

ASTHO Profile of State and Territorial Public Health

Profile Dashboard Technical Notes

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ASTHO Contacts

Profile data can be accessed through ASTHO’s website at <https://www.astho.org/Profile/>. For additional information about the ASTHO Profile Survey, contact profile@astho.org.

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Section 1: Background

The Profile Dashboards allow users to view data from the most recent iteration of the ASTHO Profile and compare longitudinal data across survey years. The dashboards comprise six sections: activities, governance, workforce, finance, performance and quality improvement, and individual agency profiles.

Document Purpose

This document provides additional background information on the dashboards. It includes an overview of measures used, rationale for how estimates were calculated, and inclusion criteria for data gathered from secondary sources.

Data Sources

Primary Data Source

ASTHO Profile of State and Territorial Public Health: The primary data source for these dashboards is the ASTHO Profile Survey, fielded in 2007, 2010, 2012, 2016, and 2019. The Profile Survey collects data from the 50 states and the District of Columbia, as well as the U.S. territories and freely associated states on health agency activities, structure, workforce, and financial resources. The survey is initially sent to each agency's senior deputy, who can pass along the survey to various people in their agency for completion. **Table 1** provides an overview of each survey section and the recommended respondent for each section. The U.S. territories and freely associated states received a modified version of the survey that did not collect in-depth finance data.

Table 1. Profile Survey Sections and Recommended Respondent

SURVEY SECTION	RECOMMENDED RESPONDENT
PART 1: CONTACT INFORMATION	Senior Deputy
PART 2: ACTIVITIES	Senior Deputy
PART 3: AGENCY STRUCTURE, GOVERNANCE AND PRIORITIES	Senior Deputy
PART 4: WORKFORCE	Human Resources Director
PART 5: FINANCE	Chief Financial Officer
PART 6: PLANNING AND QUALITY IMPROVEMENT	Performance Improvement Officer or equivalent
PART 7: PROFILE EVALUATION	Senior Deputy

The survey was most recently fielded in March 2019 and closed in the fall of 2019 to ensure maximum participation. The instrument is administered through [Qualtrics](#)—an online survey platform. Prior to fielding the survey, ASTHO staff conducted a webinar to familiarize respondents with the survey and provided ongoing assistance as needed throughout the fielding period. Upon completion, ASTHO staff conducted data cleaning using Microsoft Excel (2017). The process included a review of each datapoint and follow-up with individual health agencies when: responses were missing; an agency reported no longer conducting an activity or service they reported conducting in 2016; or if workforce or finance figures changed +/- 20 percent from their 2016 responses. Additional follow-up of finance data was conducted on an ad hoc basis. As a result of follow-up and engagement, the survey obtained a 100 percent response rate for the 50 states and DC, and a 98 percent response rate among all states, territories, and freely associated states (n=58/59).

The survey underwent significant revisions between the 2007 and 2010 fieldings and additional revisions were made between the 2016 and 2019 fieldings, including the deletion of the health information management section and the paring down of the activities and performance improvement sections. The variables and survey structure remained the same; however, several datapoints were collected from secondary sources to decrease respondent burden.

Secondary Data Sources

ASTHO 2019 Environmental Health Services Survey (EH Services Survey): Completed by health agency environmental health directors, the survey sought to develop a complete picture of state and territorial environmental health programs and services. Secondary data were collected for those datapoints that corresponded to specific environmental health activity variables previously collected by the Profile Survey.

Individual Health Agency Websites: ASTHO staff visited health agency websites to gather information on the organizational structures of their departments.

Public Health Workforce Interest and Needs Survey (PH WINS): Fielded in 2017, PH WINS captures individual governmental public health workers' perspectives on key issues such as workforce engagement and morale, training needs, emerging concepts in public health, and collects data on the demographics of the workforce. For additional information on PH WINS, please visit <https://www.debeaumont.org/programs/ph-wins/>. After seeking permission from those agencies who participated in the 2017 PH WINS, ASTHO utilized secondary data on workforce demographics and salaries where available. Because PH WINS data is collected on an individual basis, data were weighted to account for non-respondents in each agency; data for agencies that opted to use their PH WINS data represents an estimate for the agency workforce as a whole.

Public Health Accreditation Board: ASTHO staff updated the accreditation status of each agency based on data collected by the Public Health Accreditation Board. For more information, visit <https://www.phabdata.org/data-portal>.

U.S. Centers for Disease Control and Prevention (CDC): ASTHO collected information on three data collection and surveillance activities from the CDC—behavioral risk factors, cancer incidence, and vital statistics.

U.S. Census Bureau: ASTHO updated population data for the states, D.C., and Puerto Rico using the State Intercensal Tables. For more information, visit <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-total.html>

The World Bank: ASTHO updated population data for the territories and freely-associated states using data from the World Bank. For more information, visit <https://data.worldbank.org/indicator/SP.POP.TOTL>

U.S. Department of Health and Human Services: Regional classifications are based on HHS regions, where they were paired into five regions to increase the number of state health agencies for comparison in each region. For more information, visit <https://www.hhs.gov/about/agencies%20/iea/regional-offices/index.html>

Downloading Dashboard Data

The full Profile datasets for 2012 and 2016 are available for download at the University of Michigan's Inter-university Consortium for Political and Social Research (ICPSR). To download, please begin by providing ASTHO with additional information [here](#). Profile datasets for 2010 and 2019 can be requested by emailing profile@astho.org.

Citing Dashboard Data and Technical Notes

Association of State and Territorial Health Officials. ASTHO Profile of State and Territorial Public Health. Arlington, VA: Association of State and Territorial Health Officials. 2020. Available at <https://astho.org/profile/>.

Section 2: Dashboard Layouts

On the website landing page, users can access six individual dashboards based on sections of the survey. Listed below is detailed information on data available in each dashboard and its capabilities.

Activities Dashboard

Begin by selecting a specific topic area from those listed under the “Public Health Activities and Services” dashboard. The dashboard defaults to first displaying data from the 2019 survey: the gradient map on the left depicts the number of total sub-activities performed by each jurisdiction, while the tree-map on the right provides an overview of all sub-activities included under the topic and the total number of agencies who performed the activity in 2019. Users may hover over an individual agency on the map to view the frequency for a specific jurisdiction; by clicking on a specific jurisdiction on the map, users may filter to view sub-activity data for only that jurisdiction.

Users may use the filters to view data only for a specific sub-activity; view state or territory-level data; and view 2016 to 2019 trend data. When users opt to view “Change from 2016” under the Trend Shown filter, the view on the right-hand side of the page will change to show a bar chart: items in dark blue are those activities that have shown a positive increase from 2016 to 2019, while items in grey are activities that have decreased in frequency during this time period. If no bar is shown, the number of SHAs reportedly performing this activity has not changed from 2016 to 2019. The numbers beside each bar represent the numerical change from 2016 to 2019; by hovering over each individual bar, users may view the specific frequencies for each survey year. This bar chart can be further filtered to view change for each health agency by clicking on a specific jurisdiction on the map.

Workforce Dashboard

This page, available only for states and DC, provides an overview of the total number of FTEs by professional function as well as the number of workers by office location. The bar graphs depict the results from the most recent survey iteration. Users can filter to view a specific jurisdiction or view data in aggregate; users can view the specific numbers for each item by hovering over the respective bar chart or by turning on the Data Labels filter. The slope line graphs next to each bar chart depict longitudinal changes between survey years. Using the Trend Shown filter, viewers may opt to see data trends between 2012 to 2019 or 2016 to 2019. A dot may appear instead of a slope line graph in instances where only one year of the selected date range is available. Note that the occupational classifications of business/financial operations and quality improvement were not included in the 2012 survey so these categories will always be depicted as dots in aggregate views. For specific jurisdictions, slope line graphs may appear as dots due to missing values.

Governance Dashboard

This single page allows users to view data from the most recent survey iteration for both state and territory-level data. Users can view aggregate data in map and table form. By clicking on a single jurisdiction in the map, users can get a detailed overview of that jurisdiction’s governmental characteristics. This action will also filter the table to only include data from the applicable jurisdiction. Note that information on governance classification is not applicable for territories or freely associated states.

Finance Dashboard

This page, available only for states and DC, provides an overview of public health agency expenditures by source of funding and provides a detailed overview of expenditures by federal agency funding sources. The bar graphs depict the results from the most recent survey iteration. Users can filter to view expenditures for a specific jurisdiction and for a specific expenditure type and can view the specific numbers for each item by hovering over the respective bar chart or turning on Data Labels. The slope line graphs next to each bar chart depict longitudinal changes between survey years. Users can hover over these slope line graphs to better view specific data points for each year or use the Trend Shown filter to see data trends between fiscal years 2010 to 2018 or fiscal years 2015 to 2018. In some instances, a dot instead of a slope line graph may appear—note that the DHHS federal funding category was not included in the 2010 survey data. For specific jurisdictions, slope line graphs may appear as dots due to missing values.

Planning and Quality Improvement Dashboard

This single page allows users to view data for either state or territory-level data. Users may filter the data further by selecting a specific jurisdiction. By hovering over a specific figure, users can view the respective datapoint from 2016 to see how the data have changed over time.

Individual Agency Dashboard

The individual agency profile provides an overview of selected datapoints for each jurisdiction. To view, users must click on a specific jurisdiction from the map on the dashboard landing page.

Saving and Printing a Dashboard

To save or print a dashboard view, use the dropdown menus to select your preferred parameters and navigate to the  button at the lower right of each dashboard. Dashboard views may be downloaded to an image, PDF, or PowerPoint file.

Section 3: Data Analytic Decisions

Inclusion/Exclusion Criteria

When responding to the survey, jurisdictions were given specific instructions on what data to include and exclude. These inclusion/exclusion criteria are listed below by section.

Activities

Additional instructions and clarifications were added to the activities section of the survey between the 2016 and 2019 iterations. In 2019, respondents were instructed to answer “Yes” to a specific activity if the agency either performed the activity directly or contracted out (and monitored/evaluated) the activity; therefore, both concepts were captured using one variable. In prior surveys, participants were asked if their agency performed the activity directly and if their agency contracted out the activity (**Figure 1**), meaning these two concepts were captured separately using two different variables.

Figure 1. View of 2016 versus 2019 Questionnaires

2016 Survey			2019 Survey	
	Performed by state public health agency directly	Contracted out by state public health agency		Performed by state public health agency directly or via contract
Influenza Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Influenza Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No

To ensure comparability with 2019 survey data, the data initially captured separately in two variables from previous survey years was aggregated into one variable to indicate that the response was “Yes” if the activity was directly performed and/or contracted out. Additional definitions were also included for several activities (**Table 2**).

Table 2. Definitions and Clarifications: Activities Section

ITEM	DEFINITION/CLARIFICATION
POPULATION-BASED PRIMARY PREVENTION	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.
BMI SCREENING	Adults and/or children.
NEWBORN SCREENING	Includes non-laboratory and follow-up activities.

PERINATAL REGIONALIZATION	Providing or establishing regional systems designating at which birth facilities pregnant women and infants at high risk of complications may receive care.
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment benefit—comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.
EARLY INTERVENTION SERVICES FOR CHILDREN	A range of targeted services under the Individuals with Disabilities Education Act (IDEA) to help young children with developmental delays or specific health conditions.
OTHER SERVICES FOR CHILDREN AND/OR YOUTH WITH SPECIAL HEALTHCARE NEEDS	Excludes early intervention services.
SCHOOL HEALTH SERVICES (NON-CLINICAL)	Includes screening and referring students to care, providing health counseling and education, and handling lice outbreaks.
COMPREHENSIVE SCHOOL HEALTH CLINICAL SERVICES	Includes administering medications and treatments and providing first aid. Also includes athlete physicals and the services of athletic trainers.
SUBSTANCE MISUSE TREATMENT SERVICES	Includes counseling, inpatient and outpatient treatment, hospital programs, case/care management, medication, and recovery support services.
INJURY POPULATION-BASED PRIMARY PREVENTION	Includes fall prevention, vehicular safety programs, and drowning prevention programs. Does not include suicide prevention.
SEXUAL ASSAULT VICTIMS' SERVICES	Includes crisis counseling, Sexual Assault Response Team (SART), legal services, accompaniment, and advocacy
COMPREHENSIVE CORRECTIONAL HEALTHCARE	Agency has primary responsibility for providing healthcare in the correctional facility.
LIMITED SERVICES IN CORRECTIONAL FACILITIES	Includes STD testing, TB testing and screening.

CLINICS	Includes clinics for: family planning, HIV care/prevention, immunizations, infectious diseases, public health pharmacies, STD testing/treatment, travel clinics, TB clinics, and viral hepatitis clinics.
TRAUMA SYSTEM DESIGNATION	Includes the designation of trauma centers.
PUBLIC DRINKING WATER	Includes setting standards for and monitoring public water suppliers, and licensing/training public waterworks operators.
PRIVATE DRINKING WATER	Includes private well water system inspections, setting standards for individual water supplies and individual wastewater systems, and licensing of contractors and well installers.
TOBACCO RETAILERS	Includes regulation of e-cigarette retailers.
OUTDOOR AIR QUALITY	Includes regular air quality testing.
PRIVATE WATER SUPPLY SAFETY	Includes private water quality testing.
PUBLIC WATER SUPPLY SAFETY	Includes testing public water quality, protecting public water sources, and notifying the public of water supply contamination.
ELDERCARE SERVICES	Includes any assistance an aging individual needs to overcome challenges to normal daily activities; excludes fall prevention.
TRAUMA SYSTEM COORDINATION	This does not include trauma system designation.
MATERNAL MORBIDITY	Any physical or mental illness or disability directly related to pregnancy and/or childbirth.
MORBIDITY DATA	Includes healthcare utilization data, hospitalization data, and all-payer databases
ENVIRONMENTAL LEAD SCREENING	Includes the testing of playground equipment and walls.
BIOMONITORING	The direct measurement of environmental chemicals in people's blood, urine, or other body tissues.

OPIOID-RELATED LAB SERVICES

Includes blood screening and testing environmental samples.

Workforce

Additional instructions and clarifications were added to several questions in the workforce section. The clarifications were meant to assist respondents in filling out the survey and specify which positions to include and exclude in various workforce counts (**Table 3**).

Table 3. Definitions and Clarifications: Workforce Section

ITEM	DEFINITION/CLARIFICATION
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.
NUMBER OF EMPLOYEES	Count both full-time and part-time employees; do not count contract or temporary workers.
NUMBER OF FULL-TIME EQUIVALENTS (FTES)	Refers to public health agency's current total workforce, NOT the maximum workforce your agency is authorized to employ. Includes the same employees reported in "Number of employees" but adjusted for part-time workers, e.g., a full-time employee is counted as 1.00 FTE, and an employee who works 80% of normal work hours is counted as 0.80 FTE.
NUMBER OF STATE EMPLOYEES ASSIGNED TO THE CENTRAL OFFICE	This includes those working in central offices that are spread out between multiple buildings
NUMBER OF STATE EMPLOYEES ASSIGNED ELSEWHERE	State employees who may be detailed over to another department or entity and who do not report to any of the locations listed above.
EXECUTIVE LEADERSHIP	Oversees the operations of the overall agency or a major subdivision of public health services. Includes all top agency executives regardless of education or licensing (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director, general counsel, legislative liaison, chief operating officer).
BUSINESS AND FINANCIAL OPERATIONS STAFF	Performs specialized work in areas of business, finance, accounting, human resources, information technology and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, computer system analyst, network, and database administrators).

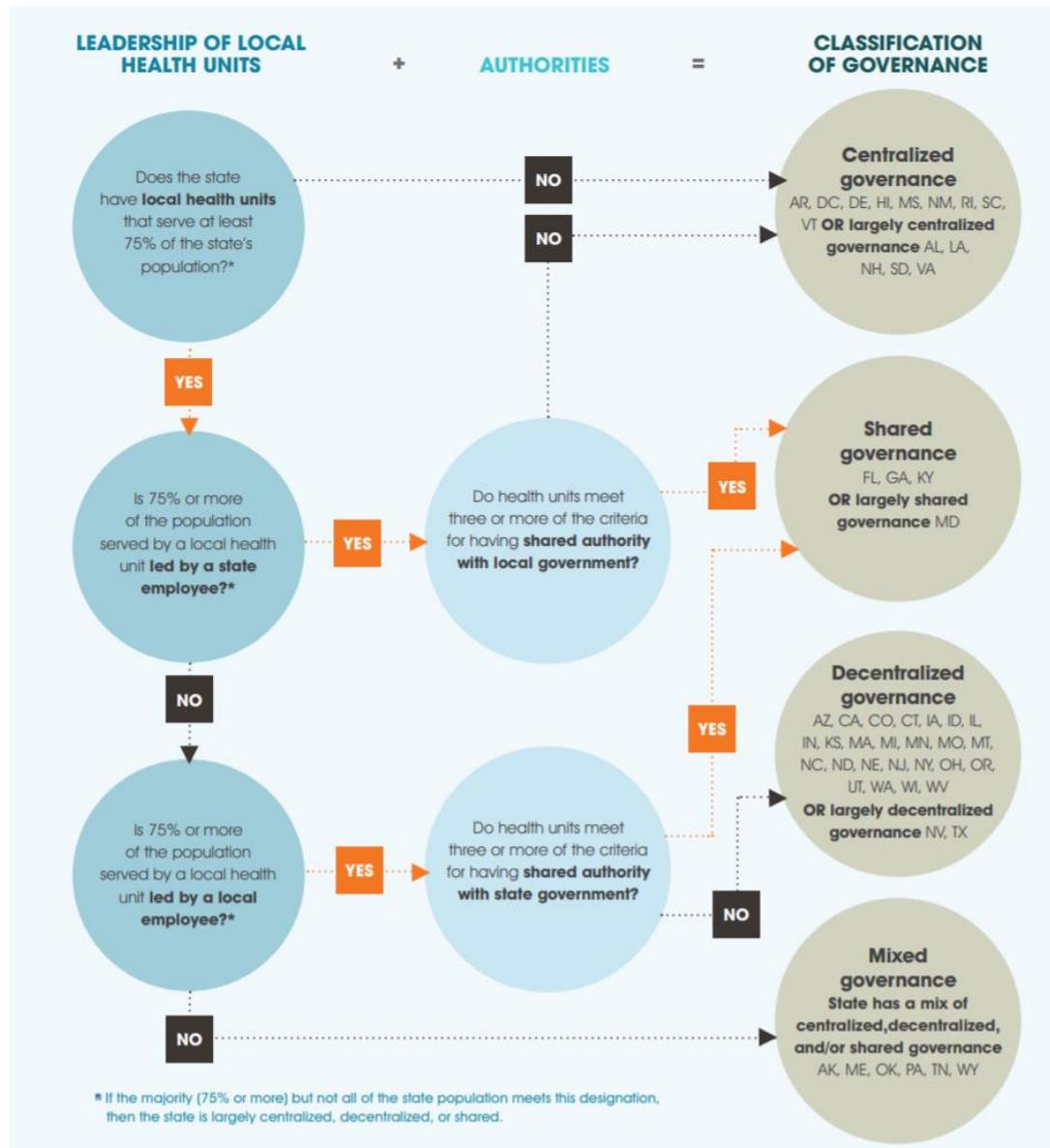
OFFICE AND ADMINISTRATIVE SUPPORT	Performs administrative tasks and clerical duties (e.g., administrative assistant, secretary, receptionist, office clerk, maintenance staff, operator).
QUALITY IMPROVEMENT SPECIALIST	Works collaboratively within public health agency to lead and establish appropriate performance management and quality improvement systems. May also play a lead role in systems assessment and preparing the agency for national public health accreditation (e.g., performance management and quality improvement director, performance improvement manager, performance improvement director).
PUBLIC INFORMATION SPECIALIST	Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public (e.g., public information officer, public information specialist).
PUBLIC HEALTH PHYSICIAN	Licensed physician who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients; includes licensed physicians and preventative medicine physicians. Excludes psychiatrists and psychologists.
PHYSICIAN ASSISTANT	Licensed professional who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients.
NURSE PRACTITIONER	Advanced practice nurse who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients.
PUBLIC HEALTH NURSE	Registered nurse conducting public health nursing (e.g., school nurse, community health nurse); may provide direct medical services to clients.
ORAL HEALTH PROFESSIONAL	Diagnoses and treats problems with teeth, gums, and the mouth. May also educate individuals or groups on proper oral health activities such as diet choices affecting oral health; includes public health dentists, dental hygienists, and dental assistants.
BEHAVIORAL HEALTH STAFF	Develops and implements strategies to improve community mental health status. May also provide direct behavioral health services to clients regarding mental, social, and behavioral issues (e.g., psychiatrists, psychologists, public health social workers, HIV/AIDS counselors, behavioral

	counselors, community organizers, social services counselors, and mental health and substance abuse counselors.)
LABORATORY WORKER	Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards (e.g., laboratorian, laboratory scientist, laboratory technician, laboratory aides or assistants, medical technologists).
EPIDEMIOLOGIST/STATISTICIAN	Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential to make recommendations on appropriate interventions. May also collect data and report vital statistics (e.g., epidemiologist, biostatistician, public health scientist/researcher).
PUBLIC HEALTH INFORMATICS SPECIALIST	Public health professional who applies informatics principles and standards to improve population health (e.g., public health information systems specialists, public health informaticists).
ENVIRONMENTAL HEALTH WORKER	Investigates, monitors, and identifies problems or risks that may affect the environment (e.g., food safety, air and water quality, and solid waste) and, consequently, the health of an individual or group. May include environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector.
HEALTH EDUCATOR	Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals and communities, and promotes the effective use of health programs and services (e.g., health educator, health education coordinator, health education specialist).
NUTRITIONIST	Develops and implements interventions related to nutrition, the nutrition environment, and food and nutrition policy. May also provide nutritional counseling and evaluate the effectiveness of current interventions (e.g., dietician, nutritionist, WIC lactation staff, WIC nutrition staff).
PREPAREDNESS STAFF	Manages or develops the plans, procedures, and training programs involving the public health response to all-hazards events (e.g., emergency preparedness coordinator, incident manager, emergency preparedness manager, emergency preparedness specialist).

Governance

ASTHO utilizes a pre-developed classification of state health agency governance to describe the relationships between state health agency and regional/local public health departments. The decision tree in **Figure 2** was developed to aid classification of states and the District of Columbia according to their governance structure. For more information, go to <https://www.astho.org/Research/Major-Publications/ASTHO-NORC-Governance-Classification-Report/>

Figure 2. State and Local Health Department Governance Classification System



CRITERIA FOR STATE-LED HEALTH UNITS HAVING SHARED AUTHORITY

WITH LOCAL GOVERNMENT

- Local governmental entities have authority to make budgetary decisions
- Local government can establish taxes for public health or establish fees for services AND this revenue goes to local government
- 50% or less of local health unit budget is provided by state public health agency
- Local governmental entities can issue public health orders
- Local chief executives are appointed and approved by local officials

WITH STATE GOVERNMENT

- State governmental entities have authority to make budgetary decisions
- Local government cannot establish taxes for public health nor establish fees for services OR this revenue goes to state government
- More than 50% or less of local health unit budget is provided by state public health agency
- Local governmental entities cannot issue public health orders
- Local chief executives are appointed and approved by state officials

Finance

Upon consultation with subject-matter experts, additional instructions and clarifications were added to the expenditure categories in the finance section (**Table 4**). The clarifications, which specify which activities to include and exclude for each programmatic expenditure, were meant to assist respondents in filling out the survey and increase comparability for finance figures across jurisdictions.

Table 4. Definitions and Clarifications: Finance Section

Asterisk (*) indicates programs or services that should be included in a different programmatic category

ITEM	DEFINITION/CLARIFICATION
STATE GENERAL FUNDS	Include revenues received from state general revenue funds to fund state operations. Exclude federal pass-through funds.
OTHER STATE FUNDS	Include revenues received from the state that are not from the state general fund, and state Medicare and Medicaid reimbursement for direct clinical services.
FEDERAL FUNDS	Include all federal grants, contracts, cooperative agreements, and federal Medicare and Medicaid reimbursement for direct clinical services.
OTHER SOURCES	Include Tobacco Settlement Funds, fees and fines collected by the agency (including regulatory fees and laboratory fees), payment for direct clinical services (except Medicare and Medicaid, which should be included under federal or other state funds as appropriate), foundation and other private donations, and any funding that the state receives from county or local government.
MEDICAID	Include federal portion only in this cell. Include transfers or reimbursements for public health purposes or direct clinical services actually provided by the health department (e.g. lead testing, immunizations outreach to Medicaid recipients, and Elderly/Disabled Medicaid Waivers). Include Medicaid administrative claims. Any state Medicaid expenditures should have been reported in the Other State column in the previous question. Exclude reimbursement for Medicaid services by third party providers.
MEDICARE	Include transfers or reimbursements for public health purposes or direct clinical services actually provided by the health department (e.g.

	nursing home inspections, home health Medicare). Exclude reimbursement for Medicare services by third party providers.
ENVIRONMENTAL PROTECTION AGENCY (EPA)	Include EPA funding administered by the state public health agency only.
CHRONIC DISEASES	<p>INCLUDE:</p> <ul style="list-style-type: none"> • Prevention & screening for chronic diseases and risk factors (e.g., cardiovascular disease, obesity, diabetes, cancer) • Prevention & screening for tobacco, alcohol, and other drug use • Prevention & screening for mental health conditions (EXCEPT suicide) • Non-WIC nutrition assessment & counseling <p>EXCLUDE:</p> <ul style="list-style-type: none"> • Treatment for chronic diseases and risk factors • Treatment for tobacco, alcohol, or other drug use • Treatment for mental health conditions • Screening for asthma • WIC nutrition assessment & counseling*
INFECTIOUS DISEASES	<p>INCLUDE:</p> <ul style="list-style-type: none"> • Child & adult immunizations • Vaccine order management and inventory • ID prevention, screening, and control <p>EXCLUDE:</p> <ul style="list-style-type: none"> • International travel immunizations • Treatment for infectious diseases*
INJURY AND VIOLENCE PREVENTION	<p>INCLUDE:</p> <ul style="list-style-type: none"> • Primary prevention for: <ul style="list-style-type: none"> ○ Injuries ○ Violence ○ Suicide • Poison control • Sexual assault victims' services <p>EXCLUDE:</p> <ul style="list-style-type: none"> • Occupational safety & health • Other victims' services
WIC	<p>INCLUDE:</p> <p>All expenditures related to WIC program, including:</p> <ul style="list-style-type: none"> • Nutrition education • Voucher dollars
ENVIRONMENTAL HEALTH	<p>INCLUDE:</p> <ul style="list-style-type: none"> • Regulatory & non-regulatory programs for: <ul style="list-style-type: none"> ○ Food (retail, processing) ○ Water (drinking, ground, surface, recreational)

- Septic systems
- Air (indoor, outdoor)
- Lead inspection and screening
- Radiation and radon
- Regulation of non-healthcare businesses
 - Body art, tanning, cosmetology
 - Schools, childcare
 - Commercial lodging (e.g., hotels, campgrounds)
 - Tobacco retailers
- Vector control
- Veterinary public health

EXCLUDE:

Regulatory & non-regulatory programs for:

- Solid waste (except septic)
- Hazardous and biomedical waste
- Hazardous materials and hazmat response
- Private housing inspections
- Collection/disposal of pharmaceuticals
- Land use planning
- Clinical treatment for elevated blood lead
- Regulation of healthcare-related businesses*
- Licensure for individuals in any profession or business

CLINICAL SERVICES/CONSUMER CARE

INCLUDE:

- Most maternal & child health programs (e.g., newborn screening, family planning, home visits, prenatal care)
- Oral health
- Non-clinical school health services, non-clinical services in correctional facilities
- Sex education
- Infectious disease treatment (e.g., Tuberculosis, HIV/AIDs, other STDs)
- Substance abuse clinical preventive services; syringe and needle exchange/disposal

EXCLUDE:

- Treatment for chronic diseases (e.g., high blood pressure, diabetes, obesity, cancer)
- Comprehensive primary care (children, adults, school-based)
- Substance abuse treatment services (inpatient or outpatient)
- Mental illness treatment services (inpatient or outpatient), including state psychiatric hospitals
- Correctional healthcare (clinical)
- Eldercare services
- Obstetrical care
- Blood lead treatment

**ALL HAZARDS
PREPAREDNESS AND
RESPONSE**

INCLUDE:

- Disaster preparedness programs
- Bioterrorism
- Disaster response (shelters, emergency hospitals/clinics, medical countermeasures)

EXCLUDE:

- Provision of routine medical or public safety functions, such as EMS or HazMat response

**QUALITY OF HEALTH
SERVICES**

INCLUDE:

- Regulation, inspection or licensing of all healthcare-related facilities (e.g., assisted living, EMS, hospitals, labs)
- Institution compliance audits
- Facility & provider quality reporting
- Equipment quality
- Regulation or coordination of emergency medical and trauma systems
- Physician and provider loan program
- Health-related boards and commissions (ONLY if administered by public health agency)

EXCLUDE:

- Licensure for healthcare professions
- Licensure of other professions
- Health-related boards and commissions NOT administered by public health agency

HEALTH DATA

INCLUDE:

- Surveillance activities
- Data collection
- Data analysis and report production
- Disease registries
- Accident, injury, and death reporting

EXCLUDE:

- Vital statistics*
- Laboratory services*

HEALTH LABORATORY

INCLUDE:

All costs associated with state/territorial laboratory

- Chemistry lab
- Microbiology lab
- Laboratory administration
- Building-related costs
- Supplies

EXCLUDE:

- Forensics laboratory

VITAL STATISTICS**INCLUDE:**

- Records maintenance & reproduction
- Statistical reporting
- Customer service at state/territory or local level

ADMINISTRATION**INCLUDE:**

- Executive office
- Communications
- Legal affairs
- Human resources
- Finance
- Information technology
- Facilities
- Procurement
- Health reform & policy

EXCLUDE:

- Any administrative costs embedded in (and reported in) program areas

Data Estimates and Calculations

Governance

The Agency Characteristic filter “Agency Size” refers to the population size of that jurisdiction. Population data for the states, D.C., and Puerto Rico was taken from the State Intercensal Tables from the U.S. Census Bureau¹. These data were used to calculate tertiles and were placed into categories of small, medium, and large. Population data for the territories and freely associated states was gathered from the World Bank.²

Workforce

To ensure longitudinal comparability, ASTHO calculated overall FTE totals for agencies with missing data; FTEs were calculated by multiplying the agency’s 2019 FTE per capita value by the jurisdiction’s census population for the missing survey year. ASTHO did not estimate any missing data for FTEs by occupational classification.

Finance

Total agency expenditures are calculated by adding up the reported state general funds, other state funds, federal funds, and other sources from each respective year. To ensure longitudinal comparability, ASTHO calculated total agency expenditures for agencies with missing data; total expenditures were calculated by multiplying the aggregate median per capita expenditure for the missing survey year by

¹ <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-total.html>

² <https://data.worldbank.org/indicator/SP.POP.TOTL>

the missing jurisdiction's census population for that year. ASTHO did not calculate estimates by expenditure category or program.

Data Caveats and Explanations

Activities

The number of activities performed by each SHA reflect the numbers reported by SHAs from each data collection. It is possible that decreases over time or responses of "0" are due to missing responses and not necessarily a decrease in activities performed.

Finance

ASTHO collects expenditure data by fiscal year—for example, fiscal year 2018 (FY18) is defined as July 1, 2017 – June 30, 2018. Collected data represent recently closed fiscal years prior to each survey deployment. Traditionally, the survey captures expenditure data for the preceding two fiscal years (with the exception of the 2019 survey, which collected expenditure data by expenditure type for only FY18); because the survey was fielded in 2010, 2012, 2016, and 2019, there are several gaps (specifically, FY12, FY13, FY16, FY17) where data were not collected and as a result are unavailable in the longitudinal hover overs.

Additionally, some agencies follow fiscal years that do not align with the July 1 – July 30 timeframe. This difference in tracking of financial data may affect how expenditure data are collected and reported.

Workforce

The number of workers by location does not necessarily equal the total number of FTEs in each jurisdiction, as some agencies were unable to sort all employees in the location categories given differences in their tracking systems and instances when employees were assigned to additional sites. Additionally, because professional classifications vary by jurisdiction and the classifications listed may not encompass all roles within an agency, the number of FTEs by classification may not add up to the total number of FTEs.

Governance and Structure

The ASTHO Profile Survey aims to capture information pertaining specifically to the public health agency within each jurisdiction; structurally, the public health agency is either an independent agency within the state/territory or is a division within a larger health and human services (HHS) agency. Due to this difference in agency structure as well as other health and organizational considerations, SHAs do not all provide the same services as seen in the dashboard. In cases where the public health division is located under a larger HHS agency, respondents were asked to only report on data that pertain to the public health division.

Occasionally, agency structural changes may occur between survey iterations and affect longitudinal data trends. Potential structural changes may include: moving the public health division out from under a larger health and human services agency; moving the independent public health agency into a larger health and human services agency; or moving a specific program like behavioral health out of the public

health division. **Table 5** provides a list of specific datapoints and explanations for why the figure may not be comparable.

Table 5. Data Caveats and Explanations by Jurisdiction

Dashboard	State	Year	Note
Workforce	KS	2016	Total FTEs data point was missing in the original data set. The value is an estimation based off the agency's 2016 census data multiplied by Kansas' 2019 per capita FTEs.
Workforce	KS	2019	Kansas' 2012-2016 workforce numbers represent the state's division of public health, while 2019 likely represents figures for the entire Department of Health and Human Services.
Workforce	MD	2019	Maryland workforce numbers represent the state's entire Department of Health, but expenditures only represent the public health division of that agency.
Workforce	NJ	2019	New Jersey 2019 workforce numbers represent re-organizations within the Department of Health, specifically for the Office of the Chief Medical Examiner and Mental Health Services.
Workforce	NV	2012	This data point was missing in the original data set. The value is an estimation based off the agency's 2012 census data multiplied by Nevada's 2019 per capita FTEs.
Workforce	SC	2012	This data point was missing in the original data set. The value is an estimation based off the agency's 2012 census data multiplied by South Carolina's 2019 per capita FTEs.
Workforce	TX	2019	Between the 2016 and 2019 survey, the agency structure in Texas changed, with the health agency moving out from under a larger umbrella organization to become its own entity. FTE figures represent only the workforce of the newly separate agency.
Workforce	WY	2012	Wyoming's 2012 workforce numbers likely represent the state's entire Department of Health, while data from 2016-2019 represent only figures for the Public Health Division.
Finance	AZ	2014	This figure includes expenditures for behavioral health services, which was moved to another agency following FY16.
Finance	AZ	2015	This figure includes expenditures for behavioral health services, which was moved to another agency following FY16.
Finance	MI	2018	This figure represents total expenditures from the newly merged Department of Health and Human Services, which includes behavioral health. The agency is not able to provide separate figures for only the division of public health.
Finance	TN	2018	The only data available for 2018 are expenditures from federal sources. As a result, total expenditures from all sources is lower in 2018 than for previous years.
Finance	TX	2018	Between the 2016 and 2019 survey, the agency structure in Texas changed, with the health agency moving out from under a larger umbrella organization to become its own entity.
Finance	VA	2018	The only data available for 2018 are expenditures from federal sources. As a result, total expenditures from all sources is lower in 2018 than for previous years.

Finance	WY	2010	While workforce data from 2012 represents the state's entire Department of Health, the finance section only represents expenditure data from the public health division of that agency.
Finance	WY	2011	While workforce data from 2012 represents the state's entire Department of Health, the finance section only represents expenditure data from the public health division of that agency.

Appendix A

Appendix A. Secondary Data Sources

Short name for data source: ASTHO Environmental Health Services Survey

Collected/published by: ASTHO

Brief description of how primary data are obtained: 2019 survey of state/territorial environmental health directors. Answers for items in the Profile Survey appear as a “Yes” if the respondent answered Yes to any of the following on the EH Services Survey: Your section/division; A different section/division within your agency; County/local, state/territorial supported; contracted out by S/THA to third party. Because of the comprehensiveness of the EH Services Survey, there are often multiple activities that correspond to a single Profile item.

Data Use Policy: Public

Date of data collection: January 2019

Data fields:

Variable name	Variable label	Description of data
AINSFSE01	2.10 Reg/Inspect/License - Food Service	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSFPR01	2.10 Reg/Inspect/License - Food Processing	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSMK01	2.10 Reg/Inspect/License - Milk Processing	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSSHE01	2.10 Reg/Inspect/License - Shellfish	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSBCH01	2.10 Reg/Inspect/License - Beaches	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSSWP01	2.10 Reg/Inspect/License - Public Pools	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSPUW01	2.10 Reg/Inspect/License - Public Drinking H2O	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSPRW01	2.10 Reg/Inspect/License - Private Drinking H2O	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSHOM01	2.10 Reg/Inspect/License - Hotel/Motel	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSLDI01	2.10 Reg/Inspect/License - Lead Inspect	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSSSEP01	2.10 Reg/Inspect/License - Septic Systems	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSBPT01	2.10 Reg/Inspect/License - Body Pierce/Tattoo	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSCOS01	2.10 Reg/Inspect/License - Cosmetology	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSTAN01	2.10 Reg/Inspect/License - Tanning Salon	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSBMW01	2.10 Reg/Inspect/License	Activity under 2.10 Regulation, inspection and/or

	- Biomed Waste	licensing activities—categorical data.
AINSSWD01	2.10 Reg/Inspect/License - Solid Waste Disposal Site	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSSWH01	2.10 Reg/Inspect/License - Solid Waste Haulers	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSOCC01	2.10 Reg/Inspect/License - Occupational Health	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AINSSMK01	2.10 Reg/Inspect/License - Smoke-free Ordinances	Activity under 2.10 Regulation, inspection and/or licensing activities—categorical data.
AOEHCUP01	2.11 Other EH - Collecting Unused Pharmact	Activity under 2.11 Other environmental health activities—categorical data.
AOEHFSE01	2.11 Other EH - Food Safety Train/Ed	Activity under 2.11 Other environmental health activities—categorical data.
AOEHGWP01	2.11 Other EH - Groundwater Protection	Activity under 2.11 Other environmental health activities—categorical data.
AOEHHZM01	2.11 Other EH - Hazmat Response	Activity under 2.11 Other environmental health activities—categorical data.
AOEHIAQ01	2.11 Other EH - Indoor Air Qual	Activity under 2.11 Other environmental health activities—categorical data.
AOEHOAQ01	2.11 Other EH - Outdoor Air Qual	Activity under 2.11 Other environmental health activities—categorical data.
AOEHPSC01	2.11 Other EH - Poison Control	Activity under 2.11 Other environmental health activities—categorical data.
AOEHPRW01	2.11 Other EH - Private H2O Supply Safety	Activity under 2.11 Other environmental health activities—categorical data.
AOEHPUW01	2.11 Other EH - Public H2O Supply Safety	Activity under 2.11 Other environmental health activities—categorical data.
AOEHRDT01	2.11 Other EH - Radiation Control	Activity under 2.11 Other environmental health activities—categorical data.
AOEHRDN01	2.11 Other EH - Radon Control	Activity under 2.11 Other environmental health activities—categorical data.
AOEHSWP01	2.11 Other EH - Surface H2O Protection	Activity under 2.11 Other environmental health activities—categorical data.
AOEHVEC01	2.11 Other EH - Vector Control	Activity under 2.11 Other environmental health activities—categorical data.
AOPHOCC01	2.12 Other PH Act - Occupational Safety/Health	Activity under 2.12 Other public health activities— categorical data.
AOPHVET01	2.12 Other PH Act - Vet PH Activities	Activity under 2.12 Other public health activities— categorical data.
AOEHEPI01	2.13 Data/Epi/Surveillance - Environmental Epidemiology	Activity under 2.13 Data collection, epidemiology and surveillance activities—categorical data.
ALABBIO01	2.14 Lab Services - Bioterror Agent Test	Activity under 2.14 State laboratory services— categorical data.

ALABBLL01	2.14 Lab Services - Environmental Lead Screening	Activity under 2.14 State laboratory services— categorical data.
ALABFDB01	2.14 Lab Services - Foodborne Ill Test	Activity under 2.14 State laboratory services— categorical data.
ALABBMN01	2.14 Lab Services - Biomonitor	Activity under 2.14 State laboratory services— categorical data.
ALABVBI01	2.14 Lab Services - Vector-borne illness testing	Activity under 2.14 State laboratory services— categorical data.

Short name for data source: Agency websites

Collected/published by: ASTHO Profile staff

Brief description of how primary data are obtained: Profile staff will obtain this information based on review of each health agency’s web site. If the information cannot be obtained from the agency web site, Profile staff will contact the Sr. Deputy to obtain the information. The data will be reviewed annually at the time of Profile launch to ensure they are up-to-date. In addition, Profile staff will update the information as soon as possible if they become aware of a change in agency structure.

Data Use Policy: Public

Date of data collection: At time of Profile Survey launch

Data fields:

Variable name	Variable label	Description of data
GSTRPHA01	Agency Structure	Independent or Part of Super Agency; categorical data.

Short name for data source: Health Insurance Exchange

Collected/published by: Kaiser FF

Brief description of how primary data are obtained: KFF provides a map and table of State Marketplace Types. Data was exported in table form.

Reference for more information (if available):

<https://www.kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Data Use Policy: Public

Date of data collection: At time of Profile Survey launch

Data fields:

Variable name	Variable label	Description of data
AENGHIE01	State Health Insurance Exchange	Describes the type of health insurance exchange available in each state; categorical data. The source only provides the state name, so we are unable to determine whether the S/THA is specifically involved in the insurance exchange

Notes on data cleaning: 1=state-based marketplace, 2=state-partnership marketplace, 3=state-based marketplace-federal platform, 4=federally facilitated marketplace

Notes on limitations of data: Due to increased answer options, longitudinal data comparison may need to be reconsidered. Based on comparison with 2016 responses, data may need to be collapsed for longitudinal analysis so that an answer of 1, 2, or 3 = yes (1), and an answer of 4=no (0).

Short name for data source: Public Health Workforce Interests and Needs Survey (PH WINS) salaries
Collected/published by: de Beaumont Foundation

Brief description of how primary data are obtained: Questionnaires are sent to a statistical sample of state health agency staff in each state. Each staff member is asked to report their salary in \$10,000 ranges for annual salary or \$5 ranges for hourly wages.

Reference for more information (if available): <https://www.debeaumont.org/phwins-findings/>

Data Use Policy: Other

Date of data collection: 2017

Data fields:

Variable name	Variable label	Description of data
WOCCBFO02	4.3 Bus/Finance Staff - Annual Salary Range - Min	Minimum reported salary for business and financial operations staff; numeric data.
WOCCBFO03	4.3 Bus/Finance Staff - Annual Salary Range - Max	Maximum reported salary for business and financial operations staff; numeric data.
WOCCPHM02	4.3 PH Manager - Annual Salary Range - Min	Minimum reported salary for executive leadership; numeric data.
WOCCPHM03	4.3 PH Manager - Annual Salary Range - Max	Maximum reported salary for executive leadership; numeric data.
WOCCADM02	4.3 Admin/Clerical Staff - Annual Salary Range - Min	Minimum reported salary for office and administrative support; numeric data.
WOCCADM03	4.3 Admin/Clerical Staff - Annual Salary Range - Max	Maximum reported salary for office and administrative support; numeric data.
WOCCQIS02	4.3 Quality Improvement Specialist - Annual Salary Range - Min	Minimum reported salary for quality improvement specialist; numeric data.
WOCCQIS03	4.3 Quality Improvement Specialist - Annual Salary Range - Max	Maximum reported salary for quality improvement specialist; numeric data.
WOCCPIS02	4.3 PH Info Specialist - Annual Salary Range - Min	Minimum reported salary for public information specialist; numeric data.
WOCCPIS03	4.3 PH Info Specialist - Annual Salary Range -	Maximum reported salary for public information specialist; numeric data.

	Max	
WOCCPHP02	4.3 PH Physician - Annual Salary Range - Min	Minimum reported salary for public health physician; numeric data.
WOCCPHP03	4.3 PH Physician - Annual Salary Range - Max	Maximum reported salary for public health physician; numeric data.
WOCCPAS02	4.3 Physician Assistants - Annual Salary Range - Min	Minimum reported salary for physician assistant; numeric data.
WOCCPAS03	4.3 Physician Assistants - Annual Salary Range - Max	Maximum reported salary for physician assistant; numeric data.
WOCCNPR02	4.3 Nurse Practitioners - Annual Salary Range - Min	Minimum reported salary for nurse practitioner; numeric data.
WOCCNPR03	4.3 Nurse Practitioners - Annual Salary Range - Max	Maximum reported salary for nurse practitioner; numeric data.
WOCCPHN02	4.3 Public Health Nurse - Annual Salary Range - Min	Minimum reported salary for public health nurse; numeric data.
WOCCPHN03	4.3 Public Health Nurse - Annual Salary Range - Max	Maximum reported salary for public health nurse; numeric data.
WOCCOHP02	4.3 Oral Health Prof - Annual Salary Range - Min	Minimum reported salary for oral health professional; numeric data.
WOCCOHP03	4.3 Oral Health Prof - Annual Salary Range - Max	Maximum reported salary for oral health professional; numeric data.
WOCCSOC02	4.3 Beh Health Staff - Annual Salary Range - Min	Minimum reported salary for behavioral health staff; numeric data.
WOCCSOC03	4.3 Beh Health Staff - Annual Salary Range - Max	Maximum reported salary for behavioral health staff; numeric data.
WOCCLAB02	4.3 Lab Wrkr - Annual Salary Range - Min	Minimum reported salary for laboratory worker; numeric data.
WOCCLAB03	4.3 Lab Wrkr - Annual Salary Range - Max	Maximum reported salary for laboratory worker; numeric data.
WOCCEPI02	4.3 Epi/Stats - Annual Salary Range - Min	Minimum reported salary for epidemiologist/statistician; numeric data.
WOCCEPI03	4.3 Epi/Stats - Annual Salary Range - Max	Maximum reported salary for epidemiologist/statistician; numeric data.
WOCCPHI02	4.3 PH Informatic Specialist - Annual	Minimum reported salary for public health informatics specialist; numeric data.

	Salary Range - Min	
WOCCPHI03	4.3 PH Informatic Specialist - Annual Salary Range - Max	Maximum reported salary for public health informatics specialist; numeric data.
WOCCEV02	4.3 Enviro Health Wrkr - Annual Salary Range - Min	Minimum reported salary for environmental health worker; numeric data.
WOCCEV03	4.3 Enviro Health Wrkr - Annual Salary Range - Max	Maximum reported salary for environmental health worker; numeric data.
WOCCHED02	4.3 Health Ed - Annual Salary Range - Min	Minimum reported salary for health educator; numeric data.
WOCCHED03	4.3 Health Ed - Annual Salary Range - Max	Maximum reported salary for health educator; numeric data.
WOCCNUT02	4.3 Nutritionist - Annual Salary Range - Min	Minimum reported salary for nutritionist; numeric data.
WOCCNUT03	4.3 Nutritionist - Annual Salary Range - Max	Maximum reported salary for nutritionist; numeric data.
WOCCPRP02	4.3 Preparedness Staff - Annual Salary Range - Min	Minimum reported salary for preparedness staff; numeric data.
WOCCPRP03	4.3 Preparedness Staff - Annual Salary Range - Max	Maximum reported salary for preparedness staff; numeric data.

Short name for data source: Public Health Workforce Interests and Needs Survey (PH WINS) demographics

Collected/published by: de Beaumont Foundation

Brief description of how primary data are obtained: Questionnaires are sent to a statistical sample of state health agency staff in each state. Staff at the de Beaumont Foundation clean and analyze these data. Some variables are obtained directly from PH WINS staff; Profile staff generate some variables based on PH WINS primary data.

Reference for more information (if available): <https://www.debeaumont.org/phwins-findings/>

Data Use Policy: Other

Date of data collection: 2017

Data fields:

Variable name	Variable label	Description of data
WPCTRAC01	4.4 Racial Breakdown of Staff - % White	Percent of employees of White race working at state health agency; numeric data.
WPCTRAC02	4.4 Racial Breakdown of Staff - % Black/African American	Percent of employees of Black or African American race working at state health agency; numeric data.
WPCTRAC03	4.4 Racial Breakdown of Staff - % American Indian/Alaska Native	Percent of employees of American Indian or Alaska Native race working at state health agency; numeric data.
WPCTRAC04	4.4 Racial Breakdown of	Percent of employees of Asian race working at state

	Staff - % Asian	health agency; numeric data.
WPCTRAC05	4.4 Racial Breakdown of Staff - % Native Hawaiian/Other Pacific Islander	Percent of employees of Native Hawaiian or other Pacific Islander race working at state health agency; numeric data.
WPCTRAC07	4.4 Racial Breakdown of Staff - % 2 or More Races	Percent of employees of two or more races working at state health agency; numeric data.
WPCTRAC08	4.4 Racial Breakdown of Staff - % Missing Data on Race	Percent of employees of which there is missing data on race working at state health agency; numeric data.
WPCTETH01	4.5 Ethnic Breakdown of Staff - % Hispanic/Latino	Percent of employees of Hispanic or Latino ethnicity working at state health agency; numeric data.
WPCTETH02	4.5 Ethnic Breakdown of Staff - % Not Hispanic/Latino	Percent of employees not of Hispanic or Latino ethnicity working at state health agency; numeric data.
WPCTETH03	4.5 Ethnic Breakdown of Staff - % Missing Data on Ethnicity	Percent of employees of which there is missing data on Hispanic/Latino ethnicity working at state health agency; numeric data.
WPCTGEN01	4.6 Gender Breakdown of Staff - % Male	Percent of male employees working at state health agency; numeric data.
WPCTGEN02	4.6 Gender Breakdown of Staff - % Female	Percent of female employees working at state health agency; numeric data.
WPCTGEN03	4.6 Gender Breakdown of Staff - % Non-binary/Other	Percent of non-binary/other employees working at state health agency; numeric data.
WPCTGEN04	4.6 Gender Breakdown of Staff - % Missing Data on Gender	Percent of employees of which there is missing data on gender working at state health agency; numeric data.
WAVGAGE01	4.7 Average Age of Employees	Average age of current full-time state health agency employees; numeric data.
WAVGAGE02	4.7 Median Age of Employees	Median age of current full-time state health agency employees; numeric data.
WAVGAGE03	4.7 Average # of Years of Service	Average number of years of service for current full-time state health agency employees; numeric data.
WAGENEW01	4.8 Average Age of New Employees in FY 2017	Average age of new employees hired for fiscal year 2017; numeric data.

Short name for data source: Public Health Accreditation Board (PHAB)

Collected/published by: PHAB

Brief description of how primary data are obtained: Data is collected through PHAB's accreditation process.

Reference for more information (if available): <https://phaboard.org/who-is-accredited/>

Data Use Policy: Public

Date of data collection: Retrieved by ASTHO October 2019

Data fields:

Variable name	Variable label	Description of data
QSHAACC01	6.1 PH Accreditation Board Program	Accreditation status; categorical data.

Short name for data source: Surveillance: Behavioral risk factors

Collected/published by: CDC

Brief description of how primary data are obtained: CDC provides a list of all S/THA BRFSS coordinators, as well as their offices.

Reference for more information: https://www.cdc.gov/brfss/state_info/coordinators.htm

Data Use Policy: Public

Date of data collection: Retrieved by ASTHO October 2019

Data fields:

Variable name	Variable label	Description of data
ADATBRF01	2.13 Data/Epi/Surveillance - Behavioral Risk Factors	Activity under 2.13 Data collection, epidemiology, and surveillance activities—categorical data.

Short name for data source: Surveillance: Cancer incidence

Collected/published by: CDC

Brief description of how primary data are obtained: CDC provides a list of S/T program contacts for those who receive funding through CDC's National Program of Cancer Registries. SEER provides a separate list of contacts, some of whom don't receive CDC funding. Together these two sources should provide a complete list. Primary data will be obtained by visiting each S/T link to confirm the location of the office.

Reference for more information: https://nccd.cdc.gov/dcpc_Programs/index.aspx#/3 ; <https://seer.cancer.gov/registries/list.html>

Data Use Policy: Public

Date of data collection: Retrieved by ASTHO October 2019

Data fields:

Variable name	Variable label	Description of data
ADATCAI01	2.13 Data/Epi/Surveillance - Cancer Incidence	Activity under 2.13 Data collection, epidemiology, and surveillance activities—categorical data.

Short name for data source: Surveillance: Vital stats

Collected/published by: CDC

Brief description of how primary data are obtained: CDC provides a list of all S/T contacts for those requesting vital records. Primary data will be obtained by visiting each S/T link to confirm the location of the vital stats office.

Reference for more information: <https://www.cdc.gov/nchs/w2w/index.htm>

Data Use Policy: Public

Date of data collection: Retrieved by ASTHO October 2019

Data fields:

Variable name	Variable label	Description of data
ADATVTS01	2.13 Data/Epi/Surveillance - Vital Statistics	Activity under 2.13 Data collection, epidemiology, and surveillance activities—categorical data.

Short name for data source: U.S. Census State Populations

Collected/published by: U.S. Census Bureau

Brief description of how primary data are obtained: Data is collected through the U.S. Census and ASTHO uses tertiles to classify data into categories of small, medium, and large state populations.

Reference for more information: <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-total.html>

Data Use Policy: Public

Date of data collection: Retrieved by ASTHO October 2019

Data fields:

Variable name	Variable label	Description of data
POP2018	State Population 2018	State population estimates – numeric data.
NPOP2018	States Grouped by Size (Tertiles)	State population estimated categorized into tertiles – categorical data.

Short name for data source: World Bank Territorial Populations

Collected/published by: The World Bank

Brief description of how primary data are obtained: Total population is based on the de facto definition of population, which counts all residents regardless of legal status or citizenship. The values shown are midyear estimates.

Reference for more information: <https://data.worldbank.org/indicator/SP.POP.TOTL>

Data Use Policy: Public

Date of data collection: Retrieved by ASTHO October 2019

Data fields:

Variable name	Variable label	Description of data
POP2018	2018 Population	Population estimates – numeric data.
NPOP2018	Territories Grouped by Size (Tertiles)	Population estimated and categorized into tertiles – categorical data.

Short name for data source: U.S. HHS Regions

Collected/published by: U.S. Department of Health and Human Services

Brief description of how primary data are obtained: The U.S. Department of Health and Human Services determines the 10 Regional Offices within The Office of Intergovernmental and External Affairs that directly serve state and local organizations. ASTHO collapses the 10 regions into 5 categories for easier comparison.

Reference for more information: <https://www.hhs.gov/about/agencies/iea/regional-offices/index.html>

Data Use Policy: Public

Date of data collection: Retrieved by ASTHO October 2019

Data fields:

Variable name	Variable label	Description of data
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REGION	HHS Region	HHS region – categorical data.
REGION_COMBINED	Combined Regional Classifications	Collapsed HHS regions– categorical data.

