

**National Public Health Performance Standards Program  
Local Public Health System Performance Assessment Instrument  
Evaluation Form**

OMB Number: 0920-0555

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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 by other local jurisdictions and/or is the state instrument being used at the state level during the same 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:

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

Adapted from The Lewin Group's Self Assessment Tools for Turning Point Partnerships

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

- a. Yes, voluntarily to assess improvement in our local 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 and number of representatives of each agency/organization involved in the assessment process, up to a maximum of 20 agencies/organizations.**

Name: \_\_\_\_\_ Number of representatives: \_\_\_\_\_

**In the third column, use the pull-down menu to select the type of organization that each participant represents.**

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)
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- Other