**SURVEYS OF STATE, TRIBAL, LOCAL, and TERRITORIAL (STLT) GOVERNMENTAL HEALTH AGENCIES**

**CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

**APPENDIX A. QUESTION BANK**

The question bank contains the following sections that correspond to a specific intended purpose of STLTS data collection activities, i.e. surveillance, evaluation, assessment, performance management, accreditation, demographics etc..

**Section 1. QUESTIONS ABOUT CURRENT STATUS OF PUBLIC HEALTH IN JURISDICTIONS**

**Section 2 EVALUATION QUESTIONS**

**Section 3. ASSESSMENT QUESTIONS**

**Section 4. PERFORMANCE STANDARDS QUESTIONS**

**Section 5. ACCREDITATION QUESTIONS**

 **Section 6. DEMOGRAPHIC QUIESTIONS**

The question bank was complied from selected existing instruments that are currently used to survey state, tribal, local and territorial governmental health agencies and is intended to be used as a resource by researchers that are interested in conducting such surveys. Researchers are free not to use the question bank and create and submit to OMB instruments that do not contain questions from the question bank.

**Section 1. QUESTIONS ABOUT CURRENT STATUS OF PUBLIC HEALTH IN JURISDICTIONS**

1. How common is a particular public health problem in your jurisdiction? Please rank the following public health problems in your jurisdiction in terms of disease prevalence/burden:
* tobacco control;
* nutrition, physical activity, obesity and food safety;
* health care associated infections;
* motor vehicle injury prevention;
* teen pregnancy prevention and the
* HIV
* Other \_\_\_\_\_\_\_Please name
1. In your jurisdiction, how frequently are you called upon to address genetic health problems or issues related to genetic testing?
2. What are the major constraints in providing public health services in your jurisdiction?
* lack of funds,
* lack of trained staff,
* poor information technology infrastructure
* other\_\_\_\_\_\_\_\_\_\_Specify
1. What are the main genetic health or genetic testing issues you address?
2. What works and what have not worked in your jurisdiction?
3. What are the most important current priorities in your jurisdiction?
4. What are the most important current challenges in the jurisdiction?
5. What programs/resources do you have to improve the quality of your organization and the services you provide?
6. What are your current capacities and/or capabilities?Suppose you get an additional $100,000 in non-categorical public health funding. Please allocate $100,000 into the following programs:
* tobacco control;
* nutrition, physical activity, obesity and food safety;
* health care associated infections;
* motor vehicle injury prevention;
* teen pregnancy prevention and the
* HIV
* Other \_\_\_\_\_\_\_Please name
1. Suppose your get additional 100K in non-categorical public health funding – how will you spend it
* Hire more staff
* Buy new computers, phones, etc
* Other \_\_\_\_\_\_\_Please name
1. What are your current abilities/capacities to address these genetic health or genetic testing problems?
2. What are your needs from CDC to help address these genetic health or genetic testing problems?

**Section 2 EVALUATION QUESTIONS**

1. What are the key goal(s)/objectives you are trying to accomplish with your efforts directed at problem [X]?
	1. Goal/Objective 1
	2. Goal/Objective 2..
	3. Goal/Objective XX
2. What are the key outcomes, and related outcome indicators, you are trying to accomplish with your efforts directed at problem [X]?
	1. Outcome/Indicator 1
	2. Outcome/Indicator 2..
	3. Outcome/Indicator XX, etc.
3. During the last period [TBD] please indicate your progress on these indicators.  [Scores for...]
	1. Outcome/Indicator 1
	2. Outcome/Indicator 2 ..
	3. Outcome/Indicator XX, etc.
4. What are the key activities, and related process indicators, you are implementing related to your outcomes on problem [X]?
	1. Activity/Indicator 1
	2. Activity/Indicator 2...
	3. Activity/Indicator XX, etc.
5. During the last period [TBD] please indicate your progress on these indicators. [Scores for...]
	1. Activity/Indicator 1
	2. Activity/Indicator 2..
	3. Activity/Indicator XX, etc.
6. Please indicate barriers and facilitators to achieving your activities and outcomes [open ended]
7. What are the key elements/components of infrastructure without which your program (at the state level) could not achieve health outcomes? [open ended, limited number]
	1. For each one please indicate the degree to which you have the desired level of infrastructure [using 1-5 scale etc]
8. What are the most critical environmental factors that influence the success or failure of your program to achieve health outcomes? [open ended, limited number]
	1. For each one please indicate the degree to which that environmental factor is present currently [using 1-5 scale etc]
9. Who are your major national partners? [open ended, limited number]
	1. Here are some efforts/issues in which national partners might be involved. Please indicate the degree of involvement of your national partners in each one [using 1-5 scale etc]
	2. Here are some roles that national partners might play in the success/failure of your program to achieve health outcomes. For each one, please indicate the degree to which your national partners play that role [using 1-5 scale etc]
10. Are you aware of document/guidance product [XX]? Y/N
	1. Please rate this document/guidance [XX] on the following attributes [using 1-5 scale etc]: *[i.e., timeliness of receipt, accuracy of information, utility of information, alignment with my own goals and objectives, how useful in my own PH work, ease of implementation of recommendations, etc.….]*
	2. Here are some potential impacts of document/guidance [XX]. Please indicate the degree to which any of these occurred. [using 1-5 scale etc]: *[i.e. realigned my goals and priorities, used in evaluation, used in communication with public, used in communication and work with policy makers, engendered a change in policy, etc]*
	3. What refinements to the document/guidance would have increased its value and impact
11. Did you attend training [XX]? Y/N
	1. Please rate this training [XX] on the following attributes [using 1-5 scale etc]*[i.e., accuracy of information, utility of information, alignment with skill and capacity needs, appropriate level, how useful in my own PH work, etc.….]*
	2. Here are some potential impacts of training [XX]. Please indicate the degree to which any of these occurred. [using 1-5 scale etc] *[i.e. realigned my goals and priorities, used in evaluation, improved implementation of activities, improved communication with public, improved used in communication and work with policy makers, , etc]*
	3. What refinements to the training would have increased its value and impact?
12. Have you received technical assistance on [XX] from CDC during the last period [TBD]? Y/N
	1. Please rate this technical assistance on the following attributes [using 1-5 scale etc] *[i.e., accuracy of information, utility of information, alignment with skill and capacity needs, appropriate level, how useful in my own PH work, etc.….]*
	2. Here are some potential impacts of this technical assistance. Please indicate the degree to which any of these occurred. [using 1-5 scale etc] *[i.e. realigned my goals and priorities, used in evaluation, improved implementation of activities, improved communication with public, improved used in communication and work with policy makers, , etc]*
	3. What refinements to the technical assistance would have increased its value and impact?
13. Demographic items:
	1. What is our current role in your [state/local] health department? [closed ended choices]
	2. How long have you been in that role? [closed ended choices]
	3. What is your current level of funding from CDC-DHDSP? [closed ended choices]
14. Evaluation Capacity items:
	1. What proportion of your **total program budget** (CDC funds and other sources) is dedicated toward evaluation activities, including contracts and staff?  [percent]
	2. How many staff do you have that are devoted to evaluation and measurement? [convert to FTEs]
	3. Here are some potential domains of work for evaluation staff. Please indicate the degree to which each domain is part of what your evaluation staff do. [1-5 scale of no emphasis 🡪 major emphasis]
		1. Evaluation
		2. Epidemiology
		3. Data analysis
		4. Planning
		5. Policy
		6. Management
		7. Other
	4. Please indicate any innovative practices that have been implemented related to evaluation. [open ended]

**Section 3. ASSESSMENT QUESTIONS (MILLER-TURNOCK INSTRUMENT)**

1. For the jurisdiction, served by your local health agency, is there a community needs assessment process that systematically describes the prevailing health status in the community? YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

2. In the past three years in your jurisdiction, has the health agency surveyed the population for behavioral risk factors? YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

3. For the jurisdiction served by your health agency, are timely investigations of adverse health events , including communicable disease outbreaks and environmental health hazards, conducted on an ongoing basis? YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

4. Are the necessary laboratory services available to the local public health agency to support investigations of adverse health events and meet routine diagnostic and surveillance needs?YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

5. For the jurisdiction served by your health agency, has an analysis been completed of the determinants and contributing factors of priority health needs, adequacy of existing health resources, and the population groups most impacted? YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

6. In the past three years in your jurisdiction, has the health agency conducted an analysis of age-specific participation in preventive and screening services? YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

7. For the jurisdiction served by your health agency, is there a network of support and communication relationships that includes health -related organizations, the media, and the general public? YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

8. In the past year in your jurisdiction, has there been a formal attempt by the health agency at informing elected officials about the potential health impact of decisions under their consideration?

YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

9. For the jurisdiction served by your health agency, has there been a prioritization of the community health needs that have been identified from a community needs assessment? YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

10. In the past three years in your jurisdiction, has the health agency implemented community health initiatives consistent with established priorities?

YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction? 1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

11. For the jurisdiction served by your health agency, has a community health action plan been developed with community participation to address community health needs?YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

12. During the past three years in your jurisdiction, has the health agency developed plans to allocate resources in a manner consistent with community health action plans?

YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

13. For the jurisdiction served by health agency, have resources been deployed as necessary to address priority health needs identified in the community health needs assessment?YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

14. In the past three years in your jurisdiction, has the health agency conducted an organizational self-assessment?YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

15. For the jurisdiction served by your health agency, are age-specific priority health needs effectively addressed through the provision of or linkage to appropriate services?YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

16. Within the past year in your jurisdiction, has the health agency provided reports to the media on a regular basis?YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

17. For the jurisdiction served by your health agency, have there been regular evaluations of the effects of public health services on community health status?

YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

18. In the past three years in your jurisdiction, has the health agency used professionally recognized processes and outcome measures to monitor programs and to redirect resources as appropriate?YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

19. In your jurisdiction, is the public regularly provided with information about current health status, health care needs, positive health behaviors, and health care policy issues?

YES NO

If YES How effective is this activity in meeting community needs within your jurisdiction?

1‑ Meets no community needs

2‑ Meets some needs

3‑ Meets half of the needs

4‑ Meets most needs

5‑ Meets all needs

20. In the past three years in your jurisdiction, has there been an instance in which the health agency has failed to implement a mandated program or service?YES NO

**Section 4. PERFORMANCE STANDARDS QUESTIONS**

**BOARD OF HEALTH INSTRUMENT**

1.1 Does the BOARD OF HEALTH periodically assess the availability of resources necessary for community health status monitoring?

1.1.1 Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, to support community health status monitoring?

1.2 Does the BOARD OF HEALTH promote broad-based participation among individuals and organizations active in collecting, analyzing, and disseminating community health status data?

1.3 Does the BOARD OF HEALTH support activities necessary for effective and broad-based health status monitoring?

1.3.1 Does the BOARD OF HEALTH support the establishment and/or adherence to standards or guidelines for the local health department’s role in data collection, sharing, and reporting?

1.3.2 Does the BOARD OF HEALTH encourage the use of a broad-based set of data in developing a community health profile?

1.3.3 Does the BOARD OF HEALTH support the local health department’s role in maintaining and/or contributing to population health registries?

1.4 Does the BOARD OF HEALTH review health status monitoring activities?

 Does the BOARD OF HEALTH:

1.4.1 Periodically review reports (i.e., every 1-3 years) on the community’s health (community health profile)?

1.4.2 Review and update, as appropriate, policies describing the frequency or quality of community health status data collections?

1.4.3 Develop a written plan for the continuous improvement of community health monitoring efforts?

2.1 Does the BOARD OF HEALTH assess the availability of resources for diagnosis and investigation of health threats in the community?

2.1.1Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, for the diagnosis and investigation of health threats?

2.2 Does the BOARD OF HEALTH establish and oversee the implementation of policies that support the diagnosis and investigation of health threats?

2.2.1 Are there policies for addressing efforts to diagnose and investigate health threats?

2.2.2 Are there policies for addressing public health emergencies?

2.3 Does the BOARD OF HEALTH promote collaboration among individuals, agencies, and organizations regarding issues of diagnosis and investigation of health threats?

2.4 Does the BOARD OF HEALTH periodically review (i.e., every 1-3 years) the adequacy of laboratory services, infectious disease epidemiologic programs, and public health surveillance and response capacity?

2.4.1 Does the BOARD OF HEALTH issue written reports on the current status and needed improvements in these services, programs, and capacities?

3.1 Does the BOARD OF HEALTH assess the availability of national, state, or local resources required for community health education and promotion programs?

3.1.1 Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, for community health education and promotion programs?

3.2 Does the BOARD OF HEALTH establish and oversee the implementation of policies in support of health education and promotion programs?

Does the BOARD OF HEALTH oversee the implementation of:

3.2.1 Policies or guidelines for health education and promotion programs?

3.2.2 Policies or guidelines for risk communication during public health emergencies?

3.3 Does the BOARD OF HEALTH periodically review (i.e., every 1-3 years) public health education and promotion activities?

4.1 Does the BOARD OF HEALTH assess resources for constituency development and partnership building activities?

4.1.1 Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, to support constituency development and partnership building?

4.1.2 Does the BOARD OF HEALTH foster coordination of resources for these activities?

4.2 Does the BOARD OF HEALTH establish and oversee the implementation of policies in support of public health constituency development or partnership building?

4.3 Does the BOARD OF HEALTH recognize and encourage community participation among constituents?

4.4 Does the BOARD OF HEALTH periodically review (i.e., every 1-3 years) public health constituency development and partnership building activities?

 Does the BOARD OF HEALTH:

4.4.1 Provide feedback directly to LPHS partners on community mobilization around health issues?

4.4.2 Recognize LPHS partners for their commitment and role in addressing public health goals and objectives?

4.4.3 Review the effectiveness of partnership participation in solving health problems?

5.1 Does the BOARD OF HEALTH have appropriate documentation (e.g., statutory charter) describing its legal authority?

5.1.1 Does the BOARD OF HEALTH periodically review and update, as appropriate, this documentation?

5.2 Does the BOARD OF HEALTH have a mission statement or other similar strategic planning statement (or other guidance appropriate for overseeing local health department operations)?

5.2.1 Does the BOARD OF HEALTH annually review these materials?

5.3 Does the BOARD OF HEALTH assess the availability of adequate resources and organizational support necessary to develop public health plans and policies?

5.3.1 Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, to conduct planning and policy development?

5.4 Does the BOARD OF HEALTH support a community health improvement process?

5.4.1 Does the BOARD OF HEALTH periodically review and update, as appropriate, the community health improvement process?

5.5 Does the BOARD OF HEALTH support the establishment of an all-hazards emergency response plan?

5.5.1 Does the BOARD OF HEALTH periodically review and update, as appropriate, the all-hazards emergency response plan?

6.1 Is the BOARD OF HEALTH knowledgeable about the sources of authority (regulatory code section, contract language, etc.) regarding laws, rules, and regulations designed to protect the public’s health?

6.1.1 Does the BOARD OF HEALTH understand the actions necessary to establish and amend laws, rules, and regulations designed to protect the public’s health?

6.1.2 Does the BOARD OF HEALTH assure the existence of laws, rules, and regulations in areas known to affect public health?

6.2 Does the BOARD OF HEALTH have statutory authority to enact laws, rules, and regulations?

Does the BOARD OF HEALTH:

6.2.1 Periodically review its statutory authority?

6.2.2 Assure that its bylaws, rules and procedures comply with local, state, and federal statutes and regulations?

6.2.3 Understand the laws, regulations, and procedures applicable in extraordinary or emergency situations?

6.2.4 Assure the enforcement of the laws, rules, and regulations under its authority?

6.3 Does the BOARD OF HEALTH assess the availability of resources that could be used for the inspection and enforcement activities designed to protect the health of the community?

6.3.1 Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, to conduct inspection and enforcement activities?

6.3.2 Does the BOARD OF HEALTH have access to legal counsel?

6.4 Does the BOARD OF HEALTH routinely advocate for laws and regulations that protect health and ensure safety?

6.4.1 Does the BOARD OF HEALTH adopt written resolutions to this effect?

6.5 Does the BOARD OF HEALTH periodically review the laws, rules, and regulations designed to protect the health of the community?

Does the BOARD OF HEALTH include in its review:

6.5.1 The participation of those that benefit from the laws, rules, and regulations in the evaluation?

6.5.2 The participation of those who are being regulated by the laws, rules, and regulations?

7.1 Does the BOARD OF HEALTH identify those individuals, agencies, and organizations responsible for the coordination of needed outreach and linkage to personal health services?

7.2 Does the BOARD OF HEALTH assess the availability of resources necessary to facilitate access to needed services for the entire community?

7.2.1 Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, for needed personal health services?

7.3 Does the BOARD OF HEALTH establish and oversee the implementation of policies supporting resources for outreach and linkage to personal health services?

7.4 Does the BOARD OF HEALTH periodically review (i.e., every 1-3 years) community outreach efforts and linkage to personal health services?

Does the review:

7.4.1 Include input and feedback from a wide spectrum of community participants?

7.4.2 Consider the impact of these efforts on populations most in need within the community?

8.1 Does the BOARD OF HEALTH assure compliance with licensure and credentialing requirements for its public health workforce?

8.2 Does the BOARD OF HEALTH establish and oversee the implementation of policies supporting its public health workforce?

Do these policies address:

8.2.1The necessary knowledge, skills, and abilities needed by the public health workforce?

8.2.2 Written job standard and/or position descriptions for all local health department staff, including credentialing/licensing requirements?

8.2.3 Activities related to annual performance evaluations of the local health department staff?

8.2.4 Continuing education for local health department staff?

8.2.5 Leadership development for local health department staff?

8.3 Does the BOARD OF HEALTH assess the availability of resources that may be used for workforce training, leadership development, or continuing education?

8.3.1 Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, to support these activities?

8.4 Does the BOARD OF HEALTH provide access to continuing training and education for all board members?

8.4.1 Does the BOARD OF HEALTH routinely support the orientation of new members of the governing body?

8.4.2 Does the orientation and/or training include information on the core functions of public health?

8.4.3 Does the orientation and/or training include information on governance responsibilities?

8.4.4 Does each board member receive written orientation or training materials (e.g., a new member handbook or manual)?

8.5 Does the BOARD OF HEALTH review efforts to strengthen its public health workforce?

 Does this include a review of:

8.5.1 Training and continuing education for local health department personnel?

8.5.2 Leadership development activities for local health department personnel?

8.5.3 Gaps related to workforce size and composition?

9.1 Does the BOARD OF HEALTH assess the availability of resources that could be used to support evaluation?

9.1.1 Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, to support evaluation activities?

9.2 Does the BOARD OF HEALTH support an evaluation plan for personal and population-based services?

9.3 Does the BOARD OF HEALTH establish and oversee the implementation of policies supporting evaluation activities?

9.3.1 Does the BOARD OF HEALTH endorse the use of nationally recognized performance standards applicable to local public health systems (e.g., National Public Health Performance Standards Program Local Public Health System Assessment)?

9.4 Does the BOARD OF HEALTH identify individuals, agencies, and organizations that should participate in the evaluation activities?

9.4.1 Does the BOARD OF HEALTH encourage identified individuals, agencies, and organizations to provide input into evaluation activities?

9.5 Does the BOARD OF HEALTH review the findings of the evaluations?

9.5.1 Does the BOARD OF HEALTH recommend changes based on evaluation results?

9.5.2 Does the BOARD OF HEALTH use the findings in the development of their strategic and operational plans?

10.1 Does the BOARD OF HEALTH establish and oversee the implementation of policies designed to foster and reward innovation?

10.2 Does the BOARD OF HEALTH encourage collaboration between local health department and academic or other research institutions for community-based research?

10.3 Does the BOARD OF HEALTH assess the availability of resources for research and identification of best practices in its jurisdiction?

10.3.1 Does the BOARD OF HEALTH advocate for changes in resource allocation, as appropriate, to support research and the identification of best practices?

10.4 Does the BOARD OF HEALTH encourage appropriate use of research findings and best practices in the implementation of public health policies and programs?

1. Characteristics of local boards of health:

 a.) Is your board (check all that apply):

[ ]  Elected

[ ]  Appointed

[ ]  Designated

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.) If appointed and/or designated, by whom (check all that apply):

[ ]  Mayor/City Council

[ ]  County Commissioner

[ ]  District/Regional Body

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Which best describes the function of your board of health?

[ ]  Advisory

[ ]  Governing

3. How many people are employed in your health department?

 Total FTEs: \_\_\_\_\_\_\_\_\_

4. For your current fiscal year, what is the total budget for your local public health agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a.) Budget for board of health training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What is the population of your jurisdiction?

* 1. Population: \_\_\_\_\_\_\_\_
	2. Year of population estimate: \_\_\_\_\_\_\_\_

**STATE HEALTH AGENCY INSTRUMENT**

1.1.1 Does the STATE HEALTH AGENCY use surveillance and monitoring programs designed to measure the health status of the state’s population?

Do these programs:

1.1.1.1 Identify data required for monitoring health status?

1.1.1.2 Identify the methods for data collection and storage?

1.1.1.3 Identify the roles of state and local governmental agencies and relevant non-governmental agencies in the collection of health data?

1.1.1.4 Facilitate access to health-related data for state and local partners, researchers and other interested groups?

1.1.2 Does the STATE HEALTH AGENCY regularly compile and provide health data in useable products to a variety of health data users?

Do these state data products use:

1.1.2.1 National health objectives, such as *Healthy People* objectives?

1.1.2.2 Linked data from diverse sources, (e.g., universities, hospitals, managed care organizations, and health departments)?

1.1.2.3 Geo-coded data for geographic analysis?

1.1.2.4 Population health registries (e.g., cancer incidence, birth defects)?

1.1.2.5 A uniform set of health indicators to describe the health of the state’s population?

1.1.2.6 A web-based data query system?

1.1.2.7 Data reporting capability that allows electronic data exchange?

1.1.3 Does the STATE HEALTH AGENCY publish or disseminate health-related data into one or more documents that collectively describe the prevailing health of the state's population (i.e., a state health profile)?

1.1.4 Does the STATE HEALTH AGENCY operate a data reporting system designed to identify potential threats to the public’s health?

Does the STATE HEALTH AGENCY:

1.1.4.1 Have written procedures for receiving information concerning reportable public health threats from the state’s public and private laboratories?

1.1.4.2 Share information and data regarding reportable public health threats with local and federal public health agencies, using National Electronic Disease Surveillance System (NEDSS)-compatible electronic systems?

1.1.4.3 Receive information from organizations that may have first contact with public health threats?

1.1.4.4 Have the capability to rapidly communicate with potential disease reporters with special alerts when needed?

1.1.5 Does the STATE HEALTH AGENCY enforce established laws and the use of protocols to protect personal health information and other data?

Do these protocols include procedures to:

1.1.5.1 Protect personal identifiers?

1.1.5.2 Specify access for confidential and non-confidential health information?

1.1.5.3 Provide data security from loss, corruption of files, and computer failure?

1.2.1 Does the STATE HEALTH AGENCY offer technical assistance (e.g., training, consultations) to local public health systems in the interpretation, use, and dissemination of health-related data?

Does the assistance focus on:

1.2.1.1 Issues in small area analysis?

1.2.1.2 Methods of accessing state data?

1.2.1.3 Methods of analysis and interpretation of data, including trends over time?

1.2.1.4 Applying state data to local planning and policy activities, including the development of community health profiles?

1.2.1.5 Helping media and local constituents understand the meaning and implications of community health data?

1.2.2 Does the STATE HEALTH AGENCY regularly provide local public health systems a uniform set of local health-related data?

Do uniform data set(s):

1.2.2.1 Provide comparisons with national and/or state health objectives?

1.2.2.2 Provide geo-coded data enabling local public health systems to conduct analysis by location?

 1.2.2.3 Become available to local public health systems in a timely fashion?

1.2.3 Does the STATE HEALTH AGENCY offer technical assistance in the development of information systems needed to monitor health status at the local level?

 Does the assistance provide methods for:

 1.2.3.1 Maintaining local health monitoring systems?

 1.2.3.2 Establishing criteria and processes for reporting health events?

 1.2.3.3 Maintaining and/or contributing to population health registries?

1.3.1 Does the STATE HEALTH AGENCY review the effectiveness of its efforts to monitor health status?

Do these reviews examine:

1.3.1.1 The relevance of existing health-related data?

1.3.1.2 Effectiveness in meeting user needs?

1.3.1.3 Local public health system feedback on their health status monitoring efforts?

1.3.1.4 Changes needed to improve the usefulness of health data products?

1.3.2 Does the STATE HEALTH AGENCY manage and improve the overall performance of its health status monitoring activities?

1.4.1 Does the STATE HEALTH AGENCY commit financial resources to health status monitoring efforts?

1.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to monitor health status?

Do STATE HEALTH AGENCY organizations:

1.4.2.1 Align their organizational strategic plans to improve system performance in monitoring health status?

1.4.2.2 Coordinate technology resources to more effectively report, analyze and disseminate health status data?

1.4.2.3 Utilize the leadership of the state public health agency in monitoring health status?

1.4.3 Does the STATE HEALTH AGENCY have the professional expertise to carry out health status monitoring activities?

Is the STATE HEALTH AGENCY workforce:

1.4.3.1 Skilled in statistics, epidemiology and information systems management?

 1.4.3.2 Sufficiently staffed to carry out health status monitoring activities?

2.1.1 Does the STATE HEALTH AGENCY operate surveillance system(s) and epidemiology activities that identify and analyze health problems and threats to the health of the state’s population?

Does the STATE HEALTH AGENCY operate:

2.1.1.1 Infectious disease surveillance programs?

2.1.1.2 Chronic disease surveillance programs?

2.1.1.3 Injury (intentional and unintentional) surveillance programs?

2.1.1.4 Environmental hazard surveillance programs?

2.1.1.5 Maternal and child health surveillance programs?

2.1.1.6 Surveillance programs focused on all-hazards and threats?

2.1.2 Does the STATE HEALTH AGENCY have the capability to rapidly initiate enhanced surveillance when needed for a statewide/regional health threat?

Do STATE HEALTH AGENCY organizations:

* + - 1. Utilize a prompt communication process and protocols to initiate enhanced surveillance?
			2. Use written protocols to assure deployment and coordination of local epidemiologic and laboratory expertise and facilities?
			3. Use written protocols to assure coordination with hospital, physician offices, clinic and other settings to identify potential threats to population health?
			4. Use plans to deploy state government resources to enhanced surveillance?
			5. Coordinate public health action according to state and local emergency management plans?

2.1.3 Does the STATE HEALTH AGENCY organize its private and public laboratories (within the state and outside of the state) into a well-functioning laboratory system?

Does the STATE HEALTH AGENCY:

2.1.3.1 Have written protocols for the handling, storage, and transportation of specimens associated with public health threats?

2.1.3.2 Identify and use laboratories that collectively can identify all diseases and conditions for which notification is required by state law?

2.1.3.3 Assure that the laboratories that collaborate with the STATE HEALTH AGENCY are appropriately licensed for the testing they provide?

2.1.3.4 Use the state public health laboratory to develop a network of clinical labs in the state?

2.1.3.5 Maintain a list of all clinical laboratories, categorized by their capacity to analyze human specimens and environmental specimens in the event of suspected disease outbreaks or hazardous exposures? (*Note*: consider whether the scope of the list includes: state and local public health laboratories; clinical laboratories (hospital, clinics, physician office labs); commercial laboratories)

2.1.3.6 Maintain its list of all clinical labs in a portable database and backed up off-site?

2.1.3.7 Have tested capability to communicate electronically with all clinical labs in the state within one hour in the event of an emergency?

 2.1.3.8 Maintain linkages with environmental, food, blood, veterinary, and forensic laboratories?

 2.1.3.9 Participate fully in the national Laboratory Response Network?

2.1.4 Does the STATE HEALTH AGENCY have laboratories that have the capacity to analyze clinical and environmental specimens in the event of suspected exposure or disease outbreak?

 Do STATE HEALTH AGENCY laboratories:

2.1.4.1 Have the capacity to identify diseases and conditions for which notification is required by state law as well as the diseases and conditions included in the National Notifiable Diseases Surveillance System (NNDSS)?

2.1.4.2 Have in-state laboratory capacity to conduct clinical and environmental testing?

2.1.5 Does the STATE HEALTH AGENCY investigate and respond to identified public health threats?

Do STATE HEALTH AGENCY organizations:

2.1.5.1 Use defined roles and responsibilities in responding to public health threats for STATE HEALTH AGENCY organizations, including local public health systems?

 2.1.5.2 Inform policymakers of possible threats to the health of the public?

2.1.5.3 Use communications systems designed to alert appropriate health officials in the case of adverse public health events that require a rapid response?

2.1.5.4 Utilize rapid response teams with expertise from multiple disciplines?

2.1.5.5 Provide screening tests in response to exposures to health hazards?

2.2.1 Does the STATE HEALTH AGENCY provide assistance (through consultations and/or training) to local public health systems in the interpretation of epidemiologic findings?

Does this assistance address:

2.2.1.1 Information on how to access epidemiology services?

2.2.1.2. Procedures for reporting local data to state surveillance systems?

2.2.1.3 Interpretation of epidemiologic findings?

2.2.1.4 Methods for conducting investigations of outbreaks?

2.2.2 Does the STATE HEALTH AGENCY provide laboratory assistance to local public health systems?

Does this assistance address:

2.2.2.1 Information on how to access and utilize STATE HEALTH AGENCY laboratory services (including the Laboratory Response Network)?

2.2.2.2 Interpretation of laboratory findings?

2.2.3 Does the STATE HEALTH AGENCY provide local public health systems with information and guidance about public health problems and potential public health threats (e.g., health alerts, consultations)?

Does the STATE HEALTH AGENCY provide:

2.2.3.1 Current analyses of the incidence and prevalence of diseases and other adverse health conditions?

2.2.3.2 Current guidance relating to the most effective population-based methods of disease prevention and control?

2.2.3.3 Guidance for response to emergencies?

2.2.4 Does the STATE HEALTH AGENCY provide trained personnel, as needed, to assist local communities in the investigations of public health problems and threats?

2.3.1 Does the STATE HEALTH AGENCY periodically review the effectiveness of the state surveillance and investigation system?

Do the reviews examine:

2.3.1.1 Whether the surveillance of possible public health threats is based on current public health science?

2.3.1.2 The timeliness of reporting results of epidemiologic investigations and laboratory tests of notifiable diseases?

2.3.1.3 Whether the state’s investigation and response plans meets program standards?

2.3.1.4 Results of emergency response tabletop exercises and drills?

2.3.1.5 Whether surge capacity in epidemiology programs and public health laboratories is sufficient in the event of an emergency?

* + 1. Does the STATE HEALTH AGENCY actively manage and improve the overall performance of its activities to diagnose and investigate health problems and health hazards?

2.4.1 Does the STATE HEALTH AGENCY commit financial resources to support the diagnosis and investigation of health problems and hazards?

2.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to diagnose and investigate health hazards and health problems?

Do STATE HEALTH AGENCY organizations:

2.4.2.1 Align their organizational strategic plans to improve system performance in diagnosing and investigating health problems?

2.4.2.2 Coordinate technology resources to more effectively report, analyze and communicate health data needed to implement the diagnosis and investigation activities?

2.4.2.3 Utilize the active role of the state public health agency to carry out the diagnosis and investigation function?

2.4.3 Does the STATE HEALTH AGENCY have the professional expertise to identify and analyze public health threats and hazards?

Is the STATE HEALTH AGENCY workforce:

2.4.3.1 Skilled in detecting and investigating health problems?

2.4.3.2 Sufficiently staffed to carry out diagnosis and investigation activities?

* + 1. Does the STATE HEALTH AGENCY design and implement health education and health promotion interventions?

Do these interventions:

3.1.1.1 Provide effective health education services?

 3.1.1.2 Provide effective health promotion programs?

3.1.2 Does the STATE HEALTH AGENCY design and implement health communications?

 Are these health communications:

3.1.2.1 Based on established health communication theories and best practices?

3.1.2.2 Designed with an active focus on understanding the target population, i.e., how that population might respond to new information and interventions about health behaviors and health issues?

3.1.2.3 Based on a communication plan developed collaboratively among STATE HEALTH AGENCY organizations?

3.1.2.4 Producing public health messages with content and materials appropriate to the target population?

3.1.2.5 Delivering targeted public health messages to at-risk populations with content and materials that are culturally and linguistically appropriate?

3.1.2.6 Using a coordinated media strategy?

3.1.3 Does the STATE HEALTH AGENCY have a crisis and emergency communications plan?

Does this emergency communications plan include:

3.1.3.1 Protocols for the creation and dissemination of information at each stage of a crisis according to recognized theories and methods?

3.1.3.2 Content and materials targeted to specific audience characteristics?

3.1.3.3 Adaptations of content to different types of emergencies (i.e., natural disasters, bioterrorism, etc.)?

3.1.3.4 Responsibilities for emergency communications teams established in accordance with National Incident Management System (NIMS)?

3.1.3.5 Policies and procedures to coordinate communications with state and local emergency management agencies?

3.1.3.6 Policies and procedures to disseminate information among STATE HEALTH AGENCY organizations and members of the public in a timely fashion?

3.1.3.7 Adequate resources to ensure rapid communications response, such as redundant communication devices and trained staff (e.g., Health Alert Network)?

3.2.1 Does the STATE HEALTH AGENCY provide technical assistance to local public health systems (through consultations, training, and/or policy changes) to develop skills and strategies to conduct health communication, health education, and health promotion interventions?

 Does this include assistance in:

3.2.1.1 Using evidence of effectiveness to select health communication resources?

3.2.1.2 Selecting or developing health education and health promotion resources?

3.2.1.3 Evaluating health communication, health education and promotion resources?

3.2.1.4 Using social marketing techniques to develop health promotion initiatives?

 3.2.1.5 Targeting populations at high risk of poor health?

* + 1. Does the STATE HEALTH AGENCY support and assist local public health systems in developing effective emergency communications capabilities?

 Does this support and assistance address:

3.2.2.1 Development of emergency communications plans that can be used in different types of emergencies (i.e., outbreaks, natural disasters, bioterrorism)?

3.2.2.2 Policies and procedures for linking with state emergency communications plans?

3.2.2.3 Rapid communications response, including the use of a Health Alert Network, redundant communications, and communications surge capacity?

3.2.2.4 Training new and current staff in crisis/ emergency communications?

3.2.2.5 Applying risk communication principles in developing health communication

3.3.1 Does the STATE HEALTH AGENCY periodically review the effectiveness of health communication, including emergency communication, health education and promotion interventions?

Do these reviews:

3.3.1.1 Assure content is accurate and current?

3.3.1.2 Assess the effectiveness and appropriateness of the programs and interventions?

3.3.1.3 Include the participation of the populations served by the intervention efforts?

3.3.1.4 Assess the effectiveness of efforts to target special populations with culturally and linguistically appropriate resource materials?

3.3.1.5 Assess the effectiveness of media strategy(s)?

3.3.2 Does the STATE HEALTH AGENCY actively manage and improve the overall performance of its activities to inform, educate and empower people about health issues?

3.4.1 Does the STATE HEALTH AGENCY commit financial resources to support health communication and health education and health promotion efforts?

3.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to implement health communication, health education, and health promotion services?

Do STATE HEALTH AGENCY organizations:

3.4.2.1 Align their organizational strategic plans to improve system performance in informing, educating and empowering people about health issues?

3.4.2.2 Coordinate technology resources to more effectively develop and disseminate health information messages?

3.4.2.3 Utilize the leadership of the state public health agency to inform, educate and empower people about health issues?

3.4.3 Does the STATE HEALTH AGENCY have the professional expertise to carry out effective health communications, health education, and health promotion services?

Is the STATE HEALTH AGENCY workforce:

3.4.3.1 Skilled in informing, educating and empowering people about health issues?

3.4.3.2 Sufficiently staffed to carry out efforts to inform, educate, and empower the public about health issues?

4.1.1 Does the STATE HEALTH AGENCY build statewide support for public health issues?

Do members of the STATE HEALTH AGENCY:

* + - 1. Identify new and existing partners for specific health concerns (e.g., disease, risk factor, life stage need, and health policy topics)?

4.1.1.2 Maintain linkages with stakeholders to facilitate communication and optimize resource sharing?

4.1.1.3 Regularly communicate with stakeholders about priority health issues?

4.1.1.4 Implement joint efforts to strengthen public health resources at the state and local levels?

4.1.1.5 Use established processes to brief state and local elected officials on priority health issues?

4.1.2 Does the STATE HEALTH AGENCY organize partnerships to identify and to solve health problems?

Do these partnerships:

4.1.2.1 Conduct collaborative decision-making and action?

4.1.2.2 Maximize the use of available resources to deliver the Essential Public Health Services?

4.1.2.3 Share responsibilities to deliver the Essential Public Health Services?

4.1.2.4 Collaborate with a broad representation of partners?

4.2.1 Does the STATE HEALTH AGENCY provide assistance (through consultations and/or trainings) to local public health systems to build partnerships for community health improvement?

4.2.2 Does the STATE HEALTH AGENCY provide incentives to local partnerships through grant requirements, financial incentives and/or resource sharing?

4.3.1 Does the STATE HEALTH AGENCY review its partnership development activities?

 Do these reviews examine:

4.3.1.1 The effectiveness of partnership participation in solving health problems?

4.3.1.2. The satisfaction of constituents with STATE HEALTH AGENCY efforts?

4.3.2.3 The participation and commitment of its policy leaders and systems partners? *(see 4.1.2.4 discussion toolbox for examples)*

* + 1. Does the STATE HEALTH AGENCY actively manage and improve the overall performance of its partnership activities?

4.4.1 Does the STATE HEALTH AGENCY commit financial resources to sustain partnerships?

4.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to mobilize partnerships?

Do STATE HEALTH AGENCY organizations:

4.4.2.1 Align their organizational strategic plans to improve system performance in partnerships?

4.4.2.2 Coordinate technology resources to more effectively collaborate within partnerships (e.g. communication technology to support listservs, newsletter publication, etc)?

4.4.2.3 Work toward partnership growth, by nurturing and incorporating new partners?

4.4.2.4 Utilize the active role of the state public health agency in mobilizing partnerships?

4.4.3 Does the STATE HEALTH AGENCY have the professional expertise to carry out partnership development activities?

Is the STATE HEALTH AGENCY workforce:

4.4.3.1 Skilled in collaborative group processes?

4.4.3.2 Sufficiently staffed to carry out partnership development activities?

5.1.1 Does the STATE HEALTH AGENCY implement statewide health improvement processes that convene partners and facilitate collaboration among organizations contributing to the public’s health?

Do participants in planning processes:

5.1.1.1 Include state and community-level leaders?

5.1.1.2 Include populations affected by health improvement efforts?

5.1.1.3 Identify statewide health improvement priorities (within topical areas such as tobacco planning, cancer prevention planning, diabetes planning, etc.)?

5.1.1.4 Recommend measurable health improvements in the form of objectives?

5.1.1.5 Propose collaborative approaches for accomplishing objectives?

5.1.2 Does the STATE HEALTH AGENCY develop one or more state health improvement plan(s) to guide its collective efforts to improve health and the public health system?

Do the state health improvement plan(s):

5.1.2.1 Use the data and information from the state health profile about the prevailing health of the state’s population?

5.1.2.2 Include strategic health objectives and improvement strategies for the state?

5.1.2.3 Identify policy changes that are needed to accomplish health objectives?

5.1.2.4 Identify individuals and organizations that have accepted responsibility for implementing specific statewide strategies?

5.1.2.5 Specify measurable indicators used to monitor progress toward achievement of health objectives?

5.1.2.6 Combine into a single comprehensive state health improvement plan?

5.1.3 Does the STATE HEALTH AGENCY have in place an All-Hazards Preparedness Plan guiding systems partners to protect the state’s population in the event of an emergency?

 Does the preparedness plan:

5.1.3.1 Align system-wide interdisciplinary planning and implementation of a public health response?

5.1.3.2 Identify objectives and strategies and address systems changes to improve the readiness of public health in responding to emergency and disaster situations?

5.1.3.3 Specify operational responsibilities for state, local, public and private organizations in the event of an emergency?

5.1.4 Does the STATE HEALTH AGENCY conduct policy development activities?

Do members of the STATE HEALTH AGENCY:

5.1.4.1 Convene interested stakeholders to address policy issues of mutual interest?

5.1.4.2 Prepare reports outlining policy options?

5.1.4.3 Convene forums to hear public feedback, formal public testimony, and recommendations?

5.1.4.4 Communicate with state boards or advisory panels responsible for health policy development?

5.1.4.5 Inform federal boards or advisory panels responsible for health policy development of relevant state issues?

5.1.4.6 Identify policy changes needed to improve the public’s health?

5.1.4.7 Draft legislation or public health regulations?

5.1.4.8 Assure that policy changes are identified to achieve the objectives in the state health improvement plan?

5.2.1 Does the STATE HEALTH AGENCY provide technical assistance and training to local public health systems for developing local plans?

Does this technical assistance address:

5.2.1.1 Training in the use of health planning models such as APEX*PH* and MAPP (*Mobilizing for Action through Planning and Partnerships*)?

5.2.1.2 Use of local health data to determine health priorities and objectives?

5.2.1.3 Selecting and using effective intervention strategies for addressing local health priorities and objectives?

5.2.1.4 Mobilizing communities to implement improvements outlined in the plans?

5.2.1.5 Approaches for integrating health issues and improvement strategies into other local community development or planning initiatives (e.g., Chamber of Commerce, United Way needs assessment, Emergency Management, Healthy Cities initiatives, etc.)?

5.2.2 Does the STATE HEALTH AGENCY provide support and assistance for the development of community health improvement plans that are integrated with statewide health improvement strategies?

Does the STATE HEALTH AGENCY provide technical assistance for:

5.2.2.1 Local program planning for public health infrastructure improvements outlined in the state health improvement plans?

5.2.2.2 Local system changes needed to improve statewide initiatives (e.g., statewide strategies to combat emerging infections, coordinated statewide strategies to reduce obesity)?

5.2.3 Does the STATE HEALTH AGENCY provide technical assistance in the development of local public health all-hazards preparedness plans for responding to emergency situations?

Do STATE HEALTH AGENCY members assist in the development of local operational plans that address:

5.2.3.1 Continuity of operations?

5.2.3.2 Written agreements to assure joint planning, mutual aid and coordinated response?

5.2.3.3 Clear definition of state and local roles and responsibilities?

5.2.3.4 Managing across organizational structures during an event?

5.2.3.5 Methods for deploying local assets during an emergency event?

5.2.3.6 Training in the National Incident Management System (NIMS)?

5.2.4 Does the STATE HEALTH AGENCY provide technical assistance in local health policy development?

Do members of the STATE HEALTH AGENCY provide assistance to:

5.2.4.1 Use health data in policy development?

5.2.4.2 Obtain public input on policy options?

5.2.4.3 Analyze policy options?

5.2.4.4 Develop policies based on proven interventions?

5.2.4.5 Inform policymakers of policy issues?

5.2.4.6 Draft rules, regulations, or ordinances needed to protect and promote the health of the public?

5.2.4.7 Develop systems linkages between public health and the health care system?

5.3.1 Does the STATE HEALTH AGENCY review progress towards accomplishing health improvement across the state?

5.3.2 Does the STATE HEALTH AGENCY review new and existing policies to determine their public health impacts?

5.3.3 Does the STATE HEALTH AGENCY conduct formal exercises and drills of the procedures and protocols linked to its All-Hazards Preparedness Plan?

Does the STATE HEALTH AGENCY:

5.3.3.1 Make adjustments in procedures based on the results of exercises and drills to improve the effectiveness of the state’s response to an emergency?

5.3.3.2 Conduct such exercises and drills at least annually?

* + 1. Does the STATE HEALTH AGENCY actively manage and improve the overall performance of its planning and policy development activities?

5.4.1 Does the STATE HEALTH AGENCY commit financial resources to health planning and policy development efforts?

5.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to implement health planning and policy development?

Do STATE HEALTH AGENCY organizations:

5.4.2.1 Align their organizational strategic plans to improve system performance in planning and policy development?

5.4.2.2 Share information systems that provide data useful to health planning and policy development activities?

5.4.2.3 Utilize the leadership of the state public health agency in planning and policy development?

5.4.3 Does the STATE HEALTH AGENCY have the professional expertise to carry out planning activities?

5.4.3.1 Is the STATE HEALTH AGENCY workforce skilled in health planning?

5.4.3.2 Is the STATE HEALTH AGENCY workforce sufficiently staffed to carry out planning activities?

5.4.4 Does the STATE HEALTH AGENCY have the professional expertise to carry out health policy development?

5.4.4.1 Is the STATE HEALTH AGENCY workforce skilled in health policy development?

5.4.4.2 Is the STATE HEALTH AGENCY workforce sufficiently staffed to carry out policy development activities?

6.1.1 Does the STATE HEALTH AGENCY assure existing and proposed state laws are designed to protect the public’s health and ensure safety?

Do STATE HEALTH AGENCY legal reviews:

6.1.1.1 Address whether laws have a sound basis in current public health science and best practices for achieving compliance?

 6.1.1.2 Evaluate the intended and unintended impacts of enforcing laws?

6.1.1.3 Use input solicited from key stakeholders on laws reviewed?

6.1.1.4 Result in advocacy by STATE HEALTH AGENCY members to the appropriate legal body, such as state legislatures or regulatory boards, for modifications that are identified through their reviews of laws?

6.1.2 Does the STATE HEALTH AGENCY assure that laws give state and local authorities the power and ability to prevent, detect, manage, and contain emergency health threats?

6.1.3 Are there cooperative relationships between STATE HEALTH AGENCY and persons and entities in the regulated environment to encourage compliance and assure that laws accomplish their health and safety purposes (e.g. hospitals and the state public health agency)?

6.1.3.1 Do these relationships support and encourage training to support compliance with laws?

6.1.3.2 Dialogue about promising new practices in accomplishing the health and safety purposes of public health laws?

6.1.4 Does the STATE HEALTH AGENCY ensure that administrative processes are customer-centered (e.g., obtaining permits and licenses)?

Are administrative processes:

6.1.4.1 Offered at convenient times and locations?

6.1.4.2 Offered with the convenience of electronic processing?

6.1.4.3 Accompanied by user fees that balance affordability and program sustainability?

6.1.4.4 Offered with directions for achieving compliance and obtaining information?

6.1.4.5 Administered according to written guidelines?

6.2.1 Does the STATE HEALTH AGENCY provide technical assistance to local public health systems on best practices in compliance and enforcement of laws that protect health and ensure safety?

Does this technical assistance focus on:

6.2.1.1 Enforcement protocols that incorporate current scientific knowledge and best practices for achieving compliance?

6.2.1.2 Consultations in routine enforcement situations?

6.2.1.3 Direct assistance in complex enforcement operations?

6.2.1.4 Training to keep enforcement skills up-to-date?

6.2.2 Does the STATE HEALTH AGENCY partner with local governing bodies in reviewing, improving and developing local laws?

Does the partnership focus on:

6.2.2.1 Reviewing local laws?

6.2.2.2 Improving and modernizing local laws?

6.2.2.3 Developing new local laws that incorporate current scientific knowledge and best practices for achieving compliance?

6.2.2.4 Assuring that local officials have the appropriate power and ability to prevent, detect, manage, and contain emergency health threats?

6.3.1 Does the STATE HEALTH AGENCY review the effectiveness of its regulatory, compliance and enforcement activities?

Do these reviews examine whether:

* + - 1. Gaps in regulatory activities are addressed through new laws or administrative rules?
			2. Cooperative relationships with persons and entities in the regulated environment have resulted in improvement in compliance with laws?
			3. State enforcement activities are appropriately coordinated with the enforcement efforts at the local level?

6.3.1.4 Enforcement activities are performed professionally and any abuse of authority is corrected quickly?

6.3.2 Does the STATE HEALTH AGENCY actively manage and improve the overall performance of its regulatory programs and activities?

6.4.1 Does the STATE HEALTH AGENCY commit financial resources to the enforcement of laws that protect health and ensure safety?

6.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to comply with laws and regulations?

Do STATE HEALTH AGENCY organizations:

6.4.2.1 Align their organizational strategic plans to improve system performance in compliance and enforcement?

6.4.2.2 Coordinate technology resources to more effectively report, track, analyze and communicate data relevant to enforcement?

6.4.2.3 Utilize the leadership of the state public health agency in enforcing laws that protect health and ensure safety?

* + 1. Does the STATE HEALTH AGENCY have the professional expertise to carry out enforcement activities?

 Is the STATE HEALTH AGENCY workforce:

6.4.3.1 Skilled in the administration of legal and regulatory programs?

6.4.3.2 Sufficiently staffed to carry out enforcement activities?

7.1.1 Does the STATE HEALTH AGENCY assess the availability of personal health services to the state’s population?

Does the assessment identify:

7.1.1.1 Health professional shortage areas within the state?

7.1.1.2 Gaps in the safety-net provider network?

7.1.1.3 Utilization of personal health care services?

7.1.1.4 Barriers to access among populations with special needs?

7.1.2 Through collaborations with local public health systems and health care providers, does the STATE HEALTH AGENCY take action to eliminate barriers to access to personal health care?

Do STATE HEALTH AGENCY collaborative partnerships take action to:

7.1.2.1 Assess the availability of personal health services throughout the state?

7.1.2.2 Improve personal health service delivery?

7.1.2.3 Inform policymakers of the barriers to personal health care access experienced by the state’s population?

7.1.2.4 Recommend needed changes in state policy to increase access to personal health care for populations in need?

 7.1.2.5 Improve the working relationships of members of state and local public health systems and health care providers?

 7.1.2.6 Prepare for hospital and health professional surge capacity that will be needed in the event of an emergency?

7.1.3 Does the STATE HEALTH AGENCY have an entity responsible for monitoringand coordinating personal health care delivery within the state?

Does this coordinating entity have the capability to:

7.1.3.1 Manage a systems approach to assessing and improving the accessibility of personal health care?

7.1.3.2 Review the quality of personal health care?

7.1.3.3 Make recommendations to policy leaders and safety-net providers on methods to improve delivery of personal health services?

7.1.4 Does the STATE HEALTH AGENCY mobilize its assets, including local public health systems, to reduce health disparities in the state?

Does this effort produce:

7.1.4.1 A plan for reducing or eliminating health disparities?

7.1.4.2 A preparedness plan, including organizational roles and responsibilities, for meeting the needs of vulnerable populations in the event of a natural disaster or other emergency?

7.2.1 Does the STATE HEALTH AGENCY provide technical assistance to local public health systems on methods to assess and meet the needs of underserved populations?

 Does this assistance address:

 7.2.1.1 Local partnership development to coordinate personal health service delivery?

7.2.1.2 Assessment methods for identifying underserved populations?

7.2.1.3 Planning tools for designing programs or initiatives to reduce barriers to health care access?

7.2.1.4 Approaches to coordinate complementary programs (such as WIC and childhood immunization programs) to optimize access to needed services?

7.2.1.5 Methods for identifying local surge capacity needed in the event of an emergency?

7.2.1.6 Approaches for planning for the needs of vulnerable populations in the event of an emergency?

7.2.2 Does the STATE HEALTH AGENCY provide technical assistance to providers who deliver personal health care to underserved populations?

7.3.1 Does the STATE HEALTH AGENCY review personal health care access, appropriateness and quality?

Do these reviews examine:

7.3.1.1 Reports on the extent and quality of prevention services in managed care?

7.3.1.2 Hospital report cards?

7.3.1.3 Reports on patient safety?

7.3.1.4 State or national health care quality reports?

7.3.1.5 State or national health care disparities reports?

7.3.1.6 Opportunities for change to improve health care quality?

7.3.1.7 Changes to barriers to personal health care?

7.3.2 Does the STATE HEALTH AGENCY actively manage and improve the overall performance of its activities to link people to needed personal health care services?

* + 1. Does the STATE HEALTH AGENCY commit financial resources to assure the provision of personal health care?

7.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to provide needed personal health care?

Do STATE HEALTH AGENCY organizations:

7.4.2.1 Align their organizational strategic plans to improve system performance in linking people to needed services?

7.4.2.2 Coordinate technology resources to more effectively conduct outreach to link people to needed care?

7.4.2.3 Utilize the leadership of the state public health agency in linking people to needed personal health care?

7.4.3 Does the STATE HEALTH AGENCY have the professional expertise to carry out the functions of linking people to needed personal health care?

Is the STATE HEALTH AGENCY workforce:

7.4.3.1 Skilled in health care monitoring, analysis, management and service delivery?

7.4.3.2 Sufficiently staffed to carry out activities to link people to needed personal health services?

* + 1. Does the STATE HEALTH AGENCY conduct assessments of its workforce needs to deliver effective population-based and personal health services in the state?

 Does the STATE HEALTH AGENCY assess:

 8.1.1.1 Population-based workforce needs in the state?

 8.1.1.2 Personal health care workforce needs in the state?

8.1.2 Does the STATE HEALTH AGENCY develop a statewide workforce plan(s) to guide its activities in workforce development? *(Note: the STATE HEALTH AGENCY may have one or more workforce plans, but the plan(s) should address both population-based and personal health care workforce.)*

Does the workforce plan(s) address:

* + - 1. The population-based workforce, guiding improvements in this segment of the STATE HEALTH AGENCY workforce?
			2. The personal health care workforce, guiding improvements in this segment of the STATE HEALTH AGENCY workforce?

8.1.3 Do STATE HEALTH AGENCY human resources development programs provide training to enhance the technical and professional competencies of the workforce?

Does training address, at a minimum:

8.1.3.1 Leadership and management skills?

8.1.3.2 Understanding the multiple determinants of health (i.e., conditions underlying health including cultural, social, economic, educational, genetic, and environmental determinants)?

8.1.3.3 Use of information technologies in public health practice?

8.1.3.4 Individual and organizational roles in an incident command system?

8.1.3.5 Core competencies needed to deliver the Essential Public Health Services, including a basic understanding of public health and emergency management?

8.1.3.6 Bridging medicine and public health training in medical schools and schools of public health?

8.1.4 Does the STATE HEALTH AGENCY assure that individuals in the population-based and personal health care workforce achieve the highest level of professional practice?

Are competencies assured through:

8.1.4.1 Educational requirements in the hiring process?

8.1.4.2 Professional certifications, licenses, or credentialing?

8.1.4.3 Recognition for completion of advanced competency-based training?

8.1.4.4 Organizational reviews, including accreditation, that recognize workforce competencies?

8.1.5 Does the STATE HEALTH AGENCY support initiatives that encourage life-long learning?

Do these initiatives include:

8.1.5.1 Career ladders and other developmental programs to provide advancement opportunities?

* + - 1. Coaching or mentoring programs to assist personnel to begin or advance within their occupation?
			2. Funds or time off to help members of the workforce participate in educational programs that build additional technical and professional skills?
			3. Marketing these opportunities to heighten worker awareness?
			4. Encouragement for members of workforce to apply their leadership skills to health improvement activities in their communities (outside of their agency work)?
			5. Learning management systems supporting distance learning and management of training needs and resources?

8.2.1 Does the STATE HEALTH AGENCY assist local public health systems in completing assessments of their population-based and personal health care workforces?

8.2.2 Does the STATE HEALTH AGENCY assist local public health systems with workforce development?

Is assistance provided to improve workforce development strategies for:

8.2.2.1 Using competency-based workforce standards?

8.2.2.2 Employee recruitment and retention to fill gaps?

8.2.2.3 Improving workforce performance?

8.2.3 Does the STATE HEALTH AGENCY assure educational course work and training is available and accessible to enhance the skills of the workforce of local public health systems?

* + 1. Does the STATE HEALTH AGENCY review its workforce development activities?
		2. Does the STATE HEALTH AGENCY review the extent to which academic-practice partnership(s) address the preparation of personnel entering the STATE HEALTH AGENCY workforce?

8.3.3 Does the STATE HEALTH AGENCY actively manage and improve the overall performance of its workforce development activities?

8.4.1 Does the STATE HEALTH AGENCY commit financial resources to workforce development efforts?

8.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to effectively conduct workforce development activities?

Do STATE HEALTH AGENCY organizations:

8.4.2.1 Align their organizational strategic plans to improve system performance in workforce development?

8.4.2.2 Coordinate technology resources to more effectively conduct workforce development?

8.4.2.3 Utilize the leadership of the state public health agency in workforce development?

8.4.3 Does the STATE HEALTH AGENCY have the professional expertise to carry out workforce development activities?

Is the STATE HEALTH AGENCY workforce:

8.4.3.1 Skilled in human resource development?

8.4.3.2 Sufficiently staffed to carry out workforce development activities?

9.1.1 Does the STATE HEALTH AGENCY routinely evaluate population-based health services within the state?

Do these evaluations address:

9.1.1.1 Use of evaluation designs that involve stakeholders in the program, including local public health systems?

9.1.1.2 Examinations of comparisons of current population-based program experience with nationally recognized standards of best practice and program effectiveness?

9.1.1.3 Examinations of consumer satisfaction with population-based services, including the perspectives of consumers who experience problems with population-based health services?

9.1.1.4 Focus on the effectiveness of population-based programs?

9.1.1.5 Monitoring of credentials and licenses of population-based health professionals?

9.1.1.6 Regular use of evaluation findings in state health improvement activities?

9.1.2 Does the STATE HEALTH AGENCY evaluate the effectiveness of personal health services within the state?

Do personal health services evaluations address:

9.1.2.1 A broad scope of personal health care facilities and services that are routinely evaluated for compliance with applicable state and national standards and benchmarks?

9.1.2.2 Monitoring of credentials and licenses of health care professionals?

9.1.2.3 Regular use of evaluation findings in state health improvement activities?

9.1.3 Does the STATE HEALTH AGENCY establish and/or use standards to assess the performance of the state public health system?

Do evaluations of the state public health system:

9.1.3.1 Use standards for the evaluation of systems, capacity, and infrastructure?

9.1.3.2 Address the effectiveness of the delivery of the Essential Public Health Services throughout the state?

9.1.3.3 Identify strengths and areas of needed improvement in the STATE HEALTH AGENCY?

9.1.3.4 Examine the extent to which statewide organizations operate as a system?

9.1.3.5 Examine the role of statewide organizations in evaluating the organizational performance of their local counterparts, through program evaluation, certification, accreditation, licensing, or other means (e.g., role of the state public health agency in evaluating local public health agencies, role of state Red Cross in evaluating local Red Cross chapters)?

9.2.1 Does the STATE HEALTH AGENCY provide technical assistance (e.g., consultations, training) to local public health systems in their evaluations?

Do STATE HEALTH AGENCY organizations provide assistance in:

9.2.1.1 Evaluating population-based services?

9.2.1.2 Evaluating personal health services?

9.2.1.3 Evaluating local public health systems?

9.2.2 Does the STATE HEALTH AGENCY share results of state-level performance evaluations with local public health systems for use in local planning processes?

9.3.1 Does the STATE HEALTH AGENCY regularly review the effectiveness of its evaluation activities?

 Do these reviews examine:

 9.3.1.1 The scope of evaluations to assure they are appropriate to inform program and service delivery decisions?

 9.3.1.2 The use of robust evaluation methodologies?

 9.3.1.3 Evaluation protocols used when weaknesses in program or service quality become apparent?

* + 1. Does the STATE HEALTH AGENCY actively manage and improve the overall performance of its evaluation activities?

9.4.1 Does the STATE HEALTH AGENCY commit financial resources for evaluation?

9.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to conduct evaluations?

Do STATE HEALTH AGENCY organizations:

9.4.2.1 Align their organizational strategic plans to improve system performance in evaluation?

 9.4.2.2 Coordinate technology resources to more effectively conduct evaluation?

9.4.2.3 Use the leadership of the state public health agency in conducting evaluations of programs, services and systems?

9.4.3 Does the STATE HEALTH AGENCY have the professional expertise to carry out evaluation activities?

Is the STATE HEALTH AGENCY workforce:

9.4.3.1 Skilled in evaluation?

9.4.3.2 Sufficiently staffed to carry out evaluations?

* + 1. Does the STATE HEALTH AGENCY maintain an active academic-practice collaboration(s) to promote and organize research activities and disseminate and use research findings in practice?

Does the academic-practice collaboration:

* + - 1. Produce joint research projects?
			2. Facilitate faculty-staff exchanges (e.g. joint appointments, student placements)?
			3. Organize Academic Health Departments?
			4. Produce reports that translate research findings into specific practice applications?

10.1.1.5 Carry out a statewide dissemination process for sharing research findings on public health practice innovations, including best practices?

10.1.2 Does the STATE HEALTH AGENCY have a public health research agenda?

Is the research agenda:

10.1.2.1 Designed to improve health outcomes?

10.1.2.2 Developed through academic-practice collaboration(s)?

10.1.2.3 Focused on gaining a better understanding of performance factors associated with delivery of the Essential Public Health Services?

10.1.2.4 Focused on research issues identified in the state public health improvement plan?

 10.1.2.5 Relevant to research issues for diverse populations and communities?

 10.1.2.6 Designed to examine the connections among health-related problems?

10.1.2.7 Regularly updated to reflect current public health issues and concerns?

10.1.3 Does the STATE HEALTH AGENCY participate in and conduct research relevant to public health services?

Does the STATE HEALTH AGENCY:

10.1.3.1 Contribute to the design of research studies?

10.1.3.2 Implement and/or participate in research studies to identify or test innovative population- based health interventions?

 10.1.3.3 Publish research findings in recognized public health literature?

10.2.1 Does the STATE HEALTH AGENCY provide technical assistance to local public health systems with research activities?

Is this assistance focused on:

10.2.1.1 Building skills in research design and methods?

10.2.1.2 Partnering with research organizations?

10.2.1.3 Obtaining academic health department designation for interested local health departments?

10.2.1.4 Conducting population-based research studies?

10.2.1.5 Community-based participatory research projects?

10.2.2 Does the STATE HEALTH AGENCY assist local public health systems in their use of research findings?

Does assistance include:

10.2.2.1 Disseminating research findings to local public health systems (e.g., through libraries, Internet, best practice reports)?

10.2.2.2 Applying research findings in practice settings?

* + 1. Does the STATE HEALTH AGENCY review its public health research activities?

Do these reviews examine:

10.3.1.1 The relevance of the public health research agenda?

10.3.1.2 Implementation of research studies, including data collection, testing and analysis?

* + - 1. Dissemination of research findings within practice community?

 10.3.1.4 Evidence-based public health practices?

10.3.2 Does the STATE HEALTH AGENCY actively manage and improve the overall performance of its research activities?

10.4.1 Does the STATE HEALTH AGENCY commit financial resources to research relevant to health improvement?

10.4.2 Do STATE HEALTH AGENCY organizations align and coordinate their efforts to conduct research?

Do STATE HEALTH AGENCY organizations:

10.4.2.1 Align their organizational strategic plans to improve system performance in research?

10.4.2.2 Coordinate technology resources to more effectively conduct research relevant to public health practice (e.g., database development to support research studies)?

10.4.2.3 Utilize the leadership of the state public health agency in conducting, participating in and using public health research?

10.4.3 Does the STATE HEALTH AGENCY have the professional expertise to carry out research activities?

10.4.3.1 Is the STATE HEALTH AGENCY workforce skilled in research activities?

 10.4.3.2 Sufficiently staffed to carry out research activities?

**LOCAL HEALTH AGENCY INSTRUMENT**

1.1.1 Has the LOCAL HEALTH AGENCY conducted a community health assessment?

1.1.1.1 Is the community health assessment updated at least every 3 years?

1.1.1.2 Are data from the assessment compared to data from other representative areas or populations?

* + - 1. Are data used to track trends over time?
			2. Does the LOCAL HEALTH AGENCY use data from community health assessments to monitor progress toward health-related objectives?

1.1.2 Does the LOCAL HEALTH AGENCY compile data from the community health assessement(s) into a community health profile (CHP)?

Do CHP data elements include:

1.1.2.1 Community demographic characteristics?

1.1.2.2 Community socioeconomic characteristics?

1.1.2.3 Health resource availability data?

1.1.2.4 Quality of life data for the community?

1.1.2.5 Behavioral risk factors for the community?

1.1.2.6 Community environmental health indicators?

1.1.2.7 Social and mental health data?

1.1.2.8 Maternal and child health data?

1.1.2.9 Death, illness, and/or injury data?

1.1.2.10 Communicable disease data?

1.1.2.11 Sentinel events data for the community?

1.1.2.12 Has the LOCAL HEALTH AGENCY identified the individuals or organizations responsible for contributing data and /or resources to produce the CHP?

1.1.2.13 Does each contributor of data have access to the completed CHP?

1.1.3 Is community-wide use of community health assessment or CHP data promoted?

1.1.3.1 Is a media strategy in place to promote community-wide use of the CHP?

1.1.3.2 Is the information easily accessible by the general public?

* + - 1. Do organizations inthe LOCAL HEALTH AGENCY use the CHP to informhealth policy and planning decisions?

1.2.1 Does the LOCAL HEALTH AGENCY use state-of-the-art technology to support health profile databases?

* + - 1. Is technology utilized to make community health data available electronically?

1.2.2 Does the LOCAL HEALTH AGENCY have access to geocoded health data?

1.2.2.1 Does the LOCAL HEALTH AGENCY use geographic information systems (GIS)?

1.2.3 Does the LOCAL HEALTH AGENCY use computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group)?

* + 1. Does the LOCAL HEALTH AGENCY maintain and/or contribute to one or more population health registries?

1.3.1.1 Are there standards for data collection?

1.3.1.2 Are there established processes for reporting health events to the registry or registries?

1.3.2 In the past year, has the LOCAL HEALTH AGENCY used information from one or more population health registries?

2.1.1 Does the LOCAL HEALTH AGENCY operate or participate in surveillance system(s) designed to monitor health problems and identify health threats?

Is the system:

* + - 1. Integrated with national and/or state surveillance systems?
			2. Compliant with national and/or state health information exchange guidelines?

2.1.1.3 Does the LOCAL HEALTH AGENCY use the surveillance system(s) to monitor changes in the occurrence of health problems and hazards?

2.1.2 Do community healthprofessionals submit reportable disease information in a timely manner to the state orLOCAL HEALTH AGENCY?

2.1.3 Does the LOCAL HEALTH AGENCY have necessary resources to support health problem and health hazard surveillance and investigation activities?

2.1.3.1 Does the LOCAL HEALTH AGENCY use information technology for surveillance activities (e.g., geographic information systems, word processing, spreadsheets, database analysis, and graphics presentation software)?

2.1.3.2 Does the LOCAL HEALTH AGENCY have (or have access to) Masters or Doctoral level epidemiologists and/or statisticiansto assess, investigate and analyze public health threats and health hazards?

2.2.1 Does the LOCAL HEALTH AGENCY maintain written protocols for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases or toxic exposures?

Are protocols in place for:

2.2.1.1 Animal control?

2.2.1.2 Vector control?

2.2.1.3 Exposure to food-borne illness?

2.2.1.4 Exposure to water-borne illness?

2.2.1.5 Excessive lead levels?

2.2.1.6 Exposure to asbestos?

2.2.1.7 Exposure to other toxic chemicals?

2.2.1.8 Communicable diseases?

2.2.2 Does the LOCAL HEALTH AGENCY have current epidemiological case investigationprotocols to guide immediate investigations of public health emergencies?

Do these protocols address:

2.2.2.1 Infectious disease outbreaks?

2.2.2.2 Environmental health hazards and emergencies?

2.2.2.3 Chemical threats and incidents?

2.2.2.4 Biological agent threats?

2.2.2.5 Radiological threats?

2.2.2.6 Large-scale natural disasters?

2.2.2.7 Intentional incidents?

2.2.3 Has the LOCAL HEALTH AGENCY designated an individual to serve as an Emergency Response Coordinator within the jurisdiction?

Does the individual:

2.2.2.1 Coordinate with the local health department’s emergency response personnel?

2.2.2.2 Coordinate with local community leaders?

2.2.4 Can LOCAL HEALTH AGENCY personnel rapidly respond to natural and intentional disasters?

2.2.4.1 Does the LOCAL HEALTH AGENCY maintain a current roster of personnel with the technical expertise to respond to natural and intentional emergencies and disasters?

2.2.4.2 Does the LOCAL HEALTH AGENCY have access to response personnel within one hour?

2.2.4.3 Does the LOCAL HEALTH AGENCY have capacity to mobilize sufficient numbers of trained professionals in an emergency (i.e., surge capacity)?

2.2.4.4 Does the LOCAL HEALTH AGENCY have capacity to mobilize volunteers during a disaster?

2.2.5 Does the LOCAL HEALTH AGENCY evaluate public health emergency response incidents for effectiveness and opportunities for improvement (e.g., After Action Reports)?

2.2.5.1 Are findings incorporated into emergency plans?

* + 1. Does the LOCAL HEALTH AGENCY maintain ready access to laboratories capable of meeting routine diagnostic and surveillance needs?
		2. Does the LOCAL HEALTH AGENCY have readyaccess to laboratory services to support investigations of public health threats, hazards, and emergencies?

2.3.2.1 Does the LOCAL HEALTH AGENCY have access to laboratory services to support these investigations within four hours of notification?

2.3.2.2 Does the LOCAL HEALTH AGENCY have access to at least one microbiology laboratory within four hours of notification?

* + 1. Does the LOCAL HEALTH AGENCY utilize only laboratories that are licensed and/or credentialed?

2.3.4 Does the LOCAL HEALTH AGENCY maintain current guidelines or protocols for handling laboratory samples?

* + 1. Does the LOCAL HEALTH AGENCY provide the general public, policymakers, and public and private stakeholders with information on community health?

Does the LOCAL HEALTH AGENCY provide information on:

3.1.1.1 Community Hhealth status (e.g., heart disease rates, cancer rates, environmental risks)?

If so, Are health risks associated with demographic sub-populations in the community identified?

3.1.1.2 Community If so, 3.1.1.2.1 Is the health status of demographic sub-populations in the community included?

Hhealth needs, such as those identified by members of the community or through a needs assessment tool such as APEX*PH* or MAPP, including prevention and risk (e.g., obesity, smoking, etc.)?

3.1.2 Does the LOCAL HEALTH AGENCY plan and conduct health education and/or health promotion campaigns?

3.1.2.16.1 Are these campaigns based on sound theory, evidence of effectiveness, and/or best practice?

3.1.2.2 Are campaigns designed to support healthy behavior among individuals and their communities?

If so, d\DDodkfjkle(3.1.3.2 What else would they address? This seems unnecessary. Question could be worded to ask if education addresses health risks identified through a community assessment such as APEX or MAPP>) Address identified community needs and risk factors?3.1.2.3 Are campaigns tailored for populations with higher risk of negative health outcomes?

3.3.1.2.4 (e.g., infectious disease, lack of exercise, smoking, obesity, substance abuse, and a failure to wear lap and shoulder restraints in automobiles)? Are campaigns designed to reach populations in specific settings?

3.1.2.5 Does the Within the past three to two five years, has the LOCAL HEALTH AGENCY evaluate its public health education and health promotion activities on an ongoing basis?

3.1.2.6 Are evaluation results used to revise and strengthen the programs?

3.1.3 Do LOCAL HEALTH AGENCY organizations work together to plan, conduct, and implement health education and promotion activities?

3.1.3.1 Do organizations work together on specific health promotion activities (e.g., supermarkets and nutrition interventions)?

3.1.3.2 Do LOCAL HEALTH AGENCY entities work with community advocates and local media outlets to publicize health promotion activities?

3.2.1 Have LOCAL HEALTH AGENCY organizations developed health communication plans?

* + - 1. Do LOCAL HEALTH AGENCY organizations work collaboratively to link the communication plans?

 Do the communications plans:

* + - 1. Include policies and procedures for creating, sharing, and disseminating information with partners and key stakeholders?
			2. Identify different sectors of the population in order to create targeted public health messages for various audiences?
			3. Provide guidance for developing content and materials appropriate to the type of dissemination channel?

3.2.1.5 Provide guidance for creating targeted public health messages using various channels?

* + 1. Does the LOCAL HEALTH AGENCY establish and utilize relationships with the media?

 3.2.2.1 Does the LOCAL HEALTH AGENCY have policies and procedures in place to route all media inquiries appropriately?

3.2.2.2 Does the LOCAL HEALTH AGENCY have a mechanism in place to document and respond to public inquiries?

3.2.2.3 Does the LOCAL HEALTH AGENCY coordinate with local media to develop information or features on health issues?

3.2.3 Has the LOCAL HEALTH AGENCY identified and designated individuals such as public information officers to provide important health information and answers to public and media inquiries?

3.2.3.1 Are designated spokespersons adequately trained in providing accurate, timely, and appropriate information on public health issues for different audiences?

3.2.3.2 Does the LOCAL HEALTH AGENCY have policies and procedures in place to coordinate responses and public announcements related to public health issues?

3.3.1 Has the LOCAL HEALTH AGENCY developed emergency communications plan(s) that can be adapted to different types of emergencies (i.e., disease outbreaks, natural disasters, bioterrorism)?

Does the plan include:

3.3.1.1 Procedures for inter-agency coordination of plans dependent upon the type of emergency (i.e., use of the plans to create a unified emergency communications plan)?

3.3.1.2 Established lines of authority, reporting, and responsibilities for emergency communications teams in accordance with the National Incident Management System (NIMS)?

3.3.1.3 Procedures for alerting communities, including special populations, about possible health threats or disease outbreaks?

3.3.1.4 Guidelines for providing necessary, appropriate information from emergency operation center situation reports, health alerts, and meeting notes to stakeholders, partners, and the community?

3.3.2 Does the LOCAL HEALTH AGENCY have resources to ensure rapid communications response?

Does the LOCAL HEALTH AGENCY:

* + - 1. Have the technological capacity (e.g., telephone, electronic, and print) to respond to communication needs?
			2. Have staff to develop or adapt emergency communications materials and to provide communications for all stakeholders and partners in the event of an emergency?
		1. Does the LOCAL HEALTH AGENCY provide crisis and emergency communications training for new and current staff?
		2. Does the LOCAL HEALTH AGENCY have policies and procedures in place to ensure rapid, mobile response by public information officers?
			1. Does the LOCAL HEALTH AGENCY maintain a directory of emergency contact information for media liaisons, partners, stakeholders, and public information officers?
			2. Does the LOCAL HEALTH AGENCY provide communication “Go-Kits” to assist in public information officer response?

4.1.1 Does the LOCAL HEALTH AGENCY have a process for identifying key constituents or stakeholders?

4.1.1.1 Does the LOCAL HEALTH AGENCY maintain a current list of the names and contact information for individuals and key constituent groups?

4.1.1.2 Are new individuals/groups identified for constituency building?

4.1.1.3 Are key constituents identified for general health issues (i.e., improved health and quality of life at the community level)?

4.1.1.4 Are key constituents identified for specific health concerns (i.e., a particular health theme, disease, risk factor, life stage need)?

4.1.2 Does the LOCAL HEALTH AGENCY encourage the participation of constituents in improving community health?

4.1.2.1 Does the LOCAL HEALTH AGENCY encourage constituents from the community-at-large to identify community issues and themes through a variety of means?

* + - 1. Does the LOCAL HEALTH AGENCY support, through recruitment, promotion, and retention, opportunities for volunteers to help in community health improvement projects or activities?

4.1.3 Does the LOCAL HEALTH AGENCY maintain a current directory of organizations that comprise the LOCAL HEALTH AGENCY?

4.1.3.1 Is the directory easily accessible?

4.1.4 Does the LOCAL HEALTH AGENCY use communications strategies to build awareness of the importance of public health*?*

4.1.4.1 Do communications strategies exist for building awareness with the community-at-large?

4.1.4.2 Do communications strategies exist for facilitating communication among organizations?

4.2.1 Dopartnerships exist in the community to maximize public health improvement activities?

Do organizations within these partnerships:

* + - 1. Exchange information?
			2. Alter or align activities related to the Essential Public Health Services?
			3. Conduct collaborative decision-making and action?
			4. Optimize resources to deliver Essential Public Health Services?
			5. Share responsibilities to deliver Essential Public Health Services?
			6. Include a broad representation of the community (including representatives such as those listed in 4.1.3 Discussion Toolbox)?
		1. Does the LOCAL HEALTH AGENCY have a broad-based community health improvement committee?

Does this committee:

* + - 1. Participate in the community health assessment process?
			2. Participate in the implementation of a community health improvement process?
			3. Monitor and evaluate progress toward prioritized goals?
			4. Leverage community resources?

4.2.2.5 Meet on a regular basis?

4.2.3 Does the LOCAL HEALTH AGENCY review the effectiveness of community partnerships and strategic alliances developed to improve community health?

Does the review include:

* + - 1. An assessment of the effectiveness of partnership participation in solving health problems?
			2. Information on the satisfaction of constituents with partnership efforts?
			3. An assessment of the expertise and system capacity needed to conduct partnership building activities?
			4. Identification of actions to improve the partnership process and capacity?
			5. Implementation of actions recommended to improve the partnership process and capacity?

5.1.1 Does the LOCAL HEALTH AGENCY include a governmental local public health presence (i.e., local health department) to assure theprovision of Essential Public Health Services to the community?

Does the local health department:

* + - 1. Maintain current documentation describing its mission?

5.1.1.2 Maintain current documentation describing its statutory, chartered, and/or legal responsibilities?

5.1.1.3 Assess its functions against the operational definition of a functional local health department?

* + 1. Does the LOCAL HEALTH AGENCY assure the availability of resources for the local health department’s contributions to the Essential Public Health Services?

 Do resources for the local health department include:

5.1.2.1Availability of legal counsel on issues related to the provision of Essential Public Health Services?

5.1.2.2 Funding for mandated public health programs?

5.1.2.3 Funding for needed public health programs, as identified by the community?

5.1.2.4 Thepersonnel required to deliver Essential Public Health Services, including a designated local health official?

5.1.2.5 The facilities, equipment, and supplies required to deliver Essential Public Health Services?

5.1.3 Does a local board of health or other governing entity conduct oversight for the local health department? *(This question not scored.)*

5.1.3.1 Has this local board of health or other governing entity completed the National Public Health Performance Standards Program Local Public Health Governance Performance Assessment Instrument?  *(This question not scored.)*

5.1.4 Does the LHD work with the state public health agency and other state partners to assure the provision of public health services?

5.1.4.1 Have state partners completed the National Public Health Performance Standards Program State Public Health System Performance Assessment Instrument with input from the local level? *(This question not scored.)*

5.2.1 Does the LOCAL HEALTH AGENCY contribute to the development of public health policies?

5.2.1.1 Does the LOCAL HEALTH AGENCY engage constituents in identifying and analyzing issues?

5.2.1.2 Does the LOCAL HEALTH AGENCY advocate for prevention and protection policies for those in the community who bear a disproportionate risk for mortality or morbidity?

5.2.1.3 Within the past year, has the LOCAL HEALTH AGENCY been involved in activities that influenced or informed the public health policy process?

5.2.2 Does the LOCAL HEALTH AGENCY alert policymakers and the public of public health impacts from current and/or proposed policies?

5.2.3 Does the LOCAL HEALTH AGENCY review public health policies at least every three to five years?

Do reviews include:

* + - 1. Assessment of outcomes and/or consequences?
			2. Examination of potential community health impact of other policy areas (e.g., fiscal, social, environmental)?

Does the review process include:

* + - 1. Community constituents, including those affected by the policy?

5.3.1 Has the LOCAL HEALTH AGENCY established a community health improvement process (e.g., MAPP, PACE EH)?

5.3.1.1 Did the community health improvement process use an established tool such as MAPP or PACE-EH?

5.3.1.2 Is there broad participation in the community health improvement process?

Does the process include:

5.3.1.3 Information from community health assessments?

5.3.1.4 Issues and themes identified by the community?

5.3.1.5 Identification of community assets and resources?

5.3.1.6 Prioritization of community health issues?

5.3.1.7 Development of measurable health objectives?

5.3.1.8 Does the process result in the development of a community health improvement plan?

5.3.1.8.1 Is the community health improvement plan linked to a state health improvement plan?

5.3.2 Has the LOCAL HEALTH AGENCY developed strategies to address community health objectives?

5.3.2.1 Have the individuals or organizations accountable for the implementation of these strategies been identified?

* + 1. Does the local health department (LHD) conduct a strategic planning process?

5.3.3.1 Does the LHD review its organizational strategic plan to determine how it can best be aligned with community health improvement process?

* + 1. Do LOCAL HEALTH AGENCY organizations participate in a task force or coalition of community partners to develop and maintain local and/or regional emergency preparedness and response plans?
			1. Does task force participation include broad representation from the LOCAL HEALTH AGENCY?

5.4.2 Does the LOCAL HEALTH AGENCY have an all-hazards emergency preparedness andresponse plan?

 Does the plan:

5.4.2.1 Identify public health disasters and emergencies that might trigger its implementation?

5.4.2.2 Align with existing plans, protocols and procedures for emergency response within the community?

5.4.2.3 Clearly outline protocols and standard operating procedures for emergency response?

5.4.3 Has the All-Hazards plan been reviewed and, if appropriate, revised within the past two years?

5.4.3.1 Has any part of the plan been tested through simulations of one or more “mock events” within the past two years?

5.4.3.2 Did the mock event include a written After Action Report identifying opportunities for improvement?

5.4.3.3 Was the plan modified based on these findings?

* + 1. Does the LOCAL HEALTH AGENCY identify local public health issues that can only be addressed through laws, regulations, and ordinances?

6.1.2 Is the LOCAL HEALTH AGENCY knowledgeable about federal, state, and local laws, regulations, and ordinances that protect the public’s health?

* + 1. Does the LOCAL HEALTH AGENCY review the laws, regulations, and ordinances that protect public health at least once every five years?

Do reviews:

6.1.3.1 Determine whether laws, regulations, and ordinances provide the authority to carry out the Essential Public Health Services?

6.1.3.2 Assess compliance with public health laws, regulations, and ordinances?

6.1.3.3 Determine the impact of existing laws, regulations, and ordinances on the health of the community?

6.1.3.4 Determine whether public health laws, regulations, and ordinances require updating?

6.1.4 Do governmental entities within the LOCAL HEALTH AGENCY have access to legal counsel to assist with the review of laws, regulations, and ordinances related to the public’s health?

* + 1. Does the LOCAL HEALTH AGENCY identify local public health issues that are not adequately addressed through existing laws, regulations, and ordinances?
		2. Within the past five years, have LOCAL HEALTH AGENCY organizations participated in thedevelopmentor modificationof laws, regulations, or ordinances for public health issues that are not adequately addressed through existing laws, regulations, and ordinances?
		3. Do LOCAL HEALTH AGENCY organizations provide technical assistance to legislative, regulatory or advocacy groups for drafting proposed legislation, regulations, or ordinances?

6.3.1 Do governmental public health entities within your LOCAL HEALTH AGENCY have the authority to enforce laws, regulations, or ordinances related to the public’s health?

* + - 1. Does a document (paper or electronic) exist that identifies the roles and responsibilities of each governmental entity with enforcement authority?
			2. Do governmental entities with enforcement authority provide their staff who engage in or support enforcement activities, with formal training on compliance and enforcement?
		1. Is the local health department or governmental public health entity empowered through laws and regulations to implement necessary community interventions in the event of a public health emergency?

Does this entity’s authority include power to:

* + - 1. Implement quarantine and isolation?
			2. Implement mass immunization and dispensing clinics?
		1. Does the LOCAL HEALTH AGENCY assure that all enforcement activities are conducted in accordance with applicable laws, regulations, and ordinances?

 Does the LOCAL HEALTH AGENCY:

6.3.3.1 Have the appropriate power and ability to prevent, detect, manage, and contain emergency health threats?

6.3.3.2 Conduct enforcement activities within the time frame stipulated in laws, regulations, or ordinances?

6.3.3.3 Conduct enforcement activities in compliance with due process and civil rights protections?

6.3.4 Does the LOCAL HEALTH AGENCY provide information about public health laws, regulations, and ordinances to the individuals and organizations who are required to comply with them?

6.3.4.1 Is dissemination of this information integrated with other public health activities (e.g., health education, communicable disease control, health assessment, planning)?

6.3.5 In the past five years, has the LOCAL HEALTH AGENCY assessed the compliance of institutions and businesses in the community (e.g., schools, food establishments, day care facilities) with laws, regulations, and ordinances designed to ensure the public’s health?

Did the assessment:

* + - 1. Include input from the regulated institutions and businesses regarding their perceived difficulties with compliance?
			2. Examine the extent of resistance to, or support for, enforcement activities by regulated institutions and businesses?
			3. Include input from key stakeholders (other than the regulated institutions and businesses) of those laws, regulations, and ordinances regarding the extent of their support for enforcement activities?
		1. Does the LOCAL HEALTH AGENCY identify any populations who may experience barriers to personal health services?
		2. Has the LOCAL HEALTH AGENCY identified the personal health service needs of populations in its jurisdiction?

7.1.2.1 Have personal health service needs been identified for populations who may experience barriers to care?

* + 1. Has the LOCAL HEALTH AGENCY assessed the extent to which personal health services in its jurisdiction are available to populations who may experience barriers to care?

7.1.3.1 Has the LOCAL HEALTH AGENCY assessed the extent to which personal health services are utilized by populations who may experience barriers to care?

* + 1. Does the LOCAL HEALTH AGENCY link populations to needed personal health services?

7.2.2 Does the LOCAL HEALTH AGENCY provide assistance to vulnerable populations in accessing needed health services?

Does this assistance include:

* + - 1. Culturally and linguistically appropriate staff to assist population groups in obtaining personal health services?
			2. Culturally and linguistically appropriate materials?
			3. Transportation services for those with special needs?

7.2.3 Does the LOCAL HEALTH AGENCY have initiatives to enroll eligible individuals in public benefit programs such as Medicaid, and/or other medical or prescription assistance programs?

7.2.4 Does the LOCAL HEALTH AGENCY coordinate the delivery of personal health and social services to optimize access to services for populations who may encounter barriers to care?

* + - 1. Are services targeting the same populations co-located to optimize access?
			2. Are services targeting the same populations coordinated among providers to optimize access?

8.1.1 Within the past three years, has an assessment of the LOCAL HEALTH AGENCY workforce been conducted?

* + 1. Whether or not a formal assessment has been conducted, have shortfalls and/or gaps within the LOCAL HEALTH AGENCY workforce been identified?
			1. Were gaps related to workforce composition identified?
			2. Were gaps related to workforce size identified?
			3. Were gaps related to workforce skills and/or experience identified?
			4. Were recruitment and retention shortfalls identified?
			5. Is this knowledge used to develop plans to address workforce gaps?
			6. Have the organizations within the LOCAL HEALTH AGENCY implemented plans for correction?
			7. Is there a formal process to evaluate the effectiveness of plans to address

 workforce gaps?

8.1.3 Were the results of the workforce assessment and/or gap analysis disseminated for use in LOCAL HEALTH AGENCY organizations’ strategic or operational plans?

Was this information provided to:

8.1.3.1 Community leaders?

8.1.3.2 Governing bodies?

8.1.3.3 Public agencies?

8.1.3.4 Elected officials?

8.2.1 Are organizations within the LOCAL HEALTH AGENCY aware of guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services?

8.2.1.1 Are organizations within the LOCAL HEALTH AGENCY in compliance with guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services?

8.2.2 Have organizations within the LOCAL HEALTH AGENCY developed written job standards and/or position descriptions for all personnel contributing to the Essential Public Health Services?

* + 1. Do organizations within the LOCAL HEALTH AGENCY conduct annual performance evaluations?
		2. Does the LHD develop written job standards and/or position descriptions for all personnel?

8.2.4.1 Are job standards and/or position descriptions reviewed periodically?

* + 1. Does the LHD conduct performance evaluations?

8.3.1 Does the LOCAL HEALTH AGENCY identify education and training needs so as to encourage opportunities for workforce development?

Is workforce development encouraged and/or provided through:

8.3.1.1 Distance learning technology?

8.3.1.2 National, state, local and regional conferences?

8.3.1.3 Staff cross-training?

8.3.1.4 Coaching, mentoring and modeling?

8.3.1.5 Does the LOCAL HEALTH AGENCY provide refresher courses for key public health issues (e.g., HIPAA, non-discrimination, and emergency preparedness)?

* + 1. Does the LOCAL HEALTH AGENCY provide opportunities for all personnel to develop core public health competencies?

Do these training opportunities include:

* + - 1. An understanding of the Essential Public Health Services?
			2. An understanding of the multiple determinants of health to develop more effective public health interventions?
			3. Cultural competence to interact with colleagues and community members?
		1. Are incentives provided to the workforce to participate in educational and training experiences?

8.3.3.1 Does the LHD have dedicated resources for training and education?

* + 1. Are there opportunities for interaction between staff of LOCAL HEALTH AGENCY organizations and faculty from academic and research institutions, particularly those connected with schools of public health?

8.4.1 Do organizations within the LOCAL HEALTH AGENCY promote the development of leadership skills?

Is leadership skill development promoted by:

8.4.1.1 Encouraging potential leaders to attend formal leadership training?

**8.4.1.1 Discussion Toolbox**

In considering 8.4.1.1, do members of the LOCAL HEALTH AGENCY workforce participate in the following:

* National Public Health Leadership Institute?
* Regional or state public health leadership institutes?
* Executive management seminars or programs?
* Graduate programs in leadership/management?

8.4.1.2 Mentoring personnel in middle management/supervisory positions?

8.4.1.3 Promoting leadership at all levels within organizations that comprise the LOCAL HEALTH AGENCY?

8.4.1.4 Establishing financial resources to support leadership development on an ongoing basis?

8.4.2 Do organizations within the LOCAL HEALTH AGENCY promote collaborative leadership through the creation of a shared vision and participatory decision-making?

8.4.2.1 Across LOCAL HEALTH AGENCY organizations, are there established communication mechanisms that encourage informed participation in decision-making (e.g., forums, list serve)?

* + 1. Does the LOCAL HEALTH AGENCY provide leadership opportunities for individuals and/or organizations in areas where their expertise or experience can provide insight, direction, or resources?

8.4.4 Does the LOCAL HEALTH AGENCY recruit and retain new leaders who are representative of the population diversity within their community?

8.4.4.1 Does the LOCAL HEALTH AGENCY provide opportunities to develop community leadership through coaching and mentoring?

* + 1. In the past three years, has the LOCAL HEALTH AGENCY evaluated population-based health services?
			1. Are established criteria used to evaluate population-based health services?
			2. Does the evaluation determine the extent to which program goals are achieved for population-based health services?

9.1.2 Does the LOCAL HEALTH AGENCY assess community satisfaction with population-based health services?

Does the assessment:

* + - 1. Gather input from residents representing a cross-section of the community?
			2. Determine if residents’ needs are being met, including those groups at increased risk of negative health outcomes?
			3. Determine residents’ satisfaction with the responsiveness to their complaints or concerns regarding population-based health services?
			4. Identify areas where population-based health services can be improved?

9.1.3 Does the LOCAL HEALTH AGENCYidentify gaps in the provision of population-based health services?

9.1.4 Do organizations within the LOCAL HEALTH AGENCY use the results of population-based health services evaluation in the development of their strategic and operational plans?

9.2.1. In the past three years, have organizations within the LOCAL HEALTH AGENCY evaluated personal health services for the community?

Were the following assessed:

9.2.1.1 Access to personal health services?

* + - 1. The quality of personal health services?
			2. The effectiveness of personal health services?
		1. Are specific personal health services in the community evaluated against established standards (e.g., JCAHO, State licensure, HEDIS)?

9.2.3 Does the LOCAL HEALTH AGENCY assess client satisfaction with personal health services?

9.2.3.1 Were surveyed clients representative of past, current and potential users of services?

9.2.4 Do organizations within the LOCAL HEALTH AGENCY use information technology to assure quality of personal health services?

* + - 1. Do organizations use electronic health records?

9.2.4.2 Is information technology used to facilitate communication among providers(e.g., Health Information Exchange or Regional Health Information Organizations)?

9.2.5 Do organizations within the LOCAL HEALTH AGENCY use the results of the evaluation in the development of their strategic and operational plans?

9.3.1 Has the LOCAL HEALTH AGENCY identified community organizations or entities that contribute to the delivery of the Essential Public Health Services?

* + 1. Is an evaluation of the LOCAL HEALTH AGENCY conducted every three to five years?

Does the evaluation:

* + - 1. Assess the comprehensiveness of LOCAL HEALTH AGENCY activities?
			2. Use established standards (e.g., National Public Health Performance Standards Program)?
			3. Do LOCAL HEALTH AGENCY entities participate in the evaluation of the LOCAL HEALTH AGENCY?
		1. Has a partnership assessment been conducted that evaluates the relationships among organizations that comprise the LOCAL HEALTH AGENCY (e.g., the NPHPSP or an evaluation of a partnership within the MAPP process)?
			1. Is the exchange of information among the organizations in the LOCAL HEALTH AGENCY assessed?
			2. Are linkage mechanismsamong the providers of population-based services and personal health services assessed(e.g., referral systems, memoranda of understanding)?
			3. Is the use of resources (e.g., staff, communication systems) to support the coordination among LOCAL HEALTH AGENCY organizations assessed?

9.3.4 Does the LOCAL HEALTH AGENCY use results from the evaluation process to guide community health improvements?

Are the results from the evaluation process used:

9.3.4.1 To refine existing community health programs?

* + - 1. To establish new community health programs?
			2. To redirect resources?
			3. To inform the community health improvement process?
		1. Do LOCAL HEALTH AGENCY organizations encourage staff to develop new solutions to health problems in the community?

 10.1.1.1 Do LOCAL HEALTH AGENCY organizations provide time and/or resources for staff to pilot test or conduct studies to determine new solutions?

* + 1. During the past two years, have LOCAL HEALTH AGENCY organizations proposed to research organizations one or more public health issues forinclusion in their research agenda?

* + 1. Do LOCAL HEALTH AGENCY organizations identify and stay current with best practices developed by other public health agencies or organizations?
		2. Do LOCAL HEALTH AGENCY organizations encourage community participation in the development or implementation of research?
		3. Does the LOCAL HEALTH AGENCY develop relationships with institutions of higher learning and/or research organizations?

10.2.2 Does the LOCAL HEALTH AGENCY partner with at least one institution of higher learning and/or research organization to conduct research related to the public’s health?

10.2.3 Does the LOCAL HEALTH AGENCY encourage collaboration between the academic and practice communities?

10.3.1 Does the LOCAL HEALTH AGENCY have access to researchers (either on staff or through other arrangements)?

10.3.2 Is there access toresources to facilitate research within the LOCAL HEALTH AGENCY?

10.3.3 Does the LOCAL HEALTH AGENCY disseminate findings from their research?

* + 1. Does the LOCAL HEALTH AGENCY evaluate its research activities?

Does the LOCAL HEALTH AGENCY evaluate the:

10.3.4.1 Development of research activities?

* + - 1. Implementation of research activities?
			2. Impact of research activities on public health practice?
			3. Involvement of community representatives in collaborative research efforts (i.e., community-based participatory research)?

**Section 5. ACCREDITATION QUESTIONS**

**STATE INSTRUMENT**

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| **Does your state health agency develop and maintain an operational infrastructure to support the performance of public health functions as measured below?** |

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| **Measure** |
| A1.1 B: Maintain policies and procedures regarding agency operations, review policies regularly and assure these are accessible to staff  |
| A1.2 B: Maintain written policies regarding confidentiality, including applicable HIPAA requirements  |
| A1.3 B: Maintain socially, culturally, and linguistically relevant approaches in agency processes, programs, and interventions |
| A1.4 B: Maintain a Human Resources system |
| A1.5 B: Maintain information systems that support the agency’s mission and workforce by providing infrastructure for data collection/analysis, program management, and communication  |
| A1.6 B: Maintain facilities  |

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| **Does your state health agency establish effective financial management systems as measured below?**  |

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| **Measure** |
| A2.1 B: Comply with requirements for externally funded programs  |
| A2.2 B: Maintain written agreements with entities providing processes, programs and/or interventions delegated or purchased by the public health agency  |
| A2.3 B: Maintain financial management systems  |
| A2.4 B: Seek resources to support agency infrastructure and processes, programs and interventions  |

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| **Does your state health agency assure that specific authorities for public health roles and responsibilities are current and operationally defined as measured below?** |

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| **Measure** |
| A3.1B: Provide mandated public health operations and services |
| A3.2B: Ensure that the governing entity complies with regulations regarding governing entities |
| A3.3 B: Ensure evaluation of the agency director by the governing entity |

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| **Does your state health agency provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency as measured below?**  |

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| **Measure** |
| A4.1 B: Provide orientation and regular information to the governing entity regarding the responsibilities of the public health agency |
| A4.2 B: Provide orientation and regular information to the governing entity regarding their responsibilities |

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| **Does your state health agency collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population as measured below?**  |

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| **Measure** |
| 1.1.1 B: Assure a surveillance system is in place for receiving reports 24/7 and for identifying health problems, threats, and hazards  |
| 1.1.2 B: Communicate with surveillance sites on at least an annual basis |
| 1.1.3 B: Collect additional primary and secondary data on population health status and public health issues from multiple sources |
| 1.1.4 S Provide reports of primary and secondary data to LHDs |

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| **Does your state health agency analyze health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public’s health as measured below?**  |

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| **Measure** |
| 1.2.1 B: Analyze and draw conclusions from data to identify trends over time, clusters, health problems, behavioral risk factors, environmental health hazards, and social and economic conditions that affect the public’s health  |
| 1.2.2 S: At least annually, provide statewide public health data to various audiences in the form of reports on a variety of public health issues |

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| **Does your state health agency provide and use the results of health data analysis to develop recommendations regarding public policy, processes, programs or interventions as measured below?**  |

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| **Measure** |
| 1.3.1 B Use data to recommend and inform public health policy, processes, programs and/or interventions  |
| 1.3.2 S Develop and distribute statewide health data profiles to support health improvement planning processes at the state level  |
| 1.3.3 S Provide support to LHDs in the development of community health data profiles  |

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| **Does your state health agency conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders as measured below?** |

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| **Measure** |
| 2.1.1 B: Maintain protocols for investigation process  |
| 2.1.2 S: Demonstrate expertise and capacity to conduct and/or support multiple investigations simultaneously |
| 2.1.3 B: Demonstrate expertise and capacity to conduct investigations of non-infectious health problems and hazards |
| 2.1.4 B: Establish partnerships and work collaboratively with governmental and community partners on reportable/disease outbreak or environmental public health investigations  |
| 2.1.5 B: Monitor timely reporting of notifiable diseases, lab test results, and investigation results |
| 2.1.6 S: Provide epidemiological, lab and environmental public health consultation, technical assistance, and information to LHDs regarding disease/ outbreak and public health hazard management |

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| **Does your state health agency contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders as measured below?** |

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| **Measure** |
| 2.2.1 B: Maintain protocols for containment/mitigation, including disease-specific procedures for outbreaks and conducting follow-up documentation and reporting  |
| 2.2. B: Ensure that protocols include decision criteria for determining when a public health event triggers the All Hazards Plan or the public health emergency response plan. |
| 2.2.3 B: Complete an After Action Report (AAR) following communicable disease outbreaks, environmental public health risks, natural disasters, and other events that threaten the health of people |

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| **Does your state health agency ensure access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards as measured below?** |

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| **Measure** |
| 2.3.1 B: Ensure 24/7 emergency access, including surge capacity, to epidemiological and environmental public health resources capable of providing for rapid detection, investigation and containment/mitigation of public health problems and environmental public health hazards |
| 2.3.2 B: Ensure 24/7 access, including surge capacity, to laboratory resources capable of providing for rapid detection, investigation and containment of health problems and environmental public health hazards |
| 2.3.3 B: Ensure access to other support personnel and infrastructure capable of providing additional surge capacity |
| 2.3.4 B: Demonstrate that SHAs and LHDs work together to build capacity and share resources to address state and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards |

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| **Does your state health agency maintain a plan with policies and procedures required for urgent and non-urgent communications as measured below?** |

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| **Measure** |
| 2.4.1 B: Maintain written protocols for urgent 24/7 communications  |
| 2.4.2 B: Implement a system to receive and provide health alerts and appropriate public health response for health care providers, emergency responders, and communities on a 24/7 basis  |
| 2.4.3 B: Provide timely communication to local media during public health emergencies |
| 2.4.4 B: Provide timely communication to the general public during public health emergencies |
| 2.4.5 S: Provide consultation and technical assistance to LHDs on the accuracy and clarity of public health information associated with an outbreak, environmental public health event or other public health emergency  |

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| **Does your state health agency provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness as measured below?** |

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| **Measure** |
| 3.1.1 B: Provide information to the public on health risks, health behaviors, health needs, prevention, and/or wellness approaches  |
| 3.1.2 B: Implement health promotion strategies to protect the population from preventable conditions  |

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| **Does your state health agency provide information on public health issues and functions through multiple methods to a variety of audiences as measured below?** |

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| **Measure** |
| 3.2.1 B: Provide information on public health mission, roles, processes, programs and interventions to improve the community’s health |
| 3.2.2 B: Establish and maintain communication procedures to provide information outside the agency  |
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| 3.2.4 B: Make information available through a variety of methods, including a website |
| 3.2.5 B Ensure that accurate and current information is available in formats that are accessible to everyone in the community  |

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| **Does your state health agency engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process as measured below?**  |

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| **Measure** |
| 4.1.1 B: Establish and actively participate in collaborative partnerships and coalitions to address public health issues |
| 4.1.2 B: Recruit and engage governing entity members, stakeholders, community partners and the public to participate in collaborative partnerships and coalitions to address important public health issues |
| 4.1.3 S: Provide technical assistance to LHDs and/or public health system partners for recruiting and engaging the community  |

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| **Does your state health agency promote understanding of and support for policies and strategies that will improve the public’s health as measured below?**  |

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| **Measure** |
| 4.2.1 S: Disseminate the results of community health assessments to statewide stakeholders  |
| 4.2.2 B: Engage the community about policies and strategies that will promote the public’s health |

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| **Does your state health agency serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice as measured below?** |

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| **Measure** |
| 5.1.1 B: Monitor public health issues under discussion by governing entities and elected officials  |
| 5.1.2 S: Contribute to the development and/or modification of public health policy by facilitating stakeholder involvement and engaging in activities that inform the policy development process  |
| 5.1.3 B: Inform governing entities, elected officials and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies  |

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| **Does your state health agency develop and implement a health Agency organizational strategic plan as measured below?**  |

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| **Measure** |
| 5.2.1 B: Conduct a strategic planning process  |
| 5.2.2 B: Develop a strategic plan  |
| 5.2.3 B: Implement the strategic plan  |
| 5.2.4 B: Review and revise the strategic plan  |

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| **Does your state health agency conduct a comprehensive planning process resulting in a state health improvement plan [SHIP] as measured below?**  |

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| **Measure** |
| 5.3.1 S: Conduct a state health improvement process that includes broad participation from stakeholders |
| 5.3.2 S: Produce a state health improvement plan as a result of the health improvement process |
| 5.3.3 S: Implement elements and strategies of the state health improvement plan, in partnership with others  |
| 5.3.4 S: Monitor progress on strategies and health improvement in order to revise the SHIP, as needed  |

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| **Does your state health agency maintain All Hazards/Emergency Response Plan (ERP) as measured below?**  |

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| **Measure** |
| 5.4.1 B: Participate in the development and maintenance of an All Hazards/ERP |
| 5.4.2 B: Develop and maintain a public health emergency response plan (ERP)  |
| 5.4.3 S: Provide consultation and technical assistance to LHDs regarding evidence-based and/or promising practices/templates in ERP development and testing  |

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| **Does your state health agency review existing laws and work with governing entities and elected officials to update as needed as measured below?** |

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| **Measure** |
| 6.1.1B: Maintain access to legal and program expertise to assist in the review of laws  |
| 6.1.2 B: Evaluate the need for changes in laws  |
| 6.1.3 B: Inform governing entity and elected officials of needed updates of laws and make recommendations for action  |
| 6.1.4 S: Demonstrate that the SHA and LHDs collaborate in reviewing, improving and developing state and local laws  |

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| **Does your state health agency educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply as measured below?** |

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| **Measure** |
| 6.2.1 B: Maintain agency knowledge and consistent application of public health laws  |
| 6.2.2 B: Make laws, and permit/license application requirements accessible to the public |
| 6.2.3 B: Provide education to regulated entities regarding their responsibilities and methods to achieve full compliance with applicable laws  |

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| **Does your state health agency conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies as measured below?**  |

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| **Measure** |
| 6.3.1 B: Maintain current written procedures and protocols for conducting enforcement actions  |
| 6.3.2 B: Conduct inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities  |
| 6.3.3 B: Conduct enforcement activities and follow up on complaints according to procedures and protocols for both routine and emergency situations  |
| 6.3.4 B: Conduct analysis of complaints, violations and enforcement activities to determine patterns, trends, compliance and effectiveness  |
| 6.3.5 B: Ensure notification of violations to the public, when required, and ensure that enforcement activities, analysis, results and follow-up activities are shared among appropriate agencies |

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| **Does your state health agency assess healthcare capacity and access to healthcare services as measured below?**  |

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| **Measure** |
| 7.1.1 B: Convene and/or participate in a collaborative process to assess the availability of healthcare services  |
| 7.1.2 B: Identify underserved and at-risk populations and those who may experience barriers to healthcare services  |
| 7.1.3 B: Identify gaps in access to healthcare services  |

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| **Does your state health agency identify and implement strategies to improve access to healthcare services as measured below?**  |

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| **Measure** |
| 7.2.1 B: Convene and/or participate in a collaborative process to establish strategies to improve access to healthcare services  |
| 7.2.2 B: Implement and/or collaborate to implement strategies to increase access to healthcare services, including linking individuals with needed services and/or establish systems of care in partnership with the community |
| 7.2.3 B: Lead or collaborate in culturally competent initiatives to increase healthcare access for underserved and at-risk populations |

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| **Does your state health agency recruit, hire and retain a qualified and diverse public health workforce as measured below?**  |

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| **Measure** |
| 8.1.1 B: Apply recruitment and retention policies and assure availability to staff  |
| 8.1.2 B Assure that job standards and position descriptions are available to staff  |
| 8.1.3 B: Ensure that staff meet qualifications for their positions, job classifications and licensure  |
| 8.1.4 B: Establish relationships and/or collaborate with schools of public health and/or other related academic programs to promote the development of qualified workers for public health |

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| **Does your state health agency assess staff competencies and address gaps by enabling organizational and individual training and development opportunities as measured below?** |

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| **Measure** |
| 8.2.1 B: Ensure that performance evaluations are completed and improvement/training plans exist  |
| 8.2.2 B: Implement an agency workforce development plan that addresses the training needs of the staff and assures development of core competencies  |
| 8.2.3 B: Ensure availability of leadership and management development activities |
| 8.2.4 S: Provide consultation and technical assistance to LHDs regarding evidence-based and/or promising practices in the development of workforce capacity, training and continuing education |

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| **Does your state health agency evaluate public health processes, programs, and interventions provided by the agency and its contractors as measured below?**  |

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| **Measure** |
| 9.1.1 B: Engage governing entity in establishing agency policy direction regarding a performance management system |
| 9.1.2 B: Establish agency policy and capacity to implement a performance management system |
| 9.1.3 B: Establish goals, objectives and performance measures for processes, programs and interventions  |
| 9.1.4 B: Monitor performance measures for processes, programs and interventions  |
| 9.1.5 B: Evaluate the effectiveness of processes, programs, and interventions and identify need~~s~~ for improvement  |
| 9.1.6 B: Ensure a systematic process for assessing and improving customers’ satisfaction with agency services  |
| 9.1.7 S: Provide training and technical assistance regarding evaluation methods and tools to SHA and LHD staff  |

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| **Implement Quality Improvement** **Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.**  |

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| **Measure** |
| 9.2.1 B: Establish a quality improvement plan based on organizational policies and direction  |
| 9.2.2 B: Implement quality improvement efforts |
| 9.2.3 S: Provide training and technical assistance regarding quality improvement methods and tools to SHA and LHD staff |

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| **Does your state health agency identify and use evidence-based and promising practices as measured below?**  |

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| **Measure** |
| 10.1.1 B: Review and use applicable evidence-based and/or promising practices when implementing new or improved processes, programs or interventions |
| 10.1.2 S: Foster innovation in practice and research |

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| **Does your state health agency promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences as measured below?**  |

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| **Measure** |
| 10.2.1 B: Communicate research findings, including public health implications |
| 10.2.2 B: Develop and implement policies that ensure human subjects are protected when the agency is involved in research activities  |
| 10.2.3 S: Ensure that agency has access to expertise to evaluate current research and its public health implications  |
| 10.2.4 S : Provide technical assistance, as requested, to LHDs and other public health system partners in applying relevant research results, evidence-based and/or promising practices |

**Section 6. DEMOGRAPHIC QUIESTIONS**

Categorize your jurisdiction by selecting one of the following, or describe its structure under "other.”

\_\_\_\_\_County

\_\_\_\_\_City

\_\_\_\_\_City-County

\_\_\_\_\_Township

\_\_\_\_\_Multiple counties, district, or regional health department

\_\_\_\_\_Other

What is the population of your jurisdiction:

* 1. Population: \_\_\_\_\_\_\_\_
	2. Year of population estimate: \_\_\_\_\_\_\_\_

How many people are employed by your local health agency?

Total FTEs: \_\_\_\_\_\_\_

What is 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

What is ethnic composition of your jurisdiction.

Hispanic or Latino

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

What is the total agency budget? \_\_\_\_\_\_

Which of the following best describes the organization or office to which your local health agency director reports directly *(check all that appl*y)?

\_\_\_\_ Local board of health

\_\_\_\_ City council / county council

\_\_\_\_ County commissioner / county executive

\_\_\_\_ City or town manager

\_\_\_\_ Regional or district health director

\_\_\_\_ State health director or commissioner

\_\_\_\_ Other

How much time has the local health agency director held his/her position?

\_\_\_ years \_\_\_ months

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

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

What date did the top executive assume this position?

Month (MM)

Year (YYYY)

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

(select only one)

􀂉 Yes

􀂉 No

􀂉 Unknown

What is the work status for this position?

(select only one)

􀂉 Full-time

􀂉 Part-time

What is the race of the person in this position?

(select all that apply)

􀂉 White

􀂉 Black or African American

􀂉 American Indian or Alaska Native

􀂉 Asian

􀂉 Native Hawaiian or Other Pacific Islander

􀂉 Some other race

What is the ethnicity of the person in this position?

(select only one)

􀂉 Hispanic or Latino

􀂉 Not Hispanic or Latino

What is the gender of the person in this position?

􀂉 Male

􀂉 Female

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

Workforce – Top Executive Education and Licensure

Indicate all degrees that your top executive holds:

(Select all that apply)

Associate Degree

􀂉 AD/ASN

Bachelors Degree

􀂉 BA

􀂉 BS

􀂉 BSN

Masters Degree

􀂉 MPH

􀂉 MSN

􀂉 MBA

􀂉 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctoral Degree

􀂉 MD

􀂉 DO

􀂉 DNS

􀂉 DrPH

􀂉 DDS

􀂉 DVM

􀂉 JD

􀂉 PhD (specify field) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀂉 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate all licensures that your top executive holds:

(Select all that apply)

􀂉 LPN/LVN

􀂉 RN

􀂉 MD

􀂉 RD

􀂉 REHS/RS

􀂉 None

􀂉 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your gender?

* Male
* Female

How old are you?

* [18 - 29 years old]
* [30 - 39 years old]
* [40 - 49 years old]
* [50 - 59 years old]
* [60 - 69 years old]
* [70 - 75 years old]
* [Over 75 years old]

What is your age? [Freeform Answer]

What year were you born? [Freeform Answer]

How would you describe yourself?

* [Hispanic or Latino]
* [Black or African American]
* [White]
* [Asian]
* [American Indian or Alaska Native]
* [Native Hawaiian or Other Pacific Islander]
* [Prefer not to answer]

What is your ethnicity?

* [Hispanic or Latino]
* [Not Hispanic or Latino]

What is your race? Check all that apply.

* [American Indian or Alaska Native]
* [Asian]
* [Black or African American]
* [Native Hawaiian or Other Pacific Islander]
* [White]

What is your race and ethnicity? [Freeform Answer]

Please tell me your race or ethnic background. [Are you?]

1. o Ethnicity: [Hispanic or Latino] [Not Hispanic or Latino]
2. o Race: [White/Caucasian] [Black or African-American] [American Indian or Alaska Native] [Native Hawaiian or Other Pacific Islander] [Asian]
	* + [Vietnamese]
		+ [Cambodian]
		+ [Filipino]
		+ [Japanese]
		+ [Korean]
		+ [Chinese]

What is your highest level of education?

* [High school or less]
* [Some college]
* [College degree]
* [Advanced degree]

In what country were you born? [Freeform Answer]

What is(are) your primary language(s)? [Freeform Answer]

What is/are your [city, state, zip code]? [Freeform Answer]

Would you describe the area in which you live as [rural or urban]?

* [Rural]
* [Urban]
* [I don’t know]

Were you born in the United States?

* [Yes]
* [No]

What is your current occupational status? [Would you say…?]

* [Employed]
* [Unemployed]
* [Homemaker]
* [Student]
* [Retired]
* [Disabled
* [Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

What term would you use to describe your current profession? [Freeform Answer]

What is your marital status?

* [Married]
* [Living as married]
* [Divorced]
* [Widowed]
* [Separated]
* [Single, never been married]

Which of the following categories best describe your total, annual household income?

* [Under $20,000/year]
* [$20,001 - $30,000/year]
* [$30,001 - $40,000/year]
* [$40,001 - $50,000/year]
* [$50,001 - $60,000/year]
* [$60,001 - $80,000/year]
* [$80,001 - $100,000/year]
* [Over $100,000/year]

Number of children [(under age 18)] [living in the household]:

* [None]
* [1-2 children]
* [3-4 children]
* [5 or more children]

How many children do you have and what are their ages?

1. o Infants (less than 1 year)
2. o Toddlers (1–4 years)
3. o Youth (5–12 years)
4. o Teens (13–18 years)
5. o Adults (over 18 years)

How long have you worked in your current profession?

* Less than one year
* 1 year
* 2 – 5 years
* 6 – 10 years
* More than 10 years

Do you currently rent or own your home?

* [Own]
* [Rent]
* [Occupied without paying monetary rent]

What is your current relationship status?

* [Single]
* [Married to a man]
* Married to a woman]
* [In a relationship with a man]
* [In a relationship with a woman]
* [Divorced or Widowed]

Do you, or does any member of your household or immediate family work for:

* [a market research company]
* [an advertising agency or public relations firm]
* [the media (TV/radio/newspapers/magazines)]
* [as a healthcare professional (doctor, nurse, pharmacist, dietician, etc.)]

Have you [participated in a focus group, intercept interview, telephone survey, and/or online survey in which you were asked your opinions regarding a product, a service, or advertising within the past six months]?

* [Yes]
* [No]

How many of these have you attended [in the past six months]? [Freeform Answer]

What was/were the topics [discussed]?