



NATIONAL SURVEY of LOCAL BOARDS of HEALTH



Personal information about your Presiding Officer and/or the person who completes this questionnaire will NOT be shared with others. However, all other information about your BOARD will be maintained in a database which may be made available to federal, state and local public health officials, state and national associations of local boards of health, and public health researchers who request that information.

A. DEMOGRAPHICS

- Name of Local Board of Health: _____
- Permanent Mailing Address: _____
- City: _____ 4. County: _____
- State: _____ 6. Zip Code: _____ - _____
- Which of the following best describes the geographic jurisdiction served by your board? (Check one)
 - County City Multi-County District/Region
 - City-County Town/Township Other (Specify) _____
8. What is the 1995 population estimate for the jurisdiction you serve? (Check one)
 - Less than 25,000 50,000 - 99,999 250,000 - 499,999 1,000,000 or more
 - 25,000 - 49,999 100,000 - 249,999 500,000 - 999,999
9. What is the racial/ethnic composition of your jurisdiction's population? (Must total 100%)
 - _____ % White, Non-Hispanic _____ % Hispanic _____ % American Indian, Alaska Native, or Aleut
 - _____ % Black, Non-Hispanic _____ % Asian/Pacific Islander _____ % Unknown
10. What is the gender composition of your jurisdiction's population? (Must total 100%)
 - _____ % Male _____ % Female

B. TELECOMMUNICATIONS INFRASTRUCTURE

- Official Board Telephone Number: (_____) _____ - _____
 - Official Board Facsimile Number: (_____) _____ - _____
 - Does the Presiding Officer or Secretary of the Board have access to a Personal Computer? Yes No

If Yes, answer the following. (Otherwise, go to question 4)

 - Can the Presiding Officer or Secretary of the Board communicate via Electronic Mail (E-Mail) with persons within or outside the board of health? Yes No

If Yes, answer the following. (Otherwise, go to question 4)

 - Specify the method(s) used to communicate via E-Mail:
 - Local board or health department E-Mail system
 - CDC WONDER
 - Commercial dial-up service (e.g., CompuServe, America On-Line, Prodigy)
 - Other (Specify): _____
- If CDC WONDER or commercial dial-up service is used, how often does the Presiding Officer or Secretary check for new E-Mail messages?
- At least once a day
 - At least once a week
 - Rarely or never
 - Don't use CDC WONDER or commercial dial-up service

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC Reports Clearance Officer: ATTN: PRA (0920-0376): 1600 Clifton Road, N.E., (MS-D24), Atlanta, GA 30333.

c. Does E-Mail system connect to?

- 1). Other board of health members? Yes No Don't know
2). Local health department personnel? Yes No Don't know NA
3). State health department personnel? Yes No Don't know
4). CDC personnel? Yes No Don't know
5). Other public health personnel? Yes No Don't know

d. Does the E-Mail system provide access to the Internet? Yes No Don't Know

If Yes, provide your Internet address (e.g., UserID@aol.com or UserID@wonder.em.cdc.gov): _____

Does your board of health have access to the equipment necessary to receive training/information transmitted by satellite? Yes No

If Yes, please answer the following (Otherwise go to question 5):

- a. Is the equipment located in your board of health or health department? Yes No
b. What signals does the equipment receive? (Check one or both)
 Ku-band C-band
c. Is the satellite dish steerable? Yes No

What is your assessment of the current telecommunications capabilities of your board of health? (Check one)

- Nonexistent Fragmented Partially developed Fully developed

C. ROLES, RESPONSIBILITIES, AND AUTHORITIES

What percentage of your board of health's functions are? (Must total 100%)

_____% Advisory _____% Policy-making _____% Governing

_____% Other (Specify): _____

Is your board of health affiliated with a local health department? Yes No

If Yes, what is the department's name? _____

Select all applicable functions or activities for which your board has responsibility and/or statutory authority:

Responsibility	Statutory Authority		Responsibility	Statutory Authority	
<input type="checkbox"/>	<input type="checkbox"/>	Hire/fire health director/officer	<input type="checkbox"/>	<input type="checkbox"/>	Recommend health department priorities
<input type="checkbox"/>	<input type="checkbox"/>	Supervise/evaluate health director/officer	<input type="checkbox"/>	<input type="checkbox"/>	Establish health department priorities
<input type="checkbox"/>	<input type="checkbox"/>	Hire/fire other health department staff	<input type="checkbox"/>	<input type="checkbox"/>	Recommend community public health priorities
<input type="checkbox"/>	<input type="checkbox"/>	Recommend health department budget approval	<input type="checkbox"/>	<input type="checkbox"/>	Establish community public health priorities
<input type="checkbox"/>	<input type="checkbox"/>	Approve health department budget	<input type="checkbox"/>	<input type="checkbox"/>	Identify sources of funding
<input type="checkbox"/>	<input type="checkbox"/>	Propose public health regulations	<input type="checkbox"/>	<input type="checkbox"/>	Prepare requests for grant funding
<input type="checkbox"/>	<input type="checkbox"/>	Adopt public health regulations	<input type="checkbox"/>	<input type="checkbox"/>	Set and levy fees
<input type="checkbox"/>	<input type="checkbox"/>	Enforce public health regulations	<input type="checkbox"/>	<input type="checkbox"/>	Receive fees directly
<input type="checkbox"/>	<input type="checkbox"/>	Recommend public health policy	<input type="checkbox"/>	<input type="checkbox"/>	Levy taxes
<input type="checkbox"/>	<input type="checkbox"/>	Establish public health policy	<input type="checkbox"/>	<input type="checkbox"/>	Establish/maintain public relations
<input type="checkbox"/>	<input type="checkbox"/>	Ensure community health assessment	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify): _____
<input type="checkbox"/>	<input type="checkbox"/>	Conduct community health assessment	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify): _____

4. Does your board of health have authority for environmental health programs in your jurisdiction?
 Yes No Joint
 If No or Joint, what organization/agency has that authority, or with what organization/agency is authority shared?

5. Does your board of health have authority for mental health programs in your jurisdiction?
 Yes No Joint
 If No or Joint, what organization/agency has that authority, or with what organization/agency is authority shared?

6. Since 1990, has your board developed (or participated in the development of) public health policies or programs for which you have received recognition at the local, state, or national level?
 Yes No
 If Yes, would you be willing to share information about those policies or programs with other boards?
 Yes No
7. Since 1990, has your board's capacity to develop and implement policy:
 Increased Decreased Remained the same
 Reason(s) for increase/decrease in capacity to develop/implement policy. (Check all applicable)

Increase	Decrease	
<input type="checkbox"/>	<input type="checkbox"/>	In funds
<input type="checkbox"/>	<input type="checkbox"/>	In support from public
<input type="checkbox"/>	<input type="checkbox"/>	In support from appointing/delegating authority
<input type="checkbox"/>	<input type="checkbox"/>	In community need

D. COMPOSITION, ORGANIZATIONAL STRUCTURE, ETC

1. How many positions comprise your local board of health? _____
2. Specify how many of the following are REQUIRED to be represented on your board:
 _____ #Physicians _____ #Consumers _____ #Other (Describe): _____
 _____ #Dentists _____ #Community organizations _____ #Other (Describe): _____
3. Are members of your board:
 a. Appointed? Yes No
 If Yes, by whom? _____
 b. Elected? Yes No
 If Yes, by whom? _____
4. What is the length of a term for members of your board? _____(years)
5. How many terms may a member serve? _____
6. How often does your board meet?
 Weekly Monthly Quarterly
 Other (Specify): _____
7. Are vacancies on the board of health publicly announced? Yes No
8. Are there methods by which interested citizens can apply? Yes No
 If Yes, (Describe): _____

9. How does your board receive community input?

- Periodic public hearings
 Public comment time at each board meeting
 Public membership on Community Health Committee
 Other (Specify) _____

10. Does your board of health have a formal relationship with:

- a. An academic public health program? Yes No Don't know
 b. A school of public health? Yes No Don't know
 c. Community-based organizations? Yes No Don't know

11. Is there an organization of local boards of health in your state?

If Yes, is it: Yes No Don't know

a. Statewide? Yes No

If Yes, are you a member? Yes No

b. Regional? Yes No

If Yes, are you a member? Yes No

If there is no organization of local boards, would you like assistance in initiating one in your state? Yes No Uncertain

12. Does your board have a separate operating budget (or a line item in another budget) to take care of board expenses (e.g., training, conference attendance, etc.)? Yes No

If Yes, who (position) determines budget amount? _____

13. Are your jurisdiction's public health regulations/ordinances published in area newspapers, at least annually, for public review? Yes No

14. Are formal orientation sessions conducted for new board members? Yes No

15. Is formal training made available to board members? Yes No

If Yes, (Describe): _____

If Yes, how often is training scheduled?

- Monthly Quarterly Semi-annually Annually
 Other (Specify): _____

16. Is informal training made available to board members? Yes No

If Yes, (Describe): _____

If Yes, how often is training scheduled?

- Monthly Quarterly Semi-annually Annually
 Other (Specify): _____

E. CONCERNS AND NEEDS

1. Indicate the degree to which your board needs training, information, or technical assistance in the following areas:

No Need	Moderate Need	Strong Need	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resource allocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Managing group process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board member orientation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing leadership skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identifying funding sources
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conducting effective meetings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community health assessment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Managed care and public health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State/local health reform activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establishing community health priorities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing effective funding proposals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing effective legislative proposals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinating with governmental agencies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing effective public health constituencies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing effective relations with local legislature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing effective relations with health department
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Differentiating board roles (policy-making) from health department roles (administration)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify): _____

2. Indicate the areas, listed below, for which your board members would be willing to share materials and/or expertise with other boards of health:

Materials	Expertise	
<input type="checkbox"/>	<input type="checkbox"/>	Program evaluation
<input type="checkbox"/>	<input type="checkbox"/>	Resource allocation
<input type="checkbox"/>	<input type="checkbox"/>	Managing group process
<input type="checkbox"/>	<input type="checkbox"/>	Board member orientation
<input type="checkbox"/>	<input type="checkbox"/>	Developing leadership skills
<input type="checkbox"/>	<input type="checkbox"/>	Identifying funding sources
<input type="checkbox"/>	<input type="checkbox"/>	Conducting effective meetings
<input type="checkbox"/>	<input type="checkbox"/>	Community health assessment
<input type="checkbox"/>	<input type="checkbox"/>	Managed care and public health
<input type="checkbox"/>	<input type="checkbox"/>	State/local health reform activities
<input type="checkbox"/>	<input type="checkbox"/>	Establishing community health priorities
<input type="checkbox"/>	<input type="checkbox"/>	Developing effective funding proposals
<input type="checkbox"/>	<input type="checkbox"/>	Developing effective legislative proposals
<input type="checkbox"/>	<input type="checkbox"/>	Coordinating with governmental agencies
<input type="checkbox"/>	<input type="checkbox"/>	Developing effective public health constituencies
<input type="checkbox"/>	<input type="checkbox"/>	Developing effective relations with local legislature
<input type="checkbox"/>	<input type="checkbox"/>	Developing effective relations with health department
<input type="checkbox"/>	<input type="checkbox"/>	Differentiating board roles (policy-making) from health department roles (administration)
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify): _____

3. What are your local **Health Department's** top five priorities for this fiscal year?

1. _____
2. _____
3. _____
4. _____
5. _____

4. What are your **Board of Health's** top five priorities for this fiscal year?

1. _____
2. _____
3. _____
4. _____
5. _____

This is the end of the National Survey of Local Boards of Health. THANK YOU for your participation.

Please complete the following information and return the survey to:
(Enclosed is a pre-addressed, stamped, enveloped for your convenience).

Centers for Disease Control and Prevention
Division of Public Health Systems, PHPPO
Attention: Charles Bacon
1600 Clifton Road, NE (Mailstop - E20)
Atlanta, GA 30333
Tel #: (404) 639-1990

Presiding Officer of Board (Indicating review/concurrence):

Printed Name

Signature

Person responsible for completion of survey:

Printed Name

Signature

Street or P.O. Box

City

State

Zip Code

(____) _____
Telephone Number

(____) _____
Facsimile Number

