
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

1996 NATIONAL PROFILE OF LOCAL HEALTH DEPARTMENTS

CORE QUESTIONNAIRE

Your response is very important. It will only take about 15 minutes of your time. Your information will be used to create a current, concise, and comprehensive listing of local health nationwide. The directory will be used widely by policy-makers, by local health officials, and others to facilitate contacts and information about local public health activities. This national database is vital at this time of rapid health system change. We would like to achieve a 100% response rate!

When you respond, you will be automatically eligible to win "NACCHO dollars" in a random drawing!

(Please Type or Print Neatly.)

Id (Q#: id) _____

Name of Local Health Department (Q#: a) _____

Street/P.O. Box (Q#: b) _____

City (Q#: c) _____ State (Q#: d) _____ Zip Code (Q#: e) _____

County or District (Q#: f) _____

Telephone # (Q#: g) _____ Fax # (Q#: h) _____

E-mail for Health Department (Q#: i) _____

URL for Health Department's World Wide Web Page (Q#: j) _____

Name of Person Completing this Questionnaire (Q#: k) _____

Title (Q#: l) _____ Date Completed (Q#: m) _____

1. What is the name of the health department's top agency executive?

(Q#: 1) _____

Please list all degrees for the top agency executive below. Circle degrees to appear with name in directory listing:

1. (Q#: 1.1) _____

2. (Q#: 1.2) _____

3. (Q#: 1.3) _____

4. (Q#: 1.4) _____

5. (Q#: 1.5) _____

1.a Title of the top agency executive: (Q#: 1a) _____

1.b Telephone # for this person: (Q#: 1) _____

1.c E-mail address for this person: (Q#: 1c) _____

2. Which one of the following descriptions best characterizes the type of jurisdiction served?

- ☐ County (Q#: 2a) ☐ City-County (Q#: 2g)
☐ City (Q#: 2b) ☐ State (Q#: 2h)
☐ Town/Township (Q#: 2c)
☐ Multi-County (please specify all counties): _____ (Q#: 2d)
☐ Multi-District/Region (please specify all units): _____ (Q#: 2e)
☐ Other (please specify): _____ (Q#: 2f)

3a. Note: A new variable “pop” has been created. It is the most recent population estimate. (Q#: 3a)

3b. Please provide the year corresponding to the above population estimate: (Q#: 3b)

3c. Note: A new variable “popcat” has been created. It is the population category corresponding to the population estimate. (Q#: 3c)

4. Please indicate the percentages of the racial composition of your jurisdiction.

- ☐ Please check here if you cannot easily access this information. (Q#: 4)

Race	Percent	Percent (Original Data)
Asian or Pacific Islander	(Q#: 4a)	(Q#: 4ao)
American Indian, Alaska Native or Aleut	(Q#: 4b)	(Q#: 4bo)
Black	(Q#: 4c)	(Q#: 4co)
White	(Q#: 4d)	(Q#: 4do)
Other	(Q#: 4e)	(Q#: 4eo)
Total	100%	

5. Please indicate the percentages of the ethnic composition of your jurisdiction.

- ☐ Please check here if you cannot easily access this information. (Q#: 5)

Ethnicity	Percent	Percent (Original Data)
Hispanic Origin	(Q#: 5a)	(Q#: 5ao)
Not of Hispanic origin	(Q#: 5b)	(Q#: 5bo)
Unknown	(Q#: 5c)	(Q#: 5co)
Total	100%	

6. Is your jurisdiction served by a local board of health (including general advisory group / council)?

- ☐ Yes ☐ No (Q#: 6)

6.a If yes, what are your board / advisory group / council’s functions?

Please check all that apply.

- ☐ Advisory (Q#: 6a1) ☐ Policy-making (Q#: 6a3)
☐ Governing (Q#: 6a2) ☐ Other (please specify): _____ (Q#: 6a4)

6.b If yes, is this board separate from the elected legislative body (county commission, city council, etc.) that serves your population?

- ☐ Yes ☐ No (Q#: 6b)

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

Total \$: _____ (Q#: 7a) Fiscal Year: _____ (Q#: 7b)

8. What is the total number of employees currently on the department's payroll?

(Q#: 8) _____ Employees

8.a What is the total number of employees expressed as full-time equivalents* (FTEs)?

(Q#: 8a) _____ FTEs

9. Some health departments interact with managed care organizations to provide or purchase various services, while others are considering such interactions. In the table below, please indicate your level of interaction using the following key:

KEY: Circle **Yes** if your response is: Yes, we interact.

Circle **No** if your response is: No, we do not interact, and it is not under consideration.

Circle **Considering** if your response is: We are Considering an interaction.

	Formal Agreements			Informal Agreements		
To Provide Services						
For Medicaid Patients						
<i>Clinical Services</i>	Yes	No	Considering (Q#: 9a)	Yes	No	Considering (Q#: 9a1)
<i>Quality Assurance</i>	Yes	No	Considering (Q#: 9b)	Yes	No	Considering (Q#: 9b1)
<i>Health Education</i>	Yes	No	Considering (Q#: 9c)	Yes	No	Considering (Q#: 9c1)
<i>Case Management</i>	Yes	No	Considering (Q#: 9d)	Yes	No	Considering (Q#: 9d1)
<i>Outreach</i>	Yes	No	Considering (Q#: 9e)	Yes	No	Considering (Q#: 9e1)
<i>Assessment Data Sharing</i>	Yes	No	Considering (Q#: 9f)	Yes	No	Considering (Q#: 9f1)
For Non-Medicaid Patients						
<i>Clinical Services</i>	Yes	No	Considering (Q#: 9g)	Yes	No	Considering (Q#: 9g1)
<i>Quality Assurance</i>	Yes	No	Considering (Q#: 9h)	Yes	No	Considering (Q#: 9h1)
<i>Health Education</i>	Yes	No	Considering (Q#: 9i)	Yes	No	Considering (Q#: 9i1)
<i>Case Management</i>	Yes	No	Considering (Q#: 9j)	Yes	No	Considering (Q#: 9j1)
<i>Outreach</i>	Yes	No	Considering (Q#: 9k)	Yes	No	Considering (Q#: 9k1)
<i>Assessment Data Sharing</i>	Yes	No	Considering (Q#: 9l)	Yes	No	Considering (Q#: 9l1)
To Purchase Services						
For Medicaid Patients						
<i>Clinical Services</i>	Yes	No	Considering (Q#: 9m)	Yes	No	Considering (Q#: 9m1)
<i>Quality Assurance</i>	Yes	No	Considering (Q#: 9n)	Yes	No	Considering (Q#: 9n1)
<i>Health Education</i>	Yes	No	Considering (Q#: 9o)	Yes	No	Considering (Q#: 9o1)
<i>Case Management</i>	Yes	No	Considering (Q#: 9p)	Yes	No	Considering (Q#: 9p1)
<i>Outreach</i>	Yes	No	Considering (Q#: 9q)	Yes	No	Considering (Q#: 9q1)
<i>Assessment Data Sharing</i>	Yes	No	Considering (Q#: 9r)	Yes	No	Considering (Q#: 9r1)
For Non-Medicaid Patients						
<i>Clinical Services</i>	Yes	No	Considering (Q#: 9s)	Yes	No	Considering (Q#: 9s1)
<i>Quality Assurance</i>	Yes	No	Considering (Q#: 9t)	Yes	No	Considering (Q#: 9t1)
<i>Health Education</i>	Yes	No	Considering (Q#: 9u)	Yes	No	Considering (Q#: 9u1)
<i>Case Management</i>	Yes	No	Considering (Q#: 9v)	Yes	No	Considering (Q#: 9v1)
<i>Outreach</i>	Yes	No	Considering (Q#: 9w)	Yes	No	Considering (Q#: 9w1)
<i>Assessment Data Sharing</i>	Yes	No	Considering (Q#: 9x)	Yes	No	Considering (Q#: 9x1)

10. In the past 12 months, has your health department directly provided, contributed resources to, or contracted for services for the following public health activities in your community?

Please check one box for each service.

KEY: Check **Yes** if your department has directly provided, contributed resources to, or contracted for such services in the last 12 months.

Check **No** if your department has not done so in the last 12 months.

Adult Immunizations	(Q#: 10a)
Influenza	(Q#: 10b)
Pneumococcal disease	(Q#: 10c)
Hepatitis B	(Q#: 10d)
Tetanus	(Q#: 10e)
Diphtheria	(Q#: 10f)
Measles	(Q#: 10g)
Animal Control	(Q#: 10h)
Behavioral / Mental Health	(Q#: 10i)
Case Management	(Q#: 10j)
Child Health	(Q#: 10k)
Childhood Immunizations	(Q#: 10l)
EPSDT	(Q#: 10m)
WIC	(Q#: 10n)
Chronic Disease	(Q#: 10o)
Cancer Screening	(Q#: 10p)
Cardiovascular Disease Screening	(Q#: 10q)
Cardiovascular Disease Treatment	(Q#: 10r)
Diabetes Screening	(Q#: 10s)
Diabetes Treatment	(Q#: 10t)
High Blood Pressure Screening	(Q#: 10u)
High Blood Pressure Treatment	(Q#: 10v)
Glaucoma Screening	(Q#: 10w)
Glaucoma Treatment	(Q#: 10x)
Communicable Disease Control	(Q#: 10y)
Community Assessment	(Q#: 10z)
Community Outreach & Education	(Q#: 10aa)
Dental Health	(Q#: 10ab)
Environmental Health	(Q#: 10ac)
Indoor Air Quality	(Q#: 10ad)
Environ. Emergency Response	(Q#: 10ae)
Food	(Q#: 10af)
Hazardous Substances	(Q#: 10ag)
Lead Screening & Abatement	(Q#: 10ah)
Radiation Control	(Q#: 10ai)
Sewage Disposal Systems	(Q#: 10aj)
Solid Waste Management	(Q#: 10ak)
Vectors	(Q#: 10al)
Water: Drinking (Public)	(Q#: 10am)
Water: Drinking (Private)	(Q#: 10an)

Environmental Health (cont'd)	(Q#: 10ao)
Water: Source (Groundwater)	(Q#: 10ap)
Water: Source (Surface)	(Q#: 10aq)
Water: Recreational	(Q#: 10ar)
Epidemiology & Surveillance	(Q#: 10as)
Family Planning	(Q#: 10at)
HIV / AIDS Testing & Counseling	(Q#: 10au)
HIV / AIDS Treatment	(Q#: 10av)
Health Education / Risk Reduction	(Q#: 10aw)
Home Health Care	(Q#: 10ax)
Injury Control	(Q#: 10ay)
Inspections and / or Licensing	(Q#: 10az)
Food and Milk	(Q#: 10ba)
Water: Drinking (Public)	(Q#: 10bb)
Water: Drinking (Private)	(Q#: 10bc)
Water: Recreational	(Q#: 10bd)
Restaurants	(Q#: 10be)
Health-Related Facilities	(Q#: 10bf)
Other Facilities	(Q#: 10bg)
Laboratory Services	(Q#: 10bh)
Maternal Health Programs	(Q#: 10bi)
Obstetrical Care	(Q#: 10bj)
Occupational Safety & Health	(Q#: 10bk)
Prenatal Care	(Q#: 10bl)
Primary Care (Comprehensive)	(Q#: 10bm)
Programs for Screening & Treating the Homeless	(Q#: 10bn)
School Based Clinics	(Q#: 10bo)
School Health	(Q#: 10bp)
STD Testing and Counseling	(Q#: 10bq)
STD Treatment	(Q#: 10br)
Substance Abuse Services	(Q#: 10bs)
Tobacco Prevention	(Q#: 10bt)
Tuberculosis Testing	(Q#: 10bu)
Tuberculosis Treatment	(Q#: 10bv)
Veterinarian Public Health Activities	(Q#: 10bw)
Other:	(Q#: 10bx)
Other:	(Q#: 10by)

11. The practice of public health may involve a partnership between health departments and business, government, and non-profit organizations. Do you have a partnership / collaboration, or are you considering one with any of the following?

Please check one box for each organization.

		Yes	No	Considering
Other Local Health Departments	(Q#: 11a)			
State Health Departments	(Q#: 11b)			
Other State Agencies	(Q#: 11c)			
Other Units of Government	(Q#: 11d)			
Universities / Academic Centers	(Q#: 11e)			
Community Health Centers / Migrant Health Centers	(Q#: 11f)			
Hospitals	(Q#: 11g)			
Other Providers (e.g., Independent MDs)	(Q#: 11h)			
Insurance Companies	(Q#: 11i)			
Non-Profit/Voluntary Organizations	(Q#: 11j)			
Professional Associations (State or Local)	(Q#: 11k)			
Community & Civic Groups (e.g., Chamber of Commerce)	(Q#: 11l)			
Businesses	(Q#: 11m)			
Faith Community	(Q#: 11n)			
Other (please specify):	(Q#: 11o)			
Other (please specify):	(Q#: 11p)			

12. What are the main issues your health department is facing? Please list up to two (2).

Note: The responses to this question are not included in this dataset.
