OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant

Component A Recipient Performance Measure Guidance Document
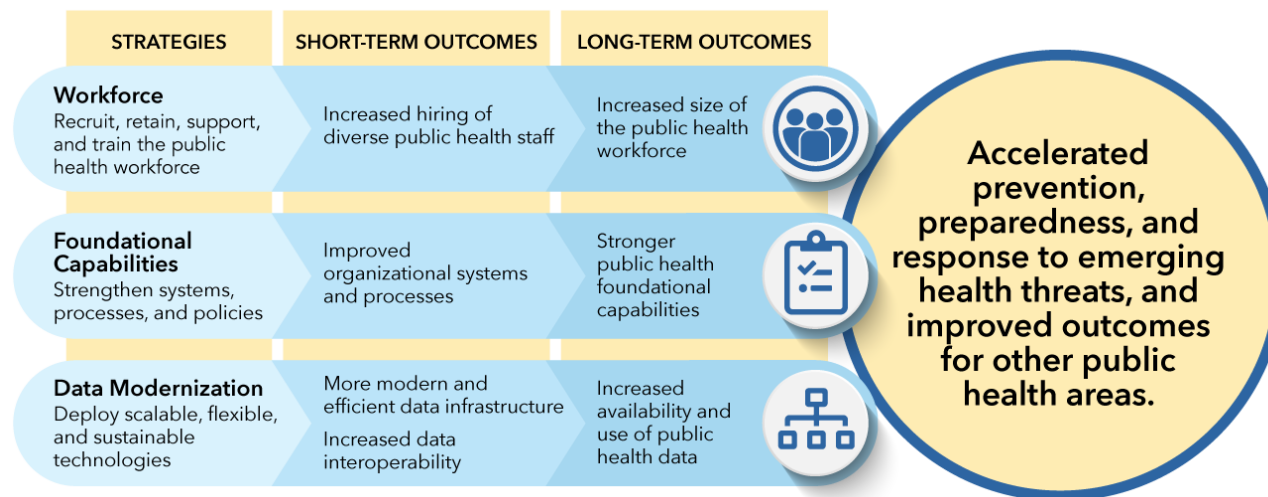
Component A Recipient Performance Measures Guidance Document

Introduction and Purpose of Guidance

On November 29, 2022, the Centers for Disease Control and Prevention (CDC) awarded $3.2 billion to help state, local, and territorial and freely associated public health agencies across the U.S. strengthen their public health workforce and infrastructure through the Public Health Infrastructure Grant (PHIG). This grant provides 107 jurisdictions (Component A recipients) with disease-agnostic funding to support public health infrastructure needs. The three grant strategies are Strategy A1: Workforce; Strategy A2: Foundational Capabilities; and Strategy A3: Data Modernization.[1] The priority short-term outcomes recipients are expected to achieve by the end of the five (5)-year period of performance include: (1) Increased hiring of diverse public health staff and (2) Improved organizational systems and processes, among other outcomes. In the long term, expected outcomes include: (1) Increased size and capabilities of the public health workforce; (2) Stronger public health foundational capabilities; (3) Increased availability and use of public health data; and (4) Improved sharing of lessons learned.

STRATEGIES	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES	
Workforce Recruit, retain, support, and train the public health workforce	Increased hiring of diverse public health staff	Increased size of the public health workforce	Accelerated prevention, preparedness, and response to emerging health threats, and improved outcomes for other public health areas.
Foundational Capabilities Strengthen systems, processes, and policies	Improved organizational systems and processes	Stronger public health foundational capabilities	
Data Modernization Deploy scalable, flexible, and sustainable technologies	More modern and efficient data infrastructure Increased data interoperability	Increased availability and use of public health data	

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[1] This document does not include performance measures for Strategy A3: Data Modernization. Because of the alignment with ELC *Accelerating Data Modernization in Jurisdictions*, recipients will continue to report, monitor, and discuss data modernization activities on the ELC Health Information Systems Implementation Support and Monitoring calls and CDC-approved forms. Recipient agencies will not report performance measure data for Strategy A3: Data Modernization to the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant though this may be subject to change.

This document provides detailed information on the performance measures, data elements, and rationale for Component A recipient reporting on grant performance measures. This document should be reviewed before reporting and submitting these data through the Public Health Infrastructure Virtual Engagement (PHIVE) Platform.

For the purposes of this document, Component A recipients are referred to as "recipient agencies." Recipient agencies are defined as: the 107 public health departments in all 50 states, Washington D.C., 8 territories/freely associated states, and 48 large localities (cities serving a population of 400,000 or more and counties serving a population of 2,000,000 or more based on the 2020 U.S. Census) that were awarded funding through this grant.

If you have any questions about the grant performance measures or need support calculating and reporting on these measures, please submit a programmatic technical assistance (TA) request through PHIVE.

Use of Measures

The grant performance measures are intended to be used by CDC, recipient agencies, and partners—including PHIG national partners (Component B recipients) and the National Evaluation Team—to:

- Track and report progress consistently across recipient agencies on priority outcomes,
- Inform CDC and PHIG national partners' TA activities, such as site visits, training opportunities, and peer-to-peer sharing activities, to support recipients with advancing their work through this grant,
- Inform CDC and partners on progress and gaps, to ultimately identify actions to improve performance over time, and
- Stimulate discussions between Project Officers and recipients (e.g., What are opportunities for improvements? What are you doing well that you want to share with others?), which may inform current and future grant activity planning (e.g., Work Plan and budget development).

CDC recognizes the limitations of using performance measures to evaluate the scope of work being conducted by recipient agencies, especially considering the flexible nature of this grant, and contextual factors. CDC will leverage other methods of collecting information, via NOFO grant reporting requirements (e.g., work plan updates, annual progress reports, progress calls, and focused evaluation projects), to assess progress and performance robustly.

Measures Summary

There are seven (7) grant performance measures. These measures reflect priority outcomes for the grant. These measures were selected to serve as meaningful markers of program outcomes; to inform actions to drive improvements for achieving intended outcomes; to keep recipient reporting burden low; and to contribute to a meaningful set of measures overall for this grant.

There are four (4) measures for Strategy A1: Workforce and three (3) measures for Strategy A2: Foundational Capabilities.

- Recipients will monitor and report data to CDC for five (5) measures (A1.1. Hiring; A1.2. Retention; A2.1. Hiring Timeliness; A2.2. Procurement Timeliness; and A2.3. Accreditation Involvement and Readiness).
- CDC will monitor data via the Public Health Workforce Interests and Needs Survey (PH WINS) for two (2) measures (A1.3. Employee Engagement and Satisfaction and A1.4. Diversity of the Public Health Workforce). PH WINS is a periodic survey administered by the de Beaumont Foundation. Recipients will not report these data directly to CDC.

Recipient participation in PH WINS, Public Health Accreditation Board (PHAB) Accreditation, and the Association of State and Territorial Health Officials (ASTHO) Profile or the National Association of County and City Health Officials (NACCHO) Profile Surveys is highly encouraged.

Strategy	Topic	Measure	Reporting Frequency
A1. Workforce	Hiring	A1.1. Number of PHI grant-funded positions filled by job classification and program area	6 months
	Retention	A1.2. Overall agency staff retention rate	12 months
	Employee Engagement and Satisfaction	A1.3. Employee engagement and satisfaction	Not Applicable; monitored via PH WINS data
	Diversity[2] of the Public Health Workforce	A1.4. Diversity of the public health workforce	Not Applicable; monitored via PH WINS data
	Hiring Timeliness	A2.1. Time-to-fill position	6 months

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[2] A workforce could be diverse as it relates to, for example, race/ethnicity, culture, language, age, gender, specific geographic area of the health department's jurisdiction, or skillset. The health department may seek to recruit and hire a workforce that reflects the characteristics and demographics of the population using health department services. (PHAB Standards & Measures for Initial Accreditation, v 2022)

| A2. Foundational Capabilities | Procurement Timeliness | A2.2. Procurement cycle time from approval to move forward with procurement to contract execution *(Pilot measure; Optional for 8/1/23 reporting period submission date)* | 6 months |
| | Accreditation Involvement and Readiness | A2.3. Level of involvement with PHAB accreditation | 12 months |

Reporting Deadlines and Submission Guidance

The grant Period of Performance is 12/1/2022 – 12/1/2027. This grant follows a reporting period of six (6) months for three measures (A1.1. Hiring; A2.1. Hiring Timeliness; and A2.2. Procurement Timeliness) and a reporting period of twelve (12) months for two measures (A1.2. Retention and A2.3. Accreditation Involvement and Readiness). All data are due within 60 days of close of reporting period, on the dates indicated below.

The reporting portal will be open for performance data submission two months prior to the submission due date. Recipient agencies will submit all performance measures data via PHIVE.

Year	Reporting Period	Dates	Data Submission Due Date
Year 1	1	12/1/2022 – 5/31/2023	8/1/2023*
	2	6/1/2023 – 11/30/2023	2/1/2024
Year 2	3	12/1/2023 – 5/31/2024	8/1/2024*
	4	6/1/2024 – 11/30/2024	2/1/2025
Year 3	5	12/1/2024 – 5/31/2025	8/1/2025*
	6	6/1/2025 – 11/30/2025	2/1/2026
Year 4	7	12/1/2025 – 5/31/2026	8/1/2026*
	8	6/1/2026 – 11/30/2026	2/1/2027
Year 5	9	12/1/2026 – 5/31/2027	8/1/2027*
	10	6/1/2027 – 11/30/2027	2/1/2028

*Recipient agencies will report data every twelve (12) months, on dates indicated, for two (2) measures: A1.2. Retention and A2.3 Accreditation Involvement and Readiness.

Recipient agencies will report on the data elements defined in the Guidance section below. For each measure, recipients will also respond to the following questions:

1. Are the data provided questionable or low/poor quality? *(Yes/No)*
   a. *Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain.*
2. Does the data provided adhere to the definitions established by CDC in the performance measures guidance? *(Yes/No)*
3. Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe. (*Open-ended, optional)*
4. Does this performance measure reflect one of your agency priorities for this grant? *(Yes/No)*
5. Provide any additional context or information related to this measure. *(Open-ended, optional)*

Within this guidance, text in blue underlined font are hyperlinks. To access the hyperlinked section of the document, press CTRL and click + on the text. **Bold italic font** is used to emphasize select key terms.

Guidance

Measure A1.1. Hiring: Number of PHIG-funded positions filled by job classification and program area

Topic	Hiring
Measure	Number of PHIG-funded positions filled by job classification and program area
Definition	Number of PHIG-funded positions filled by job classification and program area (cumulative since December 2022, as of the end of the reporting period), including positions filled with current employees and new hires
Purpose	A sufficient public health workforce within governmental public health agencies is needed to accelerate prevention, preparedness, and response to emerging health threats and improve public health outcomes. Increased hiring and retention of diverse public health staff is an intended outcome of this grant. Types of hiring activities recipients may implement include, among others, expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms (with Component B partners' assistance). The intent of this measure is to understand the number of positions supported by funds from this grant within health departments across all three strategies (A1, A2, and A3). This includes positions supported within health departments that have received direct funding, and it also includes positions supported within local health departments (LHDs) that did not receive direct funding from this grant (i.e., LHDs that were distributed funds from this grant from state health department recipients). Recipients will report on the number of positions filled by job classification and program area, so CDC can better understand the gaps these positions are supporting (e.g., program-specific vs. cross-cutting). • If recipients need assistance with hiring, PHIG national partner TA providers may work with them to understand key barriers to recruitment or hiring and suggest or provide alternate strategies. • If recipients meet their workforce goals for the grant, PHIG national partner TA providers may work with them to identify lessons learned and disseminate successful strategies for recruiting and hiring staff.
Terms and Definitions	*Position filled:* The terms of employment have been agreed upon and no one else can occupy that position. *Total positions filled* by job classification and program area: Total number of positions under this grant filled since the beginning of the grant.

Positions filled with current employees by job classification and program area: Number of positions under this grant filled with staff already employed at the agency. This should include any internal transfers supported through this grant.

Positions filled with new hires by job classification and program area: Number of positions under this grant filled with new hires.

- See Appendix A: Job Classification Categories and Program Areas at the end of this document for a description of the categories and program areas. CDC acknowledges the categories may not be a 1:1 match for all recipients. Please do your best to select the single best category for each position. Use the "Other" category, if needed.

Guidance on calculating positions filled:
- Count all positions filled (full-time, part-time, contractual, and seasonal) supported by this grant funding during the reporting period.
  - *For state recipients:* include positions filled within LHDs, to whom your agency distributed grant funding (only LHDs who did not receive direct funding from this grant).
- Count of positions does not include count of turnover (i.e., if a position is supported by grant funds and that staff person leaves, and someone new is hired, this counts as one position).
- Any dollar from this grant that touches any human resource (e.g., contractor, consultant, fellow, intern, FTE, etc.) at any percentage at all should be included in the number of positions. Therefore, recipients should strive to include every human resource funded with grant dollars and appears in your budget.
- Include positions fully and/or partially funded. There is no need to estimate full-time equivalent (FTE) percentages.
- Include staff transferred from one program/NOFO to this one, i.e., count staff that will be retained by grant once other funding runs out (e.g., ELC, COVID-19 funding).
- Do not include any in-kind staff working on this grant.
- Do not double count staff if they are working in more than one job classification category or program area. If positions have crossover categories or operate within several of the job classification categories

	or program areas, select the single best category, i.e., the category the position works on most (>50%) of the time.

Data Elements to be Reported	Recipients will enter the following information:
	 1. Total number of positions filled by job classification and program area (*Number*)
	   a. Recipient agency
	   b. LHDs funded by state recipient (*state recipients only*)
	   c. Year 1 goal* (*previously reported to CDC; pre-populated*)
	   d. Year 5 goal* (*previously reported to CDC; pre-populated*)
	 2. Positions filled with current employees by job classification and program area (*Number*)
	   a. Recipient agency
	   b. LHDs funded by state recipient (*state recipients only*)
	 3. Positions filled with new hires by job classification and program area (*Number*)
	   a. Recipient agency
	   b. LHDs funded by state recipient (*state recipients only*)
	 4. Provide additional comments, including description of "Other" Job Classifications not categorized above. (*Open-ended, Optional*)
	 5. Provide additional comments, including description of "Other" Program Areas not categorized above. (*Open-ended, Optional*)
	
	 *Recipients previously reported the Year 1 and Year 5 goals to CDC. These targets will be pre-populated in PHIVE and used to calculate the percent of positions filled based on intended hiring goals for Year 1 and Year 5.

Example Scenario	At of the end of the reporting period, the recipient has filled 6 positions with PHI grant funds; 3 of these positions were filled with new hires and 3 were filled with current employees. The new hires are a Chronic Disease Program Manager, Contracts Specialist, and Community Health Worker (Communicable Disease). The current employees are an Environmental Epidemiologist, Health Equity Communications Specialist, and Health Educator (working on COVID-19 and Influenza 60% and Maternal and Child Heath 40%). The recipient is a state health department, and LHDs funded through the grant have not yet filled any positions, as of this reporting period. The recipient would report (see Appendix B: Measure A1.1: Hiring – Example Scenario for sample data):

	1. Total number of positions filled by job classification and program area (See Appendix B)
	    a. Recipient agency
	    b. LHDs funded by state recipient (*state recipients only)*
	2. Positions filled with current employees by job classification and program area (See Appendix B)
	    a. Recipient agency
	    b. LHDs funded by state recipient (*state recipients only)*
	3. Positions filled with new hires by job classification and program area (See Appendix B)
	    a. Recipient agency
	    b. LHDs funded by state recipient (*state recipients only)*
	4. Provide additional comments, including description of "Other" Job Classifications not categorized above: None
	5. Provide additional comments, including description of "Other" Program Areas not categorized above: Health Educator covers two areas, but was only counted in Communicable Disease Control program area because majority of time will be in that role. Additionally, the Health Equity Communications Specialist was only counted in Communications.

Unit of Measurement	Number of positions
Reporting Frequency	6 months
Considerations	• CDC understands that focusing this measure on PHIG-funded positions will not reflect other work with which recipients are engaged to expand and retain their public health workforce. • State recipients who distributed grant funding to LHDs (only LHDs who did not receive direct funding from this grant) are to include counts of staff hired by LHDs, supported by funds from this grant. • Data from this measure may be compared to recipient-reported data on the total size of overall agency workforce (see Measure A1.2: Retention, data element "A1: Number of staff, including permanent and temporary/contract staff, on last day of reporting period") to assess the total size of the recipient workforce and changes in workforce size over time.

Measure A1.2. Retention: Overall agency staff retention rate

Topic	Retention
Measure	Overall agency staff retention rate
Definition	Retention rate, including permanent and temporary/contract staff • A1 = Number of staff, including permanent and temporary/contract staff, on last day of reporting period • B1 = Number of new hires, including permanent and temporary/contract staff, during reporting period • C1 = Number of staff, including permanent and temporary/contract staff, on Day 1 of reporting period Retention rate for permanent staff only • A2 = Number of permanent staff on last day of reporting period *(Number)* • B2 = Number of new hires (permanent staff only) during reporting period *(Number)* • C2 = Number of permanent staff on Day 1 of reporting period *(Number)*
Purpose	A sufficient public health workforce within governmental public health agencies is needed to accelerate prevention, preparedness, and response to emerging health threats and improve public health outcomes. Data suggests that strategies to increase retention of the public health workforce must be prioritized, given current trends in actual separations of workforce from the state, local, territorial, and freely associated state governmental public health agencies. Public health agencies have reported challenges with retaining skilled workers, particularly among different sub-groups, such as younger staff.[3,4] Increased hiring and retention of diverse public health staff is an intended outcome of this grant. Types of retention activities recipients may implement include, among others, strengthening retention incentives, rewarding creativity and innovation, creating promotional opportunities, improving employee satisfaction and engagement, and transitioning staff from one program NOFO to another one.

[3] Sellers, K., Leider, J. P., Lamprecht, L., Liss-Levinson, R., & Castrucci, B. C. (2020). Using Public Health Workforce Surveillance Data to Prioritize Retention Efforts for Younger Staff. American journal of preventive medicine, 59(4), 562–569. https://doi.org/10.1016/j.amepre.2020.03.017

[4] Leider, Jonathon P., Brian C. Castrucci, Moriah Robins, Rachel Hare Bork, Michael R. Fraser, Elena Savoia, Rachael Piltch-Loeb, and Howard K. Koh. "The Exodus Of State And Local Public Health Employees: Separations Started Before And Continued Throughout COVID-19." Health Affairs 42, no. 3 (March 2023): 338–48. https://doi.org/10.1377/hlthaff.2022.01251.

	The intent of this measure is to assess the stability of the public health workforce within recipient agencies. This information will help monitor recipients' abilities to maintain, make progress, and/or overcome challenges in retaining their public health workforce and maintaining a functional workforce system. • If recipients need assistance with maintaining and/or improving their staff retention rate, Component B Partner TA providers may work with recipients to understand why staff are leaving and determine approaches to improve retention. • If recipients can maintain and/or improve their staff retention rate, Component B partner TA providers may work with recipients to identify lessons learned and disseminate successful retention strategies.
Terms and Definitions	***Permanent staff:*** Permanent staff are part-time and full-time governmental employees. Permanent staff are regular employees, typically eligible for benefits, and do not have a defined duration of employment. ***Temporary/contract staff:*** Temporary/contract staff have a defined duration of employment. Temporary/contract staff are not typically eligible for benefits through the government agency. Includes limited-term employees (LTEs). ***A1: Number of staff, including permanent and temporary/contract staff,*** on last day of reporting period: Count of total number of staff at the recipient agency, including permanent and temporary/contract staff, on the last day of the reporting period (e.g., May 31, 2023). ***A2: Number of permanent staff*** on last day of reporting period: Count of permanent staff at the recipient agency on the last day of the reporting period (e.g., May 31, 2023). ***B1: Number of new hires, including permanent and temporary/contract staff,*** during reporting period: Count of staff newly hired within the recipient agency, including permanent and temporary/contract staff, during the reporting period (e.g., June 1, 2022, to May 31, 2023). • Staff whose first day of work falls within the reporting period (do not count from when the offer is extended or accepted). • Include staff that were new hires whether they were retained or exited during the reporting period. ***B2: Number of new hires (permanent staff only)*** during reporting period: Count of permanent staff newly hired within the recipient agency during the reporting period (e.g., June 1, 2022, to May 31, 2023).

	• Staff whose first day of work falls within the reporting period (do not count from when the offer is extended or accepted). • Include staff that transitioned from temporary/contract positions to permanent positions during the reporting period. • Include staff that were new hires whether they were retained or exited during the reporting period. ***C1: Number of staff, including permanent and temporary/contract staff,*** on Day 1 of reporting period: Count of staff employed at the recipient agency, including permanent and temporary/contract staff, on Day 1 of the reporting period (e.g., June 1, 2022). ***C2: Number of permanent staff*** on Day 1 of reporting period: Count of permanent staff employed at the recipient agency on Day 1 of the reporting period (e.g., June 1, 2022). ***Recipient agency:*** The state, local, territorial, or freely associated state health department or agency awarded funding through this grant. If the health department operates within a larger governmental unit or is part of a "super public health agency" or "umbrella agency," include only the division or department awarded funding. Guidance on types of staff to include: • Enter data for individual persons, not positions. • Include all staff at the recipient agency, not just those funded through this grant. There is no need to estimate full-time equivalent (FTEs) percentages. • Include only staff employed within the recipient agency; (if applicable) exclude staff from a larger governmental unit or "super agency." For example, if you operate within a broader Department of Health and Human Services, only include the Division of Public Health in your calculations. • Do not include any volunteers, federal assignees, and Direct Assistance positions. • Do not include seasonal staff.
Data Elements to be Reported	Recipients will enter the following information: A1. Number of staff, including permanent and temporary/contract staff, on last day of reporting period *(Number)* A2. Number of permanent staff on last day of reporting period *(Number)*

	B1. Number of new hires, including permanent and temporary/contract staff, during reporting period (*Number*) B2. Number of new hires (permanent staff only) during reporting period (*Number*) C1. Number of staff, including permanent and temporary/contract staff, on Day 1 of reporting period (*Number*) C2. Number of permanent staff on Day 1 of reporting period (*Number*) Recipients will enter data for A1, A2, B1, B2, C1, and C2 in PHIVE. The system will calculate two retention rates: one for staff including temporary staff and contractors (A1-B1)/C1 and one for permanent staff only (A2-B2)/C2.
Example Scenario	***Retention rate for staff, including permanent and temporary/contract staff***: The reporting period is from June 1, 2022 to May 31, 2023. The recipient agency employs 100 staff (including staff in temporary/contract positions) on May 31, 2023 (A1). Between June 1, 2022 and May 31, 2023, 10 of those staff were hired, including temporary/contract staff (B1). There were 120 staff (including temporary/contract staff) employed by the agency on June 1 (C1). The retention rate is (A1-B1)/C1*100, or in this example, (100-10)/120: 0.75*100 = 75%. *Note: Recipient will not need to calculate the rate. Rates will be calculated automatically in PHIVE.* ***Retention rate for permanent staff***: The reporting period is from June 1, 2022 to May 31, 2023. The recipient agency employs 80 permanent staff on May 31, 2023 (A2). Between June 1, 2022 and May 31, 2023, 5 of those staff were hired (B2). There were 90 permanent staff employed by the agency on June 1 (C2). The retention rate is (A2-B2)/C2*100, or in this example, (80-5)/90: 0.75*100 = 83.3%. *Note: Recipient will not need to calculate the rate. Rates will be calculated automatically in PHIVE.*
Unit of Measurement	Number of staff (rates will be calculated automatically in PHIVE)
Reporting Frequency	12 months
Considerations	• CDC understands other factors may influence the retention rate within a recipient agency. This includes contextual factors external to the agency (such as COVID-19), factors internal to the agency (such as organizational culture), or differences in activities described in recipient Work Plans related to use of this grant funding. For example, state recipients may pass along funding to LHDs

	to support retention of staff at the local level but not use grant funds to support retention within their agency. Recipients will be able to provide additional context that may inform the interpretation of the retention rate. • CDC understands that there may be a significant number of temporary/contract response workers hired during COVID that may leave agencies in the next year and a half. Thus, we are asking for data that both includes and excludes temporary/contract staff to better understand the impact of the drop in this funding and the role of this grant in supporting and sustaining these staff, if any. • CDC is not collecting information from recipients on staff retention by sub-group because the identification of sub-groups to monitor will be different based on each health department's priorities and the communities they serve. Suggested sub-groups for additional analysis and monitoring may include but are not limited to race/ethnicity, agency leadership and management vs. non-management, and age. • Data reported for "A1: Number of staff, including permanent and temporary/contract staff, on last day of reporting period" is assumed to represent the total size of overall recipient agency workforce and will be used by CDC to assess the total size of the recipient workforce and changes in workforce size over time.

Measure A2.1. Hiring Timeliness: Time-to-fill position

Topic	Hiring Timeliness
Measure	Time-to-fill position
Definition	Median number of calendar days from the date the job description was posted for hiring to date of first day of work (for all employees that started at the recipient agency during the reporting period).
Purpose	Improved organizational systems and processes, through strengthened workforce systems, processes, and/or policy improvements, is an intended outcome of this grant. Specifically, improving the timeliness for filling a position can improve public health agencies' ability to attract and retain higher quality candidates, improve productivity, and reduce costs. Recipients may be working to improve human resources (HR) processes by upgrading their HR systems (hardware and software); developing policies or tools to improve the management of human resources; and working on improving recruitment and retention strategies, among others. The intent of this measure is to monitor and understand the ability of recipients to maintain, make progress, and/or overcome challenges in filling job positions in a timely manner. • If recipients need assistance with improving time to fill positions, PHIG national partner TA providers may work with recipients to understand how to help improve processes and/or develop interim hiring strategies to fill positions more efficiently. • If recipients can fill positions efficiently, in a manner appropriate for their jurisdictions' needs, PHIG national partner TA providers can work with recipients to identify and disseminate successful hiring strategies and lessons learned.
Terms and Definitions	*Job description posted*: Date job opening is posted. *First day of work*: Date of first day of work for employee. *Median*: The middle value in a set of data. Guidance on types of job positions to include: • Include job positions for all employees that started at the recipient agency.

	• Include all agency staff, not just those funded through this grant, employed by the agency. This includes permanent (full-time or part-time) and temporary/contract staff. • Include job positions for staff that accept an offer for an internal transfer from within the agency. • Do not include positions outsourced or contracted out to a vendor. Guidance on job offers to include: • Include all employees that started at the agency between the dates of the first and last day of the reporting period (e.g., December 1, 2022 to May 31, 2023). • The date the job description is posted can be prior to the start of the reporting period. Guidance on calculating the median number of calendar days: • Determine the number of calendar days (from date job description was posted to date of employee's first day of work) for all employees that started at the recipient agency during the reporting period from smallest to largest. All job offers accepted at any point of the reporting period should be included, regardless of whether the job description was posted prior to the reporting period. • The midpoint value is the median. For an even number of observations (i.e., employees that started at the agency) the median will be the average (i.e., mean) of the two middle values.
Data Elements to be Reported	Recipients will enter the following information: 1. Median number of calendar days to fill position *(Number)* 2. Minimum number of days to fill position *(Number)* 3. Maximum number of days to fill position *(Number)* 4. Number of job postings the data are based on *(Number)*
Example Scenario	The agency hired 9 new employees this reporting period. The number of calendar days from the date the job description was posted to the start date for each employee was: 15, 30, 33, 40, 41, 45, 60, 65, 80 days. The time to fill position is 41 days. The recipient will report: 1. Median number of calendar days to fill position: 41 days 2. Minimum number of days to fill position: 15 days 3. Maximum number of days to fill position: 80 days 4. Number of job postings the data are based on: 9 job postings

Unit of Measurement	Number of days
Reporting Frequency	6 months
Considerations	- Timeliness of hiring can be affected in multiple phases of the hiring process (e.g., writing the job description, securing funding, HR staff posting the position opening, gaining leadership approval, sending an offer letter); however, CDC is asking for the first time point at which a position is posted for the ease of having a consistent start time for this measure. - CDC understands there may be a limited number of qualified potential applicants for some positions, that there is a high demand for some open positions in the general job market (e.g., nurses), and that the department of health may have limited purview over some hiring processes. Recipients will have the opportunity to provide additional contextual information.

Measure A2.2. Procurement Timeliness: Procurement cycle time from approval to move forward with procurement to execution of contract _(Pilot measure)_

Topic	Procurement Timeliness _(Pilot measure)_
Measure	Procurement cycle time from approval to move forward with procurement to execution of contract
Definition	Median number of calendar days from date of approval to move forward with procurement to date of execution of contract.
Purpose	Improved organizational systems and processes by addressing information technology, data modernization, human resources, financial management, contract, and procurement services is an intended outcome of this grant. This measure focuses on the ability of health departments to have ready and timely access to available resources by examining the timeliness of their procurement process.[5] Many recipients are implementing improvements to their procurement services including, but not limited to, streamlining their procurement process; developing and/or updating their practices and policies; conducting trainings; hiring more procurement and financial staff; and upgrading their procurement systems.
	The intent of this measure is to understand how recipients have improved their overall procurement process by assessing the timeliness of an agency's procurement cycle time. Monitoring procurement cycle time can help indicate where there might be improvements or opportunities in the public health system's ability to spend money more efficiently. Obtaining this data is also an opportunity to show the need for continued funding and investments in public health infrastructure.
	• If recipients are interested in obtaining assistance with procurement processes, PHIG national partner TA providers may conduct site visits, facilitate opportunities for peer-to-peer visits and/or peer-to-peer group learning collaboratives, and work with recipients to understand how to help improve processes.
	• If recipients can maintain and/or make improvements to this process in a manner that is meaningful to their jurisdictions' needs, PHIG national partner TA providers may work with recipients to identify lessons learned and disseminate successful strategies for improving this process.
Terms and Definitions	_Procurement approval:_ The start date for the measure is the date of official approval to move forward with the procurement; this is defined as when all necessary approvals have been obtained and the procurement is

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[5] 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.

	allowed to take place. Necessary approvals are determined by the recipient agency and may include multiple levels of leadership approval within an agency and/or specific processes to acquire a vendor to perform a service or provide support. ***Contract execution:*** The end date for the measure is the date all relevant parties sign the contract, and the contract is finalized. ***Median:*** The middle value in a set of data. Guidance on types of procurements to include: • Include all procurements executed between the first and last date of the reporting period (e.g., December 1, 2022 to May 31, 2023). The contract initiation date can be prior to the start of the reporting period. • Include all formal contracts with external vendors, organizations, or agencies. A formal contract is a written and signed legal document. • Include only contracts whose scope of work is designed and managed by the recipient agency (i.e., exclude contracts managed by other government entities). • Do not include verbal agreements or memoranda of understanding (MOUs). Guidance on calculating the median number of calendar days: • Determine the number of days (from date of approval to move forward with the procurement to date the contract was executed), for each contract with vendors and external organizations, from smallest to largest. All contracts executed during the reporting period should be included, regardless of whether the process was initiated during or prior to the reporting period. • The midpoint value is the median. For an even number of observations (i.e., number of executed contracts) the median will be the average (i.e., mean) of the two middle values.
Data Elements to be Reported	***Pilot measure:*** For the first reporting period, CDC will pilot test this performance measure on procurement timeliness. We understand some recipients may not be able to report on this performance measure by the first reporting period. Therefore, for the first reporting period (August 2023 submission), this measure is optional.

	Recipients will enter the following information *(Optional)*: 1. Median number of calendar days from procurement approval to contract execution *(Number)* 2. Minimum number of days from procurement approval to contract execution *(Number)* 3. Maximum number of days from procurement approval to contract execution *(Number)* 4. Number of procurements the data are based on *(Number)* 5. In the data limitations field, recipients may also provide more information on the types of procurements included or excluded for this measure (including use of a dollar threshold to exclude certain types of procurements); the start and end point used for reporting on this measure if they do not align with CDC's definition; and systems used to track this information or explanation of manual processes used to report on this measure (*Open-ended*)
Example Scenario	The agency executed 4 contracts during this reporting period. The number of calendar days from the date of approval to move forward with procurement to the date of execution of the contract was: 88, 129, 150, and 230 days. The procurement cycle time is 139.5 days. Recipient will report: 1. Median number of calendar days from procurement approval to contract execution: 139.5 days 2. Minimum number of days from procurement approval to contract execution: 88 days 3. Maximum number of days from procurement approval to contract execution: 230 days 4. Number of procurements the data are based on: 4 procurements
Unit of Measurement	Number of days
Reporting Frequency	6 months
Considerations	• CDC understands there may be bottlenecks during various phases of approval to move forward with procurement and contract execution that are outside of the recipient agency's purview. CDC is interested in understanding the time between approval to move forward with procurement and execution, including those bottlenecks. CDC understands some of these bottlenecks may be due to the time other entities outside of the recipient agency (i.e., other offices, bureaus, departments, etc.), spend on activities, such as review and approval. Recipients will have the opportunity to provide additional contextual information.

Measure A2.3. Accreditation Involvement and Readiness: Level of involvement with Public Health Accreditation Board (PHAB) accreditation

Topic	Accreditation Involvement and Readiness
Measure	Level of involvement with PHAB Accreditation
Definition	Accreditation status and involvement in the Public Health Accreditation Board (PHAB) accreditation program.
Purpose	Improved health department quality, accountability, and performance based on standards and measures is an intended outcome of this grant. By formally engaging in PHAB accreditation, health departments are assessed against Standards and Measures aligned with the Essential Public Health Services (EPHS) and the Foundational Public Health Services' (FPHS) eight foundational capabilities for a strong public health infrastructure. One way to measure progress towards implementation of foundational capabilities and delivery of EPHS is to assess the accreditation status of recipient agencies and level of involvement in the PHAB accreditation program. The intent of this measure is to track recipients' current involvement in the PHAB accreditation program. CDC will use this information to help understand how recipients are strengthening their foundational capabilities toward a stronger public health infrastructure. CDC will also use this information to monitor changes in accreditation status and involvement in the PHAB accreditation program over the project period of the grant.
Terms and Definitions	*Public Health Accreditation Board (PHAB):* The independent accrediting body for state, local, and territorial and freely associated health agencies. *Accreditation status:* The accreditation status of the recipient agency in the PHAB accreditation program. • *Accredited*: recipient agency is currently accredited by PHAB (received and maintained a status of initial accreditation from PHAB and has not yet received a reaccreditation decision). • *Reaccredited*: recipient agency is currently reaccredited by PHAB (received a status of continued accreditation from PHAB and currently maintains its accreditation status). • *Not accredited*: recipient agency is not currently accredited by PHAB.
Data Elements to be Reported	Recipient agencies will answer the following question. Please select the statement that best reflects your agency's involvement with the Public Health Accreditation Board (PHAB) national accreditation program *(select one)*

	1. Accredited: My agency has achieved initial accreditation and plans to, or is in the process of, applying for reaccreditation (this includes those working on an ACAR for reaccreditation) 2. Accredited: My agency has achieved initial accreditation but does not plan to apply for reaccreditation 3. Accredited: My agency has achieved initial accreditation but is undecided about intent to apply for reaccreditation 4. Reaccredited: My agency has achieved reaccreditation and plans to maintain our accreditation status in the future. 5. Reaccredited: My agency has achieved reaccreditation and is undecided (or does not know) whether we will maintain our accreditation status in the future. 6. Reaccredited: My agency has achieved reaccreditation but will not maintain our accreditation status in the future. 7. Not accredited: My agency achieved accreditation but is no longer accredited (e.g., didn't apply for or receive reaccreditation or did not maintain accreditation status) 8. Not accredited: My agency is not planning or preparing to apply for accreditation 9. Not accredited: My agency intends to apply and is working to meet the standards (including working on required plans and processes or addressing other gaps) 10. Not accredited: My agency has registered for the PHAB Readiness and Training process 11. Not accredited: My agency is working towards accreditation using the Pathways Recognition Program. 12. Not accredited: My agency has applied and is in the accreditation process (i.e., submitting documentation, awaiting site visit, completed site visit, working on an ACAR, or pending accreditation status decision) 13. Not accredited: My agency is undecided about intent to apply for accreditation Additional Guidance: • State recipients are not required to provide information on the accreditation status of LHDs in their state; however, recipients may provide this or other contextual information, if interested, in the open-ended question - Provide any additional context or information related to this measure. • Include only accreditation through PHAB.
Unit of Measurement	N/A
Reporting Frequency	12 months

Considerations	• CDC understands that recipient agencies have different levels of capacity to pursue accreditation. Participation in PHAB accreditation is highly encouraged.

Appendix A: Job Classification Categories and Program Areas

The information provided below is relevant to Measure A1.1: Hiring (Number of PHIG-funded positions filled by job classification and program area). Job classification and program area categories are derived from categories from the Foundational Public Health Services, and the NACCHO Profile and PH WINS survey instruments.

Job Classification Categories:
1. **Agency leadership and management**: Department/Bureau Director, Deputy Director, Public Health Agency Director, Program Director, Health Officer.
2. **Program manager**: Public Health Program Manager.
3. **Business, improvement, and financial operations staff**: Attorney or Legal Counsel, Business Support – Accountant/Fiscal, Business Support Services – Administrator, Business Support Services – Coordinator, Grants or Contracts Specialist, Human Resources Personnel, Other Business Support Services, Community Health Planner, Quality Improvement Worker, Training Developer/Manager, Workforce Development Staff. May include positions focused on accreditation and performance improvement.
4. **Office and administrative support staff**: Clerical Personnel -Administrative Assistant, Clerical Personnel -Secretary, Customer Service/Support Professional, Custodian, Other Facilities or Operations Worker, Implementation Specialist, Medical/Vital Records Staff.
5. **Information technology and data system staff**: Information Systems Manager/Information Technology Specialist, IT Support Staff, Public Health Informatics Specialist, Informatics staff, Web Developer/Computer Programmer.
6. **Public information, communications, and policy staff**: Public Information Specialist, Policy Analyst, Communications specialist, Web Content Writer/Content Developer.
7. **Laboratory workers**: Laboratory Technician, Laboratory Quality Control Worker, Laboratory Scientist/Medical Technologist, Laboratory Aide or Assistant.
8. **Epidemiologists, statisticians, data scientists, other data analysts**: Epidemiologist, Population Health Specialist, Statistician, Economist, Data or Research Analyst, Data Scientist, Program Evaluator.
9. **Behavioral health and social services staff**: Behavioral Health Professional, Disease Intervention Specialist/Contact Tracer, Peer Counselor, Health Navigator, Social Worker/Social Services Professional.
10. **Community health workers and health educators**: Health Educator, Community Health Worker.
11. **Public health physician, nurse and other clinicians or healthcare providers**: Nursing and Home Health Aide, Nutritionist or Dietitian, Other Oral Health Professional, Other Nurse -Clinical Services, Physician Assistant, Public Health Dentist, Public

Health/Preventive Medicine Physician, Registered Nurse -Public Health or Community Health Nurse, Registered Nurse - Unspecified, Pharmacist, Licensed practical or vocational nurse, Nurse Practitioner Emergency Medical Technician/Advanced Emergency Medical, Technician/Paramedic, Emergency Medical Services Worker, Other Health Professional/Clinical Support Staff, Physical/Occupational/Rehabilitation Therapist, Public Health Veterinarian.
12. **Preparedness staff**: Emergency Preparedness/Management Worker.
13. **Environmental health workers**: Environmental Health Worker, Environmental Health Technician, Environmental Health Physicist, Environmental Health Scientist, Environmental Engineer.
14. **Animal control and compliance/inspection staff**: Licensure/Regulation/Enforcement Worker, Sanitarian or Inspector, Animal Control Worker, Disability claims/benefits examiner or adjudicator, Medical Examiner.
15. **Other**: Student, Professional or Scientific, Interns, Fellows, Other (not categorized)

If positions have crossover categories or operate within several of the job classification categories, select the category that this position will work on most (>50%) of the time. **Do not double-count staff if they are working in more than one category.**

Job Program Areas (Aligned with the Foundational Public Health Services)

1. **Access to and Linkage with Clinical Care:** Clinical Services (excluding TB, STD, family planning), Emergency Medical Services, Immunizations - clinical, Immunizations - non-clinical, Mental Health, Oral Health/Clinical Dental Services, School Health, Substance Abuse, including tobacco control programs
2. **Emergency Preparedness and Response:** All Hazards
3. **Accountability and Performance Management:** Accreditation coordinators, QI staff, performance management leads
4. **Assessment and Surveillance:** Community Health Assessment/Planning, Disability services, including disability determinations, Enforcement/Inspection/Licensing/Certification of Facilities, Epidemiology Surveillance, Informatics, Medical Examiner, Public Health Genetics, Public Health Laboratory, Vital Records
5. **Chronic Disease and Injury Prevention:** Non-Communicable Disease/Chronic Disease, Health Promotion/Wellness, Injury/Violence Prevention
6. **Communicable Disease Control:** COVID-19 Response, Communicable Disease - HIV, Communicable Disease - Influenza, Communicable Disease - STD, Communicable Disease - Tuberculosis, Communicable Disease - Viral Hepatitis, Other Communicable Disease
7. **Communications**
8. **Community Partnership Development:** Community Health Assessment/Planning
9. **Environmental Public Health:** Environmental Health, Animal Control

10. **Equity**
11. **Maternal, Child and Family Health:** Children and Youth with Special Health Care Needs, Maternal and Child Health - Family Planning, Maternal and Child Health - WIC
12. **Organizational Competencies:** Leadership & Governance; Information Technology Services; Workforce Development & Human Resources; Financial Management, Contract, & Procurement Services, including Facilities and Operations; Legal Services & Analysis
13. **Policy Development and Support**
14. **Other**

If positions have crossover categories or operate within several of the program areas, select the category that this position will work on most (>50%) of the time. **Do not double-count staff if they are working in more than one category.**

Appendix B: Measure A1.1: Hiring – Example Scenario

At of the end of this reporting period, the recipient has filled 6 positions with PHIG funds; 3 of these positions were filled with new hires and 3 were filled with current employees. The new hires are a Chronic Disease Program Manager, Contracts Specialist, and Community Health Worker (Communicable Disease). The current employees are an Environmental Epidemiologist, Health Equity Communications Specialist, and Health Educator (working on COVID-19 and Influenza 60% and Maternal and Child Heath 40%). The recipient is a state health department, but LHDs funded through the grant have not yet filled any positions, as of this reporting period.

The tables below provide examples of the data a recipient would report for this measure. These tables are not how data will be entered in PHIVE but could serve as an approach for tracking this information by recipients.

Job Classification Categories – Example Scenario

	1. Total number of PHIG-funded positions filled (since 12/1/22, as of 5/31/2023)		2. Number of positions filled with current employees		3. Number of positions filled with new hires	
	Recipient agency	LHDs funded by state recipient	Recipient agency	LHDs funded by state recipient	Recipient agency	LHDs funded by state recipient
1. Agency leadership and management	0	0	0	0	0	0
2. Program manager	1	0	0	0	1	0
3. Business, improvement, and financial operations staff	1	0	0	0	1	0
4. Office and administrative support staff	0	0	0	0	0	0
5. Information technology and data system staff	0	0	0	0	0	0
6. Public information and public policy staff	1	0	1	0	0	0
7. Laboratory workers	0	0	0	0	0	0

8. Epidemiologists, statisticians, data scientists, and other data analysts	0	0	0	0	0	0
9. Behavioral health and social services staff	0	0	0	0	0	0
10. Community health workers and health educators	2	0	1	0	1	0
11. Public health physician, nurse, and other health care providers	0	0	0	0	0	0
12. Preparedness staff	0	0	0	0	0	0
13. Environmental health workers	1	0	1	0	0	0
14. Animal control and compliance/inspection staff	0	0	0	0	0	0
15. Other	0	0	0	0	0	0
Total	6	0	3	0	3	0

Job Program Areas

	1. Total number of PHIG-funded positions filled (since 12/1/22, as of 5/31/2023)		2. Number of positions filled with current employees		3. Number of positions filled with new hires	
	Recipient agency	LHDs funded by state recipient	Recipient agency	LHDs funded by state recipient	Recipient agency	LHDs funded by state recipient
1. Access to and Linkage with Clinical Care	0	0	0	0	0	0
2. Emergency Preparedness and Response	0	0	0	0	0	0

3. Accountability and Performance Management	0	0	0	0	0	0
4. Assessment and Surveillance	0	0	0	0	0	0
5. Chronic Disease and Injury Prevention	1	0	0	0	1	0
6. Communicable Disease Control	2	0	1	0	1	0
7. Communications	1	0	1	0	0	0
8. Community Partnership Development	0	0	0	0	0	0
9. Environmental Public Health	1	0	1	0	0	0
10. Equity	0	0	0	0	0	0
11. Maternal, Child, and Family Health	0	0	0	0	0	0
12. Organizational Competencies	1	0	0	0	1	0
13. Policy Development and Support	0	0	0	0	0	0
14. Other	0	0	0	0	0	0
Total	6	0	3	0	3	0