New Jersey Department of Health and Senior Services

LOCAL HEALTH EVALUATION REPORT

BEST PRACTICES CAPACITY AND PERFORMANCE

B

Local Health Department	County	Calendar Year

I. CORE ACTIVITY

A. ADMINISTRATION

1. Health Promotion

# of Sessions	# of Participants	
_____	_____	Alcohol Abuse
_____	_____	Smoking Prev.
_____	_____	Nutrition
_____	_____	Injury Control
_____	_____	Phys. Fitness and Exercise
_____	_____	Drug Abuse
_____	_____	AIDS

B. ENVIRONMENTAL HEALTH

1. Bathing Places - # of:
   - _____ plan reviews
   - _____ total facilities
   - _____ facilities inspected
   - _____ facilities re-inspected
   - _____ enforcement actions
2. Campgrounds - # of:
   - total facilities
   - facilities inspected
   - facilities re-inspected
   - enforcement actions
3. Youth Camps - # of:
   - _____ youth camps (total
   - _____ pre-operational inspections (on request by DOHSS)
   - _____ re-inspections
4. Food Surveillance - # of:
   - _____ plan reviews
   - _____ establishments (total)
   - _____ establishments inspected
   - _____ requiring re-inspections
   - _____ complaints
   - _____ enforcement actions
5. Public Health Nuisances - # of:
   - _____ complaints
   - _____ investigations
   - _____ enforcement actions

C. COMMUNICABLE DISEASES

1. Reportable Diseases - # of:
   - _____ cases of reportable disease
   - _____ investigations
2. Immunizations - # of:
   - _____ school age children
   - _____ immunized (unduplicated)
   - _____ immunizations
   - _____ schools (total)
   - _____ schools audited
   - _____ enforcement
   - _____ preschools (total)
   - _____ preschools audited
3. Rabies and Zoonosis Control - # of:
   - _____ licenses issued
   - _____ pet shops, etc. inspected
   - _____ animal bite investigations
   - _____ unlicensed dogs found on annual canvas
   - _____ dogs vacc. in free clinics
   - _____ cats vacc. in free clinics
4. Tuberculosis Control - # of:
   - _____ total verified cases
   - _____ contacts identified
   - _____ contacts examined
   - _____ contacts positive & placed on therapy
   - _____ verified cases completing therapy
5. Sexually Transmitted Disease - # of:
   - _____ total clients receiving services
   - _____ contacts identified
   - _____ contacts examined
   - _____ contacts infected & treated
   - _____ contacts preventively treated
   - _____ positive laboratory test followed (priority cases)
   - _____ early syphilis/antibiotic-resistant gonorrhea cases interviewed

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D. MATERNAL AND CHILD HEALTH

1. Infant & Preschool Children - # of:
   - _____ children served annually unduplicated)
   - _____ total visits
   - _____ referred
   - _____ children immunized (unduplicated)
   - _____ total immunizations
   - _____ CHC clients who are under 200% federal poverty level

2. Childhood Lead Poisoning - # of:
   - _____ risk assessments
   - _____ children screened (blood tests)
   - _____ initial positives
   - _____ confirmed pos. (i.e.: venous)
   - _____ residences abated

3. Improved Pregnancy Outcome - # of:
   - _____ women receiving prenatal and postpartum visits
   - _____ women <20 years of age receiving prenatal and postpartum visits
   - _____ total public health visits
   - _____ women referred in to health dept. for public health nursing visits*
   - _____ women referred out by health dept. for prenatal, WIC and family planning services

E. ADULT HEALTH

1. Cancer Services - # of:
   - _____ women 15-34 screened for cervical cancer
   - _____ women 35-64 screened for cervical cancer
   - _____ women 15-64 receiving breast cancer education
   - _____ individuals >40 receiving education for colo-rectal cancer

1. Cancer Services, Continued - # of:
   - _____ individuals referred for and diagnosed

# referred	# diagnosed	
_____	_____	Cervical Cancer
_____	_____	Breast
_____	_____	Colo-rectal

2. Diabetes - # of:
   - _____ risk assessments completed
   - _____ referred for medical eval.
   - _____ known diabetics receiving education, or
   - _____ referred for education
   - _____ individuals referred who sought further evaluation
   - _____ individuals newly diagnosed

3. CVD - # of:
   - _____ risk factor assessments/ screens for hypertension
   - _____ referred for medical eval.
   - _____ educational programs: _____ participants
   - _____ newly diagnosed hypertensives

4. Older Adult - # of:
   - _____ adults screened (unduplic.)
   - _____ referred
   - _____ immunizations
   - _____ doses of influenza vaccine
   - _____ doses of pneumococcal vaccine
   - _____ public health nursing visits provided as follow-up services to screening

II. ELECTIVE ACTIVITY

A. ADMINISTRATION

1. Emergency Medical Services - # of:
   - _____ ambulances certified
   - _____ ambulance personnel certified
   - _____ first responders certified (police & fire)

***Referred to health department for provision of prenatal and postpartum nursing services by private physicians, hospitals, and clinics.**

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B. ENVIRONMENTAL

1. Institutional Health (excl. food) - # of:
   - _____ institutions (total)
   - _____ health care facilities
     - _____ schools
     - _____ jails
   - _____ institutions inspected
   - _____ requiring re-inspection
   - _____ complaints

2. Occupational Health - # of:
   - _____ occup. disease reports:
     - _____ investigated
   - _____ DOHSS referrals investigated

C. MATERNAL-CHILD HEALTH

1. Ambulatory Health Care for Children - # of:
   - _____ children served (unduplicated)
   - _____ visits
   - _____ referred

2. Dental Health (Children) - # of:
   - _____ participants in school fluoride mouth rinse program
   - _____ educational programs
   - _____ children served in dental clinic (total) receiving following services:
     - _____ examination
     - _____ x-ray
     - _____ prophylaxis
     - _____ periodontal eval.
     - _____ restorations & prosthetics

3. Family Planning - # of:
   - _____ clients served (unduplicated)
   - _____ education programs provided

4. Obstetrics - # of:
   - _____ clients served (unduplicated)
   - _____ unattended births requiring follow-up
   - _____ high-risk patients requiring referral and follow-up
   - _____ deliveries of clinic patients

5. School Health - # of:
   - _____ schools receiving school health nursing supervision
   - _____ children screened (unduplic.)
   - _____ children referred
   - _____ schools inspected

D. ADULT HEALTH SERVICES

1. Ambulatory Medical Care - # of:
   - _____ clients served (unduplicated)
   - _____ visits
   - _____ referred

2. Dental Health (Adults) - # of:
   - _____ patients served (undupl.) receiving following service:
     - _____ exams
     - _____ x-rays
     - _____ prophylaxis
     - _____ periodontics
     - _____ endodontics & prosthetics

3. Home Health Care - # of:
   - _____ patients receiving home health care
   - _____ total home health visits
   - _____ nursing visits
   - _____ homemaker/home visits
   - _____ health aide visits
   - _____ physical therapy visits
   - _____ occupational therapy visits
   - _____ speech therapy visits

E. BEHAVIORAL HEALTH

1. Alcoholism Control - # of:
   - _____ clients referred for services

2. Drug Abuse Control - # of:
   - _____ clients referred for services

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F. OTHER HEALTH SERVICES

1. Nutrition - # of:
   - clients with a chronic illness seen for diet counseling

2. Vision, Hearing, and Speech**
   - _____ receiving vision screening (total)
   - _____ glaucoma
   - _____ vision acuity
   - _____ referred

   Hearing - # of:
   - receiving audiometric screening
   - referred
   - receiving diagnostic evaluation

   Speech - # of:
   - receiving speech screening
   - referred
   - receiving diagnostic evaluation

3. Other Activities (please specify)	# Unduplicated Clients Served

****Individuals screened and reported under other program services should not be counted again in this category.**

Comments or Other Services and Activities (attach additional pages, as needed):