

1990



# NATIONAL PROFILE OF LOCAL HEALTH DEPARTMENTS

■ National Association of County Health Officials

**NATIONAL PROFILE OF LOCAL HEALTH DEPARTMENTS**  
**An Overview of the Nation's Local Public Health System**

**JULY 1990**

**Supported by:**

**CENTERS FOR DISEASE CONTROL**  
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**Prepared by:**

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## FOREWORD

On behalf of the National Association of County Health Officials (NACHO), I am pleased to present the first findings from the National Profile of Local Health Departments. This project was established as an adjunct study to the Assessment Protocol for Excellence In Public Health (APEX/PH). The National Profile was developed to provide the public health community with a current and comprehensive description of the nation's local health departments. The following report presents a detailed portrait of the important role local health departments play in our public health system.

This study was made possible through the participation of each of the local health departments described within. I would like to thank all of the local health officials and their staffs who participated in this project and made this study possible. Further, all local health officials can and should take pride in their contributions to public health, which are so clearly depicted in the pages which follow.

It is anticipated that this report will serve to do more than simply provide a long-overdue description of local public health. Local, state and federal public health practitioners will find a variety of uses for the data. Local health officials will be able to enhance their program analyses by using a national database, including staffing, expenditure and services data, as a reference point.

Those involved with local public health recommendations and policy decisions will have an accurate depiction of the resources, abilities, and contributions of local health departments nationwide. This report details the sizable role local health departments play in health assessment, policy development, and assurance, i.e., the core activities outlined in the Institute of Medicine's report, *The Future of Public Health*. It also shows the great extent to which local health departments provide health care in our communities through prevention activities and the delivery of personal health services.

In follow-up to this report, NACHO is performing more in-depth analyses of the database, and is researching specific local health issues that are of national interest. NACHO also has the potential to use this profile to launch additional research projects, perhaps using a sampling frame, and to monitor trends in local health programs and operations. With this in mind, we are looking forward to presenting many more reports from the National Profile of Local Health Departments.

Your suggestions and comments on this report are invited. Please address your communications to the National Association of County Health Officials, 440 First Street, N.W., Suite 500, Washington, D.C. 20001.

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## ACKNOWLEDGEMENTS

Special thanks are due to all of the local health officials who participated in this project and made this report possible. It is our sincere wish that the results of the National Profile will be of great use to them.

The development of the National Profile of Local Health Departments has been directed by the APEX/PH Registry Committee and the NACHO Review Board.

The APEX/PH Registry Committee members are:

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The NACHO Review Board members are:

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Bruce Parsons, M.P.A., Director, Gaston County Health Department, North Carolina.

This project was made possible by the following individuals who noted the need for such a profile and guided its progress at all stages:

Robert G. Harmon, M.D., M.P.H., Administrator, Health Resources and Services Administration, who served as the Chairperson of the APEX/PH Steering Committee from July 1987 to February 1990;  
Paul Wiesner, M.D., Director, DeKalb County Board of Health, Georgia, APEX/PH Work Group Chairperson;  
Joel Nitzkin, M.D., D.P.A., Medical Director, Louisiana Office of Health and Hospitals, Louisiana, who served as Chairperson of the APEX/PH Work Group from July 1987 to September 1989;  
William Dyal, Director, Division of Public Health Systems, Public Health Practice Program Office, CDC;  
Charles Bacon, Project Officer APEX/PH, Public Health Advisor, Public Health Practice Program Office, CDC;  
C. Joseph Webb, former Project Officer APEX/PH, Public Health Advisor, Public Health Practice Program Office, CDC.

This project is also indebted to the members of the APEX/PH Steering Committee and the APEX/PH Work Group (Appendix 3).

The contributions of the following are also appreciated:

the U.S. Conference of Local Health Officers;  
the State Health Agencies and their staffs;  
the Association of State and Territorial Local Health Liaison Officials;  
the statewide associations of local health officials.

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*Special thanks to Clark Greene, whose diligence, organization and unflappable calm made possible the development of the National Profile of Local Health Departments.*

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## INTRODUCTION

The National Profile of Local Health Departments was conceived in 1987 as an adjunct project to the Assessment Protocol for Excellence in Public Health (APEX/PH). The goal of APEX/PH, a collaborative effort of public health organizations<sup>a</sup>, is the development of a self-assessment process to assist local health departments to better meet the needs of their communities. The resulting APEX/PH workbook is a manual for local health departments to use in assessing and improving their organizational capacity, assessing the health status of the community, and involving the community in a more effective pursuit of public health objectives. The National Profile was developed to learn more about the current capacities of local health departments and to therefore shape the development of the APEX/PH Workbook so that it would be as useful as possible to all local health departments.

Beyond its use in the development of the APEX/PH Workbook, the National Profile serves two additional purposes. First, it provides a much-needed description of the nation's local health departments; and second, it provides a sampling frame for future studies of the contributions of local health departments to the nation's public health. The National Profile is an extensive compilation of information on local health departments. The information was obtained from 2,269 local health departments that reported on their staffing size and patterns, budget expenditures, public health activities, and other characteristics.

A brief review of the literature shows the importance of local health research and points to the timeliness of the National Profile. The earliest efforts were undertaken in 1923 by the American Public Health Association's Committee on Administrative Practice (CAP)<sup>1</sup>. Data were collected from 83 city health departments on their expenditures, organization and public health practices. The committee continued to focus on local health services through the development of "Appraisal Forms" that were used to collect information on public health practices and provide feedback to the health officer. In 1943, the committee published the report entitled "Health Practice Indices," which contained data on 178 local health departments in 31 states and 4 Canadian provinces<sup>2</sup>.

In 1945, Haven Emerson, M.D., Chairman of the CAP, released the milestone report *Local Health Units for the Nation*, in which he extensively described the existing local health system and made recommendations for an ideal local health system<sup>3</sup>. This included the recommendation that local health services be provided in units (departments) serving no less than 50,000 people. This was thought to represent the smallest population for which a department would be able to provide efficient and effective public health services. He suggested that, for the existing population to be served effectively, a total of 1,197 health units would be needed.

Terris and Kramer studied local health departments in 1947 to measure the level of medical care being provided by these departments<sup>4</sup>. At that time, they reported a total of 1,385 full time departments (including state health districts). This work demonstrated that local health departments were moving beyond the heretofore traditional boundaries of preventive services and into the provision of therapeutic services.

Joseph Mountin, in 1953, published the *Guide to Health Organization in the United States*, which gave a detailed accounting of the nation's health system on the federal, state and local levels<sup>5</sup>. He described the percent of the population served by local health services in the various regions of the country, and outlined sample budgets for health departments serving various sized populations. He reported a total of 1,239 local health departments (963 county and 276 city units).

The next major study, initiated by the Public Health Service in 1964 and published in 1968, again focused on the medical activities local health departments were providing<sup>6</sup>. At that time, the

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<sup>a</sup>. The participating organizations are: the American Public Health Association (APHA); the Association of Schools of Public Health (ASPH); the Association of State and Territorial Health Officials (ASTHO); the Centers for Disease Control (CDC); the National Association of County Health Officials (NACHO); the U.S. Conference of Local Health Officers (USCLHO).

Public Health Service maintained a directory<sup>b</sup> of local health units that identified 1,703 local health units, all of which were polled as to their responsibilities, services, relation to other providers, and role in assuring quality of care in its jurisdiction. The results, using the earlier data from Terris and Kramer's study as a baseline, indicated local health departments were becoming increasingly involved in medical care.

C. Arden Miller's study in the mid-70's identified approximately 1,980 local health departments<sup>7</sup>. This study provided the public health community with summary data concerning the jurisdictions, organization, finance, functions, and staffing of local health departments. This extensive work also provided information on local health officers' training and salaries. Miller concluded that local health departments were extensively involved in rendering health services, including direct personal health services.

More recent estimates of the numbers and functions of local health departments have been done. An unpublished study by Mullan and Smith<sup>8</sup> (The Johns Hopkins University) was conducted by polling the state health departments and resulted in a count of 3,233 local health departments. The Public Health Foundation, responsible for maintaining the Association of State and Territorial Health Officials (ASTHO) Reporting System, reported that, as of 1989, "nearly 3,000 local health departments"<sup>9</sup> existed. Both reports relied primarily on the states for their estimates.

The need for current and detailed local health department data has been widely cited. This was most recently emphasized in the Institute of Medicine's report *The Future of Public Health*, which included the frank admission that, "...data on the activities of local health departments are hard to come by."<sup>10</sup>

The National Profile is a response to this problem. It provides current, detailed, primary source data on our nation's local health departments.

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<sup>b</sup>. This directory was discontinued after 1971.

## OVERVIEW

### Data Source

The study population for this profile is all local health departments in the United States. Three sources were used to insure that all possible local health departments were identified. The U.S. Conference of Local Health Officers (USCLHO) and NACHO both contributed their member mailing lists. Additionally, each state health agency were contacted, and the names and addresses of the local health departments in their states were obtained from them. After eliminating duplicates, 3,241 local health entities were identified as the initial study population.

The data collection instrument (Appendix 1) was developed by the APEX/PH Registry Committee to collect information on a variety of health department characteristics. The instrument was distributed in January of 1989. Three successive mailings were used to contact the non-respondents and elicit responses.

### Definition

One of the challenges of this and similar projects has been the development of a standard "case definition" for a local health department. A great diversity exists among the public health units at the local level; this makes it difficult to arrive at a single definition. For the purposes of this study, a local health department was 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 definition is adapted from the one used by C. Arden Miller in 1974<sup>c</sup> and the one used by ASTHO<sup>d</sup>. This definition is less restrictive than either, both of which include one or more full time employee(s). The ASTHO definition further restricts this by adding that it be a public health employee. In this analysis responses received from units with fewer than one full time employee, units that operate on a part time basis, and independently operating nursing and environmental units were included.

Responses received from the following entities were excluded from the analysis:

sub-units or satellite offices of local health departments;

district units providing support for independent local health units (such as the district offices in Alabama, Georgia, Louisiana, Mississippi, New Mexico, South Carolina, Tennessee, and Virginia. However, the independent local health units from these states were included.);

sub-state extensions of the state that were not considered by the state to be local health departments (such as the units in Delaware, Hawaii, Rhode Island, Vermont, and many in Pennsylvania);

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<sup>c</sup>. Miller's operational definition of a local health department: "... an administrative and service unit of local or state government, concerned with health, employing at least one full time person, and carrying some responsibility for the health of a jurisdiction smaller than the state."

<sup>d</sup>. The ASTHO definition of a local health department: An official (governmental) public health agency which is, in whole or part, responsible to a substate governmental entity or entities. An entity may be a city, county, city-county, federation of counties, borough, township, or any other type of substate governmental entity. A local health department must: have a staff of one or more full-time professional public health employees (e.g., public health nurse, sanitarian); deliver public health services; serve a definable geographic area; have identifiable expenditures and/or budget in the political subdivision(s) it serves.

non-governmental agencies (such as those in Alaska, which for the most part provide local health services through nonprofit corporations.)

By applying these parameters, eliminating duplicates, and removing units that no longer existed (noted as miscellaneous below), the study population was adjusted to 2,932. Table 1 below details the exclusions that were made.

TABLE 1  
STUDY POPULATION

Initial Study Population	3,241
Exclusions	
Corporate Agencies	15
Districts	90
Duplicates	28
State Agency Extensions	84
Sub-units, Satellite Offices	60
Miscellaneous	32
Final Study Population	2,932

Response Rate

Completed data collection instruments were received from 2,269 local health departments that fit the above definition, and they were from all 46 states which have local health departments. The overall response rate was 77%. Thirty states had response rates over 80%; of these, eight states had 100% response rates. Five states had response rates under 50%, and no state had a response rate lower than 30%.

Strengths

The response rate has been described above, but it is important to note that this is one of the highest response rates reported in the literature. Only the PHS study in 1966 achieved a higher response rate (78.1%); however, the study population was smaller (1,703). The response rate for this study lends confidence to the results.

This is the most extensive data set on local health departments available since the mid-seventies. The database addresses a wide array of local health department issues, including:

- local health department assessment, policy development and assurance activities;
- local health officer degrees, licensure, tenure, and full or part time status;
- the presence or absence of a local board of health;
- numbers and types of employees;
- annual expenditures.

Equally important is the fact that these data are primary source data only, i.e. the database contains data reported directly from local health officials.

The data were tested for reliability, with good results. A random sample of five percent of the respondents were retested, using telephone interviews, on 20 of the variables. Matching responses were given 82% of the time.

A great strength of the National Profile is that it will allow for specific research of a representative sample of health departments. The ability to generate representative samples of local health departments is a new capacity for the public health system. Scientific analyses that could not have been completed before may now be carried out quickly and efficiently.

## Limitations

As previously discussed, it is difficult to derive a case definition for local health departments that captures the diversity that exists across the nation. This has clearly been an issue for other studies, as evidenced by the variance in the number of local health departments reported. Lack of a common definition limits the ability to directly compare the results of this analysis to previous studies.

A second limitation is the effect of the non-respondents. In an effort to learn something about the health departments which did not respond, population data of the jurisdictions that they served were obtained from the U.S. Census Bureau<sup>11</sup> and added to the database. Analyzing these data showed that the response rate was significantly lower for local health departments serving smaller jurisdiction populations than for those serving larger jurisdiction populations (Table 2). Additionally, of the 663 non-respondents, 23% of them were from two New England states, and 47% of the non-respondents were from 12 Southern states. Therefore, the data are skewed against local health departments in those regions that serve less populated jurisdictions.

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TABLE 2  
RESPONSE RATE BY JURISDICTION POPULATION

<u>Population</u>	<u>Response Rate</u>	<u>N</u>
0 To 24,999	71%	1,337
25,000 To 49,999	81%	649
50,000 To 99,999	85%	448
100,000 To 499,999	90%	357
500,000 +	99%	84
Totals	79%*	2,875

\*The overall response rate for this analysis is higher than the response rate mentioned above (77%). This is due to the exclusion from this analysis of 57 non-respondents for which population data was unavailable.

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A third limitation involves terminology. The data collection instrument may have been interpreted differently by the respondents, for example: board of health; health planning; and primary care could have been interpreted differently. Definitions were not provided for the phrases or terms used, and the interpretation was left to the respondent.

Similarly, respondents were asked to review a list of local health department functions and services, and to indicate which of them they were "active in." No definition was provided for the term "active in". Therefore they could respond affirmatively if they provided the actual service, if they provided referrals only, or if the service was contracted out.

## RESULTS

These descriptive results provide an excellent overview of this nation's local public health system. These data represent the initial findings of the National Profile of Local Health Departments. The continuing analysis of the database has and will produce more in-depth results pertaining to specific local health issues, much of which will be released in future reports.

The highlights of the descriptive findings are:

there are 2,932 local health departments in 46 states nationwide;

65% of the respondents serve jurisdictions of less than 50,000 population, and 4% serve populations of 500,000 or more;

67% of the departments report having a full time health officer, and 54% of the health officers report having held their present position for at least five years;

70% of the respondents report having a board of health within their jurisdiction;

76% of all local health departments serve a county, multi-county, or city/county jurisdiction;

18% report annual expenditures of less than \$100,000, and 28% report annual expenditures in excess of \$1,000,000;

75% of all respondents charge for services, and 76% accept Medicaid reimbursement;

46% of the respondents report having fewer than 10 full time employees, and 10% had 100 or greater;

90% of all local health departments report employing a full and/or part time registered nurse (either directly or through contracted services), and 62% report the same for a physician.

The National Profile also provides information on the extent to which local health departments are assessing the health of their communities, developing policies to promote public health, and assuring the public's health through direct or indirect service provision. It is important to note that localities nationwide have developed unique systems for providing health services. These systems rely on public, private and volunteer participation. Therefore, instances in this study where local health departments do not report being active in specific functions or services may not indicate a lack of services. In many instances these functions and services are provided elsewhere within the community.

For assessment functions and services:

87% are active in reportable disease data collection and analysis;

92% report being active in communicable disease epidemiology and surveillance.

For policy development activities:

52% are active in priority setting;

57% are active in health planning;

59% are active in health code development and enforcement.

For assurance activities:

72% of the respondents report being active in some inspection activity;

72% of the respondents report being active in some licensing activity;  
74% report being active in health education activities.

**In environmental health assurance:**

46% are active in hazardous waste management;  
55% are active in solid waste management;  
60% report being active in water pollution;  
68% report being active in public water supply safety;  
70% are active in vector and animal control;  
77% are active in individual water supply safety;  
79% report being active in the sewage disposal systems area.

**In personal health assurance services:**

43% report laboratory services;  
47% report activities assisting handicapped children;  
50% are active in home health care;  
57% report being active in Acquired Immune Deficiency Syndrome (AIDS) testing and counseling;  
59% report being active in prenatal care;  
60% report being active in family planning;  
69% report being active in the prevention of chronic diseases;  
69% report being active in the Women, Infants and Children (WIC) program;  
73% report activity in the control of sexually transmitted diseases;  
81% are active in the control of tuberculosis;  
84% are active in child health;  
92% are active in immunization programs.

The recent Institute of Medicine report labeled local health departments,

" ... the critical components of the public health system that directly deliver public health services to citizens."<sup>12</sup>

The National Profile of Local Health Departments demonstrates the truth of this statement by describing the multitude of activities that local health departments conduct, both in protecting and promoting the public's health, and through providing direct health care delivery.

## DISCUSSION

The National Profile is an excellent resource for local health department data and has met its primary goal of providing a description of local health departments.

It is clear from this description that local health departments contribute greatly to the nation's health through assessment, policy development, and assurance. Whereas the approximately 100 units that existed in the early part of this century were primarily assessment-oriented, local health departments are now very active in community health assessment, communicable disease surveillance, personal services, environmental epidemiology, and other emerging environmental health areas. These data demonstrate how local health departments have responded to new and perhaps more difficult public health challenges.

Problems involving AIDS, the environment, and indigent care have emerged at a time when the federal government is returning much of the responsibility for health to the states, and the states must turn to local health agencies. This added responsibility is particularly problematic for those at the local level who are trying to respond to the increasing demand for services without the added economic base from which to pay for these services.

The increased understanding of the functions of local health departments, the constraints within which they operate, and their fit within the framework of all services in the community is one of the most beneficial aspects of this study. The information from the Profile can also be used to obtain a better understanding of the totality of public health and personal health services available in a community. Taken together with information on the presence of community health centers, hospitals, and private physicians, one gets a more accurate impression of the services actually available in a community.

Information contained in this Profile also provides the opportunity to better support these important community institutions. Using the data in the Profile, technical assistance, professional courses, and other support services can be tailored to meet the particular needs of local health departments.

The development and maintenance of the Profile will provide the capacity to monitor trends in the functions, activities and other characteristics of local health departments. Changes in staffing patterns, the educational levels or tenure of local health officials, budget expenditures, services provided, etc., can be followed. It will be possible to analyze some hypotheses already set forth in the public health literature. For example, as previously stated, in 1945 Emerson<sup>13</sup> recommended that local health departments should serve populations of no less than 50,000. Many experts have debated the merits of this. By following the overall development of local health departments, it will be possible to see if there is a natural progression toward this. Further study on this and other related issues is warranted, and the National Profile will facilitate such research.

The National Profile of Local Health Departments helps to make visible the important role of local health departments in the nation's health system.



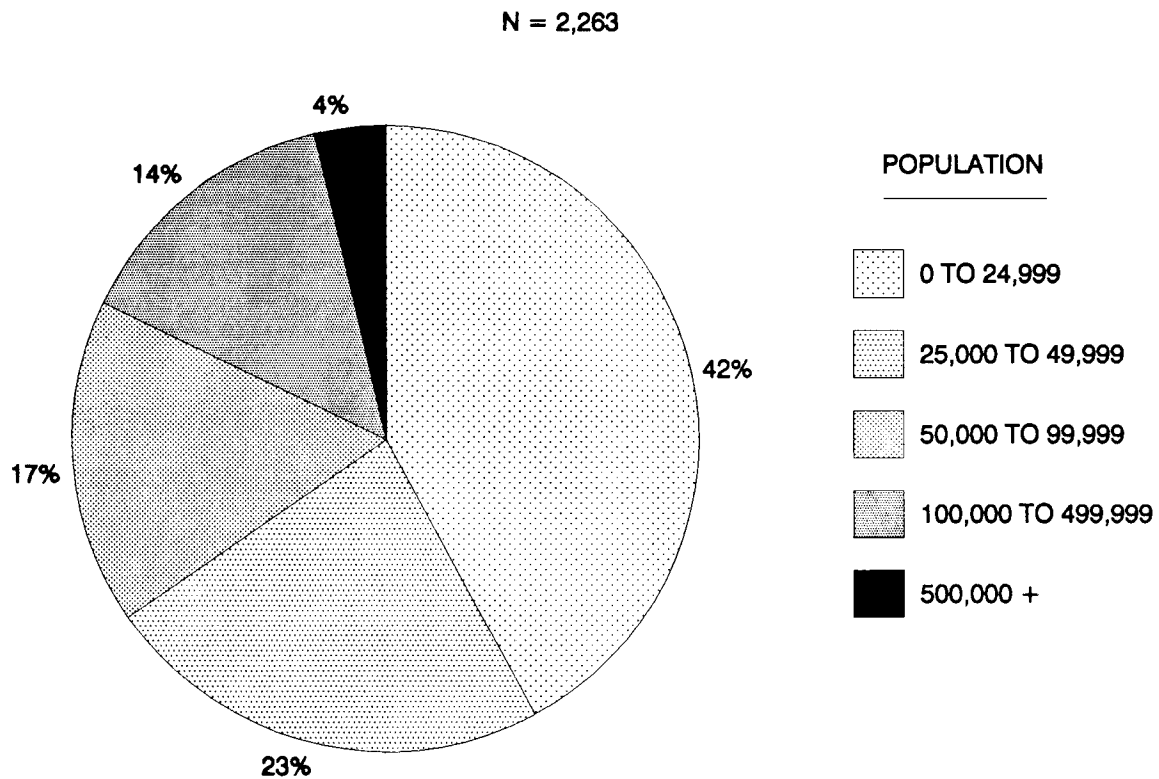
## FIGURES

The data in the following figures are presented as overall frequency percents, and in relation to the size of the population of the respondent's jurisdiction. This is done to show the variations that exist among local health departments, and to provide a framework in which local health officials may compare themselves to departments in jurisdictions of similar size. The population variable was used for this analysis because of its relatively high predictive value in relation to the other variables. Select variables are also shown in relation to the respondent's staff size, and by U.S. Public Health Service Region (Appendix 2).

Please note, the population or "N" for each analysis varies slightly due to the fact that not all respondents answered each item on the data collection instrument.

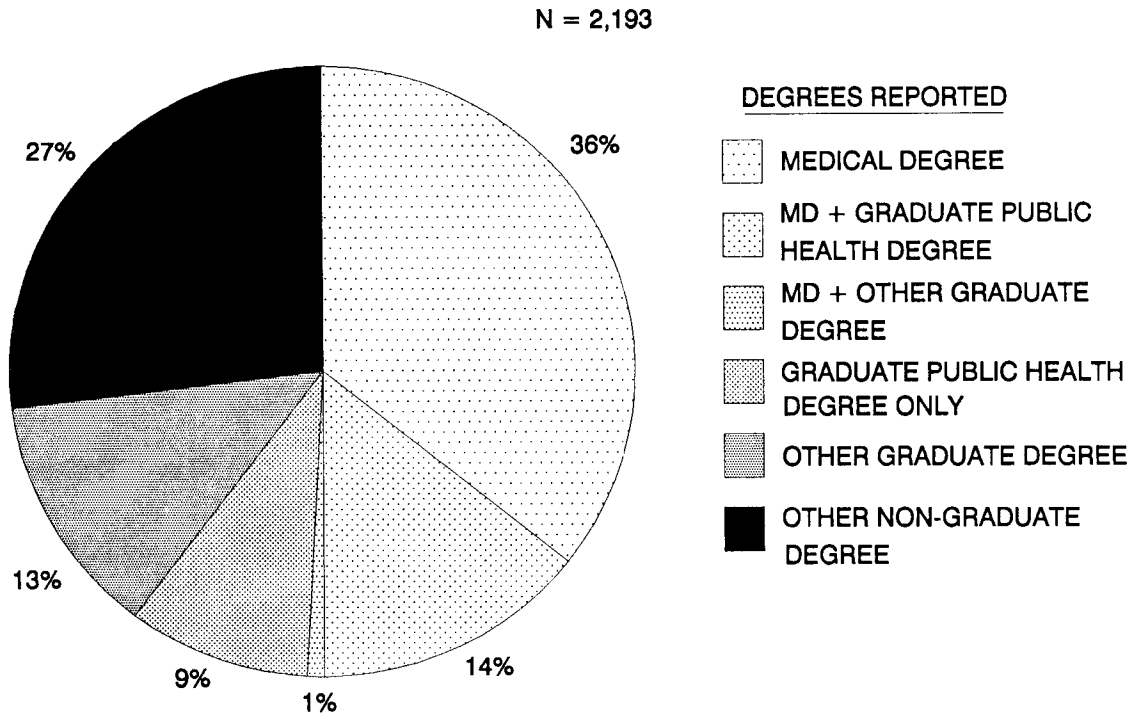


## FIGURE 2 POPULATIONS OF LOCAL HEALTH DEPARTMENT JURISDICTIONS



*This chart shows the distribution of the local health departments by the reported population of their jurisdictions.*

**FIGURE 3  
DEGREES OF LOCAL HEALTH OFFICERS**



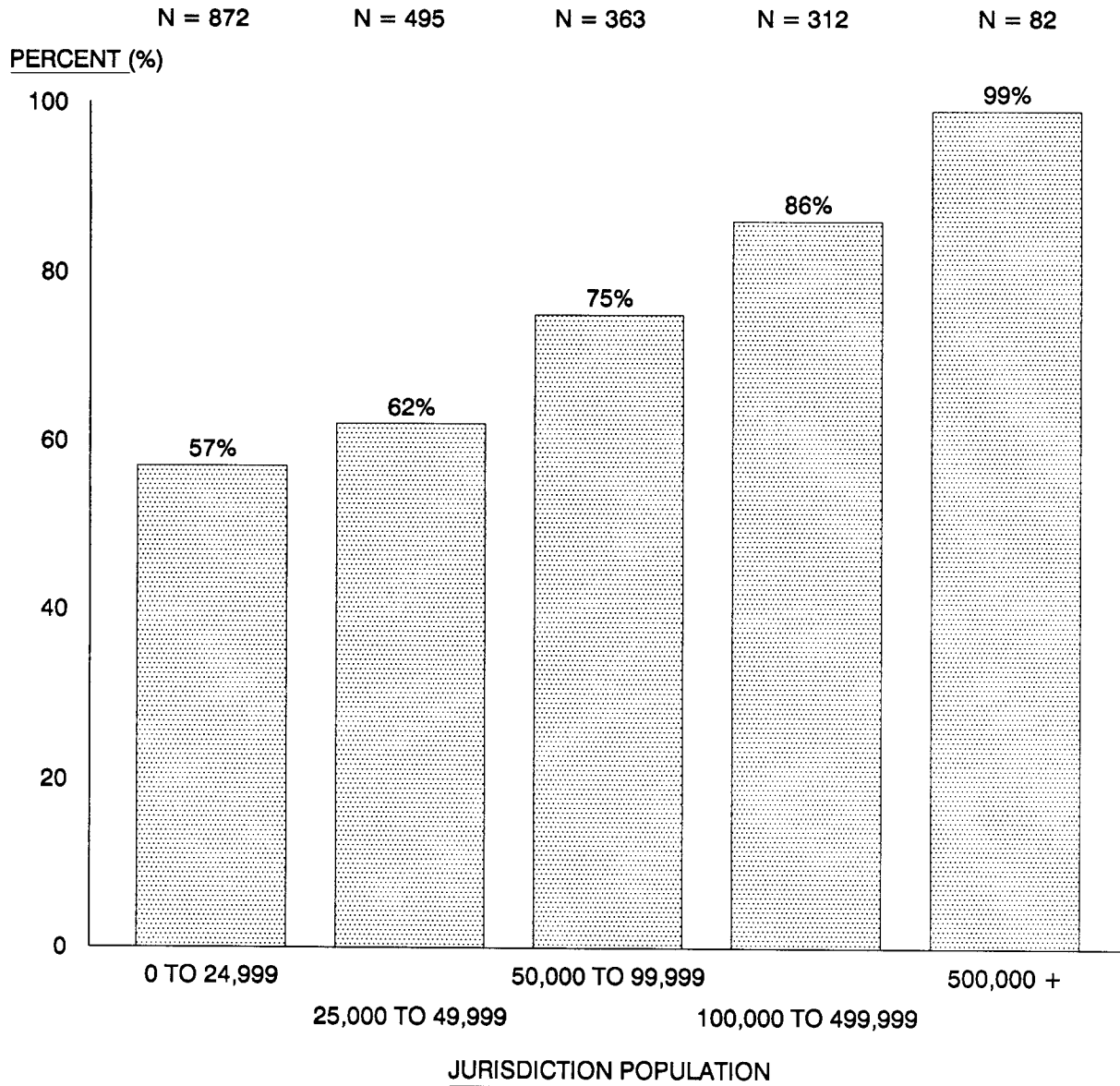
*This chart shows the distribution of the responding local health officers according to the degrees that they reported to hold. All degrees and combinations of degrees reported are collapsed into the five categories shown. The results show that 51% of the respondents reported holding medical degrees, and 23% reported holding graduate public health degrees.*

**FIGURE 4  
DEGREES OF LOCAL HEALTH OFFICERS  
BY JURISDICTION POPULATION**

JURISDICTION POPULATION	0 TO 24,999	25,000 TO 49,999	50,000 TO 99,999	100,000 TO 499,999	500,000 +
<b>DEGREES</b>					
<b>MEDICAL DEGREE</b>					
%	41%	38%	31%	27%	18%
<b>MD + GRADUATE PUBLIC HEALTH DEGREE</b>					
%	9%	10%	12%	30%	52%
<b>MD + OTHER GRADUATE DEGREE</b>					
%	0%	1%	1%	2%	6%
<b>GRADUATE PUBLIC HEALTH DEGREE ONLY</b>					
%	3%	10%	15%	20%	4%
<b>OTHER GRADUATE DEGREE</b>					
%	9%	16%	19%	13%	10%
<b>OTHER NON-GRADUATE DEGREE</b>					
%	38%	25%	22%	8%	10%
<b>COLUMN TOTAL</b>	100%	100%	100%	100%	100%
<b>N =</b>	913	511	372	315	82

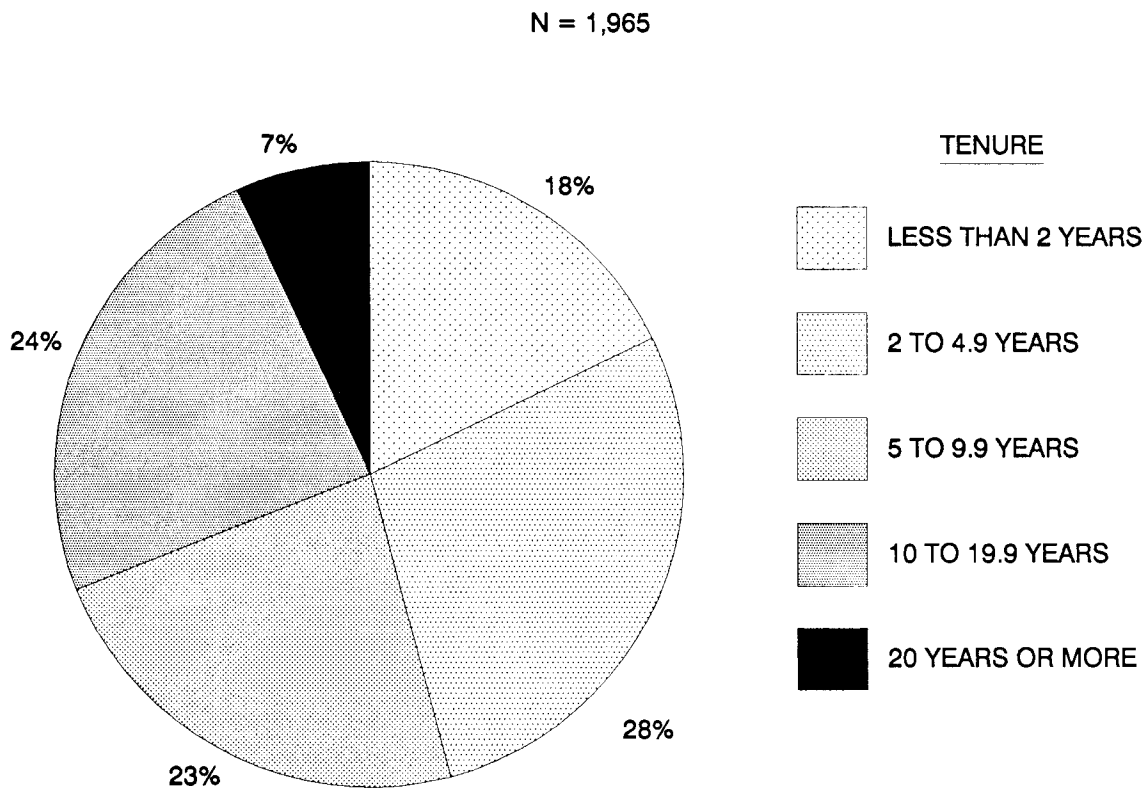
*This cross-tabulation table displays the distribution of the responding local health officers according to their reported degrees and according to the reported population of their jurisdictions. The table should be read column-wise to determine the total distribution of local health officers by their reported degrees for each population group. (See Figure 3 for overall data.)*

**FIGURE 5  
PERCENT OF LOCAL HEALTH DEPARTMENTS WITH  
A FULL TIME HEALTH OFFICER  
BY JURISDICTION POPULATION**



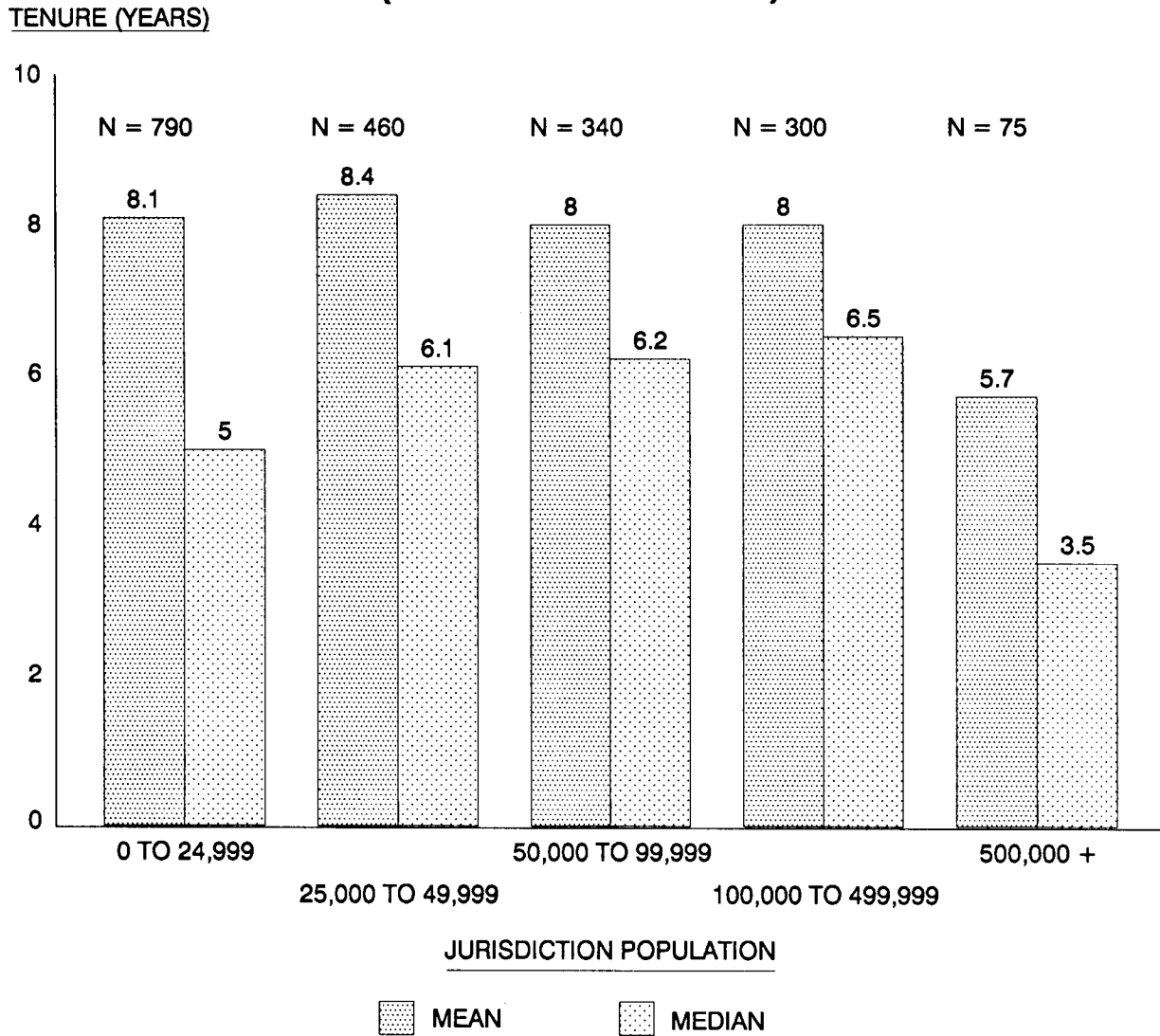
*This bar graph shows the percent of responding health departments that reported having a full time health officer for each of the five population groups. Overall, 67% reported a full time health officer (N = 2,124).*

**FIGURE 6**  
**TENURE OF LOCAL HEALTH OFFICERS**  
**(YEARS AS OF 12/89)**



*This chart displays the distribution of the responding local health officers according to their reported years of service in their present position as of December 1989.*

**FIGURE 7**  
**MEAN AND MEDIAN LOCAL HEALTH OFFICER TENURE**  
**BY JURISDICTION POPULATION**  
**(YEARS AS OF 12/89)**



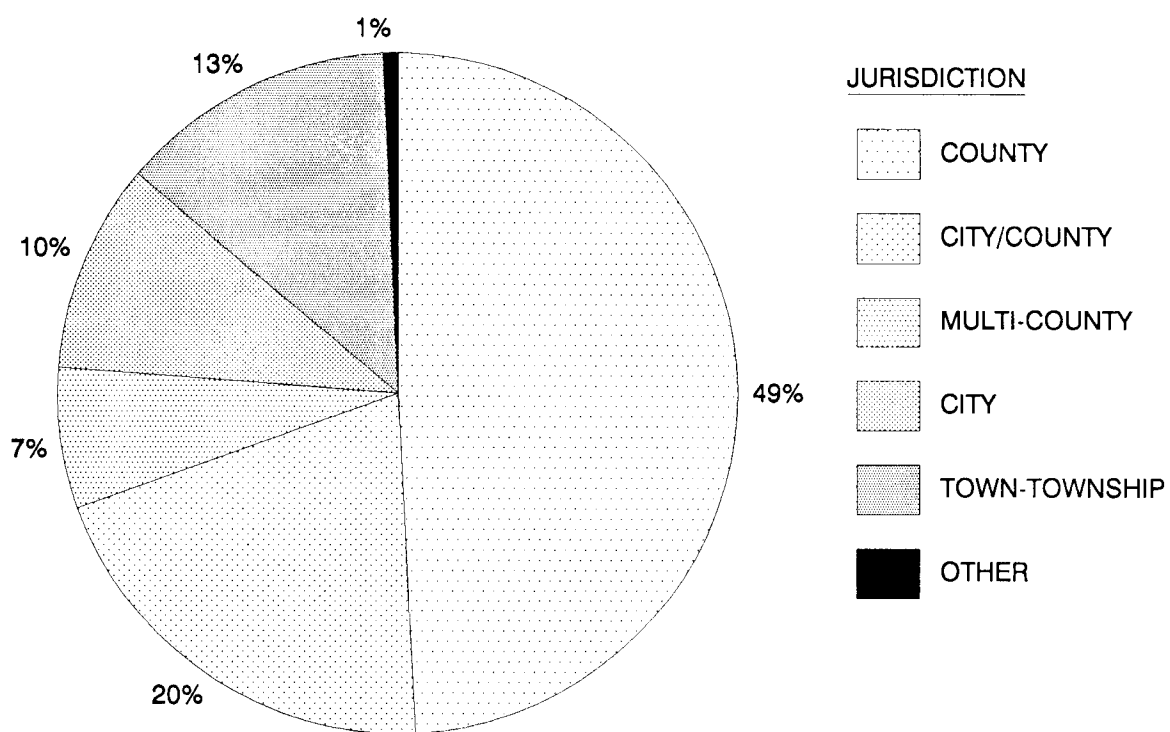
*This graph shows the mean and median reported tenure for the local health officers in each of the population groups. Overall, the mean tenure was 8.0 years, and the median tenure was 5.8 years (N = 1,965).*



**FIGURE 8**

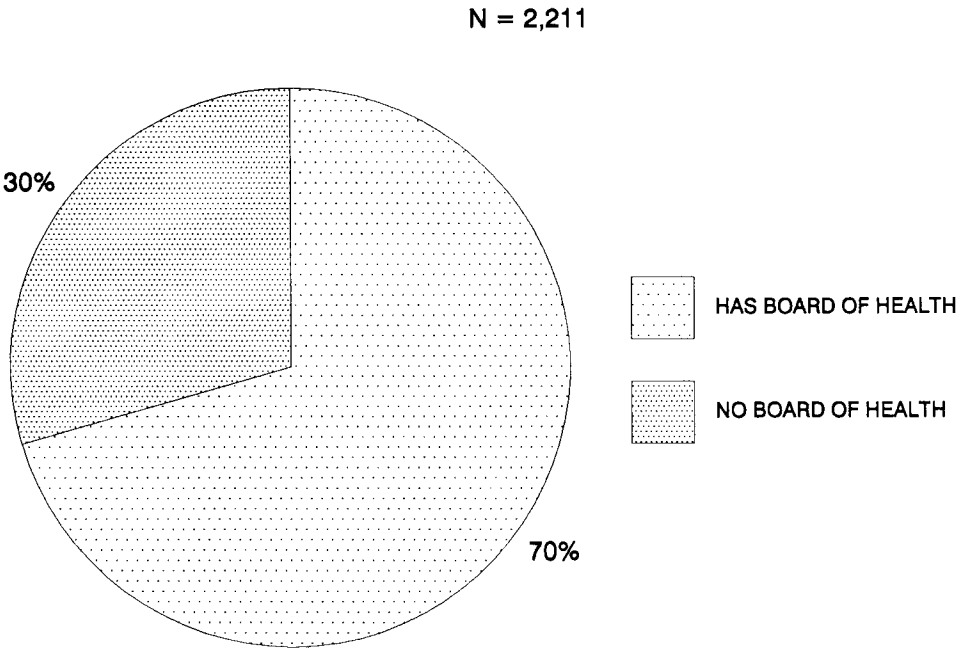
**LOCAL HEALTH DEPARTMENT JURISDICTIONS**

N = 2,262



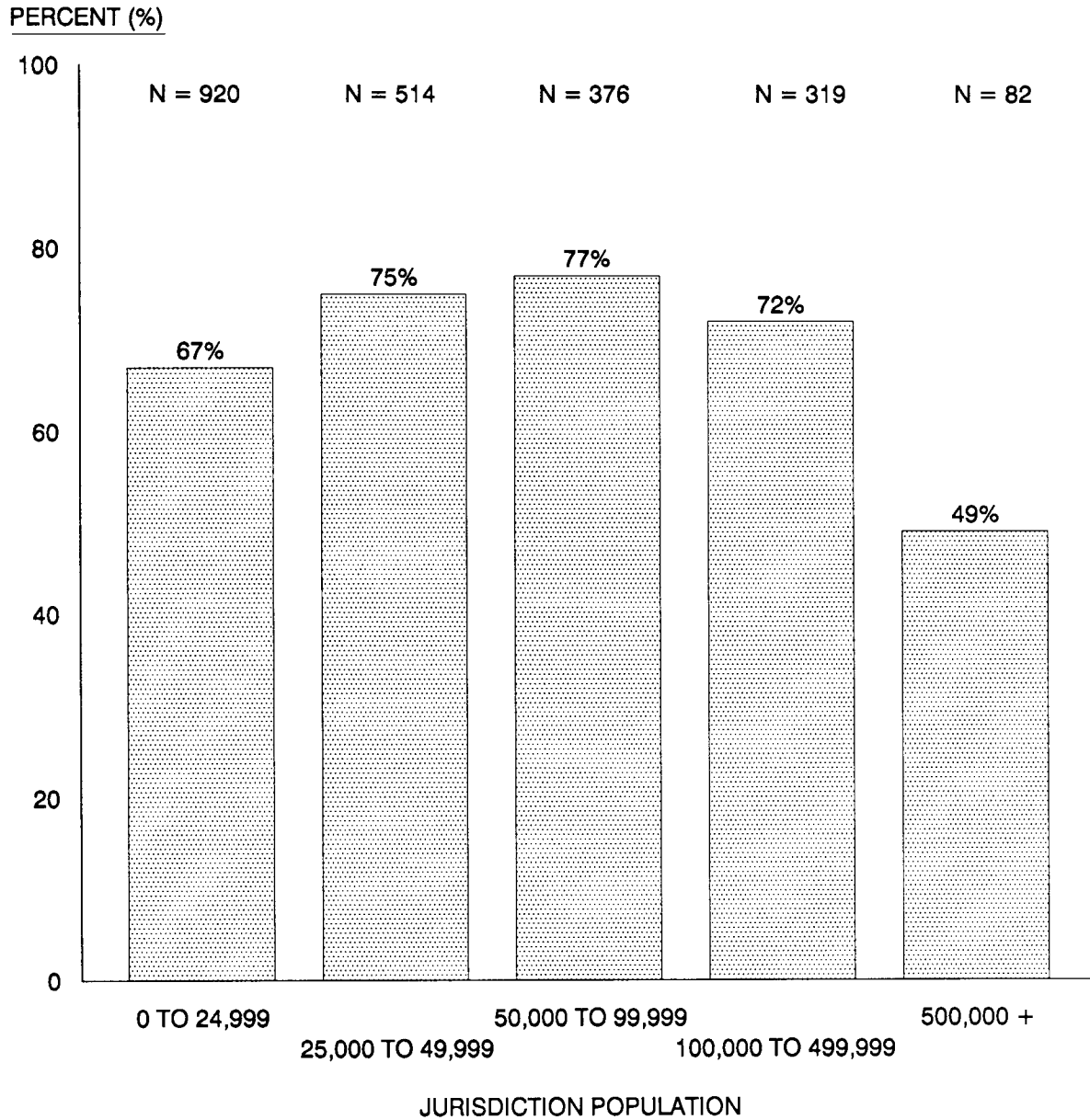
*This chart shows the distribution of the local health departments by their reported jurisdictions.*

**FIGURE 9**  
**LOCAL HEALTH DEPARTMENTS WITH BOARDS OF HEALTH**  
**WITHIN JURISDICTION**



*This chart shows the percent of the responding local health departments that reported having a board of health within their jurisdiction, and those that reported not having a board of health.*

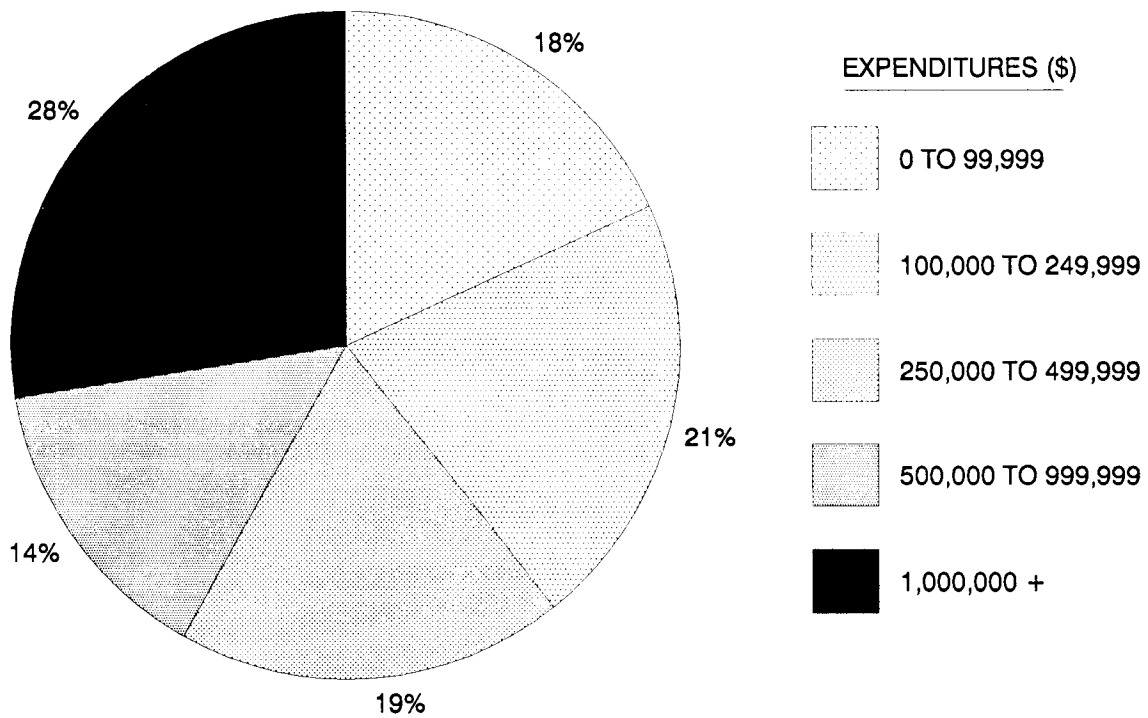
**FIGURE 10  
 PERCENT OF LOCAL HEALTH DEPARTMENTS WITH  
 BOARDS OF HEALTH WITHIN JURISDICTION  
 BY JURISDICTION POPULATION**



*This graph shows the percent of responding local health departments that reported having boards of health for each population group. (See Figure 9 for overall data.)*

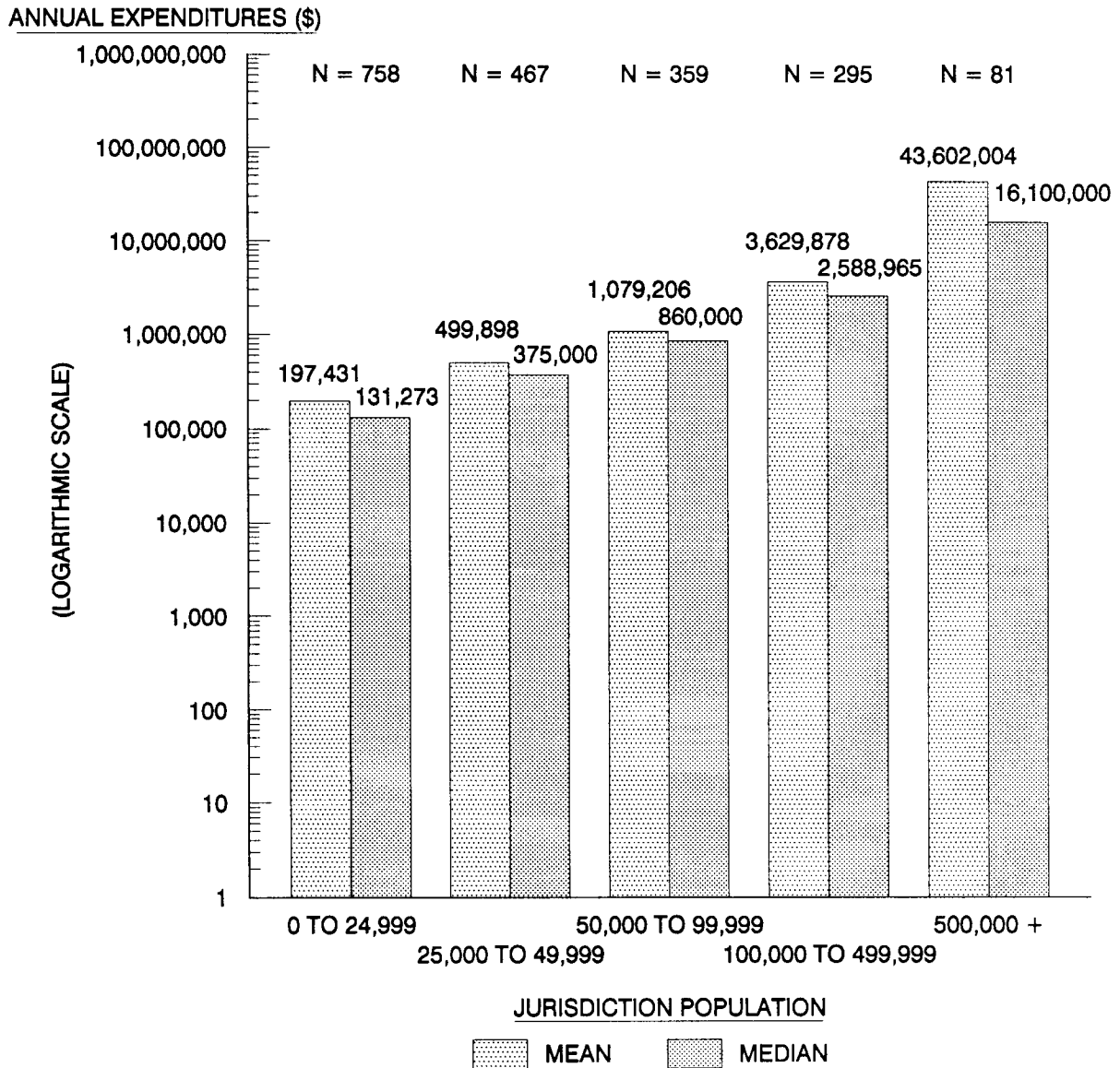
**FIGURE 11**  
**LOCAL HEALTH DEPARTMENT ANNUAL EXPENDITURES**  
**(\$)**

N = 1,960



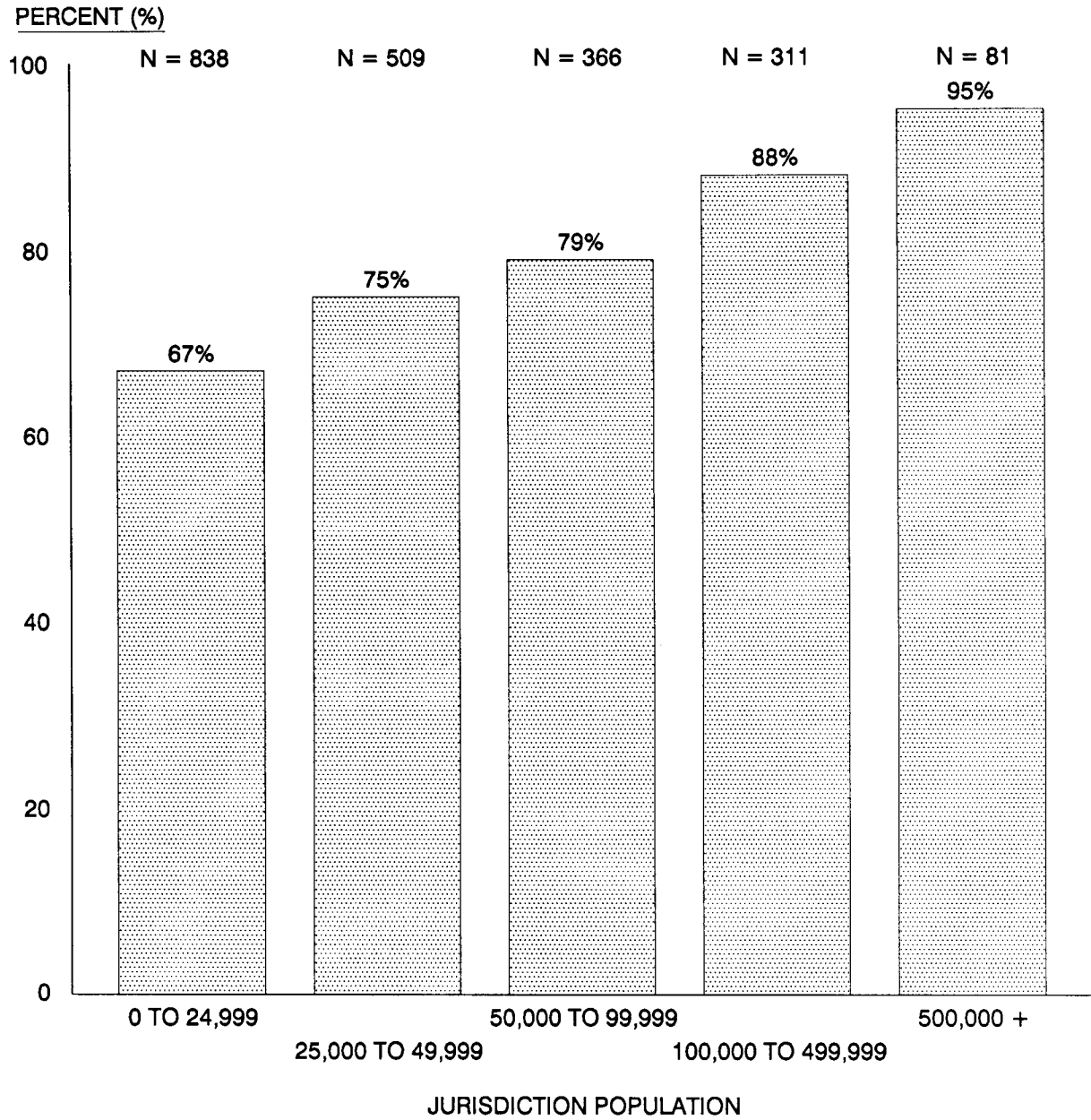
*This chart displays the distribution of the respondents according to their reported annual expenditures. The fiscal years that were reported for were mostly FY88 and FY89. In a few instances data were submitted for FYs 87 and 86. These data were used without adjustment.*

**FIGURE 12**  
**LOCAL HEALTH DEPARTMENT MEAN AND MEDIAN**  
**ANNUAL EXPENDITURES BY JURISDICTION POPULATION**  
**(\$)**



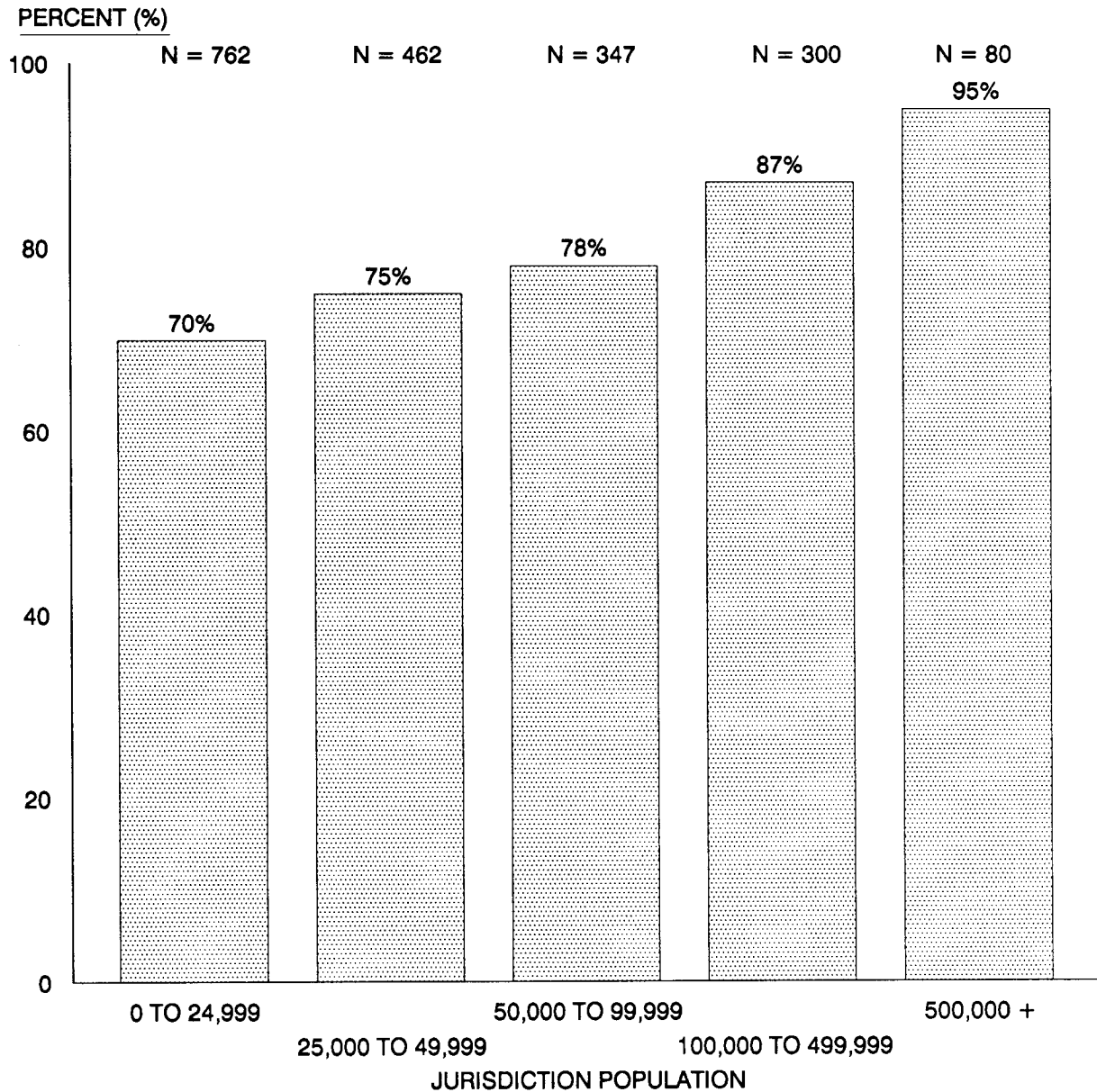
*This graph shows the mean and median reported annual expenditures for the local health departments in each of the population groups. The axis indicating annual expenditures is scaled logarithmically to display the great disparity of annual expenditures among local health departments serving different populations. Overall, the reported mean annual expenditure was \$2,734,540, and the median was \$364,436 (N = 1,960).*

**FIGURE 13**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**CHARGE FOR PERSONAL HEALTH SERVICES**  
**BY JURISDICTION POPULATION**



*This graph indicates the percent of local health departments that reported charging for services for each of the population groups. Overall, 75% reported charging for services (N = 2,105).*

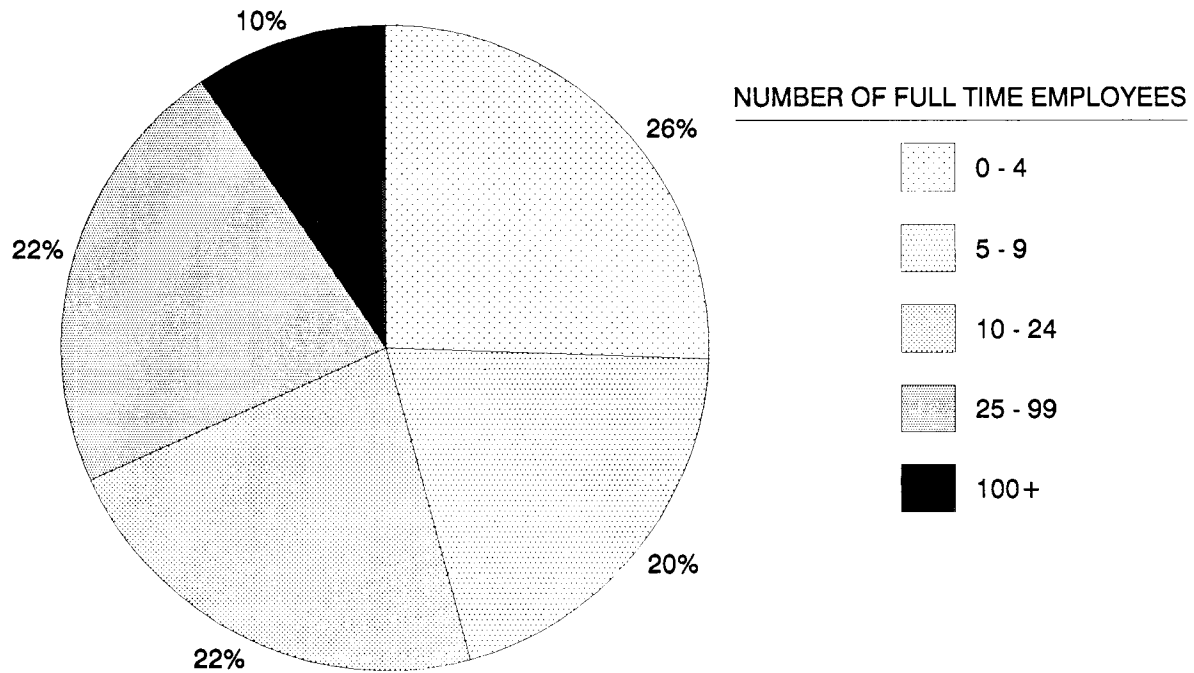
**FIGURE 14**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**ACCEPT MEDICAID REIMBURSEMENT**  
**BY JURISDICTION POPULATION**



*This graph indicates the percent of local health departments that reported accepting Medicaid reimbursement for each of the population groups. Overall, 76% reported accepting Medicaid reimbursement (N = 1,951).*

**FIGURE 15**  
**LOCAL HEALTH DEPARTMENT NUMBER OF**  
**FULL TIME EMPLOYEES**

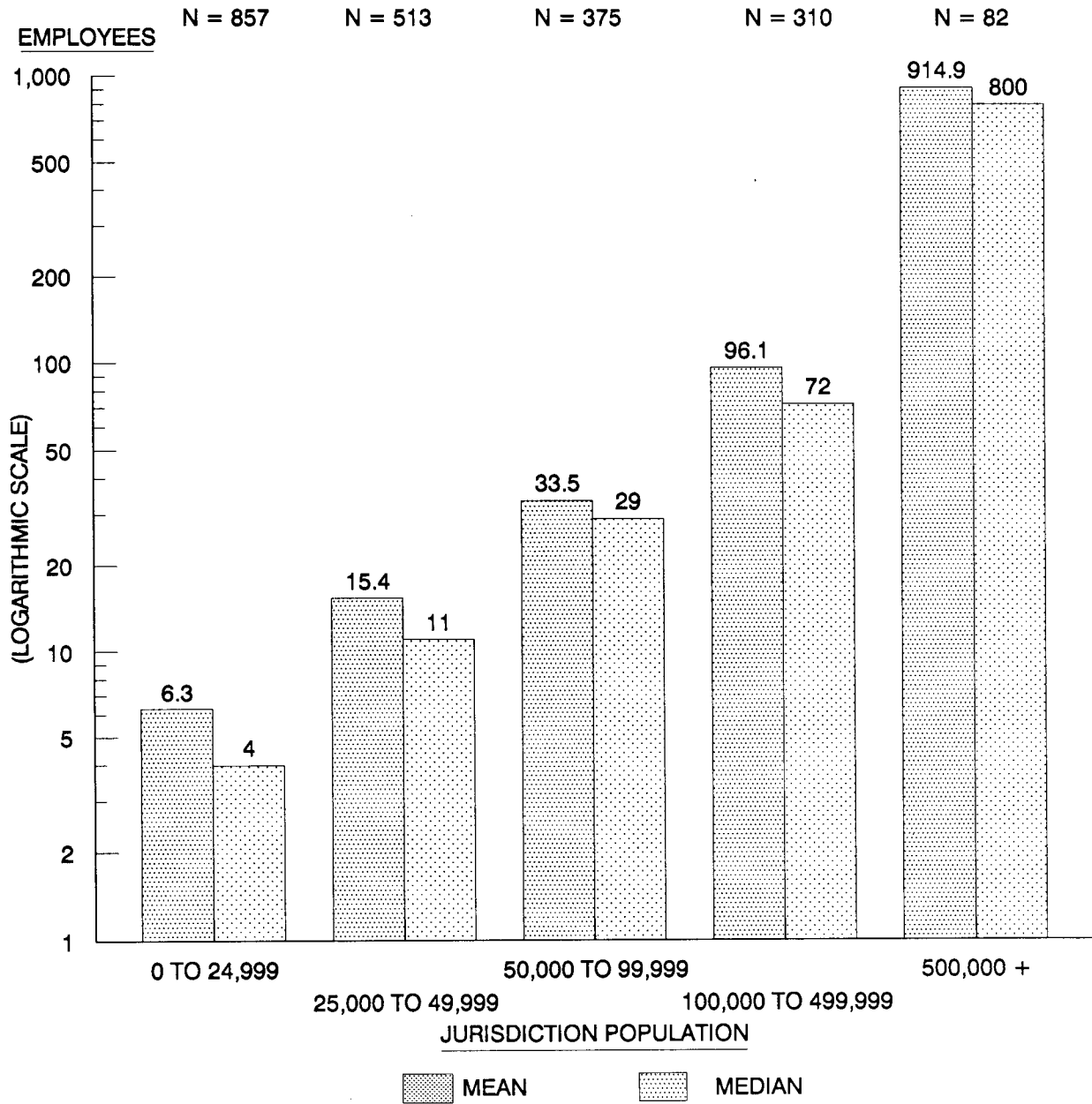
N = 2,137



*This chart shows the distribution of the responding local health departments by the number of full time employees that they reported.*

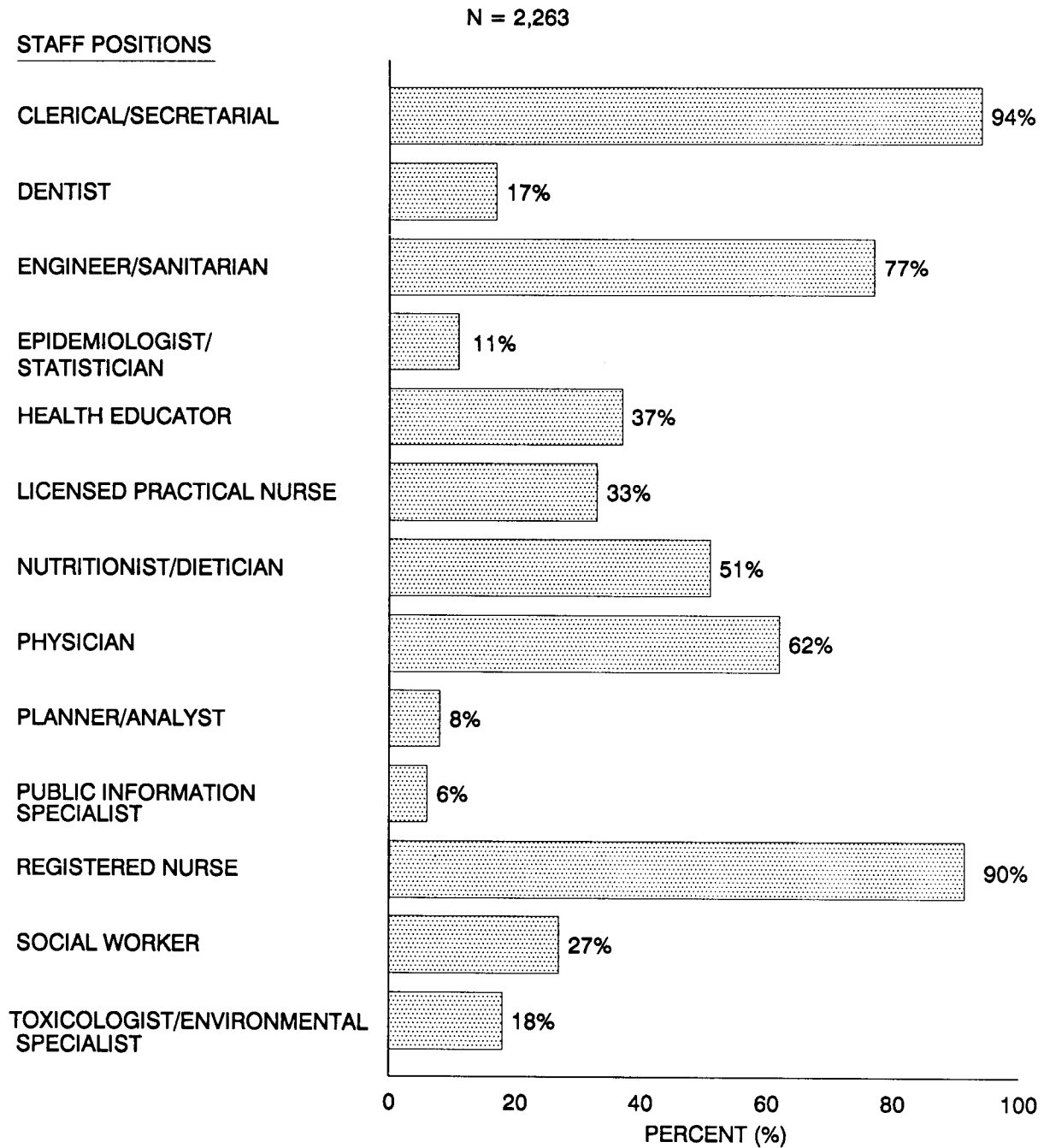


**FIGURE 16**  
**LOCAL HEALTH DEPARTMENT MEAN AND MEDIAN**  
**NUMBER OF FULL TIME EMPLOYEES**  
**BY JURISDICTION POPULATION**



*This graph shows the mean and median number of full time employees reported by the respondents for each of the population sets. The axis indicating number of employees is scaled logarithmically. Overall, the mean number of full time employees is 61.1, and the median is 11 (N = 2,137).*

**FIGURE 17**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED SELECT STAFF FULL AND/OR PART TIME**



*This graph shows the percents of the responding local health departments that reported employing the listed personnel, either directly or through contracted services, in a full and/or part time capacity.*

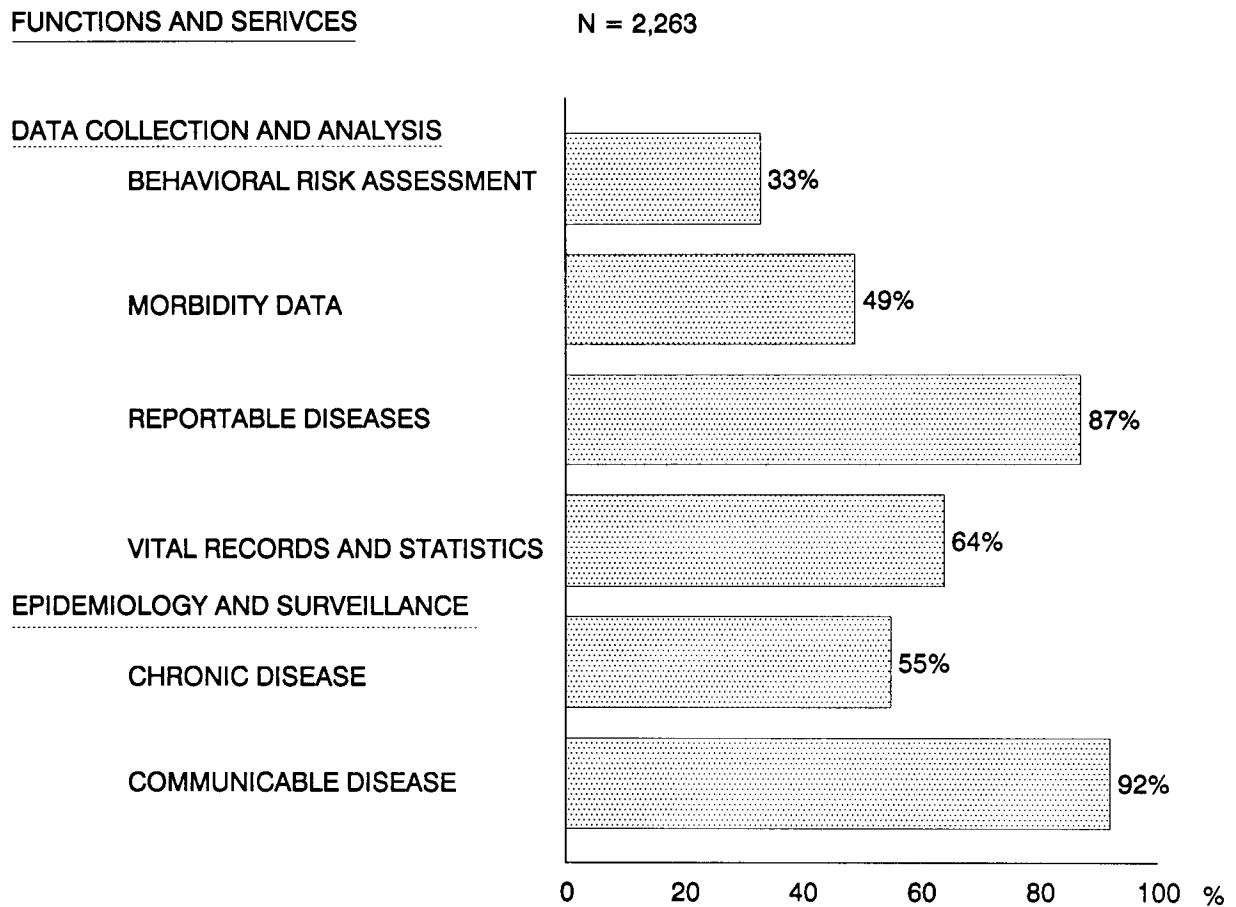
**FIGURE 18**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED SELECT STAFF FULL AND/OR PART TIME**  
**BY JURISDICTION POPULATION**

JURISDICTION POPULATION	0 TO 24,999	25,000 TO 49,999	50,000 TO 99,999	100,000 TO 499,999	500,000 +
STAFF POSITIONS					
CLERICAL/ SECRETARIAL %	89%	97%	98%	99%	100%
DENTIST %	7%	14%	18%	36%	73%
ENGINEER/ SANITARIAN %	65%	80%	87%	92%	93%
EPIDEMIOLOGIST/ STATISTICIAN %	4%	3%	8%	33%	87%
HEALTH EDUCATOR %	17%	31%	54%	71%	95%
LICENSED PRACTICAL NURSE %	23%	28%	39%	54%	72%
NUTRITIONIST/ DIETICIAN %	33%	49%	67%	78%	93%
PHYSICIAN %	44%	65%	75%	88%	99%
PLANNER/ANALYST %	2%	2%	5%	21%	71%
PUBLIC INFORMATION SPECIALIST %	2%	2%	5%	14%	52%
REGISTERED NURSE %	83%	93%	98%	96%	99%
SOCIAL WORKER %	13%	24%	35%	52%	68%
TOXICOLOGIST/ ENVIRONMENTAL SPECIALIST %	10%	14%	18%	37%	59%
N =	954	526	380	320	83

*This table shows the percents of the responding local health departments in each of the population groups that reported employing the listed personnel, either directly or through contracted services, in a full and/or part time capacity. (See Figure 17 for overall data.)*

**FIGURE 19**

**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT  
REPORTED BEING ACTIVE IN ASSESSMENT  
FUNCTIONS AND SERVICES**



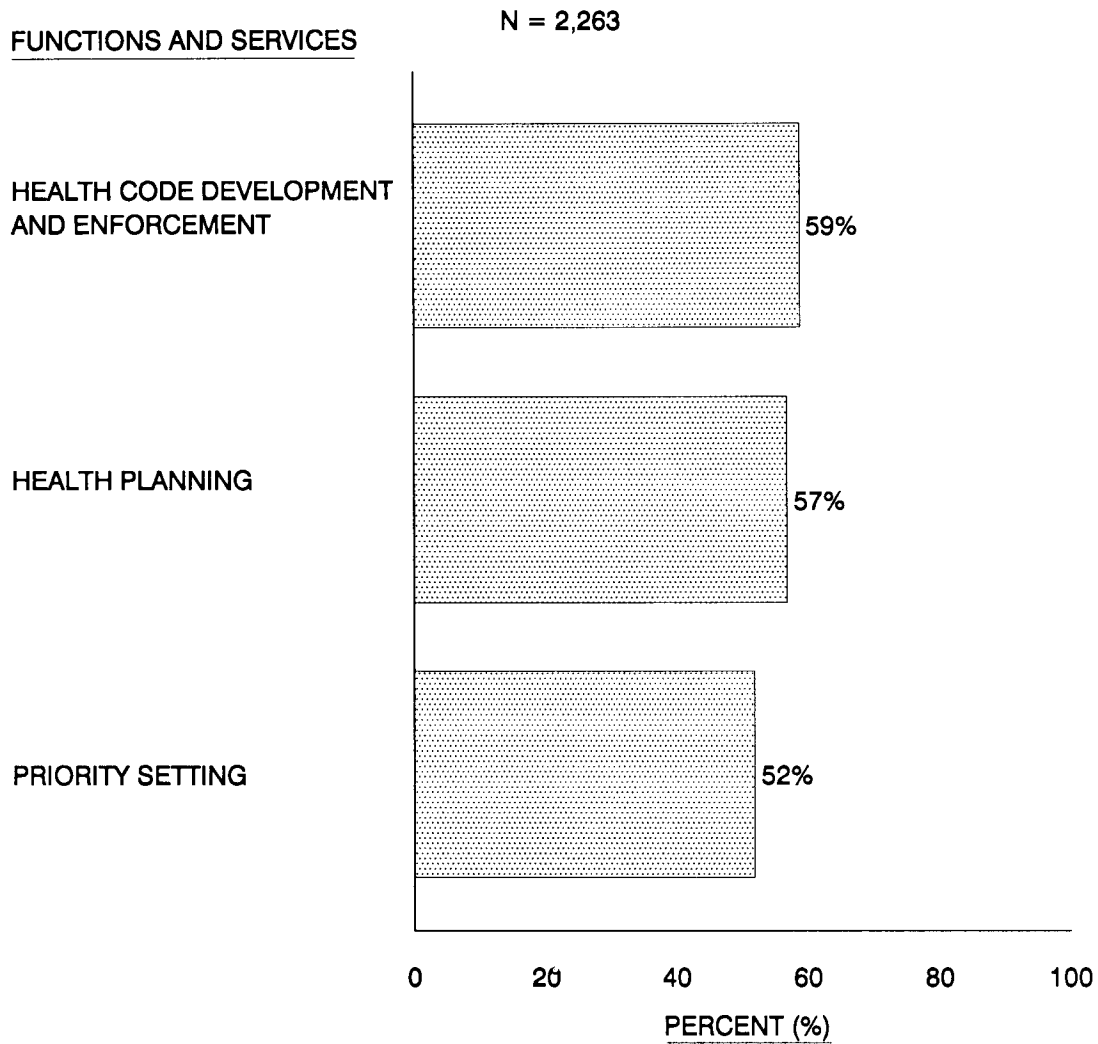
*This graph shows the percent of respondents that reported being active in the listed assessment functions and services.*

**FIGURE 20**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED BEING ACTIVE IN ASSESSMENT**  
**FUNCTIONS AND SERVICES BY JURISDICTION POPULATION**

JURISDICTION POPULATION	0 TO 24,999	25,000 TO 49,999	50,000 TO 99,999	100,000 TO 499,999	500,000 +
<b>FUNCTIONS &amp; SERVICES</b>					
<b>DATA COLLECTION AND ANALYSIS ACTIVITIES</b>					
<b>BEHAVIORAL RISK ASSESSMENT</b> %	25%	33%	42%	43%	51%
<b>MORBIDITY DATA</b> %	39%	50%	58%	63%	76%
<b>REPORTABLE DISEASES</b> %	81%	90%	92%	93%	95%
<b>VITAL RECORDS AND STATISTICS</b> %	53%	67%	69%	75%	89%
<b>EPIDEMIOLOGY AND SURVEILLANCE ACTIVITIES</b>					
<b>CHRONIC DISEASE</b> %	48%	59%	58%	59%	65%
<b>COMMUNICABLE DISEASE</b> %	87%	94%	95%	96%	98%
<b>N =</b>	954	526	380	320	83

*This table shows the percent of respondents that reported being active in the listed assessment functions and services for each of the population groups. (See Figure 19 for overall data.)*

**FIGURE 21**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED BEING ACTIVE IN POLICY DEVELOPMENT**  
**FUNCTIONS AND SERVICES**



*This graph shows the percent of respondents that reported being active in the listed policy development functions and services.*

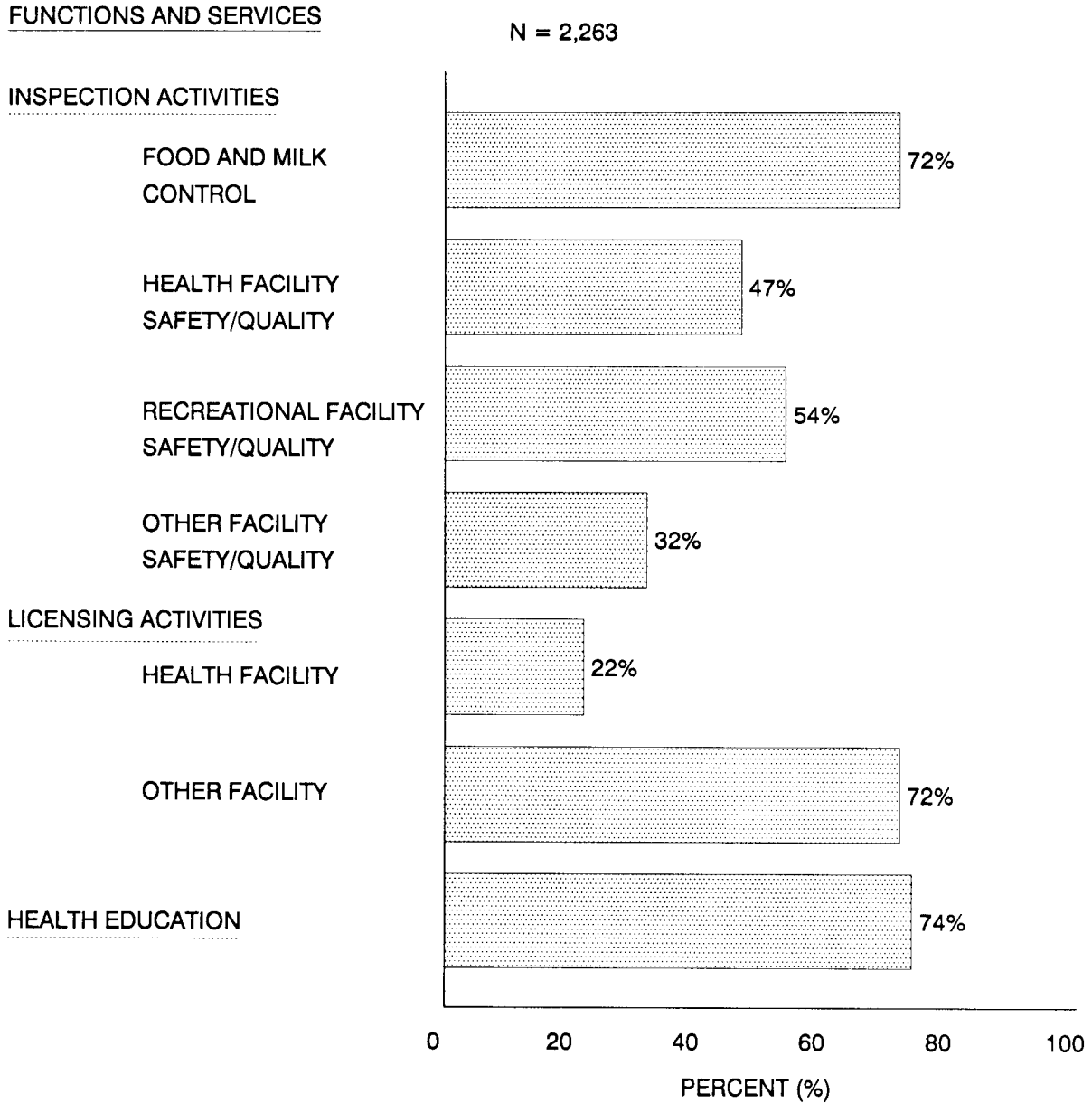
**FIGURE 22**

**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT  
REPORTED BEING ACTIVE IN POLICY DEVELOPMENT  
FUNCTIONS AND SERVICES  
BY JURISDICTION POPULATION**

JURISDICTION POPULATION	0 TO 24,999	25,000 TO 49,999	50,000 TO 99,999	100,000 TO 499,999	500,000 +
<b>FUNCTIONS &amp; SERVICES</b>					
HEALTH CODE DEVELOPMENT AND ENFORCEMENT %	47%	58%	71%	73%	84%
HEALTH PLANNING %	47%	57%	66%	71%	83%
PRIORITY SETTING %	37%	52%	63%	74%	84%
N =	954	526	380	320	83

*This table shows the percent of respondents that reported being active in the listed policy development functions and services for each of the population groups. (See Figure 21 for overall data.)*

**FIGURE 23**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED BEING ACTIVE IN SELECTED**  
**ASSURANCE FUNCTIONS AND SERVICES**



*This graph shows the percent of respondents that reported being active in assurance functions and services, in the inspection, licensing and health education areas.*

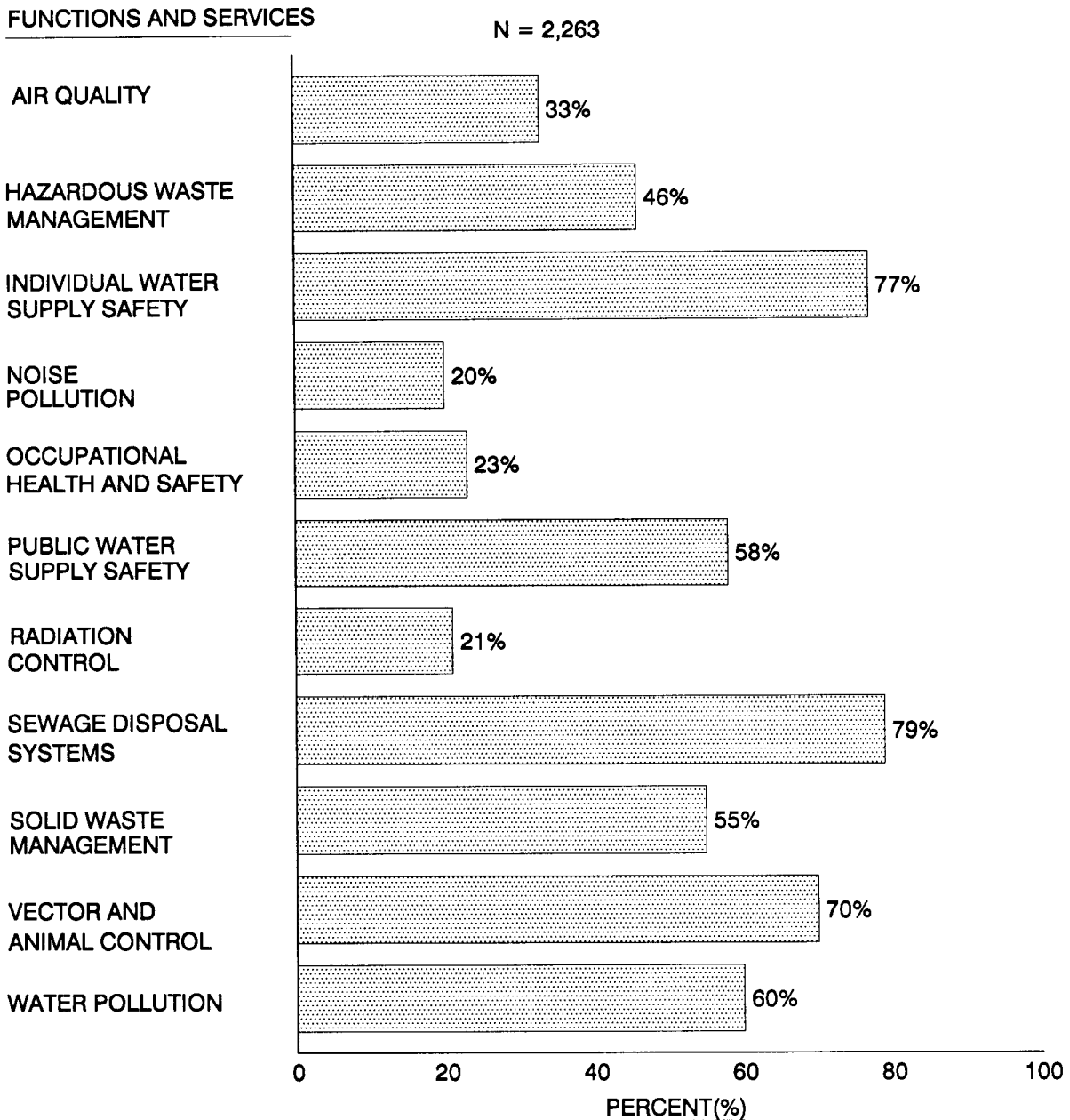


**FIGURE 24**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED BEING ACTIVE IN SELECTED ASSURANCE**  
**FUNCTIONS AND SERVICES BY JURISDICTION POPULATION**

JURISDICTION POPULATION	0 TO 24,999	25,000 TO 49,999	50,000 TO 99,999	100,000 TO 499,999	500,000 +
<b>FUNCTIONS &amp; SERVICES</b>					
<b>INSPECTION ACTIVITIES</b>					
FOOD AND MILK CONTROL %	65%	74%	77%	84%	80%
HEALTH FACILITY SAFETY/QUALITY %	43%	49%	48%	49%	55%
RECREATIONAL FACILITY SAFETY/QUALITY %	45%	57%	61%	65%	68%
OTHER FACILITY SAFETY/QUALITY %	25%	33%	34%	40%	58%
<b>LICENSING ACTIVITIES</b>					
HEALTH FACILITIES %	24%	20%	16%	22%	29%
OTHER FACILITIES %	63%	74%	77%	83%	78%
<b>HEALTH EDUCATION</b>					
HEALTH EDUCATION %	66%	74%	80%	88%	95%
N =	954	526	380	320	83

*This table shows the percent of respondents that reported being active in the listed assurance functions and services, in the inspection, licensing and health education areas, for each of the population groups. (See Figure 23 for overall data.)*

**FIGURE 25**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED BEING ACTIVE IN ENVIRONMENTAL HEALTH**  
**ASSURANCE FUNCTIONS AND SERVICES**



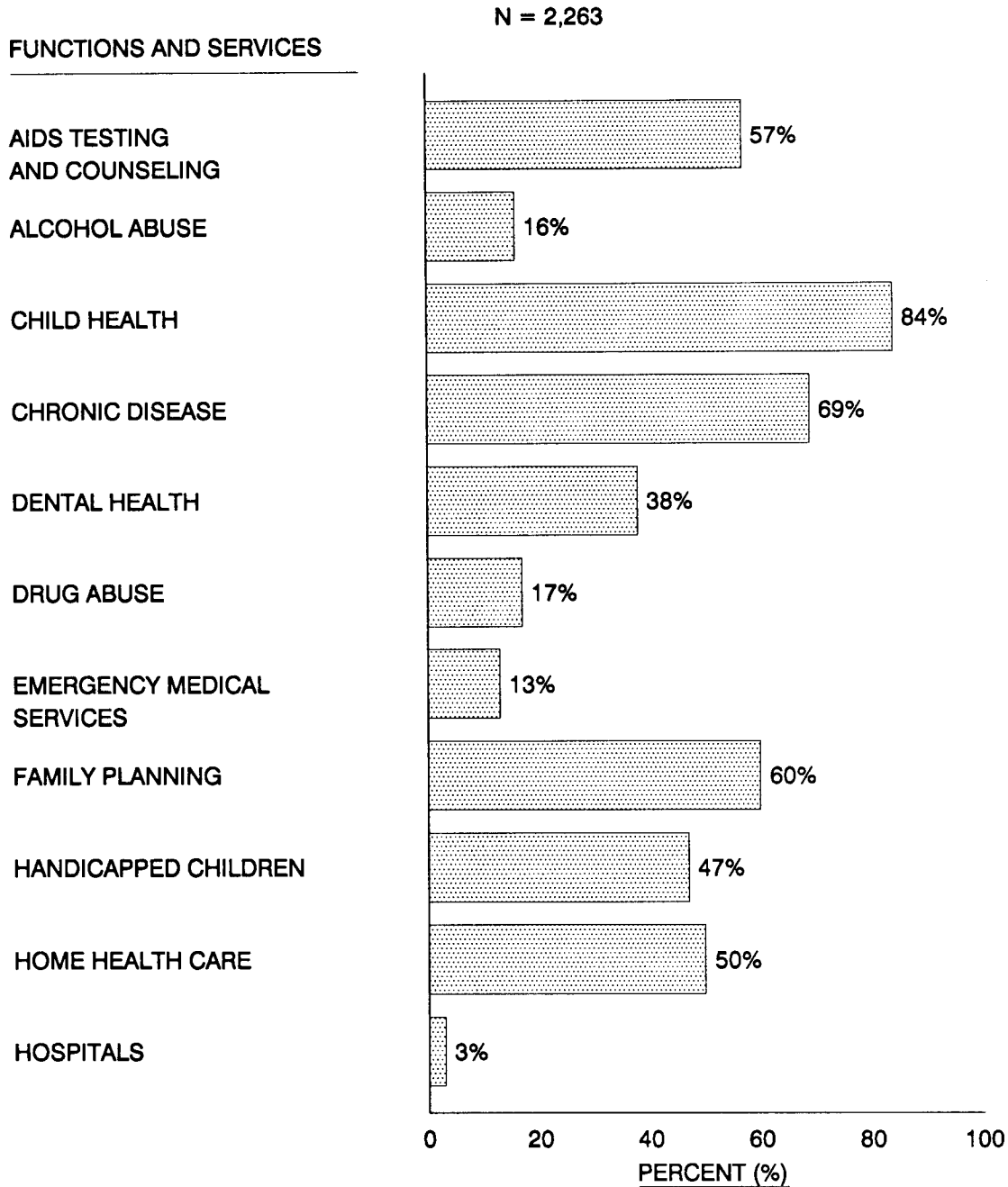
*This graph shows the percent of respondents that reported being active in environmental health assurance functions and services.*

**FIGURE 26  
PERCENT OF LOCAL HEALTH DEPARTMENTS THAT  
REPORTED BEING ACTIVE IN ENVIRONMENTAL HEALTH  
ASSURANCE FUNCTIONS AND SERVICES  
BY JURISDICTION POPULATION**

JURISDICTION POPULATION	0 TO 24,999	25,000 TO 49,999	50,000 TO 99,999	100,000 TO 499,999	500,000 +
<b>FUNCTIONS &amp; SERVICES</b>					
AIR QUALITY %	24%	37%	37%	41%	52%
HAZARDOUS WASTE MANAGEMENT %	39%	46%	48%	57%	76%
INDIVIDUAL WATER SUPPLY SAFETY %	70%	81%	80%	86%	75%
NOISE POLLUTION %	16%	21%	24%	24%	40%
OCCUPATIONAL HEALTH AND SAFETY %	19%	22%	26%	27%	53%
PUBLIC WATER SUPPLY SAFETY %	52%	58%	62%	64%	71%
RADIATION CONTROL %	16%	20%	24%	26%	43%
SEWAGE DISPOSAL SYSTEMS %	72%	84%	81%	87%	82%
SOLID WASTE MANAGEMENT %	48%	59%	57%	66%	64%
VECTOR AND ANIMAL CONTROL %	58%	76%	78%	83%	78%
WATER POLLUTION %	52%	63%	67%	68%	71%
N =	954	526	380	320	83

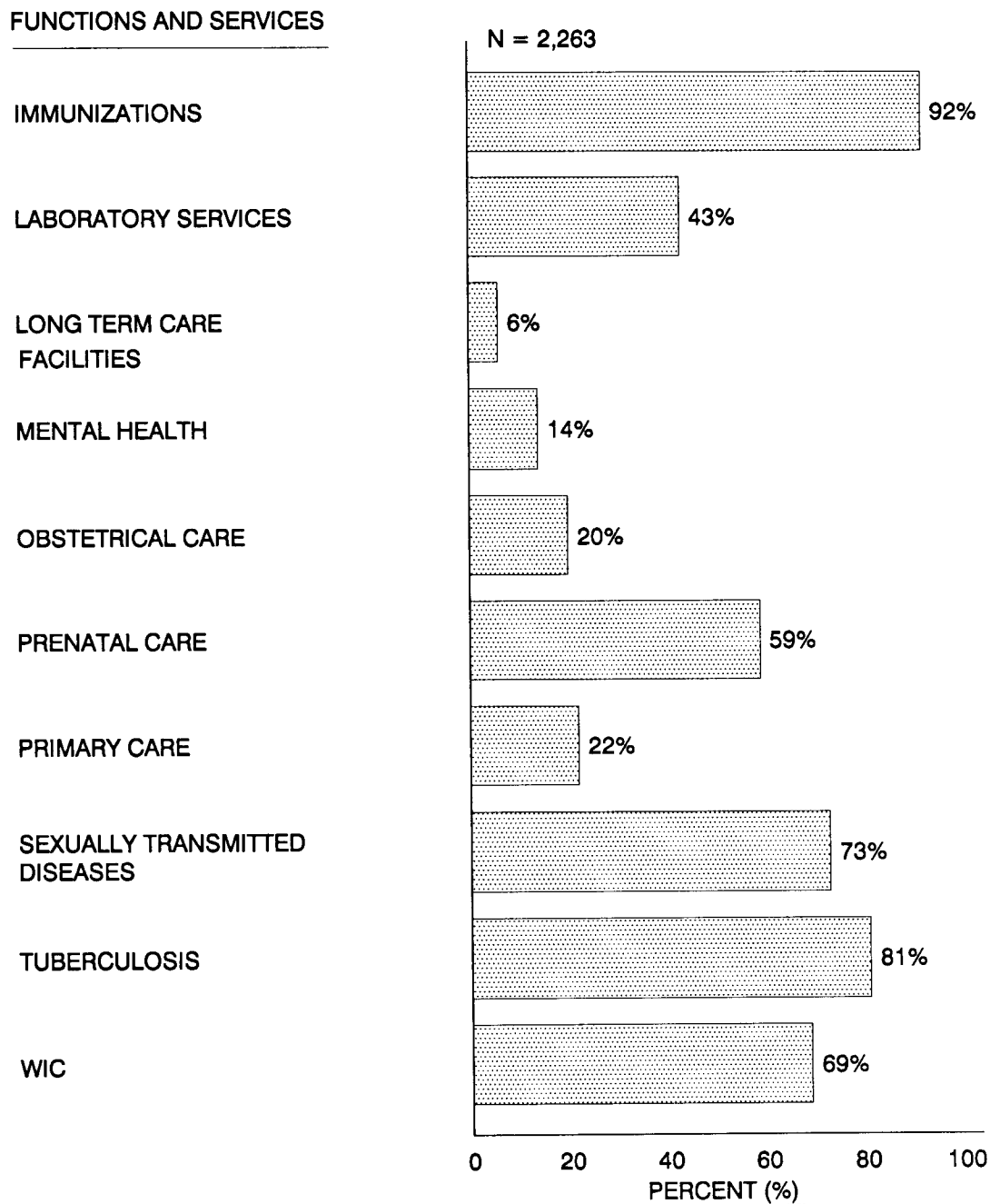
*This table shows the percent of respondents that reported being active in the listed environmental health assurance functions and services for each of the population groups. (See Figure 25 for overall data.)*

**FIGURE 27**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED BEING ACTIVE IN PERSONAL HEALTH**  
**ASSURANCE FUNCTIONS AND SERVICES**



*This graph shows the percent of respondents that reported being active in assurance functions and services in the personal health services area.*

**FIGURE 28**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED BEING ACTIVE IN PERSONAL HEALTH**  
**ASSURANCE FUNCTIONS AND SERVICES (CONT'D)**



*This graph shows the percent of respondents that reported being active in assurance functions and services in the personal health services area.*

**FIGURE 29**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED BEING ACTIVE IN PERSONAL HEALTH**  
**ASSURANCE FUNCTIONS AND SERVICES**  
**BY JURISDICTION POPULATION**

JURISDICTION POPULATION	0 TO 24,999	25,000 TO 49,999	50,000 TO 99,999	100,000 TO 499,999	500,000 +
FUNCTIONS & SERVICES					
AIDS TESTING AND COUNSELING %	44%	47%	70%	88%	96%
ALCOHOL ABUSE %	13%	12%	16%	20%	43%
CHILD HEALTH %	74%	87%	92%	95%	99%
CHRONIC DISEASE %	62%	71%	76%	76%	89%
DENTAL HEALTH %	27%	36%	41%	55%	80%
DRUG ABUSE %	17%	15%	17%	18%	40%
EMERGENCY MEDICAL SERVICES %	9%	11%	15%	18%	39%
FAMILY PLANNING %	53%	59%	64%	67%	87%
HANDICAPPED CHILDREN %	39%	49%	55%	55%	63%
HOME HEALTH CARE %	49%	55%	54%	44%	42%
HOSPITALS %	2%	2%	4%	3%	15%
N =	954	526	380	320	83

*This table shows the percent of respondents that reported being active in the listed personal health assurance function and services for each of the population groups. (See Figure 27 for overall data.)*

**FIGURE 30  
PERCENT OF LOCAL HEALTH DEPARTMENTS THAT  
REPORTED BEING ACTIVE IN PERSONAL HEALTH  
ASSURANCE FUNCTIONS AND SERVICES  
BY JURISDICTION POPULATION (CONT'D)**

JURISDICTION POPULATION	0 TO 24,999	25,000 TO 49,999	50,000 TO 99,999	100,000 TO 499,999	500,000 +
<b>FUNCTIONS &amp; SERVICES</b>					
<b>IMMUNIZATIONS</b>					
%	86%	95%	98%	98%	100%
<b>LABORATORY SERVICES</b>					
%	36%	38%	45%	65%	83%
<b>LONG TERM CARE FACILITIES</b>					
%	4%	6%	10%	8%	17%
<b>MENTAL HEALTH</b>					
%	14%	13%	13%	12%	34%
<b>OBSTETRICAL CARE</b>					
%	15%	19%	22%	31%	39%
<b>PRENATAL CARE</b>					
%	49%	59%	67%	73%	83%
<b>PRIMARY CARE</b>					
%	16%	18%	25%	34%	59%
<b>SEXUALLY TRANSMITTED DISEASES</b>					
%	61%	72%	85%	93%	95%
<b>TUBERCULOSIS</b>					
%	69%	86%	91%	92%	95%
<b>WIC</b>					
%	63%	67%	75%	80%	89%
<b>N =</b>	954	526	380	320	83

*This table shows the percent of respondents that reported being active in the listed personal health assurance function and services for each of the population groups. (See Figure 28 for overall data.)*

**FIGURE 31**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT**  
**REPORTED BEING ACTIVE IN SELECTED FUNCTIONS AND**  
**SERVICES BY REPORTED NUMBER OF FULL TIME EMPLOYEES**

NUMBER OF EMPLOYEES	0 TO 4	5 TO 9	10 TO 24	25 TO 100	100 +
FUNCTIONS & SERVICES					
REPORTABLE DISEASE DATA COLLECTION %	79%	88%	91%	95%	98%
HEALTH PLANNING %	46%	55%	59%	68%	81%
FOOD AND MILK CONTROL %	58%	70%	78%	83%	82%
HEALTH EDUCATION %	63%	74%	77%	84%	94%
HAZARDOUS WASTE MANAGEMENT %	42%	41%	44%	51%	69%
INDIVIDUAL WATER SUPPLY SAFETY %	63%	80%	81%	87%	84%
VECTOR AND ANIMAL CONTROL %	55%	69%	76%	83%	84%
AIDS TESTING AND COUNSELING %	27%	53%	62%	85%	96%
CHILD HEALTH %	66%	87%	93%	97%	99%
FAMILY PLANNING %	35%	61%	70%	74%	85%
IMMUNIZATIONS %	84%	95%	98%	99%	100%
PRENATAL CARE %	35%	55%	71%	77%	85%
SEXUALLY TRANSMITTED DISEASES %	44%	73%	86%	93%	97%
TUBERCULOSIS %	60%	85%	90%	95%	96%
N =	547	433	478	475	205

*This table shows the percent of respondents that reported being active in the listed function and services with the respondents distributed into 5 separate groups based upon their reported number of full time employees. (See figures 19, 21, 23, 25, 27, and 28 for overall data.)*



**FIGURE 32**  
**PERCENT OF LOCAL HEALTH DEPARTMENTS THAT REPORTED**  
**BEING ACTIVE IN SELECTED FUNCTIONS AND SERVICES**  
**BY RESPONDENT'S PUBLIC HEALTH SERVICE REGION**

PHS REGION	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	REGION 9	REGION 10
<b>FUNCTIONS &amp; SERVICES</b>										
REPORTABLE DISEASE DATA COLLECTION %	75%	92%	97%	94%	87%	88%	80%	77%	96%	96%
HEALTH PLANNING %	39%	80%	62%	55%	64%	49%	51%	58%	74%	78%
FOOD AND MILK CONTROL %	83%	82%	94%	81%	66%	73%	42%	49%	73%	70%
HEALTH EDUCATION %	47%	90%	84%	79%	77%	75%	74%	71%	83%	81%
HAZARDOUS WASTE MANAGEMENT %	60%	70%	40%	36%	42%	47%	23%	42%	70%	66%
INDIVIDUAL WATER SUPPLY SAFETY %	66%	79%	93%	89%	76%	80%	62%	60%	73%	80%
VECTOR AND ANIMAL CONTROL %	57%	85%	81%	77%	77%	70%	41%	57%	77%	72%
AIDS TESTING AND COUNSELING %	12%	41%	86%	94%	41%	62%	45%	56%	93%	99%
CHILD HEALTH %	35%	96%	92%	99%	86%	94%	89%	83%	91%	93%
FAMILY PLANNING %	6%	29%	92%	98%	44%	82%	58%	55%	86%	74%
IMMUNIZATIONS %	61%	98%	100%	100%	96%	98%	96%	85%	97%	100%
PRENATAL CARE %	10%	50%	76%	93%	53%	77%	43%	59%	52%	82%
SEXUALLY TRANSMITTED DISEASES %	20%	77%	97%	99%	68%	92%	55%	63%	99%	95%
TUBERCULOSIS %	40%	83%	98%	99%	78%	96%	74%	60%	97%	100%
N =	327	158	124	478	486	239	206	108	69	74

*This table shows the percent of respondents that reported being active in the listed function and services with the respondents distributed by their U.S. Public Health Service Region. (The regions are described in appendix 3, see figures 19, 21, 23, 25, 27, and 28 for overall data.)*

## APPENDIXES

**APPENDIX 1**

**NATIONAL PROFILE OF LOCAL HEALTH DEPARTMENTS  
DATA COLLECTION INSTRUMENT**

<b>APEX/PH</b> <b>NATIONAL ASSOCIATION OF COUNTY HEALTH OFFICIALS</b> <b>National Profile of Local Health Departments</b>
---

**I. LOCAL HEALTH DEPARTMENT**

- A. Agency Name \_\_\_\_\_
- B. Mailing Address \_\_\_\_\_
- C. City \_\_\_\_\_
- D. State \_\_\_\_\_
- E. Zip Code \_\_\_\_\_
- F. County \_\_\_\_\_
- G. Telephone Number \_\_\_\_\_
- H. Facsimile (FAX) Telephone Number \_\_\_\_\_



**II. LOCAL HEALTH OFFICER**

The person legally appointed or otherwise designated to serve as the official health officer of the local health department.

- A. Name \_\_\_\_\_  

Last
First
Middle Initial
- B. Title \_\_\_\_\_
- C. Degrees/Licenses (Please check those that apply.)

- 1. DEGREES**
- MD       DO
  - DrPH     PhD
  - MPH       MBA
  - DVM       MS
  - Other \_\_\_\_\_  
(Please specify)

- 2. PROFESSIONAL LICENSES**
- MD
  - RN
  - RS
  - RD
  - Other \_\_\_\_\_  
(Please specify)

SECTION II continued on next page

D. Month and year local health officer was appointed to present position:

Month \_\_\_\_\_ Year \_\_\_\_\_

E. The Health Officer position is:

Full Time  Part Time

F. Does the local health officer serve as Administrator/Director for the local health department ?

Yes  No

If "No" please give name and title of the Administrator/Director.

Name \_\_\_\_\_  
Last First Middle Initial

Title \_\_\_\_\_

The position of the Administrator/Director is:

Full Time  Part Time

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### III. JURISDICTION OF LOCAL HEALTH DEPARTMENT

A. What is the geographic jurisdiction served by your local health department ?  
(Please check appropriate response.)

- City
- County
- City/County
- Multi-County District or Region  
(Please list names of all counties.)

\_\_\_\_\_  
\_\_\_\_\_

- Town/Township
- State
- Other \_\_\_\_\_  
(Please specify)

SECTION III continued on next page

B. Are there any other local health departments operating within your jurisdiction ?

Yes  No

If "yes" please list names of all other health departments.

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C. Are you part of a regional/district health agency ?

Yes  No

If "yes" please give the name of the regional/district health agency.

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D. Is there a local Board Of Health within your jurisdiction ?

Yes  No

E. Estimated 1988 total population of jurisdiction served by local health department is:

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F. Which best describes the status of your local health department in relation to the state health agency ? (Please check appropriate response.)

- Independent  
(Local government operates the local health department independent of state health agency.)
- Shared/Combined State - Local  
(Local government operates the local health department in conjunction with the state health agency.)
- Local Unit of State Health Agency  
(Local health department is operated by the state health agency.)
- Local Unit of Regional/District Health Agency  
(Local health department is operated by a regional/district office of the state health agency.)
- Other (Please specify.) \_\_\_\_\_

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IV. STAFF

A. The total number of persons employed full time by the local health department is:

\_\_\_\_\_

B. The total number of authorized full time equivalents (FTE's) in the local health department is : \_\_\_\_\_

C. Which of the following does your local health department employ on a full time and or part time basis (either directly or through contracted services) ?

(Please check all appropriate responses.)

	Full Time	Part Time
Clerical/Secretarial	<input type="checkbox"/>	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	<input type="checkbox"/>
Engineers/Sanitarians	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiologists/Statisticians	<input type="checkbox"/>	<input type="checkbox"/>
Health Educators	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionists/Dieticians	<input type="checkbox"/>	<input type="checkbox"/>
Physicians	<input type="checkbox"/>	<input type="checkbox"/>
Planners/Analysts	<input type="checkbox"/>	<input type="checkbox"/>
Public Information Specialists	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>
Toxicologists/Environmental Specialists	<input type="checkbox"/>	<input type="checkbox"/>

D. Which type of employee do you consider the majority of your local health department staff to be ? (Please check appropriate response.)

- Local government employee
- State government employee
- Other \_\_\_\_\_

(Please specify.)

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V. BUDGET

A. Please give total expenditures for your local health department for the most recent fiscal year available. \$ \_\_\_\_\_

B. Please indicate the fiscal year in which these expenditures occurred. (e.g. 1985, 1986, 1987): \_\_\_\_\_

C. Does your local health department charge patients for any personal health services it provides ? Yes  No  N/A

D. Does your local health department accept Medicaid reimbursement for any personal health services it provides ? Yes  No  N/A

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## VI. FUNCTIONS/SERVICES

Please indicate which of the following function and or service areas your local health department is active in. (Please note; this is not intended to be a complete listing of all health department functions and services.)

Step I. Please mark an "X" by all appropriate responses.  
Step II. Place a second "X" by the five which are most important.

### A. ASSESSMENT ACTIVITIES

#### 1. Data Collection/Analysis

- a. Behavioral Risk Assessment
- b. Morbidity Data
- c. Reportable Diseases
- d. Vital Records and Statistics
- e. Other \_\_\_\_\_  
(Please specify.)

#### 2. Epidemiology/Surveillance

- a. Chronic Disease
- b. Communicable Disease
- c. Other \_\_\_\_\_  
(Please specify.)

### B. POLICY DEVELOPMENT

- 1. Health Code Development and Enforcement
- 2. Health Planning
- 3. Priority Setting

### C. ASSURANCE ACTIVITIES

#### 1. Inspection

- a. Food and Milk control
- b. Health Facility Safety/Quality
- c. Recreational Facility Safety/Quality
- d. Other Facility Safety/Quality (Beauty Parlors, Pet Shops etc.)

#### 2. Licensing

- a. Health Facilities
- b. Other Services/Facilities (Restaurants, Barber Shops, etc.)

#### 3. Health Education

#### 4. Environmental

- a. Air Quality
- b. Hazardous Waste Management
- c. Individual Water Supply Safety
- d. Noise Pollution

SECTION VI continued on next page



- e. Occupational Health and Safety
- f. Public Water Supply Safety
- g. Radiation Control
- h. Sewage Disposal Systems
- i. Solid Waste Management
- j. Vector and Animal Control
- k. Water Pollution

5. Personal Health Services

- a. AIDS Testing and Counseling
- b. Alcohol Abuse
- c. Child Health
- d. Chronic Disease
- e. Dental Health
- f. Drug Abuse
- g. Emergency Medical Services
- h. Family Planning
- i. Handicapped Children
- j. Home Health Care
- k. Hospitals
- l. Immunizations
- m. Laboratory Services
- n. Long Term Care Facilities
- o. Mental Health
- p. Obstetrical Care
- q. Prenatal Care
- r. Primary Care
- s. Sexually Transmitted Diseases
- t. Tuberculosis
- u. WIC

Name of person completing profile \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Date \_\_\_\_\_

THANK YOU FOR YOUR TIME AND EFFORT

PLEASE RETURN COMPLETED PROFILE TO,  
OR DIRECT ANY COMMENTS OR QUESTIONS TO:

Clark Greene  
 Research Associate  
 Project APEX/PH  
 National Association of County Health Officials  
 440 First Street N.W.  
 Washington, D.C. 20001  
 (202) 783-5550

## APPENDIX 2

### U.S. PUBLIC HEALTH SERVICE REGIONS

#### Region 1

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island\*, Vermont\*

#### Region 2

New Jersey, New York, Puerto Rico\*\*, Virgin Islands\*\*

#### Region 3

Delaware\*, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

#### Region 4

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

#### Region 5

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

#### Region 6

Arkansas, Louisiana, New Mexico, Oklahoma, Texas

#### Region 7

Iowa, Kansas, Missouri, Nebraska

#### Region 8

Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

#### Region 9

American Samoa\*\*, Arizona, California, Guam\*\*, Hawaii\*, Nevada, N. Mariana Islands\*\*, Trust Territories\*\*

#### Region 10

Alaska, Idaho, Oregon, Washington

\* Delaware, Hawaii, Rhode Island, and Vermont have no local health departments as defined in this report.

\*\* The scope of this report is limited to the continental United States, Alaska, and Hawaii.

## APPENDIX 3

### APEX/PH PROJECT MEMBERS

#### The APEX/PH Steering Committee:

H. Denman Scott, M.D., M.P.H., Chairperson (ASTHO);  
Larry M. Belmont, M.P.H., M.P.A. (NACHO);  
William Bridgers, M.D. (ASPH);  
Claude A. Burnett, III, M.D., M.P.H. (NACHO);  
Joyce D. K. Essien, M.D., M.B.A. (CDC);  
Beverly C. Flynn, R.N., Ph.D., F.A.A.N. (APHA);  
Gary L. Gurian, M.A. (USCLHO);  
George E. Hardy, Jr., M.D., M.P.H. (CDC);  
Lawrence Hart, M.D., M.P.H. (USCLHO);  
Cheryl Heaton, M.P.A. (ASPH);  
Joel Nitzkin, M.D., D.P.A. (At Large);  
William Shonick, Ph.D. (APHA);  
Bernard J. Turnock, M.D. (ASTHO);  
John B. Waller, Dr.P.H. (At Large).

#### The APEX/PH Work Group:

Paul Wiesner, M.D., Chairperson (NACHO);  
M. Jane Ford, M.B.A. (USCLHO);  
Joseph Latoff, M.A., M.S. (NACHO);  
Arthur P. Liang, M.D., M.P.H. (CDC);  
Jim Parker (ASTHO).

#### Former APEX/PH members:

Charles Cameron, M.D., M.P.H. (ASPH);  
Robert G. Harmon, M.D., M.P.H. (ASTHO);  
Katherine Kinsman (ASTHO);  
Pomeroy Sinnock, Ph.D. (CDC);  
Rugmini Shah, M.D. (USCLHO).

#### APEX/PH Project Officer:

Charles Bacon, Public Health Advisor, Public Health Practice Program Office,  
CDC;

C. Joseph Webb, Public Health Advisor, Public Health Practice Program Office,  
CDC, served as APEX/PH Project Officer from July 1987 to March 1990.

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