

ASTHO Baseline Survey

Respondent Information

As respondent for this questionnaire, please verify your information below:

Name (First, Middle Initial, Last):

Title:

Address:

Telephone number:

Fax number:

Email address:

ASTHO Baseline Survey

Activities

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

“Performed by” means that the entity has directly provided a service or activity. The category “contracted (or grants) by state public health agency” means that the state public health agency (SPHA) contracted with or granted monies to another entity who then directly performed the service or an activity.

* Indicate whether your state public health agency **performs the activity directly itself, contracts or makes grants to others (both governmental and non-governmental entities) for the activity, OR both.**

* Check all of the other agencies that perform that activity independent of, or in conjunction with the state public health agency in your state.

If a service or activity is **not available** in your state, check that option.

1. Immunizations—vaccine order management and inventory distribution. Select all that apply.

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Adult immunizations																
Childhood immunizations																
International travel immunizations																

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2. Immunizations—administration of vaccine to population. *Select all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Adult immunizations																
Childhood immunizations																
International travel immunizations																

3. Screening for diseases/conditions. *Select all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Asthma																
Blood lead																
Breast and cervical cancer																
Colon/rectum cancer																
Other cancers																
Coronary heart disease																

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Diabetes																
High blood pressure																
HIV/AIDS																
Other STDs																
Newborn screening																
Tuberculosis																
Other public health screening (specify)																

4. State laboratory services. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Likely bioterrorism agents testing (e.g. anthrax)																
Blood lead screening																
Cholesterol screening																
Food borne illness testing																
Influenza typing																
Newborn screening																

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Other environmental toxins screening																
Other screening (specify)																

5. Registry maintenance. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Birth defects																
Cancer																
Childhood immunization																

6. Treatment for communicable diseases and chronic diseases. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Asthma																
Blood lead																
Breast and cervical cancer																

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Colon/rectum cancer																
Coronary heart disease																
Diabetes																
High blood pressure																
HIV/AIDS																
Other cancers																
Other STDs																
Other public health treatment (specify)																

7. Maternal and child health services. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Child nutrition (daycare providers)																
Children with special health care needs																
Comprehensive school health clinical services																
Early intervention services for children																
EPSDT																

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Family planning and prenatal care																
Non-WIC nutrition assessment and counseling																
Obstetrical care																
Primary care for children																
School health services (non-clinical)																
Well child services																
WIC																

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8. Other clinical health services provided to individuals. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Child protection services/medical evaluation																
Comprehensive primary care for adults																
Correctional health																
Disability																
Disability determination																
Domestic violence victims services																
Emergency medical services / regulation and service provision																
Home health care																
Managed care (medical homes)																
Mental health education and prevention services																
Mental health treatment services																
Minority health																

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Oral health																
Pharmacy																
Physical therapy																
Rural health																
Sexual assault victims services																
State nursing home eligibility determination																
Substance abuse education and prevention services																
Substance abuse treatment services																

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9. Data collection/analysis. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Adolescent behavior																
Behavioral risk assessment																
Morbidity data																
Overall health assessment																
Reportable diseases																
Uninsured, outreach and enrollment for medical insurance																
Vital records and statistics																

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10. Epidemiology and surveillance activities. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Behavioral risk factors																
Cancer incidence																
Chronic diseases																
Communicable/infectious diseases																
Environmental health																
Injury																
Perinatal events or risk factors																
Syndromic surveillance																
Vital statistics																

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11. Population-based primary prevention services. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Abstinence only education																
Diabetes																
HIV																
Hypertension																
Injury control and prevention																
Mental illness																
Obesity																
Sex education																
Sexually transmitted disease counseling and partner notification																
Skin cancer																
Substance abuse																
Suicide																
Tobacco control and prevention																
Unintended pregnancy																
Violence prevention																

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12. Regulation, inspection and/or licensing activities. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non- governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Acupuncture																
Assisted living																
Beaches																
Biomedical waste																
Body piercing/tattooing																
Campgrounds & RVs																
Clinics																
Cosmetology businesses																
Food processing																
Food service establishments																
Hospice																
Hospitals																
Hotels/motels																
Housing (inspections)																
Jails/prisons																
Laboratories																
Lead inspection																

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Local public health agencies																
Long-term care facilities																
Migrant Housing																
Milk processing																
Mobile homes																
Occupational health																
Private drinking water																
Public drinking water																
School/daycare																
Septic tank installation																
Shellfish																
Smoke-free ordinances																
Solid waste disposal sites																
Solid waste haulers																
Swimming pools (public)																
Tanning salons																
Tobacco retailers																
Other health-related facilities																
Other facilities (specify)																

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13. Professional licensing. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Dentists																
Nurses (any level)																
Physician																
Physician assistants																

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14. Other environmental health activities. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Animal control																
Coastal zone management																
Environmental epidemiology																
Food safety education																
Groundwater protection																
Hazardous waste disposal																
Hazmat response																
Indoor air quality regulations																
Land use planning																
Mosquito control																
Noise pollution control																
Outdoor air quality regulations																
Poison control																
Private water supply safety																

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Public water supply safety																
Radiation control																
Radon control																
Surface water protection																
Toxicology																
Vector control																
Other pollution prevention (specify)																

15. Other public health activities. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Agriculture regulation																
Correctional health																
Eldercare services/senior services																
Forensics laboratory																
Institutional review board (IRB)																
Medical examiner																
Needle exchange																

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Occupational safety and health																
State mental health authority with substance abuse																
State mental health authority without substance abuse																
State mental institutions/hospitals																
State health planning and development																
State tuberculosis hospitals																
Substance abuse facilities																
Trauma system																
Veterinarian public health activities																

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16. We are interested in what information is available in electronic databases at your SPHA. Can you exchange data electronically with national agencies or your state's local public health agencies (or other relevant state agency)? Check all that apply for each program area listed below.

	Send data		Receive data	
	Yes	No	Yes	No
Childhood immunization				
Electronic health record (personal health services)				
Geographic coded data for mapping analysis				
Laboratory reporting				
Maternal child health reporting				
Medicaid billing				
On-site waste water treatment systems				
Outbreak management				
Nuisance complaints				
Reportable diseases				
Restaurant inspections				
Vital records				
Water wells (licensing and/or testing)				
WIC				

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17. Access to health care. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Emergency medical services																
Faith-based health programs																
Health disparities and/or minority health initiatives																
Health insurance regulation																
Institutional certifying authority for federal reimbursement																
Minority health																
Outreach and enrollment for medical insurance																
Rural health																
State children's health insurance program (SCHIP)																
State provided health insurance (not supported by federal funds)																
Tribal health																

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18. Preparedness response. *Check all that apply.*

	Performed by state public health agency directly		Contracted (or grants) by state public health agency		Performed by another state governmental agency		Performed by local public health agency		Performed by other local governmental agency		Performed by a non-governmental entity		Performed by a federal agency		Not available in state	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Bioterrorism event response																
Chemical disaster response																
Communicable disease outbreak response																
Explosion response																
Natural disaster response																
Nuclear disaster response																

19. Are there other activities/service areas in the state public health agency's scope of work that should be added to this survey?

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Organization for Federal Initiatives

20. Who has responsibility (fiscal and programmatic) for specific federal initiatives? (Select all that apply.)

	SPHA only	Shared responsibility with another state agency	Shared responsibility with LPHA	LPHA responsibility	Shared responsibility with a local governmental agency (not public health)	Shared responsibility with non-profit agency	Other state agency - SPHA not responsible	Non-profit responsibility
Primary Care Organizations (PCOs)								
Healthy People								
Mental Health Block Grant (MHBG: Center for Mental Health Services)								
Temporary Assistance to Needy Families (TANF: Administration for Children and Families)								
Substance Abuse Prevention and Treatment Block Grant (SAPT: Substance Abuse and Mental Health Services Administration)								
State Child Health Insurance Program (SCHIP: Centers for Medicare and Medicaid Services)								
Rural health (HRSA)								

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Vital statistics (NCHS)								
Preventive Health and Health Services Block Grant (CDC)								
National Cancer Prevention and Control Program Grant (CDC)								
Medicaid								
Health Professionals Shortage Area Designations (HPSA)								
Women Infants and Children Program (USDA)								
HIV Pharmacies (ADAP)								
Maternal and infant health services, prenatal care, Title V								
HIV Title IV								
Family Planning Services, Title X								
Mental Health Title XX								
Substance abuse and mental health XIX								
HRSA preparedness grants								
CDC preparedness grants								
Other(specify)								

ASTHO Baseline Survey

SPHA Descriptors

21. Which best describes the structure of the state public health agency?

(select only one)

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

23. 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 public health agency in this organization?

(select all that apply)

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

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24. Who has the authority to do each of the following in your state? (Select all that apply.)

	State Public Health Agency	State Board of Health	Governor	State Legislature	Super- agency/ Umbrella agency	Other Entity (specify)
Hire or appoint agency head						
Approve the SPHA budget						
Adopt public health laws & regulations						
Establish fees for services						
Establish taxes (millage, levy, etc.) for public health						
Place public health levy on ballot for general election						

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25. Has your state board of health received public health training?

(select only one)

- ☐ Yes, in past year
- ☐ Yes, more than a year ago
- ☐ No
- ☐ Do not have a state board of health

26. Has your state board of health received governance training?

(select only one)

- ☐ Yes, in the past year
- ☐ Yes, more than a year ago
- ☐ No
- ☐ Do not have a state board of health

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SPHA Personnel

27. Please indicate the number of staff members and FTEs working in your state public health agency.

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

28. Please indicate the number of workers in the following categories:

_____ **Number of part-time workers**
_____ **Number of contractual workers**
_____ **Number of hourly (temporary or as needed) workers**
_____ **Number of state workers assigned to local areas or regions**
_____ **SPHA workers that work for other state agencies**
_____ **Total number of workers**

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State Organizational Structure

29a. Where is the state public health agency located within state government?

Cabinet Level Agency?

(select only one)

- ☐ Yes
- ☐ No
- ☐ NA

Direct Reporting to the Governor?

(select only one)

- ☐ Yes
- ☐ No
- ☐ NA

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29b. How is public health represented in the following agencies?

	Cabinet level agency			Direct reporting to the Governor			Relationship to state public health agency					Memorandum of Understanding exists to govern interagency collaborations				Shared Responsibility/ Funding for Public Health - Name the Service/s
	Yes	No	NA	Yes	No	NA	Parallel state agency	Umbrella agency (super-agency)	PH agency component	Component of another agency	Private sector	Yes	No, might be useful	No, none needed	NA	
State social service agency																
State aging agency																
State environment agency																
State natural resources agency																
State agriculture agency																
State recreation and parks																
State transportation																
Public health laboratories																

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Agency Mission

30. Who is the primary statutory public health authority within your state?

(select only one)

- ☐ Governor
- ☐ State board of health
- ☐ State health official
- ☐ HHS secretary or other official of a super-agency or umbrella agency (e.g., children or elder services)
- ☐ Other (specify)

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31. The state public health agency has specific legal/statutory authority to:

(select all that apply)

- ☐ (a) declare a health emergency
 - ☐ state statute
 - ☐ gubernatorial order
 - ☐ rules/regulations

- ☐ (b) collect health data (e.g., hospital discharge, infectious disease data)
 - ☐ state statute
 - ☐ gubernatorial order
 - ☐ rules/regulations

- ☐ (c) manage vital statistics
 - ☐ state statute
 - ☐ gubernatorial order
 - ☐ rules/regulations

- ☐ (d) conduct health planning
 - ☐ state statute
 - ☐ gubernatorial order
 - ☐ rules/regulations

- ☐ (e) issue certificates of need
 - ☐ state statute

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- ☐ gubernatorial order
- ☐ rules/regulations

- ☐ (f) operate health facilities
- ☐ state statute
- ☐ gubernatorial order
- ☐ rules/regulations

- ☐ (g) license health professionals
- ☐ state statute
- ☐ gubernatorial order
- ☐ rules/regulations

- ☐ (h) accredit local health agencies
- ☐ state statute
- ☐ gubernatorial order
- ☐ rules/regulations

- ☐ (i) Other(specify) (exercise specific powers during disaster emergency declared by the Governor)
- ☐ state statute
- ☐ gubernatorial order
- ☐ rules/regulations

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32. Rank the top five priorities for your agency for the current fiscal year. Use only the numbers 1 through 5, with 1 as the highest priority.

- _____ Assuring a local public health presence throughout the state
- _____ Assuring preparedness for a health emergency
- _____ Attaining workforce stability
- _____ Developing effective health policy
- _____ Developing innovations in any area –e.g. providing services, policy, performance improvement
- _____ Focusing on early detection or population protection measures
- _____ Health system reform
- _____ Implementing quality improvement/performance management
- _____ Maintaining the integrity of the vital statistics reporting systems
- _____ Monitoring the state’s population’s health
- _____ Using evidence-based program planning
- _____ Using data guided planning
- _____ Other

33. Is your state health agency mission written into statute?

(select only one)

☐ Yes

☐ No

34. What is the explicit mission of your SPHA? Cut and paste the mission statement text in the box below.

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35. In FY 06, what percentage of the SPHA's service expenditures went to the provision of the following services:

(Your responses should total 100%)

_____ % **Clinical services**

_____ % **Non-clinical prevention services**

36. What would you say is the state public health agency's:

most effective service?

greatest accomplishment?

most important customer?

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

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38. What would you say are the state public health agency's top three important activities:

- 1.
- 2.
- 3.

What would you say are the state public health agency's top three effective services:

- 1.
- 2.
- 3.

What would you say are the state public health agency's top three best accomplishments:

- 1.
- 2.
- 3.

What would you say are the state public health agency's top three important customers:

- 1.
- 2.
- 3.

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SPHA Financing

The next set of questions focus on agency expenditures, revenues, and budgets.

39. What is your most recently completed fiscal year that you will be able to report in this survey?

(select only one)

- ☐ 2005
- ☐ 2006
- ☐ 2007

40. When does your fiscal year begin?

(select only one)

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

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41. When does your fiscal year end?

(select only one)

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

42. For your most recently completed fiscal year, what were the state public health agency's total expenditures? (Please report expenditures, NOT budget amounts.)

Amount

43. For the year prior to your most recently completed fiscal year (*the fiscal year prior to the one for which you just provided data*), what were the state public health agency's total expenditures

Amount

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44. For your most recently completed fiscal year— Of the expenditure monies your agency awards, what percentage of these expenditures were awarded to:

(Your responses should total 100%)

_____ % **local public health agencies?**
_____ % **nonprofit organizations (i.e., grants)?**
_____ % **state initiatives?**
_____ % **federal initiatives?**
_____ % **other organizational initiatives?**

45. For your most recently completed fiscal year, was there a system in place for local public health agencies to report programmatic, budget, and expenditure data to the state public health agency?

(select only one)

- ☐ Yes
- ☐ No, reporting systems not in place
- ☐ Not applicable, no local public health agencies
- ☐ Unknown

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46. For your most recently completed fiscal year, were currently available data on local public health agency programs, budgets, and expenditures adequate for the state health agency's needs?

(select only one)

- ☐ Yes
- ☐ No, not adequate
- ☐ Not applicable, no local public health agencies
- ☐ Unknown

47. For your most recently completed fiscal year, what percent of the state public health agency's revenues came from:

(Your responses should total 100%)

- _____ % **Federal grants, contracts, cooperative agreements (direct)**
- _____ % **Federal grants, contracts, cooperative agreements (indirect/pass through)**
- _____ % **Fines**
- _____ % **Medicaid**
- _____ % **Medicare**
- _____ % **Patient personal fees**
- _____ % **Private philanthropic organizations**
- _____ % **Private health insurance**
- _____ % **Regulatory fees**
- _____ % **SCHIP**
- _____ % **State sources (excluding federal pass-through)**
- _____ % **Tribal sources**
- _____ % **Vital records**
- _____ % **Other**

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48. Indicate whether revenue from each source has increased, decreased, or stayed approximately the same. Compare your most recently completed fiscal year with the year prior to your most recently completed fiscal year. Respond for each revenue source.

	No Funding from this Source	Decreased	Stayed Approx. the Same	Increased
Federal grants, contracts, cooperative agreements (direct)				
Federal grants, contracts, cooperative agreements (indirect/pass through)				
Fines				
Medicaid				
Medicare				
Patient personal fees				
Private philanthropic organizations				
Private health insurance				
Regulatory fees				
SCHIP				
State sources (excluding federal pass-through)				
Tribal sources				
Vital records				
Other (specify)				

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State Public Health Agency Scope of Work

The following questions ask about the frequency and types of SPHA activities.

49. Indicate how frequently your SPHA has participated in the activities listed below during the past two years.

	Never	A little	Some	A lot	Not applicable
Prepared issue briefs for local or state policy makers					
Participated in discussions with a state board of health (SBOH)					
Participated in discussions with a local board of health (LBOH)					
Given public testimony to state or local policy makers other than SBOH or LBOH					
Participated on local boards or advisory panels responsible for public health policy					
Participated on state boards or advisory panels responsible for public health policy					
Appeared on radio or television to speak about public health issues					
Appeared before civic group (United Way, Rotary, etc) to speak about public health issues					
Worked with media to inform public health policy					
Communicated with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances					
Provided technical assistance to legislative, regulatory or advocacy group for drafting proposed legislation, regulations, or ordinances					
Briefed governor on public health issues					

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50. Within the past year, has your SPHA adopted a new public health ordinance or regulation?

(select only one)

- ☐ Yes
- ☐ No
- ☐ My SPHA does not have authority to adopt ordinances or regulations

Planning and Quality Improvement

51. Has your SPHA developed or participated in developing a health improvement plan for your state? 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’s health, or definite strategic action steps to improve health status in the state.

(select only one)

- ☐ Yes, within the last three years
- ☐ Yes, more than three years ago
- ☐ No

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

(select only one)

- ☐ Yes
- ☐ No

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

(select only one)

- ☐ Yes
- ☐ No
- ☐ Not applicable

ASTHO Baseline Survey

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

(select only one)

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

55. Does your SPHA have a strategic plan?

(select only one)

- ☐ Yes
- ☐ No

ASTHO Baseline Survey

56. Please indicate whether and how you have used any of the following tools on a statewide basis. *Select all that apply.*

	Have never used	Have not used in the past three years	Used statewide	Used as a reference	Implemented in collaboration with other tools	Implemented independent of other tools	Don't know
MAPP: Mobilizing for Action through Planning and Partnerships							
APEX PH: Assessment Protocol for Excellence in Public health							
PACE EH: Protocol for Assessing Community Excellence in Environmental Health							
NPHPSP: National Public Health Performance Standards Program							
Any Turning Point Collaborative Tools							
Healthy People 2010							
Tool that your state developed							
Other (specify)							

ASTHO Baseline Survey

Relationship with Local Public Health Agencies

57. What is the organizational relationship between state and local public health agencies in your state?

(select only one)

- ☐ Centralized Organizational Control – local public health services are provided through units and/or staff of the SHA.
- ☐ Decentralized Organizational Control – local public health services are provided through agencies that are organized and operated by units of local government and/or local boards of health.
- ☐ Shared Organizational Control – local public health services are subject to the shared authority of the state agency, as well as the local government and/or local boards of health.
- ☐ Mixed Centralized and Decentralized Organizational Control - local public health services are provided through agencies organized and operated by units of local governments in some jurisdictions and by the state in other jurisdictions.
- ☐ There are no local public health agencies within the state.
- ☐ None of the above describes the relationship.

58. What is the total number of local public health agencies within your state (non-regional)?

59. What is the total number of regional public health agencies in your state ?

ASTHO Baseline Survey

State Public Health Agency Training

60. From which sources does the SPHA staff receive training?

(select all that apply)

- ☐ None
- ☐ SPHA in-house training
- ☐ Other state agency(ies)
- ☐ Another state's health agency
- ☐ Schools of public health or public health graduate programs
- ☐ Medical schools
- ☐ Colleges or universities
- ☐ Community colleges
- ☐ Nursing Schools
- ☐ Health professional associations or organizations
- ☐ Public health institutes
- ☐ National associations or organizations
- ☐ Federal government
- ☐ Other (specify)

61. Does your SPHA have a designated staff person(s) responsible for coordination of training of SPHA staff?

(select only one)

- ☐ Yes
- ☐ No

ASTHO Baseline Survey

62. 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	Assessing staff competencies	Developing training plans	Preparing job descriptions	Other use
Core competencies for public health professionals (Council on Linkages)						
Emergency preparedness competencies for all public health workers (Columbia University)						
Informatics competencies for public health professionals (Northwest Center for Public Health Practice)						
Quad Council Public Health Nursing Competencies (Competencies)						
NLN Leadership Competencies						
Other (specify)						
Other (specify)						
Other (specify)						
Other (specify)						
Other (specify)						

ASTHO Baseline Survey

Emergency Preparedness Infrastructure

We are interested in understanding how efforts to improve emergency preparedness have affected your SPHA's infrastructure and programs.

63a. For each of the public health operations or services listed below, choose the response that BEST describes the extent to which your SPHA's infrastructure and programs have changed over the past three years because of efforts nationwide to improve emergency preparedness.

	Significantly Weaker	Slightly Weaker	No Change	Slightly Stronger	Significantly Stronger
Access to laboratory services					
Communication systems					
Epidemiology					
Immunization					
Information systems					
Legal basis for PH actions					
Maternal and child health					
Other environmental health activities					

ASTHO Baseline Survey

63a. For each of the public health operations or services listed below, choose the response that BEST describes the extent to which your SPHA's infrastructure and programs have changed <u>over the past three years</u> because of efforts nationwide to improve emergency preparedness.	Significantly Weaker	Slightly Weaker	No Change	Slightly Stronger	Significantly Stronger
Other health services					
Population-based primary prevention					
Preparedness planning					
Public health surveillance					
Regulation, inspection and licensing					
Relationships with other local, state or federal agencies					
Screening for diseases & conditions					
Surge capacity					
Treatment for communicable diseases					
Workforce training					

ASTHO Baseline Survey

	extremely sufficient	very sufficient	sufficient	somewhat insufficient	very insufficient
63b. How sufficient is your statewide emergency preparedness status?					

ASTHO Baseline Survey

Partnership and Collaboration

The following questions ask about SPHA partnerships and collaboration with other members of the public health system.

64. We are interested in knowing about your SPHA's collaborations with a number of types of governmental and nongovernmental organizations. For each organization, check each listed activity that your SPHA has done in conjunction with that organization in the past year.

	Exchange Information	Work together on activities or projects	SPHA provides financial resources	SPHA has the leadership role within the partnership	No relationship yet	N/A: Organization does not exist in jurisdiction	Greatly Decreased	Slightly Decreased	No Change	Slightly Increased	Greatly Increased
Local public health agencies											
Hospitals											
Physician practices/medical groups											
Community health centers											
Other health care providers											
Health insurers											
Regional cancer society											
Emergency responders											
Land use agencies											

ASTHO Baseline Survey

Economic and community development agencies											
Housing agencies											
Utility companies/agencies											
Environmental and conservation organizations											
Cooperative extensions											
Schools											
Parks and recreations											
Transportation											
Community based organizations											
Faith communities											
Other voluntary or nonprofit organizations, e.g., libraries											
Universities											
Business											
Media											
Tribal government agencies/or other tribal community											

ASTHO Baseline Survey

65. Does your SPHA provide technical assistance to any of the following entities in any of these categories? *Select all that apply.*

	Yes	No	Done by someone else	Yes	No	Done by someone else	Yes	No	Done by someone else	Yes	No	Done by someone else	Yes	No	Done by someone else
Emergency responders															
Hospitals															
Laboratories															
Local public health agencies															
State-wide non- profit/community-based organizations															
Other (specify)															
Other (specify)															
Other (specify)															

ASTHO Baseline Survey

SPHA Public Health Performance Activities

The next set of questions will help create a snapshot of SPHA 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, 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 process** is the establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports.

ASTHO Baseline Survey

66. Does your SPHA have its own quality improvement process in place?

(select all that apply)

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

66a. Please describe the process in one sentence.

67. Does your SPHA 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?

(select all that apply)

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

ASTHO Baseline Survey

68. Indicate processes your SPHA currently has in place for each of the specified areas. (Select all that apply.)

	Performance standards	Performance measures	Progress reports	Quality improvement	None
Human resource development					
Data and information systems					
Customer focus and satisfaction					
Financial systems					
Management practices					
Public health capacity					
Health status assessment <i>[Defined as: A health status assessment is the process whereby a state public health agency assesses the health needs of the state and investigates adverse health effects and health hazards to create a "snapshot" of the health of the state population.]</i>					
STDs					
Family planning					
Tuberculosis					
Health facility regulation					
Maternal and child health					
Other (specify)					

ASTHO Baseline Survey

State Health Official Qualifications and Experience

69. What are the minimum qualifications in state statute or rule, for your state health official?

(select all that apply)

- ☐ M.D. or D.O.
- ☐ Other advanced degree
- ☐ Ten or more years in profession
- ☐ Executive management experience
- ☐ Other (specify) (Not specified in statute or rules)

ASTHO Baseline Survey

70. What are the educational qualifications of the current state health official?

(select all that apply)

- ☐ BA
- ☐ BS
- ☐ RN
- ☐ BSN
- ☐ MSN
- ☐ MPH
- ☐ MBA
- ☐ MD
- ☐ DO
- ☐ DrPH
- ☐ DDS
- ☐ DVM
- ☐ JD
- ☐ PhD, field (specify) _____
- ☐ Other (specify) _____

_____ **71. How many years has she or he been in the public health profession?**

_____ **72. How many years was she or he in the public health profession *before* becoming the state health official?**

ASTHO Baseline Survey

73. Did she or he have executive management experience prior to becoming the state health official?

(select only one)

☐ Yes

☐ No

74. Did she or he have other qualifications that are relevant to the state health official position?

(select only one)

☐ Yes (specify)

☐ No

ASTHO Baseline Survey

75. Please list your State Health Official's five top accomplishments over the past 12 months in order of 1, the top and 5 the last.

1.

2.

3.

4.

5.