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

**Instructions: Please complete the entire questionnaire by 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: Finance | Chief Financial Officer |
| Part 6: Planning and Quality Improvement | Performance Improvement Officer or equivalent |
| Part 7: Health Information Management | Informatics Director or equivalent |
| Part 8: 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 state 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 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 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 5: Finance. To be completed by the Chief Financial Officer).

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**

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

Upon viewing a page of the survey, a check mark will appear beside the corresponding section within the Table of Contents. This check mark will appear whether or not you have completed the whole section of the survey, so we recommend reviewing each section manually for completion rather than relying upon checkmark placement.While this survey can be completed using Internet Explorer, we strongly recommend using Google Chrome for best functionality.

**Individual State Profile**

You will be able to view your agency's State Profile prior to submitting the survey. The State Profile is generated from a limited set of data from the larger Profile Survey; question numbers next to each section of the individual State Profile indicate where each piece of information is drawn from in the Profile. Please review the Profile to ensure that the information you have entered is accurate. To edit any responses, you will need to return to the original question using the table of contents and revise your response.

**Submitting Completed Survey**

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 Senior Deputy, State 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 state-specific information available to the public as required by our funding agreements with the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention.
* ASTHO will make this data available to researchers who agree to ASTHO's data use policy and whose research will benefit public health practice.
* Individual state responses for the finance section will not be available to the public; individual state financial information will only be made available to researchers who agree to ASTHO's data use policy.
* 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 state public health agency: CSHANAM**

**Please indicate the two letter abbreviation of the state your agency represents: 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 check this box.)

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 state public health agency responsibilities.

We are interested in who conducts various public health activities in your state. For each activity in the charts below and on the following pages, select Yes or No for each cell to describe who has directly provided that service or activity in your jurisdiction during the past year.

If any activities are performed by local health departments and there is no financial responsibility on the part of the state health agency, please select No for both performed directly and contracted out.

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

|  | Performed by state public health agency directly | Contracted out by state 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 state public health agency directly | Contracted out by state 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 state public health agency directly | Contracted out by state 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** |
| 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. State laboratory services.** (For **EACH** cell,select Yes or No)

|  | Performed by state public health agency directly | Contracted out by state public health agency |
| --- | --- | --- |
| 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 state public health agency directly | Contracted out by state 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 state public health agency directly | Contracted out by state public health agency |
| --- | --- | --- |
| 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 state public health agency directly | Contracted out by state 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** |
| EPSDT | 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 state public health agency directly | Contracted out by state 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** |
| Rural health | Yes No **ACLNRUR01** | Yes No **ACLNRUR02** |
| Sexual assault victims services | Yes No **ACLNSAV01** | Yes No **ACLNSAV02** |
| State nursing home eligibility determination | Yes No **ACLNNHE01** | Yes No **ACLNNHE02** |
| 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 state public health agency directly | Contracted out by state 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 databases, 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 state public health agency directly | Contracted out by state 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 state public health agency directly | Contracted out by state public health agency |
| --- | --- | --- |
| Acupuncture | Yes No **AINSACU01** | Yes No **AINSACU02** |
| Assisted living | Yes No **AINSASL01** | Yes No **AINSASL02** |
| Beaches | Yes No **AINSBCH01** | Yes No **AINSBCH02** |
| Biomedical waste | Yes No **AINSBMW01** | Yes No **AINSBMW02** |
| Body piercing/tattooing | Yes No **AINSBPT01** | Yes No **AINSBPT02** |
| Campgrounds & RVs | Yes No **AINSCRV01** | Yes No **AINSCRV02** |
| 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** |
| Local public health agencies | Yes No **AINSLPH01** | Yes No **AINSLPH02** |
| 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 state public health agency directly | Contracted out by state public health agency |
| --- | --- | --- |
| Migrant Housing | Yes No **AINSMIG01** | Yes No **AINSMIG02** |
| Milk processing | Yes No **AINSMLK01** | Yes No **AINSMLK02** |
| Mobile homes | Yes No **AINSMOB01** | Yes No **AINSMOB02** |
| 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** |
| Tanning salons | Yes No **AINSTAN01** | Yes No **AINSTAN02** |
| Tobacco retailers | Yes No **AINSTOB01** | Yes No **AINSTOB02** |
| Trauma system | Yes No **AINSTRM01** | Yes No **AINSTRM02** |
| Other facilities (specify):  **AINSOTH03** | Yes No **AINSOTH01** | Yes No **AINSOTH02** |

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

|  | Performed by state public health agency directly | Contracted out by state 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 state public health agency directly | Contracted out by state 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 state public health agency directly | Contracted out by state public health agency |
| --- | --- | --- |
| Agriculture regulation | Yes No **AOPHAGR01** | Yes No **AOPHAGR02** |
| Eldercare services | Yes No **AOPHELD01** | Yes No **AOPHELD02** |
| 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** |
| State mental health authority with substance abuse | Yes No **AOPHMHS01** | Yes No **AOPHMHS02** |
| State mental health authority without substance abuse | Yes No **AOPHMHA01** | Yes No **AOPHMHA02** |
| State mental institutions/hospitals | Yes No **AOPHMIH01** | Yes No **AOPHMIH02** |
| State health planning and development | Yes No **AOPHHPD01** | Yes No **AOPHHPD02** |
| State 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 state public health agency directly | Contracted out by state 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** |
| Rural health | Yes No **AACCRUR01** | Yes No **AACCRUR02** |
| State children's health insurance program (SCHIP) | Yes No **AACCSCH01** | Yes No **AACCSCH02** |
| State provided health insurance (not supported by federal funds) | Yes No **AACCPHI01** | Yes No **AACCPHI02** |
| Tribal health | Yes No **AACCTRB01** | Yes No **AACCTRB02** |

**2.16. Is the state public health agency engaged in the process of establishing a Health Insurance Exchange?**

**AENGHIE01**

* Yes, state-based exchange
* Yes, federally-facilitated exchange
* No
* State health agency already has a Health Insurance Exchange

**2.17. How engaged is your state 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 One Health into its public health activities
* Agency is exploring integrating One Health into its public health activities
* Agency is neither integrating nor exploring integrating One Health into its public health activities
* I am not familiar with One Health

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

 Smoke-free building **AWRKWLL01**

 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**

**2.19. Does your state health agency provide financial support to primary care providers in your state (this includes Rural Health Centers, publicly-run health centers, other not-for-profit providers or other private providers)?**

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

**2.20. On what topics does your state public health agency provide training to local health agency personnel?** (Select all that apply)

 Environmental health (other than food safety) **ATRALHA01**

 Food safety **ATRALHA02**

 Maternal and child health **ATRALHA03**

 Disease prevention and control **ATRALHA04**

 Preparedness **ATRALHA05**

 Tobacco **ATRALHA06**

 Cultural Competency/Health Disparities **ATRALHA07**

 Administrative procedures **ATRALHA08**

 Vital records, statistics or surveillance **ATRALHA09**

 Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ATRALHA10**

 None of the above **ATRALHA11**

**2.21. Does your state 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** |
| Local public health agencies | **ATASLPH01** | **ATASLPH02** | **ATASLPH03** | **ATASLPH04** | **ATASLPH05** | **ATASLPH06** |
| State-wide 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** |

**2.22. 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 | State health agencyprovides financial resources | State health agency has the leadership role within the partnership | No relationship yet | N/A: Organization does not exist in jurisdiction |
| --- | --- | --- | --- | --- | --- | --- |
| Local public health agencies | **ACOLLPH01** | **ACOLLPH02** | **ACOLLPH03** | **ACOLLPH04** | **ACOLLPH05** | **ACOLLPH06** |
| 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** |
| Economic and community development agencies | **ACOLECD01** | **ACOLECD02** | **ACOLECD03** | **ACOLECD04** | **ACOLECD05** | **ACOLECD06** |
| Housing agencies | **ACOLHOU01** | **ACOLHOU02** | **ACOLHOU03** | **ACOLHOU04** | **ACOLHOU05** | **ACOLHOU06** |
| Utility companies/agencies | **ACOLUTI01** | **ACOLUTI02** | **ACOLUTI03** | **ACOLUTI04** | **ACOLUTI05** | **ACOLUTI06** |
| Environmental and conservation organizations | **ACOLENV01** | **ACOLENV02** | **ACOLENV03** | **ACOLENV04** | **ACOLENV05** | **ACOLENV06** |
| Cooperative extensions | **ACOLCEX01** | **ACOLCEX02** | **ACOLCEX03** | **ACOLCEX04** | **ACOLCEX05** | **ACOLCEX06** |
| Primary/secondary schools | **ACOLSCH01** | **ACOLSCH02** | **ACOLSCH03** | **ACOLSCH04** | **ACOLSCH05** | **ACOLSCH06** |
| Parks and recreation | **ACOLPRK01** | **ACOLPRK02** | **ACOLPRK03** | **ACOLPRK04** | **ACOLPRK05** | **ACOLPRK06** |

|  | Exchange Information | Work together on activities or projects | State health agencyprovides financial resources | State 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** |
| Community-based organizations | **ACOLCBO01** | **ACOLCBO02** | **ACOLCBO03** | **ACOLCBO04** | **ACOLCBO05** | **ACOLCBO06** |
| Faith communities | **ACOLFTH01** | **ACOLFTH02** | **ACOLFTH03** | **ACOLFTH04** | **ACOLFTH05** | **ACOLFTH06** |
| Other voluntary or nonprofit organizations, (e.g., libraries) | **ACOLVOL01** | **ACOLVOL02** | **ACOLVOL03** | **ACOLVOL04** | **ACOLVOL05** | **ACOLVOL06** |
| Higher education (e.g., Universities, medical schools, community colleges) | **ACOLUNV01** | **ACOLUNV02** | **ACOLUNV03** | **ACOLUNV04** | **ACOLUNV05** | **ACOLUNV06** |
| Business | **ACOLBUS01** | **ACOLBUS02** | **ACOLBUS03** | **ACOLBUS04** | **ACOLBUS05** | **ACOLBUS06** |
| Media | **ACOLMED01** | **ACOLMED02** | **ACOLMED03** | **ACOLMED04** | **ACOLMED05** | **ACOLMED06** |
| Tribal government agencies or other tribal community | **ACOLTRB01** | **ACOLTRB02** | **ACOLTRB03** | **ACOLTRB04** | **ACOLTRB05** | **ACOLTRB06** |
| Continuing education (e.g., pharmacy, medical, nursing) | **ACOLCED01** | **ACOLCED02** | **ACOLCED03** | **ACOLCED04** | **ACOLCED05** | **ACOLCED06** |
| State boards of health | **ACOLSBH01** | **ACOLSBH02** | **ACOLSBH03** | **ACOLSBH04** | **ACOLSBH05** | **ACOLSBH06** |
| Local boards of health | **ACOLLBH01** | **ACOLLBH02** | **ACOLLBH03** | **ACOLLBH04** | **ACOLLBH05** | **ACOLLBH06** |
| 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** |

*Continued from previous page*

**2.22. 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)

**2.23. Are any of the collaborations listed above formal partnerships (defined as partnerships governed by a memorandum of understanding [MOU] or other written agreement) involving more than one sector outside of public health (e.g., a partnership among the state health agency, education, and business groups)?**

* Yes **AFPAMOS01**
* No ***→ (If checked, skip questions 2.24-2.28)***
* Not sure***→ (If checked, skip questions 2.24-2.28)***

**2.24. How many of your state public health agency’s formal partnerships have adopted a statement of mission and goals?**

* All **AFPASMG01**
* Most
* Some
* Few
* None
* Not sure

**2.25. How many of your state public health agency’s formal partnerships have a designated body with a clearly defined charter that is empowered to set policy and provide strategic leadership for the partnership?**

* All **AFPADEB01**
* Most
* Some
* Few
* None
* Not sure

**2.26. In your state public health agency’s formal partnerships, is there a common understanding of population health concepts, definitions, and principles across the partners? AFPAUPH01**

* Yes, in all of our partnerships there is a common understanding among all of the partners
* Yes, in all of our partnerships there is a common understanding among some of the partners
* Yes, in some of our partnerships there is a common understanding among all of the partners
* Yes, in some of our partnerships there is a common understanding among some of the partners
* No

**2.27. In your state public health agency’s formal partnerships, have both the health objectives and targets they intend to achieve been specified?**

* Yes, in all partnerships **AFPAHOT01**
* Yes, in some partnerships
* No

**2.28. In your state public health agency’s formal partnerships, have the tools they will use to track and monitor progress been specified?**

* Yes, in all partnerships **AFPATTM01**
* Yes, in some partnerships
* No

**2.29. Currently, does your state public health agency share resources (such as funding, staff, or equipment) with other states on a continuous, recurring (non-emergency) basis?**

* Yes **RSHRSTA01**
* No

**2.30. Currently, does your state public health agency facilitate the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis?**

* Yes **RSHRLOC01**
* No

**2.31. Are there state laws or regulations that prohibit, require or facilitate the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis?** (Select all that apply)

 Laws or regulations that prohibit the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis **RSHRLAW01**

 Laws or regulations that require the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis **RSHRLAW02**

 Laws or regulations that facilitate the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis **RSHRLAW03**

 No laws or regulations concerning the sharing of resources (such as funding, staff, or equipment) between local health departments on a continuous, recurring (non-emergency) basis **RSHRLAW04**

 I don’t know **RSHRLAW05**

**2.32. For which services or functions does your state public health agency share resources with other states?** (Select all that apply)

 All hazards preparedness and response **RSERSTA01**

 Epidemiology or surveillance **RSERSTA02**

 Inspections **RSERSTA03**

 Clinical services **RSERSTA04**

 Administrative services **RSERSTA05**

 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RSERSTA06**

 None of the above → *(****If checked, skip question 2.33)* RSERSTA07**

**2.33. Which of the following best describes the nature of the agreements to share services or functions with other states?**

* Formal written agreements (e.g. contracts, MOUs) **RAGRSTA01**
* Informal agreements
* Some formal and some informal
* I don’t know

**2.34. For which services or functions does your state public health agency share resources with tribes?** (Select all that apply)

 All hazards preparedness and response **RSERTRB01**

 Epidemiology or surveillance **RSERTRB02**

 Inspections **RSERTRB03**

 Clinical services **RSERTRB04**

 Administrative services **RSERTRB05**

 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RSERTRB06**

 None of the above → *(****If checked, skip question 2.35)* RSERTRB07**

 No tribes in jurisdiction→ *(****If checked, skip question 2.35)* RSERTRB08**

**2.35. Which of the following best describes the nature of the agreements to share services or functions with tribes?**

* Formal written agreements (e.g. contracts, MOUs) **RAGRTRB01**
* Informal agreements
* Some formal and some informal
* I don’t know

**2.36 Which of the following research activities has your state 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**

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

**\_\_\_\_ *→ (If 2.37 = 0, skip questions 2.38-2.40)* RRESSTU01**

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

**\_\_\_\_ *→ (If 2.38 = 0, skip question 2.39)* RSTUUNI01**

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

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

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

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

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

* Yes **RHIATRN01**
* No **→ *(If checked, skip questions 2.42-2.43)***
* I don’t know **→ *(If checked, skip questions 2.42-2.43)***

**2.42. How many HIAs has your state 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**

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

**APHAACO01**

* Yes
* No
* I don’t know

**2.44. For which of the following federal initiatives does the state 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**

 State Child Health Insurance Program (SCHIP: 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**

**2.45. What type of attention (i.e. in media coverage, response from policymakers and/or community stakeholders, or public response) did your state public health agency receive as a result of the release of the Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute County Health Rankings over the last two years?**

**RATTCHR01**

* Mostly positive
* Somewhat positive
* Equally positive and negative
* Somewhat negative
* Mostly negative
* We received no attention
* I have never heard of the County Health Rankings → *(****If checked, skip question 2.46)***
* I don’t know

**2.46. In what ways did your state public health agency use the County Health Rankings reports over the last two years?** (Select all that apply)

 Increase public awareness of the multiple factors that influence health **RUSECHR01**

 Increase policymaker awareness of the multiple factors that influence health **RUSECHR02**

 Increase media awareness of the multiple factors that influence health **RUSECHR03**

 Increase public awareness of the role of public health **RUSECHR04**

 Increase policymaker awareness of role of public health **RUSECHR05**

 Increase media awareness of the role of public health **RUSECHR06**

 Develop partnerships across multiple sectors to improve community health **RUSECHR07**

 Leverage additional funding for your agency **RUSECHR08**

 My agency did not use the County Health Rankings reports over the last two years **RUSECHR09**

 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RUSECHR10**

 I don’t know **RUSECHR11**

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

To be completed by the Senior Deputy.

**Contact Information**

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

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

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

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

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

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

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

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

* Free-standing/independent agency**→ *(If checked, skip question 3.2, 3.5)* GSTRPHA01**
* Under a larger agency—sometimes referred to as a “super-agency” or an “umbrella agency"

**3.2. If your state 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 state public health agency in this organization?** (Select all that apply)

 Public assistance **GSUPRES01**

 Environmental protection **GSUPRES02**

 State mental health authority with substance abuse **GSUPRES03**

 State mental health authority without substance abuse **GSUPRES04**

 Substance abuse **GSUPRES05**

 Medicaid **GSUPRES06**

 Long-term care **GSUPRES07**

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

**3.3. Please indicate how many of each type of health agency currently exists in your state. If you do not have any of a particular type of health agency, please enter ‘0’ in that row.** Please note: a local health department that covers multiple counties, but is a single agency, should be counted as a local health department. An "umbrella" arrangement in which a regional or district office coordinates or provides leadership and support to multiple local health departments should be counted as a regional or district office.

\_\_\_\_\_ Independent local health agencies (led by staff employed by local government) **GSHATYP01**

\_\_\_\_\_ State-run local health agencies (led by staff employed by state government) **GSHATYP02**

\_\_\_\_\_ Independent regional or district offices (led by non-state employees) **GSHATYP03**

\_\_\_\_\_State-run regional or district offices (led by state employees) **GSHATYP04**

**3.4. Among all state 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 3.5)* WSTFLEG01**

**3.5. 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**

**3.6. Among all state 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 state funding, count .5 of an FTE for this individual.**

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

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

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

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

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

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

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

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

* Yes **GPHABOH01**
* No
* State 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**

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

**GPHAMISS01**

**Part 4: Workforce**

To be completed by Human Resources Director.

**Contact Information**

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

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

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

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

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

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

**Instructions**

The purpose of this section is to collect general workforce data about state public health employees, identify the workforce shortage areas and trends, and gather information about retirement eligible state health agency employees. All employees of the state public health department should be counted, including those who work in locations outside of the main agency headquarters (e.g., state 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 state 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**

**\_\_\_\_\_\_\_\_Number of state workers assigned to local health departments WNUMWRK04**

**\_\_\_\_\_\_\_\_Number of state workers assigned to regional/district offices WNUMWRK05**

**\_\_\_\_\_\_\_\_Number of state workers assigned to the central office WNUMWRK06**

**\_\_\_\_\_\_\_\_Number of state workers assigned to other state agencies WNUMWRK07**

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 state 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 Practitioner | 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 Assistant | Licensed professional who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients. |
| **WOCCENV01** | $  **WOCCENV02** | $  **WOCCENV03** | Environmental health worker | Investigates, monitors, and identifies problems or risks that may affect the environment (e.g. food safety, air and water quality, and solid waste) and, consequently, the health of an individual or group. May include environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector. |
| **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 promotes 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. WOCCCAV01**

**4.4. The purpose of this question is to gather compensation information about the leaders of your state 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** | State Epidemiologist | Other (specify): **WSALEPI04**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| $  **WSALLAB01** | $  **WSALLAB02** | State 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 state 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 state 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 state 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 state 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 state's 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 state 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 state 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. Do you have a state-sponsored loan repayment program in place to increase the state’s supply of the following?** (Select all that apply)

Physicians **WLONREP01**

Dentists **WLONREP02**

Mid-level providers **WLONREP03**

Nurses **WLONREP04**

Other primary care professionals (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WLONREP05**

None of the above **WLONREP07**

P**lease use this text box to write in any relevant caveats or clarifications to your response above. WLONREP07A**

**4.17. Who appoints the state health official in your state?**

**WAPPSHO01**

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

**4.18. Who confirms the appointment of the state health official in your state?**

**WCNFSHO01**

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

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

**WSHOTRM01**

* Yes
* No **→ *(If checked, skip questions 4.20-4.21)***

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

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

**WTRMSET01**

* Law
* Contract

**4.22. In your state, how can the state 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**

**4.23. To whom does the state health official directly report?**

**WSHOREP01**

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

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

 Board of Health **WBDGAPP01**

 Secretary of Health and Human Services Agency **WBDGAPP02**

 State Budget Office **WBDGAPP03**

 Governor **WBDGAPP04**

 Legislature **WBDGAPP05**

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

**4.25. What are the official statutory requirements for the state 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WSTTREQ10**

**4.26. What are the educational qualifications of the current state 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**

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

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

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

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

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

**WEXCMNG01**

* Yes
* No

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

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

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

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

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

**WSALDIF01**

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

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

 State Legislature/Statute **WSALDET01**

 Governor **WSALDET02**

 Board or Commission **WSALDET03**

 State pay scale **WSALDET04**

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

**4.34. Has your state 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 4.35)***
* I don’t know **→ *(If checked, skip question 4.35)***

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

**WDEVSOI01**

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

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

**WDEVDIR01**

* Yes
* No
* I don’t know

**Part 5: Finance**

To be completed by the Chief Financial Officer.

**Contact Information**

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

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

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FCFONAM**

Position or Title \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FCFOTIT**

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FCFOTEL**

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FCFOEMA**

**Instructions:**

The purpose of this section is to collect state-level public health fiscal data to enable ASTHO to analyze trends in public health funding and expenditures and perform analyses of key factors that influence public health expenditures.

We are requesting revenue and expenditure data for fiscal year 2014 (July 1, 2013 to June 30, 2014) and fiscal year 2015 (July 1, 2014 to June 30, 2015). If your state public health agency has a different fiscal year, please use quarterly or monthly data to adapt to the reporting timeframe requested and add footnotes, where necessary, to clarify any variation in reporting in the charts below. **Please report revenues and expenditures on an accrual basis (actual *plus* revenue earned but not received and expenses incurred but not paid).**

In an effort to focus on *public health* revenues and expenditures, we are limiting our collection of Medicaid and Medicare data to direct clinical services provided by state public health agencies and to local public health agencies when the funds have passed through the state public health agency. Include the smaller reimbursements or other payments a state public health agency may receive from Medicaid or Medicare for such things as nursing home inspections, lead testing, immunization outreach, health information technology, laboratory services, and other small categorical grants. Exclude data related to Medicaid or Medicare coverage of the state’s population eligible for services not directly focused on public health.We are requesting that state public health agencies **report only on revenues and expenditures for the state public health agency**, and not for public health activities outside of the state public health agency (i.e., public health programs administered by another state/territorial agency or public health activities administered by other divisions within an umbrella agency).  Also, we are not collecting *local* public health expenditure data, unless the funds pass through the state public health agency. Please take caution not to double count expenditures. For example, if your agency incurs administrative costs that are charged to a program area, please count those costs only in the relevant program area, *not* also in your general administration expenditures.

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| **5.1. For fiscal years 2014 and 2015, please report actual operating expenditures (to the nearest dollar amount) for the state health agency for each category listed in the chart below. Please report what the state public health agency spent during each fiscal year on each category, by source of funds. For example, report how many dollars from the state general fund were spent on chronic disease in FY14 (7/1/13-6/30/14) and in FY15 (7/1/14-6/30/15). If you do not have any expenditures for a particular category (for example, if your agency does not handle WIC), please enter 0. For fees and fines, please report on fees and fines collected and spent by the agency, not fees and fines paid by the agency.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Expenditure Categories | **FY14 Expenditures**  FY14 is defined as July 1, 2013-June 30, 2014. | | | | | | State General Funds | Other State Funds | Federal Funds | Fees and Fines | Other  Sources | | Chronic Disease | FY14 $:  **FEXPCHR01** | FY14 $: **FEXPCHR03** | FY14 $:  **FEXPCHR05** | FY14 $:  **FEXPCHR07** | FY14 $:  **FEXPCHR09** | | Infectious Disease | FY14 $:  **FEXPINF01** | FY14 $:  **FEXPINF03** | FY14 $:  **FEXPINF05** | FY14 $: **FEXPINF07** | FY14 $: **FEXPINF09** | | Injury Prevention | FY14 $:  **FEXPINJ01** | FY14 $:  **FEXPINJ03** | FY14 $: **FEXPINJ05** | FY14 $: **FEXPINJ07** | FY14 $: **FEXPINJ09** | | WIC | FY14 $:  **FEXPWIC01** | FY14 $:  **FEXPWIC03** | FY14 $: **FEXPWIC05** | FY14 $: **FEXPWIC07** | FY14 $: **FEXPWIC09** | | Environmental Health | FY14 $:  **FEXPENV01** | FY14 $:  **FEXPENV03** | FY14 $: **FEXPENV05** | FY14 $: **FEXPENV07** | FY14 $: **FEXPENV09** | | Clinical Services/Consumer Care | FY14 $:  **FEXPCON01** | FY14 $: **FEXPCON03** | FY14 $: **FEXPCON05** | FY14 $: **FEXPCON07** | FY14 $: **FEXPCON09** | | All Hazards Preparedness and Response | FY14 $:  **FEXPHAZ01** | FY14 $:  **FEXPHAZ03** | FY14 $:  **FEXPHAZ05** | FY14 $: **FEXPHAZ07** | FY14 $: **FEXPHAZ09** | | Quality of Health Services | FY14 $:  **FEXPQUA01** | FY14 $: **FEXPQUA03** | FY14 $: **FEXPQUA05** | FY14 $:  **FEXPQUA07** | FY14 $: **FEXPQUA09** | |  | State General Funds | Other State Funds | Federal Funds | Fees and Fines | Other  Sources | | Health Data | FY14 $:  **FEXPDAT01** | FY14 $:  **FEXPDAT03** | FY14 $: **FEXPDAT05** | FY14 $: **FEXPDAT07** | FY14 $: **FEXPDAT09** | | Health Laboratory | FY14 $:  **FEXPLAB01** | FY14 $:  **FEXPLAB03** | FY14 $: **FEXPLAB05** | FY14 $: **FEXPLAB07** | FY14 $: **FEXPLAB09** | | Vital Statistics | FY14 $:  **FEXPVIT01** | FY14 $:  **FEXPVIT03** | FY14 $: **FEXPVIT05** | FY14 $: **FEXPVIT07** | FY14 $: **FEXPVIT09** | | Administration | FY14 $:  **FEXPADM01** | FY14 $: **FEXPADM03** | FY14 $: **FEXPADM05** | FY14 $: **FEXPADM07** | FY14 $: **FEXPADM09** | | Other (specify): **FEXPOTH10A** | FY14 $:  **FEXPOTH01** | FY14 $: **FEXPOTH03** | FY14 $: **FEXPOTH05** | FY14 $: **FEXPOTH07** | FY15 $: **FEXPOTH09** | | Total FY Expenditures | FY14 $: | FY14 $: | FY14 $: | FY14 $: | FY15 $: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Expenditure Categories | **FY15 Expenditures**  FY15 is defined as July 1, 2014-June 30, 2015. | | | | | | State General Funds | Other State Funds | Federal Funds | Fees and Fines | Other  Sources | | Chronic Disease | FY15 $:  **FEXPCHR02** | FY15 $: **FEXPCHR04** | FY15 $: **FEXPCHR06** | FY15 $: **FEXPCHR08** | FY15 $: **FEXPCHR10** | | Infectious Disease | FY15 $:  **FEXPINF02** | FY15 $:  **FEXPINF04** | FY15 $: **FEXPINF06** | FY15 $: **FEXPINF08** | FY15 $: **FEXPINF10** | | Injury Prevention | FY15 $:  **FEXPINJ02** | FY15 $:  **FEXPINJ04** | FY15 $: **FEXPINJ06** | FY15 $: **FEXPINJ08** | FY15 $: **FEXPINJ10** | | WIC | FY15 $:  **FEXPWIC02** | FY15 $: **FEXPWIC04** | FY15 $: **FEXPWIC06** | FY15 $: **FEXPWIC08** | FY15 $: **FEXPWIC10** | | Environmental Health | FY15 $:  **FEXPENV02** | FY15 $: **FEXPENV04** | FY15 $: **FEXPENV06** | FY15 $: **FEXPENV08** | FY15 $: **FEXPENV10** | | Clinical Services/Consumer Care | FY15 $:  **FEXPCON02** | FY15 $: **FEXPCON04** | FY15 $: **FEXPCON06** | FY15 $: **FEXPCON08** | FY15 $: **FEXPCON10** | | All Hazards Preparedness and Response | FY15 $:  **FEXPHAZ02** | FY15 $: **FEXPHAZ04** | FY15 $: **FEXPHAZ06** | FY15 $: **FEXPHAZ08** | FY15 $: **FEXPHAZ10** | |  | State General Funds | Other State Funds | Federal Funds | Fees and Fines | Other  Sources | | Quality of Health Services | FY15 $: **FEXPQUA02** | FY15 $: **FEXPQUA04** | FY15 $: **FEXPQUA06** | FY15 $: **FEXPQUA08** | FY15 $: **FEXPQUA10** | | Health Data | FY15 $:  **FEXPDAT02** | FY15 $: **FEXPDAT04** | FY15 $: **FEXPDAT06** | FY15 $: **FEXPDAT08** | FY15 $: **FEXPDAT10** | | Health Laboratory | FY15 $: **FEXPLAB02** | FY15 $: **FEXPLAB04** | FY15 $: **FEXPLAB06** | FY15 $: **FEXPLAB08** | FY15 $: **FEXPLAB10** | | Vital Statistics | FY15 $:  **FEXPVIT02** | FY15 $:  **FEXPVIT04** | FY15 $: **FEXPVIT06** | FY15 $: **FEXPVIT08** | FY15 $: **FEXPVIT10** | | Administration | FY15 $:  **FEXPADM02** | FY15 $: **FEXPADM04** | FY15 $: **FEXPADM06** | FY15 $: **FEXPADM08** | FY15 $: **FEXPADM10** | | Other (specify): **FEXPOTH10A** | FY15 $:  **FEXPOTH02** | FY15 $: **FEXPOTH04** | FY15 $: **FEXPOTH06** | FY15 $: **FEXPOTH08** | FY15 $: **FEXPOTH10** | | Total FY Expenditures | FY15 $: | FY15 $: | FY15 $: | FY15 $: | FY15 $: |   **5.2. We would like to further break down the federal funds spending category. For fiscal years 2014 and 2015, please report actual expenditures (to the nearest dollar amount) for the state health agency for each source of federal funds listed in the chart below. Please report what the federal funds were spent on by the state health agency spent during each fiscal year by source of funds. For example, report how many federal fund dollars from the CDC were spent on chronic disease in FY14 (7/1/13-6/30/14) and in FY15 (7/1/14-6/30/15). Please include all other federal funds from agencies other than those listed below in the ‘other’ category. If your agency calculates and tracks federal indirect separately, please include these funds in the ‘other’ category.**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Expenditure Categories |  |  |  | **FY14 Expenditures**  FY14 is defined as July 1, 2013-June 30, 2014. | | | | | | | | | | | |  |  |  | Federal Funds | | | | | | | | | | | | Centers for Disease Control and Prevention (CDC) | Other Department of Health and Human Services (DHHS) | Health Resources and Services Administration (HRSA) | Medicaid | | Medicare | US Department of Agriculture (USDA) | | Department of Homeland Security (DHS) | | Environmental Protection Agency (EPA) | | Other | | | Chronic Disease | FY14 $: **FEXPCHR11** | FY14 $: **FEXPCHR27** | FY14 $: **FEXPCHR13** | FY14 $: **FEXPCHR15** | | FY14 $: **FEXPCHR17** | FY14 $: **FEXPCHR19** | | FY14 $: **FEXPCHR21** | | FY14 $: **FEXPCHR23** | | FY14 $:  **FEXPCHR25** | | | Infectious Disease | FY14 $: **FEXPINF11** | FY14 $: **FEXPINF27** | FY14 $: **FEXPINF13** | FY14 $: **FEXPINF15** | | FY14 $: **FEXPINF17** | FY14 $: **FEXPINF19** | | FY14 $: **FEXPINF21** | | FY14 $: **FEXPINF23** | | FY14 $: **FEXPINF25** | | | Injury Prevention | FY14 $: **FEXPINJ11** | FY14 $: **FEXPINJ27** | FY14 $: **FEXPINJ13** | FY14 $: **FEXPINJ15** | | FY14 $: **FEXPINJ17** | FY14 $: **FEXPINJ19** | | FY14 $: **FEXPINJ21** | | FY14 $: **FEXPINJ23** | | FY14 $: **FEXPINJ25** | | | WIC | FY14 $: **FEXPWIC11** | FY14 $: **FEXPWIC27** | FY14 $: **FEXPWIC13** | FY14 $: **FEXPWIC15** | | FY14 $: **FEXPWIC17** | FY14 $: **FEXPWIC19** | | FY14 $: **FEXPWIC21** | | FY14 $: **FEXPWIC23** | | FY14 $: **FEXPWIC25** | | | Environmental Health | FY14 $: **FEXPENV11** | FY14 $: **FEXPENV27** | FY14 $: **FEXPENV13** | FY14 $: **FEXPENV15** | | FY14 $: **FEXPENV17** | FY14 $: **FEXPENV19** | | FY14 $: **FEXPENV21** | | FY14 $: **FEXPENV23** | | FY14 $: **FEXPENV25** | | |  | Centers for Disease Control and Prevention (CDC) | Other Department of Health and Human Services (DHHS) | Health Resources and Services Administration (HRSA) | Medicaid | Medicare | | | US Department of Agriculture (USDA) | | Department of Homeland Security (DHS) | | Environmental Protection Agency (EPA) | | Other | | Clinical Services/ Consumer Care | FY14 $: **FEXPCON11** | FY14 $: **FEXPCON27** | FY14 $: **FEXPCON13** | FY14 $: **FEXPCON15** | FY14 $: **FEXPCON17** | | | FY14 $: **FEXPCON19** | | FY14 $: **FEXPCON21** | | FY14 $: **FEXPCON23** | | FY14 $: **FEXPCON25** | | All Hazards Preparedness and Response | FY14 $: **FEXPHAZ11** | FY14 $: **FEXPHAZ27** | FY14 $: **FEXPHAZ13** | FY14 $: **FEXPHAZ15** | FY14 $: **FEXPHAZ17** | | | FY14 $: **FEXPHAZ19** | | FY14 $: **FEXPHAZ21** | | FY14 $: **FEXPHAZ23** | | FY14 $: **FEXPHAZ25** | | Quality of Health Services | FY14 $: **FEXPQUA11** | FY14 $: **FEXPQUA27** | FY14 $: **FEXPQUA13** | FY14 $: **FEXPQUA15** | FY14 $: **FEXPQUA17** | | | FY14 $: **FEXPQUA19** | | FY14 $: **FEXPQUA21** | | FY14 $: **FEXPQUA23** | | FY14 $: **FEXPQUA25** | | Health Data | FY14 $: **FEXPDAT11** | FY14 $: **FEXPDAT27** | FY14 $: **FEXPDAT13** | FY14 $: **FEXPDAT15** | FY14 $: **FEXPDAT17** | | | FY14 $: **FEXPDAT19** | | FY14 $: **FEXPDAT21** | | FY14 $: **FEXPDAT23** | | FY14 $: **FEXPDAT25** | | Health Laboratory | FY14 $: **FEXPLAB11** | FY14 $: **FEXPLAB27** | FY14 $: **FEXPLAB13** | FY14 $: **FEXPLAB15** | FY14 $: **FEXPLAB17** | | | FY14 $: **FEXPLAB19** | | FY14 $: **FEXPLAB21** | | FY14 $: **FEXPLAB23** | | FY14 $: **FEXPLAB25** | | Vital Statistics | FY14 $: **FEXPVIT11** | FY14 $: **FEXPVIT27** | FY14 $: **FEXPVIT13** | FY14 $: **FEXPVIT15** | FY14 $: **FEXPVIT17** | | | FY14 $: **FEXPVIT19** | | FY14 $: **FEXPVIT21** | | FY14 $: **FEXPVIT23** | | FY14 $: **FEXPVIT25** | | Administration | FY14 $: **FEXPADM11** | FY14 $: **FEXPADM27** | FY14 $: **FEXPADM13** | FY14 $: **FEXPADM15** | FY14 $: **FEXPADM17** | | | FY14 $: **FEXPADM19** | | FY14 $: **FEXPADM21** | | FY14 $: **FEXPADM23** | | FY14 $: **FEXPADM25** | | Other (specify):  **FEXPOTH26A** | FY14 $: **FEXPOTH11** | FY14 $: **FEXPOTH27** | FY14 $: **FEXPOTH13** | FY14 $: **FEXPOTH15** | FY14 $: **FEXPOTH17** | | | FY14 $: **FEXPOTH19** | | FY14 $: **FEXPOTH21** | | FY14 $: **FEXPOTH23** | | FY14 $: **FEXPOTH25** | | Total FY Expenditures | FY14 $: | FY14 $: | FY14 $: | FY14 $: | FY14 $: | | | FY14 $: | | FY14 $: | | FY14 $: | | FY14 $: | |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Expenditure Categories |  |  |  | **FY15 Expenditures**  FY15 is defined as July 1, 2014-June 30, 2015. | | | | | |
|  |  |  | Federal Funds | | | | | |
| Centers for Disease Control and Prevention (CDC) | Other Department of Health and Human Services (DHHS) | Health Resources and Services Administration (HRSA) | Medicaid | Medicare | US Department of Agriculture (USDA) | Department of Homeland Security (DHS) | Environmental Protection Agency (EPA) | Other |
| Chronic Disease | FY15 $: **FEXPCHR12** | FY15 $: **FEXPCHR28** | FY15 $: **FEXPCHR14** | FY15 $: **FEXPCHR16** | FY15 $: **FEXPCHR18** | FY15 $: **FEXPCHR20** | FY15 $: **FEXPCHR22** | FY15 $: **FEXPCHR24** | FY15 $: **FEXPCHR26** |
| Infectious Disease | FY15 $: **FEXPINF12** | FY15 $: **FEXPINF28** | FY15 $: **FEXPINF14** | FY15 $: **FEXPINF16** | FY15 $: **FEXPINF18** | FY15 $: **FEXPINF20** | FY15 $: **FEXPINF22** | FY15 $: **FEXPINF24** | FY15 $: **FEXPINF26** |
| Injury Prevention | FY15 $: **FEXPINJ12** | FY15 $: **FEXPINJ28** | FY15 $: **FEXPINJ14** | FY15 $: **FEXPINJ16** | FY15 $: **FEXPINJ18** | FY15 $: **FEXPINJ20** | FY15 $: **FEXPINJ22** | FY15 $: **FEXPINJ24** | FY15 $: **FEXPINJ26** |
| WIC | FY15 $: **FEXPWIC12** | FY15 $: **FEXPWIC28** | FY15 $: **FEXPWIC14** | FY15 $: **FEXPWIC16** | FY15 $: **FEXPWIC18** | FY15 $: **FEXPWIC20** | FY15 $: **FEXPWIC22** | FY15 $: **FEXPWIC24** | FY15 $: **FEXPWIC26** |
| Environmental Health | FY15 $: **FEXPENV12** | FY15 $: **FEXPENV28** | FY15 $: **FEXPENV14** | FY15 $: **FEXPENV16** | FY15 $: **FEXPENV18** | FY15 $: **FEXPENV20** | FY15 $: **FEXPENV22** | FY15 $: **FEXPENV24** | FY15 $: **FEXPENV26** |
| Clinical Services/ Consumer Care | FY15 $: **FEXPCON12** | FY15 $: **FEXPCON28** | FY15 $: **FEXPCON14** | FY15 $: **FEXPCON16** | FY15 $: **FEXPCON18** | FY15 $: **FEXPCON20** | FY15 $: **FEXPCON22** | FY15 $: **FEXPCON24** | FY15 $: **FEXPCON26** |
| All Hazards Preparedness and Response | FY15 $: **FEXPHAZ12** | FY15 $: **FEXPHAZ28** | FY15 $: **FEXPHAZ14** | FY15 $: **FEXPHAZ16** | FY15 $: **FEXPHAZ18** | FY15 $: **FEXPHAZ20** | FY15 $: **FEXPHAZ22** | FY15 $: **FEXPHAZ24** | FY15 $: **FEXPHAZ26** |
|  | Centers for Disease Control and Prevention (CDC) | Other Department of Health and Human Services (DHHS) | Health Resources and Services Administration (HRSA) | Medicaid | Medicare | US Department of Agriculture (USDA) | Department of Homeland Security (DHS) | Environmental Protection Agency (EPA) | Other |
| Quality of Health Services | FY15 $: **FEXPQUA12** | FY15 $: **FEXPQUA28** | FY15 $: **FEXPQUA14** | FY15 $: **FEXPQUA16** | FY15 $: **FEXPQUA18** | FY15 $: **FEXPQUA20** | FY15 $: **FEXPQUA22** | FY15 $: **FEXPQUA24** | FY15 $: **FEXPQUA26** |
| Health Data | FY15 $: **FEXPDAT12** | FY15 $: **FEXPDAT28** | FY15 $: **FEXPDAT14** | FY15 $: **FEXPDAT16** | FY15 $: **FEXPDAT18** | FY15 $: **FEXPDAT20** | FY15 $: **FEXPDAT22** | FY15 $: **FEXPDAT24** | FY15 $: **FEXPDAT26** |
| Health Laboratory | FY15 $: **FEXPLAB12** | FY15 $: **FEXPLAB28** | FY15 $: **FEXPLAB14** | FY15 $: **FEXPLAB16** | FY15 $: **FEXPLAB18** | FY15 $: **FEXPLAB20** | FY15 $: **FEXPLAB22** | FY15 $: **FEXPLAB24** | FY15 $: **FEXPLAB26** |
| Vital Statistics | FY15 $: **FEXPVIT12** | FY15 $: **FEXPVIT28** | FY15 $: **FEXPVIT14** | FY15 $: **FEXPVIT16** | FY15 $: **FEXPVIT18** | FY15 $: **FEXPVIT20** | FY15 $: **FEXPVIT22** | FY15 $: **FEXPVIT24** | FY15 $: **FEXPVIT26** |
| Administration | FY15 $: **FEXPADM12** | FY15 $: **FEXPADM28** | FY15 $: **FEXPADM14** | FY15 $: **FEXPADM16** | FY15 $: **FEXPADM18** | FY15 $: **FEXPADM20** | FY15 $: **FEXPADM22** | FY15 $: **FEXPADM24** | FY15 $: **FEXPADM26** |
| Other (specify): **FEXPOTH26A** | FY15 $: **FEXPOTH12** | FY15 $: **FEXPOTH28** | FY15 $: **FEXPOTH14** | FY15 $: **FEXPOTH16** | FY15 $: **FEXPOTH18** | FY15 $: **FEXPOTH20** | FY15 $: **FEXPOTH22** | FY15 $: **FEXPOTH24** | FY15 $: **FEXPOTH26** |
| Total FY Expenditures | FY15 $: | FY15 $: | FY15 $: | FY15 $: | FY15 $: | FY15 $: | FY15 $: | FY15 $: | FY15 $: |

**In the space provided below, please record any caveats regarding the expenditures reported for your agency's fiscal years 2014 and 2015 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of expenditures by the categories listed in the chart or others, or other footnote information to clarify any variation in reporting). FEXPCAV01**

Funding Categories:

**State General Funds:** Include revenues received from state general revenue funds to fund state operations. Exclude federal pass-through funds.

**Other State Funds:** Include revenues received from the state that are not from the state general fund.

**Federal Funds:** Include all federal grants, contracts and cooperative agreements.

**Fees and Fines:** Include fines, regulatory fees and laboratory fees.

**Other Sources:** Include Tobacco Settlement Funds, payment for direct clinical services (except Medicare and Medicaid), foundation and other private donations

Federal Funds:

**Medicaid:** Include federal portion only in this cell. Include transfers or reimbursements for public health purposes or direct clinical services actually provided by the health department (e.g. lead testing, immunizations outreach to Medicaid recipients, and Elderly/Disabled Medicaid Waivers). Include Medicaid administrative claims. Include state contribution in the appropriate state funds cell. Exclude reimbursement for Medicaid services by third party providers.

**Medicare:** Include transfers or reimbursements for public health purposes or direct clinical services actually provided by the health department (e.g. nursing home inspections, home health Medicare). Exclude reimbursement for Medicare services by third party providers.

**Environmental Protection Agency (EPA):** Include EPA funding administered by the state public health agency only.

Expenditure Categories:

**Chronic Disease:** Include chronic disease prevention such as heart disease, cancer, and tobacco prevention control programs, as well as substance abuse prevention. Include programs such as disease investigation, screening, outreach and health education. Also include safe and drug free schools, health education related to chronic disease and nutrition education (excluding WIC).

**Infectious Disease:** Include immunization programs (including the cost of vaccine and administration), infectious disease control, veterinary diseases affecting human health and health education and communications related to infectious disease.

**Injury Prevention**: Include childhood safety and health programs, safety programs, consumer product safety, firearm safety, fire injury prevention, defensive driving, highway safety, mine and cave safety, on-site safety and health consultation, workplace violence prevention, child abuse prevention, occupational health, safe schools, boating and recreational safety.

**WIC**: Include all expenditures related to the WIC program, including nutrition education and voucher dollars.

**Environmental Health**: Include lead poisoning programs, non-point source pollution control, air quality, solid and hazardous waste management, hazardous materials training, radon, water quality and pollution control (including safe drinking water, fishing advisories, swimming) water and waste disposal systems, pesticide regulation and disposal, nuclear power safety. Also include food service inspections and lodging inspections.

**Clinical Services/Consumer Care**: Include all clinical programs such as funds for Indian Health Care, Access to Care, pharmaceutical assistance programs, Alzheimer’s disease, adult day care, medically handicapped children, AIDS treatment, pregnancy outreach and counseling, family planning education and abstinence programs, chronic renal disease, breast and cervical cancer treatment, TB treatment, emergency health services, genetic services, state/territory assistance to local health clinics (pre-natal, child health, primary care, family planning direct services), refugee preventive health programs, student preventive health services and early childhood programs.

**All Hazards Preparedness and Response**: Include disaster preparedness programs, bioterrorism, disaster preparation and disaster response including costs associated with response such as shelters, emergency hospitals and clinics, distribution of medical countermeasures (vaccination clinics and points of distribution/pods).

**Quality of Health Services**: Include quality regulatory programs such as health facility licensure and certification, equipment quality such as x-ray, mammogram, etc., regulation of emergency medical system such as trauma designation, health related boards or commissions administered by the health agency, physician and provider loan program, licensing boards and oversight when administered by the health agency, provider and facility quality reporting, institution compliance audits. Also include financing activities.

**Health Data**: Include surveillance activities, data reports and collections costs, report production, analysis of health data (including vital statistics analysis), monitoring of disease and registries, monitoring of child health accidents and injuries and death reporting.

**Health Laboratory**: Include costs related to administration of the state/territorial health laboratory including chemistry lab, microbiology lab, laboratory administration, building related costs, supplies.

**Vital Statistics**: Include all costs related to vital statistics administration including records maintenance, reproduction, generation of statistical reports, and customer service at the state/territory level.

**Administration**: Include all costs related to department management, executive office (state/territorial health official), human resources, information technology and finance, in addition to indirect costs such as building-related costs (rent, supplies, maintenance, and utilities), budget, communications, legal affairs, contracting, accounting, purchasing, procurement, general security, parking, repairs, and facility management. Also include expenses related to Health Reform and Policy (only if they are not already embedded in program areas), such as participation in state/territorial health plan reform and federal reform efforts such as health reform advisory committees, as well as payment reform and benefit reform.

**Other**: Include forensic examination and infrastructure funds to local public health agencies.

**5.3. For fiscal years 2014 and 2015, please report dollars distributed by your state public health agency to the recipient types listed in the chart below. The primary purpose of this question is to track and monitor funding from state public health agencies to local health agencies. The chart is not intended to capture how all expenditures reported in the previous question are spent.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditures in**  **Fiscal Year 2014**  (beginning July 1, 2013 and ending June 30, 2014) | **Expenditures in**  **Fiscal Year 2015**  (beginning July 1, 2014 and ending June 30, 2015) | **Contracts, Grants, and Awards by Recipient Types** | **Instructions on reporting Contracts, Grants, and Awards** |
| **FRECSLH01** | **FRECSLH02** | **State run local health agencies** | Include expenditures passed through the state health agency onto local public health agencies that are led by staff employed by state government. |
| **FRECILH01** | **FRECILH02** | **Independent local health agencies** | Include expenditures passed through the state health agency onto local public health agencies that are led by staff employed by local government. |
| **FRECSRH01** | **FRECSRH02** | **State run regional or district health offices** | Include expenditures passed through the state health agency onto regional or district public health offices that are led by state employees. |
| **FRECIRH01** | **FRECIRH02** | **Independent regional or district health offices** | Include expenditures passed through the state health agency onto regional or district public health offices that are led by non-state employees. |
| **FRECTRB01** | **FRECTRB02** | **Tribal health agencies** | Include expenditures passed through the state health agency onto tribal public health agencies. |
| **FRECNON01** | **FRECNON02** | **Nonprofit organizations** | Include expenditures passed through the state health agency onto nonprofit organizations such as community-based organizations. |
| **FRECOTH01** | **FRECOTH02** | **Other governmental entities** | Include expenditures passed through the state health agency onto other governmental entities such as public schools, parks and recreation, public safety, etc. |
| **FRECTOT01** | **FRECTOT02** | **Total FY Awards** |  |

**In the space provided below, please record any caveats regarding the contracts reported for your agency’s fiscal years 2014 and 2015 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, ambiguities regarding the recipient type, or other footnote information to clarify any variation in reporting. FRECCAV01**

**Part 6: Planning and Quality Improvement**

To be completed by Performance Improvement Officer or equivalent.

**Contact Information**

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

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

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

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

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

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

**6.1. Has your state public health agency developed a state 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

**6.2. Has your state public health agency developed or participated in developing a health improvement plan for your state? 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 state’s health, or definite strategic action steps to improve health status in the state.**

**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 6.3-6.5)***
* No **→ *(If checked, skip questions 6.3-6.5)***

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

**QHIPSHA01**

* Yes
* No

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

**QUPDHIP01**

* Yes
* No

**6.5. Does your state’s health improvement plan link to local health improvement plans?**

**QHIPLLH01**

* Yes
* No
* Linked to some plans
* My state does not have any local health departments

**6.6. Has your state 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 6.7)***
* No **→ *(If checked, skip question 6.7)***

**6.7. What is the status of your state 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 conducted.
* Implemented more than one year ago, with one or more completed written evaluations on progress toward strategic plan goals, objectives, or targets.

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

**QSHAACC01**

* My state public health agency has achieved accreditation **→ *(If checked, skip questions 6.9-6.10, 6.12-6.13)***
* My state public health agency has submitted an application for accreditation **→ *(If checked, skip questions 6.10, 6.12- 6.13)***
* My state public health agency has registered in e-PHAB in order to pursue accreditation **→ *(If checked, skip questions 6.10, 6.12-6.13)***
* My state public health agency plans to apply for accreditation, but has not yet registered in e-PHAB **→ *(If checked, skip questions 6.11, 6.13)***
* My state public health agency has not decided whether to apply for accreditation **→ *(If checked, skip questions 6.9-6.13)***
* My state public health agency has decided NOT to apply for accreditation **→ *(If checked, skip questions 6.9-6.12)***

**6.9. Is your state public health agency applying for accreditation on behalf of its local health departments?**

* Yes, on behalf of all local health departments **QAACLHD01**
* Yes, on behalf of some local health departments
* No
* I don’t know

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

**QCALLOI01**

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

**6.11. 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** |  |  |  |

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**6.11. 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 |
| 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** |  |  |  |

**6.12. 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** |  |  |

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**6.12. 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 |
| 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** |  |  |

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

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

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

 Balanced Scorecard **QFRMAQI01**

 Baldrige Performance Excellence Criteria (or state 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**

**6.15. Which of the following elements have been used in your state 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 state health agency performance activities around the country. Refer to the following definitions as you complete the next set of questions:*

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

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

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

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

**6.16. Does your state 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

**6.17. Which of the following statements best characterizes your state public health agency’s current quality improvement activities?   
QSHAQIA01**

* State 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 state public health agency, but not on an agency-wide basis
* State public health agency’s quality improvement activities are informal or ad hoc in nature
* State public health agency is not currently involved in quality improvement activities **→ *(If checked, skip questions 6.18-6.19)***

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

**6.19. 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**

**6.20. 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**

**6.21. 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](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** |

* 1. **Are you familiar with the** [**Community Health Status Indicators (CHSI) 2015**](http://wwwn.cdc.gov/communityhealth)**?  
     QFMLHSI01**
* Yes
* No **→ *(If checked, skip question 6.23)***
  1. **How likely is your state public health agency to use Community Health Status Indicators (CHSI) 2015 to do the following?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not likely to use | Somewhat likely to use | Very likely to use |
| Assist with assessing the health status of a population within a county? | **QHSIAHS01** |  |  |
| Assist with identifying vulnerable populations and potential health disparities? | **QHSIPHD01** |  |  |
| Increase public awareness of the multiple factors that influence health? | **QHSIPUB01** |  |  |
| Increase policymaker awareness of the multiple factors that influence health? | **QHSIPOL01** |  |  |
| Increase public awareness of the role of public health? | **QHSIPBH01** |  |  |

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* 1. **How likely is your state public health agency to use Community Health Status Indicators (CHSI) 2015 to do the following?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not likely to use | Somewhat likely to use | Very likely to use |
| Increase policymaker awareness of role of public health? | **QHSIPLH01** |  |  |
| Develop partnerships across multiple sectors to improve community health? | **QHSIPRT01** |  |  |
| Leverage additional funding for your agency? | **QHSIFUN01** |  |  |
| Convene stakeholders to discuss the results of the report? | **QHSISTK01** |  |  |
| Other (specify): **QHSIOTH01A** | **QHSIOTH01** |  |  |

**Part 7: Health Information Management**

To be completed by 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 check this box.)

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

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

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

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

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

**IRESHIE01**

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

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

**7.3. For your state public health agency, where is your informatics office located?**

**IOFFLOC01**

* Centralized within state public health agency
* In a separate team for each program area at the state public health agency
* Centralized within state government but not within the state public health agency
* My state public health agency does not have an informatics office
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ **IOFFLOC01A**

**7.4. Does your state public health agency have a career series specifically for informatics?**

* Yes, my agency currently has an informatics career series **ICARINF01**
* No, but my agency is planning for an informatics career series
* No, no plan for an informatics career series
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ **ICARINF01A**

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

|  | Does the state public health agency collect information for the program area, function, or from the data source electronically?  ***If Yes, also answer for 7.6.*** |
| --- | --- |
|
| 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 |

*Continued from previous page.*

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

|  | Does the state public health agency collect information for the program area, function, or from the data source electronically?  ***If Yes, also answer for 7.6.*** |
| --- | --- |
| On-site waste water treatment systems |  Yes **IEDEOWW01**   No |
| Outbreak management |  Yes **IEDEOBM01**   No |
| 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 |
| Other (specify): **IEDEOTD04A** |  Yes **IEDEOTD01**   No |

**7.6. Please answer the following questions regarding electronic data collection and exchange. (Only answer for those marked Yes in 7.5.)**

|  | Is data received through a health information exchange entity? | Is there capacity for bidirectional data reporting and exchange? | Is data collected primarily with a state or local health system? | Does your agency share this data with clinical providers? | Does your agency share this data with local health departments within your state? | Does your agency share this data with other agencies within your state? | Does your agency share this data with other states? | Does your agency send/receive this data to/from federal agencies? |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case management |  Yes   No  **IEDECSM02** |  Yes   No  **IEDECSM03** |  State   Local  **IEDECSM04** |  Yes   No  **IEDECSM05** |  Yes   No  **IEDECSM06** |  Yes   No  **IEDECSM07** |  Yes   No  **IEDECSM08** |  Yes   No  **IEDECSM09** |
| Electronic health record |  Yes   No  **IEDEEHR02** |  Yes   No  **IEDEEHR03** |  State   Local  **IEDEEHR04** |  Yes   No  **IEDEEHR05** |  Yes   No  **IEDEEHR06** |  Yes   No  **IEDEEHR07** |  Yes   No  **IEDEEHR08** |  Yes   No  **IEDEEHR09** |
| Environmental health |  Yes   No  **IEDEENV02** |  Yes   No  **IEDEENV03** |  State   Local  **IEDEENV04** |  Yes   No  **IEDEENV05** |  Yes   No  **IEDEENV06** |  Yes   No  **IEDEENV07** |  Yes   No  **IEDEENV08** |  Yes   No  **IEDEENV09** |
| Geographic coded data for mapping analysis |  Yes   No  **IEDEGCD02** |  Yes   No  **IEDEGCD03** |  State   Local  **IEDEGCD04** |  Yes   No  **IEDEGCD05** |  Yes   No  **IEDEGCD06** |  Yes   No  **IEDEGCD07** |  Yes   No  **IEDEGCD08** |  Yes   No  **IEDEGCD09** |
| Immunization |  Yes   No  **IEDEIMM02** |  Yes   No  **IEDEIMM03** |  State   Local  **IEDEIMM04** |  Yes   No  **IEDEIMM05** |  Yes   No  **IEDEIMM06** |  Yes   No  **IEDEIMM07** |  Yes   No  **IEDEIMM08** |  Yes   No  **IEDEIMM09** |
| Laboratory results |  Yes   No  **IEDELAB02** |  Yes   No  **IEDELAB03** |  State   Local  **IEDELAB04** |  Yes   No  **IEDELAB05** |  Yes   No  **IEDELAB06** |  Yes   No  **IEDELAB07** |  Yes   No  **IEDELAB08** |  Yes   No  **IEDELAB09** |
| Healthcare systems data (e.g., bed availability) |  Yes   No  **IEDEHSD02** |  Yes   No  **IEDEHSD03** |  State   Local  **IEDEHSD04** |  Yes   No  **IEDEHSD05** |  Yes   No  **IEDEHSD06** |  Yes   No  **IEDEHSD07** |  Yes   No  **IEDEHSD08** |  Yes   No  **IEDEHSD09** |

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**7.6. Please answer the following questions regarding electronic data collection and exchange. (Only answer for those marked Yes in 7.5.)**

|  | Is data received through a health information exchange entity? | Is there capacity for bidirectional data reporting and exchange? | Is data collected primarily with a state or local health system? | Does your agency share this data with clinical providers? | Does your agency share this data with local health departments within your state? | Does your agency share this data with other agencies within your state? | Does your agency share this data with other states? | Does your agency send/receive this data to/from federal agencies? |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Newborn screening |  Yes   No  **IEDENEW02** |  Yes   No  **IEDENEW03** |  State   Local  **IEDENEW04** |  Yes   No  **IEDENEW05** |  Yes   No  **IEDENEW06** |  Yes   No  **IEDENEW07** |  Yes   No  **IEDENEW08** |  Yes   No  **IEDENEW09** |
| Early hearing detection |  Yes   No  **IEDEEHD02** |  Yes   No  **IEDEEHD03** |  State   Local  **IEDEEHD04** |  Yes   No  **IEDEEHD05** |  Yes   No  **IEDEEHD06** |  Yes   No  **IEDEEHD07** |  Yes   No  **IEDEEHD08** |  Yes   No  **IEDEEHD09** |
| Reproductive health |  Yes   No  **IEDERPR02** |  Yes   No  **IEDERPR03** |  State   Local  **IEDERPR04** |  Yes   No  **IEDERPR05** |  Yes   No  **IEDERPR06** |  Yes   No  **IEDERPR07** |  Yes   No  **IEDERPR08** |  Yes   No  **IEDERPR09** |
| Medicaid billing |  Yes   No  **IEDEMED02** |  Yes   No  **IEDEMED03** |  State   Local  **IEDEMED04** |  Yes   No  **IEDEMED05** |  Yes   No  **IEDEMED06** |  Yes   No  **IEDEMED07** |  Yes   No  **IEDEMED08** |  Yes   No  **IEDEMED09** |
| On-site waste water treatment systems |  Yes   No  **IEDEOWW02** |  Yes   No  **IEDEOWW03** |  State   Local  **IEDEOWW04** |  Yes   No  **IEDEOWW05** |  Yes   No  **IEDEOWW06** |  Yes   No  **IEDEOWW07** |  Yes   No  **IEDEOWW08** |  Yes   No  **IEDEOWW09** |
| Outbreak management |  Yes   No  **IEDEOBM02** |  Yes   No  **IEDEOBM03** |  State   Local  **IEDEOBM04** |  Yes   No  **IEDEOBM05** |  Yes   No  **IEDEOBM06** |  Yes   No  **IEDEOBM07** |  Yes   No  **IEDEOBM08** |  Yes   No  **IEDEOBM09** |
| Reportable diseases |  Yes   No  **IEDEREP02** |  Yes   No  **IEDEREP03** |  State   Local  **IEDEREP04** |  Yes   No  **IEDEREP05** |  Yes   No  **IEDEREP06** |  Yes   No  **IEDEREP07** |  Yes   No  **IEDEREP08** |  Yes   No  **IEDEREP09** |
|  |  |  |  |  |  |  |  |  |

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**7.6. Please answer the following questions regarding electronic data collection and exchange. (Only answer for those marked Yes in 7.5.)**

|  | Is data received through a health information exchange entity? | Is there capacity for bidirectional data reporting and exchange? | Is data collected primarily with a state or local health system? | Does your agency share this data with clinical providers? | Does your agency share this data with local health departments within your state? | Does your agency share this data with other agencies within your state? | Does your agency share this data with other states? | Does your agency send/receive this data to/from federal agencies? |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Food service inspections |  Yes   No  **IEDEFSI02** |  Yes   No  **IEDEFFSI03** |  State   Local  **IEDEFSI04** |  Yes   No  **IEDEFSI05** |  Yes   No  **IEDEFSI06** |  Yes   No  **IEDEFSI07** |  Yes   No  **IEDEFSI08** |  Yes   No  **IEDEFSI09** |
| Vital records |  Yes   No  **IEDEVIT02** |  Yes   No  **IEDEVIT03** |  State   Local  **IEDEVIT04** |  Yes   No  **IEDEVIT05** |  Yes   No  **IEDEVIT06** |  Yes   No  **IEDEVIT07** |  Yes   No  **IEDEVIT08** |  Yes   No  **IEDEVIT09** |
| Water wells (licensing and/or testing) |  Yes   No  **IEDEWWL02** |  Yes   No  **IEDEWWL03** |  State   Local  **IEDEWWL04** |  Yes   No  **IEDEWWL05** |  Yes   No  **IEDEWWL06** |  Yes   No  **IEDEWWL07** |  Yes   No  **IEDEWWL08** |  Yes   No  **IEDEWWL09** |
| WIC |  Yes   No  **IEDEWIC02** |  Yes   No  **IEDEWIC03** |  State   Local  **IEDEWIC04** |  Yes   No  **IEDEWIC05** |  Yes   No  **IEDEWIC06** |  Yes   No  **IEDEWIC07** |  Yes   No  **IEDEWIC08** |  Yes   No  **IEDEWIC09** |
| Other (specify): **IEDEOTA10A** |  Yes   No  **IEDEOTA02** |  Yes   No  **IEDEOTA03** |  State   Local  **IEDEOTA04** |  Yes   No  **IEDEOTA05** |  Yes   No  **IEDEOTA06** |  Yes   No  **IEDEOTA07** |  Yes   No  **IEDEOTA08** |  Yes   No  **IEDEOTA09** |
| Other (specify): **IEDEOTB10A** |  Yes   No  **IEDEOTB02** |  Yes   No  **IEDEOTB03** |  State   Local  **IEDEOTB04** |  Yes   No  **IEDEOTB05** |  Yes   No  **IEDEOTB06** |  Yes   No  **IEDEOTB07** |  Yes   No  **IEDEOTB08** |  Yes   No  **IEDEOTB09** |
| Other (specify): **IEDEOTC10A** |  Yes   No  **IEDEOTC02** |  Yes   No  **IEDEOTC03** |  State   Local  **IEDEOTC04** |  Yes   No  **IEDEOTC05** |  Yes   No  **IEDEOTC06** |  Yes   No  **IEDEOTC07** |  Yes   No  **IEDEOTC08** |  Yes   No  **IEDEOTC09** |
| Other (specify): **IEDEOTD10A** |  Yes   No  **IEDEOTD02** |  Yes   No  **IEDEOTD03** |  State   Local  **IEDEOTD04** |  Yes   No  **IEDEOTD05** |  Yes   No  **IEDEOTD06** |  Yes   No  **IEDEOTD07** |  Yes   No  **IEDEOTD08** |  Yes   No  **IEDEOTD09** |

**7.7. Please answer the following questions regarding Meaningful Use public health objectives. If your state 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 8: Profile Evaluation**

To be completed by the Senior Deputy or equivalent.

**Contact Information**

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

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

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ESRDNAM**

Position or Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ESRDTIT**

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ESRDTEL**

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ESRDEMA**

**8.1.** **Check each statement that describes how your state 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 8.2)* ESTFUSE01**
* One or more state public health agency staff have reviewed reports, presentations, web sites or other products from the 2012 Profile results **ESTFUSE02**
* State public health agency staff members have discussed information from the 2012 Profile survey **ESTFUSE03**
* State public health agency staff members have used information from the 2012 Profile survey to compare our state public health agency to others **ESTFUSE04**
* State public health agency staff members have used information from the 2012 Profile survey in a report or presentation **ESTFUSE05**
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ESTFUSE06**
  1. **How have your state public health agency’s staff members accessed information from the 2012 Profile survey?** **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
  1. **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
  1. **Approximately how many individuals in your state public health agency contributed responses to the 2016 Profile questionnaire?**

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

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

\_\_\_\_\_\_hours **EESTTIM01**