

2010 National Profile of Local Health Departments Study

Questionnaire

2010 Profile of LHDs

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2010 National Profile of Local Health Departments Study Questionnaire

Survey Introduction

Thank you in advance for your participation in the Sixth National Profile of Local Health Departments (LHDs). This Profile study continues NACCHO's efforts to provide a complete and accurate picture of governmental local public health across the nation. Since the Profile is the only source for much of this information, your participation is essential.

Please complete and submit all your responses by October 14, 2010.

Your participation and effort are sincerely appreciated.

Instructions

Filling out the Profile Questionnaire:

The Profile survey is designed to be completed using Internet Explorer or Firefox. Please do not use other Web browsers to complete the questionnaire.

Please do not use your Web browser's back key when working on the survey. Only use the navigation buttons provided by the survey's application program.

This questionnaire is designed so that it can be completed in multiple sittings and/or by several people. As you complete the questionnaire, all your responses will be saved and can be changed at any time, up to clicking the final "Save and Submit to NACCHO" button.

You may use this printable version as a reference as you complete the online questionnaire.

Some local health departments (LHDs) will want different people to complete various sections of the Profile questionnaire. There are two ways you can accomplish this:

1. You can forward the link you received via e-mail to the appropriate people and ask them to enter the information directly into the Web-based survey. All information is saved as people enter the data.
2. You can print out this blank questionnaire, distribute hard copies to appropriate individuals, and then go online to enter the information they provide.

You can print a copy of your fully or partially completed Profile questionnaire at any time by using the "Survey Results" link in the blue left-hand navigation bar.

Technical Assistance

If you experience problems with the Profile questionnaire, please contact the Profile Team at 800-758-6471 or profile@naccho.org.

Submitting the Profile Questionnaire:

When you have completed all sections of your Profile questionnaire, go to the "Submit Survey" link at the bottom of the left-hand navigation bar and click on the "Save and Submit to NACCHO" button. We request that the health official or designee check the entries prior to final submission of your information to ensure that all sections are completed and the information is correct. There is also a final question to be completed only by the top agency executive.

When you click the final "Save and submit to NACCHO" button, you will receive an e-mail to confirm successful submission. This e-mail will also include a link to your completed questionnaire in PDF format. Please use this link if you wish to save or print your completed questionnaire for your records.

If you would rather not answer the questionnaire online and prefer to mail a hard copy of your responses, please send your completed questionnaire to:

NACCHO National Profile
1100 17th St. NW; Seventh Floor
Washington, DC 20036

Call 800-758-6471 and request a postage-paid envelope.

Use of Profile Data

- Data from this Profile will be analyzed and published. NACCHO anticipates publications being available in mid-2011.
- A report that highlights key findings will be available on NACCHO's website.
- NACCHO will provide state-specific information to any state health agency that agrees to share the information with that state's LHDs.
- Data from the Profile questionnaire will be used to create a database that will be maintained by NACCHO and will be linked to data collected by the Association of State and Territorial Health Officials and the National Association of Local Boards of Health to facilitate public health systems and services research.
- NACCHO and the Inter-university Consortium for Political and Social Research will make these data available to researchers who agree to NACCHO's data use policy. For more information about the Profile data use policy, go to www.NACCHO.org/Profile and click on "Data Requests and Technical Documentation."

Contact Information

(These fields are pre-filled in the Web-based version of your questionnaire. Please update any information that is no longer correct. If your LHD has a Twitter or Facebook account, please provide this information.)



LHD Name	<input type="text"/>
Web site	<input type="text"/>
Twitter	<input type="text"/>
Facebook	<input type="text"/>
Agency Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>

Core

Governance

1. Does your LHD have one or more local boards of health?

- ☐ Yes, one local board of health
- ☐ Yes, more than one local board of health
- ☐ No → *(Skip questions 2-5)*

NACCHO is collecting the following information for the National Association of Local Boards of Health, which will conduct a survey of local boards of health in fall 2010.

Provide the name of your local board of health and the name and e-mail address of the current board chair only. If more than one local board of health is associated with your jurisdiction, please provide this information for each board.

2. Name of local board of health	3. Name of local board of health chair	4. Most appropriate e-mail address for current local board of health chair

5. Check each action that your local board of health has authority to do. (select all that apply)

- ☐ Hire or fire agency head
- ☐ Approve the LHD budget
- ☐ Adopt public health regulations
- ☐ Set and impose fees
- ☐ Impose taxes for public health
- ☐ Request a public health levy
- ☐ Advise LHD or elected officials on policies, programs, and budgets
- ☐ Set policies, goals, and priorities that guide the LHD
- ☐ Other (Specify): _____

Funding

The next set of questions deals with LHD's expenditures, revenue, and sources of revenue.

Instructions

The purpose of this section is to collect fiscal data from LHDs. NACCHO is requesting total expenditure and total revenue for the two most recently completed fiscal years, and source-specific revenue figures for the most recently completed fiscal year. While reporting on revenues and expenditures, please provide **actual** revenues and expenditures from your most recently completed fiscal year, rather than the revenues and expenditures that were originally budgeted.

6. Can you (or someone else in your organization) obtain the following financial information required to respond to questions in this section?

- Total actual expenditure and total actual revenue for the two most recently completed fiscal years
- Revenue figures by source of revenue for the most recently completed fiscal year

- ☐ All of this information
- ☐ Some of this information
- ☐ None of this information -> *(Skip questions 7-12)*

7. Ending date of the LHD's most recently completed Fiscal Year: (Mo/Day/Year)

8. What were the LHD's total *expenditures* and total *revenues* for the most recently completed fiscal year and the fiscal year prior to that? (Please enter whole number):

	Total expenditures	Total revenues
Most recently completed fiscal year	\$	\$
Fiscal year before the most recently completed fiscal year	\$	\$

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9. For your most recently completed fiscal year, what were the total revenues (provide actual revenue figures and enter whole number in dollars) from:

(Your responses should total the amount from the revenue item above.)

Amount of revenue	Sources of revenue	Instructions on reporting Funds by Source
\$	City/township/town sources	Revenue originating from city/town government, e.g. allocations from non-county-based School Boards, taxing districts, property tax millage, etc.
\$	County sources	Revenue originating from county government, e.g. allocations from Board of County Commissioners or county-based School Boards, taxing districts, property tax millage, etc.
\$	State sources (EXCLUDING pass-through from Federal)	All income received from state agencies that originates from state revenue sources. Do NOT include federal funds that are passed to LHDs by state agencies in this line; those funds should be included in other categories
\$	Federal sources (passed through by State)	All income from the federal government received through state department of health, <u>excluding</u> Medicaid/Medicare reimbursements, PHER funding, and ARRA funding. Examples of federal agencies allocating funds for public health services include CDC, DHHS, Dept of Homeland Security, etc.
\$	Federal sources (direct)	All income received directly from the federal government, excluding Medicaid/Medicare reimbursements, PHER funding, and ARRA funding. Examples of federal agencies allocating funds for public health services include CDC, DHHS, Dept of Homeland Security, etc.
\$	Public Health Emergency Response (PHER) funds	Income received through CDC's H1N1 pandemic supplemental funding grants (funds from any phase that were received during your LHD's most recently completed fiscal year)
\$	American Reinvestment and Recovery Act (ARRA)	Income received (directly or passed through another agency) from the American Reinvestment and Recovery Act of 2009 (federal economic stimulus program).
\$	Medicaid	All income received from Medicaid including Medicaid HMO capitation and any "bill-aboves" paid by a Medicaid HMO.
\$	Medicare	All income received from Medicare, including Medicare HMO payments.
\$	Private foundations	All income received from private foundations
\$	Private health insurance	All income received from private health insurers
\$	Patient personal fees	Fees for provision of health care services paid directly by the patient

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\$	Non-clinical fees and fines	All fees or fines NOT related to provision of health care services, including vital records fees and regulatory fees and fines. Revenues from permits and licenses should also be included in this category.
\$	Tribal sources	Income received from tribal governments
\$	Other (specify below):	Any sources of revenue not included in the categories above (e.g., donations, interest income). Do NOT include transfers from reserve or contingency funds.

10. If you answered, "other," above, please provide an explanation:

11. Does your financial system allow you to distinguish between funds that originate from your state and funds that originate from a federal source and are distributed by a state agency?

- ☐ Yes
☐ No, but we could make reasonably accurate estimates
☐ No, and it is difficult to make accurate estimates
☐ Unknown

12. Are any of the revenue or expenditure amounts provided in this section based on estimates rather than actual financial records?

- ☐ Yes ☐ No

Budget Cuts

13. My LHD's current operating year budget is:

- ☐ Less than the previous year's budget → (Skip question 14)
- ☐ Approximately the same (within plus or minus one percent) as the previous year's budget
- ☐ Greater than the previous year's budget
- ☐ Do not know → (Skip question 14)

14. If you do not consider one-time funding such as H1N1 funding or funding from the American Recovery and Reinvestment Act, how does your LHD's current operating year budget compare to the previous year?

- ☐ Less than the previous year's budget
- ☐ Approximately the same (within plus or minus one percent) as the previous year's budget
- ☐ Greater than the previous year's budget
- ☐ Do not know

15. I expect my LHD's budget in the next fiscal year will be:

- ☐ Less than the previous year's budget
- ☐ Approximately the same (within plus or minus one percent) as the previous year's budget
- ☐ Greater than the previous year's budget
- ☐ Do not know

16. Has your LHD received funds from the American Recovery and Reinvestment Act (ARRA; the economic stimulus legislation) at any time either directly or as pass-through from a state agency?

- ☐ Yes
- ☐ No → (Skip question 17)
- ☐ Don't know → (Skip question 17)

17. Are any of the ARRA funds you received reflected in the revenue you reported for your most recently completed fiscal year?

- ☐ Yes
- ☐ No
- ☐ Don't know

Reserve Funding

18. Does your health department have a rollover reserve fund or contingency fund (restricted or unrestricted) that allows the department to accumulate fund balances from year to year for use by the health department?

- ☐ Yes
- ☐ No → *(Skip questions 19-21)*
- ☐ Don't know → *(Skip questions 19-21)*

19. What was the dollar value of this fund at the end of the most recently completed fiscal year? (Enter whole number):

\$ _____

20. Does your LHD control the use of these funds?

- ☐ Yes ☐ No

21. In your most recently completed fiscal year, which of the following best describes the net change in your reserve funds?

- ☐ Amount of money in reserve fund increased
- ☐ Amount of money in reserve fund decreased
- ☐ Amount of money in reserve fund did not change
- ☐ Do not know

LHD Top Executive

Instructions

The following set of questions is about your LHD's top executive. (If your LHD's top executive position is currently vacant, report on the person in the acting or interim position.) The top executive is defined as the highest ranking employee with administrative and managerial authority at the level of your LHD. In certain cases, this might be the director of a regional or district office. The head of your state health agency should not be reported as your LHD's top executive. If your LHD employs a physician to serve as health officer or medical director in a separate position from the top executive, you will provide information on this position in a separate set of questions at the end of this section.

22. Name of your LHD's top executive:

23. Title of your LHD's top executive:

24. What date did the top executive assume this position?

25. Is this his/her first position as the top executive of an LHD?

(select only one)

- ☐ Yes
- ☐ No
- ☐ Unknown

26. What is the work status for the top executive?

(select only one)

- ☐ Full-time
- ☐ Part-time

27. What is the race of the person in the top executive position?

(select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Some other race |

28. What is the ethnicity of the person in the top executive position?

(select only one)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

29. What is the gender of the person in the top executive position?

- ☐ Male
- ☐ Female

30. What is the age of the person in the top executive position? (enter whole number)

LHD Top Executive Education and Licensure

31. Indicate all degrees that your top executive holds (not just the highest degree):
(Select all that apply)

Associate Degree

☐ AD/ASN

Bachelors Degree

☐ BA

☐ BS

☐ BSN

☐ Bachelors degree - type unknown or other (specify): _____

Masters Degree

☐ MPH

☐ MSN

☐ MBA

☐ Other (specify): _____

Doctoral Degree

☐ MD

☐ DO

☐ DrPH

☐ DDS

☐ DVM

☐ JD

☐ PhD (specify): _____

☐ Other (specify): _____

32. Indicate all licensures that your top executive holds:
(Select all that apply)

☐ LPN/LVN

☐ RN

☐ MD

☐ RD

☐ REHS/RS

☐ None

☐ Other (specify): _____

LHD Top Executive - Health Officer

33. Does your LHD have a health officer or medical director position that is separate from the top executive?

☐ Yes ☐ No → *(Skip questions 34-35)*

34. Name of LHD's health officer or medical director:

35. Is the work status of health officer/medical director full-time or part-time?
(select only one)

- ☐ Full-time
☐ Part-time

Workforce

36. How many individuals currently work for your LHD? (Must be whole number)

- Please include ALL regular full-time, part-time, and contractual employees.

37. What is the total Full-time Equivalents (FTEs) workforce at your LHD?

- Please include ALL regular full-time, part-time, and contractual employees
- To calculate FTEs, count a full-time employee as 1 FTE, a half-time employee as a 0.5 FTE, etc.

38. What does the FTE number at your LHD include? (select only one)

- ☐ Currently filled positions only
- ☐ Currently funded positions (whether or not filled)
- ☐ Other (specify):
- ☐ Unknown

39. What percentage of staff working at your LHD is in each racial category?

- Include regular full-time, part-time, and contractual employees.

(Your responses should total 100%)

_____ % White

_____ % Black or African American

_____ % American Indian/Alaska Native

_____ % Asian

_____ % Native Hawaiian or Other Pacific Islander

_____ % Some Other Race

_____ % Two or More Races

_____ % Missing data on race

40. What percentage of staff working at your LHD is in each ethnic category?

- Include regular full-time, part-time, and contractual employees.

(Your responses should total 100%)

_____ % Hispanic or Latino

_____ % Not Hispanic or Latino

_____ % Missing data on Hispanic/Latino ethnicity

41. Occupations Employed

- Indicate which of the following categories of public health workers are currently employed by your LHD.
- Indicate the FTE of staff in each classification if data are available.
- If you cannot determine the FTE of staff in a category, check the “Data on FTEs Not Available” box.
- Categorize staff according to their primary job responsibilities or function, not by their degree or education. For example, if a registered nurse is serving as a “public health manager/director”, please count this individual as a “public health manager/director” in the chart.
- Note that this is not intended to be an exhaustive list of occupational categories.
- **Please indicate FTEs for all regular full-time, part-time and contractual employees.**
- **To calculate FTEs, count a full-time employee as 1 FTE, a half-time employee as a 0.5 FTE, etc.**

Occupation (Definitions for each occupation provided on the next page.)	Does your LHD currently employ staff in this classification?		Number of FTEs currently Employed	Data on FTEs not available
	Yes	No		
Public health managers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Public health nurse	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Public health physician	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Environmental health worker	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Epidemiologist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Health educator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Public health informatics specialist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Public information specialist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Behavioral health professional	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Emergency preparedness staff	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Administrative or clerical personnel	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

42. Does your LHD have a designated Emergency Preparedness Coordinator?

☐ Yes ☐ No

Occupation Definitions

Occupation	Definition
Public health managers	Health service managers, administrators, health directors overseeing the operations of the agency or of a department or division. Include the top agency executive in this category regardless of education or licensing.
Public health nurse	Registered nurse conducting public health nursing (e.g., school nurse, community health nurse, nurse practitioner).
Public health physician	Physician who identifies persons or groups at risk of illness or disability and develops, implements and evaluates programs or interventions designed to prevent, treat or improve such risks. May provide direct medical services.
Environmental health worker	Environmental health specialists, scientists, and technicians, including registered and other sanitarians.
Epidemiologist	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential and makes recommendations on appropriate interventions.
Health educator	Designs, implements, evaluates, and provides consultation on educational programs and strategies to support and modify health-related behaviors of individuals, families, organizations, and communities and to promote the effective use of health programs and services.
Nutritionist	Dietician developing, implementing and evaluating strategies to assure effective interventions related to nutrition and physical activity behaviors, the nutrition environment, and food and nutrition policy. May directly provide nutritional counseling.
Public health informatics specialist	Also known as public health information systems specialists or public health informaticists.
Public information specialist	Also known as public information officer.
Behavioral health professional	Behavioral health professional (e.g., public health social workers, HIV/AIDS counselors, mental health and substance abuse counselors, and community organizers)
Emergency preparedness staff	Staff members whose regular job duties involve preparing for (e.g., developing plans, procedures, and training programs) and managing the local public health response to all-hazards events.
Administrative or clerical personnel	Support staff providing assistance in agency programs or operations.

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Previous Profile studies indicate that approximately 25% of all local health department staff are in occupations that are not listed in the occupations table.

43. For what other occupations do you think that NACCHO should collect data in the Profile study?

You may list up to three occupation titles. Please provide a brief description of the job duties of staff members with that occupation title.

Suggested occupation title to add	Description of job duties

Staffing Cuts

The following questions ask about workforce cuts in your LHD between **July 1, 2009 and June 30, 2010**. Previous surveys examined workforce cuts prior to this period. These questions ask about the number of employees - whether full or part time - rather than full time equivalents (FTEs).

44. How many employees did your LHD layoff between July 1, 2009 and June 30, 2010?

45. How many employees did your LHD lose through attrition and decide not to replace because of hiring freezes or budget cuts between July 1, 2009 and June 30, 2010?

46. How many LHD employees had their working hours reduced for budgetary reasons between July 1, 2009 and June 30, 2010? (DO NOT include employees placed on mandatory furlough)

47. How many LHD employees were placed on mandatory furlough for budgetary reasons between July 1, 2009 and June 30, 2010?

Activities

Instructions

For each activity in the charts below and on the following pages, check whether and how your LHD provided that activity or service in your jurisdiction during the past year.

- Indicate whether your LHD performed the activity and/or contracted out for it. Select both boxes if your LHD both performed the activity directly and contracted out for it.
- Contract out is defined as "Pay another organization to perform this activity or service on behalf of your LHD".
- The intent of the questions in this section is to differentiate services provided directly by LHD or contracted out by LHD from all other arrangements. If your LHD neither performed nor contracted out a service (regardless of whether it was provided by some other organization), select the option "Performed NEITHER by LHD directly NOR contracted out by LHD".
- Do not leave any rows blank

Immunization

48. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out by LHD
Adult Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Screening for diseases/conditions

49. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out by LHD
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment for communicable diseases

50. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out by LHD
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maternal and Child Health

51. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out by LHD
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCH home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPSDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Child Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Health Services

52. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out by LHD
Comprehensive primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral/mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Epidemiology and Surveillance Activities

53. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out by LHD
Communicable/ infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syndromic surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Population-based Primary Prevention Activities

54. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out by LHD
Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unintended pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Inspection and/or Licensing Activities

55. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out by LHD
Mobile homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campgrounds & RVs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste disposal sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste haulers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotels/motels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools/daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cosmetology businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body art (tattoos, piercings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pools (public)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco retailers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke-free ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service establishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health-related facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (inspections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Environmental Health Activities

56. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out by LHD
Indoor air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land use planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface water protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazmat response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pollution prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of unused pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Activities

57. Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Performed NEITHER by LHD directly NOR contracted out
Emergency medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational safety and health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinarian public health activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach and enrollment for medical insurance (include Medicaid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-based clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma prevention and/or management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical examiner's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. Does your LHD provide any services or activities that are not listed in any of the previous sections and that account for a large proportion (greater than 20%) of your LHD's workforce or budget?

☐ Yes ☐ No

59. If YES, list each activity or service not included in any of the previous sections that accounts for more than 20 percent of your LHD's workforce or budget.

60. For each of the following service categories, please indicate if your LHD had to reduce or eliminate any service for budgetary reasons between July 1, 2009 and June 30, 2010 (Select all that apply).

	LHD reduced or eliminated services for budgetary reasons between July 1, 2009 and June 30, 2010.
No programs were cut within this time period	<input type="checkbox"/>
Immunization	<input type="checkbox"/>
Epidemiology and surveillance	<input type="checkbox"/>
Communicable disease screening and treatment	<input type="checkbox"/>
Chronic disease screening and/or treatment	<input type="checkbox"/>
Maternal and child health services	<input type="checkbox"/>
Other personal health services	<input type="checkbox"/>
Population-based primary prevention	<input type="checkbox"/>
Emergency preparedness	<input type="checkbox"/>
Food safety	<input type="checkbox"/>
Other environmental health	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Community Health Assessment and Planning

Community health assessment can be defined as regularly and systematically collecting, analyzing, and making available information on the health of a community, including statistics on health status, community health needs, epidemiologic and other studies of health problems, and an analysis of community strengths and resources.

61. Has a community health assessment been completed for your LHD's jurisdiction? (select only one)

- ☐ Yes, within the last three years
- ☐ Yes, more than three but less than five years ago
- ☐ Yes, five or more years ago
- ☐ No, but plan to in the next year
- ☐ No

A **community health improvement plan** can be defined as a long-term, systematic effort to address health problems. This plan is used by health and other government education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

62. Has your LHD participated in developing a health improvement plan for your community? (select only one)

- ☐ Yes, within the last three years
- ☐ Yes, more than three but less than five years ago
- ☐ Yes, five or more years ago
- ☐ No, but plan to in the next year → *(Skip questions 63-64)*
- ☐ No → *(Skip questions 63-64)*

For LHDs selecting one of the "yes" responses above only:

63. Was the community health improvement plan developed using the results of a community health assessment?

- ☐ Yes ☐ No

64. Is the community health improvement plan linked to the state health improvement plan?

- ☐ Yes ☐ No

Module 1

Quality Improvement

Definition
Quality Improvement refers to a <i>formal, systematic approach</i> (such as plan-do-check-act) applied to the processes underlying public health programs and services in order to achieve <i>measurable</i> improvements.

65. Which of the following statements best characterizes your LHD's current quality improvement activities? (Select only one)

- ☐ LHD has implemented a formal quality improvement program agency-wide.
- ☐ Formal quality improvement activities are being implemented in specific programmatic or functional areas of the LHD, but not on an agency-wide basis.
- ☐ LHD's quality improvement activities are informal or ad hoc in nature.
- ☐ LHD is not currently involved in quality improvement activities. → (Skip question 66-71)

66. In the past 12 months, how many formal projects has your LHD implemented to improve the quality of a service, process or outcome? [For the purposes of this question, a "project" is defined as a systematic quality improvement initiative that includes an aim statement; a work plan with tasks, responsibilities and timelines; intervention strategy(ies); and measures for tracking change.]

- ☐ None
- ☐ 1-3
- ☐ 4-6
- ☐ 7-10
- ☐ 11-20
- ☐ More than 20 (specify number): _____

67. There are many different frameworks or approaches to quality improvement. Check each framework or approach to quality improvement that your LHD has used in the past year. (Select all that apply)

- ☐ Balanced Scorecard
- ☐ Baldrige Performance Excellence Criteria (or state version)
- ☐ Lean
- ☐ Plan-Do-Check-Act or Plan-Do-Study-Act
- ☐ Six Sigma
- ☐ No specific framework or approach
- ☐ Other specific framework or approach (specify): _____

68. Which of the following elements have been used in your LHD's quality improvement efforts in the past year. (Select all that apply)

- ☐ Mapping a process
- ☐ Identifying root causes
- ☐ Obtaining baseline data
- ☐ Setting measurable objectives
- ☐ Testing the effects of an intervention
- ☐ Analyzing the results of the test
- ☐ Formally adopting a tested intervention
- ☐ None of the above

69. Does your LHD have staff with dedicated time as part of their job description to monitor performance and quality improvement work throughout the agency?

- ☐ Yes ☐ No

70. In what ways does your agency support or encourage staff involvement in quality improvement efforts? (Select all that apply)

- ☐ We provide training to staff in QI methods
- ☐ We recognize outstanding QI work with employee recognition awards
- ☐ Participation in QI efforts is included as part of employee performance goals
- ☐ We provide monetary incentives
- ☐ Quality improvement is included in job descriptions for some employees
- ☐ We have formed a QI committee that coordinates QI efforts
- ☐ We provide funding to support QI efforts
- ☐ Other (specify): _____

71. Approximately what percentage of your staff members has received formal training in quality improvement methods within the past two years? (Select only one)

- ☐ None
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

72. Has your LHD been involved in any of the following performance-related activities in the past three years? (Select all that apply)

- ☐ Turning Point
- ☐ MAPP
- ☐ National Public Health Performance Standards Program (NPHPSP)
- ☐ Lead States in Quality Improvement: Multi-state Learning Collaborative
- ☐ State Quality Awards
- ☐ Other performance-related activities (specify): _____
- ☐ None of the above

73. Has your LHD developed a comprehensive, agency-wide strategic plan? (Select only one)

- ☐ Yes, within the last three years
- ☐ Yes, more than three but less than five years ago
- ☐ Yes, five or more years ago
- ☐ No
- ☐ No, but plan to in the next year

Accreditation Preparation

Definition
Development of a voluntary national accreditation program for state, local, territorial, and tribal health departments is underway. The Public Health Accreditation Board (PHAB) is currently developing and testing the program, which will be available in 2011.

74.

	Not at all Familiar					Very Familiar				
	1 *	2	3	4	5	1	2	3	4	5
Indicate your LHD leadership's familiarity with the Public Health Accreditation Board's voluntary national accreditation program for state and local health departments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(*If you selected 1, skip questions 75-77)*

75.

Rate your level of agreement with the following statements.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Our LHD would seek accreditation under a voluntary national accreditation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our LHD would seek accreditation under a voluntary national accreditation program within the first two years of the program (2011-2012).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. From which of the following organizations have you received information about a voluntary national accreditation program? (Select all that apply)

- ☐ No information received
- ☐ American Public Health Association (APHA)
- ☐ Association of State and Territorial Health Officials (ASTHO)
- ☐ Centers for Disease Control and Prevention (CDC)
- ☐ National Association of County and City Health Officials (NACCHO)
- ☐ National Association of Local Boards of Health (NALBOH)
- ☐ Public Health Accreditation Board (PHAB)
- ☐ Robert Wood Johnson Foundation (RWJF)
- ☐ State association of local health departments (SACCHO)
- ☐ State health agency
- ☐ Other organization (specify): _____

77. With which of the following groups or organizations has your LHD discussed a voluntary national accreditation program?

(Select all that apply)

- ☐ Your LHD's staff
- ☐ Staff in other LHDs
- ☐ Local Board of Health
- ☐ Elected Officials (other than Local Board of Health)
- ☐ State Health Agency staff
- ☐ Other organization/group (specify): _____
- ☐ None

Inter-LHD Resource Sharing

Instructions

This section explores the extent to which your LHD shares resources (such as funding, staff, or equipment) with other LHDs on a continuous, recurring, non-emergency basis. The resources could be shared to support specific public health programs or organizational functions (such as human resources or information technology). We are interested in both formal arrangements (e.g., contracting, memoranda of understanding) and informal arrangements. This set of questions does NOT address agreements to assist neighboring LHDs in the event of a public health emergency.

78. Currently, does your LHD share resources (such as funding, staff, or equipment) with one or more other LHDs on a continuous, recurring (non-emergency) basis? (Select only one)

☐ Yes ☐ No -> *(Skip questions 79-83)*

79. With how many other LHDs does your LHD share resources (such as funding, staff, or equipment) on a continuous, recurring (non-emergency) basis?

80. Check each of the descriptions below that describe how your LHD shares resources with other LHDs. (Select all that apply)

- ☐ Another LHD provides certain functions or services for *our* LHD's jurisdiction, pursuant to a formal written agreement.
- ☐ Another LHD provides certain functions or services for *our* LHD's jurisdiction, but there is no formal written agreement.
- ☐ Our LHD provides certain functions or services for *another* LHD jurisdiction, pursuant to a formal written agreement.
- ☐ Our LHD provides certain functions or services for *another* LHD's jurisdiction, but there is no formal written agreement.
- ☐ Our LHD shares a staff member (e.g., staff members works part-time at each LHD) with another LHD on a regular basis.
- ☐ Our LHD shares equipment with another LHD on a regular basis.

81. For which programmatic areas does your LHD share resources with one or more other LHDs? (Select all that apply)

- ☐ Emergency preparedness
- ☐ Epidemiology or surveillance
- ☐ Physician services
- ☐ Communicable disease screening and/or treatment
- ☐ Chronic disease screening and/or treatment
- ☐ Maternal and child health services
- ☐ Population-based primary prevention programs
- ☐ Inspection or licensing
- ☐ Environmental health programs (other than inspection or licensing)
- ☐ Other (specify): _____
- ☐ None

82. For which organizational functions does your LHD share resources with one or more other LHDs? (Select all that apply)

- ☐ Human resources
- ☐ Financial management
- ☐ Purchasing
- ☐ Information technology and/or management
- ☐ Communications and/or public information
- ☐ Other (specify): _____
- ☐ None

83. How has the extent to which your LHD shares resources (in either programmatic areas or organization functions) with one or more other LHDs changed in the past year? (Select only one)

- ☐ Sharing resources to a greater extent than before
- ☐ Sharing resources to a lesser extent than before
- ☐ Essentially no change; sharing resources to the same extent

Emergency Preparedness

84. For your LHD's most recently completed fiscal year, what was your LHD's total revenue for preparedness activities? Include all sources of funding to support preparedness activities.

\$ _____

85. What were the sources of preparedness funding for your LHD? (Select all that apply)

- ☐ Local (city/township/town or county) sources
- ☐ State sources (EXCLUDING federal pass-through)
- ☐ Federal sources (passed through by State)
- ☐ Federal sources (direct)
- ☐ Private foundations/grants
- ☐ Do not know
- ☐ Other (specify): _____

86. Did your LHD respond to any all-hazards events since January 2009? Do not include drills, exercises, or non-emergent, preplanned events.

☐ Yes ☐ No -> *(Skip question 87)*

87. Please describe your LHD's response to all-hazards events since January 2009 (excluding drills, exercises, or non-emergency, pre-planned events).

Type of Event	LHD responded to this type of event?	If Yes: What was the maximum percentage of your staff outside of dedicated preparedness staff used during the response to an event? (In case multiple events of same type were responded to since Jan 2009, think of worst event when responding to this question.)
H1N1 influenza outbreak	<input type="checkbox"/>	%
Infectious disease other than influenza	<input type="checkbox"/>	%
Chemical spills or releases	<input type="checkbox"/>	%
Exposure to potential biological agent (E.g., white powder, suspicious package)	<input type="checkbox"/>	%
Food-borne outbreak	<input type="checkbox"/>	%
Natural disaster (includes tornado, hurricane, ice storm, fire, earthquake, flood, mudslide, etc.)	<input type="checkbox"/>	%
Radiological release event	<input type="checkbox"/>	%
Other event (please describe):	<input type="checkbox"/>	%

88. Does your LHD engage volunteers in preparedness activities? (Select all that apply)

- ☐ Yes, from Community Emergency Response Team (CERT)
- ☐ Yes, from Medical Reserve Corps (MRC)
- ☐ Yes, from American Red Cross
- ☐ Yes, from other organized volunteer groups
- ☐ Yes, others (specify): _____
- ☐ No

89. Do you know the total number of volunteers registered with your LHD? (Select only one)

- ☐ Yes, and that number is: _____
- ☐ No
- ☐ My LHD does not register volunteers

Information Technology

90. Indicate your LHD's level of awareness or activity for each of the following information technology areas. (For each row, select only one.)

- If any of these information systems are not relevant for your LHD's activities and services, select "Not applicable."
- If an information system is relevant for your LHD's activities and services, but you have not yet investigated or implemented the system, select "No activity in this area."

IT Area	Investigating or have investigated	Planning to implement	Have implemented	No activity in this area	Not applicable
Electronic health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Regional) Health Information Exchanges (HIEs or RHIOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Health Information Network (NHIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice management system (PMS)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* PMS is defined as part of the computer system in a medical office that carries financial, demographics and non-medical information about patients. Frequently includes patient's name, patient's federal identification number, date of birth, emergency contact information, and health insurance company information.

91. Does your LHD use an electronic syndromic surveillance system, regardless of whether the LHD or some other entity (e.g., the state health department) developed it?

☐ Yes ☐ No -> (Skip question 92)

92. For which if the following activities does your LHD use the syndromic surveillance system? (Select all that apply)

- ☐ Detecting influenza-like illness (ILI)
- ☐ Detecting bioterrorism events
- ☐ Detecting food-borne illness
- ☐ Determining the magnitude of an event
- ☐ Identifying what population groups are affected by an event
- ☐ Establishing case definitions for novel diseases
- ☐ Evaluating interventions/responses
- ☐ Other (specify): _____

93. Does your LHD make use of any of the following *Web 2.0* technologies? (Select all that apply)

- ☐ Blogs
- ☐ Facebook
- ☐ LinkedIn
- ☐ Myspace
- ☐ Twitter
- ☐ YouTube
- ☐ SlideShare
- ☐ Others (specify): _____
- ☐ None
- ☐ Don't know

Module 2

Human Resource Issues

65. How many LHD employees retired in the last year?

66. For each of the following activities, indicate the percentage of your workforce for which your LHD conducts the specific activity:

Activities	Percent of workforce for which your LHD conducts the specific activity				
	None	1%-49%	50%-99%	All	Do not know
Has written position descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct formal staff performance evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess staff training needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop staff training plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Does your LHD use core competencies for public health workers developed by the Council on Linkages (<http://www.phf.org/link/corecompetencies.htm>) in any of the following ways? (Select all that apply)

- ☐ Writing position descriptions
- ☐ Conducting staff performance evaluations
- ☐ Assessing staff training needs
- ☐ Developing staff training plans
- ☐ Other use (specify): _____
- ☐ Have not used

Guide to Community Preventive Services

68. Which of the following best describes the extent to which the *Guide to Community Preventive Services* (*Community Guide* or www.thecommunityguide.org) has been used to support or enhance decision making in your LHD over the past 12 months?

(Select only one)

- ☐ LHD staff have not used the *Community Guide*
- ☐ LHD staff in a few programmatic areas have used the *Community Guide*
- ☐ LHD staff in many programmatic areas have used the *Community Guide*
- ☐ The *Community Guide* is used consistently by all relevant programmatic areas
- ☐ Do not know the extent of use of *Community Guide* within LHD

Policy-making and Advocacy

69. Indicate whether your LHD has participated in any of the policy-related activities listed below during the past two years. If yes, check each level of government (local, state, or federal) at which these activities were directed. Participation may be by your LHD's top executive or by other staff. (select all that apply)

	Yes, at the Local level	Yes, at the State level	Yes, at the Federal level	No
Prepared issue briefs for policy makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave public testimony to policy makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated on a board or advisory panel responsible for public health policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicated with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided technical assistance to legislative, regulatory or advocacy group for drafting proposed legislation, regulations, or ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Indicate areas where your LHD has been actively involved in policy or advocacy activities in the past two years. (select all that apply)

- ☐ Affordable housing
- ☐ Criminal justice system
- ☐ Education
- ☐ Environment
- ☐ Funding for access to healthcare
- ☐ Land use
- ☐ Labor (e.g., employment, living wage)
- ☐ Occupational health and safety
- ☐ Tobacco
- ☐ Other (specify): _____
- ☐ None

71. Has a new local public health ordinance or regulation been adopted in your jurisdiction in the past two years? (select only one)

- ☐ Yes ☐ No

72. Indicate each area in which a new local public health ordinance or regulation was adopted in the past two years. (select all that apply)

- ☐ Tobacco prevention and control
- ☐ Emergency preparedness and response
- ☐ Nutrition or physical activity
- ☐ Indoor air quality
- ☐ Land use planning
- ☐ Some other area (specify): _____
- ☐ None

Access to Health Care Services

73. Check each activity below in which your LHD has participated in the past year to assure access to health care services in your jurisdiction. (select all that apply)

	Medical	Dental	Behavioral (including psychological, substance abuse, mental health)	None of these
Assessed the gaps in access to services in this healthcare category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressed gaps through direct provision of clinical services in this healthcare category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented strategies to increase accessibility of existing services (e.g. referrals) in this healthcare category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented strategies to target healthcare needs of <u>under-served populations</u> in this healthcare category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practice-based Research

74. Which of the following research activities has your LHD participated in over the past 12 months (Select all that apply)

- ☐ Identifying research topics and questions that are relevant to public health practice
- ☐ Developing or refining research plans and/or protocols for public health studies
- ☐ Recruiting study sites and/or study participants
- ☐ Collecting, exchanging, or reporting data for a study
- ☐ Analyzing and interpreting study data and findings
- ☐ Disseminating research findings to key stakeholders
- ☐ Applying research findings to practices within your own organization
- ☐ Helping other organizations apply research findings to practice
- ☐ None of the above → *(Skip questions 75-78)*
- ☐ Do not know → *(Skip questions 75-78)*

75. Has your LHD participated in any research studies over the past 12 months?

- ☐ Yes
- ☐ No → *(Skip questions 76-78)*
- ☐ Do not know → *(Skip questions 76-78)*

76. Approximately how many research studies has your LHD participated in over the past 12 months?

77. How many of these studies included participation by a university or research institute?

78. How many of these studies were LED by your LHD?

Health Impact Assessments

79. Has anyone in your public health organization attended a health impact assessment (HIA) training in the past year?

- ☐ Yes
- ☐ No
- ☐ Do not know

80. Has your agency ever participated in an HIA?

- ☐ Yes
- ☐ No → *(Skip question 81)*
- ☐ Do not know → *(Skip question 81)*

81. How many HIAs has your public health organization conducted or been part of in the past year?

Public Health and the Law

82. What type of legal counsel does your LHD use? (Select all that apply)

- ☐ Employs its own attorneys and legal staff
- ☐ Works with attorneys and legal staff assigned by our state's Attorney General
- ☐ Works with attorneys and legal staff assigned by our state health agency
- ☐ Works with our attorneys and legal staff assigned by local government
- ☐ Contracts with outside, independent attorneys and legal staff
- ☐ No legal counsel → *(Skip question 83)*
- ☐ Other arrangement (specify): _____

83. What services does your public health organization's legal counsel provide? (Select all that apply)

- ☐ Our legal counsel informally advises us on the legality/constitutionality of various laws, statutes, regulations, enforcement policies and enforcement actions.
- ☐ Our legal counsel provides formal opinions on laws, statutes, regulations, enforcement policies and enforcement actions for use in possible litigation or other legal actions involving the organization.
- ☐ Our legal counsel assists in drafting the organization's laws, statutes, regulations, enforcement policies and enforcement actions
- ☐ Our legal counsel represents the organization in all legal matters pertaining to the organization's activities.
- ☐ Our legal counsel determines which entities to litigate or prosecute for violation of the organization's regulatory responsibilities to uphold statutes, regulations, or ordinances.

Public Health Reports

Definition
<i>County Health Rankings</i> , developed by the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI), identify the healthiest and least healthy counties within each state. This report was released in February 2010. More information is available at http://www.countyhealthrankings.org/

84. Had you heard of the RWJF/UWPHI County Health Rankings (prior to completing this questionnaire)?

☐ Yes ☐ No → *(Skip questions 85-86)*

85. What type of attention (i.e. in media coverage, response from policymakers and/or community stakeholders, or public response) did your agency receive as a result of the release of the County Health Rankings? (Select only one)

- ☐ Mostly positive
- ☐ Somewhat positive
- ☐ Equally positive and negative
- ☐ Somewhat negative
- ☐ Mostly negative
- ☐ We received no attention

86. How likely is your LHD to use the County Health Rankings report information to...	Has already used	Very likely to use	Somewhat likely to use	Not likely to use
increase public awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
increase policymaker awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
increase media awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
increase public awareness of the role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
increase policymaker awareness of role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
increase media awareness of the role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
develop partnerships across multiple sectors to improve community health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
leverage additional funding for your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
convene stakeholders to discuss the results of the report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87. The following set of questions asks about your familiarity with and use of a number of public health-related reports.

- *F as in Fat* (State Obesity Rankings) produced by Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) (<http://healthyamericans.org/reports/obesity2009/>)
- *Shortchanging America's Health* (Federal Funding for State Public Health), produced by TFAH and RWJF (<http://healthyamericans.org/reports/shortchanging08/>)
- *Ready or Not* (State Preparedness Rankings), produced by TFAH and RWJF (<http://healthyamericans.org/reports/bioterror09/>)
- *America's Health Rankings* (State Health Rankings), produced by United Health Foundation (<http://www.americashealthrankings.org/>)

Indicate whether your LHD used any of these ranking reports to accomplish the following by checking the appropriate boxes. (select all that apply)

	State Obesity Rankings (<i>F as in Fat</i>)	Federal Funding for State Public Health (<i>Shortchanging America's Health</i>)	State Preparedness Rankings (<i>Ready or Not</i>)	State Health Rankings (<i>America's Health Rankings</i>)
Never used this ranking report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never heard of this ranking report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase public awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase policymaker awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase media awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase public awareness of the role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase policymaker awareness of role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase media awareness of the role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop partnerships across multiple sectors to improve community health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leverage additional funding for your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	State Obesity Rankings (<i>F as in Fat</i>)	Federal Funding for State Public Health (<i>Shortchanging America's Health</i>)	State Preparedness Rankings (<i>Ready or Not</i>)	State Health Rankings (<i>America's Health Rankings</i>)
Convene stakeholders to discuss the results of the report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation of Profile

88. Check each statement that describes how your LHD's staff members have used reports or presentations from the 2008 Profile study. (Select all that apply)

- ☐ No staff members have seen any reports or presentations from the 2008 Profile study.
- ☐ One or more LHD staff have reviewed reports or presentations from the 2008 Profile results.
- ☐ LHD staff members have discussed reports or presentations from the 2008 Profile study.
- ☐ LHD staff members have used reports or presentations from the 2008 Profile study to compare our LHD to others.
- ☐ LHD staff members have used information from the 2008 Profile study in a report or presentation.
- ☐ Other (specify): _____

89. How often is your LHD willing to complete the Profile questionnaire? (select only one)

- ☐ Never
- ☐ Once a year
- ☐ Once every 2 years
- ☐ Once every 3 years
- ☐ Once every 5 years

90. Did you/your LHD encounter any technical difficulties while completing or attempting to complete the questionnaire?

- ☐ Yes ☐ No

If yes, please explain:

91. Were you (or someone from your LHD) aware that your LHD would be asked to complete the Profile questionnaire prior to receiving the questionnaire link via e-mail?

- ☐ Yes
- ☐ No
- ☐ I don't recall

92. From the time your LHD started to work on the questionnaire, how long did it take you to compile the information and complete it? (select only one)

- ☐ < 1 week
- ☐ 1-2 weeks
- ☐ 3-4 weeks
- ☐ 1-2 months
- ☐ >2 months

93. Please provide an estimate of the total amount of staff time that your LHD devoted to completing the Profile questionnaire.

_____ hours

Communication among LHD Leaders

94. In thinking about your peers who lead other local health departments in the U.S., list the five LHDs whose leaders you communicate with most frequently about administrative, professional, and leadership issues in public health. In each instance, please provide only the LHD name rather than the leader's name.

Note: This section should be completed only by the LHD top executive. If it is not possible for the top executive to complete this section, it should be left blank.

Name of Local Health Department	State

Please complete this section only after all other sections of the survey have been completed.

Thank you for participating in the Profile study. Please provide contact information so that we can e-mail a copy of your completed questionnaire or in case any follow-up is needed. Thanks again for providing this invaluable information on local public health infrastructure and practice.

A copy of the completed survey as well as any follow-up questions should be directed to:

Name _____
 Phone _____
 E-mail _____

Certification

Has the LHD top executive or designee reviewed the responses for completeness and accuracy?

☐ Yes, reviewed and approved by LHD top executive or designee

Appendices

2010 Profile of LHDs



**Questions for LHDs that report as region or district,
but have county or city/town offices**

Workforce

36. How many individuals currently work for your LHD? (Must be whole number)

- Please include ALL regular full-time, part-time, and contractual employees.

For LHDs that report as regions/districts of a state health agency only:

36a. Number of individuals working in region/district office. (Must be whole number)

36b. Number of individuals working in county or other local units. (Must be whole number)

37. What is the total Full-time Equivalents (FTEs) workforce at your LHD?

- Please include ALL regular full-time, part-time, and contractual employees
- To calculate FTEs, count a full-time employee as 1 FTE, a half-time employee as a 0.5 FTE, etc.

For LHDs that report as regions/districts of a state health agency only:

37a. FTEs in region/district office

37b. FTEs in county or other local units

38. What does the FTE number at your LHD include? (select only one)

- ☐ Currently filled positions only
- ☐ Currently funded positions (whether or not filled)
- ☐ Other (specify):
- ☐ Unknown

**Question for LHDs that report as county
but state has district structure**

41. Occupations Employed

- Indicate which of the following categories of public health workers are currently employed by your LHD.
- Indicate the FTE of staff in each classification if data are available.
- If you cannot determine the FTE of staff in a category, check the “Data on FTEs Not Available” box.
- Categorize staff according to their primary job responsibilities or function, not by their degree or education. For example, if a registered nurse is serving as a “public health manager/director”, please count this individual as a “public health manager/director” in the chart.
- Note that this is not intended to be an exhaustive list of occupational categories.
- If your LHD has access to staff in certain occupations working a district or regional health department office, check the box for each such occupation.
- **Please indicate FTEs for all regular full-time, part-time and contractual employees.**
- **To calculate FTEs, count a full-time employee as 1 FTE, a half-time employee as a 0.5 FTE, etc.**

Occupation (Definitions for each occupation provided on the next page.)	Does your LHD currently employ staff in this classification?		Number of FTEs currently Employed	Data on FTEs not available	Staff with this occupation available via district/region office
	Yes	No			
Public health managers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Public health nurse	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Public health physician	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Environmental health worker	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Epidemiologist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Health educator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Public health informatics specialist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Public information specialist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health professional	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Emergency preparedness staff	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Administrative or clerical personnel	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

42. Does your LHD have a designated Emergency Preparedness Coordinator?

☐ Yes ☐ No