**2013 National Profile of Local Health Departments Study**

Thank you in advance for your participation in the 7th National Profile of Local Health Departments (Profile) study. This Profile study continues NACCHO's efforts to provide a complete and accurate picture of governmental local public health across the nation. Since Profile is the only source for much of this information, your participation is essential.

Your participation and effort are sincerely appreciated.

**Accessing the Profile Questionnaire**

The Profile survey is designed to be completed using the Internet Explorer or Firefox Web browser. Firefox is available for free at <http://www.mozilla.org/en-US>. We strongly recommend not using another Web browser to complete the questionnaire.

**Navigating the Profile Questionnaire**

To move backward and forward within the survey, you need to use the navigation buttons at the bottom of each survey page. Use the PREVIOUS PAGE button to GO BACK. Do not use your Web browser's back key or button. If you mistakenly hit the back key, you'll go to an error page; to return to your survey, refresh the page. Use the SAVE AND CONTINUE button to GO TO THE NEXT PAGE.

The Table of Contents on the left side of the page allows you to keep track of your progress by displaying checkmarks next to completed sections, and the percentage of the survey completed. There are several ways to navigate to and use the Table of Contents.

1. Click the "Main Menu" button at any time to return to the Table of Contents for the Profile survey.
2. Click the box-shaped icon in the top left corner of the Table of Contents of the questionnaire to see the Table of Contents without leaving the page. (Clicking the icon a second time will close the pop-up Table of Contents.)
3. Click on a specific topic area from the list to go that section.

**Completing the Profile Questionnaire**

This questionnaire is designed so that it can be completed in multiple sittings and by several people. Some local health departments (LHDs) assign different people to complete various sections of the Profile questionnaire. There are two ways you can accomplish this:

1. Forward the link and log-on information 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. Print out blank questionnaires, distribute hard copies to appropriate individuals, and go online to enter the information they provide.

As you complete the questionnaire, all of your responses will be automatically saved and can be changed at any time, up to clicking the final SAVE and CONTINUE button. More than one person can be logged in to the survey at the same time.

If you wish to exit the survey and return to it at a later time, simply close your browser. Once you log on again, you will automatically be directed to the last page accessed by someone working on the survey. Please use the Main Menu button or the box-shaped icon to navigate to your desired section in the Table of Contents.

**Getting help with the Profile Questionnaire**

Click here to access a list of Frequently Asked Questions. If these do not help you resolve your issue, please contact the Profile Team at 800-758-6471 or profile@naccho.org for technical assistance.

**Submitting the Profile Questionnaire**

When you have completed all sections of your Profile questionnaire, you will get to the last section entitled, "Follow-up Contact Information and Instructions for Submitting Survey". We request that the health official or designee at your LHD review the responses prior to final submission to ensure that all sections are completed and the information is correct.

When you reach the final submission page, you will see the list of topics and their completion status. If any of the topics do not have a check mark, you may not have completed the entire section. You may click on the unchecked topic to review the section. If you have completed as much of the section as you are able, click SAVE AND CONTINUE to proceed to the next section. To return to the submission page, click on the last topic in the Main Menu.

Once you have successfully submitted your survey, you will receive an e-mail to confirm successful submission. The e-mail will also include an attachment of your completed questionnaire in PDF format. Please use the attachment if you wish to save or print your completed questionnaire for your records.

If you would prefer not to complete the Web questionnaire, you may complete a hard copy version. Call 800-758-6471 to request a postage-paid envelope. Please send your completed questionnaire to:

NACCHO National Profile

1100 17th St. NW; Seventh Floor

Washington, DC 20036

**Submitting the Profile Questionnaire**

**Use of Profile Data**

* Data from this Profile will be analyzed and published. NACCHO anticipates publications being available in late 2013.
* 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."

**Core**

**Jurisdiction and Governance**

1. **Which of the following best describes your LHD’s organizational structure?**  (Select only one)

* My LHD is a free-standing public health agency.
* My LHD is part of a health and human services agency.
* Neither of these statements describes my LHDs. [Please specify structure.]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Has this organizational structure changed within the past two years?**

* Yes
* No

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

* Yes
* No **→ (*Skip question 4)***

1. **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 (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding**

|  |
| --- |
| **Instructions** |
| The purpose of this section is to collect fiscal data from LHDs. NACCHO is requesting total expenditures, total revenues, and selected 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. |

**5. 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 most recently completed fiscal year**
* **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 6-9)***

**6. Ending date of the LHD’s most recently completed fiscal year.** (MM/DD/YYYY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. What were the LHD’s total *expenditures* and total *revenues* for the most recently completed fiscal year?** (Please enter whole number)

|  |  |  |
| --- | --- | --- |
|  | **Total expenditures** | **Total revenues** |
| **Most recently completed fiscal year** |  |  |

|  |
| --- |
| **Instructions** |
| This section asks you to report the amount of revenue that your LHD receives from 5 selected revenue sources. LHD revenues from any other sources can be reported as a single number in the “All other revenue sources” box at the bottom of the chart. |

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

|  |  |  |
| --- | --- | --- |
| **Amount of Revenue** | **Sources of Revenue** | **Instructions on Reporting Funds by Source** |
| $ | Local sources | Revenue originating from county, city, or town government, e.g. allocations from city or-county- School Boards, taxing districts, property tax millage, etc. |
|  | State sources (direct and federal pass-through) | All revenues received from state agencies, both income that originates from state revenue sources and income received from state agencies that originates from Federal sources. |
|  | Federal direct sources | All income received directly from Federal government agencies, excluding Medicaid/Medicare reimbursements. Do not include federal funds that you receive through a state agency. |
|  | Medicare and Medicaid | All income received from Medicare, including Medicare HMO payments and all income received from Medicaid including Medicaid HMO capitation and any “bill-aboves” paid by a Medicaid HMO. |
|  | Other clinical revenue | Includes all income received from private health insurers and fees for provision of health care services paid directly by the patient. |
|  | All other revenue sources | Enter the sum of revenue from all sources except those listed above. These may include (but are not limited to) fees and fines, grants from private foundations, donations, and interest income. |
|  | **Sum Total revenues** |  |

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

* Yes
* No

**Reserve Funding**

**10. 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 11-13)***
* Don’t know **→ (*Skip questions 11-13)***

**11. What was the dollar value of this fund at the end of the most recently completed fiscal year?**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Does your LHD control the use of these funds?**

* Yes
* No

**13. In your most recently completed fiscal year, which of the following best describes the net change in your reserve funds?** (Select only one)

* 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

**Budget Cuts**

**14. My LHD’s current fiscal year budget is ...** (Select only one)

* Less than the previous year's budget
* Approximately the same (within plus or minus one percent) as the previous year's budget

**→ (*Skip question 15)***

* Greater than the previous year's budget **→** **(*Skip question 15)***
* Do not know **→ (*Skip question 15)***

**15. By approximately how much has this year’s budget decreased, compared to the previous year?**

Dollar amount of decrease: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of overall budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

**16. I expect my LHD’s budget in the next fiscal year will be...** (Select only one)

* Less than the current year's budget
* Approximately the same (within plus or minus one percent) as the current year's budget
* Greater than the current year's budget
* 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 notbe 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. |

**17. Title of your LHD’s top executive.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**18. What date did the top executive assume this position?** (MM/DD/YYYY)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

* Yes
* No
* Unknown

**20. What is the work status for the top executive?**

* Full-time
* Part-time

**21. What is the race of the person in the top executive position?**  (Select all that apply)

* White
* Black or African American
* American Indian or Alaska Native
* Asian
* Native Hawaiian or Other Pacific Islander
* Some other race

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

* Hispanic or Latino
* Not Hispanic or Latino

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

* Male
* Female

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LHD Top Executive - Education and Licensure**

**25. Indicate *all* degrees that your top executive holds (not just the highest degree).**

(Select all that apply)

**Associate Degree**

* AD/ASN
* AA
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bachelors Degree**

* BA
* BS
* BSN
* Bachelors degree – type unknown or other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Masters Degree**

* MA
* MS
* MPH
* MSN or MN
* MBA
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctoral Degree**

* MD
* DO
* DrPH
* DDS
* DVM
* JD
* PhD (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**26. Indicate *all* licensures that your top executive holds:**

(Select all that apply)

* LPN/LVN
* RN
* MD
* RD
* REHS/RS
* None
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LHD Top Executive - Health Officer**

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

* Yes
* No **→ (*Skip question 28)***

**28. Is the work status of health officer/medical director full-time or part-time?**

* Full-time
* Part-time

**Workforce**

**29. How many individuals currently work for your LHD?**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**30. 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**31. What does the FTE number at your LHD include?** (Select only one**)**

* Currently filled positions only
* Currently funded positions (whether or not filled)
* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unknown

**32. 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 |  |  |  |  |  |
| Registered nurse |  |  |  |  |  |
| Licensed practical or vocational nurse (LPN/LVN) |  |  |  |  |  |
| Nursing aide and home health aide |  |  |  |  |  |
| Public health physician |  |  |  |  |  |
| Oral health care professional |  |  |  |  |  |
| Environmental health worker |  |  |  |  |  |
| Laboratory worker |  |  |  |  |  |
| Epidemiologist |  |  |  |  |  |
| Health educator |  |  |  |  |  |
| Community health worker |  |  |  |  |  |
| Nutritionist |  |  |  |  |  |
| Information systems specialist |  |  |  |  |  |
| Public information specialist |  |  |  |  |  |
| Behavioral health professional |  |  |  |  |  |
| Emergency preparedness staff |  |  |  |  |  |
| Animal control worker |  |  |  |  |  |
| Administrative or clerical personnel |  |  |  |  |  |

**33. 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. |
| Registered nurse | Registered nurse conducting public health or clinical nursing (e.g., school nurse, community health nurse, nurse practitioner). |
| Licensed practical or vocational nurse (LPN/LVN) | Nurse licensed to provide routine care for patients, often under the supervision of a registered nurse. |
| Nursing and home health aides | Unlicensed personnel who provide basic patient care and assistance with activities of daily living in a health care facility or the patient’s home (e.g., nursing assistant, patient care assistant/ technician, home health aide/assistant, personal care aide). |
| 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. |
| Oral health care professional | Includes dentists, dental hygienists, and dental technologists. |
| Environmental health worker | Environmental health specialists, scientists, and technicians, including registered and other sanitarians. |
| Laboratory worker | Laboratorians, laboratory scientists, laboratory technicians laboratory technologists, and microbiologists planning, designing, and implementing laboratory procedures. |
| 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, manages, 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. |
| Community health worker | Conducts outreach, facilitates access, and provides culturally appropriate social support, informal counseling, and resources for programs that promote individual and community health; often share ethnicity, language or life experience with the community members they serve (e.g., peer health promoter, lay health advocate, community health representative). Excludes health educators. |
| 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. |
| Information systems specialist | Includes computer system, network, and data base administrators and analysts; software engineers; and computer support specialists. |
| 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. |
| Animal control worker | Handles animals for the purpose of investigating or controlling mistreated, abandoned, dangerous, or unattended animals (e.g., animal control officer, animal warden, humane officer). |
| Administrative or clerical personnel | Support staff providing assistance in agency programs or operations. |

**Staffing Cuts**

|  |
| --- |
| **Instructions** |
| The following questions ask about changes to your LHD workforce between January 1 and December 31, 2012. Please provide your response in terms of number of employees - whether full- or part-time - rather than (FTEs). |

**34. How many employees were affected by each of the following *workforce reductions* between January 1 and December 31, 2012? Enter "0" if no employees were affected.  (**Numeric responses only, please)

|  |  |
| --- | --- |
| 1. Number of employees *laid off* | \_\_\_\_ |
| 1. Number of employees *lost through attrition and not replaced* because of hiring freezes or budget cuts | \_\_\_\_ |
| 1. Number of employees who had their *working hours reduced* for budgetary reasons (DO NOT include employees placed on mandatory furlough) | \_\_\_\_ |
| 1. Number of employees placed on *mandatory furlough* for budgetary reasons | \_\_\_\_ |

**35. How many employees did your LHD *hire* for each of the following reasons between January 1 and December 31, 2012? Enter "0" if no employees were hired.** (Numeric responses only, please)

|  |  |
| --- | --- |
| 1. Number of *new positions* filled | \_\_\_\_ |
| 1. Number of *vacancies* filled due to *lift of previous hiring freeze* | \_\_\_\_ |
| 1. Number of *vacancies* filled due to *employee turnover* | \_\_\_\_ |

**Activities**

**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".
* “Provided by others in community independent of LHD funding” means that other organizations provide these services and do not receive funding from the LHD to provide them. Other organizations include but are not limited to other state and local government agencies, other healthcare providers (e.g., private physicians, non-LHD clinics, hospitals), schools, and community organizations.
* If a service is provided by the LHD and others in the community, select both choices.
* Do not leave any rows blank

**Immunization**

**36. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| Adult immunizations | □ | □ | □ | □ | □ |
| Childhood immunizations | □ | □ | □ | □ | □ |

**Screening for Diseases/Conditions**

**37. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| HIV/AIDS | □ | □ | □ | □ | □ |
| Other STDs | □ | □ | □ | □ | □ |
| Tuberculosis | □ | □ | □ | □ | □ |
| Cancer | □ | □ | □ | □ | □ |
| Cardiovascular disease | □ | □ | □ | □ | □ |
| Diabetes | □ | □ | □ | □ | □ |
| High blood pressure | □ | □ | □ | □ | □ |
| Blood lead | □ | □ | □ | □ | □ |

**Treatment for Communicable Diseases**

**38. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| HIV/AIDS | □ | □ | □ | □ | □ |
| Other STDs | □ | □ | □ | □ | □ |
| Tuberculosis | □ | □ | □ | □ | □ |

**Maternal and Child Health**

**39. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| Family planning | □ | □ | □ | □ | □ |
| Prenatal care | □ | □ | □ | □ | □ |
| Obstetrical care | □ | □ | □ | □ | □ |
| WIC | □ | □ | □ | □ | □ |
| MCH home visits | □ | □ | □ | □ | □ |
| EPSDT | □ | □ | □ | □ | □ |
| Well child clinic | □ | □ | □ | □ | □ |

**Other Health Services**

**40. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| Comprehensive primary care | □ | □ | □ | □ | □ |
| Home health care | □ | □ | □ | □ | □ |
| Oral health | □ | □ | □ | □ | □ |
| Behavioral/mental health services | □ | □ | □ | □ | □ |
| Substance abuse services | □ | □ | □ | □ | □ |

**Epidemiology and Surveillance Activities**

**41. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| Communicable/ infectious disease | □ | □ | □ | □ | □ |
| Chronic disease | □ | □ | □ | □ | □ |
| Injury | □ | □ | □ | □ | □ |
| Behavioral risk factors | □ | □ | □ | □ | □ |
| Environmental health | □ | □ | □ | □ | □ |
| Syndromic surveillance | □ | □ | □ | □ | □ |
| Maternal and child health | □ | □ | □ | □ | □ |

**Population-based Primary Prevention Activities**

**42. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| Injury | □ | □ | □ | □ | □ |
| Unintended pregnancy | □ | □ | □ | □ | □ |
| Chronic disease programs | □ | □ | □ | □ | □ |
| Nutrition | □ | □ | □ | □ | □ |
| Physical activity | □ | □ | □ | □ | □ |
| Violence | □ | □ | □ | □ | □ |
| Tobacco | □ | □ | □ | □ | □ |
| Substance abuse | □ | □ | □ | □ | □ |
| Mental illness | □ | □ | □ | □ | □ |

**Regulation, Inspection and/or Licensing Activities**

**43. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| Mobile homes | □ | □ | □ | □ | □ |
| Campgrounds & RVs | □ | □ | □ | □ | □ |
| Solid waste disposal sites | □ | □ | □ | □ | □ |
| Solid waste haulers | □ | □ | □ | □ | □ |
| Septic systems | □ | □ | □ | □ | □ |
| Hotels/motels | □ | □ | □ | □ | □ |
| Schools/daycare | □ | □ | □ | □ | □ |
| Children’s camps | □ | □ | □ | □ | □ |
| Cosmetology businesses | □ | □ | □ | □ | □ |
| Body art (tattoos, piercings) | □ | □ | □ | □ | □ |
| Swimming pools (public) | □ | □ | □ | □ | □ |
| Tobacco retailers | □ | □ | □ | □ | □ |
| Smoke-free ordinances | □ | □ | □ | □ | □ |
| Lead inspection | □ | □ | □ | □ | □ |
| Food processing | □ | □ | □ | □ | □ |
| Milk processing | □ | □ | □ | □ | □ |
| Public drinking water | □ | □ | □ | □ | □ |
| Private drinking water | □ | □ | □ | □ | □ |
| Food service establishments | □ | □ | □ | □ | □ |
| Health-related facilities | □ | □ | □ | □ | □ |
| Housing (inspections) | □ | □ | □ | □ | □ |

**Other Environmental Health Activities**

**44. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| Indoor air quality | □ | □ | □ | □ | □ |
| Food safety education | □ | □ | □ | □ | □ |
| Radiation control | □ | □ | □ | □ | □ |
| Vector control | □ | □ | □ | □ | □ |
| Land use planning | □ | □ | □ | □ | □ |
| Groundwater protection | □ | □ | □ | □ | □ |
| Surface water protection | □ | □ | □ | □ | □ |
| Hazmat response | □ | □ | □ | □ | □ |
| Hazardous waste disposal | □ | □ | □ | □ | □ |
| Pollution prevention | □ | □ | □ | □ | □ |
| Air pollution | □ | □ | □ | □ | □ |
| Noise pollution | □ | □ | □ | □ | □ |
| Collection of unused pharmaceuticals | □ | □ | □ | □ | □ |

**Other Activities**

**45. Check all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Performed by LHD directly | Contracted out by LHD | Provided by others in community independent of LHD funding | Not available in community | Don’t Know |
| Emergency medical services | □ | □ | □ | □ | □ |
| Animal control | □ | □ | □ | □ | □ |
| Occupational safety and health | □ | □ | □ | □ | □ |
| Veterinarian public health activities | □ | □ | □ | □ | □ |
| Laboratory services | □ | □ | □ | □ | □ |
| Outreach and enrollment for medical insurance (include Medicaid) | □ | □ | □ | □ | □ |
| School-based clinics | □ | □ | □ | □ | □ |
| School health | □ | □ | □ | □ | □ |
| Asthma prevention and/or management | □ | □ | □ | □ | □ |
| Correctional health | □ | □ | □ | □ | □ |
| Vital records | □ | □ | □ | □ | □ |
| Medical examiner’s office | □ | □ | □ | □ | □ |

**46. 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 **→ *(Skip question 47)***

**47. 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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Cuts**

|  |
| --- |
| **Instructions** |
| The following question asks about cuts to programs. We realize that not all services and functions may fall clearly into a particular service category. Please use your best judgment to classify your services and functions. If you would find it helpful to consult NACCHO’s classification of services, you may access a list through a link in the electronic survey. |

**48. For each of the following service categories, please first indicate if your LHD provided services or functions at any time between January 1, 2011 and December 31, 2011.**

**For all checked categories, please next indicate if your LHD had to *Reduced* and/or *Eliminate* any service for budgetary reasons between January 1, 2012 and December 31, 2012.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Between January 1, 2012 and December 31, 2012, my LHD….*** | | | | |
|  | Provided services *at any time* | *Reduced* services *for budgetary reasons* | *Eliminated* services *for budgetary reasons* | Did *not*reduce or eliminate services *for budgetary reasons* | Don’t know |
| Immunization | □ | □ | □ | □ | □ |
| Epidemiology and surveillance | □ | □ | □ | □ | □ |
| Communicable disease screening and treatment | □ | □ | □ | □ | □ |
| Chronic disease screening and/or treatment | □ | □ | □ | □ | □ |
| Maternal and child health services | □ | □ | □ | □ | □ |
| Other personal health services | □ | □ | □ | □ | □ |
| Population-based primary prevention | □ | □ | □ | □ | □ |
| Emergency preparedness | □ | □ | □ | □ | □ |
| Food safety | □ | □ | □ | □ | □ |
| Other environmental health | □ | □ | □ | □ | □ |
| Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ |

**Community Health Assessment and Planning**

|  |
| --- |
| **Definition** |
| **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 |

**49. 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

|  |
| --- |
| **Definition** |
| 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. |

**50. 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 51-52)***
* No **→ *(Skip questions 51-52)***

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

* Yes
* No

**52. Is the community health improvement plan linked to the state health improvement plan?**

* Yes
* No

**53. Which of the following describes the extent of your LHD’s engagement with non-profit hospitals on community health assessment (CHA)? (Select all that apply)**

* My LHD is currently collaborating with one or more non-profit hospitals on CHA
* My LHD is currently discussing with one or more non-profit hospitals potential future collaboration on CHA
* My LHD is not currently engaged in discussion or collaboration with a non-profit hospital on CHA
* I do not know my LHD’s extent of engagement with non-profit hospitals on CHA

**53a. Please indicate whether and how you have used any of the following tools in a**

**community health assessment or health improvement plan in the past three years.**

|  |
| --- |
| **Abbreviation Key** |
| MAPP = Mobilizing for Action through Planning and Partnerships  NPHPSP = National Public Health Performance Standards Program |

|  | Have not used | Used as a reference | Implemented in collaboration with other tools | Implemented independent of other tools |
| --- | --- | --- | --- | --- |
| MAPP |  |  |  |  |
| NPHPSP |  |  |  |  |
| State-specific tool |  |  |  |  |
| Healthy People 2020 |  |  |  |  |

**54. 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, but plan to in the next year
* No

**Guide to Community Preventive Services**

**55.** **Which of the following best describes the extent to which the *Guide to Community Preventive Services* (*Community Guide* or** [**http://www.thecommunityguide.org**](http://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 some programmatic areas have used the *Community Guide*
* LHD staff consistently use the *Community Guide* in all relevant programmatic areas
* Do not know the extent of use of *Community Guide* within LHD

**Policy-making and Advocacy**

**56.** **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 |  |  |  |  |
| Gave public testimony to policy makers |  |  |  |  |
| Participated on a board or advisory panel responsible for public health policy |  |  |  |  |
| Communicated with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances |  |  |  |  |
| Provided technical assistance to legislative, regulatory or advocacy group for drafting proposed legislation, regulations, or ordinances |  |  |  |  |

**57.** **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
* Animal control or rabies
* Body art
* Criminal justice system
* Education
* Emergency preparedness and response
* Food safety
* Funding for access to healthcare
* Injury or violence prevention
* Labor
* Land use
* Mental health
* Obesity/chronic **→ *(If checked, answer question 59)***
* Occupational health and safety
* Oral health
* Safe and healthy housing
* Tobacco, alcohol, or other drugs **→ *(If checked, answer question 58)***
* Waste, water, or sanitation
* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None

**58.**  For respondents who select “Tobacco, alcohol or other drugs”:

**Indicate areas where your LHD has been actively involved in policy or advocacy activities focused on tobacco, alcohol, or other drugs in the past two years.** (Select all that apply)

* Smoke-free indoor air (e.g., workplace, multi-unit residential)
* Smoke-free outdoor air (e.g., parks, beaches, playgrounds, sporting events)
* Reducing sale of tobacco to minors
* Raising cigarette taxes
* Raising alcohol taxes
* Diverting certain drug offenders into treatment rather than incarceration
* Reducing alcohol or drug impaired driving
* Reducing exposure to alcohol or tobacco advertising
* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**59.** For respondents who select “Obesity/chronic disease”:

**Indicate areas where your LHD has been actively involved in policy or advocacy activities focused on obesity or chronic disease in the past two years.**  (Select all that apply)

* Community level urban design and land use policies to encourage physical activity
* Active transportation options
* School or child care policies that encourage physical activity
* School or child care policies that reduce availability of unhealthy foods
* Expanding access to recreational facilities
* Nutritional labeling
* Increasing retail availability of fruits and vegetables
* Limiting fast food outlets
* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**60. Has a new local public heath ordinance or regulation been adopted in your jurisdiction in the past two years?**

* Yes
* No **→ *(Skip question 61)***

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

* Environment
* Funding for access to healthcare
* Occupational health and safety
* Tobacco, alcohol, or other drugs
* Obesity/chronic disease
* Injury prevention
* Violence prevention
* Safe and healthy housing
* Oral health
* Mental health
* Emergency preparedness and response
* Some other area (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None

**Module 1**

**Quality Improvement**

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

**62. 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 questions 63-65)***

**63. In the past 12 months, how many formal projects has your LHD implemented to improve the quality of a service, process or outcome?** (Select only one) *[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 (Please specify number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**64. 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

**65. Which of the following elements of a formal agency-wide QI program are currently in place at your LHD?** (Select all that apply)

* Agency QI Council or other committee that coordinates QI efforts
* Staff member with dedicated time as part of their job description to monitor IQ work throughout the agency
* Agency-wide QI plan
* Agency performance data is used on a ongoing basis to drive improvement efforts
* Leadership dedicates resources (e.g., time, funding) to QI
* QI is incorporated in employee job descriptions
* QI is incorporated in employee performance appraisals
* QI resources and training opportunities are offered to staff on an ongoing basis
* None of the above

**Accreditation**

**66. Which of the following best describes your LHD with respect to participation in the Public Health Accreditation Board’s accreditation program for LHDs?** (Select only one)

* My LHD has achieved accreditation.
* My LHD has submitted an application for accreditation.
* My LHD has submitted a statement of intent to pursue accreditation.
* My LHD plans to apply for accreditation, but has not submitted a statement of intent yet.**→ *(If checked, answer question 67)***
* My LHD has not decided whether to apply for accreditation.
* My LHD has decided NOT to apply for accreditation. **→ *(If checked, answer question 68)***
* The state health agency is pursuing accreditation on behalf of my LHD. **→ *(If checked, answer question 69)***

**67.** For respondents who select “My LHD plans to apply for accreditation, but has not submitted a letter of intent yet.”

**In what calendar year does your LHD anticipate submitting a statement of intent to pursue accreditation?** (Select only one)

* 2013
* 2014
* 2015
* 2016 or later
* Have not decided on a target year

**68.** For respondents who select “My LHD has decided NOT to apply for accreditation.”

**Why has your LHD decided NOT to apply for accreditation?** (Select all that apply)

* Accreditation standards are not appropriate for my LHD.
* Fees for accreditation are too high.
* Accreditation standards exceed the capacity of my LHD.
* Time and effort required for accreditation application exceeds benefits of accreditation.
* Local board of health or other governing body has directed us NOT to pursue accreditation.
* Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**69.** For respondents who select “The state health agency is pursuing accreditation on behalf of my LHD”

**At what stage in the accreditation process is your state’s application on behalf of your LHD?** (Select only one)

* My LHD has achieved accreditation through an application submitted by the state health agency on its behalf.
* The state health agency has submitted an application for accreditation on behalf of my LHD.
* The state health agency has submitted a statement of intent to pursue accreditation on behalf of my LHD.
* The state health agency plans to apply for accreditation on behalf of my LHD, but has not submitted a statement of intent yet.

**Cross-jurisdictional Sharing of Services**

|  |
| --- |
| **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. |

**70. 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?**

* Yes
* No **→ (*Skip questions 71-75)***

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**72. Use the table below to describe how your LHD shares resources with other LHDs.** (For each row, select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | Yes | |
|  | Under a formal written agreement\* | Without a formal written agreement |
| Our LHD provides certain functions or services for another LHD’s jurisdiction |  |  |  |
| Another LHD provides certain functions or services for our LHD’s jurisdiction |  |  |  |
| Our LHD shares a staff member with another LHD (e.g., staff member works part-time at each LHD) |  |  |  |
| Our LHD shares equipment with another LHD |  |  |  |

\*If selected **and** LHDhas either local or shared governance, answer question 73

**73.** For respondents who select “Under a formal written agreement” **and** has either a local or shared governance.

**To what extent does your governing body (e.g., city or county council, local board of health, board of commissioners) approve formal agreements to share resources with other LHDs?**  (Select only one)

* Governing body never approves agreements
* Governing body approves some agreements
* Governing body approves all agreements
* Do not know

**74. For which programmatic areas or organizational functions does your LHD share resources with one or more LHDs?** (Select all that apply)

* Emergency preparedness
* Epidemiology or surveillance
* Health Officer/Medical Director
* Physician clinical services
* Communicable disease screening or treatment
* Chronic disease screening or treatment
* Maternal and child health services
* Population-based primary prevention programs
* Inspection or licensing
* Environmental health programs (other than inspection or licensing)
* Community health assessment
* Human resources
* Financial management
* Purchasing
* Information technology or management
* Communications or public information
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None

**75. 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) [*In assessing the overall direction of change, consider the number of resources shared, number of partnering LHDs, and the demand for the shared resources].*

* 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*

**Human Resources Issues**

**76. How many LHD employees retired in the last year?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**77. Does your LHD use core competencies for public health workers developed by the Council on Linkages** [**http://www.phf.org/link/corecompetencies.htm**](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 (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have not used

**Partnerships and Collaboration**

**78. Which of the following best describes how your LHD worked in the past year with other organizations in the community to accomplish goals in the following programmatic areas?** (For each row, select only one)

* *Networking* includes the exchange of ideas and information for mutual benefit, often via newsletter, conferences, meetings and electronic information sharing. It is the least formal form of partnership and requires little time or trust between partners.
* *Coordinating* involves the exchange of information and the altering of activities for a common purpose.
* *Cooperating* involves the exchange of information, altering activities and sharing resources. It requires a significant amount of time, high level of trust and sharing of turf.
* *Collaborating* includes enhancing the capacity of the other partner for mutual benefit and a common purpose, in addition to the above activities –the exchange of information, altering activities, and sharing of resources.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No programs in this area | 1  (least formal) | 2 | | 3 | | 4  (most formal) | | Not involved in partnerships/ collaborations |
|  | Networking | | Coordinating | | Cooperating | | Collaborating |
| Emergency preparedness |  |  | |  | |  | |  |  |
| Food safety |  |  | |  | |  | |  |  |
| Maternal and child health |  |  | |  | |  | |  |  |
| Tobacco, alcohol or other drugs |  |  | |  | |  | |  |  |
| Community health assessment and planning |  |  | |  | |  | |  |  |
| Communicable/ infectious disease |  |  | |  | |  | |  |  |
| Chronic disease programs |  |  | |  | |  | |  |  |
| Land use |  |  | |  | |  | |  |  |
| Environmental health |  |  | |  | |  | |  |  |

**Practice-Based Research**

**79. Which of the following research activities has your agency participated in during the past two years?** (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

**80. Approximately how many research studies has your agency participated in during the past two years?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Impact Assessments**

|  |
| --- |
| **Definition** |
| For the purposes of this question, a Health Impact Assessment is defined as “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” (1999 Gothenburg consensus statement) |

**81. Has anyone in your agency attended a health impact assessment (HIA) training during the past two years?**

* Yes
* No
* I don’t know

**82. How many HIAs has your agency conducted or been part of during the past two years?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County Health Rankings Report**

|  |
| --- |
| **Definition** |
| County Health Rankings, 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. Published annually since 2010, the County Health Rankings are available online. More information is available at www.countyhealthrankings.org |

**83. How did your agency use the County Health Rankings Report information during the past year?** (Select all that apply)

* Increase public awareness of the multiple factors that influence health
* Increase policymaker awareness of the multiple factors that influence health
* Increase media awareness of the multiple factors that influence health
* Increase public awareness of the role of public health
* Increase policymaker awareness of role of public health
* Increase media awareness of the role of public health
* Develop partnerships across multiple sectors to improve community health
* Leverage additional funding for your agency
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My LHD did not use the County Health Rankings
* My LHD has never heard of the County Health Rankings

**Public Health Institute**

**84. Has your agency collaborated with a public health institute during the past two years?**  *(Examples of collaboration can include partnering to deliver a population-based health program, receiving training or technical assistance, or convening and/or partnering with public health system partners and community stakeholders.* )

* Yes, we have collaborated with a public health institute within our state
* Yes, we have collaborated with a public health institute from another state
* No, we have not collaborated with a public health institute **→** (***Skip questions 85-86*)**

**85. With which of the following public health institute(s) has your agency collaborated during the past two years?** (Select all that apply)

* Arkansas--Arkansas Center for Health Improvement
* California--Center for Health Improvement (CA)
* California--Institute for Public Health, San Diego State University
* California--Public Health Institute (CA)
* Colorado--Colorado Foundation for Public Health and the Environment
* Colorado --Colorado Health Institute
* District of Columbia--Institute for Public Health Innovation (DC)
* District of Columbia --National Health Policy Forum (DC)
* Florida --Florida Public Health Institute
* Georgia --Georgia Health Policy Center
* Illinois --Illinois Public Health Institute
* Illinois --Public Health Institute of Metropolitan Chicago
* Kansas --Kansas Health Institute
* Louisiana --Louisiana Public Health Institute
* Massachusetts --Health Resources in Action (MA)
* Massachusetts --Massachusetts Health Policy Forum
* Maine --Maine Center for Public Health
* Michigan --Michigan Public Health Institute
* Missouri --Missouri Institute for Community Health
* Mississippi --Center for Mississippi Health Policy
* Mississippi --Mississippi Public Health Institute
* North Carolina --North Carolina Institute for Public Health
* New Hampshire --New Hampshire Community Health Institute
* Nevada --Nevada Public Health Foundation
* New York--Health Research, Inc. (NY)
* New York --Public Health Solutions (NY)
* Ohio --Health Policy Institute of Ohio
* Oklahoma --Public Health Institute of Oklahoma
* Oregon --Oregon Public Health Institute
* Pennsylvania--Public Health Management Corporation (PA)
* Rhode Island --Rhode Island Public Health Institute
* South Carolina --South Carolina Institute of Medicine and Public Health
* Tennessee --Tennessee Institute of Public Health
* Texas --Texas Health Institute
* Virginia--Healthy Appalachia Institute (VA)
* Wisconsin --Institute for Wisconsin’s Health
* Wisconsin --University of Wisconsin Population Health Institute
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**86. In which area(s) has your** **agency collaborated with a public health institute during the past two years?** (Select all that apply)

* + Fiscal/administrative management
  + Population-based health program delivery
  + Health policy development, implementation, and evaluation
  + Training and technical assistance
  + Research and evaluation
  + Health information technology and services (including informatics)
  + Health communications/social marketing
  + Convening/partnering with community stakeholders
  + Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation of Profile**

**87. Check each statement that describes how your LHD’s staff members have used reports or presentations from the 2010 Profile study.** (Select all that apply)

* No staff members have seen any reports or presentations from the 2010 Profile study.
* One or more LHD staff have reviewed reports or presentations from the 2010 Profile results.
* One or more LHD staff have used Profile-IQ (a web-based information system with data from the 2010 Profile study).
* LHD staff members have discussed information from the 2010 Profile study.
* LHD staff members have used information from the 2010 Profile study to compare our LHD to others.
* LHD staff members have used information from the 2010 Profile study in a report or presentation.
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**88. 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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours

**90. In the past six months, how many surveys (including this one) has your LHD been asked to complete? Include all surveys your LHD has received, including surveys from NACCHO and other associations, surveys from your state health agency or other government agencies, and surveys from academic researchers.**

* 1
* 2-5
* 6-10
* 11-20
* More than 20
* Cannot estimate **→ *(If checked, answer question 91)***

**91. In the past six months, how many surveys (including this one) have *you personally* been asked to complete on behalf of your LHD? Include all surveys your LHD has received, including surveys from NACCHO or other associations, surveys from your state health agency or other government agencies, and surveys from academic researchers.**

* 1
* 2-5
* 6-10
* 11-20
* More than 20
* Cannot estimate

**Module 2**

**Emergency Preparedness**

|  |
| --- |
| **Definitions** |
| A **Tabletop Exercise** is a scenario-based discussion that permits evaluation of all or portions of the Emergency Operations Plan, through *oral interaction* and application of plan guidance. This is accomplished using minimal or no physical activity, with discussion often taking place around a table or tables |
| A **Functional Exercise** is a scenario-based execution of selected tasks or activities within a functional area of the Emergency Operations Plan. It also includes *actual movement of people and resources*, but includes fewer functions than a full-scale exercise and interaction with outside personnel and functions are simulated. |
| A **Full-Scale Exercise** is a scenario-based exercise that includes *all or most* of the functions and complex activities of the Emergency Operations Plan. It includes *actual movement of people and resources* to replicate real world response situations. It is typically conducted under very real-time constraints of an actual incident. |

**62. Which of the following emergency preparedness activities has your LHD conducted in the past year?** (Select all that apply)

* Developed or updated a written emergency plan
* Reviewed relevant legal authorities
* Participated in tabletop exercises or drills
* Participated in functional exercises or drills
* Participated in full-scale exercises or drills
* Assessed emergency preparedness competencies of staff
* Provided emergency preparedness training to staff
* None of the above
* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**63. 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.**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**64. 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 (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**65. Since September 2010, did your LHD…**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Respond to any actual all-hazards events | □ | □ **** **(*Skip question 66)*** |
| Participate in any exercises or drills (includes full-scale, functional and tabletop exercises) | □ | □ **** **(*Skip question 67)*** |

**66. Please describe your LHD’s response to actual all-hazards events since September 2010 (*excluding* drills, exercises, or non-emergency, pre-planned events).**

*(If multiple events of the same type were responded to since September 2010, report on the most severe event when responding to this question.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Event** | **LHD responded to this type of event** | **Was LHD the lead agency?** | **Did LHD use non-Emergency Preparedness staff to respond to this event?** | **Did LHD prepare an after-action report as a result of the response to this event?** | **Did LHD make changes to emergency preparedness plan?** |
| Influenza outbreak |  |  |  |  |  |
| Infectious disease other than influenza |  |  |  |  |  |
| Chemical spills or releases |  |  |  |  |  |
| Exposure to potential biological agent (E.g., white powder, suspicious package) |  |  |  |  |  |
| Food-borne outbreak |  |  |  |  |  |
| Natural disaster (includes tornado, hurricane, ice storm, fire, earthquake, flood, mudslide, etc.) |  |  |  |  |  |
| Radiological release event |  |  |  |  |  |
| Other event (Please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**67. Please describe your LHD’s participation in drills or exercises since September 2010.**

*(If multiple drills or exercises focusing on the same type of hazard took place since September 2010, report on the drill or exercise of largest scale.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard** | **Exercise or drill focused on this hazard** | **Was LHD the lead agency for the exercise or drill?** | **Did non-Emergency Preparedness staff participate in the exercise or drill?** | **Did LHD prepare an after-action report as a result of the exercise or drill?** | **Did LHD make changes to emergency preparedness plan?** |
| Influenza outbreak |  |  |  |  |  |
| Infectious disease other than influenza |  |  |  |  |  |
| Chemical spills or releases |  |  |  |  |  |
| Exposure to potential biological agent (e.g., white powder, suspicious package) |  |  |  |  |  |
| Food-borne outbreak |  |  |  |  |  |
| Natural disaster (includes tornado, hurricane, ice storm, fire, earthquake, flood, mudslide, etc.) |  |  |  |  |  |
| Radiological release event |  |  |  |  |  |
| Other event (Please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

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

* Yes, LHD engages volunteers from organized groups **→ *(If checked, answer question 69)***
* Yes, LHD recruits volunteers independently **→ *(If checked, answer question 70)***
* No **→ *(Skip question 69-71)***

**69.** For respondents who select “Yes, LHD engages volunteers from organized groups”

**From which organized groups does your LHD engage volunteers?** (Select all that apply)

* Community Emergency Response Team (CERT)
* Medical Reserve Corps
* American Red Cross
* Other organized volunteer groups

**70.** For respondents who select “Yes, LHD recruits volunteers independently”

**What types of volunteers does your LHD recruit independently?** (Select all that apply)

* Volunteers with specialized training
* Volunteers without specialized training

**71. Do you know the total number of volunteers in emergency preparedness registered with your LHD?** (Select only one)

* Yes, and that number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
* My LHD does not register volunteers

**Public Health Informatics**

**72. Indicate your LHD’s level of activity for each of the following information technology areas.** (For each row, select only one**)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IT Area** | **No activity** | **Have investigated** | **Planning to implement** | **Have implemented** |
| Electronic Health Records |  |  |  |  |
| Health Information Exchange |  |  |  |  |
| Immunization Registry |  |  |  |  |
| Electronic Disease Reporting System |  |  |  |  |
| Electronic Lab Reporting |  |  |  |  |

**73. 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 74)***

**74. For which of 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 (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**75. Please indicate which of the following communication channels your LHD uses.**

**For each communication channel selected, please indicate how your LHD uses them.** (Select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| **Communication Channel** | My LHD uses this communication channel. | **How does your LHD use this technology?** | |
| Communicate with  the public | Support internal  agency operations |
| **Blogs** | □ | □ | □ |
| **Facebook** | □ | □ | □ |
| **LinkedIn** | □ | □ | □ |
| **Twitter** | □ | □ | □ |
| **YouTube** | □ | □ | □ |
| **Other Social Media**  (Please specify)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | □ | □ | □ |
| **Text messaging** | □ | □ | □ |
| **Automated phone calling (e.g., robocalls)** | □ | □ | □ |
| **Email alert system** | □ | □ | □ |
| **Fax broadcast/fax blast** | □ | □ | □ |
| **None** | □ | □ | □ |
| **Don’t know** | □ | □ | □ |

**76. Does your LHD use social media as a source of data for surveillance activities?**

* Yes
* No

**77. In the past year, which of the following types of mobile technology tools did your LHD use?** (Select all that apply)

* Smartphones (e.g., iPhone, Blackberry, Droid)
* Electronic tablets (e.g., iPad)
* Other mobile tool (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Access to Healthcare Services**

**78. Check each activity below in which your LHD has participated in the past year to assure access to healthcare 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 |  |  |  |  |
| Addressed gaps through direct provision of clinical services in this healthcare category |  |  |  |  |
| Implemented strategies to increase accessibility of existing services (e.g. referrals) in this healthcare category |  |  |  |  |
| Implemented strategies to target healthcare needs of *underserved populations* in this healthcare category |  |  |  |  |
| Evaluated strategies to target healthcare needs of underserved populations in this healthcare category |  |  |  |  |

**Health Disparities**

|  |
| --- |
| **Definition** |
| Health disparities can be defined as differences in health status that occur among population groups. |

**79. Check each activity that your LHD has done in the past two years to address health disparities.** (Select all that apply)

* Describing health disparities in your jurisdiction using data
* Conducting original research that links health disparities to differences in social or environmental conditions
* Educating elected or appointed officials about health disparities and their causes
* Training your workforce on health disparities and their causes
* Offering staff training in cultural/linguistic competency
* Recruiting workforce from communities adversely impacted by health disparities
* Prioritizing resources and programs specifically for the reduction in health disparities
* Taking public policy positions on health disparities (through testimony, written statements, media, etc)
* Supporting community efforts to change the causes of health disparities
* None of the above

**Follow up Contact Information and Instructions for Submitting Survey**

Please complete this section only after all other sections of the survey have been completed. You can check to see which sections have been completed by clicking on the Table of Contents icon in the top left corner of the screen or by clicking the Main Menu button.

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