

1999 Local Health Department Infrastructure Survey
National Association of County and City Health Officials



Sponsored by:

National Association of City and County Health Officials
Robert Wood Johnson Foundation

Conducted by:

Mathematica Policy Research, Inc.
Princeton, NJ

INSTRUCTIONS

Thank you for taking the time to complete this questionnaire. Directions for filling it out are provided with each question. Because not all questions will apply to every local health department, you may be asked to skip certain questions.

- These questions should be answered by the director of this local health department or by other staff most knowledgeable about a topic area.
- If more than one person is involved in responding to this questionnaire, *please designate one person to review the questionnaire for completeness before returning it to Mathematica.* It is important that all questions that apply to your local health department be answered.
- When answering questions that require marking a box, please use an “X.”
- Follow all “SKIP” instructions *after* marking a box. If no “SKIP” instruction is provided, you should continue to the next question.
- Either a pen or pencil may be used.
- If you have questions about the survey, or require assistance, please call Melissa Thomas, Mathematica’s survey manager, at 1-888-535-0283. This is a toll-free call.

Thanks again for your help. We appreciate your participation!

PART A. LOCAL HEALTH DEPARTMENT CHARACTERISTICS

A1. Which of the following *best* describes the type of jurisdiction served by your local health department (LHD)?

MARK (X) ONE ANSWER

- 01 County health department
- 02 City or municipal health department
- 03 City/county health department
- 04 Town/township health department
- 05 Multi-county, district or regional health department
- 06 Other (Specify) ↴

A2. Please write the name of the geographic area(s) served by your local health department in the spaces below. These might be the names of counties, cities, or other jurisdictions.

GEOGRAPHIC AREA(S) SERVED: _____

A3. Which of the following *best* describes the organization or office to which your local health department reports directly?

MARK (X) ONE ANSWER

- 01 Local board of health
- 02 City council/county council
- 03 County commissioner/county executive
- 04 City or Town manager
- 05 State health director or commissioner
- 06 Other (Specify) ↴

A4. What were your health department's total expenditures for the most recent fiscal year? Please aggregate across all subunits or geographic areas in your health district.

Your best estimate is fine.

\$ _____ Total Expenditures |_|_|_|_| Fiscal Year

A5. What percent of your total budget came from:

- | | |
|---|--------------|
| a. City/township/town sources | _ _ Percent |
| b. County sources | _ _ Percent |
| c. State sources (including pass-through
from federal) | _ _ Percent |
| d. Federal sources (direct) | _ _ Percent |
| e. Medicaid | _ _ Percent |
| f. Medicare | _ _ Percent |
| g. Private foundations | _ _ Percent |
| h. Private health insurance | _ _ Percent |
| i. Patient personal fees | _ _ Percent |
| j. Regulatory fees | _ _ Percent |
| k. Other (Specify) ↴ | _ _ Percent |
| _____ | _ _ Percent |
| TOTAL | 100% |

PART B. PROGRAM AREAS AND SERVICES

B1. What are your department's top *five* priority program areas? Please enter the number of the program areas from the list below.

- | | |
|---------------------------------|---------------------------------|
| A. __ __ First priority area | D. __ __ Fourth priority area |
| B. __ __ Second priority area | E. __ __ Fifth priority area |
| C. __ __ Third priority area | |

Number	Program	Number	Program
01	Adult Immunizations	22	Maternal Health Programs
02	Animal Control	23	Obstetrical Care
03	Behavioral/Mental Health	24	Occupational Safety & Health
04	Case Management	25	Prenatal Care
05	Child Health	26	Primary Care (comprehensive)
06	Chronic Disease Control	27	Programs for Screening & Treating the Homeless
07	Communicable Disease Control	28	School Based Clinics
08	Community Assessment	29	School Health
09	Community Outreach and Education	30	STD Testing and Counseling
10	Dental Health	31	STD Treatment
11	Environmental Health	32	Substance Abuse Services
12	Epidemiology & Surveillance	33	Tobacco Prevention
13	Family Planning	34	Tuberculosis Testing
14	HIV/AIDS Testing & Counseling	35	Tuberculosis Treatment
15	HIV/AIDS Treatment	36	Veterinarian Public Health Activities
16	Health Education/ Risk Reduction	37	Violence Prevention
17	Home Health Care	38	Other (Specify)
18	Injury Control		_____
19	Inspections and/or Licensing	39	Other (Specify)
20	Laboratory Services		_____
21	Linking and Assuring Services if not Provided by LHD	40	Other (Specify)

B2. We're interested in how public health services are provided in your jurisdiction. In the past 12 months, for each of the following services, please indicate if:

- your local health department (LHD) provided the service *directly*
- your LHD provided the service through *contracts* with others
- your LHD provided the service *both* directly and through contracts
- your LHD *did not provide* the service but others in the community did
- the service was *not provided at all*

Please circle only one answer for each service.

Service	Service provided directly by LHD	Service provided by LHD through contracts	Both	Service provided by others (not LHD)	Service not provided at all
1. Adult Immunizations	1	2	3	4	5
a. Influenza	1	2	3	4	5
b. Pneumococcal disease	1	2	3	4	5
c. Hepatitis B	1	2	3	4	5
d. Tetanus	1	2	3	4	5
e. Diphtheria	1	2	3	4	5
f. Measles	1	2	3	4	5
2. Animal Control	1	2	3	4	5
3. Behavioral/Mental Health	1	2	3	4	5
4. Case Management	1	2	3	4	5
5. Child Health	1	2	3	4	5
a. Childhood Immunizations	1	2	3	4	5
b. EPSDT	1	2	3	4	5
c. WIC	1	2	3	4	5
6. Chronic Disease Control	1	2	3	4	5
a. Cancer Screening	1	2	3	4	5
b. Cardiovascular Disease Screening	1	2	3	4	5
c. Cardiovascular Disease Treatment	1	2	3	4	5
d. Diabetes Screening	1	2	3	4	5
e. Diabetes Treatment	1	2	3	4	5
f. High Blood Pressure Screening	1	2	3	4	5
g. High Blood Pressure Treatment	1	2	3	4	5
h. Glaucoma Screening	1	2	3	4	5
i. Glaucoma Treatment	1	2	3	4	5

Service	Service provided directly by LHD	Service provided by LHD through contracts	Both	Service provided by others (not LHD)	Service not provided at all
7. Communicable Disease Control	1	2	3	4	5
8. Community Assessment	1	2	3	4	5
9. Community Outreach and Education	1	2	3	4	5
10. Dental Health	1	2	3	4	5
11. Environmental Health	1	2	3	4	5
a. Indoor Air Quality	1	2	3	4	5
b. Environmental Emergency Response	1	2	3	4	5
c. Food Safety	1	2	3	4	5
d. Hazardous Substances	1	2	3	4	5
e. Lead Screening & Abatement	1	2	3	4	5
f. Radiation Control	1	2	3	4	5
g. Sewage Disposal Systems	1	2	3	4	5
h. Solid Waste Management	1	2	3	4	5
i. Vectors	1	2	3	4	5
j. Water: Drinking (public)	1	2	3	4	5
k. Water: Drinking (private)	1	2	3	4	5
l. Water: Source (groundwater)	1	2	3	4	5
m. Water: Source (surface)	1	2	3	4	5
n. Water: Recreational	1	2	3	4	5
12. Epidemiology & Surveillance	1	2	3	4	5
13. Family Planning	1	2	3	4	5
14. HIV/AIDS Testing & Counseling	1	2	3	4	5
15. HIV/AIDS Treatment	1	2	3	4	5
16. Health Education/Risk Reduction	1	2	3	4	5
17. Home Health Care	1	2	3	4	5
18. Injury Control	1	2	3	4	5
19. Inspections and/or Licensing	1	2	3	4	5
a. Food and Milk	1	2	3	4	5
b. Water: Drinking (public)	1	2	3	4	5

Service	Service provided directly by LHD	Service provided by LHD through contracts	Both	Service provided by others (not LHD)	Service not provided at all
c. Water: Drinking (private)	1	2	3	4	5
d. Water: Recreational	1	2	3	4	5
e. Restaurants	1	2	3	4	5
f. Health-Related Facilities (including hospitals and nursing homes)	1	2	3	4	5
g. Other Facilities	1	2	3	4	5
20. Laboratory Services	1	2	3	4	5
21. Linking and Assuring Services if not Provided by LHD	1	2	3	4	5
22. Maternal Health Programs	1	2	3	4	5
23. Obstetrical Care	1	2	3	4	5
24. Occupational Safety & Health	1	2	3	4	5
25. Prenatal Care	1	2	3	4	5
26. Primary Care (comprehensive)	1	2	3	4	5
27. Programs for Screening & Treating the Homeless	1	2	3	4	5
28. School Based Clinics	1	2	3	4	5
29. School Health	1	2	3	4	5
30. STD Testing and Counseling	1	2	3	4	5
31. STD Treatment	1	2	3	4	5
32. Substance Abuse Services	1	2	3	4	5
33. Tobacco Prevention	1	2	3	4	5
34. Tuberculosis Testing	1	2	3	4	5
35. Tuberculosis Treatment	1	2	3	4	5
36. Veterinarian Public Health	1	2	3	4	5
37. Violence Prevention	1	2	3	4	5
38. Other (Specify) ↓ -----	1	2	3	4	5
39. Other (Specify) -----	1	2	3	4	5
40. Other (Specify) ↓ -----	1	2	3	4	5



Service	Service provided directly by LHD	Service provided by LHD through contracts	Both	Service provided by others (not LHD)	Service not provided at all
41. Other (Specify) _____	1	2	3	4	5
42. Other (Specify) ↴ _____	1	2	3	4	5

This section of the survey asks about your department's workforce.

C1. How many staff does your LHD have in the following four categories? Although many people may be involved in providing public health services in your community, we're interested only in staff working for your LHD. Please do not count vacant positions.

Number

PART C: WORKFORCE AND TRAINING

- A. Staff employed directly by your LHD _____
- B. Staff employed by your LHD through contracts with another individual or organization (that is, "contracted" employees) _____
- C. Volunteers _____
- D. Students, interns, or visiting scholars _____

C2. The next question lists occupational classifications from the Standard Occupational Classification (SOC) used by the Bureau of Labor Statistics to categorize public health occupations. The question uses this list to promote uniformity in reporting.

For each occupational classification, please indicate the total number of full-time equivalent staff your department directly employs or has working on site through contracts. Please do not include positions that are currently vacant. FTEs are defined as the number of staff who work the equivalent of a normal full-time work week during the year, plus the full-time equivalent of part-time staff.

Occupational Classifications	Total FTEs, (direct and contract employees)
25. Alcohol and Substance Abuse Counselors, including Addiction Counselors (e.g. Substance Abuse Counselor, Certified Substance Abuse Counselor, Certified Alcohol Counselor, Certified Alcohol and Drug Counselor, Certified Abuse and Drug Addiction Counselor, Drug Abuse Counselor (associate' degree or higher), Drug Counselor (associate's degree or higher), Alcohol Counselor (associate's degree or higher))	_ _ _ _ : _ _ _ _
26. Mental Health Counselors (e.g. Clinical Mental Health Counselors, Mental Health Counselors)	_ _ _ _ : _ _ _ _
27. Health Information Systems Specialist, Computer Specialists	_ _ _ _ : _ _ _ _
28. Administrative or Clerical Staff, not included above	_ _ _ _ : _ _ _ _
29. Other Allied Health Professionals (e.g., physical therapist, occupational therapist, speech therapist, pharmacist)	_ _ _ _ : _ _ _ _
30. Other (Specify)_____	_ _ _ _ : _ _ _ _
31. Other (Specify)_____	_ _ _ _ : _ _ _ _
32. Other (Specify)_____	_ _ _ _ : _ _ _ _
33. Other (Specify)_____	_ _ _ _ : _ _ _ _
34. Other (Specify)_____	_ _ _ _ : _ _ _ _

C3. What is the FTE total of the vacant positions in your LHD? Please count vacant positions across all categories in question C2.

|_|_|_|_|:|_|_|_|_| FTE Total of Vacant Positions

C4. Overall, how accurately did the list of occupational classifications in question C3 describe the composition of your health department's current workforce?

MARK (X) ONE ANSWER

- 01 Extremely accurately
- 02 Somewhat accurately
- 03 Not very accurately
- 04 Not accurately at all
- 05 Not sure/don't know



C5. How could the list be improved? What classifications were unclear, missing, or irrelevant?

Continue on next page...



C6. Using the same list of occupational classifications (reprinted below for your convenience), please answer the next questions about your department's current workforce. See question C2 for definitions.

Number	Occupational Classification
01	Environmental Engineer
02	Environmental Engineering Technician and Technologist
03	Environmental Scientist and Specialist
04	Environmental Science Technician and Technologist
05	Health Educator with CHES certification
06	Health Educator without CHES certification
07	Occupational Safety and Health Specialist
08	Occupational Safety and Health Technician/Technologist
09	Health Service Manager or Administrator, Health Director
10	Public Health Policy Analyst
11	Biostatistician
12	Epidemiologist
13	Public Health Physician
14	Public Health Nurse
15	Public Health Dentist
16	Public Health Dental Worker
17	Public Health Veterinarian
18	Public Health Nutritionist
19	Public Health Attorney or Hearing Officer
20	Public Health Laboratory Scientist
21	Public Health Laboratory Technician and Technologist
22	Public Health and Community Social Worker
23	Mental Health and Substance Abuse Social Worker
24	Psychologists, Mental Health Providers
25	Alcohol and Substance Abuse Counselors, including Addiction Counselors
26	Mental Health Counselors
27	Health Information Systems Specialist, Computer Specialists
28	Administrative or Clerical Staff, not included above
29	Other Allied Health Professionals
29	Other (Specify)_____
30	Other (Specify)_____
31	Other (Specify)_____

C7. Currently, in which five occupational classifications is your health department most in need of staff? List in order from highest to lowest need using the numbers corresponding to the occupational classifications on the previous page.

CHECK THIS BOX IF YOUR LHD DOES NOT NEED ANY ADDITIONAL STAFF AND SKIP TO C9.

IF YOUR HEALTH DEPARTMENT NEEDS STAFF IN FEWER THAN FIVE OCCUPATIONAL CLASSIFICATIONS, PLEASE ENTER "00" IN THE REMAINING SPACES.

Occupational Classifications (from highest need to lowest need)

- 1. |_|_|_|
- 2. |_|_|_|
- 3. |_|_|_|
- 4. |_|_|_|
- 5. |_|_|_|

C8. For which of the following reasons are you in need of staff in these occupational classifications?

MARK (X) ALL THAT APPLY

- 01 Cannot hire due to budgetary restrictions (for example, budget caps or cuts, hiring freezes)
- 02 Lack of qualified candidates
- 03 Difficult to attract qualified candidates to this geographic area
- 04 Pay/benefits not competitive
- 05 Expansion of programs or services offered
- 06 Other (Specify) ↴

C9. Looking ahead five years (to 2004), in which five occupational classifications do you think your health department will be most in need of staff?

CHECK THIS BOX IF YOU THINK YOUR LHD WILL NOT NEED ADDITIONAL STAFF AND SKIP TO C11

IF YOUR HEALTH DEPARTMENT WILL NEED STAFF IN FEWER THAN FIVE OCCUPATIONAL CLASSIFICATIONS, PLEASE ENTER "00" IN THE REMAINING SPACES.

Occupational Classifications (from highest need to lowest need)

- 1. |_|_|_|
- 2. |_|_|_|
- 3. |_|_|_|
- 4. |_|_|_|
- 5. |_|_|_|

C10. Why do you think your LHD will need staff in these classifications?

C11. These next questions ask about workforce training. Does your department have a budget item that is used for continuing education and/or other training programs for staff?

- 01 Yes
- 02 No
- 03 Don't know

C12. What percentage of your department's continuing education budget is used for your clinical staff (for example, physicians and nurses, including nurse practitioners and physician assistants)?

_____ % Continuing education budget for training clinical staff

C13. What percentage of your department's continuing education budget is used for your non-clinical staff (for example, non-physician and non-nursing staff)?

_____ % Continuing education budget for training non-clinical staff

C14. Overall, what are your department's top three priority areas for continuing education and/or training programs for staff?

If your department does not have priority areas for continuing education, please write "none."

1. _____
2. _____
3. _____

Continue on next page...

PART D: PARTNERSHIPS AND COLLABORATION

The practice of public health involves working with other groups and organizations to protect and improve the health of a community. In this survey, partnerships are defined as any group of two or more stakeholders working together on a common issue or goal. Partnerships range from informal collaborative activities to formal contractual agreements between groups and organizations.

D1. We're interested in knowing if your LHD collaborates with the following types of organizations. For each "yes" answer, please indicate how closely your LHD collaborates with that type of organization. Use a scale of 1 to 5, with 1 meaning low collaboration and 5 meaning high collaboration.

Does your local health department collaborate with...

DEGREE OF COLLABORATION
Low High

A. Other local health departments?

- | | | | | | | | |
|--|--------------------------|----------------|--------|---|---|---|---|
| | <input type="checkbox"/> | Yes | 1 | 2 | 3 | 4 | 5 |
| | <input type="checkbox"/> | No | —————→ | | | | |
| | <input type="checkbox"/> | Does not apply | | | | | |

B. State health department?


- | | | | | | | | |
|--|--------------------------|----------------|--------|---|---|---|---|
| | <input type="checkbox"/> | Yes | 1 | 2 | 3 | 4 | 5 |
| | <input type="checkbox"/> | No | —————→ | | | | |
| | <input type="checkbox"/> | Does not apply | | | | | |

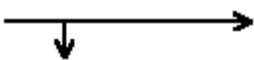
C. Other state agencies

- | | | | | | | | |
|--|--------------------------|----------------|---|---|---|---|---|
| | <input type="checkbox"/> | Yes (specify) | 1 | 2 | 3 | 4 | 5 |
| | | ↓ | | | | | |
| | <input type="checkbox"/> | No | | | | | |
| | <input type="checkbox"/> | Does not apply | | | | | |


DEGREE OF COLLABORATION


Low _____ High


- D. State association of local health officials?
01 Yes  1 2 3 4 5
02 No
03 Does not apply


- E. Federal agencies?
01 Yes (specify)  1 2 3 4 5

02 No
03 Does not apply

- F. Hospitals?
01 Yes  1 2 3 4 5
02 No
03 Does not apply

- G. Managed care organizations/HMOs?
01 Yes  1 2 3 4 5
02 No
03 Does not apply

- H. Community health centers?
01 Yes  1 2 3 4 5
02 No
03 Does not apply

- I. Other providers, such as independent physicians, etc.?
01 Yes  1 2 3 4 5
02 No
03 Does not apply

DEGREE OF COLLABORATION

Low _____ High

J. Universities or academic centers?

- 01 Yes \longrightarrow 1 2 3 4 5
 02 No
 03 Does not apply

K. Community-based organizations?

- 01 Yes \longrightarrow 1 2 3 4 5
 02 No
 03 Does not apply

L. Professional associations?

- 01 Yes \longrightarrow 1 2 3 4 5
 02 No
 03 Does not apply

M. Faith communities/churches?

- 01 Yes \longrightarrow 1 2 3 4 5
 02 No
 03 Does not apply

N. Voluntary/non-profit organizations (not classified above)?

- 01 Yes \longrightarrow 1 2 3 4 5
 02 No
 03 Does not apply

O. Business/private corporations?

- 01 Yes \longrightarrow 1 2 3 4 5
 02 No
 03 Does not apply

DEGREE OF COLLABORATION

Low _____ High

P. Other groups

01 Yes (specify) _____ 1 2 3 4 5

02 No

03 Does not apply

D2. Please check your answers to D1. For each type of organization answered "yes" is there a degree of collaboration circled? (This check will save us having to call you back to retrieve any missing answers).

01 Yes, all questions are answered → CONTINUE

02 No → PLEASE FILL IN THE MISSING ANSWERS AND CONTINUE

D3. Of the governmental agencies with which your department collaborates (including municipal, county, state or federal government), which agency is your most important partner overall?

CHECK THIS BOX IF YOUR DEPARTMENT DOES NOT COLLABORATE WITH A GOVERNMENTAL AGENCY AND SKIP TO D7

Name of most important governmental agency ↴

Continue on next page...


D4. Questions D4 - D6 ask about the governmental agency you listed in D3. What type of governmental agency is this?

MARK (X) ONE ANSWER

- 01 Other local health department
- 02 Local board of health
- 03 Departmental advisory board/committee (not Board of Health)
- 04 City government
- 05 County government
- 06 State health department
- 07 Other state agency
- 08 Federal agency
- 09 Other governmental agency


D5. Is your partnership with this governmental agency mandated, or is it voluntary?

MARK (X) ONE ANSWER

- 01 Mandated
 - 02 Voluntary
 - 03 Other (Specify) 
- GO TO D7**
-

D6. If you answered "mandated" in D5: Is this partnership required by:

MARK ALL THAT APPLY

- 01 Federal block grant
 - 02 State block grant
 - 03 State statute
 - 04 Local statute
 - 05 Contractual relationship
 - 06 Pass-through requirements
 - 07 Other (Specify) 
-

D7. Of the *non-governmental organizations* with which your department collaborates (including non-profit organizations, professional associations, faith communities, medical providers and others) which is your most important partner overall?

CHECK THIS BOX IF YOUR DEPARTMENT DOES NOT COLLABORATE WITH A NON-GOVERNMENTAL ORGANIZATION AND SKIP TO E1

Name of most important non-govermental organization →

D8. What type of organization is this non-governmental partner?

MARK (X) ONE ANSWER

- 01 Hospital
- 02 Managed care organization/HMO
- 03 Community health center
- 04 Independent provider
- 05 University or academic center
- 06 Community-based organization
- 07 Professional association
- 08 Faith community/church
- 09 Voluntary/non-profit organization (not classified above)
- 10 Business/private corporation
- 11 Other group (Specify) →

D9. Overall, why is this organization your most important non-governmental partner?



PART E: COMMUNITY HEALTH ASSESSMENT



E1. Has your department completed a community health assessment within the last three years? A community health assessment is the process whereby a local health department and its community engage in assessing the health needs of their community and investigate adverse health effects and health hazards to create a “snap shot” of a community’s health.

- 01 Yes → **GO TO E3**
- 02 No
- 03 Don’t know

E2. *If you answered “no” or “don’t know” to E1:* Do you plan to complete a community health assessment within the next three years, that is, before the end of 2002?

- 01 Yes
- 02 No
- 03 Don’t know

E3. Has your department developed or participated in developing a health improvement plan for your community? By “health improvement plan” we mean a series of timely and meaningful action steps that define and direct the distribution of health services and resources to improve your community’s health, or definite strategic action steps to improve health status in the community.

- 01 Yes
 - 02 No
 - 03 Don’t know
- **GO TO E8**

E4. *If you answered “yes” to E3:* Was the health improvement plan developed using the results of a community health assessment?

- 01 Yes
- 02 No
- 03 Don’t know

E5. Is your community's health improvement plan linked to a state health improvement plan?

- 01 Yes
- 02 No
- 03 Don't know

E6. Was your community's health improvement plan developed in collaboration with other community members and/or non-health department organizations?

- 01 Yes
- 02 No
- 03 Don't know

E7. Who were your partners in developing your community's health improvement plan?

MARK ALL THAT APPLY

- 01 Other local health departments
- 02 State health department
- 03 Other state agencies (specify): _____
- 04 State association of local health officials
- 05 Federal agencies (specify): _____
- 06 Hospitals
- 07 Managed care organizations/HMOs
- 08 Community health centers
- 09 Other providers, such as independent physicians, etc.
- 10 Universities or academic centers
- 11 Community-based organizations
- 12 Professional associations
- 13 Faith communities/churches
- 14 Voluntary/non-profit organizations (not classified above)
- 15 Business/private corporations
- 16 Other groups (specify): _____
- 17 Don't know

E8. Did your department use an established tool or model for completing the community health assessment or for developing a health improvement plan? These include tools or models such as APEXPH, Model Community Standards, and PATCH.

- 01 Yes
- 02 No → **GO TO F1**
- 03 Do not have a community health assessment or health improvement plan → **GO TO F1**
- 04 Don't know → **GO TO F1**

E9. What tool or model did you use?

- 01 APEXPH
- 02 Model Community Standards
- 03 PATCH
- 04 Other (Specify)
_____ ↓
- 05 Don't know

The following questions should be answered by the director of your local health

PART F: CONCLUDING QUESTIONS

department.

F1. What are the biggest challenges facing your local health department today? These might be in the areas we've asked about—programs and services, workforce and training, partnerships and collaborations, community health assessment—or in other areas.



F2. Compared with other local health departments serving populations of your size, what would you say are your department's greatest strengths?

F3. Compared with other local health departments serving populations of your size, what are your department's greatest weaknesses?



F4. In case we need to contact your health department to clarify some of your answers, what is the name and contact information of the person with whom we should speak?

Name: _____

Title: _____

LHD Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

THANK YOU!

Please review the questionnaire to make sure all questions to which you were directed have been answered. Return it in the postage-paid envelope provided to:

**Mathematica Policy Research
600 Maryland Ave., SW
Suite 550
Washington, DC 20024-2512**

**Attn: Melissa Thomas
1-888-535-0283**

Just to remind you, we will enter your health department's name into a drawing for an expense-paid trip to NACCHO ANNUAL 2000 in Los Angeles upon receipt of your completed questionnaire. Two local health departments will be selected at random. The winners will receive reimbursement for roundtrip airfare, ground transportation, conference registration, lodging and meals for one staff member.