# 2022 ASTHO Profile Survey

Thank you in advance for your participation in the 2022 ASTHO Profile Survey. This survey continues ASTHO's efforts to provide a complete and accurate picture of state governmental 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 Friday, August 5, 2022.**

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 or Profile Response Coordinator |
| Part 2: Activities | Senior Deputy |
| Part 3: Health 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: Public Health Data Systems and Informatics | Informatics Director or equivalent |
| Part 8: Health Equity | Health Equity Director or equivalent |

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

1.  The Senior Deputy, or the designated Profile Coordinator (if different from the 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.

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2. The Senior Deputy or the designated Profile Coordinator 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 at 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 link provided online.

**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.

**Submitting Completed Survey**

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We request that the Senior Deputy, State Health Official, or the designated Profile Coordinator 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. If you accidentally submit the completed survey or need to make changes after clicking "Submit", please contact profile@astho.org.

**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 added to our interactive dashboard on ASTHO's website in fall 2022. 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. Visit ASTHO's data and analysis web page for more information about the survey data use agreement and publicly available data at: astho.org/profile

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 Profile Team at profile@astho.org.

# 2022 ASTHO Profile Survey

## Part 1: Contact Information

**Please confirm the name of public health agency:** \_\_\_\_Prefilled_____

**Please select the state your agency represents:** \_\_Prefilled_____

**Respondent Information for Primary Contact**

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

**Title:** _____

**Email:** _____

**Telephone:** _____

# 2022 ASTHO Profile Survey

## Part 2: Activities

To be completed by the Senior Deputy.

**<u>Contact Information</u>**

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 _____  _____

Position or Title _____

Telephone _____

E-mail address_____

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**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 the range of public health activities performed or supported by your health agency**; if your agency is under a larger umbrella agency, please only answer for the public health division/department**. For each activity in the charts below and on the following pages, select YES or NO to indicate whether your agency supported the activity during the past year.

**Please select YES if:**
- Your agency has either performed the activity directly or contracted out the activity.  This includes the following situations:
  - State health agency employees in any office location perform an activity
  - Your agency contracts with another organization (local health department or other organization) to perform an activity
  - One or more local health departments—staffed by state employees—perform an activity
  - Your agency passes money through to another organization (local health department or organization) to perform an activity and actively monitors/evaluates the activities funded by these pass throughs

**Please select NO if:**
- An activity is performed by local health departments and there is no financial responsibility on the part of the health agency
- Your agency passes money through to another organization (local health department or other organization) and **doesn't** actively monitor how the money is spent
- These activities are conducted by a different entity or department outside of the public health agency

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**2.1 Immunizations.** (For **EACH cell**, select Yes or No)

| | Performed by public health agency directly or via contract |
|---|---|
| *Child immunizations* | |
| Vaccine order management and inventory distribution | ☐Yes   ☐No |
| Administration of vaccine to population | ☐Yes   ☐No |
| *Adult immunizations* | |
| Vaccine order management and inventory distribution | ☐Yes   ☐No |
| Administration of vaccine to population | ☐Yes   ☐No |
| *International travel immunizations* | |
| Vaccine order management and inventory distribution | ☐Yes   ☐No |
| Administration of vaccine to population | ☐Yes   ☐No |

Use this space to provide any additional clarifications, if necessary.

|  |
|---|
|  |

**2.2 Specific diseases or conditions** (For **EACH cell**, select Yes or No)

*Population-based primary prevention refers to actions aimed at intervening before health effects occur in a population. Examples include: health education/promotion; public policies or legislation to ban hazardous products or mandate safe practices; immunization against disease.*

| | Performed by public health agency directly or via contract |
|---|---|
| *Tuberculosis* | |
|   Screening | ☐Yes ☐No |
|   Treatment | ☐Yes ☐No |
| *HIV/AIDS* | |
|   Population-based primary prevention* | ☐Yes ☐No |
|   Screening | ☐Yes ☐No |
|   Treatment | ☐Yes ☐No |
| *Other STDs* | |
|   Counseling & partner notification | ☐Yes ☐No |
|   Screening | ☐Yes ☐No |
|   Treatment | ☐Yes ☐No |
| *High blood pressure* | |
|   Population-based primary prevention* | ☐Yes ☐No |
|   Screening | ☐Yes ☐No |
|   Treatment | ☐Yes ☐No |
| *Cardiovascular disease* | |
|   Screening | ☐Yes ☐No |
|   Treatment | ☐Yes ☐No |
| *Diabetes* | |
|   Population-based primary prevention* | ☐Yes ☐No |
|   Prediabetes screening | ☐Yes ☐No |
|   Diabetes screening | ☐Yes ☐No |
|   Treatment | ☐Yes ☐No |
| *Obesity* | |
|   Nutrition population-based primary prevention* | ☐Yes ☐No |
|   Physical activity population-based primary prevention* | ☐Yes ☐No |

**2.2 Specific diseases or conditions (continued).** (For **EACH cell**, select Yes or No)
*Population-based primary prevention refers to actions aimed at intervening before health effects occur in a population. Examples include: health education/promotion; public policies or legislation to ban hazardous products or mandate safe practices; immunization against disease.*

| | Performed by public health agency directly or via contract |
|---|---|
| *Obesity (ctd.)* | |
| BMI screening *Adults and/or children.* | ☐Yes ☐No |
| Treatment | ☐Yes ☐No |
| *Asthma* | |
| Population-based primary prevention* | ☐Yes ☐No |
| Screening | ☐Yes ☐No |
| Treatment | ☐Yes ☐No |
| *Blood lead* | |
| Screening | ☐Yes ☐No |
| Treatment | ☐Yes ☐No |
| *Cancer* | |
| Skin cancer population-based primary prevention* | ☐Yes ☐No |
| Breast and cervical screening | ☐Yes ☐No |
| Breast and cervical treatment | ☐Yes ☐No |
| Colon/rectum screening | ☐Yes ☐No |
| Colon/rectum treatment | ☐Yes ☐No |
| Other cancer screening | ☐Yes ☐No |
| Other cancer treatment | ☐Yes ☐No |

Use this space to provide any additional clarifications, if necessary.

**2.3 Maternal, child, and adolescent health services.** (For **EACH cell**, select Yes or No)
*Population-based primary prevention refers to actions aimed at intervening before health effects occur in a population. Examples include: health education/promotion; public policies or legislation to ban hazardous products or mandate safe practices; immunization against disease.*

| | Performed by public health agency directly or via contract |
|---|---|
| WIC | ☐Yes ☐No |
| Non-WIC nutrition assessment and counseling | ☐Yes ☐No |
| Unintended pregnancy population-based primary prevention* | ☐Yes ☐No |
| Family planning | ☐Yes ☐No |
| Prenatal care | ☐Yes ☐No |
| Obstetrical care | ☐Yes ☐No |
| Newborn screening *Includes non-laboratory and follow-up activities.* | ☐Yes ☐No |
| Perinatal treatment | ☐Yes ☐No |
| Perinatal regionalization *Providing or establishing regional systems designating at which birth facilities pregnant women and infants at high risk of complications may receive care.* | ☐Yes ☐No |
| Maternal and child health home visits | ☐Yes ☐No |
| EPSDT *Early and Periodic Screening, Diagnostic, and Treatment benefit—comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.* | ☐Yes ☐No |
| Child nutrition (day care providers) | ☐Yes ☐No |
| Early intervention services for children *A range of targeted services under the Individuals with Disabilities Education Act (IDEA) to help young children with developmental delays or specific health conditions.* | ☐Yes ☐No |
| Other services for children and/or youth with special healthcare needs *Exclude early intervention services.* | ☐Yes ☐No |

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

| | Performed by public health agency directly or via contract |
|---|---|
| Well child services | ☐Yes ☐No |
| Comprehensive primary care clinics for children | ☐Yes ☐No |
| School health services (non-clinical) *Includes screening and referring students to care, providing health counseling and education, and handling lice outbreaks.* | ☐Yes ☐No |
| Comprehensive school health clinical services *Includes administering medications and treatments and providing first aid. Also includes athlete physicals and the services of athletic trainers.* | ☐Yes ☐No |
| Sex education | ☐Yes ☐No |
| Abstinence only education | ☐Yes ☐No |

Use this space to provide any additional clarifications, if necessary.

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**2.4. Behavioral health.** (For **EACH cell**, select Yes or No)

*\*Population-based primary prevention refers to actions aimed at intervening before health effects occur in a population. Examples include: health education/promotion; public policies or legislation to ban hazardous products or mandate safe practices; immunization against disease.*

| | Performed by public health agency directly or via contract |
|---|---|
| Tobacco population-based primary prevention* | ☐Yes ☐No |
| Other drugs and alcohol population-based primary prevention* | ☐Yes ☐No |
| Syringe and needle exchange and disposal | ☐Yes ☐No |
| Other harm reduction strategies<br>*Includes supervised consumption services, Naloxone distribution, drug checking (e.g., fentanyl test strips).* | ☐Yes ☐No |
| Substance misuse clinical preventive services | ☐Yes ☐No |
| Substance misuse treatment services<br>*Includes counseling, inpatient and outpatient treatment, hospital programs, case/care management, medication, recovery support services.* | ☐Yes ☐No |
| Substance misuse facilities | ☐Yes ☐No |
| Suicide population-based primary prevention* | ☐Yes ☐No |
| Mental illness clinical preventive services | ☐Yes ☐No |
| Mental illness treatment | ☐Yes ☐No |
| State-run behavioral health centers/state-run psychiatric hospitals | ☐Yes ☐No |

Use this space to provide any additional clarifications, if necessary.

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| |

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

| | Performed by public health agency directly or via contract |
|---|---|
| Comprehensive primary care for adults | ☐Yes ☐No |
| Oral health | ☐Yes ☐No |

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**2.6 Injury and violence.** (For **EACH cell**, select Yes or No)
*Population-based primary prevention refers to actions aimed at intervening before health effects occur in a population. Examples include: health education/promotion; public policies or legislation to ban hazardous products or mandate safe practices; immunization against disease.*

| | Performed by public health agency directly or via contract |
|---|---|
| Injury population-based primary prevention* *Includes fall prevention, vehicular safety programs, and drowning prevention programs. Does not include suicide prevention.* | ☐Yes ☐No |
| Violence population-based primary prevention* | ☐Yes ☐No |
| Sexual assault victims' services *Includes crisis counseling, Sexual Assault Response Team (SART), legal services, accompaniment and advocacy.* | ☐Yes ☐No |
| Domestic violence victims' services | ☐Yes ☐No |
| Child protection/medical evaluation | ☐Yes ☐No |

**2.7 Correctional system.** (For **EACH cell**, select Yes or No)

| | Performed by public health agency directly or via contract |
|---|---|
| Comprehensive correctional healthcare *Agency has primary responsibility for providing healthcare in the correctional facility.* | ☐Yes ☐No |
| Limited services in correctional facilities *Includes STD testing, TB testing and screening.* | ☐Yes ☐No |

Use this space to provide any additional clarifications, if necessary.

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

|  | Performed by public health agency directly or via contract |
|---|---|
| Birth defects | ☐Yes   ☐No |
| Cancer | ☐Yes   ☐No |
| Child immunizations | ☐Yes   ☐No |
| Diabetes | ☐Yes   ☐No |
| Hepatitis C | ☐Yes   ☐No |
| Other (specify) | ☐Yes   ☐No |

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

|  | Performed by public health agency directly or via contract |
|---|---|
| Dentists | ☐Yes   ☐No |
| Nurses (any level) | ☐Yes   ☐No |
| Pharmacists | ☐Yes   ☐No |
| Physicians | ☐Yes   ☐No |
| Physician assistants | ☐Yes   ☐No |
| Other professionals (specify) | ☐Yes   ☐No |

Use this space to provide any additional clarifications, if necessary.

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|---|
|  |

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

Select "yes" only if your health agency conducts regulation, inspection, or licensing activities related to the entity, setting, or area of practice. You will report non-regulatory activities in a different section.

| | Performed by public health agency directly or via contract |
|---|---|
| *Healthcare system* | |
| Acupuncture | ☐Yes ☐No |
| Assisted living | ☐Yes ☐No |
| Clinics *Includes clinics for: family planning, HIV care/prevention, immunizations, infectious diseases, public health pharmacies, STD testing/treatment, travel clinics, TB clinics, viral hepatitis clinics.* | ☐Yes ☐No |
| Emergency Medical Services | ☐Yes ☐No |
| Hospice | ☐Yes ☐No |
| Hospitals | ☐Yes ☐No |
| Long-term care facilities | ☐Yes ☐No |
| Nursing homes | ☐Yes ☐No |
| Trauma system designation *Includes the designation of trauma centers.* | ☐Yes ☐No |
| *Food* | |
| Food service establishments | ☐Yes ☐No |
| Food processing *I.e. factories.* | ☐Yes ☐No |
| Milk processing | ☐Yes ☐No |
| Shellfish | ☐Yes ☐No |
| *Water* | |
| Beaches | ☐Yes ☐No |

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

Select "yes" only if your health agency conducts regulation, inspection, or licensing activities related to the entity, setting, or area of practice. You will report non-regulatory activities in a different section.

| | Performed by public health agency directly or via contract |
|---|---|
| *Water (ctd.)* | |
| Swimming pools (public) | ☐Yes ☐No |
| Public drinking water <br> *Includes setting standards for and monitoring public water suppliers, and licensing/training public waterworks operators.* | ☐Yes ☐No |
| Private drinking water <br> *Includes private well water system inspections, setting standards for individual water supplies and individual wastewater systems, and licensing of contractors and well installers.* | ☐Yes ☐No |
| *Dwellings* | |
| Campgrounds/RVs | ☐Yes ☐No |
| Hotels/motels | ☐Yes ☐No |
| Housing (inspections) | ☐Yes ☐No |
| Lead inspection | ☐Yes ☐No |
| Migrant housing | ☐Yes ☐No |
| Mobile homes | ☐Yes ☐No |
| Septic systems | ☐Yes ☐No |
| *Other businesses* | |
| Body piercing and tattoo | ☐Yes ☐No |
| Childcare facilities | ☐Yes ☐No |
| Cosmetology | ☐Yes ☐No |
| Schools | ☐Yes ☐No |
| Tanning salons | ☐Yes ☐No |
| Tobacco retailers <br> *Includes regulation of e-cigarette retailers.* | ☐Yes ☐No |

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

Select "yes" only if your health agency conducts regulation, inspection, or licensing activities related to the entity, setting, or area of practice. You will report non-regulatory activities in a different section.

| | Performed by public health agency directly or via contract |
|---|---|
| *Waste* | |
|   Biomedical waste | ☐Yes   ☐No |
|   Solid waste disposal sites | ☐Yes   ☐No |
|   Solid waste haulers | ☐Yes   ☐No |
| *Miscellaneous* | |
|   Jails/prisons | ☐Yes   ☐No |
|   Laboratories | ☐Yes   ☐No |
|   Occupational health | ☐Yes   ☐No |
|   Smoke-free ordinances | ☐Yes   ☐No |
| Other facilities (specify) | ☐Yes   ☐No |

Use this space to provide any additional clarifications, if necessary.

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

Please note: this question refers to activities other than regulation, inspection, and licensing, which are covered in question 2.10.

| | Performed by public health agency directly or via contract |
|---|---|
| Collection and disposal of unused pharmaceuticals | ☐Yes ☐No |
| Food safety training/education | ☐Yes ☐No |
| Groundwater protection | ☐Yes ☐No |
| Hazmat response | ☐Yes ☐No |
| Indoor air quality | ☐Yes ☐No |
| Land use planning | ☐Yes ☐No |
| Outdoor air quality<br>*Includes regular air quality testing.* | ☐Yes ☐No |
| Poison control | ☐Yes ☐No |
| Private water supply safety<br>*Includes private water quality testing.* | ☐Yes ☐No |
| Public water supply safety<br>*Includes testing public water quality, protecting public water sources, and notifying the public of water supply contamination.* | ☐Yes ☐No |
| Radiation control | ☐Yes ☐No |
| Radon control | ☐Yes ☐No |
| Surface water protection (e.g., streams, rivers, lakes) | ☐Yes ☐No |
| Vector control | ☐Yes ☐No |

Use this space to provide any additional clarifications, if necessary.

| |
|---|
| |

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

| | Performed by public health agency directly or via contract |
|---|---|
| Eldercare services<br>*Includes any assistance an aging individual needs to overcome challenges to normal daily activities; excludes fall prevention.* | ☐Yes  ☐No |
| Forensics lab | ☐Yes  ☐No |
| Institutional review board (IRB) | ☐Yes  ☐No |
| Medical examiner | ☐Yes  ☐No |
| Occupational health/safety | ☐Yes  ☐No |
| Trauma system coordination<br>*This does not include trauma system designation.* | ☐Yes  ☐No |
| Veterinarian public health activities | ☐Yes  ☐No |

**2.13 Data collection, epidemiology, and surveillance activities.** *Includes the creation of, contribution to, or active utilization of a system.* (For **EACH cell**, select Yes or No)

|  | Performed by public health agency directly or via contract |
|---|---|
| Adolescent behavior | ☐Yes ☐No |
| Chronic diseases | ☐Yes ☐No |
| Communicable/infectious diseases | ☐Yes ☐No |
| Environmental epidemiology (e.g., environmental exposures) | ☐Yes ☐No |
| Injury | ☐Yes ☐No |
| Maternal morbidity *Any physical or mental illness or disability directly related to pregnancy and/or childbirth.* | ☐Yes ☐No |
| Morbidity data *(E.g., healthcare utilization data, hospitalization data, all-payer databases)* | ☐Yes ☐No |
| Perinatal events or risk factors | ☐Yes ☐No |
| Neonatal Abstinence Syndrome | ☐Yes ☐No |
| Syndromic surveillance | ☐Yes ☐No |
| Behavioral risk factors | ☐Yes ☐No |
| Vital Statistics | ☐Yes ☐No |
| Cancer Incidence | ☐Yes ☐No |

Use this space to provide any additional clarifications, if necessary.

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**2.14 State laboratory services.** (For **EACH cell**, select Yes or No)

| | Performed by public health agency directly or via contract |
|---|---|
| Likely bioterrorism agents testing (e.g., anthrax) | ☐Yes    ☐No |
| Environmental lead screening *Includes the testing of playground equipment and walls.* | ☐Yes    ☐No |
| Cholesterol screening | ☐Yes    ☐No |
| Food borne illness testing | ☐Yes    ☐No |
| Influenza typing | ☐Yes    ☐No |
| Newborn screening | ☐Yes    ☐No |
| Biomonitoring *The direct measurement of environmental chemicals in people's blood, urine, or other body tissues.* | ☐Yes    ☐No |
| Vector-borne illness testing | ☐Yes    ☐No |
| Opioid-related lab services *Includes blood screening and testing environmental samples.* | ☐Yes    ☐No |
| Other (specify): | ☐Yes    ☐No |

Use this space to provide any additional clarifications, if necessary.

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

- ☐ Smoke-free building
- ☐ Footage requirements outside of building for smoke-free area
- ☐ Smoke-free venues for off-site meetings
- ☐ Healthy eating policies for catered events
- ☐ Healthy vending policy in office building
- ☐ Weight loss or physical activity challenges or incentives for staff
- ☐ Insurance coverage for tobacco cessation programs
- ☐ Healthy maternity policies (i.e., lactation room, paid maternity leave)
- ☐ Farmer's market for staff
- ☐ Menu labeling in office building cafeteria
- ☐ Other (specify): _____
- ☐ None of the above

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

- o Yes
- o No→ *(If checked, skip question 2.16a)*

**2.16a. For which services or functions does your public health agency share resources with other states?** (Select all that apply)

- ☐ All hazards preparedness and response
- ☐ Epidemiology or surveillance
- ☐ Inspections
- ☐ Clinical services
- ☐ Administrative services
- ☐ Other (specify): _____
- ☐ None of the above

**2.17. Currently, does your public health agency share resources (such as funding, staff, or equipment) with tribes on a continuous, recurring (non-emergency) basis?**
- o   Yes
- o   No → *(If checked, skip question 2.17a)*
- o   No tribes in jurisdiction → *(If checked, skip question 2.17a)*

**2.17a. For which services or functions does your public health agency share resources with tribes?** (Select all that apply)

- ☐ All hazards preparedness and response
- ☐ Epidemiology or surveillance
- ☐ Inspections
- ☐ Clinical services
- ☐ Administrative services
- ☐ Other (specify): _____
- ☐ None of the above

**2.18. Has anyone in your 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).*

- o   Yes
- o   No
- o   I don't know

**2.19. Has anyone in your public health agency led, funded, or supported a Health Impact Assessment (HIA) 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).*

- o   Yes
- o   No → *(If checked, skip question 2.19a)*
- o   I don't know → *(If checked, skip question 2.19a)*

**2.19a. How many HIAs has your public health agency led, funded, or supported in the past two years?**


_____


**2.20. Does your public health agency participate in a HIA Advisory Committee?**
*HIA Advisory Committee is an interdisciplinary leadership group established in the scoping phase of the HIA (or existing from previous HIAs) that sets parameters and directs the development and implementation of the HIA. This group makes decisions related to indicators, priorities, etc. and can act as champions during the reporting phase.*

- o Yes
- o No
- o I don't know

# 2022 ASTHO Profile Survey

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

To be completed by the Senior Deputy.

**<u>Contact Information</u>**

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 _____ _____ _____

Position or Title _____

Telephone _____

E-mail address_____

# 2022 ASTHO Profile Survey

For the following questions, please define the state public 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 public health agency?**
- Free-standing/independent agency→ *(If checked, skip question 3.3)*
- Under a larger agency—sometimes referred to as a "super-agency" or an "umbrella agency". *Public health agencies located within a larger agency often reside within health and human services agencies and/or alongside other programs such as Medicaid and Medicare, public assistance, and mental health services.*

**3.2. For which administrative functions and foundational public health services does your public health agency have responsibility and oversight?**
(Select all that apply). *If your agency is under a larger umbrella agency, please answer for the public health division/department.→ (If response option checked, skip question 3.2a for that response option).*
- ☐ Financial Management, Contracts, and Procurement
- ☐ Facilities and Operations
- ☐ Information Technology including privacy and security
- ☐ Legal Services and Analysis
- ☐ Human Resources
- ☐ Workforce Development
- ☐ Communication and Public Relations
- ☐ Diversity, Equity, and/or Inclusion
- ☐ Performance Management
- ☐ ESF-8 of Emergency Preparedness and Response

**3.2a. You indicated that your public health agency does NOT have responsibility and oversight of [insert response option], which of these entities most accurately reflects who has authority for that service:** *→ (Answer this question for each response option NOT checked in 3.2.)*
- ☐ Our umbrella agency
- ☐ Another government agency
- ☐ A government contractor or consultant
- ☐ Other (specify) _____
- ☐ Not Applicable – state/territorial government does not provide this service
- ☐ Unsure

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

**3.2b. Please select which <u>human resources</u> functions are primarily directed from within the public health agency and which are primarily directed by another division or agency?** *Note: If an activity is conducted by both the public health agency and the state administration/umbrella agency, please select yes for both categories.*

| | Directed by public health agency | Directed by state administration or umbrella agency |
|---|---|---|
| Personnel recruitment | o Yes<br>o No | o Yes<br>o No |
| Personnel selection | o Yes<br>o No | o Yes<br>o No |
| Compensation and incentive management | o Yes<br>o No | o Yes<br>o No |
| Benefit management | o Yes<br>o No | o Yes<br>o No |
| Onboarding | o Yes<br>o No | o Yes<br>o No |
| Employee performance evaluation | o Yes<br>o No | o Yes<br>o No |
| Staff learning and development | o Yes<br>o No | o Yes<br>o No |
| Employee engagement and relations | o Yes<br>o No | o Yes<br>o No |
| Human resource planning | o Yes<br>o No | o Yes<br>o No |
| Occupational health and safety | o Yes<br>o No | o Yes<br>o No |
| Labor relations | o Yes<br>o No | o Yes<br>o No |

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

- ☐ Behavioral health
- ☐ Environmental protection
- ☐ Long-term care
- ☐ Medicaid
- ☐ Public assistance
- ☐ Race, equity, diversity and inclusion office
- ☐ Children's services and maternal and child health services
- ☐ Aging and adult services
- ☐ Substance abuse
- ☐ Corrections and/or correctional health services, juvenile justice, and recidivism prevention
- ☐ Other (specify): _____

> **Please indicate any caveats about your public health agency that may cause issues in comparing with other state health agencies (e.g., environmental health or surveillance department sits outside of the public health agency).**

**3.4. Has your public health agency restructured or redesigned your organizational structure since 2019?**
*Only include restructures that will be reflected in an organizational chart within your agency; exclude any temporary restructuring of your agency.*
- o Yes
- o No → *(If checked, skip question 3.4a)*

**3.4a. How has your agency restructured?** Please provide information on departments that have moved within or outside of your public health agency and any larger restructuring that has occurred or is in progress.

**3.5. 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)
_____ State-run local health agencies (led by staff employed by state government)
_____ Independent regional or district offices (led by non-state employees)
_____ State-run regional or district offices (led by state employees)

**The following questions refer to the position held by the current health official/ASTHO member.**

**3.6. Who appoints the state health official in your state?**
o   Governor
o   Legislature
o   Secretary of State Health and Human Services agency (or other similar umbrella agency)
o   Board or Commission
o   Other (specify): _____

**3.7. Who confirms the appointment of the state health official in your state?**
o   Governor
o   Legislature
o   Secretary of State and Health and Human Services agency (or other similar umbrella agency)
o   Board or Commission
o   No confirmation is required
o   Other (specify): _____

**3.8. Is the state health official appointed to a specific term?**
o   Yes
o   No → *(If checked, skip questions 3.9-3.10)*

**3.9. How long is the term? (In years) _____**

**3.10. How is the term set?**
- o   Law
- o   Contract


**3.11. To whom does the health official directly report?**
- o   Governor
- o   Secretary of State Health and Human Services (or other similar umbrella agency)
- o   Board or Commission
- o   Other (specify): _____


**3.12. What are the official statutory requirements for the health official?**
- ☐ MD or DO
- ☐ None
- ☐ Other (specify):_____


**3.13. What is the health official's current annual salary?**

$_____


**3.14. Does your state provide a salary differential if the health official possesses a medical degree?**
- o   Yes (specify salary differential: $_____)
- o   No


**3.15. What are the top five <u>population health priorities</u> for your public health agency for the current fiscal year (July 1, 2021-June 30, 2022)?**

1._____
2._____
3._____
4._____
5._____

**3.16. What are the top five <u>operational priorities</u> for your public health agency for the current fiscal year (July 1, 2021-June 30, 2022)?**

1._____
2._____
3._____
4._____
5._____


**3.17. Does your public health agency have a board of health?**
- o   Yes → *(If checked, skip question 3.18)*
- o   No


**3.18. Does your public health agency have an entity with similar responsibilities to a board of health (e.g., a public health council)?**
- o   Yes (Specify) _____
- o   No

*Part 3a: Governance Classifications*

**3.19. Please provide the following information for the individual in the health agency with primary responsibility for supporting and overseeing local health departments/units.**

Name_____

Title_____

Email_____

Phone_____

 The information collected in this section will allow ASTHO to describe the organization of governmental public health systems in states. The questions you are asked will be based on whether your agency has areas served by health units led by a state employee, areas served by health units led by a local employee, or a mix of the two systems. If your agency is under a larger umbrella agency, please only answer for the public health division/department. Collecting and compiling this information will allow ASTHO to highlight changes over time in governmental structure, provide additional insight into how local and state public health agencies work together to coordinate and provide public health services and activities, and continue use of the classification system first created in the 2012 report titled State Public Health Agency Classification: Understanding the Relationship Between State and Local Public Health.

The following definitions will be helpful in responding to this survey.

**Local health unit** - A local health unit is an administrative or service unit of local or state government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than the state.  This includes local health departments serving counties, cities, multiple counties, or multiple cities or towns and includes regional and local units of state public health agencies. *Please do not consider tribal health agencies when responding. We understand that tribal health agencies make an important contribution to protecting the public health in many states; however, because tribal nations have sovereignty, their relationship with state public health agencies may differ from the relationship between states and local health units.*

**State Employee** - An individual is a state employee if that individual's salary is paid directly by the state government.

**Local Employee** - An individual is a local employee if that individual's salary is paid by a city, county, or other sub-state jurisdiction.

**Led by** – A local health unit is led by the highest-ranking employee with administrative and managerial authority at the local health unit.

**3.19a.Which of the following represents the organization of your state health agency?**

o   We only have areas served by health units that are led by a state employee. → *(If checked, answer question 3.20)*
o   We only have areas served by health units that are led by a local employee. → *(If checked, skip to question 3.23)*
o   We have both areas served by health units that are led by a state employee and a local employee. → *(If checked, answer questions 3.20 & 3.23)*

**Areas Served by Health Units Led by a State Employee**

When you respond to questions in this section, please think ONLY about areas served by health units led by a STATE employee.

**3.20. How would you describe local involvement with budgetary decisions related to local health units that are led by a state employee?**

o   All authority to make budget decisions is held at the state level with no local input
o   All authority for budget decisions is held at the state level, but local governmental entities play a nonbinding advisory role related to setting the budget for local health units
o   Local governmental entities (e.g., local health departments, local elected officials, or Boards of Health) have the authority to make budgetary decisions about allocating resources for **SOME** programs within the local health unit
o   Local governmental entities (e.g., local health departments, local elected officials, or Boards of Health) have the authority to make budgetary decisions about allocating resources for **ALL** programs within the local health unit
o   Varies by health unit among health units that are led by a state employee → *(If checked, answer question 3.20a)*
o   None of the above applies to local health units that are led by a state employee → *(If checked, answer question 3.20a)*

**3.20a**. **Please provide any additional information to clarify local involvement with budgetary decisions.**

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**3.21. Do any local governmental entities (e.g., local health departments, local elected officials, or Boards of Health) <u>have the ability to</u> do any of the following? (Select all that apply)**

☐   Establish taxes for public health → *(If checked, answer question 3.21a)*
☐   Establish fees for services without getting approval from a governmental entity led by a state employee → *(If checked, answer question 3.21b)*
☐   Issue public health orders (e.g., close a food-service establishment)
☐   None of the above

**3.21a. Where does the revenue generated from those taxes go?**

o   All local tax revenue stays with the local unit
o   All local tax revenue goes to the state
o   Some local tax revenue stays with the local unit and some goes to the state

**3.21b. Where does the revenue generated from those fees go?**

o   All local fee revenue stays with the local unit
o   All local fee revenue goes to the state
o   Some local fee revenue stays with the local unit and some goes to the state

**3.22. Which of these statements most accurately reflects how the top executive in the local health unit is appointed and approved?**

o   Local chief executives are appointed and approved by the state health agency (SHA) or other state entities
o   Local chief executives are appointed by the SHA or other state entities but are approved by local officials
o   Local chief executives are appointed by local officials but are approved by the SHA or other state entities
o   Local chief executives are appointed and approved by local officials
o   It varies (Please provide additional details in the space provided)

**3.22a.  On average, what proportion of local health unit budgets is provided by the state public health agency (including federal pass-through)? Include only local health units led by state employees in the average. (The best estimate is fine)**

o   0 - 25%
o   26 - 50%
o   51 - 75%
o   76 - 100%
o   Cannot estimate

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**Areas Served by Health Units Led by a Local Employee**

<mark>When responding to questions in this section, please think ONLY about areas served by health units led by a LOCAL employee.</mark>

**3.23. How would you describe state involvement with budgetary decisions related to local health units that are led by a local employee?**
- o  Aside from requirements associated with the use of state-provided funds, local governmental entities (e.g., local health departments, local elected officials, or Boards of Health) retain decision making capacity about the budget for local health units, with no state input
- o  All authority for budget decisions is held at the local level, but there is a nonbinding advisory role at the state level
- o  State authority is required to allocate resources for **SOME** programs within the local health unit
- o  State authority is required to allocate resources for **ALL** programs within the local health unit
- o  Varies by health unit among health units that are led by a local employee → *(If checked, answer question 3.23a)*
- o  None of the above applies to local health units that are led by a local employee → *(If checked, answer question 3.23a)*

**3.23a.  Please provide any additional information to clarify state involvement in budgetary decisions.**

[ ]

**3.24. Do any local governmental entities (e.g., local health departments, local elected officials, or Boards of Health) have the ability to do any of the following? (Select all that apply)**

- ☐  Establish taxes for public health → *(If checked, answer question 3.24a)*
- ☐  Establish fees for services without getting approval from a governmental entity led by a state employee → *(If checked, answer question 3.24b)*
- ☐  Issue public health orders (e.g., close a food-service establishment)
- ☐  None of the above

**3.24a. Where does the revenue generated from those taxes go?**

- o  All local tax revenue stays with the local unit
- o  All local tax revenue goes to the state
- o  Some local tax revenue stays with the local unit and some goes to the state

**3.24b. Where does the revenue generated from those fees go?**

- o   All local fee revenue stays with the local unit
- o   All local fee revenue goes to the state
- o   Some local fee revenue stays with the local unit and some goes to the state

**3.25. Which of these statements most accurately reflects how the top executive in the local health unit is appointed and approved?**

- o   Local chief executives are appointed and approved by the state health agency (SHA) or other state entities.
- o   Local chief executives are appointed by the SHA or other state entities but are approved by local officials.
- o   Local chief executives are appointed by local officials but are approved by the SHA or other state entities
- o   Local chief executives are appointed and approved by local officials
- o   It varies (Please provide additional details in the space provided)

**3.25a.  On average, what proportion of local health unit budgets is provided by the state public health agency (including federal pass-through)? Include only local health units led by local employees in the average. (The best estimate is fine)**

- o   0 - 25%
- o   26 - 50%
- o   51 - 75%
- o   76 - 100%
- o   Cannot estimate

# 2022 ASTHO Profile Survey

## Part 4: Workforce

To be completed by the Human Resources Director.

**<u>Contact Information</u>**

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 _____ _____

Position or Title _____ _____

Telephone _____ _____

E-mail address_____ _____

**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 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.); however, **if your agency is under a larger umbrella agency, please only answer for the public health division/department**. Unless otherwise specified, answers for this section should be as of the day the survey is being completed.

# 2022 ASTHO Profile Survey

**4.1a. Please indicate the current number of employees (exclude temporary and contract workers) working in your public health agency.** Please include vacant positions for which you are actively recruiting (includes positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started) in these counts. Do not include volunteers in any counts; omit any employees not on your agency payroll (e.g., federal assignees).

_____**Number of employees**
*Count the number of both full-time and part-time individuals employed at your agency; do not count contract or temporary workers or volunteers. Include positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started.*

**4.1b. Please indicate the current number of Full-time Equivalents (FTEs) working in your public health agency (exclude temporary or contract workers).** We would like to quantify the public health agency's current total workforce to include the level of effort provided by both full-time and part-time workers (e.g., a full-time employee is counted as 1.00 FTE, and an employee who works 80% of normal work hours is counted as 0.80 FTE). This is not meant to capture the maximum workforce your agency is authorized to employ.

_____ **Number of Full-time Equivalents (FTEs)**
*Includes the same employees reported in "Number of employees" but adjusted for part-time worker hours. Include positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started.*

**4.1c. You indicated the number of your permanently employed FTEs above. After COVID, what percentage increase (or reduction) in FTE would you <u>estimate</u> needing in order to be able to fully deliver public health services?**
- o   Reduction:  -100% -> -81%
- o   Reduction:  -80% -> -61%
- o   Reduction:  -60% -> -41%
- o   Reduction:  -40% -> -21%
- o   Reduction:  -20% -> -1%
- o   No change
- o   Increase:  +1% -> +20%
- o   Increase:  +21% -> +40%
- o   Increase:  +41% -> +60%
- o   Increase:  +61% -> +80%
- o   Increase:  +81% -> +100%
- o   Increase:  > +100%

**4.1d. Please indicate the current number of temporary and contract workers (including interns, fellows, and federal assignees) working in your public health agency. Include workers hired through entities outside of the health agency (i.e., hiring agencies, CDC Foundation).**

_____**Number of temporary and contract workers**
*Count the number of both full-time and part-time individuals considered to be temporary and contract workers. Temporary refers to both temporary employees directly hired by the agency as well as those hired through temp agencies. Contract workers refers to individuals hired through entities outside of the health agency (i.e. hiring agencies, CDC Foundation, etc.).*

_____**Number of temporary and contract worker full-time equivalents**
*Includes the same employees reported in "Number of temporary and contract workers" but adjusted for part-time worker hours.*

> **Please use this text box to write in any relevant caveats or clarifications to your response above; indicate any areas where you feel less confident or cannot provide an accurate response.**

**4.1e.  As you think about rebuilding the workforce in your state health agency, how challenging do you feel it will be to convert temporary or otherwise non-permanent staff into permanently employed staff?**
- o   Very Easy
- o   Somewhat Easy
- o   Somewhat Challenging
- o   Very Challenging

**4.1f. Please indicate the current number of Full-time Equivalents (FTEs) working in your public health agency that are diverted from their regular work to aid in the COVID-19 response.** Please include all preparedness staff diverted to the COVID-19 response and all full-time and part-time employees diverted to the response. Do not include employees hired specifically for the COVID-19 response, temporary, or contract workers or volunteers in any counts; omit any employees not on your agency payroll (e.g., federal assignees). As a reminder, we want to understand the level of effort so a full-time employee is counted as 1.00 FTE and an employee who works 80% of normal work hours is counted as 0.80 FTE.

_____**Number of full-time equivalents diverted to the COVID-19 response**
*Use the "Number of full time equivalents" datapoint and exclude FTEs that are not diverted to the COVID-19 response.*

> **Please use this text box to write in any relevant caveats or clarifications to your response above; indicate any areas where you feel less confident or cannot provide an accurate response. If possible, please provide additional details on the number of people diverted and their specific program areas.**

**4.2. Please indicate the current number of employees in the following categories.** Please include vacant positions for which you are actively recruiting (includes positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started) <u>and include contract and temporary workers in these counts.</u> We would like to capture workers' areas of responsibility, not their physical location; if an individual works remotely but is conducting work on behalf of a regional office, he/she should be included under regional office counts.

_____**Number of state employees assigned to local health departments**

_____**Number of state employees assigned to regional/district offices**

_____**Number of state employees assigned to the central office** *(This includes those working in central offices that are spread out between multiple buildings)*

_____**Number of state employees assigned elsewhere** *(State employees who may be detailed over to another department or entity and who do not report to any of the locations listed above. This should not include workers who are teleworking unless they are performing duties for a location not listed above.)*

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

# 2022 ASTHO Profile Survey

**4.3a. For each occupational classification listed in the following table, please provide the total current employee FTE count and the total current number of contractors and temporary workers in your state public health agency. Please use the "other" rows to add additional classifications.**
Please include vacant positions for which you are actively recruiting *(includes positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started)*.

Additional instructions for reporting on occupational classifications:

- Please count individuals by their <u>function</u> 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".
- If an individual can be categorized in more than one category, please count them in the category where they spend the most time. For example, if a registered nurse spends 90% of their time on clinical work and 10% on agency leadership, please count this individual as "public health nurse" in the following chart.
- For "Other," please list the four occupational classifications that represent the largest percentage of your workforce that does not fit into any other classifications.
- 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 they do not fit within a particular category and represent a large percentage, please count them in the "Other" category.
- If you do not have any FTEs in a certain occupational classification, please enter 0.

| Total current FTE count for each occupational classification | Total current number of contractors and temporary workers for each occupational classification | Occupational classifications | Descriptions and examples of occupational classifications |
|---|---|---|---|
| **Administration/business occupations** | | | |
| | | Executive leadership | Oversees the operations of the overall agency or a major subdivision of public health services.  Includes all top agency executives regardless of education or licensing (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director, general counsel, legislative liaison, chief operating officer). |

| | | | |
|---|---|---|---|
| | | Business and financial operations staff | Performs specialized work in areas of business, finance, accounting, human resources, information technology (IT), and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, IT or computer system analyst, network and database administrators). |
| | | Office and administrative support | Performs administrative tasks and clerical duties (e.g., administrative assistant, secretary, receptionist, office clerk, maintenance staff, operator). Excludes information technology (IT) staff. |
| | | Quality improvement specialist | Works collaboratively within public health agency to lead and establish appropriate performance management and quality improvement systems. May also play a lead role in systems assessment and preparing the agency for national public health accreditation (e.g., performance management and quality improvement director, performance improvement manager, performance improvement director). |
| | | Public information specialist | Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public (e.g., public information officer, public information specialist). |

## Clinical/laboratory occupations

| | | | |
|---|---|---|---|
| | | 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, preventive medicine physicians, and medical examiners. Excludes psychiatrists and psychologists. |
| | | Physician Assistant | Licensed professional who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients. |
| | | Nurse Practitioner | Advanced practice nurse who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients. |

| | | | |
|---|---|---|---|
| | | Public health nurse | Registered nurse conducting public health nursing (e.g., school nurse, community health nurse); may provide direct medical services to clients. |
| | | Certified nursing assistant | Provides or assists with basic care or support under the direction of onsite licensed nursing staff. Performs duties such as monitoring of health status, feeding, bathing, dressing, grooming, toileting, or ambulation of patients in a health or nursing facility. May include medication administration and other health-related tasks. Includes nursing care attendants, nursing aides, and nursing attendants. Excludes home health aides, personal care aides, orderlies, and psychiatric aides. |
| | | Pharmacist | Dispenses drugs prescribed by physicians and other health practitioners and provide information to patients about medications and their use. May advise physicians and other health practitioners on the selection, dosage, interactions, and side effects of medications. Excludes pharmacist technicians. |
| | | Certified nurse-midwife | Midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include the independent provision of primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. |
| | | Public health dentist | Dentist who identifies persons or groups at risk of oral disease or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct dental services to clients; includes licensed dentists and specialists in Dental Public Health. |
| | | Public health dental hygienist/dental therapist | Licensed dental hygienist or dental therapist conducting public health dentistry (e.g., at school, community health sites); may provide direct dental services to clients. |
| | | Other oral health staff | 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 dental assistants. |

| | | | |
|---|---|---|---|
| | | Behavioral health staff | Develops and implements strategies to improve community mental health status. May also provide direct behavioral health services to clients regarding mental, social, and behavioral issues (e.g., psychiatrists, psychologists, public health social workers, HIV/AIDS counselors, behavioral counselors, community organizers, social services counselors, and mental health and substance abuse counselors.) |
| | | Laboratory worker | Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards (e.g., laboratorian, laboratory scientist, laboratory technician, laboratory aides or assistants, medical technologists). |

**Other public health professionals**

| | | | |
|---|---|---|---|
| | | 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). |
| | | Disease investigator/Contact tracer | Includes Disease Intervention Specialists (DIS). Conducts interviews of patients with confirmed or probable infection. Communicates with close contacts to notify them of exposure, provide disease and transmission information, gather data on demographics, living arrangements, and daily activities. Provides referrals for testing (if appropriate). May conduct home-based specimen collection. |
| | | 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). Excludes information technology (IT) staff. |
| | | Community health worker | Frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. A CHW builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, such as outreach, community education, informal counseling, social support, and advocacy. |

| | | | |
|---|---|---|---|
| | | Environmental health worker | Investigates, monitors, and identifies problems or risks that may affect the environment (e.g., food safety, air and water quality, and solid waste) and, consequently, the health of an individual or group. May include environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector. |
| | | Health educator | Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals and communities, and promotes the effective use of health programs and services (e.g., health educator, health education coordinator, health education specialist). |
| | | Nutritionist | Develops and implements interventions related to nutrition, the nutrition environment, and food and nutrition policy. May also provide nutritional counseling and evaluate the effectiveness of current interventions (e.g., dietician, nutritionist, WIC lactation staff, WIC nutrition staff). |
| | | Preparedness staff | Manages or develops the plans, procedures, and training programs involving the public health response to all-hazards events (e.g., emergency preparedness coordinator, incident manager, emergency preparedness manager, emergency preparedness specialist). |
| | | Security Guard | Guards, patrols, or monitors premises to prevent theft, violence, or infractions of rules. Excludes police officers. |
| | | Law Enforcement/Police Officer | Maintains order and protects life and property by enforcing local, tribal, state, or federal laws and ordinances. Perform a combination of the following duties: patrol a specific area; direct traffic; issue traffic summonses; investigate accidents; apprehend and arrest suspects; or serve legal processes of courts. |
| | | Other (specify): _____ | |
| | | Other (specify): _____ | |

| | | Other (specify): _____ | |
|---|---|---|---|
| | | Other (Specify): _____ | |

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

To reduce respondent burden, ASTHO would like to use your agency's responses from the 2021 Public Health Workforce, Interest, and Needs Survey (PH WINS) to supplement information on occupational classification salary ranges and workforce demographics. We ask that the agency senior deputy—either affirm the health official's consent to use PH WINS 2021 data or deny use of the data. If the health official opts not to consent to using PH WINS information, answers may be provided by the Human Resources Director or other survey contact.

**I affirm that the health official has agreed to allow ASTHO to utilize select data from the 2021 Public Health Workforce Interests and Needs Survey (PH WINS) to supplement information on occupational classification salary ranges and workforce demographics.**
- o Yes → *(If checked, several occupational categories flagged below will be skipped in 4.3b; 4-4-4.8 will also be skipped).*
- o No

**4.3b. For each occupational classification listed in the following table, please provide the annual salary range for employees working full-time in your public health agency (excluding contractors).**

| Annual Salary Range (in whole dollar amounts) | | Occupational Classifications | Descriptions and Examples of occupational classifications |
|---|---|---|---|
| Minimum | Maximum | | |
| **Administration/business occupations** | | | |
| $ | $ | Executive leadership *(Skip if opted to use PH WINS data)* | Oversees the operations of the overall agency or a major subdivision of public health services. Includes all top agency executives regardless of education or licensing (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director, general counsel, legislative liaison, chief operating officer). |

| | | | |
|---|---|---|---|
| $ | $ | Business and financial operations staff *(Skip if opted to use PH WINS data)* | Performs specialized work in areas of business, finance, accounting, human resources, information technology (IT) and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, IT or computer system analyst, network and database administrators). |
| $ | $ | Office and administrative support *(Skip if opted to use PH WINS data)* | Performs administrative tasks and clerical duties (e.g., administrative assistant, secretary, receptionist, office clerk, maintenance staff, operator). |
| **$** | **$** | Quality improvement specialist *(Skip if opted to use PH WINS data)* | Works collaboratively within public health agency to lead and establish appropriate performance management and quality improvement systems. May also play a lead role in systems assessment and preparing the agency for national public health accreditation (e.g., performance management and quality improvement director, performance improvement manager, performance improvement director). |
| **$** | $ | Public information specialist *(Skip if opted to use PH WINS data)* | 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). |

## Clinical/laboratory occupations

| | | | |
|---|---|---|---|
| $ | $ | Public health physician *(Skip if opted to use PH WINS data)* | 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 preventive medicine physicians, and medical examiners. Excludes psychiatrists and psychologists. |
| $ | $ | Physician Assistant *(Skip if opted to use PH WINS data)* | Licensed professional who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients. |
| $ | $ | Nurse Practitioner *(Skip if opted to use PH WINS data)* | Advanced practice nurse who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates |

| | | | |
|---|---|---|---|
| | | | programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients. |
| $ | $ | Public health nurse<br>*(Skip if opted to use PH WINS data)* | Registered nurse conducting public health nursing (e.g. school nurse, community health nurse); may provide direct medical services to clients. |
| $ | $ | Certified nursing assistant | Provides or assists with basic care or support under the direction of onsite licensed nursing staff. Performs duties such as monitoring of health status, feeding, bathing, dressing, grooming, toileting, or ambulation of patients in a health or nursing facility. May include medication administration and other health-related tasks. Includes nursing care attendants, nursing aides, and nursing attendants. Excludes home health aides, personal care aides, orderlies, and psychiatric aides. |
| $ | $ | Pharmacist<br>*(Skip if opted to use PH WINS data)* | Dispense drugs prescribed by physicians and other health practitioners and provide information to patients about medications and their use. May advise physicians and other health practitioners on the selection, dosage, interactions, and side effects of medications. Excludes pharmacist technicians. |
| $ | $ | Certified nurse-midwife | Midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include the independent provision of primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. |
| $ | $ | Public health dentist<br>*(Skip if opted to use PH WINS data)* | Dentist who identifies persons or groups at risk of oral disease or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct dental services to clients; includes licensed dentists and specialists in Dental Public Health |
| $ | $ | Public health dental hygienist/therapist | Licensed dental hygienist conducting public health dentistry (e.g., at school, community health sites); may provide direct dental services to clients. |

| | | | |
|---|---|---|---|
| $ | $ | Other oral health staff | 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 dental assistants. |
| $ | $ | Behavioral health staff *(Skip if opted to use PH WINS data)* | Develops and implements strategies to improve community mental health status. May also provide direct behavioral health services to clients regarding mental, social, and behavioral issues (e.g., psychiatrists, psychologists, public health social workers, HIV/AIDS counselors, behavioral counselors, community organizers, social services counselors, and mental health and substance abuse counselors.) |
| $ | $ | Laboratory worker *(Skip if opted to use PH WINS data)* | 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). |
| **Other public health professionals** | | | |
| $ | $ | Epidemiologist/Statistician *(Skip if opted to use PH WINS data)* | 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). |
| $ | $ | Disease investigator/Contact tracer *(Skip if opted to use PH WINS data)* | Includes Disease Intervention Specialists (DIS). Conducts interviews of patients with confirmed or probable infection. Communicates with close contacts to notify them of exposure, provide disease and transmission information, gather data on demographics, living arrangements, and daily activities. Provides referrals for testing (if appropriate). May conduct home-based specimen collection. |
| $ | $ | Public health informatics specialist *(Skip if opted to use PH WINS data)* | Public health professional who applies informatics principles and standards to improve population health (e.g., public health information systems specialists, public health informaticists). Excludes information technology (IT) staff. |

| | | | |
|---|---|---|---|
| $ | $ | Community health worker *(Skip if opted to use PH WINS data)* | Frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. A CHW builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, such as outreach, community education, informal counseling, social support, and advocacy. |
| $ | $ | Environmental health worker *(Skip if opted to use PH WINS data)* | Investigates, monitors, and identifies problems or risks that may affect the environment (e.g., food safety, air and water quality, and solid waste) and, consequently, the health of an individual or group. May include environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector. |
| $ | $ | Health educator *(Skip if opted to use PH WINS data)* | Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals and communities and promotes the effective use of health programs and services (e.g., health educator, health education coordinator, health education specialist). |
| $ | $ | Nutritionist *(Skip if opted to use PH WINS data)* | Develops and implements interventions related to nutrition, the nutrition environment, and food and nutrition policy. May also provide nutritional counseling and evaluate the effectiveness of current interventions (e.g., dietician, nutritionist, WIC lactation staff, WIC nutrition staff). |
| $ | $ | Preparedness staff *(Skip if opted to use PH WINS data)* | 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). |
| | | Security Guard | Guards, patrols, or monitors premises to prevent theft, violence, or infractions of rules. Excludes police officers. |
| | | Law Enforcement/Police Officer | Maintains order and protects life and property by enforcing local, tribal, state, or federal laws and ordinances. Perform a combination of the following duties: patrol a specific area; direct traffic; issue traffic summonses; investigate accidents; apprehend and arrest suspects; or serve legal processes of courts. |

**4.4. What percentage of employees working at your public health agency are in each racial category?  Include regular full-time and part-time employees.  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.** *Skip if you have opted to use your agency's 2021 PH WINS responses.*

_____% White
_____% Black or African American
_____% American Indian/Alaska Native
_____% Asian
_____% Native Hawaiian or Pacific Islander
_____% Two or more races
_____% Missing data on race

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

**4.5. What percentage of employees working at your public health agency are in each ethnic category?  Include regular full-time and part-time employees.  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.** *Skip if you have opted to use your agency's 2021 PH WINS responses.*

_____% Hispanic or Latino
_____% Not Hispanic or Latino
_____% Missing data on Hispanic/Latino ethnicity

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

**4.6. What is the gender breakdown of employees working at your public health agency?  Include regular full-time and part-time employees. Your responses should total 100%.** *Skip if you have opted to use your agency's 2021 PH WINS responses.*

_____% Male
_____% Female
_____% Non-binary/Other
_____% Missing data on gender

| |
|---|
| **Please use this text box to write in any relevant caveats or clarifications to your response above.** |

**4.7. What are the average age, median age, and average number of years of service for current full-time public health agency employees?** *Skip if you have opted to use your agency's 2021 PH WINS responses.*

  **Average Age of Employees** (Total age for all employees divided by total number of employees)
  **Median Age of Employees** (The value of the middle age for all employees)
  **Average Number of Years of Service** (Total years of service for all employees divided by the total number of employees)

| |
|---|
| **Please use this text box to write in any relevant caveats or clarifications to your response above.** |

**4.8. What was the average age of <u>new</u> employees hired for Fiscal Year 2021 (**July 1, 2020-June 30, 2021)**?** *Skip if you have opted to use your agency's 2021 PH WINS responses.*

Average Age in Fiscal Year 2021: _____

| |
|---|
| **Please use this text box to write in any relevant caveats or clarifications to your response above.** |

**4.9. To understand the retention rate at public health agencies over the last few years, we would like to know how many total employees you had as of the last day of each fiscal year.**

       Total number of employees as of June 30, 2019: _____

       Total number of employees as of June 30, 2020: _____

       Total number of employees as of June 30, 2021: _____

| |
|---|
| **Please use this text box to write in any relevant caveats or clarifications to your response above.** |

**4.10. Please indicate if your public health agency has experienced a hiring freeze (hiring of new personnel is halted for a period of time) and/or staffing caps (maximum number of employees allowed and that cannot be exceeded) since 2019.**

| Fiscal Year | Experienced a hiring freeze | Experienced staffing caps |
|---|---|---|
| **FY19 (July 1, 2018-June 30, 2019)** | o   Yes <br> o   No | o   Yes <br> o   No |
| **FY20 (July 1, 2019-June 30, 2020)** | o   Yes <br> o   No | o   Yes <br> o   No |
| **FY21 (July 1, 2020-June 30, 2021)** | o   Yes <br> o   No | o   Yes <br> o   No |

| |
|---|
| **Please use this text box to write in any relevant caveats or clarifications to your response above.** |

**4.11. How many non-temporary employees were hired by your public health agency in Fiscal Year 2021** (July 1, 2020-June 30, 2021)?

       Number of new positions filled in Fiscal Year 2021: _____

       Number of vacancies filled due to lift of previous hiring freeze in Fiscal Year 2021: _____

       Number of vacancies filled due to employee turnover (including retirements) in Fiscal Year 2021: _____

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

**4.12. How many non-temporary employees have separated from your state's public health workforce over the past three fiscal years?  Please include all voluntary and involuntary separations and retirements in this number.**

Number who left agency in Fiscal Year 2019: _____
Number who left agency in Fiscal Year 2020: _____
Number who left agency in Fiscal Year 2021: _____

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

**4.13. How many non-temporary employees were affected by each of the following workforce reductions in FY2021** (July 1, 2020-June 30, 2021)?**?**

Number of employees laid off: _____
Number of employees lost through attrition and not replaced because of hiring freezes or budget cuts: _____
Number of employees who had their working hours reduced for budgetary reasons (DO NOT include employees placed on mandatory furlough): _____
Number of employees placed on mandatory furlough for budgetary reasons: _____

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

**4.14. How many positions are being actively recruited by your HR department? This includes positions that have been recruited for but not yet filled, and any positions that are in the process of onboarding but haven't officially started. Do not include positions that are required to be left vacant due to hiring freezes or other requirements.**

Positions Actively Recruited: _____

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

**4.15. If adequate funding were available to hire desired staff, which of the following non-financial barriers may impede or block the hiring process? Rank these barriers with (1) being the most significant barrier.** *If your agency foresees no non-financial barriers, please rank "There are no non-financial barriers to impede or block hiring" as #1 and the order of remaining responses will not be considered. If your agency foresees financial barriers, please mark this response option as last.*

- ☐ There are no non-financial barriers to impede or block hiring
- ☐ Difficulty with advertising or engaging with quality applicants
- ☐ Difficulty of competing in labor market (e.g., unable offer competitive salary and benefits)
- ☐ Difficulty in converting temporary staff positions to permanent positions
- ☐ Challenges in receiving authorizations for positions (e.g., barriers to requisition, lack of direct hire/appointment authority, hiring freezes)
- ☐ Lack of capacity to hire, onboard, train, or supervise desired staff
- ☐ Lack of physical office space or equipment available to hire desired staff
- ☐ Administrative barriers in the hiring process (e.g., Human Resources requirements, procedures, and timelines)
- ☐ Policy barriers which constrain hiring (e.g., funding restrictions disallow certain hirings)
- ☐ Other (specify) _____

**4.16. What is the percentage of current full-time classified employees who will be eligible for retirement for each of the following fiscal years?**
*(Retirement eligibility is based upon your individual jurisdiction's set of criteria; only include those eligible for full retirement benefits)*

> Fiscal year 2022: _____%
> Fiscal year 2023: _____%
> Fiscal year 2024: _____%
> Fiscal year 2025: _____%
> Fiscal year 2026: _____%

| |
|---|
| **Please use this text box to write in any relevant caveats or clarifications to your response above.** |

**4.17. Does your public health agency have a designated workforce development director?** *This individual may or may not work as the workforce development director full time but is considered the primary point of contact for workforce development activities.*
- o  Yes
- o  No → *(If checked, skip question 4.17a)*
- o  I don't know → *(If checked, skip question 4.17a)*

**4.17a. What percent FTE does your designated workforce development director spend completing workforce development activities?**

Percent FTE: _____

**4.18. Does your public health agency currently offer any type of public health or other related training or educational advancement for its employees?**
- o  Yes
- o  No

**4.19. Which leadership development training does your public health agency currently offer to its employees?**
- ☐  Negotiation skills
- ☐  Strategic management
- ☐  Emotional intelligence

- ☐ Adaptive leadership
- ☐ Change management
- ☐ Intercultural or intergenerational management
- ☐ Collaborative intelligence
- ☐ Handling conflict
- ☐ Coaching and mentoring skills
- ☐ Communications skills for managers
- ☐ Leadership styles
- ☐ Effective networking
- ☐ Leading teams and collaborations
- ☐ Diversity, equity, and inclusion
- ☐ Other (specify) _____

---

**Please use this text box to write in any relevant caveats or clarifications to your response above (e.g., if training is not offered through the public health agency because it is offered by another agency).**

---

*Community Health Workers*

**4.20. Does your health agency offer any training for its community health workers?**
- o Yes
- o No
- o I don't know

**4.21. Which programs within your public health agency employ or directly engage your Community Health Workers?** (Select all that apply)
- ☐ Maternal and Child Health
- ☐ Communicable Disease
- ☐ Chronic Disease and Injury
- ☐ Communications
- ☐ Assessment
- ☐ Organization Competencies

- ☐ Environmental Health
- ☐ All-Hazards
- ☐ Other (specify) _____

---

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

---

## COVID-19 Response

**4.22. As of January 1, 2022, are employees of your public health agency required to have received a COVID-19 vaccine to continue working?**
- o Yes, employees must have at least one dose of a COVID-19 vaccine
- o Yes, employees must be fully vaccinated
- o Yes, employees must be fully vaccinated AND must receive a booster
- o No, employees are not required to receive a COVID-19 vaccine

**4.23. Which of these workplace flexibilities/programs were created or expanded due to the COVID-19 pandemic?** (Select all that apply)

| | Created due to the COVID-19 pandemic | Expanded due to the COVID-19 pandemic | Developed as a strategy to retain current staff during COVID-19 pandemic |
|---|---|---|---|
| Telework/remote work | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Flexible schedules | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Paid time off | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Leave specifically to care for family members and remote schooling | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Hiring incentives | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Pay increase or bonuses | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |

| | | | |
|---|---|---|---|
| Access to office equipment and supplies in alternate settings (e.g., borrowing office equipment or offer of stipend to purchase equipment) | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Improved in-office physical space | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Professional development opportunities | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Expanded career path | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Employee recognition | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Physical wellness programs (e.g., COVID-19 testing) | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Mental wellness programs (e.g., identifying and addressing burnout) | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Personal protective equipment (PPE) and PPE training | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Use of telehealth | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |
| Other (specify) | o Yes<br>o No | o Yes<br>o No | o Yes<br>o No |

**4.23a. Please select whether each flexibility/program will be temporarily or permanently offered by the public health agency.**

| | |
|---|---|
| Telework/remote work | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Flexible schedules | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Paid time off | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |

| | |
|---|---|
| Leave specifically to care for family members and remote schooling | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Hiring incentives | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Pay increases or bonuses | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Access to office equipment and supplies in alternate settings (e.g., borrowing office equipment or offer of stipend to purchase equipment) | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Improved in-office physical space | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Professional development opportunities | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Expanded career path | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Employee recognition | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Physical wellness programs (including COVID-19 testing) | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |

| | |
|---|---|
| Mental wellness programs (including identifying and addressing burnout) | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Personal protective equipment (PPE) and PPE training | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Use of telehealth | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |
| Other (specify) | o Temporary<br>o Permanent<br>o I don't know<br>o N/A |

# 2022 ASTHO Profile Survey

## Part 5: Finance

To be completed by the Chief Financial Officer.

**<u>Contact Information</u>**

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

Name _____

Position or Title _____

Telephone  _____

E-mail address_____

**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 that public health agencies **report only on expenditures for the public health agency** and not for public health activities outside of the 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).  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.

> **Reporting Time Frames**
> We are requesting expenditure data for the fiscal year that begins July 1 and ends June 30. If your 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 expenditures on an accrual basis (actual _plus_ revenue earned but not received and expenses incurred but not paid).**

> **Medicaid and Medicare Funding**
> In an effort to focus on _public health_ expenditures, we are limiting our collection of Medicaid and Medicare data to direct clinical services provided by state public health agencies and by local public health agencies when the funds have passed through the state public health agency. Include the smaller reimbursements or other payments a 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. For agencies under a larger umbrella that includes Medicaid, exclude payments for Medicaid/Medicare services provided by other entities.

**Pass Throughs and Local Health Expenditures**
Report local public health expenditures ONLY when funds pass through the state public health agency. Do not include expenditures from funds that come directly to local health departments from other sources.

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

**Other State Funds:** Include revenues received from the state that are not from the state general fund and state Medicaid reimbursement for direct clinical services.

**Federal Funds:** Include all federal grants, contracts, cooperative agreements, and Medicare reimbursement for direct clinical services.

**Other Sources:** Include Tobacco Settlement Funds, fees and fines collected by the agency (including regulatory fees and laboratory fees), payment for direct clinical services (except Medicare and Medicaid), which should be included under federal or other state funds as appropriate), foundation and other private donations, and any funding that the state receives from county or local government.

---

# 2022 ASTHO Profile Survey

**5.1. For the last three fiscal years (FY19-21), please report actual operating expenditures (to the nearest dollar amount) for the health agency by each source of fund below. If you do not have any expenditures from a particular funding source, please enter 0.**

| **Total FY19 Expenditures** FY19 is defined as July 1, 2018-June 30, 2019 | | | |
|---|---|---|---|
| State General Funds | Other State Funds | Federal Funds | Other Sources |
| FY19 $: | FY19 $: | FY19 $: | FY19 $: |

| **Total FY20 Expenditures** FY20 is defined as July 1, 2019-June 30, 2020 | | | |
|---|---|---|---|
| State General Funds | Other State Funds | Federal Funds | Other Sources |
| FY20 $: | FY20 $: | FY20 $: | FY20 $: |

| **Total FY21 Expenditures** FY21 is defined as July 1, 2020-June 30, 2021 | | | |
|---|---|---|---|
| State General Funds | Other State Funds | Federal Funds | Other Sources |
| FY21 $: | FY21 $: | FY21 $: | FY21 $: |

# 2022 ASTHO Profile Survey

In the space provided below, please record any caveats regarding the expenditures reported above (e.g., any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of expenditures by the funding sources listed, or other footnote information to clarify any variation in reporting).

---

**Expenditure Category Definitions**

Note: Administrative costs that are embedded into a specific program should be included under the applicable program category.

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

**COVID-19 Response**

| INCLUDE: | EXCLUDE: |
|---|---|
| • All COVID-19 response activities | |

**Chronic Diseases**

| INCLUDE: | EXCLUDE: |
|---|---|
| • Prevention & screening for chronic diseases and risk factors (e.g. cardiovascular disease, obesity, diabetes, cancer) | • Treatment for chronic diseases and risk factors |
| • Prevention & screening for tobacco, alcohol, and other drug use | • Treatment for tobacco, alcohol, or other drug use |
| • Prevention & screening for mental health conditions (EXCEPT suicide) | • Treatment for mental health conditions |
| • Non-WIC nutrition assessment & counseling | • Screening for asthma |
| | • WIC nutrition assessment & counseling* |
| | • COVID-19 activities* |

**Infectious Diseases (non-COVID)**

| INCLUDE: | EXCLUDE: |
|---|---|
| • Child & adult immunizations | • International travel immunizations |
| • Vaccine order management and inventory | • Treatment for infectious diseases* |
| • ID prevention, screening, and control | • COVID-19 activities* |

# 2022 ASTHO Profile Survey

**Injury and Violence Prevention**

| INCLUDE: | EXCLUDE: |
|---|---|
| • Primary prevention for: <br>     o Injuries <br>     o Violence <br>     o Suicide <br> • Poison control <br> • Sexual assault victims' services | • Occupational safety & health <br> • Other victims' services <br> • COVID-19 activities* |

**WIC**

| INCLUDE: |
|---|
| All expenditures related to WIC program, including: <br> • Nutrition education <br> • Voucher dollars |

**Environmental Health**

| INCLUDE: | EXCLUDE: |
|---|---|
| • Regulatory & non-regulatory programs for: <br>     o Food (retail, processing) <br>     o Water (drinking, ground, surface, recreational) <br>     o Septic systems <br>     o Air (indoor, outdoor) <br>     o Lead inspection and screening <br>     o Radiation and radon <br> • Regulation of non-healthcare businesses <br>     o Body art, tanning, cosmetology <br>     o Schools, childcare <br>     o Commercial lodging (e.g., hotels, campgrounds) <br>     o Tobacco retailers <br> • Vector control <br> • Veterinary public health | Regulatory & non-regulatory programs for: <br> • Solid waste (except septic) <br> • Hazardous and biomedical waste <br> • Hazardous materials and hazmat response <br> • Private housing inspections <br> • Collection/disposal of pharmaceuticals <br> • Land use planning <br> • Clinical treatment for elevated blood lead <br> • Regulation of healthcare-related businesses* <br> • Licensure for individuals in any profession or business <br> • COVID-19 activities* |

**Clinical Services/Consumer Care**

| INCLUDE: | EXCLUDE: |
|---|---|
| • Most maternal & child health programs (e.g., newborn screening, family planning, home visits, prenatal care) | • Treatment for chronic diseases (e.g., high blood pressure, diabetes, obesity, cancer) |

- Oral health
- Non-clinical school health services, non-clinical services in correctional facilities
- Sex education
- Infectious disease treatment (e.g., Tuberculosis, HIV/AIDs, other STDs)
- Substance abuse clinical preventive services; syringe and needle exchange/disposal

- Comprehensive primary care (children, adults, school-based)
- Substance abuse treatment services (inpatient or outpatient)
- Mental illness treatment services (inpatient or outpatient), including state psychiatric hospitals
- Correctional healthcare (clinical)
- Eldercare services
- Obstetrical care
- Blood lead treatment
- COVID-19 activities*

**All Hazards Preparedness and Response**

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

EXCLUDE:
- Provision of routine medical or public safety functions, such as EMS or HazMat response
- COVID-19 activities*

**Quality of Health Services**

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

EXCLUDE:
- Licensure for healthcare professions
- Licensure of other professions
- Health-related boards and commissions NOT administered by public health agency
- COVID-19 activities*

# 2022 ASTHO Profile Survey

**Health Data**

| INCLUDE: | EXCLUDE: |
|---|---|
| • Surveillance activities | • Vital statistics* |
| • Data collection | • Laboratory services* |
| • Data analysis and report production | • COVID-19 activities* |
| • Disease registries | |
| • Accident, injury, and death reporting | |

**Health Laboratory**

| INCLUDE: | EXCLUDE: |
|---|---|
| All costs associated with state/territorial laboratory | • Forensics laboratory |
| • Chemistry lab | • COVID-19 activities* |
| • Microbiology lab | |
| • Laboratory administration | |
| • Building-related costs | |
| • Supplies | |

**Vital Statistics**

| INCLUDE: | EXCLUDE: |
|---|---|
| • Records maintenance & reproduction | • COVID-19 activities* |
| • Statistical reporting | |
| • Customer service at state/territory or local level | |

**Administration**

| INCLUDE: | EXCLUDE: |
|---|---|
| • Executive office | • Any administrative costs embedded in (and reported in) program areas |
| • Communications | • COVID-19 activities* |
| • Legal affairs | |
| • Human resources | |
| • Finance | |
| • Information technology | |
| • Facilities | |
| • Procurement | |
| • Health reform & policy | |
| • Health equity | |

# 2022 ASTHO Profile Survey

**5.2. For the most recent fiscal year (FY21), please report actual operating expenditures (to the nearest dollar amount) for the health agency for each category listed in the chart below. Please report what the public health agency spent during the 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 FY21 (7/1/20-6/30/21). If you do not have any expenditures for a particular category (for example, if your agency does not handle WIC), please enter 0. Please attempt to exclude the specific programs/activities mentioned in the exclusion column of each definition. If you do not have a particular program in your agency, please select "I do not have data on expenditures for this category."**

**COVID-19 directions: Include expenditures that were used to prepare, mitigate, respond, and recover from COVID-19. Only report on expenditures from funds that came directly to the health agency.**

| Expenditure Categories | FY21 Expenditures FY21 is defined as July 1, 2020-June 30, 2021 | | | | |
| --- | --- | --- | --- | --- | --- |
| | State General Funds | Other State Funds | Federal Funds | Other Sources | I do not have data on expenditures for this category |
| **COVID-19** | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Chronic Diseases | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Infectious Diseases (non-COVID) | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Injury and Violence Prevention | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| WIC | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Environmental Health | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Clinical Services/Consumer Care | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| All Hazards Preparedness and Response | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Quality of Health Services | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |

| | | | | |
|---|---|---|---|---|
| Health Data | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Health Laboratory | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Vital Statistics | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Administration | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Other (specify): | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |

**In the space provided below, please record any caveats regarding the expenditures reported for your agency's fiscal year 2021 (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).**

**5.3. We would like to further break down the <u>federal funds</u> spending category. For fiscal year 2021, please report actual expenditures (to the nearest dollar amount) for the health agency for <u>each source of federal funds</u> listed in the chart below. For example, report how many federal fund dollars from the CDC were spent on chronic disease in FY21 (7/1/20-6/30/21). 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. Please attempt to exclude the specific programs/activities mentioned in the exclusion column of each definition. If you do not have a particular program in your agency, please select "I do not have data on expenditures for this category."**

**COVID-19 directions: Include expenditures that were used to prepare, mitigate, respond, and recover from COVID-19. Only report on expenditures from funds that came directly to the state health agency.**

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Federal Funder Definitions:

**Other Department of Health and Human Services (DHHS):** Exclude expenditures from Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services (SAMHSA) expenditures. Include all other state health agency expenditures from agencies within the DHHS.

**Medicaid:** Include federal portion only in this cell. Include transfers or reimbursements for public health purposes or direct clinical services actually provided by the health department (e.g., lead testing, immunizations outreach to Medicaid recipients, and Elderly/Disabled Medicaid Waivers). Include Medicaid administrative claims. Any state Medicaid expenditures should have been reported in the Other State column in the previous question. Exclude reimbursement for Medicaid services by third party providers.

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

**Department of Homeland Security (DHS):** Include FEMA expenditures.

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

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# 2022 ASTHO Profile Survey

| Expenditure Categories | FY21 Expenditures FY21 is defined as July 1, 2020-June 30, 2021 | | | | | | | | | | |
| | Federal Funds | | | | | | | | | | |
| | CDC | SAMHSA | HRSA | Other DHHS | Medicaid | Medicare | USDA | DHS inc. FEMA | EPA | Other | I do not have data on expenditures for this category |
| **COVID-19** | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Chronic Diseases | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Infectious Diseases (non-COVID) | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Injury and Violence Prevention | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| WIC | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Environmental Health | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Clinical Services/ Consumer Care | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| All Hazards Preparedness | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |

# 2022 ASTHO Profile Survey

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| and Response | | | | | | | | | | | |
| Quality of Health Services | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Health Data | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Health Laboratory | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Vital Statistics | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Administration | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |
| Other (specify): | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | FY21 $: | ☐ |

**In the space provided below, please record any caveats regarding the expenditures reported for your agency's fiscal year 2021 (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).**

**5.4. We would like to further understand COVID-19 expenditures at public health agencies. For fiscal year 2021 (7/1/20-6/30/21), please report an estimated percentage of COVID-19 expenditures for the public health agency by the activities listed below. For example, if you reported 50 million dollars in the COVID-19 expenditures above and spent roughly 25 million dollars on contact tracing, you would report 50% for contact tracing below.** *(Slider Question)*

<u>**COVID-19 Expenditure Definitions**</u>

*<u>Personnel Service Expenditures</u>*

**Staffing/Workforce:** Include all personnel costs for employees who were included in cost centers for COVID-19 response activities. Include salary, fringe, indirect costs. Include all existing and new employees, full and part-time, but do not include contracts for temporary staff or vendors. Contracts with vendors or for temporary staff should be included in the respective pandemic response category listed below where that staffing resource was assigned.

*<u>Non-personnel Service Expenditures</u>*

**Information systems:** Development, purchase of or improvement of any information systems (examples of information systems include but are not limited to case management and contact tracing, NEDSS, syndromic surveillance, ELR, eCR, IIS, vaccine scheduling or inventory management, LIMS, dashboards, or data analytics). Please include any expenditures for information systems in this category rather than in a relevant category below. For example, expenditures to enhance an Immunization Information System should be included in information systems and NOT in vaccines.

**Contact tracing:** Staffing for contact tracing via contracts or other mechanisms besides employed staff.

**Testing:** Distribution and administration of testing. Include costs for the purchase of lab equipment or supplies, test kits, contracts, or other mechanisms to administer testing operations.

**Vaccines:** Distribution and administration of vaccines. Include all costs for contracts or other mechanisms to operate vaccination sites, including supplies or other costs. Include costs associated with development and implementation of public education campaigns related to vaccines.

**Stockpiles:** Include costs of face coverings, gloves, gowns, or other PPE for employees, or other healthcare system or community members. Include the costs for purchase of other items that are not associated with vaccination or PPE. Include costs for additional warehouses, transportation, or inventory management.

**Percent of COVID-19 expenditures**
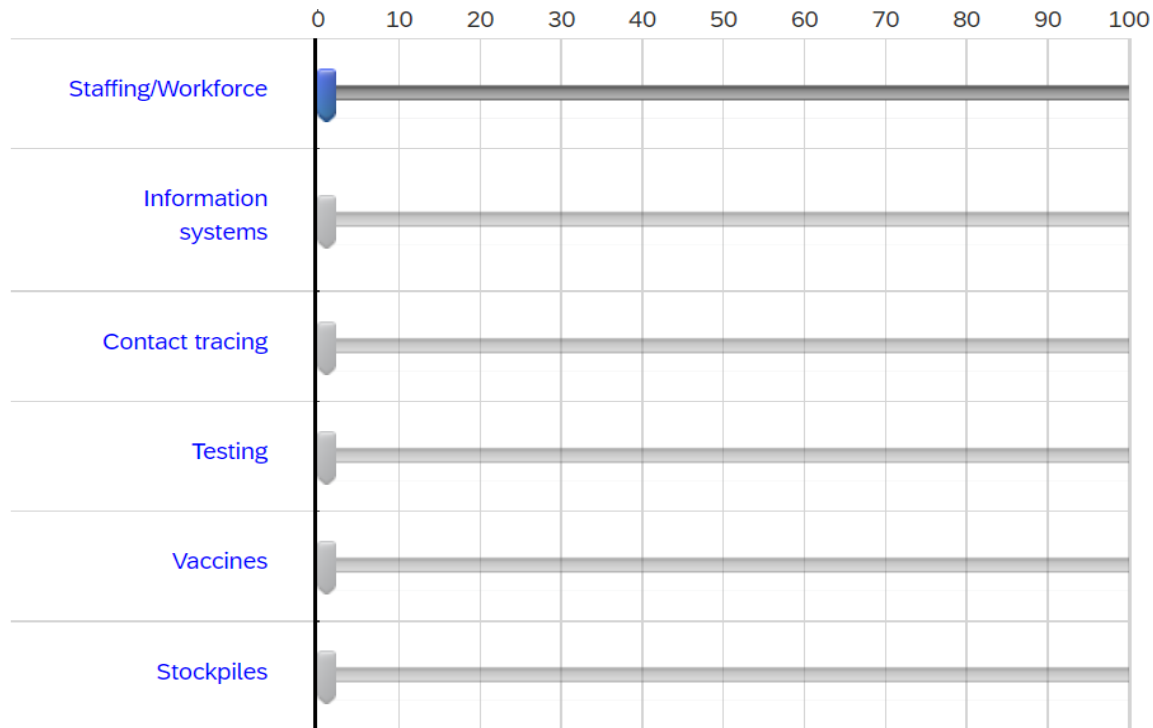


| Please use this text box to write in any relevant caveats or clarifications to your response above. |
| :--- |
| |

## 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 _____ _____

Position or Title _____ _____

Telephone  _____ _____

E-mail address_____

# 2022 ASTHO Profile Survey

**6.1. Has your agency achieved accreditation through the Public Health Accreditation Board (PHAB)?**
*Prefilled based on PHAB data.*
- o Yes → *(If checked, skip question 6.3)*
- o No → *(If checked, skip question 6.2)*

☐ I verify that this response is correct

**6.2. Has your agency applied/is your agency planning to apply for the next cycle of PHAB re-accreditation?**
- o Yes
- o No
- o I don't know

**6.3. In what calendar year does your public health agency anticipate submitting its application to PHAB in order to pursue accreditation?**
- o Already applied
- o 2022
- o 2023
- o 2024
- o 2025
- o 2026 or later
- o Have not decided on a target year
- o My public health agency has decided NOT to apply for accreditation

**6.4. Has your public health agency developed or participated in developing a health improvement plan for your state?**
- o Yes, within the last three years
- o Yes, more than three but less than five years ago
- o Yes, five or more years ago
- o No, but plan to in the next year
- o No

# 2022 ASTHO Profile Survey

**6.5. What best describes your use of Healthy People in assessment and planning efforts (e.g., strategic plan, state health assessment, or state health improvement plan)?**
*Use of Healthy People can refer to a variety of ways for drawing from different elements of Healthy People, such as topic area content, objectives, benchmarks, data or data sources, evidence-based actions provided on the HP website, etc.)*
- We are using Healthy People 2020 → *(If checked, skip question 6.5c)*
- We are using Healthy People 2030 → *(If checked, skip question 6.5a and 6.5c)*
- We are using both Healthy People 2020 and 2030 → *(If checked, skip question 6.5a and 6.5b)*
- We are not currently using Healthy People → *(If checked, skip question 6.5b and 6.5c)*

**6.5a. Are you <u>planning</u> to use Healthy People 2030 in your assessment and planning efforts?**
- Yes
- No
- I don't know

> **Please use this text box to provide additional information on your planning efforts.**

**6.5b. In which of the following efforts does your public health agency use Healthy People?** (Select all that apply)
- ☐ State Health Assessment
- ☐ State Health Improvement Plan
- ☐ Strategic Plan
- ☐ Other assessments and plans (e.g., PHHS Block Grant, maternal and child health plans, environmental health assessments, or tobacco control plans)
- ☐ I don't know

> **Please use this text box to write in any relevant caveats or clarifications to your responses.**

**6.5c. In which of the following efforts does your public health agency use Healthy People?** (Select all that apply)

|  | Healthy People 2020 | Healthy People 2030 |
|---|---|---|
| State Health Assessment | o  Yes<br>o  No<br>o  I don't know | o  Yes<br>o  No<br>o  I don't know |
| State Health Improvement Plan | o  Yes<br>o  No<br>o  I don't know | o  Yes<br>o  No<br>o  I don't know |
| Strategic Plan | o  Yes<br>o  No<br>o  I don't know | o  Yes<br>o  No<br>o  I don't know |
| Other assessments and plans (e.g., PHHS Block Grant, maternal and child health plans, environmental health assessments, or tobacco control plans) | o  Yes<br>o  No<br>o  I don't know | o  Yes<br>o  No<br>o  I don't know |

**6.6. There are many different frameworks or approaches to quality improvement.  Check each framework or approach your agency prefers to use as an approach to quality improvement.** (Select all that apply)

&#9744; Balanced Scorecard

&#9744; Baldrige Performance Excellence Criteria (or state version)

&#9744; Lean

&#9744; Plan-Do-Check-Act or Plan-Do-Study-Act

&#9744; Six Sigma

&#9744; PHAB Accreditation Standards

&#9744; No specific framework or approach

&#9744; Other specific framework or approach (specify): _____

# 2022 ASTHO Profile Survey

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

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

**6.7. Does your public health agency have a formal performance management program in place that includes ALL of the following: performance standards, performance measures, reporting of progress, and a quality improvement process?**
- o   Yes, fully implemented department-wide
- o   Yes, partially implemented department-wide
- o   Yes, fully implemented for specific programs
- o   Yes, partially implemented for specific programs
- o   No

**6.8. Which of the following statements best characterizes your public health agency's current quality improvement activities?**
- o   Public health agency has implemented a formal quality improvement program agency-wide
- o   Formal quality improvement activities are being implemented in specific programmatic or functional areas of the public health agency, but not on an agency-wide basis
- o   Public health agency's quality improvement activities are informal or ad hoc in nature
- o   Public health agency is not currently involved in quality improvement activities → *(If checked, skip questions 6.9-6.10)*

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

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

**6.10. 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
- ☐ We recognize outstanding QI work with employee recognition award(s)
- ☐ Participation in QI efforts is included as part of employee performance goals
- ☐ We provide monetary incentives
- ☐ Quality improvement is included in job descriptions for some employees
- ☐ We have formed a QI committee that coordinates QI efforts
- ☐ We provide funding to support QI efforts
- ☐ We do not actively encourage staff involvement in quality improvement efforts
- ☐ Other (specify): _____

**6.11. Indicate the use of the Core competencies for public health professionals in the course of managing your agency personnel.** Click on the hyperlink to visit the website for additional information if needed. (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 | | | | | | |

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## Part 7: Public Health Data Systems and Informatics

To be completed by Informatics Director or equivalent.

**Contact Information**

Please provide a contact for the following Public Health Data Systems and Informatics 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 _____ _____ _____

Position or Title _____ _____

Telephone _____ _____

E-mail address_____ _____

# 2022 ASTHO Profile Survey

For the following questions, please define informatics as the systematic application of information and computer science and technology to public health practice, research, and learning.

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

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

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

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

**7.3. For your public health agency, where is your informatics office located?**
- o Centralized within public health agency as a separate team, program, or division
- o Within a public health agency but as a separate team for each program area
- o Centralized within state government but not within the public health agency
- o There is not an informatics office in my public health agency or other state government agency
- o Other (specify): _____

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

*A career series refers to a group of hierarchical job classifications which are closely related and in which the higher classifications within the series require the skills, knowledge, and abilities necessary to perform any of the duties of any lower classification within the series (e.g., Bioinformatician I, Bioinformatician II, etc.)*

- o Yes, my agency currently has an informatics career series
- o No, but my agency is planning to develop or is currently developing an informatics career series
- o No, there is no plan for an informatics career series
- o Other (specify):_____

*Informatics Workforce*

**7.5. Please name the job titles associated with informatics work in your public health agency.**

**7.6. Are there specific staff skills that would improve the capacity and efficiency of your health agency's informatics workforce?**
- o Yes
- o No → *(If checked, skip question 7.6a)*

**7.6a. What specific staff skills would improve the capacity and efficiency of your informatics workforce?**

```
[                                                                    ]
[                                                                    ]
[                                                                    ]
```

**7.7. Please select the level of ease at which your public health agency can attract and retain informatics talent.**
- o Very easy
- o Somewhat easy
- o Somewhat challenging
- o Very challenging

**7.7a. Please select the top three challenges influencing your public health agency's ability to attract and retain informatics talent.**
- ☐ There is no career series or pipeline for informatics
- ☐ There is no current position description with skills, roles, and responsibilities for informatics
- ☐ There are challenges with attracting informatics talent at a competitive salary level with the private sector
- ☐ There are challenges with consistent turnover
- ☐ Existing siloes creates challenges with the visibility and impact of this position
- ☐ Other (specify): _____

*Public/Private and Academic Partnerships*

**7.8. In the past year, has your public health agency engaged in informatics work involving private partners (commercial organizations, software vendors)?**
- o Yes
- o No → *(If checked, skip question 7.8a)*

**7.8a. Please describe the work carried out through collaboration with private partners (commercial organizations, software vendors)?**

```
┌─────────────────────────────────────────────────────────────────────────────────┐
│                                                                                   │
│                                                                                   │
│                                                                                   │
│                                                                                   │
└─────────────────────────────────────────────────────────────────────────────────┘
```

**7.9. Does your public health agency take part in informatics activities involving work or relationships with academic or University partners (this could be applied work or research)?**
- o   Yes
- o   No → *(If checked, skip question 7.9a)*

**7.9a. Please describe the work carried out through collaboration with academic and University partners (this could be applied work or research).**

```
┌─────────────────────────────────────────────────────────────────────────────────┐
│                                                                                   │
│                                                                                   │
│                                                                                   │
│                                                                                   │
└─────────────────────────────────────────────────────────────────────────────────┘
```

*Data Modernization*

**7.10. Is your health agency a recipient of CDC's ELC Funding for Data Modernization?**
- o   Yes
- o   No → *(If checked, skip 7.11-7.13)*

**7.11. Does your health agency have a Data Modernization Lead hired to lead ELC-funded activities?**
- o   Yes, a data modernization lead was hired for this effort
- o   Yes, an existing employee was appointed as a data modernization lead
- o   No, but a data modernization lead search is planned or underway
- o   No, we are not hiring a data modernization lead for this effort
- o   Other (specify): _____

# 2022 ASTHO Profile Survey

**CDC's ELC Funding for Data Modernization requires grantees to develop a Data Modernization plan that highlights specific areas for improvement.**

**7.12. Does your health agency have a Data Modernization plan established?**
- o  Yes, the plan is established
- o  No, but the plan is in development
- o  No, we are not establishing a plan → *(If checked, skip question 7.12a)*

**7.12a. Please select the areas of improvement targeted within your data modernization plan:**
- ☐  Syndromic surveillance
- ☐  Electronic case reporting
- ☐  Notifiable and reportable diseases
- ☐  Electronic laboratory reporting (ELR and/or LIMS)
- ☐  Vital records
- ☐  Other (specify): _____

**7.13. Does your health agency have other informatics-related plans or strategic documents outside of the data modernization plan required by CDC's ELC Funding for Data Modernization?**
- o  Yes
- o  No

**7.14. Does your health agency receive support for informatics and/or data modernization activities from organizations outside of CDC?**
- o  Yes
- o  No → *(If checked, skip question 7.14a)*

**7.14a. Please name the organizations that provide support.**

# 2022 ASTHO Profile Survey

*Health Information Exchanges (HIE)*

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**HIE Category Definitions**

**State Designated HIE:** State agencies or organizations granted authority by legislation or executive order to provide statewide technical infrastructure, inter-operability services and data exchange policies.

**Community/Regional HIE:** Organizations created specifically to provide infrastructure to connect healthcare organizations in a community driven by geographic proximity and shared patients. These organizations may be known as regional health information organizations (RHIOs).

**Enterprise HIE:** Supported by a health system or integrated delivery network to facilitate exchange among affiliate provider organizations. May use community or state HIEs to connect to other enterprise networks.

**Vendor-mediated HIE:** Electronic health record (EHR) vendor-facilitated data exchange, whereby a vendor offers technical and networking support to establish connections between their customers.

**National Health Information Network (HIN):** Network of organizations creating data exchange networks at a national level. It connects federal agencies and non-federal healthcare organizations through national-level networks facilitated by public and private organizations.

</div>

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**7.15. Does your health agency engage with one or more HIEs in your state?**
*Note: When thinking about HIEs, include the HIEs listed above and **exclude** platforms not defined in the table above (e.g., IZ Gateway, AIMS, etc.).*
- o   Yes
- o   No → *(If checked, skip question 7.15a-16)*

**7.15a. Please name the HIEs.**

<div style="border:1px solid black; height:120px;"></div>

**7.16. Please describe the relationship between your health agency and the <u>primary</u> HIE it accesses.**

*Note: Consider the primary HIE as the HIE that your health agency conducts a majority of its information exchange transactions for a variety of public health and healthcare data. If the management of the primary HIE involves a partnership between different types of entities, please select all that apply.*

- ☐ HIE is managed by a private entity
- ☐ HIE is managed by the state
- ☐ HIE is managed by another public entity
- ☐ Other (specify)_____

*Electronic Data Collection and Exchange*

**7.17. Please answer the following questions regarding electronic and other forms of data collection and exchange.**

*ASTHO aims to measure change in responses provided by health agencies from the last time these datapoints were fielded in 2016 to now in 2022. While some questions may no longer be as relevant to today's practices, we ask that you do your best to respond, and where you cannot, please select "I don't know".*

| | Does the public health agency primarily collect information **electronically** for the program area, function, or from the data source? <br> *If Yes, also answer for 7.18.* | Does the public health agency primarily collect this information using **other** forms of data collection (paper, telephone, fax)? |
|---|---|---|
| Case management | o  Yes <br> o  No <br> o  I don't know | o  Yes <br> o  No <br> o  I don't know |
| Electronic health record | o  Yes <br> o  No <br> o  I don't know | o  Yes <br> o  No <br> o  I don't know |
| Environmental health | o  Yes <br> o  No <br> o  I don't know | o  Yes <br> o  No <br> o  I don't know |
| Geographic coded data for mapping analysis | o  Yes <br> o  No <br> o  I don't know | o  Yes <br> o  No <br> o  I don't know |

# 2022 ASTHO Profile Survey

| | | |
|---|---|---|
| Immunization | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Laboratory results | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Healthcare systems data (e.g., bed availability) | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Newborn screening | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Early hearing detection | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Reproductive health | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Medicaid billing | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| On-site waste water treatment systems | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Outbreak management | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Reportable diseases | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Food service inspections | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Vital records | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |

| | | |
|---|---|---|
| Water wells (licensing and/or testing) | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| WIC | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Other (specify): | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Other (specify): | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Other (specify): | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |
| Other (specify): | o Yes<br>o No<br>o I don't know | o Yes<br>o No<br>o I don't know |

**7.18. Please answer the following questions regarding electronic data collection and exchange.** *(Only answer rows for those marked Yes in the first column of 7.17.)*

| | 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? | Is data received through a health information exchange entity? |
|---|---|---|---|---|---|---|---|---|
| Case management | ☐ Yes ☐ No ☐ N/A | ☐ State ☐ Local | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Electronic health record | ☐ Yes ☐ No ☐ N/A | ☐ State ☐ Local | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Environmental health | ☐ Yes ☐ No ☐ N/A | ☐ State ☐ Local | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Geographic coded data for mapping analysis | ☐ Yes ☐ No ☐ N/A | ☐ State ☐ Local | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Immunization | ☐ Yes ☐ No ☐ N/A | ☐ State ☐ Local | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Laboratory results | ☐ Yes ☐ No ☐ N/A | ☐ State ☐ Local | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Healthcare systems data (e.g., bed availability) | ☐ Yes ☐ No ☐ N/A | ☐ State ☐ Local | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Newborn screening | ☐ Yes ☐ No | ☐ State ☐ Local | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | ☐ N/A | | | | | | |
| Early hearing detection | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Reproductive health | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Medicaid billing | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| On-site waste water treatment systems | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Outbreak management | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Reportable diseases | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Food service inspections | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Vital records | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Water wells (licensing and/or testing) | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| WIC | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Other (specify): | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Other (specify): | ☐ Yes | ☐ State | ☐ Yes | ☐ Yes | ☐ Yes | ☐ Yes | ☐ Yes | ☐ Yes |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | ☐ No<br>☐ N/A | ☐ Local | ☐ No | ☐ No | ☐ No | ☐ No | ☐ No | ☐ No |
| Other (specify): | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Other (specify): | ☐ Yes<br>☐ No<br>☐ N/A | ☐ State<br>☐ Local | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |

## Part 8: Health Equity

To be completed by Health Equity Director or equivalent.

For the following questions, please define health equity as "when everyone has a fair and just opportunity to be as healthy as possible in a society that values each member equally through focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of disparities in health and healthcare."

**Contact Information**

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

Name _____ _____ _____

Position or Title _____ _____

Length of Time in Position _____

Telephone     _____ _____

E-mail address_____ _____

# 2022 ASTHO Profile Survey

We are interested in health equity activities performed or supported by your health agency**; if your agency is under a larger umbrella agency, please only answer for the public health division/department**.

**8.1. Do you engage in health equity activities within your public health agency?**
- o Yes → *(If checked, skip 8.1a.)*
- o No

**8.1a. Please select the responses that best describe why your public health agency does not complete health equity activities.** (Select all that apply). *(Skip to end of survey after answering this question).*
- ☐ There is no need for health equity activities in our public health agency
- ☐ There is a policy or law in place that prevents our public health agency from engaging in health equity activities
- ☐ Health equity activities are engaged in by an entity outside of our public health agency
- ☐ We do not have funding for health equity activities
- ☐ Other (specify): _____

**8.2. Does your public health agency have an organizational unit with primary responsibility for health equity activities?**
- o Yes
- o No

**8.3. Do you have a Health Equity Director or a designated individual leading health equity activities within your public health agency?**
- o Yes
- o No → *(If checked, skip 8.4-8.5.)*

**8.4. What percent FTE does your primary contact person for health equity dedicate to health equity issues and activities?**

Percent FTE: _____

**8.5. To whom does the primary contact person for health equity report to?**

- o  State/Territorial Health Official
- o  State/Territorial Senior Deputy Division Director
- o  Program Director
- o  Commission or other coordinating/advisory body
- o  Other (specify): _____

**8.6. Does your public health agency have an entity (e.g., task force, advisory board, work group, representative or coordinating committee) that advises the public health agency, state, or governor on health equity issues?**

- o  Yes
- o  No → *(If checked, skip question 8.6a)*

**8.6a. What type of entity advises the public health agency, state, or governor on health equity issues?** (Select all that apply)

- ☐  Task force: *A diverse group of people who are charged with working together temporarily on a specific task*
- ☐  Work group: *A group of people usually from the same organization that collaborate on a task or set of tasks*
- ☐  Representative: *Someone with official or unofficial delegated authority to act on behalf of another*
- ☐  Coordinating committee: *A group that facilitates the work of other groups, and has the power to make decisions between meetings*
- ☐  Other (specify): _____

**8.7. Has your state health agency established priorities for any specific groups who have experienced avoidable inequities and/or historical and contemporary injustices?**

- o  Yes
- o  No → *(If checked, skip question 8.7a)*

# 2022 ASTHO Profile Survey

**8.7a. Please check the specific target population(s). For any populations you select, please specify the subpopulations prioritized at your agency based on the most funding provided. For example, if you selected Asian communities and your funding is largely used for Chinese and Korean communities, please specify Chinese and Korean as the subpopulations.**

☐ Black or African American
_____ (Specify priority subpopulations based on the most funding)

☐ Hispanic/Latino
_____ (Specify priority subpopulations based on the most funding)

☐ Asian
_____ (Specify priority subpopulations based on the most funding)

☐ Hawaiian/Pacific Islander
_____ (Specify priority subpopulations based on the most funding)

☐ American Indian/Alaskan Native
_____ (Specify priority subpopulations based on the most funding)

☐ Rural or geographically isolated populations
_____ (Specify priority subpopulations based on the most funding)

☐ Gender-specific groups
_____ (Specify priority subpopulations based on the most funding)

☐ LGBTQ+ groups
_____ (Specify priority subpopulations based on the most funding)

☐ Refugee groups
_____ (Specify priority subpopulations based on the most funding)

☐ Immigrant groups
_____ (Specify priority subpopulations based on the most funding)

☐ Migrant farmer communities

_____ (Specify priority subpopulations based on the most funding)

☐ Individuals experiencing homelessness
_____ (Specify priority subpopulations based on the most funding)

☐ Individuals experiencing food insecurity
_____ (Specify priority subpopulations based on the most funding)

☐ Individuals living with disabilities
_____ (Specify priority subpopulations based on the most funding)

☐ Other (specify): _____

**8.8. Rank in order of priority the health equity initiatives that are most important to your public health agency.**
☐ Leverage and engage public/private partners in health equity solutions
☐ Establish policy to require focus on health equity in all funding opportunities
☐ Develop strategy to communicate that health equity benefits all
☐ Partner to enhance multi-disciplinary/multi-sector capacity
☐ Develop a multi-sector advocacy strategy
☐ Ensure health equity is fully integrated in statewide strategic priorities and plans
☐ Increase access to primary care
☐ Increase cultural competency/health literacy
☐ Collect and track data on race and ethnicity, demographics, and disparities (e.g., SOGI, disability status, age, education, income, etc.).
☐ Increase health workforce diversity
☐ Other (specify): _____

**8.8a. Are there members of the community who have experienced avoidable inequities and/or historical and contemporary justices involved in this work at your public health agency?** *This does not include SHA employees.*
- o Yes
- o No

**8.9. <u>Health In All Policies</u> refers to addressing the following contributors of health. Which of the following areas does your public health agency focus?** (Select all that apply)
- ☐ Transportation
- ☐ Education
- ☐ Civic engagement
- ☐ Leadership
- ☐ Access to healthy food
- ☐ Economic opportunities
- ☐ Other (specify): _____

**8.9a. Health Equity in All Policies requires that the lens of health equity is applied to these same factors. Which of the following would you say your public health agency applies a health equity lens when addressing?** (Select all that apply) *(Only answer for response options selected in 8.9)*
- ☐ Transportation
- ☐ Education
- ☐ Civic engagement
- ☐ Leadership
- ☐ Access to healthy food
- ☐ Economic opportunities
- ☐ Other (specify):_____

# 2022 ASTHO Profile Survey

*Health Equity Workforce*

**8.10. What specific staff skills would improve the capacity and efficiency of your health equity workforce?**

| |
|---|
| |

**8.11. Does your public health agency offer health equity training to its workforce?**
- o   Yes
- o   No → *(If checked, skip question 8.11a)*

**8.11a. Please select all topics that are addressed within the health equity training offered to your public health agency staff.**
- ☐  Implicit bias: *A form of bias that occurs automatically and unintentionally, that nevertheless, affects judgments, decisions, and behaviors*
- ☐  Structural racism: *Macro-level conditions (residential segregation, institutional policies) that limits opportunities, resources, power and wellbeing of individuals and populations based on race/ethnicity and other statuses*
- ☐  Microaggressions: *Everyday verbal, nonverbal and environmental slights, snubs, or insults-whether intentional or unintentional-that communicates hostile, derogatory, or negative messages to individuals based solely upon their marginalized group membership*
- ☐  Cultural humility: *A process of reflection to gain a deeper understanding of cultural differences to improve the way vulnerable groups are treated and researched*
- ☐  Other (specify): _____
- ☐  None of the above

**8.12. Would you be interested in answering additional questions about health equity activities within your public health agency in the future?**
- o   Yes
- o   No