

2010 ASTHO State and Territorial Public Health Survey Codebook

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

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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

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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.

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.

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- 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 surveyresearch@astho.org.

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Part A: Respondent Information for Primary Contact

AC1 Name of state/territorial public health agency:

AC2 Please select the state/territory your agency represents:

AC3 Mailing Address:

AC4 City:

AC5 State:

AC6 Zip:

AC7 Street Address (if different from mailing address):

AC8 City:

AC9 State:

AC10 Zip:

AC11 Website:

AC12 Email:

AC13 Telephone:

AC14 Fax:

AC15 Name of Primary Contact for this survey:

AC16 Title:

AC17 Mailing Address (if different from agency mailing address):

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AC18 City:

AC19 State:

AC20 Zip:

AC21 Email:

AC22 Telephone:

AC23 Fax:

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Part B: Activities

To be completed by the Senior Deputy.

Contact Information

Please provide a contact for the following activities questions should ASTHO need to follow up regarding this information.

☐ Check here if the respondent information for this section is the same as that of the Primary Contact for the survey. (Please note: the Primary Contact information will not appear until you save this page.)

BC1. Name _____

BC2. Position or Title _____

BC3. Street Address _____

BC4. City _____ BC5. State _____ BC6. Zip _____

BC7. Telephone _____

BC8. E-mail 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.

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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 " and "Performed by local health departments led 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.

B1. Immunizations—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	B1A1_2010	B1A2_2010	B1A3_2010	B1A4_2010	B1A5_2010	B1A6_2010
Childhood immunizations	B1B1_2010	B1B2_2010	B1B3_2010	B1B4_2010	B1B5_2010	B1B6_2010
International travel immunizations	B1C1_2010	B1C2_2010	B1C3_2010	B1C4_2010	B1C5_2010	B1C6_2010

Comment [k1]:

CODING for all matrix questions in Part B (unless otherwise noted):

"Yes"=1

"No"= 0

"Missing"= "."

B2. Immunizations—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	B02A1_2010	B02A2_2010	B02A3_2010	B02A4_2010	B02A5_2010	B02A6_2010

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Childhood immunizations	B02B1_2010	B02B2_2010	B02B3_2010	B02B4_2010	B02B5_2010	B02B6_2010
International travel immunizations	B02C1_2010	B02C2_2010	B02C3_2010	B02C4_2010	B02C5_2010	B02C6_2010

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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	B03A1_2010	B03A2_2010	B03A3_2010	B03A4_2010	B03A5_2010	B03A6_2010
Blood lead	B03B1_2010	B03B2_2010	B03B3_2010	B03B4_2010	B03B5_2010	B03B6_2010
Breast and cervical cancer	B03C1_2010	B03C2_2010	B03C3_2010	B03C4_2010	B03C5_2010	B03C6_2010
Colon/rectum cancer	B03D1_2010	B03D2_2010	B03D3_2010	B03D4_2010	B03D5_2010	B03D6_2010
Other cancers	B03E1_2010	B03E2_2010	B03E3_2010	B03E4_2010	B03E5_2010	B03E6_2010
Cardiovascular disease	B03F1_2010	B03F2_2010	B03F3_2010	B03F4_2010	B03F5_2010	B03F6_2010
Diabetes	B03G1_2010	B03G2_2010	B03G3_2010	B03G4_2010	B03G5_2010	B03G6_2010
High blood pressure	B03H1_2010	B03H2_2010	B03H3_2010	B03H4_2010	B03H5_2010	B03H6_2010
HIV/AIDS	B03J1_2010	B03J2_2010	B03J3_2010	B03J4_2010	B03J5_2010	B03J6_2010
Other STDs	B03K1_2010	B03K2_2010	B03K3_2010	B03K4_2010	B03K5_2010	B03K6_2010
Newborn screening	B03L1_2010	B03L2_2010	B03L3_2010	B03L4_2010	B03L5_2010	B03L6_2010
Tuberculosis	B03M1_2010	B03M2_2010	B03M3_2010	B03M4_2010	B03M5_2010	B03M6_2010
Other public health screening (specify)	B03N1_2010	B03N2_2010	B03N3_2010	B03N4_2010	B03N5_2010	B03N6_2010

Comment [k2]: Field for qualitative response for other coded B3N7_2010.

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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)	B04A1_2010	B04A2_2010	B04A3_2010	B04A4_2010	B04A5_2010	B04A6_2010
Blood lead screening	B04B1_2010	B04B2_2010	B04B3_2010	B04B4_2010	B04B5_2010	B04B6_2010
Cholesterol screening	B04C1_2010	B04C2_2010	B04C3_2010	B04C4_2010	B04C5_2010	B04C6_2010
Food borne illness testing	B04D1_2010	B04D2_2010	B04D3_2010	B04D4_2010	B04D5_2010	B04D6_2010
Influenza typing	B04E1_2010	B04E2_2010	B04E3_2010	B04E4_2010	B04E5_2010	B04E6_2010
Newborn screening	B04F1_2010	B04F2_2010	B04F3_2010	B04F4_2010	B04F5_2010	B04F6_2010
Other environmental toxins screening	B04G1_2010	B04G2_2010	B04G3_2010	B04G4_2010	B04G5_2010	B04G6_2010
Other screening (specify)	B04H1_2010	B04H2_2010	B04H3_2010	B04H4_2010	B04H5_2010	B04H6_2010

Comment [k3]:
Field for qualitative response for other coded B4H7_2010.

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	B05A1_2010	B05A2_2010	B05A3_2010	B05A4_2010	B05A5_2010	B05A6_2010

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Cancer	B05B1_2010	B05B2_2010	B05B3_2010	B05B4_2010	B05B5_2010	B05B6_2010
Childhood immunization	B05C1_2010	B05C2_2010	B05C3_2010	B05C4_2010	B05C5_2010	B05C6_2010
Diabetes	B05D1_2010	B05D2_2010	B05D3_2010	B05D4_2010	B05D5_2010	B05D6_2010

B6. Treatment for diseases. (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	B06A1_2010	B06A2_2010	B06A3_2010	B06A4_2010	B06A5_2010	B06A6_2010
Blood lead	B06B1_2010	B06B2_2010	B06B3_2010	B06B4_2010	B06B5_2010	B06B6_2010
Breast and cervical cancer	B06C1_2010	B06C2_2010	B06C3_2010	B06C4_2010	B06C5_2010	B06C6_2010
Colon/rectum cancer	B06D1_2010	B06D2_2010	B06D3_2010	B06D4_2010	B06D5_2010	B06D6_2010
Coronary heart disease	B06E1_2010	B06E2_2010	B06E3_2010	B06E4_2010	B06E5_2010	B06E6_2010
Diabetes	B06F1_2010	B06F2_2010	B06F3_2010	B06F4_2010	B06F5_2010	B06F6_2010
High blood pressure	B06G1_2010	B06G2_2010	B06G3_2010	B06G4_2010	B06G5_2010	B06G6_2010
HIV/AIDS	B06H1_2010	B06H2_2010	B06H3_2010	B06H4_2010	B06H5_2010	B06H6_2010
Other cancers	B06J1_2010	B06J2_2010	B06J3_2010	B06J4_2010	B06J5_2010	B06J6_2010
Other STDs	B06K1_2010	B06K2_2010	B06K3_2010	B06K4_2010	B06K5_2010	B06K6_2010
Tuberculosis	B06L1_2010	B06L2_2010	B06L3_2010	B06L4_2010	B06L5_2010	B06L6_2010
Other public health treatment (specify)	B06M1_2010	B06M2_2010	B06M3_2010	B06M4_2010	B06M5_2010	B06M6_2010

Comment [k4]:
Field for qualitative response for other coded B6M7_2010.

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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)	B07A1_2010	B07A2_2010	B07A3_2010	B07A4_2010	B07A5_2010	B07A6_2010
Children with special health care needs	B07B1_2010	B07B2_2010	B07B3_2010	B07B4_2010	B07B5_2010	B07B6_2010
Comprehensive school health clinical services	B07C1_2010	B07C2_2010	B07C3_2010	B07C4_2010	B07C5_2010	B07C6_2010
Early intervention services for children	B07D1_2010	B07D2_2010	B07D3_2010	B07D4_2010	B07D5_2010	B07D6_2010
EPSDT	B07E1_2010	B07E2_2010	B07E3_2010	B07E4_2010	B07E5_2010	B07E6_2010
Family planning	B07F1_2010	B07F2_2010	B07F3_2010	B07F4_2010	B07F5_2010	B07F6_2010
MCH home visits	B07G1_2010	B07G2_2010	B07G3_2010	B07G4_2010	B07G5_2010	B07G6_2010
Non-WIC nutrition assessment and counseling	B07H1_2010	B07H2_2010	B07H3_2010	B07H4_2010	B07H5_2010	B07H6_2010
Obstetrical care	B07J1_2010	B07J2_2010	B07J3_2010	B07J4_2010	B07J5_2010	B07J6_2010
Prenatal care	B07K1_2010	B07K2_2010	B07K3_2010	B07K4_2010	B07K5_2010	B07K6_2010
Comprehensive primary care clinics for children	B07L1_2010	B07L2_2010	B07L3_2010	B07L4_2010	B07L5_2010	B07L6_2010
School health services (non-clinical)	B07M1_2010	B07M2_2010	B07M3_2010	B07M4_2010	B07M5_2010	B07M6_2010

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Well child services	B07N1_2010	B07N2_2010	B07N3_2010	B07N4_2010	B07N5_2010	B07N6_2010
WIC	B07O1_2010	B07O2_2010	B07O3_2010	B07O4_2010	B07O5_2010	B07O6_2010

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	B08A1_2010	B08A2_2010	B08A3_2010	B08A4_2010	B08A5_2010	B08A6_2010
Comprehensive primary care clinics for adults	B08B1_2010	B08B2_2010	B08B3_2010	B08B4_2010	B08B5_2010	B08B6_2010
Correctional health	B08C1_2010	B08C2_2010	B08C3_2010	B08C4_2010	B08C5_2010	B08C6_2010
Disability	B08D1_2010	B08D2_2010	B08D3_2010	B08D4_2010	B08D5_2010	B08D6_2010
Disability determination	B08E1_2010	B08E2_2010	B08E3_2010	B08E4_2010	B08E5_2010	B08E6_2010
Domestic violence victims services	B08F1_2010	B08F2_2010	B08F3_2010	B08F4_2010	B08F5_2010	B08F6_2010
Home health care	B08G1_2010	B08G2_2010	B08G3_2010	B08G4_2010	B08G5_2010	B08G6_2010
Managed care (medical homes)	B08H1_2010	B08H2_2010	B08H3_2010	B08H4_2010	B08H5_2010	B08H6_2010
Mental health education and prevention services	B08J1_2010	B08J2_2010	B08J3_2010	B08J4_2010	B08J5_2010	B08J6_2010
Mental health treatment services	B08K1_2010	B08K2_2010	B08K3_2010	B08K4_2010	B08K5_2010	B08K6_2010
Oral health	B08L1_2010	B08L2_2010	B08L3_2010	B08L4_2010	B08L5_2010	B08L6_2010
Pharmacy	B08M1_2010	B08M2_2010	B08M3_2010	B08M4_2010	B08M5_2010	B08M6_2010

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Physical therapy	B08N1_2010	B08N2_2010	B08N3_2010	B08N4_2010	B08N5_2010	B08N6_2010
Rural health	B08O1_2010	B08O2_2010	B08O3_2010	B08O4_2010	B08O5_2010	B08O6_2010
Sexual assault victims services	B08P1_2010	B08P2_2010	B08P3_2010	B08P4_2010	B08P5_2010	B08P6_2010
State/Territorial nursing home eligibility determination	B08Q1_2010	B08Q2_2010	B08Q3_2010	B08Q4_2010	B08Q5_2010	B08Q6_2010
Substance abuse education and prevention services	B08R1_2010	B08R2_2010	B08R3_2010	B08R4_2010	B08R5_2010	B08R6_2010
Substance abuse treatment services	B08S1_2010	B08S2_2010	B08S3_2010	B08S4_2010	B08S5_2010	B08S6_2010

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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	B09A1_2010	B09A2_2010	B09A3_2010	B09A4_2010	B09A5_2010	B09A6_2010
Behavioral risk factors	B09B1_2010	B09B2_2010	B09B3_2010	B09B4_2010	B09B5_2010	B09B6_2010
Cancer incidence	B09C1_2010	B09C2_2010	B09C3_2010	B09C4_2010	B09C5_2010	B09C6_2010
Chronic diseases	B09D1_2010	B09D2_2010	B09D3_2010	B09D4_2010	B09D5_2010	B09D6_2010
Communicable/infectious diseases	B09E1_2010	B09E2_2010	B09E3_2010	B09E4_2010	B09E5_2010	B09E6_2010
Environmental health	B09F1_2010	B09F2_2010	B09F3_2010	B09F4_2010	B09F5_2010	B09F6_2010
Foodborne illness	B09G1_2010	B09G2_2010	B09G3_2010	B09G4_2010	B09G5_2010	B09G6_2010
Injury	B09H1_2010	B09H2_2010	B09H3_2010	B09H4_2010	B09H5_2010	B09H6_2010
Morbidity data	B09J1_2010	B09J2_2010	B09J3_2010	B09J4_2010	B09J5_2010	B09J6_2010
Perinatal events or risk factors	B09K1_2010	B09K2_2010	B09K3_2010	B09K4_2010	B09K5_2010	B09K6_2010
Reportable diseases	B09L1_2010	B09L2_2010	B09L3_2010	B09L4_2010	B09L5_2010	B09L6_2010
Syndromic surveillance	B09M1_2010	B09M2_2010	B09M3_2010	B09M4_2010	B09M5_2010	B09M6_2010
Uninsured, outreach and enrollment for medical insurance	B09N1_2010	B09N2_2010	B09N3_2010	B09N4_2010	B09N5_2010	B09N6_2010
Vital statistics	B09O1_2010	B09O2_2010	B09O3_2010	B09O4_2010	B09O5_2010	B09O6_2010

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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	B10A1_2010	B10A2_2010	B10A3_2010	B10A4_2010	B10A5_2010	B10A6_2010
Asthma	B10B1_2010	B10B2_2010	B10B3_2010	B10B4_2010	B10B5_2010	B10B6_2010
Diabetes	B10C1_2010	B10C2_2010	B10C3_2010	B10C4_2010	B10C5_2010	B10C6_2010
HIV	B10D1_2010	B10D2_2010	B10D3_2010	B10D4_2010	B10D5_2010	B10D6_2010
Hypertension	B10E1_2010	B10E2_2010	B10E3_2010	B10E4_2010	B10E5_2010	B10E6_2010
Injury	B10F1_2010	B10F2_2010	B10F3_2010	B10F4_2010	B10F5_2010	B10F6_2010
Mental illness	B10G1_2010	B10G2_2010	B10G3_2010	B10G4_2010	B10G5_2010	B10G6_2010
Nutrition	B10H1_2010	B10H2_2010	B10H3_2010	B10H4_2010	B10H5_2010	B10H6_2010
Physical Activity	B10J1_2010	B10J2_2010	B10J3_2010	B10J4_2010	B10J5_2010	B10J6_2010
Sex education	B10K1_2010	B10K2_2010	B10K3_2010	B10K4_2010	B10K5_2010	B10K6_2010
Sexually transmitted disease counseling and partner notification	B10L1_2010	B10L2_2010	B10L3_2010	B10L4_2010	B10L5_2010	B10L6_2010
Skin cancer	B10M1_2010	B10M2_2010	B10M3_2010	B10M4_2010	B10M5_2010	B10M6_2010
Substance abuse	B10N1_2010	B10N2_2010	B10N3_2010	B10N4_2010	B10N5_2010	B10N6_2010
Suicide	B10O1_2010	B10O2_2010	B10O3_2010	B10O4_2010	B10O5_2010	B10O6_2010
Tobacco	B10P1_2010	B10P2_2010	B10P3_2010	B10P4_2010	B10P5_2010	B10P6_2010
Unintended pregnancy	B10Q1_2010	B10Q2_2010	B10Q3_2010	B10Q4_2010	B10Q5_2010	B10Q6_2010
Violence	B10R1_2010	B10R2_2010	B10R3_2010	B10R4_2010	B10R5_2010	B10R6_2010

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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	B11A1_2010	B11A2_2010	B11A3_2010	B11A4_2010	B11A5_2010	B11A6_2010
Assisted living	B11B1_2010	B11B2_2010	B11B3_2010	B11B4_2010	B11B5_2010	B11B6_2010
Beaches	B11C1_2010	B11C2_2010	B11C3_2010	B11C4_2010	B11C5_2010	B11C6_2010
Biomedical waste	B11D1_2010	B11D2_2010	B11D3_2010	B11D4_2010	B11D5_2010	B11D6_2010
Body piercing/tattooing	B11E1_2010	B11E2_2010	B11E3_2010	B11E4_2010	B11E5_2010	B11E6_2010
Campgrounds & RVs	B11F1_2010	B11F2_2010	B11F3_2010	B11F4_2010	B11F5_2010	B11F6_2010
Childcare facilities	B11G1_2010	B11G2_2010	B11G3_2010	B11G4_2010	B11G5_2010	B11G6_2010
Clinics	B11H1_2010	B11H2_2010	B11H3_2010	B11H4_2010	B11H5_2010	B11H6_2010
Cosmetology businesses	B11J1_2010	B11J2_2010	B11J3_2010	B11J4_2010	B11J5_2010	B11J6_2010
Emergency Medical Services	B11K1_2010	B11K2_2010	B11K3_2010	B11K4_2010	B11K5_2010	B11K6_2010
Food processing	B11L1_2010	B11L2_2010	B11L3_2010	B11L4_2010	B11L5_2010	B11L6_2010
Food service establishments	B11M1_2010	B11M2_2010	B11M3_2010	B11M4_2010	B11M5_2010	B11M6_2010
Hospice	B11N1_2010	B11N2_2010	B11N3_2010	B11N4_2010	B11N5_2010	B11N6_2010
Hospitals	B11O1_2010	B11O2_2010	B11O3_2010	B11O4_2010	B11O5_2010	B11O6_2010
Hotels/motels	B11P1_2010	B11P2_2010	B11P3_2010	B11P4_2010	B11P5_2010	B11P6_2010
Housing (inspections)	B11Q1_2010	B11Q2_2010	B11Q3_2010	B11Q4_2010	B11Q5_2010	B11Q6_2010
Jails/prisons	B11R1_2010	B11R2_2010	B11R3_2010	B11R4_2010	B11R5_2010	B11R6_2010

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Laboratories	B11S1_2010	B11S2_2010	B11S3_2010	B11S4_2010	B11S5_2010	B11S6_2010
Lead inspection	B11T1_2010	B11T2_2010	B11T3_2010	B11T4_2010	B11T5_2010	B11T6_2010
Local public health agencies	B11U1_2010	B11U2_2010	B11U3_2010	B11U4_2010	B11U5_2010	B11U6_2010
Long-term care facilities	B11V1_2010	B11V2_2010	B11V3_2010	B11V4_2010	B11V5_2010	B11V6_2010
Migrant Housing	B11W1_2010	B11W2_2010	B11W3_2010	B11W4_2010	B11W5_2010	B11W6_2010
Milk processing	B11X1_2010	B11X2_2010	B11X3_2010	B11X4_2010	B11X5_2010	B11X6_2010
Mobile homes	B11Y1_2010	B11Y2_2010	B11Y3_2010	B11Y4_2010	B11Y5_2010	B11Y6_2010
Nursing homes	B11Z1_2010	B11Z2_2010	B11Z3_2010	B11Z4_2010	B11Z5_2010	B11Z6_2010
Occupational health	B11AA1_2010	B11AA2_2010	B11AA3_2010	B11AA4_2010	B11AA5_2010	B11AA6_2010
Private drinking water	B11BB1_2010	B11BB2_2010	B11BB3_2010	B11BB4_2010	B11BB5_2010	B11BB6_2010
Public drinking water	B11CC1_2010	B11CC2_2010	B11CC3_2010	B11CC4_2010	B11CC5_2010	B11CC6_2010
Schools	B11DD1_2010	B11DD2_2010	B11DD3_2010	B11DD4_2010	B11DD5_2010	B11DD6_2010
Septic tank systems	B11EE1_2010	B11EE2_2010	B11EE3_2010	B11EE4_2010	B11EE5_2010	B11EE6_2010
Shellfish	B11FF1_2010	B11FF2_2010	B11FF3_2010	B11FF4_2010	B11FF5_2010	B11FF6_2010
Smoke-free ordinances	B11GG1_2010	B11GG2_2010	B11GG3_2010	B11GG4_2010	B11GG5_2010	B11GG6_2010
Solid waste disposal sites	B11HH1_2010	B11HH2_2010	B11HH3_2010	B11HH4_2010	B11HH5_2010	B11HH6_2010
Solid waste haulers	B11JJ1_2010	B11JJ2_2010	B11JJ3_2010	B11JJ4_2010	B11JJ5_2010	B11JJ6_2010
Swimming pools (public)	B11KK1_2010	B11KK2_2010	B11KK3_2010	B11KK4_2010	B11KK5_2010	B11KK6_2010
Tanning salons	B11LL1_2010	B11LL2_2010	B11LL3_2010	B11LL4_2010	B11LL5_2010	B11LL6_2010
Tobacco retailers	B11MM1_2010	B11MM2_2010	B11MM3_2010	B11MM4_2010	B11MM5_2010	B11MM6_2010

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Trauma system	B11NN1_2010	B11NN2_2010	B11NN3_2010	B11NN4_2010	B11NN5_2010	B11NN6_2010
Other facilities (specify)	B11OO1_2010	B11OO2_2010	B11OO3_2010	B11OO4_2010	B11OO5_2010	B11OO6_2010

Comment [k5]: Field for qualitative response for other coded B11OO7_2010.

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	B12A1_2010	B12A2_2010	B12A3_2010	B12A4_2010	B12A5_2010	B12A6_2010
Nurses (any level)	B12B1_2010	B12B2_2010	B12B3_2010	B12B4_2010	B12B5_2010	B12B6_2010
Pharmacists	B12C1_2010	B12C2_2010	B12C3_2010	B12C4_2010	B12C5_2010	B12C6_2010
Physicians	B12D1_2010	B12D2_2010	B12D3_2010	B12D4_2010	B12D5_2010	B12D6_2010
Physician assistants	B12E1_2010	B12E2_2010	B12E3_2010	B12E4_2010	B12E5_2010	B12E6_2010
Other health professionals (specify)	B12F1_2010	B12F2_2010	B12F3_2010	B12F4_2010	B12F5_2010	B12F6_2010

Comment [k6]: Field for qualitative response for other coded B12F7_2010.

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	B13A1_2010	B13A2_2010	B13A3_2010	B13A4_2010	B13A5_2010	B13A6_2010
Animal control	B13B1_2010	B13B2_2010	B13B3_2010	B13B4_2010	B13B5_2010	B13B6_2010
Collection of unused pharmaceuticals	B13C1_2010	B13C2_2010	B13C3_2010	B13C4_2010	B13C5_2010	B13C6_2010

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Coastal zone management	B13D1_2010	B13D2_2010	B13D3_2010	B13D4_2010	B13D5_2010	B13D6_2010
Environmental epidemiology	B13E1_2010	B13E2_2010	B13E3_2010	B13E4_2010	B13E5_2010	B13E6_2010
Food safety education	B13F1_2010	B13F2_2010	B13F3_2010	B13F4_2010	B13F5_2010	B13F6_2010
Groundwater protection	B13G1_2010	B13G2_2010	B13G3_2010	B13G4_2010	B13G5_2010	B13G6_2010
Hazardous waste disposal	B13H1_2010	B13H2_2010	B13H3_2010	B13H4_2010	B13H5_2010	B13H6_2010
Hazmat response	B13J1_2010	B13J2_2010	B13J3_2010	B13J4_2010	B13J5_2010	B13J6_2010
Indoor air quality	B13K1_2010	B13K2_2010	B13K3_2010	B13K4_2010	B13K5_2010	B13K6_2010
Land use planning	B13L1_2010	B13L2_2010	B13L3_2010	B13L4_2010	B13L5_2010	B13L6_2010
Mosquito control	B13M1_2010	B13M2_2010	B13M3_2010	B13M4_2010	B13M5_2010	B13M6_2010
Noise pollution	B13N1_2010	B13N2_2010	B13N3_2010	B13N4_2010	B13N5_2010	B13N6_2010
Outdoor air quality regulations	B13O1_2010	B13O2_2010	B13O3_2010	B13O4_2010	B13O5_2010	B13O6_2010
Poison control	B13P1_2010	B13P2_2010	B13P3_2010	B13P4_2010	B13P5_2010	B13P6_2010
Private water supply safety	B13Q1_2010	B13Q2_2010	B13Q3_2010	B13Q4_2010	B13Q5_2010	B13Q6_2010
Public water supply safety	B13R1_2010	B13R2_2010	B13R3_2010	B13R4_2010	B13R5_2010	B13R6_2010
Radiation control	B13S1_2010	B13S2_2010	B13S3_2010	B13S4_2010	B13S5_2010	B13S6_2010
Radon control	B13T1_2010	B13T2_2010	B13T3_2010	B13T4_2010	B13T5_2010	B13T6_2010
Surface water protection	B13U1_2010	B13U2_2010	B13U3_2010	B13U4_2010	B13U5_2010	B13U6_2010
Toxicology	B13V1_2010	B13V2_2010	B13V3_2010	B13V4_2010	B13V5_2010	B13V6_2010
Vector control	B13W1_2010	B13W2_2010	B13W3_2010	B13W4_2010	B13W5_2010	B13W6_2010

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Other pollution prevention (specify)	B13X1_2010	B13X2_2010	B13X3_2010	B13X4_2010	B13X5_2010	B13X6_2010
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Comment [k7]: Field for qualitative response for other coded B13X7_2010.

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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	B14A1_2010	B14A2_2010	B14A3_2010	B14A4_2010	B14A5_2010	B14A6_2010
Eldercare services	B14B1_2010	B14B2_2010	B14B3_2010	B14B4_2010	B14B5_2010	B14B6_2010
Forensics laboratory	B14C1_2010	B14C2_2010	B14C3_2010	B14C4_2010	B14C5_2010	B14C6_2010
Institutional review board (IRB)	B14D1_2010	B14D2_2010	B14D3_2010	B14D4_2010	B14D5_2010	B14D6_2010
Medical examiner	B14E1_2010	B14E2_2010	B14E3_2010	B14E4_2010	B14E5_2010	B14E6_2010
Needle exchange	B14F1_2010	B14F2_2010	B14F3_2010	B14F4_2010	B14F5_2010	B14F6_2010
Non-clinical services in corrections facilities (e.g. epidemiology, surveillance, HIV/STD prevention)	B14G1_2010	B14G2_2010	B14G3_2010	B14G4_2010	B14G5_2010	B14G6_2010
Occupational safety and health services	B14H1_2010	B14H2_2010	B14H3_2010	B14H4_2010	B14H5_2010	B14H6_2010
State/Territorial mental health authority with substance abuse	B14J1_2010	B14J2_2010	B14J3_2010	B14J4_2010	B14J5_2010	B14J6_2010
State/Territorial mental health authority without substance abuse	B14K1_2010	B14K2_2010	B14K3_2010	B14K4_2010	B14K5_2010	B14K6_2010
State/Territorial mental institutions/hospitals	B14L1_2010	B14L2_2010	B14L3_2010	B14L4_2010	B14L5_2010	B14L6_2010
State/Territorial health planning and development	B14M1_2010	B14M2_2010	B14M3_2010	B14M4_2010	B14M5_2010	B14M6_2010
State/Territorial tuberculosis hospitals	B14N1_2010	B14N2_2010	B14N3_2010	B14N4_2010	B14N5_2010	B14N6_2010

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Substance abuse facilities	B14O1_2010	B14O2_2010	B14O3_2010	B14O4_2010	B14O5_2010	B14O6_2010
Trauma system coordination	B14P1_2010	B14P2_2010	B14P3_2010	B14P4_2010	B14P5_2010	B14P6_2010
Veterinarian public health activities	B14Q1_2010	B14Q2_2010	B14Q3_2010	B14Q4_2010	B14Q5_2010	B14Q6_2010

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	B15A1_2010	B15A2_2010	B15A3_2010	B15A4_2010	B15A5_2010	B15A6_2010
Faith-based health programs	B15B1_2010	B15B2_2010	B15B3_2010	B15B4_2010	B15B5_2010	B15B6_2010
Health disparities and/or minority health initiatives	B15C1_2010	B15C2_2010	B15C3_2010	B15C4_2010	B15C5_2010	B15C6_2010
Health insurance regulation	B15D1_2010	B15D2_2010	B15D3_2010	B15D4_2010	B15D5_2010	B15D6_2010
Institutional certifying authority for federal reimbursement	B15E1_2010	B15E2_2010	B15E3_2010	B15E4_2010	B15E5_2010	B15E6_2010
Outreach and enrollment for medical insurance	B15F1_2010	B15F2_2010	B15F3_2010	B15F4_2010	B15F5_2010	B15F6_2010
Rural health	B15G1_2010	B15G2_2010	B15G3_2010	B15G4_2010	B15G5_2010	B15G6_2010

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ColState//Territorial children's health insurance program (SCHIP)	B15H1_2010	B15H2_2010	B15H3_2010	B15H4_2010	B15H5_2010	B15H6_2010
State/Territorial provided health insurance (not supported by federal funds)	B15J1_2010	B15J2_2010	B15J3_2010	B15J4_2010	B15J5_2010	B15J6_2010
Tribal health	B15K1_2010	B15K2_2010	B15K3_2010	B15K4_2010	B15K5_2010	B15K6_2010

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?

B16A1_2010 ☐ 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.

B17A1_2010 ____ Administration and management
 B17B1_2010 ____ Cessation intervention
 B17C1_2010 ____ Health communication intervention
 B17D1_2010 ____ State/Territory and community interventions
 B17E1_2010 ____ 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)

B18A1_2010 ☐ Smokefree building
 B18B1_2010 ☐ Footage requirements outside of building for smoke-free area
 B18C1_2010 ☐ Smokefree venues for off-site meetings
 B18D1_2010 ☐ Healthy eating policies for catered events
 B18E1_2010 ☐ Healthy vending policy in office building

Comment [k8]:

CODING:
 "Yes"=1
 "No"= 0
 "Missing"= "."

NOTES:

It is unclear whether respondents answered regarding prevention efforts currently being supported by existing CDC funding, or additional efforts and funding on behalf of the state or territorial health agency towards chronic disease prevention programs. Therefore, the data generated from this question are difficult to interpret.

Comment [k9]:

CODING:
 1="Top priority"
 2="2nd priority"
 3="3rd priority"
 4="4th priority"
 5="5th priority"
 "." =Missing (no priorities entered)

Comment [k10]:

CODING:
 "Yes"=1
 "No"= 0
 "Missing"= "."
 Collect qualitative data for B18L2_2010.

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- B18F1_2010 ☐ Weight loss or physical activity challenges or incentives for staff
 B18G1_2010 ☐ Insurance coverage for tobacco cessation programs
 B18H1_2010 ☐ Healthy maternity policies (i.e., lactation room, paid maternity leave)
 B18J1_2010 ☐ Farmer's market for staff
 B18K1_2010 ☐ Menu labeling in office building cafeteria
 B18L1_2010 ☐ Other
 B18L2_2010 Other (specify) _____
 B18M1_2010 ☐ None of the above

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

- B19A1_2010 ☐ CDC
 B19B1_2010 ☐ Private foundation
 B19C1_2010 ☐ State general fund
 B19D1_2010 ☐ Other
 B19D2_2010 ☐ Other (specify)
 B19E1_2010 ☐ We do not have an obesity prevention program.

Comment [k11]:

CODING:
 "Yes"=1
 "No"= 0
 "Missing"= "."
 Collect qualitative data for B19D2_2010.

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)?

- B20A1_2010 ☐ Yes
☐ No
☐ Other
 B20A2_2010 Other (specify) _____

Comment [k12]: CODING:

Code response options as follows:
 "Yes"=1
 "No"= 0
 "Other" = 2
 "Missing"= "."
 Collect qualitative data for B20A2_2010.

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

- B21A1_2010 ☐ Environmental health
 B21B1_2010 ☐ Maternal and child health
 B21C1_2010 ☐ Disease prevention and control
 B21D1_2010 ☐ Preparedness

Comment [k13]:

CODING:
 "Yes"=1
 "No"= 0
 "Missing"= "."
 Collect qualitative data for B21J2_2010.

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B21E1_2010 ☐ Tobacco
 B21F1_2010 ☐ Cultural Competency/Health Disparities
 B21G1_2010 ☐ Administrative procedures
 B21H1_2010 ☐ Vital records, statistics or surveillance
 B21J1_2010 ☐ Other
 B21J2_2010 Other (specify) _____
 B21K1_2010 ☐ None of the above

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	B22A1_2010	B22A2_2010	B22A3_2010	B22A4_2010	B22A5_2010
Hospitals	B22B1_2010	B22B2_2010	B22B3_2010	B22B4_2010	B22B5_2010
Laboratories	B22C1_2010	B22C2_2010	B22C3_2010	B22C4_2010	B22C5_2010
Local public health agencies	B22D1_2010	B22D2_2010	B22D3_2010	B22D4_2010	B22D5_2010
State/Territory-wide non-profit/community-based organizations	B22E1_2010	B22E2_2010	B22E3_2010	B22E4_2010	B22E5_2010
Other	B22F1_2010	B22F2_2010	B22F3_2010	B22F4_2010	B22F5_2010
Other (specify) B22F6_2010					
Other	B22G1_2010	B22G2_2010	B22G3_2010	B22G4_2010	B22G5_2010
Other (specify) B22G6_2010					
Other	B22H1_2010	B22H2_2010	B22H3_2010	B22H4_2010	B22H5_2010
Other (specify) B22H6_2010					

Comment [k14]:

CODING:
 "Yes"=1
 "No"= 0
 "Missing"= "."

Collect qualitative data for "other" responses:
 B22F6_2010
 B22G6_2010
 B22H6_2010

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)

Comment [k15]:

CODING:
 "Yes"=1
 "No"= 0
 "Missing"= "."

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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
Local public health agencies	B23A1_2010	B23A2_2010	B23A3_2010	B23A4_2010	B23A5_2010	B23A6_2010
Hospitals	B23B1_2010	B23B2_2010	B23B3_2010	B23B4_2010	B23B5_2010	B23B6_2010
Physician practices/medical groups	B23C1_2010	B23C2_2010	B23C3_2010	B23C4_2010	B23C5_2010	B23C6_2010
Community health centers	B23D1_2010	B23D2_2010	B23D3_2010	B23D4_2010	B23D5_2010	B23D6_2010
Other health care providers	B23E1_2010	B23E2_2010	B23E3_2010	B23E4_2010	B23E5_2010	B23E6_2010
Health insurers	B23F1_2010	B23F2_2010	B23F3_2010	B23F4_2010	B23F5_2010	B23F6_2010
Regional cancer society	B23G1_2010	B23G2_2010	B23G3_2010	B23G4_2010	B23G5_2010	B23G6_2010
Emergency responders	B23H1_2010	B23H2_2010	B23H3_2010	B23H4_2010	B23H5_2010	B23H6_2010
Land use agencies	B23J1_2010	B23J2_2010	B23J3_2010	B23J4_2010	B23J5_2010	B23J6_2010
Economic and community development agencies	B23K1_2010	B23K2_2010	B23K3_2010	B23K4_2010	B23K5_2010	B23K6_2010
Housing agencies	B23L1_2010	B23L2_2010	B23L3_2010	B23L4_2010	B23L5_2010	B23L6_2010
Utility companies/agencies	B23M1_2010	B23M2_2010	B23M3_2010	B23M4_2010	B23M5_2010	B23M6_2010
Environmental and conservation organizations	B23N1_2010	B23N2_2010	B23N3_2010	B23N4_2010	B23N5_2010	B23N6_2010
Cooperative extensions	B23O1_2010	B23O2_2010	B23O3_2010	B23O4_2010	B23O5_2010	B23O6_2010
Schools	B23P1_2010	B23P2_2010	B23P3_2010	B23P4_2010	B23P5_2010	B23P6_2010

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Parks and recreations	B23Q1_2010	B23Q2_2010	B23Q3_2010	B23Q4_2010	B23Q5_2010	B23Q6_2010
Transportation	B23R1_2010	B23R2_2010	B23R3_2010	B23R4_2010	B23R5_2010	B23R6_2010
Community based organizations	B23S1_2010	B23S2_2010	B23S3_2010	B23S4_2010	B23S5_2010	B23S6_2010
Faith communities	B23T1_2010	B23T2_2010	B23T3_2010	B23T4_2010	B23T5_2010	B23T6_2010
Other voluntary or nonprofit organizations, e.g., libraries	B23U1_2010	B23U2_2010	B23U3_2010	B23U4_2010	B23U5_2010	B23U6_2010
Universities	B23V1_2010	B23V2_2010	B23V3_2010	B23V4_2010	B23V5_2010	B23V6_2010
Business	B23W1_2010	B23W2_2010	B23W3_2010	B23W4_2010	B23W5_2010	B23W6_2010
Media	B23X1_2010	B23X2_2010	B23X3_2010	B23X4_2010	B23X5_2010	B23X6_2010
Tribal government agencies/or other tribal community	B23Y1_2010	B23Y2_2010	B23Y3_2010	B23Y4_2010	B23Y5_2010	B23Y6_2010

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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	B24A1_2010	B24A2_2010	B24A3_2010	B24A4_2010	B24A5_2010	B24A6_2010	B24A7_2010	B24A8_2010
Health Professionals Shortage Area Designations (HPSA)	B24B1_2010	B24B2_2010	B24B3_2010	B24B4_2010	B24B5_2010	B24B6_2010	B24B7_2010	B24B8_2010
Healthy People	B24C1_2010	B24C2_2010	B24C3_2010	B24C4_2010	B24C5_2010	B24C6_2010	B24C7_2010	B24C8_2010
HIV Pharmacies (ADAP)	B24D1_2010	B24D2_2010	B24D3_2010	B24D4_2010	B24D5_2010	B24D6_2010	B24D7_2010	B24D8_2010
HIV Title IV	B24E1_2010	B24E2_2010	B24E3_2010	B24E4_2010	B24E5_2010	B24E6_2010	B24E7_2010	B24E8_2010
Injury Prevention (CDC)	B24F1_2010	B24F2_2010	B24F3_2010	B24F4_2010	B24F5_2010	B24F6_2010	B24F7_2010	B24F8_2010
Primary Care Organizations (PCOs)	B24G1_2010	B24G2_2010	B24G3_2010	B24G4_2010	B24G5_2010	B24G6_2010	B24G7_2010	B24G8_2010
Maternal and infant health services, prenatal care, Title V	B24H1_2010	B24H2_2010	B24H3_2010	B24H4_2010	B24H5_2010	B24H6_2010	B24H7_2010	B24H8_2010

Comment [k16]:

CODING:

"Yes"=1

"No"= 0

"Missing"= ""

Collect qualitative data for B24Y9_2010.

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Medicaid	B24J1_2010	B24J2_2010	B24J3_2010	B24J4_2010	B24J5_2010	B24J6_2010	B24J7_2010	B24J8_2010
Mental Health Block Grant (MHBG: Center for Mental Health Services)	B24K1_2010	B24K2_2010	B24K3_2010	B24K4_2010	B24K5_2010	B24K6_2010	B24K7_2010	B24K8_2010
Mental Health Title XX	B24L1_2010	B24L2_2010	B24L3_2010	B24L4_2010	B24L5_2010	B24L6_2010	B24L7_2010	B24L8_2010
National Cancer Prevention and Control Program Grant (CDC)	B24M1_2010	B24M2_2010	B24M3_2010	B24M4_2010	B24M5_2010	B24M6_2010	B24M7_2010	B24M8_2010
Preventive Health and Health Services Block Grant (CDC)	B24N1_2010	B24N2_2010	B24N3_2010	B24N4_2010	B24N5_2010	B24N6_2010	B24N7_2010	B24N8_2010
Rural health (HRSA)	B24O1_2010	B24O2_2010	B24O3_2010	B24O4_2010	B24O5_2010	B24O6_2010	B24O7_2010	B24O8_2010
State/Territorial Child Health Insurance Program (SCHIP: Centers for Medicare and Medicaid Services)	B24P1_2010	B24P2_2010	B24P3_2010	B24P4_2010	B24P5_2010	B24P6_2010	B24P7_2010	B24P8_2010

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Substance abuse and mental health XIX	B24Q1_2010	B24Q2_2010	B24Q3_2010	B24Q4_2010	B24Q5_2010	B24Q6_2010	B24Q7_2010	B24Q8_2010
Substance Abuse Prevention and Treatment Block Grant (SAPT: Substance Abuse and Mental Health Services Administration)	B24R1_2010	B24R2_2010	B24R3_2010	B24R4_2010	B24R5_2010	B24R6_2010	B24R7_2010	B24R8_2010
Temporary Assistance to Needy Families (TANF: Administration for Children and Families)	B24S1_2010	B24S2_2010	B24S3_2010	B24S4_2010	B24S5_2010	B24S6_2010	B24S7_2010	B24S8_2010
Vital statistics (NCHS)	B24T1_2010	B24T2_2010	B24T3_2010	B24T4_2010	B24T5_2010	B24T6_2010	B24T7_2010	B24T8_2010
Women Infants and Children Program (USDA)	B24U1_2010	B24U2_2010	B24U3_2010	B24U4_2010	B24U5_2010	B24U6_2010	B24U7_2010	B24U8_2010
HRSA preparedness grants	B24V1_2010	B24V2_2010	B24V3_2010	B24V4_2010	B24V5_2010	B24V6_2010	B24V7_2010	B24V8_2010

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CDC preparedness grants	B24W1_2010	B24W2_2010	B24W3_2010	B24W4_2010	B24W5_2010	B24W6_2010	B24W7_2010	B24W8_2010
DHS preparedness grants	B24X1_2010	B24X2_2010	B24X3_2010	B24X4_2010	B24X5_2010	B24X6_2010	B24X7_2010	B24X8_2010
Other	B24Y1_2010	B24Y2_2010	B24Y3_2010	B24Y4_2010	B24Y5_2010	B24Y6_2010	B24Y7_2010	B24Y8_2010
Other(specify) B24Y9_2010								

Part C: Health Agency Structure, Governance and Priorities

To be completed by the Senior Deputy.

Contact Information

Please provide a contact for the following structure, governance and priorities questions should ASTHO need to follow up regarding this information.

☐ Check here if the respondent information for this section is the same as that of the Primary Contact for the survey. (Please note: the primary contact information will not appear until you save this page.)

CC1. Name _____

CC2. Position or Title _____

CC3. Street Address _____

CC4. City _____ CC5. State _____

CC6. Zip _____

CC7. Telephone _____

CC8. E-mail address _____

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

- C01A1_2010 ☐ Free-standing/independent agency
☐ Under a larger agency—sometimes referred to as a “super-agency or an “umbrella agency.”

Comment [k17]:

Coding for responses (included in individual report):
 1=“Free-standing/independent agency”
 2=“Under a larger agency”
 “Missing”= “.”

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)

- C02A1_2010 ☐ Not under a super-agency or umbrella agency
 C02B1_2010 ☐ Public assistance
 C02C1_2010 ☐ Environmental protection
 C02D1_2010 ☐ State/Territorial mental health authority with substance abuse
 C02E1_2010 ☐ State/Territorial mental health authority without substance abuse
 C02F1_2010 ☐ Substance abuse
 C02G1_2010 ☐ Medicaid
 C02H1_2010 ☐ Long-term care
 C02J1_2010 ☐ Other
 C02J2_2010 ☐ Other (specify)

Comment [k18]:

CODING:
 “Yes”=1
 “No”= 0
 “Missing”= “.”

Collect qualitative data collected for C2J2_2010.

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.

- C03A1_2010 _____ Independent local health agencies (led by staff employed by local government)
 C03B1_2010 _____ State-run local health agencies (led by staff employed by state government)
 C03C1_2010 _____ Independent regional or district offices (led by non-state employees)
 C03D1_2010 _____ State-run regional or district offices (led by state employees)

Comment [NAL19]:

CODING:
 “Missing”= “.”

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?

- C04A1_2010 ☐ Yes
☐ No

Comment [k20]:

CODING:
 “Yes”=1
 “No”= 0
 “Missing”= “.”

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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?

C05A1_2010 ☐ Yes
☐ No

Comment [k21]:

CODING:
"Yes"=1
"No"= 0
"Missing"= "."

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

C06A1_2010 ☐ Yes
C06A2_2010 Yes (specify) _____
C06A1_2010 ☐ No

Comment [k22]:

CODING:
"Yes"=1
"No"= 0
"Missing"= "."
Collect qualitative data collected for C6A2_2010.

[IF C4, C5 OR C6 = "YES", CONTINUE WITH THE FOLLOWING QUESTION. OTHERWISE SKIP TO C8.]

C7. Which of the following statements is more accurate?

C07A1_2010 ☐ 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.

Comment [k23]: CODING:

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

"Missing"= "."

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

C08A1_2010

Comment [k24]:

Collect qualitative data collected for C8A1_2010

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

C09A1_2010 ☐ Yes
☐ No

Comment [k25]:

CODING:
"Yes"=1
"No"= 0
"Missing"= "."

[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?

Comment [k26]:

CODING:
"Yes"=1
"No"= 0
"Missing"= "."

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C10A1_2010 ☐ 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?

C11A1_2010 ☐ Yes
☐ No

Comment [k27]:
 CODING:
 "Yes"=1
 "No"= 0
 "Missing"= "."

C12. How many FTEs are included in this unit?

C12A1_2010

Comment [NAL28]:
 "Missing"= "."

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

C13A1_2010

Comment [NAL29]:
 "Missing"= "."

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

C14A1_2010

Comment [NAL30]:
 "Missing"= "."

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

C15A1_2010 _____ Total new rules adopted

C15B1_2010 _____ Total rules amended

Comment [NAL31]:
 "Missing"= "."

NOTES:
 The 2010 Profile Survey did not provide a definition for "new and amended rules." Therefore, this question may have been interpreted differently among respondents.

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.

C16A1_2010 _____ In response to new legislative mandate

C16B1_2010 _____ At the initiation of the agency

C16C1_2010 _____ At the initiation of the state/territorial board of health

C16D1_2010 _____ In response to a sunset provision

C16E1_2010 _____ Other

C16E2_2010 Other (specify)_____

Comment [NAL32]:
 "Missing"= "."

NOTES:
 The 2010 Profile Survey did not provide a definition for "new and amended rules." Therefore, this question may have been interpreted differently among respondents.

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

- C17A1_2010 ☐ The agency can adopt rules without legislative or board of health involvement
 C17B1_2010 ☐ A legislative committee must approve all rules
 C17C1_2010 ☐ The board of health must approve all rules
 C17D1_2010 ☐ Legislative advice must be sought
 C17E1_2010 ☐ Board of health advice must be sought
 C17F1_2010 ☐ Rules can only be adopted pursuant to legislative mandate
 C17G1_2010 ☐ My state/territory experienced a moratorium on rules during the period July 1, 2008 to June 30, 2009.
 C17H1_2010 ☐ None of the above _____

Comment [k33]:

CODING:
 "Yes"=1
 "No"= blank
 "Missing"= "."

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.

- C18A1_2010 ☐ Yes
 ☐ No
 ☐ Other
 C18A2_2010 ☐ Other (specify) _____

Comment [k34]: NOTE TO DEVELOPERS:

Coding for response options (included in individual report):

C18A1_2010:
 1 = Yes
 0 = No
 2 = Other
 "Missing"= "."

Collect qualitative data for C18A2_2010.

[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)

- C19A1_2010 ☐ Must approve agency enforcement actions
 C19B1_2010 ☐ Hears appeals of agency enforcement actions
 C19C1_2010 ☐ A panel of members can make a binding adjudication
 C19D1_2010 ☐ Only the full board can make a binding adjudication
 C19E1_2010 ☐ The full board makes a binding adjudication after receiving a panel's recommendation
 C19F1_2010 ☐ A hearing officer is present during adjudicatory proceedings
 C19G1_2010 ☐ Adjudication powers are reserved for an administrative law judge or hearing officer (the board of health is not involved in the decision)
 C19H1_2010 ☐ Board of health has no role

Comment [k35]:

CODING:
 "Yes"=1
 "No"= 0
 "Not applicable" = 2
 "Missing"= "."

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

Comment [k36]: CODING:

CODING:
 "Yes"=1
 "No"= 0
 "Not applicable" = 2
 "Missing"= "."

Collect qualitative data for C20G2_2010.

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C20A1_2010 ☐ Executive
 C20B1_2010 ☐ Fiscal
 C20C1_2010 ☐ Legislative
 C20D1_2010 ☐ Program Specific Oversight
 C20E1_2010 ☐ Grant Specific Oversight
 C20F1_2010 ☐ Appeals/Hearings
 C20G1_2010 ☐ Other
 C20G2_2010 Other(specify)_____

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

C21A1_2010 ☐ Monthly
☐ Quarterly
☐ Annually
☐ Other
 C21A2_2010 Other (specify)_____

Comment [k37]: CODING:
 Code response options for C21A1_2010 as follows:
 1 = Monthly
 2 = Quarterly
 3 = Annually
 4 = Other
 "Not applicable" = 5
 "Missing" = "."
 Collect qualitative data for C21A2_2010.

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

C22A1_2010 ☐ Member
☐ Chair
☐ Non-voting advisor
☐ Other
 C22A2_2010 ☐ Other (specify)

Comment [k38]: CODING:
 Code response options for C22A1_2010 as follows:
 1 = Member
 2 = Chair
 3 = non-voting advisor
 4 = Other
 "Not applicable" = 5
 "Missing" = "."
 Collect qualitative data for C22A2_2010.

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

C23A1_2010 1. _____
 C23B1_2010 2. _____
 C23C1_2010 3. _____
 C23D1_2010 4. _____
 C23E1_2010 5. _____

Comment [k39]:
 Collect qualitative data for:
 C23A1_2010
 C23B1_2010
 C23C1_2010
 C23D1_2010
 C23E1_2010

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

Comment [k40]:
 Provide open text boxes for the responses to C24A1_2010.
 CODING:
 Collect qualitative data for C24A1_2010.

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C24A1_2010

Part D: Workforce

To be completed by Human Resources Director.

Contact Information

Please provide a contact for the following workforce questions should ASTHO need to follow up regarding this information.

☐ Check here if the respondent information for this section is the same as that of the Primary Contact for the survey. (Please note: the Primary Contact information will not appear until you save this page.)

DC1. Name _____

DC2. Position or Title _____

DC3. Street Address _____

DC4. City _____ DC5. State _____ DC6. Zip _____

DC7. Telephone _____

DC8. E-mail 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.

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.)

D01A1_2010 _____ **Number of staff members**

Comment [k41]: missing responses show up as blanks for numeric fields

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D01B1_2010 _____ Number of Full-time Equivalents (FTEs)

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

D02A1_2010 _____ Number of part-time workers

D02B1_2010 _____ Number of contractual workers

D02C1_2010 _____ Number of hourly (temporary or as needed) workers

D02D1_2010 _____ Number of state/territory workers assigned to local health departments

D02E1_2010 _____ Number of state/territory workers assigned to regional/district offices

D02F1_2010 _____ Number of state/territory workers assigned to other state/territorial agencies

D02G1_2010 _____ 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			

Comment [k42]:
missing responses show up as blanks for numeric fields

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D03A1_2010	\$ D03A2_2010	\$ D03A3_2010	% D03A4_2010	Administrative or clerical personnel	Support staff providing assistance in agency programs or operations.
D03B1_2010	\$ D03B2_2010	\$ D03B3_2010	% D03B4_2010	Public health nurse	Registered nurse conducting public health nursing (e.g. school nurse, community health nurse, nurse practitioner).
D03C1_2010	\$ D03C2_2010	\$ D03C3_2010	% D03C4_2010	Environmental health worker	Environmental health specialists, scientists and technicians, including registered and other sanitarians.
D03D1_2010	\$ D03D2_2010	\$ D03D3_2010	% D03D4_2010	Laboratory worker	Laboratorians, laboratory scientists, laboratory technicians, and microbiologists planning, designing and implementing laboratory procedures.
D03E1_2010	\$ D03E2_2010	\$ D03E3_2010	% D03E4_2010	Public health manager	Health service managers, administrators, and health directors overseeing the operations of a department/division.
D03F1_2010	\$ D03F2_2010	\$ D03F3_2010	% D03F4_2010	Social worker	Behavioral health professional (e.g. community organizers, HIV/AIDS counselors and public health social workers).
D03G1_2010	\$ D03G2_2010	\$ D03G3_2010	% D03G4_2010	Epidemiologist/Statistician	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential and makes recommendations on appropriate interventions.
D03H1_2010	\$ D03H2_2010	\$ D03H3_2010	% D03H4_2010	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

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D03J1_2010	D03J2_2010	D03J3_2010	D03J4_2010		systems specialists or public health informaticists.
D03K1_2010	\$ D03K2_2010	\$ D03K3_2010	% D03K4_2010	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.
D03L1_2010	\$ D03L2_2010	\$ D03L3_2010	% D03L4_2010	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.
D03M1_2010	\$ D03M2_2010	\$ D03M3_2010	% D03M4_2010	Public information specialist	Also known as public information officer.
D03N1_2010	\$ D03N2_2010	\$ D03N3_2010	% D03N4_2010	Preparedness director	
D03O1_2010	\$ D03O2_2010	\$ D03O3_2010	% D03O4_2010	Public health dentist	

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D03P1_2010	\$ D03P2_2010	\$ D03P3_2010	% D03P4_2010	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 HRSAs 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.
D03Q1_2010	\$ D03Q2_2010	\$ D03Q3_2010	% D03Q4_2010	Other (specify): _____	
D03R1_2010	\$ D03R2_2010	\$ D03R3_2010	% D03R4_2010	Other (specify): _____	
D03S1_2010	\$ D03S2_2010	\$ D03S3_2010	% D03S4_2010	Other (specify): _____	
D03T1_2010	\$ D03T2_2010	\$ D03T04_2010	% D03T04_2010	Other (Specify): _____	

Comment [k43]:
Collect qualitative data for "other" responses:
D03Q5_2010
D03R5_2010
D03S5_2010

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
--------------------------	-------------------------------	---------------------------------	---------------------------	---------------------------	-------------------	------------------------------	---

Comment [k44]: CODING:

For each row/occupational classification, use the following codes:

Not affected by shortage = 0
Slightly affected by shortage = 1
Moderately affected by shortage = 2
Very affected by shortage = 3
Most affected by shortage = 4
N/A or Don't Know = 5

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						Administrative or clerical personnel D04A1_2010	Support staff providing assistance in agency programs or operations.
						Public health nurse D04B1_2010	Registered nurse conducting public health nursing (e.g. school nurse, community health nurse, nurse practitioner).
						Environmental health worker D04C1_2010	Environmental health specialists, scientists and technicians, including registered and other sanitarians.
						Laboratory worker D04D1_2010	Laboratorians, laboratory scientists, laboratory technicians, and microbiologists planning, designing and implementing laboratory procedures.
						Public health manager D04E1_2010	Health service managers, administrators, and health directors overseeing the operations of a department/division.
						Social worker D04F1_2010	Behavioral health professional (e.g. community organizers, HIV/AIDS counselors and public health social workers).
						Epidemiologists/Statistician D04G1_2010	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and

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							disease potential and makes recommendations on appropriate interventions.
						Health educator D04H1_2010	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 D04J1_2010	Also known as public health information systems specialists or public health informaticists.
						Nutritionist D04K1_2010	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.
						Public health physician D04L1_2010	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

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							such risks. May provide direct medical services.
						Public information specialist D04M1_2010	Also known as public information officer.
						Preparedness director D04N1_2010	
						Public health dentist D04O1_2010	
						Primary Care Office Director D04P1_2010	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): _____ D04Q1_2010 (other) D04Q2_2010 (other "specify")	
						Other (specify):	

Comment [k45]:
Collect qualitative data for "other" responses:
D4Q2_2010
D4R2_2010
D4S2_2010

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						D04R1_2010 (other) D04R2_2010 (other “specify”)	
						Other (specify): D04S1_2010 (other) D04S2_2010 (other “specify”)	

D5. The purpose of this question is to gather compensation information about the leaders of your State and Territorial Health Agency. 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			
\$ D05A1_2010	\$ D05A2_2010	% D05A3_2010	Senior Deputy	Other (specify): D05A4_2010
\$ D05B1_2010	\$ D05B2_2010	% D05B3_2010	Senior Deputy	Other (specify): D05B4_2010
\$ D05C1_2010	\$ D05C2_2010	% D05C3_2010	Senior Deputy	Other (specify): D05C4_2010
\$ D05D1_2010	\$ D05D2_2010	% D05D3_2010	Senior Deputy	Other (specify): D05D4_2010
\$ D05E1_2010	\$ D05E2_2010	% D05E3_2010	Senior Deputy	Other (specify):

Comment [k46]:
Collect qualitative data for “other” responses in last column (D5A4_2010 through D5M4_2010).

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				D05E4_2010
\$ D05F1_2010	\$ D05F2_2010	% D05F3_2010	Chief Medical Officer	Other (specify): _____
				D05F4_2010
\$ D05G1_2010	\$ D05G2_2010	% D05G3_2010	Chief Science Officer	Other (specify): _____
				D05G4_2010
\$ D05H1_2010	\$ D05H2_2010	% D05H3_2010	Chief Financial Officer	Other (specify): _____
				D05H4_2010
\$ D05J1_2010	\$ D05J2_2010	% D05J3_2010	Chief Information Officer	Other (specify): _____
				D05J4_2010
\$ D05K1_2010	\$ D05K2_2010	% D05K3_2010	State/Territorial Epidemiologist	Other (specify): _____
				D05K4_2010
\$ D05L1_2010	\$ D05L2_2010	% D05L3_2010	State/Territorial Laboratory Director	Other (specify): _____
				D05L4_2010
\$ D05M1_2010	\$ D05M2_2010	% D05M3_2010	Local Health Department Liaison	Other (specify): _____
				D05M4_2010

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

D06A1_2010

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?

D07A1_2010 Average Age of Employees: _____

D07B1_2010 Median Age of Employees: _____

D07C1_2010 Average Number of Years of Service: _____

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

Comment [k47]:
missing responses show up as blanks for numeric fields

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D08A1_2010 Average Age in Fiscal Year 2007: _____
D08B1_2010 Average Age in Fiscal Year 2008: _____
D08C1_2010 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?

D09A1_2010 Turnover Rate in Fiscal Year 2007: _____
D09B1_2010 Turnover Rate in Fiscal Year 2008: _____
D09C1_2010 Turnover Rate in Fiscal Year 2009: _____

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

D10A1_2010 _____%

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

D11A1_2010

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

D12A1_2010

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)

D13A1_2010 Fiscal year 2010: _____
D13B1_2010 Fiscal year 2011: _____
D13C1_2010 Fiscal year 2012: _____
D13D1_2010 Fiscal year 2013: _____
D13E1_2010 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)

Comment [k48]:

Coding:

"Yes" = 1

"No" = 0

"Missing" = "."

Collect qualitative data for D14E2_2010.

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D14A1_2010 ☐Physicians
D14B1_2010 ☐Dentists
D14C1_2010 ☐Mid-level providers
D14D1_2010 ☐Nurses
D14E1_2010 ☐Other primary care professionals
D14E2_2010 Other primary care professionals (specify)_____

E: Finance

To be completed by the Chief Financial Officer.

Contact Information

Please provide a contact for the following fiscal questions should ASTHO need to follow up regarding this information.

☐ Check here if the respondent information for this section is the same as that of the Primary Contact for the survey. (Please note: the Primary Contact information will not appear until you save this page.)

EC1.Name _____

EC2.Position or Title _____

EC3.Street Address _____

EC4.City _____ EC5.State _____ EC6. Zip _____

EC7. Telephone _____

EC8. E-mail 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.

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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).

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
\$ E01A1_2010	\$ E01A2_2010	State General Funds*	Include revenues received from state general revenue funds to fund state operations. Exclude federal pass-through funds.
\$ E01B1_2010	\$ E01B2_2010	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.
\$ E01C1_2010	\$ E01C2_2010	Medicare and Medicaid	Medicare and Medicaid Transfers or Reimbursements for public health purposes or direct clinical services

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			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.
\$ E01D1_2010	\$ E01D2_2010	Fees and Fines	Include fines, regulatory fees and laboratory fees.
\$ E01E1_2010	\$ E01E2_2010	Other Sources	Include Tobacco Settlement Funds, payment for direct clinical services (except Medicare and Medicaid), foundation and other private donations. Specify: <input type="text"/> E01E3_2010
\$ E01F1_2010	\$ E01F2_2010	Other State/Territory Funds	Include revenues received from the state/territory that are not from the state general fund.
\$ E01G1_2010	\$ E01G2_2010	Total FY Revenue	

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

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). **E1H1_2010**

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
\$ E02A1_2010	\$ E02A2_2010	Chronic Disease	Include chronic disease prevention such as heart disease, cancer, and tobacco prevention control programs, as well as substance abuse

Comment [k49]:
Collect qualitative data for E1E3_2010 and E1H1_2010.

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			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).
\$ E02B1_2010	\$ E02B2_2010	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.
\$ E02C1_2010	\$ E02C2_2010	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.
\$ E02D1_2010	\$ E02D2_2010	WIC	Include all expenditures related to the WIC program, including nutrition education and voucher dollars.
\$ E02E1_2010	\$ E02E2_2010	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.
\$ E02F1_2010	\$ E02F2_2010	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.
\$ E02G1_2010	\$ E02G2_2010	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.

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\$ E02H1_2010	\$ E02H2_2010	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.
\$ E02J1_2010	\$ E02J2_2010	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.
\$ E02K1_2010	\$ E02K2_2010	Health Laboratory	Include costs related to administration of the state/territorial health laboratory including chemistry lab, microbiology lab, laboratory administration, building related costs, supplies.
\$ E02L1_2010	\$ E02L2_2010	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.
\$ E02M1_2010	\$ E02M2_2010	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.
\$ E02N1_2010	\$ E02N2_2010	Other	Include forensic examination and infrastructure funds to local public health agencies. Specify: _____ E02N3_2010
\$ E02O1_2010	\$ E02O2_2010	Total FY Expenditures	

Comment [k50]:
Collect qualitative data for E2N3_2010 and E2P1_2010.

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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). **E02P1_2010**

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
\$ E03A1_2010	\$ E03A2_2010	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.
\$ E03B1_2010	\$ E03B2_2010	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.
\$ E03C1_2010	\$ E03C2_2010	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.
\$ E03D1_2010	\$ E03D2_2010	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.
\$ E03E1_2010	\$ E03E2_2010	Nonprofit health organizations	Include expenditures passed through the state/territory health agency onto nonprofit health organizations.
\$ E03F1_2010	\$ E03F2_2010	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). **E03G1_2010**

Comment [k51]: Collect qualitative data for E3G1_2010.

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Part F: Planning and Quality Improvement

To be completed by Performance Improvement Officer or equivalent.

Contact Information

Please provide a contact for the planning and QI questions should ASTHO need to follow up regarding this information.

☐ Check here if the respondent information for this section is the same as that of the Primary Contact for the survey. (Please note: the Primary Contact information will not appear until you save this page.)

FC1. Name _____

FC2. Position or Title _____

FC3. Street Address _____

FC4. City _____ FC5. State _____ FC6. Zip _____

FC7. Telephone _____

FC8. E-mail address _____

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

F01A1_2010

- ☐ 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

Comment [k52]:

CODING:

- 0 = No
- 1 = No, but plan to in the next year
- 2 = Yes, five or more years ago
- 3 = Yes, more than three but less than five years ago
- 4 = Yes, within the last three years

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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.

F02A1_2010

- ☐ 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

Comment [k53]:

CODING:

- 0 = No
- 1 = No, but plan to in the next year
- 2 = Yes, five or more years ago
- 3 = Yes, more than three but less than five years ago
- 4 = Yes, within the last three years

[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?

- F03A1_2010
- ☐ Yes
 - ☐ No

Comment [k54]:

CODING:

- “Yes”=1
- “No”= 0
- “Not applicable” = 2

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

- F04A1_2010
- ☐ Yes
 - ☐ No
 - ☐ Notapplicable

Comment [k55]:

CODING:

- “Yes”=1
- “No”= 0
- “Not applicable” = 2

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

- F05A1_2010
- ☐ Yes
- ☐ No
- ☐ Linked to some plans
- ☐ Not applicable

Comment [k56]:

CODING:
 "Yes"=1
 "No"= 0
 "Not applicable" = 2
 "Linked to some plans" = 3

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

- F06A1_2010
- ☐ 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

Comment [k57]:

CODING:
 0 = No
 1 = No, but plan to in the next year
 2 = Yes, five or more years ago
 3 = Yes, more than three but less than five years ago
 4 = Yes, within the last three years

[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?

- F07A1_2010
- ☐ Not yet implemented.
- ☐ Implemented in the past year.
- ☐ Implemented more than one year ago; an 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.

Comment [k58]:

CODING:
 0 = Not yet implemented.
 1 = Implemented in the past year.
 2 = Implemented more than one year ago; an annual written evaluation on progress toward strategic plan goals, objectives, or targets has **not** yet been conducted.
 3 = Implemented more than one year ago, with one or more completed annual written evaluations on progress toward strategic plan goals, objectives, or targets.
 4 = "Not applicable"

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. F08A1_2010					
Our state/territorial health agency would seek accreditation					

Comment [k59]:

CODING:
 1 = Strongly Disagree
 2 = Disagree
 3 = Neutral
 4 = Agree
 5 = Strongly Agree

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under a voluntary national accreditation program within the first two years of the program (2011-2012). F08B1_2010					
---	--	--	--	--	--

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)

- E09A1_2010 ☐ Your state/territorial health agency staff
 E09B1_2010 ☐ Local health department staff in your state or territory
 E09C1_2010 ☐ Staff in other state/territorial health agencies
 E09D1_2010 ☐ State Board of Health
 E09E1_2010 ☐ Elected Officials (other than State Board of Health)
 E09F1_2010 ☐ Other organization/group
 E09F2_2010 ☐ Other organization/group (specify)
 E09G1_2010 ☐ None of the above

Comment [k60]:

CODING:
 "Yes" = 1
 "No" = blank
 Collect qualitative data for F9F2_2010.

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)

- F10A1_2010 ☐ Balanced Scorecard
 F10B_2010 ☐ Baldrige Performance Excellence Criteria (or state version)
 F10C1_2010 ☐ Lean
 F10D1_2010 ☐ Plan-Do-Check-Act or Plan-Do-Study-Act
 F10E1_2010 ☐ Six Sigma
 F10F1_2010 ☐ No specific framework or approach
 F10G1_2010 ☐ Other specific framework or approach
 F10G2_2010 Other specific framework or approach (specify) _____

Comment [k61]:

CODING:
 "Yes" = 1
 "No" = blank
 Collect qualitative data for F10G2_2010.

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)

- F11A1_2010 ☐ Mapping a process

Comment [k62]:

CODING:
 "Yes" = 1
 "No" = blank

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- F11B1_2010 ☐ Identifying root causes
- F11C1_2010 ☐ Obtaining baseline data
- F11D1_2010 ☐ Setting measurable objectives
- F11E1_2010 ☐ Testing the effects of an intervention
- F11F1_2010 ☐ Analyzing the results of the test
- F11G1_2010 ☐ 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.

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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?

F12A1_2010

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

Comment [k63]:

CODING:

0 = No

1 = Yes, partially implemented for specific programs

2 = Yes, fully implemented for specific programs

3 = Yes, partially implemented department-wide

4 = Yes, fully implemented department-wide

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

F13A1_2010

- ☐ Yes, fully implemented departmentwide
- ☐ Yes, partially implemented departmentwide
- ☐ Yes, fully implemented for specific programs
- ☐ Yes, partially implemented for specific programs
- ☐ No

Comment [k64]:

CODING:

0 = No

1 = Yes, partially implemented for specific programs

2 = Yes, fully implemented for specific programs

3 = Yes, partially implemented department-wide

4 = Yes, fully implemented department-wide

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.]*

Comment [k65]:

CODING:

0 = "None"

1 = "1-3"

2 = "4-6"

3 = "7-10"

4 = "More than 10"

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- F14A1_2010 ☐ None
☐ 1-3
☐ 4-6
☐ 7-10
☐ More than 10
F14A2_2010 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?

- F15A1_2010 ☐ Yes
F15A2_2010 Yes, How many? _____
F15A1_2010 ☐ No
F15A1_2010 ☐ I don't know

Comment [k66]:

CODING:
 "Yes" = 1
 "No" = 0
 "I don't know" = 2

Collect qualitative data collected for F15A2_2010.

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

- F16A1_2010 ☐ None
☐ 1 – 25%
☐ 26%50%
☐ 51%75%
☐ 76%100%

Comment [k67]:

CODING:
 0 = "None"
 1 = "1 – 25%"
 2 = "26% -50%"
 3 = "51% -75%"
 4 = "76% -100%"

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

- F17A1_2010 ☐ We provide training to staff in QI methods
F17B1_2010 ☐ We recognize outstanding QI work with employee recognition award(s)
F17C1_2010 ☐ Participation in QI efforts is included as part of employee performance goals
F17D1_2010 ☐ We provide monetary incentives
F17E1_2010 ☐ Quality improvement is included in job descriptions for some employees
F17F1_2010 ☐ We have formed a QI committee that coordinates QI efforts
F17G1_2010 ☐ We provide funding to support QI efforts
F17H1_2010 ☐ We do not actively encourage staff involvement in quality improvement efforts
F17J1_2010 ☐ Other

Comment [k68]:

CODING:
 "Yes" = 1
 "No" = blank

Collect qualitative data for F17H2_2010

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F17J2_2010 Other (specify) _____

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

- F18A1_2010 ☐ Program planning
 F18B1_2010 ☐ Grant writing
 F18C1_2010 ☐ Priority setting
 F18D1_2010 ☐ Policy development
 F18E1_2010 ☐ Other
 F18E2_2010 Other (specify) _____
 F18F1_2010 ☐ None of the above

Comment [k69]:

CODING:
 "Yes" = 1
 "No" = blank

Collect qualitative data for F18E2_2010

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

Comment [k70]:

CODING:
 "Yes" = 1
 "No" = blank

	Use at all	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 A HREF= http://www.phf.org/competencies.htm#view TARGET=_blank(Council on Linkages)/A	F19A	F19A1_2010	F19A2_2010	F19A3_2010	F19A4_2010	F19A5_2010	F19A6_2010
Emergency preparedness competencies for all public health workers A HREF= http://images.main.uab.edu/isoph/SCCPHP/documents/compbroch.pdf TARGET=_blank(Columbia University)/A	F19B	F19B1_2010	F19B2_2010	F19B3_2010	F19B4_2010	F19B5_2010	F19B6_2010
Informatics competencies for public health professionals A HREF= http://nwcphp.org/docs/phi/comps/phic_web.pdf TARGET=_blank(Northwest Center for Public Health Practice)/A	F19C	F19C1_2010	F19C2_2010	F19C3_2010	F19C4_2010	F19C5_2010	F19C6_2010
Quad Council Public Health Nursing Competencies A HREF= http://www.astdn.org/publication_quad_council_phn_competencies.htm TARGET=_blank(Competencies)/A	F19D	F19D1_2010	F19D2_2010	F19D3_2010	F19D4_2010	F19D5_2010	F19D6_2010

Comment [k71]:

NOTES:
 The 2010 Profile Survey did not specify that the emergency preparedness competencies mentioned in this question refer to those developed by Columbia University (as opposed to the set of competencies currently being developed by the Association of Schools of Public Health). Therefore, it is unclear which of the emergency preparedness competencies respondents replied to.

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NLN Leadership Competencies	F19E	F19E1_2010	F19E2_2010	F19E3_2010	F19E4_2010	F19E5_2010	F19E6_2010
Other 1	F19F	F19F1_2010	F19F2_2010	F19F3_2010	F19F4_2010	F19F5_2010	F19F6_2010
Other (specify) F19F7_2010							
Other 2	F19G	F19G1_2010	F19G2_2010	F19G3_2010	F19G4_2010	F19G5_2010	F19G6_2010
Other (specify) F19G7_2010							
Other 3	F19H	F19H1_2010	F19H2_2010	F19H3_2010	F19H4_2010	F19H5_2010	F19H6_2010
Other (specify) F19H7_2010							
Other 4	F19J	F19J1_2010	F19J2_2010	F19J3_2010	F19J4_2010	F19J5_2010	F19J6_2010
Other (specify) F19J7_2010							
Other 5	F19K	F19K1_2010	F19K2_2010	F19K3_2010	F19K4_2010	F19K5_2010	F19K6_2010
Other (specify) F19K7_2010							

Part G: Health Information Exchange

To be completed by Chief Information Officer or equivalent.

Contact Information

Please provide a contact for the following HIE questions should ASTHO need to follow up regarding this information.

☐ Check here if the respondent information for this section is the same as that of the Primary Contact for the survey. (Please note: the Primary Contact information will not appear until you save this page.)

GC1. Name _____

GC2. Position or Title _____

GC3. Street Address _____

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GC4. City _____ GC5. State _____ GC6. Zip _____

GC7. Telephone _____

GC8. E-mail address _____

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

- G01A1_2010 ☐ 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
- G01A2_2010 Other (specify) _____

Comment [k72]:

CODING:

1 = Chief Information Officer or Chief Medical Information Officer (or equivalent) for state or territorial health agency
 2 = Chief Information Officer (or equivalent) for multiple agencies
 3 = Informatics Director
 4 = Board or committee for state or territorial health agency
 5 = Board or committee for multiple agencies within state or territorial government
 6 = Other
 "Missing" = .

Collect qualitative data collected for G1A2_2010.

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

- G02A1_2010 ☐ 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
- G02A2_2010 Other (specify) _____

Comment [k73]:

CODING:

1 = Chief Information Officer or Chief Medical Information Officer (or equivalent) for state or territorial health agency
 2 = Chief Information Officer (or equivalent) for multiple agencies
 3 = Informatics Director
 4 = Other
 "Missing" = .

Collect qualitative data collected for G2A2_2010.

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

Comment [k74]:

CODING:

"Yes" = 1
 "No" = 0
 "Missing" = .

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Hospitals	G03A1_2010	G03A2_2010
Laboratories	G03B1_2010	G03B2_2010
Regional Health Information Organizations	G03C1_2010	G03C2_2010
Insurance Companies/Health Plans	G03D1_2010	G03D2_2010
Providers (Physicians, other health professionals)	G03E1_2010	G03E2_2010
Long term care facilities	G03F1_2010	G03F2_2010
Medicaid	G03G1_2010	G03G2_2010
Community Health Centers	G03H1_2010	G03H2_2010
Local Health Departments	G03J1_2010	G03J2_2010
Other	G03K1_2010	G03K2_2010
Other (specify)_____ G03K3_2010		
Other	G03L1_2010	G03L2_2010
Other (specify)_____ G03L3_2010		
None of the above	G03M1_2010	G03M2_2010

Comment [k75]: Collect qualitative data collected for G3K3_2010 and G3L3_2010.

[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)

- G04A1_2010 ☐ Real-time exchange using HL7
 G04B1_2010 ☐ Batch file exchange using HL7
 G04C1_2010 ☐ Batch file exchange using format other than HL7
 G04D1_2010 ☐ Direct Data entry
 G04F1_2010 ☐ All of the above
 G04E1_2010 ☐ Other
 G04E2_2010 Other (specify)_____

Comment [k76]:

CODING:
 “Yes” = 1
 “No” = 0
 “Missing” = .

Collect qualitative data collected for G4E2_2010.

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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)

- G05A1_2010 ☐ No, we do not exchange data directly with providers or via a health information exchange entity
 G05B1_2010 ☐ Yes, directly with healthcare providers
 G05C1_2010 ☐ Yes, through an intermediary health information exchange entity
 G05D1_2010 ☐ Other
 G05D2_2010 Other (specify) _____

Comment [k77]:

CODING:
 "Yes" = 1
 "No" = 0
 "Missing" = .

Collect qualitative data collected for G1D2_2010.

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

- G06A1_2010 ☐ Environmental exposures, such as lead, radiation
 G06B1_2010 ☐ Chronic disease indicators such as diabetes and obesity
 G06C1_2010 ☐ Chronic disease risk factors such as smoking, physical activity and diet
 G06D1_2010 ☐ Emerging infectious diseases such as antimicrobial resistant bacteria
 G06E1_2010 ☐ Indicators of health disparities
 G06F1_2010 ☐ Healthcare quality indicators
 G06G1_2010 ☐ Other
 G06G2_2010 Other (specify) _____
 G06H1_2010 ☐ None of the above

Comment [k78]:

CODING:
 "Yes" = 1
 "No" = 0
 "Missing" = .

Collect qualitative data collected for G6G2_2010.

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

- G07A1_2010 ☐ Disease case definitions and diagnostic guidelines or criteria
 G07B1_2010 ☐ Notification of communicable disease outbreaks, drug warnings or environmental risks
 G07C1_2010 ☐ Vaccination guidelines and requirements
 G07D1_2010 ☐ Promotion of healthy behaviors
 G07E1_2010 ☐ Other
 G07E2_2010 Other (specify) _____
 G07F1_2010 ☐ None of the above

Comment [k79]:

CODING:
 "Yes" = 1
 "No" = 0
 "Missing" = .

Collect qualitative data collected for G7E2_2010.

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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	G08A1_2010	G08A3_2010	G08A2_2010	G08A4_2010
Adult immunization	G08B1_2010	G08B3_2010	G08B2_2010	G08B4_2010
Case management	G08C1_2010	G08C3_2010	G08C2_2010	G08C4_2010
Electronic health record (personal health services)	G08D1_2010	G08D3_2010	G08D2_2010	G08D4_2010
Geographic coded data for mapping analysis	G08E1_2010	G08E3_2010	G08E2_2010	G08E4_2010
Laboratory results	G08F1_2010	G08F3_2010	G08F2_2010	G08F4_2010
Healthcare systems data (e.g., bed availability)	G08G1_2010	G08G3_2010	G08G2_2010	G08G4_2010
Maternal and child health reporting	G08H1_2010	G08H3_2010	G08H2_2010	G08H4_2010
Medicaid billing	G08J1_2010	G08J3_2010	G08J2_2010	G08J4_2010
On-site waste water treatment systems	G08K1_2010	G08K3_2010	G08K2_2010	G08K4_2010
Outbreak management	G08L1_2010	G08L3_2010	G08L2_2010	G08L4_2010
Reportable diseases	G08M1_2010	G08M3_2010	G08M2_2010	G08M4_2010
Food service inspections	G08N1_2010	G08N3_2010	G08N2_2010	G08N4_2010
Vital records	G08O1_2010	G08O3_2010	G08O2_2010	G08O4_2010
Water wells (licensing and/or testing)	G08P1_2010	G08P3_2010	G08P2_2010	G08P4_2010
WIC	G08Q1_2010	G08Q3_2010	G08Q2_2010	G08Q4_2010
Other	G08R1_2010	G08R3_2010	G08R2_2010	G08R4_2010

Comment [k80]: CODING:

CODING:

"Yes" = 1

"No" = 0

"Missing" = .

Allow five "other" entries. Collect qualitative response for G8R5_2010, G8S5_2010, G8T5_2010, G8U5_2010, G8V5_2010

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Other (specify) G8R5_2010				
Other	G08S1_2010	G08S3_2010	G08S2_2010	G08S4_2010
Other (specify) G8S5_2010				
Other	G08T1_2010	G08T3_2010	G08T2_2010	G08T4_2010
Other (specify) G8T5_2010				
Other	G08U1_2010	G08U3_2010	G08U2_2010	G08U4_2010
Other (specify) G8U5_2010				
Other	G08V1_2010	G08V3_2010	G08V2_2010	G08V4_2010
Other (specify) G8V5_2010				
None of the above	G08W1_2010	G08W3_2010	G08W2_2010	G08W4_2010

[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)

- G09A1_2010 ☐ Real-time exchange using HL7
G09B1_2010 ☐ Batch file exchange using HL7
G09C1_2010 ☐ Batch file exchange using format other than HL7
G09D1_2010 ☐ Direct data entry
G09E1_2010 ☐ Other
G09E2_2010 Other (specify)_____

Comment [k81]:

CODING:
“Yes” = 1
“No” = 0
“Missing”=.

Collect qualitative data collected for G9F2_2010.

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

- G10A1_2010 ☐ Yes
☐ No
☐ Other
G10A2_2010 Other (specify)_____

Comment [k82]: CODING:
Code response options as follows:

“Yes”=1
“No”= 0
“Other” = 2
“Missing”=.

Collect qualitative data collected for G10A2_2010.

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[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?

- G11A1_2010 ☐ Yes
☐ No
☐ Other

G11A2_2010 Other (specify) _____

Comment [k83]:

CODING:
"Yes"=1
"No"= 0
"Other" = 2
"Missing"=.

Collect qualitative data collected for G11A2_2010

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

- G12A1_2010 ☐ Webbased interface
G12B1_2010 ☐ System to system messaging
G12C1_2010 ☐ Other

G12C2_2010 Other (specify) _____

Comment [k84]:

CODING:
"Yes" = 1
"No" = 0
"Missing"=.

Collect qualitative data collected for G12C2_2010.

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

- G13A1_2010 ☐ Yes
☐ No
☐ Other

G13A2_2010 Other (specify) _____

Comment [k85]:

CODING:
"Yes"=1
"No"= 0
"Other" = 2
"Missing" = .

Collect qualitative data collected for G13A2_2010

[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)

- G14A1_2010 ☐ Webbased interface
G14B1_2010 ☐ System to system messaging
G14C1_2010 ☐ Other

G14C2_2010 Other (specify) _____

Comment [k86]:

CODING:
"Yes" = 1
"No" = 0
"Not applicable" = 2
"Missing" = .

Collect qualitative data collected for G14C2_2010.

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

- G15A1_2010 ☐ Yes
☐ No
☐ Other

G15A2_2010 Other (specify) _____

Comment [k87]:

CODING:

"Yes"=1

"No"= 0

"Other" = 2

"Missing" = .

Collect qualitative data collected for G15A2_2010

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

- G16A1_2010 ☐ Web-based interface
G16B1_2010 ☐ System to system messaging
G16C1_2010 ☐ Other

G16C2_2010 Other (specify) _____

Comment [k88]:

CODING:

"Yes" = 1

"No" = blank

"Missing" = .

Collect qualitative data collected for G16C2_2010.

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

- G17A1_2010 ☐ Yes
☐ No
☐ Other

G17A2_2010 Other (specify) _____

Comment [k89]:

CODING:

"Yes"=1

"No"= 0

"Other" = 2

"Missing" = .

Collect qualitative data collected for G17A2_2010.

[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?

- G18A1_2010 ☐ Yes
☐ No
☐ Other

G18A2_2010 Other (specify) _____

Comment [k90]:

CODING:

"Yes"=1

"No"= 0

"Other" = 2

"Not Applicable" = 3

"Missing" = .

Collect qualitative data collected for G18A2_2010.

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

Comment [k91]:

CODING:

"Yes" = 1

"No" = 0

"Not Applicable" = 2

"Missing" = .

Collect qualitative data collected for G19C2_2010.

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G19A1_2010 ☐ Web-based interface
 G19B1_2010 ☐ System to system messaging
 G19C1_2010 ☐ Other
 G19C2_2010 Other (specify)_____

G20. Which of the following statements describe the GIS-related needs of your agency? (select all that apply)

G20A1_2010 ☐ We lack the data to meet our current needs.
 G20B1_2010 ☐ We lack adequate staff and experience to meet our current needs.
 G20C1_2010 ☐ We lack the IT infrastructure (hardware/software/IT support) to meet our current needs.
 G20D1_2010 ☐ We have adequate resources to meet our current needs.
 G20E1_2010 ☐ We have minimal GIS-related needs
 G20F1_2010 ☐ Other
 G20F2_2010 Other (specify)_____

Comment [k92]:

CODING:
 "Yes" = 1
 "No" = 0
 "Missing" = .

Collect qualitative data collected for G20F2_2010.

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

G21A1_2010 ☐ All 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
 G21A2_2010 Other (specify)_____

Comment [k93]:

CODING:
 1 = All GIS work is done in a centralized office with multiple staff.
 2 = All GIS work is done in a centralized office with one staff member.
 3 = There is a centralized GIS department which does some mapping, but some divisions also use GIS for their programs.
 4 = There is a centralized GIS department, but it deploys an enterprise GIS system for mapping to be done in the individual divisions.
 5 = Staff members do GIS as necessary with no centralized GIS effort.
 6 = Other
 "Missing" = 99
 Collect qualitative data collected for G21A2_2010.

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

	Geo-coded	Displayed
Zip Code	G22A1_2010	G22A2_2010
Census Tract	G22B1_2010	G22B2_2010
Street Address	G22C1_2010	G22C2_2010
Latitude and longitude	G22D1_2010	G22D2_2010
Other	G22E1_2010	G22E2_2010
Other (specify) G22E3_2010		

Comment [k94]:

CODING:
 "Yes" = 1
 "No" = 0
 "Missing" = .

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Not applicable	G22F1_2010	G22F2_2010
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G23. For which of the following services does your agency currently use geographically referenced data for management, analysis or evaluation? (select all that apply)

- G23A1_2010 ☐ Surveillance and disease monitoring
- G23B1_2010 ☐ Immunization, disease, or screening registries
- G23C1_2010 ☐ Licensing and regulation
- G23D1_2010 ☐ Vital records
- G23E1_2010 ☐ WIC/Social services
- G23F1_2010 ☐ Environmental health
- G23G1_2010 ☐ Access to care/health care workforce
- G23H1_2010 ☐ Access to other resources (e.g., grocery stores, bike paths, etc...)
- G23J1_2010 ☐ Other
- G23J2_2010 Other (specify) _____

Comment [k95]:

CODING:

"Yes" = 1

"No" = 0

"Missing" = .

Collect qualitative data collected for G23J2_2010.

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

- G24A1_2010 ☐ Static maps
- G24B1_2010 ☐ Interactive web-based maps
- G24C1_2010 ☐ Neither, we do not use geo-coded data
- G24D1_2010 ☐ Neither, we outsource mapping
- G24E1_2010 ☐ Other geospatial analysis not necessarily using maps
- G24F1_2010 ☐ Other
- G24F2_2010 Other (specify) _____

Comment [k96]:

CODING:

"Yes" = 1

"No" = 0

"Missing" = .

Collect qualitative data collected for G24G2_2010.

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

To be completed by the State/Territorial Health Official.

Contact Information

Please provide a contact for the following questions about state/territorial health official authority, qualifications and salary should ASTHO need to follow up regarding this information.

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☐ Check here if the respondent information for this section is the same as that of the Primary Contact for the survey. (Please note: the Primary Contact information will not appear until you save this page.)

HC1. Name _____

HC2. Position or Title _____

HC3. Street Address _____

HC4. City _____ HC5. State _____ HC6. Zip _____

HC7. Telephone _____

HC8. E-mail address _____

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

- H01A1_2010 ☐ Governor
☐ Legislature
☐ Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
☐ Board or Commission
☐ Other

H01A2_2010 Other (specify): _____

Comment [k97]:

CODING:

1 = Governor
2 = Legislature

3 = Secretary of State/Territorial Health and Human Services

4 = Board or Commission

5 = Other

Collect qualitative data collected for H1A2_2010.

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

- H02A1_2010 ☐ Governor
☐ Legislature
☐ Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
☐ Board or Commission
☐ Other

H02A2_2010 Other (specify): _____

☐ No confirmation is required

Comment [k98]:

CODING:

1 = Governor
2 = Legislature

3 = Secretary of State/Territorial Health and Human Services

4 = Board or Commission

5 = Other

6 = No confirmation is required

Collect qualitative data collected for H2A2_2010.

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

Comment [k99]:

CODING:

"Yes"=1

"No"= 0

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H03A1_2010 ☐ Yes
☐ No

[IFH3="YES" CONTINUE WITH THE FOLLOWING QUESTIONS. OTHERWISE SKIP TO H6]

H4. How long is the term? (in years) _____

H04A1_2010 _____

Comment [k100]: Provide open text box.
 Collect qualitative data from H4A1_2010.

H5. How is the term set? _____

H05A1_2010 ☐ Law
☐ Contract

Comment [k101]:
 CODING:
 1 = Law
 2 = Contract.

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

H06A1_2010 ☐ At Will of Governor or relevant cabinet secretary
 H06B1_2010 ☐ Termination of Contract
 H06C1_2010 ☐ Legislative Action
 H06D1_2010 ☐ Board or Commission Action
 H06E1_2010 ☐ Other
 H06E2_2010 Other (specify): _____

Comment [k102]:
 CODING:
 "Yes" = 1
 "No" = blank
 Collect qualitative data collected for H6E2_2010.

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

H07A1_2010 ☐ Governor
☐ Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
☐ Board or Commission
☐ Other
 H07A2_2010 Other (specify): _____

Comment [k103]:
 CODING:
 1 = Governor
 2 = Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
 3 = Board or Commission
 4 = Other

 The qualitative data for "other" will be coded as a separate variable (H7A2_2010).

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

H08A1_2010 ☐ Board of Health
 H08B1_2010 ☐ Secretary of HHS Agency
 H08C1_2010 ☐ State/Territorial Budget Office

Comment [k104]:
 CODING:
 "Yes" = 1
 "No" = blank
 Collect qualitative data collected for H8F2_2010.

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H08D1_2010 ☐ Governor
H08E1_2010 ☐ Legislature
H08F1_2010 ☐ Other
H08F2_2010 Other (specify): _____

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

- H09A1_2010 ☐ MD or DO
 H09B1_2010 ☐ Other doctoral degree
 H09C1_2010 ☐ Health Profession Board Certification
 H09D1_2010 ☐ MPH
 H09E1_2010 ☐ MPA or other master's prepared program
 H09F1_2010 ☐ Experience in public health practice or teaching
 H09G1_2010 ☐ Ten or more years in profession
 H09H1_2010 ☐ Executive management experience
 H09J1_2010 ☐ None
 H09K1_2010 ☐ Other
 H09K2_2010 Other (specify) _____

Comment [k105]:

CODING:

"Yes" = 1

"No" = blank

Collect qualitative data collected for H9K2_2010.

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

- H10A1_2010 ☐ BA
 H10B1_2010 ☐ BS
 H10C1_2010 ☐ RN
 H10D1_2010 ☐ BSN
 H10E1_2010 ☐ MSN
 H10F1_2010 ☐ MPH
 H10G1_2010 ☐ MBA
 H10H1_2010 ☐ MD
 H10J1_2010 ☐ DO
 H10K1_2010 ☐ DrPH
 H10L1_2010 ☐ DDS
 H10M1_2010 ☐ DVM
 H10N1_2010 ☐ JD
 H10O1_2010 ☐ PhD
 H10O2_2010 PhD (specify field) _____
 H10P1_2010 ☐ Other
 H10P2_2010 Other (specify) _____

Comment [k106]:

CODING:

"Yes" = 1

"No" = blank

Collect qualitative data collected for H10O2_2010 and H10P2_2010.

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

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H11A1_2010

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

H12A1_2010

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

H13A1_2010 ☐ Yes
☐ No

Comment [k107]:
CODING:
"Yes"=1
"No"= 0

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

H14A1_2010

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

H15A1_2010

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

H16A1_2010 and H16A2_2010

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

H17A1_2010 ☐ Yes
H17A2_2010 Yes (specify salary differential: \$_____)
H17A1_2010 ☐ No

Comment [k108]:
CODING:
"Yes"=1
"No"= 0
Collect qualitative data collected for H17A2_2010.

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

H18A1_2010 ☐ State
H18B1_2010 ☐ Territory Legislature/Statute
H18B1_2010 ☐ Governor
H18C1_2010 ☐ Board or Commission
H18D1_2010 ☐ State
H18D1_2010 ☐ Territory PaL2

Comment [k109]:
CODING:
"Yes" = 1
"No" = blank
Collect qualitative data for H18E2_2010.

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Scale

H18E1_2010 ☐ Other

H18E2_2010 Other (specify) _____

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

H19A1_2010

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

H20A1_2010 ☐ Annual Leave

H20A2_2010 _____ Number of Days

H20A3_2010 _____ How many days can be accrued?

H20B1_2010 ☐ Sick Leave

H20B2_2010 _____ Number of Days per Year

H20B3_2010 _____ How many days can be accrued?

H20C1_2010 ☐ Life Insurance:

H20C2_2010 \$_____ Amount

H20D1_2010 ☐ Tax Deferred Annuity or other pension plan

H20E1_2010 ☐ Long Term Disability/Accident Insurance

H20F1_2010 ☐ Automobile provided for business use

H20G1_2010 ☐ Health Insurance for state/territorial health official

H20G2_2010 _____ % Percent paid by state/territory

H20G3_2010 _____ % Percent paid by state/territorial health official

H20H1_2010 ☐ Dental Insurance for state/territorial health official

H20H2_2010 _____ % Percent paid by state/territory

H20H3_2010 _____ % Percent paid by state health official

H20J1_2010 ☐ Health Insurance for family:

Comment [k110]: NOTE TO DEVELOPERS:
Provide open text box(es) if the following response option are chosen:

- Annual Leave (allow numbers only and two decimals to the right)
- Sick Leave (allow numbers only and two decimals to the right)
- Life Insurance (allow numbers only and two decimals to the right)
- Health Insurance for state/territorial health official (allow numbers only and two decimals to the right)
- Dental Insurance (allow numbers only and two decimals to the right)
- Health Insurance for family (allow numbers only and two decimals to the right)
- Dental Insurance for family (allow numbers only and two decimals to the right)
- Other major fringe benefits

CODING:
"Yes" = 1
"No" = blank

Collect qualitative data for.

H20A2_2010
H20A3_2010
H20B2_2010
H20B3_2010
H20C2_2010
H20G2_2010
H20G3_2010
H20H2_2010
H20H3_2010
H20J2_2010
H20J3_2010
H20K2_2010
H20K3_2010
H20L2_2010

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H20J2_2010 _____% Percent paid by state/territory
H20J3_2010 _____% Percent paid by state/territorial health official

H20K1_2010 ☐ Dental Insurance for family:

H20K2_2010 _____% Percent paid by state/territory
H20K3_2010 _____% Percent paid by state/territorial health official

H20L1_2010 ☐ Other major fringe benefits

H20L2_2010 ☐ Other major fringe benefits (specify)

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

H21A1_2010 ☐ Yes
☐ No

Comment [k111]:
CODING:
"Yes"=1
"No"= 0

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

H22. What type of plan is it?

H22A1_2010 ☐ Defined benefit
☐ Defined contribution

Comment [k112]:
CODING:
1 = Defined benefit
2 = Defined contribution

H23. Is the plan portable?

H23A1_2010 ☐ Yes
☐ No

Comment [k113]:
CODING:
"Yes"=1
"No"= 0

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

H24A1_2010

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

Comment [k114]:
CODING:
"Yes"=1
"No"= 0

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H25A1_2010 ☐ Yes
☐ No

Part J: RWFJ-added questions

To be completed by the Senior Deputy.

Contact Information

Please provide a contact for the following questions should ASTHO need to follow up regarding this information.

☐ Check here if the respondent information for this section is the same as that of the Primary Contact for the survey. (Please note: the Primary Contact information will not appear until you save this page.)

JC1. Name _____

JC2. Position or Title _____

JC3. Street Address _____

JC4. City _____ JC5. State _____ JC6. Zip _____

JC7. Telephone _____

JC8. E-mail address _____

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)

J01A1_2010 ☐ Yes
☐ No

Comment [k115]:
CODING:
"Yes"=1
"No"= 0

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)

J02A1_2010 ☐ Yes

Comment [k116]:
CODING:
"Yes"=1
"No"= 0

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☐ No

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

- J03A1_2010 ☐ Yes
 J03A2_2010 ☐ Yes, (specify) _____
 J03A1_2010 ☐ No
 J03A1_2010 ☐ I don't know.

Comment [k117]:

CODING:
 "Yes"=1
 "No"= 0
 "I don't know" = 2
 Collect qualitative data collected for J3A2_2010.

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

- J04A1_2010 ☐ Yes
 J04A2_2010 Yes, (specify) _____
 J04A1_2010 ☐ No
 J04A1_2010 ☐ I don't know.

Comment [k118]:

CODING:
 "Yes"=1
 "No"= 0
 "I don't know" = 2
 Collect qualitative data collected for J4A2_2010.

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

- J05A1_2010 ☐ All hazards preparedness and response
 J05B1_2010 ☐ Epidemiology or surveillance
 J05C1_2010 ☐ Inspections
 J05D1_2010 ☐ Clinical services
 J05E1_2010 ☐ Administrative services
 J05F1_2010 ☐ Other
 J05F2_2010 Other (specify) _____
 J05G1_2010 ☐ None of the above

Comment [k119]:

CODING:
 "Yes" = 1
 "No" = blank
 Collect qualitative data for J5F2_2010.

[IF J5 = "None of the above," 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)

- J06A1_2010 ☐ Formal written agreements [e.g. contracts, MOUs]
☐ Informal agreements
☐ Some formal and some informal
☐ I don't know

Comment [k120]:

CODING:
 1 = Formal written agreements
 2 = Informal agreements
 3 = Some formal and some informal
 4 = 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 (<i>F as in Fat</i>) Trust for America's Health (TFAH)/ Robert Wood Johnson Foundation (RWJF) Report	Federal Funding for State Public Health (<i>Shortchanging America's Health</i>) TFAH/RWJF Report	State Preparedness Rankings (<i>Ready or Not</i>) TFAH/RWJF Report	State Health Rankings (<i>America's Health Rankings</i>) United Health Foundation
Never used this ranking report	J07A1_2010	J07A2_2010	J07A3_2010	J07A4_2010
Never heard of this ranking report	J07B1_2010	J07B2_2010	J07B3_2010	J07B4_2010
Increase public awareness of the multiple factors that influence health?	J07C1_2010	J07C2_2010	J07C3_2010	J07C4_2010
Increase policymaker awareness of the multiple factors that influence health?	J07D1_2010	J07D2_2010	J07D3_2010	J07D4_2010
Increase media awareness of the multiple factors that influence health?	J07E1_2010	J07E2_2010	J07E3_2010	J07E4_2010
Increase public awareness of the role of public health?	J07F1_2010	J07F2_2010	J07F3_2010	J07F4_2010
Increase policymaker awareness of role of public health?	J07G1_2010	J07G2_2010	J07G3_2010	J07G4_2010
Increase media awareness of the role of public health?	J07H1_2010	J07H2_2010	J07H3_2010	J07H4_2010
Develop partnerships across multiple sectors to improve community health?	J07J1_2010	J07J2_2010	J07J3_2010	J07J4_2010
Leverage additional funding for your agency?	J07K1_2010	J07K2_2010	J07K3_2010	J07K4_2010
Convene stakeholders to discuss the results of the report?	J07L1_2010	J07L2_2010	J07L3_2010	J07L4_2010

Comment [k121]:
CODING:
"Yes" = 1
"No" = blank
Collect qualitative data for J7M5_2010.

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Other	J07M1_2010	J07M2_2010	J07M3_2010	J07M4_2010
Other (specify) J07M5_2010				

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 Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute County Health Rankings? (select only one)

- J08A1_2010
- ☐ 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

Comment [k122]:

CODING:

- 1 = Mostly positive
- 2 = Somewhat positive
- 3 = Equally positive and negative
- 4 = Somewhat negative
- 5 = Mostly negative
- 6 = We received no attention
- 7 = I have never heard of the County Health Rankings

[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? J09A1_2010				
Increase policymaker awareness of the multiple factors that influence health? J09B1_2010				
Increase media awareness of the multiple factors that influence health? J09C1_2010				
Increase public awareness of the role of public health? J09D1_2010				
Increase policymaker awareness of role of public health? J09E1_2010				
Increase media awareness of the role of public health? J09F1_2010				
Develop partnerships across multiple sectors				

Comment [k123]:

CODING:

- 1 = Already Completed
- 2 = Very Likely
- 3 = Somewhat Likely
- 4 = Not at all Likely

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to improve community health? J09G1_2010				
Leverage additional funding for your agency? J09H1_2010				
Other J09J1_2010				
Other (specify) J09J2_2010				

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)

- J10A1_2010 ☐ Identifying research topics and questions that are relevant to public health practice
 J10B1_2010 ☐ Developing or refining research plans and/or protocols for public health studies
 J10C1_2010 ☐ Recruiting study sites and/or study participants
 J10D1_2010 ☐ Collecting, exchanging, or reporting data for a study
 J10E1_2010 ☐ Analyzing and interpreting study data and findings
 J10F1_2010 ☐ Disseminating research findings to key stakeholders
 J10G1_2010 ☐ Applying research findings to practices within your own organization
 J10H1_2010 ☐ Helping other organizations apply research findings to practice
 J10J1_2010 ☐ I don't know

Comment [k124]:

CODING:
 "Yes" = 1
 "No" = blank

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

J11A1_2010

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

J12A1_2010

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?

J13A1_2010

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?

J14A1_2010 ☐ Did not participate in any research studies

Comment [k125]:

CODING:
 0 = Did not participate in any research studies
 1 = Number of studies led by agency

Collect qualitative data collected for J14A2_2010.

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J14A2_2010 Number of studies led by agency (specify number)_____

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).

J15A1_2010 ☐ Yes
☐ No
☐ I don't know

Comment [k126]:
 CODING:
 “Yes”=1
 “No”= 0
 “I don't know” = 2

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

J16A1_2010 ☐ Yes
☐ No
☐ I don't know

Comment [k127]:
 CODING:
 “Yes”=1
 “No”= 0
 “I don't know” = 2

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

J17A1_2010

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

J18A1_2010 ☐ Employs attorneys and has its own legal department.
 J18B1_2010 ☐ Assigned attorneys and legal staff by our state's Attorney General.
 J18C1_2010 ☐ Works with attorneys employed by local government.
 J18D1_2010 ☐ Contracts with outside, independent attorneys for legal matters.
 J18E1_2010 ☐ No legal counsel
 J18F1_2010 ☐ Other arrangement
 J18F2_2010 Other arrangement (specify)_____

Comment [k128]:
 CODING:
 “Yes” = 1
 “No” = blank
 Collect qualitative data collected for J18F2_2010.

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

J19A1_2010 ☐ 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

Comment [k129]:
 CODING:
 “Yes” = 1
 “No” = blank
 Collect qualitative data collected for J19F2_2010.

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- J19B1_2010 ☐ Our legal counsel informally advises us on the legality/constitutionality of various laws, statutes, regulations, enforcement policies and enforcement actions.
- J19C1_2010 ☐ Our legal counsel assists in drafting the organization's laws, statutes, regulations, enforcement policies and enforcement actions
- J19D1_2010 ☐ Our legal counsel represents the organization in all legal matters pertaining to the organization's activities.
- J19E1_2010 ☐ Our legal counsel determines which entities to litigate or prosecute for violation of the organization's regulatory responsibilities to uphold statutes, regulations, or ordinances.
- J19F1_2010 ☐ Other arrangement
- J19F2_2010 Other arrangement (specify)_____