

# 2019 ASTHO Profile Survey

Thank you in advance for your participation in the 2019 ASTHO Profile Survey. This survey continues ASTHO's efforts to provide a complete and accurate picture of governmental state 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 Friday, May 31, 2019.**

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
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: Profile Evaluation	Senior Deputy

This questionnaire is designed so that it can be completed in multiple sittings and/or by several people. The survey cannot, however, be completed by two individuals simultaneously. Some state public health agencies will want different staff members to complete various sections of the questionnaire. There are two ways you can accomplish this:

1. The Senior Deputy, or the designated Primary Contact for the survey (if different from the 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. As mentioned above, it will be important that individuals coordinate when they are entering information so that two individuals do not try and complete the survey simultaneously.
2. The 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.

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## 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. To edit the contact information, or to view the instructions at any time, click on the name of the section on the left panel.

## Saving Data

As you complete the questionnaire, your responses will be saved when you click on the Next button the bottom of each page. Responses can be changed at any time until the survey is submitted using the “Submit Survey” button.

## Printing a Blank Survey

You may print a blank version of the survey by clicking on the link provided online.

## Navigating the Survey

Depending on your responses to some questions, related follow-up questions may or may not appear. To go to a specific section of the survey, you can click on the Table of Contents at any time (the icon with three horizontal lines on the upper left-hand corner of your screen). 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 “2.1-2.5”). To access the Table of Contents, select the three horizontal lines available in the upper left corner of every survey page. Do not use the back button in the web browser.

Upon viewing a page of the survey, a check mark will appear beside the corresponding section within the Table of Contents. This check mark will appear whether or not you have completed the whole section of the survey, so we recommend reviewing each section manually for completion rather than relying upon checkmark placement. While this survey can be completed using Internet Explorer, we strongly recommend using Google Chrome for best functionality.

## Submitting Completed Survey

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 Senior Deputy, State Health Official, or the designated Primary Contact for the survey 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 at the end of the survey.

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## **Printing a Completed Survey**

You will have the option to print out a copy of your responses upon submission of the survey.

## **Report Findings**

Data from this survey will be analyzed and published in an interactive dashboard on ASTHO's website in fall 2019. ASTHO will make state-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. ASTHO will make this 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: <http://www.astho.org/Research.aspx>.

Your participation and effort are sincerely appreciated!

## **Technical Assistance**

If you experience problems navigating the questionnaire or if you have questions related to the survey questions, please contact the Profile Team at (571) 318-5414 or [profile@astho.org](mailto:profile@astho.org).

# 2019 ASTHO Profile Survey

## Part 1: Contact Information

Please confirm the name of state public health agency: \_\_\_\_\_ Prefilled \_\_\_\_\_

Please select the state your agency represents: \_\_\_\_\_

### Respondent Information for Primary Contact

Name of Primary Contact for this survey: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

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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 check this box.)

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

### Instructions:

Part 2 is the longest and most detailed section of the survey. The information collected in the following questions will allow ASTHO to describe the full range of state public health agency responsibilities.

We are interested in the range of public health activities performed or supported by your state health agency; **if your agency is under a larger umbrella agency, please only answer for the public health division/department.** For each activity in the charts below and on the following pages, select YES or NO to indicate whether or not your agency supported the activity during the past year.

### Please select YES if:

- Your agency has either performed the activity directly or contracted out the activity. This includes the following situations:
  - State health agency employees in any office location perform an activity
  - Your agency contracts with another organization (local health department or other organization) to perform an activity
  - One or more local health departments—staffed by state employees—perform an activity
  - Your agency passes money through to one or more local health departments to perform an activity and actively monitors/evaluates the activities funded by these pass throughs

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**Please select NO if:**

- An activity is performed by local health departments and there is no financial responsibility on the part of the state health agency
- Your agency passes money through to another organization (local health department or other organization) and **doesn't** actively monitor how the money is spent

**2.1 Immunizations.** (For **EACH** cell, select Yes or No)

	Performed by state public health agency directly or via contract
<i>Child immunizations</i>	
Vaccine order management and inventory distribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administration of vaccine to population	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Adult immunizations</i>	
Vaccine order management and inventory distribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administration of vaccine to population	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>International travel immunizations</i>	
Vaccine order management and inventory distribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administration of vaccine to population	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.

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### 2.2 Specific diseases or conditions (For EACH cell, select Yes or No)

*\*Population-based primary prevention refers to actions aimed at intervening before health effects occur in a population. Examples include: health education/promotion; public policies or legislation to ban hazardous products or mandate safe practices; immunization against disease.*

	Performed by state public health agency directly or via contract
<i>Tuberculosis</i>	
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>HIV/AIDS</i>	
Population-based primary prevention*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other STDs</i>	
Counseling & partner notification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>High blood pressure</i>	
Population-based primary prevention*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Cardiovascular disease</i>	
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Diabetes</i>	
Population-based primary prevention*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prediabetes screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Obesity</i>	
Nutrition population-based primary prevention*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical activity population-based primary prevention*	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### 2.2 Specific diseases or conditions (continued). (For EACH cell, select Yes or No)

*\*Population-based primary prevention refers to actions aimed at intervening before health effects occur in a population. Examples include: health education/promotion; public policies or legislation to ban hazardous products or mandate safe practices; immunization against disease.*

	Performed by state public health agency directly or via contract
<i>Obesity (ctd.)</i>	
BMI screening <i>Adults and/or children.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Asthma</i>	
Population-based primary prevention*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Blood lead</i>	
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Cancer</i>	
Skin cancer population-based primary Prevention*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breast and cervical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breast and cervical treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colon/rectum screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colon/rectum treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other cancer screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other cancer treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.



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### 2.3 Maternal, child, and adolescent health services. (For EACH cell, select Yes or No)

	Performed by state public health agency directly or via contract
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-WIC nutrition assessment and counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unintended pregnancy population-based primary prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family planning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obstetrical care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Newborn screening <i>Includes non-laboratory and follow-up activities.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perinatal treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perinatal regionalization <i>Providing or establishing regional systems designating at which birth facilities pregnant women and infants at high risk of complications may receive care.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maternal and child health home visits	<input type="checkbox"/> Yes <input type="checkbox"/> No
EPSDT <i>Early and Periodic Screening, Diagnostic, and Treatment benefit—comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child nutrition (day care providers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early intervention services for children <i>A range of targeted services under the Individuals with Disabilities Education Act (IDEA) to help young children with developmental delays or specific health conditions.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other services for children and/or youth with special healthcare needs <i>Exclude early intervention services.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### 2.3 Maternal, child and adolescent health services (continued). (For EACH cell, select Yes or No)

	Performed by state public health agency directly or via contract
Well child services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive primary care clinics for children	<input type="checkbox"/> Yes <input type="checkbox"/> No
School health services (non-clinical) <i>Includes screening and referring students to care, providing health counseling and education, and handling lice outbreaks.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive school health clinical services <i>Includes administering medications and treatments and providing first aid. Also includes athlete physicals and the services of athletic trainers.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex education	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abstinence only education	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.

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### 2.4. Behavioral health. (For EACH cell, select Yes or No)

	Performed by state public health agency directly or via contract
Tobacco population-based primary prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other drugs and alcohol population-based primary prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Syringe and needle exchange and disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other harm reduction strategies <i>Includes supervised consumption services, Naloxone distribution, drug checking (e.g., fentanyl test strips).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance misuse clinical preventive services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance misuse treatment services <i>Includes counseling, inpatient and outpatient treatment, hospital programs, case/care management, medication, recovery support services.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance misuse facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicide population-based primary prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental illness clinical preventive services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental illness treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
State-run behavioral health centers/state-run psychiatric hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.

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### 2.5 Other clinical health services provided to individuals. (For EACH cell, select Yes or No)

	Performed by state public health agency directly or via contract
Comprehensive primary care for adults	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral health	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 2.6 Injury and violence. (For EACH cell, select Yes or No)

	Performed by state public health agency directly or via contract
Injury population-based primary prevention <i>Includes fall prevention, vehicular safety programs, and drowning prevention programs. Does not include suicide prevention.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violence population-based primary prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual assault victims' services <i>Includes crisis counseling, Sexual Assault Response Team (SART), legal services, accompaniment and advocacy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic violence victims' services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child protection/medical evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 2.7 Correctional system. (For EACH cell, select Yes or No)

	Performed by state public health agency directly or via contract
Comprehensive correctional healthcare <i>Agency has primary responsibility for providing healthcare in the correctional facility.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited services in correctional facilities <i>Includes STD testing, TB testing and screening.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.

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**2.8 Registry maintenance.** (For **EACH** cell, select Yes or No)

	Performed by state public health agency directly or via contract
Birth defects	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis C	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**2.9. Professional licensure.** (For **EACH** cell, select Yes or No)

	Performed by state public health agency directly or via contract
Dentists	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurses (any level)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacists	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physicians	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician assistants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other professionals (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.

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Questions 2.10-2.14 will utilize data from the 2019 Environmental Health Services Survey to answer applicable data points. Please complete remaining items. To receive a copy of your Environmental Health Services Survey, please contact [researchandevaluation@astho.org](mailto:researchandevaluation@astho.org).

**2.10 Regulation, inspection and/or licensing activities.** (For EACH cell, select Yes or No)

Select “yes” only if your health agency conducts regulation, inspection, or licensing activities related to the entity, setting, or area of practice. You will report non-regulatory activities in a different section. *\*Unbolded items will use data from the 2019 Environmental Health Services Survey; if your agency participated in the survey, you will only need to complete the bolded items.*

	Performed by state public health agency directly or via contract
<i>Healthcare system</i>	
<b>Acupuncture</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Assisted living</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Clinics</b> <i>Includes clinics for: family planning, HIV care/prevention, immunizations, infectious diseases, public health pharmacies, STD testing/treatment, travel clinics, TB clinics, viral hepatitis clinics.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Emergency Medical Services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hospice</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hospitals</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Long-term care facilities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Nursing homes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trauma system designation</b> <i>Includes the designation of trauma centers.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Food</i>	
Food service establishments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food processing <i>I.e. factories.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Milk processing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Water</i>	
Beaches	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2019 ASTHO Profile Survey

### 2.10 Regulation, inspection and/or licensing activities. (For EACH cell, select Yes or No)

Select “yes” only if your health agency conducts regulation, inspection, or licensing activities related to the entity, setting, or area of practice. You will report non-regulatory activities in a different section. *\*Unbolded items will use data from the 2019 Environmental Health Services Survey; if your agency participated in the survey, you will only need to complete the bolded items.*

	Performed by state public health agency directly or via contract
<i>Water (ctd.)</i>	
Swimming pools (public)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Public drinking water</b> <i>Includes setting standards for and monitoring public water suppliers, and licensing/training public waterworks operators.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Private drinking water</b> <i>Includes private well water system inspections, setting standards for individual water supplies and individual wastewater systems, and licensing of contractors and well installers.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Dwellings</i>	
<b>Campgrounds/RVs</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hotels/motels	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Housing (inspections)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Migrant housing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mobile homes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Septic systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other businesses</i>	
Body piercing and tattoo	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Childcare facilities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cosmetology	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Schools</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tanning salons	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tobacco retailers</b> <i>Includes regulation of e-cigarette retailers.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**2.10 Regulation, inspection and/or licensing activities.** (For **EACH cell**, select Yes or No)

Select “yes” only if your health agency conducts regulation, inspection, or licensing activities related to the entity, setting, or area of practice. You will report non-regulatory activities in a different section. *\*Unbolded items will use data from the 2019 Environmental Health Services Survey; if your agency participated in the survey, you will only need to complete the bolded items.*

	Performed by state public health agency directly or via contract
<i>Waste</i>	
Biomedical waste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solid waste disposal sites	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solid waste haulers	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Miscellaneous</i>	
<b>Jails/prisons</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational health	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke-free ordinances	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other facilities (specify)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.



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### 2.11 Other environmental health activities. (For EACH cell, select Yes or No)

Please note: this question refers to activities other than regulation, inspection, and licensing, which are covered in question 2.10.

*\*Unbolded items will use data from the 2019 Environmental Health Services Survey; if your agency participated in the survey, you will only need to complete the bolded items.*

	Performed by state public health agency directly or via contract
Collection and disposal of unused pharmaceuticals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food safety training/education	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groundwater protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazmat response	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indoor air quality	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Land use planning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor air quality <i>Includes regular air quality testing.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poison control	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private water supply safety <i>Includes private water quality testing.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public water supply safety <i>Includes testing public water quality, protecting public water sources, and notifying the public of water supply contamination.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiation control	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radon control	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surface water protection (e.g., streams, rivers, lakes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vector control	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.

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**2.12 Other public health activities.** (For **EACH** cell, select Yes or No)

*\*Unbolded items will use data from the 2019 Environmental Health Services Survey; if your agency participated in the survey, you will only need to complete the bolded items.*

	Performed by state public health agency directly or via contract
<b>Eldercare services</b> <i>Includes any assistance an aging individual needs in order to overcome challenges to normal daily activities; excludes fall prevention.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Forensics lab</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Institutional review board (IRB)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical examiner</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational health/safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trauma system coordination</b> <i>This does not include trauma system designation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinarian public health activities	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**2.13 Data collection, epidemiology, and surveillance activities.** *Includes the creation of, contribution to, or active utilization of a system.*

(For **EACH** cell, select Yes or No)

*\*Unbolded items will use data from the 2019 Environmental Health Services Survey; if your agency participated in the survey, you will only need to complete the bolded items.*

	Performed by state public health agency directly or via contract
<b>Adolescent behavior</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chronic diseases</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Communicable/infectious diseases</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental epidemiology (e.g. environmental exposures)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Injury</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Maternal morbidity</b> <i>Any physical or mental illness or disability directly related to pregnancy and/or childbirth.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Morbidity data</b> <i>(E.g., healthcare utilization data, hospitalization data, all-payer databases)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Perinatal events or risk factors</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Neonatal Abstinence Syndrome</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Syndromic surveillance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.

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### 2.14 State laboratory services. (For EACH cell, select Yes or No)

*\*Unbolded items will use data from the 2019 Environmental Health Services Survey; if your agency participated in the survey, you will only need to complete the bolded items.*

	Performed by state public health agency directly or via contract
Likely bioterrorism agents testing (e.g. anthrax)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental lead screening <i>Includes the testing of playground equipment and walls.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cholesterol screening</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food borne illness testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Influenza typing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Newborn screening</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Biomonitoring <i>The direct measurement of environmental chemicals in people's blood, urine, or other body tissues.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vector-borne illness testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Opioid-related lab services</b> <i>Includes blood screening and testing environmental samples.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other (specify):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to provide any additional clarifications, if necessary.

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

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

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

- Yes
- No → *(If checked, skip question 2.16a)*

**2.16a. For which services or functions does your state public health agency share resources with other states? (Select all that apply)**

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

# 2019 ASTHO Profile Survey

**2.17. Currently, does your state public health agency share resources (such as funding, staff, or equipment) with tribes on a continuous, recurring (non-emergency) basis?**

- Yes
- No → *(If checked, skip question 2.17a)*
- No tribes in jurisdiction → *(If checked, skip question 2.17a)*

**2.17a. For which services or functions does your state public health agency share resources with tribes? (Select all that apply)**

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

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

- Yes
- No
- I don’t know

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

- Yes
- No → *(If checked, skip question 2.19a)*
- I don’t know → *(If checked, skip question 2.19a)*

# 2019 ASTHO Profile Survey

**2.19a. How many HIAs has your state public health agency led, funded, or supported in the past two years?**

\_\_\_\_\_

**2.20. Does your state public health agency participate in a HIA Advisory Committee?** *HIA Advisory Committee is an interdisciplinary leadership group established in the scoping phase of the HIA (or existing from previous HIAs) that sets parameters and directs the development and implementation of the HIA. This group makes decisions related to indicators, priorities, etc. and can act as champions during the reporting phase.*

- Yes
- No
- I don't know

**2.21. Please rate your satisfaction with the survey taking experience for the Activities section of the 2019 ASTHO Profile.**

- Not satisfied at all
- Somewhat dissatisfied
- Somewhat satisfied → *(If checked, skip question 2.21a)*
- Very satisfied → *(If checked, skip question 2.21a)*

**2.21a. What could ASTHO do to improve the survey-taking experience?**

**2.22. Were you personally involved in completing the 2016 ASTHO Profile Survey?**

- Yes
- No → *(If checked, skip question 2.22a-c)*

# 2019 ASTHO Profile Survey

**2.22a. Compared to the 2016 survey, how easy was it for you to complete the Activities section of the 2019 ASTHO Profile?**

- More difficult → *(If checked, answer question 2.22b)*
- Somewhat more difficult → *(If checked, answer question 2.22b)*
- Neutral
- Somewhat easier → *(If checked, answer question 2.22c)*
- Much easier → *(If checked, answer question 2.22c)*

**2.22b. What about the 2019 survey completion process did you find more difficult compared to 2016?**

**2.22c. What about the 2019 survey completion process did you find easier compared to 2016?**



# 2019 ASTHO Profile Survey

## Part 3: Health Agency Structure and Governance

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 check this box.)

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

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

# 2019 ASTHO Profile Survey

Questions 3.1-3.8 are prefilled based on your agency's responses to the 2016 ASTHO Profile Survey. Please review each answer and either check the box if the answer remains correct or mark the updated answer.

**3.1. Please indicate how many of each type of health agency currently exists in your state. If you do not have any of a particular type of health agency, please enter '0' in that row.** Please note: a local health department that covers multiple counties, but is a single agency, should be counted as a local health department. An "umbrella" arrangement in which a regional or district office coordinates or provides leadership and support to multiple local health departments should be counted as a regional or district office.

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

I verify that these responses are correct

The following questions refer to the position held by the current health official/ASTHO member.

**3.2. Who appoints the state health official in your state?**

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

I verify that this response is correct

# 2019 ASTHO Profile Survey

### 3.3. Who confirms the appointment of the state health official in your state?

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

I verify that this response is correct

### 3.4. Is the state health official appointed to a specific term?

- Yes
- No → *(If checked, skip questions 3.5-3.6)*

I verify that this response is correct

### 3.5. How long is the term? (In years) \_\_\_\_\_

I verify that this response is correct

### 3.6. How is the term set?

- Law
- Contract

I verify that this response is correct

# 2019 ASTHO Profile Survey

## 3.7. To whom does the state health official directly report?

- Governor
- Secretary of State Health and Human Services (or other similar umbrella agency)
- Board or Commission
- Mayor
- Other (specify): \_\_\_\_\_

I verify that this response is correct

## 3.8. What are the official statutory requirements for the state health official?

- MD or DO
- None
- Other (specify): \_\_\_\_\_

I verify that this response is correct

## 3.9. What is the state health official's current annual salary?

\$ \_\_\_\_\_

## 3.10. Does your state provide a salary differential if the state health official possesses a medical degree?

- Yes (specify salary differential: \$ \_\_\_\_\_)
- No

# 2019 ASTHO Profile Survey

## Part 4: Workforce

To be completed by Human Resources Director.

### Contact Information

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

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 check this box.)

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

### **Instructions**

The purpose of this section is to collect general workforce data about state public health employees, identify the workforce shortage areas and trends, and gather information about retirement eligible state 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.); however, **if your agency is under a larger umbrella agency, please only answer for the public health division/department.** Unless otherwise specified, answers for this section should be as of the day the survey is being completed.

## 2019 ASTHO Profile Survey

**4.1a. Please indicate the current number of employees (exclude temporary and contract workers) and current number of FTEs working in your state public health agency.** Please include vacant positions for which you are actively recruiting (*includes positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started*) in these counts. Do not include volunteers in any counts; omit any employees not on your agency payroll (e.g. federal assignees).

\_\_\_\_\_ **Number of employees**

*Count both full-time and part-time employees; do not count contract or temporary workers.*

\_\_\_\_\_ **Number of Full-time Equivalent (FTEs)**

*Refers to public health agency's current total workforce, NOT the maximum workforce your agency is authorized to employ. Includes the same employees reported in "Number of employees" but adjusted for part-time workers; e.g., a full-time employee is counted as 1.00 FTE, and an employee who works 80% of normal work hours is counted as 0.80 FTE.*

**4.1b. Please indicate the current number of temporary and contract workers (including interns) working in your state public health agency.**

\_\_\_\_\_ **Number of temporary and contract workers**

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

## 2019 ASTHO Profile Survey

**4.2. Please indicate the current number of employees in the following categories.** Please include vacant positions for which you are actively recruiting (*includes positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started*) as well as contract and temporary workers in these counts. We would like to capture workers' areas of responsibility, not their physical location; if an individual works remotely but is conducting work on behalf of a regional office, he/she should be included under regional office counts.

\_\_\_\_\_ **Number of state employees assigned to local health departments**

\_\_\_\_\_ **Number of state employees assigned to regional/district offices**

\_\_\_\_\_ **Number of state employees assigned to the central office** (*This includes those working in central offices that are spread out between multiple buildings*)

\_\_\_\_\_ **Number of state employees assigned elsewhere** (*State employees who may be detailed over to another department or entity and who do not report to any of the locations listed above.*)

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

**4.3a. For each occupational classification listed in the following table, please provide the total current employee FTE count and the total current number of contractors and temporary workers in your state public health agency. Please use the "other" rows to add additional classifications.** Please include vacant positions for which you are actively recruiting (*includes positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started*).

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 "agency leadership," please count this individual as "agency leadership" in the following chart, not as a "registered nurse". Please include mid-level managers (i.e. those with some programmatic or supervisory management responsibilities) who are not agency leadership in the appropriate program area, i.e. include environmental health managers in the environmental health worker category. If you do not have any FTEs in a certain occupational classification, please enter 0. For "Other," please list the four occupational classifications that represent the largest percentage of your workforce that does not fit into any other classifications.

## 2019 ASTHO Profile Survey

Total current employee FTE count for each occupational classification	Total current number of contractors and temporary workers for each occupational classification	Occupational classifications	Descriptions and examples of occupational classifications
<b>Administration/business occupations</b>			
		Executive leadership	Oversees the operations of the overall agency or a major subdivision of public health services. Includes all top agency executives regardless of education or licensing (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director, general counsel, legislative liaison, chief operating officer).
		Business and financial operations staff	Performs specialized work in areas of business, finance, accounting, human resources, information technology and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, computer system analyst, network and database administrators).
		Office and administrative support	Performs administrative tasks and clerical duties (e.g., administrative assistant, secretary, receptionist, office clerk, maintenance staff, operator).
		Quality improvement specialist	Works collaboratively within public health agency to lead and establish appropriate performance management and quality improvement systems. May also play a lead role in systems assessment and preparing the agency for national public health accreditation (e.g., performance management and quality improvement director, performance improvement manager, performance improvement director).
		Public information specialist	Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public (e.g., public information officer, public information specialist).



## 2019 ASTHO Profile Survey

<b>Clinical/laboratory occupations</b>			
		Public health physician	Licensed 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, and may provide direct medical services to clients; includes licensed physicians and preventative medicine physicians. Excludes psychiatrists and psychologists.
		Physician Assistant	Licensed professional 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, and may provide direct medical services to clients.
		Nurse Practitioner	Advanced practice nurse 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, and may provide direct medical services to clients.
		Public health nurse	Registered nurse conducting public health nursing (e.g. school nurse, community health nurse); may provide direct medical services to clients.
		Oral health professional	Diagnoses and treats problems with teeth, gums, and the mouth. May also educate individuals or groups on proper oral health activities such as diet choices affecting oral health; includes public health dentists, dental hygienists, and dental assistants.
		Behavioral health staff	Develops and implements strategies to improve community mental health status. May also provide direct behavioral health services to clients regarding mental, social, and behavioral issues (e.g. psychiatrists, psychologists, public health social workers, HIV/AIDS counselors, behavioral counselors, community organizers, social services counselors, and mental health and substance abuse counselors.)
		Laboratory worker	Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards (e.g., laboratorian, laboratory scientist, laboratory technician, laboratory aides or assistants, medical technologists).

## 2019 ASTHO Profile Survey

<b>Other public health professionals</b>			
		Epidemiologist/Statistician	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential to make recommendations on appropriate interventions. May also collect data and report vital statistics (e.g. epidemiologist, biostatistician, public health scientist/researcher).
		Public health informatics specialist	Public health professional who applies informatics principles and standards to improve population health (e.g. public health information systems specialists, public health informaticists).
		Environmental health worker	Investigates, monitors, and identifies problems or risks that may affect the environment (e.g. food safety, air and water quality, and solid waste) and, consequently, the health of an individual or group. May include environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector.
		Health educator	Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals and communities, and promotes the effective use of health programs and services (e.g., health educator, health education coordinator, health education specialist).
		Nutritionist	Develops and implements interventions related to nutrition, the nutrition environment, and food and nutrition policy. May also provide nutritional counseling and evaluate the effectiveness of current interventions (e.g. dietician, nutritionist, WIC lactation staff, WIC nutrition staff).
		Preparedness staff	Manages or develops the plans, procedures, and training programs involving the public health response to all-hazards events (e.g., emergency preparedness coordinator, incident manager, emergency preparedness manager, emergency preparedness specialist).
		Other (specify): _____	

## 2019 ASTHO Profile Survey

		Other (specify): _____	
		Other (specify): _____	
		Other (Specify): _____	

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

To reduce respondent burden, ASTHO would like to use your agency’s responses from the 2017 Public Health Workforce, Interest, and Needs Survey (PH WINS) to supplement information on occupational classification salary ranges and workforce demographics. We ask that the agency senior deputy—either affirm the state health official’s consent to use PH WINS 2017 data or deny use of the data. If the state health official opts not to consent to using PH WINS information, answers may be provided by the Human Resources Director or other survey contact.

**I affirm that the state health official has agreed to allow ASTHO to utilize select data from the 2017 Public Health Workforce Interests and Needs Survey (PH WINS) to supplement information on occupational classification salary ranges and workforce demographics.**

- Yes → *(If checked, skip questions 4.3b - 4.8)*
- No

## 2019 ASTHO Profile Survey

4.3b. For each occupational classification listed in the following table, please provide the annual salary range for employees working full-time in your state public health agency (excluding contractors). \*Skip if you have opted to use your agency's 2017 PH WINS responses.

Annual Salary Range (in whole dollar amounts)		Occupational Classifications	Descriptions and Examples of occupational classifications
Minimum	Maximum		
<b>Administration/business occupations</b>			
\$	\$	Executive leadership	Oversees the operations of the overall agency or a major subdivision of public health services. Includes all top agency executives regardless of education or licensing (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director, general counsel, legislative liaison, chief operating officer).
\$	\$	Business and financial operations staff	Performs specialized work in areas of business, finance, accounting, human resources, information technology and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, computer system analyst, network and database administrators).
\$	\$	Office and administrative support	Performs administrative tasks and clerical duties (e.g., administrative assistant, secretary, receptionist, office clerk, maintenance staff, operator).
\$	\$	Quality improvement specialist	Works collaboratively within public health agency to lead and establish appropriate performance management and quality improvement systems. May also play a lead role in systems assessment and preparing the agency for national public health accreditation (e.g., performance management and quality improvement director, performance improvement manager, performance improvement director).
\$	\$	Public information specialist	Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public (e.g., public information officer, public information specialist).
<b>Clinical/laboratory occupations</b>			
\$	\$	Public health physician	Licensed physician who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates

## 2019 ASTHO Profile Survey

			programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients; includes licensed physicians and preventative medicine physicians. Excludes psychiatrists and psychologists.
\$	\$	Physician Assistant	Licensed professional 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, and may provide direct medical services to clients.
\$	\$	Nurse Practitioner	Advanced practice nurse 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, and may provide direct medical services to clients.
\$	\$	Public health nurse	Registered nurse conducting public health nursing (e.g. school nurse, community health nurse); may provide direct medical services to clients.
\$	\$	Oral health professional	Diagnoses and treats problems with teeth, gums, and the mouth. May also educate individuals or groups on proper oral health activities such as diet choices affecting oral health; includes public health dentists, dental hygienists, and dental assistants.
\$	\$	Behavioral health staff	Develops and implements strategies to improve community mental health status. May also provide direct behavioral health services to clients regarding mental, social, and behavioral issues (e.g. psychiatrists, psychologists, public health social workers, HIV/AIDS counselors, behavioral counselors, community organizers, social services counselors, and mental health and substance abuse counselors.)
\$	\$	Laboratory worker	Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards (e.g., laboratorian, laboratory scientist, laboratory technician, laboratory aides or assistants, medical technologists).
<b>Other public health professionals</b>			
\$	\$	Epidemiologist/Statistician	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential to make recommendations on appropriate

## 2019 ASTHO Profile Survey

			interventions. May also collect data and report vital statistics (e.g. epidemiologist, biostatistician, public health scientist/researcher).
\$	\$	Public health informatics specialist	Public health professional who applies informatics principles and standards to improve population health (e.g. public health information systems specialists, public health informaticists).
\$	\$	Environmental health worker	Investigates, monitors, and identifies problems or risks that may affect the environment (e.g. food safety, air and water quality, and solid waste) and, consequently, the health of an individual or group. May include environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector.
\$	\$	Health educator	Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals and communities, and promotes the effective use of health programs and services (e.g., health educator, health education coordinator, health education specialist).
\$	\$	Nutritionist	Develops and implements interventions related to nutrition, the nutrition environment, and food and nutrition policy. May also provide nutritional counseling and evaluate the effectiveness of current interventions (e.g. dietician, nutritionist, WIC lactation staff, WIC nutrition staff).
\$	\$	Preparedness staff	Manages or develops the plans, procedures, and training programs involving the public health response to all-hazards events (e.g., emergency preparedness coordinator, incident manager, emergency preparedness manager, emergency preparedness specialist).

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**4.4. What percentage of employees working at your state public health agency are 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. \*Skip if you have opted to use your agency’s 2017 PH WINS responses.**

- \_\_\_\_\_ % White
- \_\_\_\_\_ % Black or African American
- \_\_\_\_\_ % American Indian/Alaska Native
- \_\_\_\_\_ % Asian
- \_\_\_\_\_ % Native Hawaiian or other Pacific Islander
- \_\_\_\_\_ % Two or more races
- \_\_\_\_\_ % Missing data on race

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

**4.5. What percentage of employees working at your state public health agency are 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. \*Skip if you have opted to use your agency’s 2017 PH WINS responses.**

- \_\_\_\_\_ % Hispanic or Latino
- \_\_\_\_\_ % Not Hispanic or Latino
- \_\_\_\_\_ % Missing data on Hispanic/Latino ethnicity

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

# 2019 ASTHO Profile Survey

**4.6. What is the gender breakdown of employees working at your state public health agency? Include regular full-time and part-time employees. Your responses should total 100%. \*Skip if you have opted to use your agency's 2017 PH WINS responses.**

- \_\_\_\_\_ % Male
- \_\_\_\_\_ % Female
- \_\_\_\_\_ % Non-binary/Other
- \_\_\_\_\_ % Missing data on gender

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

**4.7. What are the average age, median age, and average number of years of service for current full-time state public health agency employees? \*Skip if you have opted to use your agency's 2017 PH WINS responses.**

- Average Age of Employees** (Total age for all employees divided by total number of employees)
- Median Age of Employees** (The value of the middle age for all employees)
- Average Number of Years of Service** (Total years of service for all employees divided by the total number of employees)

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

**4.8. What was the average age of new employees hired for Fiscal Year 2017 (July 1, 2016-June 30, 2017)? \*Skip if you have opted to use your agency's 2017 PH WINS responses.**

Average Age in Fiscal Year 2017: \_\_\_\_\_

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



## 2019 ASTHO Profile Survey

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

Number who left agency in Fiscal Year 2016: \_\_\_\_\_

Number who left agency in Fiscal Year 2017: \_\_\_\_\_

Number who left agency in Fiscal Year 2018: \_\_\_\_\_

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

**4.10. How many positions are being actively recruited by your HR department? This includes positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started. Do not include positions that are required to be left vacant due to hiring freezes or other requirements.**

\_\_\_\_\_

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

# 2019 ASTHO Profile Survey

**4.11. What is the percentage of current full-time classified employees who will be eligible for retirement for each of the following fiscal years?**  
(Retirement eligibility is based upon your individual jurisdiction's set of criteria; only include those eligible for full retirement benefits)

Fiscal year 2019: \_\_\_\_\_%  
Fiscal year 2020: \_\_\_\_\_%  
Fiscal year 2021: \_\_\_\_\_%  
Fiscal year 2022: \_\_\_\_\_%  
Fiscal year 2023: \_\_\_\_\_%

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

**4.12. Does your state public health agency have a designated workforce development director?** *This individual may or may not work as the workforce development director full time but is considered the primary point of contact for workforce development activities.*

- Yes
- No
- I don't know

**4.13. Does your state public health agency currently offer leadership development training to its employees?**

- Yes
- No

**4.14. Please rate your satisfaction with the survey taking experience for the Workforce section of the 2019 ASTHO Profile.**

- Not satisfied at all
- Somewhat dissatisfied
- Somewhat satisfied → *(If checked, skip question 4.14a)*
- Very satisfied → *(If checked, skip question 4.14a)*

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**4.14a. What could ASTHO do to improve the survey-taking experience?**

**4.15. Were you personally involved in completing the 2016 ASTHO Profile Survey?**

- Yes
- No → *(If checked, skip question 4.15a-c)*

**4.15a. Compared to the 2016 survey, how easy was it for you to complete the Workforce section of the 2019 ASTHO Profile?**

- More difficult → *(If checked, answer question 4.15b)*
- Somewhat more difficult → *(If checked, answer question 4.15b)*
- Neutral
- Somewhat easier → *(If checked, answer question 4.15c)*
- Much easier → *(If checked, answer question 4.15c)*

**4.15b. What about the 2019 survey completion process did you find more difficult compared to 2016?**

**4.15c. What about the 2019 survey completion process did you find easier compared to 2016?**

# 2019 ASTHO Profile Survey

## 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 check this box.)

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

### **Instructions:**

The purpose of this section is to collect state-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 that state public health agencies **report only on expenditures for the state public health agency** and not for public health activities outside of the state public health agency (i.e., public health programs administered by another state/territorial agency or public health activities administered by other divisions within an umbrella agency). Please take caution not to double count expenditures. For example, if your agency incurs administrative costs that are charged to a program area, please count those costs only in the relevant program area, not also in your general administration expenditures.

### **Reporting Time Frames**

We are requesting expenditure data for the fiscal year that begins July 1 and ends June 30. If your state public 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 expenditures on an accrual basis (actual *plus* revenue earned but not received and expenses incurred but not paid).**

# 2019 ASTHO Profile Survey

## **Medicaid and Medicare Funding**

In an effort to focus on *public health* expenditures, we are limiting our collection of Medicaid and Medicare data to direct clinical services provided by state public health agencies and by local public health agencies when the funds have passed through the state public health agency. Include the smaller reimbursements or other payments a state 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. For agencies under a larger umbrella that includes Medicaid, exclude payments for Medicaid/Medicare services provided by other entities.

## **Pass Throughs and Local Health Expenditures**

Report local public health expenditures **ONLY** when funds pass through the state public health agency. Do not include expenditures from funds that come directly to local health departments from other sources.

### Funding Category Definitions

**State General Funds:** Include revenues received from state general revenue funds to fund state operations. Exclude federal pass-through funds.

**Other State Funds:** Include revenues received from the state that are not from the state general fund, and state Medicare and Medicaid reimbursement for direct clinical services.

**Federal Funds:** Include all federal grants, contracts, cooperative agreements, and federal Medicare and Medicaid reimbursement for direct clinical services.

**Other Sources:** Include Tobacco Settlement Funds, fees and fines collected by the agency (including regulatory fees and laboratory fees), payment for direct clinical services (except Medicare and Medicaid, which should be included under federal or other state funds as appropriate), foundation and other private donations, and any funding that the state receives from county or local government.

## 2019 ASTHO Profile Survey

**5.1. For the last three fiscal years (FY16-18), please report actual operating expenditures (to the nearest dollar amount) for the state health agency for by each source of fund below. If you do not have any expenditures from a particular funding source, please enter 0.**

<b>Total FY16 Expenditures</b>			
FY16 is defined as July 1, 2015-June 30, 2016			
State General Funds	Other State Funds	Federal Funds	Other Sources
FY16 \$:	FY16 \$:	FY16 \$:	FY16 \$:

<b>Total FY17 Expenditures</b>			
FY17 is defined as July 1, 2016-June 30, 2017			
State General Funds	Other State Funds	Federal Funds	Other Sources
FY17 \$:	FY17 \$:	FY17 \$:	FY17 \$:

<b>Total FY18 Expenditures</b>			
FY18 is defined as July 1, 2017-June 30, 2018			
State General Funds	Other State Funds	Federal Funds	Other Sources
FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:

# 2019 ASTHO Profile Survey

In the space provided below, please record any caveats regarding the expenditures reported for above (e.g. any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of expenditures by the funding sources listed, or other footnote information to clarify any variation in reporting).

## Expenditure Category Definitions

Note: Administrative costs that are embedded into a specific program should be included under the applicable program category. Asterisk (\*) indicates programs or services that should be included in different programmatic category

### Chronic Diseases

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Prevention &amp; screening for chronic diseases and risk factors (e.g. cardiovascular disease, obesity, diabetes, cancer)</li> <li>• Prevention &amp; screening for tobacco, alcohol, and other drug use</li> <li>• Prevention &amp; screening for mental health conditions (EXCEPT suicide)</li> <li>• Non-WIC nutrition assessment &amp; counseling</li> </ul>	<p><b>EXCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Treatment for chronic diseases and risk factors</li> <li>• Treatment for tobacco, alcohol, or other drug use</li> <li>• Treatment for mental health conditions</li> <li>• Screening for asthma</li> <li>• WIC nutrition assessment &amp; counseling*</li> </ul>
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### Infectious Diseases

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Child &amp; adult immunizations</li> <li>• Vaccine order management and inventory</li> <li>• ID prevention, screening, and control</li> </ul>	<p><b>EXCLUDE:</b></p> <ul style="list-style-type: none"> <li>• International travel immunizations</li> <li>• Treatment for infectious diseases*</li> </ul>
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# 2019 ASTHO Profile Survey

## Injury and Violence Prevention

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Primary prevention for:             <ul style="list-style-type: none"> <li>○ Injuries</li> <li>○ Violence</li> <li>○ Suicide</li> </ul> </li> <li>• Poison control</li> <li>• Sexual assault victims' services</li> </ul>	<p><b>EXCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Occupational safety &amp; health</li> <li>• Other victims' services</li> </ul>
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## WIC

<p><b>INCLUDE:</b></p> <p>All expenditures related to WIC program, including:</p> <ul style="list-style-type: none"> <li>• Nutrition education</li> <li>• Voucher dollars</li> </ul>	
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## Environmental Health

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Regulatory &amp; non-regulatory programs for:             <ul style="list-style-type: none"> <li>○ Food (retail, processing)</li> <li>○ Water (drinking, ground, surface, recreational)</li> <li>○ Septic systems</li> <li>○ Air (indoor, outdoor)</li> <li>○ Lead inspection and screening</li> <li>○ Radiation and radon</li> </ul> </li> <li>• Regulation of non-healthcare businesses             <ul style="list-style-type: none"> <li>○ Body art, tanning, cosmetology</li> <li>○ Schools, childcare</li> <li>○ Commercial lodging (e.g., hotels, campgrounds)</li> <li>○ Tobacco retailers</li> </ul> </li> <li>• Vector control</li> <li>• Veterinary public health</li> </ul>	<p><b>EXCLUDE:</b></p> <p>Regulatory &amp; non-regulatory programs for:</p> <ul style="list-style-type: none"> <li>• Solid waste (except septic)</li> <li>• Hazardous and biomedical waste</li> <li>• Hazardous materials and hazmat response</li> <li>• Private housing inspections</li> <li>• Collection/disposal of pharmaceuticals</li> <li>• Land use planning</li> </ul> <ul style="list-style-type: none"> <li>• Clinical treatment for elevated blood lead</li> <li>• Regulation of healthcare-related businesses*</li> <li>• Licensure for individuals in any profession or business</li> </ul>
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# 2019 ASTHO Profile Survey

## Clinical Services/Consumer Care

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Most maternal &amp; child health programs (e.g., newborn screening, family planning, home visits, prenatal care)</li> <li>• Oral health</li> <li>• Non-clinical school health services, non-clinical services in correctional facilities</li> <li>• Sex education</li> <li>• Infectious disease treatment (e.g., Tuberculosis, HIV/AIDs, other STDs)</li> <li>• Substance abuse clinical preventive services; syringe and needle exchange/disposal</li> </ul>	<p><b>EXCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Treatment for chronic diseases (e.g., high blood pressure, diabetes, obesity, cancer)</li> <li>• Comprehensive primary care (children, adults, school-based)</li> <li>• Substance abuse treatment services (inpatient or outpatient)</li> <li>• Mental illness treatment services (inpatient or outpatient), including state psychiatric hospitals</li> <li>• Correctional healthcare (clinical)</li> <li>• Eldercare services</li> <li>• Obstetrical care</li> <li>• Blood lead treatment</li> </ul>
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## All Hazards Preparedness and Response

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Disaster preparedness programs</li> <li>• Bioterrorism</li> <li>• Disaster response (shelters, emergency hospitals/clinics, medical countermeasures)</li> </ul>	<p><b>EXCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Provision of routine medical or public safety functions, such as EMS or HazMat response</li> </ul>
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## Quality of Health Services

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Regulation, inspection or licensing of all healthcare-related facilities (e.g., assisted living, EMS, hospitals, labs)</li> <li>• Institution compliance audits</li> <li>• Facility &amp; provider quality reporting</li> <li>• Equipment quality</li> <li>• Regulation or coordination of emergency medical and trauma systems</li> <li>• Physician and provider loan program</li> <li>• Health-related boards and commissions (ONLY if administered by public health agency)</li> </ul>	<p><b>EXCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Licensure for healthcare professions</li> <li>• Licensure of other professions</li> <li>• Health-related boards and commissions NOT administered by public health agency</li> </ul>
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# 2019 ASTHO Profile Survey

## Health Data

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Surveillance activities</li> <li>• Data collection</li> <li>• Data analysis and report production</li> <li>• Disease registries</li> <li>• Accident, injury, and death reporting</li> </ul>	<p><b>EXCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Vital statistics*</li> <li>• Laboratory services*</li> </ul>
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## Health Laboratory

<p><b>INCLUDE:</b></p> <p>All costs associated with state/territorial laboratory</p> <ul style="list-style-type: none"> <li>• Chemistry lab</li> <li>• Microbiology lab</li> <li>• Laboratory administration</li> <li>• Building-related costs</li> <li>• Supplies</li> </ul>	<p><b>EXCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Forensics laboratory</li> </ul>
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## Vital Statistics

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Records maintenance &amp; reproduction</li> <li>• Statistical reporting</li> <li>• Customer service at state/territory or local level</li> </ul>	<p><b>EXCLUDE:</b></p>
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## Administration

<p><b>INCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Executive office</li> <li>• Communications</li> <li>• Legal affairs</li> <li>• Human resources</li> <li>• Finance</li> <li>• Information technology</li> <li>• Facilities</li> <li>• Procurement</li> <li>• Health reform &amp; policy</li> </ul>	<p><b>EXCLUDE:</b></p> <ul style="list-style-type: none"> <li>• Any administrative costs embedded in (and reported in) program areas</li> </ul>
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## 2019 ASTHO Profile Survey

**5.2. For the most recent fiscal year (FY18), please report actual operating expenditures (to the nearest dollar amount) for the state health agency for each category listed in the chart below. Please report what the state public health agency spent during the fiscal year on each category, by source of funds. For example, report how many dollars from the state general fund were spent on chronic disease in FY18 (7/1/17-6/30/18). If you do not have any expenditures for a particular category (for example, if your agency does not handle WIC), please enter 0. Please attempt to exclude the specific programs/activities mentioned in the exclusion column of each definition. If you do not have a particular program in your agency, please select "I do not have data on expenditures for this category."**

Expenditure Categories	<b>FY18 Expenditures</b>				I do not have data on expenditures for this category
	FY18 is defined as July 1, 2017-June 30, 2018				
	State General Funds	Other State Funds	Federal Funds	Other Sources	
Chronic Diseases	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Infectious Diseases	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Injury and Violence Prevention	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
WIC	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Environmental Health	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Clinical Services/Consumer Care	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
All Hazards Preparedness and Response	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Quality of Health Services	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Health Data	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Health Laboratory	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>

## 2019 ASTHO Profile Survey

Vital Statistics	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Administration	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Other (specify):	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>

**In the space provided below, please record any caveats regarding the expenditures reported for your agency's fiscal year 2018 (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).**

**Federal Funder Definitions:**

**Medicaid:** Include federal portion only in this cell. Include transfers or reimbursements for public health purposes or direct clinical services actually provided by the health department (e.g. lead testing, immunizations outreach to Medicaid recipients, and Elderly/Disabled Medicaid Waivers). Include Medicaid administrative claims. Any state Medicaid expenditures should have been reported in the Other State column in the previous question. Exclude reimbursement for Medicaid services by third party providers.

**Medicare:** Include transfers or reimbursements for public health purposes or direct clinical services actually provided by the health department (e.g. nursing home inspections, home health Medicare). Exclude reimbursement for Medicare services by third party providers.

**Environmental Protection Agency (EPA):** Include EPA funding administered by the state public health agency only.

## 2019 ASTHO Profile Survey

**5.3. We would like to further break down the federal funds spending category. For fiscal year 2018, please report actual expenditures (to the nearest dollar amount) for the state health agency for each source of federal funds listed in the chart below. For example, report how many federal fund dollars from the CDC were spent on chronic disease in FY18 (7/1/17-6/30/18). Please include all other federal funds from agencies other than those listed below in the ‘other’ category. If your agency calculates and tracks federal indirect separately, please include these funds in the ‘other’ category. Please attempt to exclude the specific programs/activities mentioned in the exclusion column of each definition. If you do not have a particular program in your agency, please select "I do not have data on expenditures for this category."**

Expenditure Categories	<b>FY18 Expenditures</b>									
	FY18 is defined as July 1, 2017-June 30, 2018									
	Federal Funds									
	Centers for Disease Control and Prevention (CDC)	Other Department of Health and Human Services (DHHS)	Health Resources and Services Administration (HRSA)	Medicaid	Medicare	US Department of Agriculture (USDA)	Department of Homeland Security (DHS)	Environmental Protection Agency (EPA)	Other	I do not have data on expenditures for this category
Chronic Diseases	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Infectious Diseases	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Injury and Violence Prevention	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
WIC	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>

## 2019 ASTHO Profile Survey

Environmental Health	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Clinical Services/ Consumer Care	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
All Hazards Preparedness and Response	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Quality of Health Services	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Health Data	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Health Laboratory	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Vital Statistics	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Administration	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>
Other (specify):	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	FY18 \$:	<input type="checkbox"/>

# 2019 ASTHO Profile Survey

In the space provided below, please record any caveats regarding the expenditures reported for your agency's fiscal year 2018 (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).

**5.4. Please rate your satisfaction with the survey taking experience for the Finance section of the 2019 ASTHO Profile.**

- Not satisfied at all
- Somewhat dissatisfied
- Somewhat satisfied → *(If checked, skip question 5.4a)*
- Very satisfied → *(If checked, skip question 5.4a)*

**5.4a. What could ASTHO do to improve the survey-taking experience?**

**5.5. Were you personally involved in completing the 2016 ASTHO Profile Survey?**

- Yes
- No → *(If checked, skip question 5.5a-c)*

**5.5a. Compared to the 2016 survey, how easy was it for you to complete the Finance section of the 2019 ASTHO Profile?**

- More difficult → *(If checked, answer question 5.5b)*
- Somewhat more difficult → *(If checked, answer question 5.5b)*
- Neutral
- Somewhat easier → *(If checked, answer question 5.5c)*
- Much easier → *(If checked, answer question 5.5c)*

## 2019 ASTHO Profile Survey

**5.5b. What about the 2019 survey completion process did you find more difficult compared to 2016?**

**5.5c. What about the 2019 survey completion process did you find easier compared to 2016?**



# 2019 ASTHO Profile Survey

## 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 quality improvement 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 check this box.)

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

# 2019 ASTHO Profile Survey

## 6.1. Has your agency achieved accreditation through the Public Health Accreditation Board (PHAB)?

\*Prefilled based on PHAB data.

- Yes → *(If checked, skip question 6.3)*
- No → *(If checked, skip question 6.2)*

I verify that this response is correct

## 6.2. Has your agency applied/is your agency planning to apply for PHAB re-accreditation?

- Yes
- No
- Not Sure

## 6.3. In what calendar year does your public health agency anticipate registering in e-PHAB in order to pursue accreditation?

- 2019
- 2020
- 2021
- 2022
- 2023 or later
- Have not decided on a target year
- My public health agency has decided NOT to apply for accreditation

# 2019 ASTHO Profile Survey

**6.4. There are many different frameworks or approaches to quality improvement. Check each framework or approach your agency prefers to use as an approach to quality improvement.** (Select all that apply)

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

*The next set of questions will help create a snapshot of state 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, or scientific guidelines.
- **Performance measures** are any quantitative measures or indicators of capacities, processes, or outcomes relevant to the assessment of an established performance goal or objective (e.g., the number of epidemiologists on staff capable of conducting investigations, percentage of clients who rate health agency services as "good" or "excellent," percentage of immunized children).
- **Reporting of progress** means documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.
- **Quality improvement** refers to a formal, systematic approach (such as plan-do-check-act) applied to the processes underlying public health programs and services in order to achieve measurable improvements.

# 2019 ASTHO Profile Survey

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

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

**6.6. Which of the following statements best characterizes your state public health agency's current quality improvement activities?**

- State public 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 public health agency, but not on an agency-wide basis
- State public health agency's quality improvement activities are informal or ad hoc in nature
- State public health agency is not currently involved in quality improvement activities → *(If checked, skip questions 6.7-6.8)*

**6.7. Which of the following elements of a formal agency-wide quality improvement (QI) program are currently in place at your state public health agency? (Select all that apply)**

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

## 2019 ASTHO Profile Survey

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

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

**6.9. Indicate the use of the Core competencies for public health professionals in the course of managing your agency personnel.** Click on the hyperlink to visit the website for the competency. (Select all that apply)

	Not familiar with	Familiar with but have not used	Conducting performance evaluations	Developing training plans	Preparing job descriptions	Other use
<a href="#">Core competencies for public health professionals</a>						

# 2019 ASTHO Profile Survey

## Part 7: Profile Evaluation

To be completed by the Senior Deputy or equivalent.

### Contact Information

Please provide a contact for the following profile evaluation 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 check this box.)

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

**7.1. I intend to utilize the information from the 2019 ASTHO Profile Survey to improve my public health practice.**

- Yes
- No
- Unsure

**7.2. How much time (in hours) did it take you/your agency to complete the survey?**

\_\_\_\_\_ hours