

**National Public Health Performance Standards Program
Local Public Health System Performance Assessment Instrument
Demographic Information Form
OMB Number: 0920-0555**

With the exception of Question 7, all questions below require a response. No responses will be saved unless all required responses are provided.

Demographic Information

Name of Local Public Health Agency:
Mailing Address
City
State
Zip
Phone
Fax:
Email
Agency website URL
Name of Local Health Officer
Name of Contact Person for the Assessment Instrument
Contact Person Title
Contact Person Phone
Fax:
Email

- 1. Categorize your jurisdiction by selecting one of the following, or describe its structure under "other."**
 - a. ____ County
 - b. ____ City
 - c. ____ City-County
 - d. ____ Township
 - e. ____ Multiple counties, district, or regional health department
 - f. ____ Other

- 2. What is the population of the jurisdiction reported in this assessment? _____**
2b. Year of Census or year population estimate was developed: _____

- 3. How many people are employed by your local public health agency? _____**
 - 3a. Total full-time equivalent employees (FTEs): _____
 - 3b. Total part-time employees: _____
 - 3c. Total number of employees: _____

- 4. What is the total agency budget for your jurisdiction? _____**
4b. Does your local public health agency categorize public health expenditures data according to the Ten Essential Public Health Services? ____yes ____no

- 5. Which of the following best describes the organization or office to which your local public health officer reports directly?**
 - a. ____ Local board of health

- b. City council / county council
- c. County commissioner / county executive
- d. City or town manager
- e. Regional or district health director
- f. State health director or commissioner
- g. Other

6. How much time has the local health officer held his/her position?
___ years ___ months

7. Does your local public health agency include the following public health functions?

- a. Environmental health
- b. Clinical services
- c. Home health services
- d. Behavioral health
- e. Other

8. Is your jurisdiction completing the local public health system assessment as part of the MAPP (Mobilizing for Action through Planning and Partnerships) process?

- a. Yes
- b. No
- c. Unsure

*(Note: **MAPP** is a community strategic planning process that incorporates the results of the local public health system assessment into a broader plan for improving community health. For more information about MAPP, go to www.naccho.org and click on "Tools" and then the link for MAPP.)*