

**National Public Health Performance Standards Program
State Public Health System Performance Assessment Instrument
Demographic Information Form
OMB Number: OMB NO.: 0920-0557**

For each name provided, the organization represented must be entered. No responses will be saved unless all required responses are provided.

Demographic Information

User ID#:
Name of State Public Health Agency:
Name of State Health Official:
Title:
Address:
City
State
Zip:
Email:
Phone:
Fax:

Name of Contact Person
Title
Email
Phone
Fax

- 1. What is the population of your state?**
 - a. Population size _____
 - b. Year of Census population estimate _____

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

- 3. What is the total agency budget for your jurisdiction? _____**
 - 3b. Does your agency categorize public health expenditure data according to the Ten Essential Public Health Services? ___ Yes ___ No**

- 4. Categorize your state public health agency relationship to local public health agencies**
 - a. ___ **Centralized** (Local public health services are provided through units and/or staff of the state public health agency)
 - b. ___ **Decentralized** (Local public health services are provided through agencies that are organized and operated by units of local government)
 - c. ___ **Mixed authority** (Local public health services are provided through agencies organized and operated by units of local governments in some jurisdictions and by the state in other jurisdictions)

- d. **Shared authority** (Local public health services are subject to the shared authority of both the state agency and the local government)
- e. **None** (There are no local public health agencies in my state)

5. How much time has the state health officer held his/her position?

____ years ____ months

6. Does your state public health agency include the following public health functions?

- a. Environmental protection
- b. Mental health services
- c. Substance abuse services
- d. Medicaid
- e. Medical and other professional licensing
- f. Senior and aging services
- g. Other