



2005 Profile of Local Public Health Agencies



Thank you for your participation in the Fourth National Profile of Local Public Health Agencies. This profile continues NACCHO's efforts to provide an accurate picture of governmental local public health across the nation. The Profile is the *only* source for much of this information, so your participation is essential for an accurate accounting.

Please complete and submit all your responses by **October 28, 2005**.

Report Findings:

- Data from this Profile will be analyzed and published. NACCHO anticipates publications being available in mid-2006.
- All Profile respondents can request a free copy of the report that highlights key findings. This report will also 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 LPHAs.
- 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:
<http://www.naccho.org/topics/infrastructure/DataUsePolicy2005--FINAL.htm>

Questions:

If you have questions about the questionnaire or technical difficulties please contact profile@naccho.org or 202-218-4424.

Submitting Completed Questionnaire:

Please double-check your Profile to make sure that all questions have been completed. You were provided with a pre-addressed, postage-paid envelope for submitting your completed Profile. ***Please note that you do NOT need to return the paper form if you completed the electronic questionnaire.*** If you have misplaced the envelope provided, please send your completed questionnaire to:

NACCHO National Profile
1300 L Street NW, Suite 800
Washington, DC 22205

Your participation and effort are sincerely appreciated!



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Please provide your LPHA contact info:

LPHA Name _____

Telephone _____

Fax _____

Email _____

Web Site _____

Mailing Address _____

City _____

State _____

Zip _____

Street Address _____

City _____

State _____

Zip _____



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Jurisdictional Information

Geographic jurisdiction served:

(select only one)

- City
- County
- City/County
- Town/Township
- Multi-county, district, region
- State
- Other _____

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



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Jurisdictional Information

What is the total population of the jurisdiction your LPHA serves? Use the most recently available U.S. Census estimate available at <http://quickfacts.census.gov/qfd/>

_____ **Population**
 _____ **Year of estimate (yyyy)**

Indicate the percentages of the racial composition of your jurisdiction.

_____ **White**
 _____ **Black or African American**
 _____ **American Indian/Alaska Native**
 _____ **Asian**
 _____ **Native Hawaiian or Other Pacific Islander**
 _____ **Some Other Race**
 _____ **Two or More Races**
 _____ **Unknown Race**

Indicate the percentages of the ethnic composition of your jurisdiction.

_____ **Hispanic or Latino**

Please indicate what source(s) you used for this demographic data.



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Do the boundaries of a federally recognized tribal government overlap with the boundaries of your jurisdiction?

(select only one)

- Yes
- No
- Do not know

If yes, provide the following information for each Tribe:

Name of Tribe	Population	Does the Tribe operate a health agency?	
		Yes	No

If yes, does the Indian Health Service operate a facility within your jurisdiction?

(select only one)

- Yes
- No
- Do not know



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Governance

Do you have a local board of health?

(select only one)

- Yes
- No

If yes, what are the functions of your local board of health?

(select all that apply)

- Governing
- Policy making
- Advising

If yes, how are your board of health members selected?

(select all that apply)

- Specifically elected by the public to serve on the board of health
- Entirely comprised of elected officials
- Appointed by local (municipal/county) officials
- None of the above

Who is the governing body for your LPHA?

(select all that apply)

- County Commission or Council
- City or Town Council
- Local Board of Health (separate from City or County governing body)
- State Health Agency
- Other (specify) _____



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Funding

What is your most recently completed fiscal year?
(select only one)

- 2002
- 2003
- 2004
- 2005

For your most recently completed fiscal year, what were the LPHA's total expenditures?

Amount \$ _____

For your most recently completed fiscal year, what percent of your revenues came from:

(Your responses should total 100%)

- _____ % 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) _____



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What amount of funds did you receive in your most recently completed fiscal year from your state through federal bioterrorism programs? Include only funds your health agency received DIRECTLY, not funds spent or retained by your state health agency for the benefit of LPHAs.

_____ CDC-funded programs - Amount

_____ HRSA-funded programs - Amount

How many additional FTE of staff has your LPHA hired using funds provided by your state through the federal bioterrorism program?

For the year prior to your most recently completed fiscal year (the fiscal year prior to the one for which you just provided data), what were the LPHA's total expenditures?

Amount:

\$ _____



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Workforce

Name of your LPHA's top executive: _____

Title of your LPHA's top executive: _____

What date did the top agency executive assume this position?

____ / ____ Month/Year

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 and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Some other race
- Two or more races

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?

(select only one)

- Male
- Female

What is the age of this person?



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Occupational Classifications

Indicate **all** degrees that your top agency executive holds:
(select all that apply)

Bachelors Degree

- BA
- BS

Nursing Degree

- RN
- BSN
- MSN

Masters Degree

- MPH
- MBA
- Other (specify) _____

Doctoral Degree

- MD
- DrPH
- DDS
- DVM
- JD
- PhD (specify field) _____
- Other (specify) _____



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Workforce

How many staff members are working in your LPHA? Include both regular and contract employees.

_____ Number of employees
 _____ Number of Full-time Equivalents (FTEs)

- Indicate which of the following categories of public health workers are currently employed by your LPHA.
- 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 “FTEs Not Available” box.
- Categorize staff according to their primary job classification.
- Note that this is not intended to be an exhaustive list of occupational categories.

	Does your LPHA currently employ staff in this classification?		Number of FTEs currently employed	FTEs Not Available
	Yes	No		
Health service managers, administrators, health directors				<input type="checkbox"/>
Nurse (e.g., school nurse, community health nurse, nurse practitioner, LPN)				<input type="checkbox"/>
Physician				<input type="checkbox"/>
Environmental health specialist (sanitarian)				<input type="checkbox"/>
Other environmental scientists or technicians				<input type="checkbox"/>
Epidemiologist				<input type="checkbox"/>
Health educator				<input type="checkbox"/>
Nutritionist				<input type="checkbox"/>
Information systems specialist				<input type="checkbox"/>
Public information specialist				<input type="checkbox"/>
Social worker (e.g. community organizer, HIV/AIDS counselor, public health social worker)				<input type="checkbox"/>
Emergency preparedness coordinator				<input type="checkbox"/>
Administrative or clerical personnel				<input type="checkbox"/>



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Activities

We are interested in who conducts various public health activities in your jurisdiction.

For each activity in the charts below and on the following pages, check the boxes that describe who has conducted that activity in your jurisdiction *during the past year*.

- Indicate whether your LPHA performs the activity, contracts for it, or both.
- Check all of the other agencies that perform that activity in your jurisdiction.
- 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 LPHA directly	Contracted by LPHA	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 LPHA directly	Contracted by LPHA	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							



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Treatment for communicable diseases

Check all that apply

	Performed by LPHA directly	Contracted by LPHA	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 LPHA directly	Contracted by LPHA	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							
EPSDT							

Other Health Services

Check all that apply

	Performed by LPHA directly	Contracted by LPHA	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							



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Epidemiology and Surveillance

Check all that apply

	Performed by LPHA directly	Contracted by LPHA	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							

Population-based Primary Prevention Services

Check all that apply

	Performed by LPHA directly	Contracted by LPHA	Done by state government agency	Done by another local government agency	Done by someone else	Not available in jurisdiction	Unknown
Injury							
Unintended pregnancy							
Obesity							
Violence							
Tobacco							
Substance abuse							
Mental illness							



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Regulation, Inspection and/or Licensing Activities

Check all that apply

	Performed by LPHA directly	Contracted by LPHA	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 tank installation							
Hotels/motels							
School/daycare							
Cosmetology businesses							
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)							



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Other Environmental Health Activities (Check all that apply)

	Performed by LPHA directly	Contracted by LPHA	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							
Noise pollution							

Other Activities (Check all that apply)

	Performed by LPHA directly	Contracted by LPHA	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							
School-based clinics							
School health							
Correctional health							



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Emergency Preparedness

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

(select all that apply)

- Developed or updated a written emergency plan
- Reviewed relevant legal authorities
- Participated in drills or exercises
- Participated in an actual public health emergency
- Assessed emergency preparedness competencies of staff
- Provided emergency preparedness training to staff
- None of the above



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Community Health Assessment and Planning

Has your LPHA completed a community health assessment within the last three years? [*A community health assessment is the process whereby a local health agency and its community engage in assessing the health needs of their community and investigate adverse health effects and health hazards to create a “snap-shot” of a community’s health.*]

(select only one)

- Yes
- No

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

(select only one)

- Yes
- No

Has your LPHA developed or participated in developing a health improvement plan for your community within the last three years? [*By “health improvement plan” we mean a series of timely and meaningful action steps that define and direct the distribution of health services and resources to improve your community’s health, or definite strategic action steps to improve health status in the community.*]

(select only one)

- Yes
- No



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Community Health Assessment and Planning

If your LPHA has developed or participated in developing a health improvement plan for your community within the last three years... (if no, skip the next two questions.)

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

(select only one)

- Yes
- No

Is your community's health improvement plan linked to a state health improvement plan?

(select only one)

- Yes
- No

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

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 only one in each row)

	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				
Other				



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How has your LPHA's participation in collaborations with other community agencies and organizations changed over the past three years?
(select only one)

- Greatly Increased
- Slightly Increased
- No Change
- Slightly Decreased
- Greatly Decreased



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Information Technology

To what percentage of your staff does your LPHA supply the following technologies?

- _____ **Personal computer**
- _____ **Internet access (any kind)**
- _____ **High-speed, continuous Internet access**
- _____ **Cell phone**
- _____ **Personal data assistant (PDA)**

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

	Your LPHA	City/County IT Department	State Health Agency	Someone Else (specify who)
Hardware allocation and acquisition				
Software selection				
Data management				
IT system security				