

2012 ASTHO Profile Survey

Thank you in advance for your participation in the 2012 ASTHO 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 12 sections. In the Table of Contents below, we have made suggestions as to the most appropriate respondents for each section of the survey.

Table of Contents	
Topic	Recommended Respondent
Intro	N/A
Part 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 6, 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.**

Printing a Blank Survey

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

Agency Profile

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

Submitting Completed Survey

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

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

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

Printing a Completed Survey

You may view, download and print a copy of your agency’s completed survey by clicking on the “Survey 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!

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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

Name of state/territorial public health agency: CSHANAM

Please select the state/territory your agency represents: CSHASTA

Mailing Address: CSHAADD

City: CSHACIT

State: CSHASTA

Zip: CSHAZIP

Respondent Information for Primary Contact

Name of Primary Contact for this survey: CPRMNAM

Title: CPRMTIT

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

City: CPRMCIT

State: CPRMSTA

Zip: CPRMZIP

Email: CPRMEMA

Telephone: CPRMTEL

Fax: CPRMFAX

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Part 2: Activities

To be completed by the Senior Deputy.

Contact Information

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

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

Name _____ **ASRDNAM**

Position or Title _____ **ASRDTIT**

Street Address _____ **ASRDADD**

City _____ **ASRDCIT** State _____ **ASRDSTA** Zip _____ **ASRDZIP**

Telephone _____ **ASRDTEL**

E-mail address _____ **ASRDEMA**

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 2 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. Immunizations—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	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMVAD01	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMVAD02
Childhood immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMVCH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMVCH02
International travel immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMVIN01	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMVIN02

2.2. Immunizations—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	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMAAD01	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMAAD02
Childhood immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMACH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMACH02
International travel immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMAIN01	<input type="checkbox"/> Yes <input type="checkbox"/> No AIMMAIN02

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

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRAST01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRAST02
Blood lead	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRBLL01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRBLL02
Body Mass Index (Obesity)	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRBMI01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRBMI02
Breast and cervical cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRBCC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRBCC02
Colon/rectum cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRCRC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRCRC02
Other cancers	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCROTC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCROTC02
Cardiovascular disease	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRCVD01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRCVD02
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRDIA01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRDIA02
High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRHBP01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRHBP02
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRHIV01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRHIV02
Other STDs	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRSTD01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRSTD02
Newborn screening	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRNEW01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRNEW02
Prediabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRPDI01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRPDI02
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRTUB01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCRTUB02
Other public health screening Other public health screening (specify): ASCRNOTH03	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCROTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No ASCROTH02

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

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	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 ALABBIO01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABBIO02
Blood lead screening	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABBLL01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABBLL02
Cholesterol screening	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABCHO01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABCHO02
Food borne illness testing	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABFDB01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABFDB02
Influenza typing	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABFLU01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABFLU02
Newborn screening	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABNEW01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABNEW02
Biomonitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABBMN01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABBMN02
Other screening (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABOTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALABOTH02

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	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGBIR01	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGBIR02
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGCAN01	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGCAN02
Childhood immunization	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGIMM01	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGIMM02
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGDIA01	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGDIA02
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGOTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AREGOTH02
Other (specify)		

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

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTAST01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTAST02
Blood lead	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTBLL01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTBLL02
Breast and cervical cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTBCC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTBCC02
Colon/rectum cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTCRC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTCRC02
Coronary heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTCHD01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTCHD02
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTDIA01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTDIA02
High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTHBP01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTHBP02
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTHIV01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTHIV02
Obesity	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTOBE01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTOBE02
Other cancers	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTOTC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTOTC02
Other STDs	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTSTD01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTSTD02
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTTUB01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTTUB02
Other public health treatment (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTOTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No ATRTOTH02

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

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Child nutrition (daycare providers)	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHNUT01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHNUT02
Children with special health care needs	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHSPN01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHSPN02
Comprehensive school health clinical services	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHSCS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHSCS02
Early intervention services for children	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHEIS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHEIS02
EPSDT	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHEPS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHEPS02
Family planning	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHFMP01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHFMP02
MCH home visits	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHHMV01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHHMV02
Non-WIC nutrition assessment and counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHNAC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHNAC02
Obstetrical care	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHOBS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHOBS02
Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHPRE01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHPRE02
Comprehensive primary care clinics for children	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHPCC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHPCC02
School health services (non-clinical)	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHSHS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHSHS02
Well child services	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHWCS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHWCS02
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHWIC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AMCHWIC02

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

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Child protection services/medical evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNCPS01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNCPS02
Comprehensive primary care clinics for adults	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNPCC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNPCC02
Correctional health	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNCOR01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNCOR02
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNDIS01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNDIS02
Disability determination	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNDS01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNDS02
Domestic violence victims services	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNDVV01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNDVV02
Home health care	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNHHC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNHHC02
Managed care (Patient Centered Medical Homes)	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNMNC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNMNC02
Mental health education and prevention services	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNMHE01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNMHE02
Mental health treatment services	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNMHT01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNMHT02
Oral health	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNORL01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNORL02
Pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNPHM01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNPHM02
Physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNPHT01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNPHT02
Rural health	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNRUR01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNRUR02
Sexual assault victims services	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNSAV01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNSAV02
State/Territorial nursing home eligibility determination	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNNHE01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNNHE02
Substance abuse education and prevention services	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNSAE01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNSAE02
Substance abuse treatment services	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNSAT01	<input type="checkbox"/> Yes <input type="checkbox"/> No ACLNSAT02

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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	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATADB01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATADB02
Behavioral risk factors	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATBRF01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATBRF02
Cancer incidence	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATCAI01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATCAI02
Chronic diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATCHD01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATCHD02
Communicable/infectious diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATCID01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATCID02
Environmental health	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATENV01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATENV02
Foodborne illness	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATFDB01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATFDB02
Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATINJ01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATINJ02
Morbidity data	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATMOR01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATMOR02
Perinatal events or risk factors	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATPRF01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATPRF02
Reportable diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATRPD01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATRPD02
Syndromic surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATSYS01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATSYS02
Uninsured, outreach and enrollment for medical insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATUNI01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATUNI02
Vital statistics	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATVTS01	<input type="checkbox"/> Yes <input type="checkbox"/> No ADATVTS2

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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	<input type="checkbox"/> Yes <input type="checkbox"/> No APOPABS01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOPABS02
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No APOPAST01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOPAST02
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No APOPDIS01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOPDIS02
HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP HIV01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP HIV02
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP HYP01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP HYP02
Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP INJ01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP INJ02
Mental illness	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP MEN01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP MEN02
Nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP NUT01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP NUT02
Physical Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP PHY01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP PHY02
Sex education	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP SEX01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP SEX02
Sexually transmitted disease counseling and partner notification	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP STD01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP STD02
Skin cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP SKC01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP SKC02
Substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP SUB01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP SUB02
Suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP SUI01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP SUI02
Tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP TOB01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP TOB02
Unintended pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP PRG01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP PRG02
Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP VIO01	<input type="checkbox"/> Yes <input type="checkbox"/> No APOP VIO02

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

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Acupuncture	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSACU01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSACU02
Assisted living	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSASL01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSASL02
Beaches	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSBCH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSBCH02
Biomedical waste	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSBMW01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSBMW02
Body piercing/tattooing	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSBPT01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSBPT02
Campgrounds & RVs	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSCRV01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSCRV02
Childcare facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSCCF01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSCCF02
Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSCLN01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSCLN02
Cosmetology businesses	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSCOS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSCOS02
Emergency Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSEMS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSEMS02
Food processing	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSFPR01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSFPR02
Food service establishments	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSFSE01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSFSE02
Hospice	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSHPC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSHPC02
Hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSHPL01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSHPL02
Hotels/motels	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSHOM01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSHOM02
Housing (inspections)	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSHOU01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSHOU02
Jails/prisons	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSJPR01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSJPR02
Laboratories	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSLAB01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSLAB02
Lead inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSLDI01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSLDI02
Local public health agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSLPH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSLPH02
Long-term care facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSLTC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSLTC02
Migrant Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSMIG01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSMIG02

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Milk processing	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSMLK01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSMLK02
Mobile homes	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSMOB01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSMOB02
Nursing homes	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSNUR01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSNUR02
Occupational health	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSOCC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSOCC02
Outdoor air quality	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSOAQ01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSOAQ02
Private drinking water	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSPRW01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSPRW02
Public drinking water	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSPUW01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSPUW02
Schools	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSCH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSCH02
Septic tank systems	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSSEP01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSSEP02
Shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSHE01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSHE02
Smoke-free ordinances	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSMK01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSMK02
Solid waste disposal sites	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSWD01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSWD02
Solid waste haulers	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSWH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSWH02
Swimming pools (public)	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSWP01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSSWP02
Tanning salons	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSTAN01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSTAN02
Tobacco retailers	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSTOB01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSTOB02
Trauma system	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSTRM01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSTRM02
Other facilities (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSOOTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AINSOOTH02

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

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Dentists	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICDEN01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICDEN02
Nurses (any level)	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICNUR01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICNUR02
Pharmacists	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICPHM01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICPHM02
Physicians	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICPHY01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICPHY02
Physician assistants	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICPHA01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICPHA02
Other professionals (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICOTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No ALICOTH02

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

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Animal control	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHANC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHANC02
Collection of unused pharmaceuticals	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHCUP01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHCUP02
Coastal zone management	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHCZM01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHCZM02
Environmental epidemiology	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHEPI01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHEPI02
Food safety training/education	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHFSE01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHFSE02
Groundwater protection	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHGWP01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHGWP02
Hazardous waste disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHHWD01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHHWD02
Hazmat response	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHHZM01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHHZM02
Indoor air quality	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHIAQ01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHIAQ02
Land use planning	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHLUP01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHLUP02
Noise pollution	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHNSP01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHNSP02
Outdoor air quality	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHOAQ01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHOAQ02
Poison control	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHPSC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHPSC02
Private water supply safety	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHPRW01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHPRW02
Public water supply safety	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHPUW01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHPUW02
Radiation control	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHRDT01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHRDT02
Radon control	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHRDN01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHRDN02
Surface water protection	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHSWP01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHSWP02
Toxicology	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHTOX01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHTOX02
Vector control	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHVEC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHVEC02
Other pollution prevention (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHOTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOEHOTH02

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

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	Performed by state/territorial public health agency directly	Contracted out by state/territorial public health agency
Agriculture regulation	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHAGR01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHAGR02
Eldercare services	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHELD01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHELD02
Forensics laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHFOR01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHFOR02
Health consultation for child care environments	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHHCC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHHCC02
Institutional review board (IRB)	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHIRB01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHIRB02
Medical examiner	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMED01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMED02
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHNEE01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHNEE02
Non-clinical services in corrections facilities (e.g. epidemiology, surveillance, HIV/STD prevention)	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHNCC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHNCC02
Occupational safety and health services	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHOCC01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHOCC02
State/Territorial mental health authority with substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMHS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMHS02
State/Territorial mental health authority without substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMHA01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMHS02
State/Territorial mental institutions/hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMIH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMIH02
State/Territorial health planning and development	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHHPD01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHHPD02
State/Territorial tuberculosis hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHTUB01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHTUB02
Substance abuse facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHSAF01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHSAF02
Support for military personnel, veterans, and their families	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMIL01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHMIL02
Trauma system coordination	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHTRM01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHTRM02
Veterinarian public health activities	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHVET01	<input type="checkbox"/> Yes <input type="checkbox"/> No AOPHVET02

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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	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCEMS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCEMS02
Faith-based health programs	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCFTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCFTH02
Health disparities and/or minority health initiatives	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCMIN01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCMIN02
Health insurance regulation	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCHIR01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCHIR02
Institutional certifying authority for federal reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCINS01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCINS02
Outreach and enrollment for medical insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCMED01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCMED02
Rural health	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCRUR01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCRUR02
State//Territorial children's health insurance program (SCHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCSCH01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCSCH02
State/Territorial provided health insurance (not supported by federal funds)	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCPHI01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCPHI02
Tribal health	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCTRB01	<input type="checkbox"/> Yes <input type="checkbox"/> No AACCTRB02

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

- Yes **AESTHIE01**
 No

[IF ANSWER YES, GO TO 2.17. IF ANSWER NO, SKIP TO 2.18.]

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

- Yes **AENGHIE01**

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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 **AWRKWLL01**
- Footage requirements outside of building for smoke-free area **AWRKWLL02**
- Smoke-free venues for off-site meetings **AWRKWLL03**
- Healthy eating policies for catered events **AWRKWLL04**
- Healthy vending policy in office building **AWRKWLL05**
- Weight loss or physical activity challenges or incentives for staff **AWRKWLL06**
- Insurance coverage for tobacco cessation programs **AWRKWLL07**
- Healthy maternity policies (i.e., lactation room, paid maternity leave) **AWRKWLL08**
- Farmer's market for staff **AWRKWLL09**
- Menu labeling in office building cafeteria **AWRKWLL10**
- Other **AWRKWLL11**
- Other (specify) _____ **AWRKWLL11A**
- None of the above **AWRKWLL12**

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 **AFINPCP01**
- No
- Other
- Other (specify) _____ **AFINPCP01A**

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) **ATRALHA01**
- Food safety **ATRALHA02**

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- | | |
|--|-------------------|
| <input type="checkbox"/> Maternal and child health | ATRALHA03 |
| <input type="checkbox"/> Disease prevention and control | ATRALHA04 |
| <input type="checkbox"/> Preparedness | ATRALHA05 |
| <input type="checkbox"/> Tobacco | ATRALHA06 |
| <input type="checkbox"/> Cultural Competency/Health Disparities | ATRALHA07 |
| <input type="checkbox"/> Administrative procedures | ATRALHA08 |
| <input type="checkbox"/> Vital records, statistics or surveillance | ATRALHA09 |
| <input type="checkbox"/> Other | ATRALHA10 |
| Other (specify)_____ | ATRALHA10A |
| <input type="checkbox"/> None of the above | ATRALHA11 |

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)

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	Quality Improvement/ Performance Management/ Standards/ Accreditation	Data Management	Public Health Law	Policy Development	Workforce Issues	None of these topics
Emergency responders	ATASEMR01	ATASEMR02	ATASEMR03	ATASEMR04	ATASEMR05	ATASEMR06
Health care providers	ATASHCP01	ATASHCP02	ATASHCP03	ATASHCP04	ATASHCP05	ATASHCP06
Hospitals	ATASHPL01	ATASHPL02	ATASHPL03	ATASHPL04	ATASHPL05	ATASHPL06
Laboratories	ATASLAB01	ATASLAB02	ATASLAB03	ATASLAB04	ATASLAB05	ATASLAB06
Local public health agencies	ATASLPH01	ATASLPH02	ATASLPH03	ATASLPH04	ATASLPH05	ATASLPH06
State/Territory-wide non- profit/community-based organizations	ATASNPC01	ATASNPC02	ATASNPC03	ATASNPC04	ATASNPC05	ATASNPC06
Other	ATASOTA01	ATASOTA02	ATASOTA03	ATASOTA04	ATASOTA05	ATASOTA06
Other (specify) ATASOTA07						
Other	ATASOTB01	ATASOTB02	ATASOTB03	ATASOTB04	ATASOTB05	ATASOTB06
Other (specify) ATASOTB07						
Other	ATASOTC01	ATASOTC02	ATASOTC03	ATASOTC04	ATASOTC05	ATASOTC06
Other (specify) ATASOTC07						

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)

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	Exchange Information	Work together on activities or projects	State/territorial health agency provides financial resources	State/territorial health agency has the leadership role within the partnership	No relationship yet	N/A: Organization does not exist in jurisdiction
Local public health agencies	ACOLLPH01	ACOLLPH02	ACOLLPH03	ACOLLPH04	ACOLLPH05	ACOLLPH06
Hospitals	ACOLHPL01	ACOLHPL02	ACOLHPL03	ACOLHPL04	ACOLHPL05	ACOLHPL006
Physician practices/medical groups	ACOLPHY01	ACOLPHY02	ACOLPHY03	ACOLPHY04	ACOLPHY05	ACOLPHY06
Community health centers	ACOLCHC01	ACOLCHC02	ACOLCHC03	ACOLCHC04	ACOLCHC05	ACOLCHC06
Other health care providers	ACOLOHC01	ACOLOHC02	ACOLOHC03	ACOLOHC04	ACOLOHC05	ACOLOHC06
Health insurers	ACOLHIN01	ACOLHIN02	ACOLHIN03	ACOLHIN04	ACOLHIN05	ACOLHIN06
Regional cancer society	ACOLRCS01	ACOLRCS02	ACOLRCS03	ACOLRCS04	ACOLRCS05	ACOLRCS06
Emergency responders	ACOLEMR01	ACOLEMR02	ACOLEMR03	ACOLEMR04	ACOLEMR05	ACOLEMR06
Land use/planning agencies	ACOLLUA01	ACOLLUA02	ACOLLUA03	ACOLLUA04	ACOLLUA05	ACOLLUA06
Economic and community development agencies	ACOLECD01	ACOLECD02	ACOLECD03	ACOLECD04	ACOLECD05	ACOLECD06
Housing agencies	ACOLHOU01	ACOLHOU02	ACOLHOU03	ACOLHOU04	ACOLHOU05	ACOLHOU06
Utility companies/agencies	ACOLUTI01	ACOLUTI02	ACOLUTI03	ACOLUTI04	ACOLUTI05	ACOLUTI06
Environmental and conservation organizations	ACOLENV01	ACOLENV02	ACOLENV03	ACOLENV04	ACOLENV05	ACOLENV06
Cooperative extensions	ACOLCEX01	ACOLCEX02	ACOLCEX03	ACOLCEX04	ACOLCEX05	ACOLCEX06
Schools	ACOLSCH01	ACOLSCH02	ACOLSCH03	ACOLSCH04	ACOLSCH05	ACOLSCH06

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Parks and recreation	ACOLPRK01	ACOLPRK02	ACOLPRK03	ACOLPRK04	ACOLPRK05	ACOLPRK06
Transportation	ACOLTRN01	ACOLTRN02	ACOLTRN03	ACOLTRN04	ACOLTRN05	ACOLTRN06
Community based organizations	ACOLCBO01	ACOLCBO02	ACOLCBO03	ACOLCBO04	ACOLCBO05	ACOLCBO06
Faith communities	ACOLFTH01	ACOLFTH02	ACOLFTH03	ACOLFTH04	ACOLFTH05	ACOLFTH06
Other voluntary or nonprofit organizations, e.g., libraries	ACOLVOL01	ACOLVOL02	ACOLVOL03	ACOLVOL04	ACOLVOL05	ACOLVOL06
Higher education (e.g., Universities, medical schools, community colleges)	ACOLUNV01	ACOLUNV02	ACOLUNV03	ACOLUNV04	ACOLUNV05	ACOLUNV06
Business	ACOLBUS01	ACOLBUS02	ACOLBUS03	ACOLBUS04	ACOLBUS05	ACOLBUS06
Media	ACOLMED01	ACOLMED02	ACOLMED03	ACOLMED04	ACOLMED05	ACOLMED06
Tribal government agencies/or other tribal community	ACOLTRB01	ACOLTRB02	ACOLTRB03	ACOLTRB04	ACOLTRB05	ACOLTRB06
Continuing education (e.g., pharmacy, medical, nursing)	ACOLCED01	ACOLCED02	ACOLCED03	ACOLCED04	ACOLCED05	ACOLCED06
State boards of health	ACOLSBH01	ACOLSBH02	ACOLSBH03	ACOLSBH04	ACOLSBH05	ACOLSBH06
Local boards of health	ACOLLBH01	ACOLLBH02	ACOLLBH03	ACOLLBH04	ACOLLBH05	ACOLLBH06
Food agencies	ACOLFDA01	ACOLFDA02	ACOLFDA03	ACOLFDA04	ACOLFDA05	ACOLFDA06
Energy agencies	ACOLNRG01	ACOLNRG02	ACOLNRG03	ACOLNRG04	ACONRG05	ACOLNRG06

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Law enforcement	ACOLLAW01	ACOLLAW02	ACOLLAW03	ACOLLAW04	ACOLLAW05	ACOLLAW06
Justice system	ACOLJUS01	ACOLJUS02	ACOLJUS03	ACOLJUS04	ACOLJUS05	ACOLJUS06

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

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	Performed by the state/territorial health agency directly	Contracted out by state/territorial health agency
Family Planning Services, Title X	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESFPS01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESFPS02
Healthy People	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESHLT01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESHLT02
HIV Pharmacies (ADAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESADA01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESADA02
HIV, Title IV	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESHIV01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESHIV02
Immunization funding, Section 317	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESIMM01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESIMM02
Injury Prevention (CDC)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESINJ01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESINJ02
Primary Care Offices (PCOs)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESPCO01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESPCO02
Maternal and child health, Title V	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESMCH01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESMCH02
Mental Health Block Grant (MHBG: Center for Mental Health Services)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESMHB01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESMHB02
Mental Health, Title XX	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESMHT01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESMHT02
National Cancer Prevention and Control Program Grant (CDC)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESNCP01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESNCP02
Preventive Health and Health Services Block Grant (CDC)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESPBG01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESPBG02
Rural health (HRSA)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESRUR01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESRUR02
State/Territorial Child Health Insurance Program (SCHIP: Centers for Medicare and Medicaid Services)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESCH01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESCH02
Substance abuse and mental health, Title XIX	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESSAM01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESSAM02
Substance Abuse Prevention and Treatment Block Grant (SAPT: Substance Abuse and Mental Health Services Administration)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESSAP01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESSAP02
Temporary Assistance to Needy Families (TANF: Administration for Children and Families)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESTAN01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESTAN02

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Vital statistics (NCHS)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESVTS01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESVTS02
Women Infants and Children Program (USDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESWIC01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESWIC02
ASPR Hospital Preparedness Program (HPP) cooperative agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESHPP01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESHPP02
CDC Public Health Emergency Preparedness (PHEP) cooperative agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESPHP01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESPHP02
DHS/FEMA preparedness grants	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESDHS01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESDHS02
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESOTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No ARESOTH02
Other(specify) ARESOTH03		

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.

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

Name _____ **GSRDNAM** _____

Position or Title _____ **GSRDTIT** _____

Street Address _____ **GSRDADD** _____

City _____ **GSRDCIT** _____ State _____ **GSRDSTA** _____ . Zip _____ **GSRDZIP** _____

Telephone _____ **GSRDTEL** _____

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E-mail address _____ **GSRDEMA** _____

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).

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

- GSTRPHA01** 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 **GSUPRES01**
- Environmental protection **GSUPRES02**
- State/Territorial mental health authority with substance abuse **GSUPRES03**
- State/Territorial mental health authority without substance abuse **GSUPRES04**
- Substance abuse **GSUPRES05**
- Medicaid **GSUPRES06**
- Long-term care **GSUPRES07**
- Other **GSUPRES08**
- Other (specify) **GSUPRES08A**

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) **GSHATYP01**
- _____ State-run local health agencies (led by staff employed by state government) **GSHATYP02**
- _____ Independent regional or district offices (led by non-state employees) **GSHATYP03**
- _____ State-run regional or district offices (led by state employees) **GSHATYP04**

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

WSTFLEG01

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

WLEGUMB01 _____number of staff

WLEGUMBO2 Not applicable (state/territorial health agency is not under a larger agency)

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.

WFTEFPF01

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

1. _____ GTOPFIV01
2. _____ GTOPFIV02
3. _____ GTOPFIV03
4. _____ GTOPFIV04
5. _____ GTOPFIV05

Part 4: Workforce

To be completed by Human Resources Director.

Contact Information

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

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

Name _____ **WHRDNAM** _____

Position or Title _____ **WHRDTIT** _____

Street Address _____ **WHRDADD** _____

City _____ **WHRDCIT** _____ State _____ **WHRDSTA** Zip _____ **WHRDZIP**

Telephone _____ **WHRDTEL** _____

E-mail address _____ **WHRDEMA** _____

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.

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** **WNUMSTF01**

_____ **Number of Full-time Equivalent (FTEs)** **WNUMSTF02**

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

WNUMSTF02A

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

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- _____ Number of part-time workers WNUMWRK01
- _____ Number of hourly (temporary or as needed) workers WNUMWRK03
- _____ Number of state/territory workers assigned to local health departments WNUMWRK04
- _____ Number of state/territory workers assigned to regional/district offices WNUMWRK05
- _____ Number of state/territory workers assigned to the central office WNUMWRK06
- _____ Number of state/territory workers assigned to other state/territorial agencies WNUMWRK07

Please use this text box to write in any relevant caveats or clarifications to your response above. WNUMWRK07A

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			
WOCCADM01	\$ WOCCADM02	\$ WOCCADM03	% WOCCADM04	Administrative or clerical personnel	Support staff providing assistance in agency programs or operations.
WOCCPHN01	\$ WOCCPHN02	\$ WOCCPHN03	% WOCCPHN04	Public health nurse	Registered nurse conducting public health nursing (e.g. school nurse, community health nurse).

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WOCNPR01	\$ WOCNPR02	\$ WOCNPR03	% WOCNPR04	Nurse Practitioners	
WOCCPAS01	\$ WOCCPAS02	\$ WOCCPAS03	% WOCCPAS04	Physician Assistants	
WOCCEHV01	\$ WOCCEHV02	\$ WOCCEHV03	% WOCCEHV04	Environmental health worker	Environmental health specialists, scientists and technicians, including registered and other sanitarians.
WOCCLAB01	\$ WOCCLAB02	\$ WOCCLAB03	% WOCCLAB04	Laboratory worker	Laboratorians, laboratory scientists, laboratory technicians, and microbiologists planning, designing and implementing laboratory procedures.
WOCCPHM01	\$ WOCCPHM02	\$ WOCCPHM03	% WOCCPHM04	Public health manager	Health service managers, administrators, and health directors overseeing the operations of a department/division.
WOCCSOC01	\$ WOCCSOC02	\$ WOCCSOC03	% WOCCSOC04	Social worker	Behavioral health professional (e.g. community organizers, HIV/AIDS counselors and public health social workers).
WOCCEPI01	\$ WOCCEPI02	\$ WOCCEPI03	% WOCCEPI04	Epidemiologist/Statistician	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential and makes recommendations on appropriate interventions.
WOCCHED01	\$ WOCCHED02	\$ WOCCHED03	% WOCCHED04	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.

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WOCCPHI01	\$ WOCCPHI02	\$ WOCCPHI03	% WOCCPHI04	Public health informatics specialist	Also known as public health information systems specialists or public health informaticists.
WOCCNUT01	\$ WOCCNUT02	\$ WOCCNUT03	% WOCCNUT04	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.
WOCCPHP01	\$ WOCCPHP02	\$ WOCCPHP03	% WOCCPHP04	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.
WOCCPIS01	\$ WOCCPIS02	\$ WOCCPIS03	% WOCCPIS04	Public information specialist	Also known as public information officer.
WOCCPRP01	\$ WOCCPRP02	\$ WOCCPRP03	% WOCCPRP04	Preparedness and response staff	Includes planners, responders, preparedness directors, preparedness policy staff, SNS coordinator, preparedness volunteer coordinator
WOCCOHP01	\$ WOCCOHP02	\$ WOCCOHP03	% WOCCOHP04	Oral health professional	Includes public health dentists and dental hygienists

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WOCPCO01	\$ WOCPCO02	\$ WOCPCO03	% WOCPCO04	Primary Care Office Director	Identifies health professional shortage areas and medically underserved areas/populations which allow primary care providers to receive federal funding, recruit National Health Corps providers and receive enhanced reimbursement from Medicare and Medicaid. Addresses recruitment and retention issues of primary care providers to increase access to care; works with HRSA's bureaus to address primary care provider shortages; works with or is the state/territorial office of rural health; works with the state office of minority health.
WOCOTA01	\$ WOCOTA02	\$ WOCOTA03	% WOCOTA04	Other (specify): _____	
WOCOTB01	\$ WOCOTB02	\$ WOCOTB03	% WOCOTB04	Other (specify): _____	
WOCOTC01	\$ WOCOTC02	\$ WOCOTC03	% WOCOTC04	Other (specify): _____	
WOCOTD01	\$ WOCOTD02	\$ WOCOTD03	% WOCOTD04	Other (Specify): _____	

Please use this text box to write in any relevant caveats or clarifications to your response above. **WOCCAV01**

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

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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			
\$ WSALSDA01	\$ WSALSDA02	% WSALSDA03	Senior Deputy	Other (specify): _____ WSALSRD04
\$ WSALSDB01	\$ WSALSDB02	% WSALSDB03	Senior Deputy	Other (specify): _____ WSALSDB04
\$ WSALSDC01	\$ WSALSDC02	% WSALSDC03	Senior Deputy	Other (specify): _____ WSALSDC04
\$ WSALSDD01	\$ WSALSDD02	% WSALSDD03	Senior Deputy	Other (specify): _____ WSALSDD04
\$ WSALSDE01	\$ WSALSDE02	% WSALSDE03	Senior Deputy	Other (specify): _____ WSALSDE04
\$ WSALCMO01	\$ WSALCMO02	% WSALCMO03	Chief Medical Officer	Other (specify): _____ WSALCMO04
\$ WSALCSO01	\$ WSALCSO02	% WSALCSO03	Chief Science Officer	Other (specify): _____ WSALCSO04
\$ WSALCFO01	\$ WSALCFO02	% WSALCFO03	Chief Financial Officer	Other (specify): _____ WSALCFO04
\$ WSALCIO01	\$ WSALCIO02	% WSALCIO03	Chief Information Officer	Other (specify): _____ WSALCIO04
\$ WSALEPI01	\$ WSALEPI02	% WSALEPI03	State/Territorial Epidemiologist	Other (specify): _____

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				WSALEPI04
\$ WSALLAB01	\$ WSALLAB02	% WSALLAB03	State/Territorial Laboratory Director	Other (specify): _____
\$ WSALLHD01	\$ WSALLHD02	% WSALLHD03	Local Health Department Liaison	Other (specify): _____
				WSALLAB04
				WSALLHD04

Please use this text box to write in any relevant caveats or clarifications to your response above. **WSALCAV01**

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 this by writing 0 in the space provided. _____%

WPCTUNI01

Please use this text box to write in any relevant caveats or clarifications to your response above. **WPCTUNI01A**

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 **WPCTRAC01**
- _____ % Black or African American **WPCTRAC02**
- _____ % American Indian/Alaska Native **WPCTRAC03**
- _____ % Asian **WPCTRAC04**
- _____ % Native Hawaiian or Other Pacific Islander **WPCTRAC05**
- _____ % Another Race **WPCTRAC06**
- _____ % Two or More Races **WPCTRAC07**
- _____ % Missing data on race **WPCTRAC08**

Please use this text box to write in any relevant caveats or clarifications to your response above. **WPCTRAC08A**

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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% for “Missing data on Hispanic/Latino ethnicity” and 0 for all other response options.

_____ % Hispanic or Latino **WPCTETH01**
_____ % Not Hispanic or Latino **WPCTETH02**
_____ % Missing data on Hispanic/Latino ethnicity **WPCTETH03**

Please use this text box to write in any relevant caveats or clarifications to your response above. WPCTETH03A

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 **WPCTGEN01**
_____ % Female **WPCTGEN02**

Please use this text box to write in any relevant caveats or clarifications to your response above. WPCTGEN02A

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: _____ **WAVGAGE01**
Median Age of Employees: _____ **WAVGAGE02**
Average Number of Years of Service: _____ **WAVGAGE03**

Please use this text box to write in any relevant caveats or clarifications to your response above. WAVGAGE03A

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: _____ **WAGENEW01**
Average Age in Fiscal Year 2010: _____ **WAGENEW02**
Average Age in Fiscal Year 2011: _____ **WAGENEW03**

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Please use this text box to write in any relevant caveats or clarifications to your response above. **WAGENEW03A**

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: _____ **WTRNNUM01**
Number who left agency in Fiscal Year 2010: _____ **WTRNNUM02**
Number who left agency in Fiscal Year 2011: _____ **WTRNNUM03**

Please use this text box to write in any relevant caveats or clarifications to your response above. **WTRNNUM03A**

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

____% **WPCTVAC01**

Please use this text box to write in any relevant caveats or clarifications to your response above. **WPCTVAC01A**

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

WNUMVAC01

Please use this text box to write in any relevant caveats or clarifications to your response above. **WNUMVAC03A**

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.

WNUMREC01

Please use this text box to write in any relevant caveats or clarifications to your response above. **WNUMREC01A**

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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: _____ **WPCTRET01**
Fiscal year 2013: _____ **WPCTRET02**
Fiscal year 2014: _____ **WPCTRET03**
Fiscal year 2015: _____ **WPCTRET04**
Fiscal year 2016: _____ **WPCTRET05**

Please use this text box to write in any relevant caveats or clarifications to your response above. WPCTRET05A

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 **WLONREP01**
 Dentists **WLONREP02**
 Mid-level providers **WLONREP03**
 Nurses **WLONREP04**
 Other primary care professionals **WLONREP05**
Other primary care professionals (specify) _____ **WLONREP06**
 None of the above **WLONREP07**

Please use this text box to write in any relevant caveats or clarifications to your response above. WLONREP07A

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

- WAPPSHO01** Governor
 Legislature
 Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
 Board or Commission
 Other
Other (specify): _____ **WAPPSHO01A**

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

- WCNFSHO01** Governor
 Legislature
 Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
 Board or Commission
 No confirmation is required
 Other

Other (specify): _____

WCNFSHO01A

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

- WSHOTRM01** 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) _____

WLNGTRM01

4.21. How is the term set?

- WTRMSET01** 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)

- | | |
|--|-------------------|
| <input type="checkbox"/> At Will of Governor or relevant cabinet secretary | WSHORMV01 |
| <input type="checkbox"/> Termination of Contract | WSHORMV02 |
| <input type="checkbox"/> Legislative Action | WSHORMV03 |
| <input type="checkbox"/> Board or Commission Action | WSHORMV04 |
| <input type="checkbox"/> Other | WSHORMV05 |
| Other (specify): _____ | WSHORMV05A |

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

- WSHOREP01** Governor
 Secretary of State/Territorial Health and Human Services (or other similar umbrella agency)
 Board or Commission
 Other
Other (specify): _____ **WSHOREP01A**

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

- | | |
|--|-------------------|
| <input type="checkbox"/> Board of Health | WBDGAPP01 |
| <input type="checkbox"/> Secretary of HHS Agency | WBDGAPP02 |
| <input type="checkbox"/> State/Territorial Budget Office | WBDGAPP03 |
| <input type="checkbox"/> Governor | WBDGAPP04 |
| <input type="checkbox"/> Legislature | WBDGAPP05 |
| <input type="checkbox"/> Other | WBDGAPP06 |
| Other (specify): _____ | WBDGAPP06A |

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

- | | |
|---|-------------------|
| <input type="checkbox"/> MD or DO | WSTTREQ01 |
| <input type="checkbox"/> Other doctoral degree | WSTTREQ02 |
| <input type="checkbox"/> Health Profession Board Certification | WSTTREQ03 |
| <input type="checkbox"/> MPH | WSTTREQ04 |
| <input type="checkbox"/> MPA or other master's prepared program | WSTTREQ05 |
| <input type="checkbox"/> Experience in public health practice or teaching | WSTTREQ06 |
| <input type="checkbox"/> Ten or more years in profession | WSTTREQ07 |
| <input type="checkbox"/> Executive management experience | WSTTREQ08 |
| <input type="checkbox"/> None | WSTTREQ09 |
| <input type="checkbox"/> Other | WSTTREQ10 |
| Other (specify) _____ | WSTTREQ10A |

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)

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- BA WEDUQUA01
- BS WEDUQUA02
- RN WEDUQUA03
- BSN WEDUQUA04
- MSN WEDUQUA05
- MPH WEDUQUA06
- MBA WEDUQUA07
- MD WEDUQUA08
- DO WEDUQUA09
- DrPH WEDUQUA10
- DDS WEDUQUA11
- DVM WEDUQUA12
- JD WEDUQUA13
- PhD WEDUQUA14
- PhD (specify field) _____ WEDUQUA14A
- Other WEDUQUA15
- Other (specify) _____ WEDUQUA15A

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

WYRSPHP01

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

WPHPSHO01

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

- WEXCMNG01 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?

WDATAPP01

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

WANNBAL01

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

- Yes WSALDIF01
- Yes (specify salary differential: \$_____) WSALDIF01A
- No WSALDIF01

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

- State/Territory Legislature/Statute WSALDET01
- Governor WSALDET02
- Board or Commission WSALDET03
- State/Territory PaL2 Scale WSALDET04
- Other WSALDET05
- Other (specify)_____ WSALDET05A

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

WVALBEN01

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

- Annual Leave WBENINC01
 - _____ Number of Days WBENINC01A
 - _____ How many days can be accrued? WBENINC01B

- Sick Leave WBENINC02
 - _____ Number of Days per Year WBENINC02A
 - _____ How many days can be accrued? WBENINC02B

- Life Insurance: WBENINC03

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\$_____ Amount **WBENINC03A**

Tax Deferred Annuity or other pension plan **WBENINC04**

Long-Term Disability/Accident Insurance **WBENINC05**

Automobile provided for business use **WBENINC06**

Health Insurance for state/territorial health official **WBENINC07**

_____ % Percent paid by state/territory **WBENINC07A**

_____ % Percent paid by state/territorial health official **WBENINC07B**

Dental Insurance for state/territorial health official **WBENINC08**

_____ % Percent paid by state/territory **WBENINC08A**

_____ % Percent paid by state health official **WBENINC08B**

Health Insurance for family: **WBENINC09**

_____ % Percent paid by state/territory **WBENINC09A**

_____ % Percent paid by state/territorial health official **WBENINC09B**

Dental Insurance for family: **WBENINC10**

_____ % Percent paid by state/territory **WBENINC10A**

_____ % Percent paid by state/territorial health official **WBENINC10B**

Other major fringe benefits **WBENINC11**

Other major fringe benefits (specify) **WBENINC11A**

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

WRETPLN01 Yes

No

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

4.37. What type of plan is it?

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- WTYPPLN01** Defined benefit
 Defined contribution

4.38. Is the plan portable?

- WPLNPRT01** Yes
 No

IF 4.38 = YES, CONTINUE TO 4.39. OTHERWISE, SKIP TO 4.41.

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

WLNGVST01

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

- WALRVST01** 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?

- WDEVPLN01** Yes
 No
 I don't know

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

- WDEVDIR01** Yes
 No
 I don't know

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Part 5: Finance

To be completed by the Chief Financial Officer.

Contact Information

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

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

Name _____ **FCFONAM** _____

Position or Title _____ **FCFOTIT** _____

Street Address _____ **FCFOADD** _____

City _____ **FCFOCIT** _____ State _____ **FCFOSTA** _____ Zip _____ **FCFOZIP** _____

Telephone _____ **FCFOTEL** _____

E-mail address _____ **FCFOEMA** _____

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).**

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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, and 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.

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 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 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 you have no WIC), please enter 0.

Expenditure Categories	FY10 and FY11 Expenditures				
	FY10 is defined as July 1, 2009-June 30, 2010. FY11 is defined as July 1, 2010-June 30, 2011.				
	State/Territory General Funds	Other State/Territory Funds	Federal Funds	Fees and Fines	Other Sources
Chronic Disease	FY10 \$: FEXPCHR01	FY10 \$: FEXPCHR03	FY10 \$: FEXPCHR05	FY10 \$: FEXPCHR07	FY10 \$: FEXPCHR09
	FY11 \$: FEXPCHR02	FY11 \$: FEXPCHR04	FY11 \$: FEXPCHR06	FY11 \$: FEXPCHR08	FY11 \$: FEXPCHR10
Infectious Disease	FY10 \$: FEXPINF01	FY10 \$: FEXPINF03	FY10 \$: FEXPINF05	FY10 \$: FEXPINF07	FY10 \$: FEXPINF09
	FY11 \$: FEXPINF02	FY11 \$: FEXPINF04	FY11 \$: FEXPINF06	FY11 \$: FEXPINF08	FY11 \$: FEXPINF10
Injury Prevention	FY10 \$: FEXPINJ01	FY10 \$: FEXPINJ03	FY10 \$: FEXPINJ05	FY10 \$: FEXPINJ07	FY10 \$: FEXPINJ09
	FY11 \$: FEXPINJ02	FY11 \$: FEXPINJ04	FY11 \$: FEXPINJ06	FY11 \$: FEXPINJ08	FY11 \$: FEXPINJ10
WIC	FY10 \$: FEXPWIC01	FY10 \$: FEXPWIC03	FY10 \$: FEXPWIC05	FY10 \$: FEXPWIC07	FY10 \$: FEXPWIC09
	FY11 \$: FEXPWIC02	FY11 \$: FEXPWIC04	FY11 \$: FEXPWIC06	FY11 \$: FEXPWIC08	FY11 \$: FEXPWIC10

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Environmental Health	FY10 \$: FEXPENV01	FY10 \$: FEXPENV03	FY10 \$: FEXPENV05	FY10 \$: FEXPENV07	FY10 \$: FEXPENV09
	FY11 \$: FEXPENV02	FY11 \$: FEXPENV04	FY11 \$: FEXPENV06	FY11 \$: FEXPENV09	FY11 \$: FEXPENV10
Improving Consumer Health	FY10 \$: FEXPCON01	FY10 \$: FEXPCON03	FY10 \$: FEXPCON05	FY10 \$: FEXPCON07	FY10 \$: FEXPCON09
	FY11 \$: FEXPCON02	FY11 \$: FEXPCON04	FY11 \$: FEXPCON06	FY11 \$: FEXPCON08	FY11 \$: FEXPCON10
All Hazards Preparedness and Response	FY10 \$: FEXPHAZ01	FY10 \$: FEXPHAZ03	FY10 \$: FEXPHAZ05	FY10 \$: FEXPHAZ07	FY10 \$: FEXPHAZ09
	FY11 \$: FEXPHAZ02	FY11 \$: FEXPHAZ04	FY11 \$: FEXPHAZ06	FY11 \$: FEXPHAZ08	FY11 \$: FEXPHAZ10
Quality of Health Services	FY10 \$: FEXPQUA01	FY10 \$: FEXPQUA03	FY10 \$: FEXPQUA05	FY10 \$: FEXPQUA07	FY10 \$: FEXPQUA09
	FY11 \$: FEXPQUA02	FY11 \$: FEXPQUA04	FY11 \$: FEXPQUA06	FY11 \$: FEXPQUA08	FY11 \$: FEXPQUA10
Health Data	FY10 \$: FEXPDAT01	FY10 \$: FEXPDAT03	FY10 \$: FEXPDAT05	FY10 \$: FEXPDAT07	FY10 \$: FEXPDAT09
	FY11 \$: FEXPDAT02	FY11 \$: FEXPDAT04	FY11 \$: FEXPDAT06	FY11 \$: FEXPDAT08	FY11 \$: FEXPDAT10
Health Laboratory	FY10 \$: FEXPLAB01	FY10 \$: FEXPLAB03	FY10 \$: FEXPLAB05	FY10 \$: FEXPLAB07	FY10 \$: FEXPLAB09
	FY11 \$: FEXPLAB02	FY11 \$: FEXPLAB04	FY11 \$: FEXPLAB06	FY11 \$: FEXPLAB08	FY11 \$: FEXPLAB10
Vital Statistics	FY10 \$: FEXPVIT01	FY10 \$: FEXPVIT03	FY10 \$: FEXPVIT05	FY10 \$: FEXPVIT07	FY10 \$: FEXPVIT09
	FY11 \$: FEXPVIT02	FY11 \$: FEXPVIT04	FY11 \$: FEXPVIT06	FY11 \$: FEXPVIT08	FY11 \$: FEXPVIT10
Administration	FY10 \$: FEXPADM01	FY10 \$: FEXPADM03	FY10 \$: FEXPADM05	FY10 \$: FEXPADM07	FY10 \$: FEXPADM09
	FY11 \$: FEXPADM02	FY11 \$: FEXPADM04	FY11 \$: FEXPADM06	FY11 \$: FEXPADM08	FY11 \$: FEXPADM10
Other Please specify:	FY10 \$: FEXPOTH01	FY10 \$: FEXPOTH03	FY10 \$: FEXPOTH05	FY10 \$: FEXPOTH07	FY10 \$: FEXPOTH09
	FY11 \$: FEXPOTH02	FY11 \$: FEXPOTH04	FY11 \$: FEXPOTH06	FY11 \$: FEXPOTH08	FY11 \$: FEXPOTH10
Total FY Expenditures (Total row will auto-calculate after the page is saved.)	FY10 \$:	FY10 \$:	FY10 \$:	FY10 \$:	FY10 \$:
	FY11 \$:	FY11 \$:	FY11 \$:	FY11 \$:	FY11 \$:

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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 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. Please also 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).

Expenditure Categories	FY10 and FY11 Expenditures							
	FY10 is defined as July 1, 2009-June 30, 2010. FY11 is defined as July 1, 2010-June 30, 2011.							
	Federal Funds							
	CDC	HRSA	Medicaid	Medicare	USDA	DHS	EPA	Federal Indirect
Chronic Disease	FY10 \$: FEXPCHR11	FY10 \$: FEXPCHR13	FY10 \$: FEXPCHR15	FY10 \$: FEXPCHR17	FY10 \$: FEXPCHR19	FY10 \$: FEXPCHR21	FY10 \$: FEXPCHR23	FY10 \$: FEXPCHR25
	FY11 \$: FEXPCHR12	FY11 \$: FEXPCHR14	FY11 \$: FEXPCHR16	FY11 \$: FEXPCHR18	FY11 \$: FEXPCHR20	FY11 \$: FEXPCHR22	FY11 \$: FEXPCHR24	FY11 \$: FEXPCHR26
Infectious Disease	FY10 \$: FEXPINF11	FY10 \$: FEXPINF13	FY10 \$: FEXPINF15	FY10 \$: FEXPINF17	FY10 \$: FEXPINF19	FY10 \$: FEXPINF21	FY10 \$: FEXPINF23	FY10 \$: FEXPINF25
	FY11 \$: FEXPINF12	FY11 \$: FEXPINF14	FY11 \$: FEXPINF16	FY11 \$: FEXPINF18	FY11 \$: FEXPINF20	FY11 \$: FEXPINF22	FY11 \$: FEXPINF24	FY11 \$: FEXPINF26
Injury Prevention	FY10 \$: FEXPINJ11	FY10 \$: FEXPINJ13	FY10 \$: FEXPINJ15	FY10 \$: FEXPINJ17	FY10 \$: FEXPINJ19	FY10 \$: FEXPINJ21	FY10 \$: FEXPINJ23	FY10 \$: FEXPINJ25
	FY11 \$: FEXPINJ12	FY11 \$: FEXPINJ14	FY11 \$: FEXPINJ16	FY11 \$: FEXPINJ18	FY11 \$: FEXPINJ20	FY11 \$: FEXPINJ22	FY11 \$: FEXPINJ24	FY11 \$: FEXPINJ26

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WIC	FY10 \$: FEXPWIC11	FY10 \$: FEXPWIC13	FY10 \$: FEXPWIC15	FY10 \$: FEXPWIC17	FY10 \$: FEXPWIC19	FY10 \$: FEXPWIC21	FY10 \$: FEXPWIC23	FY10 \$: FEXPWIC25
	FY11 \$: FEXPWIC12	FY11 \$: FEXPWIC14	FY11 \$: FEXPWIC16	FY11 \$: FEXPWIC18	FY11 \$: FEXPWIC20	FY11 \$: FEXPWIC22	FY11 \$: FEXPWIC24	FY11 \$: FEXPWIC26
Environmental Health	FY10 \$: FEXPENV11	FY10 \$: FEXPENV13	FY10 \$: FEXPENV15	FY10 \$: FEXPENV17	FY10 \$: FEXPENV19	FY10 \$: FEXPENV21	FY10 \$: FEXPENV23	FY10 \$: FEXPENV25
	FY11 \$: FEXPENV12	FY11 \$: FEXPENV14	FY11 \$: FEXPENV16	FY11 \$: FEXPENV18	FY11 \$: FEXPENV20	FY11 \$: FEXPENV22	FY11 \$: FEXPENV24	FY11 \$: FEXPENV26
Improving Consumer Health	FY10 \$: FEXPCON11	FY10 \$: FEXPCON13	FY10 \$: FEXPCON15	FY10 \$: FEXPCON17	FY10 \$: FEXPCON19	FY10 \$: FEXPCON21	FY10 \$: FEXPCON23	FY10 \$: FEXPCON25
	FY11 \$: FEXPCON12	FY11 \$: FEXPCON14	FY11 \$: FEXPCON16	FY11 \$: FEXPCON18	FY11 \$: FEXPCON20	FY11 \$: FEXPCON22	FY11 \$: FEXPCON24	FY11 \$: FEXPCON26
All Hazards Preparedness and Response	FY10 \$: FEXPHAZ11	FY10 \$: FEXPHAZ13	FY10 \$: FEXPHAZ15	FY10 \$: FEXPHAZ17	FY10 \$: FEXPHAZ19	FY10 \$: FEXPHAZ21	FY10 \$: FEXPHAZ23	FY10 \$: FEXPHAZ25
	FY11 \$: FEXPHAZ12	FY11 \$: FEXPHAZ14	FY11 \$: FEXPHAZ16	FY11 \$: FEXPHAZ18	FY11 \$: FEXPHAZ20	FY11 \$: FEXPHAZ22	FY11 \$: FEXPHAZ24	FY11 \$: FEXPHAZ26
Quality of Health Services	FY10 \$: FEXPQUA11	FY10 \$: FEXPQUA13	FY10 \$: FEXPQUA15	FY10 \$: FEXPQUA17	FY10 \$: FEXPQUA19	FY10 \$: FEXPQUA21	FY10 \$: FEXPQUA23	FY10 \$: FEXPQUA25
	FY11 \$: FEXPQUA12	FY11 \$: FEXPQUA14	FY11 \$: FEXPQUA16	FY11 \$: FEXPQUA18	FY11 \$: FEXPQUA20	FY11 \$: FEXPQUA22	FY11 \$: FEXPQUA24	FY11 \$: FEXPQUA26

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Health Data	FY10 \$: FEXPDAT11	FY10 \$: FEXPDAT13	FY10 \$: FEXPDAT15	FY10 \$: FEXPDAT17	FY10 \$: FEXPDAT19	FY10 \$: FEXPDAT21	FY10 \$: FEXPDAT23	FY10 \$: FEXPDAT25
	FY11 \$: FEXPDAT12	FY11 \$: FEXPDAT14	FY11 \$: FEXPDAT16	FY11 \$: FEXPDAT18	FY11 \$: FEXPDAT20	FY11 \$: FEXPDAT22	FY11 \$: FEXPDAT24	FY11 \$: FEXPDAT26
Health Laboratory	FY10 \$: FEXPLAB11	FY10 \$: FEXPLAB13	FY10 \$: FEXPLAB15	FY10 \$: FEXPLAB17	FY10 \$: FEXPLAB19	FY10 \$: FEXPLAB21	FY10 \$: FEXPLAB23	FY10 \$: FEXPLAB25
	FY11 \$: FEXPLAB12	FY11 \$: FEXPLAB14	FY11 \$: FEXPLAB16	FY11 \$: FEXPLAB18	FY11 \$: FEXPLAB20	FY11 \$: FEXPLAB22	FY11 \$: FEXPLAB24	FY11 \$: FEXPLAB26
Vital Statistics	FY10 \$: FEXPVIT11	FY10 \$: FEXPVIT13	FY10 \$: FEXPVIT15	FY10 \$: FEXPVIT17	FY10 \$: FEXPVIT19	FY10 \$: FEXPVIT21	FY10 \$: FEXPVIT23	FY10 \$: FEXPVIT25
	FY11 \$: FEXPVIT12	FY11 \$: FEXPVIT14	FY11 \$: FEXPVIT16	FY11 \$: FEXPVIT18	FY11 \$: FEXPVIT20	FY11 \$: FEXPVIT22	FY11 \$: FEXPVIT24	FY11 \$: FEXPVIT26
Administration	FY10 \$: FEXPADM11	FY10 \$: FEXPADM13	FY10 \$: FEXPADM15	FY10 \$: FEXPADM17	FY10 \$: FEXPADM19	FY10 \$: FEXPADM21	FY10 \$: FEXPADM23	FY10 \$: FEXPADM25
	FY11 \$: FEXPADM12	FY11 \$: FEXPADM14	FY11 \$: FEXPADM16	FY11 \$: FEXPADM18	FY11 \$: FEXPADM20	FY11 \$: FEXPADM22	FY11 \$: FEXPADM24	FY11 \$: FEXPADM26
Other Please specify:	FY10 \$: FEXPOTH11	FY10 \$: FEXPOTH13	FY10 \$: FEXPOTH15	FY10 \$: FEXPOTH17	FY10 \$: FEXPOTH19	FY10 \$: FEXPOTH21	FY10 \$: FEXPOTH23	FY10 \$: FEXPOTH25
	FY11 \$: FEXPOTH12	FY11 \$: FEXPOTH14	FY11 \$: FEXPOTH16	FY11 \$: FEXPOTH18	FY11 \$: FEXPOTH20	FY11 \$: FEXPOTH22	FY11 \$: FEXPOTH24	FY11 \$: FEXPOTH26

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Total FY Expenditures (Total row will auto-calculate after the page is saved.)	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). FEXPCAV01

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
FRECSLH01	FRECSLH02	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.
FRECILH01	FRECILH02	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.
FRECSRH01	FRECSRH02	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.
FRECIRH01	FRECIRH02	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.
FRECTRB01	FRECTRB02	Tribal health agencies	Include expenditures passed through the state/territory health agency onto tribal public health agencies.

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FRECNON01	FRECNON02	Nonprofit organizations	Include expenditures passed through the state/territory health agency onto nonprofit organizations such as community-based organizations.
FRECOTH01	FRECOTH02	Other governmental entities	Include expenditures passed through the state/territory health agency only other governmental entities such as public schools, parks and recreation, public safety, etc.
FRECTOT01	FRECTOT02	Total FY Awards	

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
FRECCAV01

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

- FADMCF01** Cost allocation
 Indirect cost rate
 Other
 Other (please specify) **FADMCF01A**

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Part 6: Planning and Quality Improvement

To be completed by Performance Improvement Officer or equivalent.

Contact Information

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

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

Name _____ **QPIONAM** _____

Position or Title _____ **QPIOTIT** _____

Street Address _____ **QPIOADD** _____

City _____ **QPIOCIT** _____ State _____ **QPIOSTA** _____ Zip _____ **QPIOZIP** _____

Telephone _____ **QPIOTEL** _____

E-mail address _____ **QPIOEMA** _____

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

- QSHASHA01**
- 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,

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and resources to improve your state/territory's health, or definite strategic action steps to improve health status in the state/territory.

- QSHAHIP01** 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?

- QUPDHIP01** Yes
 No

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

- QHIPSHA01** Yes
 No

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

- QHIPLLH01** Yes
 No
 Linked to some plans

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

- QSHAASP01** Yes, within the last three years
 Yes, more than three but less than five years ago
 Yes, five or more years ago

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- No, but plan to in the next year
- No

[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?

- QIMPSTA01**
- Not yet implemented.
 - Implemented in the past year.
 - Implemented more than one year ago; an written evaluation on progress toward strategic plan goals, objectives, or targets has **not** yet been conducted.
 - Implemented more than one year ago, with one or more completed written evaluations on progress toward strategic plan goals, objectives, or targets.

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?

QSHAACC01

- 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,” CONTINUE 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?

QCALLOI01

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- 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 **QNOTACC01**
- Fees for accreditation are too high. **QNOTACC02**
- Accreditation standards exceed the capacity of my state/territorial health agency. **QNOTACC03**
- Time and effort required for accreditation application exceeds benefits of accreditation. **QNOTACC04**
- State board of health, governor, or secretary has directed us NOT to pursue accreditation. **QNOTACC05**
- Other **QNOTACC06**
- Other (specify) **QNOTACC06A**

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 **QFRMAQI01**

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- | | |
|--|------------|
| <input type="checkbox"/> Baldrige Performance Excellence Criteria (or state version) | QFRMAQI02 |
| <input type="checkbox"/> Lean | QFRMAQI03 |
| <input type="checkbox"/> Plan-Do-Check-Act or Plan-Do-Study-Act | QFRMAQI04 |
| <input type="checkbox"/> Six Sigma | QFRMAQI05 |
| <input type="checkbox"/> No specific framework or approach | QFRMAQI06 |
| <input type="checkbox"/> Other specific framework or approach | QFRMAQI07 |
| Other specific framework or approach (specify) _____ | QFRMAQI07A |

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)

- | | |
|---|-----------|
| <input type="checkbox"/> Mapping a process | QELMQIE01 |
| <input type="checkbox"/> Identifying root causes | QELMQIE02 |
| <input type="checkbox"/> Obtaining baseline data | QELMQIE03 |
| <input type="checkbox"/> Setting measurable objectives | QELMQIE04 |
| <input type="checkbox"/> Testing the effects of an intervention | QELMQIE05 |
| <input type="checkbox"/> Analyzing the results of the test | QELMQIE06 |
| <input type="checkbox"/> None of the above | QELMQIE07 |

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.

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- *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.*

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?

QPERMAN01

- 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?

- QSHAQIA01**
- 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

QELMQIP01
QELMQIP02

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- | | |
|---|------------------|
| <input type="checkbox"/> Agency-wide QI plan | QELMQIP03 |
| <input type="checkbox"/> Agency performance data is used on a ongoing basis to drive improvement efforts | QELMQIP04 |
| <input type="checkbox"/> Leadership dedicates resources (e.g., time, funding) to QI | QELMQIP05 |
| <input type="checkbox"/> QI is incorporated in employee job descriptions | QELMQIP06 |
| <input type="checkbox"/> QI is incorporated in employee performance appraisals | QELMQIP07 |
| <input type="checkbox"/> QI resources and training opportunities are offered to staff on an ongoing basis | QELMQIP08 |
| <input type="checkbox"/> None of the above | QELMQIP09 |

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

- | | |
|--|-------------------|
| <input type="checkbox"/> We provide training to staff in QI methods | QSTFQIE01 |
| <input type="checkbox"/> We recognize outstanding QI work with employee recognition award(s) | QSTFQIE02 |
| <input type="checkbox"/> Participation in QI efforts is included as part of employee performance goals | QSTFQIE03 |
| <input type="checkbox"/> We provide monetary incentives | QSTFQIE04 |
| <input type="checkbox"/> Quality improvement is included in job descriptions for some employees | QSTFQIE05 |
| <input type="checkbox"/> We have formed a QI committee that coordinates QI efforts | QSTFQIE06 |
| <input type="checkbox"/> We provide funding to support QI efforts | QSTFQIE07 |
| <input type="checkbox"/> We do not actively encourage staff involvement in quality improvement efforts | QSTFQIE08 |
| <input type="checkbox"/> Other | QSTFQIE09 |
| Other (specify)_____ | QSTFQIE09A |

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

- | | |
|---|-------------------|
| <input type="checkbox"/> Program planning | QCDCCOM01 |
| <input type="checkbox"/> Grant writing | QCDCCOM02 |
| <input type="checkbox"/> Priority setting | QCDCCOM03 |
| <input type="checkbox"/> Policy development | QCDCCOM04 |
| <input type="checkbox"/> Other | QCDCCOM05 |
| Other (specify)_____ | QCDCCOM05A |
| <input type="checkbox"/> None of the above | QCDCCOM06 |

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

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	Not familiar with	Familiar with but have not used	Conducting performance evaluations	Developing training plans	Preparing job descriptions	Other use
Core competencies for public health professionals A HREF= http://www.phf.org/resourcestools/Documents/Core_Public_Health_Competencies_III.pdf TARGET=_blank(Council on Linkages)/A	QPHCPHF01	QPHCPHF02	QPHCPHF03	QPHCPHF04	QPHCPHF05	QPHCPHF06
Emergency preparedness competencies for all public health workers A HREF= http://images.main.uab.edu/isoph/SCCPHP/documents/compbroch.pdf TARGET=_blank(Columbia University)/A	QPHCEPC01	QPHCEPC02	QPHCEPC03	QPHCEPC04	QPHCEPC05	QPHCEPC06
Informatics competencies for public health professionals A HREF= http://nwcpnp.org/docs/phi/comps/phic_web.pdf TARGET=_blank(Northwest Center for Public Health Practice)/A	QPHCINC01	QPHCINC02	QPHCINC03	QPHCINC04	QPHCINC05	QPHCINC06
Quad Council Public Health Nursing Competencies A HREF= http://www.astdn.org/publication_quad_council_phn_competencies.htm TARGET=_blank(Competencies)/A	QPHCQCC0 1	QPHCQCC0 2	QPHCQCC0 3	QPHCQCC0 4	QPHCQCC0 5	QPHCQCC0 6
NLN Leadership Competencies	QPHCNLN0 1	QPHCNLN0 2	QPHCNLN0 3	QPHCNLN0 4	QPHCNLN0 5	QPHCNLN0 6
Other 1	QPHCOTA0 1	QPHCOTA0 2	QPHCOTA0 3	QPHCOTA0 4	QPHCOTA0 5	QPHCOTA0 6
Other (specify) QPHCOTA06A						
Other 2	QPHCOTB0 1	QPHCOTB0 2	QPHCOTB0 3	QPHCOTB0 4	QPHCOTB0 5	QPHCOTB0 6
Other (specify) QPHCOTB06A						
Other 3	QPHCOTC0 1	QPHCOTC0 2	QPHCOTC0 3	QPHCOTC0 4	QPHCOTC0 5	QPHCOTC0 6
Other (specify) QPHCOTC06A						

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Other 4	QPHCOTD0 1	QPHCOTD0 2	QPHCOTD0 3	QPHCOTD0 4	QPHCOTD0 5	QPHCOTD0 6
Other (specify) QPHCOTD06A						
Other 5	QPHCOTE0 1	QPHCOTE0 2	QPHCOTE0 3	QPHCOTE0 4	QPHCOTE0 5	QPHCOTE0 6
Other (specify) QPHCOTE06A						

Part 7: Health Information Management

To be completed by Chief Information Officer or equivalent.

Contact Information

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

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

Name _____ **ICIONAM** _____

Position or Title _____ **ICIOTIT** _____

Street Address _____ **ICIOADD** _____

City _____ **ICIOCIT** _____ State _____ **ICIOSTA** _____ Zip _____ **ICIOZIP** _____

Telephone _____ **ICIOTEL** _____

E-mail address _____ **ICIOEMA** _____

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?

- IRESHIE01** Chief Information Officer or Chief Medical Information Officer (or equivalent) for state or territorial health agency (someone who is accountable to the state health official or secretary of health)
- Chief Information Officer (or equivalent) for multiple agencies within state or territorial government (someone who is accountable to the governor, but not the state health official or secretary of health)
- Informatics Director
- Board or committee for state or territorial health agency
- Board or committee for multiple agencies within state or territorial government
- Other

IRESHIE01A 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?

- IDECMAN01** 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
- Other

IDECMAN01A Other (specify) _____

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

- IOFFLOC01**
- Within the state/territorial health agency
 - In a separate team for each program area
 - Centralized at the state level
 - Other
 - Other (specify): _____ **IOFFLOC01A**

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.

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

- | | |
|---|-------------------|
| <input type="checkbox"/> Environmental exposures, such as lead, radiation | IEHIMON01 |
| <input type="checkbox"/> Chronic disease indicators such as diabetes and obesity | IEHIMON02 |
| <input type="checkbox"/> Chronic disease risk factors such as smoking, physical activity and diet | IEHIMON03 |
| <input type="checkbox"/> Emerging infectious diseases such as antimicrobial resistant bacteria | IEHIMON04 |
| <input type="checkbox"/> Indicators of health disparities | IEHIMON05 |
| <input type="checkbox"/> Healthcare quality indicators | IEHIMON06 |
| <input type="checkbox"/> Other | IEHIMON07 |
| Other (specify) _____ | IEHIMON07A |
| <input type="checkbox"/> None of the above | IEHIMON08 |

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

- | | |
|---|-------------------|
| <input type="checkbox"/> Disease case definitions and diagnostic guidelines or criteria | IEHICOM01 |
| <input type="checkbox"/> Notification of communicable disease outbreaks, drug warnings or environmental risks | IEHICOM02 |
| <input type="checkbox"/> Vaccination guidelines and requirements | IEHICOM03 |
| <input type="checkbox"/> Promotion of healthy behaviors | IEHICOM04 |
| <input type="checkbox"/> Other | IEHICOM05 |
| <input type="checkbox"/> Other (specify) | IEHICOM05A |
| <input type="checkbox"/> None of the above | IEHICOM06 |

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.

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	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 IEDECSM01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDECSM02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDECSM03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDECSM04
Electronic health record (personal health services)	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEEHR01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEEHR02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEEHR03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEEHR04
Geographic coded data for mapping analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEGCD01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEGCD02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEGCD03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEGCD04
Laboratory results	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDELAB01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDELAB02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDELAB03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDELAB04
Healthcare systems data (e.g., bed availability)	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEHSD01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEHSD02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEHSD03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEHSD04
Maternal and child health reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEMCH01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEMCH02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEMCH03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEMCH04
Medicaid billing	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEMED01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEMED02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEMED03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEMED04
On-site waste water treatment systems	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOWW01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOWW02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOWW03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEOWW04
Outbreak management	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOBM01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOBM02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOBM03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEOBM04
Reportable diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEREP01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEREP02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEREP03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEREP04

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Food service inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEFSI01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEFSI02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEFFSI03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEFSI04
Vital records	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEVIT01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEVIT01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEVIT03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEVIT04
Water wells (licensing and/or testing)	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEWWL01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEWWL02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEWWL03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEWWL04
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEWIC01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEWIC02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEWIC03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEWIC04
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTA01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTA02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTA03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEOTA04
Other (specify) IEDEOTA04A				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTB01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTB02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTB03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEOTB04
Other (specify) IEDEOTB04A				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTC01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTC02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTC03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEOTC04
Other (specify) IEDEOTC04A				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTD01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTD02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTD03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEOTD04
Other (specify) IEDEOTD04A				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTE01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTE02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDEOTE03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDEOTE04
Other (specify) IEDEOTE04A				

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None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDENON01	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDENON02	<input type="checkbox"/> Yes <input type="checkbox"/> No IEDENON03	<input type="checkbox"/> State <input type="checkbox"/> Local IEDENON04
-------------------	---	---	---	--

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 IMNUESS01	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUESS02	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUESS03	<input type="checkbox"/> State <input type="checkbox"/> Local IMNUESS04
Electronic communicable disease reporting system	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUECD01	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUECD02	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUECD03	<input type="checkbox"/> State <input type="checkbox"/> Local IMNUECD04
Immunization registry	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUIMM01	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUIMM02	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUIMM03	<input type="checkbox"/> State <input type="checkbox"/> Local IMNUIMM04
Cancer registry	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUCAN01	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUCAN02	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUCAN03	<input type="checkbox"/> State <input type="checkbox"/> Local IMNUCAN04
Other specialized registry, if yes please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUOTH01	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUOTH02	<input type="checkbox"/> Yes <input type="checkbox"/> No IMNUOTH03	<input type="checkbox"/> State <input type="checkbox"/> Local IMNUOTH04
Other (specify)				

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IMNUOTH04A				
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
	IMNUELC01	IMNUELC02	IMNUELC03	IMNUELC04

Part 8: RWFJ-added questions

To be completed by the Senior Deputy.

Contact Information

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

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

Name _____ **RSRDNAM** _____

Position or Title _____ **RSRDTIT** _____

Street Address _____ **RSRDADD** _____

City _____ **RSRDCIT** _____ State _____ **RSRDSTA** _____ Zip _____ **RSRDZIP**

Telephone _____ **RSRDTEL** _____

E-mail address _____ **RSRDEMA** _____

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

- RSHRSTA01** 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?

- RSHRLOC01** 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 **RSHRLAW01**
- 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 **RSHRLAW02**
- 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 **RSHRLAW03**
- 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 **RSHRLAW04**
- I don't know **RSHRLAW05**

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

- | | |
|--|-------------------|
| <input type="checkbox"/> All hazards preparedness and response | RSERSTA01 |
| <input type="checkbox"/> Epidemiology or surveillance | RSERSTA02 |
| <input type="checkbox"/> Inspections | RSERSTA03 |
| <input type="checkbox"/> Clinical services | RSERSTA04 |
| <input type="checkbox"/> Administrative services | RSERSTA05 |
| <input type="checkbox"/> Other | RSERSTA06 |
| Other (specify) _____ | RSERSTA06A |
| <input type="checkbox"/> None of the above | RSERSTA07 |

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[IF 8.4 = “None of the above,” 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?

- RAGRSTA01** Formal written agreements [e.g. contracts, MOUs]
 Informal agreements
 Some formal and some informal
 I don’t know

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

- | | |
|--|-------------------|
| <input type="checkbox"/> All hazards preparedness and response | RSERTRB01 |
| <input type="checkbox"/> Epidemiology or surveillance | RSERTRB02 |
| <input type="checkbox"/> Inspections | RSERTRB03 |
| <input type="checkbox"/> Clinical services | RSERTRB04 |
| <input type="checkbox"/> Administrative services | RSERTRB05 |
| <input type="checkbox"/> Other | RSERTRB06 |
| Other (specify) _____ | RSERTRB06A |
| <input type="checkbox"/> None of the above | RSERTRB07 |
| <input type="checkbox"/> No tribes in jurisdiction | RSERTRB08 |

[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?

- RAGRTRB01** Formal written agreements [e.g. contracts, MOUs]
 Informal agreements
 Some formal and some informal
 I don’t know

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 Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute County Health Rankings over the last two years?

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- RATTCHR01** 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 **RUSECHR01**
- Increase policymaker awareness of the multiple factors that influence health **RUSECHR02**
- Increase media awareness of the multiple factors that influence health **RUSECHR03**
- Increase public awareness of the role of public health **RUSECHR04**
- Increase policymaker awareness of role of public health **RUSECHR05**
- Increase media awareness of the role of public health **RUSECHR06**
- Develop partnerships across multiple sectors to improve community health **RUSECHR07**
- Leverage additional funding for your agency **RUSECHR08**
- Other **RUSECHR09**
- Other (please specify) **RUSECHR09A**

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 **RRESACT01**
- Developing or refining research plans and/or protocols for public health studies **RRESACT02**
- Recruiting study sites and/or study participants **RRESACT03**
- Collecting, exchanging, or reporting data for a study **RRESACT04**
- Analyzing and interpreting study data and findings **RRESACT05**
- Disseminating research findings to key stakeholders **RRESACT06**
- Applying research findings to practices within your own organization **RRESACT07**

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- Helping other organizations apply research findings to practice
- I don't know

RRESACT08
RRESACT09

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

RRESSTU01

[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? _____

RSTUUNI01

[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?

RRESAGR01

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

Did not participate in any research studies **RSTUPHA01**

Number of studies led by agency (specify number)_____ **RSTUPHA02**

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).*

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- RHIATR01** Yes
 No
 I don't know

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

- RPHAHIA01** 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?

RNUMHIA01

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

- | | |
|--|-------------------|
| <input type="checkbox"/> Employs attorneys and has its own legal department. | RLEGCNL01 |
| <input type="checkbox"/> Assigned attorneys and legal staff by our state's Attorney General. | RLEGCNL02 |
| <input type="checkbox"/> Works with attorneys employed by local government. | RLEGCNL03 |
| <input type="checkbox"/> Contracts with outside, independent attorneys for legal matters. | RLEGCNL04 |
| <input type="checkbox"/> No legal counsel | RLEGCNL05 |
| <input type="checkbox"/> Other arrangement | RLEGCNL06 |
| Other arrangement (specify)_____ | RLEGCNL06A |

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

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 **RLEGSER01**

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- Our legal counsel informally advises us on the legality/constitutionality of various laws, statutes, regulations, enforcement policies and enforcement actions **RLEGSER02**
- Our legal counsel assists in drafting the organization's laws, statutes, regulations, enforcement policies and enforcement actions **RLEGSER03**
- Our legal counsel represents the organization in all legal matters pertaining to the organization's activities **RLEGSER04**
- Our legal counsel determines which entities to litigate or prosecute for violation of the organization's regulatory responsibilities to uphold statutes, regulations, or ordinances **RLEGSER05**
- Other arrangement **RLEGSER06**
Other arrangement (specify)_____ **RLEGSER06A**

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) **RCOLPHI01**
- Population-Based Health Program Delivery **RCOLPHI02**
- Health Policy Development, Implementation, and Evaluation **RCOLPHI03**
- Training and technical assistance **RCOLPHI04**
- Research and evaluation **RCOLPHI05**
- Health information technology and services (including informatics) **RCOLPHI06**
- Health communications/social marketing **RCOLPHI07**
- Convening/partnering with community stakeholders **RCOLPHI08**
- Other **RCOLPHI09**
- Other (please specify) **RCOLPHI09A**
- Agency has not collaborated with a public health institute in the past two years **RCOLPHI10**

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

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 **RNAMPHI01**
- California - Center for Health Improvement **RNAMPHI02**
- California - Institute for Public Health, San Diego State University **RNAMPHI03**
- California - Public Health Institute **RNAMPHI04**

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- Colorado - Colorado Foundation for Public Health and the Environment **RNAMPHI05**
- Colorado - Colorado Health Institute **RNAMPHI06**
- District of Columbia - Institute for Public Health Innovation **RNAMPHI07**
- District of Columbia - National Health Policy Forum **RNAMPHI08**
- Florida - Florida Public Health Institute **RNAMPHI09**
- Georgia - Georgia Health Policy Center **RNAMPHI10**
- Illinois - Illinois Public Health Institute **RNAMPHI11**
- Illinois - Public Health Institute of Metropolitan Chicago **RNAMPHI12**
- Kansas - Kansas Health Institute **RNAMPHI13**
- Louisiana - Louisiana Public Health Institute **RNAMPHI14**
- Maine - Maine Center for Public Health **RNAMPHI15**
- Massachusetts - Health Resources in Action **RNAMPHI16**
- Massachusetts - Massachusetts Health Policy Forum **RNAMPHI17**
- Michigan - Michigan Public Health Institute **RNAMPHI18**
- Minnesota - Minnesota Institute of Public Health **RNAMPHI19**
- Mississippi - Center for Mississippi Health Policy **RNAMPHI20**
- Mississippi - Mississippi Public Health Institute **RNAMPHI21**
- Missouri - Missouri Institute for Community Health **RNAMPHI22**
- Nevada - Nevada Public Health Foundation **RNAMPHI23**
- New Hampshire - New Hampshire Community Health Institute **RNAMPHI24**
- New York - Health Research, Inc. **RNAMPHI25**
- New York - Public Health Solutions **RNAMPHI26**
- North Carolina - North Carolina Institute for Public Health **RNAMPHI27**
- Ohio - Health Policy Institute of Ohio **RNAMPHI28**
- Oklahoma - Public Health Institute of Oklahoma **RNAMPHI29**
- Oregon - Oregon Public Health Institute **RNAMPHI30**
- Pennsylvania - Public Health Management Corporation **RNAMPHI31**
- Rhode Island - Rhode Island Public Health Institute **RNAMPHI32**
- South Carolina - South Carolina Institute of Medicine and Public Health **RNAMPHI33**
- Tennessee - Tennessee Institute of Public Health **RNAMPHI34**
- Texas - Texas Health Institute **RNAMPHI35**

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- Virginia - Healthy Appalachia Institute **RNAMPI36**
- Wisconsin - Institute for Wisconsin's Health **RNAMPHI37**
- Wisconsin - University of Wisconsin Population Health Institute **RNAMPHI38**