Thank you in advance for your participation in the 2016 ASTHO Profile Survey for the U.S. territories and freely-associated states. This survey continues ASTHO's efforts to provide a complete and accurate picture of governmental public health in the U.S. territories and freely-associated states. Since this study is the only source for much of this information, your participation is essential.

**Instructions: Please complete the entire questionnaire by Tuesday, May 31, 2016**

In the Table of Contents below, we have made suggestions as to the most appropriate respondents for each section of the survey.

|  |
| --- |
| **Table of Contents** |
| **Topic** | **Recommended Respondent** |
| Part 1: Contact Information | Senior Deputy |
| Part 2: Activities | Senior Deputy |
| Part 3: Agency Structure, Governance and Priorities | Senior Deputy |
| Part 4: Workforce | Human Resources Director |
| Part 5: Planning and Quality Improvement | Performance Improvement Officer or equivalent |
| Part 6: Health Information Management |  Informatics Director or equivalent |
| Part 7: Profile Evaluation | Senior Deputy |

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

1. The Primary Senior Deputy, or the designated Primary Contact for the survey (if different from the Primary Senior Deputy), can forward the survey link received via email to the appropriate staff members and ask them to enter the information directly into the web-based survey. As mentioned above, it will be important that individuals coordinate when they are entering information so that two individuals do not try and complete the survey simultaneously.
2. The Primary Senior Deputy or the designated Primary Contact can print out a blank questionnaire (see instructions below), distribute hard copies to the appropriate individuals, and then go online to enter the information they provide.

**Contact Information**

On the top of the first page of each section, we have made suggestions as to the most appropriate respondents for each section of the survey (e.g. Part 4: Workforce. To be completed by the Human Resources Director).

We request that the contact information of the person completing each part of the survey be entered on the first page of each section in case ASTHO needs to follow up on the responses provided. To edit the contact information, or to view the instructions at any time, click on the name of the section on the left panel.

**Saving Data**

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

**Printing a Blank Survey**

You may print a blank version of the survey by clicking on the following link: Click Here

**Navigating the Survey**

To go to a specific section of the survey, you can click on the Table of Contents at any time (the icon with three horizontal lines on the upper left-hand corner of your screen). To return to a previous question or skip ahead, simply click on the name of the section on the left panel and then the link that includes the question number (e.g. to view/edit question 2.2, click on “Part 2: Activities” and then click on “2.1-2.5”). To access the table of contents select the three horizontal lines available in the upper left corner of every survey page. Do not use the back button in the web browser.

**Individual Profile**

You will be able to view your agency's individual profile prior to submitting the survey. The individual profile is generated from a limited set of data from the Profile Survey; question numbers next to each section of the individual profile indicate from which question(s) in the survey the data is drawn.

**Submitting Completed Survey**

Primary Senior Deputies will receive an email with a pin number, which will be necessary to submit the completed survey for your agency. We request that the Primary Senior Deputy, Health Official, or the designated Primary Contact for the survey check the entries prior to final submission of your survey to ensure that all sections are completed and information is correct. To submit the completed survey, click on the “Submit Survey” button at the end of the survey.

**Printing a Completed Survey**

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

**Report Findings:**

* Data from this survey will be analyzed and published. ASTHO anticipates publications being available in 2017.
* A report that highlights key findings will be available on ASTHO's web site.
* ASTHO will make jurisdiction-specific information available to the public as required by our funding agreements with the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention.
* Data from this survey will be added to a publicly available database maintained by ASTHO.
* ASTHO will make these data available to researchers who agree to ASTHO's data use policy and whose research will benefit public health practice.
* Visit ASTHO's data and analysis web page for more information about the survey data use agreement and publicly available data at:  <http://www.astho.org/Research.aspx>

Your participation and effort are sincerely appreciated!

**Technical Assistance:**

If you experience problems navigating the questionnaire or if you have questions related to the survey questions, please contact the Survey Research Team at (571) 318-5404 or surveyresearch@astho.org.

**Part 1: Contact Information**

**Name of public health agency: CSHANAM**

**Please indicate the two-letter abbreviation of your jurisdiction: CSHASTA**

**Respondent Information for Primary Contact**

**Name of Primary Contact for this survey: CPRMNAM**

**Title: CPRMTIT**

**Email: CPRMEMA**

**Telephone: CPRMTEL**

**Part 2: Activities**

To be completed by the Senior Deputy.

**Contact Information**

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

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

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ASRDNAM**

Position or Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ASRDTIT**

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ASRDTEL**

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ASRDEMA**

**Instructions:**

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

We are interested in who conducts various public health activities in your jurisdiction. For each activity in the charts below and on the following pages, select Yes or No for each cell to describe who has directly provided that service or activity in your jurisdiction during the past year. Centralized jurisdictions should respond “yes” only for activities performed directly by the health agency – please respond “no” for activities conducted by the health agency via its local entities.

**2.1. Immunizations—vaccine order management and inventory distribution.** (for **EACH** cell,select Yes or No)

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Adult immunizations | Yes No **AIMMVAD01** | Yes No **AIMMVAD02** |
| Childhood immunizations | Yes No **AIMMVCH01** | Yes No **AIMMVCH02** |
| International travel immunizations | Yes No **AIMMVIN01** | Yes No **AIMMVIN02** |

**2.2. Immunizations—administration of vaccine to population.** (For **EACH** cell,select Yes or No)

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Adult immunizations | YesNo **AIMMAAD01** | YesNo **AIMMAAD02** |
| Childhood immunizations | YesNo **AIMMACH01** | YesNo **AIMMACH02** |
| International travel immunizations | YesNo **AIMMAIN01** | YesNo **AIMMAIN02** |

**2.3. Screening for diseases/conditions.** (For **EACH** cell,select Yes or No)

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Asthma | YesNo **ASCRAST01** | YesNo **ASCRAST02** |
| Blood lead | YesNo **ASCRBLL01** | YesNo **ASCRBLL02** |
| Body Mass Index (Obesity) | Yes No **ASCRBMI01** | Yes No **ASCRBMI02** |
| Breast and cervical cancer | Yes No **ASCRBCC01** | Yes No **ASCRBCC02** |
| Colon/rectum cancer | Yes No **ASCRCRC01** | Yes No **ASCRCRC02** |
| Other cancers | Yes No **ASCROTC01** | Yes No **ASCROTC02** |
| Cardiovascular disease | Yes No **ASCRCVD01** | Yes No **ASCRCVD02** |
| Diabetes | Yes No **ASCRDIA01** | Yes No **ASCRDIA02** |
| Hansen’s disease | Yes No **ASCRHAN01** | Yes No **ASCRHAN02** |
| High blood pressure | Yes No **ASCRHBP01** | Yes No **ASCRHBP02** |
| HIV/AIDS | Yes No **ASCRHIV01** | Yes No **ASCRHIV02** |
| Other STDs | Yes No **ASCRSTD01** | Yes No **ASCRSTD02** |
| Newborn screening | Yes No **ASCRNEW01** | Yes No **ASCRNEW02** |
| Prediabetes | Yes No **ASCRPDI01** | Yes No **ASCRPDI02** |
| Tuberculosis | Yes No **ASCRTUB01** | Yes No **ASCRTUB02** |
| Other public health screening (specify): | Yes No **ASCROTH01** | Yes No **ASCROTH02** |
| **ASCRNOTH03** |  |  |

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

|  | Performed by public health agency or hospital directly on-island | Contracted out by public health agency (includes if specimens are shipped off island for analysis) |
| --- | --- | --- |
| Likely bioterrorism agents testing (e.g. anthrax) | Yes No **ALABBIO01** | Yes No **ALABBIO02** |
| Blood lead screening | Yes No **ALABBLL01** | Yes No **ALABBLL02** |
| Cholesterol screening | Yes No **ALABCHO01** | Yes No **ALABCHO02** |
| Food borne illness testing | Yes No **ALABFDB01** | Yes No **ALABFDB02** |
| Influenza typing | Yes No **ALABFLU01** | Yes No **ALABFLU02** |
| Newborn screening | Yes No **ALABNEW01** | Yes No **ALABNEW02** |
| Biomonitoring | Yes No **ALABBMN01** | Yes No **ALABBMN02** |
| Vector-borne illness testing | Yes No **ALABVBI01** | Yes No **ALABVBI02** |
| Other screening (specify): | Yes No **ALABOTH01** | Yes No **ALABOTH02** |
| **ALABOTH03** |  |  |

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

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Birth defects | Yes No **AREGBIR01** | Yes No **AREGBIR02** |
| Cancer | Yes No **AREGCAN01** | Yes No **AREGCAN02** |
| Childhood immunization | Yes No **AREGIMM01** | Yes No **AREGIMM02** |
| Diabetes | Yes No **AREGDIA01** | Yes No **AREGDIA02** |
| Hepatitis C | Yes No **AREGHPC01** | Yes No **AREGHPC02** |
| Other (specify): | Yes No **AREGOTH01** | Yes No **AREGOTH02** |
| **AREGOTH03** |  |  |

**2.6. Treatment for diseases.** (For **EACH** cell,select Yes or No)

|  | Performed by public health agency, or hospital that is part of department/ministry of health, directly on-island | Contracted out by public health agency (includes if patient is sent off-island for treatment and treatment is paid for by public health agency or hospital) |
| --- | --- | --- |
| Asthma | Yes No **ATRTAST01** | Yes No **ATRTAST02** |
| Blood lead | Yes No **ATRTBLL01** | Yes No **ATRTBLL02** |
| Breast and cervical cancer | Yes No **ATRTBCC01** | Yes No **ATRTBCC02** |
| Colon/rectum cancer | Yes No **ATRTCRC01** | Yes No **ATRTCRC02** |
| Coronary heart disease | Yes No **ATRTCHD01** | Yes No **ATRTCHD02** |
| Diabetes | Yes No **ATRTDIA01** | Yes No **ATRTDIA02** |
| High blood pressure | Yes No **ATRTHBP01** | Yes No **ATRTHBP02** |
| HIV/AIDS | Yes No **ATRTHIV01** | Yes No **ATRTHIV02** |
| Obesity | Yes No **ATRTOBE01** | Yes No **ATRTOBE02** |
| Other cancers | Yes No **ATRTOTC01** | Yes No **ATRTOTC02** |
| Other STDs | Yes No **ATRTSTD01** | Yes No **ATRTSTD02** |
| Tuberculosis | Yes No **ATRTTUB01** | Yes No **ATRTTUB02** |
| Other public health treatment (specify): | Yes No **ATRTOTH01** | Yes No **ATRTOTH02** |
| **ATRTOTH03** |  |  |

**2.7. Maternal and child health services.** (For **EACH** cell,select Yes or No)

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Child nutrition (daycare providers) | Yes No **AMCHNUT01** | Yes No **AMCHNUT02** |
| Children and/or youth with special health care needs | Yes No **AMCHSPN01** | Yes No **AMCHSPN02** |
| Comprehensive school health clinical services | Yes No **AMCHSCS01** | Yes No **AMCHSCS02** |
| Early intervention services for children | Yes No **AMCHEIS01** | Yes No **AMCHEIS02** |
| The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program  | Yes No **AMCHEPS01** | Yes No **AMCHEPS02** |
| Family planning  | Yes No **AMCHFMP01** | Yes No **AMCHFMP02** |
| MCH home visits | Yes No **AMCHHMV01** | Yes No **AMCHHMV02** |
| Non-WIC nutrition assessment and counseling | Yes No **AMCHNAC01** | Yes No **AMCHNAC02** |
| Obstetrical care | Yes No **AMCHOBS01** | Yes No **AMCHOBS02** |
| Prenatal care | Yes No **AMCHPRE01** | Yes No **AMCHPRE02** |
| Comprehensive primary care clinics for children | Yes No **AMCHPCC01** | Yes No **AMCHPCC02** |
| School health services (non-clinical) | Yes No **AMCHSHS01** | Yes No **AMCHSHS02** |
| Well child services | Yes No **AMCHWCS01** | Yes No **AMCHWCS02** |
| WIC | Yes No **AMCHWIC01** | Yes No **AMCHWIC02** |

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

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Child protection services/medical evaluation | Yes No **ACLNCPS01** | Yes No **ACLNCPS02** |
| Comprehensive primary care clinics for adults | Yes No **ACLNPCC01** | Yes No **ACLNPCC02** |
| Correctional health | Yes No **ACLNCOR01** | Yes No **ACLNCOR02** |
| Disability | Yes No **ACLNDIS01** | Yes No **ACLNDIS02** |
| Disability determination | Yes No **ACLNDSD01** | Yes No **ACLNDSD02** |
| Domestic violence victims services | Yes No **ACLNDVV01** | Yes No **ACLNDVV02** |
| Home health care | Yes No **ACLNHHC01** | Yes No **ACLNHHC02** |
| Managed care (Patient Centered Medical Homes) | Yes No **ACLNMNC01** | Yes No **ACLNMNC02** |
| Mental health education and prevention services | Yes No **ACLNMHE01** | Yes No **ACLNMHE02** |
| Mental health treatment services | Yes No **ACLNMHT01** | Yes No **ACLNMHT02** |
| Oral health | Yes No **ACLNORL01** | Yes No **ACLNORL02** |
| Pharmacy | Yes No **ACLNPHM01** | Yes No **ACLNPHM02** |
| Physical therapy | Yes No **ACLNPHT01** | Yes No **ACLNPHT02** |
| Sexual assault victims services | Yes No **ACLNSAV01** | Yes No **ACLNSAV02** |
| Substance abuse education and prevention services | Yes No **ACLNSAE01** | Yes No **ACLNSAE02** |
| Substance abuse treatment services | Yes No **ACLNSAT01** | Yes No **ACLNSAT02** |

**2.9. Data collection, epidemiology and surveillance activities.** (For **EACH** cell,select Yes or No)

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Adolescent behavior | Yes No **ADATADB01** | Yes No **ADATADB02** |
| Behavioral risk factors | Yes No **ADATBRF01** | Yes No **ADATBRF02** |
| Cancer incidence | Yes No **ADATCAI01** | Yes No **ADATCAI02** |
| Chronic diseases | Yes No **ADATCHD01** | Yes No **ADATCHD02** |
| Communicable/infectious diseases | Yes No **ADATCID01** | Yes No **ADATCID02** |
| Environmental health | Yes No **ADATENV01** | Yes No **ADATENV02** |
| Foodborne illness | Yes No **ADATFDB01** | Yes No **ADATFDB02** |
| Injury | Yes No **ADATINJ01** | Yes No **ADATINJ02** |
| Morbidity data (e.g., healthcare utilization data, hospitalization data, all-payer data bases, etc.) | Yes No **ADATMOR01** | Yes No **ADATMOR02** |
| Perinatal events or risk factors | Yes No **ADATPRF01** | Yes No **ADATPRF02** |
| Syndromic surveillance | Yes No **ADATSYS01** | Yes No **ADATSYS02** |
| Vital statistics | Yes No **ADATVTS01** | Yes No **ADATVTS02** |

**2.10. Population-based primary prevention services.** (For **EACH** cell,select Yes or No)

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Abstinence only education | Yes No **APOPABS01** | Yes No **APOPABS02** |
| Asthma | Yes No **APOPAST01** | Yes No **APOPAST02** |
| Diabetes | Yes No **APOPDIA01** | Yes No **APOPDIA02** |
| HIV | Yes No **APOPHIV01** | Yes No **APOPHIV02** |
| Hypertension | Yes No **APOPHYP01** | Yes No **APOPHYP02** |
| Injury | Yes No **APOPINJ01** | Yes No **APOPINJ02** |
| Mental illness | Yes No **APOPMEN01** | Yes No **APOPMEN02** |
| Nutrition | Yes No **APOPNUT01** | Yes No **APOPNUT02** |
| Physical Activity | Yes No **APOPPHY01** | Yes No **APOPPHY02** |
| Sex education | Yes No **APOPSEX01** | Yes No **APOPSEX02** |
| Sexually transmitted disease counseling and partner notification | Yes No **APOPSTD01** | Yes No **APOPSTD02** |
| Skin cancer | Yes No **APOPSKC01** | Yes No **APOPSKC02** |
| Substance abuse | Yes No **APOPSUB01** | Yes No **APOPSUB02** |
| Suicide | Yes No **APOPSUI01** | Yes No **APOPSUI02** |
| Tobacco | Yes No **APOPTOB01** | Yes No **APOPTOB02** |
| Unintended pregnancy | Yes No **APOPPRG01** | Yes No **APOPPRG02** |
| Violence | Yes No **APOPVIO01** | Yes No **APOPVIO02** |

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

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Beaches | Yes No **AINSBCH01** | Yes No **AINSBCH02** |
| Biomedical waste | Yes No **AINSBMW01** | Yes No **AINSBMW02** |
| Body piercing/tattooing | Yes No **AINSBPT01** | Yes No **AINSBPT02** |
| Childcare facilities | Yes No **AINSCCF01** | Yes No **AINSCCF02** |
| Clinics | Yes No **AINSCLN01** | Yes No **AINSCLN02** |
| Cosmetology businesses | Yes No **AINSCOS01** | Yes No **AINSCOS02** |
| Emergency Medical Services | Yes No **AINSEMS01** | Yes No **AINSEMS02** |
| Food processing | Yes No **AINSFPR01** | Yes No **AINSFPR02** |
| Food service establishments | Yes No **AINSFSE01** | Yes No **AINSFSE02** |
| Hospice | Yes No **AINSHPC01** | Yes No **AINSHPC02** |
| Hospitals | Yes No **AINSHPL01** | Yes No **AINSHPL02** |
| Hotels/motels | Yes No **AINSHOM01** | Yes No **AINSHOM02** |
| Housing (inspections) | Yes No **AINSHOU01** | Yes No **AINSHOU02** |
| Jails/prisons | Yes No **AINSJPR01** | Yes No **AINSJPR02** |
| Laboratories | Yes No **AINSLAB01** | Yes No **AINSLAB02** |
| Lead inspection | Yes No **AINSLDI01** | Yes No **AINSLDI02** |
| Long-term care facilities | Yes No **AINSLTC01** | Yes No **AINSLTC02** |

*Continued from previous page*

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

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Migrant Housing | Yes No **AINSMIG01** | Yes No **AINSMIG02** |
| Milk processing | Yes No **AINSMLK01** | Yes No **AINSMLK02** |
| Nursing homes | Yes No **AINSNUR01** | Yes No **AINSNUR02** |
| Occupational health | Yes No **AINSOCC01** | Yes No **AINSOCC02** |
| Private drinking water | Yes No **AINSPRW01** | Yes No **AINSPRW02** |
| Public drinking water | Yes No **AINSPUW01** | Yes No **AINSPUW02** |
| Schools | Yes No **AINSSCH01** | Yes No **AINSSCH02** |
| Septic tank systems | Yes No **AINSSEP01** | Yes No **AINSSEP02** |
| Shellfish | Yes No **AINSSHE01** | Yes No **AINSSHE02** |
| Smoke-free ordinances | Yes No **AINSSMK01** | Yes No **AINSSMK02** |
| Solid waste disposal sites | Yes No **AINSSWD01** | Yes No **AINSSWD02** |
| Solid waste haulers | Yes No **AINSSWH01** | Yes No **AINSSWH02** |
| Swimming pools (public) | Yes No **AINSSWP01** | Yes No **AINSSWP02** |
| Tobacco retailers | Yes No **AINSTOB01** | Yes No **AINSTOB02** |
| Trauma system | Yes No **AINSTRM01** | Yes No **AINSTRM02** |
| Other facilities (specify): | Yes No **AINSOTH01**  | Yes No **AINSOTH02** |
| **AINSOTH03** |  |  |

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

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Dentists | Yes No **ALICDEN01** | Yes No **ALICDEN02** |
| Nurses (any level) | Yes No **ALICNUR01** | Yes No **ALICNUR02** |
| Pharmacists | Yes No **ALICPHM01** | Yes No **ALICPHM02** |
| Physicians | Yes No **ALICPHY01** | Yes No **ALICPHY02** |
| Physician assistants | Yes No **ALICPHA01** | Yes No **ALICPHA02** |
| Other professionals (specify): | Yes No **ALICOTH01** | Yes No **ALICOTH02** |
| **ALICOTH03** |  |  |

**2.13. Other environmental health activities.** (For **EACH** cell,select Yes or No)

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Animal control | Yes No **AOEHANC01** | Yes No **AOEHANC02** |
| Collection and disposal of unused pharmaceuticals | Yes No **AOEHCUP01** | Yes No **AOEHCUP02** |
| Coastal zone management | Yes No **AOEHCZM01** | Yes No **AOEHCZM02** |
| Environmental epidemiology | Yes No **AOEHEPI01** | Yes No **AOEHEPI02** |
| Food safety training/education | Yes No **AOEHFSE01** | Yes No **AOEHFSE02** |
| Groundwater protection | Yes No **AOEHGWP01**  | Yes No **AOEHGWP02**  |
| Hazardous waste disposal | Yes No **AOEHHWD01** | Yes No **AOEHHWD02**  |
| Hazmat response | Yes No **AOEHHZM01** | Yes No **AOEHHZM02** |
| Indoor air quality  | Yes No **AOEHIAQ01** | Yes No **AOEHIAQ02** |
| Land use planning | Yes No **AOEHLUP01**  | Yes No **AOEHLUP02** |
| Noise pollution | Yes No **AOEHNSP01** | Yes No **AOEHNSP02** |
| Outdoor air quality  | Yes No **AOEHOAQ01**  | Yes No **AOEHOAQ02**  |
| Poison control | Yes No **AOEHPSC01** | Yes No **AOEHPSC02** |
| Private water supply safety | Yes No **AOEHPRW01** | Yes No **AOEHPRW02** |
| Public water supply safety | Yes No **AOEHPUW01**  | Yes No **AOEHPUW02** |
| Radiation control | Yes No **AOEHRDT01** | Yes No **AOEHRDT02** |
| Radon control | Yes No **AOEHRDN01** | Yes No **AOEHRDN02** |
| Surface water protection | Yes No **AOEHSWP01** | Yes No **AOEHSWP02** |
| Toxicology | Yes No **AOEHTOX01** | Yes No **AOEHTOX02** |
| Vector control | Yes No **AOEHVEC01**  | Yes No **AOEHVEC02**  |
| Other pollution prevention (specify): | Yes No **AOEHOTH01** | Yes No **AOEHOTH02**  |
| **AOEHOTH03** |  |  |

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

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Agriculture regulation | Yes No **AOPHAGR01** | Yes No **AOPHAGR02** |
| Forensics laboratory | Yes No **AOPHFOR01** | Yes No **AOPHFOR02** |
| Health consultation for child care environments | Yes No **AOPHHCC01** | Yes No **AOPHHCC02** |
| Institutional review board (IRB) | Yes No **AOPHIRB01** | Yes No **AOPHIRB02** |
| Medical examiner | Yes No **AOPHMED01** | Yes No **AOPHMED02** |
| Needle exchange and disposal | Yes No **AOPHNEE01** | Yes No **AOPHNEE02** |
| Non-clinical services in corrections facilities (e.g. epidemiology, surveillance, HIV/STD prevention) | Yes No **AOPHNCC01** | Yes No **AOPHNCC02** |
| Occupational safety and health services | Yes No **AOPHOCC01** | Yes No **AOPHOCC02** |
| Public health agency mental health authority with substance abuse | Yes No **AOPHMHS01** | Yes No **AOPHMHS02** |
| Public health agency mental health authority without substance abuse | Yes No **AOPHMHA01** | Yes No **AOPHMHA02** |
| Public health agency mental institutions/hospitals | Yes No **AOPHMIH01** | Yes No **AOPHMIH02** |
| Public health agency health planning and development | Yes No **AOPHHPD01** | Yes No **AOPHHPD02** |
| Public health agency tuberculosis hospitals | Yes No **AOPHTUB01** | Yes No **AOPHTUB02** |
| Substance abuse facilities | Yes No **AOPHSAF01** | Yes No **AOPHSAF02** |
| Support for military personnel, veterans, and their families | Yes No **AOPHMIL01** | Yes No **AOPHMIL02** |
| Trauma system coordination | Yes No **AOPHTRM01** | Yes No **AOPHTRM02** |
| Veterinarian public health activities | Yes No **AOPHVET01** | Yes No **AOPHVET02** |

**2.15. Access to health care services.** (For **EACH** cell,select Yes or No)

|  | Performed by public health agency directly | Contracted out by public health agency |
| --- | --- | --- |
| Emergency medical services | Yes No **AACCEMS01** | Yes No **AACCEMS02** |
| Faith-based health programs | Yes No **AACCFTH01** | Yes No **AACCFTH02** |
| Federally qualified health centers and community health centers | Yes No **AACCFQH01** | Yes No **AACCFQH02** |
| Health disparities, minority health, and/or health equity initiatives  | Yes No **AACCMIN01** | Yes No **AACCMIN02** |
| Health insurance regulation | Yes No **AACCHIR01** | Yes No **AACCHIR02** |
| Institutional certifying authority for federal reimbursement | Yes No **AACCINS01** | Yes No **AACCINS02** |
| Outreach and enrollment for health insurance | Yes No **AACCMED01** | Yes No **AACCMED02** |
|  Public health agency children's health insurance program (CHIP)  | Yes No **AACCSCH01** | Yes No **AACCSCH02** |
|  Public health agency-provided health insurance (not supported by federal funds) | Yes No **AACCPHI01** | Yes No **AACCPHI02** |
| Managing off-island referrals | Yes No **AACCOFF01** | Yes No **AACCOFF02** |

**2.16. How engaged is your public health agency in One Health (i.e. the connections between human health and the health of animals and the environment)? AENGONH01**

* Agency is integrating the concept of One Health into its public health activities
* Agency is exploring integrating the concept of One Health into its public health activities
* Agency is neither integrating nor exploring integrating the concept of One Health into its public health activities
* I am not familiar with the concept of One Health

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

  Smoke-free building **AWRKWLL01**

  Betel nut-free building **AWRKWLL13**

  Footage requirements outside of building for smoke-free area **AWRKWLL02**

  Smoke-free venues for off-site meetings **AWRKWLL03**

  Healthy eating policies for catered events **AWRKWLL04**

  Healthy vending policy in office building **AWRKWLL05**

  Weight loss or physical activity challenges or incentives for staff **AWRKWLL06**

  Insurance coverage for tobacco cessation programs **AWRKWLL07**

  Healthy maternity policies (i.e., lactation room, paid maternity leave) **AWRKWLL08**

  Farmer’s market for staff **AWRKWLL09**

  Menu labeling in office building cafeteria **AWRKWLL10**

  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AWRKWLL11**

  None of the above **AWRKWLL12**

**2.18. Does your public health agency provide financial support to primary care providers in your jurisdiction (this includes dispensaries, publicly-run health centers, other not-for-profit providers or other private providers)?**

* Yes **AFINPCP01**
* No
* Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AFINPCP01A**

**2.19. Does your public health agency provide technical assistance to any of the following entities on any of these topics?** (Select all that apply)

|  | Quality Improvement/ Performance Management/ Standards/ Accreditation | Data Management | Public Health Law | Policy Development | Workforce Issues | None of these topics |
| --- | --- | --- | --- | --- | --- | --- |
| Emergency responders | **ATASEMR01** | **ATASEMR02** | **ATASEMR03** | **ATASEMR04** | **ATASEMR05** | **ATASEMR06** |
| Health care providers | **ATASHCP01** | **ATASHCP02** | **ATASHCP03** | **ATASHCP04** | **ATASHCP05** | **ATASHCP06** |
| Hospitals | **ATASHPL01** | **ATASHPL02** | **ATASHPL03** | **ATASHPL04** | **ATASHPL05** | **ATASHPL06** |
| Laboratories | **ATASLAB01** | **ATASLAB02** | **ATASLAB03** | **ATASLAB04** | **ATASLAB05** | **ATASLAB06** |
| Non-profit/community–based organizations | **ATASNPC01** | **ATASNPC02** | **ATASNPC03** | **ATASNPC04** | **ATASNPC05** | **ATASNPC06** |
| Other (specify): **ATASOTA07** | **ATASOTA01** | **ATASOTA02** | **ATASOTA03** | **ATASOTA04** | **ATASOTA05** | **ATASOTA06** |
| Other (specify): **ATASOTB07** | **ATASOTB01** | **ATASOTB02** | **ATASOTB03** | **ATASOTB04** | **ATASOTB05** | **ATASOTB06** |
| Other (specify): **ATASOTC07** | **ATASOTC01** | **ATASOTC02** | **ATASOTC03** | **ATASOTC04** | **ATASOTC05** | **ATASOTC06** |

**2.20. We are interested in knowing about your public health agency’s collaborations with a number of types of governmental and nongovernmental organizations. For each organization, check each listed activity that your public health agency has done in conjunction with that organization in the past year.** (Select all that apply)

|  | Exchange Information | Work together on activities or projects | Public health agencyprovides financial resources | Public health agency has the leadership role within the partnership | No relationship yet | N/A: Organization does not exist in jurisdiction |
| --- | --- | --- | --- | --- | --- | --- |
| Hospitals | **ACOLHPL01** | **ACOLHPL02** | **ACOLHPL03** | **ACOLHPL04** | **ACOLHPL05** | **ACOLHPL006** |
| Physician practices/medical groups | **ACOLPHY01** | **ACOLPHY02** | **ACOLPHY03** | **ACOLPHY04** | **ACOLPHY05** | **ACOLPHY06** |
| Community health centers | **ACOLCHC01** | **ACOLCHC02** | **ACOLCHC03** | **ACOLCHC04** | **ACOLCHC05** | **ACOLCHC06** |
| Other health care providers | **ACOLOHC01** | **ACOLOHC02** | **ACOLOHC03** | **ACOLOHC04** | **ACOLOHC05** | **ACOLOHC06** |
| Health insurers | **ACOLHIN01** | **ACOLHIN02** | **ACOLHIN03** | **ACOLHIN04** | **ACOLHIN05** | **ACOLHIN06** |
| Emergency responders | **ACOLEMR01** | **ACOLEMR02** | **ACOLEMR03** | **ACOLEMR04** | **ACOLEMR05** | **ACOLEMR06** |
| Land use/planning agencies | **ACOLLUA01** | **ACOLLUA02** | **ACOLLUA03** | **ACOLLUA04** | **ACOLLUA05** | **ACOLLUA06** |
| Local or international economic and community development agencies | **ACOLECD01** | **ACOLECD02** | **ACOLECD03** | **ACOLECD04** | **ACOLECD05** | **ACOLECD06** |
| Local or international housing agencies | **ACOLHOU01** | **ACOLHOU02** | **ACOLHOU03** | **ACOLHOU04** | **ACOLHOU05** | **ACOLHOU06** |
| Utility companies/agencies | **ACOLUTI01** | **ACOLUTI02** | **ACOLUTI03** | **ACOLUTI04** | **ACOLUTI05** | **ACOLUTI06** |
| Local or international environmental and conservation organizations | **ACOLENV01** | **ACOLENV02** | **ACOLENV03** | **ACOLENV04** | **ACOLENV05** | **ACOLENV06** |
| Primary/secondary schools | **ACOLSCH01** | **ACOLSCH02** | **ACOLSCH03** | **ACOLSCH04** | **ACOLSCH05** | **ACOLSCH06** |
| Local or off-island higher education (e.g., universities, medical schools, community colleges) | **ACOLUNV01** | **ACOLUNV02** | **ACOLUNV03** | **ACOLUNV04** | **ACOLUNV05** | **ACOLUNV06** |
| Parks and recreation | **ACOLPRK01** | **ACOLPRK02** | **ACOLPRK03** | **ACOLPRK04** | **ACOLPRK05** | **ACOLPRK06** |

*Continued from previous page*

**2.20. We are interested in knowing about your state public health agency’s collaborations with a number of types of governmental and nongovernmental organizations. For each organization, check each listed activity that your state public health agency has done in conjunction with that organization in the past year.** (Select all that apply)

|  | Exchange Information | Work together on activities or projects | Public health agencyprovides financial resources | Public health agency has the leadership role within the partnership | No relationship yet | N/A: Organization does not exist in jurisdiction |
| --- | --- | --- | --- | --- | --- | --- |
| Transportation | **ACOLTRN01** | **ACOLTRN02** | **ACOLTRN03** | **ACOLTRN04** | **ACOLTRN05** | **ACOLTRN06** |
| Local or international non-governmental organizations (NGOs) (e.g., World Health Organization, Pan-American Health Organization) | **ACOLNGO01** | **ACOLNGO02** | **ACOLNGO03** | **ACOLNGO04** | **ACOLNGO05** | **ACOLNGO06** |
| Faith communities | **ACOLFTH01** | **ACOLFTH02** | **ACOLFTH03** | **ACOLFTH04** | **ACOLFTH05** | **ACOLFTH06** |
| Other voluntary or nonprofit organizations (e.g., libraries) | **ACOLVOL01** | **ACOLVOL02** | **ACOLVOL03** | **ACOLVOL04** | **ACOLVOL05** | **ACOLVOL06** |
| Business | **ACOLBUS01** | **ACOLBUS02** | **ACOLBUS03** | **ACOLBUS04** | **ACOLBUS05** | **ACOLBUS06** |
| Media | **ACOLMED01** | **ACOLMED02** | **ACOLMED03** | **ACOLMED04** | **ACOLMED05** | **ACOLMED06** |
| Traditional leaders | **ACOLTRB01** | **ACOLTRB02** | **ACOLTRB03** | **ACOLTRB04** | **ACOLTRB05** | **ACOLTRB06** |
| Continuing education (e.g., pharmacy, medical, nursing) | **ACOLCED01** | **ACOLCED02** | **ACOLCED03** | **ACOLCED04** | **ACOLCED05** | **ACOLCED06** |
| Food agencies | **ACOLFDA01** | **ACOLFDA02** | **ACOLFDA03** | **ACOLFDA04** | **ACOLFDA05** | **ACOLFDA06** |
| Energy agencies | **ACOLNRG01** | **ACOLNRG02** | **ACOLNRG03** | **ACOLNRG04** | **ACONRG05** | **ACOLNRG06** |
| Law enforcement | **ACOLLAW01** | **ACOLLAW02** | **ACOLLAW03** | **ACOLLAW04** | **ACOLLAW05** | **ACOLLAW06** |
| Justice system | **ACOLJUS01** | **ACOLJUS02** | **ACOLJUS03** | **ACOLJUS04** | **ACOLJUS05** | **ACOLJUS06** |

**2.21 Which of the following research activities has your public health agency participated in over the past two years?** (Select all that apply)

 Identifying research topics and questions that are relevant to public health practice **RRESACT01**

 Developing or refining research plans and/or protocols for public health studies **RRESACT02**

 Recruiting study sites and/or study participants **RRESACT03**

 Collecting, exchanging, or reporting data for a study **RRESACT04**

 Analyzing and interpreting study data and findings **RRESACT05**

 Disseminating research findings to key stakeholders **RRESACT06**

 Applying research findings to practices within your own organization **RRESACT07**

 Helping other organizations apply research findings to practice **RRESACT08**

 I don’t know **RRESACT09**

**2.22. Approximately how many research studies has your public health agency participated in over the past two years?**

\_\_\_\_ → ***(If 2.22 = 0, skip questions 2.23-2.25)* RRESSTU01**

**2.23. How many of these studies included participation with a researcher based at a university or research institute?**

**\_\_\_\_ *→ (If 2.23 = 0, skip question 2.24)* RSTUUNI01**

**2.24. How many of these studies involving a researcher based at a university or research institute involve a formal research agreement between your public health agency and a university or research institute to conduct joint studies on a reoccurring basis?**

**\_\_\_\_\_ RRESAGR01**

**2.25. Of all the research studies your public health agency engaged in over the past two years, how many of these studies were led by your public health agency?**

Number of studies led by agency (specify number):\_\_\_ **RSTUPHA02**

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

* Yes **RHIATRN01**
* No **→ *(If checked, skip questions 2.27-2.28)***
* I don’t know **→ *(If checked, skip questions 2.27-2.28)***

**2.27. How many HIAs has your public health agency led, funded, or supported in the past two years? *For the purposes of this question, a Health Impact Assessment is defined as “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” (1999 Gothenburg consensus statement).*\_\_\_\_\_\_ RNUMHIA01**

**2.28. Does your public health agency participate in an HIA Advisory Committee?**

**RPHAHIA01**

* Yes
* No
* I don’t know

**2.29. For which of the following federal initiatives does the public health agency have responsibility (fiscal and programmatic)? (**Select all that apply**)**

 ASPR Hospital Preparedness Program (HPP) cooperative agreement **ARESHPP01**

 CDC Public Health Emergency Preparedness (PHEP) cooperative agreement **ARESPHP01**

 DHS/FEMA preparedness grants **ARESDHS01**

 Family Planning Services, Title X **ARESFPS01**

 Healthy People **ARESHLT01**

 HIV Pharmacies (ADAP) **ARESADA01**

 HIV, Title IV **ARESHIV01**

 Immunization funding, Section 317 **ARESIMM01**

 Injury Prevention (CDC) **ARESINJ01**

 Maternal and child health, Title V **ARESMCH01**

 Mental Health Block Grant (MHBG: Center for Mental Health Services) **ARESMHB01**

 Mental Health, Title XX **ARESMHT01**

 National Cancer Prevention and Control Program Grant (CDC) **ARESNCP01**

 Preventive Health and Health Services Block Grant (CDC) **ARESPBG01**

 Primary Care Offices (PCOs) **ARESPCO01**

 Rural health (HRSA) **ARESRUR01**

 Child Health Insurance Program (CHIP: Centers for Medicare and Medicaid Services) **ARESCHI01**

 Substance abuse and mental health, Title XIX **ARESSAM01**

 Substance Abuse Prevention and Treatment Block Grant (SAPT: Substance Abuse and Mental Health Services Administration) **ARESSAP01**

 Temporary Assistance to Needy Families (TANF: Administration for Children and Families) **ARESTAN01**

 Vital statistics (NCHS) **ARESVTS01**

 Women Infants and Children Program (USDA) **ARESWIC01**

 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ARESOTH01**

**Part 3: Health Agency Structure, Governance and Priorities**

To be completed by the Senior Deputy.

**Contact Information**

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

 Check here if the respondent information for this section is the same as that of the Primary Contact for the survey. (Please note: the primary contact information will not appear until you save this page.)

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GSRDNAM**

Position or Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GSRDTIT**

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GSRDTEL**

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GSRDEMA**

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

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

* Free-standing/independent agency**→ *(If checked, skip question 3.2, 3.4)* GSTRPHA01**
* Under a larger agency—sometimes referred to as a “super-agency or an “umbrella agency"

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

 Public assistance **GSUPRES01**

 Environmental protection **GSUPRES02**

 Mental health authority with substance abuse **GSUPRES03**

 Mental health authority without substance abuse **GSUPRES04**

 Substance abuse **GSUPRES05**

 Medicaid **GSUPRES06**

  Long-term care **GSUPRES07**

  Other (specify): \_\_\_\_\_\_ **GSUPRES08**

**3.3. Among all health agency staff, how many staff dedicate at least part of their time to interacting with the legislature?  Please include your legislative liaison(s).**

**\_\_\_\_\_\_→ *(If 0, skip question 3.4)* WSTFLEG01**

**3.4. How many of these legislative staff serve the public health department only, rather than a larger umbrella agency?** (Only answer if “under a larger agency” was selected for 3.1)

**\_\_\_\_\_\_\_\_**number of staff **WLEGUMB01**

**3.5. Among all health agency staff, how many full time equivalents are supported by federal preparedness funds (CDC PHEP and ASPR HPP)? Please include only the portion of a position that is supported by federal funds. For example, if half of an individual employee's salary is paid by federal funds and the other half is paid by jurisdiction funding, count .5 of an FTE for this individual.**

**\_\_\_\_\_\_ WFTEFPF01**

**3.6. What are the top five priorities for your public health agency for the current fiscal year?**

 1.\_\_\_\_\_\_\_\_\_\_ **GTOPFIV01**

 2.\_\_\_\_\_\_\_\_\_\_ **GTOPFIV02**

 3.\_\_\_\_\_\_\_\_\_\_ **GTOPFIV03**

 4.\_\_\_\_\_\_\_\_\_\_ **GTOPFIV04**

 5.\_\_\_\_\_\_\_\_\_\_ **GTOPFIV05**

**3.7. Does your public health agency have a board of health?**

* Yes **GPHABOH01**
* No
* Public health agency does not have a board of health, but has an entity with similar responsibilities (e.g., a public health council).
Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GPHABOH01A**

**3.8. What is your public health agency’s mission?**

**GPHAMISS01**

**3.9. What was your public health agency’s total budget for:**

**FY14? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPHABUD01**

**FY15? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPHABUD02**

**Part 4: Workforce**

To be completed by Human Resources Director or other appropriate staff.

**Contact Information**

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

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

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WHRDNAM**

Position or Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WHRDTIT**

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WHRDTEL**

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WHRDEMA**

**Instructions**

The purpose of this section is to collect general workforce data about public health agency employees, identify the workforce shortage areas and trends, and gather information about retirement eligible public health agency employees. All employees of the public health department should be counted, including those who work in locations outside of the main agency headquarters (e.g., employees working at local offices, hospitals, etc.). Please do NOT include local employees who work for local health departments or contractual workers.

**4.1. Please indicate the current number of staff members (include temporary and contract workers) and FTEs working in your public health agency. (A full-time employee is counted as 1.00 FTE. For example, an employee who works part-time at 50% of the normal work hours for the position would be counted as a .50 FTE.)**

 **\_\_\_\_\_\_Number of staff members WNUMSTF01**

 \_\_\_\_\_\_ **Number of Full-time Equivalents (FTEs) WNUMSTF02**

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

**WNUMSTF02A**

**4.2. Please indicate the current number of workers in the following categories:**

**\_\_\_\_\_\_\_\_Number of part-time workers WNUMWRK01**

**\_\_\_\_\_\_\_\_Number of hourly (temporary or as needed) workers WNUMWRK03**

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

**WNUMWRK07A**

**4.3. For each occupational classification listed in the following table, please provide the total current FTE count and the annual salary range for staff working in your public health agency. Please use the “other” rows to add additional classifications.**

Additional instructions for reporting on occupational classifications: Please count individuals by their function as opposed to their degree, education or experience. For instance, if a registered nurse is serving as “agency leadership,” please count this individual as “agency leadership” in the following chart, not as a “registered nurse”. Please include mid-level managers (i.e. those with some programmatic or supervisory management responsibilities) who are not agency leadership in the appropriate program area, i.e. include environmental health managers in the environmental health worker category. If you do not have any FTEs in a certain occupational classification, please enter 0.

|  |  |  |  |
| --- | --- | --- | --- |
| **Total current FTE count for each Occupational Classification**  | **Annual Salary Range (in whole dollar amounts)** | **Occupational Classifications**  | **Descriptions and Examples of occupational classifications** |
|  | Minimum | Maximum |  |  |
| **WOCCBFO01** | $ **WOCCBFO02** | $**WOCCBFO03** | Business and financial operations staff | Performs specialized work in areas of business, finance, accounting, human resources, information technology and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, computer system analyst, network and database administrators). |
| **WOCCADM01** | $**WOCCADM02** | $**WOCCADM03** | Office and administrative support | Performs administrative tasks and clerical duties (e.g., administrative assistant, secretary, receptionist, office clerk, maintenance staff, operator). |
| **WOCCPHN01** | $ **WOCCPHN02** | $**WOCCPHN03** | Public health nurse | Registered nurse conducting public health nursing (e.g. school nurse, community health nurse). |
| **WOCCNPR01** | **$ WOCCNPR02** | **$ WOCCNPR03** | Nurse Practitioners | Licensed nurse who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients. |
| **WOCCPAS01** | **$ WOCCPAS02** | $ **WOCCPAS03** | Physician Assistants | Licensed professional who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients. |
| **WOCCENV01** | $ **WOCCENV02** | $**WOCCENV03** | Environmental health worker | Investigates, monitor, and identify problems or risks that may affect the environment (e.g. food safety, air and water quality, and solid waste) and, consequently, the health of an individual or group. May include environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector. |
| **WOCCLAB01** | $ **WOCCLAB02** | $**WOCCLAB03** | Laboratory worker | Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards (e.g., laboratorian, laboratory scientist, laboratory technician, laboratory aides or assistants, medical technologists). |
| **WOCCPHM01** | $ **WOCCPHM02** | $**WOCCPHM03** | Agency leadership | Oversees the operations of the overall agency or a major subdivision of public health services. Includes all top agency executives regardless of education or licensing (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director). |
| **WOCCSOC01** | $ **WOCCSOC02** | $**WOCCSOC03** | Behavioral health staff | Develops and implements strategies to improve community mental health status. May also provide direct behavioral health services to clients regarding mental, social, and behavioral issues (e.g. psychiatrists, psychologists, public health social workers, HIV/AIDS counselors, behavioral counselors, *[community organizers]*, social services counselors, and mental health and substance abuse counselors. |
| **WOCCEPI01** | $ **WOCCEPI02** | $**WOCCEPI03** | Epidemiologist/Statistician | Conducts on-going surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential to make recommendations on appropriate interventions. May also collect data and report vital statistics (e.g. epidemiologist, biostatistician, public health scientist/researcher). |
| **WOCCHED01** | $ **WOCCHED02** | $**WOCCHED03** | Health educator | Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals, and communities, and promote the effective use of health programs and services (e.g., health educator, health education coordinator, health education specialist). |
| **WOCCPHI01** | $ **WOCCPHI02** | $**WOCCPHI03** | Public health informatics specialist |  Public health professional who applies informatics principles and standards to improve population health (e.g. public health information systems specialists, public health informaticists). |
| **WOCCNUT01** | $ **WOCCNUT02** | $**WOCCNUT03** | Nutritionist | Develops and implements interventions related to nutrition, the nutrition environment, and food and nutrition policy. May also provide nutritional counseling and evaluate the effectiveness of current interventions (e.g. dietician, nutritionist, WIC lactation staff, WIC nutrition staff). |
| **WOCCPHP01** | $ **WOCCPHP02** | $**WOCCPHP03** | Public health physician | Licensed physician who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients; includes licensed physicians and preventative medicine physicians. Excludes psychiatrists and psychologists. |
| **WOCCPIS01** | $ **WOCCPIS02** | $**WOCCPIS03** | Public information specialist | Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public (e.g., public information officer, public information specialist). |
| **WOCCPRP01** | $ **WOCCPRP02** | $**WOCCPRP03** | Preparedness staff | Manages or develops the plans, procedures, and training programs involving the public health response to all-hazards events (e.g., emergency preparedness coordinator, incident manager, emergency preparedness manager, emergency preparedness specialist). |
| **WOCCOHP01** | $ **WOCCOHP02** | $**WOCCOHP03** | Oral health professional | Diagnoses and treats problems with teeth, gums, and the mouth. May also educate individuals or groups on proper oral health activities such as diet choices affecting oral health; includes public health dentists, dental hygienists, and dental assistants. |
| **WOCCQIS01** | $**WOCCQIS02** | $**WOCCQIS03** | Quality improvement specialist | Works collaboratively within public health agency to lead and establish appropriate performance management and quality improvement systems. May also play a lead role in systems assessment and preparing the agency for national public health accreditation (e.g., performance management and quality improvement director, performance improvement manager, performance improvement director). |
| **WOCCOTA01** | $ **WOCCOTA02** | $**WOCCOTA03** | Other (specify): **WOCCOTA05** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **WOCCOTB01** | $ **WOCCOTB02** | $**WOCCOTB03** | Other (specify): **WOCCOTB05** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **WOCCOTC01** | $ **WOCCOTC02** | $**WOCCOTC03** | Other (specify): **WOCCOTC05** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **WOCCOTD01** | $ **WOCCOTD02** | $**WOCCOTD03** | Other (Specify): **WOCCOTD05** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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

**4.4. The purpose of this question is to gather compensation information about the leaders of your public health agency. For each occupational category listed in the following table, please provide the annual salary range.  If your agency has multiple Senior Deputies, please indicate the salary of the lowest paid Senior Deputy as the minimum and the salary of the highest paid Senior Deputy as the maximum salary. Please report salary data for FTEs only. In addition, please enter the actual position title, if different from the occupational category listed.**

|  |  |  |
| --- | --- | --- |
| **Annual Salary Range (in whole dollar amounts)** | **Occupational Category** | **Position Title (specify only if different than Occupational Category listed)** |
| Minimum | Maximum |  |  |
| $**WSALSDA01** | $**WSALSDA02** | Senior Deputy | Other (specify): **WSALSRD04**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| $**WSALCMO01** | $**WSALCMO02** | Chief Medical Officer | Other (specify): **WSALCMO04** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| $**WSALCSO01** | $**WSALCSO02** | Chief Science Officer | Other (specify): **WSALCSO04** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| $**WSALCFO01** | $**WSALCFO02** | Chief Financial Officer | Other (specify): **WSALCFO04** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| $**WSALCIO01** | $**WSALCIO02** | Chief Information Officer | Other (specify): **WSALCIO04** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| $**WSALEPI01** | $**WSALEPI02** | Epidemiologist | Other (specify): **WSALEPI04** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| $**WSALLAB01** | $**WSALLAB02** | Laboratory Director | Other (specify): **WSALLAB04** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| $**WSALLHD01** | $**WSALLHD02** | Local Health Department Liaison  | Other (specify): **WSALLHD04** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

**WSALCAV01**

**4.5.** **What percentage of your current public health agency workforce (including temporary and contract workers) is represented by a labor union? If your agency does not have unions, please indicate this by writing 0 in the space provided.**

\_\_\_\_\_\_% **WPCTUNI01**

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

**WPCTUNI01A**

**4.6. What percentage of staff working at your public health agency is in each racial category? Include regular full-time and part-time employees, as well as temporary and contract workers. Your responses should total 100%. If you do not have any data, enter 100% next to “Missing data on race” and 0 for all other response options.**

\_\_\_\_\_% White **WPCTRAC01**

\_\_\_\_\_% Black or African American **WPCTRAC02**

\_\_\_\_\_% American Indian/Alaska Native **WPCTRAC03**

\_\_\_\_\_% Asian **WPCTRAC04**

\_\_\_\_\_% Native Hawaiian or Other Pacific Islander **WPCTRAC05**

\_\_\_\_\_% Another Race **WPCTRAC06**

\_\_\_\_\_% Two or More Races **WPCTRAC07**

\_\_\_\_\_% Missing data on race **WPCTRAC08**

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

**WPCTRAC08A**

**4.7. What percentage of staff working at your state public health agency is in each ethnic category? Include regular full-time and part-time employees, as well as temporary and contract workers. Your responses should total 100%. If you do not have any data, enter 100% for “Missing data on Hispanic/Latino ethnicity” and 0 for all other response options.**

\_\_\_\_\_% Hispanic or Latino **WPCTETH01**

\_\_\_\_\_\_% Not Hispanic or Latino **WPCTETH02**

\_\_\_\_\_\_% Missing data on Hispanic/Latino ethnicity **WPCTETH03**

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

**WPCTETH03A**

**4.8. What is the gender breakdown of staff working at your public health agency? Include regular full-time and part-time employees, as well as temporary and contract workers. Your responses should total 100%.**

\_\_\_\_\_% Male **WPCTGEN01**

\_\_\_\_\_% Female **WPCTGEN02**

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

**WPCTGEN02A**

**4.9. What are the average age , median age , and average number of years of service for current full-time public health agency employees? Include temporary and contract workers.**

**Average Age of Employees** (total age for all employees divided by total number of employees) \_\_\_\_\_\_\_\_\_\_\_ **WAVGAGE01**

**Median Age of Employees** (the value of the middle age for all employees) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WAVGAGE02**

**Average Number of Years of Service** (total years of service for all employees divided by the total number of employees) \_\_\_\_\_\_\_\_**WAVGAGE03**

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

**WAVGAGE03A**

**4.10. What was the average age of new employees (include temporary and contract workers) hired for each of the last three fiscal years?**

 Average Age in Fiscal Year 2013: \_\_\_\_\_\_\_\_\_ **WAGENEW01**

 Average Age in Fiscal Year 2014: \_\_\_\_\_\_\_\_\_ **WAGENEW02**

 Average Age in Fiscal Year 2015: \_\_\_\_\_\_\_\_\_ **WAGENEW03**

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

**WAGENEW03A**

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

 Number who left agency in Fiscal Year 2013: \_\_\_\_\_\_\_\_\_ **WTRNNUM01**

 Number who left agency in Fiscal Year 2014: \_\_\_\_\_\_\_\_\_ **WTRNNUM02**

 Number who left agency in Fiscal Year 2015: \_\_\_\_\_\_\_\_\_ **WTRNNUM03**

P**lease use this text box to write in any relevant caveats or clarifications to your response above. WTRNNUM03A**

**4.12. What is the percentage of public health agency positions that are currently vacant?**

 \_\_\_\_% **WPCTVAC01**

P**lease use this text box to write in any relevant caveats or clarifications to your response above. WPCTVAC01A**

**4.13. What is the number of vacant positions in the public health agency?**

\_\_\_\_\_\_\_\_\_\_\_ **WNUMVAC01**

P**lease use this text box to write in any relevant caveats or clarifications to your response above. WNUMVAC03A**

**4.14. How many positions are being actively recruited by your HR department? Do not include positions that are required to be left vacant due to hiring freezes or other requirements.**

\_\_\_\_\_\_\_\_\_ **WNUMREC01**

P**lease use this text box to write in any relevant caveats or clarifications to your response above. WNUMREC01A**

**4.15. What is the percentage of current full-time classified employees who will be eligible for retirement for each of the following fiscal years? (Please include all employees who are eligible for partial/reduced and full benefits)**

 Fiscal year 2016:\_\_\_\_\_\_\_\_\_ **WPCTRET01**

 Fiscal year 2017:\_\_\_\_\_\_\_\_ **WPCTRET02**

 Fiscal year 2018: \_\_\_\_\_\_\_\_ **WPCTRET03**

 Fiscal year 2019: \_\_\_\_\_\_\_\_ **WPCTRET04**

 Fiscal year 2020: \_\_\_\_\_\_\_\_ **WPCTRET05**

P**lease use this text box to write in any relevant caveats or clarifications to your response above. WPCTRET05A**

**4.16. Who appoints the health official in your jurisdiction?**

**WAPPSHO01**

* Governor
* Legislature
* Secretary of Health and Human Services (or other similar umbrella agency)
* Board or Commission
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WAPPSHO01A**

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

**WCNFSHO01**

* Governor
* Legislature
* Secretary of Health and Human Services (or other similar umbrella agency)
* Board or Commission
* No confirmation is required
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WCNFSHO01A**

**4.18. Is the health official appointed to a specific term?**

**WSHOTRM01**

* Yes
* No **→ *(If checked, skip questions 4.19-4.20)***

**4.19. How long is the term? (In years)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WLNGTRM01**

**4.20. How is the term set?**

**WTRMSET01**

* Law
* Contract

**4.21. In your jurisdiction, how can the health official be removed from his or her position?** (Select all that apply)

  At will of Governor or relevant cabinet secretary **WSHORMV01**

  Termination of Contract **WSHORMV02**

  Legislative Action **WSHORMV03**

  Board or Commission Action **WSHORMV04**

  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WSHORMV05**

**4.22. To whom does the health official directly report?**

**WSHOREP01**

* Governor or President
* Secretary of Health and Human Services (or other similar umbrella agency)
* Board or Commission
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WSHOREP01A**

**4.23. Who is involved in the budget approval process for your public health agency?** (Select all that apply)

  Board of Health **WBDGAPP01**

  Secretary of HHS Agency **WBDGAPP02**

  Budget Office **WBDGAPP03**

  Governor **WBDGAPP04**

  Legislature **WBDGAPP05**

  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WBDGAPP06**

**4.24. What are the official statutory requirements for the health official?** (Select all that apply)

  MD or DO **WSTTREQ01**

  Other doctoral degree **WSTTREQ02**

  Health Profession Board Certification **WSTTREQ03**

  MPH **WSTTREQ04**

  MPA or other master’s prepared program **WSTTREQ05**

  Experience in public health practice or teaching **WSTTREQ06**

  Ten or more relevant years in profession **WSTTREQ07**

  Executive management experience **WSTTREQ08**

  None **WSTTREQ09**

  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WSTTREQ09**

**4.25. What are the educational qualifications of the current health official?** (Select all that apply)

  BA **WEDUQUA01**

  BS **WEDUQUA02**

  RN **WEDUQUA03**

  BSN **WEDUQUA04**

  MSN **WEDUQUA05**

  MPH **WEDUQUA06**

  MBA **WEDUQUA07**

  MD **WEDUQUA08**

  DO **WEDUQUA09**

  DrPH **WEDUQUA10**

  DDS **WEDUQUA11**

  DVM **WEDUQUA12**

  JD **WEDUQUA13**

  PhD (specify field): \_\_\_\_\_\_\_\_ **WEDUQUA14**

  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_ **WEDUQUA15**

**4.26. How many years has the health official been in the public health profession?**

**\_\_\_\_\_\_ WYRSPHP01**

**4.27. How many years was the health official in the public health profession *before* becoming the health official?**

\_\_\_\_\_\_ **WPHPSHO01**

**4.28. Did the health official have executive management experience prior to becoming the health official?**

**WEXCMNG01**

* Yes
* No

**4.29. What was the health official’s official date of appointment in his/her current position as health official?**

\_\_\_\_\_\_\_ **WDATAPP01**

**4.30. What is the health official’s current annual salary?**

$\_\_\_\_\_\_\_\_ **WANNSAL01**

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

**WSALDIF01**

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

**4.32. How is the annual salary of the health official determined?** (Select all that apply)

  State Legislature/Statute **WSALDET01**

  Governor **WSALDET02**

  Board or Commission **WSALDET03**

  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WSALDET05**

**4.33. Has your public health agency created a health department workforce development plan that addresses the training needs of the staff and the development of core competencies?**

**WDEVPLN01**

* Yes
* No **→ *(If checked, skip question 4.34)***
* I don’t know **→ *(If checked, skip question 4.34)***

**4.34. What is the status of implementation of the workforce development plan?**

**WDEVSOI01**

* Fully implemented
* Partially implemented
* Not yet implemented
* I don’t know

**4.35. Does your public health agency have a designated workforce development director?**

**WDEVDIR01**

* Yes
* No
* I don’t know

**Part 5: Planning and Quality Improvement**

To be completed by Performance Improvement Officer or equivalent.

**Contact Information**

Please provide a contact for the planning and QI questions should ASTHO need to follow up regarding this information.

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

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **QPIONAM**

Position or Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **QPIOTIT**

Telephone \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **QPIOTEL**

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **QPIOEMA**

**5.1. Has your public health agency developed a health assessment?** **By “health assessment” we mean the systematic collection and analysis of data and information for use in educating and mobilizing communities, developing priorities, garnering resources or using resources in different ways, adopting or revising policies, and planning actions to improve the population’s health.**

**QSHASHA01**

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

**5.2. Has your public health agency developed or participated in developing a health improvement plan for your jurisdiction? By “health improvement plan” we mean a series of timely and meaningful action steps that define and direct the distribution of services, programs, and resources to improve your jurisdiction’s health, or definite strategic action steps to improve health status in the jurisdiction.**

**QSHAHIP01**

* Yes, within the last three years
* Yes, more than three but less than five years ago
* Yes, five or more years ago
* No, but plan to in the next year **→ *(If checked, skip questions 5.3-5.4)***
* No **→ *(If checked, skip questions 5.3-5.4)***

**5.3. Do you have a health improvement plan that was developed using the results of a health assessment?**

**QHIPSHA01**

* Yes
* No

**5.4. Do you plan to update your health improvement plan within the next three years?**

**QUPDHIP01**

* Yes
* No

**5.5. Has your public health agency developed an agency-wide strategic plan?**

**QSHAASP01**

* Yes, within the last three years
* Yes, more than three but less than five years ago
* Yes, five or more years ago
* No, but plan to in the next year **→ *(If checked, skip question 5.6)***
* No **→ *(If checked, skip question 5.6)***

**5.6. What is the status of your public health agency’s implementation of its strategic plan?**

**QIMPSTA01**

* Not yet implemented
* Implemented in the past year
* Implemented more than one year ago; a written evaluation on progress toward strategic plan goals, objectives, or targets has **not** yet been completed
* Implemented more than one year ago, with one or more completed written evaluations on progress toward strategic plan goals, objectives, or targets

**5.7. Which of the following best describes your public health agency with respect to participation in the Public Health Accreditation Board’s accreditation program?**

**QSHAACC01**

* My public health agency has achieved accreditation **→ *(If checked, skip questions 5.8, 5.10-5.11)***
* My public health agency has submitted an application for accreditation **→ *(If checked, skip questions 5.8, 5.10-5.11)***
* My public health agency has registered in e-PHAB in order to pursue accreditation **→ *(If checked, skip questions 5.8, 5.10-5.11)***
* My public health agency plans to apply for accreditation, but has not yet registered in e-PHAB **→ *(If checked, skip questions 5.9, 5.11)***
* My public health agency has not decided whether to apply for accreditation **→ *(If checked, skip questions 5.8-5.11)***
* My public health agency has decided NOT to apply for accreditation **→ *(If checked, skip questions 5.8-5.10)***

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

**QCALLOI01**

* 2016
* 2017
* 2018
* 2019
* 2020 or later
* Have not decided on a target year

**5.9. The list below includes potential benefits of preparing for, participating in, and being awarded national public health department accreditation. For each potential benefit, please indicate whether: a) your public health agency has already experienced that accreditation-related benefit; b) you anticipate your agency will experience that accreditation-related benefit; c) your agency has not experienced the accreditation-related benefit and you do not anticipate that it will; or d) don’t know.** (Select only one response option in each row.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | (a) Agency has ALREADY experienced accreditation benefit | (b) Anticipate agency WILL experience accreditation benefit | (c) Agency has not experienced accreditation benefit and do not anticipate that it will | (d) Don’t know |
| Stimulate quality and performance improvement opportunities within our agency. | **QBACQPO01** |  |  |  |
| Strengthen the culture of quality improvement in our agency. | **QBACCQI01** |  |  |  |
| Increase the extent to which information from performance management system informs decisions. | **QBACIID01** |  |  |  |
| Increase our agency’s capacity to identify and address health priorities. | **QBACAHP01** |  |  |  |
| Improve our agency’s overall capacity to provide high quality programs and services to our customers. | **QBACCHQ01** |  |  |  |
| Increase the extent to which our agency uses evidence-based practices for public health programs and/or business practices. | **QBACEBP01** |  |  |  |
| Improve our agency’s financial status (e.g., by making agency more efficient or increasing competitiveness for funding opportunities, etc.). | **QBACIFS01** |  |  |  |
| Increase the extent to which the agency has identified and addressed gaps in employee training and workforce development. | **QBACAGW01** |  |  |  |
| Stimulate greater collaboration across departments or units within our agency. | **QBACCOL01** |  |  |  |
| Strengthen our agency’s relationship with key partners in other sectors. | **QBACREL01** |  |  |  |
| Increase the public’s working knowledge of our agency’s roles and responsibilities. | **QBACPKW01** |  |  |  |
| Improve our Board of Health or governing entity’s knowledge of our agency’s roles and responsibilities.  | **QBACGKW01** |  |  |  |

**5.10. The list below includes potential benefits of preparing for, participating in, and being awarded national public health department accreditation. For each potential benefit, please indicate whether: a) you anticipate your agency will experience that accreditation-related benefit; b) you do not anticipate that your agency will experience the accreditation-related benefit; or c) don’t know.** (Select only one response option in each row.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | (a) Anticipate agency WILL experience accreditation benefit | (b) Do not anticipate agency will experience accreditation benefit  | (c) Don’t know |
| Stimulate quality and performance improvement opportunities within our agency. | **QBACQPO02** |  |  |
| Strengthen the culture of quality improvement in our agency. | **QBACCQI02** |  |  |
| Increase the extent to which information from performance management system informs decisions. | **QBACIID02** |  |  |
| Increase our agency’s capacity to identify and address health priorities. | **QBACAHP02** |  |  |
| Improve our agency’s overall capacity to provide high quality programs and services to our customers. | **QBACCHQ02** |  |  |
| Increase the extent to which our agency uses evidence-based practices for public health programs and/or business practices. | **QBACEBP02** |  |  |
| Improve our agency’s financial status (e.g., by making agency more efficient or increasing competitiveness for funding opportunities, etc.). | **QBACIFS02** |  |  |
| Increase the extent to which the agency has identified and addressed gaps in employee training and workforce development. | **QBACAGW02** |  |  |
| Stimulate greater collaboration across departments or units within our agency. | **QBACCOL02** |  |  |
| Strengthen our agency’s relationship with key partners in other sectors. | **QBACREL02** |  |  |
| Increase the public’s working knowledge of our agency’s roles and responsibilities. | **QBACPKW02** |  |  |
| Improve our Board of Health or governing entity’s knowledge of our agency’s roles and responsibilities.  | **QBACGKW02** |  |  |

**5.11. Why has your public health agency decided NOT to apply for accreditation?** (Select all that apply)

* Accreditation standards are not appropriate for my public health agency **QNOTACC01**
* Fees for accreditation are too high **QNOTACC02**
* Accreditation standards exceed the capacity of my public health agency **QNOTACC03**
* Time and effort required for accreditation application exceeds benefits of accreditation **QNOTACC04**
* Governor or secretary has directed us NOT to pursue accreditation **QNOTACC05**
* Other (specify): **\_\_\_\_\_\_\_\_ QNOTACC06**

**5.12. There are many different frameworks or approaches to quality improvement. Check each framework or approach to quality improvement that your public health agency has used in the past year.** (Select all that apply)

  Balanced Scorecard **QFRMAQI01**

  Baldrige Performance Excellence Criteria (or jurisdiction version) **QFRMAQI02**

  Lean **QFRMAQI03**

  Plan-Do-Check-Act or Plan-Do-Study-Act **QFRMAQI04**

  Six Sigma **QFRMAQI05**

  No specific framework or approach **QFRMAQI06**

  Other specific framework or approach (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **QFRMAQI07**

**5.13. Which of the following elements have been used in your public health agency’s quality improvement efforts in the past year?** (Select all that apply)

  Mapping a process **QELMQIE01**

  Identifying root causes **QELMQIE02**

  Obtaining baseline data **QELMQIE03**

  Setting measurable objectives **QELMQIE04**

  Testing the effects of an intervention **QELMQIE05**

  Analyzing the results of the test **QELMQIE06**

  None of the above **QELMQIE07**

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

*•* ***Performance standards*** *are objective standards or guidelines that are used to assess an organization’s performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health agency services as “good” or “excellent,” 100 percent immunization rate for all children). Standards may be set by benchmarking against similar organizations, or based on national, jurisdictional, or scientific guidelines.*

*•* ***Performance measures*** *are any quantitative measures or indicators of capacities, processes, or outcomes relevant to the assessment of an established performance goal or objective (e.g., the number of epidemiologists on staff capable of conducting investigations, percentage of clients who rate health agency services as “good” or “excellent,” percentage of immunized children).*

*•* ***Reporting of progress*** *means documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.*

*•* ***Quality improvement*** *refers to a formal, systematic approach (such as plan-do-check-act) applied to the processes underlying public health programs and services in order to achieve measurable improvements.*

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

**QPERMAN01**

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

**5.15. Which of the following statements best characterizes your public health agency’s current quality improvement activities?**

**QSHAQIA01**

* Public health agency has implemented a formal quality improvement program agency-wide
* Formal quality improvement activities are being implemented in specific programmatic or functional areas of the public health agency, but not on an agency-wide basis
* Public health agency’s quality improvement activities are informal or ad hoc in nature
* Public health agency is not currently involved in quality improvement activities **→ *(If checked, skip questions 5.16-5.17)***

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

* Agency QI Council or other committee that coordinates QI efforts **QELMQIP01**
* Staff member with dedicated time as part of their job description to monitor QI work throughout the agency **QELMQIP02**
* Agency-wide QI plan **QELMQIP03**
* Agency performance data is used on an ongoing basis to drive improvement efforts **QELMQIP04**
* Leadership dedicates resources (e.g., time, funding) to QI **QELMQIP05**
* QI is incorporated in employee job descriptions **QELMQIP06**
* QI is incorporated in employee performance appraisals **QELMQIP07**
* QI resources and training opportunities are offered to staff on an ongoing basis **QELMQIP08**
* None of the above **QELMQIP09**

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

  We provide training to staff in QI methods **QSTFQIE01**

  We recognize outstanding QI work with employee recognition award(s) **QSTFQIE02**

  Participation in QI efforts is included as part of employee performance goals **QSTFQIE03**

  We provide monetary incentives **QSTFQIE04**

  Quality improvement is included in job descriptions for some employees **QSTFQIE05**

  We have formed a QI committee that coordinates QI efforts **QSTFQIE06**

  We provide funding to support QI efforts **QSTFQIE07**

  We do not actively encourage staff involvement in quality improvement efforts **QSTFQIE08**

  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **QSTFQIE09**

**5.18. For which purposes have you used or referred to the CDC’s Community Guide to Preventive Services in the past two years?** (Select all that apply

  Program planning **QCDCCOM01**

  Grant writing **QCDCCOM02**

  Priority setting **QCDCCOM03**

  Policy development **QCDCCOM04**

  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **QCDCCOM05**

  None of the above **QCDCCOM06**

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

|  | Not familiar with | Familiar with but have not used | Conducting performance evaluations | Developing training plans | Preparing job descriptions | Other use |
| --- | --- | --- | --- | --- | --- | --- |
| Core competencies for public health professionals [www.phf.org/resourcestools/Documents/Core\_Public\_Health\_Competencies\_III.pdf](http://www.phf.org/resourcestools/Documents/Core_Public_Health_Competencies_III.pdf) | **QPHCPHF01** | **QPHCPHF02** | **QPHCPHF03** | **QPHCPHF04** | **QPHCPHF05** | **QPHCPHF06** |
| Emergency preparedness competencies for all public health workers <http://images.main.uab.edu/isoph/SCCPHP/documents/compbroch.pdf>  | **QPHCEPC01** | **QPHCEPC02** | **QPHCEPC03** | **QPHCEPC04** | **QPHCEPC05** | **QPHCEPC06** |
| Informatics competencies for public health professionals <http://www.nwcphp.org/docs/phi/comps/phi_print.pdf> | **QPHCINC01** | **QPHCINC02** | **QPHCINC03** | **QPHCINC04** | **QPHCINC05** | **QPHCINC06** |
| Quad Council Public Health Nursing Competencies <http://www.phf.org/resourcestools/Pages/Public_Health_Nursing_Competencies.aspx> | **QPHCQCC01** | **QPHCQCC02** | **QPHCQCC03** | **QPHCQCC04** | **QPHCQCC05** | **QPHCQCC06** |
| NLN Leadership Competencies | **QPHCNLN01** | **QPHCNLN02** | **QPHCNLN03** | **QPHCNLN04** | **QPHCNLN05** | **QPHCNLN06** |
| Other (specify)**: QPHCOTA06A** | **QPHCOTA01** | **QPHCOTA02** | **QPHCOTA03** | **QPHCOTA04** | **QPHCOTA05** | **QPHCOTA06** |
| Other (specify)**: QPHCOTB06A** | **QPHCOTB01** | **QPHCOTB02** | **QPHCOTB03** | **QPHCOTB04** | **QPHCOTB05** | **QPHCOTB06** |
| Other (specify)**: QPHCOTC06A** | **QPHCOTC01** | **QPHCOTC02** | **QPHCOTC03** | **QPHCOTC04** | **QPHCOTC05** | **QPHCOTC06** |

**Part 6: Health Information Management**

To be completed by the Informatics Director or equivalent.

**Contact Information**

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

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

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ICIONAM**

Position or Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ICIOTIT**

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ICIOTEL**

E-mail address\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ICIOEMA**

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

**IRESHIE01**

* Chief Information Officer (or equivalent) for jurisdiction or health agency(someone who is accountable to the health official or secretary of health)
* Chief Information Officer (or equivalent) for multiple agencies within jurisdiction or government (someone who is accountable to the governor, but not the health official or secretary of health)
* Chief Public Health Informatics Officer or Chief Medical Information Officer for jurisdiction or health agency
* HIT Coordinator Officer (or equivalent) for jurisdiction or health agency(someone who is accountable to the health official or secretary of health)
* HIT Coordinator Officer (or equivalent) for multiple agencies within jurisdiction or government (someone who is accountable to the governor, but not the health official or secretary of health)
* Informatics Director (other than CIO, CPHIO or CMIO)
* Board or committee for jurisdiction or health agency
* Board or committee for multiple agencies within jurisdiction or government
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IRESHIE01A**

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

**IDECMAN01**

* Chief Information Officer (or equivalent) for jurisdiction or health agency(someone who is accountable to the health official or secretary of health)
* Chief Information Officer (or equivalent) for multiple agencies within jurisdiction or government (someone who is accountable to the governor, but not the health official or secretary of health)
* Chief Public Health Informatics Officer or Chief Medical Information Officer for jurisdiction or health agency
* Informatics Director (other than CIO, CPHIO or CMIO)
* Board or committee for jurisdiction or health agency
* Board or committee for multiple agencies within jurisdiction or government
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IDECMAN01A**

**6.3. Please answer the following questions regarding electronic data collection and exchange.**

|  | Does the public health agency collect information for the program area, function, or from the data source electronically? |
| --- | --- |
|
| Case management |  Yes **IEDECSM01** No |
| Electronic health record  |  Yes **IEDEEHR01** No |
| Environmental health |  Yes **IEDEENV01** No |
| Geographic coded data for mapping analysis |  Yes **IEDEGCD01** No |
| Immunization |  Yes **IEDEIMM01** No |
| Laboratory results |  Yes **IEDELAB01** No |
| Healthcare systems data (e.g., bed availability) |  Yes **IEDEHSD01** No |
| Newborn screening |  Yes **IEDENEW01** No |
| Early hearing detection |  Yes **IEDEEHD01** No |
| Reproductive health |  Yes **IEDERPR01** No |
| Medicaid billing |  Yes **IEDEMED01** No |
| On-site waste water treatment systems |  Yes **IEDEOWW01** No |
| Outbreak management |  Yes **IEDEOBM01** No |

*Continued from previous page.*

**6.3. Please answer the following questions regarding electronic data collection and exchange.**

|  | Does the public health agency collect information for the program area, function, or from the data source electronically? |
| --- | --- |
| Reportable diseases |  Yes **IEDEREP01** No |
| Food service inspections |  Yes **IEDEFSI01** No |
| Vital records |  Yes **IEDEVIT01** No |
| Water wells (licensing and/or testing) |  Yes **IEDEWWL01** No |
| WIC |  Yes **IEDEWIC01** No |
| Other (specify): **IEDEOTA04A** |  Yes **IEDEOTA01** No |
| Other (specify): **IEDEOTB04A** |  Yes **IEDEOTB01** No |
| Other (specify): **IEDEOTC04A** |  Yes **IEDEOTC01** No |

**6.4. Please answer the following questions regarding Meaningful Use public health objectives. If your public health agency does not have a given system or registry, please leave the remainder of that row blank.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Does your agency have the following system? | If Yes… |  |
| Does the system receive Meaningful Use-compliant messages from EHRs? | Does your system have capacity for bidirectional data reporting and exchange? |
| Electronic syndromic surveillance system |  Yes No**IMNUESS01** |  Yes No**IMNUESS05** |  Yes No**IMNUESS02** |
| Electronic case reporting of reportable conditions |  Yes No**IMNUECD01** |  Yes No**IMNUECD05** |  Yes No**IMNUECD02** |
| Immunization registry |  Yes No**IMNUIMM01** |  Yes No**IMNUIMM05** |  Yes No**IMNUIMM02** |
| Public health registry (including cancer registry)  |  Yes No**IMNUCAN01** |  Yes No**IMNUCAN05** |  Yes No**IMNUCAN02** |
| Clinical data registry |  Yes No**IMNUCDR01** |  Yes No**IMNUCDR05** |  Yes No**IMNUCDR02** |
| Electronic reportable laboratory results |  Yes No**IMNUELC01** |  Yes No**IMNUELC05** |  Yes No**IMNUELC02** |
| Other (specify): **IMNUOTH04A** |  Yes No**IMNUOTH01** |  Yes No**IMNUOTH05** |  Yes No**IMNUOTH02** |

**Part 7: Profile Evaluation**

**7.1.** **Check each statement that describes how your public health agency’s staff members have used reports or presentations from the 2012 Profile survey.** (Select all that apply)

* No staff members have seen any reports, presentations, web sites, or other products from the 2012 Profile survey → *(****If checked, skip question 7.2)*** **ESTFUSE01**
* One or more public health agency staff have reviewed reports, presentations, web sites or other products from the 2012 Profile results **ESTFUSE02**
* Public health agency staff members have discussed information from the 2012 Profile survey **ESTFUSE03**
* Public health agency staff members have used information from the 2012 Profile survey to compare our public health agency to others **ESTFUSE04**
* Public health agency staff members have used information from the 2012 Profile survey in a report or presentation **ESTFUSE05**
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ESTFUSE06**

**7.2. How have your public health agency’s staff members accessed information from the 2012 Profile survey?** (Select only one) **EACCINF01**

* Reviewed printed copy of report only
* Accessed the Profile web site only
* Used both printed report and Profile web site
* No staff members reviewed printed report or accessed Profile web site
* Do not know

**7.3. How did your staff members complete the 2016 Profile questionnaire? ECOMPRO01**

* Staff members used the Web link to access the questionnaire and completed their assigned questions on-line.
* Staff members completed their assigned sections on a paper version of the questionnaire and someone else entered this information on-line using the Web link.
* Some staff members used each of these methods.
* Did not use Web-based questionnaire
* Not sure

**7.4. Approximately how many individuals in your public health agency contributed responses to the 2016 Profile questionnaire?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ENUMRSP01**

**7.5. Please provide an estimate of the total amount of staff time that your public health agency devoted to completing the 2016 Profile questionnaire**

\_\_\_\_\_\_\_\_\_ hours **EESTTIM01**