

Respondent Information Form (RIF)

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Demographic Information

Name of Local Health Department: _____
 Address _____
 State _____ Zip _____ Email _____
 Phone _____ Fax _____
 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 your jurisdiction:
 - a. Population: _____
 - b. Year of population estimate _____

3. How many people are employed by your local health department?
 Total FTEs: _____

4. What is the total agency budget? _____

5. Which of the following best describes the organization or office to which your local public health officer reports directly?
 (check all that apply)
 - 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 official held his/her position?
 _____ years _____ months

7. 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 "Programs and Activities" and then the link for MAPP.)

About Your Site's Assessment Process

Please tell us about your jurisdiction's experience with the NPHPSP assessment. The assessment coordinator should answer evaluation questions on behalf of the site, based on observations of the process and input from participants.

8. During the assessment process, what type of decision making process was used?

(Check the response that best describes your process.)

- Walked through the instrument and voted on questions one-by-one.
- Discussed the model standards with follow-up voting on each question.
- Reviewed, discussed, and voted on sub-questions before voting on stem (first tier questions).
- Discussed the model standards with facilitator/recorder judgment on responses.
- Other (Please describe): _____

9. What process was used to complete the 10 sections of the assessment?

(Check only one response.)

- One large meeting during which the group was broken into separate small groups to address 2-3 Essential Services per group.
- One large meeting during which the same group responded to the entire assessment instrument together.
- A series of meetings during which one or two Essential Services were addressed at each meeting by the same group throughout the entire process.
- A series of meetings during which one or two Essential Services were addressed at each meeting by a core group which invited specific expertise to the meetings, based on the Essential Service that was completed.
- Other (Please describe): _____

10. Participation - please indicate the number and type of public health system representatives involved in the assessment process.

a. Total number of participants: _____

b. From the list below, select the types of organizations that participants represented. *(Check all that apply.)*

- 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: _____
- Other: _____
- Other: _____
- Other: _____

11. To date, what effect has the assessment process had on the following among public health systems partners?

	Negative Effect	Somewhat Negative Effect	No Effect	Somewhat Positive Effect	Positive Effect
Communications	<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"/>

12. How satisfied were you with the following aspects of the National Program?

	Dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	N/A
User Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-line Toolkit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toll-Free Helpline (800#)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Help box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How satisfied were you with the overall experience of the NPHPSP assessment process? (*circle one*)

Dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	N/A
1	2	3	4	5	6

14. Would you complete the NPHPSP assessment process again?

- Yes
- No
- Maybe

15. Please provide any additional comments on your experience with the NPHPSP process:

Next Steps: Performance Improvement

16. As a result of completing the assessment, which of the following performance improvement steps do you expect to implement in the next six months to address particular Essential Services or Model Standards?

- Convene participants for performance improvement
- Prioritize areas for action
- Analyze “root causes” of performance
- Develop action plans
- Implement action plans
- Monitor progress
- Report progress
- None