	44.44% 4	44.44% 4	9

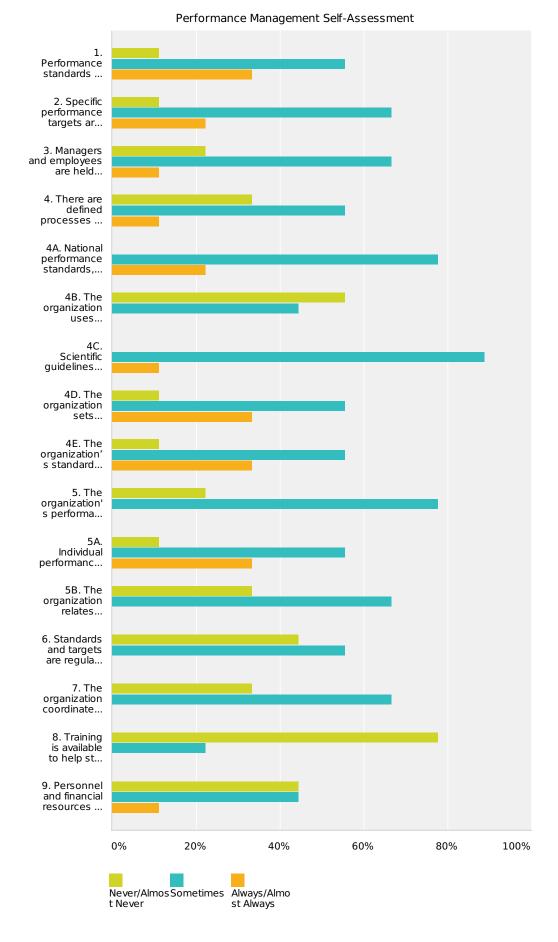
Q3 13. Regarding the areas listed above:

Answered: 9 Skipped: 1



	Never/Almost Never	Sometimes	Always/Almost Always	Total
There is a team responsible for integrating performance management efforts across all the areas	44.44% 4	33.33% 3	22.22% 2	9

Q4 Choose the response that is closest to your program's stage of development:

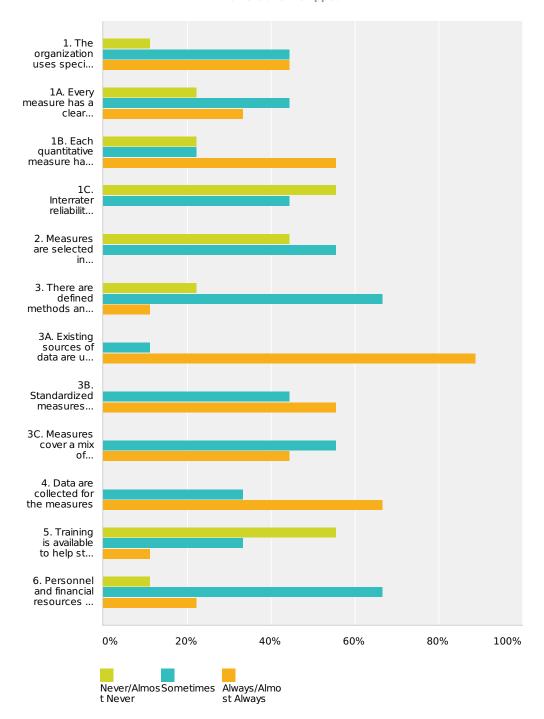


Never/Almost Never	Sometimes	Always/Almost Always	Total
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		-		
1. Performance standards are used and relevant to the organization's activities	11.11% 1	55.56% 5	33.33% 3	9
2. Specific performance targets are set to be achieved in a certain time period	11.11% 1	66.67% 6	22.22% 2	9
3. Managers and employees are held accountable for meeting standards and targets	22.22% 2	66.67% 6	11.11% 1	9
4. There are defined processes and methods for choosing performance standards, indicators, or targets.	33.33% 3	55.56% 5	11.11% 1	9
4A. National performance standards, indicators, and targets are used when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2020)	0% 0	77.78% 7	22.22% 2	9
4B. The organization uses benchmarks against similar organizations	55.56% 5	44.44% 4	0% 0	9
4C. Scientific guidelines are used	0% 0	88.89% 8	11.11% 1	9
4D. The organization sets priorities	11.11%	55.56% 5	33.33% 3	9
4E. The organization's standards cover a mix of capacities, processes, and outcomes	11.11% 1	55.56% 5	33.33% 3	9
5. The organization's performance standards, indicators, and targets are communicated throughout the organization and its stakeholders or partners	22.22% 2	77.78% 7	0% 0	9
5A. Individual performance expectations are regularly communicated	11.11% 1	55.56% 5	33.33% 3	9
5B. The organization relates performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services)	33.33% 3	66.67% 6	0% 0	9

6. Standards and targets are regularly tested to assure they are understood	44.44% 4	55.56% 5	0% 0	9
7. The organization coordinates regularly so multiple programs, divisions, or organizations use the same performance standards and targets (e.g., same child health standard is used across programs and agencies)	33.33% 3	66.67% 6	0% 0	9
8. Training is available to help staff use performance standards	77.78% 7	22.22% 2	0% 0	9
9. Personnel and financial resources are assigned to make sure efforts are guided by relevant performance standards and targets	44.44% 4	44.44% 4	11.11% 1	9

Q5 Choose the response that is closest to your program's stage of development:

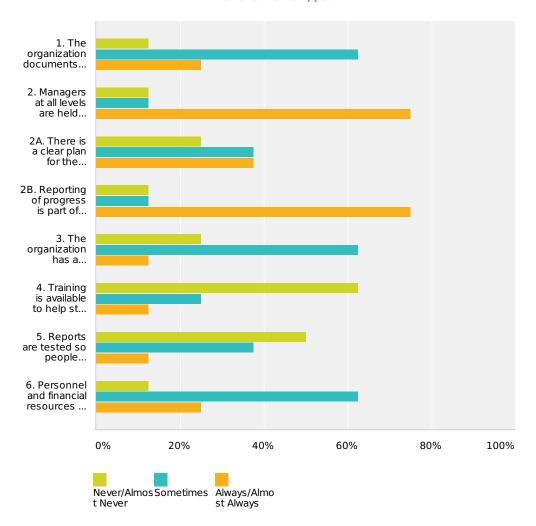


	Never/Almost Never	Sometimes	Always/Almost Always	Total
1. The organization uses specific measures for all or most of the established performance standards and targets	11.11% 1	44.44% 4	44.44% 4	9

1A. Every measure has a clear definition	22.22% 2	44.44% ₄	33.33%	9
1B. Each quantitative measure has a clear unit of measure defined	22.22% 2	22.22% 2	55.56% 5	9
1C. Interrater reliability has been established for qualitative measures	55.56% 5	44.44% 4	0% 0	9
2. Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication of data collection	44.44% 4	55.56% 5	0% 0	9
3. There are defined methods and criteria for selecting performance measures	22.22% 2	66.67% 6	11.11% 1	9
3A. Existing sources of data are used whenever possible	0% 0	11.11% 1	88.89% 8	9
3B. Standardized measures (e.g., national program or health indicators) are used whenever possible	0% 0	44.44% 4	55.56% 5	9
3C. Measures cover a mix of capacities, processes, and outcomes	0% 0	55.56% 5	44.44% 4	9
4. Data are collected for the measures	0% 0	33.33% 3	66.67% 6	9
5. Training is available to help staff measure performance	55.56% 5	33.33% 3	11.11% 1	9
6. Personnel and financial resources are assigned to collect performance measurement data	11.11% 1	66.67% 6	22.22% 2	9

Q6 Choose the response that is closest to your program's stage of development:

Answered: 8 Skipped: 2

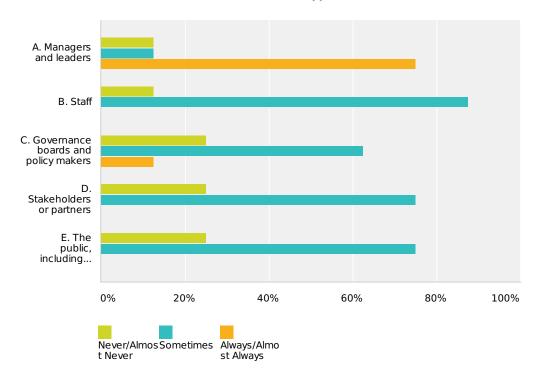


	Never/Almost Never	Sometimes	Always/Almost Always	Total
1. The organization documents progress related to performance standards and targets	12.50% 1	62.50% 5	25% 2	8
2. Managers at all levels are held accountable for reporting performance	12.50% 1	12.50% 1	75% 6	8
2A. There is a clear plan for the release of these reports (i.e., who is responsible, methods, how often)	25% 2	37.50% 3	37.50% 3	8
2B. Reporting of progress is part of the organization's strategic planning process	12.50% 1	12.50% 1	75% 6	8

3. The organization has a reporting system that integrates performance data from programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction)	25% 2	62.50% 5	12.50% 1	8
4. Training is available to help staff effectively analyze and report performance data	62.50% 5	25% 2	12.50% 1	8
5. Reports are tested so people understand them and can use them for decision- making	50% 4	37.50% 3	12.50%	8
6. Personnel and financial resources are assigned to analyze performance data and report progress	12.50% 1	62.50% 5	25% 2	8

Q7 7. Performance information is regularly made available to the following (CHECK ALL THAT APPLY)

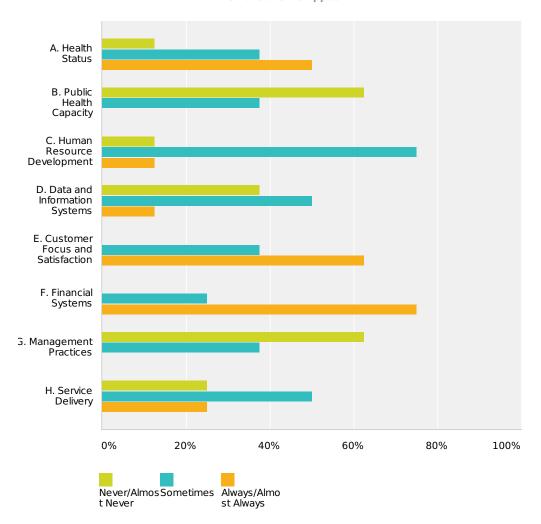
Answered: 8 Skipped: 2



	Never/Almost Never	Sometimes	Always/Almost Always	Total
A. Managers and leaders	12.50%	12.50%	75% 6	8
B. Staff	12.50%	87.50% 7	0% 0	8
C. Governance boards and policy makers	25% 2	62.50% 5	12.50%	8
D. Stakeholders or partners	25% 2	75% 6	0% 0	8
E. The public, including media	25% 2	75% 6	0% 0	8

Q8 8. A decision has been made on the frequency of analysis and reporting on performance progress for the following types of measures (CHECK ALL THAT APPLY)

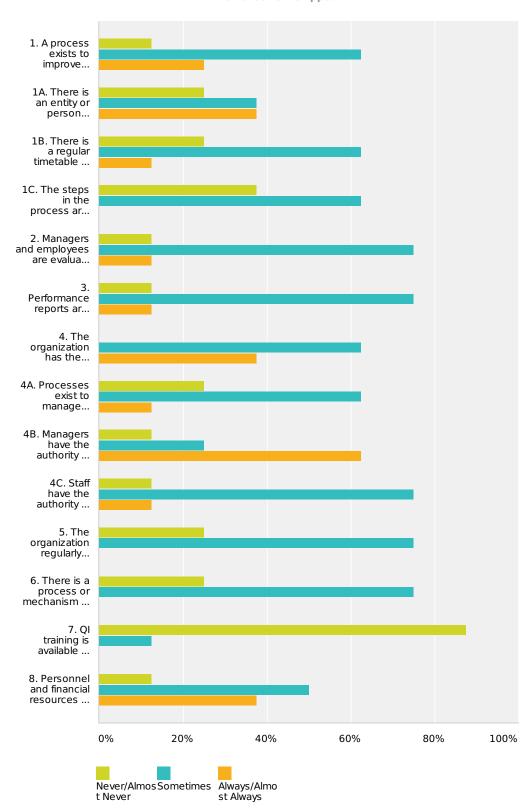
Answered: 8 Skipped: 2



	Never/Almost Never	Sometimes	Always/Almost Always	Total
A. Health Status	12.50%	37.50%	50% 4	8
B. Public Health Capacity	62.50% 5	37.50%	0% 0	8
C. Human Resource Development	12.50%	75% 6	12.50%	8
D. Data and Information Systems	37.50%	50% 4	12.50%	8
E. Customer Focus and Satisfaction	0% 0	37.50%	62.50% 5	8
F. Financial Systems	0% 0	25% 2	75% 6	8
G. Management Practices	62.50% 5	37.50%	0% 0	8

H. Service Delivery	25% 2	50%	25% 2	8

Q9 Choose the response that is closest to your program's stage of development:

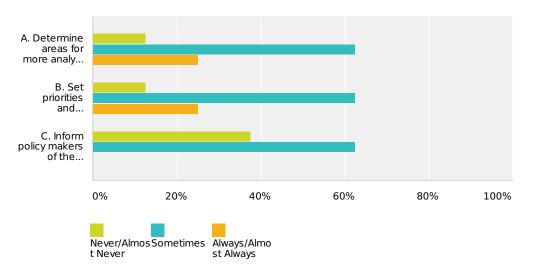


Never/Almost Never	Sometimes	Always/Almost Always	Total
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		idilee Mariagement 3eii A33		
1. A process exists to improve quality or performance	12.50%	62.50% 5	25% 2	8
1A. There is an entity or person responsible for decision making based on performance reports (ex., top management team, governing or advisory board)	25% 2	37.50% 3	37.50% 3	8
1B. There is a regular timetable for your QI process	25% 2	62.50% 5	12.50%	8
1C. The steps in the process are communicated	37.50%	62.50% 5	0% 0	8
2. Managers and employees are evaluated for their performance improvement efforts (ex., performance improvement is in their job descriptions)	12.50% 1	75% 6	12.50% 1	8
3. Performance reports are used regularly for decision-making	12.50%	75% 6	12.50%	8
4. The organization has the capacity to take action to improve performance when needed	0% 0	62.50% 5	37.50% 3	8
4A. Processes exist to manage changes in policies, programs, or infrastructure	25% 2	62.50% 5	12.50%	8
4B. Managers have the authority to make certain changes to improve performance	12.50% 1	25% 2	62.50% 5	8
4C. Staff have the authority to make certain changes to improve performance	12.50% 1	75% 6	12.50%	8
5. The organization regularly develops performance improvement or QI plans that specify timelines, actions, and responsible parties	25% 2	75% 6	0% 0	8
6. There is a process or mechanism to coordinate QI efforts among programs, divisions, or organizations that share the same performance targets	25% 2	75% 6	0% 0	8
7. QI training is available to managers and staff	87.50% 7	12.50%	0% 0	8

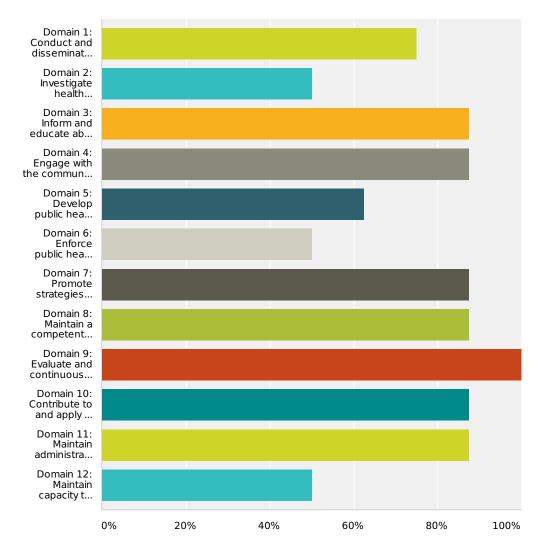
8. Personnel and financial resources are allocated to the organization's QI process	12.50% 1	50% 4	37.50% 3	8

Q10 9. Performance information is used to do the following (CHECK ALL THAT APPLY)



	Never/Almost Never	Sometimes	Always/Almost Always	Total
A. Determine areas for more analysis or evaluation	12.50%	62.50% 5	25% 2	8
B. Set priorities and allocate/redirect resources	12.50%	62.50% 5	25% 2	8
C. Inform policy makers of the observed or potential impact of decisions under their consideration	37.50% 3	62.50% 5	0% 0	8

Q11 Which Public Health Accreditation Board (PHAB) domains do the activities of your program(s) address? (CHECK ALL THAT APPLY)

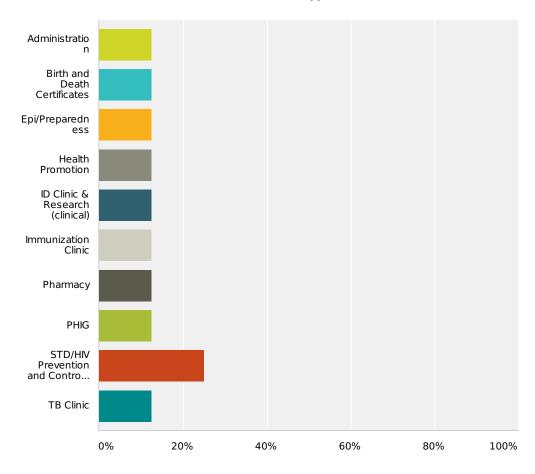


Answer Choices	Responses
Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community	75% 6
Domain 2: Investigate health problems and environmental public health hazards to protect the community	50% 4
Domain 3: Inform and educate about public health issues and functions	87.50 % 7
Domain 4: Engage with the community to identify and address health problems	87.50 % 7
Domain 5: Develop public health policies and plans	62.50% 5
Domain 6: Enforce public health laws	50% 4
Total Respondents: 8	
Other (please specify) (0)	

Domain 7: Promote strategies to improve access to health care services	87.50 % 7
Domain 8: Maintain a competent public health workforce	87.50% 7
Domain 9: Evaluate and continuously improve health department processes, programs, and interventions	100%
Domain 10: Contribute to and apply the evidence base of public health	87.50% 7
Domain 11: Maintain administrative and management capacity	87.50% 7
Domain 12: Maintain capacity to engage the public health governing entity	50 % 4
Total Respondents: 8	
Other (please specify) (0)	

Q12 What program(s) are you submitting this survey on behalf of (CHECK ALL THAT APPLY)?

Answered: 8 Skipped: 2

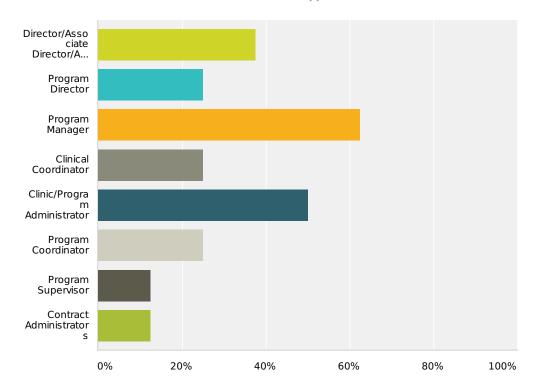


Administration 12.50% Birth and Death Certificates 12.50% Epi/Preparedness 12.50% Health Promotion 12.50% ID Clinic & Research (clinical) 12.50% Immunization Clinic 12.50% Pharmacy 12.50% PHIG 12.50% STD/HIV Prevention and Control (STD Clinic, HIV Prevention & Outreach, PTC, LTC, and Behavioral Surveillance/Research) TB Clinic 12.50%			
Birth and Death Certificates Epi/Preparedness 12.50% Health Promotion 12.50% ID Clinic & Research (clinical) Immunization Clinic Pharmacy PHIG STD/HIV Prevention and Control (STD Clinic, HIV Prevention & Outreach, PTC, LTC, and Behavioral Surveillance/Research)	Answer Choices	Responses	
Epi/Preparedness 12.50% Health Promotion 12.50% ID Clinic & Research (clinical) 12.50% Immunization Clinic 12.50% Pharmacy 12.50% PHIG 12.50% STD/HIV Prevention and Control (STD Clinic, HIV Prevention & Outreach, PTC, LTC, and Behavioral Surveillance/Research)	Administration	12.50%	1
Health Promotion 12.50% ID Clinic & Research (clinical) 12.50% Immunization Clinic 12.50% Pharmacy 12.50% PHIG 12.50% STD/HIV Prevention and Control (STD Clinic, HIV Prevention & Outreach, PTC, LTC, and Behavioral Surveillance/Research)	Birth and Death Certificates	12.50%	1
ID Clinic & Research (clinical) Immunization Clinic Pharmacy 12.50% PHIG 12.50% 12.50% 12.50% 12.50% 25% STD/HIV Prevention and Control (STD Clinic, HIV Prevention & Outreach, PTC, LTC, and Behavioral Surveillance/Research)	Epi/Preparedness	12.50%	1
Immunization Clinic 12.50% Pharmacy 12.50% PHIG 12.50% STD/HIV Prevention and Control (STD Clinic, HIV Prevention & Outreach, PTC, LTC, and Behavioral Surveillance/Research)	Health Promotion	12.50%	1
Pharmacy 12.50% PHIG 12.50% STD/HIV Prevention and Control (STD Clinic, HIV Prevention & Outreach, PTC, LTC, and Behavioral Surveillance/Research)	ID Clinic & Research (clinical)	12.50%	1
PHIG 12.50% STD/HIV Prevention and Control (STD Clinic, HIV Prevention & Outreach, PTC, LTC, and Behavioral Surveillance/Research)	Immunization Clinic	12.50%	1
STD/HIV Prevention and Control (STD Clinic, HIV Prevention & Outreach, PTC, LTC, and Behavioral Surveillance/Research)	Pharmacy	12.50%	1
Outreach, PTC, LTC, and Behavioral Surveillance/Research)	PHIG	12.50%	1
TB Clinic 12.50%		25%	2
	TB Clinic	12.50%	1

Total Respondents: 8

Other (please specify) (1)

Q13 What staff were involved with completing the survey (CHECK ALL THAT APPLY)



Answer Choices	Responses	
Director/Associate Director/Administrative Director	37.50%	3
Program Director	25%	2
Program Manager	62.50%	5
Clinical Coordinator	25%	2
Clinic/Program Administrator	50%	4
Program Coordinator	25%	2
Program Supervisor	12.50%	1
Contract Administrators	12.50%	1
Total Respondents: 8		
Other (please specify) (2)		