

**National Public Health Performance Standards Program  
State Public Health System Performance Assessment Instrument  
Evaluation Form  
OMB Number: 0920-0557**

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**1. How were the agencies/organizations that participated in the assessment process identified for participation? (Check all that apply)**

- a. Traditional health department partner
- b. Volunteered to participate
- c. Recommended by a partner agency/organization
- d. Recommended by health department staff
- e. An existing public health systems partnership
- f. Other (please briefly describe)

**2. Are you conducting this assessment as part of a statewide effort (e.g., is the local instrument being used at the local level during a similar or coordinated time period)?**

- Yes
- Yes, to a limited extent (please explain):
- No

**3. During the assessment process, what type of decision-making process was used?**

- a. Voting—majority rules
- b. Discussion and development of a consensus response
- c. Health department decisions with partner input
- d. Other (please describe)

**4. The ideal time period needed to effectively engage or involve partners in the assessment process is:**

- a. 0-1 month
- b. 2-3 months
- c. 4-5 months
- d. 6-9 months
- e. 10-12months
- f. Other (please describe)

**5. How long did it take you to complete the assessment process (from your first active steps in undertaking the assessment up to the point of submitting data)?**

- a. 0-1 month
- b. 2-3 months
- c. 4-5 months

- d. 6-9 months
- e. 10-12months
- f. Other (please describe)

**6. To what extent did the assessment process influence the following:**

<b>Internal Relations (i.e., within health department):</b>	Negative Effect	Minimal Negative Effect	No Effect	Minimal Positive Effect	Positive Effect
Communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the public health system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of system improvement needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intent to implement system improvements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>External Relations (i.e., outside the health department but within the public health system)</b>	Negative Effect	Minimal Negative Effect	No Effect	Minimal Positive Effect	Positive Effect
Communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the public health system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of system improvement needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intent to implement system improvements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Would you complete this assessment process again in 2-3 years?**

- a. Yes, voluntarily to assess improvement in our state public health system
- b. Yes, but only if resources are linked to the completion of the assessment
- c. Yes, but only if the request is tied to job performance expectations
- d. No, would not complete this assessment again because
- e. Other response

**8. Does this tool accurately measure the performance of your public health system?**

- Yes
- Don't know
- No, then why not?

**9. If the instrument were to be streamlined or shortened, where do you think the most attention should be given:**

- Streamline the instrument equally across all Essential Services  
 Streamline certain Essential Services or indicators (Please specify: \_\_\_\_\_)

**10. Please check any of the following statements with which you agree:**

- The model standards describe an optimal level of public health practice  
 The model standards are clear and understandable  
 The model standards address appropriate content  
 The model standards are sufficiently comprehensive  
 The model standards set the bar for public health practice at an appropriate level to which systems can strive to achieve.

**11. What was the most useful part of the assessment process?**

**12. What was the least useful part of the assessment process?**

**13. How do you plan on using the assessment results in your public health system?**

**14. What suggestions do you have for improvement in the process, structure, or content of the tool?**

**15. What suggestions do you have for improving the technical assistance, guidance documents, training, and orientation support which CDC and partner organizations offer to sites?**

**16. Please list the full name of each agency/organization involved in the assessment process in the first column of the table up to a maximum of 20 agencies/organizations. In the second column, use the pull-down menu to select the type of organization.**

Choices are:

- The local governmental public health agency
- The local governing entity (e.g., board of health)
- Other governmental entities (e.g., state agencies, other local agencies)
- Hospitals
- Managed care organizations
- Primary care clinics and physicians
- Social service providers
- Local businesses and employers
- Neighborhood organizations
- Faith institutions
- Transportation providers
- Educational institutions
- Public safety and emergency response organizations
- Environmental and occupational health organizations
- Advocacy groups
- Community residents
- Other

**17. Please list the full name of each agency/organization that you tried to engage in the assessment process that was unable or unwilling to take part, list up to a maximum of 10 agencies/organizations. In the second column, use the pull-down menu to select the type of organization.**

Choices are:

- The local governmental public health agency
- The local governing entity (e.g., board of health)
- Other governmental entities (e.g., state agencies, other local agencies)
- Hospitals
- Managed care organizations
- Primary care clinics and physicians
- Social service providers
- Local businesses and employers
- Neighborhood organizations
- Faith institutions
- Transportation providers
- Educational institutions
- Public safety and emergency response organizations
- Environmental and occupational health organizations
- Advocacy groups
- Community residents
- Other