

APPENDIX 1

NATIONAL PROFILE OF LOCAL HEALTH DEPARTMENTS
DATA COLLECTION INSTRUMENT

APEX/PH NATIONAL ASSOCIATION OF COUNTY HEALTH OFFICIALS National Profile of Local Health Departments

I. LOCAL HEALTH DEPARTMENT

A. Agency Name _____

B. Mailing Address _____

C. City _____

D. State _____

E. Zip Code _____

F. County _____

G. Telephone Number _____

H. Facsimile (FAX) Telephone Number _____

II. LOCAL HEALTH OFFICER

The person legally appointed or otherwise designated to serve as the official health officer of the local health department.

A. Name _____

Last
First
Middle Initial

B. Title _____

C. Degrees/Licenses (Please check those that apply.)

1. DEGREES

<input type="checkbox"/> MD	<input type="checkbox"/> DO
<input type="checkbox"/> DrPH	<input type="checkbox"/> PhD
<input type="checkbox"/> MPH	<input type="checkbox"/> MBA
<input type="checkbox"/> DVM	<input type="checkbox"/> MS
<input type="checkbox"/> Other _____	
(Please specify)	

2. PROFESSIONAL LICENSES

<input type="checkbox"/> MD
<input type="checkbox"/> RN
<input type="checkbox"/> RS
<input type="checkbox"/> RD
<input type="checkbox"/> Other _____
(Please specify)

SECTION II continued on next page

D. Month and year local health officer was appointed to present position:

Month _____ Year _____

E. The Health Officer position is:

Full Time ☐

Part Time ☐

F. Does the local health officer serve as Administrator/Director for the local health department ?

Yes ☐

No ☐

If "No" please give name and title of the Administrator/Director.

Name _____
Last First Middle Initial

Title _____

The position of the Administrator/Director is:

Full Time ☐

Part Time ☐

III. JURISDICTION OF LOCAL HEALTH DEPARTMENT

A. What is the geographic jurisdiction served by your local health department ?
(Please check appropriate response.)

☐ City

☐ County

☐ City/County

☐ Multi-County District or Region

(Please list names of all counties.)

☐ Town/Township

☐ State

☐ Other _____

(Please specify)

SECTION III continued on next page

B. Are there any other local health departments operating within your jurisdiction ?

Yes ☐

No ☐

If "yes" please list names of all other health departments.

C. Are you part of a regional/district health agency ?

Yes ☐

No ☐

If "yes" please give the name of the regional/district health agency.

D. Is there a local Board Of Health within your jurisdiction ?

Yes ☐

No ☐

E. Estimated 1988 total population of jurisdiction served by local health department is:

F. Which best describes the status of your local health department in relation to the state health agency ? (Please check appropriate response.)

☐ Independent

(Local government operates the local health department independent of state health agency.)

☐ Shared/Combined State - Local

(Local government operates the local health department in conjunction with the state health agency.)

☐ Local Unit of State Health Agency

(Local health department is operated by the state health agency.)

☐ Local Unit of Regional/District Health Agency

(Local health department is operated by a regional/district office of the state health agency.)

☐ Other (Please specify.)

IV. STAFF

A. The total number of persons employed full time by the local health department is:

B. The total number of authorized full time equivalents (FTE's) in the local health department is : _____

C. Which of the following does your local health department employ on a full time and or part time basis (either directly or through contracted services) ?

(Please check all appropriate responses.)

	Full Time	Part Time
Clerical/Secretarial	<input type="checkbox"/>	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	<input type="checkbox"/>
Engineers/Sanitarians	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiologists/Statisticians	<input type="checkbox"/>	<input type="checkbox"/>
Health Educators	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionists/Dieticians	<input type="checkbox"/>	<input type="checkbox"/>
Physicians	<input type="checkbox"/>	<input type="checkbox"/>
Planners/Analysts	<input type="checkbox"/>	<input type="checkbox"/>
Public Information Specialists	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>
Toxicologists/Environmental Specialists	<input type="checkbox"/>	<input type="checkbox"/>

D. Which type of employee do you consider the majority of your local health department staff to be ? (Please check appropriate response.)

- ☐ Local government employee
☐ State government employee
☐ Other _____

(Please specify.) _____

V. BUDGET

A. Please give total expenditures for your local health department for the most recent fiscal year available. \$ _____

B. Please indicate the fiscal year in which these expenditures occurred. (e.g. 1985, 1986, 1987): _____

C. Does your local health department charge patients for any personal health services it provides ? Yes ☐ No ☐ N/A ☐

D. Does your local health department accept Medicaid reimbursement for any personal health services it provides ? Yes ☐ No ☐ N/A ☐

VI. FUNCTIONS/SERVICES

Please indicate which of the following function and or service areas your local health department is active in. (Please note; this is not intended to be a complete listing of all health department functions and services.)

Step I. Please mark an "X" by all appropriate responses.
Step II. Place a second "X" by the five which are most important.

A. ASSESSMENT ACTIVITIES

1. Data Collection/Analysis

- ☐ a. Behavioral Risk Assessment
- ☐ b. Morbidity Data
- ☐ c. Reportable Diseases
- ☐ d. Vital Records and Statistics
- ☐ e. Other _____
(Please specify.)

2. Epidemiology/Surveillance

- ☐ a. Chronic Disease
- ☐ b. Communicable Disease
- ☐ c. Other _____
(Please specify.)

B. POLICY DEVELOPMENT

- ☐ 1. Health Code Development and Enforcement
- ☐ 2. Health Planning
- ☐ 3. Priority Setting

C. ASSURANCE ACTIVITIES

1. Inspection

- ☐ a. Food and Milk control
- ☐ b. Health Facility Safety/Quality
- ☐ c. Recreational Facility Safety/Quality
- ☐ d. Other Facility Safety/Quality (Beauty Parlors, Pet Shops etc.)

2. Licensing

- ☐ a. Health Facilities
- ☐ b. Other Services/Facilities (Restaurants, Barber Shops, etc.)

3. Health Education

4. Environmental

- ☐ a. Air Quality
- ☐ b. Hazardous Waste Management
- ☐ c. Individual Water Supply Safety
- ☐ d. Noise Pollution

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- ☐ e. Occupational Health and Safety
- ☐ f. Public Water Supply Safety
- ☐ g. Radiation Control
- ☐ h. Sewage Disposal Systems
- ☐ i. Solid Waste Management
- ☐ j. Vector and Animal Control
- ☐ k. Water Pollution

5. Personal Health Services

- ☐ a. AIDS Testing and Counseling
- ☐ b. Alcohol Abuse
- ☐ c. Child Health
- ☐ d. Chronic Disease
- ☐ e. Dental Health
- ☐ f. Drug Abuse
- ☐ g. Emergency Medical Services
- ☐ h. Family Planning
- ☐ i. Handicapped Children
- ☐ j. Home Health Care
- ☐ k. Hospitals
- ☐ l. Immunizations
- ☐ m. Laboratory Services
- ☐ n. Long Term Care Facilities
- ☐ o. Mental Health
- ☐ p. Obstetrical Care
- ☐ q. Prenatal Care
- ☐ r. Primary Care
- ☐ s. Sexually Transmitted Diseases
- ☐ t. Tuberculosis
- ☐ u. WIC

Name of person completing profile _____

Title _____

Telephone number _____

Date _____

THANK YOU FOR YOUR TIME AND EFFORT

PLEASE RETURN COMPLETED PROFILE TO,
OR DIRECT ANY COMMENTS OR QUESTIONS TO:

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