

Respondent Information Form (RIF)

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Demographic Information

Board of Health or other Governing Body: _____

Address: _____

State: _____ ZIP: _____ Email: _____

Phone: _____ Fax: _____

Presiding Officer: _____ Email: _____

Health Commissioner/Officer: _____ Email: _____

Contact Information for Board of Health if it is not the Governing Body:

Address: _____

State: _____ ZIP: _____ Email: _____

Phone: _____ Fax: _____

Presiding Officer: _____ Email: _____

Health Commissioner/Officer: _____ Email: _____

1. Characteristics of local boards of health:

a.) Is your board (*check all that apply*):

Elected

Appointed

Designated

Other: _____

b.) If appointed and/or designated, by whom (*check all that apply*):

Mayor/City Council

County Commissioner

District/Regional Body

Other: _____

2. Which best describes the function of your board of health?

Advisory

Governing

3. How many people are employed in your health department?

Total FTEs: _____

4. For your current fiscal year, what is the total budget for:

a.) Your local public health agency? _____

b.) Board of health training? _____

5. What is the population of your jurisdiction?

a. Population: _____

b. Year of population estimate: _____

About Your Site's Assessment Process

Please tell us about your site'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 all that apply.)*

- 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?

- 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. *(check all that apply.)*

- The Board of Health
- The local health official
- Other local health department staff: _____
- Other: _____

9. 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"/>

10. 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"/>

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 initiate 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