

**Score Sheets for**

**Local Public Health System  
Performance Surveillance and Assessment**

**Florida Data Collection  
October 1999**

## Local Public Health System Performance Surveillance and Assessment Tool

Completion Date:	October 21, 1999		
Name of Health Department:	Pinellas County Health		
Street Address: 500 – 7 <sup>th</sup> Avenue, S.			
City: St. Petersburg	State: FL	Zip Code: 33701	
Telephone: (727)824-6900	FAX: (727)893-5600	Website address:	
Mailing Street Address (if different from above):			
City:	State:	Zip Code:	

Person Completing this assessment:	Name: Deborah A. Healey, R.N., M.P.H.	Title: Director of Performance Improvement
Email Address: <a href="mailto:Debbie_Healey@doh.state.fl.us">Debbie_Healey@doh.state.fl.us</a>		Telephone: (727)824-6900

Categorize your jurisdiction by selecting one of the following, or describe it's structure under "other":	
<input checked="" type="checkbox"/> County	<input type="checkbox"/> City/Municipal <input type="checkbox"/> City/County <input type="checkbox"/> District <input type="checkbox"/> State <input type="checkbox"/> Regional Office
<input type="checkbox"/> Other (Please Specify):	

What is the population of the jurisdiction reported in this assessment?	Population: 898,610	Date: Mid Yr. 1999 Estimate
---	------------------------	-----------------------------------

**Score Sheet for  
LOCAL PUBLIC HEALTH PERFORMANCE SURVEILLANCE INSTRUMENT**

	QUESTIONS	RESPONSES
1.	For the jurisdiction, served by your local health department, is there a community needs assessment process that systematically describes the prevailing health status in the community?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction ?	1 <input type="checkbox"/> Meets no community needs 2 <input checked="" type="checkbox"/> Meets some needs 3 <input type="checkbox"/> Meets half of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
2.	In the past three years in your jurisdiction, has the local public health agency surveyed the population for behavioral risk factors?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input checked="" type="checkbox"/> Meets some needs 3 <input type="checkbox"/> Meets half of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
3.	For the jurisdiction served by your local health agency, are timely investigations of adverse health events , including communicable disease outbreaks and environmental health hazards, conducted on an ongoing basis?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input type="checkbox"/> Meets half of the needs 4 <input checked="" type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
4.	Are the necessary laboratory services available to the local public health agency to support investigations of adverse health events and meet routine diagnostic and surveillance needs?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input type="checkbox"/> Meets half of the needs 4 <input checked="" type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
5.	For the jurisdiction served by your local public health agency, has an analysis been completed of the determinants and contributing factors of priority health needs, adequacy of existing health resources, and the population groups most impacted?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input checked="" type="checkbox"/> Meets half of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
6.	In the past three years in your jurisdiction, has the local public health agency conducted an analysis of age-specific participation in preventive and screening services?	YES

If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input checked="" type="checkbox"/> Meets some needs 3 <input type="checkbox"/> Meets half of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
7.	For the jurisdiction served by your local public health agency, is there a network of support and communication relationships that includes health -related organizations, the media, and the general public?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input type="checkbox"/> Meets half of the needs 4 <input checked="" type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
8.	In the past year in your jurisdiction, has there been a formal attempt by the local public health agency at informing elected officials about the potential public health impact of decisions under their consideration?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input checked="" type="checkbox"/> Meets half of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
9.	For the jurisdiction served by your local public health agency, has there been a prioritization of the community health needs that have been identified from a community needs assessment?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input checked="" type="checkbox"/> Meets half of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
10.	In the past three years in your jurisdiction, has the local public health agency implemented community health initiatives consistent with established priorities?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input checked="" type="checkbox"/> Meets half of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
11.	For the jurisdiction served by your local public health agency, has a community health action plan been developed with community participation to address community health needs?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input checked="" type="checkbox"/> Meets half of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
12.	During the past three years in your jurisdiction, has local public health agency developed plans to allocate resources in a manner consistent with community health action plans?	YES

If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	<input type="checkbox"/> 1 Meets no community needs <input type="checkbox"/> 2 Meets some needs <input checked="" type="checkbox"/> 3 Meets half ( <b>many</b> ) of the needs <input type="checkbox"/> 4 Meets most needs <input type="checkbox"/> 5 Meets all needs
13.	For the jurisdiction served by your local public health agency, have resources been deployed as necessary to address priority health needs identified in the community health needs assessment?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	<input type="checkbox"/> 1 Meets no community needs <input type="checkbox"/> 2 Meets some needs <input checked="" type="checkbox"/> 3 Meets half ( <b>many</b> ) of the needs <input type="checkbox"/> 4 Meets most needs <input type="checkbox"/> 5 Meets all needs
14.	In the past three years in your jurisdiction, has the local public health agency conducted an organizational self-assessment?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	<input type="checkbox"/> 1 Meets no community needs <input checked="" type="checkbox"/> 2 Meets some needs <input type="checkbox"/> 3 Meets half of the needs <input type="checkbox"/> 4 Meets most needs <input type="checkbox"/> 5 Meets all needs
15.	For the jurisdiction served by your local public health agency, are age-specific priority health needs effectively addressed through the provision of or linkage to appropriate services?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	<input type="checkbox"/> 1 Meets no community needs <input type="checkbox"/> 2 Meets some needs <input type="checkbox"/> 3 Meets half of the needs <input checked="" type="checkbox"/> 4 Meets most needs <input type="checkbox"/> 5 Meets all needs
16.	Within the past year in your jurisdiction, has the local public health agency provided reports to the media on a regular basis?	NO
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	<input type="checkbox"/> 1 Meets no community needs <input type="checkbox"/> 2 Meets some needs <input type="checkbox"/> 3 Meets half of the needs <input type="checkbox"/> 4 Meets most needs <input type="checkbox"/> 5 Meets all needs
17.	For the jurisdiction served by your local public health agency, have there been regular evaluations of the effects of public health services on community health status?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	<input type="checkbox"/> 1 Meets no community needs <input type="checkbox"/> 2 Meets some needs <input checked="" type="checkbox"/> 3 Meets half of the needs <input type="checkbox"/> 4 Meets most needs <input type="checkbox"/> 5 Meets all needs
18.	In the past three years in your jurisdiction, has the local public health agency used professionally recognized processes and outcome measures to monitor programs and to redirect resources as appropriate?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	<input type="checkbox"/> 1 Meets no community needs <input type="checkbox"/> 2 Meets some needs <input type="checkbox"/> 3 Meets half of the needs <input checked="" type="checkbox"/> 4 Meets most needs <input type="checkbox"/> 5 Meets all needs

19.	In your jurisdiction, is the public regularly provided with information about current health status, health care needs, positive health behaviors, and health care policy issues?	YES
If YES ---->	How effective is this activity in meeting community needs within your jurisdiction?	1 <input type="checkbox"/> Meets no community needs 2 <input checked="" type="checkbox"/> Meets some needs 3 <input type="checkbox"/> Meets half of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> Meets all needs
20.	In the past three years in your jurisdiction, has there been an instance in which the local public health agency has failed to implement a mandated program or service?	NO

## Score Sheet for Local Public Health Performance Assessment

## **Essential Service #1: Monitor Health Status to Identify Community Health Problems**

### **Indicator 1.1 Population-Based Community Health Profile (CHP)**

<b>Question No.</b>	<b>Responses</b>		<b>Please comment on question</b>
1.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.1.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.1.1.1.2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.1.1.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.1.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.1.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.1.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y Some entities use the CHP for some issues.
1.1.1.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.7.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N Yes for Healthy People 2000 objectives
1.1.1.7.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.7.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.7.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.1.1.7.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y Local Health Council
1.1.1.8	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.1.1.9	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.9.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.9.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.9.3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.1.1.9.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.9.5	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.1.1.9.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.1.1.9.7	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N

Please use the following five-point scale to rate the current status of your LPHS Community Health Profile:

1		2		3		<u>4XX+</u>		5
<b>Low</b>								<b>High</b>

## Indicator 1.2 Integrated Data Systems for Personal Health and Related Services

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
1.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but only for a few selected health problems
1.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
1.2.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but primarily for children with chronic illness
1.2.2.2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y for selected programs only (fragmented system)
1.2.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
1.2.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

1	2 XX	3	4	5
Low				High

## Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community

<i>Question No.</i>	<i>Responses</i>	<i>Please comment on question</i>
---------------------	------------------	-----------------------------------

Please use the following five-point scale to rate the current status of your LPHS information and communications systems:

1	2	3 <b>xx++</b>	4	5
Low				High

Please use the following five-point scale to rate the current status of the epidemiologic and statistical expertise available to the LPHS:

1	2	3	4	5
Low		XX++		High

8



2.1.8.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.8.5	Yes <input type="checkbox"/>	No <input type="checkbox"/>	UNKNOWN
2.1.8.6	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N

### Indicator 2.2 Emergency Preparedness and Response Plan

**Please use the following five-point scale to rate the current status of your LPHS emergency plan:**

### 2.3 Indicator: Investigate and Respond to Public Health Emergencies

Please use the following five-point scale to rate the current status of your LPHS protocols to guide an appropriate response to adverse health events:



## Local Public Health Performance Assessment

### Essential Services #3: Inform, Educate, and Empower People About Health Issues

### 3.1 Indicator: Health Promotion Activities Directed Toward Community Health Concerns

<i><b>Question No.</b></i>	<i><b>Responses</b></i>		<i><b>Please comment on question</b></i>
3.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.1.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.1.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.2.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
3.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.3.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.3.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.3.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
3.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

**Please use the following five-point scale to rate the current status of your LPHS health promotion activities:**

1 2 3 4XX 5  
Low High

3.1.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but sporadic and fragmented
3.1.6.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but not for all activities
3.1.6.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but not for all activities
3.1.6.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but not for all activities
3.1.6.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but not for all activities
3.1.7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but not for all activities

**Please use the following five-point scale to rate the current status of evaluation of your LPHS health promotion activities:**

1	2xx+	3	4	5
Low				High

### 3.2 Indicator: Public Health Education Activities

<b><i>Question No.</i></b>	<b><i>Responses</i></b>		<b><i>Please comment on questions</i></b>
3.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.2.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.2.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.2.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.2.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
3.3.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y for some activities

**Please use the following five-point scale to rate the current status of your LPHS public health education activities:**

1	2	3 <sub>xx</sub>	4	5
Low				High

3.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y fragmented
3.2.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N not for most activities
3.2.4.1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.2.4.2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.2.4.3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.2.4.4	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.2.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but for very few activities

<b>Please use the following five-point scale to rate the current status of your LPHS health education evaluation:</b>				
<b>1</b>	<b><u>2xx</u></b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Low</b>				<b>High</b>

**Score Sheet for  
Local Public Health Performance Assessment**

<b>Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems</b>			
<b>Indicator 4.1 Constituency Building</b>			
<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
4.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	* Y Information is available but not centralized
4.1.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
4.1.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.6	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
4.1.1.7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.8	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.9	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.10	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.11	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
4.1.1.12	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.13	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.14	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.15	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.1.16	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.3.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
4.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.1.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y but not for all activities
4.1.7	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N not on a regular basis
<b>Please use the following five-point scale to rate the current status of constituency-building efforts by your LPHS:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>1</b></span> <span><b>2</b></span> <span><b>--xx3</b></span> <span><b>4</b></span> <span><b>5</b></span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>Low</b></span> <span></span> <span></span> <span></span> <span><b>High</b></span> </div>			
<b>Indicator 4.2 Community Partnerships</b>			
<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
4.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y, but not all inclusive
4.2.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.2.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.2.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.2.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.2.2.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
<b>Please use the following five-point scale to rate the current status of the advisory/action group in your community:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>1</b></span> <span><b>2</b></span> <span><b>3xx</b></span> <span><b>4</b></span> <span><b>5</b></span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>Low</b></span> <span></span> <span></span> <span></span> <span><b>High</b></span> </div>			
4.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.2.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

4.2.3.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.2.3.3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
4.2.3.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
4.2.3.5	Yes <input type="checkbox"/>	No <input type="checkbox"/>	????????? NO QUESTION
4.2.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
4.2.4.1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please use the following five-point scale to rate the current status of your community partnerships for health:				
1	2	3	4xx	5
Low				High

## Local Public Health Performance Assessment

## Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts

### Indicator 5.1 Community Health Improvement Process

Question No.	Responses		Please comment on question
5.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.1.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.1.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.1.1.2.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
5.1.1.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y in progress
5.1.2.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
5.1.2.1.1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.1.2.1.2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.1.2.2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
5.1.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y in progress

**Please use the following five-point scale to rate the current status of your community health improvement process:**

1	<u>2xx</u>	3	4	5
Low				High

### Indicator 5.2 Strategic Alignment

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
5.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.2.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y some do
5.2.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y some do
5.2.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y some do
5.2.1.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N (unknown)
5.2.2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
5.2.2.1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.2.3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N (in development)

**Please use the following five-point scale to rate the current status of strategic alignment by LPHS entities:**

1	<u>--xx2</u>	3	4	5
Low				High

### Indicator 5.3 Public Health Policy Development

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
5.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y though primarily at the state level, opportunity for local modifications
5.3.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y on an as needed basis, no formal process
5.3.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.3.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.3.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.3.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.3.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.3.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.3.3.7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

<b>Please use the following five-point scale to rate the current status of LPHS policy development:</b> <div> <div>1</div> <div>2</div> <div>3xx</div> <div>4</div> <div>5</div> </div> <div> <div>Low</div> <div></div> <div></div> <div></div> <div>High</div> </div>			
<b>Indicator 5.4 LPHS Governance (General Measures)</b>			
<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
5.4.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.4.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.4.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.4.1.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.4.1.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y, information on resources is available
5.4.1.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.4.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.4.1.4.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y, for some programs
5.4.1.4.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
5.4.1.4.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y in some cases
<b>Please use the following five-point scale to rate the current status of LPHS governance in your community:</b> <div> <div>1</div> <div>2</div> <div>3</div> <div>4xx</div> <div>5</div> </div> <div> <div>Low</div> <div></div> <div></div> <div></div> <div>High</div> </div>			



## Local Public Health Performance Assessment

## Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

### Indicator 6.1 Review and Evaluate Laws and Regulations

<i><b>Question No.</b></i>	<i><b>Responses</b></i>		<i><b>Please comment on question</b></i>
6.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.8	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.9	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.1.10	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.2.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.4.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.4.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.4.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.4.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

**Please use the following five-point scale to rate the current status of LPHS review and evaluation of public health laws and regulations:**

**1**                      **2**                      **3**                      **4XX**                      **5**  
**Low**                                                                                                          **High**

### Indicator 6.2 Involvement in the Improvement of Laws and Regulations

<i><b>Question No.</b></i>	<i><b>Responses</b></i>		<i><b>Please comment on question</b></i>
6.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.2.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.2.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.2.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
6.2.1.4	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NO QUESTION INCLUDED

**Please use the following five-point scale to rate the current status of LPHS efforts to improve the laws and regulations that affect the health of your community:**

<b>1</b>	<b>2</b>	<b>3</b>	<b><u>4XX</u></b>	<b>5</b>
<b>Low</b>				<b>High</b>

### Indicator 6.3 Enforce Laws and Regulations

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
6.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y



**Score Sheet for  
Local Public Health Performance Assessment**

<b>Essential Service #7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</b>			
<b>Indicator 7.1 Identification of Populations with Barriers to the Health Care System and Addressing Their Needs</b>			
<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
7.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N* UNKNOWN
7.1.2.1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.1.2.2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y at the census tract level
7.1.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.3.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.4.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.4.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y, for basic and episodic health care
7.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.5.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.5.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.6.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.6.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.7.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.7.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.8	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
7.1.8.1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.1.8.2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.1.9	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.9.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.1.9.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y, for basic and episodic health care
<b>Please use the following five-point scale to rate the current status of LPHS efforts to identify and assist populations with barriers to the community's health care system:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>1</b></span> <span><b>2</b></span> <span><b><u>3xx</u></b></span> <span><b>4</b></span> <span><b>5</b></span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>Low</b></span> <span></span> <span></span> <span></span> <span><b>High</b></span> </div>			
<b>Indicator 7.2: Coordinating Community Roles and Responsibilities in Linking People to the Provision of Personal Health Care Services</b>			
<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
7.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.2.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y for targeted populations (e.g. Medicaid)
7.2.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y for targeted populations (e.g. Medicaid)
7.2.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y for targeted populations (e.g. Medicaid)
7.2.1.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
7.2.1.5	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NO question
7.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

7.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.2.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
<b>Please use the following five-point scale to rate the current status of LPHS efforts to identify and coordinate a minimum set of preventive health services for specific populations.</b>			
<b>1</b>	<b><u>2xx</u></b>	<b>3</b>	<b>4</b>
<b>Low</b>			<b>High</b>
<b>Indicator 7.3 Coordinating the Linkage of People to Personal Health Services</b>			
<i>Question No.</i>	<i>Responses</i>		<b>Please comment on question</b>
7.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.3.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.3.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.3.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.3.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.3.1.5	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
7.3.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.3.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.3.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
7.3.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
<b>Please use the following five-point scale to rate the current status of LPHS efforts to coordinate the linkage of people to personal health care services:</b>			
<b>1</b>	<b>2</b>	<b><u>3xx</u></b>	<b>4</b>
<b>Low</b>			<b>High</b>

**Essential Service #8: Assure a Competent Public and Personal Health Care Workforce**

<i>Question No.</i>	<i>Responses</i>	<i>Please comment on question</i>
---------------------	------------------	-----------------------------------

Please use the following five-point scale to rate the current status of your LPHS workforce assessment:				
<u>1xx</u>	2	3	4	5
Low				High

<i>Question No.</i>	<i>Responses</i>	<i>Please comment on question</i>
---------------------	------------------	-----------------------------------

Please use the following five-point scale to rate the current status of your LPHS job requirements and descriptions:				
1	2	3	4	<u>--xx5</u>
Low				High

Please use the following five-point scale to rate the current status of your LPHS performance evaluation process:				
1	2	3	4	<u>--xx5</u>
Low				High

### Indicator 8.3 Continuing Education, Training, and Mentoring

<b>Question No.</b>	<b>Responses</b>		<b><i>Please comment on question</i></b>
8.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.3.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.3.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.3.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.3.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.3.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.3.2.3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
8.3.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.3.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.3.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

1	2	3	--xx4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	-------	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

Low — High

## Indicator 8.4 Cultural Competence in the Public Health Workforce

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
8.4.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.4.2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
8.4.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.4.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y for some programs
8.4.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y limited
8.4.6	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
8.4.7	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
8.4.8	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.4.9	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N

1	2xx	3	4	5
---	-----	---	---	---

<b>Low</b>	<b>High</b>
------------	-------------

## Indicator 8.5 Public Health Leadership Development

<i>Questions</i>	<i>Responses</i>		<i>Please comment on question</i>
8.5.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.5.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.5.1.2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
8.5.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.5.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.5.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.5.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.5.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.5.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
8.5.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
8.5.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

1	2xx	3	4	5
---	-----	---	---	---

**Low** — **High**

## Local Public Health Performance Assessment

## Essential Service # 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

### Indicator 9.1 Evaluation of the Health System

<i><b>Question No.</b></i>	<i><b>Responses</b></i>		<i><b>Please comment on question</b></i>
9.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.1.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
9.1.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y in selected areas
9.1.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.1.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.1.7	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
9.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.3.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.3.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.3.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.3.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.3.5	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
9.1.3.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.4.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.1.4.2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
9.1.4.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y in selected programs

**Please use the following five-point scale to rate the current status of efforts to evaluate the LPHS:**

1 2 3xx 4 5  
Low High

## Indicator 9.2 Evaluation of Population Based Services

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
9.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.2.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.2.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.2.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.2.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.2.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.2.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
9.2.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

**Please use the following five-point scale to rate the current status of LPHS evaluation efforts:**

1 2 3 -XX4 5  
Low High

### Indicator 9.3 Evaluation of Personal Health Care Services

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
9.3.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N





## Local Public Health Performance Assessment

## Essential Services #10: Research for New Insights and Innovative Solutions to Health Problems

### 10.1 Indicator: Fostering Innovation

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
10.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.1.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.1.1.1.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
10.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.1.3.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
10.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.1.5.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.1.5.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.1.5.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

**Please use the following five-point scale to rate the current status of LPHS efforts to foster innovation:**

[illegible]

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
10.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

**Please use the following five-point scale to rate the current status of LPHS research resources:**

1 2 3 4XX 5  
Low High

10.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.6.1	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
10.2.6.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.6.3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
10.2.6.4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
10.2.6.5	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
10.2.6.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.6.7	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
10.2.7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.7.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.7.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.7.3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
10.2.7.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.8	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
10.2.8.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

10.2.8.2	Yes ☒	No ☐	Y
<b>Please use the following five-point scale to rate the current status of LPHS relationships with research partners:</b>			
1 Low	2	<u>3XX++</u>	4 High
<b>10.3 Indicator: Capacity to Initiate or Participate in Timely Epidemiologic, Economic, and Health Services Research</b>			
<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
10.3.1	Yes ☒	No ☐	Y
10.3.1.1	Yes ☒	No ☐	Y
10.3.1.2	Yes ☒	No ☐	Y
10.3.1.3	Yes ☒	No ☐	Y
10.3.2	Yes ☒	No ☐	Y
10.3.3	Yes ☒	No ☐	Y
10.3.3.1	Yes ☒	No ☐	Y
10.3.3.2	Yes ☒	No ☐	Y
10.3.4	Yes ☐	No ☒	N
<b>Please use the following five-point scale to rate the current status of LPHS internal research capacity:</b>			
1 Low	2	<u>3XX</u>	4 High

**Please send completed Score Sheets by October 22, 1999 to:**

**Leslie Beitsch, M.D., J.D.**  
**Assistant State Health Officer**  
**Florida Department of Health**  
**2020 Capital Circle SE, Bin A07**  
**Tallahassee, FL 32399-1708**  
**FAX (850) 487-3729**