



Form Approved
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Local Health Department MCH Zika Capacity Assessment

The Centers for Disease Control and Prevention (CDC), Division of Pregnancy and Birth Defects, in collaboration with the National Association of County and City Health Officials (NACCHO), is assessing the capacity of local health departments, specifically the maternal and child health programs, to support pregnant women and their infants exposed to the Zika virus.

The purpose of this assessment is to assess the organizational capacity of maternal and child health (MCH) programs within local health departments (LHDs) to monitor, track, and support mothers and their infants potentially affected by Zika virus. While your participation is voluntary and not compensated, each LHDs participation is essential to support development of tools, resources and technical assistance for LHD response to Zika virus infections.

Instructions for participation: Complete the brief, 13-question assessment, which should take no longer than 9 minutes. All assessment responses are immediately saved and can be changed at any time. However, once the assessment is submitted, you will be unable to modify any responses. Also, you are not required to complete the assessment at one time, you may access the assessment multiple times using the unique link provided to your LHD. When finished responding to all relevant questions, click the **SUBMIT** button at the end of the assessment to submit responses for your LHD.

Please submit responses to this assessment no later than MONTH DAY, 2017.

Information collected will be kept on secure, password protected servers accessible only to NACCHO project team members. Data collected during the assessment will be shared with CDC, in aggregate form. CDC and NACCHO will also develop and disseminate a report of findings from this assessment in aggregate form.

If you experience problems with the web-based assessment, have any questions, and/or want to preview a copy of the assessment, please contact Margaret Carr at margaretcarr@naccho.org.

CDC estimates the average public reporting burden for this collection of information as 9 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).



National Association of County & City Health Officials

Contact Information

Please verify the contact information provided below. If any information is incorrect, please update with the appropriate information.

LHD Name

Respondent Name [If this is not you, please update with your information]

Respondent Email Address [If this is incorrect, please update with the correct email address.]

Indicate the role of the primary person responsible for completing the assessment for your LHD.

- Categorize staff according to their primary job responsibilities or function, not by their degree or education. Please reference the table below for role type definitions.
 - For example, if the person completing the assessment is a registered nurse and is serving as a top executive, please count this individual as “agency leadership” in the chart.

- Agency Leadership
- Maternal and Child Health Leader
- Infectious Disease/Communicable Disease Leader
- Epidemiology/Surveillance Leader
- Other (please specify):

Attachment B – LHD Zika Capacity Assessment (Web Version)

Role Type	Definition
Agency Leadership	Oversees the operations of the overall agency or a major subdivision of public health services. Include all top agency executives regardless of education or licensing. (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director)
Maternal and Child Health Leader	Administrator, manager or supervisor of programs and services, which may include, but is not limited to, family planning, prenatal care, obstetrical care, WIC, home visitation, EPSDT, and/or well-child clinics
Infectious/Communicable Disease Leader	Administrator, manager or supervisor of programs and services, which may include, but is not limited to, screening, treatment and prevention activities for HIV/AIDS, other STDs, communicable diseases, and/or tuberculosis
Epidemiology/Surveillance Leader	Administrator, Manager or Supervisor of programs and services related to epidemiology and/or surveillance of infectious diseases, chronic diseases, injury, behavioral risk factors, environmental health, and/or maternal and child health and/or syndromic surveillance.





Local Health Department Internal Partnerships

For each program area listed below, indicate whether or not your LHD has a FORMAL and/or INFORMAL referral/notification process with the maternal and child health programs **WITHIN** your LHD.

- For the purpose of this assessment, FORMAL referral/ notification process includes a written procedure or automated notification process used within the LHD.
- If the LHD uses both FORMAL and INFORMAL referral/notification process, select “BOTH a FORMAL and INFORMAL referral/notification process is in place.”

	A FORMAL referral/ notification process is in place.	AN INFORMAL referral/ notification process is in place.	BOTH a FORMAL and INFORMAL referral/ notification process is in place.	No FORMAL or INFORMAL referral/ notification process is in place.	Do Not Know	Not Applicable, LHD Does not provide this program or service.
Infectious/Communicable Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiology/Surveillance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Programs and Services	Definition
Infectious/Communicable Diseases	Screening, treatment and prevention activities for HIV/AIDS, other STDs, communicable diseases, and/or tuberculosis
Epidemiology/Surveillance	Epidemiology/surveillance of infectious diseases, chronic diseases, injury, behavioral risk factors, environmental health, and/or maternal and child health, and/or Syndromic surveillance
Immunizations	Programs and services related to adult and childhood immunization services.





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Local Health Department External Partnerships

For each clinical provider group listed below, indicate whether or not your LHD has a FORMAL and/or INFORMAL referral/notification process between the maternal and child health program and the clinical practitioner group **EXTERNAL** to your LHD.

- For the purpose of this assessment, FORMAL referral/notification process includes a written procedure or automated notification process used within the LHD.
- If the LHD uses both FORMAL and INFORMAL referral/notification process, select “BOTH a FORMAL and INFORMAL referral/notification process is in place.”

	A FORMAL referral/ notification process is in place.	AN INFORMAL referral/ notification process is in place.	BOTH a FORMAL and INFORMAL referral/ notification process is in place.	No FORMAL or INFORMAL referral/ notification process is in place.	Do Not Know
Obstetrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Fetal Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric Sub-specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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LHD Zika Response Capacity

Indicate your LHD’s level of engagement (currently or during your most recent mosquito season) in the following activities for Zika prevention and response.

- For the purposes of this assessment, engagement is defined as “working individually and/or with partners to prepare for or respond to Zika virus transmission.”

	Are or have been engaged	Planning to engage	Neither engaged nor planning to engage	Not sure
Conducting and/or coordinating lab testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal and child health surveillance and response to prevent and control Zika virus infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapid detection and follow-up of birth defects associated with Zika virus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing information to travelers about Zika risks and protection measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinician outreach and communication on Zika clinical care guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is your LHD primarily responsible for collecting the data and/or reporting to a BIRTH DEFECTS REGISTRY for your jurisdiction?

- Yes
- No
- Do not know
- No local or state birth defects registry available





National Association of County & City Health Officials

Who is responsible for collecting data and/or reporting to a BIRTH DEFECTS REGISTRY for your jurisdiction? [check all that apply]

- Clinician/health care provider
- Laboratory (local, state or private)
- Other health care entity
- Do not know

Is your LHD primarily responsible for collecting data and/or reporting positive Zika lab results for pregnant women and infants in your jurisdiction? [check all that apply]

- Yes, report to Notifiable Electronic Disease Surveillance Systems (NEDSS)
- Yes, report to state-based Zika Pregnancy Registry
- Yes, report to CDC US Zika Pregnancy Registry
- No
- Do not know





Who is responsible for collecting data and/or reporting positive lab results for pregnant women and infants in your jurisdiction? [check all that apply]

- Clinician/health care provider
- Laboratory (local, state or private)
- Other health care entity
- Do not know

Does your LHD have access to electronic lab results, specifically related to Zika lab testing?

- Yes
- No
- Do not know

Does your LHD have access to electronic health records, specifically related to pregnant women and/or infants with positive Zika lab testing?

- Yes
- No
- Do not know





LHD Community Engagement & Outreach Connections

Does your LHD have a FORMAL or INFORMAL referral system to community-level programs and services?

- Yes
- No
- Do not know

For each activity below, check whether or not your LHD and/or other organizations provided maternal and child health-related activities or services in your jurisdiction during the past year.

- “Contracted out” is defined as paying another organization to perform this activity or service on behalf of your LHD.
- Select both “Performed by LHD directly” AND “Contracted out by LHD” if your LHD performed the activity directly AND contracted out for the activity.
- “Provided by others in the community independent of LHD funding” means that other organizations provide this service and do not receive funding from the LHD to provide them.
- Other organizations include but are not limited to other state and local government agencies, health care providers (e.g. private physicians, non-LHD clinics, and hospitals); schools, and community organizations.
- Check all that apply on each row and do not leave any rows blank.

	Performed by LHD directly	Contracted out by LHD	Provided by others in community independent of LHD funding	Program or Service is not available in community	Don't Know
Case management services for children and youth with special health care needs (CYSHCN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early childhood intervention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home visitation or case management for pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home visitation or case management for infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision and hearing testing for infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newborn screening/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment B – LHD Zika Capacity Assessment (Web Version)

How does your LHD notify or engage community providers of programs and services available to pregnant women and infants exposed to the Zika virus? [check all that apply]

- Social Media (e.g. Facebook, Twitter, etc.)
- In-person or online training/webinar
- Newsletter
- Press release or newspaper announcements
- Website
- Individual or provider association outreach
- Other (specify):
- No community provider outreach and engagement efforts



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You have reached the end of the assessment. If you would like to change any of your responses you can use the previous page button to navigate to the question. If you are ready to submit your responses please click the submit button to complete the assessment.



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[PREVIOUS PAGE](#)

[SUBMIT](#)



Thank you for completing the MCH Zika Capacity Assessment. Your response has been recorded. If you have any question or concerns please contact Margaret Carr at margaretcarr@naccho.org. Thank you for your time!

