

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

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**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](http://www.naccho.org) and click on "Tools" and then the link for MAPP.)*