



Default Question Block

Instructions

Thank you in advance for taking the Association of State and Territorial Health Officials (ASTHO) Minority Health Survey 2010: State Approaches to Health Equity and Health Disparities. This second survey continues ASTHO's efforts since 2007 to provide a complete and accurate picture of state efforts to improve health equity and decrease health disparities.

The survey can be completed in more than one sitting. Qualtrics surveys can be answered and returned to provided that the respondent uses the same web browser and the same computer. There is no "save" button on each page of the survey, but the responses should be recorded and saved as long as the respondent clicks on the arrow button at the bottom of the page to move to the next page.

Confidentiality Statement

This survey will help us look at state efforts to improve health equity and decrease health disparities over the past three years. Data from this survey will be used to create state snapshots from the report similar to the [State Snapshots from 2008](#), which are on our website. ASTHO will also create Health Equity Case Studies with the data from this survey. ASTHO anticipates data from this survey being available by January 2011. The reports will be disseminated to state Offices of Minority Health, Health Disparities, and Health Equity, state and territorial health officials, partners, and other stakeholders. Data from this survey may be added to a publicly available database maintained by ASTHO. ASTHO will make these data available to researchers who agree to ASTHO's data use policy and whose research will benefit public health practice. Visit ASTHO's data and analysis web page for more information about the survey data use agreement and publicly available data at: www.astho.org/research/data-and-analysis/.

Contact Information

Please contact Meenoo Mishra at mmishra@astho.org or call at 571-527-3169 for any questions.

RESPONDENT INFORMATION

Please provide contact information for the primary respondent to this survey, in the event that ASTHO needs to follow up on the information submitted.

1. In what state or territory do you work?

2. Name of Primary Respondent:

3. Title of Primary Respondent:

4. Name of respondent's organizational unit:

5. Respondent's telephone number:

6. Respondent's email:

HEALTH PRIORITIES

This section includes questions on health priorities for the state/territory's general population, and for its racial and ethnic minority populations specifically. Health priorities can be defined as broad health issues, or as more specific diseases or illnesses that the State/Territorial Health Agency (S/THA) has identified as central health concerns.

7. Has your State/Territorial Health Agency (S/THA) established different health priorities for racial/ ethnic minorities and other specific groups subject to health disparities in your state/territory?

Yes

No

8. If yes, please check the the specific target population(s). Select all that apply.

Black or African American

Hispanic/Latino

Asian

Hawaiian Native/ Pacific Islander

American Indian/Alaskan Native

Rural or geographically isolated populations

Gender

LGBT groups

Refugee groups

Immigrant groups

Other (please specify)

9. Please check the health issues that you are addressing in your target populations. Select all that apply.

Cardiovascular disease

Chronic conditions (diabetes, cancer)

Infant mortality

HIV/AIDS

Obesity

TB

Other communicable diseases

Other (please specify

ORGANIZATIONAL APPROACHES TO RACIAL/ETHNIC MINORITY HEALTH AND RACIAL/ETHNIC HEALTH DISPARITIES AND HEALTH EQUITY

The questions in this section relate to how racial/ethnic minority health, racial/ethnic health disparities, and health equity (MH/HD/HE) efforts are organized within the S/THA, including terminology used, entities and staff dedicated to MH/HD/HE within the S/THA, and/or external entities with which the S/THA coordinates on MH/HD/HE.

10. What is the official terminology used by your S/THA to refer to issues and activities related to racial and ethnic minority health, racial and ethnic health disparities, and health equity (MH/HD/HE)? Select all that apply.

Racial and ethnic minority health

Minority health

Multicultural health

Racial and ethnic health disparities

Health disparities

Health equity

No official terminology

Other (please specify)

11. Does your S/THA have a primary contact person for issues and activities related to MH/HD/HE?

Yes

No

12. Is this primary contact person for MH/HD/HE the same as the primary respondent for this survey?

Yes

No

13. If your S/THA does have a primary contact person for MH/HD/HE and he/she is NOT the same person as the primary respondent for this survey, please answer the following:

14. Name of primary contact person for MH/HD/HE:

15. Title of MH/HD/HE primary contact person:

16. Name of MH/HD/HE primary contact's organizational unit:

17. MH/HD/HE primary contact's telephone number:

18. MH/HD/HE primary contact's email address:

19. Does the primary contact person for MH/HD/HE dedicate 100% of his/her time to MH/HD/HE issues and activities?

Yes

No

20. The primary contact person for MH/HD/HE reports directly to:

State/Territorial Health Official

State/Territorial Senior Deputy

Division Director

Program Director

Commission or other coordinating/advisory body

Other (please specify)

21. Excluding the primary contact person for MH/HD/HE, does the S/THA have other staff completely or partially dedicated to MH/HD/HE issues and activities?

Yes

No

22. Does your S/THA have an organizational unit with primary responsibility for MH/HD/HE activities?

Yes

No

23. Is the Director/Coordinator of the MH/HD/HE unit the same as the primary contact person for MH/HD/HE issues?

Yes

No

If no, then please answer the following:

24. Title of Director/Coordinator for the MH/HD/HE unit:

25. Director/Coordinator for MH/HD/HE unit's email address:

26. Name of the MH/HD/HE organizational unit:

27. Date MH/HD/HE unit was established:

28. MH/HD/HE unit's web address:

29. If your S/THA has an organizational unit for MH/HD/HE, does it receive federal funding from the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (USDHHS)?

Yes

No

30. If your MH/HD/HE unit does receive federal funding from OMH/USDHHS, what % of your MH/HD/HE unit's revenue comes from OMH/USDHHS?

31. Does the state/territory have an annual budget designated specifically for MH/HD/HE programs or activities?

Yes

No

32. If yes, please provide the total revenue designated for all MH/HD/HE activities supported by the S/THA, by funding source, for each of the past three fiscal years. If you did not receive funding from one or more of the funding sources, please add a zero in the appropriate box. If you have additional comments, please use the comment box.

	Federal Funding	State Funding	Other
FY 2010			
FY 2009			
FY 2008			
Comments			

33. If you received federal funding, please tell us who the federal funder is, with the amount of funding received from each federal agency. If you did not receive funding from one or more of the funding sources, please add a zero in the appropriate box. If you have additional comments, please use the comment box.

	CDC	HHS's OMH	HRSA	Other HHS agency	Other Federal Agency
FY 2010					
FY 2009					
FY 2008					
Comments					

34. Please indicate your expenditures in the following categories. If you do not have any expenditures in one or more of the categories, please add a zero in the appropriate box. If you have additional comments, please use the comment box.

	State programs	Local Health Departments	Non-profit organizations	For-profit organizations

FY 2010	
FY 2009	
FY 2008	
Comments	

35. Who makes decisions regarding budget allocations for MH/HD/HE activities? Select all that apply.

- State/Territorial Legislature
- Governor
- State/Territorial Health Official
- Director/Coordinator of MH/HD/HE for the S/THA
- Other Program Managers within the S/THA
- In collaboration with other non-health agencies (such as Dept of Transportation)
- Other (please specify)

36. In the table below, please provide information on all full-time, part-time, or contract employees of the S/THA who dedicate all or a part of their work hours to MH/HD/HE issues and activities. This should include the primary contact person for MH/HD/HE mentioned previously.

Please indicate the number of employees working on MH/HD/HE issues in each category, their primary organizational units, and the percent of time each employee dedicates to working on MH/HD/HE issues and activities.

	Total Number of Employees in Category	1st Employee's Primary Unit	% Time 1st Employee Dedicates to MH/HD/HE	2nd Employee's Primary Unit	% Time 2nd Employee Dedicates to MH/HD/HE	3rd Employee's Primary Unit	% Time 3rd Employee Dedicates to MH/HD/HE
Administrator or Director							
Policy or Program Officer							
Health Equity Specialist/Coordinator							
Program Specialist (e.g. Environment, Nutrition, MCH)							
Clinical Consultant or Specialist							
Epidemiologist							
Public Health Educator							
Public Information Specialist							

Information Technology or Systems Specialist	
Administrative/Clerical Staff	
Contractor	
Intern/ Student	

37. Do MH/HD/HE staff conduct trainings for others on minority health/health disparities/health equity issues?

- Yes
- No

38. If yes, then who is being trained? Select all that apply.

- SHA staff
- Community members
- Local health department staff
- Non-profit organization staff
- Other

39. Does your S/THA have a task force, work group, representative or coordinating committee that advises the S/THA on MH/HD/HE issues?

- Yes, internally as part of the S/THA
- Yes, external to the S/THA
- No
- Other (specify)

If yes, please complete the following:

40. Title and affiliation of advisory committee:

41. Does the primary contact person for MH/HD/HE reported in this survey, appear on the S/THA organizational chart?

- Yes
- No

42. Does the MH/HD/HE unit for MH/HD/HE reported in this survey, appear on the S/THA organizational chart?

Yes

No

43. Does the advisory committee for MH/HD/HE reported in this survey, appear on the S/THA organizational chart?

Yes

No

44. Are there other entities outside the S/THA that coordinate MH/HD/HE issues and activities in your state/territory (e.g. governmental, non-profit or private organizations)?

Yes

No

If yes, please answer the following:

45. Type of outside MH/HD/HE entity: Select all that apply.

Governor's office or task force

Transportation Department

Housing Department

Labor Department

Local health department

Non-profit organization

Private organization

Other (please specify)

46. Are there particular articles of legislation or state/territorial mandates that directed the organization of MH/HD/HE activities in the state/territory (e.g. an MH/HD/HE office or department or advisory committee?)

Yes

No

47. If yes, please provide the type(s), title(s) and date(s) of legislation or mandate(s):

48. If there is no legislation or mandate, what or who specifically prompted the establishment of the S/THA's coordinating body, unit or contact person for MH/HD/HE?

Governor of state

Advisory Group

Other (please specify)

49. If your S/THA does NOT have a designated contact person, organizational unit or coordinating/advisory body for MH/HD/HE, please explain the approach your S/THA has chosen to address MH/HD issues:

NOTE: Leave this question blank if your S/THA does have a primary contact person, office or department or advisory committee for MH/HD/HE.

PLANNING FOR RACIAL/ETHNIC MINORITY HEALTH AND RACIAL/ETHNIC HEALTH DISPARITIES

This section explores how the S/THA identifies MH/HD/HE issues, and how the S/THA has addressed these issues in its organization and planning. Questions in this section relate to data capacity and strategic planning.

50. What sources of information does the S/THA use to identify, for planning purposes, MH/HD/HE issues among the state/territory's populations? Select all that apply.

Local health department surveillance data

State health department surveillance data

National health surveillance data for the state/territory

National health surveillance data not specific to state/territory

Research on racial/ethnic minority populations or health disparities in the state/territory (e.g. studies, surveys, needs assessments, clinical trials)

Data or feedback from the state/territory's health sector (e.g. hospitals, health plans, insurance providers) regarding MH/HD/HE

Data or feedback from other sectors (e.g. non profit, for profit) in the state/territory regarding MH/HD/HE

Other (please specify)

Do not use data, research or feedback for MH/HD/HE planning

51. Does your S/THA have a strategic plan for addressing MH/HD/HE?

Yes, as part of the overall strategic plan for the S/THA

Yes, as a stand-alone strategic plan exclusively for MH/HD/HE

No

Other (please specify)

52. Please check the boxes that apply to your state's strategic plan for MH/HD/HE. Select all that apply.

Leverage and engage public/private partners in MH/HD/HE solutions

Establish policy to require focus on MH/HD/HE in all funding opportunities

Develop strategy to communicate that MH/HD/HE benefits all

Partner to enhance multi-disciplinary/ multi-sector capacity

Develop a multi-sector advocacy strategy

Ensure MH/HD/HE is fully integrated in state strategic priorities and plans

Increase access to primary care

Increase cultural competency/ Health literacy

Collect and track disparities data

Increase health workforce diversity

Other (please specify)

PARTNERSHIPS AND ACTIVITIES IN RACIAL/ETHNIC MINORITY HEALTH, RACIAL/ETHNIC HEALTH DISPARITIES, AND HEALTH EQUITY

This section gathers information on collaborations or partnerships that S/THAs have formed to address MH/HD/HE, as well as the activities S/THAs have planned or undertaken to promote MH/HD/HE.

53. Check the boxes for all departments that have a designated contact person for MH/HD/HE in the individual operations or program offices of the following operations and program areas (e.g. policy, maternal and child health, infectious disease or environmental health units). Select all that apply.

Behavioral/Mental health, alcohol, tobacco and other drugs (ATOD)

Chronic disease prevention and/or health promotion

Public health preparedness and response

Environmental health

Epidemiology

Health facilities and other professional regulatory programs

Infectious or communicable disease

Maternal and child health or children with special health care needs

Oral health

Primary care

Public information and policy

Other (please specify)

MH/HD/HE unit does not work directly with other operational or program offices in the S/THA

S/THA does not have primary contact person, unit or body for MH/HD/HE

54. Check the boxes for all entities which the S/THA has formed partnerships or collaborations around MH/HD/HE issues or activities. Select all that apply.

Local health departments

Local government

Tribal government

Transportation Department

Housing Department

Labor Department

Agriculture Department

Health departments in other states/territories

Federal government

S/THA-supported advisory bodies comprised of representatives from state/territory's racial/ethnic minority populations

Independent advisory bodies comprised of representatives from state/territory's racial/ethnic minority populations

Community-based or non-profit organizations

Faith-based organizations

Corporations

Health systems

Foundations (private and non-profit)

Schools and universities

Professional and other associations

Clinical networks

Media

Other (please specify)

MH/HD/HE unit does not work directly with partners

55. Which areas did your S/THA's MH/HD/HE activities or programs focus on within the last three years? Select all that apply.

- Advocacy
- Data Capacity
- Policy
- Program
- Training/Education
- Other

56. You have reached the end of the survey. Please inform us of anything else you would like to share about MH/HD/HE efforts at your S/THA. If you wish to make changes to your responses, please go back by clicking on the back arrow button to edit your survey. If you are finished with the survey, then please click on the submit button. Thank you!