Profile of State Public Health

Volume One


disease outbreaks
bio terrorism threats
immunization
environmental hazards
newborn screening
food safety
resource management
health reports
tobacco quit lines
public health

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Vision

Healthy people thriving in a nation free of preventable illness and injury.

Mission

To transform public health within states and territories to help members dramatically improve health and wellness.

Acknowledgments

Publication of this report would not be possible without important contributions from ASTHO members and other state public health agency staff, our funders, and, of course, ASTHO staff.

We appreciate the substantial time leaders of state public health agencies devote to thoughtfully responding to the lengthy list of questions in the ASTHO State Public Health Survey. Many leaders, including state health officials, senior deputies and other key health department staff, committed extra time and effort to this project by reviewing draft questionnaires, pilot testing questions and providing other feedback into the survey project.

We would like to thank, in particular, the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention for their financial support, vision and leadership. Their commitment to the field of Public Health Systems and Services Research is critical to ASTHO's efforts to provide the kind of timely and relevant information state health officials need to improve the health of their states' populations as efficiently and effectively as possible.

Belmont, Inc. designed the publication and the Public Health Foundation provided data analysis. Custom Insight developed the internet survey. Kusuma Madamala oversaw the data management and Lawrence Maloney edited the text.

Finally, we would like to acknowledge the substantial contributions from ASTHO staff, without which this work would not be possible: Katherine Barbacci, Michael Dickey, Paula Steib, Lucas Maloney, Brittney Petersen and Ariel Holland.

Jim Pearsol, MEd
Chief Program Officer, Public Health Performance

Katie Sellers, DrPH
Senior Director, Survey Research

A Letter from the Executive Director

I am very pleased to present the *ASTHO Profile of State Public Health, Volume One*. This publication contains the results of ASTHO's first comprehensive state public health survey and sets the baseline for a longitudinal state public health data set that will ultimately provide core data for ongoing public health systems research and a data source for tracking state public health quality, performance and best practices. This data set will enable ASTHO to quickly respond to technical assistance requests, knowledgeably inform public policy, and provide our members the best information available about improving state public health.

There have been other attempts at state public health surveys, but this is the first concerted effort to start a longitudinal data set that can be updated every two to three years and analyzed to identify trends, successful outcomes, and potential challenges.

We thank ASTHO's members for the time and effort they put into responding to this survey. Without their participation, research on state public health agencies would not be possible. In this time of rapid change and strong budget demands, data is one of the best ways to demonstrate the value that public health brings to the nation.

We welcome your feedback on this profile and the survey as a whole. Please review it carefully and feel free to tell us what we forgot to ask, what we should have asked differently, and what future analyses would be most valuable to you.

Paul Jarris, MD, MBA
Executive Director

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

Dear Colleague:

The Centers for Disease Control and Prevention (CDC) has been pleased to support the Association of State and Territorial Health Officials (ASTHO) in its work to develop the *ASTHO Profile of State Public Health, Volume One*. CDC congratulates ASTHO for the release of this report, which will help state and local health departments, policymakers, federal agencies, governing bodies, researchers, and others better understand our nation's state public health infrastructure.

The *ASTHO Profile of State Public Health, Volume One* provides comprehensive data about state health department responsibilities, organization and structure, planning and quality improvement activities, and workforce. These data would not be nearly as informative without the impressive response from all 50 states and the District of Columbia; we commend both ASTHO and the respondents for their dedication and contributions to such an important effort.

This report–and the continued commitment to systematically monitor state public health in the future–is important to describe and better understand state public health departments. We anticipate that the data presented in this report will provide many opportunities to inform policy, practice, research, and advocacy.

CDC looks forward to seeing how the data in this report contribute to a stronger understanding of our nation's state health departments and the important role they play in improving health in our nation.

Sincerely,

Thomas R. Frieden, M.D., M.P.H.
Director, CDC, and Administrator,
Agency for Toxic Substances and Disease Registry

Robert Wood Johnson Foundation

Dear Colleague:

The Robert Wood Johnson Foundation strives to ensure all Americans have access to quality public health services supported by policies that protect, promote, and preserve their health, regardless of who they are or where they live. A key part of this work is advancing research in public health systems and services. We are pleased to have worked with our valued partner, the Association of State and Territorial Health Officials (ASTHO), to release the *ASTHO Profile of State Public Health, Volume One*. The survey findings reported in this document are critical to the ability to translate research into practice and will form the basis of ongoing research. They also provide valuable insight into understanding the important work and challenges faced by state public health agencies, particularly now, while the nation is examining ways to bring about effective health reform.

A holistic picture of the U.S. health system is beginning to emerge as organizations like ASTHO, the National Association of County and City Health Officials, and the National Association of Local Boards of Health collect data from different components of the governmental public health system. We are proud to have committed funding, leadership, and technical assistance to support this work.

Studies such as the *ASTHO Profile* provide strong credible information about the most effective ways to manage and improve health systems across the nation and we look forward to building on this important baseline information.

Risa Lavizzo-Mourey, M.D., M.B.A.
President & CEO

Executive Summary

This report highlights descriptive findings from the *ASTHO State Public Health Survey*. The survey was conducted in 2007 and 2008 and will be administered again in 2010. The purpose of this report is to provide state health officials, public health agency staff, researchers, and other interested parties a comprehensive report of findings from the first of many State Public Health Surveys. This data report serves as a resource to:

- Define the value of state public health to governors, legislatures, and the nation.
- Promote and preserve adequate funding for essential public health services.
- Effectively advocate on behalf of state health officials and public health.

This report is intended to outline available data and inspire future research using this and other datasets to answer pressing questions about the relationships between state health agency characteristics, public health system performance, health outcomes and other important variables such as funding and political priorities, social determinants of health and efforts to improve the performance of public health systems.

ASTHO is the 501(c) (3) non-profit membership association representing the chiefs of state and territorial health agencies and the 100,000 individuals who work for them. ASTHO's primary function is to track, evaluate and advise members on the impact and formation of policy – public or private – pertaining to health which may affect the administration of state or territorial health agencies and to provide guidance and technical assistance to its members on improving the nation's health. ASTHO's work is supported by its 57 members, senior state and territorial health agency leadership, an active Alumni Society of former members, a network of 20 affiliated organizations, and staff.

Between September 2007 and December 2007 ASTHO surveyed each state and territorial public health agency using an online survey. The survey was developed with assistance from the Public Health Foundation and informed by consulting several existing survey tools, selected state health officials and experts in the field. The survey was sent to the senior deputy in each state and territorial public health agency in September 2007. The close date for completion of the entire survey was December 11, 2007. Forty-seven states (83 percent), and the District of Columbia completed the survey. No territories completed the survey in its entirety. Staff performed follow-up through email and phone calls. After the closing date, ASTHO collected completed surveys from the remaining states, for a total of 51 responses.

The 2007 ASTHO State Public Health Survey was comprehensive in order to capture a complete picture of state public health agencies. The survey collected data on activities, personnel, organizational structure, scope of work, financing, planning and quality improvement, agency mission, relationship with local public health agencies, partnership and collaboration, emergency preparedness structure, and performance activities. The survey also included questions related to priorities, accomplishments, and mission statements.

"It is an uncommon privilege to serve as the health official for an entire state."
Dr. Thomas M. Vernon, Former State Health Official

Some of the key activities state public health agencies perform include:

- Running efficient statewide prevention programs like tobacco quit lines, newborn screening programs, and disease surveillance.
- Assuring a basic level of community public health services across the state, regardless of the level of resources or capacity of local health departments.
- Providing the services of professionals with specialized skills, such as disease outbreak specialists and restaurant and food service inspectors, who bring expertise that is otherwise hard to find, too expensive to employ at a local level, or involve overseeing local public health functions.
- Collecting and analyzing statewide vital statistics, health indicators, and morbidity data to target public health threats and diseases such as cancer.
- Providing statewide investigations of disease outbreaks, environmental hazards such as chemical spills and hurricanes, and other public health emergencies.
- Monitoring the use of funds and other resources to ensure they are used effectively and equitably throughout the state.
- Conducting statewide health planning, improvement, and evaluation.
- Licensing and regulating health care, food service, and other facilities.

Highlights from this report include:

- The majority of state public health agencies (28, or 55%) are structured as free-standing agencies, while the remaining 23 agencies (45%) are located within an umbrella agency structure in state government.
- In 13 states and the District of Columbia (28%), local health services are provided by the state public health agency (centralized or no local health departments).
- In 19 states (37%), local health services are provided by independent local health departments (decentralized states).
- The remaining 18 states (35%) function with some combination of the above arrangements (hybrid states).
- More than 82% of state health agencies have a quality improvement process in place, but only about 10% have it fully implemented department-wide.
- Over a third (18, or 35%) of state public health agencies operate with fewer than 1000 full-time employees (or the equivalent).
- Six of the state public health agencies, however, have over 5000 full-time equivalents. The median number of FTEs is 1279.

Introduction

State public health is the focal point for population health activities in states, public health system oversight, management of federal funds targeted to unmet needs, state health surveillance, and is the final arbiter of health policy in states.

There is considerable variation in the public health system across states and among local health departments, which can define a state's ability to meet health protection and promotion objectives. The 2007 ASTHO State Public Health Survey provides data to confirm the existence of a comprehensive, yet inconsistent public health system. In addition to continued analysis of the data collected through the 2007 Survey, ASTHO will harmonize its state public health systems research in a coordinated fashion with the NACCHO National Profile of Local Health Departments and the National Association of Local Boards of Health (NALBOH) survey of boards of health and will conduct future data collection and analysis around important public health topics.

To address the challenges of variation among state public health services, ASTHO plans to create a database that includes data about state and local public health agency structure, function, and capacity that public health practitioners, public health systems researchers, and others can use.

Several factors influenced ASTHO to develop and launch such an extensive survey. No single data source containing comprehensive information about state public health agency structure and services currently exists. Over the past few years, ASTHO has administered several surveys to members, including a 2005 Salary and Agency Infrastructure Survey, 2007 Workforce Survey, and 2007 Minority Health Survey. Although the data collected from these surveys are valuable, they did not provide a complete picture of state public health. A resource of this scope is essential for state health officials, ASTHO, and other organizations to:

- Define the value of state public health to governors, legislatures, and the nation.
- Promote and preserve adequate funding for essential public health services.
- Effectively advocate on behalf of state health officials and public health.

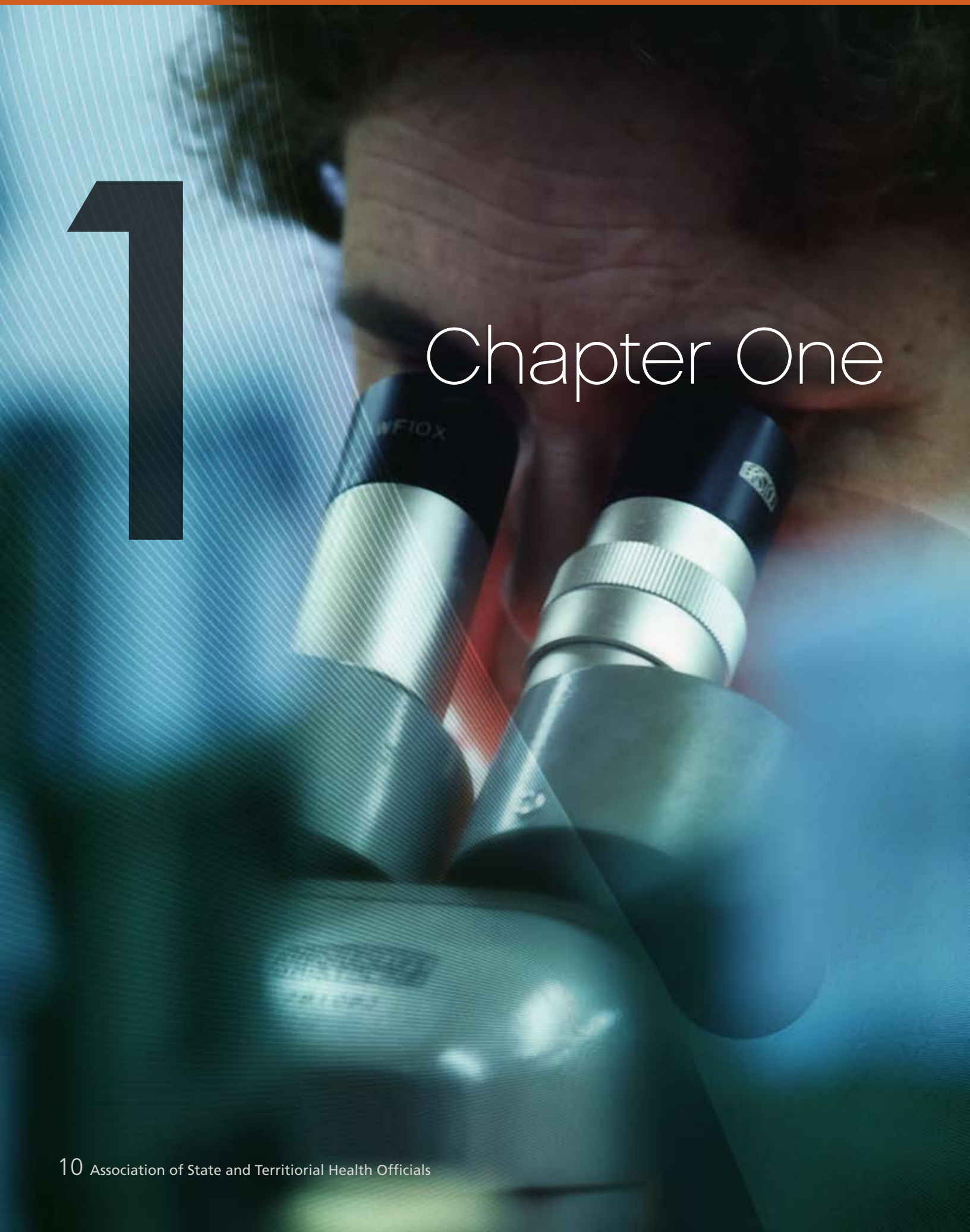
This report highlights descriptive findings from each section of the 2007 State Public Health Survey: activities, organization and structure, planning and quality improvement and workforce.

Background and Significance

A key component to promoting health and preventing disease involves creating a greater understanding of the public health activities provided by state governments, specifically state health agencies. Development of a common understanding of the public health services an individual can expect from state government has sparked interest from ASTHO members as well as funding communities. The National Association of County and City Health Officials (NACCHO) defined the functions of local health departments in the *Operational Definition of a Functional Local Health Department*. The definition seeks "to describe the functions of local health departments, to help citizens and residents understand what they can reasonably expect from governmental public health in their communities." The document also offers the standards that describe the responsibilities of any local health department, regardless of location, size, or governance. The state health agency should be held accountable to the same standards as the local health departments.

Accreditation and assessment programs are often initiated because of a perceived lack of consistency or uniformity of public health services within a state. In the wake of 9/11 and Hurricane Katrina, levels of concern have risen regarding accountability for the public's health. Researchers have conducted analyses of state health agencies in the context of accreditation and performance improvement initiatives. Researchers conducted an analysis of the state health agencies involved in the Multi-State Learning Collaborative (MLC). The participants in this project were asked to collaborate with other states in determining the most effective methods to develop a performance improvement or accreditation program. "Despite the need to ensure that health department services are uniquely targeted to their population needs, there is an increasing recognition that the commonalities among health departments are far more significant and important than the differences.[1]" Continued research is needed to capture the similarities among state health agency infrastructure and operations that will lead to improved performance.

While performance improvement efforts aim to provide uniformity of services across states, evidence shows that there is still great variation in performance among public health systems. A recent analysis of data from local public health departments in regard to delivery of the ten essential public health services found that performance varied in relation to "size, financial resources, and organizational structure of local public health systems.[2]" "These challenges are exacerbated by the lack of evidence-based measures of public health system performance in general and of public health preparedness in particular.[3]" An absence of evidence-based research on the structure and function of public health agencies has led to questions concerning the optimal organization of state and local health departments with respect to public health preparedness. An ability to characterize state health agency structure and function will be a critical part of improving performance of public health systems and ensuring improved public health outcomes.



1 Chapter One

Public Health Responsibilities

Defining the Role

The general public is unclear on what public health is, and has an even more limited understanding of what state health departments do. Unfortunately, public health researchers and practitioners do not have a vast collection of data on the topic either. In 1990, the Centers for Disease Control conducted a study of state health departments that provided some foundational information on what state health departments do and how they do it. In 2006, Leslie Beitsch, MD and colleagues looked at some of the major changes and added responsibilities affecting state health agencies in the wake of the September 11, 2001 terrorist attacks.[4] Based on a survey of state health officials in all 50 states, this study described the types of services offered in 2001, versus those that departments reported to the CDC in 1990 [5]. Among the most notable changes:

- More state health agencies engaged in health planning and development in 2001 than in 1990.
- In 2001, fewer state health agencies were licensing institutions and overseeing mental health institutions and hospitals.
- The number of state health agencies charged with primary responsibility for environmental health decreased by 50% in the 1990 to 2001 period.
- State health agencies (SHAs) increased their preparedness responsibilities for bioterrorism in the years between the two studies, but some SHAs lost responsibility for natural disaster preparedness.

Clarifying the Function

Building on these earlier studies, the new *ASTHO Profile of State Public Health, Volume One* gives the latest responses from state health agencies on their major activities and responsibilities. For example, more than 90% of state health agencies perform the following functions directly:

- Childhood vaccine order management and inventory distribution.
- Maintenance of childhood immunization registry.
- Laboratory testing for likely bioterrorism agents, such as anthrax.
- Data collection and analysis.
- Vital records, as well as data on morbidity and reportable diseases data.
- Epidemiology and surveillance activities on injuries, chronic diseases, and communicable diseases.
- Perinatal events or risk factors.
- Tobacco control and prevention.
- Food safety education.
- Bioterrorism event response.

"Every job I've ever had has prepared me for this one – and it often feels like I'm doing them all at the same time."

Sanne Magnan, MD, PhD, Commissioner, Minnesota Department of Health

90% of SHAs handle order management and distribution of childhood immunizations.

More than 80% of SHAs conduct screening for HIV/AIDS, cervical and breast cancer.

State public health labs lead the way in testing for bioterrorism and food-borne illness.

More than 90% of SHAs provide services for children with special health care needs.

In each state, the SHA bears primary responsibility for epidemiology and public health surveillance.

Nearly 83% of SHAs run violence prevention programs, up from 68% in 2001.

The vast majority of SHAs are responsible for preparedness programs for disasters.

Over 90% of SHAs administer federal Preventive Health and Health Services block grants.

- Communicable disease outbreak response.

Just Scratching the Surface

The duties of state health agencies (SHAs) expand even further, when you combine services performed directly by the SHAs with those that these agencies oversee through grants and contracts. Under this definition, the new survey data finds that more than 90% of SHAs are also responsible for the following functions:

- Screening and prevention for HIV/AIDS.
- Laboratory testing for food-borne illness.
- Newborn screening.
- Maintenance of cancer registry.
- Services for children with special health care needs.
- Data collection and analysis for behavioral risk factors.
- Cancer epidemiology and surveillance.
- Environmental health epidemiology.
- Injury control and prevention.
- Obesity prevention.
- Sexually transmitted disease counseling and partner notification.
- Access to health care for minority populations.

Results from the 2007 survey that form the basis of this *Profile* show in many instances a broadening of responsibilities for many state public health agencies. Where significant, this chapter will point out examples of that expanding role by comparing the new data to findings from the 2001 Beitsch report.[4]

Figure 1.1 - SHA Top Priorities

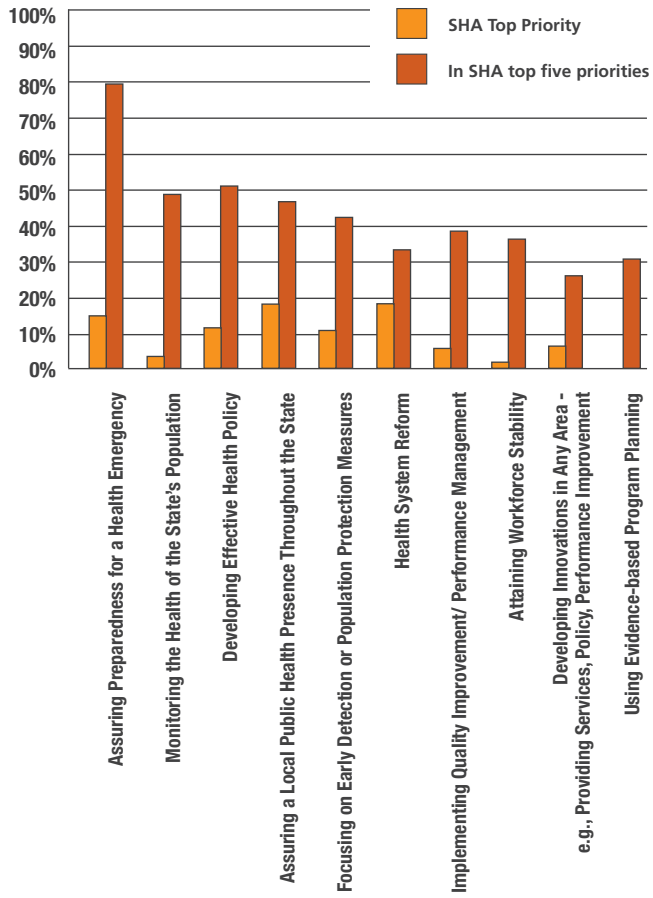
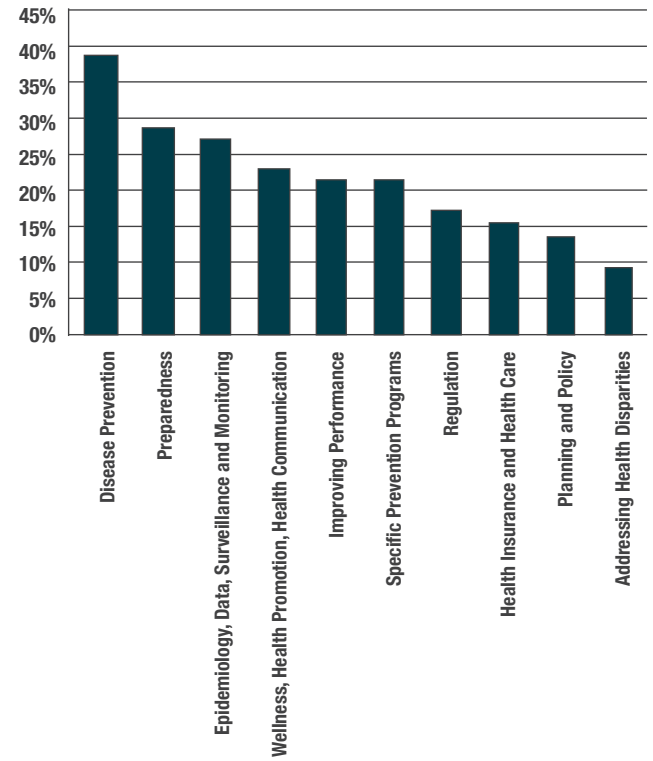


Figure 1.2 - State health agency Top Activities



Top Priorities

The new ASTHO survey asked state health officials (SHOs) to rank the top five priorities of their state health department **(Figure 1.1)**. "Assuring a local public health presence throughout the state" and "health system reform" were cited as the top priority by the most SHOs. "Assuring preparedness for a health emergency" was also frequently cited as a number one priority, and appeared most frequently on these top five lists. "Monitoring the health of the state's population," "developing effective health policy" and "assuring a local public health presence throughout the state" were the next most common priorities in the top five lists.

Most Important Services

SHA leaders responding to the survey were also asked to name their "top three activities." We compiled these verbatim responses into primary categories **(Figure 1.2)**. Among the services rated most important: wellness programs and disease prevention, preparedness, and epidemiology/surveillance.

Many survey respondents also cited specific programs that serve large populations, including: cancer control, immunizations, family and newborn screening, infant mortality reduction, as well as prevention programs for tobacco use, injury, and chronic diseases, most notably obesity and Type II Diabetes.

Respondents also placed a high value on several activities designed to improve the performance of state public health agencies. These included:

- Leadership development.
- Adoption of National Public Health Performance Standards.
- Implementation of the Public Health Improvement Project.
- Workforce development / core competencies.
- Coordination with partners in the public health system.
- Support for local public health agencies.
- Data driven management.

Organization for Federal Initiatives

Over 90% of state public health agencies bear primary responsibility for federal initiatives to collect vital statistics and carry out the Preventive Health and Health Services Block Grant **(Figure 1.3)**.

In addition, more than 90% of SHAs partner with other state agencies, local health departments, other local government agencies and non-profit agencies on several federal initiatives. These include such programs as: Healthy People, National Cancer Prevention and Control Program, Health Professional Shortage Area Designations, Women Infants and Children (WIC) Program, HIV Pharmacies (ADAP) initiative, Maternal and Child Health Services Title V Block Grant, and HRSA Preparedness grants.

Technical Assistance

State public health agencies deliver technical assistance to a variety of health-related entities **(Figure 1.4)**, with hospitals topping the list.

SHAs typically help with quality improvement processes, data management, issues related to public health law, policy development, and workforce issues.

Among the most common types of technical assistance provided by SHAs: quality improvement, performance management, and standards and accreditation issues.

wellness
policy development
vital statistics
prevention services
preparedness

Figure 1.3 - Top Federal Initiatives for SHAs

Figure 1.4 - SHAs Providing Technical Assistance to Other Entities

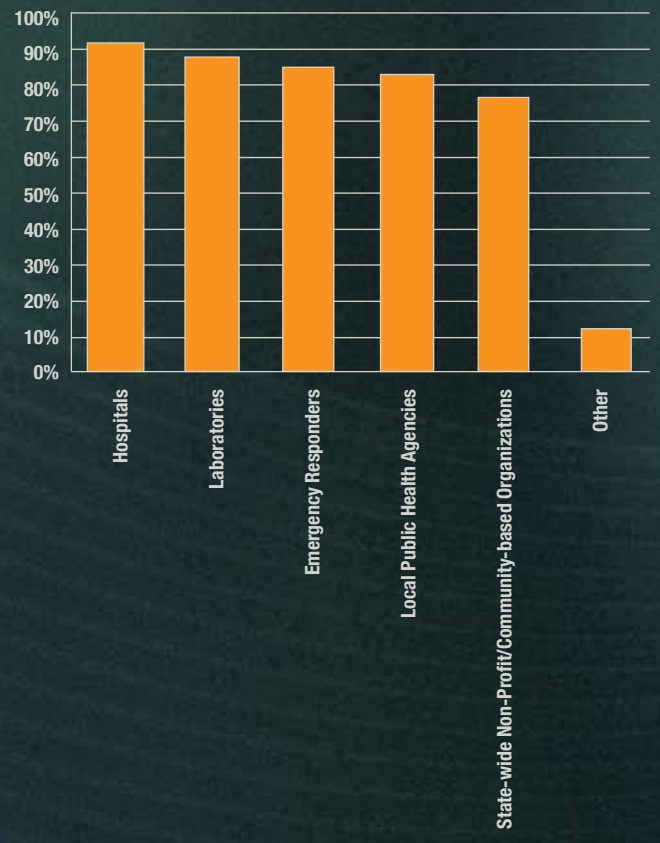
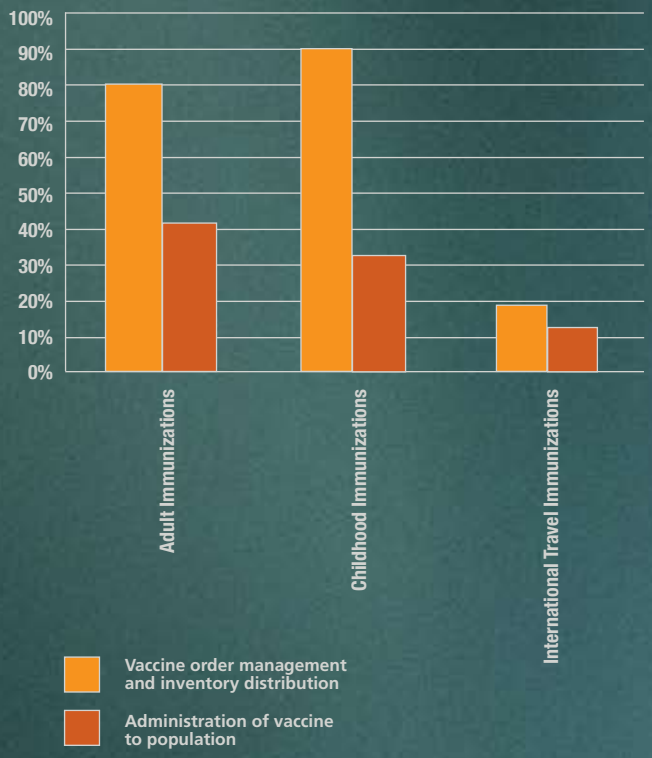


Figure 1.5 - Immunization Services Performed Directly by State Health Agencies



Immunization Services

State public health agencies are the primary entity responsible for vaccine order management and inventory distribution **(Figure 1.5)**. However, over 85% of states depend on local health departments to administer these vaccines.

Population-based Primary Prevention Services

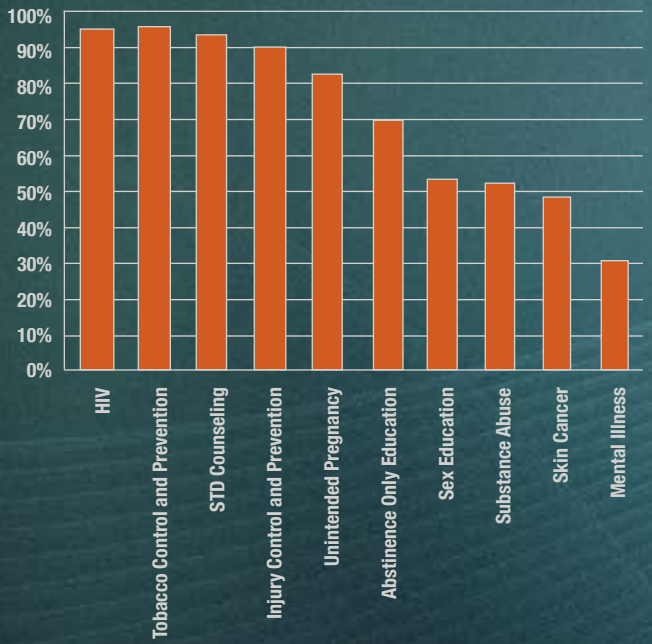
Sometimes called wellness or community health services, population-based primary prevention services comprise an important focus of SHA work.

Over 90% of SHAs offer population-based primary prevention services in the following areas: tobacco use, HIV, injury, obesity, and sexually transmitted diseases **(Figure 1.6)**. The proportion of state health agencies running tobacco control and prevention programs, for example, has grown from 83% in 2001 to more than 95% in 2007.

Also on the upswing: SHA violence prevention programs, increasing from 68% in 2001 to 82% in 2007.

Local public health agencies, as well as non-government entities, also are very active in prevention services in such areas as substance abuse and mental illness prevention.

Figure 1.6 - Population-based Primary Prevention Services

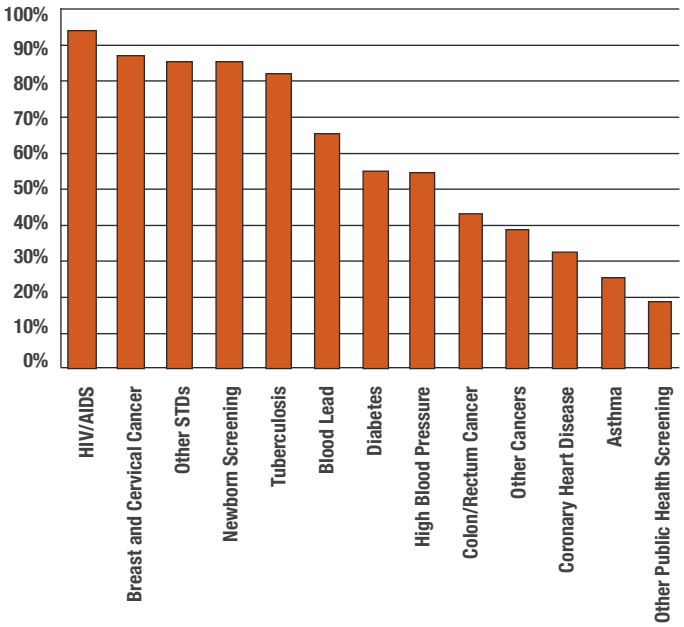


Health Screenings

Public health agencies at every level of government conduct screenings for disease **(Figure 1.7)**, but state health agencies are usually responsible for screening for tuberculosis, HIV/AIDS, sexually transmitted diseases, breast and cervical cancer, as well as screening for newborns. More than 80% of state health agencies perform these functions.

State health agencies are least likely to directly provide screening for asthma, coronary heart disease, and colon/rectum cancer.

Figure 1.7 - Health Screenings



Laboratory Services

Laboratory services are a crucial function of state public health agencies, especially when it comes to testing for bioterrorism threats, influenza types, food-borne illness, newborn screening, lead, and other environmental toxins **(Figure 1.8)**.

The survey found that lab tests for every need listed in this chart are available at some level of government in every state. The only exception: two states did not offer tests for "other environmental toxins."

Electronic Data Exchange

SHAs are increasingly developing the capacity to exchange electronic data with national, state and local public health entities **(Figure 1.9**).

The most common types of information exchanged electronically include: reportable diseases, laboratory reports, vital records and data on the WIC program.

Preparedness Response

Services in response to major disasters of all sorts remain a primary duty of state public health agencies **(Figure 1.10)**, and those responsibilities have generally been growing since 2001.

For instance, in 2001, about 90% of SHAs reported responsibility for bioterrorism preparedness. Now, 98% of SHAs cite that responsibility. The vast majority also administer preparedness programs for chemical, nuclear and natural disasters.

An increased emphasis on preparedness has led to improvements in many areas of public health infrastructure. States point to significant gains in several important functions **(Figure 1.11)**, including communications systems, epidemiology, preparedness planning, public health surveillance, access to lab services, legal support, and workforce training.

Figure 1.8 - Laboratory Services

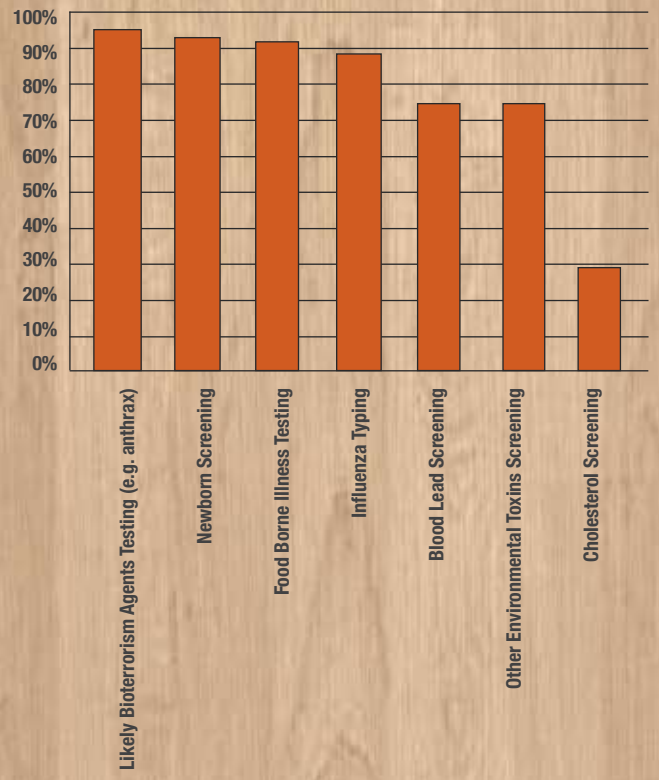


Figure 1.10 - Preparedness Response

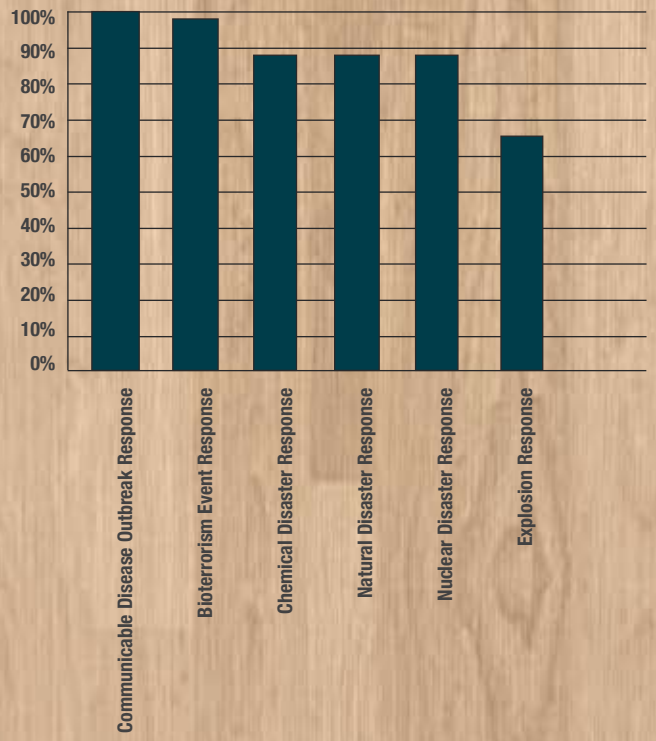


Figure 1.9 - SHA's Ability to Send and Receive Electronic Data

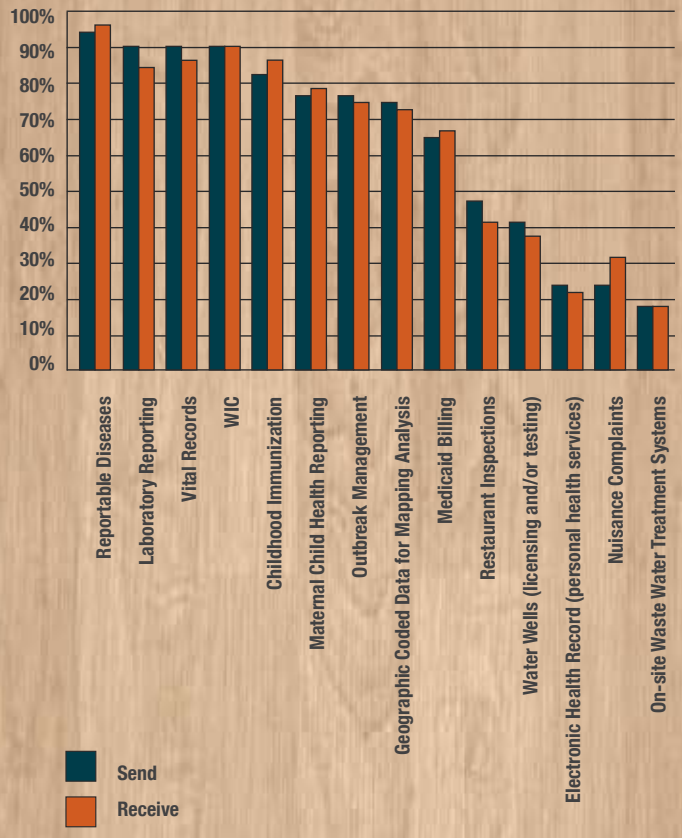
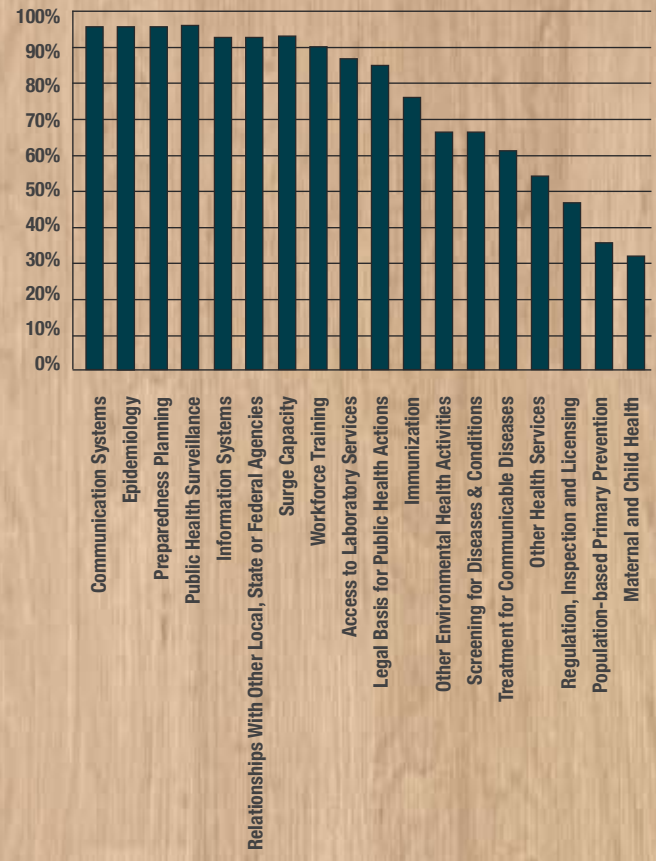


Figure 1.11 - States Reporting Stronger Infrastructure and Programs due to Emergency Preparedness Efforts



Access to Health Care

Minority health and rural health top the list when it comes to areas in which SHAs are dedicated to ensuring access to health care **(Figure 1.12)**, but local health departments also bear heavy responsibility on the same issues.

Since 2001, SHA direction of minority health initiatives has increased substantially from 72% to 88%. However, the percentage of SHAs that are directing rural health efforts has declined slightly, from 77% to 73%.

Most states enforce health insurance regulation through agencies other than state public health. In fact, the role of SHAs in health insurance regulation has declined, with less than 12% of SHAs reporting that responsibility now, versus nearly 15% in 2001.

Registry Maintenance

State public health agencies generally assume primary responsibility for maintaining registries for birth defects, cancer, and childhood immunization **(Figure 1.13)**.

More than 90% of state health agencies maintain cancer registries either directly or through a contract or grant. While about 30% of local health departments maintain childhood immunization registries, over 90% of SHAs do.

Figure 1.12 - Access to Health Care

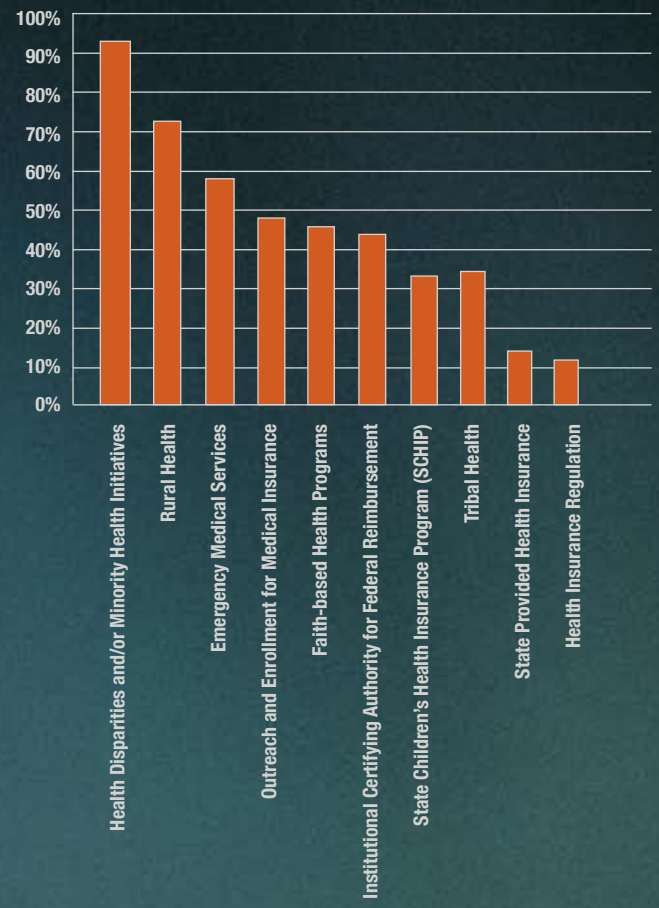
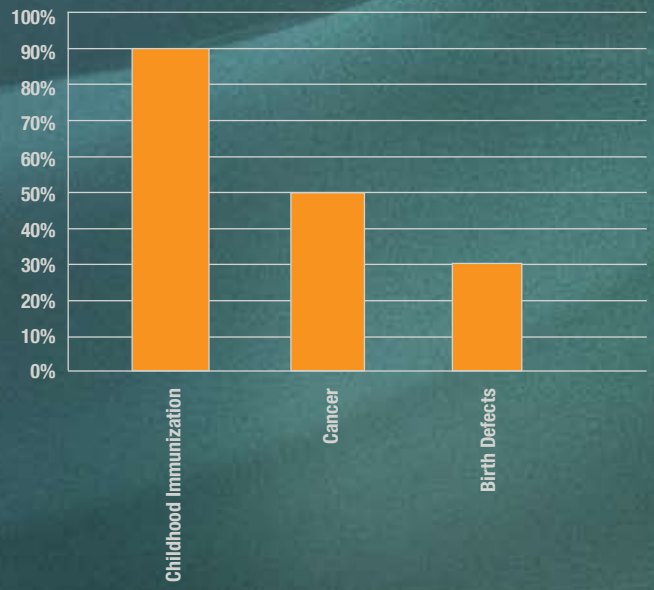
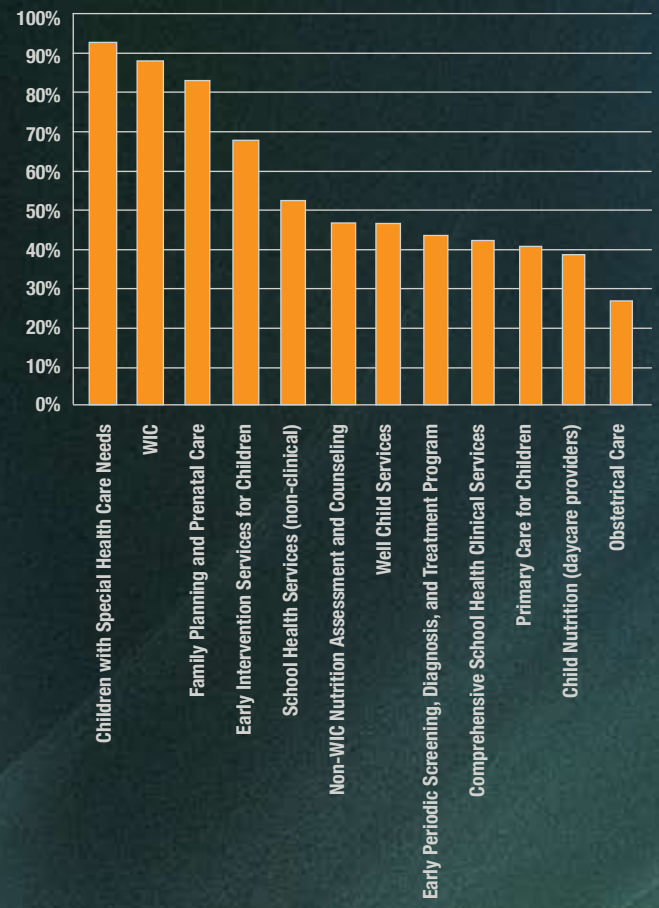


Figure 1.13 - Registry Maintenance



minority health
emergency medical services
child nutrition
comprehensive school health
childhood immunization

Figure 1.14 - Maternal and Child Health Services



Maternal and Child Health Services

More than 90% of SHAs provide services for children with special health care needs **(Figure 1.14)**, a substantial increase from the 77% reported in the 2001 Beitsch et al survey. In addition, 88% of state health agencies administer the Women, Infants and Children (WIC) supplemental nutrition program.

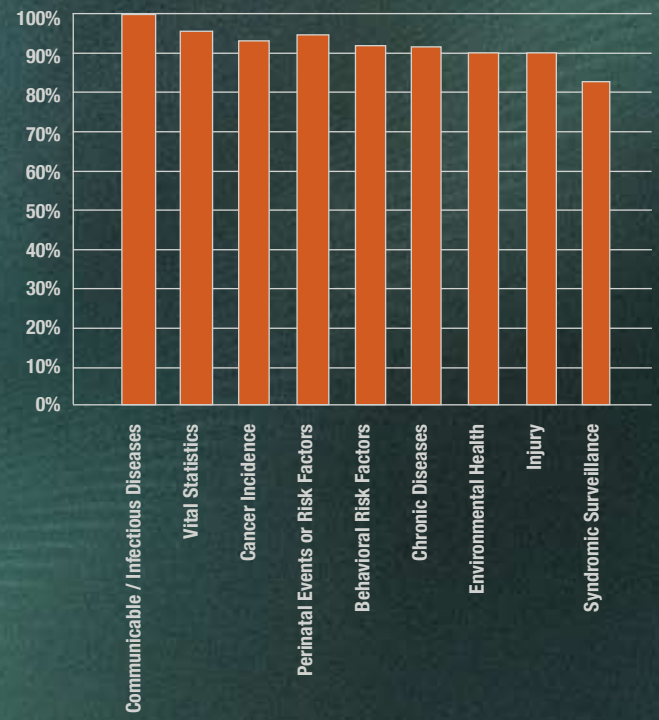
Over half of SHAs provide early intervention services for children. Most state health departments also offer family planning and prenatal services, often by contract or grant arrangement.

Epidemiology and Surveillance

In every state, the SHA takes primary responsibility for epidemiology and public health surveillance activities in their states – often in collaboration with local and federal public health authorities **(Figure 1.15)**.

Virtually all state health agencies directly provide epidemiology and surveillance services in the area of communicable/infectious disease. In addition, the proportion of SHAs conducting chronic disease epidemiology rose from 85% in 2001 to 92% in 2007. In 2001, 83% of SHAs conducted cancer epidemiology, compared to 94% in 2007.The percentage of states conducting environmental epidemiology and perinatal epidemiology now stands at more than 90%, a substantial increase since 2001.

Figure 1.15 - Epidemiology and Surveillance



Regulation, Inspection and Licensing

When it comes to regulation, state public health agencies most often get involved directly with food processing businesses, prisons, solid waste haulers and many other establishments **(Figure 1.16)**.

Local health departments more often take the lead role in regulating schools and daycare centers, hospitals and occupational health providers.

Figure 1.16 - Regulation, Inspection and Licensing

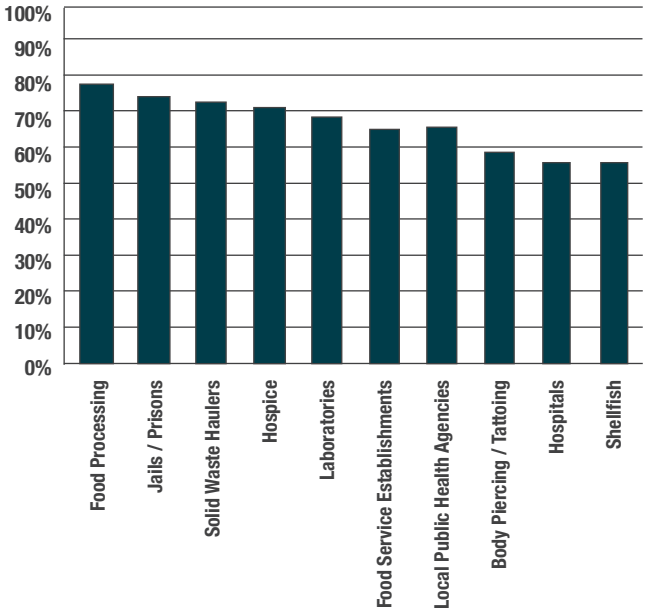
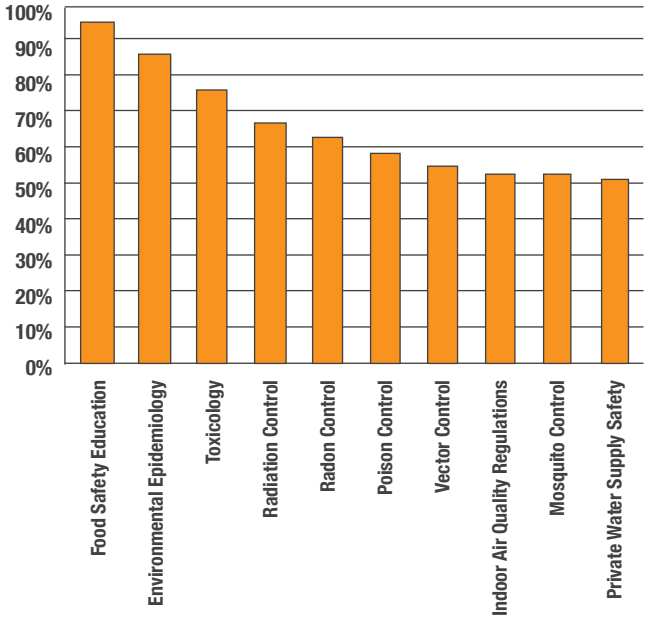


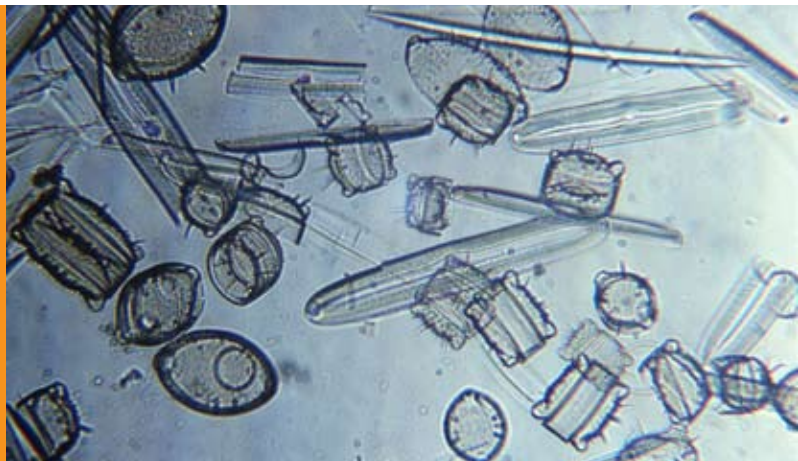
Figure 1.17 - Environmental Health Activities



Environmental Health

The vast majority of SHAs oversee environmental health epidemiology and food safety education **(Figure 1.17)**. Beyond these areas, state health agencies are most likely to get involved in mosquito control, indoor air quality regulation, and the safety of private and public water supplies.

Comparing the new data to past studies, SHA responsibility for toxicology increased from 57% in 2001 to 77% in 2007, while radon control has grown from 55% to 63%.



Professional Licensing

Only 20 to 25% of SHAs directly license health care providers. Instead, most states offer health care provider licensing services through another state agency **(Figure 1.18)**. In some cases, SHAs have an oversight and support role in professional licensing.

Similarly, local and federal public health authorities do not play a major role in licensing health care professionals.

Figure 1.18 - Professional Licensing

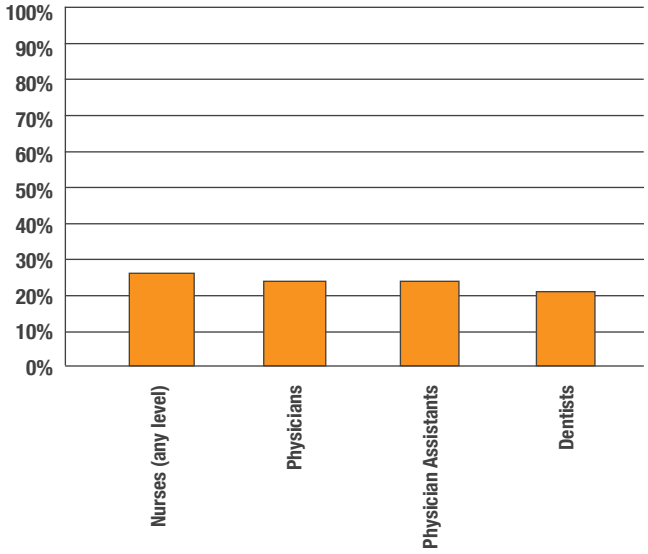
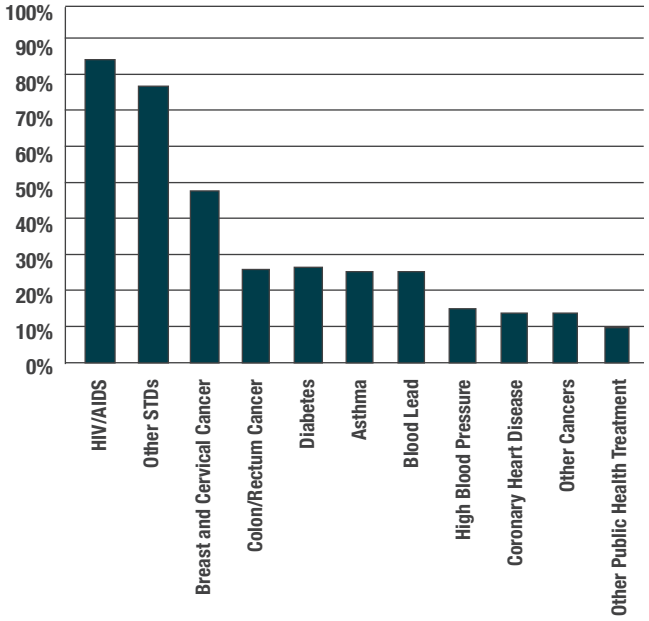


Figure 1.19 - Treatment for Communicable and Chronic Diseases



Disease Treatment

With the exception of HIV/AIDS and other STDs, state public health agencies do not generally take the lead role in disease treatment **(Figure 1.19)**. In twelve states, the SHA runs tuberculosis hospitals.

Sometimes local health departments and federal agencies treat diseases, but that responsibility typically rests with non-governmental entities, such as hospitals and other private health care providers. The SHA role in health care is often more focused on managing the system, filling gaps, and taking on highly infective diseases that require careful tracking and coordination between health care facilities.

"I have learned that communication is one of the basic sciences of public health."
Dr. Patricia A. Nolan, Former Director, Department of Health for the State of Rhode Island

Other Clinical Health Services

State public health agencies typically don't provide clinical health services to individuals. A major exception is emergency medical services, which 73% of states regulate and/or provide directly **(Figure 1.20)**. Another exception is in the area of children with special health care needs. In highly complex cases where coordination of services is essential, SHAs play a major role. In addition, SHAs in the Southeastern region of the United States often serve as a critical safety net provider of health care.

State health departments also take the lead on initiatives to improve minority health. Over 70% of SHAs lead a minority health initiative.

Other areas where state health agencies bear substantial responsibility include: oral health, rural health, and pharmacy services. For example, SHA responsibility for public health pharmacies rose from 34% in 2001 to 41% in 2007. More SHAs also are getting involved in determining disability.

Figure 1.20 - Other Clinical Services Provided to Individuals

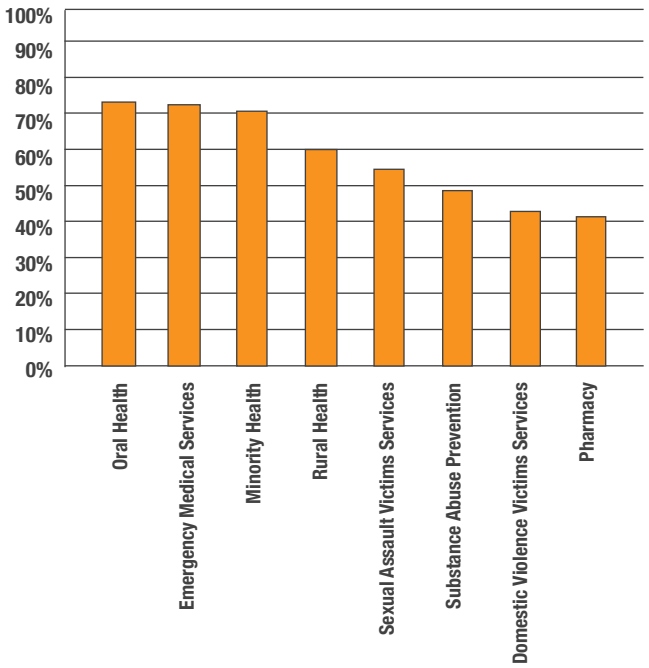
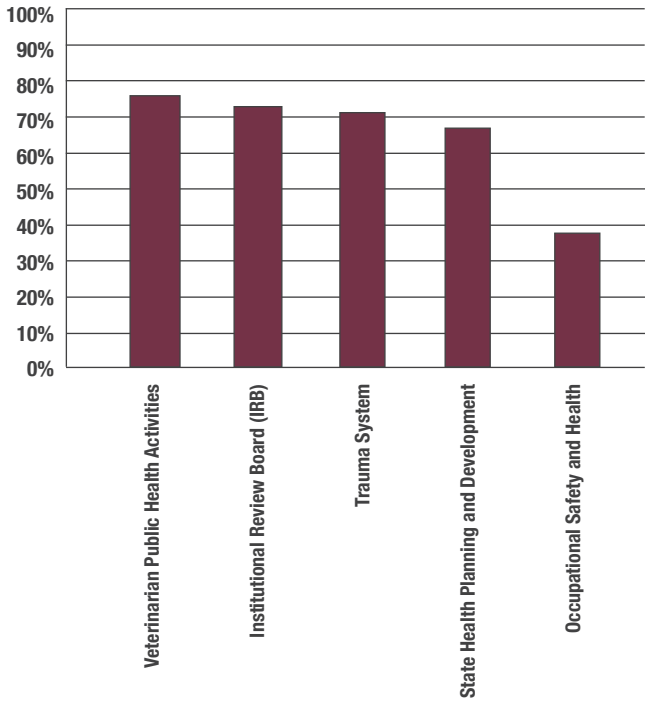


Figure 1.21 - Other Public Health Activities

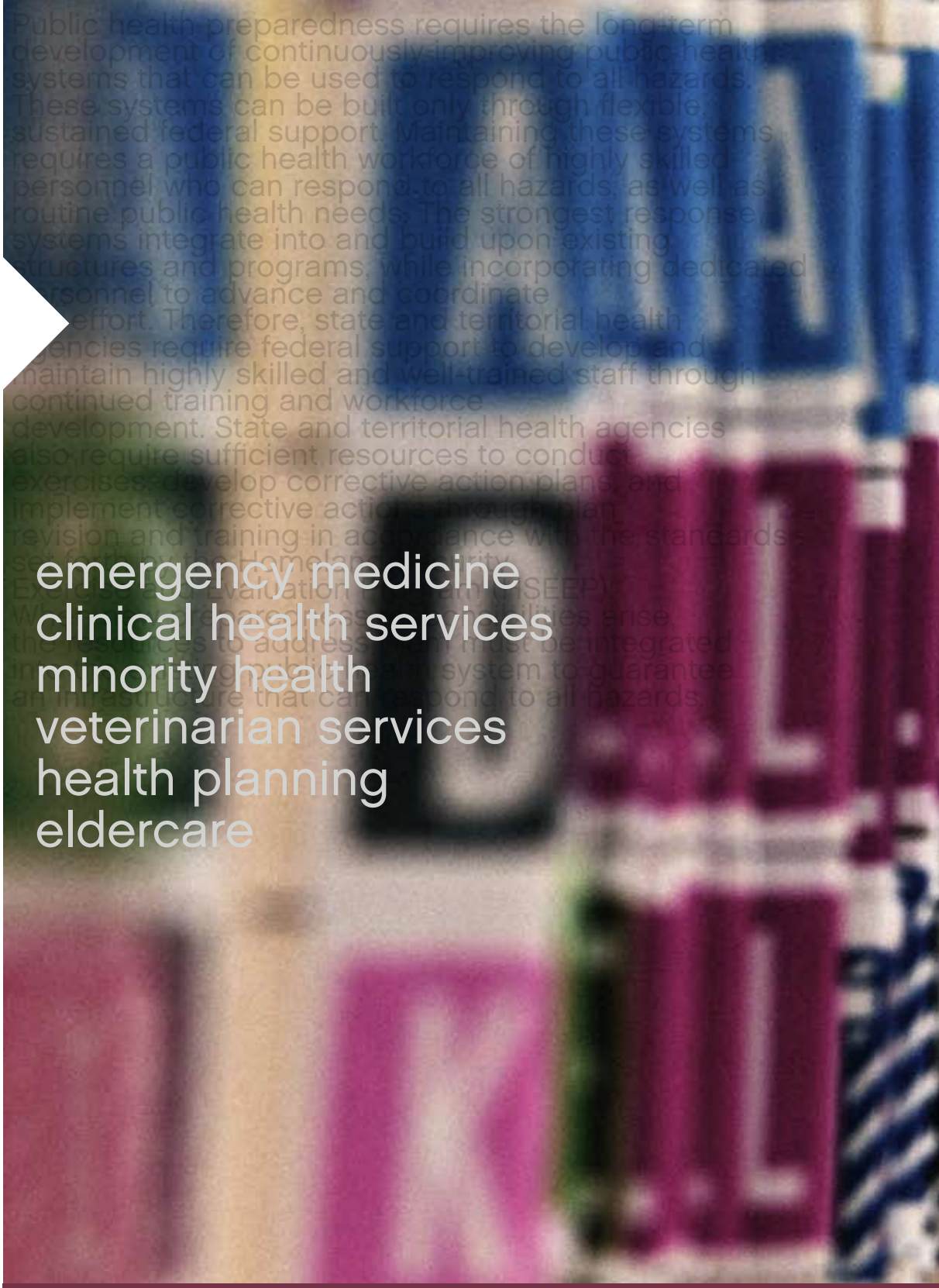


Other Public Health Activities

More than half of SHAs directly provide additional important health functions, including veterinarian public health services, state health planning and development, and Institutional Review Board Services **(Figure 1.21)**.

Institutional Review Board (IRB) Services at SHAs have been growing steadily. Less than 45% of state health agencies were responsible for such services in 2001, versus more than 70% in the 2007 survey. State health planning also has increased substantially in the same period.

By contrast, state agencies other than SHAs bear primary responsibility in more than half of the states for such services as agriculture regulation, correctional health, eldercare, and forensics labs. Even so, state health agencies are doing more in some of these sectors. For example, in 2001 not a single SHA reported responsibility for correctional health. In 2007, 24% of SHAs reported having this responsibility. The percentage of SHAs in charge of mental health programs (without substance abuse) has also increased from just 2% in 2001 to 14% in 2007. Such trends point to a need for closer collaboration among the various state agencies dealing with such programs.


emergency medicine
clinical health services
minority health
veterinarian services
health planning
eldercare

2 Chapter Two

Organization and Structure

State health agencies are structured in different ways and are located in different places within state governments. Some exist as independent state agencies, while others form a component of a larger umbrella agency. Regardless of agency structure, state legislatures usually rely on statutory grants to authorize public health functions and services. Depending on the state's organizational structure, legislatures may also give specific authority directly to local health commissioners, state or local boards of health, or other agencies.

All states exercise a formal legislative grant of authority to conduct public health activities, but differences exist in the nature and extent of the powers granted. Depending on a state's structure, local health agency authority can flow through the state or exist as an independent grant of authority. A clear grant of authority sets limits that guide the state or local health agency's actions and provides a set of standards for those subject to regulation and enforcement.

This chapter of the *ASTHO Profile of State Public Health, Volume One* explores the latest findings on health agency structure, based on the baseline survey. It looks at such issues as the influence of state legislatures on SHAs and the relationships between SHAs and other entities, such as local public health agencies and private organizations.

55% of SHAs are free-standing, independent agencies, while the remainder are part of a super agency or umbrella agency.

More than 70% of states have passed statutes providing the SHA with authority to declare a health emergency and collect key health data.

SHAs receive the bulk of their funding from federal and state sources. The average state public health agency receives 50% of its funding from federal grants, contracts and cooperative agreements and 24% from state sources.

In nearly 30% of states, SHAs are responsible for providing all local public health services.

More than a third of states report 50 to 99 local health public health agencies in operation, while nearly 13% report 100 to 199.

About half of SHAs have authority to adopt public health laws and regulations, and more than 60% establish fees for services.

State Health Agency Structure

The majority (55%) of state public health agencies operate as independent, free-standing agencies **(Figure 2.1)**, while the remainder function as part of a broader "super agency" or "umbrella agency."

Survey results show that 22 SHAs fall under such super agencies, which also oversee several other types of services, including: Medicaid, public assistance, long-term care, and state mental health/substance abuse services **(Figure 2.2)**. More than 70% of these super agencies administer the Medicaid program.

Figure 2.1 - State Health Agency Structure

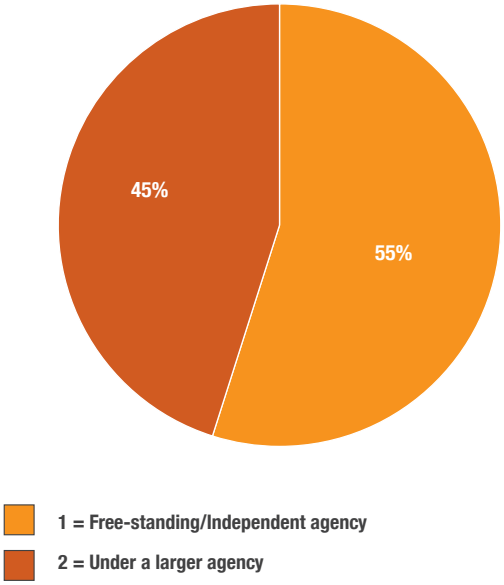
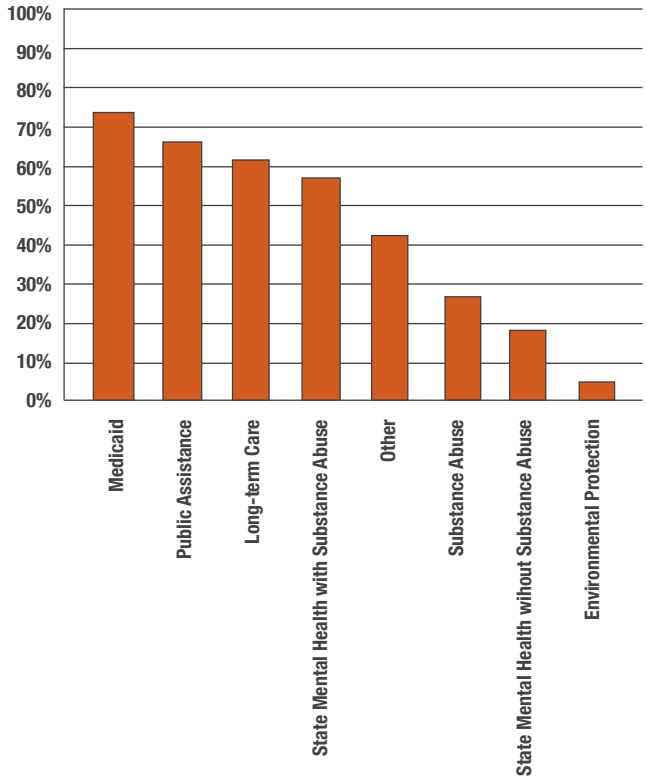


Figure 2.2 - Other Responsibilities in Umbrella Agencies



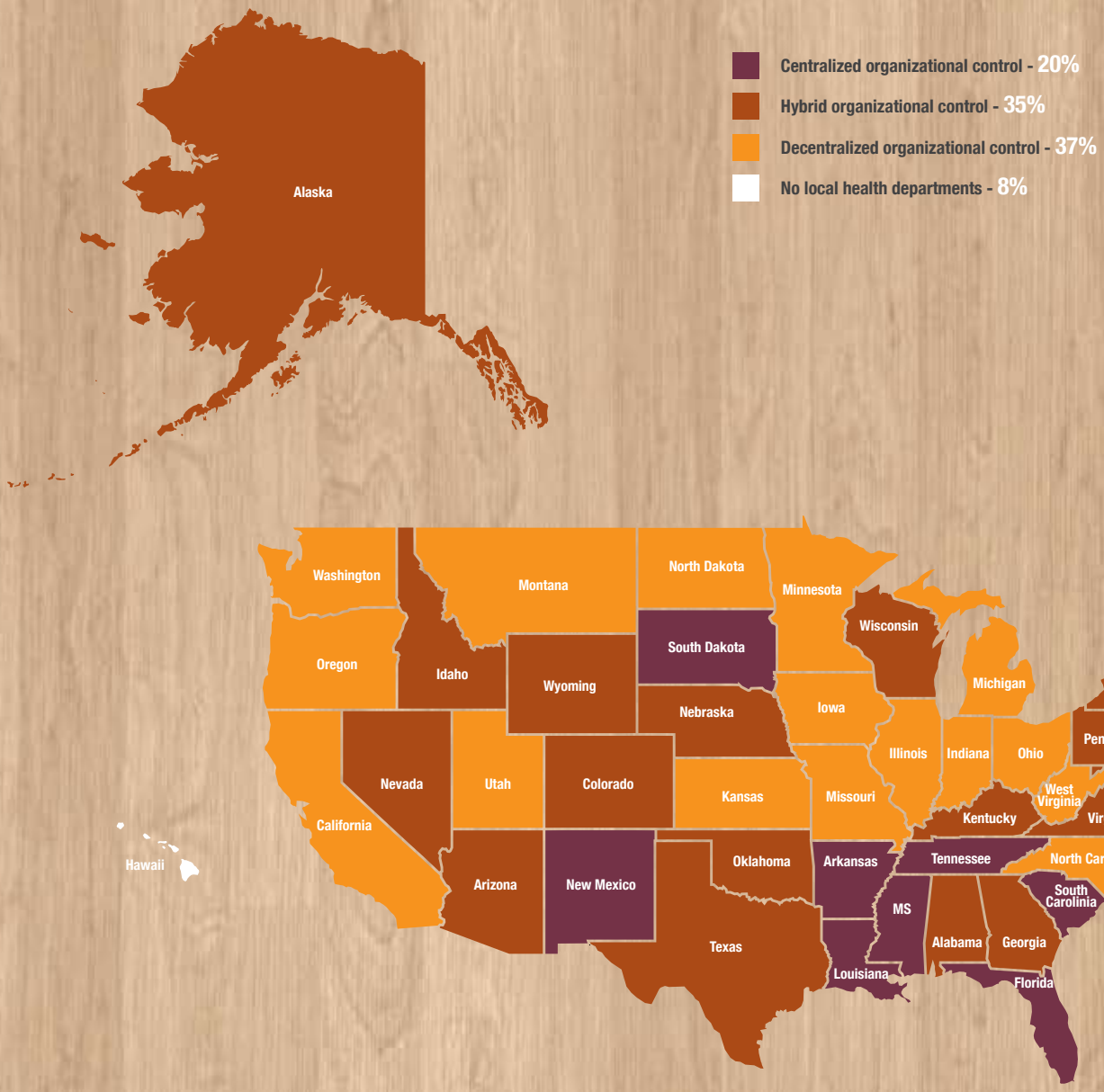
State Health Agency Funding

State health agencies receive funding from a variety of sources, each with a different mix of federal, state and other sources. The average state public health agency receives 50% of its funding from federal grants, contracts and cooperative agreements and 24% from state sources. However, some SHAs receive up to 83% of funding from federal sources, while other states have up to 56% of funding from the state.

State and Local Public Health Relationships

What is the organizational and operational link between state and local public health agencies? A centralized organizational control approach prevails in a fifth of the states (20%). In this arrangement, state health agencies provide local public health services. Nineteen states (37%) have a decentralized arrangement, where local health departments often collaborate with, but are organizationally independent of the state health agency.

The remaining 18 states (35%) function with some combination of the above arrangements (hybrid states). In some cases, consumers receive public health services either through the state or through agencies organized or operated by local governments, depending on the jurisdiction. In other cases, state and local health departments share responsibility for providing services at the local level.

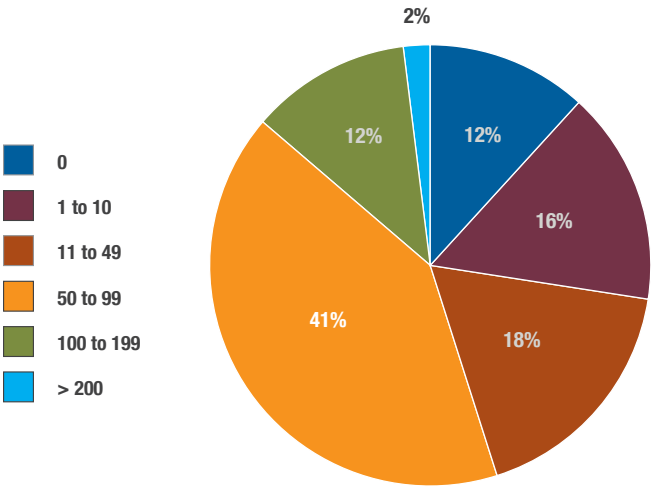


Number of Local Health Departments

The number of local public health departments varies widely among the states **(Figure 2.4)**. While some states have no local health agencies, Massachusetts has 351 local public health departments.

About 45% of the states report fewer than 50 local health departments operating within their borders, while more than 40% report from 50 to 99 local public health agencies.

Figure 2.4 - Number of Local Health Departments in State



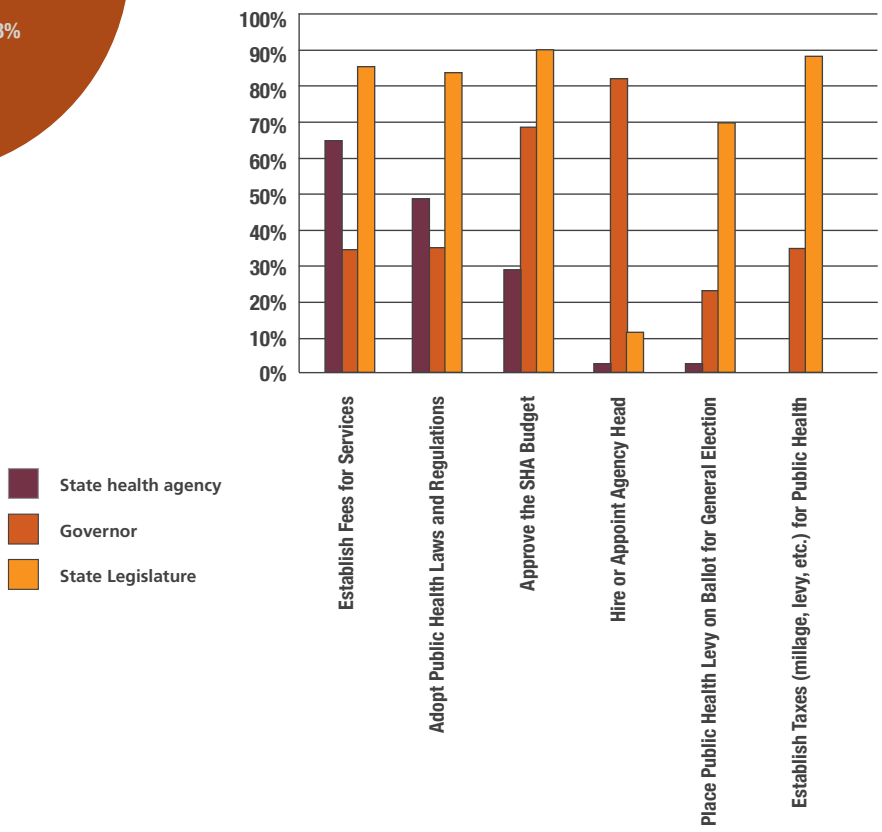
Authority for Public Health Decisions

State legislatures exert a major influence on public health policy and decisions **(Figure 2.5)**. In more than 80% of the states, legislatures approve the state public health agency budget, pass public health laws and regulations, determine fees for health services, and establish taxes in support of public health.

Although state legislatures play a vital role in making many agency-level decisions on public health, the governor in most states has authority to hire or appoint the state public health agency head, the State Health Official. SHAs organized as free-standing agencies also are much more likely to be cabinet-level agencies than those that fall under umbrella agencies.

In addition, about half of the SHAs have authority to adopt public health laws and regulations, and more than 60% get involved in establishing fees for services.

Figure 2.5 - Authority for Public Health Decisions



State Agencies That Report to the Governor

Other state agencies influence public health by complementing or enhancing the efforts of SHAs. In most states, several other cabinet-level agencies join public health in reporting directly to the governor **(Figure 2.6)**. These agencies oversee such key areas as social services, environmental matters, natural resources, agriculture, and transportation.

Rather than reporting independently to the governor, public health laboratories operate as a component of SHAs in nearly 90% of the states, survey findings show.

Partnerships with Government Agencies

SHAs work closely with federal partners and local health agencies. In addition, many SHAs collaborate with a variety of other government agencies to enhance program capacity and effectiveness **(Figure 2.7)**. In more than 70% of the states, SHAs are partnering with emergency responders and transportation agencies.

In most states, too, SHAs collaborate with government agencies involved with parks and recreation, and tribal affairs.

Figure 2.6 - State Agencies Reporting Directly to Governors

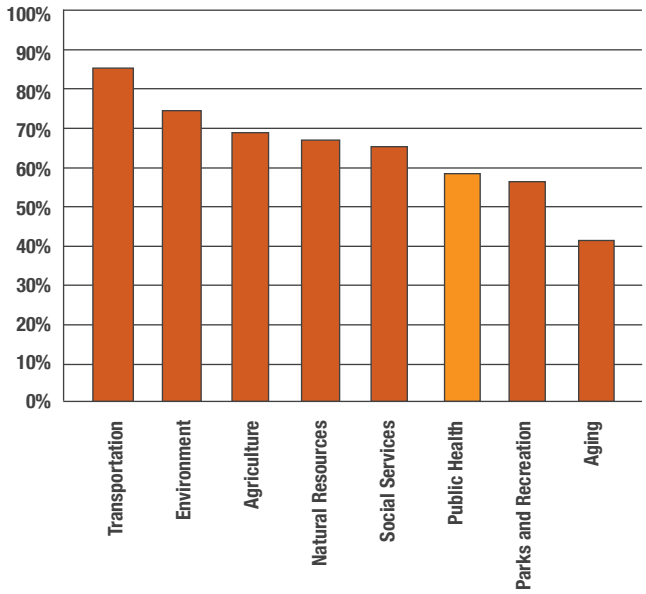
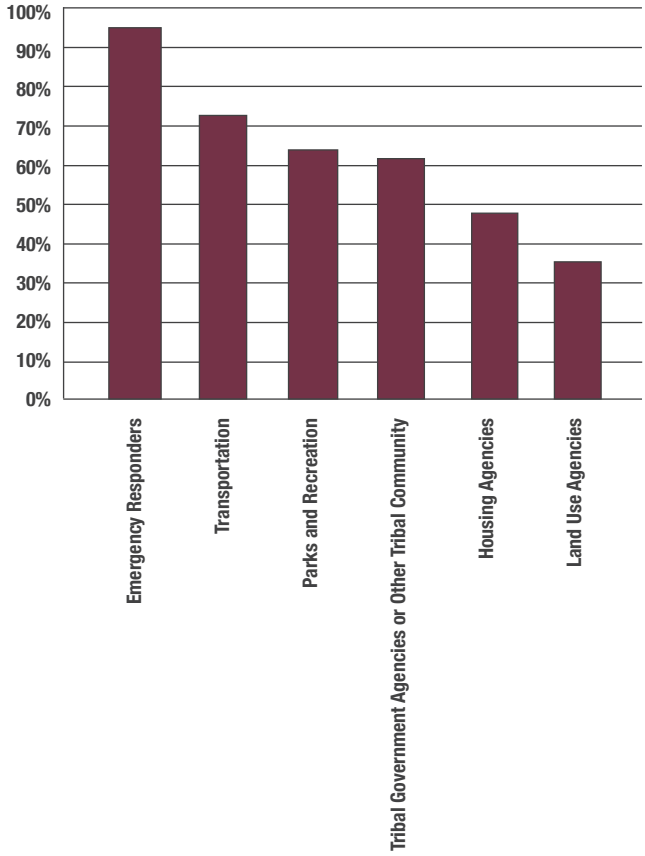


Figure 2.7 - Partnerships with Other Governmental Agencies



Partnerships with Private Agencies

Beyond their ties with government agencies, most SHAs work together on programs or activities with a whole host of private agencies and organizations **(Figure 2.8)**.

Among the most common partners: universities, schools, hospitals, cancer societies, health care providers, and health insurers.

Over the past three years in particular, survey results show that more than 25% of SHAs have greatly increased their collaboration with local public health agencies, hospitals, community organizations, and emergency responders.

Figure 2.8 - Partnerships with Non-governmental Organizations

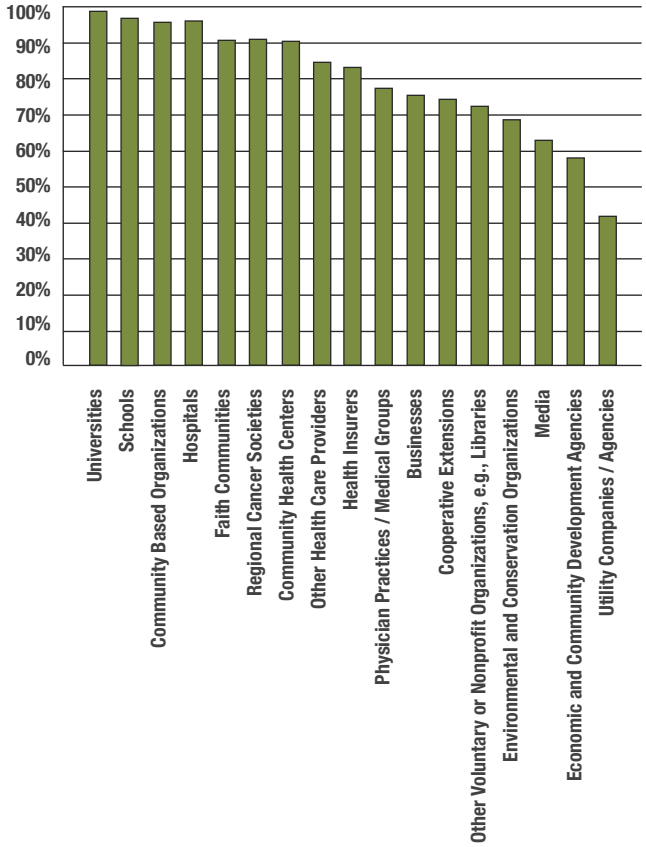
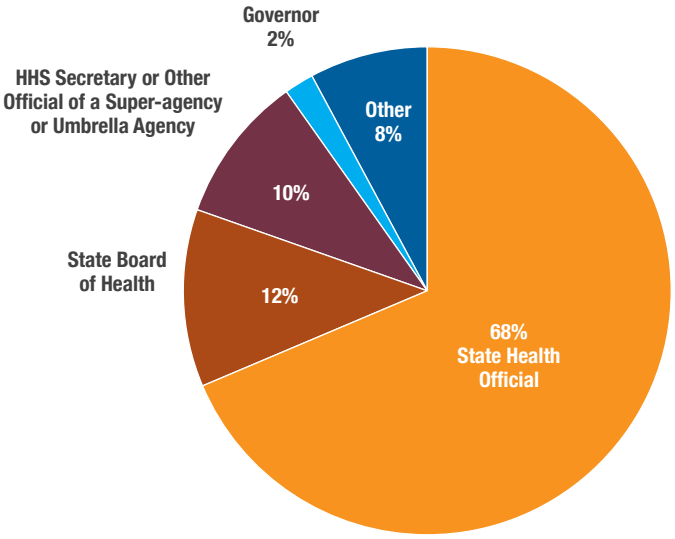


Figure 2.9 - Primary Statutory Public Health Authority in State

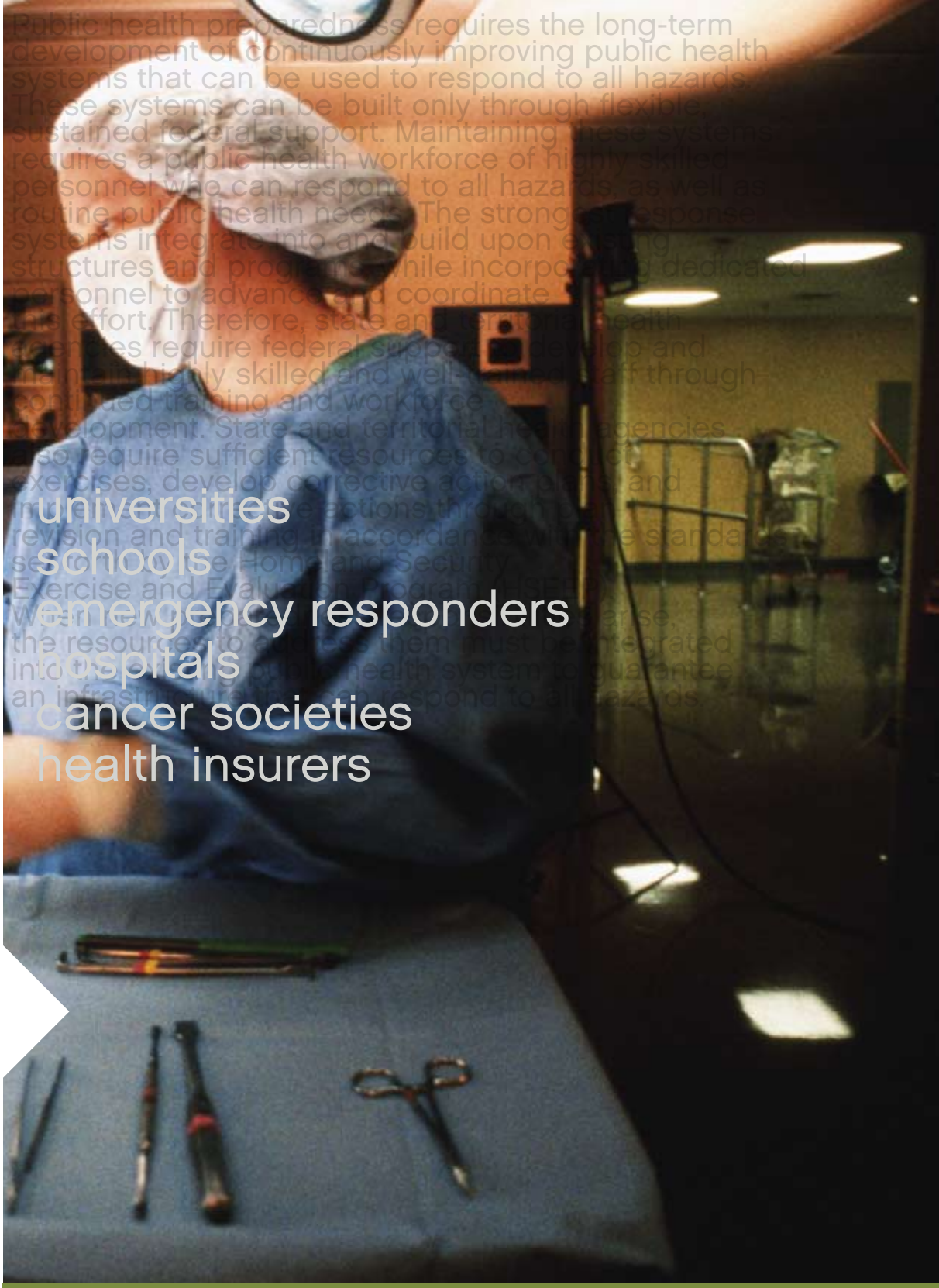


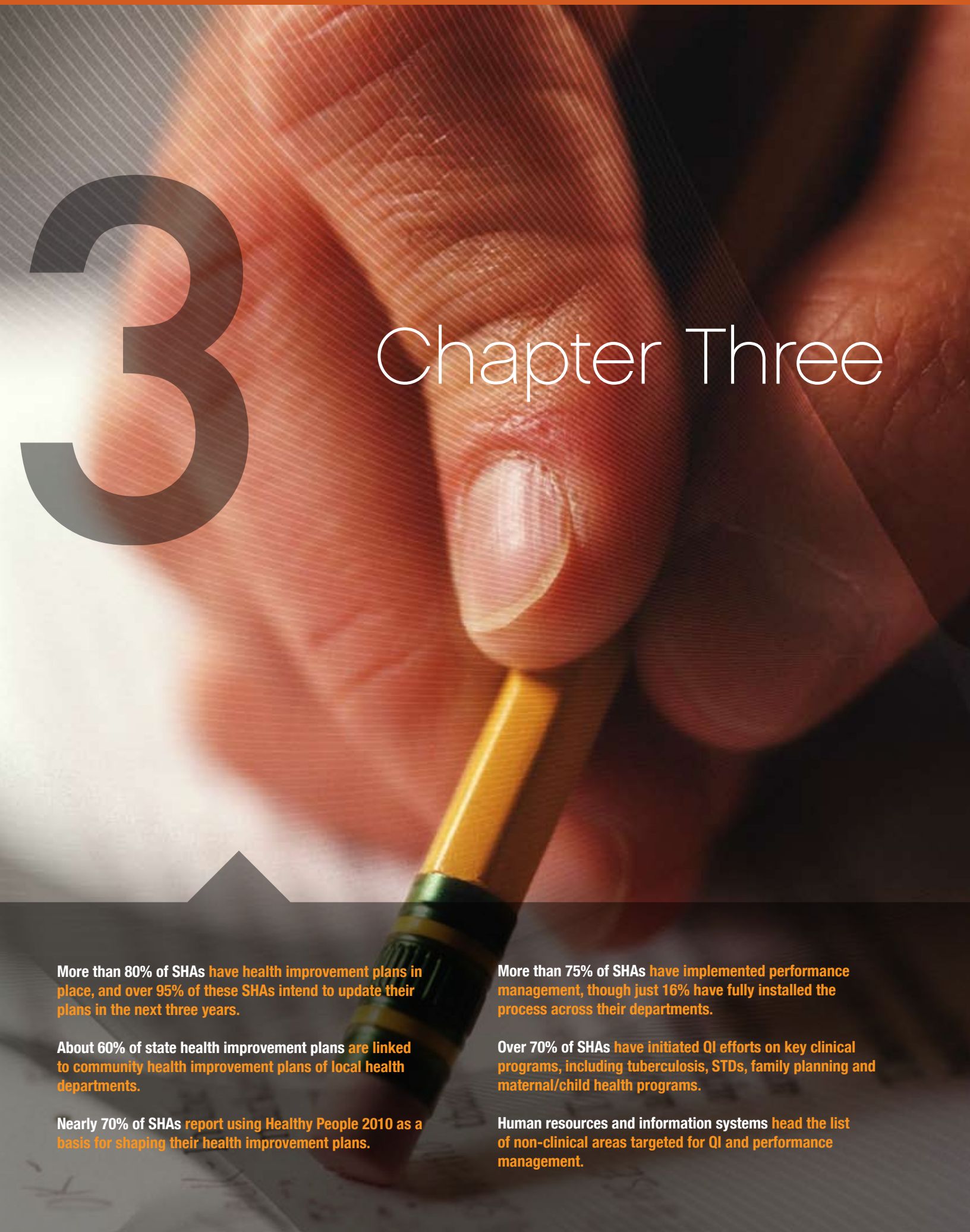
Primary Statutory Public Health Authority

In most states, the state health official (SHO) holds primary statutory public health authority **(Figure 2.9)**.

A majority of states have passed statutes that give the SHO specific legal authority for several important functions, according to survey findings. These include the authority to:

- Declare health emergencies
- Collect health data
- Manage vital statistics
- Conduct health planning
- Oversee licensing of health professionals


universities
schools
emergency responders
hospitals
cancer societies
health insurers



3 Chapter Three

More than 80% of SHAs have health improvement plans in place, and over 95% of these SHAs intend to update their plans in the next three years.

About 60% of state health improvement plans are linked to community health improvement plans of local health departments.

Nearly 70% of SHAs report using Healthy People 2010 as a basis for shaping their health improvement plans.

More than 75% of SHAs have implemented performance management, though just 16% have fully installed the process across their departments.

Over 70% of SHAs have initiated QI efforts on key clinical programs, including tuberculosis, STDs, family planning and maternal/child health programs.

Human resources and information systems head the list of non-clinical areas targeted for QI and performance management.

State Health Planning and Quality Improvement

As state health agencies look forward to full implementation of a new national accreditation program in 2011, this chapter of the *Profile of State Public Health* examines the programs that states have relied on in recent years to improve the quality of their services.

Governors have worked to incorporate a performance improvement agenda into state government for many years, often requiring the SHA to report on performance measures. For example, in 39 states, agencies are required to report on performance measures in a budget request. In 42 states, state agency performance measures are available online[6].

To varying degrees, SHAs have drawn from several tools developed to help them achieve higher standards in their organizations and programs. Among the most prominent:

- Turning Point, a network of 23 state partners and five National Excellence Collaboratives initiated by the Robert Wood Johnson Foundation to strengthen the public health system in the U.S.
- National Public Health Performance Standards Program (NPHPSP), a CDC National Partnership initiative that sets forth standards for state and local public health systems.

These and other programs, including home-grown plans in specific states and important tools for local health departments, fall under the general category of quality improvement (QI), a movement that originated in the world of manufacturing and includes methods ranging from Six Sigma to statistical process control.

In the broadest sense, QI refers to a set of concepts and methods geared toward improving the ability of a product or service to meet consumer needs.[7-9] It also embraces an understanding of the problem in system terms, the will to change, use of data to implement and track changes, and the sequential building of knowledge from testing through implementation.[8] Performance measurement is especially critical to QI, since managers need to understand the reasons for variations or gaps in performance, as well as the impact of potential improvements to the system.[9-11]

Research shows that up until recently the public health field had not adopted QI methods as extensively as other areas of health care, engineering, service industries, and emergency response organizations.[12] However, that is beginning to change. The recent emphasis on processes to facilitate quality improvement in public health, such as accreditation, certification, performance measurement, and quality standards for public health preparedness, demonstrate a growing movement within public health to establish a new culture of improvement.[13]

For example, since 2005 the Robert Wood Johnson Foundation has been funding the Multi-State Learning Collaborative (MLC), where state and local health departments share quality improvement practices to improve public health services and the health of their community.[14, 15] Researchers have also examined how QI methods can improve public health emergency preparedness.[12] On the Web, too, the Public Health Foundation's Online Public Health Infrastructure Resource Center assists state and local health departments in their performance management and quality improvement methods.[16]

Despite such progress, researchers note that the public health system still lacks standard agency-level tools, comparable to those used to assess the quality of patient care, such as health plan report cards and the Health Effectiveness Data and Information Set (HEDIS).[13, 17]

With this background in mind, the findings of this chapter of the *Profile* give the latest picture of QI efforts among SHAs. In some cases, these latest findings are compared to related data from other studies.

SHA Health Improvement Plans

The Healthy People 2010 report, published in 2000 by the Department of Health and Human Services, found that 78% of state health agencies had a health improvement plan in 1997. The 2010 objective is to have such plans in operation in 100% of the states and the District of Columbia.[18] Data from the new State Public Health Survey, which forms the basis of this *Profile*, shows that 80% of states have a health improvement plan in place **(Figure 3.1)**. About 24% completed plans in the last three years, with the balance completing their plans earlier. As a comparison, a 2005 report by the National Association of City and County Health Officials (NACCHO) found that 54% of local health departments completed a Community Health Improvement Plan (CHIP) in the previous three years.

The new ASTHO survey also found that over 95% of respondents that had developed health improvement plans intend to update their plan within the next three years. Of those states with a health improvement plan, 68% developed the plan using the results of their state health assessment. In comparison, 86% of local health departments had a CHIP based on a community health assessment (NACCHO, 2005).

Looking at the issue of collaboration between health departments, the 2005 NACCHO study found that 68% of local health departments had improvement plans that were linked to a state health improvement plan. About 60% of State Public Health Survey respondents reported ties to local health improvement plans. More than 75% of the states also report that they have a strategic plan.

Use of Planning and Quality Improvement Tools

About 86% of ASTHO survey respondents use one or more of the major public health planning tools in some way, though a much lower percentage actually implement these tools statewide **(Figure 3.2)**. A major exception is Healthy People 2010, which is used statewide by 68% of respondents.

More than 35% of respondents also reported using their own tools in shaping health improvement plans for their states. The next popular tool was CDC's National Public Health Performance Standards Program.

Figure 3.1 - SHA Health Improvement Plans

Figure 3.2 - State Public Health Agency Use of Planning and QI Tools

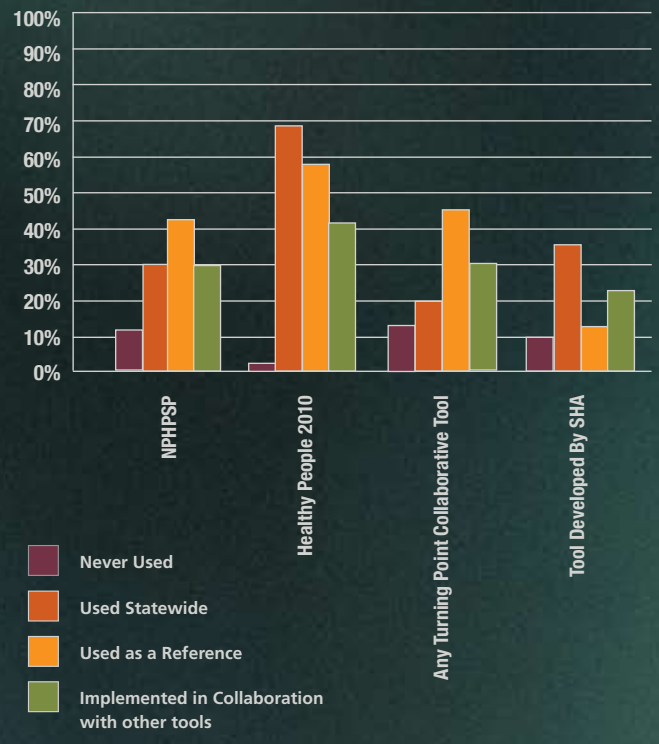


Figure 3.3 - SHAs with Quality Improvement and Performance Management Programs

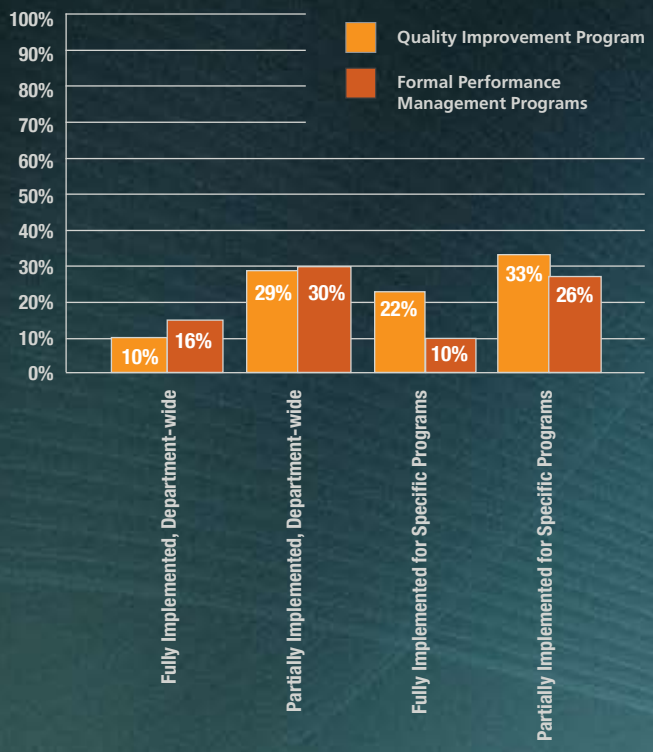
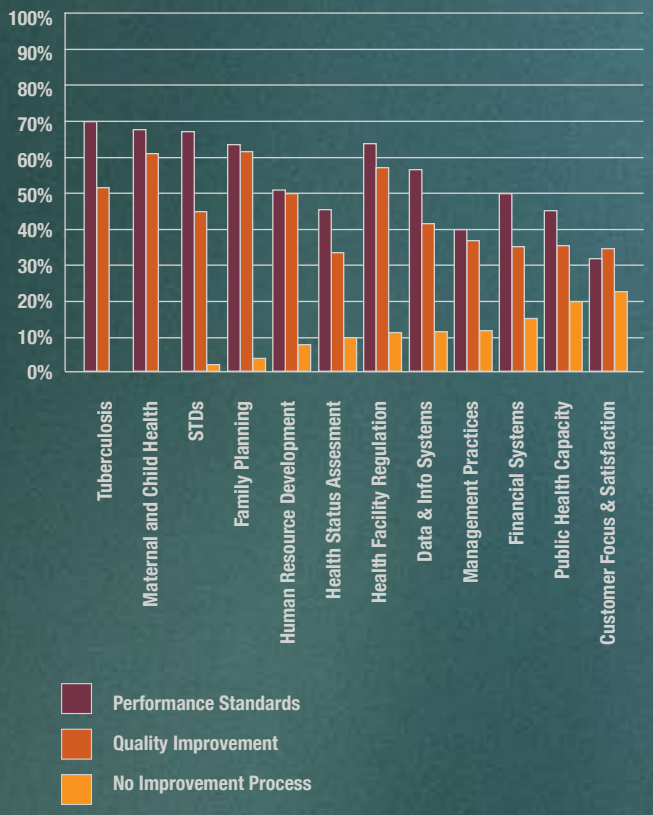


Figure 3.4 - Performance Standards and Quality Improvement Processes in SHA Program and Administrative Areas



Quality Improvement and Performance Management

More than 82% of SHAs have a QI process in place **(Figure 3.3)**, but only about 10% have implemented such programs fully across their departments. Almost 30% of respondents report that they have partially implemented QI programs department-wide. More than 20% have fully implemented QI for specific programs, while a third have partially implemented QI for specific programs.

State public health agencies were also asked about formal performance management programs, specifically those that include performance standards, performance measures, progress reporting, and quality improvement processes. The new survey finds that 76% of SHAs have a formal performance management process in place. Sixteen percent have fully implemented this process across their department, while 30% have partially implemented it department-wide. Another 10% have fully installed performance management for specific programs, and 26% have partially implemented it for specific programs.

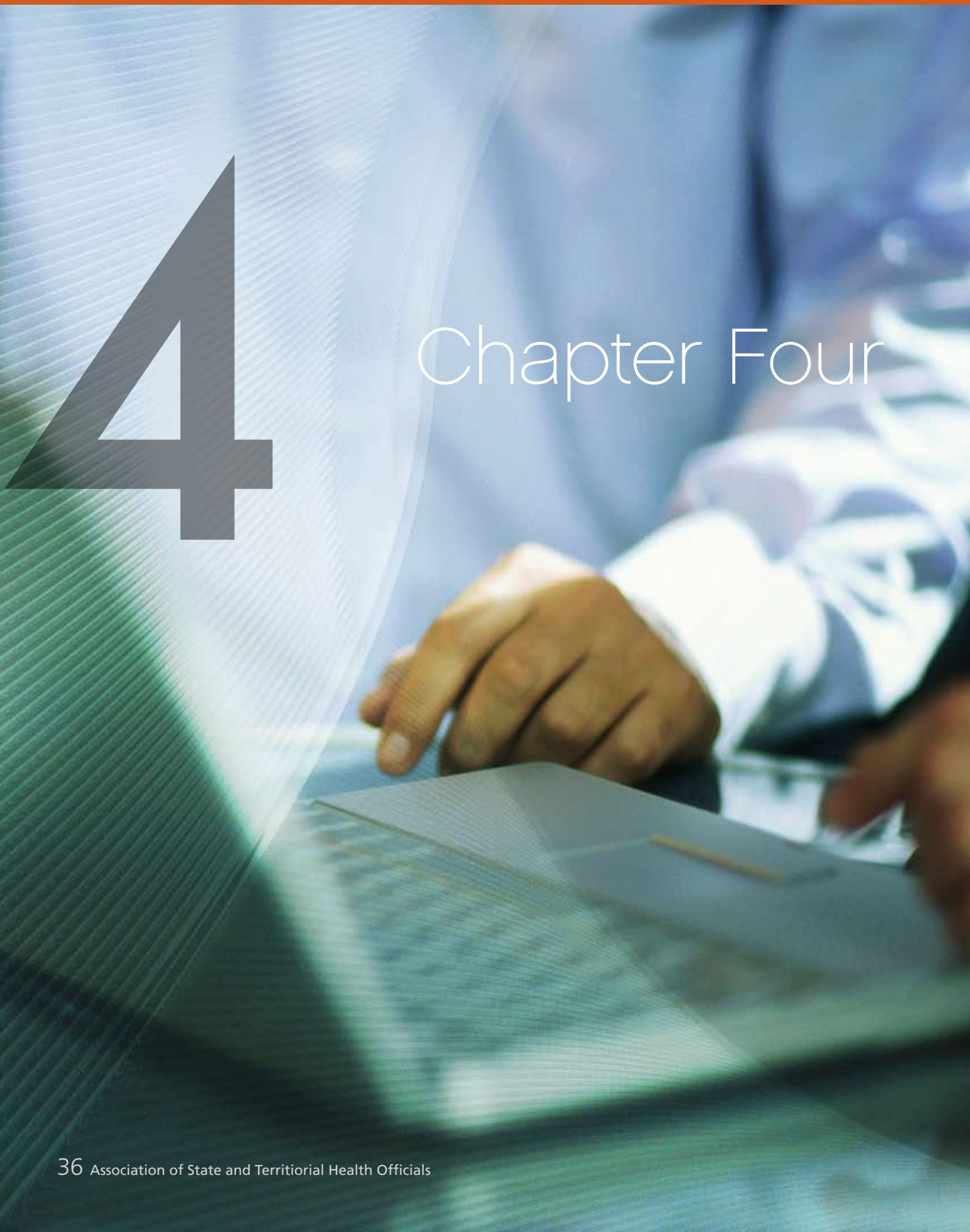
ASTHO's new survey data demonstrate clear progress on QI and performance management versus a 2001 survey of 47 state health departments,[4] which found that just 62% participated in "quality improvement or performance management." However, the new data falls short of the 88% figure reported in another study by Mays et al.[19]

Public Health Performance Activities

SHAs report that they are using quality improvement methods more consistently in clinical practice areas than they are for administrative functions **(Figure 3.4.)**. For example, about 72% have QI efforts in place for tuberculosis, STDs, family planning, and/or maternal and child health programs. Among administrative areas, human resources and data/information systems are most likely to be targeted for quality improvement efforts.

Reviewing other studies, Baker et al[20] noted in 2007 that "although most state and local agencies report that they carry out quality improvement or performance management activities, the difficulty in identifying widespread quality improvement practices or measurable outcomes related to these activities suggests we may be overestimating our efforts."

Eleven SHAs, when asked to name their "top three activities," cited some form of performance improvement **(see Figure 1.2)**.



4 Chapter Four

State Health Agency Workforce

Thanks to the dedication and efforts of public health staff nationwide, millions of Americans live healthier lives.

In state government alone, over 100,000 workers carry out the public health mission of "fulfilling society's interest in assuring conditions in which people can be healthy."[21] SHA employees focus on improving health outcomes through a wide variety of activities, ranging from HIV/AIDS counseling and food safety to bioterrorism and emergency preparedness.

Much of this work deals with preventing problems before they occur, and consequently escapes public recognition. Yet the importance of public health and the contributions of those intimately involved in advancing its mission cannot be overstated. As the Institute of Medicine noted in 2003:

"At no time in the history of this nation has the public health mission of promoting the public's health and safety resonated more clearly with the public and the government than now."[22]

Unfortunately, the public health field is witnessing a personnel crisis in many of the specialties that make up this vital workforce. Recent studies reveal an aging workforce in dire need of revitalization, with some professional areas already experiencing acute shortages. Over the past 20 years, the ratio of public health workers per 100,000 Americans decreased by 10%.[23] And between 2003 and 2004 alone, the number of state and local public health workers declined by more than 6,000 full-time-equivalent workers.[24] Meanwhile, there are growing concerns about leadership turnover in key positions. Over 250,000 new state, local and tribal public health workers will be needed by 2020, according to the Association of Schools of Public Health.[25] The economic recession of 2008-2009 is also taking its toll on public health. State, county, and municipal budget shortfalls have resulted in the loss of over 11,000 public health workers in the past year.[26]

To make matters worse, many younger individuals graduating from accredited schools of public health are not choosing governmental public health as their career path.[23] The Association of Schools of Public Health estimates that only 20% of students graduating with a master's of public health move into careers in governmental public health.[27] The Association of Academic Health Centers observes: "State action on workforce issues is critical not only in resolving shortages but also in developing and sustaining a workforce for the future."[28]

This chapter of the *Profile* examines important questions relating to the state public health workforce – from overall employment numbers to training issues and succession planning.

More than 35% of SHAs employ less than 1,000 FTE employees, while 12% employ more than 5,000.

SHAs employ over 100,000 workers, with 50,000 of them assigned to local areas or regions.

About 8,500 workers provide services to SHAs on a contractual basis.

Virtually all SHAs conduct in-house training, but more than 80% also tap into programs offered by the federal government and professional associations.

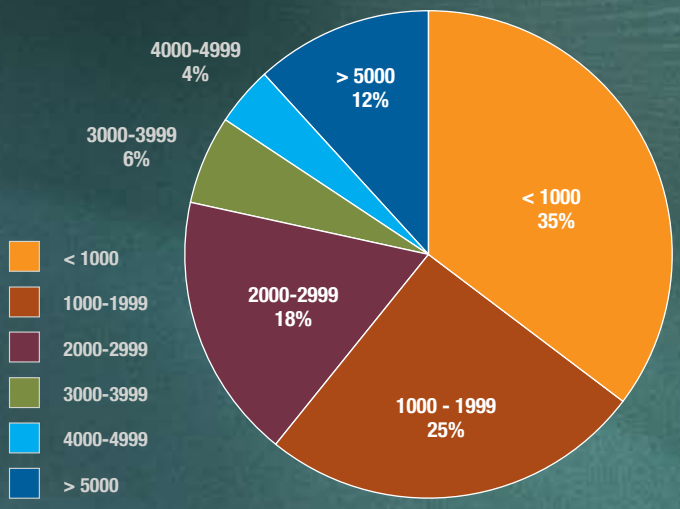
More than 60% of SHOs hold a medical doctor degree, while a third have earned a master's in public health.

State Health Agency Staff

Often, the number of staff working at a state public health agency does not correlate with the number of full-time-equivalent (FTE) workers **(Figure 4.1)**, primarily because of the impact of part-time employees. Although an employee working 20 hours a week is counted as 1 staff member, that individual is generally reported as one half of an FTE worker. More than 35% of SHAs employ less than 1000 FTE employees, while 12% employ more than 5000.

You might expect that states with large populations would have more state public health workers than do states with relatively small populations. However, this may not hold true, depending on the SHA's organizational structure. For example, a state with a relatively low population but a highly centralized health department (where state and local public health workers are employees of the state) may actually employ more state public health workers than a highly populated state where local public health workers are employees of the city or county.

Figure 4.1 - Number of Full-time Equivalents (FTEs) Employed by State Health Agencies



Number and Type of SHA Employees

The total staff doing work in state public health typically extends well beyond just the employees hired by SHAs themselves **(Figure 4.2)**. To perform the work in an efficient manor, many SHAs rely on outside resources. When it makes sense, SHAs will often contract or outsource certain services on behalf of the agency. For example, SHAs across the country employ more than 100,000 themselves, with almost 50,000 state workers assigned to local areas or regions. About 8,500 workers provide services to SHAs on a contractual basis.

Figure 4.2 - Number and Type of State Health Agency Employees

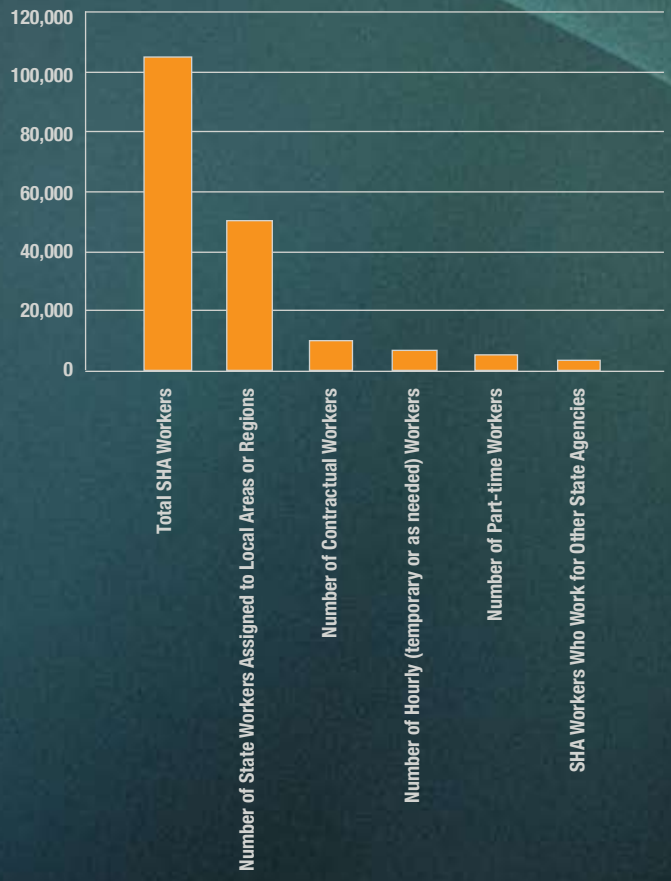


Figure 4.3 - Sources of Training for SHA Staff

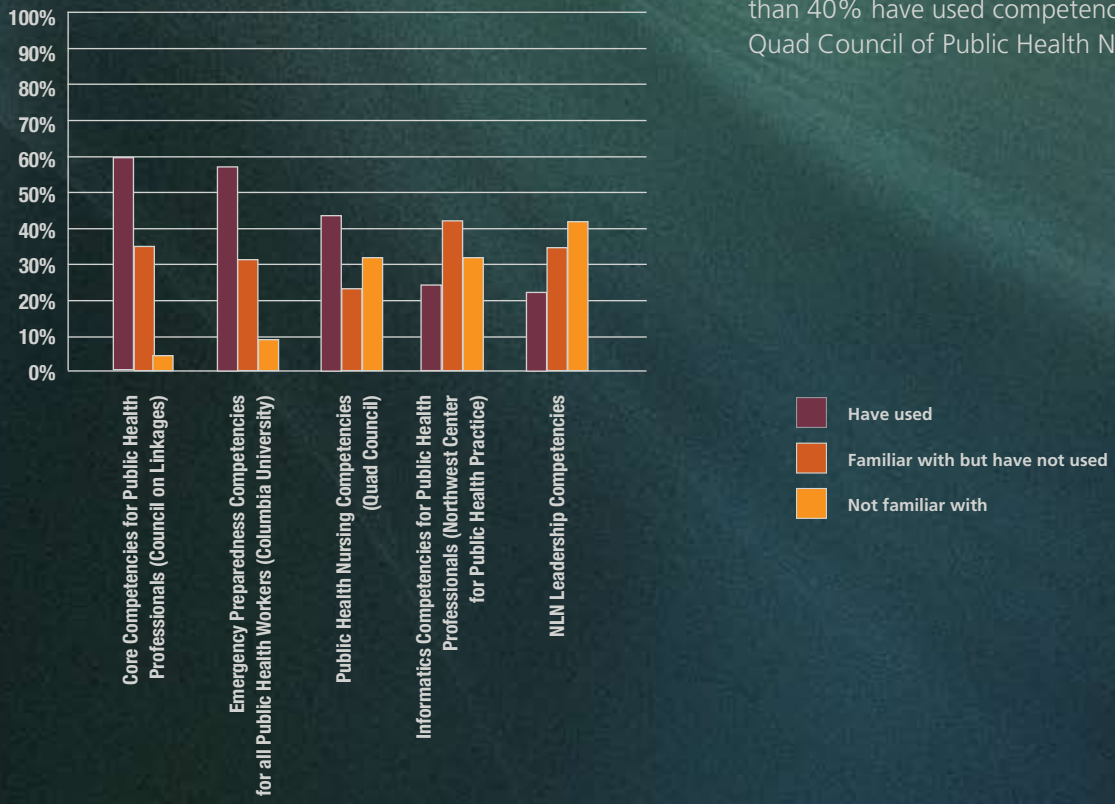
Sources of Training for SHA Staff

Succession planning at SHAs requires an ongoing process of strengthening an agency's current and future workforce by developing the skills, knowledge, and talent needed for leadership continuity. State health agencies use a variety of training methods to help achieve these goals **(Figure 4.3)**. Virtually all SHAs conduct their own in-house training programs, but more than 80% also tap into programs offered by the federal government, schools of public health, and professional associations. ASTHO and its affiliate organizations provide critical training to state public health agency staff as well. Effective training programs not only build professional skills but also keep staff up-to-date on current public health issues.

Core Competencies at SHAs

An effective staff training program includes components that address and build on the core competencies that state public health agencies require to perform their mission. About 60% of SHAs have used the core competencies for public health professionals as defined by the Council on Linkages **(Figure 4.4)** to assess staff competencies, develop training plans, prepare job descriptions or some other use. A similar percentage train workers in emergency preparedness based on competencies set forth by Columbia University's Center for Disaster Preparedness. More than 40% have used competencies defined by the Quad Council of Public Health Nursing Organizations.

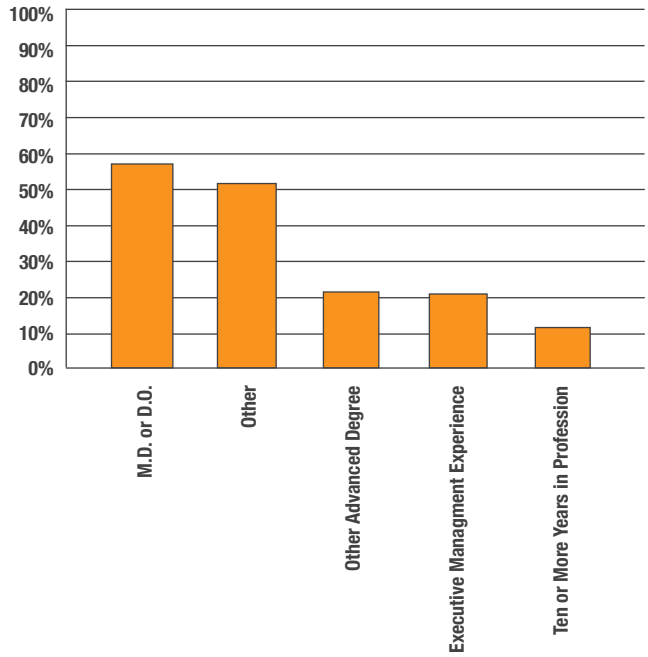
Figure 4.4 - Use of Public Health Competencies



Qualifications for State Health Officials

Like most organizations, state public health agencies require that the individual in charge of the organization, the state health official, meet specific requirements for education and experience **(Figure 4.5)**. However, minimum qualifications vary widely by state and have prompted considerable debate in some states, where legislatures and governors have recommended changes in minimum qualifications for SHOs. Less than 60% of states require that an SHO have an MD or DO degree.

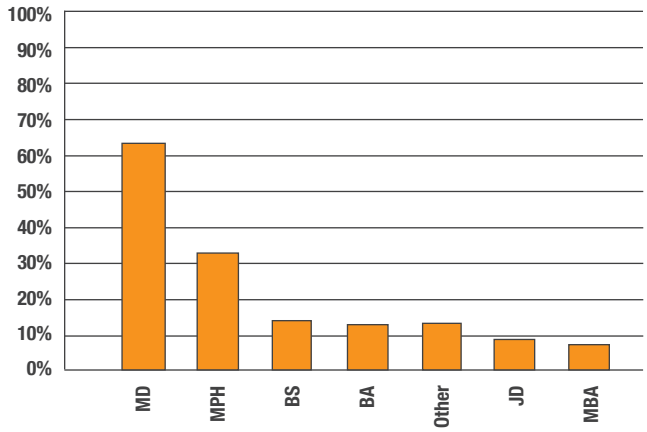
Figure 4.5 - Minimum Qualifications for State Health Official in State Statute or Rule



Educational Attainment by SHOs

Although a majority of state health officials hold a medical doctor degree, others have earned degrees in a variety of disciplines **(Figure 4.6)**. About a third hold a master's in public health degree.

Figure 4.6 - Degrees Held by State Health Officials




education
qualifications
universities
requirements
disciplines

Conclusion

Reporting the findings of this first *Profile of State Public Health* represents an important milestone in ASTHO'S strategic direction as an organization.This research provides data that can support many of the overarching goals of ASTHO's strategic map for 2007-2009, including:

- Maintaining a state-based public health information and analysis system.
- Defining and marketing public health's unique contributions to society.
- Promoting equity in health among the many segments of the population.
- Developing and implementing a focused advocacy agenda.
- Strengthening state-based public health practice.
- Making ASTHO the "go-to" resource for state health officials.

Collecting data on the structure and function of state public health agencies makes an important contribution to all of these strategic objectives. We will update this data set regularly and use it to monitor trends in public health practice. With the generous support of the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention, we are building ASTHO's research capacity to meet the growing information needs of our members, public health researchers, and public health practitioners.

ASTHO has already used these new research findings for some important work on behalf of our members. The information has helped planners develop standards for the public health voluntary accreditation program, which will be formally implemented in 2011. It also contributed to materials prepared by ASTHO to demonstrate the impact of budget cuts on the public health infrastructure during the 2009 recession. In addition, ASTHO used these in its advocacy efforts for public health during congressional negotiations over the American Recovery and Reinvestment Act of 2009, and the federal budgets for 2009 and 2010.

State health officials should also find this *Profile* useful as a ready source for key statistics that can help shape policy discussions and the direction of legislation. For example, one member was faced with state legislative efforts to privatize the state's substance abuse programs, while another member had to deal with a potential merger of public health and Medicaid. For these members, ASTHO was able to use the baseline survey data to produce quick facts on the practices of other state health agencies throughout the country.

Equally important, the survey results are serving as a valuable springboard for expanded research. ASTHO is working on an article about quality improvement and performance management. This article will include additional analysis on how state health agencies are implementing quality improvement techniques and processes. In addition, it will give an in-depth look at performance management data and provide recommendations for public health practice. Also in the works is a study that will compare this 2007 State Public Health Survey with 1990 and 2001 research on state public health. This study will focus in particular on changes in the responsibilities of state health agencies over time and the trends in funding levels.

Even so, there is much more work to be done both to refine this new research and to collect even more useful data in the future. For instance, we are working on a Robert Wood Johnson Foundation-funded project to harmonize the ASTHO survey with similar surveys conducted by the National Association of County and City Health Officials (NACCHO) and the National Association of Local Boards of Health (NALBOH). The goal is to provide a more complete view of the public health system as a whole.

Moving forward, all three associations will be collaborating on future surveys. ASTHO will update the data from this report based on findings from a new survey scheduled to go in the field in early 2010. NACCHO and NALBOH also plan to conduct their surveys in late 2009 or early 2010. These surveys won't be in the field simultaneously, so health department staff will not have to deal with two comprehensive surveys at the same time. However, all of this research will be completed within a short time period, which allows for more comparable data. We expect the data from the next ASTHO survey to be available by late 2010.

Among other research initiatives, ASTHO is developing new survey modules to capture key topics in more depth. Future modules, for example, will include extensive questions on agency finance and quality improvement. We also are conducting research into the relationships between state public health agencies and local public health departments. Still another important tool now under development is a searchable database that will initially include the data from the baseline survey, but will eventually include data from other ASTHO surveys, as well as links to outside data sources from the census, our affiliate organizations and other sources.

This *Profile* makes an incremental contribution to an emerging and ambitious research agenda for public health systems research. We hope this dataset will be combined with other existing and future datasets to answer these and other important questions:

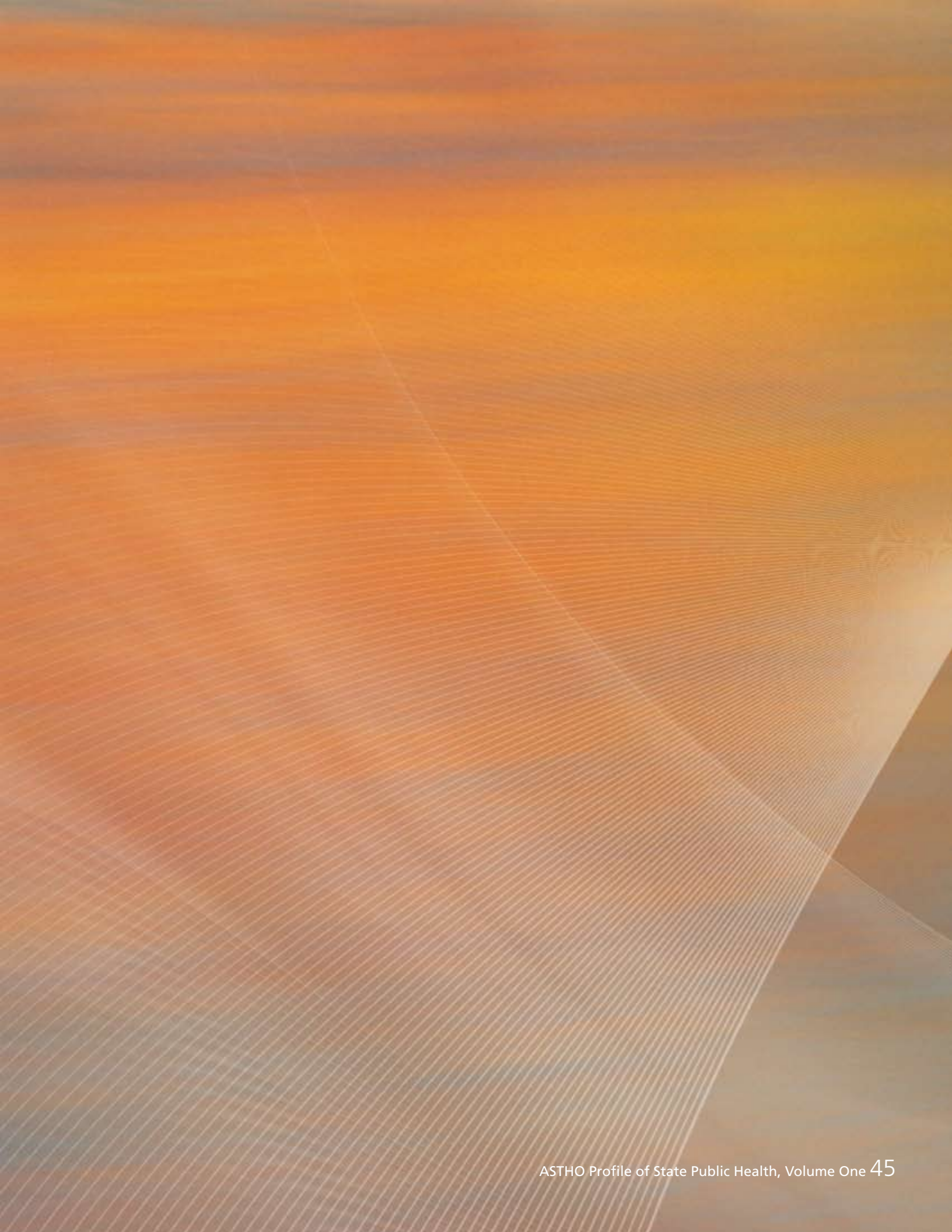
- What are the relationships between state health agency characteristics and performance?
- What are the characteristics of a high-performing state health agency?
- How do agency characteristics and performance relate to health outcomes?
- Where do the social determinants of health fit in that model?
- What does the combined information from ASTHO, NACCHO and NALBOH surveys tell us about the governmental public health system?
- What gaps in the system does this combined dataset reveal?
- How can these data be used to increase coordination among different components of the public health system?
- What impact does the ongoing work of accreditation have on health system performance and health outcomes?
- How do trends in funding impact public health infrastructure and performance?

For now, we encourage all of our members to use the data found in this *Profile*. If you do not find what you need in this report, contact us to see if the information you need exists in the data we have. If not, we will consider adding your questions to future surveys. When combined with data on program impact and health outcomes, we believe these survey findings can be a valuable tool to create policy-level change in our public health system.

Top 10 Takeaways

While the ASTHO State Public Health survey produced many significant findings, here are ten data points that stand out:

1. SHAs employ over 100,000 workers, with 50,000 of these state workers assigned to local areas or regions.
2. SHAs bear primary responsibility for distribution of childhood immunizations, disaster preparedness, and testing for bioterrorism and food-borne illness.
3. In all states, SHAs play the leading role in epidemiology responsibilities and public health surveillance.
4. More than 90% of SHAs administer federal Preventive Health and Health Services block grants.
5. 55% of SHAs are free-standing, independent agencies, while the remainder function as part of a super agency or umbrella agency.
6. In nearly 30% of states, SHAs are responsible for providing all local public health services.
7. More than 80% of SHAs collaborate with universities, hospitals, and health care providers.
8. Assuring preparedness for a health emergency was most often cited as one of the top five priorities for SHOs.
9. SHAs receive the bulk of their funding from federal and state sources. The average state public health agency receives 50% of its funding from federal grants, contracts and cooperative agreements and 24% from state sources.
10. More than 80% of SHAs have health improvement plans in place, and over 95% of these SHAs intend to update their plans in the next three years.



References

1. Mays, G., et al., State gathering momentum: Promising strategies for accreditation and assessment activities in Multistate Learning Collaborative applicant states. Journal of Public Health Management and Practice, 2007. 13(4): p. 364-373.

2. Mays, G., et al., Institutional and economic determinants of public health system performance. American Journal of Public Health, 2006. 96(3): p. 523-531.

3. Wasserman, J., et al., Organizing state and local health departments for public health preparedness. 2006, RAND Health Center for International and Domestic Security: Santa Monica, CA.

4. Beitsch, L.M., et al., Structure and functions of state public health agencies. Am J Public Health, 2006. 96(1): p. 167-72.

5. Profile of State and Territorial Public Health System. 1991, Centers for Disease Control, Public Health Practice Program Office: Atlanta, GA.

6. Budget Processes in the States. 2008, National Association of State Budget Officers: Washington, DC.

7. Quality portal homepage. 2008 [cited 2008 December 10]; Available from: www.thequalityportal.com.

8. Deming, W.E., Out of the crisis. 2nd ed. 2000, Boston: MIT Press.

9. Lotstein, D., et al., Using quality improvement methods to improve public health emergency preparedness: PREPARE for Pandemic Influenza. Health Affairs, 2008. 27(5): p. 328-339.

10. Langley, G.J., et al., The improvement guide: A practical approach to enhancing organizational performance. Jossey-Bass Business and Management Serids. 1996, New York: Jossey-Bass.

11. Lighter, D. and D. Fair, Quality management in healthcare: Principles and methods. 2004, Boston: Jones and Bartlett.

12. Seid, M., et al., Quality Improvement: Implications for Public Health Preparedness, in RAND Corporation technical report series. Stern, Stefanie, RAND Corporation.

13. Consensus statement on quality in the public health system. 2008, Department of Health and Human Services: Washington, DC.

14. Beitsch, L., et al., The Multistate Learning Collaborative, states as laboratories: Informing the national public health accreditation dialogue. Journal of Public Health Management and Practice, 2006. 12(3): p. 217-231.

15. Beitsch, L., et al., States gathering momentum: Promising strategies for accreditation and assessment activities in Multistate Learning Collaborative applicant states. Journal of Public Health Management and Practice, 2007. 13(4): p. 364-373.

16. Public health infrastructure resource center: Performance management and quality improvement resources. 2008 [cited 2008 December 10]; Available from: http://www.phf.org/infrastructure/phfpage.php?page_id=55&pp_id=52.

17. Crossing the quality chasm: A new health system for the 21st century. 2001, Institute of Medicine: Washington, DC.

18. Healthy People 2010: Understanding and improving health, 2nd ed. 2000, U.S. Department of Health and Human Services: Washington, DC.

19. Mays, G.P., P. Halverson, and C.A. Miller, Assessing the performance of local public health systems: a survey of state health agency efforts. J Public Health Manag Pract, 1998. 4(4): p. 63-78.

20. Baker, S., et al., The role of performance management and quality improvement in a national voluntary public health accreditation system. Journal of Public Health Management and Practice, 2007. 13(4): p. 427-429.

21. The future of public health. 1988. Institute of Medicine: Washington, DC.

22. Who will keep the public healthy? Educating public health professionals for the 21st century. 2003, Institute of Medicine: Washington, DC.

23. Perlino, C., The public health workforce shortage: Left unchecked, will we be protected? 2006, American Public Health Association: Washington, DC.

24. Gebbie, K. and B.J. Turnock, The public health workforce, 2006: New challenges. Health Affairs, 2006. 25(4): p. 923-933.

25. Rosenstock, L., et al., Confronting the public health workforce crisis: ASPH statement on the public health workforce. Public Health Reports, 2008. 123: p. 395-398.

26. Jarris, P. Testimony on pandemic flu before the U.S. Senate Committee on Homeland Security and Governmental Affairs, Ad Hoc Subcommittee on State, Local and Private Sector Preparedness and Integration. June 3, 2009. Available from www.astho.org.

27. Blueprint for a healthier America. 2008, Trust for America's Health: Washington, DC.

28. Moskowitz, M.C., State actions and the health workforce crisis. 2007, Association of Academic Health Centers: Washington, DC.

State Profiles

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Alabama

Agency Mission

"To serve the people of Alabama by assuring conditions in which they can be healthy."

Top 5 Priorities for State Health Agency

1. Assuring preparedness for health emergencies
2. Assuring workforce stability
3. Focusing on early detection or population protection measures
4. Monitoring the health of the state's population
5. Maintaining the integrity of the vital statistics reporting systems

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 67
Number of Regional Health Departments: 0

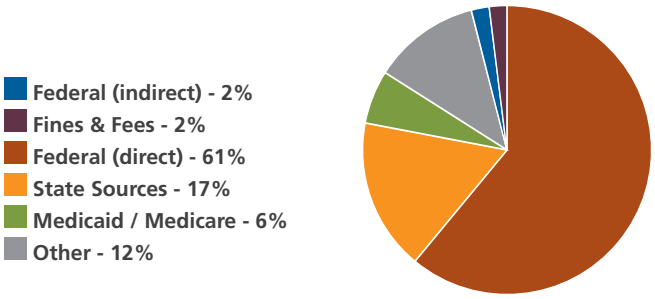
State Organizational Structure

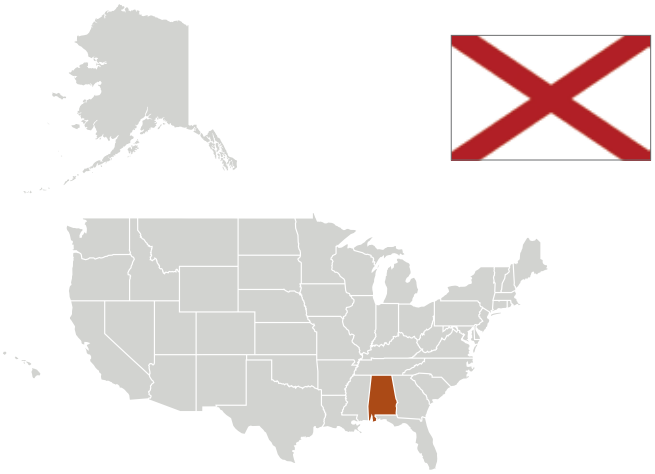
The state health agency does not report directly to the governor but has cabinet-level status. Alabama has a state board of health.

Quality Improvement Process

The state health agency does not have its own quality improvement process in place.

State Public Health Agency Sources of Funding





Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		
Manage vital statistics	■		
Conduct health planning			
Issue certificates of need			
Operate health facilities			
License health professionals	■		
Accredit local health departments			
Other			

Data in this profile pertain to the state health agency's 2007 fiscal year.

1. This table indicates which types of information the state health agency is able to send and receive electronically.
2. This table indicates the state health agency's source of authority for various governmental public health responsibilities.

Alaska

Agency Mission

"The mission of the Alaska Division of Public Health is to protect and promote the health of all Alaskans."

Top 5 Priorities for State Health Agency

1. Health system reform
2. Attaining workforce stability
3. Assuring preparedness for a health emergency
4. Developing effective health policy
5. Focusing on early detection or population protection measures

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 1
Number of Regional Health Departments: 0

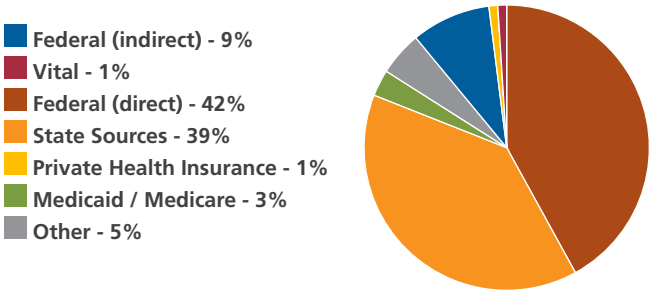
State Organizational Structure

The state health agency does not report directly to the governor. Alaska does not have a state board of health.

Quality Improvement Process

Ongoing evaluation is used in several programs, such as public health nursing and tobacco control and prevention.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

Childhood immunization	Send	Receive
Electronic health record		
Geographic coded data for mapping analysis		
Laboratory reporting	Send	
Maternal child health reporting	Send	Receive
Medicaid billing	Send	Receive
On-site waste water treatment systems		
Outbreak management		
Nuisance complaints		
Reportable diseases		Receive
Restaurant inspections		
Vital records	Send	Receive
Water wells (licensing and/or testing)		
WIC		

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

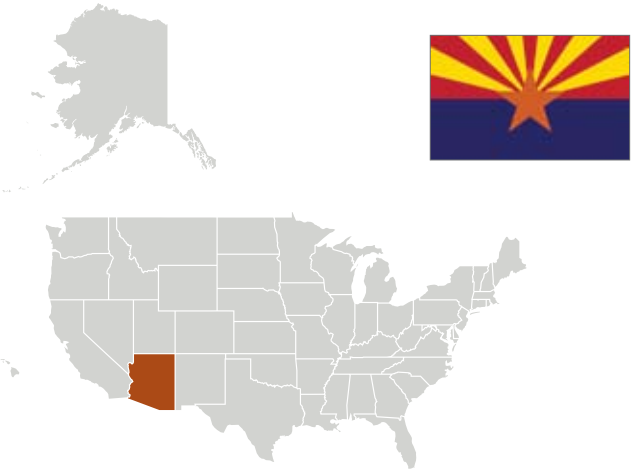
Declare a health emergency		Gubernatorial Order	
Collect health data	State Statute		Rules/Regulations
Manage vital statistics	State Statute		Rules/Regulations
Conduct health planning	State Statute		Rules/Regulations
Issue certificates of need	State Statute		Rules/Regulations
Operate health facilities	State Statute		Rules/Regulations
License health professionals			
Accredit local health departments			
Other*	State Statute		

Data in this profile pertain to the state health agency's 2007 fiscal year.

1. This table indicates which types of information the state health agency is able to send and receive electronically.
2. This table indicates the state health agency's source of authority for various governmental public health responsibilities.

* Exercise specific powers during disaster emergency declared by the governor.

Arizona



Agency Mission

"Promote and protect healthy people and healthy communities throughout Arizona."

Top 5 Priorities for State Health Agency

1. Developing innovations in any area –e.g. providing services, policy, performance improvement
2. Assuring preparedness for a health emergency
3. Implementing quality improvement/ performance management
4. Focusing on early detection or population protection measures
5. Using data guided planning

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 15
Number of Regional Health Departments: 0

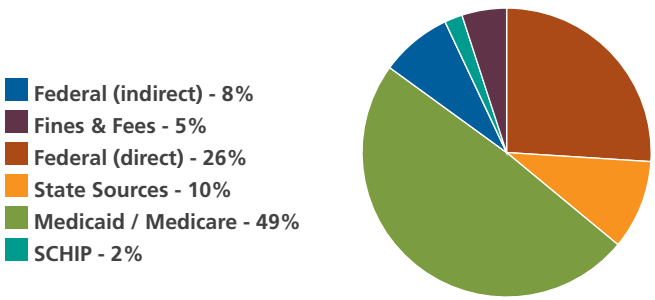
State Organizational Structure

The state health agency reports directly to the governor. Arizona does not have a state board of health.

Quality Improvement Process

We are researching different approaches to performance assessment and review in an effort to improve our services, as well as prepare for the possibility of a national public health accreditation process.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■	■	■
Manage vital statistics	■	■	■
Conduct health planning	■	■	■
Issue certificates of need	■		■
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments			
Other			

Data in this profile pertain to the state health agency's 2007 fiscal year.

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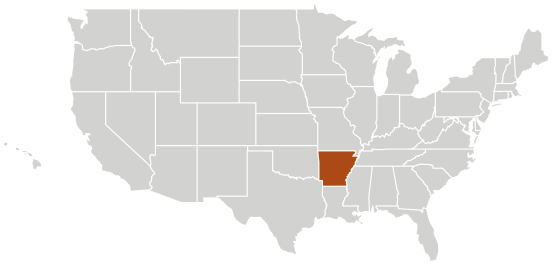
Arkansas



Agency Mission

"To protect and improve the health and well-being of all Arkansans."

Top 5 Priorities for State Health Agency

1. To improve outcomes and reduce disparities in Arkansans by focusing on targeted population-based approaches to strengthen injury prevention and control, reduce infant mortality, increase physical activity, and improve oral health
2. To strengthen clinical and other public health services, ensuring service quality and effectiveness and prioritizing public health service needs
3. To secure adequate human and financial resources
4. To communicate public health value and contribution focusing on the linkage between public health and economic development
5. To strengthen community engagement, expand health partnerships, and strengthen capacity for developing policy and transforming systems that impact health in Arkansas communities and throughout the state

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a centralized organizational structure. Local public health services are provided through units and/or staff of the state health agency.

Number of Local Health Units: 94
Number of Regional Health Offices: 5

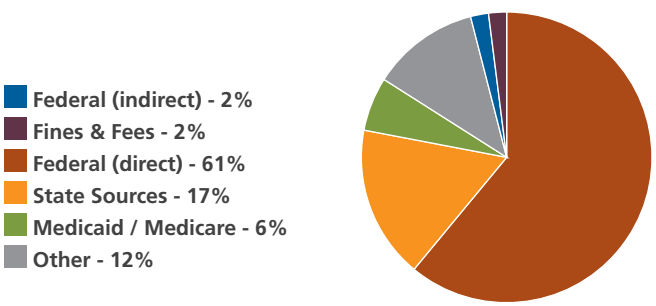
State Organizational Structure

The state health agency reports directly to the governor. Arkansas has a state board of health.

Quality Improvement Process

There is a performance management process to assess, plan, and implement improvements of public health performance in the organization, which includes all staff.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
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Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need			
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments			
Other	■		■

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California

Agency Mission

"The California Department of Public Health (CDPH) is dedicated to optimizing the health and well-being of the people in California."

Top 5 Priorities for State Health Agency

1. Developing effective health policy
2. Assuring preparedness for a health emergency
3. Using data guided planning
4. Attaining workforce stability
5. Implementing quality improvement/performance management

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 61
Number of Regional Health Departments: 0

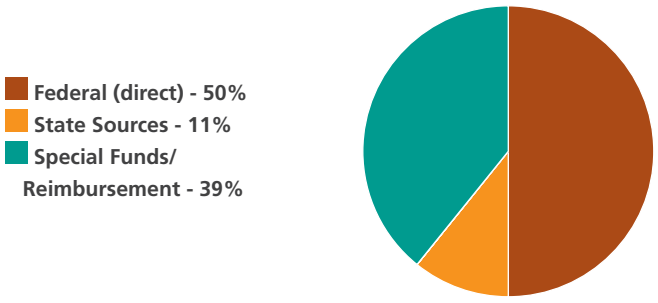
State Organizational Structure

The state health agency does not report directly to the governor. California does not have a state board of health.

Quality Improvement Process

The state health agency has partially implemented its own quality improvement process for specific programs.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

Childhood immunization		
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting		
Medicaid billing		
On-site waste water treatment systems		
Outbreak management	■	
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

Declare a health emergency	■		■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning			
Issue certificates of need			
Operate health facilities			
License health professionals			
Accredit local health departments			
Other			

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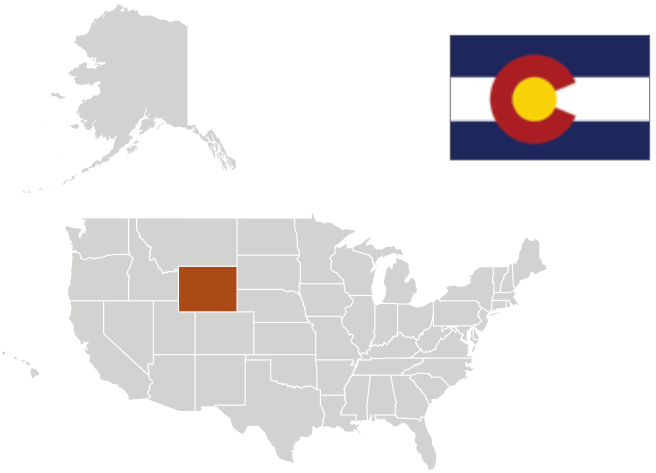
Colorado



Agency Mission

"The mission of the Colorado Department of Public Health and Environment is to protect and improve the health of Colorado's people and the quality of its environment."

Top 5 Priorities for State Health Agency

1. Assuring a local public health presence throughout the state
2. Assuring preparedness for a health emergency
3. Attaining workforce stability
4. Using evidence based program planning
5. Monitoring the health of the state's population

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 54
Number of Regional Health Departments: 0

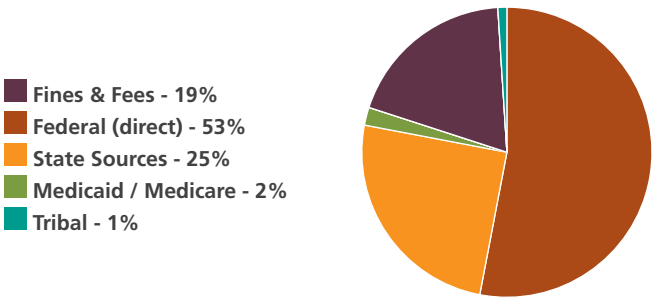
State Organizational Structure

The state health agency reports directly to the governor. Colorado has a state board of health.

Quality Improvement Process

The state health agency does not have its own quality improvement process in place.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		
On-site waste water treatment systems	■	■
Outbreak management	■	■
Nuisance complaints	■	
Reportable diseases	■	■
Restaurant inspections	■	
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

Declare a health emergency	■	■	■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need			
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			

Data in this profile pertain to the state health agency's 2007 fiscal year.

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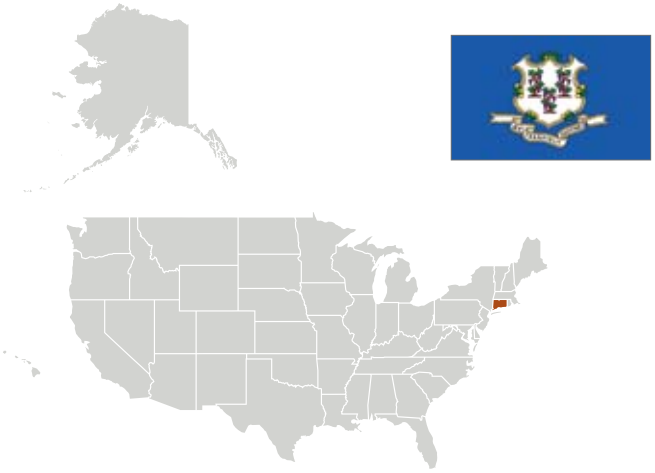
Connecticut



Agency Mission

"To protect and improve the health and safety of the people of Connecticut by: assuring the conditions in which people can be healthy; promoting physical and mental health; and preventing disease, injury, and disability. The reason we exist as an agency is to serve the public."

Top 5 Priorities for State Health Agency

1. Developing effective health policy
2. Developing innovations in any area –e.g. providing services, policy, performance improvement
3. Assuring preparedness for a health emergency
4. Assuring a local public health presence throughout the state
5. Attaining workforce stability

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 80
Number of Regional Health Departments: 0

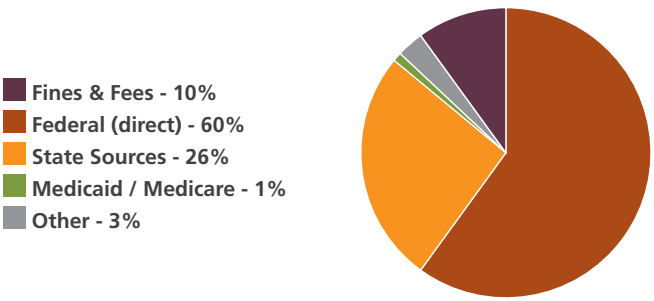
State Organizational Structure

The state health agency reports directly to the governor. Connecticut does not have a state board of health.

Quality Improvement Process

The state health agency has implemented its own quality improvement process for specific programs.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		
On-site waste water treatment systems	■	■
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency		■	
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		
Issue certificates of need	■		■
Operate health facilities		■	■
License health professionals	■		■
Accredit local health departments	■		■
Other			

Data in this profile pertains to the state health agency's 2006 fiscal year.

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2. This table indicates the state health agency's source of authority for various governmental public health responsibilities.

Delaware

Agency Mission

"The mission of the Division is to protect and promote the health of the people. The Division's responsibilities include the following: monitor and assess the health status of the population of the State; use scientific knowledge as the basis to promote public policy to protect the health of the people; perform duties and functions as may be necessary to assure the protection of the public's health."

Top 5 Priorities for State Health Agency

1. Health system reform
2. Other: promotion of healthy lifestyles and elimination of disparities
3. Attaining workforce stability
4. Developing effective health policy
5. Using evidence-based program planning

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has no local health departments.

Number of Local Health Agencies: 0
Number of Regional Health Departments: 0

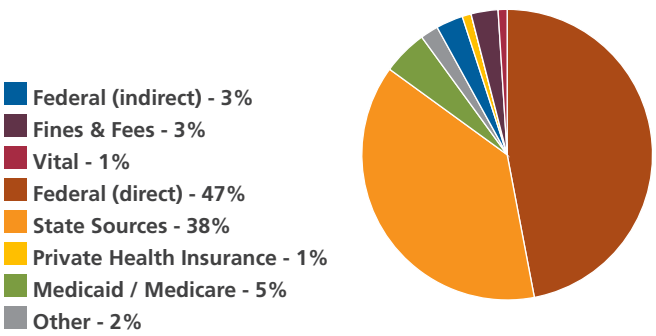
State Organizational Structure

The state health agency does not report directly to the governor. Delaware does not have a state board of health. The Division of Public Health is a division of the Department of Health and Social Services.

Quality Improvement Process

The state health agency has a Process Improvement core team that meets monthly with additional staff joining meetings that directly impact their job responsibilities.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		
On-site waste water treatment systems		
Outbreak management		
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency			
Collect health data	■		
Manage vital statistics	■		■
Conduct health planning	■		
Issue certificates of need	■		
Operate health facilities	■		
License health professionals			
Accredit local health departments			
Other			

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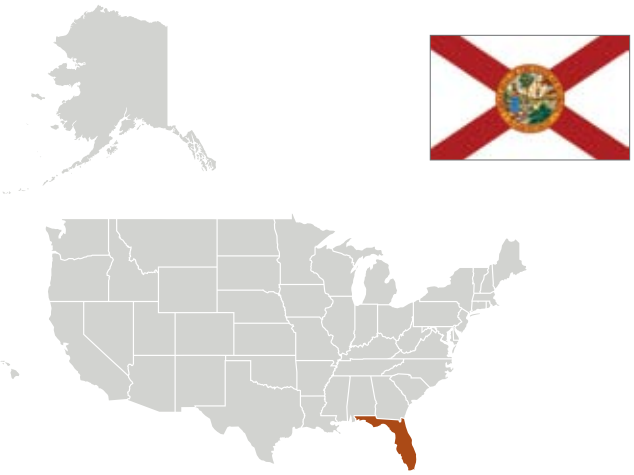
Florida



Agency Mission

"Promote, protect and improve the health of all people in Florida."

Top 5 Priorities for State Health Agency

1. Assuring a local public health presence throughout the state
2. Assuring preparedness for a health emergency
3. Implementing quality improvement/ performance management
4. Monitoring the health of the state's population
5. Developing effective health policy

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a centralized relationship with local health departments.

Number of Local Health Agencies: 67
Number of Regional Health Departments: 0

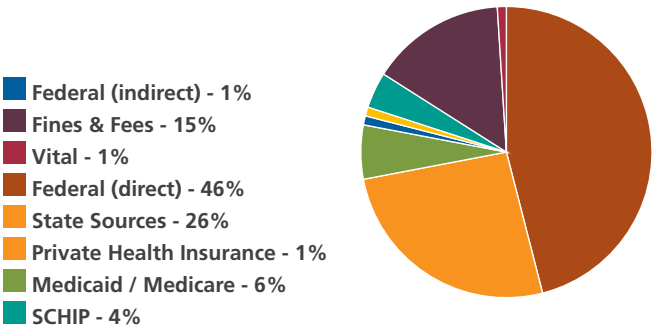
State Organizational Structure

The state health agency reports directly to the governor. Florida does not have a state board of health.

Quality Improvement Process

The Florida Department of Health's quality improvement process facilitates the advancement of performance management systems to support organizational performance excellence using the Sterling Criteria or Organizational Performance Excellence as its management framework.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need			
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments			
Other			

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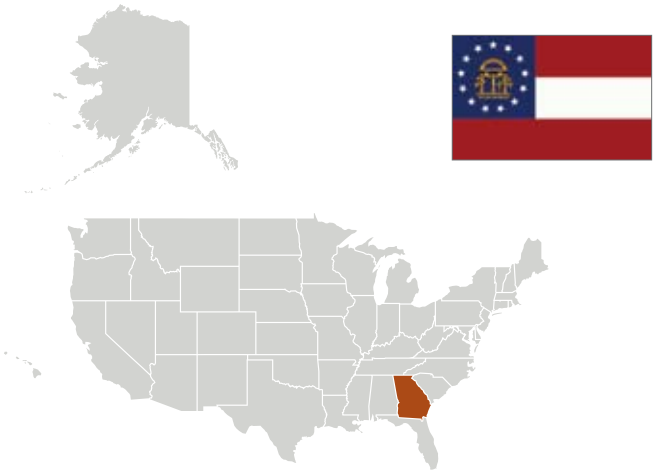
Georgia



Agency Mission

"Created and established to safeguard and promote the health of the people of the state and empowered to employ all legal means appropriate to that end." Not in Statute: "To Protect, Promote and Improve the Health and Safety of Georgia."

Top 3 Priorities for State Health Agency

1. Implementing quality improvement/performance management
2. Monitoring the health of the state's population
3. Developing innovations in any area –e.g. providing services, policy, performance improvement

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 159
Number of Regional Health Departments: 18

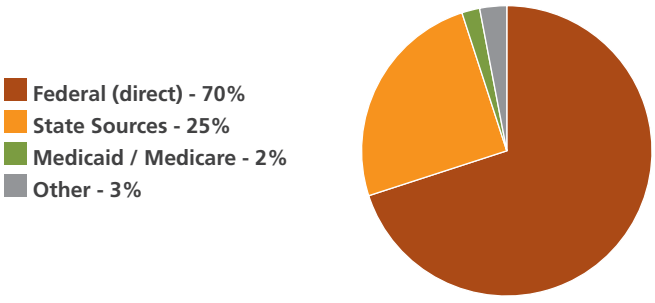
State Organizational Structure

The state health agency does not report directly to the governor. Georgia does not have a state board of health.

Quality Improvement Process

At the state level, the Division of Public Health uses performance improvements to conduct statewide assessment of health status, lead the development of performance measurements, facilitate district-led plan to engage key DPH stakeholders to develop a performance management matrix, and complete the pilot phase of a performance management system. Each of the 18 districts (covering all 159 counties in Georgia) participates in a periodic review process using the statewide QA/QI standards, tools, and forms.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		
Manage vital statistics	■		■
Conduct health planning	■		
Issue certificates of need			
Operate health facilities			
License health professionals			
Accredit local health departments			
Other			

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Hawaii

Agency Mission

"The mission of the Department of Health is to protect and improve the health and environment for all people in Hawaii."

Top 5 Priorities for State Health Agency

1. Assuring preparedness for a health emergency
2. Focusing on early detection or population protection measures
3. Monitoring the health of the state's population
4. Developing innovations in any area –e.g. providing services, policy, performance improvement
5. Implementing quality improvement/ performance management

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has no local health departments.

Number of Local Health Agencies: 0
Number of Regional Health Departments: 0

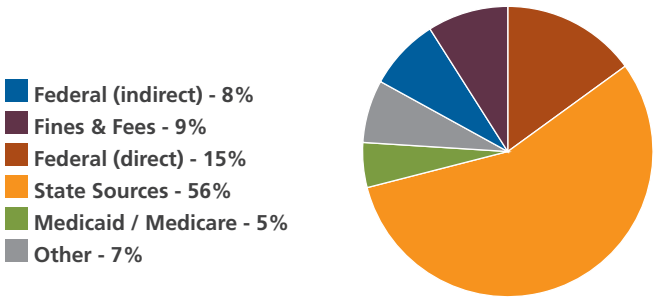
State Organizational Structure

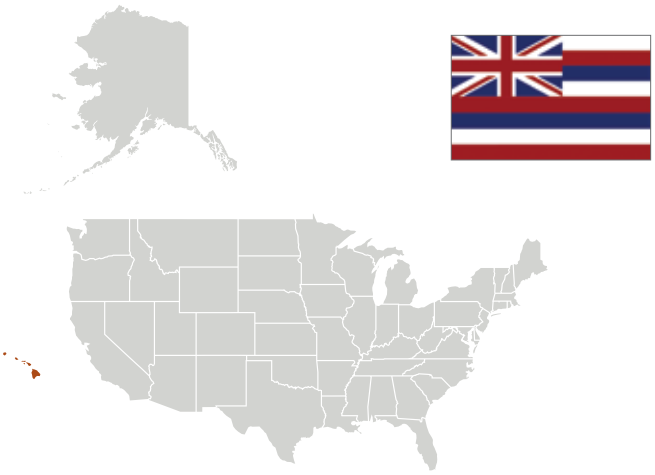
The state health agency reports directly to the governor. Hawaii has a state board of health.

Quality Improvement Process

The Behavioral Health Administration has an active Quality Assurance and Improvement Program (QAIP) Committee which assure that an active, written QAIP description is maintained at all times and assures the QAIP are achieved through the implementation of the annual QAIP work plan.

State Public Health Agency Sources of Funding





Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	
Electronic health record		
Geographic coded data for mapping analysis		
Laboratory reporting	■	■
Maternal child health reporting		■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management		■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	
Vital records	■	■
Water wells (licensing and/or testing)	■	
WIC		■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities			
License health professionals			
Accredit local health departments			
Other			

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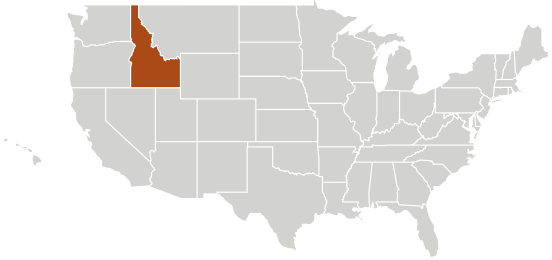
Idaho



Agency Mission

"Protect the health and safety of Idahoans."

Top 5 Priorities for State Health Agency

1. Other: Infectious disease prevention, including immunizations
2. Focusing on early detection or population protection measures
3. Using data guided planning
4. Using evidence-based program planning
5. Developing effective health policy

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 0
Number of Regional Health Departments: 7

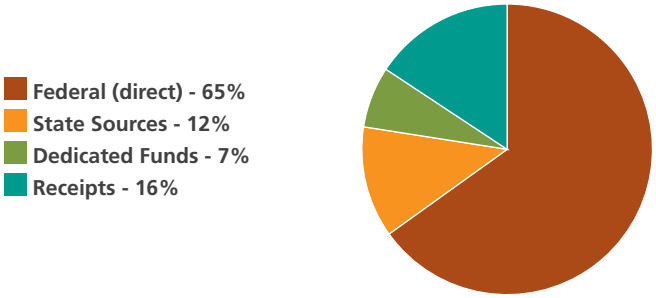
State Organizational Structure

The state health agency does not report directly to the governor. Idaho has a state board of health.

Quality Improvement Process

The state health agency monitors performance against trended data.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

Declare a health emergency	■		■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning			
Issue certificates of need			
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			

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Illinois

Agency Mission

"To partner with the citizens and communities of Illinois to protect, promote, and improve the health of all Illinoisans."

Top 5 Priorities for State Health Agency

1. Assuring preparedness measures for health protection during emergencies
2. Developing effective disaster preparedness related agency health policies
3. Implementing quality improvement and performance metric-based management tools
4. Developing community resiliency through community engagement with FBOs and CBOs
5. Assuring the development of a state-wide local health presence.

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 95
Number of Regional Health Departments: 0

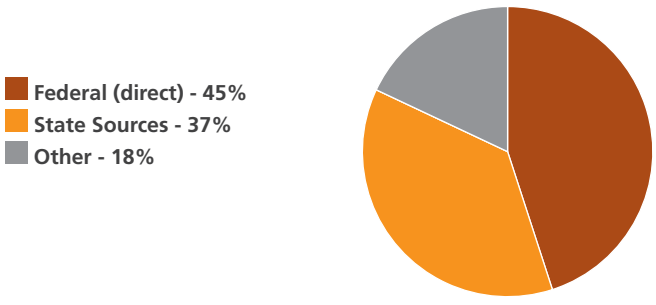
State Organizational Structure

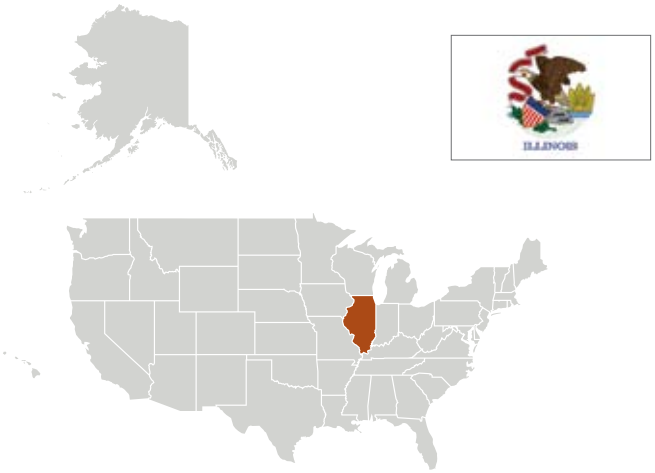
The state health agency reports directly to the governor. Illinois has a state board of health.

Quality Improvement Process

The state health agency develops measurable goals and objectives, based on our strategic priorities and through the use of continuous quality improvement principles/concepts, and measures progress toward these goals on a quarterly basis; reporting to the governor's Office of Management and Budget each quarter with results and action plans to address areas of opportunity for improvement.

State Public Health Agency Sources of Funding





Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis		
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		■
On-site waste water treatment systems		
Outbreak management	■	
Nuisance complaints		
Reportable diseases		
Restaurant inspections		
Vital records		
Water wells (licensing and/or testing)		
WIC		

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■		
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need			
Operate health facilities			
License health professionals			
Accredit local health departments			
Other			

Data in this profile pertain to the state health agency's 2007 fiscal year.

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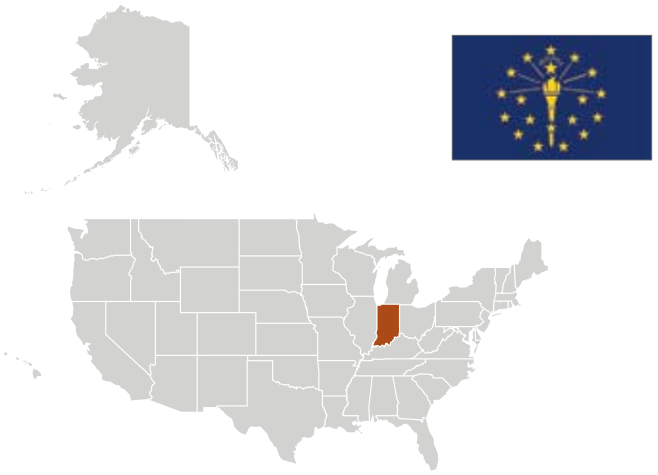
Indiana



Agency Mission

"The Indiana State Department of Health supports Indiana's economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities."

Top 5 Priorities for State Health Agency

1. Assuring preparedness for a health emergency
2. Implementing quality improvement/ performance management
3. Developing effective health policy
4. Using evidence-based program planning
5. Using data guided planning

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 95
Number of Regional Health Departments: 0

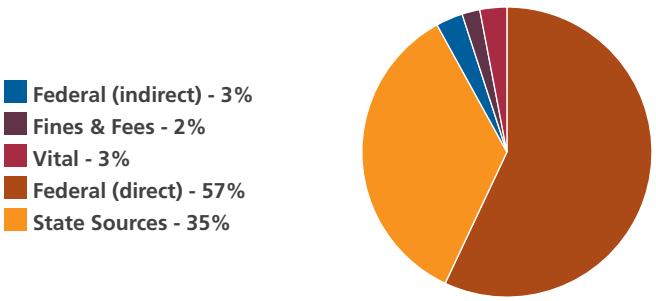
State Organizational Structure

The state health agency reports directly to the governor. The Indiana State Department of Health has an Executive Board with rule making authority.

Quality Improvement Process

The state health agency is using the NPHPSP Version 2 tool to assess performance, provide training to conduct root cause analysis, and develop and implement programs to improve performance.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency		■	
Collect health data	■		
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need			
Operate health facilities	■		
License health professionals			
Accredit local health departments			
Other			

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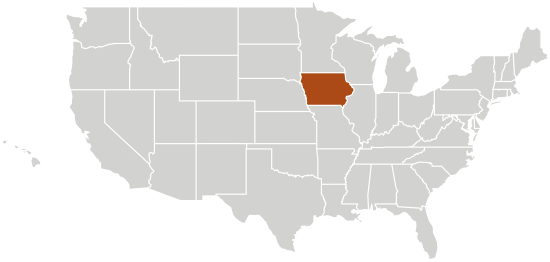
Iowa



Agency Mission
"Promote and protect the health of Iowans."

Top 5 Priorities for State Health Agency
1. Developing innovations in any area – e.g., providing services, policy, performance
2. Assuring a local public health presence throughout the state
3. Assuring preparedness for a health emergency
4. Attaining workforce stability
5. Developing effective health policy

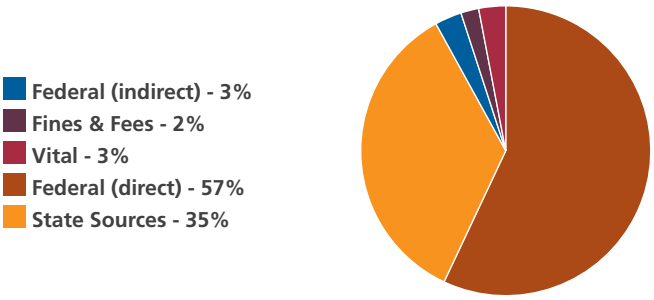
Structure and Relationship with Local Health Departments
The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

Number of County Public Health Agencies: 98
Number of Regional Public Health Agencies: 1
Number of City Public Health Agencies: 2

State Organizational Structure
The state health agency reports directly to the governor. Iowa has a state board of health.

Quality Improvement Process
Iowa's quality improvement process is being implemented through a strategic planning and performance evaluation process.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis		
Laboratory reporting	■	■
Maternal child health reporting		■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management		
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments	■		
Other			

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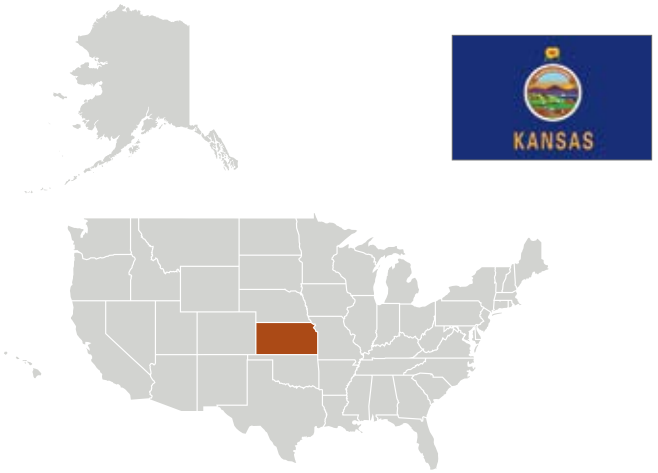
Kansas



Agency Mission

"To protect the health and environment of all Kansans by promoting responsible choices."

Top 5 Priorities for State Health Agency

1. Health system reform
2. Assuring preparedness for a health emergency
3. Assuring a local public health presence throughout the state
4. Using evidence-based program planning
5. Implementing quality improvement/ performance management

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 98
Number of Regional Health Departments: 2

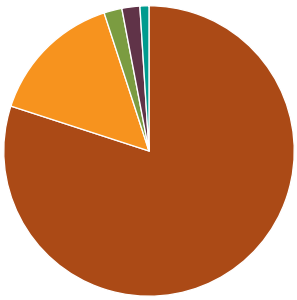
State Organizational Structure

The state health agency reports directly to the governor. Kansas does not have a state board of health.

Quality Improvement Process

Review of program outcomes as required by the legislature and reflected in the budget; contract deliverables included in grant contracts with local health departments and other local providers.

State Public Health Agency Sources of Funding



- Fines & Fees - 2%
- Federal (direct) - 80%
- State Sources - 15%
- Medicaid / Medicare - 2%
- Private Philanthropic Organization - 1%

Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		
On-site waste water treatment systems		
Outbreak management		
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency			
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning			
Issue certificates of need			
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			

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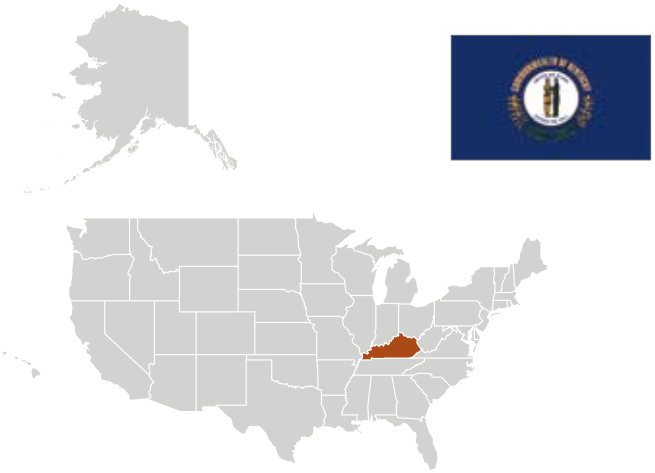
Kentucky



Agency Mission

"The mission of Public Health is to fulfill society's interest in assuring conditions in which people can be healthy."

Top 5 Priorities for State Health Agency

1. Developing innovations in any area –e.g. providing services, policy, performance improvement
2. Assuring preparedness for a health emergency
3. Focusing on early detection or population protection measures
4. Using evidence-based program planning
5. Attaining workforce stability.

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Units: 41
Number of Regional Offices of Public Health: 15

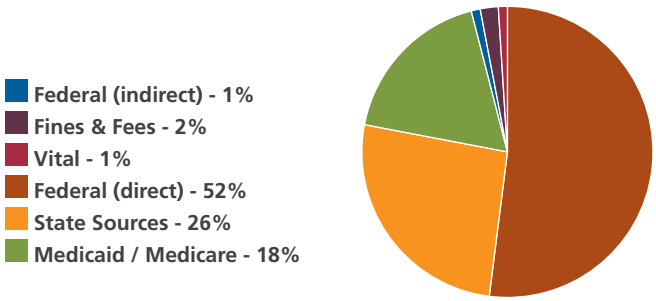
State Organizational Structure

The state health agency does not report directly to the governor. Kentucky does not have a state board of health.

Quality Improvement Process

The state health agency has a defined group of state department RN's assigned to coordinate QI State Level with TA to LHDS and Environmental Health Quality Assurance Team to assist LHD's with QA reviews.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis		
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■		
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need			
Operate health facilities			
License health professionals			
Accredit local health departments			
Other			

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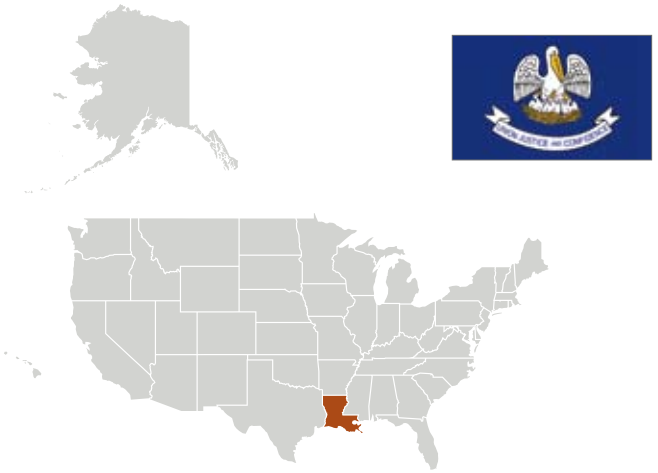
Louisiana



Agency Mission

"The mission of the Office of Public Health (OPH) is to:

- Promote health through education that emphasizes the importance of individual responsibility for health and wellness.
- Enforce regulations that protect the environment and to investigate health hazards in the community.
- Collect and distribute information vital to informed decision-making on matters related to individual, community, and environmental health.
- Provide for leadership for the prevention and control of disease, injury, and disability in the state.
- Provide assurance of essential preventive health care services for all citizens and a safety net for core public health services for the underserved."

Top 5 Priorities for State Health Agency

1. Focusing on early detection or population protection measures
2. Monitoring the health of the state's population
3. Using evidence-based program planning
4. Assuring preparedness for a health emergency
5. Maintaining the integrity of the vital statistics reporting systems

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a centralized relationship with local health units.

Number of Local Health Units: 72
Number of Regional Offices of Public Health: 9

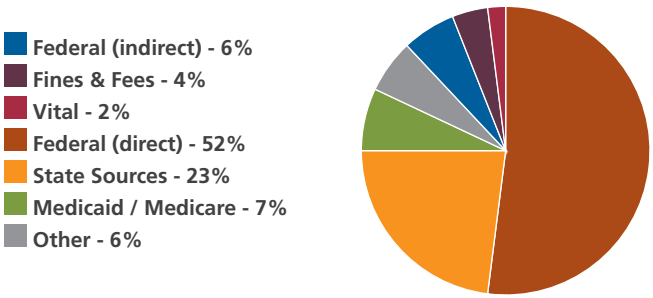
State Organizational Structure

The state health agency does not report directly to the governor. Louisiana does not have a state board of health.

Quality Improvement Process

The Department of Health and Hospitals has an established Bureau of Quality Management (Office of the Policy Chief of Staff) that works with all DHH offices on quality monitoring and improvement planning.

State Public Health Agency Sources of Funding



Data in this profile pertains to the state health agency's 2007 fiscal year.

Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems	■	
Outbreak management	■	■
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■	■	■
Manage vital statistics	■	■	■
Conduct health planning	■	■	■
Issue certificates of need			
Operate health facilities	■	■	■
License health professionals			
Accredit local health departments			
Other			■

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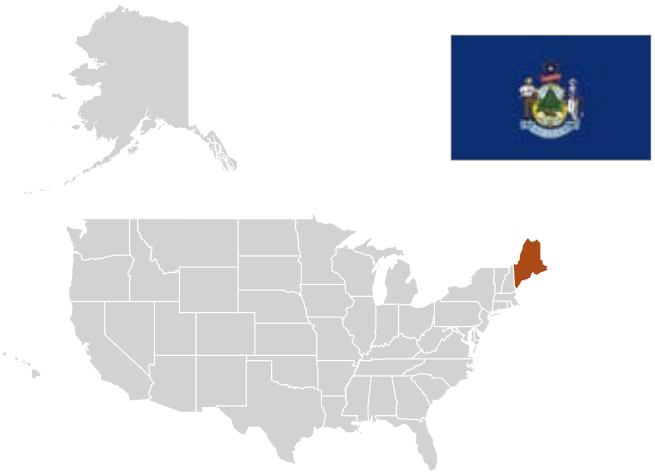
Maine



Agency Mission
"To make Maine the 'healthiest' state in the nation. All Maine people will live longer and healthier lives."

Top 5 Priorities for State Health Agency
1. Assuring a local public health presence throughout the state
2. Developing effective health policy
3. Health system reform
4. Monitoring the health of the state's population
5. Using evidence-based program planning

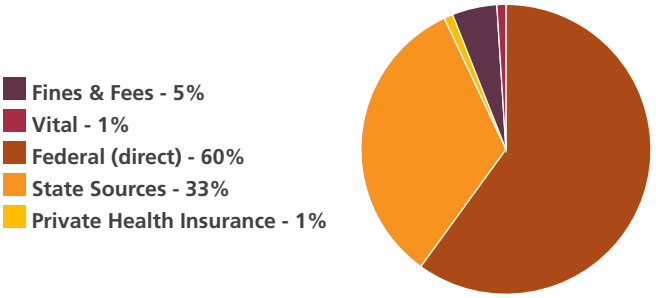
Structure and Relationship with Local Health Departments
The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 2
Number of Public Health Districts: 8

State Organizational Structure
The state health agency does not report directly to the governor. Maine does not have a state board of health.

Quality Improvement Process
The state health agency is setting up QI processes within Maine CDC Administration involving Statewide and District Coordinating Council for Public Health.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis		■
Laboratory reporting	■	■
Maternal child health reporting	■	
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records		
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■		
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need			
Operate health facilities			
License health professionals			
Accredit local health departments			
Other	■		

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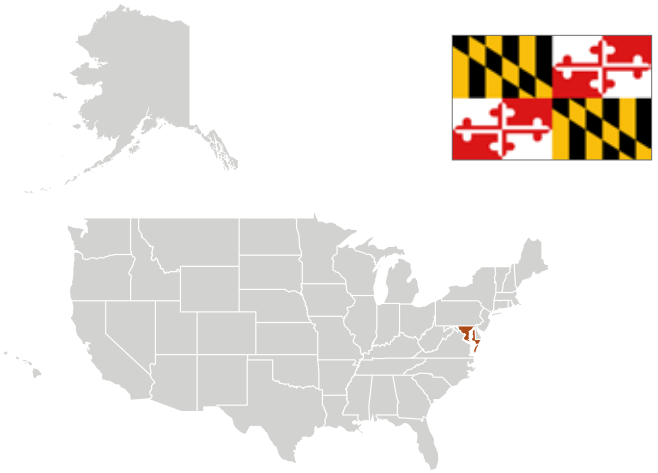
Maryland



Agency Mission

"The mission of the Maryland Department of Health and Mental Hygiene is to protect, promote and improve the health and well-being of all Maryland citizens in a fiscally responsible way."

Top 5 Priorities for State Health Agency

1. Health system reform
2. Assuring preparedness for a health emergency
3. Other: Eliminate health disparities
4. Developing effective health policy
5. Monitoring the state population's health

Structure and Relationship with Local Health Departments

The state public health agency is part of a "larger agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 24
Number of Regional Health Departments: 0

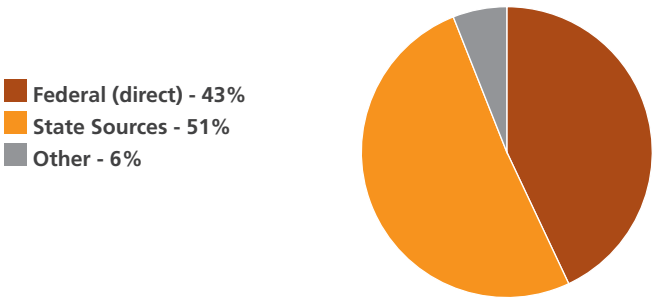
State Organizational Structure

The state public health agency reports directly to the Governor. Maryland does not have a state board of health.

Quality Improvement Process

Reporting on programmatic performance indicators is included in Maryland's state budgetary process.

State Public Health Agency Sources of Funding



Note: Federal for Maryland includes Medicaid / Medicare

Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis		
Laboratory reporting		
Maternal child health reporting		
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments			
Other*	■	■	■

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* Exercise specific powers during disaster emergency declared by the governor.

Massachusetts

Agency Mission

"We believe in the power of prevention. We work to help all people reach their full potential for health. We ensure that the people of the Commonwealth receive quality health care and live in a safe and healthy environment. We build partnerships to maximize access to affordable, high quality health care. We are especially dedicated to the health concerns of those most in need. We empower our communities to help themselves. We protect, preserve, and improve the health of all the Commonwealth's residents"

Top 5 Priorities for State Health Agency

1. Health system reform
2. Using data guided planning
3. Developing innovations in any area –e.g. providing services, policy, performance improvement
4. Developing effective health policy
5. Using evidence-based program planning

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 351
Number of Regional Health Districts: 8

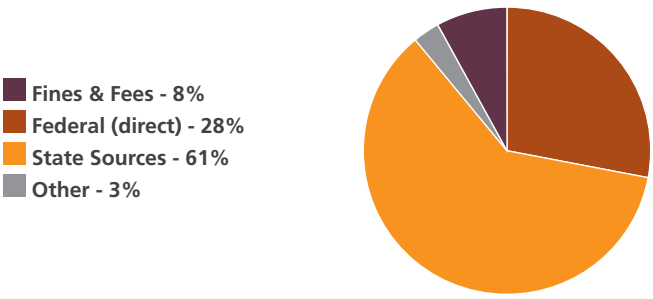
State Organizational Structure

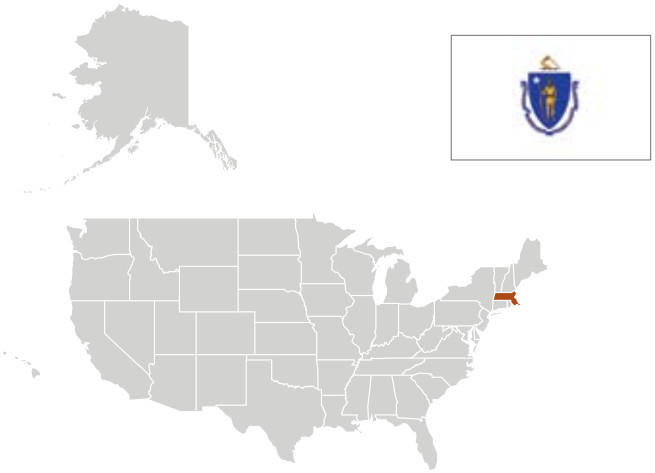
The state health agency does not report directly to the governor. Massachusetts does not have state board of health. The state department of public health is an agency of the secretariat of health and human services. The public health commissioner reports to the HHS secretary, who reports to the governor. The public health commissioner chairs a Public Health Council that is responsible for adopting state public health regulations.

Quality Improvement Process

The process for ensuring quality improvement and quality assurance is determined at the bureau and program levels.

State Public Health Agency Sources of Funding





Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■		■
Manage vital statistics	■		
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments			
Other			

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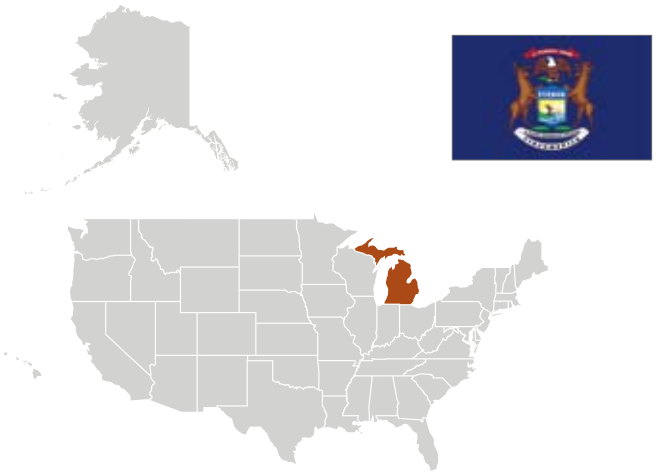
Michigan



Agency Mission

"MDCH will protect, preserve, and promote the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and under-served populations."

Top 5 Priorities for State Health Agency

1. Developing effective health policy
2. Assuring a local public health presence throughout the state
3. Assuring preparedness for a health emergency
4. Attaining workforce stability
5. Health system reform

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 45
Number of Regional Health Departments: 0

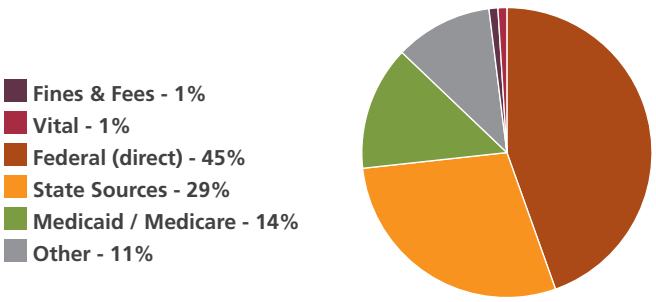
State Organizational Structure

The state health agency reports directly to the governor. Michigan does not have a state board of health.

Quality Improvement Process

The Michigan Department of Community Health's Accreditation Program has been working with our Local Health Department partners to improve the products and processes of public health in our communities.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting		
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need	■		
Operate health facilities	■		
License health professionals	■		
Accredit local health departments	■		
Other	■		

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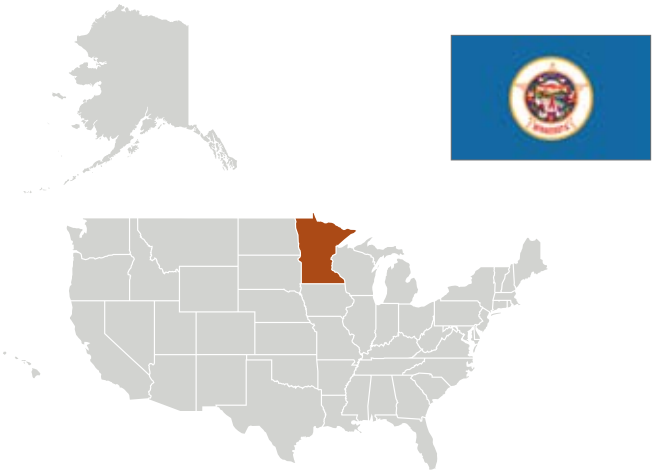
Minnesota



Agency Mission
"Protect, maintain and improve the health of all Minnesotans."

Top 5 Priorities for State Health Agency
1. Health system reform
2. Assuring preparedness for a health emergency
3. Monitoring the health of the state's population
4. Assuring a local public health presence throughout the state
5. Attaining workforce stability

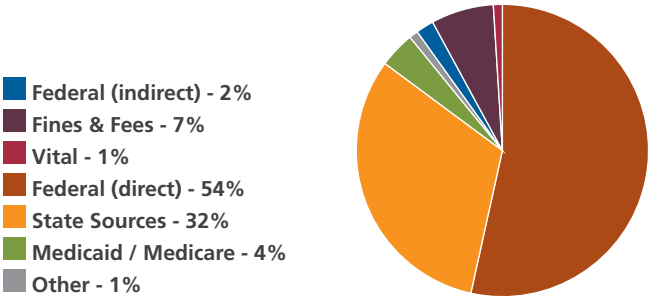
Structure and Relationship with Local Health Departments
The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 53
Number of Regional Health Departments: 0

State Organizational Structure
The state health agency reports directly to the governor. Minnesota does not have a state board of health.

Quality Improvement Process
The state health agency has quality improvement activities in place for the specific programs.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		
On-site waste water treatment systems		
Outbreak management		
Nuisance complaints		
Reportable diseases		
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			

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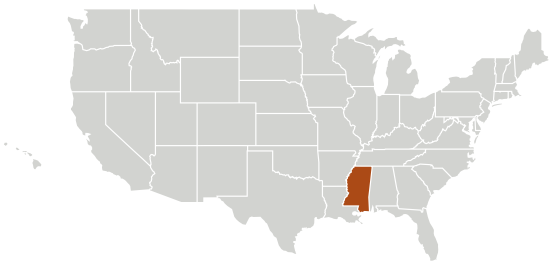
Mississippi



Agency Mission

"Protect and promote the health of the state's population."

Top 5 Priorities for State Health Agency

1. Monitoring the health of the state's population
2. Assuring preparedness for a health emergency
3. Focusing on early detection or population protection measures
4. Using evidence-based program planning
5. Developing innovations in any area –e.g. providing services, policy, performance improvement

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a centralized relationship with local health departments.

Number of Local Health Agencies: 81
Number of Regional Health Departments: 9

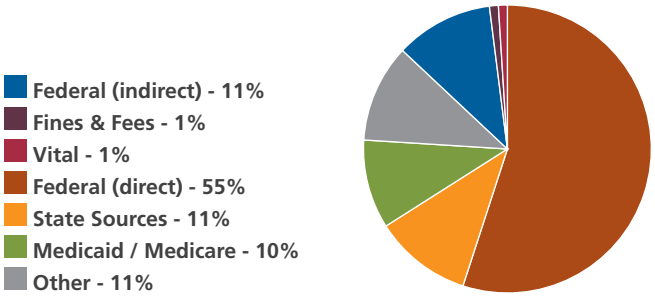
State Organizational Structure

The state health agency does not report directly to the governor. Mississippi has a state board of health.

Quality Improvement Process

The state health agency has fully implemented its own quality improvement process for specific programs.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis		
Laboratory reporting		
Maternal child health reporting		
Medicaid billing	■	
On-site waste water treatment systems		
Outbreak management		
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency			
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			

Data in this profile pertain to the state health agency's 2007 fiscal year.

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2. This table indicates the state health agency's source of authority for various governmental public health responsibilities.

Missouri

Agency Mission
"To be the leader in promoting, protecting and partnering for health."

Top 5 Priorities for State Health Agency
1. Assuring a local public health presence throughout the state
2. Developing innovations in any area –e.g. providing services, policy, performance improvement
3. Focusing on early detection or population protection measures
4. Developing effective health policy
5. Assuring preparedness for a health emergency

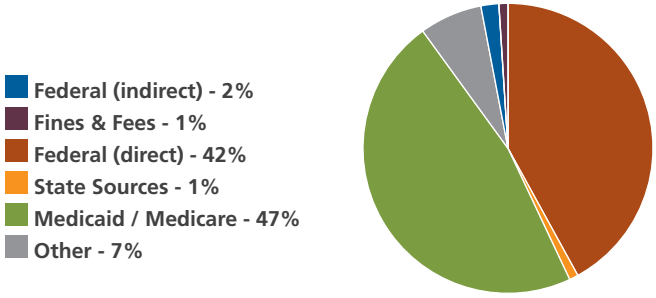
Structure and Relationship with Local Health Departments
The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

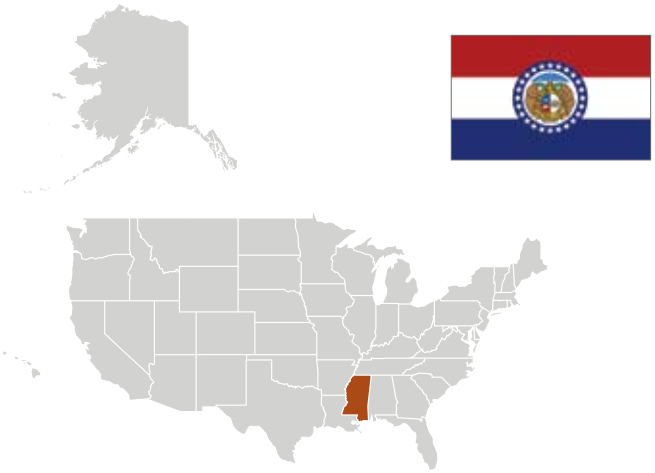
Number of Local Health Agencies: 115
Number of Regional Health Departments: 0

State Organizational Structure
The state health agency reports directly to the governor. Missouri has a state board of health.

Quality Improvement Process
Quality improvement processes are implemented throughout the department and are division specific.

State Public Health Agency Sources of Funding





Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		■
On-site waste water treatment systems	■	■
Outbreak management		
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		
Issue certificates of need	■		■
Operate health facilities			
License health professionals			
Accredit local health departments			
Other			

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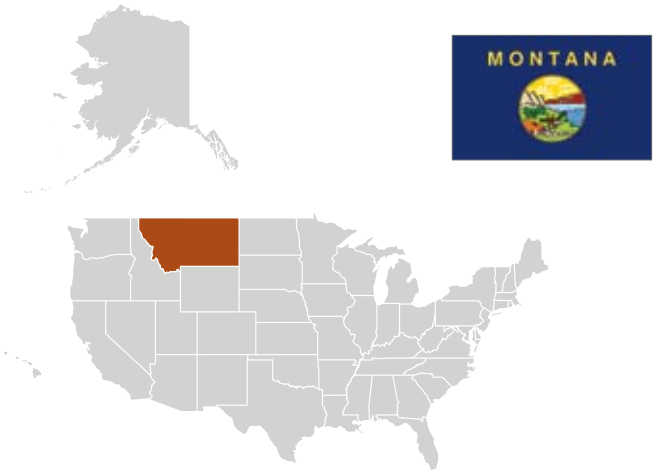
Montana



Agency Mission

"Our mission is to improve and protect the health, well-being, and self-reliance of all Montanans."

Top 5 Priorities for State Health Agency

1. Focusing on early detection or population protection measures
2. Developing effective health policy
3. Monitoring the health of the state's population
4. Using data guided planning
5. Using evidence-based program planning

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 57
Number of Regional Health Departments: 1

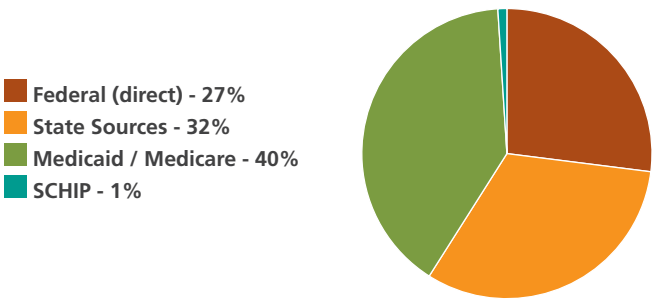
State Organizational Structure

The state health agency reports directly to the governor. Montana does not have a state board of health.

Quality Improvement Process

The state health agency has quality improvement processes in place in a variety of program areas.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	
Electronic health record		
Geographic coded data for mapping analysis		
Laboratory reporting		
Maternal child health reporting		
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency			
Collect health data	■		
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need	■		
Operate health facilities	■		
License health professionals			
Accredit local health departments			
Other			

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Nebraska

Agency Mission

"We help Nebraskans live better lives through effective public health assessment, planning, policy development, and intervention."

Top 5 Priorities for State Health Agency

1. Using data guided planning
2. Using evidence-based program planning
3. Monitoring the health of the state's population
4. Assuring preparedness for a health emergency
5. Other: Eliminate or reduce health disparities; Become trusted source of health data; Develop a culture of wellness; Develop a media/education plan; and Provide meaningful budget transparency

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 21
Number of Regional Health Departments: 21

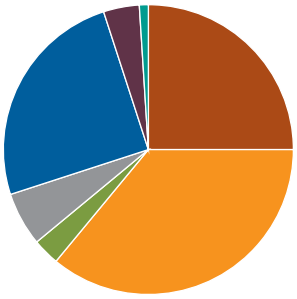
State Organizational Structure

The state health agency reports directly to the governor. Nebraska has a state board of health.

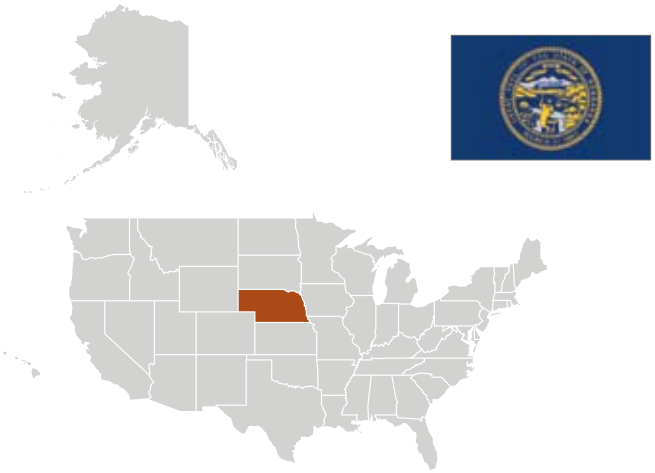
Quality Improvement Process

The state health agency does not have its own quality improvement process in place.

State Public Health Agency Sources of Funding



- Federal (indirect) - 25%
- Fines & Fees - 4%
- Federal (direct) - 25%
- State Sources - 36%
- Medicaid / Medicare - 3%
- Private Philanthropic Organizations - 1%
- Other - 6%



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems	■	■
Outbreak management	■	■
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments	■		
Other			

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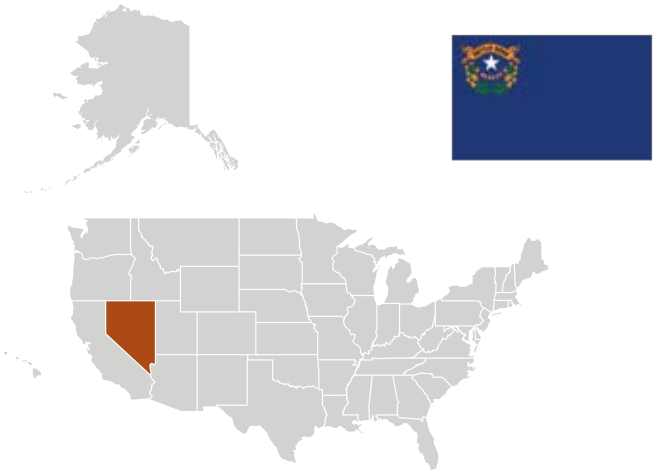
Nevada



Agency Mission

"The Health Division shall take such measures as may be necessary to prevent the spread of sickness and disease, and shall possess all powers necessary to fulfill the duties and exercise the authority prescribed by law and to bring actions in the courts for the enforcement of all health laws and lawful rules and regulations."

Top 5 Priorities for State Health Agency

1. Focusing on early detection or population protection measures
2. Assuring a local public health presence throughout the state
3. Assuring preparedness for a health emergency
4. Monitoring the health of the state's population
5. Other: Regulating facility-based health care providers to diminish health care acquired infections

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 4
Number of Regional Health Departments: 0

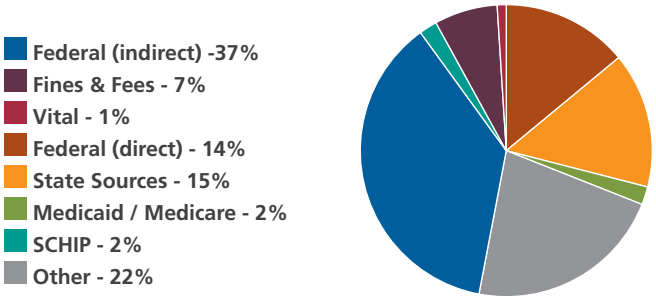
State Organizational Structure

The state health agency does not report directly to the governor. Nevada has a state board of health.

Quality Improvement Process

The state health agency does not have its own quality improvement process in place.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting		
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		■
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC		

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			

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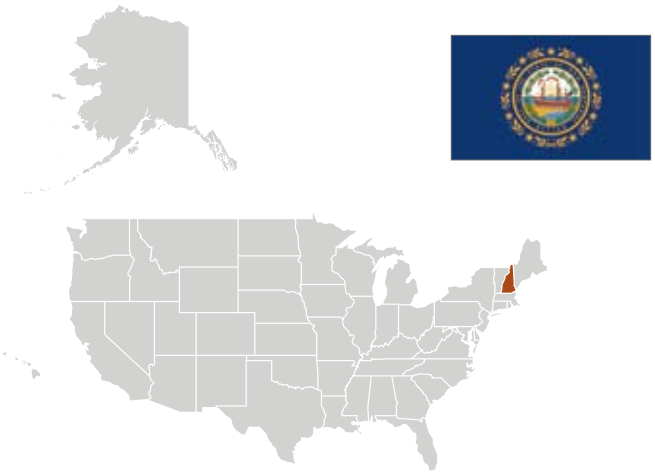
New Hampshire



Agency Mission

"The New Hampshire Division of Public Health Services is committed to being a responsive, expert, leadership organization that promotes optimal health and well being for all people in New Hampshire and protects them from illness and injury."

Top 5 Priorities for State Health Agency

1. Assuring a local public health presence throughout the state
2. Assuring preparedness for a health emergency
3. Implementing quality improvement/ performance management
4. Focusing on early detection or population protection measures
5. Using evidence-based program planning

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 2
Number of Regional Health Departments: 0

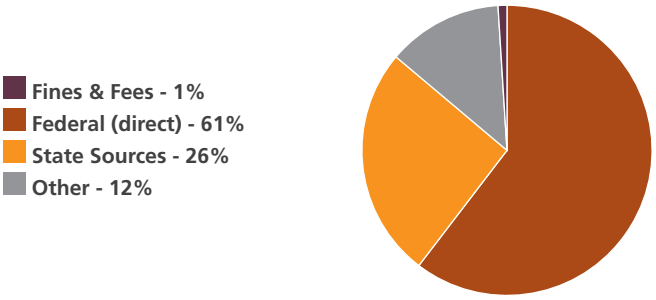
State Organizational Structure

The state health agency does not report directly to the governor. New Hampshire does not have a state board of health.

Quality Improvement Process

The state health agency has used the National Public Health Performance Standards to assess its capacity and infrastructure and from this has set priorities and developed strategic work plans using a "Plan, Do, Study, Act" framework for five essential services and a crosscutting theme to develop a public health communication plan. Similarly, the SPHS is using a PDSA approach internally on several performance measures, which are mostly health status indicators.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization		■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting		■
Maternal child health reporting	■	
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities			
License health professionals	■		■
Accredit local health departments	■		■
Other			

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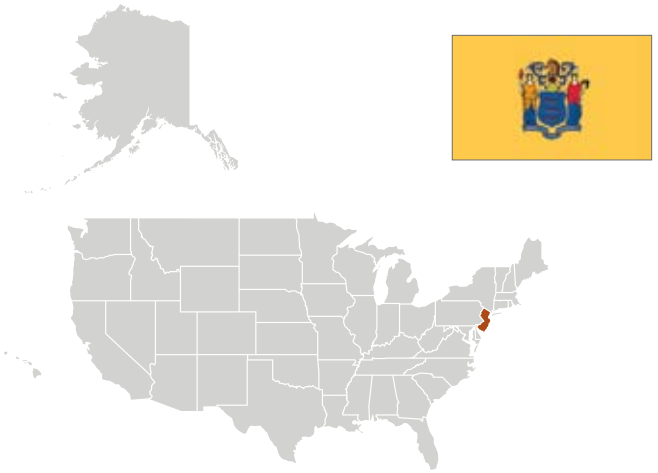
New Jersey



Agency Mission

"Our mission is to foster accessible and high-quality health and senior services to help all people in New Jersey achieve optimal health, dignity and independence. We work to prevent disease, promote and protect well-being at all life stages and encourage informed choices that enrich quality of life for individuals and communities."

Top 5 Priorities for State Health Agency

1. Implementing quality improvement/ performance management
2. Other: Maternal and Child Health
3. Assuring preparedness for a health emergency
4. Focusing on early detection or population protection measures
5. Developing innovations in any area –e.g. providing services, policy, performance improvement

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 114
Number of Regional Health Departments: 47

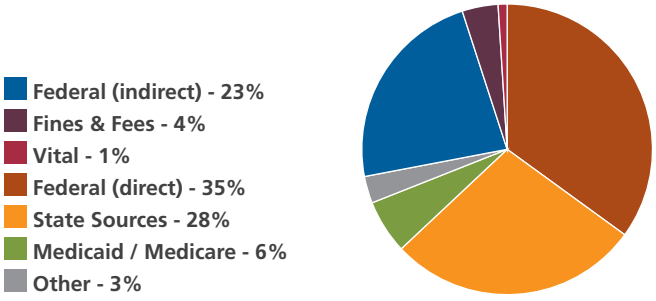
State Organizational Structure

The state health agency reports directly to the governor. New Jersey does not have a state board of health.

Quality Improvement Process

The state health agency does not have its own quality improvement process in place.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization		■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■		■
Manage vital statistics	■	■	■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities			
License health professionals	■		■
Accredit local health departments			■
Other	■	■	■

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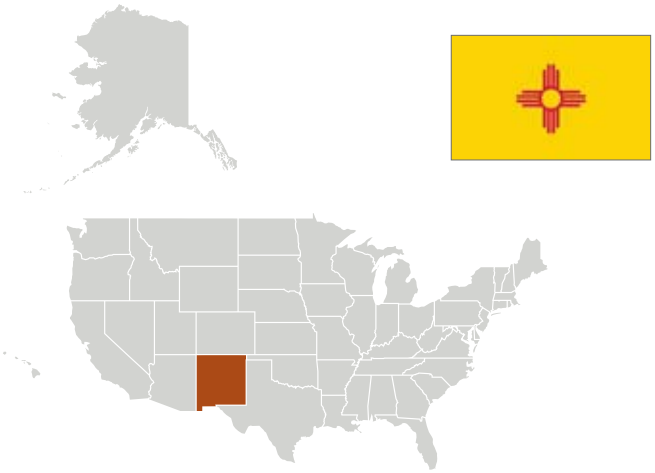
New Mexico



Agency Mission

"The mission of the public health division is to promote health and prevent disease by connecting people, ideas and resources."

Top 5 Priorities for State Health Agency

1. Assuring a local public health presence throughout the state
2. Developing effective health policy
3. Attaining workforce stability
4. Using evidence-based program planning
5. Using data guided planning

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 1
Number of Regional Health Departments: 55

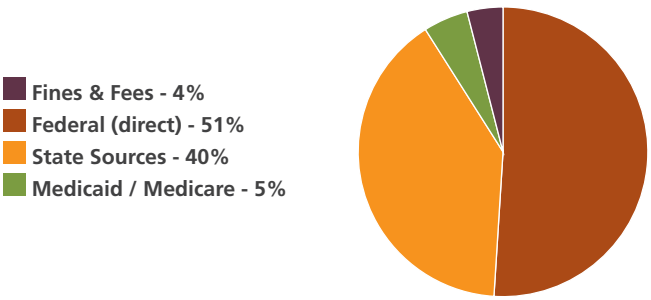
State Organizational Structure

The state health agency reports directly to the governor. New Mexico does not have a state board of health.

Quality Improvement Process

CQI is used by the WIC and Family Planning programs of the New Mexico Public Health Division to improve patient services and to control costs. One region used CQI to understand how and why services varied across the region before beginning improvement activities.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis		
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■	■	■
Manage vital statistics	■	■	■
Conduct health planning	■		■
Issue certificates of need			
Operate health facilities	■	■	■
License health professionals	■		■
Accredit local health departments	■		
Other			

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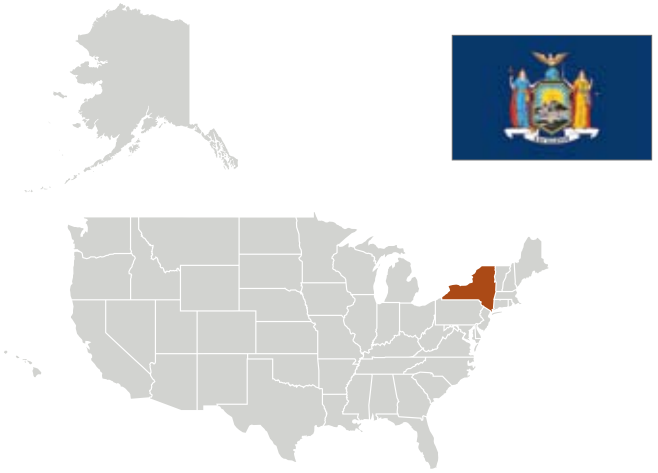
New York



Agency Mission

"The New York State Department of Health protects and promotes the health of the people of New York by preventing and reducing threats to public health and by assuring access to affordable, high quality health services."

Top 5 Priorities for State Health Agency

1. Health system reform
2. Developing innovations in any area –e.g. providing services, policy, performance improvement
3. Assuring a local public health presence throughout the state
4. Assuring preparedness for a health emergency
5. Attaining workforce stability

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 58
Number of Regional Health Departments: 0

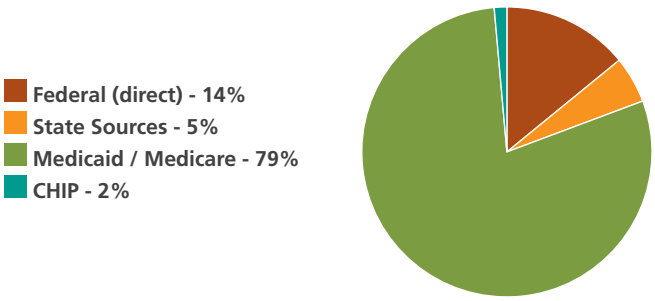
State Organizational Structure

The state health agency reports directly to the governor. New York has a state board of health.

Quality Improvement Process

The state health agency has fully implemented its own quality improvement process department-wide.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems	■	■
Outbreak management	■	■
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments			
Other			

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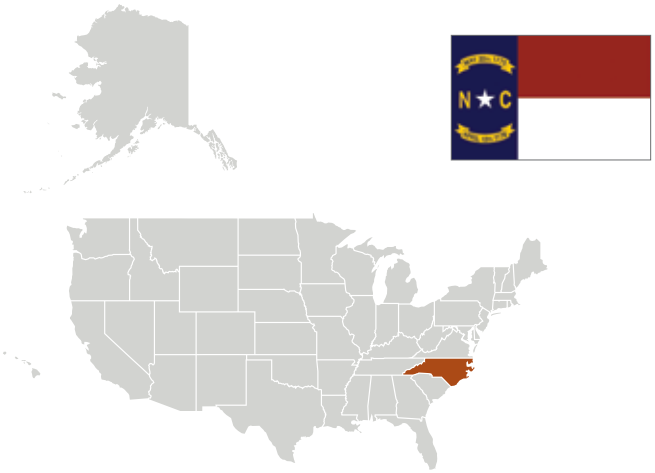
North Carolina



Agency Mission

"The General Assembly declares that the mission of the public health system is to promote and contribute to the highest level of health possible for the people of North Carolina by: Preventing health risks and disease; Identifying and reducing health risks in the community; Detecting, investigating, and preventing the spread of disease; Promoting healthy lifestyles; Promoting a safe and healthful environment; Promoting the availability and accessibility of quality health care services through the private sector; and Providing quality health care services when not otherwise available."

Top 5 Priorities for State Health Agency

1. Health system reform
2. Developing innovations in any area –e.g. providing services, policy, performance improvement
3. Assuring a local public health presence throughout the state
4. Assuring preparedness for a health emergency
5. Attaining workforce stability

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 85
Number of Regional Health Departments: 6 out of 85

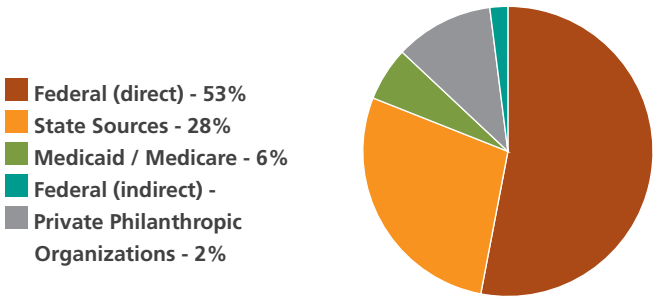
State Organizational Structure

The state health agency does not report directly to the governor. North Carolina does not have a state board of health.

Quality Improvement Process

The state health agency has gone through a pilot accreditation process which pointed out our shortcomings as well as areas where we perform well.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)	■	
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		■
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need			
Operate health facilities			
License health professionals			
Accredit local health departments	■		■
Other			

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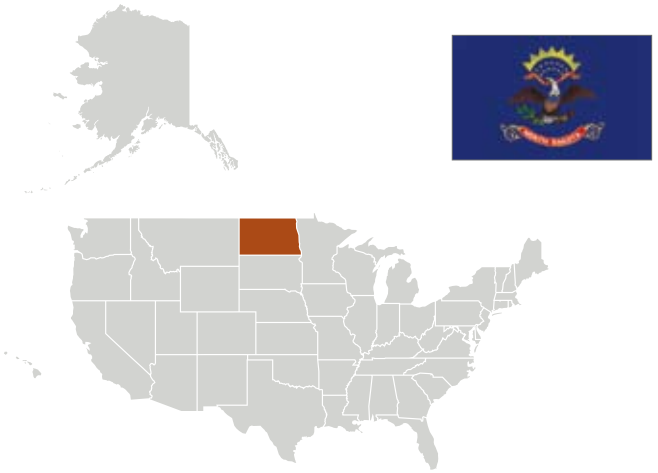
North Dakota



Agency Mission

"Protect and enhance the health and safety of all North Dakotans and the environment in which we live."

Top 5 Priorities for State Health Agency

1. Developing innovations in any area –e.g. providing services, policy, performance improvement
2. Developing effective health policy
3. Monitoring the health of the state's population
4. Attaining workforce stability
5. Focusing on early detection or population protection measures

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 28
Number of Regional Health Departments: 8

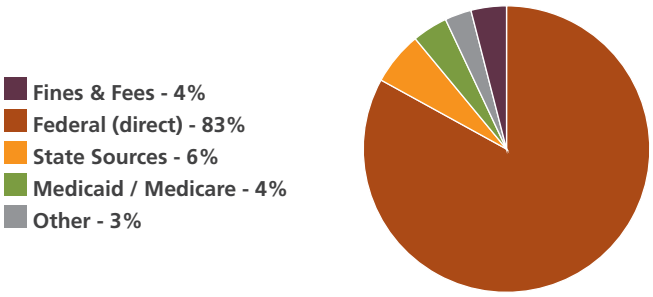
State Organizational Structure

The state health agency reports directly to the governor. North Dakota has a state board of health.

Quality Improvement Process

All programs and activities of the department will be linked to our strategic map, which portrays our goals and objectives, based on a health assessment with performance indicators that will be monitored.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		
On-site waste water treatment systems		
Outbreak management		
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■	■	
Issue certificates of need			
Operate health facilities		■	
License health professionals	■		■
Accredit local health departments			
Other			

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Ohio

Agency Mission
"To Protect and Improve the Health of All Ohioans."

Top 5 Priorities for State Health Agency
1. Developing effective health policy
2. Using data guided planning
3. Assuring preparedness for a health emergency
4. Assuring a local public health presence throughout the state
5. Monitoring the health of the state's population

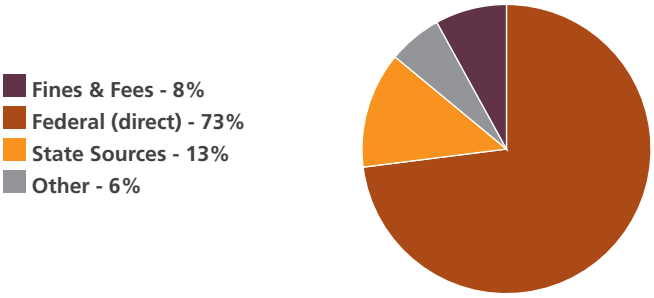
Structure and Relationship with Local Health Departments
The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

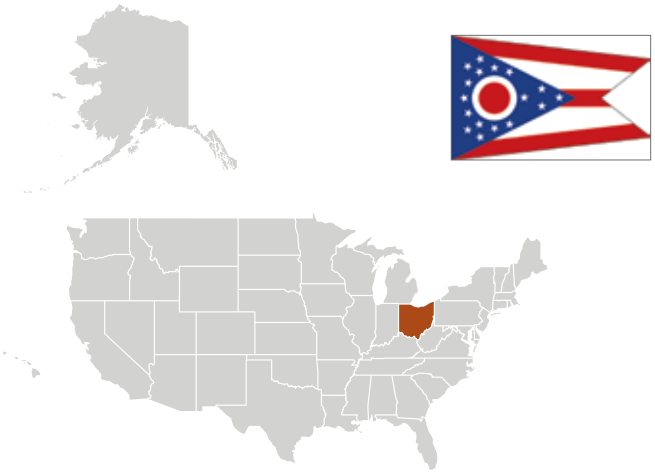
Number of Local Health Agencies: 132
Number of Regional Health Departments: 0

State Organizational Structure
The state health agency reports directly to the governor. Ohio does not have a state board of health.

Quality Improvement Process
The state health agency does not have its own quality improvement process in place.

State Public Health Agency Sources of Funding





Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		
Manage vital statistics	■		■
Conduct health planning			
Issue certificates of need	■		■
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			

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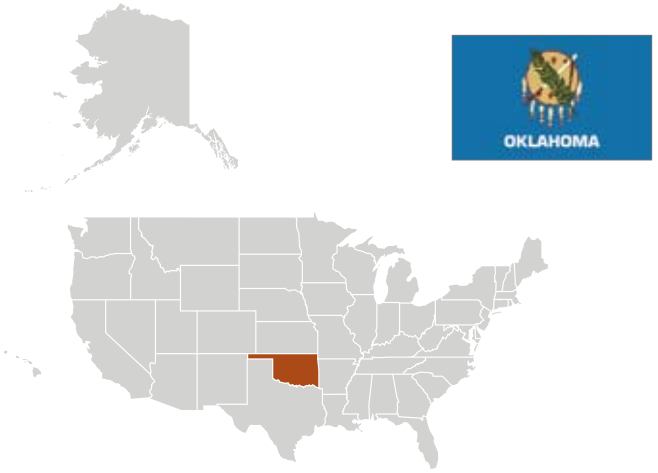
Oklahoma



Agency Mission

"To protect and promote health of the citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which our citizens can be healthy."

Top 5 Priorities for State Health Agency

1. Implementing quality improvement/ performance management
2. Assuring preparedness for a health emergency
3. Using data guided planning
4. Monitoring the health of the state's population
5. Health system reform

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 70
Number of Regional Health Departments: 0

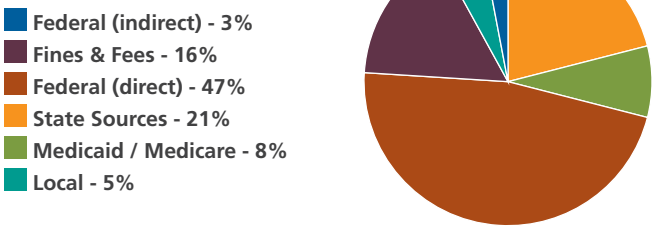
State Organizational Structure

The state health agency reports directly to The state board of health. Oklahoma's state board of health is appointed by the governor.

Quality Improvement Process

The state health agency currently has a strategic planning process agency-wide with a quality improvement segment tied to our performance management system under development this year.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

Childhood immunization		
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management		
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

Declare a health emergency	■	■	■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments			
Other			

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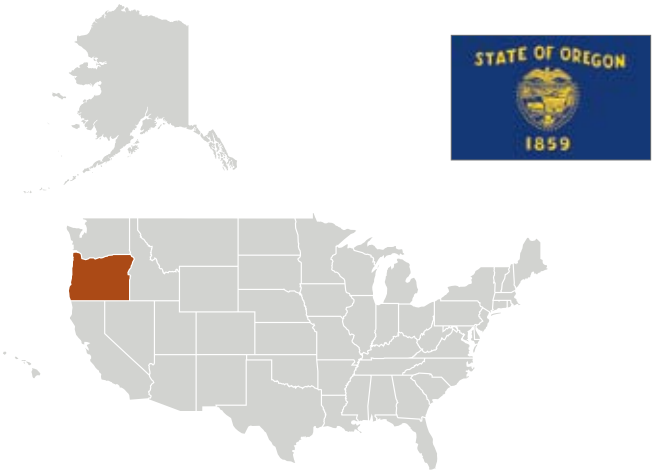
Oregon



Agency Mission

"To protect and promote the health of all the people of Oregon."

Top 5 Priorities for State Health Agency

1. Assuring a local public health presence throughout the state
2. Monitoring the health of the state's population
3. Health system reform
4. Attaining workforce stability
5. Assuring preparedness for a health emergency

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 34
Number of Regional Health Departments: 1

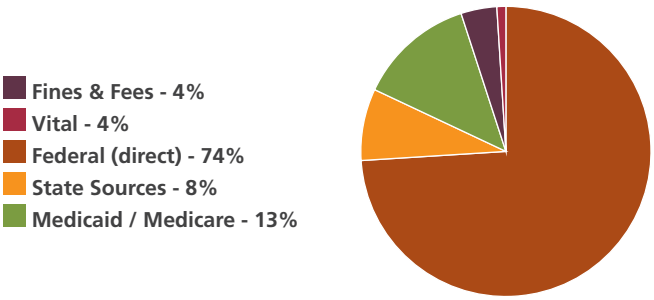
State Organizational Structure

The state health agency does not report directly to the governor. Oregon does not have a state board of health.

Quality Improvement Process

The state health agency has a quality improvement process in place for specific programs.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	
Geographic coded data for mapping analysis	■	
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		■
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■	■	
Manage vital statistics	■		
Conduct health planning			■
Issue certificates of need	■		■
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			

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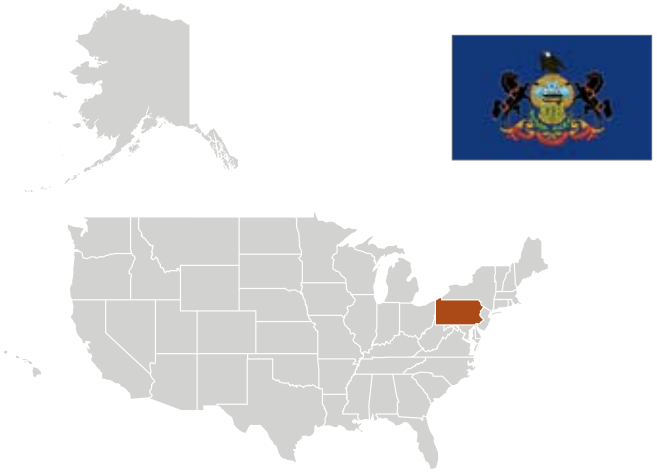
Pennsylvania



Agency Mission

"The Department's mission is to promote healthy lifestyles, prevent injury and disease, and to assure the safe delivery of quality health care for all Commonwealth citizens."

Top 5 Priorities for State Health Agency

1. Monitoring the health of the state's population
2. Health system reform
3. Assuring preparedness for a health emergency
4. Using data guided planning
5. Developing effective health policy

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 10
Number of Regional Health Departments: 6

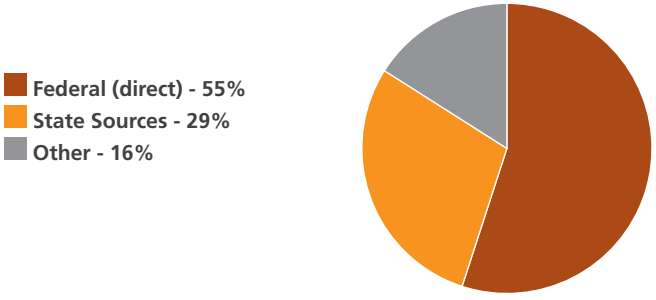
State Organizational Structure

The state health agency reports directly to the governor. Pennsylvania does not have a state board of health.

Quality Improvement Process

Data driven management program provides assistance and guidance to measure and improve the performance of the department's programs, contractors, and business or core functions.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	
Medicaid billing		
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency			■
Collect health data	■		■
Manage vital statistics	■		
Conduct health planning			■
Issue certificates of need			
Operate health facilities			
License health professionals			
Accredit local health departments			■
Other	■		■

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Rhode Island

Agency Mission

"The department of health shall take cognizance of the interests of life and health among the peoples of the state; shall make investigations into the causes of disease, the prevalence of epidemics and endemics among the people, the sources of mortality, the effect of localities, employments and all other conditions and circumstances on the public health, and do all in its power to ascertain the causes and the best means for the prevention and control of diseases or conditions detrimental to the public health, and adopt proper and expedient measures to prevent and control diseases and conditions detrimental to the public health in the state."

Top 5 Priorities for State Health Agency

1. Developing effective health policy
2. Developing innovations in any area –e.g. providing services, policy, performance improvement
3. Implementing quality improvement/ performance management
4. Assuring preparedness for a health emergency
5. Health system reform

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has no local health departments.

Number of Local Health Agencies: 0
Number of Regional Health Departments: 0

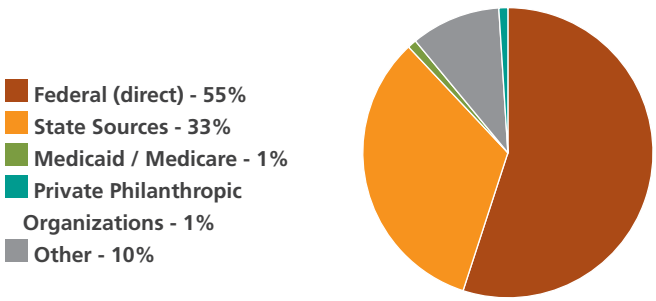
State Organizational Structure

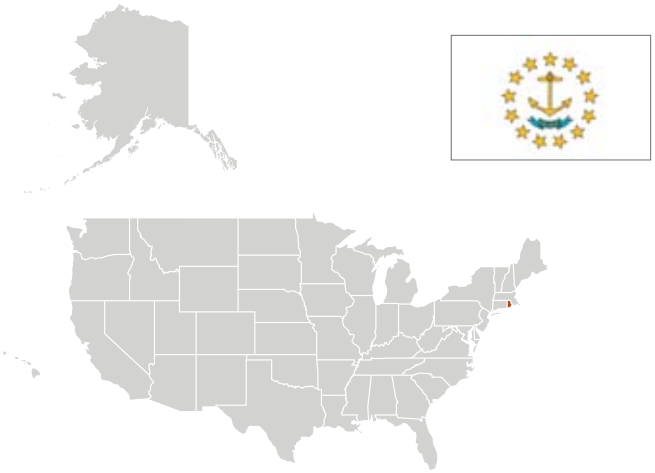
The state health agency reports directly to the governor. Rhode Island does not have a state board of health.

Quality Improvement Process

The Rhode Island Department of Health has developed performance measures (75 outcome measures, 209 process measures) for all major programs in the Department.

State Public Health Agency Sources of Funding





Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		■
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency			
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		
Issue certificates of need	■		■
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			■

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South Carolina

Agency Mission

"We promote and protect the health of the public and the environment."

Top 5 Priorities for State Health Agency

1. Assuring a local public health presence throughout the state
2. Focusing on early detection or population protection measures
3. Health system reform
4. Developing effective health policy
5. Assuring preparedness for a health emergency

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a centralized relationship with local health departments.

Number of Local Health Agencies: 91
Number of Regional Health Departments: 8

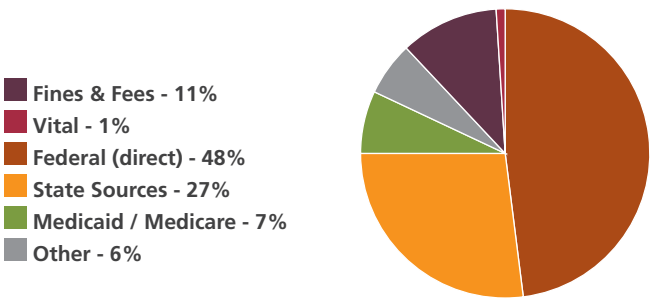
State Organizational Structure

The state health agency does not report directly to the governor. South Carolina has a state board of health.

Quality Improvement Process

The health services deputy area has developed a performance management system with over 200 performance measures, 34 of which are priority measures that staff in regions and central office are developing quality improvement plans on, for implementation in January 2008.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems	■	
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need	■		
Operate health facilities	■		
License health professionals			
Accredit local health departments			
Other			

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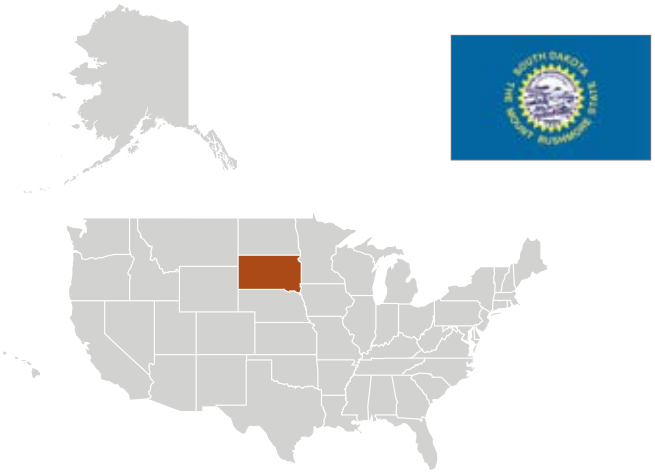
South Dakota



Agency Mission

"To reduce the incidence of preventable disease and premature death by promoting healthy behaviors; to assure access to necessary, high quality health care by all state residents; and, to efficiently manage resources necessary to administer public health programs."

Top 5 Priorities for State Health Agency

1. Assuring a local public health presence throughout the state
2. Assuring preparedness for a health emergency
3. Attaining workforce stability
4. Monitoring the health of the state's population
5. Focusing on early detection or population protection measures

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a centralized relationship with local health departments.

Number of Local Health Agencies: 0
Number of Regional Health Departments: 1

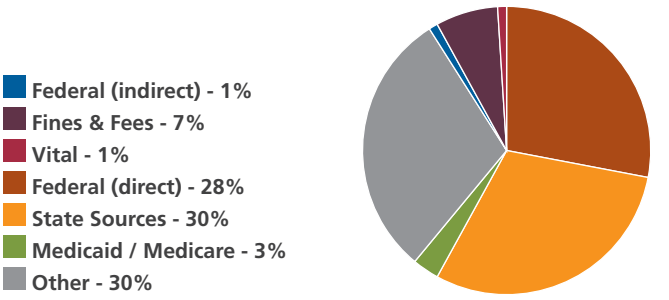
State Organizational Structure

The state health agency reports directly to the governor. South Dakota does not have a state board of health.

Quality Improvement Process

The Department of Health Quality Improvement process is multi-faceted, including means such as chart audits, peer review, program site visits, ongoing training, proficiency testing and quality improvement committees.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		
Issue certificates of need			
Operate health facilities			
License health professionals	■		
Accredit local health departments			
Other	■		■

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Tennessee

Agency Mission

"To promote, protect and improve the health of persons living in, working in, or visiting the State of Tennessee!"

Top 5 Priorities for State Health Agency

1. Monitoring the health of the state's population
2. Using evidence-based program planning
3. Implementing quality improvement/ performance management
4. Assuring preparedness for a health emergency
5. Attaining workforce stability

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 6
Number of Regional Health Departments: 89

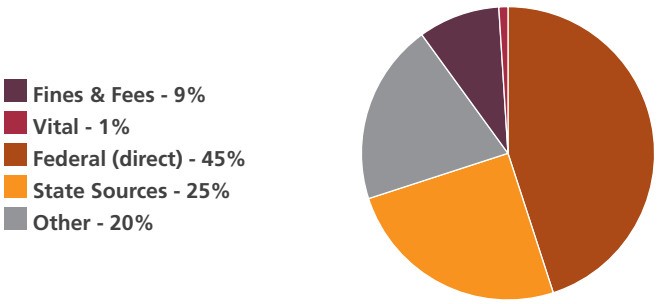
State Organizational Structure

The state health agency reports directly to the governor. Tennessee does not have a state board of health.

Quality Improvement Process

The state health agency has partially implemented a department-wide quality improvement process for specific programs.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization		■
Electronic health record		
Geographic coded data for mapping analysis		
Laboratory reporting	■	■
Maternal child health reporting		
Medicaid billing		
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records		■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning			
Issue certificates of need			
Operate health facilities	■		■
License health professionals	■	■	■
Accredit local health departments			
Other			

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2. This table indicates the state health agency's source of authority for various governmental public health responsibilities.

Texas

Agency Mission
"The Texas Department of State Health Services promotes optimal health for individuals and communities while providing effective health, mental health, and substance abuse services to Texans."

Top Priority for State Health Agency
Focusing on early detection or population protection measures.

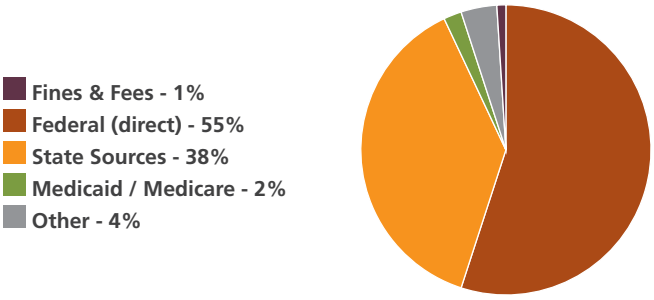
Structure and Relationship with Local Health Departments
The state health agency is part of a "larger agency" and has a shared or mixed relationship with local health departments.

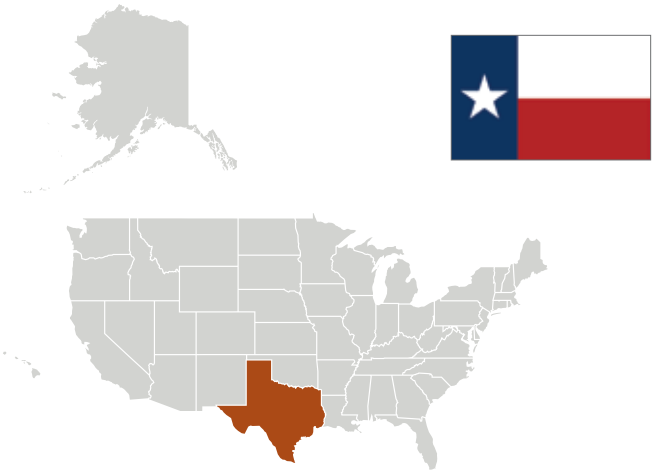
Number of Local Health Agencies: 64
Number of Regional Health Departments: 8

State Organizational Structure
The state health agency does not report directly to the governor. Texas does not have a state board of health.

Quality Improvement Process
The Department of State Health Services has fully implemented its own quality improvement process for specific programs.

State Public Health Agency Sources of Funding





Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		
Issue certificates of need			
Operate health facilities	■		
License health professionals	■		■
Accredit local health departments			
Other			

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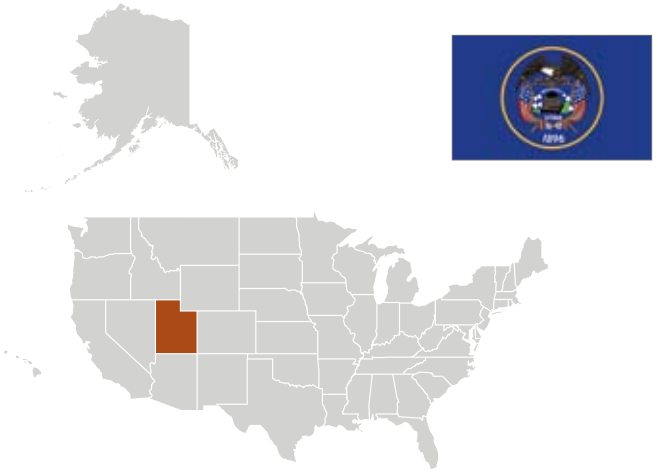
Utah



Agency Mission

"To protect the public's health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles."

Top 4 Priorities for State Health Agency

1. Health system reform
2. Using data guided planning
3. Assuring preparedness for a health emergency
4. Other: complete and occupy a new state laboratory

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 6
Number of Regional Health Departments: 6

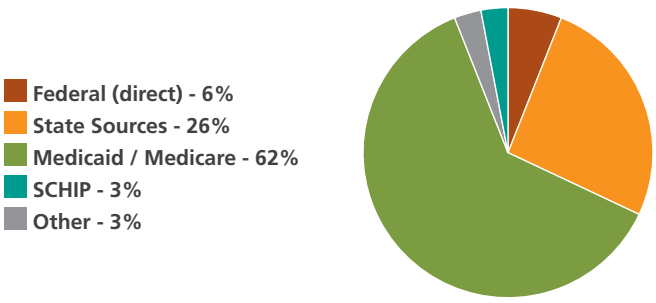
State Organizational Structure

The state health agency reports directly to the governor. Utah does not have a state board of health.

Quality Improvement Process

The State of Utah is implementing a balanced scorecard approach to quality and productivity improvement. The department is in the process of implementation.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record	■	■
Geographic coded data for mapping analysis	■	■
Laboratory reporting		
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases		
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)	■	
WIC	■	■

State Health Agency Authority [2]

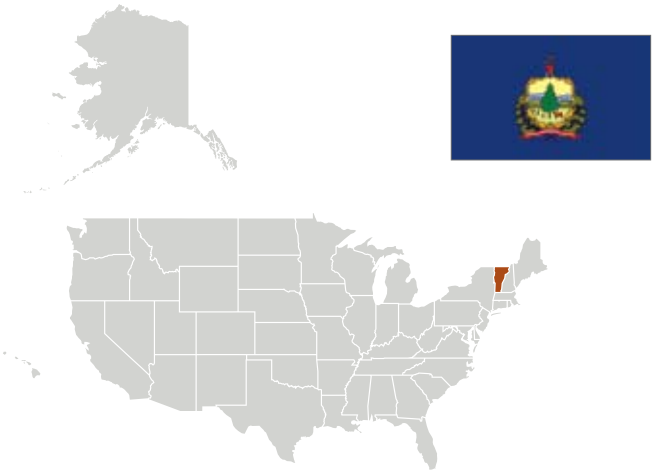
State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need			
Operate health facilities			
License health professionals			
Accredit local health departments			
Other	■		

Data in this profile pertain to the state health agency's 2007 fiscal year.

1. This table indicates which types of information the state health agency is able to send and receive electronically.
2. This table indicates the state health agency's source of authority for various governmental public health responsibilities.

Vermont



Agency Mission

"We will lead our state and communities in development of systematic approaches to health promotion, safety and disease prevention. We will continuously assess, vigorously pursue, and document measurable improvements to the health and safety of Vermont's population. We will succeed through excellence in individual achievement, organizational competence and teamwork within and outside of the Department of Health."

Top 5 Priorities for State Health Agency

1. Health system reform
2. Implementing quality improvement/ performance management
3. Monitoring the health of the state's population
4. Assuring preparedness for a health emergency
5. Developing effective health policy

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a centralized relationship with local health departments.

Number of Local Health Agencies: 0
Number of Regional Health Departments: 12

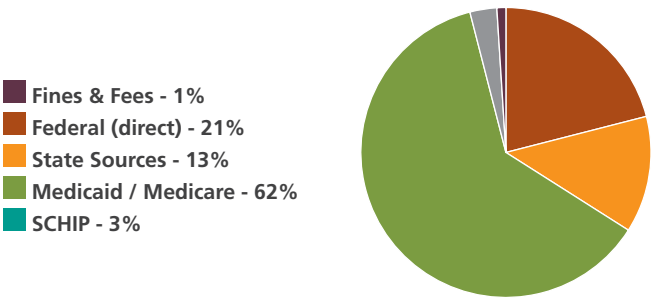
State Organizational Structure

The state health agency does not report directly to the governor. Vermont has a state board of health.

Quality Improvement Process

QI director leads department team who reviews program measurable objectives then provides technical assistance to program managers for continuous quality improvement.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		
Manage vital statistics	■		
Conduct health planning	■		
Issue certificates of need			■
Operate health facilities	■		■
License health professionals	■		■
Accredit local health departments			
Other			

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Virginia

Agency Mission

"The Virginia Department of Health is dedicated to promoting and protecting the health of Virginians."

Top 5 Priorities for State Health Agency*

1. Provide strong leadership and organization support to public health system (policy development, community needs assessment, legislative and regulatory review, business process improvements, and quality control)
2. Prevent and control communicable diseases
3. Infant mortality prevention
4. Respond to public health emergencies
5. Assure provision of clean and safe drinking water supplies

*List reflects state's priorities for fiscal year 2009.

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 119
Number of Regional Health Departments: 35

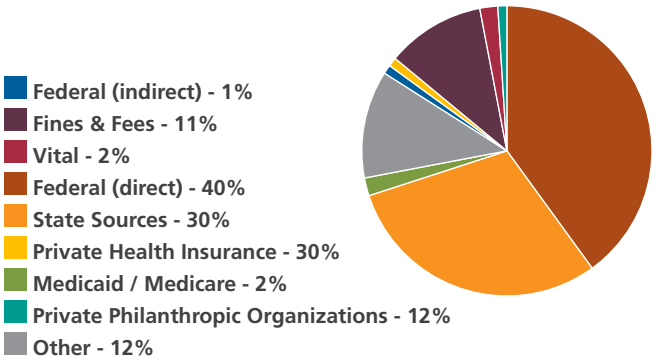
State Organizational Structure

The state health agency does not report directly to the governor. Virginia has a state board of health. The state health commissioner is appointed by the governor.

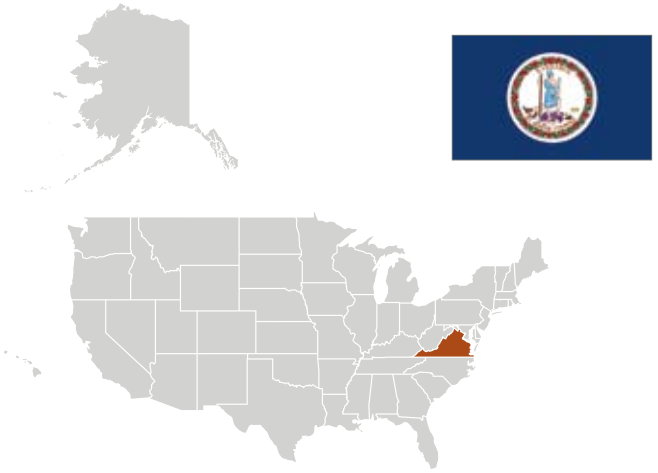
Quality Improvement Process

Based on survey of efforts across the state, an interdisciplinary work group has been formed to standardize the process and components used by our health districts.

State Public Health Agency Sources of Funding*



* The information in this chart reflects data for the state's 2008 fiscal year.



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems	■	■
Outbreak management	■	■
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	■
Collect health data	■	■	■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities	■		■
License health professionals			
Accredit local health departments			
Other			

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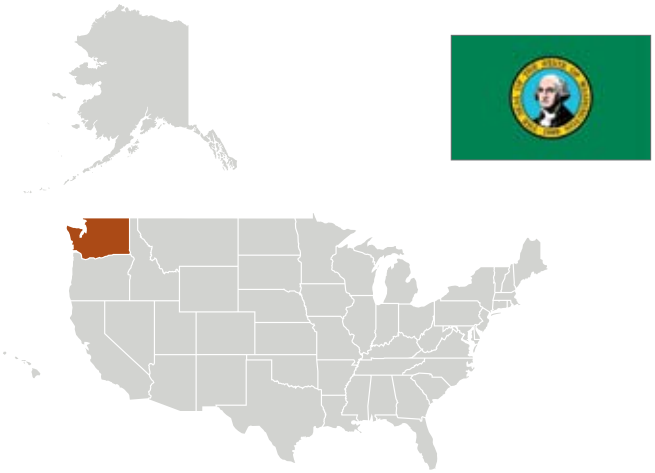
Washington



Agency Mission

"The Department of Health works to protect & improve the health of people in Washington State."

Top 5 Priorities for State Health Agency

1. Focusing on early detection or population protection measures
2. Developing effective health policy
3. Developing innovations in any area –e.g. providing services, policy, performance improvement
4. Assuring a local public health presence throughout the state
5. Implementing quality improvement/ performance management

Structure and Relationship with Local Health Departments

The state health agency is a "free standing/independent agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 32
Number of Regional Health Departments: 3

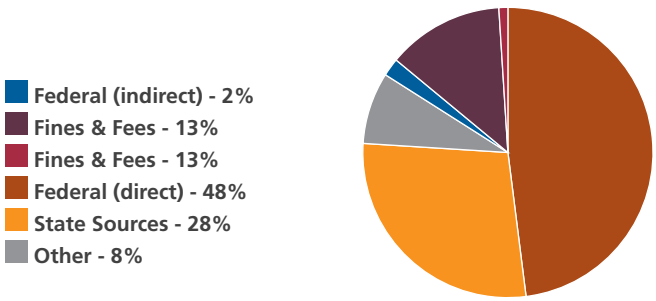
State Organizational Structure

The state health agency reports directly to the governor. Washington has a state board of health.

Quality Improvement Process

The state health agency uses quality improvement methodology; Plan, Do, Check, Act; and the Rapid Cycle Quality Improvement processes, which uses three questions as the framework for the analysis and work.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

Childhood immunization		
Electronic health record		
Geographic coded data for mapping analysis	■	
Laboratory reporting	■	■
Maternal child health reporting		
Medicaid billing		
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections		
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

Declare a health emergency	■		■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		
Issue certificates of need	■		■
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other			

Data in this profile pertain to the state health agency's 2007 fiscal year.

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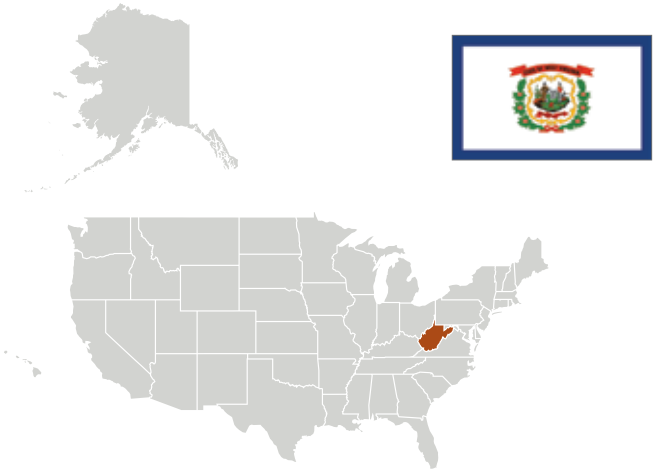
West Virginia



Agency Mission

"To help shape the environments within which people and communities can be safe and healthy."

Top 5 Priorities for State Health Agency

1. Focusing on early detection or population protection measures
2. Monitoring the health of the state's population
3. Assuring preparedness for a health emergency
4. Assuring a local public health presence throughout the state
5. Developing effective health policy

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a decentralized relationship with local health departments.

Number of Local Health Agencies: 49
Number of Regional Health Departments: 2

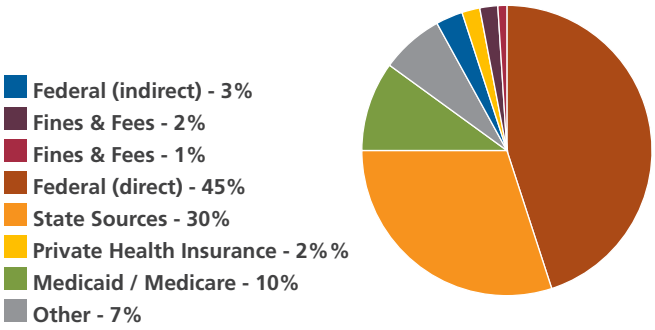
State Organizational Structure

The state health agency does not report directly to the governor. West Virginia does not have a state board of health.

Quality Improvement Process

The state health agency does not have its own quality improvement process in place.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing	■	■
On-site waste water treatment systems	■	■
Outbreak management	■	■
Nuisance complaints	■	■
Reportable diseases	■	■
Restaurant inspections	■	
Vital records	■	■
Water wells (licensing and/or testing)	■	■
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■		
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning			
Issue certificates of need			
Operate health facilities			
License health professionals	■		
Accredit local health departments			
Other			

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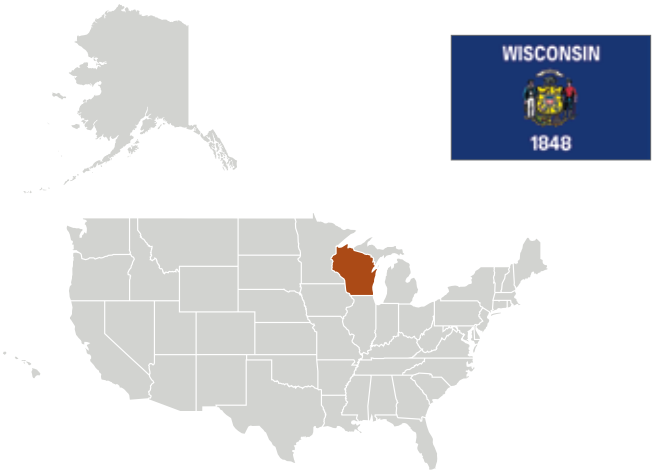
Wisconsin



Agency Mission

"The mission of the Wisconsin Department of Health and Family Services' Division of Public Health is to promote the health and well being of Wisconsin citizens and visitors through programs which encourage positive and healthful lifestyles and identify preventive and remedial actions to eliminate, correct, and/or alleviate diseases and health hazards."

Top 5 Priorities for State Health Agency

1. Developing effective health policy
2. Attaining workforce stability
3. Using evidence based program planning
4. Assuring preparedness for a health emergency
5. Maintaining the integrity of the vital statistics reporting system

Structure and Relationship with Local Health Departments

The state health agency is part of a "larger agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 92
Number of Regional Health Departments: 5

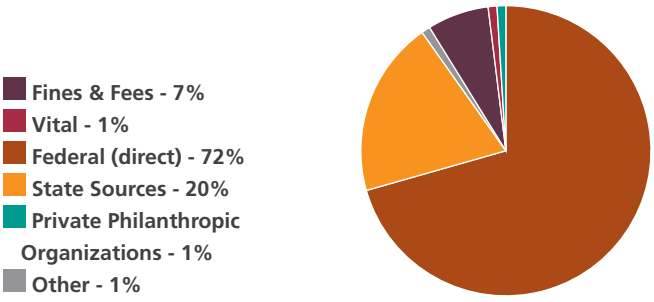
State Organizational Structure

The state health agency does not report directly to the governor. The SHA does not have a state board of health.

Quality Improvement Process

The division has an aggressive health plan in place containing specific objectives and measures for both infrastructure and health priorities.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	■
Maternal child health reporting	■	■
Medicaid billing		
On-site waste water treatment systems		
Outbreak management	■	■
Nuisance complaints		
Reportable diseases	■	■
Restaurant inspections	■	■
Vital records	■	■
Water wells (licensing and/or testing)		
WIC	■	■

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

	State Statute	Gubernatorial Order	Rules/Regulations
Declare a health emergency	■	■	
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need			
Operate health facilities			
License health professionals	■		■
Accredit local health departments			
Other	■		■

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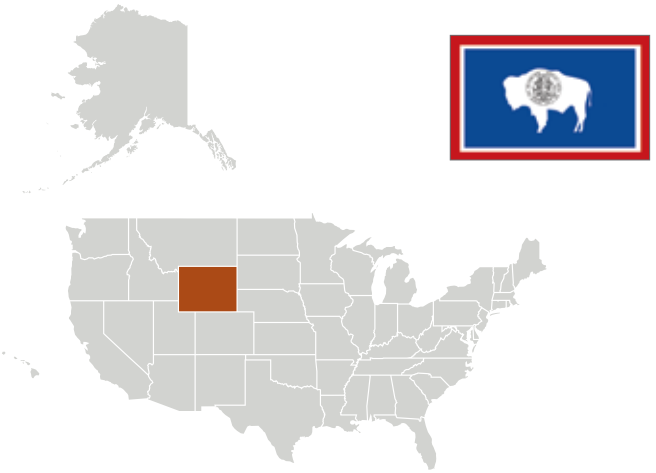
Wyoming



Agency Mission

"To promote, protect, and enhance the health of all Wyoming residents."

Top 5 Priorities for State Health Agency

1. Attaining workforce stability
2. Developing effective health policy
3. Monitoring the health of the state's population
4. Assuring a local public health presence throughout the state
5. Assuring preparedness for a health emergency

Structure and Relationship with Local Health Departments

The health agency is a "free-standing/independent agency" and has a shared or mixed relationship with local health departments.

Number of Local Health Agencies: 22
Number of Regional Health Departments: 0

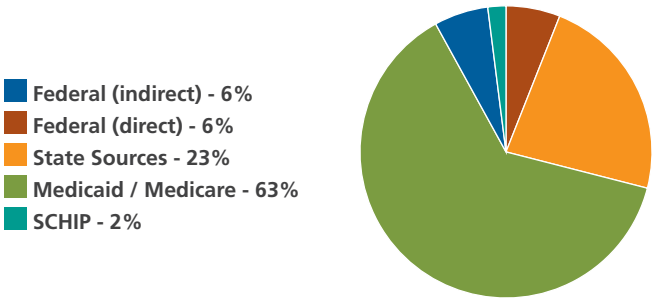
State Organizational Structure

The state health agency reports directly to the governor. Wyoming does not have a state board of health.

Quality Improvement Process

The state health agency has a strategic plan with internal and external evaluation processes, utilizing the Annual Report as a measurement tool.

State Public Health Agency Sources of Funding



Information Sent or Received Electronically [1]

Send
Receive

Childhood immunization		Receive
Electronic health record		
Geographic coded data for mapping analysis		
Laboratory reporting	Send	Receive
Maternal child health reporting		Receive
Medicaid billing		Receive
On-site waste water treatment systems		
Outbreak management	Send	Receive
Nuisance complaints		
Reportable diseases	Send	Receive
Restaurant inspections		
Vital records	Send	Receive
Water wells (licensing and/or testing)		
WIC		Receive

State Health Agency Authority [2]

State Statute
Gubernatorial Order
Rules/Regulations

Declare a health emergency	State Statute	Gubernatorial Order	Rules/Regulations
Collect health data	State Statute		Rules/Regulations
Manage vital statistics	State Statute		Rules/Regulations
Conduct health planning	State Statute		Rules/Regulations
Issue certificates of need			
Operate health facilities	State Statute		Rules/Regulations
License health professionals			
Accredit local health departments			
Other			

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Washington D.C.

Agency Mission

"The Mission of the Department of Health is to promote and protect the health, safety and quality of life of residents, visitors and those doing business in the District of Columbia. Our responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources."

Top 5 Priorities for State Health Agency

1. Assuring preparedness for a health emergency
2. Implementing quality improvement/ performance management
3. Maintaining the integrity of the vital statistics reporting systems
4. Developing effective health policy
5. Developing innovations in any area –e.g. providing services, policy, performance improvement

Structure and Relationship with Local Health Departments

The Department of Health is a "free standing/independent agency" and has no local health departments.

Number of Local Health Agencies: 0
Number of Regional Health Departments: 0

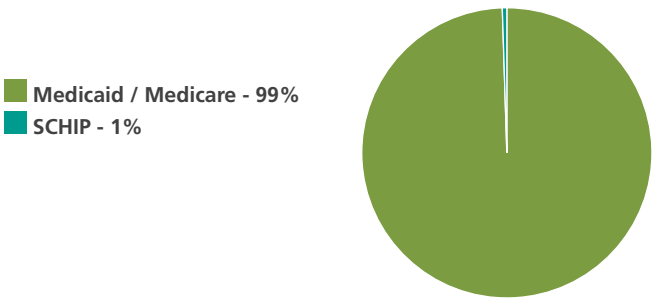
State Organizational Structure

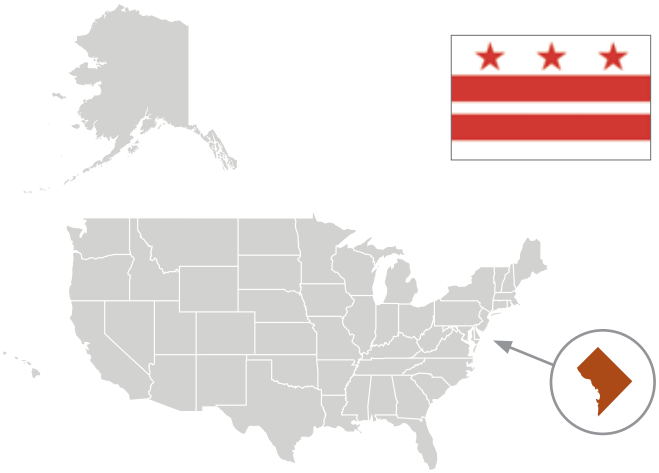
The Department of Health reports directly to the mayor. The District of Columbia does not have a state board of health.

Quality Improvement Process

The Department of Health has initiated a quality enhancement evidence-based assessment approach to track and monitor the impact of various state level initiatives in terms of effectiveness and efficiency.

Public Health Agency Sources of Funding





Information Sent or Received Electronically [1]

	Send	Receive
Childhood immunization	■	■
Electronic health record		
Geographic coded data for mapping analysis	■	■
Laboratory reporting	■	
Maternal child health reporting	■	■
Medicaid billing	■	
On-site waste water treatment systems		
Outbreak management	■	
Nuisance complaints		
Reportable diseases	■	
Restaurant inspections		
Vital records	■	
Water wells (licensing and/or testing)		
WIC	■	■

Health Agency Authority [2]

	State Statute	Mayoral Order	Rules/Regulations
Declare a health emergency	■		■
Collect health data	■		■
Manage vital statistics	■		■
Conduct health planning	■		■
Issue certificates of need	■		■
Operate health facilities	■		
License health professionals	■		■
Accredit local health departments			
Other			

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