

2022 ASTHO Profile Survey

Thank you in advance for your participation in the 2022 ASTHO Profile Survey. This survey continues ASTHO's efforts to provide a complete and accurate picture of governmental 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, August 5, 2022.

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 or Profile Response Coordinator
Part 2: Activities	Senior Deputy
Part 3: Health Agency Structure, Governance and Priorities	Senior Deputy
Part 4: Workforce	Human Resources Director
Part 5: Planning and Quality Improvement	Performance Improvement Officer or equivalent
Part 6: Public Health Data Systems and Informatics	Informatics Director or equivalent
Part 7: Health Equity	Health Equity Director or equivalent

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 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 Profile Coordinator (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 Profile Coordinator 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 4: Workforce. To be completed by the Human Resources Director).

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 at 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

We request that the Senior Deputy, Territorial Health Official, or the designated Profile Coordinator 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. If you accidentally submit the completed survey or need to make changes after clicking "Submit Survey", please contact profile@astho.org.

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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 added to our interactive dashboard on ASTHO's website in fall 2022. ASTHO will make territorial-specific information available to the public as required by our funding agreements with the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention. 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: astho.org/profile

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 profile@astho.org.

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Part 1: Contact Information

Please indicate the jurisdiction your agency represents: Prefilled

Name of public health agency: Prefilled

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 _____

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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 public health agency responsibilities.

We are interested in the range of public health activities performed or supported by your public 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:
 - Public 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 territorial/national employees—perform an activity
 - Your agency passes money through to another organization (one or more local health departments) to perform an activity and actively monitors/evaluates the activities funded by these pass throughs

Please select NO if:

- An activity is performed by local health departments and there is no financial responsibility on the part of the public 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
- These activities are conducted by a different entity or department outside of the public health agency

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

	Performed by 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 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 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
<i>Hansen's disease</i>	
Screening	<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)

**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 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 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)

**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 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 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)

**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 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

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

	Performed by 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.

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

	Performed by 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 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

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Other professionals (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Use this space to provide any additional clarifications, if necessary.

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.

	Performed by public health agency directly or via contract
<i>Healthcare system</i>	
Clinics <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
Emergency Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospice	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing homes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma system designation <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
Swimming pools (public)	<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.

	Performed by public health agency directly or via contract
<i>Water (ctd.)</i>	
Public drinking water <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
Private drinking water <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>	
Hotels/motels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing (inspections)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant housing	<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
Childcare facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cosmetology	<input type="checkbox"/> Yes <input type="checkbox"/> No
Schools	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tobacco retailers <i>Includes regulation of e-cigarette retailers.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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

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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.

	Performed by public health agency directly or via contract
<i>Miscellaneous</i>	
Jails/prisons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratories	<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
Other facilities (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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.

	Performed by 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
Land use planning	<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

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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.

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

	Performed by public health agency directly or via contract
Forensics lab	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institutional review board (IRB)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical examiner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational health/safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma system coordination <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)

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

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

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2.14 Public health agency laboratory services. (For EACH cell, select Yes or No)

	Performed by 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
Cholesterol screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food borne illness testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Influenza typing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Newborn screening	<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
Opioid-related lab services <i>Includes blood screening and testing environmental samples.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other screening (specify):	<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 public health agency? (Select all that apply)

- ☐ Smoke-free building
- ☐ Betel nut-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. Has anyone in your 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

2.17. Has anyone in your 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 2.17a)*
- ☐ I don't know → *(If checked, skip question 2.17a)*

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2.17a. How many HIAs has your public health agency led, funded, or supported in the past two years?

2.18. Does your public health agency participate in an 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

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Part 3: Health Agency Structure, Governance, and Priorities

To be completed by the Senior Deputy.

Contact Information

Please provide a contact for the following structure, governance and priorities questions should ASTHO need to follow up regarding this information.

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

Name _____

Position or Title _____

Telephone _____

E-mail address _____

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

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

- Free-standing/independent agency → *(If checked, skip question 3.3)*
- Under a larger agency—sometimes referred to as a “super-agency” or an “umbrella agency”. *Public health agencies located within a larger agency often reside within health and human services agencies and/or alongside other programs such as Medicaid and Medicare, public assistance, and mental health services.*

3.2. For which administrative functions and foundational public health services does your public health agency have responsibility and oversight? (Select all that apply). *If your agency is under a larger umbrella agency, please answer for the public health division/department. → (If response option checked, skip question 3.2a for that response option).*

- ☐ Financial Management, Contracts, and Procurement
- ☐ Facilities and Operations
- ☐ Information Technology including privacy and security
- ☐ Legal Services and Analysis
- ☐ Human Resources
- ☐ Workforce Development
- ☐ Communication and Public Relations
- ☐ Diversity, Equity, and/or Inclusion
- ☐ Performance Management
- ☐ ESF-8 of Emergency Preparedness and Response

3.2a. You indicated that your public health agency does NOT have responsibility and oversight of [insert response option], which of these entities most accurately reflects who has authority for that service:

- ☐ Our umbrella agency
- ☐ Another government agency
- ☐ A government contractor or consultant
- ☐ Other (specify) _____
- ☐ Not Applicable – state/territorial government does not provide this service
- ☐ Unsure

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

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3.2b. Please select which human resources functions are primarily directed from within the health agency and which are primarily directed by a different government agency?

	Directed by the health agency	Directed by a different government agency
Personnel recruitment	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Personnel selection	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Compensation and incentive management	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Benefit management	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Onboarding	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Employee performance evaluation	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Staff learning and development	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Employee engagement and relations	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Human resource planning	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Occupational health and safety	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Labor relations	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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3.3. If your public health agency is under a super-agency or umbrella agency, what are the major areas of responsibility of the larger agency that are separate from the statutory responsibility of the public health agency in this organization? (Select all that apply)

- ☐ Behavioral health
- ☐ Environmental protection
- ☐ Long-term care
- ☐ Medicaid
- ☐ Public assistance
- ☐ Race, equity, diversity and inclusion office
- ☐ Children's services and maternal and child health services
- ☐ Aging and adult services
- ☐ Substance abuse
- ☐ Hospital/Clinical services
- ☐ Corrections and/or correctional health services, juvenile justice, and recidivism prevention
- ☐ Other (specify): _____

Please indicate any caveats about your public health agency that may cause issues in comparing with other state health agencies (e.g., environmental health or surveillance department sits outside of the public health agency).

3.4. Has your public health agency restructured or redesigned your organizational structure since 2019?

Only include restructures that will be reflected in an organizational chart within your agency; exclude any temporary restructuring of your agency.

- ☐ Yes
- ☐ No → *(If checked, skip question 3.4a)*

3.4a. How has your agency restructured? Please provide information on departments that have moved within or outside of your public health agency and any larger restructuring that has occurred or is in progress.

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

3.5. Who appoints the health official in your jurisdiction?

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

3.6. Who confirms the appointment of the health official in your jurisdiction?

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

3.7. Is the health official appointed to a specific term?

- ☐ Yes
- ☐ No → *(If checked, skip questions 3.8-3.9)*

3.8. How long is the term? (In years) _____

3.9. How is the term set?

- ☐ Law
- ☐ Contract

3.10. To whom does the health official directly report?

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

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3.11. What are the official statutory requirements for the health official?

- ☐ MD or DO
- ☐ None
- ☐ Other (specify): _____

3.12. What is the health official's current annual salary?

\$ _____

3.13. Does your jurisdiction provide a salary differential if the health official possesses a medical degree?

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

3.14. What are the top five population health priorities for your public health agency for the current fiscal year (July 1, 2021-June 30, 2022)?

1. _____
2. _____
3. _____
4. _____
5. _____

3.15. What are the top five operational priorities for your public health agency for the current fiscal year (July 1, 2021-June 30, 2022)?

1. _____
2. _____
3. _____
4. _____
5. _____

3.16. Does your public health agency have a board of health?

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- ☐ Yes → *(If checked, skip question 3.17)*
- ☐ No

3.17. Does your public health agency have an entity with similar responsibilities to a board of health (e.g., a public health council)?

- ☐ Yes (Specify) _____
- ☐ No

3.18. What was your public health agency's total budget for:

FY19 (July 1, 2018 to June 30, 2019)? \$ _____

FY20 (July 1, 2019 to June 30, 2020)? \$ _____

FY21 (July 1, 2020 to June 30, 2021)? \$ _____

3.19. Are you including clinical/hospital services in your agency's total budget figures?

- ☐ Yes
- ☐ No

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

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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 public health employees, identify the workforce shortage areas and trends, and gather information about retirement eligible health agency employees. All employees of the public health department should be counted, including those who work in locations outside of the main agency headquarters (e.g., 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.

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4.1a. Please indicate the current number of employees (exclude temporary and contract workers) working in your 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 the number of both full-time and part-time individuals employed at your agency; do not count contract or temporary workers, or volunteers. Include 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.

4.1b. Please indicate the current number of Full-time Equivalents (FTEs) working in your public health agency (exclude temporary or contract workers). We would like to quantify the public health agency's current total workforce to include the level of effort provided by both full-time and 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). This is not meant to capture the maximum workforce your agency is authorized to employ.

 Number of Full-time Equivalents (FTEs)

Includes the same employees reported in "Number of employees" but adjusted for part-time worker hours. Include 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.

4.1c. You indicated the number of your permanently employed FTEs above. After COVID, what percentage increase (or reduction) in FTE would you estimate needing in order to be able to fully deliver public health services?

- ☐ Reduction: -100% -> -81%
- ☐ Reduction: -80% -> -61%
- ☐ Reduction: -60% -> -41%
- ☐ Reduction: -40% -> -21%
- ☐ Reduction: -20% -> -1%
- ☐ No change
- ☐ Increase: +1% -> +20%
- ☐ Increase: +21% -> +40%
- ☐ Increase: +41% -> +60%
- ☐ Increase: +61% -> +80%
- ☐ Increase: +81% -> +100%
- ☐ Increase: > +100%

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4.1d. Please indicate the current number of temporary and contract workers (including interns, fellows, and federal assignees) working in your public health agency. Include workers hired through entities outside of the health agency (i.e., hiring agencies, CDC Foundation).

_____ **Number of temporary and contract workers**

Count the number of both full-time and part-time individuals considered to be temporary and contract workers. Temporary refers to both temporary employees directly hired by the agency as well as those hired through temp agencies. Contract workers refers to individuals hired through entities outside of the health agency (i.e. hiring agencies, CDC Foundation, etc.).

_____ **Number of temporary and contract worker full-time equivalents**

Includes the same employees reported in “Number of temporary and contract workers” but adjusted for part-time worker hours.

Please use this text box to write in any relevant caveats or clarifications to your response above; indicate any areas where you feel less confident or cannot provide an accurate response.

4.1e. As you think about rebuilding the workforce in your public health agency, how challenging do you feel it will be to convert temporary or otherwise non-permanent staff into permanently employed staff?

- ☐ Very Easy
- ☐ Somewhat Easy
- ☐ Somewhat Challenging
- ☐ Very Challenging

4.1f. Please indicate the current number of Full-time Equivalents (FTEs) working in your public health agency that are diverted from their regular work to aid in the COVID-19 response. Please include all preparedness staff diverted to the COVID-19 response and all full-time and part-time employees diverted to the response. Do not include employees hired specifically for the COVID-19 response, temporary, or contract workers or volunteers in any counts; omit any employees not on your agency payroll (e.g., federal assignees). As a reminder, we want to understand the level of effort so 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.

_____ **Number of full-time equivalents diverted to the COVID-19 response**

Use the “Number of full-time equivalents” datapoint and exclude FTEs that are not diverted to the COVID-19 response.

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Please use this text box to write in any relevant caveats or clarifications to your response above; indicate any areas where you feel less confident or cannot provide an accurate response. If possible, please provide additional details on the number of people diverted and their specific program areas.

4.1g. While we prefer to consistently report data on *only* the public health agency, we realize this may be difficult for jurisdictions where agencies oversee both healthcare and public health services. Are you including counts for hospital workers/individuals providing clinical services in the numbers you provided in the Workforce section of the survey?

- ☐ Yes
- ☐ No
- ☐ Not applicable

4.2. 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 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”.
- If an individual can be categorized in more than one category, please count them in the category where they spend the most time. For example, if a registered nurse spends 90% of their time on clinical work and 10% on agency leadership, please count this individual as “public health nurse” in the following chart.
- For “Other,” please list the four occupational classifications that represent the largest percentage of your workforce that does not fit into any other classifications.
- 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 they do not fit within a particular category and represent a large percentage, please count them in the “Other” category.
- If you do not have any FTEs in a certain occupational classification, please enter 0.

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Total current 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
Administration/business occupations			
		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 (IT), and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, IT or 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). Excludes information technology staff (IT).
		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).
Clinical/laboratory occupations			

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		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, preventive medicine physicians, and medical examiners. 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.
		Certified nursing assistant	Provides or assists with basic care or support under the direction of onsite licensed nursing staff. Performs duties such as monitoring of health status, feeding, bathing, dressing, grooming, toileting, or ambulation of patients in a health or nursing facility. May include medication administration and other health-related tasks. Includes nursing care attendants, nursing aides, and nursing attendants. Excludes home health aides, personal care aides, orderlies, and psychiatric aides.
		Pharmacist	Dispenses drugs prescribed by physicians and other health practitioners and provide information to patients about medications and their use. May advise physicians and other health practitioners on the selection, dosage, interactions, and side effects of medications. Excludes pharmacist technicians.
		Certified nurse-midwife	Midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include the independent provision of primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the

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			normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections.
		Public health dentist	Dentist who identifies persons or groups at risk of oral disease or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct dental services to clients; includes licensed dentists and specialists in Dental Public Health.
		Public health dental hygienist/dental therapist	Licensed dental hygienist or dental therapist conducting public health dentistry (e.g., at school, community health sites); may provide direct dental services to clients.
		Other oral health staff	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 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).
Other public health professionals			
		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).
		Disease investigator/Contact tracer	Includes Disease Intervention Specialists (DIS). Conducts interviews of patients with confirmed or probable infection. Communicates with close contacts to notify them of exposure, provide disease and transmission information, gather data on demographics, living

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			arrangements, and daily activities. Provides referrals for testing (if appropriate). May conduct home-based specimen collection.
		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). Excludes information technology (IT) staff.
		Community health worker	Frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. A CHW builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, such as outreach, community education, informal counseling, social support, and advocacy.
		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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		Security Guard	Guards, patrols, or monitors premises to prevent theft, violence, or infractions of rules. Excludes police officers.
		Law Enforcement/Police Officer	Maintains order and protects life and property by enforcing local, tribal, state, or federal laws and ordinances. Perform a combination of the following duties: patrol a specific area; direct traffic; issue traffic summonses; investigate accidents; apprehend and arrest suspects or serve legal processes of courts.
		Other (specify): _____	
		Other (specify): _____	
		Other (specify): _____	
		Other (Specify): _____	

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

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4.2a. For each occupational classification listed in the following table, please provide the annual salary range for employees working full-time in your public health agency (excluding contractors).

Annual Salary Range (in whole dollar amounts)		Occupational Classifications	Descriptions and Examples of occupational classifications
Minimum	Maximum		
Administration/business occupations			
\$	\$	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 (IT) and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, IT or 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).
Clinical/laboratory occupations			
\$	\$	Public health physician	Licensed physician who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates

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			programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients; includes licensed physicians and preventive medicine physicians, and medical examiners. 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.
\$	\$	Certified nursing assistant	Provides or assists with basic care or support under the direction of onsite licensed nursing staff. Performs duties such as monitoring of health status, feeding, bathing, dressing, grooming, toileting, or ambulation of patients in a health or nursing facility. May include medication administration and other health-related tasks. Includes nursing care attendants, nursing aides, and nursing attendants. Excludes home health aides, personal care aides, orderlies, and psychiatric aides.
\$	\$	Pharmacist	Dispenses drugs prescribed by physicians and other health practitioners and provide information to patients about medications and their use. May advise physicians and other health practitioners on the selection, dosage, interactions, and side effects of medications. Excludes pharmacist technicians.
\$	\$	Certified nurse-midwife	Midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include the independent provision of primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during

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			the first 28 days of life, and treatment of male partners for sexually transmitted infections.
\$	\$	Public health dentist	Dentist who identifies persons or groups at risk of oral disease or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct dental services to clients; includes licensed dentists and specialists in Dental Public Health
\$	\$	Public health dental hygienist/therapist	Licensed dental hygienist conducting public health dentistry (e.g., at school, community health sites); may provide direct dental services to clients.
\$	\$	Other oral health staff	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 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).
Other public health professionals			
\$	\$	Epidemiologist/Statistician	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease

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			potential to make recommendations on appropriate interventions. May also collect data and report vital statistics (e.g., epidemiologist, biostatistician, public health scientist/researcher).
\$	\$	Disease investigator/Contact tracer	Includes Disease Intervention Specialists (DIS). Conducts interviews of patients with confirmed or probable infection. Communicates with close contacts to notify them of exposure, provide disease and transmission information, gather data on demographics, living arrangements, and daily activities. Provides referrals for testing (if appropriate). May conduct home-based specimen collection.
\$	\$	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). Excludes information technology (IT) staff.
\$	\$	Community health worker	Frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. A CHW builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, such as outreach, community education, informal counseling, social support, and advocacy.
\$	\$	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

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			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).
\$	\$	Security Guard	Guards, patrols, or monitors premises to prevent theft, violence, or infractions of rules. Excludes police officers.
\$	\$	Law Enforcement/Police Officer	Maintains order and protects life and property by enforcing local, tribal, state, or federal laws and ordinances. Perform a combination of the following duties: patrol a specific area; direct traffic; issue traffic summonses; investigate accidents; apprehend and arrest suspects; or serve legal processes of courts.

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

4.3. What percentage of employees working at your 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.

_____ % White
 _____ % Black or African American
 _____ % American Indian/Alaska Native
 _____ % Asian
 _____ % Native Hawaiian or 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.

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4.4. What percentage of employees working at your 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.

_____ % 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.

4.5. What is the gender breakdown of employees working at your public health agency? Include regular full-time and part-time employees. Your responses should total 100%.

_____ % 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.

4.6. What are the average age, median age, and average number of years of service for current full-time public health agency employees?

_____ **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.

2022 ASTHO Profile Survey

4.7. What was the average age of new employees hired for Fiscal Year 2021 (July 1, 2020-June 30, 2021)?

Average Age in Fiscal Year 2021: _____

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

4.8. To understand the retention rate at public health agencies over the last few years, we would like to know how many total employees you had as of the last day of each fiscal year.

Total number of employees as of June 30, 2019: _____

Total number of employees as of June 30, 2020: _____

Total number of employees as of June 30, 2021: _____

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

4.9. Please indicate if your public health agency has experienced a hiring freeze (hiring of new personnel is halted for a period of time) and/or staffing caps (maximum number of employees allowed and that cannot be exceeded) since 2019.

Fiscal Year	Experienced a hiring freeze	Experienced staffing caps
FY19 (July 1, 2018-June 30, 2019)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
FY20 (July 1, 2019-June 30, 2020)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
FY21 (July 1, 2020-June 30, 2021)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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

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4.10. How many non-temporary employees were hired by your public health agency in Fiscal Year 2021 (July 1, 2020-June 30, 2021)?

Number of new positions filled in Fiscal Year 2021: _____

Number of vacancies filled due to lift of previous hiring freeze in Fiscal Year 2021: _____

Number of vacancies filled due to employee turnover (including retirements) in Fiscal Year 2021: _____

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

4.11. How many non-temporary employees have separated from your jurisdiction's public health workforce over the past three fiscal years? Please include voluntary and involuntary separations and retirements in this number.

Number who left agency in Fiscal Year 2019: _____

Number who left agency in Fiscal Year 2020: _____

Number who left agency in Fiscal Year 2021: _____

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

4.12. How many non-temporary employees were affected by each of the following workforce reductions in FY2021 (July 1, 2020-June 30, 2021)??

Number of employees laid off: _____

Number of employees lost through attrition and not replaced because of hiring freezes or budget cuts: _____

Number of employees who had their working hours reduced for budgetary reasons (DO NOT include employees placed on mandatory furlough): _____

Number of employees placed on mandatory furlough for budgetary reasons: _____

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

2022 ASTHO Profile Survey

4.13. 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.

4.14. If adequate funding were available to hire desired staff, which of the following non-financial barriers may impede or block the hiring process? Rank these barriers with (1) being most significant barrier. If your agency foresees no non-financial barriers, please rank "There are no non-financial barriers to impede or block hiring" as #1 and the order of remaining responses will not be considered. If your agency foresees financial barriers, please mark this response option as last.

- ☐ There are no non-financial barriers to impede or block hiring
- ☐ Difficulty with advertising or engaging with quality applicants
- ☐ Difficulty of competing in labor market (e.g., unable offer competitive salary and benefits)
- ☐ Difficulty in converting temporary staff positions to permanent positions
- ☐ Challenges in receiving authorizations for positions (e.g., barriers to requisition, lack of direct hire/appointment authority, hiring freezes)
- ☐ Lack of capacity to hire, onboard, train, or supervise desired staff
- ☐ Lack of physical office space or equipment available to hire desired staff
- ☐ Administrative barriers in the hiring process (e.g., Human Resources requirements, procedures, and timelines)
- ☐ Policy barriers which constrain hiring (e.g., funding restrictions disallow certain hirings)
- ☐ Other (specify) _____

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4.15. What is the percentage of current full-time classified employees who will be eligible for retirement for each of the following fiscal years?

(Retirement eligibility is based upon your individual jurisdiction's set of criteria; only include those eligible for full retirement benefits)

Fiscal year 2022: _____ %

Fiscal year 2023: _____ %

Fiscal year 2024: _____ %

Fiscal year 2025: _____ %

Fiscal year 2026: _____ %

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

4.16. Does your 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 → *(If checked, skip question 4.16a)*
- ☐ I don't know → *(If checked, skip question 4.16a)*

4.16a. What percent FTE does your designated workforce development director spend completing workforce development activities?

4.17. Does your public health agency currently offer any type of public health or other related training or educational advancement for its employees?

- ☐ Yes
- ☐ No

2022 ASTHO Profile Survey

4.18. Which leadership development training does your public health agency currently offer to its employees?

- ☐ Negotiation skills
- ☐ Strategic management
- ☐ Emotional intelligence
- ☐ Adaptive leadership
- ☐ Change management
- ☐ Intercultural or intergenerational management
- ☐ Collaborative intelligence
- ☐ Handling conflict
- ☐ Coaching and mentoring skills
- ☐ Communications skills for managers
- ☐ Leadership styles
- ☐ Effective networking
- ☐ Leading teams and collaborations
- ☐ Diversity, equity, and inclusion
- ☐ Other (specify) _____

Please use this text box to write in any relevant caveats or clarifications to your response above (e.g., if training is not offered through the public health agency because it is offered by another agency).

Community Health Workers

4.19. Does your health agency offer any training for its community health workers?

- ☐ Yes
- ☐ No
- ☐ I don't know

4.20. Which programs within your public health agency employ or directly engage your Community Health Workers? (Select all that apply)

- ☐ Maternal and Child Health
- ☐ Communicable Disease

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- ☐ Chronic Disease and Injury
- ☐ Communications
- ☐ Assessment
- ☐ Organization Competencies
- ☐ Environmental Health
- ☐ All-Hazards
- ☐ Other (specify) _____

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

COVID-19 Response

4.21. As of January 1, 2022, are employees of your public health agency required to have received a COVID-19 vaccine to continue working?

- ☐ Yes, employees must have at least one dose of a COVID-19 vaccine
- ☐ Yes, employees must be fully vaccinated
- ☐ Yes, employees must be fully vaccinated AND must receive a booster
- ☐ No, employees are not required to receive a COVID-19 vaccine

4.22. Which of these workplace flexibilities/programs were created or expanded due to the COVID-19 pandemic? (Select all that apply)

	Created due to the COVID-19 pandemic	Expanded due to the COVID-19 pandemic	Developed as a strategy to retain current staff during COVID-19 pandemic
Telework/remote work	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Flexible schedules	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Paid time off	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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Leave specifically to care for family members and remote schooling	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hiring incentives	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Pay increase or bonuses	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Access to office equipment and supplies in alternate settings (e.g., borrowing office equipment or offer of stipend to purchase equipment)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Improved in-office physical space	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Professional development opportunities	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Expanded career path	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Employee recognition	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Physical wellness programs (e.g., COVID-19 testing)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Mental wellness programs (e.g., identifying and addressing burnout)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Personal protective equipment (PPE) and PPE training	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Use of telehealth	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other (specify)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

4.22a. Please select whether each flexibility/program will be temporarily or permanently offered by the public health agency.

Telework/remote work	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
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2022 ASTHO Profile Survey

Flexible schedules	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Paid time off	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Leave specifically to care for family members and remote schooling	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Hiring incentives	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Pay increases or bonuses	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Access to office equipment and supplies in alternate settings (e.g., borrowing office equipment or offer of stipend to purchase equipment)	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Improved in-office physical space	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Professional development opportunities	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Expanded career path	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A

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Employee recognition	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Physical wellness programs (including COVID-19 testing)	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Mental wellness programs (including identifying and addressing burnout)	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Personal protective equipment (PPE) and PPE training	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Use of telehealth	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A
Other (specify)	<input type="radio"/> Temporary <input type="radio"/> Permanent <input type="radio"/> I don't know <input type="radio"/> N/A

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2022 ASTHO Profile Survey

Part 5: 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 _____

2022 ASTHO Profile Survey

5.1 Has your agency achieved accreditation through the Public Health Accreditation Board (PHAB)?

**Prefilled based on PHAB data.*

- ☐ Yes → *(If checked, skip question 5.3)*
- ☐ No → *(If checked, skip question 5.2)*

5.2. Has your agency applied/is your agency planning to apply for the next cycle of PHAB re-accreditation?

- ☐ Yes
- ☐ No
- ☐ I don't know

5.3. In what calendar year does your public health agency anticipate submitting its application to PHAB in order to pursue accreditation?

- ☐ Already applied
- ☐ 2022
- ☐ 2023
- ☐ 2024
- ☐ 2025
- ☐ 2026 or later
- ☐ Have not decided on a target year
- ☐ My public health agency has decided NOT to apply for accreditation

5.4. Has your public health agency developed or participated in developing a health improvement plan for your jurisdiction?

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

2022 ASTHO Profile Survey

5.5. What best describes your use of Healthy People in assessment and planning efforts (e.g., strategic plan, community health assessment, or community health improvement plan)?

Use of Healthy People can refer to a variety of ways for drawing from different elements of Healthy People, such as topic area content, objectives, benchmarks, data or data sources, evidence-based actions provided on the HP website, etc.)

- We are using Healthy People 2020 → *(If checked, skip question 5.5c)*
- We are using Healthy People 2030 → *(If checked, skip question 5.5a and 5.5c)*
- We are using both Healthy People 2020 and 2030 → *(If checked, skip question 5.5a and 5.5b)*
- We are not currently using Healthy People → *(If checked, skip question 5.5b and 5.5c)*

5.5a. Are you planning to use Healthy People 2030 in your assessment and planning efforts?

- Yes
- No
- I don't know

Please use this text box to provide additional information on your planning efforts.

5.5b. In which of the following efforts does your public health agency use Healthy People? (Select all that apply)

- ☐ Community Health Assessment
- ☐ Community Health Improvement Plan
- ☐ Strategic Plan
- ☐ Other assessments and plans (e.g., PHHS Block Grant, maternal and child health plans, environmental health assessments, or tobacco control plans)
- ☐ I don't know

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

2022 ASTHO Profile Survey

5.5c. In which of the following efforts does your public health agency use Healthy People? (Select all that apply)

	Healthy People 2020	Healthy People 2030
Community Health Assessment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Community Health Improvement Plan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Strategic Plan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Other assessments and plans (e.g., PHHS Block Grant, maternal and child health plans, environmental health assessments, or tobacco control plans)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know

5.6. 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): _____

2022 ASTHO Profile Survey

The next set of questions will help create a snapshot of 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.

5.7. Does your 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

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

- 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 public health agency, but not on an agency-wide basis
- Public health agency's quality improvement activities are informal or ad hoc in nature
- Public health agency is not currently involved in quality improvement activities → *(If checked, skip questions 5.9-5.10)*

2022 ASTHO Profile Survey

5.9. Which of the following elements of a formal agency-wide quality improvement (QI) program are currently in place at your 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

5.10. 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): _____

5.11. 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 additional information if needed. (Select all that apply)

	Not familiar with	Familiar with but have not used	Conducting performance evaluations	Developing training plans	Preparing job descriptions	Other use
Core competencies for public health professionals						

2022 ASTHO Profile Survey

Part 6: Public Health Data Systems and Informatics

To be completed by Informatics Director or equivalent.

Contact Information

Please provide a contact for the following Public Health Data Systems and Informatics 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 _____

2022 ASTHO Profile Survey

For the following questions, please define informatics as the systematic application of information and computer science and technology to public health practice, research, and learning.

6.1. For your public health agency, who has primary responsibility for decisions about policy and standards regarding exchange of health information?

- Chief Information Officer or equivalent for jurisdiction or health agency (someone who is accountable to the health official or secretary of health)
- Chief Information Officer or equivalent for multiple agencies within jurisdiction or government (someone who is accountable to the governor, but not the health official or secretary of health)
- Chief Public Health Informatics Officer or Chief Medical Information/Informatics Officer for jurisdiction or health agency
- HIT Coordinator Officer or equivalent for jurisdiction or health agency (someone who is accountable to the health official or secretary of health)
- HIT Coordinator Officer or equivalent for multiple agencies within jurisdiction or government (someone who is accountable to the governor, but not the health official or secretary of health)
- Informatics Director (other than CIO, CPHIO or CMIO)
- Board or committee for jurisdiction or health agency
- Board or committee for multiple agencies within jurisdiction or government
- Other (specify): _____

6.2. For your public health agency, who has overall decision-making authority regarding your agency's public health information management systems (i.e., maintenance and support, procurement authorization, security policies)?

- Chief Information Officer or equivalent for jurisdiction or health agency (someone who is accountable to the health official or secretary of health)
- Chief Information Officer or equivalent for multiple agencies within jurisdiction or government (someone who is accountable to the governor, but not the health official or secretary of health)
- Chief Public Health Informatics Officer or Chief Medical Information/Informatics Officer for jurisdiction or health agency
- Informatics Director (other than CIO, CPHIO or CMIO)
- Board or committee for jurisdiction or health agency
- Board or committee for multiple agencies within jurisdiction or government
- Other (specify): _____

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6.3. For your public health agency, where is your informatics office located?

- ☐ Centralized within public health agency as a separate team, program, or division
- ☐ Within a public health agency but as a separate team for each program area
- ☐ Centralized within jurisdiction's government but not within the public health agency
- ☐ There is not an informatics office in my public health agency or other government agency
- ☐ Other (specify): _____

6.4. Does your public health agency have a career series specifically for informatics?

A career series refers to a group of hierarchical job classifications which are closely related and in which the higher classifications within the series require the skills, knowledge, and abilities necessary to perform any of the duties of any lower classification within the series (e.g., Bioinformatician I, Bioinformatician II, etc.).

- ☐ Yes, my agency currently has an informatics career series
- ☐ No, but my agency is planning to develop or is currently developing an informatics career series
- ☐ No, there is no plan for an informatics career series
- ☐ Other (specify): _____

Informatics Workforce

6.5. Please name the job titles associated with informatics work in your public health agency.

6.6. Are there specific staff skills that would improve the capacity and efficiency of your health agency's informatics workforce?

- ☐ Yes
- ☐ No → *(If checked, skip question 6.6a)*

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6.6a. What specific staff skills would improve the capacity and efficiency of your informatics workforce?

6.7. Please select the level of ease at which your public health agency can attract and retain informatics talent.

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Somewhat challenging
- ☐ Very challenging

6.7a. Please select the top three challenges influencing your public health agency's ability to attract and retain informatics talent.

- ☐ There is no career series or pipeline for informatics
- ☐ There is no current position description with skills, roles, and responsibilities for informatics
- ☐ There are challenges with attracting informatics talent at a competitive salary level with the private sector
- ☐ There are challenges with consistent turnover
- ☐ Existing siloes creates challenges with the visibility and impact of this position
- ☐ Other (specify)_____

Public/Private and Academic Partnerships

6.8. In the past year, has your public health agency engaged in informatics work involving private partners (commercial organizations, software vendors)?

- ☐ Yes
- ☐ No → *(If checked, skip question 6.8a)*

6.8a. Please describe the work carried out through collaboration with private partners (commercial organizations, software vendors).

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6.9. Does your public health agency take part in informatics activities involving work or relationships with academic or University partners (this could be applied work or research)?

- ☐ Yes
- ☐ No → *(If checked, skip question 6.9a)*

6.9a. Please describe the work carried out through collaboration with academic and University partners (this could be applied work or research).

Data Modernization

6.10. Is your health agency a recipient of CDC's ELC Funding for Data Modernization?

- ☐ Yes
- ☐ No → *(If checked, skip 6.11-6.13)*

6.11. Does your health agency have a Data Modernization Lead hired to lead ELC-funded activities?

- ☐ Yes, a data modernization lead was hired for this effort
- ☐ Yes, an existing employee was appointed as a data modernization lead
- ☐ No, but a data modernization lead search is planned or underway
- ☐ No, we are not hiring a data modernization lead for this effort
- ☐ Other (specify) _____

CDC's ELC Funding for Data Modernization requires grantees to develop a Data Modernization plan that highlights specific areas for improvement.

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6.12. Does your health agency have a Data Modernization plan established?

- ☐ Yes, the plan is established
- ☐ No, but the plan is in development
- ☐ No, we are not establishing a plan → *(If checked, skip question 6.12a)*

6.12a. Please select the areas of improvement targeted within your data modernization plan:

- ☐ Syndromic surveillance
- ☐ Electronic case reporting
- ☐ Notifiable and reportable diseases
- ☐ Electronic laboratory reporting (ELR and/or LIMS)
- ☐ Vital records
- ☐ Other (specify): _____

6.13. Does your health agency have other informatics-related plans or strategic documents outside of the data modernization plan required by CDC's ELC Funding for Data Modernization?

- ☐ Yes
- ☐ No

6.14. Does your health agency receive support for informatics and/or data modernization activities from organizations outside of CDC?

- ☐ Yes
- ☐ No → *(If checked, skip question 6.14a)*

6.14a. Please name the organizations that provide support.

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2022 ASTHO Profile Survey

Health Information Exchanges (HIE)

HIE Category Definitions

State Designated HIE: State agencies or organizations granted authority by legislation or executive order to provide statewide technical infrastructure, inter-operability services and data exchange policies.

Community/Regional HIE: Organizations created specifically to provide infrastructure to connect healthcare organizations in a community driven by geographic proximity and shared patients. These organizations may be known as regional health information organizations (RHIOs).

Enterprise HIE: Supported by a health system or integrated delivery network to facilitate exchange among affiliate provider organizations. May use community or state HIEs to connect to other enterprise networks.

Vendor-mediated HIE: Electronic health record (EHR) vendor-facilitated data exchange, whereby a vendor offers technical and networking support to establish connections between their customers.

National Health Information Network (HIN): Network of organizations creating data exchange networks at a national level. It connects federal agencies and non-federal healthcare organizations through national-level networks facilitated by public and private organizations.

6.15. Does your health agency engage with one or more HIEs in your jurisdiction?

Note: When thinking about HIEs, include the HIEs listed above and exclude platforms not defined in the table above (e.g., IZ Gateway, AIMS, etc.).

- ☐ Yes
- ☐ No → *(If checked, skip question 6.15a-16)*

6.15a. Please name the HIEs.

--

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6.16. Please describe the relationship between your health agency and the **primary** HIE it accesses.

Note: Consider the primary HIE as the HIE that your health agency conducts a majority of its information exchange transactions for a variety of public health and healthcare data. If the management of the primary HIE involves a partnership between different types of entities, please select all that apply.

- ☐ HIE is managed by a private entity
- ☐ HIE is managed by the state/jurisdiction
- ☐ HIE is managed by another public entity
- ☐ Other (specify) _____

Electronic Data Collection and Exchange

6.17. Please answer the following questions regarding electronic and other forms of data collection and exchange.

	Does the public health agency primarily collect information electronically for the program area, function, or from the data source? <i>If Yes, also answer for 6.18.</i>	Does the public health agency primarily collect this information using other forms of data collection (paper, telephone, fax)?
Case management	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Electronic health record	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Environmental health	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Geographic coded data for mapping analysis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Immunization	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Laboratory results	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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	<input type="radio"/> I don't know	<input type="radio"/> I don't know
Healthcare systems data (e.g., bed availability)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Newborn screening	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Early hearing detection	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Reproductive health	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Medicaid billing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
On-site waste water treatment systems	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Outbreak management	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Reportable diseases	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Food service inspections	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Vital records	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Water wells (licensing and/or testing)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
WIC	<input type="radio"/> Yes	<input type="radio"/> Yes

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	<input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> No <input type="radio"/> I don't know
Other (specify):	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Other (specify):	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Other (specify):	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Other (specify):	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know

6.18. Please answer the following questions regarding electronic data collection and exchange. (Only answer rows for those marked Yes in the first column of 6.17.)

	Is there capacity for bidirectional data reporting and exchange?	Is data collected primarily with a state or local health system?	Does your agency share this data with clinical providers?	Does your agency share this data with local health departments within your jurisdiction? <i>(Please skip if you do not have LHDs).</i>	Does your agency share this data with other agencies within your jurisdiction?	Does your agency share this data with other jurisdictions?	Does your agency send/receive this data to/from federal agencies?	Is data received through a health information exchange entity?
Case management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic health record	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Environmental health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Geographic coded data for mapping analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory results	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthcare systems data (e.g., bed availability)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Newborn screening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early hearing detection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reproductive health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid billing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
On-site waste water treatment systems	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outbreak management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Reportable diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food service inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vital records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water wells (licensing and/or testing)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Part 7: Health Equity

To be completed by Health Equity Director or equivalent.

For the following questions, please define health equity as “when everyone has a fair and just opportunity to be as healthy as possible in a society that values each member equally through focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of disparities in health and healthcare.”

Contact Information

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

Name _____

Position or Title _____

Length of Time in Position _____

Telephone _____

E-mail address _____

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We are interested in health equity activities performed or supported by your health agency; **if your agency is under an larger umbrella agency, please only answer for the public health division/department.**

7.1. Do you engage in health equity activities within your public health agency?

- Yes → *(If checked, skip 7.1a.)*
- No

7.1a. Please select the responses that best describe why your public health agency does not complete health equity activities. (Select all that apply).
(Skip to end of survey after answering this question).

- ☐ There is no need for health equity activities in our public health agency
- ☐ There is a policy or law in place that prevents our public health agency from engaging in health equity activities
- ☐ Health equity activities are engaged in by an entity outside of our public health agency
- ☐ We do not have funding for health equity activities
- ☐ Other (specify) _____

7.2. Does your public health agency have an organizational unit with primary responsibility for health equity activities?

- Yes
- No

7.3. Do you have a Health Equity Director or a designated individual leading health equity activities within your public health agency?

- Yes
- No → *(If checked, skip 7.4-7.5.)*

7.4. What percent FTE does your primary contact person for health equity dedicate to health equity issues and activities?

Percent FTE: _____

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7.5. To whom does the primary contact person for health equity report to?

- ☐ State/Territorial Health Official
- ☐ State/Territorial Senior Deputy Division Director
- ☐ Program Director
- ☐ Commission or other coordinating/advisory body
- ☐ Other (specify) _____

7.6. Does your public health agency have an entity (e.g., task force, advisory board, work group, representative or coordinating committee) that advises the public health agency, jurisdiction, or governor on health equity issues?

- ☐ Yes
- ☐ No → *(If checked, skip question 7.6a)*

7.6a. What type of entity advises the public health agency, jurisdiction, or governor on health equity issues?

- ☐ Task force: *A diverse group of people who are charged with working together temporarily on a specific task*
- ☐ Work group: *A group of people usually from the same organization that collaborate on a task or set of tasks*
- ☐ Representative: *Someone with official or unofficial delegated authority to act on behalf of another*
- ☐ Coordinating committee: *A group that facilitates the work of other groups, and has the power to make decisions between meetings*
- ☐ Other (specify): _____

7.7. Has your health agency established priorities for any specific groups who have experienced avoidable inequities and/or historical and contemporary injustices?

- ☐ Yes
- ☐ No → *(If checked, skip question 7.7a)*

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7.7a. Please check the specific target population(s). For any populations you select, please specify the subpopulations prioritized at your agency based on the most funding provided. For example, if you selected Asian communities and your funding is largely used for Chinese and Korean communities, please specify Chinese and Korean as the subpopulations.

- ☐ Black or African American
_____ (Specify priority subpopulations based on the most funding)
- ☐ Hispanic/Latino
_____ (Specify priority subpopulations based on the most funding)
- ☐ Asian
_____ (Specify priority subpopulations based on the most funding)
- ☐ Hawaiian/Pacific Islander
_____ (Specify priority subpopulations based on the most funding)
- ☐ American Indian/Alaskan Native
_____ (Specify priority subpopulations based on the most funding)
- ☐ Rural or geographically isolated populations
_____ (Specify priority subpopulations based on the most funding)
- ☐ Gender-specific groups
_____ (Specify priority subpopulations based on the most funding)
- ☐ LGBTQ+ groups
_____ (Specify priority subpopulations based on the most funding)
- ☐ Refugee groups
_____ (Specify priority subpopulations based on the most funding)
- ☐ Immigrant groups
_____ (Specify priority subpopulations based on the most funding)
- ☐ Migrant farmer communities

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_____ (Specify priority subpopulations based on the most funding)

- ☐ Individuals experiencing homelessness
_____ (Specify priority subpopulations based on the most funding)
- ☐ Individuals experiencing food insecurity
_____ (Specify priority subpopulations based on the most funding)
- ☐ Individuals living with disabilities
_____ (Specify priority subpopulations based on the most funding)
- ☐ Other (specify): _____

7.8. Rank in order of priority the health equity initiatives that are most important to your public health agency.

- ☐ Leverage and engage public/private partners in health equity solutions
- ☐ Establish policy to require focus on health equity in all funding opportunities
- ☐ Develop strategy to communicate that health equity benefits all
- ☐ Partner to enhance multi-disciplinary/multi-sector capacity
- ☐ Develop a multi-sector advocacy strategy
- ☐ Ensure health equity is fully integrated in strategic priorities and plans
- ☐ Increase access to primary care
- ☐ Increase cultural competency/health literacy
- ☐ Collect and track data on race and ethnicity, demographics, and disparities (e.g., SOGI, disability status, age, education, income, etc.).
- ☐ Increase health workforce diversity
- ☐ Other (specify)

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7.8a. Are there members of the community who have experienced avoidable inequities and/or historical and contemporary justices involved in this work at your public health agency?

- ☐ Yes
- ☐ No

7.9. Health In All Policies refers to addressing the following contributors of health. Which of the following areas does your public health agency focus? (Select all that apply)

- ☐ Transportation
- ☐ Education
- ☐ Civic engagement
- ☐ Leadership
- ☐ Access to healthy food
- ☐ Economic opportunities
- ☐ Other (specify): _____

7.9a. Health Equity in All Policies requires that the lens of health equity is applied to these same factors. Which of the following would you say your public health agency applies a health equity lens when addressing? (Select all that apply) *(Only answer for response options selected in 7.9)*

- ☐ Transportation
- ☐ Education
- ☐ Civic engagement
- ☐ Leadership
- ☐ Access to healthy food
- ☐ Economic opportunities
- ☐ Other (specify): _____

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Health Equity Workforce

7.10. What specific staff skills would improve the capacity and efficiency of your health equity workforce?

**7.11.
Does**

your public health agency offer health equity training to its workforce?

- ☐ Yes
- ☐ No → *(If checked, skip question 7.11a)*

7.11a. Please select all topics that are addressed within the health equity training offered to your public health agency staff.

- ☐ Implicit bias: *A form of bias that occurs automatically and unintentionally, that nevertheless, affects judgments, decisions, and behaviors*
- ☐ Structural racism: *Macro-level conditions (residential segregation, institutional policies) that limits opportunities, resources, power and wellbeing of individuals and populations based on race/ethnicity and other statuses*
- ☐ Microaggressions: *Everyday verbal, nonverbal and environmental slights, snubs, or insults-whether intentional or unintentional-that communicates hostile, derogatory, or negative messages to individuals based solely upon their marginalized group membership*
- ☐ Cultural humility: *A process of reflection to gain a deeper understanding of cultural differences to improve the way vulnerable groups are treated and researched*
- ☐ Other (specify)
- ☐ None of the above

7.12. Would you be interested in answering additional questions about health equity activities within your public health agency in the future?

- ☐ Yes
- ☐ No