Respondent Information Form (RIF)

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Demographic Information

User ID#: _____

Name of State Public Health Agency: _____

Name of State Health Official: _____

Title: _____

Address _____

State _____ Zip _____ Email _____

Phone _____ Fax _____

Name of Contact Person _____

Title _____ Email _____

Phone _____ Fax _____

1. What is the current population of your state?
   a. Population: _____
   b. Year of population estimate: _____

2. How many people are employed by your state public health agency?
   Total FTEs: _____

3. What is the total agency budget? _____

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 official held his/her position?
   _____ years   _____ months

About Your State's Assessment Process

Please tell us about your state'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.

6. 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):

7. What process was used to complete the 10 sections of the assessment?
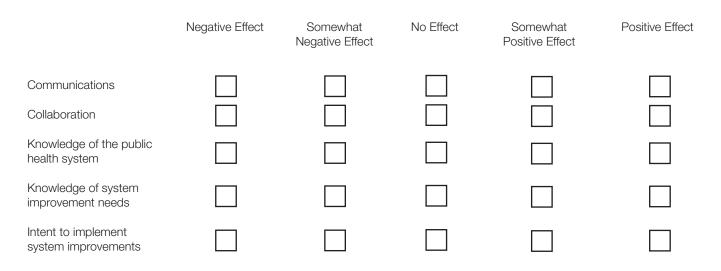   *(Check only one response.)*
   - ☐ One large meeting during which the group was broken into separate small groups to address 2-3 Essential Services per group.
   - ☐ One large meeting during which the same group responded to the entire assessment instrument together.
   - ☐ A series of meetings during 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):

8. 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.

   - ☐ State public health agency
   - ☐ The state governing entity (e.g., board of health)
   - ☐ Local health departments
   - ☐ Hospitals
   - ☐ Managed care organizations
   - ☐ Primary care clinics and physicians
   - ☐ Social service providers
   - ☐ State businesses and employers
   - ☐ Neighborhood organizations
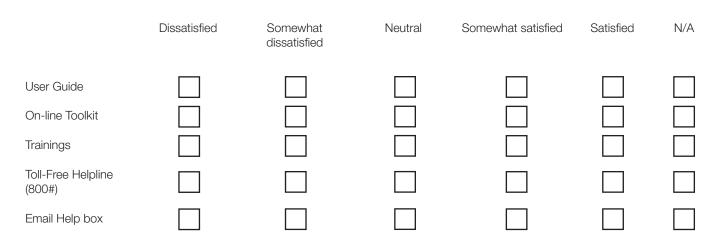   - ☐ Other governmental entities (e.g., other state agencies, other local agencies)

   - ☐ Faith institutions
   - ☐ Transportation providers
   - ☐ Educational institutions
   - ☐ Public safety and emergency response organizations
   - ☐ Environmental and occupational health organizations
   - ☐ Advocacy groups
   - ☐ Community residents
   - ☐ Other: _____
   - ☐ Other: _____
   - ☐ Other: _____

9. To date, what effect has the assessment process had on the following <u>among public health systems partners</u>?

	Negative Effect	Somewhat Negative Effect	No Effect	Somewhat Positive Effect	Positive Effect
Communications	☐	☐	☐	☐	☐
Collaboration	☐	☐	☐	☐	☐
Knowledge of the public health system	☐	☐	☐	☐	☐
Knowledge of system improvement needs	☐	☐	☐	☐	☐
Intent to implement system improvements	☐	☐	☐	☐	☐

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

	Dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	N/A
User Guide	☐	☐	☐	☐	☐	☐
On-line Toolkit	☐	☐	☐	☐	☐	☐
Trainings	☐	☐	☐	☐	☐	☐
Toll-Free Helpline (800#)	☐	☐	☐	☐	☐	☐
Email Help box	☐	☐	☐	☐	☐	☐

11. 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

12. Would you complete the NPHPSP assessment process again?

□ Yes
□ No
□ Maybe

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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Next Steps: Performance Improvement

14. 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