

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 th 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: Debbie_Healey@doh.state.fl.us	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
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**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?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input checked="" type="checkbox"/> Meets half (many) of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> 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?	1 <input type="checkbox"/> Meets no community needs 2 <input type="checkbox"/> Meets some needs 3 <input checked="" type="checkbox"/> Meets half (many) of the needs 4 <input type="checkbox"/> Meets most needs 5 <input type="checkbox"/> 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?	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
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?	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
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?	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 type="checkbox"/> Meets most needs 5 <input type="checkbox"/> 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?	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
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?	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

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

Please use the following five-point scale to rate the current status of your jurisdiction's integrated information systems for personal health and related services:

1 2 XX 3 4 5
 Low High

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

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

Indicator 2.1 Identification and Surveillance of Health Threats

<i>Question No.</i>	<i>Responses</i>		<i>Please comment on question</i>
2.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.1.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.1.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.1.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.1.7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.2.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.2.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y most do
2.1.2.3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N unknown
2.1.3	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 information and communications systems:

1 2 3 xx++ 4 5
 Low High

2.1.4	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.4.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y for some programs
2.1.4.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y

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 XX++ 4 5
 Low High

2.1.5	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.5.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.5.2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
2.1.5.3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N
2.1.6	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.6.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.6.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y for selected proplems
2.1.6.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y for yearly data
2.1.8	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.8.1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes for some
2.1.8.2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y
2.1.8.3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Y