Section 1 — General information

Introduction — The purpose of this survey is to gain a more complete understanding of existing public health services offered by a public health agency. Having a complete list of services may provide helpful information to assess gaps or redundancies and to plan sharing initiatives. This survey should take about 20 minutes.

The survey should be completed by each public health agency interested in exploring opportunities for cross-jurisdictional sharing (CJS) activities. For example, if a group of 12 health departments wish to explore shared services options, each of them will complete a survey.

The survey contains a list of functions and services that should be applicable to most public health departments, but given the wide variations in the scope of services and their names offered by public health agencies across the country it may be necessary to modify some questions to reflect local situations.

For assistance in setting up an electronic version of the survey or for any other questions, please contact Gianfranco Pezzino at phsharing@khi.org.

Additional Resources — The Center for Sharing Public Health Services has other assessment tools for public health available on its website. See the complete list of available tools in the last section of this survey.

Section 2 — Your health department

Note: Q2.1 will ask you to choose a project name for your group. **All public health jurisdictions in your group that complete the survey should use EXACTLY the same project name.**

Q2.1: Your project name:Click or tap here to enter text.

Q2.2: Your name:Click or tap here to enter text.

Q2.3: Your job title:Click or tap here to enter text.

Q2.4: Health department:Click or tap here to enter text.

Q2.5: Address:Click or tap here to enter text.

Q2.6: City/town:Click or tap here to enter text.

Q2.7: State:Click or tap here to enter text.

Q2.8: ZIP code:Click or tap here to enter text.

Q2.9: Your email address:Click or tap here to enter text.

Q2.10: Phone number:Click or tap here to enter text.

Q2.11: Please indicate the jurisdiction type that your health department serves:

[ ]  Town or township (1)

[ ]  City (2)

[ ]  County (3)

[ ]  Tribe/tribal clinic (4)

[ ]  Multi-jurisdictional district (including combined city/county) (5)

Q2.12: How many people live in this jurisdiction?

Q2.13: What is the geographic size of this jurisdiction (in square miles)? Click or tap here to enter text.

Q2.14: What is the number of FTEs in the health department (including independent contractors if they support the department on an ongoing basis as "staff extensions")? Click or tap here to enter text.

Section 3 — Current Services

This section focuses on the functions and services currently existing in your health department.

Q3.1: Which of the following functions and services currently exist in your health department? Check all that apply.

 [ ]  Emergency Preparedness (1): If checked, complete *Sub-Section 3.1 — Emergency*  *Preparedness* (page 3)

 [ ]  Epidemiology or Surveillance (2): If checked, complete *Sub-Section 3.2 — Epidemiology*
 *or Surveillance* (page 4)

 [ ]  Physician and Nursing Services (3): If checked, complete *Sub-Section 3.3 — Physician*

 *and Nursing Services* (page 5)

[ ]  Communicable Disease Screening or Treatment (4): If checked, complete *Sub-Section 3.4*

 *Communicable Disease Screening or Treatment* (page 7)

 [ ]  Chronic Disease Screening or Treatment (5): If checked, complete *Sub-Section 3.5 —
 Chronic Disease Screening or Treatment* (page 8)

 [ ]  Maternal and Child Health Services (6): If checked, complete *Sub-Section 3.6 —
 Maternal and Child Health Services* (page 10)

 [ ]  Population-Based Primary Prevention Programs (7): If checked, complete *Sub-Section
 3.7 — Prevention* (page 11)

 [ ]  Inspection, Permit or Licensing (8): If checked, complete *Sub-Section 3.8 — Inspection,
 Permit or Licensing* (page 12)

 [ ]  Environmental Health Programs other than inspection, permit or licensing (9): If
 checked, complete *Sub-Section 3.9 — Environmental Health Programs* (page 14)

 [ ]  Community Health Assessment (10): If checked, complete *Sub-Section 3.10 —
 Community Health Assessment* (page 15)

 [ ]  Administrative, planning and support services (11): If checked, complete *Sub-Section
 3.11 — Administration* (page 16)

 [ ]  Laboratory services (12): If checked, complete *Sub-Section 3.12 — Laboratory Services*
 (page 18)

 [ ]  Other (please specify) (page 19): Click or tap here to enter text.

**Sub-Section 3.1 — Emergency Preparedness**

Q3.1.1: What functions and services of emergency preparedness are present in your health department? (Check all that apply.)

[ ]  Medical Reserve Corps (1)

[ ]  Citizens Corps (2)

[ ]  General emergency preparedness and planning (3)

[ ]  Others (please specify) (4) Click or tap here to enter text.

Q3.1.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.1.2 is selected

Q3.1.2.A: Briefly describe how you evaluate or review these functions and services.
 Click or tap here to enter text.

Q.3.1.3 Are any components of the emergency preparedness functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.1.3 is selected

Q3.1.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.1.3.B: Name of health departments that functions and services are shared with:

Click or tap here to enter text.

**Sub-Section 3.2 — Epidemiology or Surveillance**

Q3.2.1: What functions and services of epidemiology or surveillance are present in your health department? (Check all that apply.)

[ ]  Epidemiologic services for outbreak and trend analysis (1)

[ ]  Local disease investigation (2)

[ ]  Laboratory services (3)

[ ]  Others (please specify) (4) Click or tap here to enter text.

Q3.2.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.2.2 is selected

Q3.2.2.A: Briefly describe how you evaluate or review these functions and services.

 Click or tap here to enter text.

Q.3.2.3 Are any components of the epidemiology or surveillance functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.2.3 is selected

Q3.2.3.A: Briefly describe the functions and services shared:

 Click or tap here to enter text.

Q3.2.3.B: Name of health departments that functions and services are shared with:

 Click or tap here to enter text.

**Sub-Section 3.3 — Physician and Nursing Services**

Q3.3.1: What functions and services of physician and nursing services are present in your health department? (Check all that apply.)

 [ ]  Childhood immunizations (1)

 [ ]  Travel immunizations (2)

 [ ]  Local disease investigation (3)

 [ ]  STD testing and treatment (4)

 [ ]  HIV testing (5)

 [ ]  Tuberculosis screening and
 treatment (6)

 [ ]  Vision/hearing (7)
[ ]  Prenatal care (8)

 [ ]  Family planning (9)

 [ ]  Breast/cervical cancer
 screening (10)

 [ ]  Infant home visiting (11)

 [ ]  Blood pressure screening (12)

 [ ]  Lead screening (13)

 [ ]  Primary medical care (14)

 [ ]  School nursing (15)

 [ ]  Laboratory services (16)

[ ]  Others (please specify) (17)
 Click or tap here to enter text.

Q3.3.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.3.2 is selected

Q3.3.2.A: Briefly describe how you evaluate or review these functions and services.

 Click or tap here to enter text.

Q.3.3.3 Are any components of the physician and nursing services functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.3.3 is selected

Q3.3.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.3.3.B: Name of health departments that functions and services are shared with:

 Click or tap here to enter text.

**Sub-Section 3.4 — Communicable Disease Screening or Treatment**

Q3.4.1: What functions and services of communicable disease screening or treatment are present in your health department? (Check all that apply.)

[ ]  Local disease investigation (1)

[ ]  STD testing and treatment (2)

[ ]  HIV testing (3)

[ ]  Tuberculosis screening and treatment (4)

[ ]  Laboratory services (5)

[ ]  Epidemiologic services for outbreaks and trend analysis (6)

[ ]  Others (please specify) (7) Click or tap here to enter text.

Q3.4.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.4.2 is selected

Q3.4.2.A: Briefly describe how you evaluate or review these functions and services.

Click or tap here to enter text.

Q.3.4.3 Are any components of the communicable disease screening or treatment functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.4.3 is selected

Q3.4.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.4.3.B: Name of health departments that functions and services are shared with:

Click or tap here to enter text.

**Sub-Section 3.5 — Chronic Disease Screening or Treatment**

Q3.5.1: What functions and services of chronic disease screening or treatment are present in your health department? (Check all that apply.)

[ ]  Chronic disease reduction (1)

[ ]  Corporate wellness program (2)

[ ]  General health education (3)

[ ]  Breast/cervical cancer screening (4)

[ ]  Blood pressure screening (5)

[ ]  Lead screening (6)

[ ]  Diabetes prevention and treatment (7)

[ ]  Cardiovascular disease prevention and treatment (8)

[ ]  Others (please specify) (9) Click or tap here to enter text.

Q3.5.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.5.2 is selected

Q3.5.2.A: Briefly describe how you evaluate or review these functions and services.

Click or tap here to enter text.

Q.3.5.3 Are any components of the chronic disease screening or treatment functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.5.3 is selected

Q3.5.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.5.3.B: Name of health departments that functions and services are shared with:

Click or tap here to enter text.

**Sub-Section 3.6 — Maternal and Child Health Services**

Q3.6.1: What functions and services of maternal and child health services are present in your health department? (Check all that apply.)

[ ]  Childhood immunizations (1)

[ ]  Prenatal care (2)

[ ]  Family planning (3)

[ ]  Infant home visiting (4)

[ ]  WIC (5)

[ ]  Lead screening (6)

[ ]  Others (please specify) (7) Click or tap here to enter text.

Q3.6.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.6.2 is selected

Q3.6.2.A: Briefly describe how you evaluate or review these functions and services.

Click or tap here to enter text.

Q.3.6.3 Are any components of the maternal and child health services functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.6.3 is selected

Q3.6.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.6.3.B: Name of health departments that functions and services are shared with:

Click or tap here to enter text.

**Sub-Section 3.7 — Prevention**

Q3.7.1: What functions and services of population-based primary prevention programs are present in your health department? (Check all that apply.)

[ ]  Chronic disease reduction (1)

[ ]  General health education (2)

[ ]  Blood pressure screening (3)

[ ]  Diabetes prevention and treatment (4)

[ ]  Cardiovascular disease prevention and treatment (5)

[ ]  Injury prevention (6)

[ ]  Car seats (7)

[ ]  Traffic safety (8)

[ ]  Others (please specify) (9) Click or tap here to enter text.

Q3.7.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.7.2 is selected

Q3.7.2.A: Briefly describe how you evaluate or review these functions and services.

 Click or tap here to enter text.

Q.3.7.3 Are any components of the population-based primary prevention programs functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.7.3 is selected

Q3.7.3.A: Briefly describe the functions and services shared:

 Click or tap here to enter text.

Q3.7.3.B: Name of health departments that functions and services are shared with:

 Click or tap here to enter text.

**Sub-Section 3.8 — Licensing**

Q3.8.1: What functions and services of inspection, permit and licensing are present in your health department? (Check all that apply.)

[ ]  Inspections of food services operations (1)

[ ]  Inspections of retail food establishments (2)

[ ]  Commercial plumbing (3)

[ ]  Building codes (4)

[ ]  Smoke-free enforcement (5)

[ ]  Others (please specify) (6) Click or tap here to enter text.

Q3.8.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.8.2 is selected

Q3.8.2.A: Briefly describe how you evaluate or review these functions and services.

Click or tap here to enter text.

Q.3.8.3 Are any components of the inspection, permit and licensing functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.8.3 is selected

Q3.8.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.8.3.B: Name of health departments that functions and services are shared with:

Click or tap here to enter text.

**Sub-Section 3.9 — Environmental Health Programs**

Q3.9.1: What functions and services of environmental health programs other than inspection, permit or licensing are present in your health department? (Check all that apply.)

[ ]  Lead assessment (1)

[ ]  Lead abatement (2)

[ ]  Radon (3)

[ ]  Water (4)

[ ]  Sewage (5)

[ ]  Solid waste (6)

[ ]  Vector control (7)

[ ]  Parks and camping sites (8)

[ ]  Recycling/litter prevention (9)

[ ]  Others (please specify) (10)
 Click or tap here to enter text.

Q3.9.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.9.2 is selected

Q3.9.2.A: Briefly describe how you evaluate or review these functions and services.

Click or tap here to enter text.

Q.3.9.3 Are any components of the environmental health programs other than inspection, permit or licensing functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.9.3 is selected

Q3.9.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.9.3.B: Name of health departments that functions and services are shared with:

Click or tap here to enter text.

**Sub-Section 3.10 — Community Health Assessment**

Q3.10.1: What functions and services of community health assessment are present in your health department? (Check all that apply.)

[ ]  Community Health Assessment services (1)

[ ]  Community Health Improvement planning (2)

[ ]  Others (please specify) (3) Click or tap here to enter text.

Q3.10.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.10.2 is selected

Q3.10.2.A: Briefly describe how you evaluate or review these functions and services.

Click or tap here to enter text.

Q.3.10.3 Are any components of the community health assessment functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.10.3 is selected

Q3.10.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.10.3.B: Name of health departments that functions and services are shared with:

 Click or tap here to enter text.

**Sub-Section 3.11— Administration**

Q3.11.1: What functions and services of administrative, planning and support services are present in your health department? (Check all that apply.)

[ ]  Legal services (1)

[ ]  Human resources (2)

[ ]  Financial and fiscal
management (3)

[ ]  Purchasing (4)

[ ]  Information technology (5)

[ ]  Communications or public information (6)

[ ]  Marketing (7)

[ ]  Public relations/public

information officer (8)

[ ]  Laboratory (9)

[ ]  Insurance (10)

[ ]  Accreditation guidance (11)

[ ]  Policy development (12)

[ ]  Evaluation/quality improvement (13)

[ ]  Subject matter experts (14)

[ ]  Others (please specify)
(15) Click or tap here to enter text.

Q3.11.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.11.2 is selected

Q3.11.2.A: Briefly describe how you evaluate or review these functions and services.

Click or tap here to enter text.

Q.3.11.3 Are any components of the administrative, planning and support services functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.11.3 is selected

Q3.11.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.11.3.B: Name of health departments that functions and services are shared with:

Click or tap here to enter text.

**Sub-Section 3.12 — Laboratory Services**

Q3.12.1: What functions and services of laboratory services are present in your health department? (Check all that apply.)

[ ]  Laboratory services (1)

Q3.12.2: Does your department have any process in place for reviewing or evaluating these functions and services?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.12.2 is selected

Q3.12.2.A: Briefly describe how you evaluate or review these functions and services.

Click or tap here to enter text.

Q.3.12.3 Are any components of the laboratory services functions and services currently implemented through sharing agreements with other health departments?

[ ]  Yes (1)

[ ]  No (2)

[ ]  Do not know (3)

If “Yes” to Q3.12.3 is selected

Q3.12.3.A: Briefly describe the functions and services shared:

Click or tap here to enter text.

Q3.12.3.B: Name of health departments that functions and services are shared with:

Click or tap here to enter text.

Section 4 — Closing

Q4.1: Do you have any other comments regarding service sharing among health departments?

Click or tap here to enter text.

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Section 5 — additional resources

[Assessment Tools for Public Health](https://phsharing.org/resources/assessment-tools-for-public-health/) — The Center for Sharing Public Health Services has these other assessment tools for public health available on its website.

**Existing CJS Arrangements: Abbreviated Survey —** A self-administered survey designed to allow potential CJS partners with an overview of existing shared service arrangements among potential partners. (Publication Number: CSPHS/07-V1)

**Existing CJS Arrangements: Detailed Survey —** A self-administered survey designed to allow potential CJS partners a detailed and specific understanding of existing shared service arrangements among potential partners. (Publication Number: CSPHS/08-V1)

**One Existing CJS Arrangement —** A self-administered survey designed to help current or potential CJS partners (public health agency jurisdictions) gain a clear definition, and better understanding of one current or planned shared service arrangement. (Publication Number: CSPHS/09-V1)