

2012 ASTHO Profile Survey

Thank you in advance for your participation in the 2012 ASTHO State Profile 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 November 30, 2012.

This questionnaire consists of 8 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	
Tonic	Recommended Resndont
Intro	N/A
Part 1: Contact Information	Senior Deputy
Part 2:Activities	Senior Deputy
Part 3:Agency Structure, Governance and Priorities	Senior Deputy
Part 4: Workforce	Human Resources Director
Part 5: Finance	Chief Financial Officer
Part 6: Planning and Quality Improvement	Performance Improvement Officer or equivalent
Part 7:Health Information Management	Chief Information Officer or equivalent
Part 8: RWJF-added questions	Senior Deputy
Agency Profile	N/A
Survey Results	N/A
Submit Survey	Senior Deputy

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

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

Contact Information

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 5: 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 2, 4 and 5, 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 2.2, click on “Part 2: Activities” and then click on “2.1 - 2.3”). **Do not use the back button in the web browser.**

Agency Profile

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

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Submitting Completed Survey

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

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

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

Printing a Completed Survey

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

Report Findings:

- Data from this survey will be analyzed and published. ASTHO anticipates publications being available in 2013.
- A report that highlights key findings will be available on ASTHO's web site.
- ASTHO will make state/territorial-specific information available to the public as required by our funding agreements with the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention.
- Data from this survey will be added to a publicly available database maintained by ASTHO.
- ASTHO will make these data available to researchers who agree to ASTHO's data use policy and whose research will benefit public health practice.
- Visit ASTHO's data and analysis web page for more information about the survey data use agreement and publicly available data at:
www.astho.org/research/data-and-analysis/

Your participation and effort are sincerely appreciated!

Technical Assistance:

If you experience problems navigating the questionnaire or if you have questions related to the survey questions, please contact the Survey Research Team at (571) 318-5404 or surveyresearch@astho.org.

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Part 1: Contact Information

Respondent Information for Primary Contact

AGENCY INFORMATION

NAME OF STATE/TERRITORIAL PUBLIC HEALTH AGENCY

STATE/TERRITORY AGENCY REPRESENTS

NAME OF PRIMARY CONTACT FOR SURVEY

TITLE

ORGANIZATION MAILING ADDRESS

RESPONDENT INFORMATION FOR PRIMARY CONTACT

MAILING ADDRESS OF CONTACT (IF DIFFERENT FROM AGENCY MAILING ADDRESS)

E-MAIL ADDRESS

TELEPHONE NUMBER

FAX NUMBER

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Part 2: Activities

To be completed by the Senior Deputy.

CONTACT INFORMATION

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

INSTRUCTIONS

Part 2 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, select Yes or No for each cell to describe who has directly provided that service or activity in your jurisdiction during the past year.

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2.1. Immunization - vaccine order management and inventory distribution. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Adult immunizations	() Yes () No	() Yes () No
Childhood immunizations	() Yes () No	() Yes () No
International travel immunizations	() Yes () No	() Yes () No

2.2. Immunization - administration of vaccine to population. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Adult immunizations	() Yes () No	() Yes () No
Childhood immunizations	() Yes () No	() Yes () No
International travel immunizations	() Yes () No	() Yes () No

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2.3. Screening for diseases/conditions. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Asthma	() Yes () No	() Yes () No
Blood lead	() Yes () No	() Yes () No
Body Mass Index (Obesity)	() Yes () No	() Yes () No
Breast and cervical cancer	() Yes () No	() Yes () No
Colon/rectum cancer	() Yes () No	() Yes () No
Other cancers	() Yes () No	() Yes () No
Cardiovascular disease	() Yes () No	() Yes () No
Diabetes	() Yes () No	() Yes () No
High blood pressure	() Yes () No	() Yes () No
HIV/AIDS	() Yes () No	() Yes () No
Other STDs	() Yes () No	() Yes () No
Newborn screening	() Yes () No	() Yes () No
Prediabetes	() Yes () No	() Yes () No
Tuberculosis	() Yes () No	() Yes () No
Other public health screening (specify)	() Yes () No	() Yes () No

Specify "Other":

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2.4. State/Territory laboratory services. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Likely bioterrorism agents testing (e.g. anthrax)	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Blood lead screening	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Cholesterol screening	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Food borne illness testing	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Influenza typing	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Newborn screening	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Biomonitoring	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Other screening (specify)	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No

Specify "Other":

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2.5. Registry maintenance. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Birth defects	() Yes () No	() Yes () No
Cancer	() Yes () No	() Yes () No
Childhood Immunization	() Yes () No	() Yes () No
Diabetes	() Yes () No	() Yes () No
Other (specify)	() Yes () No	() Yes () No

Specify "Other":

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2.6. Disease Treatment Services. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Asthma	() Yes () No	() Yes () No
Blood lead	() Yes () No	() Yes () No
Breast and cervical cancer	() Yes () No	() Yes () No
Colon/rectum cancer	() Yes () No	() Yes () No
Coronary heart disease	() Yes () No	() Yes () No
Diabetes	() Yes () No	() Yes () No
High blood pressure	() Yes () No	() Yes () No
HIV/AIDS	() Yes () No	() Yes () No
Obesity	() Yes () No	() Yes () No
Other cancers	() Yes () No	() Yes () No
Other STDs	() Yes () No	() Yes () No
Tuberculosis	() Yes () No	() Yes () No
Other public health treatment (specify)	() Yes () No	() Yes () No

Specify "Other":

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2.7. Maternal and child health services. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Child nutrition (daycare providers)	() Yes () No	() Yes () No
Children with special health care needs	() Yes () No	() Yes () No
Comprehensive school health clinical services	() Yes () No	() Yes () No
Early intervention services for children	() Yes () No	() Yes () No
EPSDT	() Yes () No	() Yes () No
Family planning	() Yes () No	() Yes () No
MCH home visits	() Yes () No	() Yes () No
Non-WIC nutrition assessment and counseling	() Yes () No	() Yes () No
Obstetrical care	() Yes () No	() Yes () No
Prenatal care	() Yes () No	() Yes () No
Comprehensive primary care clinics for children	() Yes () No	() Yes () No
School health services (non-clinical)	() Yes () No	() Yes () No
Well child services	() Yes () No	() Yes () No
WIC	() Yes () No	() Yes () No

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2.8. Other clinical health services provided to individuals. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Child protection services/medical evaluation	() Yes () No	() Yes () No
Comprehensive primary care clinics for adults	() Yes () No	() Yes () No
Correctional health	() Yes () No	() Yes () No
Disability	() Yes () No	() Yes () No
Disability determination	() Yes () No	() Yes () No
Domestic violence victims services	() Yes () No	() Yes () No
Home health care	() Yes () No	() Yes () No
Managed care (Patient Centered Medical Homes)	() Yes () No	() Yes () No
Mental health education and prevention services	() Yes () No	() Yes () No
Mental health treatment services	() Yes () No	() Yes () No
Oral health	() Yes () No	() Yes () No
Pharmacy	() Yes () No	() Yes () No
Physical therapy	() Yes () No	() Yes () No
Rural health	() Yes () No	() Yes () No
Sexual assault victims services	() Yes () No	() Yes () No
State/territorial nursing home eligibility determination	() Yes () No	() Yes () No
Substance abuse education and prevention services	() Yes () No	() Yes () No
Substance abuse treatment services	() Yes () No	() Yes () No

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2.9. Data collection, epidemiology and surveillance activities. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Adolescent behavior	() Yes () No	() Yes () No
Behavioral risk factors	() Yes () No	() Yes () No
Cancer incidence	() Yes () No	() Yes () No
Chronic diseases	() Yes () No	() Yes () No
Communicable/infectious diseases	() Yes () No	() Yes () No
Environmental health	() Yes () No	() Yes () No
Foodborne illness	() Yes () No	() Yes () No
Injury	() Yes () No	() Yes () No
Morbidity data	() Yes () No	() Yes () No
Perinatal events or risk factors	() Yes () No	() Yes () No
Reportable diseases	() Yes () No	() Yes () No
Syndromic surveillance	() Yes () No	() Yes () No
Uninsured, outreach and enrollment for medical insurance	() Yes () No	() Yes () No
Vital statistics	() Yes () No	() Yes () No

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2.10. Population-based primary prevention services. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Abstinence only education	() Yes () No	() Yes () No
Asthma	() Yes () No	() Yes () No
Diabetes	() Yes () No	() Yes () No
HIV	() Yes () No	() Yes () No
Hypertension	() Yes () No	() Yes () No
Injury	() Yes () No	() Yes () No
Mental illness	() Yes () No	() Yes () No
Nutrition	() Yes () No	() Yes () No
Physical Activity	() Yes () No	() Yes () No
Sex education	() Yes () No	() Yes () No
Sexually transmitted disease counseling and partner notification	() Yes () No	() Yes () No
Skin cancer	() Yes () No	() Yes () No
Substance abuse	() Yes () No	() Yes () No
Suicide	() Yes () No	() Yes () No
Tobacco	() Yes () No	() Yes () No
Unintended pregnancy	() Yes () No	() Yes () No
Violence	() Yes () No	() Yes () No

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2.11. Regulation, inspection and/or licensing activities. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Acupuncture	() Yes () No	() Yes () No
Assisted living	() Yes () No	() Yes () No
Beaches	() Yes () No	() Yes () No
Biomedical waste	() Yes () No	() Yes () No
Body piercing/tattooing	() Yes () No	() Yes () No
Campgrounds & RVs	() Yes () No	() Yes () No
Childcare facilities	() Yes () No	() Yes () No
Clinics	() Yes () No	() Yes () No
Cosmetology businesses	() Yes () No	() Yes () No
Emergency Medical Services	() Yes () No	() Yes () No
Food processing	() Yes () No	() Yes () No
Food service establishments	() Yes () No	() Yes () No
Hospice	() Yes () No	() Yes () No
Hospitals	() Yes () No	() Yes () No
Hotels/motels	() Yes () No	() Yes () No
Housing (inspections)	() Yes () No	() Yes () No
Jails/prisons	() Yes () No	() Yes () No
Laboratories	() Yes () No	() Yes () No
Lead inspection	() Yes () No	() Yes () No
Local public health agencies	() Yes () No	() Yes () No

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Long-term care facilities	() Yes () No	() Yes () No
Migrant Housing	() Yes () No	() Yes () No
Milk processing	() Yes () No	() Yes () No
Mobile homes	() Yes () No	() Yes () No
Nursing homes	() Yes () No	() Yes () No
Occupational health	() Yes () No	() Yes () No
Outdoor air quality	() Yes () No	() Yes () No
Private drinking water	() Yes () No	() Yes () No
Public drinking water	() Yes () No	() Yes () No
Schools	() Yes () No	() Yes () No
Septic tank systems	() Yes () No	() Yes () No
Shellfish	() Yes () No	() Yes () No
Smoke-free ordinances	() Yes () No	() Yes () No
Solid waste disposal sites	() Yes () No	() Yes () No
Solid waste haulers	() Yes () No	() Yes () No
Swimming pools (public)	() Yes () No	() Yes () No
Tanning salons	() Yes () No	() Yes () No
Tobacco retailers	() Yes () No	() Yes () No
Trauma system	() Yes () No	() Yes () No
Other facilities (specify)	() Yes () No	() Yes () No

Specify "Other":

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2.12. Professional licensure. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Dentists	() Yes () No	() Yes () No
Nurses (any level)	() Yes () No	() Yes () No
Pharmacists	() Yes () No	() Yes () No
Physicians	() Yes () No	() Yes () No
Physician assistants	() Yes () No	() Yes () No
Other professionals (specify)	() Yes () No	() Yes () No

Specify "Other":

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2.13. Other environmental health activities. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Animal control	() Yes () No	() Yes () No
Collection of unused pharmaceuticals	() Yes () No	() Yes () No
Coastal zone management	() Yes () No	() Yes () No
Environmental epidemiology	() Yes () No	() Yes () No
Food safety training/education	() Yes () No	() Yes () No
Groundwater protection	() Yes () No	() Yes () No
Hazardous waste disposal	() Yes () No	() Yes () No
Hazmat response	() Yes () No	() Yes () No
Indoor air quality	() Yes () No	() Yes () No
Land use planning	() Yes () No	() Yes () No
Noise pollution	() Yes () No	() Yes () No
Outdoor air quality	() Yes () No	() Yes () No
Poison control	() Yes () No	() Yes () No
Private water supply safety	() Yes () No	() Yes () No
Public water supply safety	() Yes () No	() Yes () No
Radiation control	() Yes () No	() Yes () No
Radon control	() Yes () No	() Yes () No
Surface water protection	() Yes () No	() Yes () No
Toxicology	() Yes () No	() Yes () No
Vector control	() Yes () No	() Yes () No

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Other pollution prevention (specify)	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No

Specify "Other":

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2.14. Other public health activities. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Agriculture regulation	() Yes () No	() Yes () No
Eldercare services	() Yes () No	() Yes () No
Forensics laboratory	() Yes () No	() Yes () No
Health consultation for child care environments	() Yes () No	() Yes () No
Institutional review board (IRB)	() Yes () No	() Yes () No
Medical examiner	() Yes () No	() Yes () No
Needle exchange	() Yes () No	() Yes () No
Non-clinical services in corrections facilities (e.g. epidemiology, surveillance, HIV/STD prevention)	() Yes () No	() Yes () No
Occupational safety and health services	() Yes () No	() Yes () No
State/territorial mental health authority with substance abuse	() Yes () No	() Yes () No
State/territorial mental health authority without substance abuse	() Yes () No	() Yes () No
State/territorial mental institutions/hospitals	() Yes () No	() Yes () No

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
State/territorial health planning and development	() Yes () No	() Yes () No
State/territorial tuberculosis hospitals	() Yes () No	() Yes () No
Substance abuse facilities	() Yes () No	() Yes () No
Support for military personnel, veterans, and their families	() Yes () No	() Yes () No
Trauma system coordination	() Yes () No	() Yes () No
Veterinarian public health activities	() Yes () No	() Yes () No

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2.15. Access to health care services. (for EACH cell, select Yes or No)

	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Emergency medical services	() Yes () No	() Yes () No
Faith-based health programs	() Yes () No	() Yes () No
Health disparities and/or minority health initiatives	() Yes () No	() Yes () No
Health insurance regulation	() Yes () No	() Yes () No
Institutional certifying authority for federal reimbursement	() Yes () No	() Yes () No
Outreach and enrollment for medical insurance	() Yes () No	() Yes () No
Rural health	() Yes () No	() Yes () No
State/territorial children's health insurance program (SCHIP)	() Yes () No	() Yes () No
State/territorial provided health insurance (not supported by feder	() Yes () No	() Yes () No
Tribal health	() Yes () No	() Yes () No

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2.16. Is your state/territory currently establishing Health Insurance Exchanges?

☐ Yes ☐ No

2.17. Is the state/territorial health agency engaged in the process of establishing Health Insurance Exchanges?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No ☐ Other - specify:

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

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

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2.21. 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	None of these topics
Emergency responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local public health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/Territory-wide non-profit/community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify "Other 1":

Specify "Other 2":

Specify "Other 3":

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

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

2012 ASTHO Profile Survey

	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
Faith communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other voluntary or nonprofit organizations, e.g., libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education (e.g., Universities, medical schools, community colleges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government agencies/or other tribal community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing education (e.g., pharmacy, medical, nursing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State boards of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local boards of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2012 ASTHO Profile Survey

2.23. Who has responsibility (fiscal and programmatic) for the following federal initiatives? (for **EACH** cell, select Yes or No)

	Performed by the state/territorial health agency directly	Contracted out by state/territorial health agency
Family Planning Services, Title X	() Yes () No	() Yes () No
Healthy People	() Yes () No	() Yes () No
HIV Pharmacies (ADAP)	() Yes () No	() Yes () No
HIV Title IV	() Yes () No	() Yes () No
Immunization funding, Section 317	() Yes () No	() Yes () No
Injury Prevention (CDC)	() Yes () No	() Yes () No
Primary Care Offices (PCOs)	() Yes () No	() Yes () No
Maternal and child health, Title V	() Yes () No	() Yes () No
Mental Health Block Grant (MHBG: Center for Mental Health Services)	() Yes () No	() Yes () No
Mental Health Title XX	() Yes () No	() Yes () No
National Cancer Prevention and Control Program Grant (CDC)	() Yes () No	() Yes () No
Preventive Health and Health Services Block Grant (CDC)	() Yes () No	() Yes () No

2012 ASTHO Profile Survey

	Performed by the state/territorial health agency directly	Contracted out by state/territorial health agency
Rural health (HRSA)	() Yes () No	() Yes () No
State/territorial Child Health Insurance Program (SCHIP: Centers for Medicare and Medicaid Services)	() Yes () No	() Yes () No
Substance abuse and mental health, Title XIX	() Yes () No	() Yes () No
Substance Abuse Prevention and Treatment Block Grant (SAPT: Substance Abuse and Mental Health Services Administration)	() Yes () No	() Yes () No
Temporary Assistance to Needy Families (TANF: Administration for Children and Families)	() Yes () No	() Yes () No
Vital statistics (NCHS)	() Yes () No	() Yes () No
Women Infants and Children Program (USDA)	() Yes () No	() Yes () No
ASPR Hospital Preparedness Program (HPP) cooperative agreement	() Yes () No	() Yes () No
CDC Public Health Emergency Preparedness (PHEP) cooperative agreement	() Yes () No	() Yes () No
DHS/FEMA preparedness grants	() Yes () No	() Yes () No
Other (specify)	() Yes () No	() Yes () No

Specify "Other":

2012 ASTHO Profile Survey

Part 3: 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.

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

INSTRUCTIONS

For the following questions, please define the state/territorial health agency as the department, agency, or division that is overseen by the state health official (ASTHO member).

2012 ASTHO Profile Survey

3.1. Which best describes the structure of your state/territorial public health agency?

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

[IF 3.1="UNDER A LARGER AGENCY" CONTINUE WITH 3.2, OTHERWISE. SKIP TO 3.3.]

3.2. 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)

- ☐ Public assistance
- ☐ Environmental protection
- ☐ State/Territorial mental health authority with substance abuse
- ☐ State/Territorial mental health authority without substance abuse
- ☐ Substance abuse
- ☐ Medicaid
- ☐ Long-term care
- ☐ Other - specify:

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

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

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

3.4. How many staff dedicate at least part of their time to interacting with the legislature? Please include your legislative liaison(s).

3.5. How many of these legislative staff serve the public health department only, rather than a larger umbrella agency?

- ☐ Not applicable (state/territorial health agency is not under a larger agency)

2012 ASTHO Profile Survey

3.6. How many full time equivalents are supported by federal preparedness funds (CDC PHEP and ASPR HPP)? Please include only the portion of a position that is supported by federal funds. For example, if half of an individual employee's salary is paid by federal funds and the other half is paid by state funding, count .5 of an FTE for this individual.

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

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

2012 ASTHO Profile Survey

Part 4: 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.

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

INSTRUCTIONS

The purpose of this section is to collect general workforce data about state/territorial public health employees, identify the workforce shortage areas and trends, and gather information about retirement eligible state/territorial health agency employees. All employees of the state public health department should be counted, including those who work in locations outside of the main agency headquarters (e.g., state employees working at local offices, hospitals, etc.). Please do NOT include local employees who work for local health departments or contractual workers.

2012 ASTHO Profile Survey

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

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

Please use this text box to write in any relevant caveats or clarifications to your response above.

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

_____ Number of part-time workers
 _____ Number of hourly (temporary or as needed) workers
 _____ Number of state/territory workers assigned to local health departments
 _____ Number of state/territory workers assigned to regional/district offices
 _____ Number of state/territory workers assigned to the central office
 _____ Number of state/territory workers assigned to other state/territorial agencies

Please use this text box to write in any relevant caveats or clarifications to your response above.

4.3. 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”. If you do not have any FTEs in a certain occupational classification, please enter 0.

Total current FTE count for each Occupational Classification	Annual Salary Range (in whole dollar amounts)		Employee and Fringe Benefits (as a percentage of salary)	Occupational Classifications	Descriptions and Examples of occupational classifications
	Minimum	Maximum			
	\$	\$	%	Administrative or clerical personnel	Support staff providing assistance in agency programs or operations.

2012 ASTHO Profile Survey

	\$	\$	%	Public health nurse	Registered nurse conducting public health nursing (e.g. school nurse, community health nurse).
	\$	\$	%	Nurse Practitioners	
	\$	\$	%	Physician Assistants	
	\$	\$	%	Environmental health worker	Environmental health specialists, scientists and technicians, including registered and other sanitarians.
	\$	\$	%	Laboratory worker	Laboratorians, laboratory scientists, laboratory technicians, and microbiologists planning, designing and implementing laboratory procedures.
	\$	\$	%	Public health manager	Health service managers, administrators, and health directors overseeing the operations of a department/division.
	\$	\$	%	Social worker	Behavioral health professional (e.g. community organizers, HIV/AIDS counselors and public health social workers).
	\$	\$	%	Epidemiologist/Statistician	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential and makes recommendations on appropriate interventions.
	\$	\$	%	Health educator	Designs, implements, evaluates, and provides consultation on educational programs and strategies to support and modify health-related behaviors of individuals, families, organizations and communities and to promote the effective use of health programs and services.
	\$	\$	%	Public health informatics specialist	Also known as public health information systems specialists or public health informaticists.

2012 ASTHO Profile Survey

	\$	\$	%	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.
	\$	\$	%	Public health physician	Physician who identifies persons or groups at risk of illness or disability and develops, implements and evaluates programs or interventions designed to prevent, treat or improve such risks. May provide direct medical services.
	\$	\$	%	Public information specialist	Also known as public information officer.
	\$	\$	%	Preparedness and response staff	Includes planners, responders, preparedness directors, preparedness policy staff, SNS coordinator, preparedness volunteer coordinator
	\$	\$	%	Oral health professional	Includes public health dentists and dental hygienists
	\$	\$	%	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.
	\$	\$	%	Other (specify):	
	\$	\$	%	Other (specify):	

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	\$	\$	%	Other (specify):	
	\$	\$	%	Other (specify):	

Please use this text box to write in any relevant caveats or clarifications to your response above.

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

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

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Please use this text box to write in any relevant caveats or clarifications to your response above.

4.5. What percentage of your current state/territorial health agency workforce is represented by a labor union? If your agency does not have unions, please indicate

_____ %

Please use this text box to write in any relevant caveats or clarifications to your response above.

4.6. What percentage of staff working at your state/territorial health agency is in each racial category? Include regular full-time and part-time employees. Your responses should total 100%. If you do not have any data, enter 100% next to "Missing data on race" and 0 for all other response options.

_____ % White

_____ % Black or African American

_____ % American Indian/Alaska Native

_____ % Asian

_____ % Native Hawaiian or Other Pacific Islander

_____ % Another Race

_____ % Two or More Races

_____ % Missing data on race

Please use this text box to write in any relevant caveats or clarifications to your response above.

4.7 What percentage of staff working at your state/territorial health agency is in each ethnic category? Include regular full-time and part-time employees. Your responses should total 100%. If you do not have any data, enter 100% next to "Missing data on Hispanic/Latino ethnicity" and 0 for all other response options.

_____ % Hispanic or Latino

_____ % Not Hispanic or Latino

_____ % Missing data on Hispanic/Latino ethnicity

Please use this text box to write in any relevant caveats or clarifications to your response above.

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4.8. What is the gender breakdown of staff working at your state/territorial health agency? Include regular full-time and part-time employees. Your responses should total 100%.

_____ % Male
_____ % Female

Please use this text box to write in any relevant caveats or clarifications to your response above.

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

_____ Average Age of Employees
_____ Median Age of Employees
_____ Average Number of Years of Service

Please use this text box to write in any relevant caveats or clarifications to your response above.

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

_____ Average Age in Fiscal Year 2009
_____ Average Age in Fiscal Year 2010
_____ Average Age in Fiscal Year 2011

Please use this text box to write in any relevant caveats or clarifications to your response above.

4.11. How many non-temporary employees have separated from your state/territory's public health workforce over the past three fiscal years? Please include retirements in this number.

_____ Number who left agency in Fiscal Year 2009
_____ Number who left agency in Fiscal Year 2010
_____ Number who left agency in Fiscal Year 2011

Please use this text box to write in any relevant caveats or clarifications to your response above.

2012 ASTHO Profile Survey

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

_____ %

Please use this text box to write in any relevant caveats or clarifications to your response above.

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

Please use this text box to write in any relevant caveats or clarifications to your response above.

4.14. How many positions are being actively recruited by your HR department? Do not include positions that are required to be left vacant due to hiring freezes or other requirements.

Please use this text box to write in any relevant caveats or clarifications to your response above.

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

_____ Fiscal year 2012

_____ Fiscal year 2013

_____ Fiscal year 2014

_____ Fiscal year 2015

_____ Fiscal year 2016

Please use this text box to write in any relevant caveats or clarifications to your response above.

2012 ASTHO Profile Survey

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

- ☐ Physicians
- ☐ Dentists
- ☐ Mid-level providers
- ☐ Nurses
- ☐ Other primary care professionals - specify:
- ☐ None of the above

Please use this text box to write in any relevant caveats or clarifications to your response above.

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

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

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

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

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

- ☐ Yes ☐ No

[IF 4.19="YES" CONTINUE WITH THE FOLLOWING QUESTIONS. OTHERWISE SKIP TO 4.22]

4.20. How long is the term ? (in years)

_____ Years

4.21. How is the term set?

- ☐ Law
- ☐ Contract

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

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

2012 ASTHO Profile Survey

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

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

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

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

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

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

2012 ASTHO Profile Survey

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

Please include **ALL** educational qualifications, not just highest degree (e.g., if has an MD, a BS, and an MPH, please select all three response options)

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

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

_____ Years

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

_____ Years

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

- ☐ Yes ☐ No

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

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

\$ _____

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

- ☐ Yes - specify salary differential:
☐ No

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

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

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

_____ %

4.35. Please check those fringe benefits included in the answer to question 4.34 above.

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

2012 ASTHO Profile Survey

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

☐ Yes ☐ No

[IF 4.36="YES" CONTINUE WITH THE NEXT QUESTIONS. OTHERWISE CONTINUE TO QUESTION 4.41.]

4.37. What type of plan is it?

☐ Defined benefit
☐ Defined contribution

4.38. Is the plan portable?

☐ Yes ☐ No

[IF 4.38="YES", CONTINUE TO 4.39. OTHERWISE CONTINUE TO QUESTION 4.41.]

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

_____ Years

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

☐ Yes ☐ No

4.41. Has your state/territorial health agency created a health department workforce development plan that addresses the training needs of the staff and the development of core competencies?

☐ Yes ☐ No ☐ I don't know

4.42. Does your state/territorial health agency have a designated workforce development director?

☐ Yes ☐ No ☐ I don't know

2012 ASTHO Profile Survey

Part 5: Finance

To be completed by the Chief Financial Officer

CONTACT INFORMATION

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

INSTRUCTIONS

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

We are requesting revenue and expenditure data for fiscal year 2010 (July 1, 2009 to June 30, 2010) and fiscal year 2011 (July 1, 2010 to June 30, 2011). 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 only collecting data related to the Medicaid or Medicare direct clinical services provided by state and local public health agencies. Include the smaller reimbursements or other payments a state/territorial public health agency may receive from Medicaid or Medicare for such things as nursing home inspections, lead testing, immunization outreach, health information technology, laboratory services, other small categorical grants, Exclude data related to Medicaid or Medicare coverage of the state/territory's population eligible for services not directly focused on public health.

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.

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5.1. For fiscal years 2010 and 2011, please report actual expenditures (to the nearest dollar amount) for the state/territorial health agency for each category listed in the chart below. Please report what the state health agency spent during each fiscal year on each category, by source of funds. For example, report how many dollars from the state general fund were spent on chronic disease in FY10 (7/1/09-6/30/10) and in FY11 (7/1/10-6/30/11). If you do not have any expenditures for a particular category (for example, if your agency does not handle WIC), please enter 0.

FY10 is defined as July 1, 2009-June 30, 2010.

FY11 is defined as July 1, 2010-June 30, 2011.

Expenditure Categories	State/Territory General Funds	Other State/Territory Funds	Federal Funds	Fee and Fines	Other Sources
Chronic Disease	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Infectious Disease	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Injury Prevention	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
WIC	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Environmental Health	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$

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Improving Consumer Health	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$
All Hazards Preparedness and Response	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$
Quality of Health Services	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$
Health Data	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$
Health Laboratory	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$
Vital Statistics	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$
Administration	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$
Other	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$

2012 ASTHO Profile Survey

Total FY Expenditures	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$

We would like to further break down the **federal funds** spending category. For fiscal years 2010 and 2011, please report actual expenditures (to the nearest dollar amount) for the state/territorial health agency for each **source of federal funds** listed in the chart below. Please report what the state health agency spent during each fiscal year on federal funds by source of funds. For example, report how many federal fund dollars from the CDC were spent on chronic disease in FY10 (7/1/09-6/30/10) and in FY11 (7/1/10-6/30/11). If you do not have any expenditures for a particular category (for example, if your agency does not handle Medicare), please enter 0.

FY10 is defined as July 1, 2009-June 30, 2010.

FY11 is defined as July 1, 2010-June 30, 2011.

Expenditure Categories	CDC	HRSA	Medicare	Medicaid	USDA	DHS	EPA	Federal Indirect
Chronic Disease	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Infectious Disease	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Injury Prevention	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
WIC	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Environmental Health	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$

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	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$
Improving Consumer Health	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
All Hazards Preparedness and Response	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Quality of Health Services	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Health Data	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Health Laboratory	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Vital Statistics	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Administration	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$	FY10: \$ FY11: \$
Other	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$

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	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$
Total FY Expenditures	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$	FY10: \$
	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$	FY11: \$

In the space provided below, please record any caveats regarding the expenditures reported for your agency's fiscal years 2010 and 2011 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of expenditures by the categories listed in the chart or others, or other footnote information to clarify any variation in reporting).

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5.2. For fiscal years 2010 and 2011, 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 2010 (beginning July 1, 2009 and ending June 30, 2010)	Expenditures in Fiscal Year 2011 (beginning July 1, 2010 and ending June 30, 2011)	Contracts, Grants and Awards by Recipient Types	Instructions on reporting Contracts, Grants and Awards
\$	\$	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/territory government.
\$	\$	Independent local health agencies	Include expenditures passed through the state/territory health agency onto local public health agencies that are led by staff employed by local government.
\$	\$	State/territory-run regional or district health offices	Include expenditures passed through the state/territory health agency onto regional or district public health offices that are led by state/territory employees.
\$	\$	Independent regional or district health offices	Include expenditures passed through the state/territory health agency onto regional or district public health offices that are led by non-state/territory employees.
\$	\$	Tribal health agencies	Include expenditures passed through the state/territory health agency onto tribal public health agencies.
\$	\$	Nonprofit organizations	Include expenditures passed through the state/territory health agency onto nonprofit organizations, such as community-based organizations.
\$	\$	Other governmental entities	Include expenditures passed through the state/territory health agency onto other governmental entities such as public schools, parks and recreation, public safety, etc.
\$	\$	Total FY Awards	

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In the space provided below, please record any caveats regarding the contracts reported for your agency's fiscal years 2010 and 2011 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, ambiguities regarding the recipient type, or other footnote information to clarify any variation in reporting).

5.3. How does your state/territorial health agency track administrative costs for federal funding?

- ☐ Cost allocation
- ☐ Indirect cost rate
- ☐ Other - please specify:

2012 ASTHO Profile Survey

Part 6: Planning and Quality Improvement

To be completed by Performance Improvement Officer or equivalent.

CONTACT INFORMATION

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

2012 ASTHO Profile Survey

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

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

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

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

[IF 6.2= “YES” CONTINUE WITH THE FOLLOWING QUESTIONS. OTHERWISE SKIP TO 6.6.]

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

6.5. Does your state/territory’s health improvement plan link to local health improvement plans?

- ☐ Yes
- ☐ No
- ☐ Linked to some plans

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

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

2012 ASTHO Profile Survey

[IF 6.6 = "YES" CONTINUE WITH THE FOLLOWING QUESTION. OTHERWISE SKIP TO 6.8.]

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

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

6.8. Which of the following best describes your state/territorial health agency with respect to participation in the Public Health Accreditation Board's accreditation program?

- ☐ My state/territorial health agency has achieved accreditation.
- ☐ My state/territorial health agency has submitted an application for accreditation.
- ☐ My state/territorial health agency has submitted a statement of intent to pursue accreditation.
- ☐ My state/territorial health agency plans to apply for accreditation, but has not submitted a letter of intent yet.
- ☐ My state/territorial health agency has not decided whether to apply for accreditation.
- ☐ My state/territorial health agency has decided NOT to apply for accreditation.

[IF 6.8 = "MY STATE/TERRITORIAL HEALTH AGENCY PLANS TO APPLY FOR ACCREDITATION BUT HAS NOT SUBMITTED A LETTER OF INTENT YET" CONTINUE TO 6.9.€€IF 6.8="MY STATE/TERRITORIAL HEALTH AGENCY HAS DECIDED NOT TO APPLY FOR ACCREDITATION", SKIP TO 6.10. €OTHERWISE SKIP TO 6.11.]

6.9. In what calendar year does your state/territorial health agency anticipate submitting a letter of intent to pursue accreditation?

- ☐ 2012
- ☐ 2013
- ☐ 2014
- ☐ 2015
- ☐ 2016 or later
- ☐ Have not decided on a target year

6.10. Why has your state/territorial health agency decided NOT to apply for accreditation? (Select all that apply)

- ☐ Accreditation standards are not appropriate for my state/territorial health agency.
- ☐ Fees for accreditation are too high.
- ☐ Accreditation standards exceed the capacity of my state/territorial health agency.
- ☐ Time and effort required for accreditation application exceeds benefits of accreditation.
- ☐ State board of health, governor, or secretary has directed us NOT to pursue accreditation.
- ☐ Other - specify:

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

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

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

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

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

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

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

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

6.14. Which of the following statements best characterizes your state/territorial health agency's current quality improvement activities?

- ☐ State/territorial health agency has implemented a formal quality improvement program agency-wide
- ☐ Formal quality improvement activities are being implemented in specific programmatic or functional areas of the state/territorial health agency, but not on an agency-wide basis
- ☐ State/territorial health agency's quality improvement activities are informal or ad hoc in nature
- ☐ State/territorial health agency is not currently involved in quality improvement activities

[IF 6.14. = "STATE/TERRITORIAL HEALTH AGENCY IS NOT CURRENTLY INVOLVED IN QUALITY IMPROVEMENT ACTIVITIES", SKIP TO 6.17.]

6.15. Which of the following elements of a formal agency-wide QI program are currently in place at your state/territorial health agency? (Select all that apply)

- ☐ Agency QI Council or other committee that coordinates QI efforts
- ☐ Staff member with dedicated time as part of their job description to monitor QI work throughout the agency
- ☐ Agency-wide QI plan
- ☐ Agency performance data is used on an ongoing basis to drive improvement efforts
- ☐ Leadership dedicates resources (e.g., time, funding) to QI
- ☐ QI is incorporated in employee job descriptions
- ☐ QI is incorporated in employee performance appraisals
- ☐ QI resources and training opportunities are offered to staff on an ongoing basis
- ☐ None of the above

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

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

6.17. For what purposes have you used or referred to the CDC's Community Guide to Preventive Services in the past two years? (Select all that apply)

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

2012 ASTHO Profile Survey

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

	Not familiar with	Familiar with but have not used	Conducting performance evaluations	Developing training plans	Preparing job descriptions	Other use
Core competencies for public health professionals (Council on Linkages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency preparedness competencies for all public health workers (Columbia University)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informatics competencies for public health professionals (Northwest Center for Public Health Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quad Council Public Health Nursing Competencies (Competencies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NLN Leadership Competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 4 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 5 (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Specify "Other 1":

Specify "Other 2":

Specify "Other 3":

Specify "Other 4":

Specify "Other 5":

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Part 7: Health Information Management

To be completed by the Chief Information Officer or equivalent

CONTACT INFORMATION

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

2012 ASTHO Profile Survey

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

- ☐ Chief Information Officer or Chief Medical Information Officer (or equivalent) for state or territorial health agency (someone who is accountable to the state/territorial 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/territorial health official or secretary of health)
- ☐ Informatics Director
- ☐ Board or committee for state or territorial health agency
- ☐ Board or committee for multiple agencies within state or territorial government
- ☐ Other - specify:

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

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

2012 ASTHO Profile Survey

7.3. In your state/territorial health agency, where is your informatics office located?

- ☐ Within the state/territorial health agency
- ☐ In a separate team for each program area
- ☐ Centralized at the state level
- ☐ Other - specify:

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

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

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

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

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

7.6. Please answer the following questions regarding program areas and electronic data exchange. If your agency does not collect information electronically for a given program, please leave the remainder of that row blank.

	Agency collects information for program electronically?	If yes...		
		Data received through a health information exchange entity?	Capable of bidirectional data reporting and exchange?	Data collected primarily with a state or local health system?
Case management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Electronic health record (personal health services)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local

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Geographic coded data for mapping analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Laboratory results	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Healthcare systems data (e.g., bed availability)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Maternal and child health reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Medicaid billing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
On-site waste water treatment systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Outbreak management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Reportable diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Food service inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Vital records	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Water wells (licensing and/or testing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Other - specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Other - specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Other - specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Other - specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local

2012 ASTHO Profile Survey

7.7. Please answer the following questions regarding Meaningful Use public health objectives. If your agency does not have a given system or registry, please leave the remainder of that row blank.

	Does your agency have the following?	If yes...		
		System currently performs bidirectional data reporting and exchange?	Agency sends/receives this data to/from federal agencies?	Data collected primarily with a state or local health system?
Electronic syndromic surveillance system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Electronic communicable disease reporting system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Immunization registry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Cancer registry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Other specialized registry, if yes please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local
Electronic laboratory communicable disease reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State <input type="checkbox"/> Local

2012 ASTHO Profile Survey

Part 8: RWJF-Added Questions

To be completed by the Senior Deputy

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

2012 ASTHO Profile Survey

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

☐ Yes ☐ No

8.2. 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?

☐ Yes ☐ No

8.3. Are there state laws or regulations that prohibit, require or facilitate the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis? (Select all that apply)

- ☐ Laws or regulations that prohibit the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis
- ☐ Laws or regulations that require the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis
- ☐ Laws or regulations that facilitate the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis
- ☐ No laws or regulations concerning the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis
- ☐ I don't know

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

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

[IF 8.4 = "None of the above", CONTINUE WITH THE FOLLOWING QUESTION. OTHERWISE SKIP TO 8.6]

8.5. Which of the following best describes the nature of the agreements to share services or functions with other states?

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

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8.6. For which services or functions does your agency share resources with tribes? (Select all that apply)

- ☐ All hazards preparedness and response
- ☐ Epidemiology or surveillance
- ☐ Inspections
- ☐ Clinical services
- ☐ Administrative services
- ☐ Other (specify):
- ☐ None of the above
- ☐ No tribes in jurisdiction

IF 8.6 = "None of the above" or "No tribes in jurisdiction", SKIP TO 8.8.]

8.7. Which of the following best describes the nature of the agreements to share services or functions with tribes?

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

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

- ☐ 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

[IF 8.8 = “I have never heard of the County Health Rankings,” SKIP TO 8.10.]

8.9. In what ways did your health agency use the County Health Rankings reports over the last two years? (Select all that apply)

- ☐ Increase public awareness of the multiple factors that influence health
- ☐ Increase policymaker awareness of the multiple factors that influence health
- ☐ Increase media awareness of the multiple factors that influence health
- ☐ Increase public awareness of the role of public health
- ☐ Increase policymaker awareness of role of public health
- ☐ Increase media awareness of the role of public health
- ☐ Develop partnerships across multiple sectors to improve community health
- ☐ Leverage additional funding for your agency
- ☐ My agency did not use the County Health Rankings reports over the last two years
- ☐ Other - specify:

8.10. Which of the following research activities has your state/territorial public health agency participated in over the past two years? (Select all that apply)

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

8.11. Approximately how many research studies has your state/territorial public health agency participated in over the past two years?

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[IF 8.11 = 0, SKIP to 8.15]

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

[IF 8.12 = 0, SKIP to 8.14]

8.13. 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?

8.14. Of all the research studies your agency engaged in conducting over the past 2 years, how many of these studies were led by your public health agency?

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

☐ Yes ☐ No ☐ I don't know

8.16. Has your state/territorial public health agency participated in an HIA in the past two years?

☐ Yes ☐ No ☐ I don't know

[IF 8.16 = "No" or "I don't know", SKIP to 8.18]

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

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

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

[IF 8.18 = "No legal counsel", SKIP to 8.20]

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

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

8.20. In which area(s) has your agency collaborated with a public health institute in the past two years? Examples of collaboration can include partnering to deliver a population-based health program, receiving training or technical assistance, or convening and/or partnering with public health system partners and community stakeholders. (Select all that apply)

- ☐ Fiscal/administrative management (select this if an institute serves as a bona fide agent for the health agency)
- ☐ Population-Based Health Program Delivery
- ☐ Health Policy Development, Implementation, and Evaluation
- ☐ Training and technical assistance
- ☐ Research and evaluation
- ☐ Health information technology and services (including informatics)
- ☐ Health communications/social marketing
- ☐ Convening/partnering with community stakeholders
- ☐ Other (please specify):
- ☐ Agency has not collaborated with a public health institute in the past two years

[IF 8.20 = "Agency has not collaborated with a public health institute in the past two years", SKIP to End of Section]

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8.21. Please indicate with which public health institute(s) your agency has collaborated in the past two years? (Select all that apply)

- ☐ Arkansas - Arkansas Center for Health Improvement
- ☐ California - Center for Health Improvement
- ☐ California - Institute for Public Health, San Diego State University
- ☐ California - Public Health Institute
- ☐ Colorado - Colorado Foundation for Public Health and the Environment
- ☐ Colorado - Colorado Health Institute
- ☐ District of Columbia - Institute for Public Health Innovation
- ☐ District of Columbia - National Health Policy Forum
- ☐ Florida - Florida Public Health Institute
- ☐ Georgia - Georgia Health Policy Center
- ☐ Illinois - Illinois Public Health Institute
- ☐ Illinois - Public Health Institute of Metropolitan Chicago
- ☐ Kansas - Kansas Health Institute
- ☐ Louisiana - Louisiana Public Health Institute
- ☐ Maine - Maine Center for Public Health
- ☐ Massachusetts - Health Resources in Action
- ☐ Massachusetts - Massachusetts Health Policy Forum
- ☐ Michigan - Michigan Public Health Institute
- ☐ Mississippi - Center for Mississippi Health Policy
- ☐ Mississippi - Mississippi Public Health Institute
- ☐ Missouri - Missouri Institute for Community Health
- ☐ Nevada - Nevada Public Health Foundation
- ☐ New Hampshire - New Hampshire Community Health Institute
- ☐ New York - Health Research, Inc.
- ☐ New York - Public Health Solutions
- ☐ North Carolina - North Carolina Institute for Public Health
- ☐ Ohio - Health Policy Institute of Ohio
- ☐ Oklahoma - Public Health Institute of Oklahoma
- ☐ Oregon - Oregon Public Health Institute
- ☐ Pennsylvania - Public Health Management Corporation
- ☐ Rhode Island - Rhode Island Public Health Institute
- ☐ South Carolina - South Carolina Institute of Medicine and Public Health
- ☐ Tennessee - Tennessee Institute of Public Health
- ☐ Texas - Texas Health Institute
- ☐ Virginia - Healthy Appalachia Institute
- ☐ Wisconsin - Institute for Wisconsin's Health
- ☐ Wisconsin - University of Wisconsin Population Health Institute