

2016 National Profile of Local Health Departments Study

Thank you in advance for your participation in the 8th National Profile of Local Health Departments (Profile) study. Your participation and effort are sincerely appreciated. 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 contribution is essential.

Please complete and submit the survey by: February 19, 2016

Navigating the Profile Questionnaire

You can move within the Profile questionnaire by using the **navigation buttons** or the **Table of Contents**.

Use the **navigation buttons** at the bottom of each survey page to move backward and forward within the survey.

- **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 **PREVIOUS PAGE** button to go back to the last page.
 - Please note, each time you use the "Previous Page" button, you will receive a notification confirming that you selected this button.
- Use the **SAVE AND CONTINUE** button to go to the next page.

The **Table of Contents** is located on the left side of the page; click on the box-shaped icon in the top left corner to access the Table of Contents and select a specific topic area from the list to go directly to that section.

- Clicking either the "Main Menu" button or the Table of Contents icon will return you to the Table of Contents from any part of the survey. Click the icon a second time to close the pop-up Table of Contents.
- The Table of Contents displays check marks next to completed sections to allow you to track your progress.

Completing the Profile Questionnaire

Different staff and departments may need to complete sections of the Profile questionnaire. Distribute blank copies of the questionnaire to appropriate individuals. After all information is completed, go online and enter the information. Data entry can be completed in one or multiple sittings.

If multiple staff want to directly enter information online, forward the email containing the link for your local health department to the appropriate people and ask them to enter the information directly into the Web-based survey.

Please note, only one person can enter data into the survey at a time. If two or more people try to enter data at the same time, some information will not be saved.

As you complete the questionnaire online, all responses are automatically saved and can be changed at any time, up to clicking the final "Save and Continue" button.

To exit the survey and return to it at a later time, simply close your browser. When you access the survey again, you will be directed to the last page accessed by someone working on the survey.

Getting help with the Profile Questionnaire

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

NACCHO's Data Use Policy

- Data from this Profile will be analyzed and published. NACCHO anticipates publications being available in late 2015 to early 2016.
- 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.nacchoprofilestudy.org and click on "Data Requests."

2016 Profile of Local Health Departments

Contact Information

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

LHD Name _____

Web site _____

Twitter _____

Facebook _____

Agency Address _____

City _____

State _____

Zip _____

Jurisdiction and Governance

1. Is your LHD currently part of a combined health and human services agency?
☐ Yes → *(If checked, answer question 2)*
☐ No → *(If checked, answer question 3)*
2. For respondents who selected “Yes” for question 1, answer question 2.
Has your LHD been part of a combined health and human services agency for all of the past three years?
☐ Yes
☐ No
3. For respondents who selected “No” for question 1, answer question 3.
Was your LHD part of a combined health and human services agency for any part of the past three years?
☐ Yes
☐ No
4. Does your LHD have one or more local boards of health?
☐ Yes
☐ No → *(If checked, skip question 5)*
5. Check each action that your local board of health has final 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): _____

Activities

Instructions
<p>For each activity in the charts on the following pages, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction <u>during the past year</u>.</p> <ul style="list-style-type: none"> • Indicate whether your LHD performed the activity and/or contracted out for it. • “Contracted out” is defined as “Pay another organization to perform this activity or service on behalf of your LHD”. • Select “Performed by LHD directly” AND “Contacted out by LHD” if your LHD both performed the activity directly <u>and</u> contracted out for it. • “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. <ul style="list-style-type: none"> ○ 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 <u>and</u> others in the community, select how the service is provided by the LHD (directly, contracted out, or both) AND select “Provided by others in community independent of LHD funding.” • Do not leave any rows blank.

Immunization

6. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select 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					

2016 Profile of Local Health Departments

Screening for Diseases/Conditions

7. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select 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					
BMI (Body Mass Index)					

Treatment for Communicable Diseases

8. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select 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					

2016 Profile of Local Health Departments

Maternal and Child Health

9. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select 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

10. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select 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					

2016 Profile of Local Health Departments

Epidemiology and Surveillance Activities

11. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select 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

12. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select 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					
Violence					
Unintended pregnancy					
Chronic disease programs					
Nutrition					
Physical activity					
Tobacco					
Substance abuse					
Mental illness					

2016 Profile of Local Health Departments

Regulation, Inspection and/or Licensing Activities

13. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select all that apply)

If the activity does not exist in your jurisdiction, please select “Not available in the community”.

	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					
Body art (tattoos, piercings)					
Recreational water (e.g., pools, lakes, beaches)					
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)					

2016 Profile of Local Health Departments

Other Environmental Health Activities

14. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select 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					
Air pollution					
Noise pollution					
Public health nuisance abatement					

2016 Profile of Local Health Departments

Other Activities

15. For each activity, check whether and how your LHD and other organizations provided that activity or service in your jurisdiction during the past year. (For each row, select 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
Collection of unused pharmaceuticals					
Emergency medical services					
Animal control					
Occupational safety and health					
Laboratory services					
Outreach and enrollment for medical insurance (include Medicaid)					
School-based clinics					
School health					
Asthma prevention and/or management					
Correctional health					
Vital records					

Changes in Services

Instructions
<p>The following question asks about changes in level of service delivery in a number of program areas.</p> <p>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 into the general categories.</p>

Glossary	
Immunization	Adult and childhood immunizations
Epidemiology and surveillance	Epidemiology/surveillance of infectious diseases, chronic diseases, injury, behavioral risk factors, environmental health, and/or maternal and child health, and/or Syndromic surveillance
Communicable disease screening/treatment	Screening/treatment of HIV/AIDS, other STDs, and/or tuberculosis
Blood lead screening	Testing the amount of lead in blood
High blood pressure screening	Screening for high blood pressure
Diabetes screening	Screening for diabetes
Maternal and child health services	Family planning, prenatal care, obstetrical care, WIC, home visits, EPSDT, and/or well-child clinics
Obesity prevention	Efforts intended to encourage healthy eating and active living
Tobacco, alcohol, or other drug prevention	Efforts to reduce or prevent tobacco, alcohol, or other drug use
Emergency preparedness	Emergency preparedness activities
Environmental health, including food safety	Monitoring indoor air quality, radiation control, vector control, land use planning, ground/surface water protection, hazmat response, hazardous waste disposal, collection of unused pharmaceuticals, air and noise pollution prevention, and/or other regulation, inspection, or licensing activities; food processing, milk processing, regulation of food service establishments, and/or food safety education

2016 Profile of Local Health Departments

16. For each of the following service categories, please indicate if your LHD provided services or functions at any time between January 1 and December 31, 2015.

Then, for each programmatic area in which your LHD provided services during calendar year 2014, indicate how the level of service delivery changed during 2015 in terms of budget or number of staff allocated to work in this area.

We realize that some LHDs provide many different services within these programmatic areas and not all of them may have changed in the same way. Please indicate the overall direction of change: reduced, expanded, or little/no change.

Between January 1, 2015 and December 31, 2015, my LHD...						
	Provided services at any time		Reduced services	Little or no change in service delivery	Expanded services	Don't know
	Yes	No				
Immunization						
Epidemiology and surveillance						
Communicable disease screening or treatment						
Blood lead screening						
High blood pressure screening						
Diabetes screening						
Maternal and child health services						
Obesity prevention						
Tobacco, alcohol, or other drug prevention						
Emergency preparedness						
Environmental health, including food safety						

2016 Profile of Local Health Departments

Funding

****Select LHDs in Oklahoma, South Dakota, and Vermont will not receive questions 17–23 online****

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.

17. 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**

You should report based on the most recently completed fiscal year for which you have final financial information. For example, if your LHD's FY 2015 financials are not yet finalized, report on FY 2014.

- ☐ All of this information
☐ Some of this information
☐ None of this information → *(If checked, skip questions 18–23)*

18. Ending date of the LHD's most recently completed fiscal year.
(for which you provide data on revenues and expenditures)

Month _____

Date _____

Year _____

19. What were the LHD's total expenditures for the most recently completed fiscal year?
(Please enter whole number; no commas, decimals or spaces)

\$_____

2016 Profile of Local Health Departments

Reporting Funding by Source

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

Sources of Revenue	Definition
Local sources	All income originating from local government, including allocations from county, city, or town government; School Boards; taxing districts; property tax millage, etc.
State sources (EXCLUDING pass-through from Federal)	All income received from state agencies that originates from state revenue sources.
Federal sources (passed through by State)	All income passed through to LHDs by state department of health or other state agencies. Some examples include federal emergency preparedness grants, section 317 immunization grants, and preventative health block grants. Do NOT include Medicaid/Medicare reimbursements, which are reported in separate boxes.
Federal sources (direct)	All income received by your LHD directly from the federal government excluding Medicaid/Medicare reimbursements. Some examples include direct funds from CDC, HRSA, DHHS, and Dept. of Homeland Security, etc.
Medicaid	All income received from Medicaid including Medicaid HMO capitation and any “bill-aboves” paid by a Medicaid HMO.
Medicare	All income received from Medicare, including Medicare HMO payments.
Private health insurance	All income received from private health insurers.
Patient personal fees	Fees for provision of health care services paid directly by the patient.
Non-clinical fees and fines	All fees or fines NOT related to provision of health care services, including vital records fees and regulatory fees and fines. Revenues from permits and licenses should also be included in this category.
Private foundations	All income received from private foundations.
Other	Any sources of revenue not included in the categories above (e.g., donations, interest income). DO NOT include revenues from categories above in the other revenue sources category, even if you are unable to provide amounts for some of categories above. DO NOT include transfers from reserve or contingency funds.

2016 Profile of Local Health Departments

20. For each of the sources of revenue below, indicate whether your LHD receives any revenue from that source.

- If you are not sure if your LHD receives that revenue source, please select "Not Sure".

Then, for each of the sources of revenue your LHD receives, indicate the dollar amount of your LHD received from that source for the most recently completed fiscal year.

- If you are not sure, please select "Not Sure".

Source of Revenue	Does your LHD receive any revenue from this source?			Dollar amount of revenue received from <u>most recently completed fiscal year</u>	
	Yes	No	Not sure	Amount of Revenue	Not sure
Local sources				\$	
State sources (EXCLUDING pass-through from Federal)				\$	
Federal sources (passed through by State) **				\$	
Federal sources (direct) **				\$	
Federal sources (direct and passed through by State)					
Medicaid				\$	
Medicare					
Private health insurance				\$	
Patient personal fees				\$	
Non-clinical fees and fines				\$	
Private foundations				\$	
Other, (please specify in question 21):				\$	
Total dollar amount of revenue sources:				\$	

***Federal sources (passed through by State) and Federal sources (direct) are displayed as a combined field ONLY to LHDs classified as units of the state health agency.*

21. If you indicated that your LHD receives revenue from “other” sources in question 20, please provide an explanation about the source(s).

22. Is the total dollar amount of revenue sources reported in question 20 equal to the total revenue your LHD received for the most recently completed fiscal year?

- ☐ Yes → *(If checked, skip question 23)*
☐ No
☐ Not sure

23. What were the LHD’s total revenues for the most recently completed fiscal year?

(Please enter whole number; no commas, decimals or spaces)

\$_____

Budget Cuts

24. 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
→ *(If checked, skip question 25)*
- ☐ Greater than the previous year's budget → *(If checked, skip question 25)*
- ☐ Do not know → *(If checked, skip question 25)*

25. By approximately how much has this year's budget decreased, compared to the previous year?

- ☐ 1 – 2.9%
- ☐ 3 – 4.9%
- ☐ 5 – 9.9%
- ☐ 10% or more

26. 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
<p>The following set of questions is about your LHD's top executive.</p> <p>The top executive is defined as the highest ranking employee with administrative and managerial authority at the level of your LHD. In certain cases, this might be the director of a regional or district office. The head of your state health agency should NOT be reported as your LHD's top executive.</p> <p>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.</p>

27. Is the top executive position currently vacant, with another staff member or an interim top executive assuming the job duties?

- ☐ Yes → *(If checked, skip question 33)*
☐ No

For respondents who selected “Yes” for question 27, please answer questions 28–32, and questions 34–38 regarding the person who is in the acting or interim position of top executive.

28. Name of your LHD’s top executive: _____

29. Title of your LHD’s top executive: _____

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

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

- ☐ Full-time
☐ Part-time

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

- ☐ Yes
☐ No
☐ Unknown

33. For respondents who selected “No” for question 27, answer question 33.

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 governmental agency other than public health
- ☐ Some other position related to public health
- ☐ Some other position NOT related to public health
- ☐ Do not know

34. 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

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

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

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

- ☐ Male
- ☐ Female

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

LHD Top Executive - Education

38. 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
- ☐ DNP
- ☐ DrPH
- ☐ DDS
- ☐ DVM
- ☐ JD
- ☐ PhD (please specify) _____
- ☐ Other (please specify) _____

LHD Top Executive - Health Officer

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

- ☐ Yes
- ☐ No → *(If checked, skip question 40)*

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

- ☐ Full-time
- ☐ Part-time

Workforce

41. How many individuals currently work for your LHD?

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

42. 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.

43. 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

Occupation Definitions

Occupation Name	Definition
Agency leadership	Oversees the operations of the overall agency or a major subdivision of public health services. Include all top agency executives regardless of education or licensing. (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director)
Registered nurse	Registered nurse conducting public health or clinical nursing. (e.g., school nurse, community health nurse, nurse practitioner)
Licensed practical or vocational nurse	Licensed nurse (other than registered nurse) who provides routine care for patients, often under supervision. (e.g. LPN, LVN, care nurse, home health nurse)
Nursing and home health aide	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 or assistant, personal care aide)
Public health physician	Licensed physician who identifies persons or groups at risk of illness/disability and develops, implements and evaluates program/interventions designed to prevent, treat or improve reduce such risks. May also provide direct medical services to clients. (e.g. public health physician, preventative medicine physician)
Oral health care professional	Diagnoses and treats problems with teeth, gums, and the mouth. May also educate individuals or groups on proper oral health activities, such as diet choices impacting oral health. (e.g. public health dentist, dental hygienist, dental assistants)

Occupation Name (cont.)	Definition (cont.)
Environmental health worker	Investigates, monitor, and identify problems or risks that may affect the environment (e.g. food safety, air and water quality, and solid waste) and, consequently, the health of an individual or group. (e.g. environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector)
Laboratory worker	Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards. (e.g. laboratorian, laboratory scientist, laboratory technician, laboratory aides or assistants, medical technologists)
Epidemiologist/Statistician	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential to make recommendations on appropriate interventions. May also collect data and report vital statistics. (e.g. epidemiologist, biostatistician, public health scientist or researcher)
Health educator	Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals and communities, and promotes the effective use of health programs and services. (e.g., health educator, health education coordinator/specialist)
Community health worker	Facilitates access to culturally appropriate social support, informal counseling, and resources for programs promoting individual and community health. (e.g., peer health promoter, lay health advocate, community health representative) Exclude health educators.
Nutritionist	Develops and implements interventions related to nutrition, the nutrition environment, and food and nutrition policy. May also provide nutritional counseling and evaluate the effectiveness of current interventions. (e.g. dietician, nutritionist, WIC lactation staff, WIC nutrition staff)

Occupation Name (cont.)	Definition (cont.)
Information systems specialist	Analyzes business and data processing problems to implement and improve computer systems. Provides technical assistance to maintain computer systems and hardware/software issues. (e.g. computer system analyst, network and database administrator/analyst/manager, software engineer, computer support specialist)
Public information professional	Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public. (e.g., public information officer, public information specialist)
Behavioral health staff	Develops and implements strategies to improve community mental health status. May also provide direct behavioral health services to clients regarding mental, social, and behavioral issues. (e.g. public health social worker, HIV/AIDS counselor, behavioral counselor, social services counselor, mental health and substance abuse counselor, psychologist, psychiatrist)
Preparedness staff	Manages or develops the plans, procedures, and training programs involving the public health response to all-hazards events. (e.g. emergency preparedness coordinator, incident manager, emergency preparedness manager, emergency preparedness specialist)
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)
Business and financial operations staff	Performs specialized work in areas of business, finance, accounting, human resources and legal issues. (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel)
Office and administrative support staff	Performs administrative tasks and clerical duties. (e.g., administrative assistant, secretary, receptionist, office clerk, maintenance staff, operator)

Occupations Employed

44. Indicate which of the following categories of public health workers are currently employed by your LHD.

- 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 top executive, please count this individual as “agency leadership” in the chart.
- 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.
- Note that this is not intended to be an exhaustive list of occupational categories.

Occupation (Definitions for each occupation provided on prior pages)	Does your LHD currently employ staff in this classification?		Number of FTEs currently Employed	Data on FTEs not available
	Yes	No		
Agency leadership				
Registered nurse				
Licensed practical or vocational nurse				
Nursing aide and home health aide				
Public health physician				
Oral health care professional				
Environmental health worker				
Laboratory worker				
Epidemiologist/Statistician				
Health educator				
Community health worker				
Nutritionist				
Information systems specialist				
Public information professional				
Behavioral health staff				
Preparedness staff				
Animal control worker				
Business and financial operations staff				
Office and administrative support staff				

45. Does your LHD have a designated Emergency Preparedness coordinator?

- ☐ Yes
☐ No

Staffing Cuts

Instructions
<p>The following questions ask about changes to your LHD workforce between <u>January 1 and December 31, 2015</u>.</p> <p>Please provide your response in terms of number of employees - whether full- or part-time - rather than (FTEs).</p>

46. How many employees were affected by each of the following *workforce reductions* between January 1 and December 31, 2015? Enter "0" if no employees were affected.
(Please enter whole number; no commas, decimals or spaces.)

Enter "0" if no employees were affected or if your LHD did not experience the select workforce reduction.

a) Number of employees laid off	
b) Number of employees lost through attrition and not replaced because of hiring freezes or budget cuts	
c) Number of employees who had their working hours reduced for budgetary reasons (DO NOT include employees placed on mandatory furlough)	
d) Number of employees placed on mandatory furlough for budgetary reasons	

47. How many employees did your LHD *hire* for each of the following reasons between January 1 and December 31, 2015? Enter "0" if no employees were hired.
(Please enter whole number; no commas, decimals or spaces.)

Enter "0" if no employees were affected or if your LHD did not have the select hiring reason occur.

a) Number of <i>new positions</i> filled	
b) Number of <i>vacancies</i> filled due to <i>lift of previous hiring freeze</i>	
c) Number of <i>vacancies</i> filled due to <i>employee turnover</i>	

2016 Profile of Local Health Departments

Human Resources Issues

*****Questions 47a, 47b, and 47c are sent to a statistical sample *****

47a.How many LHD employees retired in the last year? _____

47b.For which purposes does your agency engage the following types of volunteers?
(For each purpose column, select all that apply)

Volunteer Type	Day-to-Day LHD Functions	Emergency Preparedness and Response
Community Emergency Response Team (CERT)		
Medical Reserve Corps (MRC)		
American Red Cross		
Other organized groups		
Individuals recruited independently by your LHD		
N/A - No volunteers engaged		

47c.Does your LHD use core competencies for public health workers developed by the Council on Linkages (<http://www.phf.org/link/corecompetencies.htm>) in any of the following ways? (Select all that apply)

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

Guide to Community Preventive Services

48. Which of the following best describes the extent to which the *Guide to Community Preventive Services* (*Community Guide* or <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

49. 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
- ☐ Infectious disease (e.g., vaccination)
- ☐ Injury or violence prevention
- ☐ Labor
- ☐ Land use
- ☐ Mental health
- ☐ Obesity/chronic disease → *(If checked, answer question 51)*
- ☐ Occupational health and safety
- ☐ Oral health
- ☐ Safe and healthy housing
- ☐ Tobacco, alcohol, or other drugs → *(If checked, answer question 50)*
- ☐ Waste, water, or sanitation
- ☐ Other (please specify): _____
- ☐ None

50. For respondents who selected “Tobacco, alcohol, or other drugs” in question 49, answer question 50.

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
- ☐ Regulating e-cigarettes or other electronic smoking devices
- ☐ Increasing use of medications to prevent drug overdose (e.g., Naloxone)
- ☐ Increasing access to clean syringes
- ☐ Other (please specify): _____

2016 Profile of Local Health Departments

51. For respondents who selected “Obesity/chronic disease” in question 49, answer question 51.

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
- ☐ Fiscal policies to decrease consumption of unhealthy foods or beverages
- ☐ Policies to promote breastfeeding
- ☐ Other (please specify): _____

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

- ☐ Yes → *(If checked, answer question 54)*
- ☐ No

53. Has there been a substantive revision to an existing public health ordinance or regulation in your jurisdiction in the past two years?

- ☐ Yes → *(If checked, answer question 54)*
- ☐ No

54. For respondents who selected “Yes” for question 52 OR selected “Yes” for question 53, answer question 54.

Indicate each area in which a new local public health ordinance or regulation was adopted or substantively revised 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
- ☐ Infectious disease (e.g., vaccination)
- ☐ Oral health
- ☐ Mental health
- ☐ Emergency preparedness and response
- ☐ Some other area (please specify): _____
- ☐ None

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.

55. 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 → *(If checked, skip questions 55a and 55b)*
- ☐ No, but plan to in the next year → *(If checked, skip questions 55a and 55b)*
- ☐ No → *(If checked, skip questions 55a and 55b)*

*****Questions 55a and 55b are sent to a statistical sample *****

55a. Which of the following types of data or information were included in your most recent community health assessment? (Select all that apply)

- ☐ Socioeconomic characteristics (e.g., age, gender, race, ethnicity)
- ☐ Environmental health indicators
- ☐ Social and mental health
- ☐ Quality of life
- ☐ Community perceptions of health
- ☐ Community attitudes about health promotion/improvement
- ☐ Built environment factors that impact health
- ☐ Policies that impact health (e.g., zoning, taxation, education, transportation)
- ☐ None of the above

55b. Which of the following are true for your LHD's most recent community health assessment (CHA)? (Select all that apply)

- ☐ Representatives from a variety of sectors of the local community (e.g., government, healthcare, businesses, education, non-profits) participated in the CHA
- ☐ Local community was given opportunity to review and contribute to the assessment
- ☐ CHA report includes specific descriptions of health issues for populations with health inequities
- ☐ CHA report includes information on community assets to address health issues (e.g., healthcare providers, schools, parks and recreation, businesses)
- ☐ CHA report is readily available to the public (e.g., on LHD web site, available in public libraries)
- ☐ None of the above

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.

56. 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 → *(If checked, skip question 58a)*
- ☐ No, but plan to in the next year → *(If checked, skip questions 57–58 and question 58a)*
- ☐ No → *(If checked, skip questions 57–58 and question 58a)*

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

*****Question 58a is sent to a statistical sample *****

58a. Have you taken any of the following actions in the past three years to implement or sustain your community health improvement plan? (Select all that apply)

- ☐ Established or reaffirmed priorities for your LHD
- ☐ Set or revisited goals for LHD performance
- ☐ Set or revisited goals for community health outcomes
- ☐ Increased LHD funding for one or more priorities (via new funding or reallocating existing funding)
- ☐ 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
- ☐ Worked with community partners to advance policy changes related to priorities
- ☐ Developed performance measures to monitor implementation of the plan
- ☐ Reported on progress toward implementation of the plan
- ☐ Measured progress to Healthy People 2020 goals
- ☐ None of the above

Definition
The Patient Protection and Affordable Care Act (ACA) includes a requirement that non-profit hospitals must conduct a community health needs assessment (CHNA) least once every three years. The CHNA must take into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of or expertise in public health.

59. Is there at least one non-profit hospital serving residents of your LHD jurisdiction?

(Select only one)

Include hospitals outside your LHD's geographical jurisdiction if they serve a substantial number of residents within your jurisdiction.

- ☐ Yes
- ☐ No → *(If checked, skip questions 60 and 60a)*
- ☐ Do not know → *(If checked, skip questions 60 and 60a)*

60. Which of the following describes the extent of your LHD's engagement with non-profit hospitals on the most recent community health assessment (CHNA) developed by the hospital? (Select only one)

- ☐ My LHD has collaborated or is currently collaborating with one or more non-profit hospitals on a CHNA
- ☐ My LHD is currently discussing with one or more non-profit hospitals potential future collaboration on a CHNA → *(If checked, skip question 60a)*
- ☐ My LHD has not engaged in discussion or collaboration with a non-profit hospital on CHNA → *(If checked, skip question 60a)*
- ☐ I do not know my LHD's extent of engagement with non-profit hospitals on CHNA → *(If checked, skip question 60a)*

*****Question 60a is sent to a statistical sample *****

60a. Which of the following describe how your LHD is collaborating with a non-profit hospital on its CHNA? (Select all that apply)

- ☐ LHD and non-profit hospital jointly conducted an assessment that serves as both the LHD's CHA and the hospital's CHNA
- ☐ LHD coordinated joint efforts by multiple hospitals to pool resources and information for a CHNA
- ☐ LHD assisted in engaging community organizations and residents in CHNA process
- ☐ LHD served as a neutral facilitator to ensure a collaborative CHNA process
- ☐ LHD provided technical assistance to hospital on how to design and implement a CHNA
- ☐ LHD shared local data resources on health status and/or social determinants of health
- ☐ LHD provided technical assistance on data collection, analysis, synthesis, or interpretation
- ☐ LHD provided input on strategies to improve community health
- ☐ None of the above
- ☐ Not sure

61. 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

Accreditation

*****For questions 62, answer choices denoted with (**) are displayed ONLY to LHDs that are classified as units of the state health agency or LHDs with shared governance*****

62. Which of the following best describes your LHD's participation in the Public Health Accreditation Board's (PHAB's) national accreditation program for LHDs?

(Select only one)

Please report on PHAB accreditation only; do NOT report on state-based accreditation programs or accreditation for specific programs (e.g., Joint Commission or JCAHO).

- ☐ My LHD has been accredited by PHAB
- ☐ My LHD is part of a PHAB-accredited centralized state integrated local public health department system **
- ☐ My LHD has submitted an application for PHAB accreditation
- ☐ My LHD has registered in e-PHAB in order to pursue accreditation
- ☐ The state health agency has registered in e-PHAB in order to pursue accreditation as an integrated system that includes my LHD**
- ☐ My LHD plans to apply for PHAB accreditation, but has not yet registered in e-PHAB → ***(If checked, answer question 63a)***
- ☐ The state health agency plans to apply for PHAB accreditation as an integrated system that includes my LHD, but has not yet registered in e-PHAB** → ***(If checked, answer question 63b)***
- ☐ My LHD has not decided whether to apply for PHAB accreditation
- ☐ My LHD has decided NOT to apply for PHAB accreditation → ***(If checked, answer question 64)***
- ☐ Do not know**

63a. For respondents who selected “My LHD plans to apply for PHAB accreditation, but has not yet registered in e-PHAB” for question 62, answer question 63.

In what calendar year does your LHD anticipate registering in e-PHAB to pursue PHAB accreditation? (Select only one)

- ☐ 2016
- ☐ 2017
- ☐ 2018 or later
- ☐ Have not decided on a target year

63b. For respondents who selected “The state health agency plans to apply for PHAB accreditation as an integrated system that includes my LHD, but has not yet registered in e-PHAB” for question 62, answer question 63b.

In what calendar year do you anticipate that your state health agency will register in e-PHAB to pursue accreditation as an integrated system that includes your LHD?

(Select only one)

- ☐ 2016
- ☐ 2017
- ☐ 2018 or later
- ☐ Have not decided on a target year
- ☐ Do not know

64. For respondents who selected “My LHD has decided NOT to apply for PHAB accreditation” for question 62, answer question 64.

Why has your LHD decided NOT to apply for PHAB 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): _____

Module 1

sent to a statistical sample

Quality Improvement

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

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

- ☐ LHD has implemented a formal quality improvement program agency-wide
- ☐ Formal quality improvement activities are being implemented in specific programmatic or functional areas of the LHD, but not on an agency-wide basis
- ☐ LHD's quality improvement activities are informal or ad hoc in nature
- ☐ LHD is not currently involved in quality improvement activities. → *(If checked, skip questions 66–68)*

66. 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): _____

67. 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

68. 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 QI work throughout the agency
- ☐ Agency-wide QI plan
- ☐ Agency performance data is used on an 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

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)

69. How many health impact assessments has your agency conducted or been part of during the past two years?

(If your LHD was not involved in any health impact assessments, please enter 0.)

Land Use Planning

70. 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 or protection of recreation areas (e.g., parks, 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
- ☐ Green Building / Ecological sustainability (non-toxic, energy efficient, environmentally regenerative development)
- ☐ Ecological waste management (e.g., composting or zero waste programs)
- ☐ Urban remediation
- ☐ Other
- ☐ None of the above

Cross-jurisdictional Sharing of Services

Instructions
<p>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.</p> <p>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.</p> <p>This set of questions does NOT address agreements to assist neighboring LHDs in the event of a public health emergency.</p>

71. 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 → *(If checked, skip question 72)*

72. Use the table below to describe how your LHD shares resources with other LHDs.
(For each row across, 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			

2016 Profile of Local Health Departments

Partnerships and Collaboration

We are interested in knowing about your LHD's collaborations with other organizations.

73. Check each way that your LHD has worked with each organization in the past year.

If the organization does not exist within your community service area, check N/A.

(For each row across, 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						
Mental health/substance abuse providers						
Health insurers						
Veterinarians						
Economic and community development agencies						
Local planning agency						
Housing agencies						
Tribal gov't agencies						
Criminal justice system						
Transportation						

2016 Profile of Local Health Departments

73. (Continued from previous page.)

Check each way that your LHD has worked with each organization in the past year.

If the organization does not exist within your community service area, check N/A.

(For each row across, select all that apply)

	Shared Personnel/ Resources	Written agreement	Regularly scheduled meetings	Exchange information	No relationship	N/A
Emergency responders						
Parks and recreations						
Cooperative extensions						
Community-based Nonprofits						
Faith communities						
Libraries						
K-12 schools						
Colleges or universities						
Business						
Media						

2016 Profile of Local Health Departments

LHD Interaction with Academic Institutions

Instructions
Some LHDs may partner or interact in many different ways with accredited schools or program of public health or other academic institutions, such as schools of nursing, universities, colleges, or community colleges.

74. Indicate whether your LHD has been engaged the following activities in the past year with any academic institutions. Then for each activity, indicate which types of institutions with which your LHD has been engaged with for that activity in the past year.

	Did LHD engage in activity with academic institution?		Types of institutions with which your LHD engaged in that activity <u>in the past year</u> . (For each row across, select all that apply)			
	Yes	No	Accredited Schools or Programs of Public Health	Schools of Nursing	Four Year Colleges or Universities*	Community Colleges (2-Year)*
LHD has formal relationship with institution to provide training or professional development for LHD staff (include online classes)						
LHD staff serve as faculty (regular, adjunct, or guest)						
LHD accepts students from institution as trainees, interns, or volunteers (e.g., for student practicums or rotations)						
LHD actively recruits graduates from institution						
Faculty/staff from institution have served in a consulting role for LHD						
LHD staff serve on academic institution advisory group						
Academic institution has agreement or policy on providing LHD with access to scientific and professional journals						

**In schools or programs other than nursing or public health*

75. With which kinds of institutions does your LHD have a formal Memorandum of Understanding or similar written agreement that outlines the relationship between the organizations? (Select all that apply)

- ☐ Accredited Schools or Programs of Public Health
- ☐ Schools of Nursing
- ☐ Four-Year Colleges or Universities (schools or programs other than public health or nursing)
- ☐ Community Colleges (schools or programs other than public health or nursing)
- ☐ None of the above
- ☐ Not sure

Module 2

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2016 Profile of Local Health Departments

Access to Healthcare Services

65. Check each activity below in which your LHD has participated in the past year to assure access to healthcare services in your jurisdiction.

(For each row across, 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 <i>underserved populations</i> 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.

66. 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

Emergency Preparedness

Definitions
A Tabletop Exercise is a scenario-based discussion that permits evaluation of all or portions of the Emergency Operations Plan, through <i>oral interaction</i> 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 <i>actual movement of people and resources</i> , 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 <i>all or most</i> of the functions and complex activities of the Emergency Operations Plan. It includes <i>actual movement of people and resources</i> to replicate real world response situations. It is typically conducted under very real-time constraints of an actual incident.

67. 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
- ☐ Developed or updated a written recovery plan
- ☐ Developed or updated plans to ensure the inclusion of vulnerable populations
- ☐ Developed or updated expedited administrative processes (e.g., government funding, procurement, contracting, and hiring) for use during emergencies
- ☐ Reviewed relevant legal authorities
- ☐ Participated in tabletop exercises → *(If checked, answer question 68)*
- ☐ Participated in functional exercises → *(If checked, answer question 68)*
- ☐ Participated in full-scale exercises → *(If checked, answer question 68)*
- ☐ Assessed emergency preparedness competencies of staff
- ☐ Provided emergency preparedness training to staff
- ☐ Educated community members on emergency preparedness
- ☐ Planned for emergencies through participation in a healthcare coalition
- ☐ None of the above
- ☐ Other (please specify): _____

68. For respondents who selected “Participated in tabletop exercises” OR “Participated in functional exercises” OR “Participated in full-scale exercises” in question 67, answer question 68.

In the past year, did volunteers participate in any exercises (including full scale, functional and tabletop exercises)?

- ☐ Yes
- ☐ No

69. In the past year, did your LHD respond to any actual all-hazards events (e.g., winter storm, food-borne outbreak, or chemical spill)?

- ☐ Yes → *(If checked, skip question 70)*
- ☐ No

70. In the past year, did your LHD use volunteers to respond to any actual all-hazards events?

- ☐ Yes
- ☐ No

71. Your LHD's budget for preparedness activities during the current fiscal year 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
- ☐ Greater than the previous year's budget
- ☐ Do not know

2016 Profile of Local Health Departments

Public Health Informatics

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

	No activity	In process of implementation	Have implemented	Do not know
Electronic Health Records				
Health Information Exchange				
Immunization Registry				
Electronic Disease Reporting System				
Electronic Lab Reporting				

2016 Profile of Local Health Departments

73. Indicate whether LHD used any of the following communication channels to communicate with the public. Then, for each communication channel your LHD uses, indicate how your LHD uses the channel.

	Has your LHD use this communication channel?		Indicate how your LHD uses the communication channel. (Select all that apply)	
	Yes	No	Communicate for routine activities	Communicate to the public for an emergency response
Automated phone calling (e.g., reverse 911, robocalls)				
Hotline or call center				
Fax broadcast/fax blast				
Broadcast media (e.g., TV, radio)				
Print media (e.g., newspaper, poster, sign)				
Text messaging				
Email				
Blogs				
Facebook				
Twitter				
LinkedIn				
Photo sharing sites (e.g., Instagram, Flickr)				
Video sharing sites (e.g., YouTube, Vimeo, Vine)				
LHD Web site				
None				
Don't know				

County Health Statistics

County Health Rankings Report

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.

74. How did your agency use County Health Rankings and Roadmaps during the past year? (Select all that apply)

- ☐ Increase awareness of the multiple factors that influence health
- ☐ Increase awareness of the role of public health
- ☐ Develop or leverage partnerships across multiple sectors to improve community health
- ☐ Leverage additional funding for your agency
- ☐ Other (please specify) _____
- ☐ My LHD did not use County Health Rankings and Roadmaps
- ☐ My LHD has never heard of County Health Rankings and Roadmaps
- ☐ Don't know

Community Health Status Indicators 2015

Community Health Status Indicators 2015 is an interactive web application from CDC that produces county-level profiles on key indicators of health outcomes for all 3,143 counties in the United States, and provides comparisons with other counties. It was launched in March 2015 and is available online at www.cdc.gov/chsi.

75. How did your agency use Community Health Status Indicators 2015 during the past year? (Select all that apply)

- ☐ Assist with assessing the health status of a population within a county
- ☐ Assist with assessing identifying vulnerable populations and potential health disparities
- ☐ Increase awareness of the multiple factors that influence health
- ☐ Increase awareness of the role of public health
- ☐ Develop or leverage partnerships across multiple sectors to improve community health
- ☐ Leverage additional funding for your agency
- ☐ My LHD did not use Community Health Status Indicators 2015
- ☐ My LHD has never heard of Community Health Status Indicators 2015
- ☐ Other (please specify) _____
- ☐ Don't know

Evaluation of Profile

76. Check each statement that describes how your LHD's staff members have used reports or presentations from the 2013 Profile study. (Select all that apply)

- ☐ No staff members have seen any reports, presentations, web sites, or other products from the 2013 Profile study → *(If checked, skip question 77)*
- ☐ One or more LHD staff have reviewed reports, presentations, web sites or other products from the 2013 Profile results
- ☐ LHD staff members have discussed information from the 2013 Profile study
- ☐ LHD staff members have used information from the 2013 Profile study to compare our LHD to others
- ☐ LHD staff members have used information from the 2013 Profile study in a report or presentation
- ☐ Other (please specify) _____

77. How have your LHD's staff members accessed information from the 2013 Profile study? (Select only one)

- ☐ Reviewed printed copy of report only
- ☐ Accessed the Profile web site only
- ☐ Used both printed report and Profile web site
- ☐ No staff members reviewed printed report or accessed Profile web site
- ☐ Do not know

78. How did your staff members complete the 2016 Profile questionnaire?

- ☐ 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 paper version of the questionnaire 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

79. Check all of the types of individuals who contributed responses to your LHD's 2016 Profile questionnaire. (Select all that apply)

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

80. Please provide an estimate of the total amount of staff time that your LHD devoted to completing the 2016 Profile questionnaire

_____ hours

81. 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

2016 Profile of Local Health Departments

Communication among LHD Leaders

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

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

Name of Local Health Department (e.g., Random County Health Department)	State (US Postal Code)

Certification

NACCHO requests that the LHD top executive or designee review the responses prior to final submission to ensure that all sections are completed and the information entered is correct.

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

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

Follow up Contact Information and Instructions for Submitting Survey

Please verify that you completed all the sections online before you submit the survey.

Once all sections of the questionnaire are complete, please use the unique survey link provided to your local health department by NACCHO to enter this information into the web-based system.

If you no longer have your survey link, contact the Profile Team at 800-758-6471 or profile@naccho.org to resend the unique link to your local health department.

Any follow-up questions should be directed to:

Name: _____

Title: _____

Phone: _____

Email: _____