

1. Welcome

On behalf of the Public Health Improvement Partnership Activities & Services Work Group and WSALPHO, thank you for taking the time to complete this survey.

The purpose of this survey is to answer basic questions on what public health does in Washington State. This is the second survey and it has been expanded to include additional questions. This inventory effort will continue to be expanded and modified in the years to come.

The Activities & Services Work Group worked hard to limit the survey to information already collected by DOH and LHJs. Information will be collected from both Local Health Jurisdictions (LHJ) and areas within the Department of Health (DOH).

This survey is gathering information for activities and services conducted during 2009 (January 1 through December 31).

We greatly appreciate your help, and welcome your comments and suggestions. Please complete the survey before July 19, 2010.

If you have any questions, please contact Jane Lee at jane.lee@doh.wa.gov or Barry Kling at barry.kling@cdhd.wa.gov

2. Survey Instructions

This survey has been sent to the agency contact identified by the Health Administrator or Director for every LHJ in Washington State. We recognize that you may not personally be able to answer all the questions and have designed the survey so that you can pass it on to others in your organization.

The first option is to print the PDF version of the survey emailed to you by Simana Dimitrova for Barry Kling and Gregg Grunenfelder on June 28 and compile all answers before starting data entry. Once the information is compiled, data entry can be completed in one sitting.

Alternatively, you can forward this survey link to others within your LHJ. The link is uniquely tied to your organization's email address but allows for multiple entries within the same organization. You can continue to enter information into the survey until you press the "done" button on the last page. To save the information for individual entries, press the "next" button at the bottom of the page and then press "exit this survey" in the top right hand corner. If you accidentally press "done" before you have completed the survey, please contact Allegra Calder (allegra@berkandassociates.com) for a new link.

As an organization, please answer all questions to the best of your ability rather than leaving them blank. We believe that most or all LHJs already compile the information requested in the survey. If that is not true for your LHJ, we are not asking you to dig through files to come up with totals. If you do not already count any of the items requested, please enter "Not Available" for that item.

The survey link will remain active for three weeks until July 19, 2010.

3. LHJ Information (Section 1 of 7)

Please provide the name of your LHJ and assign a primary contact for any questions related to this survey.

* **LHJ Name:**

* **Primary contact:**

* **Primary contact email:**

Primary contact phone number:

4. Environmental Health

Please answer all questions to the best of your ability rather than leaving them blank. If your LHJ does not have one of the requested numbers, please enter "Not Available" in that field. If a unit other than the LHJ (such as the county building dept.) provides one of these services in your jurisdiction, please do your best to include those numbers.

1. In 2009, how many permanent food service establishments did your LHJ permit and how many routine inspections were conducted?

of permits

of routine inspections

2. In 2009, how many temporary food service establishments were permitted and how many routine inspections were conducted?

of permits

of routine inspections

3. In 2009, how many food worker cards were issued by your LHJ?

4. In 2009, how many new Onsite Sewage System permits were issued by your LHJ?

5. In 2009, how many repair Onsite Sewage System permits were issued by your LHJ?

6. In 2009, how many water recreational facilities (pools, spas, etc - not beaches) did your LHJ permit and how many water recreational facilities inspections were conducted?

of permits

of routine inspections

7. In 2009, how many solid waste facilities did your LHJ permit and how many routine solid waste facilities inspections were conducted?

of permits

of routine inspections

5. Communicable Disease - Prevention: Immunizations

Please answer all questions to the best of your ability rather than leaving them blank.

If you answer "yes" indicating that your LHJ does provide a service, but your LHJ does not have the requested number, please enter "Not Available" in the number field.

Some of the following items ask about services provided "directly" by your LHJ. For this survey, we define a direct service as one provided by LHJ staff, or by contractors funded by the LHJ to provide this service. A service provided by a community partner that is not funded to do so by the LHJ is NOT considered a direct service.

1. In 2009, did your LHJ directly provide childhood immunizations?(See definition of "directly" above. For this item, "directly" means LHJ staff or LHJ-funded contractors directly administered vaccine to individual children.)

Yes

No

**If so, how many doses of childhood vaccine were given directly by your LHJ in 2009?
(Do not include pediatric H1N1 vaccine.)**

2. In 2009, did your LHJ directly provide seasonal (not including H1N1) influenza immunizations? (See definitions of "directly" above.)

Yes

No

If yes, how many seasonal flu immunizations were given directly by your LHJ in 2009?

6. Communicable Disease - Surveillance and Control

Please answer all questions to the best of your ability rather than leaving them blank.

If you answer "yes" indicating that your LHJ does provide a service, but your LHJ does not have the requested number, please enter "Not Available" in the number field.

Some of the following items ask about services provided "directly" by your LHJ. For this survey, we define a direct service as one provided by LHJ staff, or by contractors funded by the LHJ to provide this service. A service provided by a community partner that is not funded to do so by the LHJ is NOT considered a direct service.

1. Did your LHJ directly provide directly *STD clinical services* in 2009? (See definition of "direct service" at top of page.)

Yes

No

If yes:

How many unduplicated patients/clients were provided these services directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

What was the total number of patient/client visits provided directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

2. If your LHJ directly provided *STD clinical services* in 2009, did your LHJ provide *STD partner notification and therapy*? (See definition of "direct service" at top of page.)

Yes

No

If Yes:

How many unduplicated patients/clients were provided these services directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

What was the total number of patient/client visits provided directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

3. In 2009, did your LHJ directly provide *TB contact screening services*, which include skin testing or QFTs? (See definition of "direct service" at top of page.)

Yes

No

If yes:

How many unduplicated patients/clients were provided these services directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

What was the total number of patient/client visits provided directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

4. In 2009, did your LHJ directly provide treatment to patients with *latent TB*? (See definition of "direct service" at top of page.)

jn Yes

jn No

If yes:

How many unduplicated patients/clients were provided these services directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

What was the total number of patient/client visits provided directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

5. In 2009, did your LHJ directly provide treatment to *active TB* patients? (See definition of "direct service" at top of page.)

jn Yes

jn No

If yes:

How many unduplicated patients/clients were provided these services directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

What was the total number of patient/client visits provided directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

6. In 2009, did your LHJ directly provide *contact investigation services for active TB cases*? (See definition of "direct service" at top of page.)

jn Yes

jn No

If yes:

How many people did your LHJ work with directly as case contacts of active TB cases in 2009?

If LHJ does not have this number, enter "Not Available"

7. In 2009, did your LHJ directly provide HIV/AIDS testing *counseling services*? (See definition of "direct service" at top of page.)

jn Yes

jn No

If yes:

How many unduplicated patients/clients were provided these services directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

What was the total number of patient/client visits provided directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

8. In 2009, did your LHJ directly provide HIV/AIDS *treatment*? (See definition of "direct service" at top of page.)

Yes

No

If yes:

How many unduplicated patients/clients were provided these services directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

What was the total number of patient/client visits provided directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

9. In 2009, did your LHJ directly provide HIV/AIDS *Client Case Management*? (See definition of "direct service" at top of page.)

Yes

No

If yes:

How many unduplicated patients/clients were provided these services directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

What was the total number of patient/client visits provided directly by your LHJ in 2009? (See definition of "direct service" at top of page.)

10. Does your LHJ offer a needle exchange program?

Yes

No

If yes, how many needles were exchanged in 2009?

Number of needles

7. Emergency Preparedness and Response

Please answer all questions to the best of your ability rather than leaving them blank.

1. Does your LHJ have a 24/7 public response system which allows you to receive calls from the public about public health problems or emergencies?

Yes

No

If Yes – did you utilize or test the system in 2009?

Yes

No

2. Does your LHJ have an alerting system for *contacting* health care providers and other partners in the community?

Yes

No

If Yes – did you utilize or test the system in 2009?

Yes

No

3. In 2009, how many times did you activate your Incident Command System (ICS) for any purpose?

4. In 2009, did you review and update your Public Health Emergency Plan?

Yes

No

5. How many doses of H1N1 flu vaccine were given (administered) in your jurisdiction by all providers in 2009?

Have not collected this data

Number

6. In 2009, how many doses of H1N1 flu vaccine did your LHJ directly administer to patients?

For this survey, we define direct administration of vaccine as immunizations provided directly to individual patients by LHJ staff, or by contractors funded by the LHJ to provide this service. Immunizations provided by a community partner that is not funded to do so by the LHJ (even if their H1N1 vaccine was ordered through the LHJ) is NOT considered direct administration by the LHJ.

Have not collected this data

Number

8. Healthy Family Development

Please answer all questions to the best of your ability rather than leaving them blank.

If you answer "yes" indicating that your LHJ does provide a service, but your LHJ does not have the requested number, please enter "Not Available" in the number field.

Some of the following items ask about services provided "directly" by your LHJ. For this survey, we define a direct service as one provided by LHJ staff, or by contractors funded by the LHJ to provide this service. A service provided by a community partner that is not funded to do so by the LHJ is NOT considered a direct service.

1. In 2009, did your LHJ directly provide First Steps services?

Yes

No

2. In 2009, did your LHJ directly provide Early Family Support Services program(EFSS)?

Yes

No

If yes:

How many unduplicated patients/clients were provided these services directly by your LHJ?

What was the total number of patient/client visits (both home and office visits) provided directly by your LHJ?

3. In 2009, did your LHJ directly provide the Early Intervention Services program (EIS)?

Yes

No

If yes:

How many unduplicated patients/clients were provided these services directly by your LHJ?

What was the total number of patient/client visits (both home and office visits) provided directly by your LHJ?

4. In 2009, were you a Nurse Family Partnership implementing agency?

Yes

No

If yes:

How many women did you enroll in the program in 2009?

What was the total number of patient/client visits provided directly by your LHJ?

9. Prevention and Wellness

Please answer all questions to the best of your ability rather than leaving them blank.

Nutrition Initiatives: If your LHJ was involved in any of the three nutrition initiatives below, please describe briefly and answer each question related to how the initiative was addressed in 2009.

1. Increased Access to healthy foods (like menu labeling, changes in pricing, or increased variety of healthy items)?

Yes

No

Please briefly describe

Did representatives of your LHJ participate in a community coalition(s) to address this initiative?

Yes

No

How many LHJ FTEs were dedicated to this initiative to increase access to healthy foods?

2. Reduce food insecurity (availability/awareness of food assistance programs like Basic Food Program, Summer Food Service Program, or School Breakfast Program)?

Yes

No

Please briefly describe

Did representatives of your LHJ participate in a community coalition(s) to address this initiative?

Yes

No

How many LHJ FTEs were dedicated to this initiative to reduce food insecurity?

3. Increase breast feeding rates and duration (like working with hospitals/maternity centers to promote breastfeeding, develop policies/incentive programs to encourage breastfeeding-friendly worksites.

Yes

No

Please briefly describe

Did representatives of your LHJ participate in a community coalition(s) to address this initiative?

Yes

No

How many LHJ FTEs were dedicated to this initiative increase breast feeding rates and duration?

Physical Activity Initiatives: If your LHJ was involved in any of the three physical activity initiatives listed below, please describe briefly and answer each question related to how the initiative was addressed in 2009.

1. Access to free or low cost recreational opportunities for physical activity (like working to develop policies to increase access to public facilities for physical activity, increasing worksites that have policies that enhance physical activity)?

Yes

No

Please briefly describe

Did representatives of your LHJ participate in a community coalition(s) to address this initiative?

Yes

No

How many LHJ FTEs were dedicated to this initiative related to access to recreational opportunities?

2. Opportunities for children to be physically active (like working with schools to adopt curricula and policies for physical education, working with community on safe routes to school program)?

Yes

No

Please briefly describe

Did representatives of your LHJ participate in a community coalition(s) to address this initiative?

Yes

No

How many LHJ FTEs were dedicated to this initiative related to opportunities for physical activity?

3. Active community environments (like working with urban planning - zoning and land use - to produce environments that provide physical activity opportunities, working to change transportation policy to promote walking or bicycling)?

Yes

No

Please briefly describe

Did representatives of your LHJ participate in a community coalition(s) to address this initiative?

Yes

No

How many LHJ FTEs were dedicated to this initiative related to active community environments?

Tobacco Free Initiatives: If your LHJ was involved in a tobacco free initiative, please describe briefly and answer each question related to how the initiative was addressed in 2009.

1. Promotion of tobacco free initiatives.

Yes

No

Please briefly describe

Did representatives of your LHJ participate in a community coalition(s) to address this initiative?

Yes

No

How many LHJ FTEs were dedicated to this tobacco free initiative?

Injury Prevention initiatives. If your LHJ was involved in an injury prevention initiative, please describe briefly and answer each question related to how the initiative was addressed in 2009.

1. Decrease the rate of injury in your community (such as programs to increase bicycle safety, prevent drowning etc).

Yes

No

Please briefly describe

Did representatives of your LHJ participate in a community coalition(s) to address this initiative?

Yes

No

How many LHJ FTEs were dedicated to this injury prevention initiative?

2. Other Prevention and Wellness Initiative. If your LHJ was significantly involved in other prevention and wellness initiatives in 2009, please describe the focus of those initiatives by checking all that apply in the following list:

Addressed a wide range of health risks through a broad prevention/wellness project

Addressed Diabetes

Addressed Asthma

Addressed HIV/AIDS

Addressed Sexual Health/STDs

Addressed Oral Health

Addressed Violence

Addressed Substance Abuse (incl alcohol)

Addressed Mental Health/Behavioral Health (other than substance abuse)

Addressed other topic

Please list other topics addressed:

	5
	6

10. Access to Care

Please answer all questions to the best of your ability rather than leaving them blank.

If you answer "yes" indicating that your LHJ does provide a service, but your LHJ does not have the requested number, please enter "Not Available" in the number field.

Some of the following items ask about services provided "directly" by your LHJ. For this survey, we define a direct service as one provided by LHJ staff, or by contractors funded by the LHJ to provide this service. A service provided by a community partner that is not funded to do so by the LHJ is NOT considered a direct service.

Which of the following clinical health care services did your LHJ provide directly in 2009?

1. Primary Care

Yes

No

If yes:

If yes, how many unduplicated patients/clients were provided these services directly by your LHJ?

What was the total number of patient/client visits (both home and office visits) provided directly by your LHJ?

2. Oral Health Screening and Preventive Treatments

Yes

No

If yes:

If yes, how many patients/clients were provided these services directly by your LHJ?

3. Behavioral Health/Mental Health Care (including substance abuse):

Yes

No

If yes:

If yes, how many unduplicated patients/clients were provided these services directly by your LHJ?

What was the total number of patient/client visits (both home and office visits) provided directly by your LHJ?

4. Family Planning services

Yes

No

If yes:

If yes, how many unduplicated patients/clients were provided these services directly by your LHJ?

What was the total number of patient/client visits (both home and office visits) provided directly by your LHJ?

5. If your LHJ provided other clinical health care services not indicated here or elsewhere on the survey please describe:

- 1.
- 2.
- 3.

6. In 2009, did your LHJ participate in a program that involved working with a community coalition to address health care access problems in your community?

Yes

No

If yes, what was the role of your LHJ in this effort? Pick the response that best describes your role:

- Conducted entirely by LHJ staff
- Conducted by coalition with LHJ as lead organization
- Conducted by coalition with LHJ as equal partner
- Conducted by coalition with some LHJ involvement
- Other (please describe)

7. Did your LHJ have a separate program in 2009 that worked directly with clients to access medical care services? (This is not meant to include help on access given to clients in the course of other programs such as CSHCN, HIV/AIDS or 1st Steps.)

Yes

No

If yes, what was the total number of clients assisted.

11. Assessment

Please answer all questions to the best of your ability rather than leaving them blank.

1. In 2009, did your LHJ conduct or participate in a broadly focused community health assessment (CHA) project?

A community health assessment project is the collection, analysis and sharing of information about public health issues and the health status of the population to identify and prioritize health issues and develop recommendations for public health action.

Yes

No

2. If your LHJ conducted other assessment work more narrowly focused than the CHA described above, please indicate the focus of that /those assessment (s) from the list below:

Maternal/Child Health

Communicable Disease

Environmental Health

Chronic Disease Prevention (including obesity/nutrition/physical activity/tobacco)

Health Disparities

Mental Health/Behavioral Health Care

Injury Prevention

Health Care System Issues (such as adequacy of specific county wide health care services, or responding to unmet needs of a specific population)

Built environment

Other (please list topics):

3. Did your LHJ have a separate assessment program in 2009 with its own clearly identified budget and staffing? (Assessment occurs in various programs, but this question focuses on separate assessment programs.)

Yes

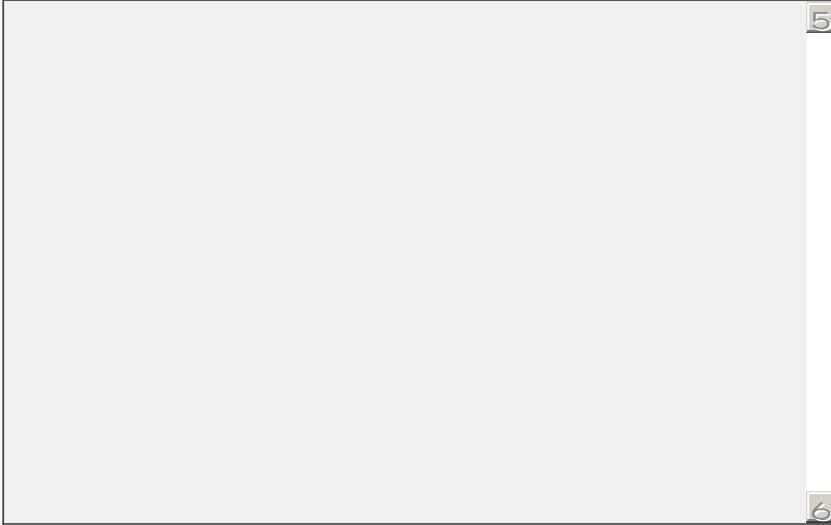
No

If Yes, how many FTEs of staff time were assigned to this separate assessment program in 2009?

12. Thank you!

Thank you very much for participating in this survey. We appreciate your assistance with this important effort. When data collection is complete, we will provide you with summary data for each LHJ and for all LHJs collectively.

We would welcome any feedback about this survey and future inventory efforts.



If you have any questions or comments please contact Jane Lee (Jane.Lee@doh.wa.gov)