Iowa's Governmental Public Health System - Baseline

Thank you for providing information to help evaluate the public health system!

The following sets of questions will help the Public Health Evaluation Committee assess organizational capacity and service provision at the local level. When responding, please answer each question as it relates to your agency.

Information collected through this survey is not anonymous; however, individual responses will be kept confidential.

Based on your answers, the survey will allow you to skip the questions that are not applicable. As such the survey does not include a number for each question. However, the questions do correspond to the PDF document that was sent with the survey notice.

Please provide a response to each question. The survey is set to require an answer for each question and will not allow you to proceed to the next set of questions until a response is given for each question.

Thank you for your time! The results of the survey will not only help identify strengths of the current system, but will also help identify and prioritize areas for improvement.

1. Please provide the following information (individual responses will remain confidential; data will be aggregated for reporting purposes).

Name:

Agency:

City/Town:

State:

ZIP:

2. Which of the following best describes your role at your agency?

- I am the administrator for public health (Go to Question 3)
- I am the administrator for environmental health (Go to Question 3)
- I am the administrator for public health and environmental health (Skip to Question 4)

3. Do you have an established Memorandum of Understanding (MOU) or other formal agreement that defines the working relationship between public health and environmental health?

- Yes
- No

The purpose of this section is to collect agency-level fiscal data to enable the Public Health Evaluation Committee to analyze trends in public health funding and expenditures.

4. What was your agency's operating budget for the previous fiscal year? Please provide a whole number without symbols or decimals (e.g. 234,000)

5. What is your agency's operating budget for the current fiscal year? Please provide a whole number without symbols or decimals (e.g. 234,000)

6. For your most recently completed fiscal year, please enter the amount your agency received from each source. Please provide a whole number without symbols or decimals (e.g. 234,000). If you received no funding from a source, enter 0 (zero).

City/township/town sources - Revenue originating from city/town government, e.g. allocations from non-county-based School Boards, taxing districts, property tax millage, etc.

County sources - Revenue originating from county government, e.g. allocations from Board of County Commissioners or county-based School Boards, taxing districts, property tax millage, etc.

State sources (EXCLUDING pass-through from Federal) - Income received from state agencies that originate from state revenue sources. Do NOT include federal funds that are passed to LHDs by state agencies in this line; those funds should be included in other categories.

Federal sources (passed through by State) - Income from the federal government received through state department of health, excluding Medicaid/Medicare reimbursements. Examples of federal agencies allocating funds for public health services include CDC, DHHS, Dept. of Homeland Security, etc.

Federal sources (direct) - Income received directly from the federal government, excluding Medicaid/Medicare reimbursements. Examples of federal agencies allocating funds for public health services include CDC, DHHS, Dept. of Homeland Security, etc.

Medicaid - All income received from Medicaid including Medicaid HMO capitation and any "bill-aboves" paid by a Medicaid HMO.

Medicare - All income received from Medicare, including Medicare HMO payments.

Private foundations - All income received from private foundations.

Private health insurance - All income received from private health insurers.

Patient personal fees - Fees for provision of health care services paid directly by the patient.

Non-clinical fees and fines - All fees or fines NOT related to provision of health care services, including vital records fees and regulatory fees and fines. Revenues from permits, licenses, and inspections should also be included in this category.

Tribal sources - Income received from tribal governments.

Other (specify below) - Any sources of revenue not included in the categories above (e.g., donations, interest income. Do NOT include transfers from reserve or contingency funds).

7. What percentage of your total county's tax appropriations go to the Board of Health for public health purposes? Please provide a whole number without symbols or decimals (e.g. 3).

8. Does your agency have a rollover reserve fund or contingency fund (restricted or unrestricted) that allows the agency to accumulate fund balances from year to year for use by the agency?

- ◯ Yes (Go to Question 9)
- ◯ No (Skip to Question 10)

9. Does your agency control the use of these funds?

- ◯ Yes
- ◯ No

The purpose of this section is to collect information on grant writing activities at your agency.

10. Which response best describes grant writing activities at your agency?

- ◯ Grant writing is done entirely by staff (Go to Question 11)
- ◯ Grant writing is done by staff with outside assistance (Go to Question 11)
- ◯ Grant writing is contracted to an outside organization (Go to Question 14)

11. How many staff participate in the grant development and writing process?

12. Have staff received formal grant writing training? (For example: workshops)

- ◯ Yes (Go to Question 13)
- ◯ No (Skip to Question 14)

13. How many staff have received formal grant writing training?

14. What types of grant writing training have staff participated in during the past 12 months? (Select all that apply)

- ☐ Conferences
- ☐ Informal mentoring
- ☐ Off-site formal workshops
- ☐ On-site formal (classroom) workshops
- ☐ Other online courses
- ☐ Webinars
- ☐ Other
- ☐ Staff have not attended training in the last year

The purpose of this section is to collect information on personnel policies, staffing levels, recruitment and retention, and

professional development activities at your agency.

15. Which of the following statements best describes your agency's personnel policies.

- ◯ Personnel policies are centralized within the municipality (county-wide, city-wide)
- ◯ Personnel policies are specific to our agency
- ◯ My agency does not have formal personnel polices

16. Does your agency have job descriptions for all employees?

- ◯ Yes
- ◯ No

17. What is the total number of FTEs in your agency? (Including permanent full time, permanent part time, contractual and temporary staff.)

18. Provide the FTE of staff in each classification below. (If a person has multiple roles within the agency please indicate their FTE in the appropriate areas. For example: If a full-time public health administrator spends 75% of their time as a public health manager, 15% of their time conducting home health visits, and 10% of their time investigating infectious diseases, you would list .75 public health manager, .15 home health nurse, and .10 infectious disease investigator.)

Public health managers (EH Administrator, LPH Administrator)	
Administrative or clerical personnel	
Behavioral health professional	
Chronic disease care coordinator (non-nurse)	
Dentist	
Dental hygienist	
Emergency preparedness staff	
Environmental Health/ Sanitarian specialists (non-managers)	
Epidemiologist	
Health educator	
Health planner	
Home health aide (providing direct care)	
Home health nurse (providing direct care)	
Infectious disease investigator (non-nurse)	
Information technologist specialist	
Laboratory/Biologist	
Nutritionist	
Nurse Practitioner or Physician Assistant	
Physician	
Public health informatics, electronic health, or data warehouse	
Public health nurse	
Social worker	
Other	

19. Does your agency experience high turnover in specific roles/functions?

- ◯ Yes (Go to Question 20)
- ◯ No (Skip to Question 21)

20. Which roles/functions have a high turnover rate?

- [ ] Public health managers (EH Administrator, LPH Administrator)
- [ ] Administrative or clerical personnel
- [ ] Behavioral health professional
- [ ] Chronic disease care coordinator (non-nurse)
- [ ] Dentist
- [ ] Dental hygienist
- [ ] Emergency preparedness staff
- [ ] Environmental Health/ Sanitarian specialists (non-managers)
- [ ] Epidemiologist
- [ ] Health educator
- [ ] Health planner
- [ ] Home health aide (providing direct care)
- [ ] Home health nurse (providing direct care)
- [ ] Infectious disease investigator (non-nurse)
- [ ] Information technologist specialist
- [ ] Laboratory/Biologist
- [ ] Nutritionist
- [ ] Physician
- [ ] Nurse Practitioner or Physician Assistant
- [ ] Public health informatics, electronic health, or data warehouse
- [ ] Public health nurse
- [ ] Social worker

21. Has your agency had difficulties filling positions during the past 12 months?

- ( ) Yes (Go to Question 22)
- ( ) No (Go to Question 24)

22. Which jobs have you had difficulties filling in your agency? (Select all that apply)

- [ ] Public health managers (EH Administrator, LPH Administrator)
- [ ] Administrative or clerical personnel
- [ ] Behavioral health professional
- [ ] Chronic disease care coordinator (non-nurse)
- [ ] Dentist
- [ ] Dental hygienist
- [ ] Emergency preparedness staff
- [ ] Environmental Health/ Sanitarian specialists (non-managers)
- [ ] Epidemiologist
- [ ] Health educator
- [ ] Health planner
- [ ] Home health aide (providing direct care)
- [ ] Home health nurse (providing direct care)
- [ ] Infectious disease investigator (non-nurse)
- [ ] Information technologist specialist
- [ ] Laboratory/Biologist
- [ ] Nutritionist
- [ ] Physician
- [ ] Nurse Practitioner or Physician Assistant
- [ ] Public health informatics, electronic health, or data warehouse
- [ ] Public health nurse
- [ ] Social worker
- [ ] None of the above

23. In the past 12 months, which of the following barriers has your agency experienced when trying to fill positions? (Select all that apply)

- [ ] Ability to offer a competitive compensation package (Wages, benefits)
- [ ] Lack of available qualified applicants
- [ ] Rural location
- [ ] Travel Requirements
- [ ] Undesirable work hours
- [ ] Undesirable work location/office
- [ ] Other

Other (please specify)

24. Which of the following best describes the education and experience of the Public Health Administrator in your county?

- ( ) Master's degree or higher from an accredited college or university in public health, health administration, or other applicable field and at least three years of experience in public health
- ( ) Bachelor's degree from an accredited college or university in public health, health administration, or other applicable field, and at least five years of experience in public health
- ( ) Bachelor's degree not in public health or other applicable field and at least six years of experience in public health
- ( ) Other
- ( ) Do not know

Other (please specify)

25. Which of the following best describes the education and experience of the Public Health Coordinator/Supervisor in your county?

- ( ) Bachelor's degree or higher from an accredited college or university in public health, health administration, nursing, or other applicable field and at least two years of related experience
- ( ) Other
- ( ) Do not know

Other (please specify)

26. Which of the following best describes the education and experience of the Environmental Health Coordinator/Supervisor in your county?

- ◯ Registered Sanitarian (RS) or Registered Environmental Health Specialist (REHS) with the National Environmental Health Association (NEHA)
- ◯ Bachelor's degree in a science field and at least two years of related experience
- ◯ Other
- ◯ Do not know

Other (please specify)

27. This question is specific to the training received by you, the administrator. Please identify which of the following training you have received: (Select all that apply)

- ☐ Basic Epidemiology
- ☐ Community Planning
- ☐ Contracts
- ☐ Critical Thinking
- ☐ Financial Management
- ☐ Finding and Evaluating Health Information on the Internet
- ☐ Grant Writing
- ☐ Human Resources
- ☐ Marketing
- ☐ Overall Aspects of Managing an Agency
- ☐ Public Health Law
- ☐ Risk Communication
- ☐ Strategic Planning
- ☐ I have not received training in the above areas

28. Does your agency have a workforce development plan?

- ◯ Yes
- ◯ No
- ◯ Do not know

29. Which best describes how often your agency assesses workforce training needs?

- ◯ Never
- ◯ Every 1-2 years
- ◯ Every 3-4 years
- ◯ Every 5+ years

30. Does your agency offer incentives to employees for obtaining credentials in their field? (e.g., RS, CHES, REHS, certified lead inspector, certified public health professional)

- ◯ Yes (Go to Question 31)
- ◯ No (Skip to Question 32)
- ◯ Do not know (Skip to Question 32)

31. Which types of incentives are made available to employees? (Select all that apply)

- ☐ The agency allows staff to use work time to obtain or maintain credentials
- ☐ The agency pays a bonus for being credentialed
- ☐ The agency pays for credentialing
- ☐ Other incentives

Other (please specify)

32. Please complete the following statement.
My agency pays for the following to get or maintain job-related credentials:
(Select all that apply)

- ☐ Class fees
- ☐ Exam fees
- ☐ Study materials
- ☐ Our agency does not pay for expenses related to getting or maintaining job-related credentials

33. Does your agency pay for staff to obtain continuing education?

- ◯ Yes
- ◯ No

34. Does your agency pay for tuition for staff to take courses toward an academic degree (e.g., Master's degree, Bachelor's degree, or certificate) in a public health related field?

- ◯ Yes
- ◯ No

The purpose of this section is to collect information about strategic planning, community needs assessment activities, and health improvement planning.

35. Does your agency have a strategic plan?

- ◯ Yes (Go to Question 36)
- ◯ No (Skip to Question 41)

36. Is the strategic plan guided by the results of the Community Health Needs Assessment & Health Improvement Plan?

- ◯ Yes
- ◯ No

37. Who participates in developing and revising your agency's strategic plan? (Select all that apply)

- ☐ Board of Health
- ☐ Board of Supervisors
- ☐ Citizens
- ☐ Local Health Department
- ☐ Local medical professionals/organizations
- ☐ Local non-profit groups
- ☐ Organizations that have contracts with the department for service delivery
- ☐ State Health Department

38. How is your agency's strategic plan used? (Select all that apply)

- [ ] Budgeting
- [ ] Determining training needs
- [ ] Marketing/media
- [ ] Performance measurement
- [ ] Personnel/hiring
- [ ] Program planning
- [ ] Reorganizing agency structure
- [ ] None of the above

39. How often is the strategic plan updated?

- ( ) More than once a year
- ( ) Annually
- ( ) Every two years
- ( ) Every 3 years
- ( ) Every 4 years+

40. How often is the strategic plan reviewed/reported on with the Board of Health?

- ( ) Never
- ( ) Quarterly
- ( ) Twice a year
- ( ) Annually
- ( ) Every two years+

41. Does your agency have a written continuity of business plan?
(A plan to address roles and responsibilities in the event of a non-emergency response related absence.)

- ( ) Yes
- ( ) No
- ( ) Do not know

42. Does your agency have a health profile for your jurisdiction?
(A standard set of population-based core public health indicators that describes the health status of the jurisdiction and includes trends to show multiple years of data.)

- ◯ Yes
- ◯ No
- ◯ Do not know

43. Has your agency developed a health improvement plan for your jurisdiction?

- ◯ Yes (Go to Question 44)
- ◯ No (Skip to Question 46)
- ◯ Do not know (Skip to Question 46)

44. How does your agency use the health improvement plan? (Select all that apply)

- ☐ Advocacy
- ☐ Budgeting
- ☐ Building partnerships
- ☐ Educating stakeholders, partners, elected officials, or the community
- ☐ Identifying funding opportunities
- ☐ Program planning
- ☐ None of the above

45. How often does your agency review the community health improvement plan (HIP)?

- ◯ More than once a year
- ◯ Annually
- ◯ Every two years
- ◯ Every 3 years
- ◯ Every 4 years+

46. Who determines public health priorities in your jurisdiction? (Select all that apply)

- ☐ Board of Health
- ☐ Board of Supervisors
- ☐ Environmental Health Administrator/Sanitarian
- ☐ Local Health Department Administrator
- ☐ Medical Director
- ☐ Other

Iowa's Governmental Public Health System - Baseline

The purpose of this section is to collect information about the information technology (IT) infrastructure at your agency.

47. How is information technology maintained for your agency?

- ◯ IT is maintained by dedicated staff in the agency (.25 FTE or greater)
- ◯ IT is solely maintained by the county/city
- ◯ IT is maintained by the county/city, but we have an assigned staff person (.25 FTE or greater)
- ◯ IT is maintained by a contractor
- ◯ No person or agency is dedicated to maintaining our IT

48. Which of following are included in your agency's IT infrastructure? (Select all that apply)

- ☐ High speed internet connection
- ☐ Equipment and software capable of running Microsoft Office 2007 or 2010
- ☐ Internet Browser that supports 128 bit encryption
- ☐ None of the above

49. Does your agency use a shared drive/network?

- ◯ Yes
- ◯ No

50. How is your agency's computer system backed up?

- ◯ Onsite (Go to Question 51)
- ◯ Offsite (Go to Question 51)
- ◯ Our computer system is not backed-up (Skip to Question 52)

51. How often is your agency's computer system backed up?

- ◯ Daily
- ◯ Weekly
- ◯ Monthly
- ◯ Less frequently than every month
- ◯ Never

The purpose of this section is to collect information about how your agency provides information to and communicates with Iowans.

52. Select the top three (3) ways your agency educates people in your jurisdiction about the public health services that are available to them.

- [ ] Agency-generated newsletters
- [ ] Announcements at public meetings
- [ ] Brochures
- [ ] Coalition meetings
- [ ] Direct mail
- [ ] Email distribution lists
- [ ] Health fairs
- [ ] Information booth at community events
- [ ] Letters to the Editor
- [ ] Meeting with health care providers
- [ ] Posters/flyers
- [ ] Press releases
- [ ] Purchase media (e.g. newspaper, radio ads)
- [ ] Website
- [ ] Other

Other (please specify)

53. Does your agency employ bilingual staff?

- ( ) Yes (Go to Question 54)
- ( ) No (Skip to Question 55)

54. Which languages does your bilingual staff speak? (Select all that apply)

- [ ] Afrikaans
- [ ] Amharic
- [ ] Arabic
- [ ] Bantu
- [ ] Chinese
- [ ] Dutch
- [ ] English
- [ ] French (including Patois, Cajun)
- [ ] German
- [ ] Ibo
- [ ] Korean
- [ ] Laotian
- [ ] Russian
- [ ] Serbo-Croatian
- [ ] Somali
- [ ] Spanish
- [ ] Swahili
- [ ] Twi (Akan)
- [ ] Vietnamese
- [ ] Yoruba

55. Does your agency use language line services?

- ( ) Yes (Go to Question 56)
- ( ) No (Skip to Question 57)

56. How often are language line services used?

- ◯ Daily
- ◯ Weekly
- ◯ Monthly
- ◯ Bi-monthly
- ◯ Quarterly
- ◯ Annually

The purpose of this section is to collect information about how your agency evaluates the programs and services it provides, as well as how findings are used to make improvements.

57. Has your agency developed goals and objectives for all public health programs and services?

- ◯ Yes
- ◯ No

58. Please complete the following statement.
Within my agency, performance measures have been identified for: (Select all that apply)

- ☐ Grant funded programs/services
- ☐ Non-grant funded programs/services
- ☐ Administrative functions
- ☐ None of the above

59. Please complete the following statement:
My agency evaluates programs and public health services _____. (Select only one)

- ◯ Routinely
- ◯ When it is required by the funder
- ◯ Rarely or never

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

- ◯ We have implemented a formal quality improvement program agency-wide
- ◯ Formal quality improvement activities are being implemented in specific programmatic or functional areas of the agency, but not on an agency-wide basis
- ◯ My agency's quality improvement activities are informal or ad hoc in nature
- ◯ My agency is not currently involved in quality improvement activities

61. Which of the following elements have been used in your agency's quality improvement efforts in the past year? (Select all that apply)

- [ ] Setting measurable objectives
- [ ] Mapping a process
- [ ] Identifying root causes
- [ ] Obtaining baseline data
- [ ] Testing the effects of an improvement strategy/intervention
- [ ] Analyzing the results of the test
- [ ] Formally adopting a tested intervention
- [ ] None of the above

62. In what ways does your agency support or encourage staff involvement in quality improvement efforts? (Select all that apply)

- [ ] We provide training to staff in QI methods
- [ ] We recognize outstanding QI work with employee recognition awards
- [ ] Participation in QI efforts is included as part of employee performance goals
- [ ] We provide monetary incentives
- [ ] Quality improvement is included in job descriptions for some employees
- [ ] We have formed a QI committee that coordinates QI efforts
- [ ] We provide funding to support QI efforts
- [ ] Other
- [ ] None of the above

Other (please specify)

63. Does your agency use customer feedback data for process and/or program improvement?

- ( ) Yes
- ( ) No - We collect data but do not use it for improvement
- ( ) No - We do not collect customer feedback data

The purpose of this section is to collect information about the programs and services provided by your agency.

For each activity or service below, check whether and how your agency provided the activity or service in your jurisdiction during the past year.

• Indicate whether your agency performed the activity or service and/or had a written agreement in place with another agency to provide the activity or service. Select both boxes if your agency both performed the activity or service directly and had a written agreement in place.

If your agency neither performed the activity or service nor had a written agreement in place with another agency to provide the activity or service, select the option "Performed NEITHER by agency directly NOR through a written agreement".

• Please do not leave rows blank.

• The intent of the questions in this section are two-fold. First, it helps define what services and activities are provided by your agency. Second, it differentiates which activities and services are provided directly by your agency and which are being provided by other organizations on your behalf.

64. IMMUNIZATIONS

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
Adult Immunizations	☐	☐	☐
Childhood Immunizations	☐	☐	☐

65. SCREENING FOR DISEASES/CONDITIONS

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
Blood lead	☐	☐	☐
Cancer	☐	☐	☐
Cardiovascular disease	☐	☐	☐
Diabetes	☐	☐	☐
High blood pressure	☐	☐	☐
HIV/AIDS	☐	☐	☐
STD's	☐	☐	☐
Tuberculosis	☐	☐	☐

66. TREATMENT FOR COMMUNICABLE DISEASES

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
HIV/AIDS	☐	☐	☐
STD's	☐	☐	☐
Tuberculosis	☐	☐	☐

67. MATERNAL AND CHILD HEALTH

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
Family planning	☐	☐	☐
Prenatal care	☐	☐	☐
Obstetrical care	☐	☐	☐
WIC (Women, Infants, and Children)	☐	☐	☐
Home visits	☐	☐	☐
EPSDT (Early and Periodic Screening, Diagnosis, and Treatment)	☐	☐	☐
Well Child Clinic	☐	☐	☐

68. OTHER HEALTH SERVICES

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
Behavioral/mental health services	☐	☐	☐
Comprehensive primary care	☐	☐	☐
Home health care	☐	☐	☐
Oral health	☐	☐	☐
Substance abuse services	☐	☐	☐

69. EPIDEMIOLOGY AND SURVELLIANCE ACTIVITIES

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
Behavioral risk factors	☐	☐	☐
Communicable/ infectious disease	☐	☐	☐
Environmental	☐	☐	☐
Syndromic surveillance	☐	☐	☐

70. POPULATION-BASED PRIMARY PREVENTION ACTIVITIES

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
Chronic disease programs	☐	☐	☐
Injury prevention	☐	☐	☐
Mental illness	☐	☐	☐
Nutrition	☐	☐	☐
Oral health	☐	☐	☐
Physical activity	☐	☐	☐
Substance abuse	☐	☐	☐
Tobacco	☐	☐	☐
Unintended pregnancy	☐	☐	☐
Violence	☐	☐	☐

71. REGULATION, INSPECTION, AND/OR LICENSING ACTIVITIES

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
Body art (tattoos, piercings)	☐	☐	☐
Food processing	☐	☐	☐
Food service establishments	☐	☐	☐
Health-related facilities	☐	☐	☐
Hotels/motels	☐	☐	☐
Housing (Healthy Homes inspections)	☐	☐	☐
Housing (building code inspections)	☐	☐	☐
Lead inspection	☐	☐	☐
Private drinking water	☐	☐	☐
Public drinking water	☐	☐	☐
Septic haulers	☐	☐	☐
Septic systems	☐	☐	☐
Smoke-free ordinances	☐	☐	☐
Swimming pools (public)	☐	☐	☐

72. OTHER ENVIRONMENTAL HEALTH ACTIVITIES

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
Air pollution	☐	☐	☐
Collection of unused pharmaceuticals	☐	☐	☐
Food safety education	☐	☐	☐
Groundwater protection	☐	☐	☐
Hazardous waste disposal	☐	☐	☐
Hazmat response	☐	☐	☐
Indoor air quality	☐	☐	☐
Land use planning	☐	☐	☐
Noise pollution	☐	☐	☐
Nuisance complaints	☐	☐	☐
Vector control	☐	☐	☐

73. OTHER ACTIVITIES

	Performed by agency directly	Written agreement in place with another agency to provide the activity/service	Performed NEITHER by agency directly NOR through a written agreement
Animal control	☐	☐	☐
Asthma prevention and/or management	☐	☐	☐
Correctional health	☐	☐	☐
Emergency medical services	☐	☐	☐
Laboratory services	☐	☐	☐
Medical examiner's office	☐	☐	☐
Occupational safety and health	☐	☐	☐
Outreach and enrollment for medical insurance (include Medicaid)	☐	☐	☐
School-based clinics	☐	☐	☐
School health	☐	☐	☐
Veterinarian public health activities	☐	☐	☐
Vital records	☐	☐	☐

74. Please identify which types of written agreements are currently used by your agency? (Select all that apply)

- [ ] Memorandums of Understanding
- [ ] Contracts
- [ ] Memorandums of Agreement
- [ ] No formal agreements in place

75. Does your agency provide any service or activity, not listed in any of the previous sections, that accounts for less than 0.20 FTE?

- ( ) Yes (Go to Question 76)
- ( ) No (Skip to Question 77)

76. Please list each service or activity provided by your agency, not previously mentioned in the sections above, that accounts for less than 0.20 FTE.

The purpose of this section is to collect information about injury prevention activities conducted by your agency.

77. Does your agency provide intentional injury prevention services? (e.g., domestic abuse prevention, suicide prevention, etc.)

- ( ) Yes (Go to Question 78)
- ( ) No (Skip to Question 79)

78. Are you or your staff active in a partnership to address intentional injury prevention?

- ( ) Yes
- ( ) No

79. Does your agency provide unintentional injury prevention services? (e.g., brain injury prevention, fall prevention, etc.)

- ◯ Yes (Go to Question 80)
- ◯ No (Skip to Question 81)

80. Are you or your staff active in a partnership to address unintentional injury prevention?

- ◯ Yes
- ◯ No

The purpose of the section is to collect information about environmental health in your jurisdiction.

81. On a scale of 1-5 (with 1 being no coordination and 5 being an excellent working relationship), how would you rate the coordination between public health and environmental health in your jurisdiction?

	No coordination (1)				Excellent working relationship (5)
Coordination	◯	◯	◯	◯	◯

82. Does your agency provide environmental health services?

- ◯ Yes (Go to Question 83)
- ◯ No (Skip to Question 88)

83. How often does your agency review environmental health policy and procedure manuals?

- ◯ Never
- ◯ Annually
- ◯ 2- 3 years
- ◯ 4 - 5 years
- ◯ More than every 5 years

84. Has your local Board of Health adopted the minimum rules and regulations required by Iowa Code for onsite wastewater?

- ◯ Yes
- ◯ No
- ◯ Do not know
- ◯ Not applicable - City Board of Health

85. Has your local Board of Health adopted the minimum rules and regulations required by Iowa Code for water wells?

- ◯ Yes
- ◯ No
- ◯ Do not know
- ◯ Not applicable - City Board of Health

86. Does your agency enforce public health nuisance ordinances or regulations in your county?

- ◯ Yes
- ◯ No

87. Who adopts public health ordinances/regulations for your county? (Select all that apply)

- ☐ Board of Health
- ☐ Board of Supervisors
- ☐ City Council
- ☐ Do Not Know

The purpose of this section is to collect information about disease prevention capacity at your agency.

88. Does your agency conduct infectious disease investigations?

- ◯ Yes (Go to Question 89)
- ◯ No (Skip to Question 92)

89. Does your agency have trained staff (completed a minimum of 12 hours of disease prevention, disease surveillance, epidemiological, or closely related training each year) to conduct infectious disease investigations?

- ◯ Yes
- ◯ No

90. Who do you rely on to provide expertise on disease investigations? (Select all that apply)

- [ ] Local home health agency
- [ ] Local hospital
- [ ] Local medical clinic/provider
- [ ] Other local health department
- [ ] State health department

91. Do you have surge capacity (personnel, equipment, facilities, etc.) established to address large outbreaks?

- ( ) Yes
- ( ) No

The purpose of this section is to collect information about the activities conducted by your agency that are designed to prevent chronic disease and promote individual health and wellness.

92. Does your agency provide chronic disease prevention or wellness programs/services?

- ( ) Yes (Go to Question 93)
- ( ) No (Skip to Question 96)

93. Which of the following areas are evidence-based interventions used to provide prevention programming in your agency? (Select all that apply)

- [ ] Asthma
- [ ] Cancer
- [ ] Cardiovascular Disease
- [ ] Food safety
- [ ] Gambling
- [ ] Indoor air quality (radon)
- [ ] Lead Poisoning
- [ ] Nutrition
- [ ] Physical Activity
- [ ] Reproductive Health
- [ ] Substance Abuse
- [ ] Tobacco

94. Does your agency participate in a coalition, or other form of community partnership, to promote healthy behaviors in your community?

- ( ) Yes
- ( ) No

95. In which of the following areas does your agency participate in a coalition, or other form of partnership, to promote healthy behaviors in your jurisdiction? (Select all that apply)

- [ ] Air quality
- [ ] Asthma
- [ ] Cancer
- [ ] Cardiovascular Disease
- [ ] Gambling
- [ ] Lead Poisoning
- [ ] Nutrition
- [ ] Physical Activity
- [ ] Reproductive Health
- [ ] Substance Abuse
- [ ] Tobacco

The purpose of this section is to collect information about preparedness activities in your agency.

96. In a typical month, how many total employee hours are dedicated to public health preparedness efforts?

97. To what extent are public health preparedness efforts dependent on the availability of grant funding?

- ( ) Entirely (90%+)
- ( ) Mostly (50-89%)
- ( ) Partly (10-49%)
- ( ) Not at all (less than 10%)

98. Is your agency included in county disaster plans?

- ( ) Yes
- ( ) Yes, only for health/environmental health related disasters
- ( ) No
- ( ) Do Not Know

The purpose of this section is to collect information about your agency's governing entity.

99. Does the Board of Health in your county conduct oversight activities of public health services in the jurisdiction?

- ( ) Yes
- ( ) No

100. Which of the following agencies fall under the purview of Board of Health oversight activities regarding public health services? (Select all that apply)

- [ ] Environmental Health Department/Sanitarian
- [ ] Local Health Department
- [ ] Non-Profit Organizations Receiving Government Funds
- [ ] Other

Other (please specify)

101. Please complete the following statement.
The Board of Health has direct oversight over environmental health/sanitarian services as it relates to: (Select all that apply)

- [ ] Advising administrator on policies, programs, and budgets
- [ ] Approving the environmental health budget
- [ ] Hiring and firing the Environmental Health Administrator/Sanitarian
- [ ] Making legal decisions
- [ ] Proposing public health regulations
- [ ] Setting and imposing fees
- [ ] Setting policies, goals, and priorities that guide EH services
- [ ] Unknown

102. Please complete the following statement.
The Board of Health has direct oversight over local health department services as it relates to: (Select all that apply)

- [ ] Advising administrator on policies, programs, and budgets
- [ ] Approving the public health department budget
- [ ] Hiring and firing the Public Health Administrator
- [ ] Making legal decisions
- [ ] Proposing public health regulations
- [ ] Setting and imposing fees
- [ ] Setting policies, goals, and priorities that guide public health services
- [ ] Unknown

103. Do any Board of Health members also serve as a member of the county Board of Supervisors?

- ◯ Yes (Go to Question 105)
- ◯ No (Skip to Question 104)
- ◯ The Board of Supervisors also acts as our Board of Health (Skip to Question 106)

104. Is a Board of Supervisors member designated as a liaison to the Board of Health?

- ◯ Yes (Go to Question 106)
- ◯ No (Go to Question 106)

105. How many Board of Health members are also Board of Supervisors members?

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

106. Does your city/county have difficulty recruiting members for the Board of Health?

- ◯ Yes
- ◯ Yes, but only the Medical Director
- ◯ No

107. Which of the following best describes how often your county Board of Health meets?

- ◯ Never
- ◯ Monthly
- ◯ Bi-Monthly
- ◯ Quarterly
- ◯ Twice a year
- ◯ Annually

108. Has your agency begun preparation activities to meet public health standards?

- ◯ Yes
- ◯ No
- ◯ Not Sure

109. How often does your Board of Health discuss the Iowa Public Health Standards?

- ◯ Never
- ◯ Monthly
- ◯ Bi-Monthly
- ◯ Quarterly
- ◯ Twice a year
- ◯ Annually

110. How frequently does your Board of Health receive a report on your agency's compliance with the Iowa Public Health Standards?

- ◯ Never
- ◯ Monthly
- ◯ Bi-Monthly
- ◯ Quarterly
- ◯ Twice a year
- ◯ Annually