

# The 2008 National Profile of Local Health Departments Study Questionnaire

## Table of Contents

<u>Core</u>	<u>Page</u>
Introduction and Directions	2-3
Contact Information	4
Jurisdictional Information	5-6
Governance	7
Funding	8-9
Emergency Preparedness (funding and workforce)	10
Workforce - Top Executive	11-12
Workforce	13-15
Activities	16-22
Emergency Preparedness	23-24
Health Disparities	25
Community Health Assessment and Planning	26-27
 <u>Module 1</u>	
Performance and/or Quality Improvement	28-30
Operational Definition & Accreditation Preparation	31-32
Promoting Public Health and Local Health Departments	33-35
LHD Web site	36
Use of Profile	37
 <u>Module 2</u>	
Workforce and Human Resources	38-39
Core Competencies	40
LHD Interaction with Academic Institutions	41
Internal Agency Strategic Planning	42
Regionalization	43
Information Technology	44-45
 <u>Module 3</u>	
Community Health Assessment and Health Improvement Planning	46-47
Essential Services and Activities	48
Land Use Planning	49
Policy-making and Advocacy	50-51
Partnership and Collaboration	52-53
Access to Health Care Services	54
 Questionnaire Completion (Part of Core)	55-56

*Note: Core questionnaire was sent to all local health departments (LHDs); one of the three modules was also included for some randomly selected LHDs.*

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

Please complete and submit all your responses by August 15, 2008.

## **Report Findings:**

- Data from this Profile will be analyzed and published. NACCHO anticipates publications being available in mid-2009.
- A report that highlights key findings will be available on NACCHO's Web site.
- 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.
- NACCHO will make these data available to researchers who agree to NACCHO's data use policy and whose research will benefit public health practice.
- Visit the Profile web page for more information about the Profile data use policy and publicly available data at: [www.NACCHO.org/Profile](http://www.NACCHO.org/Profile)

Your participation and effort are sincerely appreciated!

# 2008 Profile of LHDs



**Instructions: Please complete the entire questionnaire by August 15, 2008.**

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 “Finished” button.

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

Some local health departments 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.

## **Features of the Profile Questionnaire:**

Definitions are provided for many terms used in the Profile questionnaire. These words or phrases will appear in bold face with a double underline. Clicking on a double-underlined term will pop up a window containing the definition. Note that this feature works best in Internet Explorer. The printable version contains all definitions in shaded boxes. The survey index (online) provides a way to track your progress in completing the Profile questionnaire and is especially helpful if you have assigned sections to other staff members. The index will indicate whether the section has not been started, is in progress, or has been completed.

## **Submitting the Profile Questionnaire:**

When you have completed all sections of your Profile questionnaire online, the “Conclusion” link at the bottom of the survey index will become active. 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.

After submission, you will receive a copy of your responses by email. You will also be able to download or print a copy of all of your responses. These options will only be available after you click the “Finished” button.

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; Second Floor  
Washington, DC 20036

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

**Technical Assistance: If you experience problems with the Profile questionnaire, please contact the Profile Team at 800-758-6471 or [profile@naccho.org](mailto:profile@naccho.org).**

## Contact Information

LHD Name \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Web Site \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

## Jurisdictional Information

### Geographic jurisdiction served:

(select only one)

- ☐ City
- ☐ County
- ☐ City/County
- ☐ Town/Township
- ☐ Multi-county, district, region
- ☐ State
- ☐ Other (specify) \_\_\_\_\_

**If multi-county, district, or region, provide the names of all jurisdictions (county, city, town) served by your LHD (e.g., X County, Y County and Z County)**

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## Jurisdictional Information

**Total Population of your jurisdiction**

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### **Racial composition of your jurisdiction (%)**

<hr/>	<b>White</b>
<hr/>	<b>Black or African American</b>
<hr/>	<b>American Indian/Alaska Native</b>
<hr/>	<b>Asian</b>
<hr/>	<b>Native Hawaiian or Other Pacific Islander</b>
<hr/>	<b>Some Other Race</b>
<hr/>	<b>Two or More Races</b>

### **Ethnic composition of your jurisdiction.**

**Hispanic or Latino**

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 %

Please provide any additional information on the population of your jurisdiction, including year of any estimate given above.

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## Governance

**Who has the authority to do each of the following in your jurisdiction? (select all that apply)**

The category "County Government" includes (but is not limited to) County Council, County Commissioners, Board of Supervisors, or the County Executive.  
The category "City/Town Government" includes (but is not limited to) City or Town Council, Board of Selectmen, Mayor, or Town Manager.

	Local Board of Health	County Government	City/Town Government	State Health Agency	Other
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					

**If you specified "other" for any of the above, please indicate who has the authority.**

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**Describe your local board of health, if any.**

(select all that apply)

- ☐ No local board of health
- ☐ Members **appointed** specifically to serve on the local board of health
- ☐ Members **elected** specifically to serve on the local board of health
- ☐ Members **designated by statute** to serve on the local board of health based on an **elected** position (e.g., county commissioner, mayor, township trustee, etc.)
- ☐ Members **designated by statute** to serve on the local board of health based on a **non-elected position** (e.g., school superintendent, municipal administrator, etc.)

# 2008 Profile of LHDs



## Funding

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

\_\_\_\_\_

For your most recently completed fiscal year, what were the LHD's total *expenditures*?  
Amount (Enter whole number):

\_\_\_\_\_

For your most recently completed year, what were the LHD's total *revenues*?  
Amount (Enter whole number):

\_\_\_\_\_

For *your most recently completed fiscal year*, what were the total revenues (enter whole number in dollars) from:

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

\$ _____	City/township/town sources
\$ _____	County sources
\$ _____	State sources (EXCLUDING pass-through from Federal)
\$ _____	Federal sources (passed through by State)
\$ _____	Federal sources (direct)
\$ _____	Medicaid
\$ _____	Medicare
\$ _____	Private foundations
\$ _____	Private health insurance
\$ _____	Patient personal fees
\$ _____	Regulatory fees
\$ _____	Tribal sources
\$ _____	Other (specify below)

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

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



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

## Emergency Preparedness Funding

**What amount of funds did you receive from your state health agency through the CDC public health emergency preparedness cooperative agreement?**

- Report funds received during the most recently completed cooperative agreement year (August 31, 2006 to August 30, 2007).
- Include only funds received by your LHD DIRECTLY, not funds spent or retained by your state health agency for the benefit of LHDs.
- Enter “0” if your LHD did not receive funds from one of these categories.

_____	<b>Base - CDC emergency preparedness funding (August 31, 2006 to August 30, 2007) -- amount</b>
_____	<b>Pandemic Flu - CDC emergency preparedness funding (August 31, 2006 to August 30, 2007) -- amount</b>
_____	<b>Cities Readiness Initiative (CRI) - CDC emergency preparedness funding (August 31, 2006 to August 30, 2007) amount</b>

**Currently, are any LHD staff salaries (regular or contract staff) supported using funds your LHD receives from your state health agency through any of the CDC public health emergency preparedness cooperative agreement?**

(select only one)

- ☐ No staff time supported by this funding source.
- ☐ Yes, FTE staff supported by this funding source.

**If yes, how many FTE staff (regular or contract staff) are supported by this funding source?**

- To calculate FTEs, count a full-time employee as 1 FTE, a half-time employee as a 0.5 FTE, etc.

\_\_\_\_\_

# 2008 Profile of LHDs

## Workforce – Top Executive

Name of your LHD's top executive: \_\_\_\_\_

Title of your LHD's top executive: \_\_\_\_\_

What date did the top executive assume this position?

\_\_\_\_\_ Month (MM)

\_\_\_\_\_ Year (YYYY)

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

(select only one)

- ☐ Yes
- ☐ No
- ☐ Unknown

What is the work status for this position?

(select only one)

- ☐ Full-time
- ☐ Part-time

What is the race of the person in this 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

What is the ethnicity of the person in this position?

(select only one)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

What is the gender of the person in this position?

- ☐ Male
- ☐ Female

What is the age of this person? (enter whole number) \_\_\_\_\_

## Workforce – Top Executive Education and Licensure

Indicate all degrees that your top executive holds:  
(Select all that apply)

### Associate Degree

- ☐ AD/ASN

### Bachelors Degree

- ☐ BA  
☐ BS  
☐ BSN

### Masters Degree

- ☐ MPH  
☐ MSN  
☐ MBA  
☐ Other (specify) \_\_\_\_\_

### Doctoral Degree

- ☐ MD  
☐ DO  
☐ DNS  
☐ DrPH  
☐ DDS  
☐ DVM  
☐ JD  
☐ PhD (specify field) \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

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

- ☐ LPN/LVN  
☐ RN  
☐ MD  
☐ RD  
☐ REHS/RS  
☐ None  
☐ Other (specify) \_\_\_\_\_

## Workforce

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

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

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**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.

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**What does the FTE number at your LHD include?**

- ☐ Currently filled positions only
- ☐ Currently funded positions (whether or not filled)
- ☐ Currently authorized positions (whether or not filled)
- ☐ Other (Specify \_\_\_\_\_)
- ☐ Unknown

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

- Include regular full-time, part-time, and contractual employees.
- Round to the nearest whole percentage point.

(Your responses should total 100%)

_____	%	<b>White</b>
_____	%	<b>Black or African American</b>
_____	%	<b>American Indian/Alaska Native</b>
_____	%	<b>Asian</b>
_____	%	<b>Native Hawaiian or Other Pacific Islander</b>
_____	%	<b>Some Other Race</b>
_____	%	<b>Two or More Races</b>
_____	%	<b>Missing data on race</b>

# 2008 Profile of LHDs

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

- Include regular full-time, part-time, and contractual employees.
- Round to the nearest whole percentage point.

(Your responses should total 100%)

\_\_\_\_\_ % **Hispanic or Latino**  
\_\_\_\_\_ % **Not Hispanic or Latino**  
\_\_\_\_\_ % **Missing data on Hispanic/Latino ethnicity**

What percentage of staff working at your LHD is in each gender category?

- Include regular full-time, part-time and contractual employees.
- Round to the nearest whole percentage point.

(Your responses should total 100%)

\_\_\_\_\_ % **Female**  
\_\_\_\_\_ % **Male**  
\_\_\_\_\_ % **Missing data on gender**

# 2008 Profile of LHDs

## 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.
  - 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.**

	Does your LHD currently employ staff in this classification?		Number of FTEs currently employed	Data on FTEs not available
	Yes	No		
Health service managers, administrators, health directors				
Registered Nurse (e.g., public health nurse, school nurse, community health nurse, nurse practitioner)				
Physician				
Environmental health specialist (sanitarian)				
Other environmental scientists or technicians				
Epidemiologist				
Health educator				
Nutritionist				
Information systems specialist				
Public information specialist				
Behavioral health professional (e.g. counselor, public health social worker)				
Emergency preparedness coordinator				
Administrative or clerical personnel				

## Activities

For each activity in the charts below and on the following pages, check all that apply, to include **EVERYONE** who has conducted the activity in your jurisdiction during the past year.

- Indicate whether your LHD performs the activity, contracts out for it, or both.
- Check all of the other agencies that perform any aspect of that activity in your jurisdiction, even for activities that your LHD also performs.
- If a service or activity is not available in your jurisdiction, check that option.

The category “done by someone else” includes non-profit organizations, private physicians, and other non-governmental entities.

## Immunization

Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
Adult Immunizations							
Childhood Immunizations							



## Screening for diseases/conditions

**Check all that apply.**

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
HIV/AIDS							
Other STDs							
Tuberculosis							
Cancer							
Cardiovascular disease							
Diabetes							
High blood pressure							
Blood lead							

## Treatment for communicable diseases

**Check all that apply.**

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
HIV/AIDS							
Other STDs							
Tuberculosis							

## Maternal and Child Health

Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
Family planning							
Prenatal care							
Obstetrical care							
WIC							
MCH home visits							
EPSDT							
Well Child Clinic							

## Other Health Services

Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
Comprehensive primary care							
Home health care							
Oral health							
Behavioral/mental health services							
Substance abuse services							

## Epidemiology and Surveillance Activities

Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
Communicable/infectious disease							
Chronic disease							
Injury							
Behavioral risk factors							
Environmental health							
Syndromic surveillance							
Maternal and child health							

## Population-based Primary Prevention Activities

Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
Injury							
Unintended pregnancy							
Chronic disease programs							
Nutrition							
Physical activity							
Violence							
Tobacco							
Substance abuse							
Mental illness							

## Regulation, Inspection and/or Licensing Activities

Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
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

Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
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

Check all that apply.

	Performed by LHD directly	Contracted out by LHD	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
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							

## Emergency Preparedness

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 **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.

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.

To be **NIMS compliant** is to follow the directives of the most recent version of the National Incident Management System and to have such directives formally adopted by the agency.

### EMERGENCY PREPAREDNESS: CORE COMPETENCIES FOR ALL PUBLIC HEALTH WORKERS

1. **Describe** the public health role in emergency response in a range of emergencies that might arise.
2. **Describe** the chain of command in emergency response.
3. **Identify** and **locate** the agency emergency response plan (or the pertinent portion of the plan).
4. **Describe** his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.
5. **Demonstrate** correct use of all communication equipment used for emergency communication (phone, fax, etc.)
6. **Describe** communication role(s) in emergency response.
7. **Identify** limits to own knowledge/skill/authority and **identify** key system resources for referring matters that exceed these limits.
8. **Recognize** unusual events that might indicate an emergency and **describe** appropriate action.
9. **Apply** creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

### Which of the following emergency preparedness activities has your LHD conducted in the past year?

(select all that apply)

- ☐ Updated a written emergency response plan based on recommendations from an exercise After Action Report (AAR)
- ☐ Developed or updated pandemic flu preparedness plans
- ☐ Reviewed relevant legal authorities to isolate and/or quarantine individuals, groups, facilities, animals, and food products
- ☐ Participated in drills or exercises: tabletop
- ☐ Participated in drills or exercises: functional
- ☐ Participated in drills or exercises: full-scale
- ☐ Assessed emergency preparedness competencies of staff based on the nine core Emergency Preparedness Competencies and the agency's all-hazards response plan
- ☐ Provided emergency preparedness training to staff on NIMS compliance
- ☐ None of the above

**Which of the following emergency preparedness activities has your LHD conducted?**

(select all that apply)

- ☐ Developed or enhanced a local Medical Reserve Corps (MRC)
- ☐ Developed written mutual aid agreements with neighboring or regional LHDs
- ☐ Selected a method or methods for providing mass prophylaxis to the public.
- ☐ None of the above

**Did your LHD participate in any events in the past year that resulted in the activation of a jurisdictional or local health department Emergency Operations Center (EOC)?** (select all that apply)

- ☐ No
- ☐ Yes, for drills and/or exercises
- ☐ Yes, for non-emergency, pre-planned event (e.g., flu clinic)
- ☐ Yes, in response to emergency

**If your LHD responded to any emergencies in the past year that resulted in the activation of a jurisdictional or local health department Emergency Operations Center (EOC), please indicate the type of precipitating event**

- **Do NOT include activation of an EOC for the purpose of an exercise or drill, or a non emergency, pre-planned event.**

(select all that apply)

- ☐ Chemical spills or releases
- ☐ Water-borne outbreaks
- ☐ Infectious disease (e.g., Hepatitis outbreak, TB outbreak)
- ☐ Food-borne outbreaks
- ☐ Natural disasters & severe weather
- ☐ Radioactive material spill or leak
- ☐ Exposure to biological agent (e.g., anthrax, plague)
- ☐ Other (specify) \_\_\_\_\_



## Health Disparities

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

**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
- ☐ 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

## 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.

### Has a community health assessment been completed within the last three years?

(select only one)

- ☐ Yes, developed primarily by LHD
- ☐ Yes, developed by coalition with LHD as lead organization
- ☐ Yes, developed by coalition with LHD as equal partner
- ☐ Yes, developed by coalition with some LHD involvement
- ☐ Yes, without involvement by LHD
- ☐ No

### Do you plan to complete a community health assessment within the next three years?

(select only one)

- ☐ Yes
- ☐ 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 governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

### Did your LHD participate in developing a health improvement plan for your community within the last three years?

- ☐ Yes
- ☐ No (If no, skip to the next page).

**If your LHD participated in developing a health improvement plan for your community, was the plan developed using the results of a community health assessment?**

- ☐ Yes
- ☐ No

**If your LHD participated in developing a health improvement plan for your community, is the plan linked to the state health improvement plan?**

- ☐ Yes
- ☐ No

# 2008 Profile of LHDs



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. (select all that apply)

Abbreviation Key for the following items:

MAPP = Mobilizing for Action through Planning and Partnerships

APEX PH = Assessment Protocol for Excellence in Public Health

PACE EH = Protocol for Assessing Community Excellence in Environmental Health

NPHPSP = National Public Health Performance Standards Program

PATCH = Planned Approach to Community Health

	Have not used	Used as a reference	Implemented in collaboration with other tools	Implemented independent of other tools
MAPP				
APEX PH				
PACE EH				
NPHPSP				
PATCH				
State-specific tool				
Operational Definition of LHD				
Healthy People 2010				
Other				

If other, please describe \_\_\_\_\_

## Performance and/or Quality Improvement

**Performance Improvement** (often referred to as quality improvement or performance management) is a deliberate, defined process that seeks to achieve measurable improvements in capacity, programs or services with the goal of impacting the health of the community.

**Has your LHD undertaken any formal quality improvement or performance improvement efforts in the past two years?**

(select only one)

☐ Yes

☐ No (**If no, please skip the next two pages, and continue with the Operational Definition section.**)

The chart below shows performance improvement components and seven areas in which these components might be applied. For each area, go down the column and check each component that is included in your LHD's performance improvement efforts for that area. (select all that apply)

**Performance Standards** are generally accepted, objective forms of measurement that serve as a rule or guideline against which an organization's level of performance can be compared.

**Performance Measures** are any quantitative measures or indicators of capacities, processes, or outcomes relevant to the assessment of an established performance goal or standard.

**Reporting of progress** means documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.

**Quality improvement process** is the systematic examination of specific processes in order to improve them. Guiding principles of quality improvement include teamwork, attention to systems and processes, client focus, and measurement.

	Human Resources	Data and Information Systems	Customer Focus & Satisfaction	Financial Systems	Management Practices	Public Health Capacity	Health Status
Performance Standards							
Performance Measures							
Reporting of Progress							
Quality Improvement Process							
None of the above							

Indicate the extent to which the following tools and techniques have been used in your LHD's quality improvement efforts in the past year.

	Never	Once or twice	Three or four times	Five times or more	Do not know
Process map					
Fishbone or equivalent diagram to identify root causes					
Control chart					
Plan-do-study-act cycle					

# 2008 Profile of LHDs

**There are many different frameworks or approaches to quality or performance improvement. Check each framework or approach to quality improvement that your LHD has used over the past two years.**

(select all that apply)

- ☐ Baldrige Performance Excellence Criteria (or state version)
- ☐ Balanced Scorecard
- ☐ ISO 9000
- ☐ Lean
- ☐ Six Sigma
- ☐ TQM (Total Quality Management)
- ☐ Turning Point Performance Management Framework
- ☐ No specific framework or approach
- ☐ Other (specify) \_\_\_\_\_

**Has your LHD designated a quality improvement officer?**

(select only one)

- ☐ Yes
- ☐ No

**Has your LHD applied for or received any awards for its quality improvement efforts?**

(select only one)

- ☐ Applied for award
- ☐ Received award
- ☐ Neither
- ☐ Do not know

**How many managers in your LHD have received formal training in quality improvement methods?**

(select only one)

- ☐ None
- ☐ Some
- ☐ All
- ☐ Do not know

**How many managers in your LHD have provided quality improvement training to their staff members?**

(select only one)

- ☐ None
- ☐ Some
- ☐ All
- ☐ Do not know

## Operational Definition & Accreditation Preparation

NACCHO published the Operational Definition of a Functional Local Health Department (Operational Definition) in 2005. It is cited as the framework for accreditation standards for local health departments.

### Indicate your LHD's awareness of the Operational Definition.

(select all that apply)

- ☐ Not aware of the Operational Definition
- ☐ Aware of the Operational Definition but have not reviewed it
- ☐ One or more staff members have reviewed the Operational Definition
- ☐ Operational Definition has been used to educate staff
- ☐ Operational Definition has been used in a strategic planning process
- ☐ Operational Definition has been used to conduct an agency self-assessment
- ☐ Operational Definition has been discussed with Board of Health or other governing body
- ☐ Other (specify) \_\_\_\_\_

Development of a voluntary national accreditation program (VNAP) for state and local health departments is underway. The Public Health Accreditation Board and its workgroups are currently developing the program, which will be available in 2011.

	Not at all Familiar		Very Familiar		
	1	2	3	4	5
Indicate your LHD's familiarity with a voluntary national accreditation program (VNAP) for state and local health departments.					

**(If not at all familiar (1), please skip the next page and continue with the Promoting Public Health and Local Health Departments section.)**

**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)
- ☐ Public Health Accreditation Board (PHAB)
- ☐ State association of local health departments
- ☐ State health agency
- ☐ Other organization (specify) \_\_\_\_\_

**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

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.					
Our LHD would seek accreditation under a voluntary national accreditation program within the first two years of the program (2011-2012).					



## Promoting Public Health and Local Health Departments

Indicate how frequently your LHD has engaged in any of the activities listed below during the past year.

	Never	Less than once a month	At least once a month	At least once a week
Ran print advertisements				
Ran radio advertisements				
Ran television advertisements				
Worked with reporters proactively to gain media coverage for your LHD				
Responded to unsolicited press inquiries				

Are you familiar with the logo and tagline that NACCHO developed for local governmental public health?



**Public Health**  
Prevent. Promote. Protect.

☐ Yes

☐ No

**Has your LHD used the logo and tagline for local governmental public health?**

(select only one)

- ☐ Yes
- ☐ No **(If no, skip the next question.)**

**In what ways has your LHD used the logo?**

(select all that apply)

- ☐ As the primary organizational logo
- ☐ As a collateral or secondary logo (using the public health logo in addition to your LHD's existing logo)
- ☐ In email signatures
- ☐ On communication materials (press releases, brochures, posters, presentations, cable broadcasts and other)
- ☐ On agency letterhead or business cards
- ☐ On the agency website
- ☐ On staff apparel (shirts, hats, buttons or patches, jackets, vests)
- ☐ On departmental vehicles
- ☐ Other (specify) \_\_\_\_\_

**(Please skip the next two questions and continue with the LHD Web site section on the next page.)**

**What are the reasons that your LHD has not used the logo?**

(select all that apply)

- ☐ My LHD did not know the logo existed and was available for use
- ☐ My LHD is uncertain how to use this logo for public health promotion
- ☐ My LHD already has a logo and does not wish to add the national logo
- ☐ Using this logo requires my LHD to get approval from the county and/or state
- ☐ My LHD doesn't feel strongly about a universal identity for local public health
- ☐ My LHD doesn't understand the purpose of the logo or what it represents
- ☐ My LHD doesn't like the appearance of the logo
- ☐ Adopting the logo is cost-prohibitive
- ☐ Other (specify) \_\_\_\_\_

**Which of the following would encourage your LHD to begin using the logo?**

(select all that apply)

- ☐ Technical assistance in using the logo
- ☐ More documentation and examples of LHDs that are currently using the logo
- ☐ More communication from NACCHO explaining the purpose of the logo
- ☐ A national campaign to promote the visibility of public health
- ☐ None of the above

## LHD Web site

### Describe your local LHD Web site or Web page:

(select all that apply)

- ☐ My LHD does not have a local Web site or Web page
- ☐ Provides telephone and/or e-mail contact information for the various services LHD provides
- ☐ Provides information about the various services LHD provides
- ☐ Includes links or contact information for other public health partners in the community
- ☐ Offers resource information (Resource directories: health services, child care)
- ☐ Includes a number of links to other sources of consumer health information for the public (e.g., Medline Plus, CDC information)
- ☐ Provides community health information (e.g., data, reports, and plans)
- ☐ Reports results of local restaurant inspections
- ☐ Offers ability to conduct surveys online
- ☐ Regulated entities can download commonly used forms from our LHD web site
- ☐ Regulated entities can submit forms or other information electronically via our LHD web site

### How often is your local Web site or Web page updated?

(select only one)

- ☐ No local Web site or Web page
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Other (specify) \_\_\_\_\_

## Use of Profile

**Check each statement that describes how your LHD's staff members have used reports or presentations from the 2005 Profile study.**

(select all that apply)

- ☐ No staff members have seen any reports or presentations from the 2005 Profile study.
- ☐ One or more LHD staff have reviewed reports or presentations from the 2005 Profile results.
- ☐ LHD staff members have discussed reports or presentations from the 2005 Profile study.
- ☐ LHD staff members have used reports or presentations from the 2005 Profile study to compare our LHD to others.
- ☐ LHD staff members have used information from the 2005 Profile study in a report or presentation.
- ☐ Other (specify) \_\_\_\_\_

## Workforce and Human Resources

**Has your LHD determined the percentage of your workforce that will be eligible for retirement within five years?**

(select only one)

☐ Yes

☐ No

**If yes, what percentage of your LHD's workforce will be eligible for retirement within five years?**

\_\_\_\_\_ %

**If no, please estimate the percentage of your LHD's workforce that will be eligible for retirement within five years. (If you cannot estimate, leave this item blank.)**

\_\_\_\_\_ %

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

\_\_\_\_\_

**Has your LHD tabulated data on the age of LHD employees?**

(select only one)

☐ Yes

☐ No

**In the past year, has your LHD experienced any hiring freezes?**

(select only one)

☐ Yes

☐ No

**Currently, how many funded full-time equivalent positions for RNs in your LHD are vacant? List as FTEs.**

---

**Does your LHD have a specific line item in its budget for training of agency staff?**  
(select only one)

- ☐ Yes
- ☐ No

**Does your LHD have a designated staff person responsible for coordination of training of LHD staff?**  
(select only one)

- ☐ Yes
- ☐ No

**Who is responsible for recruiting staff for your LHD?**  
(select all that apply)

- ☐ Human resources professional at your LHD
- ☐ Someone else at your LHD
- ☐ City or county government human resources department
- ☐ State health agency
- ☐ Other (specify) \_\_\_\_\_

**Immediately prior to assuming the top executive position, what position did the LHD's current top executive hold?**  
(select only one)

- ☐ Top executive at another LHD
- ☐ Another position at current LHD
- ☐ Position other than top executive at another LHD
- ☐ Position in a state health agency
- ☐ Position at a government agency other than public health
- ☐ Some other position
- ☐ Do not know

## Core Competencies

A number of sets of competencies related to public health practice have been developed.

Indicate:

1. ALL of the sets of competencies with which you are familiar and,
2. If and how your LHD has used each set.

	Are you familiar with these competencies?		Has your LHD used these competencies? (check all that apply )				
	Yes	No	Have not used	Assessing staff competencies	Developing training plans	Preparing job descriptions	Other use
Core competencies for public health workers (Council on Linkages) <a href="http://www.phf.org/Link.htm">http://www.phf.org/Link.htm</a>							
Emergency preparedness competencies for all public health workers (Columbia University) <a href="http://www.cumc.columbia.edu/dept/nursing/chphsr/pdf/btcomps.pdf">http://www.cumc.columbia.edu/dept/nursing/chphsr/pdf/btcomps.pdf</a>							
Public health informatics competencies (Northwest Center for Public Health Practice) <a href="http://www.nwcp.org/resources/phicomps.v1">http://www.nwcp.org/resources/phicomps.v1</a>							



## LHD Interaction with Academic Institutions

Some LHDs may partner or interact with accredited schools of public health or other academic institutions (such as universities, colleges, or community colleges) in many different ways. Check each activity in which your LHD has been engaged in the past year with either a school of public health or other type of academic institution. (select all that apply)

	Accredited Schools or Programs of Public Health	Other Four Year Academic Institutions	Two-Year Colleges
LHD staff have taken public health-related classes or workshops offered by institution (include online classes)			
LHD staff serve as faculty (regular, adjunct, or guest)			
LHD accepts students from institution as trainees, interns, or volunteers			
LHD offers student practicums through the institution			
LHD actively recruits graduates from programs with which you have a training relationship			
Faculty/staff from institution have conducted program evaluation with LHD			
Faculty/staff from institution have served in a consulting role for LHD other than in program evaluation			
LHD has participated in a research project with the institution			
Academic institution staff serve on LHD advisory group			
LHD staff serve on an academic institution advisory board			

## Internal Agency Strategic Planning

**Did your LHD engage in comprehensive, agency-wide internal strategic planning in the past three years?**

(select only one)

☐ Yes

☐ No

**Describe your LHD's comprehensive, agency-wide internal strategic planning efforts in the past three years.**

(select all that apply)

☐ LHD did not conduct any comprehensive, agency-wide internal strategic planning efforts in the past three years

☐ LHD conducted an organizational capacity self-assessment

☐ LHD developed an organizational strategic plan

☐ LHD developed a mission and/or guiding principles

☐ LHD set specific measureable goals related to agency performance

☐ LHD set specific measureable goals related to community health status

☐ LHD made changes in resource allocation to support priorities identified in strategic plan

☐ LHD acquired new resources to support priorities identified in strategic plan

☐ Other (specify) \_\_\_\_\_

## Regionalization

**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 **(If no, skip to the next page and continue with the Information Technology section.)**

**For which services or functions does your LHD share resources with one or more other LHDs?**

(select all that apply)

- ☐ Emergency preparedness
- ☐ Epidemiology or surveillance
- ☐ Inspections
- ☐ Clinical services
- ☐ Administrative services
- ☐ Other (specify) \_\_\_\_\_

**Which of the following best describes the nature of the agreements to share services or functions with other LHDs?**

(select only one)

- ☐ Formal written agreements
- ☐ Informal agreements
- ☐ Some formal and some informal

## Information Technology

**Who controls the following aspects of information management for your local health department?**  
**If control is shared, check all that apply.**

	Your LHD	City/County IT Department	State Health Agency	Other Organization (Specify)
Hardware allocation and acquisition				
Software selection				
Data management				
IT system security				

Data standards are the common language that allows information to be shared electronically across information systems.

IT related disaster recovery is the process, policies and procedures critical to the resumption of business, including regaining access to data (records, hardware, software, etc.)

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

	Not aware	Aware	Investigating or have investigated	Planning to implement	Have implemented
Electronic health records					
(Regional) Health Information Exchanges (HIEs or RHIOs)					
Use of IT in the field (e.g., handhelds, laptops, tablet notebooks)					
Wireless access to LHD network					
IT disaster recovery planning					
National Health IT data standards initiatives					

## 2008 Profile of LHDs

For each activity, indicate whether the program activity or service is conducted in your LHD and, if yes, how the records are kept.

	Conducted at LHD?		If yes, how are records kept?			
	Yes	No	Please check all that apply.			
			Paper	Spreadsheet (e.g., MS Excel)	Local Relational Database (e.g., MS Access)	Shared database (e.g., web based or special server)
Childhood immunization						
Reportable diseases						
Vital records						
Laboratory reporting						
Outbreak management						
Restaurant inspections						
Water wells (licensing and/or testing)						

## Community Health Assessment and Health Improvement Planning

**Which of the following types of data were included in your most recent community health assessment?**

(select all that apply)

- ☐ Jurisdiction has not done a community health assessment
- ☐ Demographic characteristics (e.g., age, gender, race, ethnicity)
- ☐ Socioeconomic characteristics (e.g., education, employment, income)
- ☐ Health resource availability (e.g., health insurance, access to healthcare services)
- ☐ Quality of life
- ☐ Behavioral risk factors
- ☐ Environmental health indicators
- ☐ Social and mental health
- ☐ Maternal and child health
- ☐ Death, illness and injury
- ☐ Infectious disease
- ☐ Other

**Have you taken any of the following actions in the past three years to implement your community health improvement plan?**

(select all that apply)

- ☐ My community has not developed a community health improvement plan
- ☐ Established priorities for your LHD
- ☐ Set goals for LHD performance
- ☐ Set goals for community health outcomes
- ☐ Reallocated resources within existing budget to support priorities
- ☐ Sought additional resources to support priorities
- ☐ Increased LHD funding for one or more priorities
- ☐ Participated in a coalition(s) to address one or more priorities
- ☐ Developed or strengthened relationships with community partners
- ☐ Advocated for other community partners to establish or increase activities to support priorities
- ☐ Developed performance measures to monitor implementation of the plan
- ☐ Measured progress to Healthy People 2010 goals
- ☐ Other
- ☐ No action taken

# 2008 Profile of LHDs

For each source of data on health status, please indicate any types of data that are available for your jurisdiction, and whether available data are analyzed by the characteristics in the top row of the table.

	Available for your jurisdiction		If yes, indicate whether the data have been analyzed by the characteristics below					
	Yes	No	Check all that apply.					
			Age	Sex	Income and/or Education	Race and/or Ethnicity	Contextual (e.g., neighborhood analysis)	Primary language spoken
Vital statistics: deaths								
Vital statistics: birth outcomes								
Hospital discharges								
Behavioral risk factors								
Health department clinical data								
Disease outbreak investigation								

## Essential Services and Activities

The chart below shows the ten essential public health services and six public health program areas in which these services might be applied. For each program area, go down the column and check each service which your LHD has employed in support of that program area during the past year.

	Tobacco Prevention & Control	Emergency Preparedness & Response	Influenza	Obesity	Indoor Air Quality	Land Use Planning
Community health assessment						
Diagnose and investigate health problems in the community						
Health education/risk reduction						
Community engagement						
Planning & policy development						
Enforcing laws and regulations						
Outreach, referral or services						
Workforce training & development						
Evaluation & quality improvement						
Research						
No LHD activity in this program area						



## Land Use Planning

**Indicate any areas of LHD activity or involvement in the past year.**

(select all that apply)

- ☐ Access to healthy food resources
- ☐ Discourage the location of alcohol sales within neighborhoods
- ☐ Access to trails
- ☐ Access to or protection of parks and recreation
- ☐ Access to or protection of nature or open space
- ☐ Protection of productive agricultural land
- ☐ Safe, convenient walking or biking access to community resources (e.g., park, recreation, natural, open space, grocery, library or health care resources) and employment
- ☐ Connecting safe walking and biking routes with mass transit options
- ☐ Neighborhoods that meet life needs without car use
- ☐ Road designs that support and encourage walking and biking
- ☐ Safe routes to school
- ☐ School locations encourage walking and biking (neighborhood schools)
- ☐ Use of school grounds for other community activities
- ☐ Balanced availability of local jobs, retail and housing
- ☐ Green Building / Ecological sustainability (non-toxic, energy efficient, environmentally regenerative development)
- ☐ Ecological Sanitation (non-emissions/reuse-based, ecologically regenerative water and sanitation management)
- ☐ Ecological waste management (e.g., composting or zerowaste programs)
- ☐ Urban remediation
- ☐ Other
- ☐ None of the above

**Does your LHD have a designated staff person(s) focused on public health and land use policy?**

(select only one)

- ☐ Yes
- ☐ No

## Policy-making and Advocacy

**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				

**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

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

(select only one)

- ☐ Yes
- ☐ No

**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

# 2008 Profile of LHDs

## Partnership and Collaboration

We are interested in knowing about your LHD's collaborations with other organizations. Check each way that your LHD has worked with each organization in the past year. For each organization, check all that apply. If the organization does not exist within your community service area, check N/A. (select all that apply)

	Shared Personnel/ Resources	Written agreement	Regularly scheduled meetings	Exchange information	No relationship	N/A
Hospitals						
Physician Practices /Medical Groups						
Community Health Centers						
Other health care providers						
Health insurers						
Emergency responders						
Local planning agency						
Economic and community development agencies						
Housing agencies						
Utility companies/agencies						
Environmental and conservation organizations						
Cooperative extensions						
Schools						
Parks and recreations						
Transportation						
Faith communities						
Libraries						
Colleges or universities						
Business						
Media						
Tribal gov't agencies						
Criminal justice system						
Health voluntaries						
Community-based Nonprofits						

### Working with Community Partners

For the purpose of this question, "partners" includes both governmental and non-governmental organizations as well as individuals in your community.

**We are interested in how your LHD is working with community partners. Check each activity that your LHD staff has done in the past year.**

(select all that apply)

- ☐ Developed or updated list of healthcare providers and contact information
- ☐ Developed or updated list of other organizations providing public health-related services and contact information
- ☐ Provided data to partners on the community's health
- ☐ Sought information relevant to the community's health from partners
- ☐ Used information provided by community partners in community health assessment
- ☐ Collaborated with a partner to implement a health education or health promotion effort
- ☐ Discussed public health issues and policy with partners
- ☐ Exchanged information on violations of public health-related laws, regulations, or ordinances
- ☐ Provided training on effective public health practices to partners
- ☐ Reviewed the effectiveness of public health interventions provided by partners
- ☐ Served on a committee or other group at request of community partner
- ☐ None of the above

### Access to Health Care Services

**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)

- ☐ Assessed the availability of personal health care services in your jurisdiction
- ☐ Identified barriers to personal health care services in your jurisdiction
- ☐ Engaged the community to discuss unmet personal health care service needs
- ☐ Collaborated with community partners to fill gaps or reduce barriers
- ☐ Implemented strategies to increase accessibility of existing services
- ☐ Routinely made referrals to healthcare providers
- ☐ Implemented strategies to target healthcare needs of underserved populations
- ☐ Provided clinical services
- ☐ None of the above

## Completing the Profile Questionnaire

**Approximately how many individuals in your LHD contributed responses to your LHD's Profile questionnaire?**

**Number of contributors:** \_\_\_\_\_

**Check all of the types of individuals who contributed responses to your LHD's Profile questionnaire.**

(select all that apply)

- ☐ Top executive
- ☐ Other management staff
- ☐ Human resources staff
- ☐ Accounting staff
- ☐ Staff from LHD programmatic areas
- ☐ Administrative/clerical staff

**How did your staff members complete the Profile questionnaire?**

(select only one)

- ☐ Staff members used the Web link to access the questionnaire and completed their assigned questions on-line.
- ☐ Staff members completed their assigned sections on a hard copy questionnaire or in Word and someone else entered this information on-line using the Web link.
- ☐ Some staff members used each of these methods.
- ☐ Did not use Web-based questionnaire.
- ☐ Not sure.

## 2008 Profile of LHDs



**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 below in case any follow-up is needed or if your local health department is selected in our drawing for participant prizes! 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:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Has the Health Official or designee reviewed the responses for completeness and accuracy?**

☐ **Yes, reviewed and approved by health official or designee**