Respondent Information

Activities

We are interested in who conducts various public health activities in your state. For each activity in the charts below and on the following pages, check all the boxes that describe who has performed that activity in your jurisdiction during the past year.

"Performed by" means that the entity has directly provided a service or activity. The category "contracted (or grants) by state public health agency" means that the state public health agency (SPHA) contracted with or granted monies to another entity who then directly performed the service or an activity.

* Indicate whether your state public health agency **performs the activity directly** itself, **contracts or makes grants** to others (both governmental and non-governmental entities) for the activity, OR both.

* Check all of the other agencies that perform that activity independent of, or in conjunction with the state public health agency in your state.

If a service or activity is **not available** in your state, check that option.

1. Immunizations—vaccine order management and inventory distribution. Select all that apply.

| | Performan by simple public performance per | tate olic olth ncy | Contra (or gra by st pub hea agei | ants) tate lic lth | Perform another governr ager | r state nental | Performance Perfor | ocal olic olth | Perform other governr ager | local nental | Perform a no governr ent | on- mental | Performant | a eral | No availa in st | able |
|---|--|-----------------------------|--|-----------------------------|---------------------------------------|-------------------|--|----------------------|-------------------------------------|--------------|-----------------------------------|---------------|---|-----------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Adult immunizations Childhood immunizations | | | | | | | | | | | | | | | | |
| International travel immunizations | | | | | | | | | | | | | | | | |

2. Immunizations—administration of vaccine to population. Select all that apply.

| | Perforn state p hea agei dire | oublic Ilth ncy | Contrac grant state p health a | s) by oublic | Perform anothe governi agei | r state mental | Perfor by lo public l ager | ocal health | Perform other governr ager | local nental | Performe not governr ent | n- mental | Perfor by a fe ager | ederal | | vailable in state |
|--|---|-----------------------|---|-----------------|--------------------------------------|-------------------|-------------------------------------|----------------|-------------------------------------|--------------|-----------------------------------|--------------|---------------------------|--------|-----|----------------------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Adult immunizations Childhood | | | | | | | | | | | | | | | | |
| immunizations International travel immunizations | | | | | | | | | | | | | | | | |

3. Screening for diseases/conditions. Select all that apply.

| | Perform state p health a direc | oublic agency | Contrac grants) t public I ager | by state health | Perform another governr ager | r state mental | Perform local p hea ager | ublic lth | Perform other governr ager | local nental | Performe nor governr enti | n- mental | Perfor by a fe ager | deral | No availa in st | able |
|----------------------------|---|------------------|--|--------------------|---------------------------------------|-------------------|-----------------------------------|--------------|-------------------------------------|-----------------|------------------------------------|--------------|---------------------------|-------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Asthma | | | | | | | | | | | | | | | | |
| Blood lead | | | | | | | | | | | | | | | | |
| Breast and cervical cancer | | | | | | | | | | | | | | | | |
| Colon/rectum cancer | | | | | | | | | | | | | | | | |
| Other cancers | | | | | | | | | | | | | | | | |
| Coronary heart disease | | | | | | | | | | | | | | | | |

| Diabetes | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| High blood pressure | | | | | | | | |
| HIV/AIDS | | | | | | | | |
| Other STDs | | | | | | | | |
| Newborn screening | | | | | | | | |
| Tuberculosis | | | | | | | | |
| Other public health screening (specify) | | | | | | | | |

4. State laboratory services. Check all that apply.

| | Perform state p health a direc | oublic ogency | Contrac grants state p health a | s) by oublic | Perform another governr ager | r state nental | Perform local p hea ager | oublic lth | Perform other governr ager | local [*] mental | Performe nor governr enti | n- nental | Perfor by a fe ager | ederal | No availa in st | able |
|--|---|------------------|--|-----------------|---------------------------------------|-------------------|-----------------------------------|---------------|-------------------------------------|------------------------------|------------------------------------|--------------|---------------------------|--------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Likely bioterrorism agents testing (e.g. anthrax) Blood lead screening Cholesterol screening | | | | | | | | | | | | | | | | |
| Food borne illness testing | | | | | | | | | | | | | | | | |
| Influenza typing | | | | | | | | | | | | | | | | |
| Newborn screening | | | | | | | | | | | | | | | | |

| Other | | | | | | | | |
|------------------|--|--|--|--|--|--|--|---|
| environmental | | | | | | | | 1 |
| toxins screening | | | | | | | | I |
| Other screening | | | | | | | | |
| (specify) | | | | | | | | ı |

5. Registry maintenance. Check all that apply.

| | state | ned by public agency ectly | grant state | cted (or ts) by public agency | anothe govern | med by er state mental ency | local | med by public agency | Perforr other govern age | mental | a n | ned by on- mental tity | a fe | med by deral ency | Not av in s | ailable tate |
|------------------------|-------|-------------------------------------|----------------|--|------------------|--------------------------------------|-------|----------------------------|-----------------------------------|--------|-----|---------------------------------|------|-------------------------|----------------|-----------------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Birth defects | | | | | | | | | | | | | | | | |
| Cancer | | | | | | | | | | | | | | | | |
| Childhood immunization | | | | | | | | | | | | | | | | |

6. Treatment for communicable diseases and chronic diseases. Check all that apply.

| | Perform state p health a direc | oublic igency | Contract grants) to public lager | y state nealth | Perform anothe governi agei | r state mental | Perform local p hea ager | oublic olth | Perform other governr ager | local nental | Performenoi noi governi ent | n- mental | Performage | ederal | No avail in st | able |
|----------------------------|---|------------------|--|-------------------|--------------------------------------|-------------------|-----------------------------------|----------------|-------------------------------------|-----------------|--------------------------------------|--------------|------------|--------|----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Asthma | | | | | | | | | | | | | | | | |
| Blood lead | | | | | | | | | | | | | | | | |
| Breast and cervical cancer | | | | | | | | | | | | | | | | |

| Colon/rectum cancer | | | | | | | | |
|---|--|--|--|--|--|--|--|---|
| Coronary heart disease | | | | | | | | |
| Diabetes | | | | | | | | 1 |
| High blood pressure | | | | | | | | |
| HIV/AIDS | | | | | | | | |
| Other cancers | | | | | | | | |
| Other STDs | | | | | | | | |
| Other public health treatment (specify) | | | | | | | | |

7. Maternal and child health services. Check all that apply.

| | Perforn state p health a dire | oublic agency | Contrac grants) b public l ager | y state nealth | Perform another governr ager | state nental | Perforn local p hea agei | ublic lth | Perform other governr ager | local [*] nental | Performe nor governr enti | n- mental | Perform by fede | a eral | No availa in st | able |
|---|--|------------------|--|-------------------|---------------------------------------|-----------------|-----------------------------------|--------------|-------------------------------------|------------------------------|------------------------------------|--------------|-----------------|-----------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Child nutrition (daycare providers) | | | | | | | | | | | | | | | | |
| Children with special health care needs | | | | | | | | | | | | | | | | |
| Comprehensive school health clinical services | | | | | | | | | | | | | | | | |
| Early intervention services for children | | | | | | | | | | | | | | | | |
| EPSDT | | | | | | | | | | | | | | | | |

| Family planning and prenatal care | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Non-WIC nutrition assessment and counseling | | | | | | | | |
| Obstetrical care | | | | | | | | |
| Primary care for children | | | | | | | | |
| School health services (non- clinical) | | | | | | | | |
| Well child services | | | | | | | | |
| WIC | | | | | | | | |

8. Other clinical health services provided to individuals. Check all that apply.

| | Perforn state p hea age dire | oublic Ilth ncy | Contrac grants state p health a | s) by oublic | Perform anothei governr ager | r staté mental | Perform by loop public I ager | ocal health | Perform other governr ager | local nental | Performe noi governr ent | n- mental | Perfor by a fe ager | deral | No availa in st | able |
|---|--|-----------------------|--|-----------------|---------------------------------------|-------------------|-------------------------------|----------------|-------------------------------------|--------------|-----------------------------------|--------------|---------------------------|-------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Child protection services/medical evaluation | | | | | | | | | | | | | | | | |
| Comprehensive primary care for adults | | | | | | | | | | | | | | | | |
| Correctional health | | | | | | | | | | | | | | | | |
| Disability | | | | | | | | | | | | | | | | |
| Disability determination | | | | | | | | | | | | | | | | |
| Domestic violence victims services | | | | | | | | | | | | | | | | |
| Emergency medical services / regulation and service provision | | | | | | | | | | | | | | | | |
| Home health care | | | | | | | | | | | | | | | | |
| Managed care (medical homes) | | | | | | | | | | | | | | | | |
| Mental health education and prevention services | | | | | | | | | | | | | | | | |
| Mental health treatment services | | | | | | | | | | | | | | | | |
| Minority health | | | | | | | | | | | | | | | | |

| Oral health | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Pharmacy | | | | | | | | |
| Physical therapy | | | | | | | | |
| Rural health | | | | | | | | |
| Sexual assault victims services | | | | | | | | |
| State nursing home eligibility determination | | | | | | | | |
| Substance abuse education and prevention services | | | | | | | | |
| Substance abuse treatment services | | | | | | | | |

9. Data collection/analysis. Check all that apply.

| | Perform state p health a direc | oublic agency | Contrac grants state p health a | s) by oublic | Perform another governr ager | state nental | Perform local p hea ager | ublic lth | Perform other governr ager | local nental | Performe nor governr enti | n- nental | Perfor by a fe ager | deral | No availa in st | able |
|--|---|------------------|--|-----------------|---------------------------------------|-----------------|-----------------------------------|--------------|-------------------------------------|-----------------|------------------------------------|--------------|---------------------------|-------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Adolescent behavior | | | | | | | | | | | | | | | | |
| Behavioral risk assessment | | | | | | | | | | | | | | | | |
| Morbidity data | | | | | | | | | | | | | | | | |
| Overall health assessment | | | | | | | | | | | | | | | | |
| Reportable diseases | | | | | | | | | | | | | | | | |
| Uninsured, outreach and enrollment for medical insurance | | | | | | | | | | | | | | | | |
| Vital records and statistics | | | | | | | | | | | | | | | | |

10. Epidemiology and surveillance activities. Check all that apply.

| | Perform by stop by sto | tate health ncy | Contra (or gran state p hea agei | nts) by oublic olth | Perform another governr ager | r state mental | Perform by low public hear ager | ocal dic lth | Perform other governr ager | local nental | Perform no governi ent | n- mental | Perfor by a fe | ederal | No availa in st | able |
|----------------------------------|--|-----------------------|--|---------------------------|---------------------------------------|-------------------|---------------------------------|--------------------|-------------------------------------|--------------|---------------------------------|--------------|-------------------|--------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Behavioral risk factors | | | | | | | | | | | | | | | | |
| Cancer incidence | | | | | | | | | | | | | | | | |
| Chronic diseases | | | | | | | | | | | | | | | | |
| Communicable/infectious diseases | | | | | | | | | | | | | | | | |
| Environmental health | | | | | | | | | | | | | | | | |
| Injury | | | | | | | | | | | | | | | | |
| Perinatal events or risk factors | | | | | | | | | | | | | | | | |
| Syndromic surveillance | | | | | | | | | | | | | | | | |
| Vital statistics | | | | | | | | | | | | | | | | |

11. Population-based primary prevention services. Check all that apply.

| | Perform state p health a dire | oublic agency | Contraction grants state properties the contraction of the contraction | s) by oublic | Perforn anothe governi age | r state mental | Perform local p hea agei | oublic olth | Perform other governr ager | local mental | Performe nor governr ent | n- nental | Perfor by a fe ager | deral | No availa in st | able |
|--|--|---------------|--|-----------------|-------------------------------------|-------------------|-----------------------------------|----------------|-------------------------------------|-----------------|-----------------------------------|--------------|---------------------------|-------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Abstinence only education | | | | | | | | | | | | | | | | |
| Diabetes | | | | | | | | | | | | | | | | |
| HIV | | | | | | | | | | | | | | | | |
| Hypertension | | | | | | | | | | | | | | | | |
| Injury control and prevention | | | | | | | | | | | | | | | | |
| Mental illness | | | | | | | | | | | | | | | | |
| Obesity | | | | | | | | | | | | | | | | |
| Sex education | | | | | | | | | | | | | | | | |
| Sexually transmitted disease counseling and partner notification | | | | | | | | | | | | | | | | |
| Skin cancer | | | | | | | | | | | | | | | | |
| Substance abuse | | | | | | | | | | | | | | | | |
| Suicide | | | | | | | | | | | | | | | | |
| Tobacco control and prevention Unintended pregnancy | | | | | | | | | | | | | | | | |
| Violence prevention | | | | | | | | | | | | | | | | |

12. Regulation, inspection and/or licensing activities. Check all that apply.

| | Perform state p health a direc | oublic agency | Contraction grants state properties the contraction of the contraction | s) by oublic | Perforn anothe governi agei | r state mental | Perform local p hea agei | oublic lth | Perform other governr ager | local nental | Performe nor governr ent | n- nental | Perfor by a fe ager | deral | No availa in st | able |
|-----------------------------|---|------------------|--|-----------------|--------------------------------------|-------------------|-----------------------------------|---------------|-------------------------------------|-----------------|-----------------------------------|--------------|---------------------------|-------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Acupuncture | | | | | | | | | | | | | | | | |
| Assisted living | | | | | | | | | | | | | | | | |
| Beaches | | | | | | | | | | | | | | | | |
| Biomedical waste | | | | | | | | | | | | | | | | |
| Body piercing/tattooing | | | | | | | | | | | | | | | | |
| Campgrounds & RVs | | | | | | | | | | | | | | | | |
| Clinics | | | | | | | | | | | | | | | | |
| Cosmetology businesses | | | | | | | | | | | | | | | | |
| Food processing | | | | | | | | | | | | | | | | |
| Food service establishments | | | | | | | | | | | | | | | | |
| Hospice | | | | | | | | | | | | | | | | |
| Hospitals | | | | | | | | | | | | | | | | |
| Hotels/motels | | | | | | | | | | | | | | | | |
| Housing (inspections) | | | | | | | | | | | | | | | | |
| Jails/prisons | | | | | | | | | | | | | | | | |
| Laboratories | | | | | | | | | | | | | | | | |
| Lead inspection | | | | | | | | | | | | | | | | |

| Local public health agencies | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|
| Long-term care facilities | | | | | | | | |
| Migrant Housing | | | | | | | | |
| Milk processing | | | | | | | | |
| Mobile homes | | | | | | | | |
| Occupational health | | | | | | | | |
| Private drinking water | | | | | | | | |
| Public drinking water | | | | | | | | |
| School/daycare | | | | | | | | |
| Septic tank installation | | | | | | | | |
| Shellfish | | | | | | | | |
| Smoke-free ordinances | | | | | | | | |
| Solid waste disposal sites | | | | | | | | |
| Solid waste haulers | | | | | | | | |
| Swimming pools (public) | | | | | | | | |
| Tanning salons | | | | | | | | |
| Tobacco retailers | | | | | | | | |
| Other health- related facilities | | | | | | | | |
| Other facilities (specify) | | | | | | | | |

13. Professional licensing. Check all that apply.

| | Perform state p health a dire | oublic agency | Contrac grants) t public l ager | by state health | Perform another governr ager | r state mental | Perforn local p health a | ublic | Perforn other governr ager | local mental | Performe nor governr ent | n- nental | Perfor by a fe ager | ederal | No availa in st | able |
|-----------------------|--|------------------|--|--------------------|---------------------------------------|-------------------|--------------------------------|-------|-------------------------------------|-----------------|-----------------------------------|--------------|---------------------------|--------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Dentists | | | | | | | | | | | | | | | | |
| Nurses (any level) | | | | | | | | | | | | | | | | |
| Physician | | | | | | | | | | | | | | | | |
| Physician assistants | | | | | | | | | | | | | | | | |

14. Other environmental health activities. Check all that apply.

| | Perforn state p health a dire | oublic agency | Contrac grants state p health a | s) by ublic | Perform anothe governi agei | r state mental | Perform local p hea ager | oublic Ith | Perform other governr ager | local mental | Performe nor governr enti | n- nental | Perfor by a fe ager | deral | No availa in st | able |
|---------------------------------|--|------------------|--|----------------|--------------------------------------|-------------------|-----------------------------------|---------------|-------------------------------------|-----------------|------------------------------------|--------------|---------------------------|-------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Animal control | | | | | | | | | | | | | | | | |
| Coastal zone management | | | | | | | | | | | | | | | | |
| Environmental epidemiology | | | | | | | | | | | | | | | | |
| Food safety education | | | | | | | | | | | | | | | | |
| Groundwater protection | | | | | | | | | | | | | | | | |
| Hazardous waste disposal | | | | | | | | | | | | | | | | |
| Hazmat response | | | | | | | | | | | | | | | | |
| Indoor air quality regulations | | | | | | | | | | | | | | | | |
| Land use planning | | | | | | | | | | | | | | | | |
| Mosquito control | | | | | | | | | | | | | | | | |
| Noise pollution control | | | | | | | | | | | | | | | | |
| Outdoor air quality regulations | | | | | | | | | | | | | | | | |
| Poison control | | | | | | | | | | | | | | | | |
| Private water supply safety | | | | | | | | | | | | | | | | |

| Public water supply safety | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|
| Radiation control | | | | | | | | |
| Radon control | | | | | | | | |
| Surface water protection | | | | | | | | |
| Toxicology | | | | | | | | |
| Vector control | | | | | | | | |
| Other pollution prevention (specify) | | | | | | | | |

15. Other public health activities. Check all that apply.

| | Perform state p hea ager direc | oublic Ith ncy | Contract grants state p health a | s) by oublic | Perform another governr ager | r state nental | Performant | ocal health | Perform other governi agei | local nental | Performo nor governr enti | n- mental | Perfor by a fe ager | deral | No availa in st | able |
|--|--|----------------------|---|-----------------|---------------------------------------|-------------------|---|----------------|-------------------------------------|-----------------|------------------------------------|--------------|---------------------------|-------|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Agriculture regulation | | | | | | | | | | | | | | | | |
| Correctional health | | | | | | | | | | | | | | | | |
| Eldercare services/senior services | | | | | | | | | | | | | | | | |
| Forensics laboratory | | | | | | | | | | | | | | | | |
| Institutional review board (IRB) | | | | | | | | | | | | | | | | |
| Medical examiner | | | | | · | | | | | | | | | | | |
| Needle exchange | | | | | | | | | | | | | | | | |

| Occupational safety and health | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|
| State mental health | | | | | | | | |
| authority with | | | | | | | | |
| substance abuse | | | | | | | | |
| State mental health | | | | | | | | |
| authority without | | | | | | | | |
| substance abuse | | | | | | | | |
| State mental | | | | | | | | |
| institutions/hospitals | | | | | | | | |
| State health planning | | | | | | | | |
| and development | | | | | | | | |
| State tuberculosis | | | | | | | | |
| hospitals | | | | | | | | |
| Substance abuse | | | | | | | | |
| facilities | | | | | | | | |
| Trauma system | | | | | | | | |
| Veterinarian public | | | | | | | | |
| health activities | | | | | | | | |

16. We are interested in what information is available in electronic databases at your SPHA. Can you exchange data electronically with national agencies or your state's local public health agencies (or other relevant state agency)? Check all that apply for each program area listed below.

| | Send | data | Receiv | ve data |
|---|------|------|--------|---------|
| | Yes | No | Yes | No |
| Childhood immunization | | | | |
| Electronic health record (personal health services) | | | | |
| 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 | | | | |

17. Access to health care. Check all that apply.

| | state h ag | health | | Contracted (or grants) by state public health agency | | Performed by another state governmental agency | | Performed by local public health agency | | Performed by other local governmental agency | | Performed by a non- governmental entity | | rmed a eral ncy | Not available in state | |
|--|------------------|--------|-----|--|-----|---|-----|---|-----|--|-----|--|-----|--------------------------|------------------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Emergency medical services | | | | | | | | | | | | | | | | |
| Faith-based health programs | | | | | | | | | | | | | | | | |
| Health disparities and/or minority health initiatives | | | | | | | | | | | | | | | | |
| Health insurance regulation | | | | | | | | | | | | | | | | |
| Institutional certifying authority for federal reimbursement | | | | | | | | | | | | | | | | |
| Minority health | | | | | | | | | | | | | | | | |
| Outreach and enrollment for medical insurance | | | | | | | | | | | | | | | | |
| Rural health | | | | | | | | | | | | | | | | |
| State children's health insurance program (SCHIP) | | | | | | | | | | | | | | | | |
| State provided health insurance (not supported by federal funds) | | | | | | | | | | | | | | | | |
| Tribal health | | | | | | | | | | | | | | | | |

18. Preparedness response. Check all that apply.

| | Performed by state public health agency directly | | Contracted (or grants) by state public health agence | | another state governmental | | Performed by local public health agency | | Performed by other local governmental agency | | Performed by a non- governmental entity | | Performed by a federal agency | | No availa in st | able |
|--|---|----|--|----|-------------------------------|----|---|----|--|----|--|----|-------------------------------------|----|-----------------------|------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Bioterrorism event response | | | | | | | | | | | | | | | | |
| Chemical disaster response | | | | | | | | | | | | | | | | |
| Communicable disease outbreak response | | | | | | | | | | | | | | | | |
| Explosion response | | | | | | | | | | | | | | | | |
| Natural disaster response | | | | | | | | | | | | | | | | |
| Nuclear disaster response | | | | | | | | | | | | | | | | |

19. Are there other activities/service areas in the state public health agency's scope of work that should be added to this survey?

Organization for Federal Initiatives

20. Who has responsibility (fiscal and programmatic) for specific federal initiatives? (Select all that apply.)

| | SPHA only | Shared responsibility with another state agency | Shared responsibility with LPHA | LPHA responsibility | Shared responsibility with a local governmental agency (not public health) | Shared responsibility with non-profit agency | Other state agency - SPHA not responsible | Non-profit responsibility |
|--|--------------|---|---------------------------------------|---------------------|--|---|--|------------------------------|
| Primary Care Organizations (PCOs) | | | | | | | | |
| Healthy People | | | | | | | | |
| Mental Health Block Grant (MHBG: Center for Mental Health Services) | | | | | | | | |
| Temporary Assistance to Needy Families (TANF: Administration for Children and Families) | | | | | | | | |
| Substance Abuse Prevention and Treatment Block Grant (SAPT: Substance Abuse and Mental Health Services Administration) | | | | | | | | |
| State Child Health Insurance Program (SCHIP: Centers for Medicare and Medicaid Services) | | | | | | | | |
| Rural health (HRSA) | | | | | | | | |

| Vital statistics (NCHS) | | | | |
|---|--|--|--|--|
| Preventive Health and Health Services Block Grant (CDC) | | | | |
| National Cancer Prevention and Control Program Grant (CDC) | | | | |
| Medicaid | | | | |
| Health Professionals Shortage Area Designations (HPSA) | | | | |
| Women Infants and Children Program (USDA) | | | | |
| HIV Pharmacies (ADAP) | | | | |
| Maternal and infant health services, prenatal care, Title V | | | | |
| HIV Title IV | | | | |
| Family Planning Services, Title X | | | | |
| Mental Health Title XX | | | | |
| Substance abuse and mental health XIX | | | | |
| HRSA preparedness grants | | | | |
| CDC preparedness grants | | | | |
| Other(specify) | | | | |

SPHA Descriptors

| | Thich best describes the structure of the state public health agency? only one) |
|------|---|
| | ☐ Free-standing/independent agency |
| | □Under a larger agency—sometimes referred to as a "super-agency or an "umbrella agency." |
| from | your agency is under a super-agency or umbrella agency, what are the major areas of responsibility of the larger agency that are separate the statutory responsibility of the state public health agency in this organization? all that apply) |
| | ☐ Not under a super-agency or umbrella agency |
| | ☐ Public assistance |
| | ☐ Environmental protection |
| | ☐ State mental health authority with substance abuse |
| | ☐ State mental health authority without substance abuse |
| | ☐ Substance abuse |
| | ☐ Medicaid |
| | ☐ Long-term care |
| | ☐ Other (specify) |
| | |

24. Who has the authority to do each of the following in your state? (Select all that apply.)

| | State Public Health Agency | State Board of Health | Governor | State Legislature | Super- agency/ Umbrella agency | Other Entity (specify) |
|---|-------------------------------------|-----------------------------|----------|----------------------|---|------------------------------|
| Hire or appoint agency head | | | | | | |
| Approve the SPHA budget | | | | | | |
| Adopt public health laws & regulations | | | | | | |
| Establish fees for services | | | | | | |
| Establish taxes (millage, levy, etc.) for public health | | | | | | |
| Place public health levy on ballot for general election | | | | | | |

| 25. Has y (select only | our state board of health received <u>public health training</u> y one) |
|-------------------------------|---|
| | Yes, in past year |
| | Yes, more than a year ago |
| | l No |
| | Do not have a state board of health |
| | |
| 26. Has y (select only | our state board of health received governance training? y one) |
| | Yes, in the past year |
| | Yes, more than a year ago |
| | l No |
| | Do not have a state board of health |
| | |

SPHA Personnel

| 27. Please indicate the nun | aber of staff members and FTEs working in your state public health agency. |
|-----------------------------|--|
| | Number of staff members |
| | Number of Full-time Equivalents (FTEs) |
| | |
| 28. Please indicate the nun | nber of workers in the following categories: |
| | Number of part-time workers |
| | Number of contractual workers |
| | Number of hourly (temporary or as needed) workers |
| | Number of state workers assigned to local areas or regions |
| | SPHA workers that work for other state agencies |
| | Total number of workers |

State Organizational Structure

| Pa. Where is the state public health agency located within state government? |
|--|
| abinet Level Agency? elect only one) |
| ☐ Yes |
| □ No |
| □ NA |
| irect Reporting to the Governor? elect only one) |
| ☐ Yes |
| □ No |
| □ NA |

29b. How is public health represented in the following agencies?

| | | inet le genc | | rep | Direct orting Gover | to | Relationship to state public health agency | | | | | Memorandum of Understanding exists to govern interagency collaborations | | | | |
|--------------------------------|-----|-----------------|----|-----|---------------------------|----|--|--|---------------------|-----------------------------------|----------------|---|------------------------------|-----------------------|----|---|
| | Yes | No | NA | Yes | No | NA | Parallel state agency | Umbrella agency (super- agency) | PH agency component | Component of another agency | Private sector | Yes | No, might be useful | No, none needed | NA | Shared Responsibility/ Funding for Public Health - Name the Service/s |
| State social service agency | | | | | | | | | | | | | | | | |
| State aging agency | | | | | | | | | | | | | | | | |
| State environment agency | | | | | | | | | | | | | | | | |
| State natural resources agency | | | | | | | | | | | | | | | | |
| State agriculture agency | | | | | | | | | | | | | | | | |
| State recreation and parks | | | | | | | | | | | | | | | | |
| State transportation | | | | | | | | | | | | | | | | |
| Public health laboratories | | | | | | | | | | | | | | | | |

Agency Mission

| Tho is the primary statutory public health authority within your state? conly one) |
|---|
| ☐ Governor |
| ☐ State board of health |
| ☐ State health official |
| ☐ HHS secretary or other official of a super-agency or umbrella agency (e.g., children or elder services) |
| ☐ Other (specify) |

| 31. T | he state public health agency has specific legal/statutory authority to: t all that apply) |
|-------|--|
| | ☐ (a) declare a health emergency |
| | □ state statute |
| | ☐ gubernatorial order |
| | □ rules/regulations |
| | ☐ (b) collect health data (e.g., hospital discharge, infectious disease data) |
| | □ state statute |
| | ☐ gubernatorial order |
| | □ rules/regulations |
| | |
| | ☐ (c) manage vital statistics |
| | □ state statute |
| | ☐ gubernatorial order |
| | □ rules/regulations |
| | |
| | (d) conduct health planning |
| | □ state statute |
| | ☐ gubernatorial order |
| | □ rules/regulations |
| | |
| | ☐ (e) issue certificates of need |
| | □ state statute |

| ☐ gubernatorial order |
|--|
| ☐ rules/regulations |
| |
| |
| (f) operate health facilities |
| state statute |
| ☐ gubernatorial order |
| □ rules/regulations |
| |
| |
| (g) license health professionals |
| □ state statute |
| ☐ gubernatorial order |
| □ rules/regulations |
| |
| |
| (h) accredit local health agencies |
| □ state statute |
| ☐ gubernatorial order |
| □ rules/regulations |
| |
| (i) Other (anality) (avarage anality news during diseases among any declared by the Community |
| ☐ (i) Other(specify) (exercise specific powers during disaster emergency declared by the Governor) |
| □ state statute |
| ☐ gubernatorial order |
| ☐ rules/regulations |

| 32. Rank the top five priorities for your agency for the current fiscal year. Use only the numbers 1 through 5, with 1 as the highest priority. |
|---|
| Assuring a local public health presence throughout the state |
| Assuring preparedness for a health emergency |
| Attaining workforce stability |
| Developing effective health policy |
| Developing innovations in any area –e.g. providing services, policy, performance improvement |
| Focusing on early detection or population protection measures |
| Health system reform |
| Implementing quality improvement/performance management |
| Maintaining the integrity of the vital statistics reporting systems |
| Monitoring the state's population's health |
| Using evidence-based program planning |
| Using data guided planning |
| Other |
| 33. Is your state health agency mission written into statute? (select only one) |
| □ Yes |
| □ No |
| 34. What is the explicit mission of your SPHA? Cut and paste the mission statement text in the box below. |

| 35. In FY 06, what percentage of the SPHA's service expenditures went to the provision of the following services: | | |
|---|--|--|
| (Your responses should total 100%) | | |
| % Clinical services % Non-clinical prevention services | | |
| 36. What would you say is the state public health agency's: most effective service? | | |
| greatest accomplishment? | | |
| most important customer? | | |
| 37. In four sentences or less, what would not be done if the agency did not exist: | | |

| 38. What would you say are the state public health agency's top three important activities: |
|---|
| 1. |
| 2. |
| 3. |
| What would you say are the state public health agency's top three effective services: |
| 1. |
| 2. |
| 3. |
| What would you say are the state public health agency's top three best accomplishments: |
| 1. |
| 2. |
| 3. |
| What would you say are the state public health agency's top three important customers: |
| 1. |
| 2. |
| 3. |
| |

SPHA Financing

The next set of questions focus on agency expenditures, revenues, and budgets.

| 39. What is your most recently completed fiscal year that you will be able to report in this survey? (select only one) | | |
|--|--|--|
| 2 005 | | |
| 2 006 | | |
| □ 2007 | | |
| | | |
| 40. When does your fiscal year begin? | | |
| (select only one) | | |
| ☐ January | | |
| ☐ February | | |
| ☐ March | | |
| ☐ April | | |
| ☐ May | | |
| ☐ June | | |
| ☐ July | | |
| ☐ August | | |
| ☐ September | | |
| ☐ October | | |
| □ November | | |
| ☐ December | | |
| | | |

| 41. When does your fiscal year end? (select only one) |
|--|
| ☐ January |
| ☐ February |
| ☐ March |
| □ April |
| □ May |
| ☐ June |
| □ July |
| □ August |
| □ September |
| ☐ October |
| □ November |
| ☐ December |
| 42. For your most recently completed fiscal year, what were the state public health agency's total <u>expenditures</u>? (Please report expenditures, NOT budget amounts.) |
| Amount |
| 43. For the <u>year prior</u> to your most recently completed fiscal year (the fiscal year prior to the one for which you just provided data), what were the state public health agency's total expenditures |
| Amount |

| 44. For your most recently completed fiscal year awarded to: | r— Of the expenditure monies your agency awards, what percentage of these expenditures were |
|--|---|
| (Your responses should total 100%) | |
| % local public health | h agencies? |
| % nonprofit organiz | cations (i.e., grants)? |
| % state initiatives? | |
| % federal initiatives | ? |
| % other organization | nal initiatives? |
| 45. For your most recently completed fiscal year expenditure data to the state public health agen (select only one) ☐ Yes ☐ No, reporting systems not in place ☐ Not applicable, no local public health a | |
| ☐ Unknown | gencies |
| | |

| • | r the state health | ompleted fiscal year, were currently available data on local public health agency programs, budgets, and expenditures agency's needs? |
|--------------|---------------------|---|
| □ Y | 'es | |
| | lo, not adequate | |
| □N | lot applicable, no | local public health agencies |
| □ t | Jnknown | |
| 47. For you | r most recently c | ompleted fiscal year, what percent of the state public health agency's revenues came from: |
| (Your respon | nses should total 1 | 00%) |
| | % | Federal grants, contracts, cooperative agreements (direct) |
| | % | Federal grants, contracts, cooperative agreements (indirect/pass through) |
| | % | Fines |
| | % | Medicaid |
| | % | Medicare |
| | % | Patient personal fees |
| | % | Private philanthropic organizations |
| | % | Private health insurance |
| | % | Regulatory fees |
| | % | SCHIP |
| | % | State sources (excluding federal pass-through) |
| | % | Tribal sources |
| | % | Vital records |
| | % | Other |
| | | |

48. Indicate whether revenue from each source has increased, decreased, or stayed approximately the same. Compare your most recently completed fiscal year with the year prior to your most recently completed fiscal year. Respond for each revenue source.

| | No Funding from this Source | Decreased | Stayed Approx. the Same | Increased |
|---|-----------------------------|-----------|-------------------------|-----------|
| Federal grants, contracts, cooperative agreements (direct) | | | | |
| Federal grants, contracts, cooperative agreements (indirect/pass through) | | | | |
| Fines | | | | |
| Medicaid | | | | |
| Medicare | | | | |
| Patient personal fees | | | | |
| Private philanthropic organizations | | | | |
| Private health insurance | | | | |
| Regulatory fees | | | | |
| SCHIP | | | | |
| State sources (excluding federal pass-through) | | | | |
| Tribal sources | | | | |
| Vital records | | | | |
| Other (specify) | | | | |

State Public Health Agency Scope of Work

The following questions ask about the frequency and types of SPHA activities.

49. Indicate how frequently your SPHA has participated in the activities listed below during the past two years.

| | Never | A little | Some | A lot | Not applicable |
|--|-------|----------|------|-------|----------------|
| Prepared issue briefs for local or state policy makers | | | | | |
| Participated in discussions with a state board of health (SBOH) | | | | | |
| Participated in discussions with a local board of health (LBOH) | | | | | |
| Given public testimony to state or local policy makers other than SBOH or LBOH | | | | | |
| Participated on local boards or advisory panels responsible for public health policy | | | | | |
| Participated on state boards or advisory panels responsible for public health policy | | | | | |
| Appeared on radio or television to speak about public health issues | | | | | |
| Appeared before civic group (United Way, Rotary, etc) to speak about public health issues | | | | | |
| Worked with media to inform public health policy | | | | | |
| Communicated with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances | | | | | |
| Provided technical assistance to legislative, regulatory or advocacy group for drafting proposed legislation, regulations, or ordinances | | | | | |
| Briefed governor on public health issues | | | | | |

| 50. Within the past year, has your SPHA adopted a new public health ordinance or regulation? (select only one) | |
|---|--|
| □ Yes | |
| □ No | |
| ☐ My SPHA does not have authority to adopt ordinances or regulations | |
| Planning and Quality Improvement | |
| 51. Has your SPHA developed or participated in developing a health improvement plan for your state? By "health improvement plan" we neseries of timely and meaningful action steps that define and direct the distribution of services, programs, and resources to improve your state health, or definite strategic action steps to improve health status in the state. (select only one) | |
| ☐ Yes, within the last three years | |
| ☐ Yes, more than three years ago | |
| \square No | |
| 52. Do you plan to update your state health improvement plan within the next three years? (select only one) | |
| □Yes | |
| □ No | |
| 53. Do you have a health improvement plan that was developed using the results of a state health assessment? (select only one) | |
| □Yes | |
| □ No | |
| ☐ Not applicable | |
| | |

| oes your state's health improvement plan link to local health improvement plans? i only one) |
|--|
| ☐ Yes |
| □ No |
| ☐ Linked to some plans |
| ☐ Not applicable |
| oes your SPHA have a strategic plan? t only one) |
| □Yes |
| □ No |

56. Please indicate whether and how you have used any of the following tools on a statewide basis. Select all that apply.

| | Have never used | Have not used in the past three years | Used statewide | Used as a reference | Implemented in collaboration with other tools | Implemented independent of other tools | Don't know |
|---|-----------------------|---------------------------------------|-------------------|---------------------|---|--|---------------|
| MAPP: Mobilizing for Action through Planning and | | - | | | | | |
| Partnerships | | | | | | | |
| APEX PH: Assessment Protocol for Excellence in Public | | | | | | | |
| health | | | | | | | |
| PACE EH: Protocol for Assessing Community Excellence in | | | | | | | |
| Environmental Health | | | | | | | |
| NPHPSP: National Public Health Performance Standards | | | | | | | |
| Program | | | | | | | |
| Any Turning Point Collaborative Tools | | | | | | | |
| Healthy People 2010 | | | | | | | |
| Tool that your state developed | | | | | | | |
| Other (specify) | | | | | | | |

Relationship with Local Public Health Agencies

| 57. What is the organization (select only one) | nal relationship between state and local public health agencies in your state? |
|---|---|
| ☐ Centralized Organ | sizational Control – local public health services are provided through units and/or staff of the SHA. |
| ☐ Decentralized Org local government and/or local | anizational Control – local public health services are provided through agencies that are organized and operated by units of l boards of health. |
| ☐ Shared Organizati government and/or local boar | onal Control – local public health services are subject to the shared authority of the state agency, as well as the local rds of health. |
| | and Decentralized Organizational Control - local public health services are provided through agencies organized and operated in some jurisdictions and by the state in other jurisdictions. |
| ☐ There are no local | public health agencies within the state. |
| ☐ None of the above | describes the relationship. |
| | |
| | 58. What is the total number of local public health agencies within your state (non-regional)? 59. What is the total number of regional public health agencies in your state? |

State Public Health Agency Training

| 60. From which sources does the SPHA staff receive training? (select all that apply) |
|--|
| □ None |
| ☐ SPHA in-house training |
| ☐ Other state agency(ies) |
| ☐ Another state's health agency |
| ☐ Schools of public health or public health graduate programs |
| ☐ Medical schools |
| ☐ Colleges or universities |
| ☐ Community colleges |
| ☐ Nursing Schools |
| ☐ Health professional associations or organizations |
| ☐ Public health institutes |
| ☐ National associations or organizations |
| ☐ Federal government |
| ☐ Other (specify) |
| 61. Does your SPHA have a designated staff person(s) responsible for coordination of training of SPHA staff? (select only one) |
| □Yes |
| □ No |

62. Indicate the use of various public health competencies in the course of managing your agency personnel. Select all that apply.

| | Not familiar with | Familiar with but have not used | Assessing staff competencies | Developing training plans | Preparing job descriptions | Other use |
|---|-------------------------|---------------------------------|------------------------------|------------------------------|----------------------------|-----------|
| Core competencies for public health professionals (Council on Linkages) | | | | | | |
| Emergency preparedness competencies for all public health workers (Columbia University) | | | | | | |
| Informatics competencies for public health professionals (Northwest Center for Public Health Practice) | | | | | | |
| Quad Council Public Health Nursing Competencies (Competencies) | | | | | | |
| NLN Leadership Competencies | | | | | | |
| Other (specify) | | | | | | |
| Other (specify) | | | | | | |
| Other (specify) | | | | | | |
| Other (specify) | | | | | | |
| Other (specify) | | | | | | |

Emergency Preparedness Infrastructure

We are interested in understanding how efforts to improve emergency preparedness have affected your SPHA's infrastructure and programs.

| 63a. For each of the public health operations or services listed below, choose the response that BEST describes the extent to which your SPHA's infrastructure and programs have changed over the past three years because of efforts nationwide to improve emergency preparedness. | Significantly Weaker | Slightly Weaker | No Change | Slightly Stronger | Significantly Stronger |
|---|-------------------------|-----------------|-----------|-------------------|---------------------------|
| Access to laboratory services | | | | | |
| Communication systems | | | | | |
| Epidemiology | | | | | |
| Immunization | | | | | |
| Information systems | | | | | |
| Legal basis for PH actions | | | | | |
| Maternal and child health | | | | | |
| Other environmental health activities | | | | | |

| 63a. For each of the public health operations or services listed below, choose the response that BEST describes the extent to which your SPHA's infrastructure and programs have changed over the past three years because of efforts nationwide to improve emergency preparedness. | Significantly Weaker | Slightly Weaker | No Change | Slightly Stronger | Significantly Stronger |
|---|-------------------------|-----------------|-----------|-------------------|---------------------------|
| Other health services | | | | | |
| Population-based primary prevention | | | | | |
| Preparedness planning | | | | | |
| Public health surveillance | | | | | |
| Regulation, inspection and licensing | | | | | |
| Relationships with other local, state or federal agencies | | | | | |
| Screening for diseases & conditions | | | | | |
| Surge capacity | | | | | |
| Treatment for communicable diseases | | | | | |
| Workforce training | | | | | |

| | very insufficient | somewhat insufficient | sufficient | very sufficient | extremely sufficient |
|--|----------------------|--------------------------|------------|--------------------|-------------------------|
| 63b. How sufficient is your statewide emergency preparedness status? | | | | | |

Partnership and Collaboration

The following questions ask about SPHA partnerships and collaboration with other members of the public health system.

64. We are interested in knowing about your SPHA's collaborations with a number of types of governmental and nongovernmental organizations. For each organization, check each listed activity that your SPHA has done in conjunction with that organization in the past year.

| Local public health | Exchange Information | Work together on activities or projects | SPHA provides financial resources | SPHA has the leadership role within the partnership | No relationship yet | N/A: Organization does not exist in jurisdiction | Greatly Decreased | Slightly Decreased | No Change | Slightly Increased | Greatly Increased |
|------------------------------------|-------------------------|--|--|--|---------------------------|--|----------------------|-----------------------|--------------|-----------------------|----------------------|
| agencies | | | | | | | | | | | |
| Hospitals | | | | | | | | | | | |
| Physician practices/medical groups | | | | | | | | | | | |
| Community health centers | | | | | | | | | | | |
| Other health care providers | | | | | | | | | | | |
| Health insurers | | | | | | | | | | | |
| Regional cancer society | | | | | | | | | | | |
| Emergency responders | | | | | | | | | | | |
| Land use agencies | | | | | | | | | | | |

| Economic and community development agencies | | | | | | |
|--|--|--|--|--|--|--|
| Housing agencies | | | | | | |
| Utility companies/agencies | | | | | | |
| Environmental and conservation organizations | | | | | | |
| Cooperative extensions | | | | | | |
| Schools | | | | | | |
| Parks and recreations | | | | | | |
| Transportation | | | | | | |
| Community based organizations | | | | | | |
| Faith communities | | | | | | |
| Other voluntary or nonprofit organizations, e.g.,libraries | | | | | | |
| Universities | | | | | | |
| Business | | | | | | |
| Media | | | | | | |
| Tribal government agencies/or other tribal community | | | | | | |

65. Does your SPHA provide technical assistance to any of the following entities in any of these categories? Select all that apply.

| | Yes | No | Done by someone else | Yes | No | Done by someone else |
|--|-----|----|----------------------------|-----|----|----------------------------|-----|----|----------------------------|-----|----|----------------------------|-----|----|----------------------|
| Emergency responders | | | | | | | | | | | | | | | |
| Hospitals | | | | | | | | | | | | | | | |
| Laboratories | | | | | | | | | | | | | | | |
| Local public health agencies | | | | | | | | | | | | | | | |
| State-wide non- profit/community-based organizations | | | | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | | | | |

SPHA Public Health Performance Activities

The next set of questions will help create a snapshot of SPHA performance activities around the country. Refer to the following definitions as you complete the next set of questions:

- Performance standards are objective standards or guidelines that are used to assess an organization's performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health agency services as "good" or "excellent," 100 percent immunization rate for all children). Standards may be set by benchmarking against similar organizations, or based on national, state, or scientific guidelines.
- **Performance measures** are any quantitative measures or indicators of capacities, processes, or outcomes relevant to the assessment of an established performance goal or objective (e.g., the number of epidemiologists on staff capable of conducting investigations, percentage of clients who rate health agency services as "good" or "excellent," percentage of immunized children).
- Reporting of progress means documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.
- Quality improvement process is the establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports.

| 56. Does your SPHA have its own quality improvement process in place? select all that apply) |
|--|
| ☐ Yes, fully implemented department-wide |
| ☐ Yes, partially implemented department-wide |
| ☐ Yes, fully implemented for specific programs |
| ☐ Yes, partially implemented for specific programs |
| □ No |
| 66a. Please describe the process in one sentence. |
| 67. Does your SPHA have a formal performance management program in place that includes ALL of the following: performance standards, performance measures, reporting of progress, and a quality improvment process? select all that apply) |
| ☐ Yes, fully implemented department-wide |
| ☐ Yes, partially implemented department-wide |
| ☐ Yes, fully implemented for specific programs |
| ☐ Yes, partially implemented for specific programs |
| □ No |
| |

68. Indicate processes your SPHA currently has in place for each of the specified areas. (Select all that apply.)

| | Performance standards | Performance measures | Progress reports | Quality improvement | None |
|---|-----------------------|----------------------|------------------|---------------------|------|
| Human resource development | | | | | |
| Data and information systems | | | | | |
| Customer focus and satisfaction | | | | | |
| Financial systems | | | | | |
| Management practices | | | | | |
| Public health capacity | | | | | |
| Health status assessment [Defined as: A health status assessment is the process whereby a state public health agency assesses the health needs of the state and investigates adverse health effects and health hazards to create a "snapshot" of the health of the state population.] | | | | | |
| STDs | | | | | |
| Family planning | | | | | |
| Tuberculosis | | | | | |
| Health facility regulation | | | | | |
| Maternal and child health | | | | | |
| Other (specify) | | | | | |

State Health Official Qualifications and Experience

| 69. What are the minimum qualifications in state statute or rule, for your state health official? (select all that apply) |
|--|
| ☐ M.D. or D.O. |
| ☐ Other advanced degree |
| ☐ Ten or more years in profession |
| ☐ Executive management experience |
| ☐ Other (specify) (Not specified in statute or rules) |

| 70. What are the educational (select all that apply) | qualifications of the current state health official? |
|---|---|
| □ BA | |
| □ BS | |
| □ RN | |
| ☐ BSN | |
| ☐ MSN | |
| ☐ MPH | |
| \square MBA | |
| \square MD | |
| □ DO | |
| ☐ DrPH | |
| □ DDS | |
| □ DVM | |
| □ JD | |
| ☐ PhD, field (specify) | |
| ☐ Other (specify) | |
| | |
| | |
| | |
| | |
| | 71. How many years has she or he been in the public health profession?72. How many years was she or he in the public health profession <i>before</i> becoming the state health official? |

| (select only of | or he have executive management experience prior to becoming the state health official? One) |
|-----------------------------------|---|
| | Yes |
| | No |
| | |
| | |
| 74. Did she (select only o | or he have other qualifications that are relevant to the state health official position? |
| | Yes (specify) |
| | No |

| 75. Please list your State Health Official's five top accomplishments over the past 12 months in order of 1, the top and 5 the last. |
|--|
| 1. |
| |
| 2. |
| 3. |
| J. |
| 4. |
| |
| 5. |