

**NATIONAL ASSOCIATION OF COUNTY HEALTH OFFICIALS
1992 NATIONAL PROFILE OF LOCAL HEALTH DEPARTMENTS**

[1-4]

[5-44]

Name of Local Health Department _____

Street/P.O. Box _____ [45-84]

City _____ [85-104] State _____ [105-106] Zip Code _____ [107-115]

County _____ [116-135]

Telephone Number (____) _____ [136-145] Fax Number (____) _____ [146-155]

_____ [156-185] _____ [186-205]

Name of Person Completing this Questionnaire _____ Title _____

AGENCY EXECUTIVE

1. What is the specific job title of the top agency executive? [206-207]

(Mark one)

- | | |
|----------------------------------|-------------------------------------|
| 1 _____ Health Officer | 6 _____ Executive Director |
| 2 _____ Health Commissioner | 7 _____ Administrator |
| 3 _____ Director | 8 _____ Medical Director |
| 4 _____ District Health Director | 9 _____ Public Health Administrator |
| 5 _____ Health Agent | 10 _____ Other |

Specify: _____ ☐ [208]

1.1 What is the name of the person in this position?

[209-238]

[1-4]

[1-4]

1.2 What is the work status for this position?

[5]

1 _____ Full-time 2 _____ Part-time

1.3 What is the sex of the person in this position?

[6]

1 _____ Female 2 _____ Male

1.4 What is the race of the person in this position?

(Mark one)

- | | |
|-------------------------------------------------|-----|
| 1 _____ White | [7] |
| 2 _____ Black | |
| 3 _____ Asian or Pacific Islander | |
| 4 _____ American Indian, Alaska Native or Aleut | |
| 5 _____ Other | |

1.5 What is the ethnicity of the person in this position?

(Mark one)

- 1 ☐ Hispanic Origin [8]
 2 ☐ Not of Hispanic Origin
 9 ☐ Unknown

1.6 Does this position have statutory authority to make policy?

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [9]

2. Below, please indicate any degrees your agency executive has:

(Mark all that apply)

- | | | |
|----------------------------------------|-----------------------------------------|-------------------------------------------|
| 1 <input type="checkbox"/> M.D. [10] | 1 <input type="checkbox"/> B.S.N. [11] | 1 <input type="checkbox"/> M.P.A. [12] |
| 1 <input type="checkbox"/> D.O. [13] | 1 <input type="checkbox"/> D.V.M. [14] | 1 <input type="checkbox"/> M.B.A. [15] |
| 1 <input type="checkbox"/> M.P.H. [16] | 1 <input type="checkbox"/> Dr.P.H. [17] | 1 <input type="checkbox"/> M.S. [18] |
| 1 <input type="checkbox"/> M.Ed. [19] | 1 <input type="checkbox"/> Ph.D. [20] | 1 <input type="checkbox"/> D.D.S. [21] |
| | | 1 <input type="checkbox"/> Other(s): [22] |

Specify: ☐ [23]

2.1 If M.D./D.O. was checked, is the degree required for the position?

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [24]

3. Please indicate the approximate amount of time, if any, the agency executive spends providing clinical services.

(Mark one)

- 1 ☐ 0% 2 ☐ 1%-25% 3 ☐ 26%-50% [25]
 4 ☐ 51%-75% 5 ☐ 76%-100%

4. Below, please indicate any active professional licenses your agency executive has:

(Mark all that apply)

- | | | |
|----------------------------------------|--------------------------------------|------------------------------------------|
| 1 <input type="checkbox"/> M.D. [26] | 1 <input type="checkbox"/> R.S. [27] | 1 <input type="checkbox"/> D.O. [28] |
| 1 <input type="checkbox"/> R.N. [29] | 1 <input type="checkbox"/> R.D. [30] | 1 <input type="checkbox"/> D.D.S. [31] |
| 1 <input type="checkbox"/> D.V.M. [32] | 1 <input type="checkbox"/> N.P. [33] | 1 <input type="checkbox"/> R.E.H.S. [34] |
| 1 <input type="checkbox"/> Other [35] | | |

Specify: ☐ [36]

5. What date was the current agency executive appointed to the position?

____ Month [37-38] ____ Year [39-42]

GEOGRAPHICAL JURISDICTION

6. Which one of the following descriptions best characterizes the geographic jurisdiction served by your health department?

(Mark one)

- | | | |
|------------------------------------------|---------------------------------------------------------|------|
| 1 <input type="checkbox"/> County | 5 <input type="checkbox"/> State | [43] |
| 2 <input type="checkbox"/> City-County | 6 <input type="checkbox"/> Multi-County Region/District | |
| 3 <input type="checkbox"/> City | 7 <input type="checkbox"/> Other | |
| 4 <input type="checkbox"/> Town/Township | | |

Specify: ☐ [44]

7. What is the 1990 population estimate for your geographic jurisdiction?

1 _____	Less than 25,000	2 _____	25,000 - 49,999	[45]
3 _____	50,000 - 99,999	4 _____	100,000 - 249,999	
5 _____	250,000 - 499,999	6 _____	500,000 - 999,999	
7 _____	1,000,000 or more			

8. What percent of your agency's personal health services clients are:

<u>Percent</u>	<u>Race</u>		<u>Percent</u>	<u>Ethnicity</u>	
_____	White	[1290-1295]	_____	Hispanic Origin	[1326-1331]
_____	Black	[1296-1301]	_____	Not of Hispanic	
_____	Asian or Pacific		_____	Origin	[1332-1337]
_____	Islander	[1302-1307]	_____	Unknown	[1338-1343]
_____	American Indian, Alaska		100%		
_____	Native or Aleut	[1308-1313]			
_____	Other	[1314-1319]			
_____	Unknown	[1320-1325]			
100%					

9. Is your local health department jurisdiction a part of, or does it contain a Metropolitan Statistical Area (MSA)**?

1 _____ Yes 2 _____ No 3 _____ Don't Know [64]

10. Is there a local board of health that serves your jurisdiction?

1 _____ Yes 2 _____ No 3 _____ Don't Know [65]

If no, go to Question 11.

10.1 Does the board of health have statutory authority to ...

(Mark all that apply)

1 _____	Establish local health policy, fees, ordinances, regulations, etc.	[66]
1 _____	Recommend budget	[67]
1 _____	Approve the budget	[68]
1 _____	Establish community health priorities	[69]
1 _____	Hire the agency head	[70]
1 _____	Other	[71]
	Specify: _____	[72]

10.2 How are your board of health members selected?

1 _____	Appointed	2 _____	Elected	[73]
3 _____	Other			
	Specify: _____			[74]

11. Is your current health department the result of a merger or consolidation of multiple health agencies or jurisdictions?

1 _____ Yes 2 _____ No 3 _____ Don't Know [75]

11.1 If no, has there been or are there currently serious discussions, overtures, or attempts at merger or consolidation of public health services?

1 _____	Have been discussions	3 _____	Current discussions	[76]
2 _____	No	4 _____	Don't know	

** An MSA is defined as 1 city with at least 50,000 inhabitants or a Census-Bureau defined urbanized area of at least 50,000 inhabitants and a total MSA population of at least 100,000 (75,000 in New England).

12. Is your current health department the result of a de-merger or reversal of a consolidation?

1 ____ Yes 2 ____ No 3 ____ Don't Know

[77]

13. Below we have described several different local-to-state health department administrative configurations. Please mark the description which best represents your local health department's administrative relationship with your state health department.

(Mark one)

- 1 ____ There is no "local health department", the local agency is a branch of the state health department. [78]
 2 ____ Local health department is a unit of the state health department.
 3 ____ Local and state governments share the administration of the local health department.
 4 ____ Local health department is administered independently of state health agency.
 5 ____ Other
 Specify: _____ ☐ [79]

BUDGET

14. For your most recent fiscal year, what is the health department's total expenditures?

Total \$ _____ [80-90]

Fiscal Year _____ [91-94]

15. What percent of your total budget came from:

	<u>Percent</u>	
a. City/township/town sources	_____	[1346-1351]
b. County sources	_____	[1352-1357]
c. State sources (including pass-through from Federal)	_____	[1358-1363]
d. Federal sources (direct)	_____	[1364-1369]
e. Medicaid	_____	[1370-1375]
f. Medicare	_____	[1376-1381]
g. Private foundations	_____	[1382-1387]
h. Private health insurance	_____	[1388-1393]
i. Patient personal fees	_____	[1394-1399]
k. Regulatory fees	_____	[1400-1405]
l. Other	_____	[1406-1411]
Specify: _____	<input type="checkbox"/>	[1412]

Total

100%

16. Of the total local jurisdiction government's budget, what percent is assigned to your health department?

_____ Percent

[1415-1420]

AGENCY PERSONNEL

17. For your local health department, what is the number of:

_____ Total staff	[120-125]	_____ Full-time staff	[126-131]
_____ Part-time staff	[132-137]	_____ Vacant positions	[138-142]
_____ Contract staff	[143-148]		

17.1 Below is a selected list of public health agency staff, please fill in the table as appropriate, including "0" and "other" as needed.

Employee Category	Staff Positions Budgeted	# Full-Time Filled	# Part-Time Filled	Staff Positions Vacant	
Administrators (not fitting other categories)					[149-168]
Animal Control Specialists (non D.V.M.)					[169-188]
Dental Assistants					[189-208]
Dental Hygienists					[209-228]
Dentists					[229-248]
Dieticians					[249-268]
Epidemiologists					[269-288]
Environmental Epidemiologists					[289-308]
Environmental Health Specialists					[309-328]
Health Educators					[329-348]
Industrial Hygienists					[349-368]
Laboratory Specialists					[369-388]
Licensed Practical Nurses					[389-408]
Nurse Practitioner					[409-428]
Nutritionists					[429-448]
Physicians					[449-468]
Planners/Analysts					[469-488]
Public Health Advisor/ Disease Intervention Specialists					[489-508]
Public Health Nurses					[509-528]
Public Information Specialists					[529-548]
Physician Assistants					[549-568]
Registered Nurses					[569-588]
Sanitarians					[589-608]
Social Workers					[609-628]
Toxicologists					[629-648]
Veterinarians					[649-668]
Other <input type="checkbox"/> Specify:					[669-687] [688]

DATA COLLECTION ACTIVITIES

18. Does your local health department have responsibility to collect and maintain Vital Records (vital statistics) for your jurisdiction? [689]
- 1 ___ Yes 2 ___ No 3 ___ Don't Know

19. Is mortality and/or morbidity data provided to your health department by the:

	<u>Mortality</u>		<u>Morbidity</u>	
Local Health Department	1 ___ Yes	2 ___ No [690]	1 ___ Yes	2 ___ No [691]
Region/District Health Agency	1 ___ Yes	2 ___ No [692]	1 ___ Yes	2 ___ No [693]
State Health Department	1 ___ Yes	2 ___ No [694]	1 ___ Yes	2 ___ No [695]
Federal Agency	1 ___ Yes	2 ___ No [696]	1 ___ Yes	2 ___ No [697]
Other	1 ___ Yes	2 ___ No [698]	1 ___ Yes	2 ___ No [699]

Specify: _____ ☐ [700]

20. In the past 12 months, has there been an epidemiological study done in your jurisdiction in any of the following areas:

(Mark all that apply)

1 ___ Chronic Disease [701]
 1 ___ Communicable Disease [702]
 1 ___ Environmental [703]
 1 ___ Food-borne Illness [704]
 1 ___ Other [705]
 Specify: _____ ☐ [706]

- 20.1 Indicate any groups that conducted the study(ies)?

1 ___ Local Health Department Staff [707]
 1 ___ State Health Department Staff [708]
 1 ___ Federal Agency Staff [709]
 1 ___ University Staff [710]
 1 ___ Staff From Other Local Agency (hospital, etc.) [711]
 1 ___ Other [712]
 Specify: _____ ☐ [713]

21. Does your local health department assess the extent to which screening, immunization and counseling services (components of clinical preventive services) are provided to the local population? [714]
- 1 ___ Yes 2 ___ No 3 ___ Don't Know

22. Does your local health department collect data to document the number of providers of clinical preventive services in your jurisdiction? For example, do you monitor whether clinical preventive services are offered by private providers, publicly funded clinics, and hospital outpatient centers? [715]
- 1 ___ Yes 2 ___ No 3 ___ Don't Know

23. Does your local health department evaluate to determine whether a gap exists between available clinical preventive services and a need for those services in its jurisdiction? [716]
- 1 ___ Yes 2 ___ No 3 ___ Don't Know

- 23.1 If yes, does the local health department provide clinical preventive service programs to fill the gaps they uncover in the analysis? [717]
- 1 ___ Yes 2 ___ No 3 ___ Don't Know

24. Below please identify the data types your local health department maintains in its surveillance activities.

(Mark all that apply)

- 1 ☐ Chronic Diseases (i.e. cancer, cardiovascular disease, diabetes, etc.) [718]
 1 ☐ Communicable Diseases [719]
 1 ☐ Injury [720]
 1 ☐ Behavioral Risk Factors [721]
 1 ☐ Drinking Water Supply [722]
 1 ☐ Recreational Water Quality [723]
 1 ☐ Air Quality [724]

HEALTH POLICY

25. Has your local health department used any of the following in program and or organizational planning:

25.1 Healthy People 2000: National Health Promotion and Disease Prevention Objectives

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [725]

25.2 Healthy Communities 2000: Model Standards

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [726]

25.3 Planned Approach to Community Health (PATCH)

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [727]

25.4 Healthy Cities

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [728]

25.5 Assessment Protocol for Excellence in Public Health (APEXPH)

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [729]

If no, why? (Mark one)

- 1 ☐ unaware of APEXPH [730]
 2 ☐ unable to implement for organizational reasons
 3 ☐ already doing APEXPH-type assessment and planning
 4 ☐ don't believe APEXPH is useful

Go to 25.5c.

25.5a Have you used APEXPH Part I to conduct an organizational assessment of your health department?

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [731]

If no, why? (Mark one)

- 1 ☐ insufficient personnel [732]
 2 ☐ don't believe it would be useful
 3 ☐ don't understand it
 4 ☐ plan to use it in the future
 5 ☐ already doing this type of assessment

25.5b Have you used APEXPH Part II to conduct a community assessment process?

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [733]

If no to 25.5b, why? (Mark one)

- 1 ☐ insufficient personnel [734]
 2 ☐ don't believe it would be useful
 3 ☐ don't understand it
 4 ☐ plan to use it in the future
 5 ☐ already doing this type of planning
 6 ☐ unable to gather valid and reliable data

25.5c Have you convened a Community Health Committee for APEXPH Part II or do you have a committee to fill this role?

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [735]

25.5d Do you have a need for technical assistance using APEXPH?

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [736]

26. Does your health department have a long-term plan (5-7 years) setting health priorities?

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [737]

26.1 If yes, was a planning model such as Healthy People 2000, Model Standards, PATCH, or APEXPH used to develop the plan?

- 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know [738]

AGENCY SERVICES

27. In the past 12 months, has your health department offered adult immunizations to persons in your jurisdiction for:

- | | | | |
|----------------------|--------------------------------|-------------------------------|-------|
| Influenza | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | [739] |
| Pneumococcal disease | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | [740] |
| Hepatitis B | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | [741] |
| Tetanus | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | [742] |
| Diphtheria | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | [743] |
| Measles | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | [744] |

28. Using the scale below, please indicate (or estimate) the proportion of facilities/programs within your jurisdiction which routinely screen clients and staff for TB (i.e., through tuberculin skin tests and/or chest x-rays) by putting a number in each box. **Note:** Includes screening carried out by the facility/program, not necessarily by the local health department.

- 1 = Not Applicable (No facilities in jurisdiction)
 2 = Not Known if Screening Done
 3 = No Screening Done (Facilities in jurisdiction, but no screening)
 4 = Screening Done, 1-24% of Facilities Screened
 5 = Screening Done, 25-49% of Facilities Screened
 6 = Screening Done, 50-74% of Facilities Screened
 7 = Screening Done, 75-100% of Facilities Screened
 8 = Screening Done, % Not Known

Type of Facility/Program	Clients	Staff	
Drug treatment centers			[745,746]
HIV-care centers			[747,748]
Short-term correctional facilities (<6 months average stay)			[749,750]

Type of Facility/Program	Clients	Staff	
Long-term correctional facilities (>6 months average stay)			[751,752]
Nursing homes			[753,754]
Mental institutions			[755,756]
STD clinics			[757,758]
HIV testing sites			[759,760]
Community health centers (HRSA-funded)			[761,762]
Migrant health centers (HRSA-funded)			[763,764]
Schools - >50% students foreign-born**/low income			[765,766]
Homeless shelters			[767,768]
Indian Health Service facility			[769,770]
Refugee Programs			[771,772]
Other Specify: <input type="checkbox"/>			[773,774] [775]

**First or second generation immigrants from Asia, Africa, or Latin America

29. Please indicate whether the following laboratory services are offered by your health department.

<u>Public Health/Clinical Laboratory Services Offered:</u>	<u>Yes</u>	<u>No</u>	
Microbiology			
Bacteriology	1	2	[776]
Mycobacteriology	1	2	[777]
Mycology	1	2	[778]
Parasitology	1	2	[779]
Virology	1	2	[780]
Immunology/Serology	1	2	[781]
Other Microbiology	1	2	[782]
Chemistry			
Clinical Chemistry	1	2	[783]
Inborn Errors of Metabolism	1	2	[784]
Multiphasic screening	1	2	[785]
Urinalysis	1	2	[786]
Other	1	2	[787]
Hematology			
Immunohematology	1	2	[788]
Hemoglobinopathy	1	2	[789]
Other	1	2	[790]
Pathology			
Cytology	1	2	[791]
Other Pathology	1	2	[792]
Environmental			
Chemistry	1	2	[793]
Microbiology	1	2	[794]
Occupational Safety & Health	1	2	[795]
Toxicology	1	2	[796]
Laboratory Improvement/Training	1	2	[797]
Research and Development	1	2	[798]

30. Please provide the total number of personnel assigned in the following categories for both public health/clinical and environmental laboratory:

Total number of personnel assigned to laboratory _____ [799-807]

	<u>Public Health/Clinical</u>	<u>Environmental</u>
Number of microbiologists _____	[808-812]	[813-817]
Number of chemists _____	[818-822]	[823-827]
Number of medical technologists _____	[828-832]	[833-837]
Number of technicians/assistants _____	[838-842]	[843-847]
Number of clerical support staff _____	[848-852]	[853-857]
Number of contracted staff _____	[858-862]	[863-867]

31. Does your health department provide inspections and/or licensing for:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	
Barber/beauty shops	1 _____	2 _____	3 _____	[868]
Food and milk control	1 _____	2 _____	3 _____	[869]
Health facilities	1 _____	2 _____	3 _____	[870]
Laboratories	1 _____	2 _____	3 _____	[871]
Mental health facilities	1 _____	2 _____	3 _____	[872]
Nursing homes	1 _____	2 _____	3 _____	[873]
Pet shops	1 _____	2 _____	3 _____	[874]
Private water systems	1 _____	2 _____	3 _____	[875]
Public water systems	1 _____	2 _____	3 _____	[876]
Swimming Pools	1 _____	2 _____	3 _____	[877]
Recreational facilities	1 _____	2 _____	3 _____	[878]
Restaurants	1 _____	2 _____	3 _____	[879]
Tanning salons	1 _____	2 _____	3 _____	[880]
Tattoo parlors	1 _____	2 _____	3 _____	[881]
Veterinary hospitals/ clinics	1 _____	2 _____	3 _____	[882]
Other	1 _____	2 _____	3 _____	[883]

Specify: _____ ☐ [884]

32. Please indicate whether your local health department provides each of the services listed below. It is recognized that this is a fairly exhaustive list, please mark "No Activity" when appropriate.

Service	Directly Provides Service	Contract to Provide Service	No Activity	
Child Health				
Child Abuse Risk Reduction	1 _____	2 _____	3 _____	[885]
Child Sick Care	1 _____	2 _____	3 _____	[886]
Children with Special Health Care Needs	1 _____	2 _____	3 _____	[887]
EPSDT	1 _____	2 _____	3 _____	[888]
Well Child Clinic	1 _____	2 _____	3 _____	[889]
WIC	1 _____	2 _____	3 _____	[890]
Chronic Disease				
Cancer	1 _____	2 _____	3 _____	[891]
Cardiovascular Disease	1 _____	2 _____	3 _____	[892]
Diabetes	1 _____	2 _____	3 _____	[893]

Service	Directly Provides Service	Contract to Provide Service	No Activity	
High Blood Pressure	1	2	3	[894]
Glaucoma	1	2	3	[895]
Community Outreach and Education	1	2	3	[896]
Dental Health	1	2	3	[897]
EMS (Ambulance Services)	1	2	3	[898]
Family Planning	1	2	3	[899]
Geriatric Care	1	2	3	[900]
Health Education/Risk Reduction	1	2	3	[901]
HIV/AIDS Testing and Counseling	1	2	3	[902]
HIV/AIDS Treatment	1	2	3	[903]
Home Health Care	1	2	3	[904]
Hospitals	1	2	3	[905]
Immunizations	1	2	3	[906]
Injury Control	1	2	3	[907]
Laboratory Services	1	2	3	[908]
Long-Term Care Facilities	1	2	3	[909]
Mental Health Facilities and Services	1	2	3	[910]
Multiculturally Sensitive Health Programs	1	2	3	[911]
Obstetrical Care	1	2	3	[912]
Personal Health Case Management	1	2	3	[913]
Prenatal Care	1	2	3	[914]
Primary Care	1	2	3	[915]
School Based Clinics	1	2	3	[916]
School Health	1	2	3	[917]
STD Testing and Counseling	1	2	3	[918]
STD Treatment	1	2	3	[919]
Substance Abuse	1	2	3	[920]
Tobacco Use Control	1	2	3	[921]
Tuberculosis Services	1	2	3	[922]
Environmental Services				
Animal Control	1	2	3	[923]
Environmental Emergency Response	1	2	3	[924]
Groundwater Pollution Control	1	2	3	[925]
Hazardous Waste Management	1	2	3	[926]
Indoor Air Quality	1	2	3	[927]
Noise Pollution	1	2	3	[928]

Service	Directly Provides Service	Contract to Provide Service	No Activity	
Occupational Safety and Health	1	2	3	[929]
Private Water Supply Safety	1	2	3	[930]
Public Water Supply Safety	1	2	3	[931]
Radiation Control	1	2	3	[932]
Sewage Disposal Systems	1	2	3	[933]
Solid Waste Management	1	2	3	[934]
Surface Water Pollution	1	2	3	[935]
Vector Control	1	2	3	[936]
Other Specify: <input type="checkbox"/>	1	2	3	[937]
				[938]

Please continue by completing the Occupational Safety and Health section.

OCCUPATIONAL SAFETY AND HEALTH

It is recognized that some of the questions in this section may not be relevant to all local health departments; however, we ask you to answer as many questions as you can in order for us to achieve an understanding of these issues for local health departments.

Activities

21. Please check the box to indicate if and how your health department handles the listed occupational safety and health functions and problems.

Occupational Functions	Directly Provides Service	Makes Referrals to Others	Contract to Provide Service	No Activity	
Child Labor Permit	1	2	3	4	[939]
Clinical Screening	1	2	3	4	[940]
Consultation	1	2	3	4	[941]
Education/Training	1	2	3	4	[942]
Enforcement/Inspection	1	2	3	4	[943]
Hazard Identification	1	2	3	4	[944]
Surveillance/Epidemiology					
Burn Registry	1	2	3	4	[945]
Injury Registration	1	2	3	4	[946]
Spinal Cord Registry	1	2	3	4	[947]
Trauma Registry	1	2	3	4	[948]
Worksite Health Promotion					
Consultation	1	2	3	4	[949]
Program-Other workers	1	2	3	4	[950]
Program-Your Workers	1	2	3	4	[951]