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**A Facilitator’s Companion Guide to the Informatics-Savvy Health Department Self-Assessment**

February 2019

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# Acknowledgments

PHII thanks all the agencies and individuals who contributed to developing the informatics-savvy health department resources available at www.phii.org/infosavvy. These include:

* Chicago Department of Public Health
* Dakota County (MN) Public Health
* Denver Public Health
* Detroit Health Department
* Minnesota Department of Health
* New Hampshire Division of Public Health Services
* Oregon Health Authority
* Puerto Rico Department of Public Health
* St. Louis County (MN) Public Health
* Tarrant County (TX) Public Health
* Tri-County (CO) Health Department
* Washington State Department of Health
* Whatcom County (WA) Health Department
* ASTHO and NACCHO

PHII wishes to particularly thank the following individuals:

* The Applied Public Health Informatics Fellows and the Informatics Training in Place Fellows who took the initiative to use the informatics-savvy self-assessment tool in their projects.
* Kari Guida, Minnesota Department of Health Office of e-Health and HIT, for creating the small group process described in this facilitator’s guide.
* Ed Baker who made possible the series of Management Moment columns in the Journal of Public Health Management and Practice on informatics-savvy health departments, and Martin LaVenture, Minnesota Department of Health Office of e-Health and HIT, who co-authored all the columns.
* Judy Lipshutz, CDC Office of State, Tribal, Local and Territorial Support for her financial and moral support from 2013-2018 for the informatics-savvy health department project.

Development and testing of the informatics-savvy health department toolkit was made possible through cooperative agreement no. 1U38OT000216-1 from the Centers for Disease Control and Prevention, Office of State, Tribal, Local and Territorial Support.

# How to read this guide

This facilitator’s guide is organized as follows:

|  |  |  |
| --- | --- | --- |
| Heading title of… | **Answers the questions…** | **Found on pages…** |
| Understanding the informatics-savvy self-assessment tool | Why conduct the informatics-savvy self-assessment? What is its purpose? How is it structured? | 4-6 |
| Selecting meeting scope and format | What are alternative ways to organize a self-assessment event? Who to invite? | 7-8 |
| Preparing for the meeting | How do we prepare for the event? How do we prepare the participants? Who has what roles and responsibilities? | 9-12 |
| Facilitating the meeting | What is the actual group process? What have others learned that might help our planning? | 13 |
| Communicating the results | How do we convey the results to participants and others? What’s important to convey? | 14 |

## Related resources

* Informatics-Savvy Health Department Toolkit: [www.phii.org/infosavvy](http://www.phii.org/infosavvy)
* Informatics Profile Toolkit: [www.phii.org/PHI-Toolkit](http://www.phii.org/PHI-Toolkit)
* Communicating about informatics: [www.phii.org/informatics-communication-toolkit](http://www.phii.org/informatics-communication-toolkit)
* CDC’s Public Health 101 Series course on informatics: [www.cdc.gov/publichealth101/informatics.html](http://www.cdc.gov/publichealth101/informatics.html)
* Additional informatics resources from PHII: [www.phii.org/resources](http://www.phii.org/resources)

# Understanding the informatics-savvy health department self-assessment tool

Health departments are challenged as never before to make effective use of the information that is coming to health departments in ever larger volumes and varieties and moving at increasing velocities. The interest in population health data and analytics is exploding, threatening to leave health departments behind if they cannot be a credible data exchange and data use partner.

The healthcare sector, upon which public health depends for much of its information, has rapidly gone digital and expects health departments to adhere to national health data standards.

Meanwhile, shrinking workforces and budgets, aging information systems, rising costs for supporting information systems, and the centralization of IT services are stressing health departments precisely when they need to be expanding their information capabilities.

On the positive side, the opportunities to form community information partnerships have never been greater, and the interest in population health data, social determinants of health, and more holistic approaches to viewing community and individual health provide exciting opportunities for those health departments with the vision to seize the openings. And those seeking national public health department accreditation know that good information management is key to being effective both operationally and with their community partners.

To be effective in the information age, a health department must be “informatics-savvy.” But what does that mean in concrete and actionable terms? How would we know an “informatics-savvy health department” when we see one? And how can we find out how informatics-savvy our own health department is?

Fortunately, effectively addressing information challenges and optimizing opportunities is precisely what the discipline of applied public health informatics is about. At its heart, public health informatics is about using information and information technology effectively to improve population health outcomes. (More on how to communicate about the field of public health informatics can be found at <https://www.phii.org/informatics-communication-toolkit>.)

The Informatics-Savvy Health Department Toolkit was developed by the Public Health Informatics Institute (PHII) to help health departments of all sizes assess their current information capabilities and to both strategically and tactically plan for building informatics capacity. The foundation of the toolkit is an Informatics-Savvy Health Department Self-Assessment instrument, a field-tested tool to guide a health department through assessing its informatics strengths and weaknesses in three areas:

* Having a clear informatics vision, strategies and governance
* Having a workforce skilled in working with information and information technology
* Having well-designed and effectively-used information systems.

Visit www.phii.org/infosavvy for the complete informatics-savvy health department toolkit

For each of the three areas described above, the self-assessment tool provides questions on specific information capabilities. Each question includes a range of closed-ended response options that are based on six levels of maturity, adapted from the Capability Maturity Model developed by the Software Engineering Institute at Carnegie Mellon University (see Table 1). The model describes the progressive stages an organization advances through as it adopts a new process or practice. It is not uncommon for organizations, even successful ones, to be at relatively low levels of this model. This reflects the organizational challenges that are inevitable with formally establishing new ways of working across an organization and then rigorously evaluating that work.

### Table 1. Capability Maturity Model (CMM) levels (adapted) **[[1]](#footnote-1)**

| **CMM level name** | **General description** |
| --- | --- |
| 0 - Absent | No capability is evident; “starting from scratch.” |
| 1 - Initial | No organized, systematic efforts to build informatics capacity exist, only ad hoc efforts and isolated, individual heroics. |
| 2 - Managed | Some organized efforts have begun or been completed, but are not systematically documented or institutionalized. |
| 3 – Defined | Systematic, ongoing efforts are underway, but there are no overall method to measure progress or to ensure coordination. |
| 4 - Measured | Systematic, ongoing efforts are underway to measure progress and ensure coordination. |
| 5 - Optimized | Systematic, ongoing efforts are underway with quality improvement activities to align results with guiding vision, strategies and performance metrics. |

The toolkit also contains a similar self-assessment instrument focused specifically on capabilities needed for achieving meaningful interoperability.

The culminating resource in the toolkit is guidance on developing a strategic informatics roadmap. The guidance and practical considerations provided in that resource can support your efforts to establish a clear vision of where you want to go and, based on your current capabilities as identified through the self-assessment process, map how you can incrementally build the capacity and capabilities you need to achieve your vision.

### Table 2. Using the informatics-savvy health department self-assessment tool

|  |  |
| --- | --- |
| Purpose of the informatics-savvy health department self-assessment | The self-assessment has been carefully designed to:   * Determine strengths and deficiencies in a health department’s information capabilities. * Provide a baseline of information from which to prioritize and plan, and from which to measure progress over time. |
| Benefits of conducting an informatics self-assessment | Conducting a self-assessment has several key benefits:   * Provides a systematic, comprehensive, likely first-ever review across an entire health department (or organizational unit within one) of its information capabilities, and its capacity to meet the increasing demands for receiving, sending, managing, protecting and using digital data. * Enables programs across a health department to realize where they have common challenges that might be more effectively addressed collectively. * Enables leadership to more readily see where efforts might yield the greatest results. |
| How to use this companion guide | The companion guide provides key information on:   * The structure and potential value of the informatics-savvy health department self-assessment. * Guidance for planning a facilitated working session and administering the self-assessment. * Guidelines and instructions to provide to participants. |

# Selecting meeting scope and format

While format and focus for conducting the informatics-savvy self-assessment can vary, as discussed in the following pages, the basic process and agenda are likely the same:

1. Opening remarks, preferably by the most senior person appropriate to the scope of the event, to set the context and to convey senior leadership support.
2. Review of objectives and process for the day. This would likely come from you as the facilitator. (See [www.phii.org/infosavvy](http://www.phii.org/infosavvy) for a slide deck which you can adapt for this purpose.)
3. Large or small group discussion and consensus scoring based on the self-assessment questions. This would ideally also include identifying ideas for action steps that would build informatics capacity and address current weaknesses. (Sample worksheets can be found in the appendices.)
4. (If small groups used) Reporting out of results and action steps to the full group.
5. Full group discussion of the findings and action steps, looking for synergies and additional ideas; organizing actions into clusters, or other planning activities as appropriate.
6. Close and next steps.

The self-assessment meeting can be thought of in terms of scope (agency-wide or focused on specific programs) and discussion group format (large group only or divided into small groups). As discussed later, the recommended length of time is a full day, ideally held off-site.

## Scope of the meeting

Three possible ways to define the scope of the meeting are agency-wide, single program or multiple programs.

#### Agency-wide meeting

This format may be optimal when you want to have participants from across the health department participate in and hear all of the discussion; in other words, when you are prioritizing cross-program sharing, problem solving and consensus building. Such a format can be excellent for engaging managers and staff across the agency or as a “kick-off” to a series of program-level assessments.

#### Single program meeting

This approach would focus on one program area (e.g., infectious diseases or vital records/health statistics) where the goal is to build informatics capacity to meet particular challenges or to set priorities that are not necessarily agency-wide.

#### Multiple programs meeting

This format may work well for engaging multiple programs that either have common needs, are considering shared services, are currently exchanging data electronically with the same partners, or have common functions (such as all programs that are surveillance-based or conduct regulatory functions).

## Format of the meeting

With the scope determined, consider next the optimal number of participants to include in the group discussion, balancing representativeness with the realities of group dynamics. The number of participants may dictate the optimal format for your meeting. For example, if a large number of participants (25 or more) will be participating, you may want to organize two or more small discussion groups to allow maximum discussion among participants.

Depending on the size of the group and the availability of facilitators, three possible discussion group formats are:

#### Large group format

Use this format if the advantages of everyone hearing everything at the same time outweigh any group dynamic considerations, such as a large group favoring the more outspoken participants at the expense of quieter individuals. In this format, the group works through each of three assessment sections and associated questions together, sharing their challenges and achievements, coming to consensus on the score, and ideally identifying 1-3 action steps that could help them move up the scale toward greater capacity. A large group format can require more time than the other two listed below, so may limit the amount of discussion and especially ideas for possible action steps.

#### Small group format

In the small group format, participants are divided into three separate groups once the opening remarks and instructions are over, one to each of the three elements of the informatics-savvy model. This format has the advantage of more candid and efficient discussion, and may provide more time for identifying action steps. For the small group to still be representative of the health department program, you will need no less than six people (preferably closer to 10) and will want to pre-assign them to ensure a diversity of job descriptions, perspectives, length of service, etc., within each of the three groups

#### Large group followed by small group format

This format would blend the advantages of a single large group format, used for one of the three sections of the assessment, combined with small groups for the other two areas. You might select the shortest section, “skilled workforce,” as the single group exercise. This would give participants a sense of how the activity will be conducted and what to expect. Once you’ve completed this section, the group could then be divided into two smaller groups, each assigned one of the two remaining sections.

If you will use a combination of large group/small group or small group only, you may want to consider pre-assigning participants prior to the event to one of the three discussion groups based on the three elements of the informatics-savvy model (see page 5). This will ensure that the groups are made up of a mix of representatives from across the health department, fostering a more impactful discussion.

# Preparing for the meeting

## Who to invite

Deciding who to invite should be approached thoughtfully, balancing managerial and program, seasoned and newer staff. Ultimately, anyone who works with information and with information systems (whether programmatic or administrative/financial) is appropriate to invite.

You may also consider inviting key external stakeholders, such as staff from the Medicaid program, human services or central IT.

## Planning steps

Preparing for the session will require a time commitment, resources and organization.

There are several steps to organizing an informatics savvy health department self-assessment meeting, described below. The time estimates are based on previous experience with other health departments.

#### Step one – getting familiar with the purpose and tools (level of effort: 2-4 hours)

This is the time for you to familiarize yourself with the assessment tool and other informatics-savvy artifacts. This includes reviewing the sample slide deck available on the [www.phii.org/infosavvy](http://www.phii.org/infosavvy) website to decide how you would modify it to better convey your agency’s priorities, needs, opportunities, etc. This is the time to be clear in your mind about how you would communicate the value in conducting such an assessment and planning event, critical before moving to step 2. It may be helpful to assume that participants will be skeptical about the value of so many people “sacrificing” a day for a planning event. Taking the time to persuasively (but honestly!) describe the value will be key to gaining support or at least minimizing reluctance.

Also take the time to understand the basic construct of the self-assessment instrument, reviewing the instructions for administration. This might be a good time to decide how you will record the consensus scores from the self-assessment and any discussions and/or action steps/priorities identified by the participants (see the appendix for a sample).

#### Step two – secure executive sponsorship (level of effort: variable)

Since bringing staff together from across “siloed” programs to discuss challenges and opportunities is a rare event, and one which ideally will launch a major capacity-building initiative, it is important to have senior leadership commitment and support. Whether this support comes from the most senior levels in the health department or from a lower, more programmatic level will depend upon the scope of the meeting (see above for more on scope). What is certain is that senior level support is the single most critical success factor for projects of any kind that involve change.

#### Step three – decide on scope and format (level of effort: 2-4 hours)

Work with the executive sponsor and perhaps a small, representative planning committee to determine the purpose and scope of the assessment (see above). Decisions regarding the meeting length and format should be discussed and planned prior to extending invitations.

#### Step four – logistical planning (level of effort: 6-12 hours)

The final step focuses on logistics for the meeting, which can include:

* Determining roles and responsibilities (see table below).
* Reserving an appropriate space and familiarizing yourself with it if it is new to you.
* Assembling the invitation list.
* Developing an agenda and getting it approved.
* Extending invitations, including to any or all senior leaders who should attend (at least at the beginning of the event to show their support and commitment).
* Recruiting small group facilitators (if using small groups)

You may choose to send 1-3 of the brief Journal of Public Health Management and Practice articles found at [www.phii.org/infosavvy](http://www.phii.org/infosavvy) as pre-reading for participants. Choose whichever article(s) seems most relevant to your priorities. If you are pre-assigning staff to one of three small groups based on the graphic found above, you could send the appropriate articles to each group; for instance:

* Everyone receives “Building an Informatics-Savvy Health Department: Part I, Vision and Core Strategies.”
* Those in the “informatics vision” group also are asked to read “Developing an Informatics-Savvy Health Department: From Discrete Projects to a Coordinating Program. Part I: Assessment and Governance” and “Building an Informatics-Savvy Health Department II: Operations and Tactics.”
* Those in the workforce group would receive “Developing an Informatics-Savvy Health Department: From Discrete Projects to a Coordinating Program Part II: Creating a Skilled Workforce.”
* Those in the third group on information systems would read “Developing an Informatics-Savvy Health Department: From Discrete Projects to a Coordinating Program—Part III, Ensuring Well-Designed and Effectively Used Information Systems.”

Such pre-reading will help participants become familiar with key informatics concepts and terminology, as well as with reasons to be embarking on the path to increasing informatics capacity.

## Roles and responsibilities

The table below provides possible roles and responsibilities for your meeting. Adapt as needed to meet your needs.

### Table 3. Roles and responsibilities

| Role | Description | Responsibility |
| --- | --- | --- |
| Meeting facilitator(s)/ event coordinator(s) | The individual(s) with overall responsibility for supporting achievement of the meeting goals and objectives. This may be a shared role. | * Work with leadership to design the meeting. * Be completely familiar with the informatics-savvy tools in advance of meeting. * Lead the decision-making on scope and format of the meeting. * Arrange site logistics. * Determine needs for audio-visual aids or other logistics for the meeting. * Arrange for or provides documentation of the meeting, including taking notes and recording the results. * Identify and invite participants (or draft an invitation to come from leadership), including those who will participate in various elements of the assessment. * Develop any meeting evaluation questions/instrument. * Provide guidance during the meeting as needed for changes in activities, modification of the agenda and other decisions that may affect the success of the meeting. * Facilitate the transitions between agenda items. * Ensure all scores, whether from large or small groups, are captured and preserved. * Produce the output of the meeting (report or analysis of results, including the scores). |
| Small group facilitators (if small groups used) | An individual, either selected ahead of time or nominated from within the small group, that ensures the assignment(s) to the small group are met within the allowed time. | * Ensure each member of the small group understands the instructions and the process. * Facilitate discussion to get to a consensus score for each question assigned to the group. * Ensure the consensus score and any ideas for action items are recorded. * Report to full group on the small group’s decisions or support another group member in doing so. |
| Participants | Those individuals who provide their input on the self-assessment scores and on possible activities to build future capacity. | * Review the instrument and any reading assignments ahead of the meeting. * Actively and candidly participate in the discussion, especially in the scoring and in identifying action steps. * Complete any event evaluation sent to participants. * Be prepared to inform co-workers about the process and results of the day. |
| Observers | Individuals, perhaps from other agencies/departments, whose presence and participation or observing are optional during the self-assessment. | * Listen to the discussion, identifying where the capacities, challenges and opportunities being discussed are similar to their own agency experience. * Note where possible inter-agency collaboration may be useful, cost-effective or otherwise desirable. |

## Final preparations

The assessment tool should be sent to participants at least one week prior to the actual event. This will give them time to familiarize themselves with the assessment tool and begin to think about informatics across the health department in ways they may not have previously considered. If participants are pre-assigned to a small discussion group, it will give them a chance to review the questions for that core element and begin to decide on scores.

Having hard copies at the meeting can be useful given the specific nature of the response categories for each question, so let them know if they need to print prior to the meeting (it’s a good idea to have extra copies anyway) or if you will bring copies.

Also print copies of a score sheet (see the appendix for a sample but you can develop whatever works for your process and desired outputs). If using a single large group for the entire meeting, having 1-2 people (not the facilitator) document the scores and action steps is sufficient; if using small groups, having one person per group is needed.

The group facilitator should be focused on the discussion and moving the discussion along if it veers off on a tangent or stalls, not on documenting the discussion and scores.

# Facilitating the meeting

The typical process for conducting the agency self-assessment is as follows:

1. Within the large group or within each group, participants take turns reading a question, then offer their opinion on the most appropriate score and why.
2. The other participants then offer their opinion on the department’s score.
3. After discussion and consideration, the group then comes to a consensus score, which is recorded.
4. The participants then briefly discuss possible action steps, which are also recorded, that would build on current capabilities and address current challenges/needs/deficiencies.
5. You can optionally ask the group to indicate whether the proposed action step is a “quick win,” that is, achievable within a relatively short period of time or without significant resources, or a “major project” which would require both time, resources and commitment.
6. If using small groups, the note taker can optionally write down each action step on a separate, large self-sticking note that can be displayed during the large group review of the exercise. This allows for similar action steps to be grouped during the full group discussion at the end of the day.

## Facilitator tips

* The informatics-savvy health department self-assessment can be done at any level of the organization: across the entire health department or focused on a particular unit or program within it, such as infectious or chronic disease program staff or all surveillance-based programs across the health department. The more comprehensive and inclusive your strategy when conducting the self-assessment, the richer the information and insights gained. This can be invaluable when developing an action plan or strategy roadmap.
* The discussion across programs and staff is the real value of the activity, not the act of completing the assessment or achieving a certain score. Bringing program staff together from across the health department to discuss their information capabilities is both rare and highly valuable.
* Scores in the 1 and 2 range are most common. In few industries do organizations score much higher than 3 when adopting new technologies or processes.
* It is almost certain that different programs will have different capabilities. The Capability Maturity Model instructs to use the lowest score from the among programs /capabilities represented (the “weakest link” argument).
* The self-assessment can be done for a variety of purposes, including in preparing for national health department accreditation. Others have used it to prepare for large system migrations that are being planned and executed. Many agencies used it as resource for working toward a coordinated response to and readiness for the “Meaningful Use” program. All have used it because they realized they needed to do more if they were to achieve maximum value from their information as a strategic resource.
* The downloadable self-assessment instrument has been well tested across a number of state and local health departments of all sizes nationally, representing varying levels of complexity and capability. However, you can certainly customize the instrument to meet your particular needs. For instance, you could combine a subset of questions from the informatics-savvy health department self-assessment and from the interoperability self-assessment (both are available at [www.phii.org/infosavvy](http://www.phii.org/infosavvy)). The risk of narrowing the self-assessment too much is that you lose the opportunity to identify challenges, deficiencies or other issues that you might not otherwise be aware of.
* The assessment could be planned for one day or spread over multiple days, but scheduling it for one day, despite the greater logistical needs, is optimal given the advantages of conveying that this activity is a major event, worthy of their best efforts, and not something they will want to skip when the time comes.
* Perhaps the single most important success factor for your assessment event is to have senior leadership buy-in and executive sponsorship. Ideally, this will be someone with sufficient vision, authority and sense of urgency to see the project through to implementation, reducing any administrative or other barriers as they arise.

# Communicating the results

After the assessment, you will need to determine an optimal way to communicate the results. A written report sent to all participants, ideally within 1-3 weeks of the event, can reinforce momentum and interest. Headings for such a report might include:

1. Executive summary (summarizing key points, the most important things to know)
2. Background (why was the event held; when and where was it held).
3. Approach (how was it organized; what was the process)
4. Results (what were the self-assessment questions; how did each score; what key action steps were identified for each or overall; how did action steps cluster into larger categories [if done])
5. Discussion and recommendations (what were the key insights, ideas, suggestions, challenges; where did programs realize they had a lot in common; how did this activity change perspectives)
6. Next steps (who will do what)
7. Appendices (who participated; what resources were identified to help guide next steps)

# Appendix: additional resources

## Resources on the informatics-savvy website

* Informatics-savvy Health Department Self-Assessment Tool
* Interoperability Self-Assessment Tool
* Sample slide deck for introducing the informatics-savvy health department self-assessment tool
* Guidance on developing a strategic informatics roadmap
* Guidance on information governance in a health department
* Key considerations for establishing an informatics office
* A series of Journal of Public Health Management and Practice articles on creating an informatics-savvy health department.

## Sample score sheets

#### **Building an informatics-savvy health department**

**Informatics vision and strategy self-assessment tool worksheet**

| **Question** | **Individual scores** | **Consensus score** | **Actions** |
| --- | --- | --- | --- |
| **Question 1.1** Vision and strategy |  |  |  |
| **Question 1.2** Information assets and needs |  |  |  |
| **Question 1.3** Governance process |  |  |  |
| **Question 1.4** Funding plan |  |  |  |
| **Question 1.5** Stakeholder engagement (internal partners) |  |  |  |
| **Question 1.6** Stakeholder engagement (external partners) |  |  |  |
| **Question 1.7** Data sharing agreement procedures |  |  |  |
| **Question 1.8** Privacy, confidentiality and informed consent procedures |  |  |  |
| **Question 1.9** Informatics focal point |  |  |  |
| **Question 1.10** Effective relationship IT/informatics |  |  |  |
| **Question 1.11** Collaboration with community partners to meet population health goals/objectives |  |  |  |

#### **Building an informatics-savvy health department**

**Workforce strategy self-assessment worksheet**

| **Question** | **Individual scores** | **Consensus score** | **Actions** |
| --- | --- | --- | --- |
| **Question 2.1** Workforce strategy |  |  |  |
| **Question 2.2** Job classifications for informatics professionals |  |  |  |
| **Question 2.3** Training |  |  |  |
| **Question 2.4** Informatics professionals |  |  |  |
| **Question 2.5** Informatics knowledge and skills (program level) |  |  |  |
| **Question 2.6** Informatics knowledge and skills (program managers) |  |  |  |

#### **Building an informatics-savvy health department**

**Information systems self-assessment worksheet**

| **Question** | **Individual scores** | **Consensus score** | **Actions** |
| --- | --- | --- | --- |
| **Question 3.1** Software development process |  |  |  |
| **Question 3.2** Project management |  |  |  |
| **Question 3.3** Information systems inventory |  |  |  |
| **Question 3.4** Information systems usability |  |  |  |
| **Question 3.5** Standards adoption and implementation |  |  |  |
| **Question 3.6** Data exchange (internal) |  |  |  |

1. 2 CMM is a registered service mark of Carnegie Mellon University. [↑](#footnote-ref-1)