

2010 ASTHO State and Territorial Public Health Survey

Thank you in advance for your participation in the Second ASTHO State and Territorial Public Health Survey. This survey continues ASTHO's efforts to provide a complete and accurate picture of governmental state and territorial public health. Since this study is the only source for much of this information, your participation is essential.

Instructions: Please complete the entire questionnaire by June 18, 2010.

This questionnaire consists of 13 sections. In the Table of Contents below, we have made suggestions as to the most appropriate respondents for each section of the survey.

Table of Contents	
Topic	Recommended Respondent
Intro	N/A
Part A: Contact Information	Senior Deputy
Part B:Activities	Senior Deputy
Part C:Agency Structure , Governance and Priorities	Senior Deputy
Part D: Workforce	Human Resources Director
Part E: Finance	Chief Fiscal Officer
Part F: Planning and Quality Improvement	Performance Improvement Officer or equivalent
Part G:Health Information Exchange	Chief Information Officer or equivalent
Part H:State/Territorial Health Official Authority, Qualifications and Salary	State/Territorial Health Official
Part J: RWJF-added questions	Senior Deputy
Agency Profile	N/A
Survey Results	N/A
Submit Survey	Senior Deputy

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This questionnaire is designed so that it can be completed in multiple sittings and/or by several people. Some state/territorial health agencies will want different staff members to complete various section of the questionnaire. There are two ways you can accomplish this:

1. The Primary Senior Deputy, or the designated Primary Contact for the survey (if different from the Primary Senior Deputy), can forward the survey link received via email to the appropriate staff members and ask them to enter the information directly into the web-based survey.
2. The Primary Senior Deputy or the designated Primary Contact can print out a blank questionnaire (see instructions below), distribute hard copies to the appropriate individuals, and then go online to enter the information they provide.

Contact Info

On the top of the first page of each section, we have made suggestions as to the most appropriate respondents for each section of the survey (e.g. Part E: Finance. To be completed by the Chief Financial Officer).

We request that the contact information of the person completing each part of the survey be entered on the first page of each section in case ASTHO needs to follow up on the responses provided. On the first page of sections B, D and F, you will find additional section-specific instructions to help you answer the questions. To edit the contact information, or to view the instructions at any time, click on the name of the section on the left panel. Remember to save your responses before leaving the current page you are on.

Saving Data

As you complete the questionnaire, your responses will be saved when you click on either of the Save buttons on the bottom of each page. Click the “Save” button to save the responses on the current page and to remain on the current page. Click the “Save and Continue” button to save the responses on the page and be automatically taken to the next page of questions in that section. Responses can be changed at any time until the survey is submitted using the “Submit Survey” link.

Navigating the Survey

To return to a previous question or skip ahead, simply click on the name of the section on the left panel and then the link that includes the question number (e.g. to view/edit question B5, click on “Part B: Activities” and then click on “B4 - B7”). **Do not use the back button in the web browser.**

Printing a Blank Survey

You may print a blank version of the survey by clicking on the following link: _____.

Agency Profile

You may view, download and print a copy of a short agency profile by clicking on the “Agency Profile” link in the left panel. This report incorporates select responses from your agency’s survey into a brief profile to highlight aspects of your agency, such as agency mission, top five priorities, organizational structure and relationship with local health departments, health planning, finance and workforce. Please review your agency’s profile report carefully before submitting the completed survey.

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Submitting Completed Survey

Primary Senior Deputies will receive an email with a pin number, which will be necessary to submit the completed survey for your agency. We request that the Primary Senior Deputy, or the designated Primary Contact for the survey (if different from the Primary Senior Deputy), the state/territorial health official or designated primary contact check the entries prior to final submission of your survey to ensure that all sections are completed and information is correct. To submit the completed survey, click on the “Submit Survey” button and enter your pin and click the “submit button”

If you would rather not answer the questionnaire online, and prefer to mail a hard copy of your responses, please send your complete questionnaire to:

ASTHO- Survey Research
2231 Crystal Drive
Suite 450
Arlington, VA 22202

Printing a Completed Survey

You may view, download and print a copy of your agency’s completed survey by clicking on the “Result Results” link in the left panel.

Report Findings:

- Data from this survey will be analyzed and published. ASTHO anticipates publications being available by the end of 2010.
- A report that highlights key findings will be available on ASTHO's web site.
- ASTHO will make state/territorial-specific information available to the public as required by our funding agreements with the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention.
- Data from this survey will 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/

Your participation and effort are sincerely appreciated!

Technical Assistance:

If you experience problems navigating the questionnaire or if you have questions related to the survey questions, please contact the Survey Research Team at (571) 527-3155 or surveymresearch@astho.org.

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Part A: Contact Information

Respondent Information for Primary Contact

AGENCY INFORMATION

NAME OF STATE/TERRITORIAL PUBLIC HEALTH AGENCY

STATE/TERRITORY AGENCY REPRESENTS

NAME OF PRIMARY CONTACT FOR SURVEY

TITLE

ORGANIZATION MAILING ADDRESS

WEBSITE

E-MAIL ADDRESS

ORGANIZATION STREET ADDRESS (IF DIFFERENT FROM MAILING)

TELEPHONE NUMBER

FAX NUMBER

RESPONDENT INFORMATION FOR PRIMARY CONTACT

MAILING ADDRESS OF CONTACT (IF DIFFERENT FROM AGENCY MAILING)

E-MAIL ADDRESS

TELEPHONE NUMBER

FAX NUMBER

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Part B: Activities

To be completed by the Senior Deputy

CONTACT INFORMATION

NAME

POSITION / TITLE

STREET ADDRESS

CITY

STATE

POSTAL CODE

TELEPHONE NUMBER

EMAIL ADDRESS

INSTRUCTIONS

Part B is the longest and most detailed section of the survey. The information collected in the following questions will allow ASTHO to describe the full range of state/territorial public health agency responsibilities. Once you complete Part B you will be more than halfway done with the survey.

We are interested in who conducts various public health activities in your state/territory. For each activity in the charts below and on the following pages, check all the boxes that describe who has directly provided that service or activity in your jurisdiction during the past year.

If the state or territorial health agency is responsible for the activity, select the “Performed by state/territorial public health agency” box in the first column. If the state public health agency is not responsible for the activity, leave the box in the first column unchecked. If the state/territorial health agency uses a contractor to perform the service, the state health agency is still considered responsible for the activity (and the first box should be checked). The exception to this rule is if the state contracts out the service to local health departments. In that case, only the local health department box should be checked.

We have made a distinction between local health departments that are led by state employees (traditionally found in centralized states) and local health departments that are led by local employees (traditionally found in "home rule" states). For example, if the state public health agency performs the activity directly, and independent local health departments within the state also perform the activity, select "Performed by state/territorial public health agency directly" and "Performed by local health departments run by a local employee." If your state has both state-led local health departments and independent local health departments and both types of local health departments provide a given service, please select both boxes. If any of the local-led health departments provide the service, please select the box, even though some local-led health departments may not provide the service.

The “Performed by a not-for-profit entity” response option refers to activities performed by community-based, faith-based organizations and voluntary organizations, non-profit hospitals and clinics and any other non-profit organizations. The “Performed by a for-profit entity” may include activities conducted by for-profit hospitals, health care providers and clinics.

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B1. Immunization - vaccine order management and inventory distribution. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Adult immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International travel immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. Immunization - administration of vaccine to population. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Adult immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International travel immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B3. Screening for diseases/conditions. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast and cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon/rectum cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cancers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newborn screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other public health screening (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other":

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B4. State/Territory laboratory services. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Likely bioterrorism agents testing (e.g. anthrax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood lead screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food borne illness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newborn screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other environmental toxins screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other screening (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other":

B5. Registry maintenance. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Birth defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B6. Disease Treatment Services. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast and cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon/rectum cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cancers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other public health treatment (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other":

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B7. Maternal and child health services. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Child nutrition (daycare providers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children with special health care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive school health clinical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention services for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPSDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCH home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-WIC nutrition assessment and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive primary care clinics for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School health services (non-clinical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well child services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B8. Other clinical health services provided to individuals. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Child protection services/medical evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive primary care clinics for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence victims services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed care (medical homes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health education and prevention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault victims services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State nursing home eligibility determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse education and prevention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B9. Data collection, epidemiology and surveillance activities. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Adolescent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer incidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable/infectious diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodborne illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morbidity data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal events or risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reportable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syndromic surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninsured, outreach and enrollment for medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B10. Population-based primary prevention services. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Abstinence only education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted disease counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unintended pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B11. Regulation, inspection and/or licensing activities. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biomedical waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body piercing/tattooing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campgrounds & RVs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cosmetology businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service establishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotels/motels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (inspections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jails/prisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local public health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Long-term care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migrant Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic tank systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke-free ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste disposal sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste haulers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pools (public)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanning salons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco retailers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other facilities (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other":

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B12. Professional licensure. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses (any level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health professionals (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other":

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B13. Other environmental health activities. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of unused pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coastal zone management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental epidemiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazmat response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land use planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mosquito control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor air quality regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private water supply safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public water supply safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radon control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface water protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Toxicology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pollution prevention (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other":

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B14. Other public health activities. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Agriculture regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eldercare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensics laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutional review board (IRB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical examiner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-clinical services in corrections facilities (e.g. epidemiology, surveillance, HIV/STD prevention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational safety and health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State mental health authority with substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State mental health authority without substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State mental institutions/hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State health planning and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
State tuberculosis hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma system coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinarian public health activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B15. Access to health care services. (select all that apply)

	Performed by state/territorial public health agency	Performed by local health departments led by a state/territorial employee	Performed by local health departments led by a local employee	Performed by a not-for-profit entity	Performed by a for-profit entity	Performed by another state/territorial agency
Emergency medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based health programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health disparities and/or minority health initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutional certifying authority for federal reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach and enrollment for medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State children's health insurance program (SCHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State provided health insurance (not supported by federal funds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B16. The CDC provided funding to states/territories to integrate tobacco, diabetes and behavioral risk factor monitoring (BRFSS) programs. Is your state or territorial health agency working to integrate any additional chronic disease prevention programs?

☐ Yes ☐ No

B17. Which components of comprehensive tobacco control do you consider the highest priority? Please rank the components with one being the most important and five being the least important.

- ___ Administration and management
- ___ Cessation intervention
- ___ Health communication intervention
- ___ State/Territory and community interventions
- ___ Surveillance and evaluation

B18. What components of a worksite wellness program have you implemented at your state/territorial public health agency? (select all that apply)

- ☐ Smoke-free building
- ☐ Footage requirements outside of building for smoke-free area
- ☐ Smoke-free venues for off-site meetings
- ☐ Healthy eating policies for catered events
- ☐ Healthy vending policy in office building
- ☐ Weight loss or physical activity challenges or incentives for staff
- ☐ Insurance coverage for tobacco cessation programs
- ☐ Healthy maternity policies (i.e., lactation room, paid maternity leave)
- ☐ Farmer's market for staff
- ☐ Menu labeling in office building cafeteria
- ☐ Other (specify):
- ☐ None of the above

B19. What sources of funding do you use for your work to prevent obesity? (select all that apply)

- ☐ CDC
- ☐ Private foundation
- ☐ State general fund
- ☐ Other - specify:
- ☐ We do not have an obesity prevention program.

B20. Do you provide financial support to primary care providers in your state/territory (this includes Rural Health Centers, publicly-run health centers, other not-for-profit providers or other private providers)?

☐ Yes ☐ No ☐ Other - specify:

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B21. On what topics does your state/ territorial health agency provide training to local health agency personnel? (select all that apply)

- ☐ Environmental health
- ☐ Maternal and child health
- ☐ Disease prevention and control
- ☐ Preparedness
- ☐ Tobacco
- ☐ Cultural Competency/Health Disparities
- ☐ Administrative procedures
- ☐ Vital records, statistics or surveillance
- ☐ Other - specify:
- ☐ None of the above

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B22. Does your state/ territorial health agency provide technical assistance to any of the following entities on any of these topics? (select all that apply)

	Quality Improvement/ Performance Management/ Standards/ Accreditation	Data Management	Public Health Law	Policy Development	Workforce Issues
Emergency responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local public health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/Territory-wide non-profit/community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other 1":

Specify "Other 2":

Specify "Other 3":

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B23. We are interested in knowing about your agency's collaborations with a number of types of governmental and nongovernmental organizations. For each organization, check each listed activity that your agency has done in conjunction with that organization in the past year. (select all that apply)

	Exchange Information	Work together on activities or projects	State/territorial health agency provides financial resources	State/territorial health agency has the leadership role within the partnership	No relationship yet	N/A: Organization does not exist in jurisdiction
Local public health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician practices/medical groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional cancer society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land use agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic and community development agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility companies/agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental and conservation organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative extensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and recreations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Exchange Information	Work together on activities or projects	State/territorial health agency provides financial resources	State/territorial health agency has the leadership role within the partnership	No relationship yet	N/A: Organization does not exist in jurisdiction
Other voluntary or nonprofit organizations, e.g., libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government agencies/or other tribal community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B24. Who has responsibility (fiscal and programmatic) for the following federal initiatives? (select all that apply)

	State/ territorial health agency only	Shared responsibility with another state/ territorial agency	Shared responsibility with LPHA	Local health department responsibility	Shared responsibility with a local governmental agency (not public health)	Shared responsibility with non-profit agency	Other state/ territorial agency - state/ territorial health agency not responsible	Non-profit responsibility
Family Planning Services, Title X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Professionals Shortage Area Designations (HPSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV Pharmacies (ADAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV Title IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury Prevention (CDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	State/ territorial health agency only	Shared responsibility with another state/ territorial agency	Shared responsibility with LPHA	Local health department responsibility	Shared responsibility with a local governmental agency (not public health)	Shared responsibility with non-profit agency	Other state/ territorial agency - state/ territorial health agency not responsible	Non-profit responsibility
Primary Care Organizations (PCOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and infant health services, prenatal care, Title V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Block Grant (MHBG: Center for Mental Health Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Title XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Cancer Prevention and Control Program Grant (CDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Health and Health Services Block Grant (CDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2010 ASTHO State and Territorial Public Health Survey

	State/ territorial health agency only	Shared responsibility with another state/ territorial agency	Shared responsibility with LPHA	Local health department responsibility	Shared responsibility with a local governmental agency (not public health)	Shared responsibility with non-profit agency	Other state/ territorial agency - state/ territorial health agency not responsible	Non-profit responsibility
Rural health (HRSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Child Health Insurance Program (SCHIP: Centers for Medicare and Medicaid Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse and mental health XIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Prevention and Treatment Block Grant (SAPT: Substance Abuse and Mental Health Services Administration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance to Needy Families (TANF: Administration for Children and Families)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital statistics (NCHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women Infants and Children Program (USDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2010 ASTHO State and Territorial Public Health Survey

	State/ territorial health agency only	Shared responsibility with another state/ territorial agency	Shared responsibility with LPHA	Local health department responsibility	Shared responsibility with a local governmental agency (not public health)	Shared responsibility with non-profit agency	Other state/ territorial agency - state/ territorial health agency not responsible	Non-profit responsibility
HRSA preparedness grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDC preparedness grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHS preparedness grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other":

2010 ASTHO State and Territorial Public Health Survey

Part C: Health Agency Structure, Governance and Priorities

To be completed by the Senior Deputy

CONTACT INFORMATION

NAME	POSITION / TITLE		
STREET ADDRESS	CITY	STATE	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

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C1. Which best describes the structure of your state/territorial public health agency? (select only one)

- ☐ Free-standing/independent agency
- ☐ Under a larger agency-sometimes referred to as a “super-agency or an “umbrella agency.”

C2. If your agency is under a super-agency or umbrella agency, what are the major areas of responsibility of the larger agency that are separate from the statutory responsibility of the state/territorial public health agency in this organization? (select all that apply)

- ☐ Not under a super-agency or umbrella agency
- ☐ Public assistance
- ☐ Environmental protection
- ☐ State/Territorial mental health authority with substance abuse
- ☐ State/Territorial mental health authority without substance abuse
- ☐ Substance abuse
- ☐ Medicaid
- ☐ Long-term care
- ☐ Other - specify:

C3. Please indicate how many of each type of health agency currently exists in your state/territory. If you do not have any of a particular type of health agency, please enter ‘0’ in that row.

Please note: a local health department that covers multiple counties, but is a single agency should be counted as a local health department. An "umbrella" arrangement in which a regional or district office coordinates or provides leadership and support to multiple local health departments should be counted as a regional or district office.

_____	Independent local health agencies (led by staff employed by local government)
_____	State-run local health agencies (led by staff employed by state government)
_____	Independent regional or district offices (led by non-state employees)
_____	State-run regional or district offices (led by state employees)

C4. Is your state/territorial health agency obligated to assume authority for the provision of local health services where there is no coverage by a local health department?

- ☐ Yes ☐ No

C5. Is your state/territorial health agency obligated to assume authority for the provision of local health services where the local health department is no longer able to perform its functions?

- ☐ Yes ☐ No

C6. Is your state/territorial health agency obligated to assume authority for the provision of local health services in any other circumstances

- ☐ Yes - specify:
- ☐ No

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C7. Which of the following statements is more accurate?

- ☐ The health agency's obligations to assume authority for the provision of local health services are professional, but not legal obligations.
- ☐ The health agency's obligations to assume authority for the provision of local health services are legal obligations.
- ☐ I don't know.

C8. What is the name of the unit within your state/territorial health agency responsible for emergency preparedness?

C9. Does the head of this unit report directly to the state/territorial health official?

- ☐ Yes ☐ No

[IF C9= "NO" CONTINUE WITH THE FOLLOWING QUESTIONS. OTHERWISE SKIP TO C11.]

C10. Does the head of this unit report to someone who reports directly to the state/territorial health official?

- ☐ Yes ☐ No

C11. Does this unit administer the CDC Public Health Emergency Preparedness (PHEP) cooperative agreement and the ASPR Hospital Preparedness Program (HPP) cooperative agreement?

- ☐ Yes ☐ No

C12. How many FTEs are included in this unit?

C13. How many staff positions are supported by PHEP funding throughout your agency (count each partially funded position as 1)?

C14. How many staff positions are supported by ASPR HPP funding throughout your agency (count each partially funded position as 1)?

C15. Please indicate how many new and amended rules your state/territorial health agency adopted between July 1, 2008 and June 30, 2009.

_____ Total new rules adopted

_____ Total rules amended

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C16. Of the new and amended rules you included above, please indicate how many rule changes (new rules combined with amended rules) were initiated as described below.

_____ In response to new legislative mandate
_____ At the initiation of the agency
_____ At the initiation of the state/territorial board of health
_____ In response to a sunset provision
_____ Other - specify:

C17. Which of the following describe(s) your state/ territorial health agency's rulemaking authority? (select all that apply)

- ☐ The agency can adopt rules without legislative or board of health involvement
- ☐ A legislative committee must approve all rules
- ☐ The board of health must approve all rules
- ☐ Legislative advice must be sought
- ☐ Board of health advice must be sought
- ☐ Rules can only be adopted pursuant to legislative mandate
- ☐ My state/territory experienced a moratorium on rules during the period July 1, 2008 to June 30, 2009.
- ☐ None of the above

C18. Does your state/territory have a board of health?

A "board of health" is defined as a board or council that is a legally designated governing body whose members are appointed or elected to provide advisory functions and/or governing oversight of statewide public health activities, including assessment, assurance, and policy development, for the protection and promotion of health in the community.

☐ Yes ☐ No ☐ Other - specify:

[IF C18= "YES" CONTINUE WITH THE FOLLOWING QUESTIONS. IF C18= "OTHER" ANSWER THE FOLLOWING QUESTIONS WITH RESPECT TO THE GOVERNING BODY ENTERED AS "OTHER" ABOVE. OTHERWISE SKIP TO C23.]

C19. Which of the following describes your board of health's enforcement/adjudicatory powers? (select that apply)

- ☐ Must approve agency enforcement actions
- ☐ Hears appeals of agency enforcement actions
- ☐ A panel of members can make a binding adjudication
- ☐ Only the full board can make a binding adjudication
- ☐ The full board makes a binding adjudication after receiving a panel's recommendation
- ☐ A hearing officer is present during adjudicatory proceedings
- ☐ Adjudication powers are reserved for an administrative law judge or hearing officer (the board of health is not involved in the decision)
- ☐ Board of health has no role

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C20. Please indicate whether your board of health has the following committees or subcommittees. (select all that apply)

- ☐ Executive
- ☐ Fiscal
- ☐ Legislative
- ☐ Program Specific Oversight
- ☐ Grant Specific Oversight
- ☐ Appeals/Hearings
- ☐ Other - specify:

C21. How often does your state/territorial board of health meet?

- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other - specify:

C22. What is the state/territorial health official's role on the board of health?

- ☐ Member
- ☐ Chair
- ☐ Non-voting advisor
- ☐ Other - specify:

C23. What are the top five priorities for your state/territorial public health agency for the current fiscal year?

- 1.
- 2.
- 3.
- 4.
- 5.

C24. In four sentences or less, what would not be done if the agency did not exist?

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Part D: Workforce

To be completed by Human Resources Director.

CONTACT INFORMATION

NAME

POSITION / TITLE

STREET ADDRESS

CITY

STATE

POSTAL CODE

TELEPHONE NUMBER

EMAIL ADDRESS

INSTRUCTIONS

The purpose of this section is to collect general workforce data about state/territorial public health employees, identify the workforce shortage areas and trends, and gather information about retirement eligible state/territorial health agency employees. Please exclude employees or other workers hired as a result of The American Recovery and Reinvestment Act of 2009 (ARRA), unless otherwise stated.

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D1. Please indicate the current number of staff members and FTEs working in your state/territorial public health agency. (A full-time employee is counted as 1.00 FTE. For example, an employee who works part-time at 50% of the normal work hours for the position would be counted as a .50 FTE.)

_____ Number of staff members
 _____ Number of Full-time Equivalents (FTEs)

D2. Please indicate the current number of workers in the following categories:

_____ Number of part-time workers
 _____ Number of contractual workers
 _____ Number of hourly (temporary or as needed) workers
 _____ Number of state/territory workers assigned to local health departments
 _____ Number of state/territory workers assigned to regional/district offices
 _____ Number of state/territory workers assigned to other state/territorial agencies
 _____ Total number of workers hired using ARRA funding (include part-time, contractual, hourly workers and state/territory workers assigned to local health departments, regional/district offices and other state/territorial agencies)

D3. For each occupational classification listed in the following table, please provide the total current FTE count, the annual salary range and employee and fringe benefits (benefits provided in addition to salary paid by the employer, such as health insurance, unemployment insurance, disability insurance, paid vacation, paid sick leave, retirement and other benefit or payroll costs) for staff working in your state/territorial public health agency. Please use the “other” rows to add additional classifications.

Additional instructions for reporting on occupational classifications: Please count individuals by their function as opposed to their degree, education or experience. For instance, if a registered nurse is serving as a “public health manager,” please count this individual as a “public health manager” in the following chart, not as a “public health nurse”.

Total current FTE count for each Occupational Classification	Annual Salary Range (in whole dollar amounts)		Employee and Fringe Benefits (as a percentage of salary)	Occupational Classifications	Descriptions and Examples of occupational classifications
	Minimum	Maximum			
	\$	\$	%	Administrative or clerical personnel	Support staff providing assistance in agency programs or operations.
	\$	\$	%	Public health nurse	Registered nurse conducting public health nursing (e.g. school nurse, community health nurse, nurse practitioner).
	\$	\$	%	Environmental health worker	Environmental health specialists, scientists and technicians, including registered and other sanitarians.

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	\$	\$	%	Laboratory worker	Laboratorians, laboratory scientists, laboratory technicians, and microbiologists planning, designing and implementing laboratory procedures.
	\$	\$	%	Public health manager	Health service managers, administrators, and health directors overseeing the operations of a department/division.
	\$	\$	%	Social worker	Behavioral health professional (e.g. community organizers, HIV/AIDS counselors and public health social workers).
	\$	\$	%	Epidemiologist/Statistician	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential and makes recommendations on appropriate interventions.
	\$	\$	%	Health educator	Designs, implements, evaluates, and provides consultation on educational programs and strategies to support and modify health-related behaviors of individuals, families, organizations and communities and to promote the effective use of health programs and services.
	\$	\$	%	Public health informatics specialist	Also known as public health information systems specialists or public health informaticists.
	\$	\$	%	Nutritionist	Dietitian developing, implementing and evaluating population-based strategies to assure effective interventions related to nutrition and physical activity behaviors, the nutrition environment and food and nutrition policy. May directly provide nutrition services.

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	\$	\$	%	Public health physician	Physician who identifies persons or groups at risk of illness or disability and develops, implements and evaluates programs or interventions designed to prevent treat or improve such risks. May provide direct medical services.
	\$	\$	%	Public information specialist	Also known as public information officer.
	\$	\$	%	Preparedness director	
	\$	\$	%	Public health dentist	
	\$	\$	%	Primary Care Office Director	Identifies health professional shortage areas and medically underserved areas/populations which allow primary care providers to receive federal funding, recruit National Health Corps providers and receive enhanced reimbursement from Medicare and Medicaid addresses recruitment and retention issues of primary care providers to increase access to care; works with HRSA's bureaus to address primary care provider shortages; works with or is the state/territorial office of rural health; works with the state office of minority health.
	\$	\$	%	Other (specify):	
	\$	\$	%	Other (specify):	
	\$	\$	%	Other (specify):	

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D4. With regard to staff working in your state/territorial public health agency, please rate each occupational classification listed in the following table to indicate how much each category of worker is affected by the worker shortage crisis. Please use the "other" rows to add additional classifications.

Not affected by shortage	Slightly affected by shortage	Moderately affected by shortage	Very affected by shortage	Most affected by shortage	N/A or Don't Know	Occupational Classifications	Descriptions and Examples of occupational classifications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administrative or clerical personnel	Support staff providing assistance in agency programs or operations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public health nurse	Registered nurse conducting public health nursing (e.g. school nurse, community health nurse, nurse practitioner).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental health worker	Environmental health specialists, scientists and technicians, including registered and other sanitarians.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory worker	Laboratorians, laboratory scientists, laboratory technicians, and microbiologists planning, designing and implementing laboratory procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public health manager	Health service managers, administrators, and health directors overseeing the operations of a department/division.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social worker	Behavioral health professional (e.g. community organizers, HIV/AIDS counselors and public health social workers).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiologists/Statistician	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential and makes recommendations on appropriate interventions.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health educator	Designs, implements, evaluates, and provides consultation on educational programs and strategies to support and modify health-related behaviors of individuals, families, organizations and communities and to promote the effective use of health programs and services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public health informatics specialist	Also known as public health information systems specialists or public health informaticists.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutritionist	Dietitian developing, implementing and evaluating population-based strategies to assure effective interventions related to nutrition and physical activity behaviors, the nutrition environment and food and nutrition policy. May directly provide nutrition services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public health physician	Physician who identifies persons or groups at risk of illness or disability and develops, implements and evaluates programs or interventions designed to prevent treat or improve such risks. May provide direct medical services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public information specialist	Also known as public information officer.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparedness director	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public health dentist	

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary Care Office Director	Identifies health professional shortage areas and medically underserved areas/populations which allow primary care providers to receive federal funding, recruit National Health Corps providers and receive enhanced reimbursement from Medicare and Medicaid addresses recruitment and retention issues of primary care providers to increase access to care; works with HRSA's bureaus to address primary care provider shortages; works with or is the state/territorial office of rural health; works with the state office of minority health.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	

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D5. The purpose of this question is to gather compensation information about the leaders of your State and Territorial Health Agencies. For each occupational category listed in the following table, please provide the annual salary range and fringe benefits (benefits provided in addition to salary paid by the employer, such as health insurance, unemployment insurance, disability insurance, paid vacation, paid sick leave, retirement and other benefit or payroll costs). If your agency has multiple positions considered “Senior Deputies,” please fill in as many of the first five lines as necessary. In addition, please enter the actual position title, if different from the occupational category listed.

Annual Salary Range (in whole dollar amounts)		Employee and Fringe Benefits (as a percentage of salary)	Occupational Category	Position Title (specify only if different than Occupational Category listed)
Minimum	Maximum			
\$	\$	%	Senior Deputy	
\$	\$	%	Senior Deputy	
\$	\$	%	Senior Deputy	
\$	\$	%	Senior Deputy	
\$	\$	%	Senior Deputy	
\$	\$	%	Chief Medical Officer	
\$	\$	%	Chief Science Officer	
\$	\$	%	Chief Financial Officer	
\$	\$	%	Chief Information Officer	
\$	\$	%	State/Territorial Epidemiologist	
\$	\$	%	State/Territorial Laboratory Director	
\$	\$	%	Local Health Department Liaison	

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D6. What percentage of your current state/territorial health agency workforce is a member of a labor union?

%

D7. What are the average age (total age for all employees divided by total number of employees), median age (the value of the middle age for all employees), and average number of years of service (total years of service for all employees divided by the total number of employees) for current full-time health agency employees?

Average Age of Employees

Median Age of Employees

Average Number of Years of Service

D8. What was the average age of new employees hired for each of the last three fiscal years?

Average Age in Fiscal Year 2007

Average Age in Fiscal Year 2008

Average Age in Fiscal Year 2009

D9. What has been the turnover rate (the ratio of the number of non-temporary employees that separated from the state/territory service to the average number of employees for a given time period) for your state/territory's public health workforce over the past three fiscal years?

Turnover Rate in Fiscal Year 2007

Turnover Rate in Fiscal Year 2008

Turnover Rate in Fiscal Year 2009

D10. What is the percentage of state/territorial health agency positions which are currently vacant?

%

D11. What is the number of vacant positions in the state/territorial health agency?

D12. How many positions are being actively recruited by your HR department?

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D13. What is the percentage of current full-time classified employees who will be eligible for retirement for each of the following fiscal years? (Please include all employees who are eligible for partial/reduced and full benefits)

_____	Fiscal year 2010
_____	Fiscal year 2011
_____	Fiscal year 2012
_____	Fiscal year 2013
_____	Fiscal year 2014

D14. Do you have a state/territory-sponsored loan repayment program in place to increase the state/territory's supply of the following? (select all that apply)

- ☐ Physicians
- ☐ Dentists
- ☐ Mid-level providers
- ☐ Nurses
- ☐ Other primary care professionals - specify:

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Part E: Finance

To be completed by the Chief Financial Officer

CONTACT INFORMATION

NAME

POSITION / TITLE

STREET ADDRESS

CITY

STATE

POSTAL CODE

TELEPHONE NUMBER

EMAIL ADDRESS

INSTRUCTIONS

The purpose of this section is to collect state/territory-level public health fiscal data to enable ASTHO to analyze trends in public health funding and expenditures and perform analyses of key factors that influence public health expenditures.

We are requesting revenue and expenditure data for fiscal year 2008 (July 1, 2007 to June 30, 2008) and fiscal year 2009 (July 1, 2008 to June 30, 2009). If your state/territorial health agency has a different fiscal year, please use quarterly or monthly data to adapt to the reporting timeframe requested and add footnotes, where necessary, to clarify any variation in reporting in the charts below. **Please report revenues and expenditures on an accrual basis (actual plus revenue earned but not received and expenses incurred but not paid).**

In an effort to focus on *public health* revenues and expenditures, we are not collecting data related to the Medicaid or Medicare coverage of the state/territory's eligible population. In the vast majority of states/territories, this is not handled by the state/territorial public health agency; including these revenues for just a few states will make the data on public health financing impossible to compare between states. However, we are including the smaller reimbursements or other payments a state/territorial public health agency may receive from Medicaid or Medicare for nursing home inspections, lead testing, immunization outreach, or direct clinical services actually provided by the health department.

We are requesting that state/territorial public health agencies **report only on revenues and expenditures for the public health agency**, and not for public health activities outside of the public health agency (i.e., public health programs administered by another state/territorial agency). Also, we are not collecting *local* public health expenditure data, unless the funds pass through the state/territorial public health agency. Lastly, please exclude any and all funding received as a result of The American Recovery and Reinvestment Act of 2009 (ARRA).

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E1. For fiscal years 2008 and 2009, please report the funds (to the nearest dollar amount) received by the state/territorial health agency from each source listed in the chart below.

Revenue in Fiscal Year 2008 (beginning July 1, 2007 and ending June 30, 2008)	Revenue in Fiscal Year 2009 (beginning July 1, 2008 and ending June 30, 2009)	Sources of Funding	Instructions on reporting Funds by Source
\$	\$	State General Funds*	Include revenues received from state general revenue funds to fund state operations. Exclude federal
\$	\$	Federal Funds	Include all federal grants, contracts and cooperative agreements, including WIC voucher dollars and EPA funding (only if administered by state/territory health agency). Exclude State/Territorial Medicare and Medicaid programs for all eligible applicants and providers, SCHIP, Mental Health and Substance Abuse.
\$	\$	Medicare and Medicaid	Medicare and Medicaid Transfers or Reimbursements for public health purposes or direct clinical services actually provided by the health department (e.g. nursing home inspections, lead testing, immunizations outreach to Medicaid recipients, home health Medicare, and Elderly/Disabled Medicaid Waivers). Exclude Medicare and Medicaid programs for the state/territory's eligible population.
\$	\$	Fees and Fines	Include fines, regulatory fees and laboratory fees.
\$	\$	Other Sources	Include Tobacco Settlement Funds, payment for direct clinical services (except Medicare and Medicaid), foundation and other private donations. Please specify:
\$	\$	Other State/Territory Funds	Include revenues received from the state/territory that are not from the state general fund.
\$	\$	Total FY Revenue	

*Territories should report on their General Funds in this row.

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In the space provided below, please record any caveats regarding the revenues reported for your agency's fiscal years 2008 and 2009 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of revenues received from the funding sources listed in the chart or others, or other footnote information to clarify any variation in reporting).

E2. For fiscal years 2008 and 2009, please report actual expenditures (to the nearest dollar amount) for the state/territorial health agency for each category listed in the chart below.

Expenditures in Fiscal Year 2008 (beginning July 1, 2007 and ending June 30, 2008)	Expenditures in Fiscal Year 2009 (beginning July 1, 2008 and ending June 30, 2009)	Expenditures Categories	Instructions on reporting Expenditures by Category
\$	\$	Chronic Disease	Include chronic disease prevention such as heart disease, cancer, and tobacco prevention control programs, as well as substance abuse prevention. Include programs such as disease investigation, screening, outreach and health education. Also include safe and drug free schools, health education related to chronic disease and nutrition education (excluding WIC).
\$	\$	Infectious Disease	Include TB Prevention, family planning education and abstinence programs, and AIDS and STD prevention and control. Include immunization programs, (including the cost of vaccine and administration), infectious disease control, veterinary diseases affecting human health and health education related to infectious disease.
\$	\$	Injury Prevention	Include childhood safety and health programs, safety programs, consumer product safety, firearm safety, fire injury prevention, defensive driving, highway safety, mine and cave safety, on-site safety and health consultation, workplace violence prevention, child abuse prevention, occupational health, safe schools, boating and recreational safety.

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\$	\$	WIC	Include all expenditures related to the WIC program, including nutrition education and voucher dollars.
\$	\$	Environmental Protection	Include lead poisoning programs, non-point source pollution control, air quality, solid and hazardous waste management, hazardous materials training, radon, hazardous materials training, water quality and pollution control (including safe drinking water, safe fishing, swimming) water and waste disposal systems, mining regulation effects, reclamation, mine and cave safety, pesticide regulation and disposal, nuclear power safety. Also include food service inspections and lodging inspections.
\$	\$	Improving Consumer Health	Include all clinical programs such as funds for Indian Health Care, Access to Care, pharmaceutical assistance programs, Alzheimer's disease, adult day care, medically handicapped children, AIDS treatment, pregnancy outreach and counseling, chronic renal disease, breast and cervical cancer treatment, TB treatment, emergency health services, genetic services, state/territory assistance to local health clinics (pre-natal, child health, primary care, family planning direct services),refugee preventive health programs, student preventive health services and early childhood programs.
\$	\$	All Hazards Preparedness and Response	Include disaster preparedness programs, bioterrorism, disaster preparation and disaster response including costs associated with response such as shelters, emergency hospitals and clinics.direct services),refugee preventive health programs, student preventive health services and early childhood programs.

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\$	\$	Quality of Health Services	Include quality regulatory programs such as health facility licensure and certification, equipment quality such as x-ray, mammogram etc., regulation of emergency medical system such as trauma designation, health related boards or commissions administered by the health agency, physician and provider loan program, licensing boards and oversight when administered by the health agency, provider and facility quality reporting, institution compliance audits. Also include the development of health access planning and financing activities.
\$	\$	Health Data	Include surveillance activities, data reports and collections costs, report production, analysis of health data (including vital statistics analysis), monitoring of disease and registries, monitoring of child health accidents and injuries and death reporting.
\$	\$	Health Laboratory	Include costs related to administration of the state/territorial health laboratory including chemistry lab, microbiology lab, laboratory administration, building related costs, supplies.
\$	\$	Vital Statistics	Include all costs related to vital statistics administration including records maintenance, reproduction, generation of statistical reports, and customer service at the state/territory level.
\$	\$	Administration	Include all costs related to department management, executive office (state/territorial health official), human resources, information technology and finance, in addition to indirect costs such as building-related costs (rent, supplies, maintenance, and utilities), budget, communications, legal affairs, contracting, accounting, purchasing, procurement, general security, parking, repairs, and facility management. Also include expenses related to Health Reform and Policy (only if they are not already embedded in program areas), such as the development of health access planning and financing, participation in state/territorial health plan reform and federal reform efforts such as health reform advisory committees, as well as payment reform and benefit reform.

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\$	\$	Other	Include forensic examination and infrastructure funds to local public health agencies. Please specify:
\$	\$	Total FY Expenditures	

In the space provided below, please record any caveats regarding the expenditures reported for your agency's fiscal years 2008 and 2009 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of expenditures by the categories listed in the chart or others, or other footnote information to clarify any variation in reporting).

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E3. For fiscal years 2008 and 2009, please report dollars distributed by your agency to the recipient types listed in the chart below. The primary purpose of this question is to track and monitor funding from state/territorial health agencies to local health agencies. The chart is not intended to capture how all expenditures reported in the previous question are spent.

Expenditures in Fiscal Year 2008 (beginning July 1, 2007 and ending June 30, 2008)	Expenditures in Fiscal Year 2009 (beginning July 1, 2008 and ending June 30, 2009)	Contracts by Recipient Types	Instructions on reporting Contracts
\$	\$	State/territory-run local health agencies	Include expenditures passed through the state/territory health agency onto local public health agencies that are led by staff employed by state government.
\$	\$	Independent local health agencies	Include expenditures passed through the state/territory health agency onto local public health agencies that are led by staff employed by local government.
\$	\$	State/territory-run regional or district health offices	Include expenditures passed through the state/territory health agency onto regional or district public health offices that are led by state employees.
\$	\$	Independent regional or district health offices	Include expenditures passed through the state/territory health agency onto regional or district public health offices that are led by non-state employees.
\$	\$	Nonprofit health organizations	Include expenditures passed through the state/territory health agency onto nonprofit health organizations.
\$	\$	Total FY Awards	

In the space provided below, please record any caveats regarding the contracts reported for your agency's fiscal years 2008 and 2009 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of expenditures by the categories listed in the chart or others, or other footnote information to clarify any variation in reporting).

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Part F: Planning and Quality Improvement

To be completed by Performance Improvement Officer or equivalent.

CONTACT INFORMATION

NAME

POSITION / TITLE

STREET ADDRESS

CITY

STATE

POSTAL CODE

TELEPHONE NUMBER

EMAIL ADDRESS

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F1. Has your state/territorial health agency developed a state/territorial health assessment?

- ☐ Yes, within the last three years
- ☐ Yes, more than three but less than five years ago
- ☐ Yes, five or more years ago
- ☐ No, but plan to in the next year
- ☐ No

F2. Has your state/territorial public health agency developed or participated in developing a health improvement plan for your state/territory? By “health improvement plan” we mean a series of timely and meaningful action steps that define and direct the distribution of services, programs, and resources to improve your state/territory’s health, or definite strategic action steps to improve health status in the state/territory.

- ☐ Yes, within the last three years
- ☐ Yes, more than three but less than five years ago
- ☐ Yes, five or more years ago
- ☐ No, but plan to in the next year
- ☐ No

[IF F2= “YES” CONTINUE WITH THE FOLLOWING QUESTIONS. OTHERWISE SKIP TO F6.]

F3. Do you plan to update your state/territorial health improvement plan within the next three years?

- ☐ Yes ☐ No

F4. Do you have a health improvement plan that was developed using the results of a state/territorial health assessment?

- ☐ Yes ☐ No ☐ Not applicable

F5. Does your state’s health improvement plan link to local health improvement plans?

- ☐ Yes
- ☐ No
- ☐ Linked to some plans
- ☐ Not applicable

F6. Has your state/ territorial public health agency developed an agency-wide strategic plan?

- ☐ Yes, within the last three years
- ☐ Yes, more than three but less than five years ago
- ☐ Yes, five or more years ago
- ☐ No, but plan to in the next year
- ☐ No

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[IF F6= “YES” CONTINUE WITH THE FOLLOWING QUESTION. OTHERWISE SKIP TO F8.]

F7. What is the status of your state/ territorial public health agency’s implementation of its strategic plan?

- ☐ Not yet implemented.
- ☐ Implemented in the past year.
- ☐ Implemented more than one year ago; a written evaluation on progress toward strategic plan goals, objectives, or targets has **not** yet been conducted.
- ☐ Implemented more than one year ago, with one or more completed written evaluations on progress toward strategic plan goals, objectives, or targets.

F8. Rate your level of agreement with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Our state/territorial health agency would seek accreditation under a voluntary national accreditation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our state/territorial health agency would seek accreditation under a voluntary national accreditation program within the first two years of the program (2011-2012).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F9. With which of the following groups or organizations has your state/territorial health agency discussed a voluntary national accreditation program?

(select all that apply)

- ☐ Your state/territorial health agency staff
- ☐ Local health department staff in your state or territory
- ☐ Staff in other state/territorial health agencies
- ☐ State Board of Health
- ☐ Elected Officials (other than State Board of Health)
- ☐ Other organization/group - specify:
- ☐ None of the above

F10. There are many different frameworks or approaches to quality improvement. Check each framework or approach to quality improvement that your state/territorial health agency has used in the past year. (select all that apply)

- ☐ Balanced Scorecard
- ☐ Baldrige Performance Excellence Criteria (or state version)
- ☐ Lean
- ☐ Plan-Do-Check-Act or Plan-Do-Study-Act
- ☐ Six Sigma
- ☐ No specific framework or approach
- ☐ Other specific framework or approach - specify:

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F11. Which of the following elements have been used in your state/territorial health agency's quality improvement efforts in the past year. (select all that apply)

- ☐ Mapping a process
- ☐ Identifying root causes
- ☐ Obtaining baseline data
- ☐ Setting measurable objectives
- ☐ Testing the effects of an intervention
- ☐ Analyzing the results of the test
- ☐ None of the above

The next set of questions will help create a snapshot of state/territorial health agency performance activities around the country. Refer to the following definitions as you complete the next set of questions:

- **Performance standards** are objective standards or guidelines that are used to assess an organization's performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health agency services as "good" or "excellent," 100 percent immunization rate for all children). Standards may be set by benchmarking against similar organizations, or based on national, state/territory, or scientific guidelines.
- **Performance measures** are any quantitative measures or indicators of capacities, processes, or outcomes relevant to the assessment of an established performance goal or objective (e.g., the number of epidemiologists on staff capable of conducting investigations, percentage of clients who rate health agency services as "good" or "excellent," percentage of immunized children).
- **Reporting of progress** means documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.
- **Quality improvement** refers to a formal, systematic approach (such as plan-do-check-act) applied to the processes underlying public health programs and services in order to achieve measurable improvements.

F12. Does your state/territorial health agency have a formal performance management program in place that includes ALL of the following: performance standards, performance measures, reporting of progress, and a quality improvement process?

- ☐ Yes, fully implemented department-wide
- ☐ Yes, partially implemented department-wide
- ☐ Yes, fully implemented for specific programs
- ☐ Yes, partially implemented for specific programs
- ☐ No

F13. Does your state/territorial health agency have its own quality improvement process in place?

- ☐ Yes, fully implemented department-wide
- ☐ Yes, partially implemented department-wide
- ☐ Yes, fully implemented for specific programs
- ☐ Yes, partially implemented for specific programs
- ☐ No

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F14. In the past 12 months, how many formal projects has your state/territorial health agency implemented to improve the quality of a service, process or outcome? *[For the purposes of this question, a “project” is defined as a systematic quality improvement initiative that includes an aim statement; a work plan with tasks, responsibilities and timelines; intervention strategy(ies); and measures for tracking change.]*

- ☐ None
- ☐ 1-3
- ☐ 4-6
- ☐ 7-10
- ☐ More than 10 - specify number:

F15. Does your state/ territorial health agency have staff with dedicated time as part of their job description to monitor performance and quality improvement work throughout the agency?

- ☐ Yes, How many?
- ☐ No
- ☐ I don't know

F16. Approximately what percentage of your staff members has received formal training in QI methods?

- ☐ None
- ☐ 1% - 25%
- ☐ 26% - 50%
- ☐ 51% - 75%
- ☐ 76% - 100%

F17. In what ways does your agency support or encourage staff involvement in quality improvement efforts? (select all that apply)

- ☐ We provide training to staff in QI methods
- ☐ We recognize outstanding QI work with employee recognition award(s)
- ☐ Participation in QI efforts is included as part of employee performance goals
- ☐ We provide monetary incentives
- ☐ Quality improvement is included in job descriptions for some employees
- ☐ We have formed a QI committee that coordinates QI efforts
- ☐ We provide funding to support QI efforts
- ☐ We do not actively encourage staff involvement in quality improvement efforts
- ☐ Other - specify:

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F18. For what purposes have you used or referred to the CDC's Community Guide to Preventive Services? (select all that apply)

- ☐ Program planning
- ☐ Grant writing
- ☐ Priority setting
- ☐ Policy development
- ☐ Other - specify:
- ☐ None of the above

F19. Indicate the use of various public health competencies in the course of managing your agency personnel. (select all that apply)

	Not familiar with	Familiar with but have not used	Conducting performance evaluations	Developing training plans	Preparing job descriptions	Other use
Core competencies for public health professionals (http://www.phf.org/competencies.htm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency preparedness competencies for all public health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informatics competencies for public health professionals (http://nwcphp.org/docs/phi/comps/phic_web.pdf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quad Council Public Health Nursing Competencies (http://www.astdn.org/publication_quad_council_phn_com)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NLN Leadership Competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 4 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Not familiar with	Familiar with but have not used	Conducting performance evaluations	Developing training plans	Preparing job descriptions	Other use
Other 5 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other 1":

Specify "Other 2":

Specify "Other 3":

Specify "Other 4":

Specify "Other 5":

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Part G: Health Information Exchange

To be completed by the Chief Information Officer or equivalent

CONTACT INFORMATION

NAME	POSITION / TITLE		
STREET ADDRESS	CITY	STATE	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

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G1 In your state/territorial health agency, who has primary responsibility for decisions regarding health information exchange or health information technology issues?

- ☐ Chief Information Officer or Chief Medical Information Officer (or equivalent) for state or territorial health agency (someone who is accountable to the state health official or secretary of health)
- ☐ Chief Information Officer (or equivalent) for multiple agencies within state or territorial government (someone who is accountable to the governor, but not the state health official or secretary of health)
- ☐ Informatics Director
- ☐ Board or committee for state or territorial health agency
- ☐ Board or committee for multiple agencies within state or territorial government
- ☐ Other - specify:

G2. In your state/territorial health agency, who has overall decision making authority regarding your agency's public health information management systems?

- ☐ Chief Information Officer or Chief Medical Information Officer (or equivalent) for state or territorial health agency (someone who is accountable to the state health official or secretary of health)
- ☐ Chief Information Officer (or equivalent) for multiple agencies within state or territorial government (someone who is accountable to the governor, but not the state health official or secretary of health)
- ☐ Informatics Director
- ☐ Other - specify:

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G3. Please indicate with which entities you currently send and/or receive electronic health information to and/or from (electronic health records or other health IT systems) (select all that apply):

	Send data	Receive data
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Laboratories	<input type="checkbox"/>	<input type="checkbox"/>
Regional Health Information Organizations	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Companies/Health Plans	<input type="checkbox"/>	<input type="checkbox"/>
Providers (Physicians, other health professionals)	<input type="checkbox"/>	<input type="checkbox"/>
Long term care facilities	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Centers	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (specify)	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other 1":

Specify "Other 2":

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[IF G3= “YES” FOR ANY CATEGORY IN THE TABLE, CONTINUE WITH THE FOLLOWING QUESTION. OTHERWISE SKIP TO G5.]

G4. What methods do you use to send and/or receive information from those in question G3? (select all that apply)

- ☐ Real-time exchange using HL7
- ☐ Batch file exchange using HL7
- ☐ Batch file exchange using format other than HL7
- ☐ Direct Data entry
- ☐ All of the above
- ☐ Other - specify:

The following questions refer to a *health information exchange*. A *health information exchange* is defined as an entity that enables multiple, unaffiliated providers across a region to securely exchange clinical data with each other.

G5. Do you exchange data directly with providers (hospital, hospital system, provider, or provider groups) or do you exchange data via a health information exchange entity? (select all that apply)

- ☐ Yes, directly with healthcare providers
- ☐ Yes, through an intermediary health information exchange entity
- ☐ No, we do not exchange data directly with providers or via a health information exchange entity
- ☐ Other - specify:

G6. Do you use electronic health information exchanges to monitor any of the following? (select all that apply)

- ☐ Environmental exposures, such as lead, radiation
- ☐ Chronic disease indicators such as diabetes and obesity
- ☐ Chronic disease risk factors such as smoking, physical activity and diet
- ☐ Emerging infectious diseases such as antimicrobial resistant bacteria
- ☐ Indicators of health disparities
- ☐ Healthcare quality indicators
- ☐ Other - specify:
- ☐ None of the above

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G7. Do you use electronic health information exchanges to communicate any of the following? (select all that apply)

- ☐ Disease case definitions and diagnostic guidelines or criteria
- ☐ Notification of communicable disease outbreaks, drug warnings or environmental risks
- ☐ Vaccination guidelines and requirements
- ☐ Promotion of healthy behaviors
- ☐ Other - specify:
- ☐ None of the above

G8. Please indicate for which program areas you either send or receive electronic data with federal agencies and/or local health departments (select all that apply):

	Send Data to Federal Agencies	Receive Data from Federal Agencies	Send Data to Local Health Departments	Receive Data from Local Health Departments
Childhood immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic health record (personal health services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geographic coded data for mapping analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare systems data (e.g., bed availability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and child health reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site waste water treatment systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbreak management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reportable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water wells (licensing and/or testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Send Data to Federal Agencies	Receive Data from Federal Agencies	Send Data to Local Health Departments	Receive Data from Local Health Departments
Other 1 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 4 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 5 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other 1":

Specify "Other 2":

Specify "Other 3":

Specify "Other 4":

Specify "Other 5":

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[IF G8= “YES” FOR ANY CATEGORY CONTINUE WITH THE FOLLOWING QUESTION. OTHERWISE SKIP TO G10.]

G9. What methods do you use to send and receive data from those in question G8? (select all that apply)

- ☐ Real-time exchange using HL7
- ☐ Batch file exchange using HL7
- ☐ Batch file exchange using format other than HL7
- ☐ Direct data entry
- ☐ Other - specify:

G10. Does your agency have an electronic syndromic surveillance system?

- ☐ Yes
- ☐ No
- ☐ Other - specify:

[IF G10 = “YES” CONTINUE WITH THE FOLLOWING QUESTIONS. IF G10 = “OTHER” ANSWER THE FOLLOWING QUESTIONS WITH RESPECT TO THE SYSTEM ENTERED AS “OTHER” ABOVE. OTHERWISE SKIP TO G13.]

G11. Does this system have bidirectional reporting and exchange capability?

- ☐ Yes
- ☐ No
- ☐ Other - specify:

G12. How does this system exchange data? (select all that apply)

- ☐ Web-based interface
- ☐ System to system messaging
- ☐ Other - specify:

G13. Does your agency have an electronic communicable disease reporting system?

- ☐ Yes
- ☐ No
- ☐ Other - specify:

[IF G13 = “YES” CONTINUE WITH THE FOLLOWING QUESTION. IF G13 = “OTHER” ANSWER THE FOLLOWING QUESTION WITH RESPECT TO THE SYSTEM ENTERED AS “OTHER” ABOVE. OTHERWISE SKIP TO G15.]

G14. How does this system receive data?(select all that apply)

- ☐ Web-based interface
- ☐ System to system messaging
- ☐ Other - specify:

G15. Does your state receive, in real-time, electronic laboratory communicable disease reports from clinical laboratories?

- ☐ Yes
- ☐ No
- ☐ Other - specify:

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G16. How does your state receive electronic laboratory result data? (select all that apply)

- ☐ Web-based interface
- ☐ System to system messaging
- ☐ Other - specify:

G17. Does your state have a mandatory electronic cancer registry?

- ☐ Yes
- ☐ No
- ☐ Other - specify:

[IF G17 = “YES” CONTINUE WITH THE FOLLOWING QUESTIONS. IF G17 = “OTHER” ANSWER THE FOLLOWING QUESTIONS WITH RESPECT TO THE REGISTRY ENTERED AS “OTHER” ABOVE. OTHERWISE SKIP TO G20.]

G18. Does this registry have bi-directional data reporting and exchange capabilities?

- ☐ Yes
- ☐ No
- ☐ Other - specify:

G19. How does your cancer registry exchange data?(select all that apply)

- ☐ Web-based interface
- ☐ System to system messaging
- ☐ Other - specify:

G20. Which statement best describes the GIS-related needs of your agency? (select all that apply)

- ☐ We lack the data to meet our current needs.
- ☐ We lack adequate staff and experience to meet our current needs.
- ☐ We lack the IT infrastructure (hardware/software/IT support) to meet our current needs.
- ☐ We have adequate resources to meet our current needs.
- ☐ We have minimal GIS-related needs
- ☐ Other - specify:

G21. Which of the following best describes your agency’s GIS resources?

- ☐ GIS work is done in a centralized office with multiple staff.
- ☐ All GIS work is done in a centralized office with one staff member.
- ☐ There is a centralized GIS department which does some mapping, but some divisions also use GIS for their programs.
- ☐ There is a centralized GIS department, but it deploys an enterprise GIS system for mapping to be done in the individual divisions.
- ☐ Staff members do GIS as necessary with no centralized GIS effort.
- ☐ Other - specify:

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G22. At what level are public health data typically geo-coded and displayed? (select all that apply)

	Geo-coded	Displayed
Zip Code	<input type="checkbox"/>	<input type="checkbox"/>
Census Tract	<input type="checkbox"/>	<input type="checkbox"/>
Street Address	<input type="checkbox"/>	<input type="checkbox"/>
Latitude and longitude	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other":

G23. For which of the following services does your agency currently use geographically referenced data for management, analysis or evaluation?
(select all that apply)

- ☐ Surveillance and disease monitoring
- ☐ Immunization, disease, or screening registries
- ☐ Licensing and regulation
- ☐ Vital records
- ☐ WIC/Social services
- ☐ Environmental health
- ☐ Access to care/health care workforce
- ☐ Access to other resources (e.g., grocery stores, bike paths, etc...)
- ☐ Other - specify:

G24. Which of the following does your agency produce using geo-coded data? (select all that apply)

- ☐ Static maps
- ☐ Interactive web-based maps
- ☐ Neither, we do not use geo-coded data
- ☐ Neither, we outsource mapping
- ☐ Other geospatial analysis not necessarily using maps
- ☐ Other - specify:

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Part H: State/Territorial Health Official Authority, Qualifications, and Salary

To be completed by the State/Territorial Health Official

CONTACT INFORMATION

NAME	POSITION / TITLE		
STREET ADDRESS	CITY	STATE	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

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H1. Who appoints the state/territorial health official in your state/territory?

- ☐ Governor
- ☐ Legislature
- ☐ Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
- ☐ Board or Commission
- ☐ Other - specify:

H2. Who confirms the appointment of the state/territorial health official in your state/territory in your state/territory?

- ☐ Governor
- ☐ Legislature
- ☐ Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
- ☐ Board or Commission
- ☐ Other - specify:
- ☐ No confirmation is required

H3. Is the state/territorial health official appointed to a specific term?

- ☐ Yes ☐ No

[IF H3="YES" CONTINUE WITH THE FOLLOWING QUESTIONS. OTHERWISE SKIP TO H6]

H4. How long is the term?

_____ Years

H5. How is the term set?

- ☐ Law
- ☐ Contract

H6. In your state/territory, how can the state/territorial health official be removed from his or her position? (select all that apply)

- ☐ At Will of Governor or relevant cabinet secretary
- ☐ Termination of Contract
- ☐ Legislative Action
- ☐ Board or Commission Action
- ☐ Other - specify:

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H7. To whom does the state/territorial health official directly report?

- ☐ Governor
- ☐ Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
- ☐ Board or Commission
- ☐ Other - specify:

H8. Who is involved in the budget approval process for your agency? (select all that apply)

- ☐ Board of Health
- ☐ Secretary of HHS Agency
- ☐ State/Territorial Budget Office
- ☐ Governor
- ☐ Legislature
- ☐ Other - specify:

H9. What are the official statutory requirements for the state/territorial health official? (select all that apply)

- ☐ MD or DO
- ☐ Other doctoral degree
- ☐ Health Profession Board Certification
- ☐ MPH
- ☐ MPA or other master's prepared program
- ☐ Experience in public health practice or teaching
- ☐ Ten or more years in profession
- ☐ Executive management experience
- ☐ None
- ☐ Other - specify:

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H10. What are the educational qualifications of the current state/territorial health official? (select all that apply)

- ☐ BA
- ☐ BS
- ☐ RN
- ☐ BSN
- ☐ MSN
- ☐ MPH
- ☐ MBA
- ☐ MD
- ☐ DO
- ☐ DrPH
- ☐ DDS
- ☐ DVM
- ☐ JD
- ☐ PhD - specify:
- ☐ Other - specify:

H11. How many years has the state/territorial health official been in the public health profession?

_____ Years

H12. How many years was the state/territorial health official in the public health profession *before* becoming the state health official?

_____ Years

H13. Did the state/territorial health official have executive management experience prior to becoming the state/territorial health official?

☐ Yes ☐ No

H14. What was the state/territorial health official's official date of appointment in his/her current position as state/territorial health official?

H15. What is the state/territorial health official's current annual salary?

\$ _____

H16. What is the annual salary range for the state/territorial health official position?

\$ - \$ _____

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H17. Does your state/territory provide a salary differential if the state/territorial health official possesses a medical degree?

- ☐ Yes - specify salary differential:
- ☐ No

H18. How is the annual salary of the state/territorial health official determined? (select all that apply)

- ☐ State/Territory Legislature/Statute
- ☐ Governor
- ☐ Board or Commission
- ☐ State/Territory Pay Scale
- ☐ Other - specify:

H19. What is the approximate value of current fringe benefits as a percent of annual salary?

_____ %

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H20. Please check those fringe benefits included in the answer to question H19 above.

- ☐ Annual Leave
_____ Number of Days
_____ How many days can be accrued?
- ☐ Sick Leave
_____ Number of Days
_____ How many days can be accrued?
- ☐ Life Insurance
\$ _____ Amount
- ☐ Tax Deferred Annuity or other pension plan
- ☐ Long-Term Disability/Accident Insurance
- ☐ Automobile provided for business use
- ☐ Health Insurance for **state/territorial health official**
_____ % Percent paid by state/territory
_____ % Percent paid by state health official
- ☐ Dental Insurance for **state/territorial health official**
_____ % Percent paid by state/territory
_____ % Percent paid by state health official
- ☐ Health Insurance for family
_____ % Percent paid by state/territory
_____ % Percent paid by state health official
- ☐ Dental Insurance for family
_____ % Percent paid by state/territory
_____ % Percent paid by state health official
- ☐ Other major fringe benefits - specify:

H21. Is the state/territorial health official provided with a retirement plan?

- ☐ Yes ☐ No

[IF H21="YES" CONTINUE WITH THE NEXT QUESTIONS. OTHERWISE CONTINUE TO THE NEXT SECTION OF THE SURVEY.]

H22. What type of plan is it?

- ☐ Defined benefit
- ☐ Defined contribution

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H23. Is the plan portable?

☐ Yes ☐ No

H24. How long does it take to become vested (in years)?

_____ Years

H25. Is the state/territorial health official vested already?

☐ Yes ☐ No

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Part J: RWJF-Added Questions

To be completed by the Senior Deputy

CONTACT INFORMATION

NAME

POSITION / TITLE

STREET ADDRESS

CITY

STATE

POSTAL CODE

TELEPHONE NUMBER

EMAIL ADDRESS

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J1. Currently, does your agency share resources (such as funding, staff, or equipment) with other states on a continuous, recurring (non-emergency) basis?
(select only one)

☐ Yes ☐ No

J2. Currently, does your agency facilitate the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis? (select only one)

☐ Yes ☐ No

J3. Are there state laws or regulations that prohibit regionalization? (select only one)

☐ Yes - specify:
☐ No
☐ I don't know

J4. Are there state laws or regulations that require or facilitate regionalization? (select only one)

☐ Yes - specify:
☐ No
☐ I don't know

J5. For which services or functions does your agency share resources with other states? (select all that apply)

☐ All hazards preparedness and response
☐ Epidemiology or surveillance
☐ Inspections
☐ Clinical services
☐ Administrative services
☐ Other - specify:
☐ None of the above

[IF J5 = "None of the above", CONTINUE WITH THE FOLLOWING QUESTION. OTHERWISE SKIP TO J7]

J6. Which of the following best describes the nature of the agreements to share services or functions with other states? (select only one)

☐ Formal written agreements [e.g. contracts, MOUs]
☐ Informal agreements
☐ Some formal and some informal
☐ I don't know

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J7. Indicate if your state/territorial public health agency used any of these rankings reports to accomplish the following by checking the appropriate boxes.

	State Obesity Rankings (F as in Fat) Trust for America's Health (TFAH)/ Robert Wood Johnson Foundation (RWJF) Report	Federal Funding for State Public Health (Shortchanging America's Health) TFAH/RWJF Report	State Preparedness Rankings (Ready or Not) TFAH/RWJF Report	State Health Rankings (America's Health Rankings) United Health Foundation
Never used this ranking report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never heard of this ranking report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase public awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase policymaker awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase media awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase public awareness of the role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase policymaker awareness of role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase media awareness of the role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop partnerships across multiple sectors to improve community health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leverage additional funding for your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convene stakeholders to discuss the results of the report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	State Obesity Rankings (F as in Fat) Trust for America's Health (TFAH)/ Robert Wood Johnson Foundation (RWJF) Report	Federal Funding for State Public Health (Shortchanging America's Health) TFAH/RWJF Report	State Preparedness Rankings (Ready or Not) TFAH/RWJF Report	State Health Rankings (America's Health Rankings) United Health Foundation
Other - specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other":

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J8. What type of attention (i.e. in media coverage, response from policymakers and/or community stakeholders, or public response) did your state/territorial public health agency receive as a result of the release of the County Health Rankings? (select only one)

- ☐ Mostly positive
- ☐ Somewhat positive
- ☐ Equally positive and negative
- ☐ Somewhat negative
- ☐ Mostly negative
- ☐ We received no attention
- ☐ I have never heard of the County Health Rankings (skip the following MATCH question/matrix)

[IF J8 = “I have never heard of the County Health Rankings,” SKIP TO J10.]

J9. How likely is your agency to use the County Health Rankings report information to...

	Already Completed	Very Likely	Somewhat Likely	Not at all likely
Increase public awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase policymaker awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase media awareness of the multiple factors that influence health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase public awareness of the role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase policymaker awareness of role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase media awareness of the role of public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop partnerships across multiple sectors to improve community health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leverage additional funding for your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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J10. Which of the following research activities has your state/territorial public health agency participated in over the past 12 months? (select all that apply)

- ☐ Identifying research topics and questions that are relevant to public health practice
- ☐ Developing or refining research plans and/or protocols for public health studies
- ☐ Recruiting study sites and/or study participants
- ☐ Collecting, exchanging, or reporting data for a study
- ☐ Analyzing and interpreting study data and findings
- ☐ Disseminating research findings to key stakeholders
- ☐ Applying research findings to practices within your own organization
- ☐ Helping other organizations apply research findings to practice
- ☐ I don't know

J11. Approximately how many research studies has your state/territorial public health agency participated in over the past 12 months?

J12. How many of these studies included participation with a researcher based at a university or research institute?

J13. How many of these studies involving a researcher based at a university or research institute involve a formal research agreement between your agency and a university or research institute to conduct joint studies on a reoccurring basis?

J14. Of all the research studies your agency engaged in conducting over the past 12 months, how many of these studies were led by your public health agency?

- ☐ Did not participate in any research studies
- ☐ Number of studies led by agency:

J15. Has anyone in your state/territorial public health agency attended a HIA training in the past year? *For the purposes of this question, a Health Impact Assessment is defined as “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” (1999 Gothenburg consensus statement).*

- ☐ Yes ☐ No ☐ I don't know

J16. Has your state/territorial public health agency ever participated in an HIA?

- ☐ Yes ☐ No ☐ I don't know

J17. How many HIAs has your state/territorial public health agency conducted or been part of in the past year?

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J18. What type of legal counsel does your state/territorial public health agency employ? (select all that apply)

- ☐ Employs attorneys and has its own legal department.
- ☐ Assigned attorneys and legal staff by our state's Attorney General.
- ☐ Works with attorneys employed by local government.
- ☐ Contracts with outside, independent attorneys for legal matters.
- ☐ No legal counsel
- ☐ Other arrangement - specify:

J19. What services does your state/territorial public health agency's legal counsel provide? (select all that apply)

- ☐ Our legal counsel provides formal opinions on laws, statutes, regulations, enforcement policies and enforcement actions for use in possible litigation or other legal actions involving the organization
- ☐ Our legal counsel informally advises us on the legality/constitutionality of various laws, statutes, regulations, enforcement policies and enforcement actions
- ☐ Our legal counsel assists in drafting the organization's laws, statutes, regulations, enforcement policies and enforcement actions
- ☐ Our legal counsel represents the organization in all legal matters pertaining to the organization's activities.
- ☐ Our legal counsel determines which entities to litigate or prosecute for violation of the organization's regulatory responsibilities to uphold statutes, regulations, or ordinances.
- ☐ Other arrangement - specify: