

A SNAPSHOT OF CALIFORNIA'S LOCAL PUBLIC HEALTH DEPARTMENTS



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Executive Summary

This report describes the general characteristics of the local public health departments in California. The data summarized in this report were collected by the National Association of County and City Health Officials (NACCHO) in their “*1997 Profile of Local Health Departments Datafile*.” Where possible, the data have been analyzed with a particular interest in the public health workforce.

Key findings include:

- The geographic size and population of California counties (most local health department jurisdictions) varies immensely. The average population of a health department jurisdiction is 549,489 people. The minimum population served by a department is 1,200 and the maximum is 9,250,000.
- Reporting on total expenditures by local health departments (LHD) varies widely, but the mean per capita expenditure for California local public health jurisdictions (mostly counties) is \$161. For urban counties the mean per capita expenditure is \$163 and for rural counties the mean is \$65 per capita.
- The services most often provided by a local health department are child health, communicable disease control, HIV/AIDS testing and counseling, and tuberculosis testing. Most “traditional” public health services (or non-clinical services) are provided by all but a few health departments, including immunizations, community outreach, epidemiology and surveillance, health education, maternal health, tobacco control, environmental health and sexually transmitted disease (STD) control. Clinical services such as primary care, chronic disease treatment and home health are less likely to be directly provided by California’s local health departments, especially in rural jurisdictions.

- The majority of formal and informal agreements between managed care organizations and local health departments in California are for the provision of clinical services by the local health department for Medi-Cal patients.
- Most local health departments in California provide some public health services in partnership with other organizations that have similar or overlapping interests. The 1997 survey found that 90 percent of departments had some sort of partnership with the California Department of Health Services, 83 percent had a partnership with a hospital, and 80 percent had a partnership with a community or migrant health center. As well, approximately three-quarters of departments had partnerships with other health departments, other units of government, other health providers, or professional associations.
- Significant differences exist between California's urban and rural jurisdictions. Urban districts tend to be more ethnically diverse, have much higher per capita public health spending, offer more services and have managed care contracts.
- The main issues of concern for both rural and urban jurisdictions were financial issues-- budget cuts and resources -- faced by 26 (44 percent) of the 59 agencies reporting. The next three most pressing issues for LHDs were indigent care, including issues of the uninsured and immigrants (19 percent), the impact of welfare reform (17 percent) and managed care (12 percent).
- Little detailed data are available on the size, composition and training of California's public health workforce. However, from the NACCHO data it was found that the mean number of FTE employees in LHDs is 839, with a maximum of 21,700 and a minimum of three.

1. Introduction and Purpose

According to *The Future of Public Health*, the mission of public health is to, “fulfill society’s interest in assuring conditions in which people can be healthy.”¹ Through the core functions of assessment, policy development and assurance, public health agencies, schools and disciplines work to attain this broad mission.

The Institute of Medicine’s 1996 follow-up to *The Future of Public Health* explains that public health is now experiencing a broad redefinition of how to accomplish its mission due to two important factors.² First, market-driven health care is forcing public health to clarify and strengthen its public role in a predominantly private system. Second, public health is identifying and working with all the entities within a community that shape population health and well being. Different organizations, leadership, and political and economic realities are transforming public health’s traditional core functions and the delivery of essential services.

As in other states, California’s public professionals and leaders are focusing on strengthening the public health infrastructure in an era of change. Among the nine guiding principles for their work, the California Public Health Improvement Project (CAL/PHIP) identified the need for standardized and timely data to serve as the basis for solutions to public health problems and to improve the public accountability of the system³.

To facilitate this broad undertaking, this report provides a descriptive overview of local public health departments in California. Data are provided on the size and scope of agencies, characteristics of the population served, managed care interactions, partnerships in the community and the pressing issues for these agencies. This report is intended for public health practitioners, policy makers, researchers and educators who are interested in the changing nature

of public health in California. We hope that it will serve as a resource for those interested in understanding and improving the general infrastructure of California's local health departments.

In addition, this report attempts to provide some focus on the public health workforce using these data. The evolution in public health described above will be managed, in large part, by the professions that comprise the public health workforce. *The Public Health Workforce: An Agenda for the 21st Century*⁴ suggests that the challenges the workforce faces are best met by understanding the composition of the workforce and the functions that public health professions and occupations serve.

2. Data and Methodology

Data for this study were obtained from the *1997 National Profile of Local Health Departments*, a project supported through a cooperative agreement between the National Association of County and City Health Officers and the Centers for Disease Control and Prevention. The data, which are self-reported by the local health officer, were collected between 1996-1997 and released in 1998. California has 62 (58 county and four city) local health departments. A local health department, according to NACCHO, is defined as,

“An administrative or service unit of local or state government, concerned with health, and carrying some responsibility for the health of a jurisdiction smaller than the state.”

This analysis focuses solely on the local health departments (LHD) in California that responded to the survey. A total of 59 LHDs completed surveys for a response rate of 95 percent. NACCHO verified the data for accuracy and consistency, however the data do represent the

written responses of participants. The sections in this report follow the format of the NACCHO survey which can be found in Appendix D. Supplementary data and information for this report were obtained from the California Department of Finance, the California Department of Health Services, and individual health departments.

NACCHO policy specifies that individual health department's data can not be identified, as local health officers completed the surveys with the understanding that counties would not be identified by name and singled out for particular problems. Therefore we have summarized the data available as well as analyzed it by several aggregations such as county size, or by urban and rural distinctions. Where individual county data is cited the data source is the county itself, not data from the NACCHO survey.

Working with these data has been illuminating for a number of important reasons. First, it highlights the issue that no such comparable data set -- that allows analysis across each of the counties for similar variables of interest -- is readily available in California. Second, given the nature of such a broad assessment of the local public infrastructure, making detailed analyses (such as differences in county expenditures across categorical programs) and comparisons is a persistent challenge. Finally, the descriptive nature of the data does not allow for the measurement of how local health departments actually perform their services and improve their communities' health.

3. California's Local Public Health Departments

There are three types of local health departments: county, city-and-county, and city. In California's 58 counties, there are 55 county public health departments, three city and county health departments, and four city health departments (one of which is strictly an environmental health department). Calaveras, Marin and Tuolumne counties did not respond to the survey. The city departments are all in large metropolitan areas: Berkeley, Pasadena, Vernon and Long Beach. Three health departments are considered both city and county departments: San Francisco, Napa and Siskiyou. Counties were split into rural and urban according to a federal classification scheme that distinguishes metropolitan counties by size and non-metropolitan counties by degree of urbanization or proximity to metropolitan areas.ⁱ Complete statistics from the NACCHO survey on California's local health departments are available in Appendices A and B, and the survey questionnaire used is provided as Appendix D.

3.1 Population and Public Health Expenditures by Jurisdiction

The size and demographics served by a local public health department varies widely. The average population of a health department jurisdiction is 549,489 people, based on reported value of most recent estimates. The median population served by a department is 144,800, the minimum population is 1,200 and the maximum is 9,250,000. Some small counties contract certain public health services (such as public health nursing) from the California Department of Health Services. Counties self-reported the data on expenditures. Some counties appear to have reported expenditures for the whole health system while others reported just for the local health department. This makes interpreting the data difficult as it is unclear which counties reported which expenditures.

ⁱ The division of counties into rural and urban comes from the 1995 "Rural - Urban Continuum Codes for Metro and Non-Metro Counties," Department of Agriculture.

Table 1 provides a general description of the public health resource expenditures in each county based on self-reports by each health department. Individual county names cannot be used due to a confidentiality clause in the NACCHO survey agreement designed to protect the confidentiality of NACCHO member's data and encourage survey responses. Non-respondents are not included in overall calculations. The numbers provided in the columns are described below:

- ◆ Jurisdiction Population Size – The number of persons served by a local health department.
- ◆ Number of Jurisdictions - The number of health departments in California serving populations in this size range.
- ◆ Percent of State Total - Number of jurisdictions, of this size, as a percent of the total jurisdictions in the state.
- ◆ FTE Public Health Employeesⁱⁱ - The number of full time equivalent employees as reported by each health department.
- ◆ FTE Public Health Employees per 1000 Residents - The number of employees per 1000 residents in the jurisdiction.
- ◆ Expendituresⁱⁱⁱ Per Public Health Employee - The total county expenditures divided by the number of FTE public health employees.
- ◆ Expenditures Per Capita: Total public health expenditures of a jurisdiction divided by the jurisdiction population.

ⁱⁱ One full-time equivalent (FTE) is usually 40 hours of work a week or 2080 hours in a calendar year. Thus, two persons each working 20 hours per week equal one FTE. This definition may have been adjusted if the health department's work week was more or less than 40 hours a week.

ⁱⁱⁱ Reported annual expenditures for the health department.

Table 1 –Resource Use Measures by Local Public Health Department Jurisdiction

Jurisdiction Population Size^{iv}	FTE Public Health Employees	FTE Public Health Employees per 1000 Residents	Expenditures Per Public Health Employee	Public Health Expenditures Per Capita
0 –24,999 <i>Number of Jurisdictions</i> 11 <i>Percent of State Total</i> 18 %	Mean=13.6 Minimum=3 Maximum=28	Mean=1.4 Minimum=0.3 Maximum=3.5	Mean=\$116,395 Minimum=\$29,300 Maximum=\$431,020	Mean = \$144 Minimum=\$8 Maximum=\$336
25,000 – 49,999 <i>Number of Jurisdictions</i> 7 <i>Percent of State Total</i> 11 % (one non-respondent) ^v	Mean=16.3 Minimum=8 Maximum=24	Mean=0.5 Minimum=0.2 Maximum=0.6	Mean=\$62,172 Minimum=\$50,000 Maximum=\$83,333	Mean=\$30 Minimum=10 Maximum=49
50,000 – 99,999 <i>Number of Jurisdictions</i> 7 <i>Percent of State Total</i> 11% (one non-respondent)	Mean=63.5 Minimum=27 Maximum=115	Mean=0.9 Minimum=0.3 Maximum=1.5	Mean=\$53,889 Minimum=\$22,228 Maximum=\$72,174	Mean=\$49 Minimum=\$13 Maximum=\$98
100,000 – 249,999 <i>Number of Jurisdictions</i> 14 <i>Percent of State Total</i> 23 % (one non-respondent)	Mean=109.8 Minimum=61.5 Maximum=188.5	Mean=0.7 Minimum=0.3 Maximum=1.1	Mean=\$77,022 Minimum=\$48,111 Maximum=\$111,492	Mean=\$53 Minimum=\$22 Maximum=\$97
250,000 – 499,999 <i>Number of Jurisdictions</i> 8 <i>Percent of State Total</i> 13 %	Mean=353.4 Minimum=136.7 Maximum=525	Mean=1.0 Minimum=0.3 Maximum=2.1	Mean=\$102,778 Minimum=\$90,322 Maximum=\$135,907	Mean=\$105 Minimum=\$30 Maximum=\$208
500,000 – 999,999 <i>Number of Jurisdictions</i> 7 <i>Percent of State Total</i> 11 %	Mean=1610.3 Minimum=22 Maximum=5800	Mean=2.2 Minimum=0.3 Maximum=7.7	Mean=\$92,066 Minimum=\$43,542 Maximum=\$137,500	Mean=\$261 Minimum=\$19 Maximum=\$983 ^{vi}
1 Million + <i>Number of Jurisdictions</i> 8 <i>Percent of State Total</i> 13 %	Mean=4490 Minimum=481 Maximum=21700	Mean=1.5 Minimum=0.3 Maximum=6.1	Mean=\$86,629 Minimum=\$52,395 Maximum=\$153,182	Mean=\$119 Minimum=26 Maximum=\$383

Source: NACCHO 1997

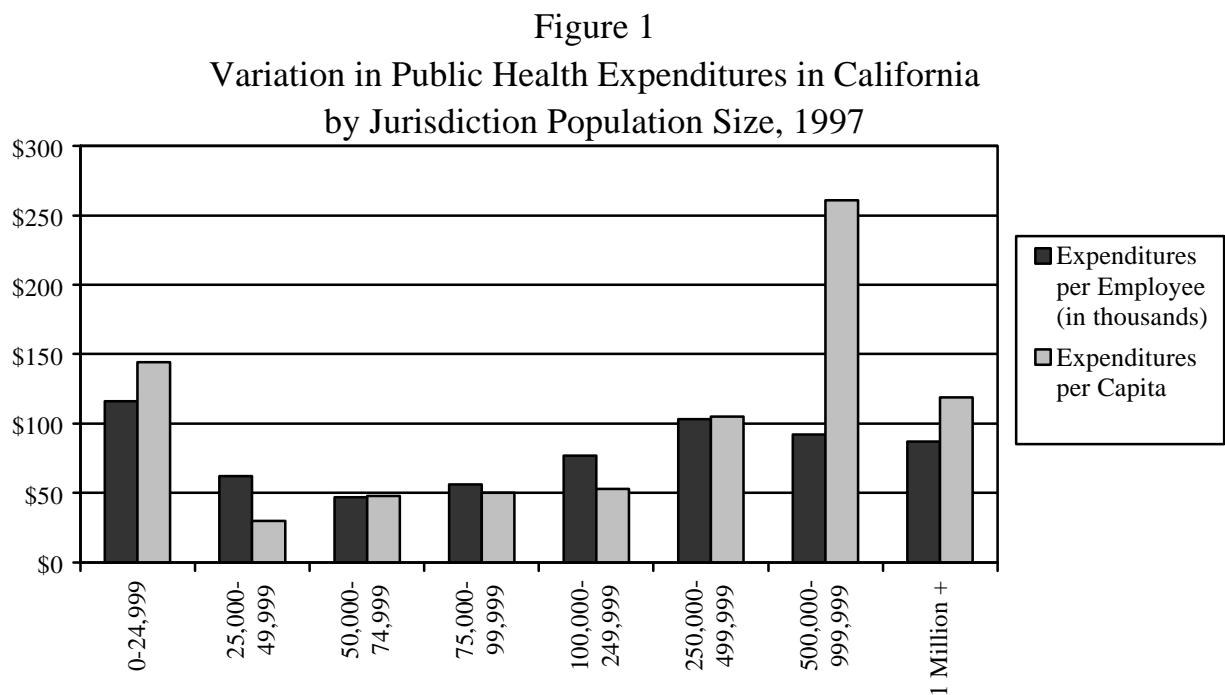
^{iv} See Appendix C for counties included in each jurisdiction size

^v Non-respondents are not included in overall calculations

^{vi} This per capita expenditure includes the entire health system. See section 3.3 for further details.

3.2 Total Expenditures

The variations in size of both LHDs and their jurisdictions are reflected in the large variation in their budgets. The question asked in the survey was simply “For your most recent fiscal year, what were the health department’s total expenditures?” The mean LHD budget is \$90 million. The minimum is \$146,500 and the maximum is \$2.3 billion. The size of the budget is generally correlated with the size of the population of the jurisdiction. Rural LHDs tend to serve smaller populations (250,000 or less) and none have a budget above \$125,000. Urban LHDs have budgets anywhere from \$146,500 to \$2.3 billion. Those jurisdictions with over 500,000 people all have budgets over \$1 million.



Source: NACCHO 1997

There is a wide variation in the expenditures per capita across public health jurisdictions. The mean per capita expenditure for California is \$161, for urban jurisdictions it is \$163 and \$65 for rural jurisdictions.

3.3 Exploring Variation in Expenditures

The large variation in expenditures found in this data raised some questions about exactly what data are being reported as health department expenditures. Some LHDs may report hospital or other clinical health service expenditures in their overall expenditures. The inclusion of hospital and other clinical services in the budget may skew the data presented in the Table 1. The reported expenditures and number of employees are generally correlated with the population of a jurisdiction: however, there are some outliers in terms of employees and expenditures. In particular, it is challenging to compare county expenditures for essential, or non-clinical, public health services when some county budgets include large clinical and hospital budgets.

A previous study exploring the variation in public health expenditures was done on the 1992-1993 NACCHO data.⁵ The study attempted to examine the relationship of local health department expenditures to several departmental characteristics, including size of the population in the health department's jurisdiction. They found, similar to our observations, that there was great variability in the per capita expenditures of local health departments and that 70 percent of the variability was accounted for by differences in the population size of the jurisdiction. As well, they found that:

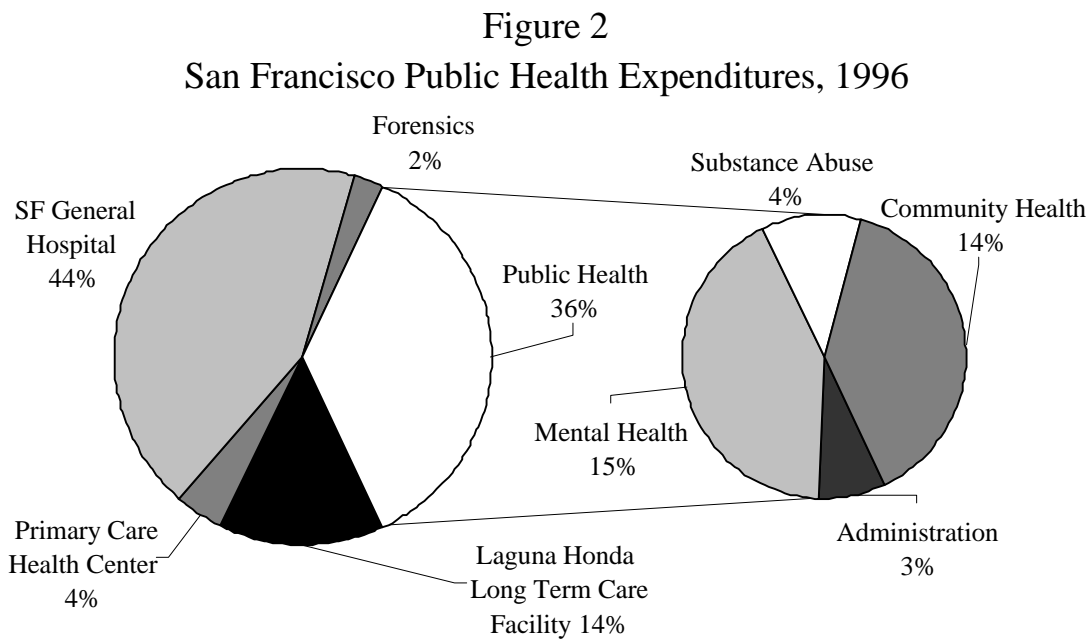
*“Comparing local health departments today is complicated because no standard defines which items should be included in a total public health budget, and the number and diversity of programs now offered by local health departments are vastly different than the well-defined set of programs present during public health's early years. Further complications arise because regional and local disparities exist in health care needs, costs and expectations, even for departments serving similarly sized jurisdictions.”*⁶

Nowhere is this more apparent than in California where the variation seen in per capita expenditures is large. As well, there is wide variation in amount of resources in LHDs and the

number of employees carrying out the work. In the 1992-1993 survey cited above, the national average per capita expenditure was \$26 in 1992, significantly below the 1997 survey average for California of \$161.

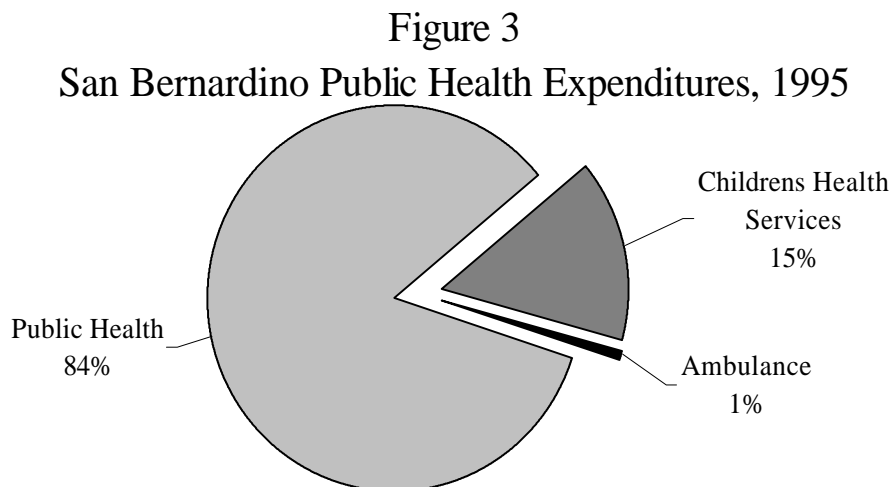
We attempted to explore these differences by comparing the reported expenditures with published budget numbers for two counties, one semi-rural and the other urban. By examining the budgets more carefully, we hope to reveal what percent of a budget may be used for traditional public health services compared to clinical and hospital services.

For the city and county of San Francisco the 1996 expenditures were approximately \$798 million.⁷ Of this sum, 36% or \$285 million went to public health programs, consisting of \$21 million to administration, \$121 million to mental health, \$32 million to substance abuse and \$111 million to community health. As represented in Figure 2, also reported to NACCHO were dollars allocated to the public hospital, clinics and related clinical services.



Source: San Francisco Public Health Department, 1996

For the county of San Bernardino the 1995 expenditures were approximately \$52 million.⁸ These expenditures however were not all for traditional public health. Approximately \$8 million (or 15%) went to children's health services and \$472,000 (1%) went to ambulance reimbursements.



Source: San Bernardino Public Health Department, 1995

Although San Bernardino does have a county hospital, it is apparent from their final budget that they did not report expenditures associated with it to NACCHO.⁹ As a matter of interest, the operating expenses for the San Bernardino County Medical Center were \$136.7 million in 1995.

This simple analysis verifies that the reported public health expenditures for San Francisco and San Bernardino are representative of more than just traditional public health services. This investigation makes clear the inconsistencies in reporting expenditure data across public health departments. Some LHDs include expenditures on county hospitals, and even if a jurisdiction does not report the county hospital expenditures, they still may have reported expenditures for non-traditional public health services. Therefore, the interpretation of Table I presented earlier should take into account that some jurisdictions include large hospital and clinical expenditures in the overall public health budget. These inconsistencies are the result of a survey question that simply asks for health department expenditures – leaving what “expenditures” are, open to

interpretation. Future attempts to gather this information should be more specific as to what particular expenditures are reported, thereby making the information more uniform and useful for comparisons.

3.4 Race/Ethnicity

California is one of the most racially and ethnically diverse states in the nation, and the racial/ethnic composition of the state continues to change rapidly. California's population is 54 percent white, 28 percent Hispanic, 10 percent Asian, seven percent African-American and one percent Native American.¹⁰ The most recent projections show that California is expected to become the first state in which the non-Latino white population will no longer be the majority in early 2001, much earlier than had previously been predicted.¹¹

The racial and ethnic mix of LHD jurisdictions varies widely. California is very diverse, but this diversity is not evenly distributed. High minority communities tend to be found primarily in urban jurisdictions. Not only do the three major metropolitan areas have high numbers of minorities, but many of the LHDs in the central valley serve high numbers of Latinos and are considered urban counties.

3.5 Governance

According to the Centers For Disease Control and Prevention, "local boards of health play a critical leadership role in advocating for community health and in spearheading strategies and initiatives to improve community health."¹² Of the 59 reporting departments that responded to the NACCHO survey, 22 (37 percent) reported having local Boards of Health. Of these, 19 (86 percent) serve as solely an advisory body, four (18 percent) serve as a governing body, and two (nine percent) serve in a policy-making role.

3.6 Services Provided

The three core public health functions of assessment, policy development and assurance are carried out through the variety of programs and services a LHD offers. A list of the primary services offered by California's local public health departments is displayed on the following page in Table 2. A complete list, including how many agencies provide each service, is provided in Table H of Appendices A and B.

The services that are most commonly provided (in 58 of 59 departments responding) are child health, communicable disease control, HIV/AIDS testing and counseling and tuberculosis testing. Only one city department does not provide any of these four services, but the county department that encompasses the city provides all of these services.^{vii} All but a few health departments provide most "traditional" public health services, including immunizations, community outreach, epidemiology and surveillance, health education, maternal health, tobacco control, environmental health and STD control. Clinical services such as primary care, chronic disease treatment and home health are less likely to be provided by local health departments.

3.7 Managed Care Contracts

Many LHDs have formal and/or informal agreements with managed care organizations in the state. The majority of these agreements are for the provision of clinical services by the local health department to Medi-Cal patients. A smaller percentage of LHDs have formal and/or informal agreements to purchase services from managed care organizations for both Medi-Cal and non-Medi-Cal patients.

^{vii} Unlike the cities of Berkeley, Long Beach and Pasadena which provide a full array of public health services and programs, the city of Vernon provides only a limited number of environmental health services.

Table 2

Number of California Local Public Health Departments Offering Each Service, 1997 (n=59)	Number	Percent
Child Health	58	98%
Communicable Disease Control	58	98%
HIV / AIDS Testing and Counseling	58	98%
Tuberculosis Testing	58	98%
Adult Immunizations	57	97%
Community Outreach and Education	57	97%
Epidemiology and Surveillance	57	97%
Health Education	57	97%
Maternal Health Programs	56	95%
Tobacco Prevention	56	95%
Environmental Health	55	83%
STD Testing and Counseling	55	93%
STD Treatment	53	90%
Case Management	52	88%
Community Assessment	52	88%
Tuberculosis Treatment	51	86%
Chronic Disease Screening	48	81%
Injury Control	47	80%
Inspections and/or Licensing	45	76%
Laboratory Services	44	75%
Family Planning	43	73%
HIV / AIDS Treatment	40	68%
Animal Control	36	61%
Prenatal Care	36	61%
Dental Health	35	59%
Substance Abuse Services	34	58%
School Health	30	51%
School Based Clinics	29	49%
Obstetrical Care	26	44%
Behavioral / Mental Health	25	42%
Primary Care (Comprehensive)	25	42%
Occupational Safety and Health	23	39%
Chronic Disease Treatment	21	31%
Programs for Screening and Treating the Homeless	20	34%
Home Health Care	19	32%
Veterinary Public Health Activities	15	25%

Source: NACCHO 1997

These agreements are not clearly defined in the NACCHO survey, and may be contracts, memos of understanding or any number of other ways that agencies pay HMOs to provide services. Further details on these agreements are not available from this survey. The specific numbers on managed care contracts are provided in Tables F and F-1 of Appendices A and B.

3.7.1 Service Provision by LHDs for Managed Care Organizations

Local public health agencies have agreements to provide a variety of services for managed care organizations. Such contracts and agreements may include provision of clinical services, quality assurance, health education, case management, outreach, and assessment data sharing. In general, there are more formal than informal agreements, more provision for Medi-Cal patients than for non-Medi-Cal patients, and most contracts are in urban counties. A significant number of LHDs (30 to 40 percent) either have a formal agreement, or are considering one, for Medi-Cal patients but less so for non-Medi-Cal patients (10 percent-20 percent). Clinical services are the most common services provided, either formally or informally, for both Medi-Cal and non-Medi-Cal patients.

3.7.2 Purchase of Services from Managed Care Organizations by LHDs

As well as providing services under contract for managed care organizations, some local public health departments are also purchasing services from them. Local health departments tend to purchase more services for non-Medi-Cal patients and the agreements are more likely to be formal and in an urban county. There are very few informal agreements for purchasing services for either patient type.

3.8 Partnerships

Most LHDs in California provide some public health services in partnership with other organizations that have similar or overlapping interests. The 1997 survey asked if the LHD had

any sort of partnership or collaboration with another organization. The data show that 90 percent of LHDs had some sort of partnership with the California Department of Health Services, 83 percent had a partnership with a hospital, and 80 percent had a partnership with a community or migrant health center. As well, approximately three-quarters of LHDs had partnerships with other health departments or other units of government, other health providers or professional associations. Very few LHDs (12 percent) had partnerships with insurance companies. For a full listing of partnerships see Table G in Appendix A.

3.9 Urban and Rural Characteristics

California is a state that has a very distinct split between its urban and rural areas. There are 38 urban jurisdictions, and 21 rural jurisdictions. As noted earlier, counties were split into rural and urban according to a federal classification scheme that distinguishes metropolitan counties by size and non-metropolitan counties by degree of urbanization or proximity to metropolitan areas.^{viii} All city jurisdictions were classified urban. The average population in an urban jurisdiction is 828,050, while the median population is significantly less, 384,261. The average population of a rural jurisdiction is only 45,427 and the median population is 33,000. On average, rural jurisdictions tend to have a higher percentage of whites, however urban and rural areas tend toward having the same percentage of Hispanics. Urban public health departments are just as likely to have a local Board of Health as rural departments (39 percent and 33 percent respectively). However, all rural Boards of Health reported serving only as advisory bodies, while four urban boards reported serving in a governing function and two reported serving in a policy-making function.

^{viii} The division of counties into rural and urban comes from the 1995 “Rural - Urban Continuum Codes for Metro and Non-Metro Counties,” Department of Agriculture.

The mean budget for an urban LHD is \$135,659,928 while the mean budget for a rural department is \$3,097,597. On average, urban jurisdictions spend \$163 per capita compared to \$65 per capita in rural jurisdictions.

Table 3 – Select Services Offered by California Local Health Departments

Services Offered	Urban	Rural
Dental Health Services	76.3%	28.6%
Home Health Care	47.4%	4.8%
Laboratory Services	92.1%	42.9%
Obstetrical Care	60.5%	14.3%
Prenatal Care	71.1%	42.9%
Primary Care	57.9%	14.3%

Source: NACCHO, 1997

Overall, urban departments tend to offer slightly more services than rural departments. The percentages for many traditional public health services are similar, however there are a few areas with differences. Rural departments are less likely to offer any chronic disease screening and far less likely to offer chronic disease, HIV or TB treatment. The data show that rural departments are also far less likely to offer any direct medical services than urban areas. Finally, very few rural areas offer any homeless services (4.8 percent), and only 23 percent offer school health or school based clinics.

In 1997, no rural departments had formal managed care contracts to provide services according to the NACCHO data, and only one had a contract to purchase services for non-Medi-Cal patients. Rural departments partner at the same rate as urban departments with other governmental departments, but tend to partner less with community groups and service

providers. A complete breakdown of the urban and rural characteristics of LHDs can be found in Appendix B.

3.10 Main Issues of Concern

In an open ended response question, the departments were asked to list one or two main issues of concern that they faced. By far -- financial issues, budget cuts and resources -- were the most pressing concerns, faced by 26 (44 percent) of the 59 agencies. The next three most pressing issues were indigent care, including issues of the uninsured and immigrants (19 percent), the impact of welfare reform (17 percent), and managed care (12 percent). Additional issues that were raised by both rural and urban counties were integration with other agencies (seven percent), updating information technology (seven percent), and community support (seven percent). Several counties also mentioned that many urban mandates do not fit rural county needs.

There were differences in responses about pressing issues by whether the jurisdiction of the health department was urban or rural. Urban cities and counties ranked finances (31 percent), welfare reform (24 percent) indigent care (18 percent) and managed care (16 percent) as their most pressing issues. Rural counties stated that finances (38 percent) and indigent care (19 percent) were pressing issues, but ranked lack of adequate personnel (15 percent) and distribution/access to care (15 percent) above welfare reform (four percent) or managed care (four percent) .

The issues that were raised solely by urban agencies tended to be around specific public health issues (and funding for programs) such as physical or mental health and hazardous materials. As well, urban agencies mentioned institutional change issues such as strategic planning, core public health functions and the transformation of public health. Issues raised solely by rural counties

concerned issues such as the need for capital improvement, availability of adequate data and dealing with population growth.

3.11 The Public Health Workforce in California

Unfortunately, numbers and details on the public health workforce in California are not easily obtained, and NACCHO collects limited data on the public health workforce. There were only three variables describing this workforce: 1) the gross number of employees, 2) the FTE number of employees and 3) the qualification of the Health Officer. The NACCHO survey gives us some gross FTE counts but does not tease out any further information on the composition of these workers. The average number of FTE employees in a California LHD is 839, with a maximum of 21,700 and a minimum of three. There is, on average, one public health worker per 1,000 residents in the state. This varies widely by county and population stratum. And as shown in Table 1 earlier in this report, the number of FTE per capita varies widely across jurisdictions.

4. Summary Tables

The tables in the Appendices provide a detailed analysis of the data collected by the NACCHO survey. Appendix A analyzes the data as a whole across all jurisdictions. Independent counties are not identified due to confidentiality restriction on use of the survey. The analysis is laid out in the order of the questions on the survey. Appendix B examines all the data, split by urban and rural status. Appendix C lists all the counties in California by population. Finally, Appendix D is the survey instrument used by NACCHO to collect these data. Again, the purpose of this report is to provide a general descriptive overview of local public health departments in California. Hopefully these data will serve as the basis for solutions to public health problems and to improve both understanding and public accountability of the local public health system.

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- ¹ Institute of Medicine. (1988) *The Future of Public Health*. Washington, DC: National Academy of Sciences: p7.
- ² Institute of Medicine (1996) *Healthy Communities: New Partnerships for the Future of Public Health*. Washington, DC: National Academy of Sciences.
- ³ California Public Health Improvement Project. Report of the Workgroups. August 1998.
- ⁴ Public Health Functions Project. (1997) *The Public Health Workforce: An Agenda for the 21st Century*. Full Report. U.S. Department of Health and Human Services, Public Health Service.
- ⁵ Gordon, R. R. Gerzoff and T. Richards. (1997) "Determinants of US Local Health Department Expenditures, 1992 through 1993," *American Journal of Public Health*, 87(1):91-94, January.
- ⁶ Ibid.
- ⁷ San Francisco Public Health Department, *Annual Report FY 1996-1997*, p48.
- ⁸ County of San Bernardino, 1994-1995 Final Budget. San Bernardino, CA, p75.
- ⁹ Ibid.
- ¹⁰ Lovelady, Richard (1998) "Race/Ethnic Diversity: 1970-1990 Census Tract Level", *California Demographics*, California Department of Finance, p4.
- ¹¹ Op. cit., McLeod, (1998).
- ¹² 1998 Public Health Program Practice Office (PHPPO) Program Briefing, Centers for Disease Control and Prevention. <http://www.cdc.gov/phppo/publications.htm>

Appendix A

Basic Statistics on California's Local Health Departments

Source: 1997 NACCHO National Profile of Local Health Departments

Table A

Local Health Departments Responding		
Jurisdiction Type	Number	Percent
County	52	88.1%
City	4	6.8%
City and County	3	5.1%
Total	59	100.0%

* Three counties did not respond.

Table B

Population Size (n=59)	
Jurisdiction	Population
Mean	549,489
Minimum	1,200
Maximum	9,250,000
Categories	Number of LHDs
0-24,999	11
25,000-49,999	6
50,000-99,999	6
100,000-249,999	13
250,000-499,999	8
500,000-999,999	7
1million +	8

Table C

Demographics of Jurisdiction		Mean	Maximum	Minimum
Race		(in percent)	(in percent)	(in percent)
Not accessible (4)				
	Asian	5.28	31.30	0.00
	Native American	2.01	25.00	0.00
	Black	3.96	19.00	0.00
	White	76.81	100.00	30.00
	Other	11.95	70.00	0.00
Ethnicity				
Not accessible (7)				
	Hispanic	21.53	70.00	0.00
	Non-Hispanic	77.89	100.00	0.00
	Unknown	1.02	46.00	0.00

Table D

Institutional Data	Mean	Maximum	Minimum
Fiscal Budget	\$89,948,773	\$2,300,000,000	\$146,500
Number of Employees	1133	21,700	5
Number of FTE Employees	839	21,700	3

Appendix A
Basic Statistics on California's Local Health Departments
Source: 1997 NACCHO National Profile of Local Health Departments

Table E

Local Board of Health	Number	Percent
Have LBH (of total)	22	37%
Functions (of those with boards)		
Advisory	19	86%
Governing	4	18%
Policy-Making	2	9%
Other	0	0%
Separate from Elected Legislative Body		
	20	91%

Table F

Managed Care Contracts						
	Formal Agreements			Informal Agreements		
To Provide Services	Yes	No	Considering	Yes	No	Considering
Medi-Cal Patients						
Clinical Services	18	23	7	6	21	3
Quality Assurance	15	28	4	3	22	5
Health Education	11	27	9	5	22	6
Case Management	14	28	5	5	23	4
Outreach	11	28	6	6	23	6
Assessment Data Sharing	12	24	10	4	23	7
Non-Medi-Cal Patients						
Clinical Services	6	37	4	8	24	3
Quality Assurance	3	39	4	4	26	4
Health Education	2	40	4	5	27	4
Case Management	3	39	4	6	26	3
Outreach	2	41	3	5	27	4
Assessment Data Sharing	2	37	4	6	25	7
To Purchase Services						
Medi-Cal Patients						
Clinical Services	8	35	5	3	28	3
Quality Assurance	4	38	5	0	30	4
Health Education	3	39	3	1	30	3
Case Management	3	39	4	1	30	3
Outreach	3	39	4	1	30	3
Assessment Data Sharing	3	37	5	2	28	4
Non-Medi-Cal Patients						
Clinical Services	7	37	2	4	28	3
Quality Assurance	6	39	1	1	30	3
Health Education	3	42	1	1	30	3
Case Management	5	40	1	1	30	3
Outreach	4	41	1	1	30	3
Assessment Data Sharing	4	37	4	1	29	5

Appendix A
Basic Statistics on California's Local Health Departments
Source: 1997 NACCHO National Profile of Local Health Departments

Table F-1

Managed Care Contracts						
	Formal Agreements			Informal Agreements		
To Provide Services	Yes	No	Considering	Yes	No	Considering
Medi-Cal Patients						
Clinical Services	30.5%	39.0%	11.9%	10.2%	35.6%	5.1%
Quality Assurance	25.4%	47.5%	6.8%	5.1%	37.3%	8.5%
Health Education	18.6%	45.8%	15.3%	8.5%	37.3%	10.2%
Case Management	23.7%	47.5%	8.5%	8.5%	39.0%	6.8%
Outreach	18.6%	47.5%	10.2%	10.2%	39.0%	10.2%
Assessment Data Sharing	20.3%	40.7%	16.9%	6.8%	39.0%	11.9%
Non-Medi-Cal Patients						
Clinical Services	10.2%	62.7%	6.8%	13.6%	40.7%	5.1%
Quality Assurance	5.1%	66.1%	6.8%	6.8%	44.1%	6.8%
Health Education	3.4%	67.8%	6.8%	8.5%	45.8%	6.8%
Case Management	5.1%	66.1%	6.8%	10.2%	44.1%	5.1%
Outreach	3.4%	69.5%	5.1%	8.5%	45.8%	6.8%
Assessment Data Sharing	3.4%	62.7%	6.8%	10.2%	42.4%	11.9%
To Purchase Services						
Medi-Cal Patients						
Clinical Services	13.6%	59.3%	8.5%	5.1%	47.5%	5.1%
Quality Assurance	6.8%	64.4%	8.5%	0.0%	50.8%	6.8%
Health Education	5.1%	66.1%	5.1%	1.7%	50.8%	5.1%
Case Management	5.1%	66.1%	6.8%	1.7%	50.8%	5.1%
Outreach	5.1%	66.1%	6.8%	1.7%	50.8%	5.1%
Assessment Data Sharing	5.1%	62.7%	8.5%	3.4%	47.5%	6.8%
Non-Medi-Cal Patients						
Clinical Services	11.9%	62.7%	3.4%	6.8%	47.5%	5.1%
Quality Assurance	10.2%	66.1%	1.7%	1.7%	50.8%	5.1%
Health Education	5.1%	71.2%	1.7%	1.7%	50.8%	5.1%
Case Management	8.5%	67.8%	1.7%	1.7%	50.8%	5.1%
Outreach	6.8%	69.5%	1.7%	1.7%	50.8%	5.1%
Assessment Data Sharing	6.8%	62.7%	6.8%	1.7%	49.2%	8.5%

Appendix A
Basic Statistics on California's Local Health Departments
Source: 1997 NACCHO National Profile of Local Health Departments

Table G

Partnerships	Yes	No	Considering
Other Local Health Department	44	11	3
State Health Department	53	3	2
Other State Agency	40	15	1
Other Units of Government	44	12	2
Universities / Academic Centers	38	15	4
Community / Migrant Health Center	47	10	0
Hospitals	49	6	3
Other Providers	42	11	2
Insurance Companies	7	38	9
Non-Profit / Voluntary Organizations	47	10	0
Professional Associations	42	14	1
Community & Civic Groups	40	15	3
Businesses	35	17	4
Faith Community	30	22	3
Other 1	5	2	0
Other 2	2	2	0

Table G-1

Partnerships	Yes	No	Considering
Other Local Health Department	75%	19%	5%
State Health Department	90%	5%	3%
Other State Agency	68%	25%	2%
Other Units of Government	75%	20%	3%
Universities / Academic Centers	64%	25%	7%
Community / Migrant Health Center	80%	17%	0%
Hospitals	83%	10%	5%
Other Providers	71%	19%	3%
Insurance Companies	12%	64%	15%
Non-Profit / Voluntary Organizations	80%	17%	0%
Professional Associations	71%	24%	2%
Community & Civic Groups	68%	25%	5%
Businesses	59%	29%	7%
Faith Community	51%	37%	5%
Other 1	8%	3%	0%
Other 2	3%	3%	0%

Appendix A **Basic Statistics on California's Local Health Departments** Source: 1997 NACCHO National Profile of Local Health Departments

Table H

Number of LHDs Offering Each Public Health Services (n=59)		Number			Percent		
		Yes	No	NA/NC	Yes	No	NA/NC
1	Adult Immunizations						
2	Influenza	56	1	0	94.9%	1.7%	0.0%
3	Pneumococcal disease	55	1	0	93.2%	1.7%	0.0%
4	Hepatitis B	57	1	0	96.6%	1.7%	0.0%
5	Tetanus	55	1	1	93.2%	1.7%	1.7%
6	Diphtheria	53	0	2	89.8%	0.0%	3.4%
7	Measles	51	2	0	86.4%	3.4%	0.0%
8	Animal Control	36	1	1	61.0%	1.7%	1.7%
9	Behavioral / Mental Health	25	1	2	42.4%	1.7%	3.4%
10	Case Management	52	2	1	88.1%	3.4%	1.7%
11	Child Health						
12	Childhood Immunizations	58	2	2	98.3%	3.4%	3.4%
13	EPSDT	54	1	3	91.5%	1.7%	5.1%
14	WIC	43	4	0	72.9%	6.8%	0.0%
15	Chronic Disease						
16	Cancer Screening	38	2	4	64.4%	3.4%	6.8%
17	Cardiovascular Disease Screening	27	6	0	45.8%	10.2%	0.0%
18	Cardiovascular Disease Treatment	18	4	3	30.5%	6.8%	5.1%
19	Diabetes Screening	34	4	3	57.6%	6.8%	5.1%
20	Diabetes Treatment	18	3	5	30.5%	5.1%	8.5%
21	High Blood Pressure Screening	43	6	2	72.9%	10.2%	3.4%
22	High Blood Pressure Treatment	18	7	3	30.5%	11.9%	5.1%
23	Glaucoma Screening	15	9	3	25.4%	15.3%	5.1%
24	Glaucoma Treatment	10	9	4	16.9%	15.3%	6.8%
25	Communicable Disease Control	58	10	4	98.3%	16.9%	6.8%
26	Community Assessment	52	14	1	88.1%	23.7%	1.7%
27	Community Outreach and Education	57	14	2	96.6%	23.7%	3.4%
28	Dental Health	35	14	2	59.3%	23.7%	3.4%
29	Environmental Health						
30	Indoor Air Quality	22	14	4	37.3%	23.7%	6.8%
31	Environmental Emergency Response	41	14	4	69.5%	23.7%	6.8%
32	Food	46	14	4	78.0%	23.7%	6.8%
33	Hazardous Substances	41	14	4	69.5%	23.7%	6.8%
34	Lead Screening and Abatement	49	14	4	83.1%	23.7%	6.8%
35	Radiation Control	16	15	4	27.1%	25.4%	6.8%
36	Sewage Disposal Systems	41	17	2	69.5%	28.8%	3.4%
37	Solid Waste Management	39	16	4	66.1%	27.1%	6.8%
38	Vectors	38	17	4	64.4%	28.8%	6.8%
39	Water: Drinking (Public)	40	17	4	67.8%	28.8%	6.8%
40	Water: Drinking (Private)	38	16	5	64.4%	27.1%	8.5%
42	Water: Source (Groundwater)	41	17	5	69.5%	28.8%	8.5%
43	Water: Source (Surface)	38	21	2	64.4%	35.6%	3.4%
44	Water: Recreational	41	21	2	69.5%	35.6%	3.4%

NA/NC = Not Answered or Not Circled

Appendix A **Basic Statistics on California's Local Health Departments** Source: 1997 NACCHO National Profile of Local Health Departments

Table H (continued)

Number of LHDs Offering Each Public Health Services (n=59)		Number			Percent		
		Yes	No	NA/NC	Yes	No	NA/NC
45	Epidemiology and Surveillance	57	22	2	96.6%	37.3%	3.4%
46	Family Planning	43	20	4	72.9%	33.9%	6.8%
47	HIV / AIDS Testing and Counseling	58	1	24	98.3%	1.7%	40.7%
48	HIV / AIDS Treatment	40	1	24	67.8%	1.7%	40.7%
49	Health Education	57	20	5	96.6%	33.9%	8.5%
50	Home Health Care	19	19	6	32.2%	32.2%	10.2%
51	Injury Control	47	21	4	79.7%	35.6%	6.8%
52	Inspections and/or Licensing						
53	Food and Milk	34	24	4	57.6%	40.7%	6.8%
54	Water: Drinking (Public)	35	26	3	59.3%	44.1%	5.1%
55	Water: Drinking (Private)	31	26	4	52.5%	44.1%	6.8%
56	Water: Recreational	37	28	4	62.7%	47.5%	6.8%
57	Restaurants	45	19	14	76.3%	32.2%	23.7%
58	Health-related Facilities	31	30	3	52.5%	50.8%	5.1%
59	Other Facilities	26	28	6	44.1%	47.5%	10.2%
60	Laboratory Services	44	6	28	74.6%	10.2%	47.5%
61	Maternal Health Programs	56	31	3	94.9%	52.5%	5.1%
62	Obstetrical Care	26	31	5	44.1%	52.5%	8.5%
63	Occupational Safety and Health	23	31	6	39.0%	52.5%	10.2%
64	Prenatal Care	36	33	6	61.0%	55.9%	10.2%
65	Primary Care (Comprehensive)	25	37	3	42.4%	62.7%	5.1%
66	Programs for Screening and Treating the Homeless	20	37	4	33.9%	62.7%	6.8%
67	School Based Clinics	29	36	5	49.2%	61.0%	8.5%
68	School Health	30	37	4	50.8%	62.7%	6.8%
69	STD Testing and Counseling	55	9	32	93.2%	15.3%	54.2%
70	STD Treatment	53	35	8	89.8%	59.3%	13.6%
71	Substance Abuse Services	34	7	37	57.6%	11.9%	62.7%
72	Tobacco Prevention	56	38	6	94.9%	64.4%	10.2%
73	Tuberculosis Testing	58	40	4	98.3%	67.8%	6.8%
74	Tuberculosis Treatment	51	42	7	86.4%	71.2%	11.9%
75	Veterinarian Public Health Activities	15	4	45	25.4%	6.8%	76.3%
76	Other:	5	0	54	8.5%	0.0%	91.5%
77	Other:	2	0	57	3.4%	0.0%	96.6%

NA/NC = Not Answered or Not Circled

Appendix A

Basic Statistics on California's Local Health Departments

Source: 1997 NACCHO National Profile of Local Health Departments

Table I

Main Issues of Concern n=59	Number	Percent
Financial/Budget Cuts/Public Resources	26	44%
Indigent Care/Uninsured/Immigrants	11	19%
Welfare Reform	10	17%
Managed Care	7	12%
Integration with Other Agencies	4	7%
Information Technology Updated	4	7%
Community Support	4	7%
Lack of Adequate Personnel	4	7%
Distribution / Access to Care	4	7%
Physical Health	3	5%
Less Patient Care: Advocacy / Surveillance	3	5%
Unfunded Mandates	3	5%
Evaluation of Community Outcomes	3	5%
Urban Mandate Mismatch with Rural Area Needs / Being Rural	3	5%
Environmental Health	2	3%
Mental Health	2	3%
Strategic Planning	2	3%
Teen Pregnancy	2	3%
Core Public Health Functions	2	3%
TB Control	2	3%
Apathy of Elected Officials	1	2%
Inpatient: Ambulatory	1	2%
Subjugating Role of Health Officer	1	2%
Substance Abuse Money Cuts	1	2%
Toxic Impacts of Pesticide Waste	1	2%
Hazardous Materials	1	2%
Transformation of Public Health	1	2%
Data on Health Status	1	2%
Categorical Funding	1	2%
Population Growth	1	2%
Capital Improvement	1	2%

Appendix B
Basic Statistics on California's Local Health Departments
Urban and Rural Characteristics
Source: 1997 NACCHO National Profile of Local Health Departments

Table A

Local Health Departments Responding				
	Urban		Rural	
Jurisdiction Type	Number	Percent	Number	Percent
County	32	54.2%	20	33.9%
City	4	6.8%	0	0.0%
City and County	2	3.4%	1	1.7%
Total	38	64.4%	21	35.6%

Table B

Population Size			
Jurisdiction Population	Urban	Rural	Total
Mean	828,050	45,427	549,489
Minimum	18,196	1,200	1,200
Maximum	9,250,000	136,700	9,250,000
	Number of LHDs		
Categories	Urban	Rural	Total
0-24,999	2	9	11
25,000-49,999	1	5	6
50,000-99,999	2	4	6
100,000-249,999	10	3	13
250,000-499,999	8	0	8
500,000-999,999	7	0	7
1million +	8	0	8
Total	38	21	59

Table C

Demographics of Jurisdiction	Urban			Rural		
Race (in percent)	Mean	Maximum	Minimum	Mean	Maximum	Minimum
Not accessible (1 Urban, 3 Rural)						
Asian	7.20	31.30	0.00	1.70	10.10	0.00
Native American	0.09	11.10	0.00	4.00	25.00	0.00
Black	5.40	19.00	0.00	1.20	6.30	0.00
White	69.80	99.00	30.00	89.70	100.00	66.00
Other	16.50	70.00	0.00	3.60	18.10	0.00
Ethnicity (in percent)	Mean	Maximum	Minimum	Mean	Maximum	Minimum
Not accessible (4 Urban, 3 Rural)						
Hispanic	23.40	70.00	0.00	21.50	65.80	0.00
Non-Hispanic	75.10	100.00	0.00	77.90	99.00	34.20
Unknown	1.50	46.00	0.00	1.00	0.00	0.00

Appendix B
Basic Statistics on California's Local Health Departments
Urban and Rural Characteristics
Source: 1997 NACCHO National Profile of Local Health Departments

Table D

Institutional Data	Urban			Rural		
	Mean	Max.	Min.	Mean	Max.	Min.
Fiscal Budget	\$135,659,928	\$2,300,000,000	\$146,500	\$3,097,579	\$12,487,099	\$307,896
Number of Employees	1674	21700	8	51	146	5
Number of FTE Employees	1258	21700	5	43	136	3

Table E

Local Board of Health	Urban		Rural	
	Number	Percent	Number	Percent
Have LBH (of total)	15	39%	7	33%
Functions (of those with boards)				
Advisory	12	80%	7	100%
Governing	4	27%	0	0%
Policy-Making	2	13%	0	0%
Other	0	0%	0	0%
Separate from Elected Legislative Body				
	14	93%	6	86%

Appendix B
Basic Statistics on California's Local Health Departments
Urban and Rural Characteristics
Source: 1997 NACCHO National Profile of Local Health Departments

Table F

Managed Care Contracts												
URBAN							RURAL					
	Formal Agreements			Informal Agreements			Formal Agreements			Informal Agreements		
To Provide Services	Yes	No	Considering	Yes	No	Considering	Yes	No	Considering	Yes	No	Considering
Medi-Cal Patients												
Clinical Services	18	9	7	5	9	1	0	14	0	1	12	2
Quality Assurance	15	14	4	3	10	3	0	14	0	0	12	2
Health Education	11	13	9	4	9	4	0	14	0	1	13	2
Case Management	14	14	5	5	10	2	0	14	0	0	13	2
Outreach	11	14	6	5	10	4	0	14	0	1	13	2
Assessment Data Sharing	12	10	10	3	10	5	0	14	0	1	13	2
Non-Medi-Cal Patients												
Clinical Services	6	23	3	7	12	2	0	14	1	1	12	1
Quality Assurance	3	25	3	3	14	3	0	14	1	1	12	1
Health Education	2	26	3	4	14	3	0	14	1	1	13	1
Case Management	3	25	3	6	13	2	0	14	1	0	13	1
Outreach	2	27	2	4	14	3	0	14	1	1	13	1
Assessment Data Sharing	2	23	3	5	12	6	0	14	1	1	13	1
To Purchase Services												
Medi-Cal Patients												
Clinical Services	8	21	5	2	15	2	0	14	0	1	13	1
Quality Assurance	4	24	5	0	16	3	0	14	0	0	14	1
Health Education	3	25	3	1	16	2	0	14	0	0	14	1
Case Management	3	25	4	1	16	2	0	14	0	0	14	1
Outreach	3	25	4	1	16	2	0	14	0	0	14	1
Assessment Data Sharing	3	23	5	2	14	3	0	14	0	0	14	1
Non-Medi-Cal Patients												
Clinical Services	6	24	2	3	15	2	1	13	0	1	13	1
Quality Assurance	5	26	1	1	16	2	1	13	0	0	14	1
Health Education	3	28	1	1	16	2	0	14	0	0	14	1
Case Management	4	27	1	1	16	2	1	13	0	0	14	1
Outreach	4	27	1	1	16	2	0	14	0	0	14	1
Assessment Data Sharing	3	24	4	1	15	4	1	13	0	0	14	1

Appendix B
Basic Statistics on California's Local Health Departments
Urban and Rural Characteristics
Source: 1997 NACCHO National Profile of Local Health Departments

Table F-1

Managed Care Contracts		URBAN						RURAL					
		Formal Agreements			Informal Agreements			Formal Agreements			Informal Agreements		
To Provide Services		Yes	No	Considering	Yes	No	Considering	Yes	No	Considering	Yes	No	Considering
Medi-Cal Patients													
Clinical Services		47%	24%	18%	13%	24%	3%	0%	67%	0%	5%	57%	10%
Quality Assurance		39%	37%	11%	8%	26%	8%	0%	67%	0%	0%	57%	10%
Health Education		29%	34%	24%	11%	24%	11%	0%	67%	0%	5%	62%	10%
Case Management		37%	37%	13%	13%	26%	5%	0%	67%	0%	0%	62%	10%
Outreach		29%	37%	16%	13%	26%	11%	0%	67%	0%	5%	62%	10%
Assessment Data Sharing		32%	26%	26%	8%	26%	13%	0%	67%	0%	5%	62%	10%
Non-Medi-Cal Patients													
Clinical Services		16%	61%	8%	18%	32%	5%	0%	37%	3%	3%	32%	3%
Quality Assurance		8%	66%	8%	8%	37%	8%	0%	37%	3%	3%	32%	3%
Health Education		5%	68%	8%	11%	37%	8%	0%	37%	3%	3%	34%	3%
Case Management		8%	66%	8%	16%	34%	5%	0%	37%	3%	0%	34%	3%
Outreach		5%	71%	5%	11%	37%	8%	0%	37%	3%	3%	34%	3%
Assessment Data Sharing		5%	61%	8%	13%	32%	16%	0%	37%	3%	3%	34%	3%
To Purchase Services													
Medi-Cal Patients													
Clinical Services		21%	55%	13%	5%	39%	5%	0%	37%	0%	5%	62%	5%
Quality Assurance		11%	63%	13%	0%	42%	8%	0%	37%	0%	0%	67%	5%
Health Education		8%	66%	8%	3%	42%	5%	0%	37%	0%	0%	67%	5%
Case Management		8%	66%	11%	3%	42%	5%	0%	37%	0%	0%	67%	5%
Outreach		8%	66%	11%	3%	42%	5%	0%	37%	0%	0%	67%	5%
Assessment Data Sharing		8%	61%	13%	5%	37%	8%	0%	37%	0%	0%	67%	5%
Non-Medi-Cal Patients													
Clinical Services		16%	63%	5%	8%	39%	5%	3%	34%	0%	3%	34%	3%
Quality Assurance		13%	68%	3%	3%	42%	5%	3%	34%	0%	0%	37%	3%
Health Education		8%	74%	3%	3%	42%	5%	0%	37%	0%	0%	37%	3%
Case Management		11%	71%	3%	3%	42%	5%	3%	34%	0%	0%	37%	3%
Outreach		11%	71%	3%	3%	42%	5%	0%	37%	0%	0%	37%	3%
Assessment Data Sharing		8%	63%	11%	3%	39%	11%	3%	34%	0%	0%	37%	3%

* Yes/No/Considering may not add up to 100% due to non-respondents or Not Applicable responses.

Appendix B
Basic Statistics on California's Local Health Departments
Urban and Rural Characteristics
Source: 1997 NACCHO National Profile of Local Health Departments

Table G

Partnerships	Urban			Rural		
	Yes	No	Considering	Yes	No	Considering
Other Local Health Department	29	7	2	15	4	1
State Health Department	33	3	2	20	0	0
Other State Agency	26	10	1	14	5	0
Other Units of Government	30	6	2	14	6	0
Universities / Academic Centers	31	6	1	7	9	3
Community / Migrant Health Center	33	4	0	14	6	0
Hospitals	35	2	1	14	4	2
Other Providers	31	5	0	11	6	2
Insurance Companies	7	21	8	0	17	1
Non-Profit / Voluntary Organizations	34	4	0	13	6	0
Professional Associations	30	7	1	12	7	0
Community & Civic Groups	29	8	1	11	7	2
Businesses	27	8	2	8	9	2
Faith Community	24	10	3	6	12	0
Other 1	3	0	0	2	2	0
Other 2	2	0	0	0	2	0

Table G-1

Partnerships	Urban			Rural		
	Yes	No	Considering	Yes	No	Considering
Other Local Health Department	76%	18%	5%	71%	19%	5%
State Health Department	87%	8%	5%	95%	0%	0%
Other State Agency	68%	26%	3%	67%	24%	0%
Other Units of Government	79%	16%	5%	67%	29%	0%
Universities / Academic Centers	82%	16%	3%	33%	43%	14%
Community / Migrant Health Center	87%	11%	0%	67%	29%	0%
Hospitals	92%	5%	3%	67%	19%	10%
Other Providers	82%	13%	0%	52%	29%	10%
Insurance Companies	18%	55%	21%	0%	81%	5%
Non-Profit / Voluntary Organizations	89%	11%	0%	62%	29%	0%
Professional Associations	79%	18%	3%	57%	33%	0%
Community & Civic Groups	76%	21%	3%	52%	33%	10%
Businesses	71%	21%	5%	38%	43%	10%
Faith Community	63%	26%	8%	29%	57%	0%
Other 1	8%	0%	0%	10%	10%	0%
Other 2	5%	0%	0%	0%	10%	0%

Appendix B
Basic Statistics on California's Local Health Departments
Urban and Rural Characteristics
Source: 1997 NACCHO National Profile of Local Health Departments

Table H

Number of LHDs Offering Each Public Health Service				Urban						Rural					
(n=59)				Number			Percent			Number			Percent		
				Yes	No	NA/NC	Yes	No	NA/NC	Yes	No	NA/NC	Yes	No	NA/NC
1	Adult Immunizations														
2	Influenza	36	1	1	94.7%	2.6%	2.6%	20	0	0	95.2%	0.0%	0.0%		
3	Pneumococcal disease	35	2	1	92.1%	5.3%	2.6%	20	0	0	95.2%	0.0%	0.0%		
4	Hepatitis B	37	1	0	97.4%	2.6%	0.0%	20	0	0	95.2%	0.0%	0.0%		
5	Tetanus	36	1	1	94.7%	2.6%	2.6%	19	0	0	90.5%	0.0%	0.0%		
6	Diphtheria	36	1	1	94.7%	2.6%	2.6%	17	1	0	81.0%	4.8%	0.0%		
7	Measles	36	1	1	94.7%	2.6%	2.6%	15	2	0	71.4%	9.5%	0.0%		
8	Animal Control	22	15	1	57.9%	39.5%	2.6%	14	6	0	66.7%	28.6%	0.0%		
9	Behavioral / Mental Health	17	19	2	44.7%	50.0%	5.3%	8	9	0	38.1%	42.9%	0.0%		
10	Case Management	35	3	0	92.1%	7.9%	0.0%	17	1	0	81.0%	4.8%	0.0%		
11	Child Health														
12	Childhood Immunizations	37	1	0	97.4%	2.6%	0.0%	21	0	0	100.0%	0.0%	0.0%		
13	EPSDT	36	2	0	94.7%	5.3%	0.0%	18	2	0	85.7%	9.5%	0.0%		
14	WIC	31	6	1	81.6%	15.8%	2.6%	12	8	0	57.1%	38.1%	0.0%		
15	Chronic Disease														
16	Cancer Screening	30	7	1	78.9%	18.4%	2.6%	8	10	0	38.1%	47.6%	0.0%		
17	Cardiovascular Disease Screening	23	14	1	60.5%	36.8%	2.6%	4	14	0	19.0%	66.7%	0.0%		
18	Cardiovascular Disease Treatment	17	20	1	44.7%	52.6%	2.6%	1	17	0	4.8%	81.0%	0.0%		
19	Diabetes Screening	26	10	2	68.4%	26.3%	5.3%	8	10	0	38.1%	47.6%	0.0%		
20	Diabetes Treatment	17	19	2	44.7%	50.0%	5.3%	1	17	0	4.8%	81.0%	0.0%		
21	High Blood Pressure Screening	29	8	1	76.3%	21.1%	2.6%	14	6	0	66.7%	28.6%	0.0%		
22	High Blood Pressure Treatment	16	20	2	42.1%	52.6%	5.3%	2	17	0	9.5%	81.0%	0.0%		
23	Glaucoma Screening	14	21	3	36.8%	55.3%	7.9%	1	17	0	4.8%	81.0%	0.0%		
24	Glaucoma Treatment	10	24	4	26.3%	63.2%	10.5%	0	18	0	0.0%	85.7%	0.0%		
25	Communicable Disease Control	37	1	0	97.4%	2.6%	0.0%	21	0	0	100.0%	0.0%	0.0%		
26	Community Assessment	35	3	0	92.1%	7.9%	0.0%	17	1	0	81.0%	4.8%	0.0%		
27	Community Outreach and Education	37	0	1	97.4%	0.0%	2.6%	20	0	0	95.2%	0.0%	0.0%		
28	Dental Health	29	9	0	76.3%	23.7%	0.0%	6	13	0	28.6%	61.9%	0.0%		
29	Environmental Health														
30	Indoor Air Quality	16	20	2	42.1%	52.6%	5.3%	6	11	0	28.6%	52.4%	0.0%		
31	Environmental Emergency Response	26	10	2	68.4%	26.3%	5.3%	15	4	0	71.4%	19.0%	0.0%		
32	Food	30	6	2	78.9%	15.8%	5.3%	16	3	0	76.2%	14.3%	0.0%		

Appendix B
Basic Statistics on California's Local Health Departments
Urban and Rural Characteristics
Source: 1997 NACCHO National Profile of Local Health Departments

Table H (cont.)

Table 12 (Cont.)

Number of LHDs Offering Each Public Health Service					Urban						Rural					
(n=59)					Number			Percent			Number			Percent		
					Yes	No	NA/NC	Yes	No	NA/NC	Yes	No	NA/NC	Yes	No	NA/NC
33	Hazardous Substances	25	11	2	65.8%	28.9%	5.3%	16	3	0	76.2%	14.3%	0.0%			
34	Lead Screening and Abatement	35	2	1	92.1%	5.3%	2.6%	14	5	0	66.7%	23.8%	0.0%			
35	Radiation Control	12	23	3	31.6%	60.5%	7.9%	4	12	0	19.0%	57.1%	0.0%			
36	Sewage Disposal Systems	26	10	2	68.4%	26.3%	5.3%	15	4	0	71.4%	19.0%	0.0%			
37	Solid Waste Management	24	12	2	63.2%	31.6%	5.3%	15	4	0	71.4%	19.0%	0.0%			
38	Vectors	26	10	2	68.4%	26.3%	5.3%	12	7	0	57.1%	33.3%	0.0%			
39	Water: Drinking (Public)	27	9	2	71.1%	23.7%	5.3%	13	6	0	61.9%	28.6%	0.0%			
40	Water: Drinking (Private)	25	10	3	65.8%	26.3%	7.9%	13	6	0	61.9%	28.6%	0.0%			
42	Water: Source (Groundwater)	25	11	2	65.8%	28.9%	5.3%	16	3	0	76.2%	14.3%	0.0%			
43	Water: Source (Surface)	25	11	2	65.8%	28.9%	5.3%	13	6	0	61.9%	28.6%	0.0%			
44	Water: Recreational	27	9	2	71.1%	23.7%	5.3%	14	5	0	66.7%	23.8%	0.0%			
45	Epidemiology and Surveillance	36	2	0	94.7%	5.3%	0.0%	21	0	0	100.0%	0.0%	0.0%			
46	Family Planning	29	9	0	76.3%	23.7%	0.0%	14	5	0	66.7%	23.8%	0.0%			
47	HIV / AIDS Testing and Counseling	37	1	0	97.4%	2.6%	0.0%	21	0	0	100.0%	0.0%	0.0%			
48	HIV / AIDS Treatment	29	9	0	76.3%	23.7%	0.0%	11	8	0	52.4%	38.1%	0.0%			
49	Health Education	37	1	0	97.4%	2.6%	0.0%	20	0	0	95.2%	0.0%	0.0%			
50	Home Health Care	18	19	1	47.4%	50.0%	2.6%	1	18	0	4.8%	85.7%	0.0%			
51	Injury Control	31	7	0	81.6%	18.4%	0.0%	16	2	0	76.2%	9.5%	0.0%			
52	Inspections and/or Licensing															
53	Food and Milk	26	9	3	68.4%	23.7%	7.9%	8	10	0	38.1%	47.6%	0.0%			
54	Water: Drinking (Public)	25	11	2	65.8%	28.9%	5.3%	10	9	0	47.6%	42.9%	0.0%			
55	Water: Drinking (Private)	22	12	4	57.9%	31.6%	10.5%	9	9	0	42.9%	42.9%	0.0%			
56	Water: Recreational	26	10	2	68.4%	26.3%	5.3%	11	7	0	52.4%	33.3%	0.0%			
57	Restaurants	29	7	2	76.3%	18.4%	5.3%	16	3	0	76.2%	14.3%	0.0%			
58	Health-related Facilities	20	16	2	52.6%	42.1%	5.3%	11	8	0	52.4%	38.1%	0.0%			
59	Other Facilities	18	13	7	47.4%	34.2%	18.4%	8	6	0	38.1%	28.6%	0.0%			
60	Laboratory Services	35	3	0	92.1%	7.9%	0.0%	9	11	0	42.9%	52.4%	0.0%			
61	Maternal Health Programs	36	2	0	94.7%	5.3%	0.0%	20	0	0	95.2%	0.0%	0.0%			
62	Obstetrical Care	23	14	1	60.5%	36.8%	2.6%	3	16	0	14.3%	76.2%	0.0%			
63	Occupational Safety and Health	16	20	2	42.1%	52.6%	5.3%	7	11	0	33.3%	52.4%	0.0%			
64	Prenatal Care	27	11	0	71.1%	28.9%	0.0%	9	10	0	42.9%	47.6%	0.0%			
65	Primary Care (Comprehensive)	22	16	0	57.9%	42.1%	0.0%	3	15	0	14.3%	71.4%	0.0%			

Appendix B
Basic Statistics on California's Local Health Departments
Urban and Rural Characteristics
Source: 1997 NACCHO National Profile of Local Health Departments

Table H (cont.)

Number of LHDs Offering Each Public Health Service (n=59)				Urban						Rural					
				Number			Percent			Number			Percent		
				Yes	No	NA/NC	Yes	No	NA/NC	Yes	No	NA/NC	Yes	No	NA/NC
66	Programs for Screening and Treating the Homeless	19	16	3	50.0%	42.1%	7.9%	1	17	0	4.8%	81.0%	0.0%		
67	School Based Clinics	24	13	1	63.2%	34.2%	2.6%	5	13	0	23.8%	61.9%	0.0%		
68	School Health	25	13	0	65.8%	34.2%	0.0%	5	13	0	23.8%	61.9%	0.0%		
69	STD Testing and Counseling	35	3	0	92.1%	7.9%	0.0%	20	1	0	95.2%	4.8%	0.0%		
70	STD Treatment	35	3	0	92.1%	7.9%	0.0%	18	3	0	85.7%	14.3%	0.0%		
71	Substance Abuse Services	24	13	1	63.2%	34.2%	2.6%	10	8	0	47.6%	38.1%	0.0%		
72	Tobacco Prevention	36	2	0	94.7%	5.3%	0.0%	20	0	0	95.2%	0.0%	0.0%		
73	Tuberculosis Testing	37	1	0	97.4%	2.6%	0.0%	21	0	0	100.0%	0.0%	0.0%		
74	Tuberculosis Treatment	37	1	0	97.4%	2.6%	0.0%	14	5	0	66.7%	23.8%	0.0%		
75	Veterinarian Public Health Activities	11	26	1	28.9%	68.4%	2.6%	4	14	0	19.0%	66.7%	0.0%		
76	Other:	4	0	34	10.5%	0.0%	89.5%	1	0	0	4.8%	0.0%	0.0%		
77	Other:	2	0	36	5.3%	0.0%	94.7%	0	0	0	0.0%	0.0%	0.0%		

NA/NC = Not Answered or Not Circled

Appendix B
Basic Statistics on California's Local Health Departments
Urban and Rural Characteristics
Source: 1997 NACCHO National Profile of Local Health Departments

Table I

Main Issues of Concern	Urban (n=38)		Rural (n=21)	
	Number	Percent	Number	Percent
Financial/Budget Cuts/Public Resources	18	47%	8	38%
Indigent Care/Uninsured/Immigrants	7	18%	4	19%
Welfare Reform	9	24%	1	5%
Managed Care	6	16%	1	5%
Integration with Other Agencies	3	8%	1	5%
Information Technology Updated	2	5%	2	10%
Community Support	2	5%	2	10%
Lack of Adequate Personnel	1	3%	3	14%
Distribution / Access to Care	1	3%	3	14%
Physical Health	3	8%	0	0%
Less Patient Care: Advocacy / Surveillance	2	5%	1	5%
Unfunded Mandates	2	5%	1	5%
Evaluation of Community Outcomes	1	3%	2	10%
Urban Mandate Mismatch with Rural Area Needs/ Being Rural	1	3%	2	10%
Environmental Health	2	5%	0	0%
Mental Health	2	5%	0	0%
Strategic Planning	2	5%	0	0%
Teen Pregnancy	2	5%	0	0%
Core Public Health Functions	2	5%	0	0%
TB Control	1	3%	1	5%
Apathy of Elected Officials	1	3%	0	0%
Inpatient: Ambulatory	1	3%	0	0%
Subjugating Role of Health Officer	1	3%	0	0%
Substance Abuse Money Cuts	1	3%	0	0%
Toxic Impacts of Pesticide Waste	1	3%	0	0%
Hazardous Materials	1	3%	0	0%
Transformation of Public Health	1	3%	0	0%
Data on Health Status	0	0%	1	5%
Categorical Funding	0	0%	1	5%
Population Growth	0	0%	1	5%
Capital Improvement	0	0%	1	5%

Appendix C

California Jurisdictions by Population Category

(Listed from smallest to largest within category)

1 Million +
Los Angeles County
San Diego County
Orange County
San Bernardino County
Santa Clara County
Riverside County
Alameda County
Sacramento County
500,000 – 999,999
Contra Costa County
San Francisco City and Cnty
Fresno County
Ventura County
San Mateo County
Kern County
San Joaquin County
250,000 – 499,999
City of Long Beach
Sonoma County
Stanislaus County
Santa Barbara
Solano County
Monterey County
Tulare County
Santa Cruz County
100,000 – 249,999
Yolo County
El Dorado County
City of Pasadena
Imperial County
Humboldt County
Madera County
Kings County
City of Berkeley

100,000 – 249,999 (cont.)
Marin County*
San Luis Obispo County
Placer County
Merced County
Butte County
Shasta County
50,000 – 99,999
Nevada County
Mendocino County
Sutter County
Yuba County
Lake County
Tehama County
Tuolumne County*
25,000 – 49,999
Siskiyou County
San Benito County
City of Vernon
Calaveras County*
Lassen County
Amador County
Glenn County
0 – 24,999
Del Norte County
Plumas County
Napa County
Inyo County
Colusa County
Mariposa County
Trinity County
Mono County
Modoc County
Sierra County
Alpine County

*Non-Respondents

Appendix C

California Jurisdictions by Urban / Rural Status

Urban Jurisdictions
Alameda County
Butte County
City of Berkeley
City of Long Beach
City of Vernon
Colusa County
Contra Costa County
El Dorado County
Fresno County
Kern County
Los Angeles County
Madera County
Marin County*
Merced County
Monterey County
Napa City and County
Orange County
Pasadena County
Placer County
Riverside County
Sacramento County
San Bernardino County
San Diego County
San Francisco City and County
San Joaquin County
San Luis Obispo County
San Mateo County
Santa Barbara County
Santa Clara County
Santa Cruz County
Shasta County
Solano County
Sonoma County
Stanislaus County
Sutter County
Tulare County
Ventura County
Yolo County
Yuba County

Rural Jurisdictions
Alpine County
Amador County
Calaveras County*
Del Norte County
Glenn County
Humboldt County
Imperial County
Inyo County
Kings County
Lake County
Lassen County
Mariposa County
Mendicino County
Modoc County
Mono County
Nevada County
Plumas County
San Benito County
Sierra County
Siskiyou City and County
Tehama County
Trinity County
Tuolumne County*

* Non-Respondents

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
1996 NATIONAL PROFILE OF LOCAL HEALTH DEPARTMENTS
CORE QUESTIONNAIRE

Your response is very important. It will only take about 15 minutes of your time. Your information will be used to create a current, concise, and comprehensive listing of local health nationwide. The directory will be used widely by policy-makers, by local health officials, and others to facilitate contacts and information about local public health activities. This national database is vital at this time of rapid health system change. We would like to achieve a 100% response rate!

When you respond, you will be automatically eligible to win "NACCHO dollars" in a random drawing!

(Please Type or Print Neatly.)

Name of Local Health Department _____

Street/P.O. Box _____

City _____ State _____ Zip Code _____

County or District _____

Telephone # _____ Fax # _____

E-mail for Health Department _____

URL for Health Department's World Wide Web Page _____

Name of Person Completing this Questionnaire _____

Title _____ Date Completed _____

1. What is the name of the health department's top agency executive?

Please list all degrees for the top agency executive below. Circle degrees to appear with name in directory listing: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

1.a Title of the top agency executive: _____

1.b Telephone # for this person: _____

1.c E-mail address for this person: _____

If you have any questions while completing this questionnaire, please call Lavanya Jaggi at NACCHO, (202) 783-5550.

Appendix D

2. Which one of the following descriptions best characterizes the type of jurisdiction served?

- ☐ County ☐ City-County
☐ City ☐ State
☐ Town/Township

☐ Multi-County (please specify all counties): _____

☐ Multi-District/Region (please specify all units): _____

☐ Other (please specify): _____

3. What is the **1995 population estimate** for your geographical jurisdiction? _____

If the 1995 estimate is not available, state the most recent estimate: _____ Year: _____

4. Please indicate the percentages of the **racial composition** of your jurisdiction.

☐ Please check here if you cannot easily access this information.

Race	Percent
Asian or Pacific Islander	
American Indian, Alaska Native or Aleut	
Black	
White	
Other	
Total	100%

5. Please indicate the percentages of the **ethnic composition** of your jurisdiction.

☐ Please check here if you cannot easily access this information.

Ethnicity	Percent
Hispanic Origin	
Not of Hispanic origin	
Unknown	
Total	100%

6. Is your jurisdiction served by a local board of health (including general advisory group / council)?

☐ Yes ☐ No

6.a If yes, what are your board / advisory group / council's functions?

Please check all that apply.

- ☐ Advisory ☐ Policy-making
☐ Governing ☐ Other (please specify): _____

6.b If yes, is this board separate from the elected legislative body (county commission, city council, etc.) that serves your population?

☐ Yes ☐ No

7. For your most recent fiscal year, what were the health department's total expenditures?

Total \$: _____ Fiscal Year: _____

If you have any questions while completing this questionnaire, please call Lavanya Jaggi at NACCHO, (202) 783-5550.

Appendix D

8. What is the total number of employees currently on the department's payroll? _____

8.a What is the total number of employees expressed as full-time equivalents* (FTEs)?
_____ FTEs

9. Some health departments interact with managed care organizations to provide or purchase various services, while others are considering such interactions. In the table below, please indicate your level of interaction using the following key:

KEY: Circle Yes if your response is: Yes, we interact.

Circle No if your response is: No, we do not interact, and it is not under consideration.

Circle Considering if your response is: We are Considering an interaction.

	Formal Agreements			Informal Agreements		
To Provide Services						
For Medicaid Patients						
Clinical Services	Yes	No	Considering	Yes	No	Considering
Quality Assurance	Yes	No	Considering	Yes	No	Considering
Health Education	Yes	No	Considering	Yes	No	Considering
Case Management	Yes	No	Considering	Yes	No	Considering
Outreach	Yes	No	Considering	Yes	No	Considering
Assessment Data Sharing	Yes	No	Considering	Yes	No	Considering
For Non-Medicaid Patients						
Clinical Services	Yes	No	Considering	Yes	No	Considering
Quality Assurance	Yes	No	Considering	Yes	No	Considering
Health Education	Yes	No	Considering	Yes	No	Considering
Case Management	Yes	No	Considering	Yes	No	Considering
Outreach	Yes	No	Considering	Yes	No	Considering
Assessment Data Sharing	Yes	No	Considering	Yes	No	Considering
To Purchase Services						
For Medicaid Patients						
Clinical Services	Yes	No	Considering	Yes	No	Considering
Quality Assurance	Yes	No	Considering	Yes	No	Considering
Health Education	Yes	No	Considering	Yes	No	Considering
Case Management	Yes	No	Considering	Yes	No	Considering
Outreach	Yes	No	Considering	Yes	No	Considering
Assessment Data Sharing	Yes	No	Considering	Yes	No	Considering
For Non-Medicaid Patients						
Clinical Services	Yes	No	Considering	Yes	No	Considering
Quality Assurance	Yes	No	Considering	Yes	No	Considering
Health Education	Yes	No	Considering	Yes	No	Considering
Case Management	Yes	No	Considering	Yes	No	Considering
Outreach	Yes	No	Considering	Yes	No	Considering
Assessment Data Sharing	Yes	No	Considering	Yes	No	Considering

* One full-time equivalent (FTE) is usually 40 hours of work a week or 2080 hours in a calendar year. Thus, two persons each working 20 hours per week equal one FTE. This definition may be adjusted if your health department's work week results in more or less than 40 hours a week.)

If you have any questions while completing this questionnaire, please call Lavanya Jaggi at NACCHO, (202) 783-5550.

Appendix D

10. In the past 12 months, has your health department directly provided, contributed resources to, or contracted for services for the following public health activities in your community?
Please check one box for each service.

KEY: Check **Yes** if your department has directly provided, contributed resources to, or contracted for such services in the last 12 months.

Check **No** if your department has not done so in the last 12 months.

	Yes	No
Adult Immunizations		
Influenza		
Pneumococcal disease		
Hepatitis B		
Tetanus		
Diphtheria		
Measles		
Animal Control		
Behavioral / Mental Health		
Case Management		
Child Health		
Childhood Immunizations		
EPSTD		
WIC		
Chronic Disease		
Cancer Screening		
Cardiovascular Disease Screening		
Cardiovascular Disease Treatment		
Diabetes Screening		
Diabetes Treatment		
High Blood Pressure Screening		
High Blood Pressure Treatment		
Glaucoma Screening		
Glaucoma Treatment		
Communicable Disease Control		
Community Assessment		
Community Outreach & Education		
Dental Health		
Environmental Health		
Indoor Air Quality		
Environ. Emergency Response		
Food		
Hazardous Substances		
Lead Screening & Abatement		
Radiation Control		
Sewage Disposal Systems		
Solid Waste Management		
Vectors		
Water: Drinking (Public)		
Water: Drinking (Private)		

	Yes	No
Environmental Health (cont'd)		
Water: Source (Groundwater)		
Water: Source (Surface)		
Water: Recreational		
Epidemiology & Surveillance		
Family Planning		
HIV / AIDS Testing & Counseling		
HIV / AIDS Treatment		
Health Education / Risk Reduction		
Home Health Care		
Injury Control		
Inspections and / or Licensing		
Food and Milk		
Water: Drinking (Public)		
Water: Drinking (Private)		
Water: Recreational		
Restaurants		
Health-Related Facilities		
Other Facilities		
Laboratory Services		
Maternal Health Programs		
Obstetrical Care		
Occupational Safety & Health		
Prenatal Care		
Primary Care (Comprehensive)		
Programs for Screening & Treating the Homeless		
School Based Clinics		
School Health		
STD Testing and Counseling		
STD Treatment		
Substance Abuse Services		
Tobacco Prevention		
Tuberculosis Testing		
Tuberculosis Treatment		
Veterinarian Public Health Activities		
Other:		
Other:		

Appendix D

11. The practice of public health may involve a partnership between health departments and business, government, and non-profit organizations. Do you have a partnership / collaboration, or are you considering one with any of the following?

Please check one box for each organization.

	Yes	No	Considering
Other Local Health Departments			
State Health Departments			
Other State Agencies			
Other Units of Government			
Universities / Academic Centers			
Community Health Centers / Migrant Health Centers			
Hospitals			
Other Providers (e.g., Independent MDs)			
Insurance Companies			
Non-Profit/Voluntary Organizations			
Professional Associations (State or Local)			
Community & Civic Groups (e.g., Chamber of Commerce)			
Businesses			
Faith Community			
Other (please specify):			
Other (please specify):			

12. What are the main issues your health department is facing? Please list up to two (2).

Please retain a photocopy in case we need to discuss your responses with you.

***Please mail the completed survey in the enclosed postage-paid envelope to:
Lavanya Jaggi, NACCHO, 440 First Street, NW, Suite 450, Washington, D. C. 20001,
or fax to (202) 783-1583, Attention: Lavanya Jaggi, by December 13, 1996.***

**** Thank you. Your contributions to this effort are greatly appreciated! ****

If you have any questions while completing this questionnaire, please call Lavanya Jaggi at NACCHO, (202) 783-5550.