



# **Public Health System Inventory**

**As Required By  
The 2016-17 General Appropriations Act, H.B. 1, 84<sup>th</sup> Texas  
Legislature, Regular Session, 2015 (Article II, Department of  
State Health Services, Rider 81)**



**Department of State Health Services  
September 2016**

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## **Executive Summary**

[The 2016-17 General Appropriations Act, H.B. 1, 84<sup>th</sup> Texas Legislature, Regular Session, 2015 \(Article II, Department of State Health Services, Rider 81\)](#) requires the Department of State Health Services (DSHS) to develop a public health system inventory of the roles, responsibilities, and capacity relating to public health services currently provided by DSHS, local health entities, and local health authorities. DSHS was required to collaborate with the Public Health Funding and Policy Committee and other stakeholders to complete the inventory by March 1, 2016.

This report includes a description of the processes and activities that DSHS completed to develop a comprehensive inventory of the Texas public health system by March 1, 2016. Roles and responsibilities of state and local public health entities were inventoried from public health literature; national, state, and agency reports; and Texas statute. Capacity was inventoried through a survey that systematically collected public health services currently delivered by those entities. The total statewide response to this survey as of mid-June was 55 percent. A breakdown of response rates and a summary analysis of services provided by state and local health entities is also provided in this report.

The report concludes with information on efforts to use inventory information to establish statewide priorities for improving the state's public health system, which will be incorporated into a state public health action plan by November 30, 2016, also as required by Rider 81.

## **Introduction**

[The 2016-17 General Appropriations Act, H.B. 1, 84<sup>th</sup> Texas Legislature, Regular Session, 2015 \(Article II, Department of State Health Services, Rider 81\)](#) specifies that the Department of State Health Services (DSHS) shall collaborate with the Public Health Funding and Policy Committee (PHFPC) and other stakeholders to develop a comprehensive inventory of the roles, responsibilities, and capacity relating to public health services delivered by DSHS, local health entities, and local health authorities.

DSHS is required to use this information to establish statewide priorities for improving the public health system and to create a public health action plan, with regional goals and strategies to effectively use state funds to achieve these priorities. Rider 81 requires DSHS to complete the inventory no later than March 1, 2016, and submit the action plan to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than November 30, 2016.

This report is intended to describe the process used to develop the public health system inventory, which was completed by March 1, 2016, and summarize results from the survey.

## **Background**

### **The Texas Public Health System**

For the purposes of public health, Texas is divided into eight health service regions (HSRs). As the state health agency, DSHS administers public health programs, policies, and services from its central office in Austin to each region through a DSHS HSR office and clinic system. Each HSR is led or directed by a physician who serves as the regional medical director. HSRs also contain varying numbers of local health entities established and operated at the local level. DSHS HSR offices work together with these local health entities to create the system that ensures public health services are available to Texas residents in every county. In counties where there is no local public health presence, DSHS HSR offices serve as the local health entity providing public health services. In counties where there is a local public health presence, DSHS may still provide supplemental or supporting public health services based on need or demand.

Local health entities (LHEs) vary in size, resources, and capacity. LHEs are defined in the Texas Health and Safety Code as local health departments, public health districts, or local health units.<sup>1</sup> Currently 61 of the 159 local health entities in the state operate as local health departments or public health districts and provide a fuller array of public health services. The other 98 LHEs were established as local health units and provide a more limited degree of services with an environmental focus. DSHS' role is to provide, as needed, public health services not offered at the local level. However unlike the HSRs, LHEs that receive funding and guidelines from DSHS are organizationally and politically autonomous from DSHS.

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<sup>1</sup> Texas Health and Safety Code, Title 2, Subtitle F, Chapter 121, Sections 121.031, 121.041 and 121.004.

A health authority is a physician appointed to administer state and local laws relating to public health within an appointing body's jurisdiction. Counties and municipalities that have not established either a local health department or public health district, may appoint a physician to serve as the health authority. In jurisdictions where there is no health authority, the duties are performed by the DSHS HSR regional medical director.

## **Previous Efforts to Inventory the Public Health System**

The scope of the comprehensive inventory of the public health system, as specified in Rider 81, is unprecedented. Previous initiatives to gather information on the availability of public health services have traditionally targeted local *or* state health entities, not both. Additionally, these efforts have focused on cataloguing services provided and have not included an inventory of the roles and responsibilities within an individual state's public health system.

The *National Profile Study of Local Health Departments* is a report published by the National Association of County and City Health Officials (NACCHO) that includes results from a national survey of local health departments (LHDs) across the nation regarding their infrastructure, workforce, financing, governance, activities, and services. The profile has been used to compare states with each other as well as with the nation as a whole.<sup>2</sup> The Association of State and Territorial Health Officials (ASTHO) regularly surveys state health departments and publishes their findings in the *ASTHO Profile of State Public Health* report.<sup>3</sup>

These and other examples served as models for the design and development of the inventory required under Rider 81. The inventory will be used to better understand how the state and local health entities are currently functioning, which will help to inform the development of the public health action plan also required under Rider 81.

## **Public Health System Inventory**

### **Development of the Inventory**

#### *Collaboration with Stakeholders*

Rider 81 specifies that the inventory is to focus on three aspects of the state's public health system: roles, responsibilities, and capacity. For purposes of developing the inventory, DSHS assembled a workgroup comprised of 12 members from LHDs, 3 members from DSHS HSRs, and 3 subject matter experts from the DSHS central office. The workgroup divided the requirements of Rider 81 into two broad categories: 1) roles and responsibilities, and 2) capacity. The workgroup met monthly from May to August 2015, to complete the following:

- Review current statute
- Review existing national, state, and local efforts to identify and standardize roles responsibilities and capacity relating to public health entities and the services they deliver

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<sup>2</sup> National Association of County and City Health Officials. 2013 National Profile of Local Health Departments. National Profile of Local Health Departments. <http://nacchoprofilestudy.org/reports-publications/>. Published January 2014. Accessed March 4, 2016.

<sup>3</sup> Association of State and Territorial Health Officials. ASTHO Profile of State Public Health, Volume III. Profile of State Public Health. <http://www.astho.org/profile/>. Published June 2014. Accessed March 4, 2016.

- Determine roles and responsibilities of state and local health entities
- Develop a menu of public health services

### **Roles and Responsibilities**

With help from the workgroup, roles and responsibilities were defined for each type of public health entity: DSHS, LHEs, and local health authorities.

#### *DSHS*

Section 1001.071 of the Texas Health and Safety Code affirms that DSHS “is the state agency with primary responsibility to administer or provide health services,” and “is responsible for administering human services programs regarding the public health,” throughout the state.<sup>4</sup> DSHS carries out these responsibilities to fulfill its mission of improving the health and well-being in Texas primarily through the agency central office programs and the eight HSRs.

At the local level, the provision of public health services in counties across Texas that do not have a designated local health entity are also the responsibility of the state health department. Even where local public health entities exist, the state health department may still provide services. In these instances, the health service cannot be delegated to a local jurisdiction so DSHS is the sole provider of a service. Examples of services that only the state can provide may include inspections and enforcement activities related to manufactured foods, radiation control, and certain laboratory tests. See Appendix A for additional details about the specific roles and responsibilities of DSHS.

#### *Local Health Entities*

Chapter 121 of the Texas Health and Safety Code allows local jurisdictions to operate as a local health unit, LHD, or public health district. Upon doing so, they inherit the role as a service provider to residents within their jurisdictional coverage. Local jurisdictions through home rule, can elect to provide a full array of public health services as determined in statute, which may include the ten essential public health services (see below for additional details), or a smaller number of services based on what they choose to provide.<sup>5</sup> As previously described, entities established as LHDs and public health districts generally provide a fuller array of public health services in comparison to local health units that tend to focus on the provision of environmental-related services.

Additionally, the workgroup recommended using *Operational Definition of a Functional Local Health Department*, which was published by NACCHO to represent the roles and responsibilities of a LHD and state health department, when serving as the LHD.<sup>6</sup> The document categorizes standards and responsibilities of a LHD within the established framework of ten essential public health services. The Centers for Disease Control and Prevention (CDC) identified these ten essential public health services that provide a foundation for any public health activity, describe public health at the state and local levels, and are used as a foundation for the National Public

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<sup>4</sup> Texas Health and Safety Code, Title 12, Chapter 1001, Subchapter D, Section 1001.071.

<sup>5</sup> Texas Health and Safety Code, Title 2, Subtitle F, Chapter 121, Sections 121.002 and 121.006.

<sup>6</sup> National Association of County and City Health Officials. *Operational Definition of a Functional Local Health Department*. Washington, DC: NACCHO; 2005.

Health Performance Standards.<sup>7</sup> See Appendix B for the list of roles and responsibilities as adopted by the workgroup from the NACCHO publication.

### *Health Authorities*

The roles and responsibilities of a local health authority are outlined in Texas Health and Safety Code, Section 121.024(c). These duties include the following:

- Establishing, maintaining, and enforcing quarantine in a jurisdiction
- Aiding the local health board in relation to local quarantine, inspection, disease prevention and suppression; birth and death statistics; and general sanitation in a jurisdiction
- Reporting the presence of infectious, dangerous disease
- Reporting to DSHS when appropriate or required
- Aiding DSHS in the enforcement of specific public health activities

### **Capacity**

The inventory of the public health system outlined in Rider 81 is required to include capacity relating to public health services delivered by DSHS, LHEs, and health authorities. DSHS determined that a statewide survey of public health services would be the most effective method for collecting information for this component of the inventory.

DSHS used the menu of public health services developed by the workgroup to serve as a template for the survey. Services were divided into 12 categories:

- Chronic Disease Prevention and Control
- Communicable Disease Prevention and Control
- Environmental
- Maternal and Child Health
- Safety and Injury Prevention and Control
- Population Health
- Laboratory
- Access and Linkage to Care
- Mental Health and Substance Abuse
- Clinical Preventive and Primary Care
- Surveillance and Epidemiology
- Preparedness, Response, and Recovery

DSHS worked with internal program subject matter experts to draft a set of survey questions for each of the 12 categories. DSHS also reached out to LHEs, health-related organizations, and professional associations to request their feedback and input to ensure that questions captured services that are: 1) comparable between LHEs and DSHS regions; 2) vital to and indicative of public health; and 3) indicative of an entity's operational capacity.

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<sup>7</sup> Centers for Disease Control and Prevention. The Ten Essential Public Health Services. National Public Health Performance Standards. <http://www.cdc.gov/nphpsp/essentialServices.html>. Published May 2014. Accessed August 2015.

DSHS tested the functionality of the survey in October 2015 and again in December 2015. DSHS finalized the online version of the survey in early January 2016. Each of the 12 services categories was set up as an individual survey accessible through a web link allowing an entity to respond to only the sections related to the services they provide. See Appendix C for the final version of the survey.

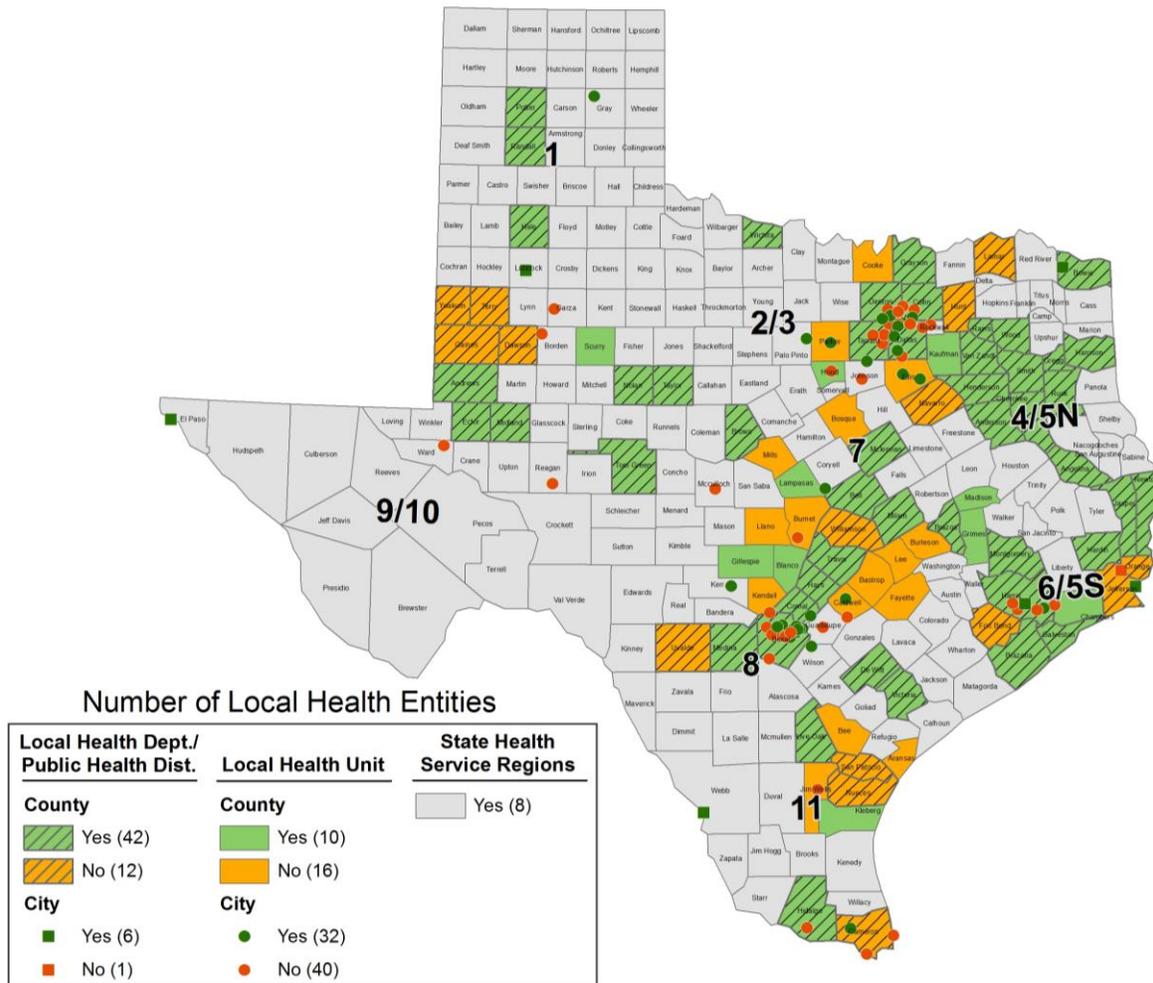
### **Public Health Inventory of Services Survey**

As described above, DSHS finalized the online version of the *Public Health Inventory of Services Survey* in early January 2016. DSHS distributed the survey to 159 LHEs; 8 DSHS HSRs; and 5 DSHS central office divisions, offices, and program areas in mid-January with a response deadline of mid-February. Survey results are self-reported, and DSHS did not verify the accuracy of an entity's responses. DSHS has provided ongoing technical assistance to entities completing the survey and continues to reach out to non-responding entities to encourage participation in the survey.

### **Response Rates**

State and local health entities had to complete at least 1 of the 12 survey categories to be considered responsive. From a total of 160 potential responding entities (159 LHEs and DSHS), 91 entities responded (57 percent). Below is a map representing response rates by public health entity type and jurisdiction. The map shows the breakdown of the 91 responding entities and 69 non-responding entities by county, city and health service region.

**Graphic 1. Public Health Services Inventory Response by Public Health Entity Type**



**Summary Analysis of DSHS**

DSHS service provision rates represent responses from all DSHS HSRs and DSHS central office divisions, offices, or program areas. A preliminary sample of service delivery information was drawn for analysis from 27 questions selected from the survey. These questions were selected for inclusion in this report because of their ability to indicate operational capacity within each service category. Service delivery is expressed as the percent of entities reporting they provide a particular service (directly or by contract) to the public in the last year, out of the total number of entities that completed the survey for that particular service category. A full analysis of survey responses will be completed and used in the development of the public health action plan.

*Chronic Disease Prevention and Control Service Delivery*

The rate of DSHS HSRs and central office reporting they provide community-based disease management education to prevent and control chronic disease is 23 percent.

### *Communicable Disease Prevention and Control Service Delivery*

The rates of DSHS HSRs and central office reporting they provide testing, treatment, and/or education and outreach to prevent and control communicable diseases are as follows:

- 100 percent report providing for HIV/AIDS
- 100 percent report providing for sexually transmitted diseases.
- 100 percent report providing for both active and latent tuberculosis infection.
- 100 percent report providing for immunization services for vaccine preventable diseases in children, adolescents, or adults.
- 100 percent report providing services that identify, treat, and control the spread of vector borne (zoonotic) communicable diseases.

### *Environmental Service Delivery*

The rates of DSHS HSRs and central office reporting they provide services that assess and control environmental factors that can potentially affect health are as follows:

- 87.5 percent report providing inspections of routine retail food establishments.
- 22.2 percent report providing inspections of water treatment/distribution sites and septic systems.
- No state health entities report providing inspections of ambulance facilities and providers.
- No state health entities report providing enforcement of public ordinances restricting tobacco.

### *Maternal and Child Health Service Delivery*

The rates of DSHS HSRs and central office reporting they provide any of the following screenings for children and adolescents to improve health are as follows:

- 88.9 percent report they provide vision, hearing, and/or spinal screenings.
- 77.8 percent report they provide oral health screenings.
- 88.9 percent report they provide newborn and early-child screenings.
- 55.6 percent report they provide community-based services to support breastfeeding and lactation.

### *Safety and Injury Prevention and Control Service Delivery*

All state health entities provide services that support child passenger safety and/or prevent unintentional injury (100 percent).

### *Population Health Service Delivery*

The rates of DSHS HSRs and central office reporting they provide public health services to refugees and displaced populations from other countries is 87.5 percent. Please note that in addition to this section of the survey, population health-related services are also captured in the sections for chronic disease prevention and control as well as communicable disease prevention and control.

#### *Laboratory Service Delivery*

The rates of DSHS HSRs and central office reporting they provide any laboratory testing services is 50 percent.

#### *Mental Health and Substance Abuse Service Delivery*

The rates of DSHS HSRs and central office reporting they provide supportive services to clients seeking behavioral health-related services are as follows:

- 16.6 percent report they provide application assistance to clients seeking mental health services.
- 42.9 percent report they provide education and referral to mental health services.
- 42.9 percent report they provide education and referral to substance abuse services.

#### *Clinical Preventive and Primary Care Service Delivery*

The rates of DSHS HSRs and central office reporting they provide clinical preventive services to prevent and detect illness and disease in its earlier stages are as follows:

- 62.5 percent report they provide some kind of clinical preventive services.
- 100 percent report they provide preventive dental services to children and adolescents.
- 37.5 percent report they provide preventive dental services to adults.

#### *Surveillance and Epidemiology Service Delivery*

The rate of DSHS HSRs and central office reporting they provide some type of monitoring of health data and/or active identification of possible cases of disease is 100 percent.

#### *Preparedness, Response and Recovery Service Delivery*

The rate of DSHS HSRs and central office reporting they have an active community preparedness program as evidenced through regular meetings with local partners is 100 percent.

### **Summary Analysis of Local Health Entities**

Table 1 provides a breakdown of response rates of local health entities by public health service region.

**Table 1. Response Rates of Local Health Entities**

<b>Public Health Service Region</b>	<b>Responsive Entities</b>	<b>Potential Respondents</b>	<b>Response Rate</b>
1	4	4	100%
2/3	25	47	55%
4/5N	9	10	90%
6/5S	9	17	53%
7	12	24	50%
8	21	33	64%
9/10	5	9	56%
11	5	15	33%
<b>Total</b>	<b>90</b>	<b>159</b>	<b>57%</b>

As stated above, LHE provision rates represent responses from 87 LHEs. A preliminary sample of service delivery information was drawn for analysis from the same 27 questions selected from the survey in the summary analysis of DSHS, and full analysis of survey responses will be completed and used in the development of the public health action plan.

*Chronic Disease Prevention and Control Service Delivery*

The rate of LHEs reporting they provide community-based disease management education to prevent and control chronic diseases is 17 percent.

*Communicable Disease Prevention and Control Service Delivery*

The rates of LHEs reporting they provide testing, treatment, and/or education and outreach to prevent and control communicable diseases are as follows:

- 39.7 percent report they provide for HIV/AIDS.
- 42.3 percent report they provide for sexually transmitted diseases.
- 41 percent report they provide both active and latent tuberculosis infection.
- 44.9 percent report they provide immunization services for vaccine preventable diseases in adults, children, and adolescents.
- 47.4 percent report they provide services to identify, treat, and control the spread of vector borne (zoonotic) communicable diseases.

*Environmental Service Delivery*

The rates of LHEs reporting they provide services that assess and control environmental factors that can potentially affect health are as follows:

- 50 percent report they provide inspections of routine retail food establishments.

- 35.9 percent report they provide inspections of water treatment/distribution sites and septic systems.
- 1.1 percent report they provide inspections of ambulance facilities and providers.
- 24 percent report they provide enforcement of public ordinances restricting tobacco.

#### *Maternal and Child Health Service Delivery*

The rates of local health entities reporting they provide any of the following screenings for children and adolescents to improve health are as follows:

- 15.4 percent report they provide vision, hearing, and/or spinal screenings.
- 9 percent report they provide oral health screenings.
- 9 percent report they provide newborn and early-child screenings.
- 21.8 percent report they provide community-based service to support breastfeeding and lactation.
- 29.5 percent report they provide Women, Infant, and Children (WIC) Program services.

#### *Safety and Injury Prevention and Control Service Delivery*

The rate of LHEs reporting they provide services that support child passenger safety and prevent unintentional injury is nine percent.

#### *Population Health Service Delivery*

The rate of LHEs reporting they provide public health services to refugees and displaced populations from other countries is 19.2 percent. Please note there is overlap, and population health-related services are also captured in the sections for chronic disease prevention and control, as well as communicable disease prevention and control.

#### *Laboratory Service Delivery*

The rate of LHEs reporting they provide any laboratory testing services is 28.2 percent.

#### *Mental Health and Substance Abuse Service Delivery*

The rates of LHEs reporting they provide supportive services to clients seeking behavioral health-related services are as follows:

- 5.1 percent report they provide application assistance to clients seeking mental health services.
- 14.1 percent report they provide education and referral to mental health services.
- 16.7 percent report they provide education and referral to substance abuse services.

#### *Clinical Preventive and Primary Care Service Delivery*

The rates of LHEs reporting they provide clinical preventive services to prevent and detect illness and disease in its earlier stages are as follows:

- 28.2 percent report they provide some kind of clinical preventive services.
- 11.5 percent report they provide preventive dental services to children and adolescents.
- 9 percent report they provide preventive dental services to adults.

#### *Surveillance and Epidemiology Service Delivery*

The rate of LHEs reporting they provide some type of monitoring of health data and/or active identification of possible cases of disease is 41 percent.

### *Preparedness, Response and Recovery Service Delivery*

The rate of LHEs that report having an active community preparedness program as evidenced through regularly meetings with local partners is 38.5 percent.

### **Public Health Action Plan Development**

Since completing the inventory, DSHS determined the best structure to develop the public health action plan is through a process of workgroup collaboration and steering committee oversight. DSHS established seven workgroups to develop statewide priorities for improving the public health system and a steering committee for the public health action plan in April 2016. Meetings have been held with both to review expectations and share inventory data. Members of the workgroups and steering committee were recruited from local health entities, DSHS HSRs and Central Office and health-related organizations and professional associations to ensure external stakeholder involvement.

Members of the seven workgroups are expected to review this data, discuss, and eventually finalize statewide priorities for improving the state's public health system by the end of June 2016. Final statewide priorities will be shared with an additional workgroup that will meet in August to develop regional goals and strategies for achieving the final priorities.

The steering committee will be responsible for reviewing all workgroup products for inclusion into a draft of the public health action plan. DSHS will submit the final plan to the Legislature by November 30, 2016, as required by Rider 81.

### **Conclusion**

This report describes the DSHS effort to fulfill the requirement of Rider 81 to develop a comprehensive inventory of the public health system in Texas. DSHS is providing the summary analysis information included in this report with the understanding that public health services data is self-reported and preliminary and does not necessarily represent all targeted entities in Texas. As participation in the *Texas Public Health Inventory of Services Survey* increases, the ability to determine current capacity as well as gaps will be completed.

Although survey response deadlines have passed, DSHS will continue to reach out to non-responding entities to maximize completion of the survey and will continue to accept survey responses throughout the development phase of the public health action plan. From March to September 2016, DSHS will work with stakeholders to use all information provided by the inventory in the development of statewide priorities for improving the state's public health system and creation of a public health action plan.

## **Appendix A: DSHS Self-Evaluation Report, September 2013**

DSHS submitted its [Self-Evaluation Report](#) to the Sunset Advisory Commission in September 2013. The report describes the agency's mission, objectives, and key functions and includes a comprehensive narrative of all DSHS offices, centers, divisions and program areas. Following is a summary of the items selected from various sections of the report that were included in the public health system inventory as DSHS roles and responsibilities.

### From Section II. Key Functions and Performance - Objectives

- Improve health status through preparedness and information. To enhance state and local public health systems' resistance to health threats and prepare for health emergencies; to reduce health status disparities; and to provide health information for state and local policy decisions.
- Provide infectious disease control, prevention, and treatment. To reduce the occurrence and control the spread of preventable infectious diseases.
- Promote health, prevent chronic disease, and provide specialty care. To use health promotion to reduce the occurrence of preventable chronic disease and injury; to administer abstinence education programs; and to administer services related to certain chronic health conditions.
- Operate the state public health laboratory. To operate a reference laboratory in support of public health program activities.
- Provide primary healthcare and nutrition services. To develop and support primary healthcare and nutrition services to children, women, families, and other qualified individuals through community-based providers.
- Provide behavioral health services. To support mental health services and substance abuse prevention, intervention, and treatment.
- Build community capacity. To develop and enhance the capacity of community clinical service providers and regional emergency healthcare systems.
- Provide state-owned hospital services and facility operations. To provide residential and/or inpatient services to individuals with diagnosed infectious diseases or mental illness through state-owned hospitals.
- Provide privately owned hospital services. To provide for the care of persons with mental illness through privately owned hospitals.
- Provide licenses and ensure regulatory compliance. To ensure timely, accurate licensing, certification, and other registrations; to provide standards that uphold safety and consumer protection; and to ensure compliance with standards.

### From Section II. Key Functions and Performance – Key Functions

- Oversight and implementation of public health and behavioral health services in Texas.
- Promotion of optimal health for individuals and communities through the provision of effective public health services, clinical services, mental health services, and substance abuse services.
- Coordination of a statewide network of services available through DSHS and its partners, ranging from population-based services to individualized care.

- Prevent and prepare for health threats
- Build capacity to improve community health
- Promote recovery for persons with substance use disorders and/or mental illness
- Provide inpatient hospitalization services
- Protect consumers through regulatory services

## **Appendix B: Roles and Responsibilities of a Local Health Department**

In November 2005, the National Association of County and City Health Officials (NACCHO) published *Operational Definition of a Functional Local Health Department*. Below is an excerpt from pages six through nine of the document that summarizes the roles and responsibilities that anyone should reasonably expect an LHD to provide.

- Monitor health status and understand health issues facing the community.
  - Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities (such as high levels of poverty, lack of affordable housing, limited or no access to transportation)).
  - Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.
  - Conduct or contribute expertise to periodic community health assessments.
  - Integrate data with health assessment and data collection efforts conducted by others in the public health system.
  - Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.
- Protect people from health problems and health hazards.
  - Investigate health problems and environmental health hazards.
  - Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.
  - Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.
  - Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state, and federal agencies.
  - Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.
  - Maintain access to laboratory and bio-statistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.
  - Maintain policies and technology required for urgent communications and electronic data exchange.
- Give people information they need to make good choices.
  - Develop relationships with the media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.

- Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.
- Provide targeted, culturally-appropriate information to help individuals understand what decisions they can make to be healthy.
- Provide health promotion programs to address identified health problems.
- Engage the community to identify and solve health problems.
  - Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.
  - Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health.
  - Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.
  - Develop partnerships to generate interest in, and support for, improved community health status, including new and emerging public health issues.
  - Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.
- Develop public health policies and plans.
  - Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.
  - Advocate for policies that lessen health disparities and improve physical, behavioral, environmental, social, and economic conditions in the community that affect the public's health.
  - Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.
- Enforce public health laws and regulations.
  - Review existing laws and regulations and work with governing bodies and policy-makers to update them, as needed.
  - Understand existing laws, ordinances, and regulations that protect the public's health.
  - Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.
  - Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.
  - Conduct enforcement activities.
  - Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.
- Help people receive health services.

- Engage the community to identify gaps in culturally-competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.
- Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.
- Link individuals to available, accessible personal healthcare providers (i.e., a medical home).
- Maintain a competent public health workforce.
  - Recruit, train, develop, and retain a diverse staff.
  - Evaluate LHD staff members' public health competencies, and address deficiencies through continuing education, training, and leadership development activities.
  - Provide practice- and competency-based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.
  - Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.
  - Provide the public health workforce with adequate resources to do their jobs.
- Evaluate and improve programs and interventions.
  - Develop evaluation efforts to assess health outcomes to the extent possible.
  - Apply evidence-based criteria to evaluation activities, where possible.
  - Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.
  - Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.
- Contribute to and apply the evidence base of public health.
  - When researchers approach the LHD to engage in research activities that benefit the health of the community,
    - Identify appropriate populations, geographic areas, and partners;
    - Work with them to actively involve the community in all phases of research;
    - Provide data and expertise to support research; and
    - Facilitate their efforts to share research findings with the community, governing bodies, and policymakers.
  - Share results of research, program evaluations, and best practices with other public health practitioners and academics.
  - Apply evidence-based programs and best practices where possible.

## **Appendix C: Public Health Inventory of Services Survey**

### **SECTION 1**

#### **CHRONIC DISEASE PREVENTION AND CONTROL**

Description: Services that focus on health promotion and community-based interventions and programs to support healthy lifestyle choices and reduce risk behaviors in populations for the following chronic diseases and conditions: Cardiovascular disease (heart disease, hypertension and stroke); Type 2 Diabetes; certain cancers; obesity and overweight.

**Cross Reference:** The questions in this section of the Survey address services and activities provided as part of community-based programs and interventions to prevent and control chronic diseases and related conditions with a focus on primary prevention through policy and environmental change, community awareness and education.

Clinic-based screenings and other health care services are addressed in questions found under the **Clinical Prevention and Primary Care** section of the Survey. If you provide chronic disease related clinical care services to the public, please be sure to also complete the **Clinical Prevention and Primary Care** section of the survey in order for your organization's activities to be captured.

Subcategories:

Nutrition

Physical Activity

Tobacco

Health Communications

Community-based Disease Management Education

## Nutrition

**1. Does your organization provide the following food environment-related services that increase access to healthy foods? (Please check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Restaurant/dining (menu/ pricing changes, nutritional information/ labeling)					
Worksites (cafeteria changes, meeting policies, vending machines)					
Home/consumer (cooking skills classes, grocery tours)					
Hospital/clinic-based (patient/family education programs; waiting room videos; breastfeeding/lactation support, infant formula marketing changes)					
Community nutrition (farmers markets, community supported agriculture, emergency food pantries, senior nutrition programs, public vending machines)					
School nutrition (cafeteria changes, farm-to-school, competitive foods limits)					
Early education/child care (breastfeeding support, gardening programs, healthier meals/snacks)					
Other (please list)					

**2. Does your organization provide the following community-based education and advocacy services related to nutrition? (Please check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Education and Information to the public					
Outreach to community resources					
Support/access to food and nutrition assistance programs					
Breastfeeding/lactation consultation and support (e.g. classes, Baby-Café or similar)					
Training to public health/other professionals					
Coalition-building					
Policy advocacy/change					
Public Awareness Campaigns					
Other (please list)					

**3. Does your organization provide the following individual-based nutrition intervention services for the public? Note: Do not include services provided under the federally-funded Women, Infant and Children or WIC Program related services.**

(Please check all that apply according to how service is delivered to the public.)

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Education					
Outreach to community resources					
Support/access to food and nutrition assistance programs (e.g. assistance with applications for Supplemental Nutrition Assistance Program (SNAP))					
Assessment/screening (Height, weight, Body Mass Index; nutrition-related labs, dietary recall; body fat measurements)					
Therapy/Counseling (meal/diet plans; behavior modification, lab monitoring)					
Breastfeeding/lactation consultation and support					
Other (please list)					

## Physical Activity

**4. Does your organization provide the following built-environment-related services that increase access to physical activity? (Please check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Community access (parks/trails/green space, walking groups, smart/complete streets, free or reduced cost exercise groups)					
Worksite access (onsite workout facilities, gym employee discounts, physical activity incentives)					
Hospital/clinic-based (patient/family exercise programs; waiting room videos)					
School access (walk-to-school, shared-use agreements, PE curriculum changes)					
Early education/child care (screen time limits; play space changes)					
Other (please list)					

**5. Does your organization provide the following community-based education and advocacy services related to physical activity? (Please check all that apply according to how service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Education and information to the public					
Outreach to community resources, physical activity programs					
Training to public health/other professionals					
Coalition-building					
Policy advocacy/change					
Public Awareness Campaigns					
Other (please list)					

**6. Does your organization directly provide the following individual-based physical activity intervention services to the public? (Check all that apply according to how service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Education					
Outreach to community resources, physical activity programs					
Assessment/screening (Height, weight, Body Mass Index; level of activity)					
Counseling, behavior modification					
Other (please list)					

Tobacco

**7. Does your organization provide the following services related to tobacco prevention and control in communities? (Please check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Education and information to the public					
Outreach to community resources, cessation programs					
Training to public health/other professionals					
Coalition-building					
Policy advocacy/change (property bans, smoke free-ordinances)					
Enforcement/'sting' operations of youth access laws					
Enforcement of smoking in public places ordinances					
Public Awareness Campaigns					
Other (please list)					

Health Communications

**8. Does your organization conduct public awareness campaigns focusing on any of the following chronic diseases and conditions? (Check all that apply)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Overweight/Obesity					
Diabetes					
Heart Disease					
Hypertension					
Heart Attack/Stroke Awareness (Know the Signs)					
Cancer					
Awareness of clean air days / ozone action alerts					
Other (please list)					

Community-based Disease Management Education

**9. Does your organization provide the following chronic disease management-related education services? (Check all that apply)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Community diabetes education classes					
Blood pressure management/stroke prevention education classes					
Other (please list)					

**9. Does your organization provide any additional major Chronic Disease Prevention and Control service not already captured in this survey?**

No

Yes (please list)

**10. If you would like to provide any general comments related to Chronic Disease Prevention and Control services, please do so in the space below.**

INSERT TEXT BOX WITH 500 SPACE CHARACTER LIMIT

## **SECTION 2: COMMUNICABLE DISEASE PREVENTION AND CONTROL**

DESCRIPTION: Services that identify, prevent and control communicable diseases that pose a threat to public health. The terms infectious and contagious are often used to describe communicable diseases as they can be spread or transmitted from one person to another or from an animal to a person via airborne viruses, bacteria, blood or other bodily fluids. Communicable disease services target diseases including but not limited to HIV/AIDS, sexually transmitted diseases, tuberculosis, vaccine preventable diseases, infectious disease outbreaks, food borne illness and zoonosis.

Subcategories:

HIV/AIDS

Sexually Transmitted Diseases

Tuberculosis

Immunizations and Vaccine Preventable Diseases

Food Borne

Vector Borne and Zoonotic

## HIV/AIDS

**1. Does your organization provide services to prevent and control HIV/AIDS? (Check all that apply according to how the service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Screening for Risk						
Testing						
Referral for treatment and other medical services						
Referral for behavioral health services						
Treatment						
Public health follow-up (contact investigation)						
Risk communication for disease outbreaks						
Education & outreach to the public						
Education & training to healthcare providers						
Provide drugs/medications to infected persons or to healthcare providers						
Provide condoms to infected persons, healthcare providers, etc.						
Provide shipping and testing supplies						
Disease surveillance						
Medical case management for infected persons						
Other (please list)						

## Sexually Transmitted Diseases

**2. Does your organization provide the following services to prevent and control sexually transmitted diseases or STD - not including HIV/AIDS? (Check all that apply according to how the service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Screening for Risk						
Testing						
Referral for treatment and other medical services						
Referral for behavioral health services						
Treatment						
Public health follow-up (contact investigation)						
Risk communication for disease outbreaks						
Education & outreach to the public						
Education & training to healthcare providers						
Provide drugs/ medications to infected persons or to healthcare providers						
Provide condoms to infected persons, healthcare providers, etc.						
Provide shipping and testing supplies						
Disease surveillance						
Medical case management for infected persons						

Other (please list)						
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## Tuberculosis

**3. Does your organization provide the following services to prevent and control Tuberculosis? (Check all that apply according to how the service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Screening for Risk						
Testing						
Refer infected persons for treatment and other medical services						
Refer infected persons to behavioral health services						
Treatment for active TB infection						
Treatment for latent TB infection (LTBI)						
Public health follow-up (contact investigation)						
Risk communication for disease outbreaks						
Education & outreach to the public						
Education & training to healthcare providers						
Provide drugs/ medications to persons with active TB infection						
Providing drugs/ medications to persons with LTBI						
Provide testing supplies						
Disease Surveillance						

Medical case management for infected persons						
Other (please list)						

Immunizations and Vaccine Preventable Diseases (VPD)

**4. Does your organization provide immunizations to prevent and control the spread of the following vaccine preventable diseases (VPD) in children? (Check all that apply according to how the service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Diphtheria						
Haemophilus influenzae type b (Hib)						
Hepatitis A						
Hepatitis B						
Influenza						
Meningococcal disease						
Mumps						
Measles						
Pertussis (whooping cough)						
Pneumococcal disease						
Polio						
Rotavirus						
Rubella						
Tetanus						
Varicella (chicken pox)						
Human Papillomavirus (HPV)						
Other (please list)						

**5. Does your organization provide immunizations to prevent and control the spread of the following vaccine preventable diseases (VPD) in adults? (Check all that apply according to how the service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Diphtheria						
Haemophilus influenzae type b (Hib)						
Hepatitis A						
Hepatitis B						
Influenza						
Meningococcal disease						
Mumps						
Measles						
Pertussis (whooping cough)						
Pneumococcal disease						
Polio						
Rotavirus						
Rubella						
Tetanus						
Varicella (chicken pox)						
Herpes Zoster (shingles)						
Human Papillomavirus (HPV)						
Other (please list)						

**6. Does your organization provide immunizations to prevent and control the spread of the following travel-related vaccine preventable diseases (VPD)? (Check all that apply according to how the service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Yellow Fever						
Hepatitis A						
Hepatitis B						
Typhoid fever						
Meningococcal disease						
Encephalitis (Japanese)						
Rabies						
Other (please list)						

**7. Does your organization provide services related to healthcare associated infections or HAI? (Check all that apply according to how the service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Analyze legislation related to HAI						
Develop HAI resources						
Conducts HAI Safety Data audits						
Creates antibiograms						
Designs/implements data collection systems for HAI reporting and HAI data validation						
Provides HAI related training						
Provides consultation on HAI to health care facilities, general public, and professionals						
Investigate HAI outbreaks						
Serves as CDC HAI coordinator for Texas						
Other (please list)						

**8. Does your organization provide influenza and influenza-like-illness (ILI) surveillance services? (Check all that apply according to how the service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Outbreak investigation						
Monitoring disease trends						
Collection and submission of specimens for testing						
Providing disease surveillance reports						
Other (please list)						

**9. Does your organization provide any of the following additional immunization-related services?  
(Check all that apply according to how the service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Technical assistance and consultation						
Education and outreach to the public						
Provider recruitment						
Education and training to healthcare providers						
Program inspections and oversight of local health departments						
Program inspections and oversight of Texas Vaccines for Children (TVFC) providers						
Investigation of reportable vaccine preventable disease cases						
Investigation of adverse reactions to immunizations						
Maintenance of vaccine stock levels, including determination of vaccine loss/waste						
Disease surveillance						
Case management						
Other (please list)						

## Food Borne

**Cross Reference:** The questions in this subcategory address services that an organization would provide to individuals already infected or at risk for infection by a food borne pathogen as well as to prevent the spread of the disease to other individuals/public.

Environmental (regulatory) food safety related services such as retail/non-retail food establishment inspections, licensing, enforcement, food handler certification and training programs are addressed by questions included in the **Environmental Section** of the Survey. If your organization performs these types of environmental public health services, please be sure to also complete the **Environmental Section** of the Survey.

**10. Does your organization provide services to identify, treat and control the spread of foodborne pathogen infection? (Check all that apply according to how the service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Outbreak investigation (risk factors to identify contaminated product or environment)						
Collect and submit specimens from people suspected of having a food borne illness						
Treatment						
Risk communication for disease outbreaks						
Education & outreach to the public						
Education & training to healthcare providers						
Education & training to healthcare providers						
Provide testing and specimen collection supplies						
Ensure food handlers, day care workers, and health care workers are pathogen free before returning to						

work						
Foodborne disease surveillance						
Other (please list)						

**11. Does your organization partner with the Texas Rapid Response Team or TRRT (e.g. partner with Department of State Health Services epidemiologists and/or regulators)?**

Yes

No

Unsure/don't know

## Vector Borne and Zoonotic

**Cross Reference:** This subcategory addresses services that identify, treat and control the spread of vector borne/zoonotic communicable diseases. If your organization provides environmental health (regulatory) related services that control vector and rodent populations, be sure to also complete the **Environmental** section of the Survey.

**12. Does your organization provide services to identify, treat and control the spread of vector borne/zoonotic communicable diseases? (Check all that apply according to how the service is delivered to the public.) Examples include but are not limited to West Nile Virus, tick-borne diseases and rabies.**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Collect vectors and/or animals						
Collect specimens from animals						
Collect specimens from humans						
Test specimens						
Contact investigation						
Risk communication for disease outbreaks						
Education & outreach to the public						
Education & training to healthcare providers						
Education & training to animal control officers or animal shelter personnel						
Provide drugs/medications to exposed and/or infected persons						
Provide testing supplies						
Medical case management for infected persons						
Disease surveillance						
Other (please list)						

**13. Does your organization provide any additional major Communicable Disease Prevention and Control services not already captured in this section of the survey?**

No

Yes (please list)

**14. If you would like to provide any general comments related to Communicable Disease Prevention and Control services, please do so in the space below.**

INSERT TEXT BOX WITH 500 SPACE CHARACTER LIMIT

## **SECTION 3 ENVIRONMENTAL**

Description: Assessment and control of environmental factors that can potentially affect health. Includes but is not limited to environmental and consumer safety compliance activities such as inspections and risk assessments; facility licensing and permits; environmental analysis and testing, training and certification, and code/law enforcement.

Sub-categories:

Food Safety

Water Safety

Lead

Land Use Review

Milk and Dairy

Radiation Control

Asbestos

Hazardous Waste

Mold

Drug and Medical Device Safety

Ambulance

Tattoo Parlors

Other:       Vector/Rodent Control; Public Lodging; Public Nuisance Abatement,  
Daycare/Custodial Care, Smoking in Public Places

## Food Safety

**Cross Reference:** This subcategory addresses environmental-related food safety services provided to retail and non-retail food establishments, facilities and businesses. Food safety services include, but are not limited to inspections, licensing, enforcement, food handler certification and training programs.

Questions related to services provided to individuals already infected or at risk for infection by a food borne pathogen are included in the **Communicable Disease Prevention and Control** section of the survey. If your organization provides services to individuals already infected or at risk for infection by a food borne pathogen, in addition to environmental-related food safety services, please be sure to also complete the **Communicable Disease Prevention and Control** section of the survey to ensure that all services provided are captured.

### 1. Does your organization provide the following environmental food safety-related services to establishments? (Check all that apply according to how service is delivered to the public.)

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections of non-profit/governmental entities or establishments						
Inspections of routine retail food establishments						
Inspections of youth camps/summer programs						
Inspections of schools						
Inspections of early age/child care facilities						
Inspections of mass gathering/public events						
Licensing of establishments						
Certification of food service managers						
Enforcement						
Collection of food samples to support foodborne						

investigations.						
Collection of environmental samples to support infectious disease investigations.						
Other (please list)						

**2. Does your organization provide the following food safety-related services to manufactured food facilities and vendors? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Licensing and/or permits						
Enforcement						
Other (please list)						

**3. Does your organization provide the following meat safety-related services to meat and/or poultry facilities or businesses (individual or corporate)? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Issuance of meat safety exemptions						
Enforcement						
Other (please list)						

**4. Does your organization provide the following seafood and aquatic life-related services to shipping and processing facilities or businesses - individual or corporate? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Licensing/certifications						
Enforcement						
Other (please list)						

**5. Does your organization provide the following food handler-related environmental services? (Check all that apply according to how service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections of training programs						
Accreditation of training programs						
Certification of food handlers						
Enforcement						
Other (please list)						

## Water Safety

**6. Does your organization provide the following water safety-related services? (Check all that apply according to how service is delivered to the public)**

	Check box indicating how each service is delivered to the public:					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
<b>Inspections</b> of water treatment/distribution sites and systems						
<b>Analysis</b> of water						
<b>Permits</b> for water treatment/distribution sites and systems						
<b>Enforcement</b> Related to water treatment/distribution						
<b>Inspections</b> of septic systems						
<b>Permits</b> for septic systems						
<b>Enforcement</b> of laws/codes for septic systems						
<b>Inspections</b> of public pools/water features						
<b>Permits</b> for public pools/water features						
<b>Enforcement</b> of laws/codes for public pools/water features						
Other <b>Inspections</b> for water safety (please list)						
Other <b>Permits</b> for water safety						

(please list)						
Other <b>Enforcement</b> of water safety (please list)						

## Lead

**Cross Reference:** This subcategory addresses environmental health services to identify the presence of lead and prevent and control exposure to lead from environmental sources (property, soil, water, etc.) If your organization provides blood lead screening of individuals as a clinical preventive service, please be sure to also complete the **Clinical Preventive and Primary Care** section of the survey to ensure all your activities are captured.

### 7. Does your organization provide the following environmental lead-related services? (Check all that apply according to how service is delivered to the public.)

	Check box indicating how each service is delivered to the public:					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Risk assessments – commercial						
Risk assessments – residential						
Environmental testing (paint, soil, water, etc.)						
Abatement						
Certification of professionals						
Enforcement						
Other (please list)						

Land Use Review

**8. Does your organization provide the following land-use related services? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Application Review						
Environmental Testing						
Enforcement						
Other (please list)						

Milk and Dairy

**9. Does your organization provide the following milk and dairy-related services? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Application review						
Environmental testing						
Laboratory testing (e.g. milk, dairy products)						
Enforcement						
Other (please list)						

## Radiation Control

**10. Does your organization provide the following radiation control-related services to public or private facilities? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Licensing						
Enforcement						
Other (please list)						

## Asbestos

**11. Does your organization provide the following asbestos-related services? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: Organization provides only in response during emergencies with public health implications	NO: My organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Licensing/certifications						
Enforcement						
Other (please list)						

Hazardous Waste

**12. Does your organization provide the following hazardous waste sites-related services? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Site Assessments						
Consultations related to substances, adverse health effects or similar						
Investigations (epidemiologic and toxicologic)						
Education and training						
Enforcement						
Other (please list)						

Mold

**13. Does your organization provide the following mold assessment and remediation-related services?  
(Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections of remediation projects						
Licensing (individual & business)						
Review & approval of training programs						
Monitoring/tracking of projects being conducted						
Enforcement						
Other (please list)						

## Drug and Medical Device Safety

**14. Does your organization provide the following services to drug and medical device distributors, wholesalers and salvage providers - public or private? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Licensing						
Enforcement						
Other (please list)						

## Ambulance

**15. Does your organization provide the following services to ambulance facilities or providers? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections						
Licensing						
Enforcement						
Other (please list)						

Tattoo Parlors

**16. Does your organization provide services associated with tattoo parlors? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:				
	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Inspections					
Permits					
Enforcement					
Other (please list)					

Other: Vector/Rodent Control; Public Lodging; Public Nuisance Abatement; Daycare and Custodial Care; Smoking in Public Places

**Cross Reference:** The following question addresses additional environmental health services that include the control of vector and rodent populations. If your organization provides services that identify, treat and control the spread of vector borne/zoonotic communicable diseases, in addition to environmental health services related to vectors and rodents please be sure to also complete the **Communicable Disease Prevention and Control** section of the Survey to ensure all your activities are captured.

**17. Does your organization provide any of the following environmental-related services? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Vector/rodent control						
Environmental inspections of public lodging						
Regulatory abatement services for public nuisances						
Adult daycare inspections						
Custodial care inspections						
Enforcement of tobacco/smoking in public places ordinances						
Other (please list)						

**18. Does your organization provide any additional major Environmental service not already captured in this section of the survey?**

No

Yes (please list)

**19. If you would like to provide any general comments related to Environmental services, please do so in the space below.**

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## **SECTION 4**

### **Maternal and Child Health**

#### Description:

Title V (MCH) was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

#### Subcategories:

Vision, Hearing and Spinal Screening  
Oral Health Screening  
Newborn and Early Child  
Specialized Health Services  
Community  
WIC

#### **Cross References:**

Questions 7 – 10 of this section of the Survey include answer options for injury prevention services delivered in association with maternal and child health services. If your organization provides additional services related to safety and injury prevention, please be sure to also complete the **Safety and Injury Prevention and Control** section of the survey to ensure all services provided are captured.

Maternal and child health programs and services are often described and/or considered population health. If your organization provides additional population health related services, please be sure to also complete the **Population Health** section of the Survey to ensure all services provided are captured.

Oral health screenings are addressed under Question 4 of this section of the survey. If your organization provides additional child and adult dental services, please be sure to also complete the **Clinical Preventive and Primary Care** section of the survey to ensure all services provided are captured.

## Vision, Hearing and Spinal Screening

1. Does your organization provide the following Vision screening and support services to children and adolescents? (Check all that apply according to how service is delivered to the public.)

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Vision <b>Screening</b>					
<b>Training</b> on how to conduct Vision screenings					
<b>Provide or loan equipment/materials</b> to conduct Vision screenings					
<b>Follow-up</b> for abnormal results from Vision screening					
<b>Collection and surveillance</b> of Vision screening results data					
<b>Referrals</b> to other health services					
Other (please list)					

**2. Does your organization provide the following Hearing screening and support services to children and adolescents? (Check all that apply according to how service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b>Hearing <u>Screening</u></b>					
<b><u>Training</u></b> on how to conduct Hearing screenings					
<b><u>Provide or loan equipment/materials</u></b> to conduct Hearing screenings					
<b><u>Follow-up</u></b> for abnormal results from Hearing screening					
<b><u>Collection and surveillance</u></b> of Hearing screening results data					
<b><u>Referrals</u></b> to other health services					
Other (please list)					

**3. Does your organization provide the following Spinal screening and support services to children and adolescents? (Check all that apply according to how service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b>Spinal <u>Screening</u></b>					
<b><u>Training</u></b> on how to conduct Spinal screenings					
<b><u>Provide or loan equipment/materials</u></b> to conduct Spinal screenings					
<b><u>Follow-up</u></b> for abnormal results from Spinal screening					
<b><u>Collection and surveillance</u></b> of Spinal screening results data					
<b><u>Referrals</u></b> to other health services					
Other (please list)					

## Oral Health Screening

### Definitions and Terms:

**Oral Health Screening:** Primary care professionals or other appropriately trained professionals, as determined by state practice acts or regulations, can perform an oral health screening of the lips, tongue, teeth, gums, inside of the cheeks, and roof of the mouth to identify oral disease, especially tooth decay, or other oral conditions (for example, delayed tooth eruption or premature tooth loss, abscesses, or trauma) and to provide guidance for management. An oral health screening takes only a few minutes to complete. Screenings are not examinations and do not involve making diagnoses that lead to treatment plans. Only an oral health professional (a dentist or dental hygienist who is qualified according to state practice acts or regulations to perform preliminary examinations) has the education, training, and tools needed to conduct oral health examinations.

### Types of Oral Health Screenings per Texas Administrative Code, Title 22, Part 5, Chapter 112

**Visual Dental Health Inspection:** a cursory and gross assessment of the dental health status of an individual (client) usually performed with no other dental instruments besides, gloves, lighting and tongue depressors. Health/public health workers other than dentists, dental hygienists, dental assistants, physicians, and physician assistants may perform visual dental health inspections as well as students enrolled in a dental-related practice program or course of study.

**Limited Oral Evaluation:** A non-comprehensive evaluation of an individual who is not currently a client or patient or record made by a licensed dentist for the following: screening for symptoms of oral cancer; and/or evaluating needy children and adults for current or potential dental problems.

**4. Does your organization provide the following Oral Health screening and support services to the public? (Check all that apply according to how service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b>Screening</b> for oral health					
<b>Training</b> on how to conduct oral health screenings					
<b>Provide or loan equipment/materials</b> to conduct oral health screenings					
<b>Follow-up</b> for abnormal results from oral health screening					
<b>Collection and surveillance</b> of oral health screening results data					
<b>Referrals</b> to other health services					
Other (please list)					

## Newborn and Early Child

**5. Does your organization provide the following newborn screening and related services to the public?  
(Check all that apply according to how service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b><u>Newborn blood spot screening</u></b> (only confirmatory screen sample collected)					
<b><u>Follow-up</u></b> for abnormal results from newborn blood spot screening					
<b><u>Referrals</u></b> to other health services					
<b><u>Newborn hearing screening</u></b> (Texas Early Hearing Detection and Intervention Program or TEHDI)					
Other (please list)					

**6. Does your organization provide the following early-child (0-3 years old) related services? (Check all that apply according to how service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Early Childhood Intervention (ECI)					
Developmental Screening					
Other (please list)					

## Specialized Health Services

7. Does your organization provide the following Children with Special Health Care Needs (CSHCN) Program services to the public? (Check all that apply according to how service is delivered to the public.)

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
CSHCN health care services						
Access/linkage to care						
Determination of eligibility						
Application assistance						
Case management/ service coordination						
Education and Outreach						
Injury Prevention						
Data collection and surveillance						
Process claims for payment						
Quality Assurance oversight/ monitoring						
Screening /referral to other health services						
Translation/interpretation services						
Medical home and transition services						
Other (please list)						

**8. Does your organization provide the following child health care services for children age birth to 19 years old? (Check all that apply according to how service is delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Child health care services						
Well child checkups						
Access/linkage to care						
Determination of eligibility						
Application assistance						
Case management/ service coordination						
Education and Outreach						
Injury Prevention						
Data collection and surveillance						
Process claims for payment						
Quality Assurance oversight/ monitoring						
Screening /referral to other health services						
Translation/interpretation services						
Medical home and transition services						
Other (please list)						

**9. Does your organization provide the following child dental care services for children age birth to 19 years old? (Check all that apply)**

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Child dental care services					
Access/linkage to care					
Determination of eligibility					
Application assistance					
Case management/ service coordination					
Education and Outreach					
Injury Prevention					
Data collection and surveillance					
Process claims for payment					
Quality Assurance oversight/ monitoring					
Screening /referral to other health services					
Translation/interpretation services					
Other (please list)					

**10. Does your organization provide the following prenatal services? (Check all that apply according to how service delivered to the public.)**

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Prenatal health care services						
Access/linkage to care						
Determination of eligibility						
Application assistance						
Case management/ service coordination						
Education and Outreach						
Breastfeeding Education						
Injury Prevention						
Data collection and surveillance						
Process claims for payment						
Quality Assurance oversight/ monitoring						
Screening /referral to other health services						
Translation/interpretation services						
Other (please list)						

**11. Does your organization provide the following prenatal dental services? (Check all that apply according to how service is delivered to the public.)**

	<b>Check box indicating how each service is delivered to the public:</b>				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Prenatal dental care services					
Access/linkage to care					
Determination of eligibility					
Application assistance					
Case management/ service coordination					
Education and Outreach					
Injury Prevention					
Data collection and surveillance					
Process claims for payment					
Quality Assurance oversight/ monitoring					
Screening /referral to other health services					
Translation/interpretation services					
Other (please list)					

## Community

**Terms and Definitions:** Approach that focuses on strengths and assets by providing: opportunities for attachment, engagement, and socialization; support to youth so they feel useful and belong; broad system of community-based supports; and allowances for all youth to experience opportunities and activities like supportive relationships, rewards for work, skill development, and success in learning

**14. Does your organization provide the following services for positive youth development? (Please check all that apply according to how service is delivered.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b>Education</b> for children and youth					
<b>Education</b> for adults					
<b>Training</b> for children/youth					
<b>Training</b> for adults					
<b>Assessment</b> of development assets and risk factors					
<b>Intervention Program</b> on positive youth development					
Other (please list)					

**15. Does your organization provide the following services for healthy pregnancies? (Please check all that apply according to how service is delivered.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b>Education</b> on healthy pregnancy					
<b>Education</b> on breastfeeding and lactation support					
<b>Training</b> on healthy pregnancy					
<b>Intervention Program</b> on healthy pregnancy					
Other (please list)					

**16. Does your organization provide the following services to support the health of women before and between pregnancies (during the preconception and inter-conception time periods)? (Please check all that apply according to how service is delivered.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b>Education</b> on preconception/inter-conception health					
<b>Training</b> on preconception/inter-conception health					
<b>Intervention Program</b> on preconception/inter-conception health					
Other (please list)					

**17. Does your organization provide the following services for abstinence? (Please check all that apply according to how service is delivered.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b>Education</b> on abstinence					
<b>Training</b> on abstinence					
<b>Intervention Program</b> on abstinence					
Other (please list)					

**18. Does your organization provide the following services for breastfeeding/lactation? (Please check all that apply according to how service is delivered.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b>Education</b> on breastfeeding/lactation					
<b>Training</b> on breastfeeding/lactation					
<b>Intervention Program</b> on breastfeeding/lactation					
Providing a <b>Mother-friendly worksite</b>					
Other (please list)					

**19. Does your organization provide the following services for developmental milestones in children?  
(Please check all that apply according to how service is delivered.)**

	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
<b>Education</b> on development milestones					
<b>Training</b> on development milestones					
<b>Intervention Program</b> on development milestones					
Other (please list)					

**20. Does your organization coordinate with area organizations to increase access to care and services related to maternal, adolescent and child health?**

- Yes
- No
- Unsure/don't know

**21. Does your organization provide financial support to clients to obtain legal representation related to maternal, adolescent and child health matters?**

- Yes
- No
- Unsure/don't know

Women, Infant and Children (WIC) Program

**22. Does your organization provide access to WIC Program services?**

- Yes
- No
- Unsure/don't know

**23. Does your organization provide any additional major Maternal and Child Health service not already captured in this section of the survey?**

No

Yes (please list)

**24. If you would like to provide any general comments related to Maternal and Child Health services, please do so in the space below.**

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## SECTION 5

### SAFETY AND INJURY PREVENTION AND CONTROL

Description: Services aimed at preventing injury or death from accidents and violence. Services mostly focus on increasing knowledge and awareness to change behaviors and may be directed at individuals, groups or populations. Services may include, but are not limited to the following: identifying and determining risk; provision of devices/equipment; education and awareness; training; community partnerships and advocacy; and tracking and reviewing of injury related data and information.

#### Subcategories:

Unintentional Injury

Child Passenger Safety

Children and Youth

Other Personal Violence, Abuse and Neglect

Community

Child Fatality Review

Injury Data

**Cross Reference:** Safety and injury prevention and control services are often included as part of the overall services provided by various public health programs. For example, many Maternal and Child Health programs include injury prevention activities/services in their program operations. Survey include answer options for injury prevention services delivered. If your organization provides safety and injury prevention services as part of a maternal and child health (or Family and Community Health) program, please be sure to also complete the **Maternal and Child Health** section of the survey to ensure all services provided are captured.

## Unintentional Injury

**1. Does your organization provide services for any of the following injury prevention and control programs? (Check all topics that apply according to how service is delivered to the public.)**

Service	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Unintentional medication overdose prevention					
Motor vehicle safety					
Falls prevention					
Traumatic brain injury prevention					
Water recreation/boat safety					
Bicycle safety					
Household safety					
Other (please list)					

## Child Passenger Safety

**2. Does your organization provide the following child passenger safety services to the public? (Check all that apply according to how service is delivered to the public.)**

Service	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Child safety seat inspections					
Child safety seat installations					
Training on National Child Passenger Safety curriculum to certify individuals as Child Passenger Safety Technicians					
Child safety seat distribution					
Other (please list)					

## Children and Youth

**3. Does your organization provide injury prevention and control program services specifically targeting children and youth? (Check all topics that apply according to how service is delivered to the public.)**

Service	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Interpersonal violence (bullying, gangs, or similar)					
Suicide					
Physical/mental abuse and neglect					
Sexual abuse					
Sports injuries/concussions					
Other (please list)					

Other Personal Violence, Abuse & Neglect

**4. Does your organization provide program services to prevent and control injury from other types of personal violence, abuse, or neglect? (Check all topics that apply according to how service is delivered to the public.)**

Service	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Intimate partner violence					
Elderly abuse/neglect					
Adult suicide					
Rape Prevention					
Other (please list)					

Community

**5. Does your organization provide the following community-based services to prevent and control injury? (Check all topics that apply according to how service is delivered to the public.)**

Service	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Coalition-building					
Policy advocacy/change					
Public awareness campaigns					
Other (please list)					

Child Fatality Review

**6. Does your organization conduct child fatality reviews (e.g. serve as a member of Child Fatality Review Team)?**

Yes

No

Unsure/don't know

## Injury Data

**7. Does your organization track and analyze any of the following safety and injury-related data for the purpose of reducing hazards and unintentional injury in your jurisdiction?**

Service	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't Know
Unintentional medication overdose prevention					
Motor vehicle safety					
Falls prevention					
Traumatic brain injury prevention					
Water recreation/boat safety					
Bicycle safety					
Household safety					
Other (please list)					

## Other

**8. Does your organization provide any additional major Safety and Injury Prevention and Control service not already captured in this section of the survey?**

No

Yes (please list)

**9. If you would like to provide any general comments related to Safety and Injury Prevention and Control services, please do so in the space below.**

INSERT TEXT BOX WITH 500 SPACE CHARACTER LIMIT

## SECTION 6

### POPULATION HEALTH

DESCRIPTION: Services aimed at improving the health outcomes of a group of individuals, including the distribution of such outcomes within the group. The field of population health includes health outcomes, patterns of health determinants, and policies and interventions that link them.

#### SUBCATEGORIES:

Border Health (Texas-Mexico)

Indian Tribal/Native Entities

Global Health

Policy Advocacy

Special Populations and Assessments

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**Population health** can be used to categorize a large variety of public health programs and services. For example, maternal and child health programs and services are often described and/or considered population health but are not included in this section of the Survey. If your organization provides maternal and child health related services, please be sure to also complete the **Maternal and Child Health** section of the Survey to ensure all services provided are captured.

Border Health (Texas-Mexico)

**1. Does your organization provide public health services for the following categories in coordination with partners from Mexico?**

Examples of these types of services include, but are not limited to the following: shared reporting and information exchange; community-based interventions; grant funded projects; community preparedness exercises & events; Bi-national training, conferences and summits; disease investigations or similar.

**(Please check all that apply according to how the service is delivered to the public.)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Communicable disease						
Chronic disease						
Environmental						
Laboratory						
Epidemiology and Surveillance						
Preparedness, Response & Recovery						
Other (please list)						

**2. Does your organization provide any of the following service activities specifically targeting Texas - Mexico border counties and/or communities? (Please check all that apply according to how the service is delivered to the public.)**

For information on how the Texas-Mexico Border area (counties) is defined by the Department of State Health Services, please go to [http://www.dshs.state.tx.us/borderhealth/border\\_health\\_map.shtm](http://www.dshs.state.tx.us/borderhealth/border_health_map.shtm)

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Training Community Health Workers (Promotoras)						
Training other public health professionals						
Point-in-time provision of health services directly to a population per large scale community event/preparedness exercise or similar (e.g. Operation Lone star or similar)						
Providing public health related grants/contracts						
Conduct research on public health issues						
Prepare public health data reports						
Other (please list)						

## Indian Tribal/Native Entities

### 3. Does your organization coordinate any public health activities for the following categories with Indian Tribal or Native Entities?

Examples of these types of services include, but are not limited to the following: shared reporting and information exchange; disease surveillance, investigations and other epidemiology activities; community-based interventions and grant funded projects; preparedness exercises & events; Bi-Tri-national training, conferences and summits; or similar. **(Please check all that apply according to how the service is delivered to the public.)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Communicable Disease						
Chronic Disease						
Environmental / Regulatory						
Laboratory						
Case management/ service coordination						
Epidemiology and Surveillance						
Preparedness, Response & Recovery						
Other (please list)						

Global Health

**4. Does your organization track and monitor persons of international residence for the purpose of preventing and controlling the global spread of rare and deadly infectious diseases/diseases of high consequence pathogens? (Please check all that apply)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Routinely track/monitor						
Track/monitor per request by State health department or CDC						
Environmental / Regulatory						
Other (please list)						

Policy Advocacy

5. Does your organization conduct any of the following policy-related activities? If yes, check each level of government (local, state, or federal) at which these activities were directed. (Please check all that apply.)

	Yes, at the Local level	Yes, at the State level	Yes, at the Federal level	No
Prepare issue briefs for policy makers				
Give public testimony to policy makers				
Participate on a board or advisory panel responsible for public health policy				
Communicate with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances				
Provide technical assistance to legislative, regulatory or advocacy group for drafting proposed legislation, regulations, or ordinances.				
Other (please list)				

### Special Populations

**6. Does your organization provide public health services related to human/sex trafficking? (Please check all that apply according to how the service is delivered to the public.)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Education and outreach to community resources; assistance programs						
Assessment/identification of victims						
Education/training to public health professionals and providers						
Medical care/referral						
Other (please list)						

**7. Does your organization provide public health services for refugees/displaced populations from other countries? (Please check all that apply according to how the service is delivered to the public.)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Education and outreach to community resources; assistance programs						
Education/training to public health professionals and providers						
Medical care/referral						
Other (please list)						

**8. Does your organization provide any additional major Population Health service not already captured in this section of the Survey?**

No

Yes (please list)

**9. If you would like to provide any general comments related to Population Health services, please do so in the space below.**

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## SECTION 7

### LABORATORY

**Definition:** Laboratory services provided by local or state public health organizations designed to provide analysis of human, animal, and environmental specimens and samples, as well as agents of biological or chemical threats.

**Note:** Clinical Laboratory Improvement Act (CLIA) is the federal regulation that all laboratories conducting testing on clinical specimens must follow. Some tests are designated as CLIA-Waived by the FDA and do not have to meet the full standard of CLIA.

Sub-Categories:

Laboratory Testing Services

Health Threats and Response

## Laboratory Testing Services

### 1. Does your organization provide any laboratory testing services?

Yes (logic to go to Question 2)

No (logic Question 5)

Unsure/I do not know (logic to go to Question 2)

### 2. Does your organization provide CLIA-Waived testing services?

**CLIA-Waived:** CLIA-waived tests are categorized by the CDC as simple laboratory examinations and procedures that have an insignificant risk of an erroneous result. Examples include: HIV-1 & 2 antibody testing, urine dipstick chemistries, and hemoglobin. Under the CLIA, these tests and test systems must meet risk, error, and complexity requirements to be issued a CLIA certificate of waiver, and do not have to meet full standards for testing).

Yes

No

Unsure/I do not know

**3. What laboratory testing services does your organization provide? (Check all that apply according to how service is delivered to the public)**

	Check box indicating how the specific laboratory service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Biochemistry & Genetics						
Newborn Screening						
DNA Analysis						
Clinical Preventive (Hgb A1c, cholesterol, Iron)						
Environmental (food, water, soil, meat, consumer products or similar)						
Bacterial infection/cultures						
Parasite infection						
Rabies						
Viral infection						
Vector-borne infection (mosquito, insect)						
Mycobacterial infection (TB, Hansens)						
Serology (antibody/antigen)						
Other (please list)						

## Health Threats and Response

### 4. Does your organization perform any of the following laboratory response-related activities?

	Check box indicating how the specific laboratory service is delivered to the public:		
	YES: My Organization provides directly	NO: My organization does not provide	UNSURE: Don't know
Have a process for submitting samples to the Laboratory Response Network (LRN)			
Is a member of the Environmental Response Laboratory Network (ERLN)			
Other (please list)			

**5. Does your organization participate in BioWatch?**

**Terms and Definitions:**

**BioWatch:** is a federally-managed, locally-operated nationwide bio-surveillance system designed to detect the intentional release of select aerosolized biological agents. Deployed in more than 30 metropolitan areas throughout the country, the system is a collaborative effort of health personnel at all levels of government.

Yes

No

Unsure/I do not know

**6. Does your organization provide any additional major Laboratory service not already captured in this section of the survey?**

No

Yes (please list)

**7. If you would like to provide any general comments related to Laboratory services, please do so in the space below.**

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## **SECTION 8**

### **ACCESS AND LINKAGE TO CARE**

Description: Services that improve or increase access to/or connection with healthcare providers, community organizations, and public health agencies for the purpose of improving health outcomes in vulnerable populations.

Subcategories:

Organizational/Clinic Care

Care Coordination and Navigation

Case Management (Linkage to Medical Care)

## Organizational/Clinic Care

**1. Does your organization provide any of the following services that increase access to clinical care services? (Check all that apply according to how service is provided.)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Extended clinic hours						
Electronic Health Records system						
Utilization of coordinated care / navigation models						
Providing access to electronic clinic locators (online web page, clinic kiosk/ computer setup or similar)						
Telehealth / telemedicine services						
Directly-observed therapy (DOT)						
Preventive therapy (e.g. offered in person's home)						
Offsite screenings/testing (e.g. correctional facilities, other off-site locations)						
Electronic access (e.g. patient portal)						
Other (please list)						

## Coordination and Navigation

### Definitions:

**Care coordination and Navigation:** Performed by a team or designated care coordinator, care coordination involves connecting clients to other care providers/specialists, payers of care (Medicaid, insurance plans or other) and community-based resources to ensure health and other needs are met.

Patient navigation refers to the assistance offered to patients in “navigating” through the health-care system to overcome barriers in accessing quality care and treatment (e.g., arranging financial support, coordinating among providers and setting, arranging for translation services, etc.) From the [National Cancer Institute](#), *NCI’s Patient Navigator Research Program: Fact Sheet: What Exactly is a Patient Navigator?*

### 2. Does your organization provide care coordination and/or navigation to the following types of services? Check all that apply.

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don’t know
Other medical providers/specialists						
Payers of care (Medicaid, CHIP, insurance)						
Children with Special Healthcare Needs (CSHCN) benefits, case management/ service coordination						
Other disease case management/self-management programs						
Behavioral health services						
Food and nutrition Assistance						
Adult protective Services						
Aging related Services						
Texas Assistance for Needy Families (TANF)						

Other, (please list)						
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Case Management (Linkage to Medical Care)

**3. Does your organization provide case management for any of the following?**

**(Check all that apply)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Community Living Assistance and Support Services (CLASS)						
Medical case management/service coordination (Title V)						
Case management for Children and Pregnant Women (Medicaid case management/service coordination)						
Children with Special Health Care Needs (CSHCN) case management/ service coordination						
Deaf-Blind with Multiple Disabilities (DBMD)						
Home and Community-based Services (HCS)						
Texas Home Living (TxHmL)						
Medically Dependent Children's Program (MDCP)						
Youth						

Empowerment Services (YES)						
Other, (please list)						

**4. Does your organization provide any additional major Access and Linkage to Care service not already captured in this section of the survey?**

No

Yes (please list)

**5. If you would like to provide any general comments related to Access and Linkage to Care services, please do so in the space below.**

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## SECTION 9

### MENTAL HEALTH AND SUBSTANCE ABUSE

Description: Behavioral health care services that address mental illness and chemical dependency. These services directly support the preventive, diagnostic, therapeutic, and rehabilitative needs of the individual.

Subcategories:

Mental Health

Substance Abuse

Supportive Services

**Cross Reference:** Tobacco use and cessation is briefly mentioned under Question 3. of this Section of the Survey. Additional questions related to community-based tobacco control and prevention services are included in the **Chronic Disease Prevention and Control Section** of the Survey. If your organization provides community-based tobacco control and prevention services, please be sure to complete the **Chronic Disease Prevention and Control Section** of the Survey.

Questions that address activities related to provision of mental/behavioral health services during a disaster are included in the **Preparedness, Response and Recovery** section of the survey. If your organization provides these, please be sure to also complete the **Preparedness, Response and Recover** section of the survey to ensure all services are captured.

## Mental Health

1. Does your organization provide the following mental health services? (Please check all that apply according to how service is delivered to the public.)

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Education and Information						
Application assistance						
Assessment/screening						
Referral / Care coordination						
Diagnostic evaluations						
Treatment						
Referral for treatment						
Other (please list)						

## Substance Abuse

2. Does your organization provide the following substance abuse services? (Please check all that apply according to how service is delivered to the public.)

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Education and Information						
Assessment/screening						
Referral / Care coordination						
Diagnostic evaluations						
Detoxification						
Treatment						
Referral for treatment						
Other (please list)						

### Supportive Services

**3. Does your organization provide supportive services for mental health and/or substance abuse? (Please check all that apply according to how service is delivered to the public.)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Case management for mental illness						
Case management for substance abuse						
Case management for social/other needs						
Legal Advocacy						
Tobacco/Smoking Cessation						
Suicide prevention						
Rehabilitation services						
Other (please list)						

**4. Does your organization provide any additional major Mental Health and Substance Abuse service not already captured in this section of the survey?**

No

Yes (please list)

**5. If you would like to provide any general comments related to Mental Health and Substance Abuse services, please do so in the space below.**

INSERT TEXT BOX WITH 500 SPACE CHARACTER LIMIT

## **SECTION 10**

### **CLINICAL PREVENTIVE AND PRIMARY CARE**

#### Description:

Clinical preventives services includes immunizations, lab tests, screenings and other services intended to prevent and detect illnesses and diseases in their earlier, more treatable stages. When routinely applied in populations, clinical preventive services can significantly reduce the risk of illness, disability, early death, and medical care costs.

The US Preventive Services Task Force maintains a list of evidence-based clinical preventive services to be offered to persons who have no signs or symptoms of the specific disease or condition. The clinical preventive services listed in this section of the survey are taken from that list.

Primary Care is the first point of entry into the health care system meaning that primary care services are provided in and by state and local public health entities. Whether public or private, a primary care setting includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment services of acute and chronic illnesses. Additionally, while public health's aim is to strategize and address health care efforts to improve health at the population level, traditional primary care settings (private practices, clinics or similar) have directed their efforts and services by addressing disease and illness one person at a time.

#### Subcategories:

Provision of Clinical Preventive Services

Disease Management

Family and Community Health

Preventive Dental

Public Health and Primary Care

**Cross Reference:** The questions in this section of the Survey address clinic-based screenings and other health care services. If your organization provides services and activities as part of community-based programs and interventions to prevent and control chronic diseases and related conditions with a focus on primary prevention through policy and environmental change, please be sure to complete the **Chronic Disease Prevention and Control Section** of the survey in order for your organization's activities to be captured.

## Provision of Clinical Preventive Services

### 1. Does your organization provide the following clinical preventive services?

(Check all that apply according to how service is delivered to the public.)

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Blood pressure screening						
Hypertension control (monitoring)						
Cholesterol/lipid level						
Overweight/Obesity (Body Mass Index or BMI, Waist to hip ratio, etc.)						
Breast Cancer Screening						
Breast exams and referrals						
Cervical cancer screening						
Colorectal cancer screening						
Blood glucose level						
Glycemic control (monitoring)						
Scheduled immunizations child						
Scheduled immunizations adult						
STD Testing						
HIV Testing						
Tuberculosis screening and testing						
Birth Control/Family Planning						
Pregnancy Testing/health screening						
Screening for Asthma						
Screening for Tobacco use						

Screening for Alcohol use						
Screening for other substance abuse (recreational drugs, etc.)						
Screening for mental health						
Screening for genetic conditions						
Blood Lead Screening						
Other (please list)						

**2. Does your organization provide disease management services for any of the following diseases or conditions? (Check all that apply)**

**Definitions and terms:**

**Disease Management:** (From the Disease Management Association of America) Disease management includes all of the following: identified population targeted for the specific disease they share; enrollment process; evidence-based practice guidelines for treatment and care; collaborative team of providers; patient self-management education; health outcome measurements and evaluation; routine reporting and feedback between patients, providers and health plans (as applicable).

	<b>Check box indicating how each service is delivered to the public:</b>					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Heart Disease						
Diabetes						
Hypertension/stroke						
Overweight/Obesity (weight)						
Cancer						
High Risk Pregnancy						
Kidney Disease (end stage)						
Arthritis						
Asthma						
Other (please list)						

## Family and Community Health

### 3. Does your organization provide any of the following family and community health program services? (Check all that apply according to how service is delivered to public.)

**Note:** TITLE V Maternal and Child Health Fee for Service Program includes child health exams, child/adolescent dental, prenatal medical and prenatal dental.

	Check box indicating how each service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Primary Health Care Program						
Breast and Cervical Cancer Program						
Family Planning Program						
County Indigent Health Care Program						
Epilepsy Services Program						
Title V – Maternal and Child Health Fee for Service Program						
Primary Health Care Program						
Expanded Primary Health Care Program						
Case management/ service coordination						
Other (please list)						

Preventive Dental

**4. Does your organization provide preventive dental care services for Children and Adolescents?  
(Check all that apply according to how service is delivered to the public.)**

Service	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Oral health education					
Dental examinations (initial or periodic)					
Cleaning (prophylaxis)					
Application of topical fluoride					
Application of sealants to certain teeth					
Maintenance of space					
Other (please list)					

**5. Does your organization provide preventive dental care services for Adults?  
(Check all that apply according to how service is delivered to the public.)**

Service	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Oral health education					
Dental examinations (initial or periodic)					
Cleaning (prophylaxis)					
Application of topical fluoride					
Application of sealants to certain teeth					
Maintenance of space					
Other (please list)					

## Public Health and Primary Care

**6. Does your organization conduct any of the following activities for the purpose of integrating public health with primary care in your jurisdiction?**

Service	Check box indicating how each service is delivered to the public:				
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Sharing of public health data with providers					
Using surveillance data to evaluate medical practices					
Educating/Training providers on appropriate communicable disease detection/treatment					
Partnering with providers to increase recommended screenings & immunizations (IE., clinical preventive services)					
Participating in academic programs (hosting internships/rotations; student education)					
Other (please list)					

**7. Does your organization provide any additional major Clinical Preventive and Primary Care service not already captured in this section of the survey?**

No

Yes (please list)

**8. If you would like to provide any general comments related to Clinical Preventive and Primary Care services, please do so in the space below.**

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## **SECTION 11**

### **SURVEILLANCE and EPIDEMIOLOGY**

**DESCRIPTION:** According to the Centers for Disease Control and Prevention, epidemiologic surveillance is ongoing systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know. Data is not useful unless it is carefully organized, examined and applied to how services and programs are delivered to the public.

Subcategories:

Organizational Role

Public Health Programs and Surveillance Systems

Sharing Information

Data Collection Methods

Public Health Preparedness Related

**Cross Reference:** The surveillance and epidemiology services captured in this section of the survey cross various programs, diseases, etc. The following sections of the survey include surveillance and epidemiology questions that capture more specific activities:

1 Chronic Disease Prevention and Control

2 Communicable Disease Prevention and Control

4 Maternal and Child Health

5 Safety and Injury Prevention and Control

6 Population Health

If your organization provides surveillance and epidemiology services that fall under one of the Categories of Service listed above and/or are not found under this section of the survey, please be sure to also complete the section(s) above that apply to ensure that all your organization's activities are captured.

## Organizational Role

### Terms and Definitions:

**Passive surveillance:** Long-term, passive monitoring of health related data and determinants to provide key information on the health status of populations and groups in your jurisdiction. The 'passive' in passive surveillance refers to the role of the agency or organization responsible for it meaning it waits for the reports to come to them. Sources of data/reports include but are not limited to the following:

Prevalence and health trends data (Behavioral Risk Factor Surveillance System or similar)

Vital Statistics

Hospital discharge (National Hospital Discharge Survey Data or similar)

Reports of notifiable diseases/conditions that by law must be reported

Electronic Laboratory Reporting (ELR)

Other standardized and accessible survey and data collection systems

**Active surveillance:** Short term, resource intensive identification of possible cases of disease.

Active surveillance is done by the organization usually for specific purposes, e.g. to control the spread of a communicable disease, and involves the following:

Contacting health care providers, laboratories and other institutions to directly request information about conditions or diseases

Door-to-door surveys and individual interviews

Public Health Programs and Surveillance Systems

Special screening/testing events

**1. Which of the following terms best describes your organization's role in the delivery of public health surveillance activities and services for your jurisdiction? (Using the definitions above.)**

Passive

Active

Combination

Not applicable, my organization does not provide surveillance activities or services

Unsure/don't know

## Public Health Programs and Surveillance Systems

### 2. Does your organization provide surveillance and epidemiology services related to the following public health service categories for your jurisdiction?

	Check box indicating how the service is delivered to the public:					
	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Chronic Disease						
HIV/STD						
Tuberculosis						
Influenza / Influenza-Like Illness						
Vaccine-Preventable Conditions						
Other reportable Communicable Diseases						
Other non-reportable communicable diseases						
Maternal and Child Health						
Safety and Injury Prevention						
Environmental Health						
Other						

**3. Does your organization provide review and analysis of any of the following data sources and surveillance systems for the purpose of improving health service delivery in your jurisdiction? (Please check all that apply according to how the service is delivered.)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Vital Records/ Statistics					
Disease Reporting/ Notifiable Conditions / Morbidity Data					
Behavioral Risk Factor Surveillance System (BRFSS)					
Pregnancy Risk Assessment Monitoring System (PRAMS)					
Youth Risk Behavior Surveillance System (YRBS)					
National Health Interview Survey (NHIS)					
National Health and Nutrition Examination Survey (NHANES)					
Chronic Disease related registries (Cancer, Diabetes or similar)					
Hospital/other health care data					
Other (please list)					

**4. Does your organization contribute data to any of the following public health data sources or systems?  
(Please check all that apply according to how the service is delivered.)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Vital Records/ Statistics						
Notifiable Conditions Reporting						
Behavioral Risk Factor Surveillance System (BRFSS) (participate as a SMART or oversampling site)						
Chronic Disease/Disease Management Registries						
Texas Birth Defects Registry						
Health Information Exchange (HIE)						
Other (please list)						

## Sharing Information

### Terms and Definitions

**Local Leadership/decision makers:** persons or groups that provide leadership at the local level (municipal or county). These leaders and decision makers are external to (do not work for) the local public health organization. Examples may include city/county elected officials (mayor, county judge, etc.); city/county governance positions (city planner/manager or similar); local business leaders or chambers of commerce; advocacy and/or grass roots groups; community-based associations (professional and non-professional) that influence or drive policy and/or decision making that impacts local communities.

**State Leadership/decision makers:** persons or groups that provide leadership at a regional or state level. These leaders and decision makers may work for or with state government agencies including DSHS and they influence or drive policy and/or decision making that impacts the entire state or multiple regions within the state. Examples may include state legislators and other elected officials; state governance positions; public health-related state-level groups, coalitions, associations and institutions, statewide businesses, professional groups and associations; state-level advocacy groups and organizations.

**National Leadership/decision makers:** persons or groups that provide leadership at a multi-state or national level. National leaders and decision makers may include national bodies and institutions; elected officials (members of congress, etc.) and other national government positions; national businesses/corporations, groups and organizations; public health-related national groups, coalitions, associations and institutions, national advocacy groups and organizations that influence or drive policy and/or decision making that impacts the entire nation, regions within the nation or multiple states.

**5. Does your organization share public health data, information and reports with the following? (Using the terms described above.)**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Public						
Local leadership/ decision makers						
State leadership/ decision makers						
National leadership/ decision makers						
Health providers/ practitioners						
Other (please list)						

## Data Collection Methods

**6. Does your organization provide/conduct any of the following data collection services for the purpose of identifying community health problems and addressing health related needs in your jurisdiction? (Check all that apply according to how service is delivered to the public.)**

References: <http://www.health.state.mn.us/communityeng/needs/needs.html>

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Surveys (phone, mail, electronic, door-to-door, etc.)					
Focus Groups					
One-to-one interviews					
Community forums or public meetings					
Community Resource Inventories					
Community Health Assessment					
Oversampling site for the Behavioral Risk Factor Surveillance System Survey					
Other (please list)					

**7. Does your organization provide or conduct health risk assessments (HRA) of special groups or community populations?**

**Note:** Health risk assessments may be performed on clinic, worksite and neighborhood populations to target services and interventions towards that population’s specific health problems and needs.

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don’t know
Clinic population					
Worksites					
Neighborhood (community)					
School					
Other (please list)					

**8. Does your organization conduct syndromic surveillance for your jurisdiction?**

**Note:** Syndromic Surveillance uses clinical information about disease, injury and other signs and symptoms, before a diagnosis is made. These systems most often use electronic data from hospital emergency rooms and are useful in providing situational awareness of health threats including infectious disease and foodborne outbreaks.

Yes

No

Unsure/I don’t know

Public Health Preparedness Related

**9. Does your organization provide the following services regarding communicable disease outbreak/events and other hazards that threaten the public's health?**

	YES: My Organization provides directly	YES: My Organization contracts with another entity to provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Specimen collection/ submission						
Epidemiological investigations/ interviews						
Epidemiological studies (e.g. cohort, case control, etc.)						
Public health follow-up (contact investigation)						
Risk communications						
Respond to data requests						
Coordinate w/other jurisdictions regarding exposures/ investigations						
Recommend or implement public health interventions to mitigate or monitor a threat or incident						
Actively seek to improve surveillance and epidemiological						

systems						
Other (please list)						

**10. Does your organization provide any additional major Surveillance and Epidemiology service not already captured in this section of the Survey?**

No

Yes (please list)

**11. If you would like to provide any general comments related to Surveillance and Epidemiology services, please do so in the space below.**

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## Section 12

### Preparedness, Response and Recovery

Description: Activities conducted in preparation or in response to a sudden health threat or emergency that has the potential to significantly impact the public's health.

Subcategories:

Community Preparedness

Community Recovery

Emergency Operations Coordination

Emergency Public Information and Warning

Fatality Management

Information Sharing

Mass Care

Medical Countermeasure Dispensing

Medical Material Management and distribution

Medical Surge

Non-pharmaceutical interventions

Public Health Laboratory Testing

Responder Safety & Health

Volunteer Management

#### **Please Read Before Completing this Section:**

The following questions should be answered on a jurisdictional basis if your organization is not large enough to independently operate a public health response.

Most of the questions in this section do not include an answer column for "YES: My organization provides, but only in response to an emergency with public health implications," simply because most questions address activities inherently performed in response to an emergency event.

**Cross Reference:** Questions related to surveillance and epidemiology for **Preparedness, Response and Recovery** are not included in this section of the survey. They have been included in the **Surveillance and Epidemiology Section** of the Survey. If your organization provides surveillance and epidemiological services related to Preparedness, Response and Recovery, please be sure to also complete the **Surveillance and Epidemiology Section** of the survey to ensure are services are captured.

This section also includes questions that address activities related to provision of mental/behavioral health services during a disaster. If your organization provides additional mental/behavioral health services, please be sure to also complete the **Mental Health and Substance Abuse** section of the survey to ensure all services are captured.

## Community Preparedness

- 1. Does your organization have the following community preparedness measures in place for your jurisdiction? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	YES: My organization provides, but only in response to an emergency with public health implications	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Pre-identified community leaders that can act as trusted spoke-persons to deliver public health messages						
Pre-identified potential public health hazards and vulnerabilities within the local jurisdiction(s)						
Meetings with local community partners in support of community health preparedness regularly						
Social networking tools to foster public health preparedness and response						
Offer community training or guidance to ensure organizational/business sector involvement with public health preparedness						
Community training or guidance to ensure personal/home involvement with public health preparedness						
Other (please list)						

## Community Recovery

**2. Does your organization have the following community recovery measures in place for your jurisdiction? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Have a written plan created with neighboring jurisdictions to provide services that your jurisdiction does not have the ability to provide during or after an incident					
Have a system(s) in place to notify the community via community partners of your plans for restoration of impacted public health, medical, and mental/behavioral health services					
Identify and monitor public health services available during an incident response					
Have a written communications plan in place to work with community partners to inform the community of the availability of any disaster or community services being offered that provide assistance for community members impacted by the incident					
Other (please list)					

## Emergency Operations Coordination

**3. Does your organization have the following emergency operations coordination measures in place for your jurisdiction? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Assigned <b>Department Operations Center (DOC)</b> staff that have been appropriately trained					
Assigned jurisdiction <b>Emergency Operations Coordination (EOC)</b> staff that have been appropriately trained					
Systems in place to track and account for all public health resources during a response					
Access to back-up power equipment (e.g. generators) or alternate location in the event of system failure or power loss in your department EOC					
Processes in place to brief staff on the Incident Action Plan at the start of each new operational period					
Ability to provide sufficient staff to serve the incident command and emergency management roles for multiple operational periods to ensure continuous staffing during activation					
Communication equipment within the EOC that is current and frequently tested					
Other (please list)					

## Emergency Public Information and Warning

**4. Does your organization have the following emergency public information and warning measures in place for your jurisdiction? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Pre-identified Public Information Officer, potential spokesperson(s) and support staff to convey information to the public					
Guidelines and processes for establishing a joint public information system if an event or incident requires it					
A plan to be able to monitor jurisdictional media, conduct press briefings and provide "rumor control" using the National Incident Management System (NIMS) framework					
A written plan that provides methods for the public to contact you (as the public health department, health district, etc.) with questions and concerns through call centers, help desks, hotlines, social media or other communication platforms					
Other (please list)					

**5. Does your organization have a process in place whereby you can effectively alert the following of potential health risks? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
The media					
The public					
Health providers					
Stakeholders					
Other (please list)					

**6. Does your organization have a process in place whereby you can effectively avoid communication of information to the following that is protected for reasons related to national security, law enforcement, and/or the Health Insurance Portability and Accountability Act (HIPAA)?**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
The media					
The public					
Stakeholders					
Other (please list)					

## Fatality Management

**7. Does your organization have the following fatality management measures in place for your jurisdiction? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
A written plan for your organization's established role during a mass fatality incident					
A written plan to help inform and guide the public health resources needed for a mass fatality incident					
A written plan to assist other partners in the collection and dissemination of ante mortem data to families and law enforcement					
A plan created and verified with Emergency Support Functions #8 - Public Health and Medical Services (ESF8) partners to facilitate the provision of mental/behavior health services to family members of the deceased and incident survivors as needed					
Preparation and training to participate in fatality processing and storage operations					
Other (please list)					

## Information Sharing

**8. Does your organization have the following information sharing measures in place for your jurisdiction? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Pre-identified intra-jurisdictional stakeholders across public health, public safety and the private sector to determine information sharing and flow					
Developed data elements and identified rules for information sharing					
A process in which to ensure continuous connection with key stakeholders during an incident through alternate communication methods (e.g. radios)					
Other (please list)					

Mass Care

**9. Does your organization have the following mass care measures in place for your jurisdiction?  
(Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Written plans that identify your role in mass care operations during a disaster					
Written plans to determine mass care needs of your impacted population during a disaster					
Capability to coordinate <b>public health services</b> during a disaster					
Capability to coordinate <b>medical services</b> during a disaster					
Capability to coordinate <b>mental/behavioral health services</b> during a disaster					
Ability to monitor health-related mass care support during a disaster					
Other (please list)					

## Medical Countermeasure Dispensing

**10. Does your organization have the following medical countermeasure dispensing capabilities in place for your jurisdiction? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Coordination with partners to identify and initiate medical countermeasure-dispensing strategies during a disaster					
Identified dispensing sites (e.g. PODS) and/or intermediary distribution sites that are prepared to receive medical countermeasures during a disaster					
Ability to activate resources to begin dispensing medical countermeasures during a disaster					
A written plan to dispense medical countermeasures to a target population during a disaster					
A process to receive and report negative medical countermeasures side effects (e.g. adverse reactions) during a disaster					
Other (please list)					

## Medical Material Management and Distribution

**11. Does your organization have the following medical material management and distribution measures in place for your jurisdiction? (Please check all that apply according to how service is delivered to the public.)**

**Note:** A service delivery column for “N/A: Not Applicable” has been added for this question.

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	N/A: Not Applicable	UNSURE: Don't know
Ability to coordinate logistical operations, request medical material, activate and support staging operations when an incident exceeds your capacity						
Ability to coordinate with local partners to obtain medical material from them or from jurisdictional caches during a disaster						
A process to manage inventory and to provide inventory status reports to appropriate authorities during a disaster						
Coordination with emergency management personnel to secure personnel and medical material during a disaster						
Coordination with law enforcement personnel to secure personnel and medical material during a disaster						
A written plan on how you will distribute medical material to dispensing sites or treatment locations during a disaster						
Written plans to recover remaining medical material and to demobilize distribution operations after a disaster						

Other (please list)						
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### Medical Surge

**12. Does your organization have the following medical surge measures in place for your jurisdiction?**

**(Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
An established Incident Command System (ICS) structure that can easily be activated if an incident occurs					
Ability to ensure accuracy of bed vacancy reported by local healthcare facilities					
Ability to routinely validate your contact lists for local healthcare and emergency response partners to ensure their accuracy					
Other (please list)					

## Non-Pharmaceutical Interventions

**13. Does your organization have the following non-pharmaceutical intervention measures in place for your jurisdiction? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Engagement of partners to identify any current or potential factors that could impact the implementation of non-pharmaceutical interventions					
Worked with subject matter experts to recommend non-pharmaceutical interventions to be implemented					
A system in place for implementing and monitoring the execution of non-pharmaceutical intervention operations					
Other (please list)					

## Public Health Laboratory Testing

**14. Does your organization have an established process for submitting samples to the Laboratory Response Network (LRN)?**

Yes

No

Unsure/I don't know

Responder Safety & Health

**15. Does your organization coordinate with local partners to facilitate responder health and safety training? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
For public health responders					
For any medical or first responder					
Other (please list)					

**16. Does your organization actively seek to identify and monitor responder health and safety issues? (Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
For public health responders					
For any medical or first responder					
Other (please list)					

**17. Does your organization suggest training to mitigate responder health and safety issues?**

**(Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
For public health responders					
For any medical or first responder					
Other (please list)					

**Volunteer Management**

**18. Does your organization have the following volunteer management measure in place for your jurisdiction?**

**(Please check all that apply according to how service is delivered to the public.)**

	YES: Organization Directly Provides	YES: Organization contracts with another entity to Provide	NO: My Organization does not provide	OTHER: Other entity independent of my organization provides	UNSURE: Don't know
Actively recruit, organize and utilize volunteers					
Other (please list)					

**19. Does your organization provide any additional major Preparedness, Response and Recovery service not already captured in this section of the survey?**

No

Yes (please list)

**20. If you would like to provide any general comments related to Preparedness, Response and Recovery services, please do so in the space below.**

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