

Top 20



The top 20 consists of the most significant, timely, and relevant findings from the 2012 ASTHO Profile Survey. They include the following:

1. Nearly 30 percent of states (n=14) have a centralized or largely centralized governance structure where local health units are primarily led by state employees, with a mean number of 28 state-run local health departments in each state.
2. State health agencies do not generally share resources with each other. When they do, it is typically for all-hazards preparedness and response (58%) and epidemiology or surveillance (36%).
3. State health agencies serve as leaders in the integration of the public health and healthcare sectors by being highly collaborative with hospitals, physicians, and other entities in the healthcare sector.
4. The state health agency workforce was comprised of approximately 101,000 full-time equivalents (FTEs) in 2012. From 2010 to 2012, both the number of FTEs and the number of staff members have shown a decrease of more than 5,000.
5. The 2012 Profile Survey represents the first time ASTHO has collected demographic data on the state health agency workforce. The majority of the state health agency workforce is white, non-Hispanic/Latino, and female. Overall, the state health agency workforce has a greater proportion of women than the U.S. population, is more racially diverse than the U.S. population, and has a smaller proportion of Hispanics/Latinos than the overall U.S. population.
6. In 2012, 12 percent of state health agency positions were vacant on average, but only 24 percent of those positions were being actively recruited for.
7. From FY 2012 to FY 2016, the percentage of state health agency employees who are eligible to retire is expected to increase from 18 to 25 percent.
8. State health agencies frequently have programmatic and fiscal responsibility for federal initiatives. When they do not have sole responsibility, they typically share it with a local governmental agency or nonprofit organization. Nearly all state health agencies have responsibility for CDC's Public Health Emergency Preparedness cooperative agreement, Title V Maternal and Child Health funding, vital statistics, the Preventive Health and Health Services Block Grant, and the ASPR Hospital Preparedness Program cooperative agreement.
9. State health agencies provide technical assistance and training to a variety of partners, including emergency medical services, healthcare providers, hospitals, and laboratories. The most common topic area for which technical assistance and training are provided is quality improvement, accreditation, and performance. States most commonly provide training for local health departments. The most common training topics are disease prevention and control, tobacco prevention and control services, and preparedness.
10. State health agencies serve a critical role in promoting and protecting the health of their citizens, and access to healthcare services is a key element of that effort. The majority of state health agencies engage in health disparities, minority health, and rural health initiatives; 71% of state health agencies provide financial support to primary care providers.



11. State health agencies provide a wide range of population-based primary prevention services. The greatest numbers of states provide tobacco prevention and control services, HIV prevention programs, and sexually transmitted disease counseling and partner notification.
12. Research plays an important role at state health agencies, with 90 percent reporting both collecting, exchanging, or reporting on data and results and disseminating research findings to stakeholders. The mean number of studies conducted by state health agencies in the two-year timeframe was 46 and the median number was 15.
13. State health agencies have been engaged in accomplishing the prerequisites for the Public Health Accreditation Board's (PHAB) voluntary national accreditation program, with 69 percent having completed a state health assessment, 57 percent a state health improvement plan, and 75 percent a strategic plan. From 2010 to 2012, the percentage of state health agencies that have completed each prerequisite has increased.
14. In 2012, 80 percent of state health agencies indicated that they had decided to seek accreditation through the voluntary national accreditation program. Of the 26 states that indicated that they planned to pursue accreditation but had not yet submitted a letter of intent, 85 percent intended to do so in 2013 or 2014.
15. Quality improvement continues to play a significant role in state health agencies, with state health agencies frequently using the Plan-Do-Check-Act or Plan-Do-Study-Act framework, and 96 percent of agencies having implemented some kind of formal quality improvement activities.
16. The capacity for electronic data exchange is significant at state health agencies, with the majority of electronic data collected through systems implemented on the state level.
17. State health agencies have made progress toward the Meaningful Use public health objectives, with the majority of state health agencies having the systems in place to meet those objectives. Additionally, the majority of state health agencies have the capacity to send and receive data with federal agencies.
18. For FY 2010 and FY 2011, the two largest spending categories in state health agency budgets were improving consumer health, which includes clinical services, and WIC.
19. More than half of state health agency revenue (53%) was sourced from federal funds in FY 2011, with the U.S. Department of Agriculture and CDC providing the greatest percentage of those funds.
20. State health agencies partner with a number of other entities, distributing funding to local health departments, nonprofit organizations, other governmental entities, and other recipients. Forty-four percent of state health agency contracts, grants, and awards were awarded to local health departments.