

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

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

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

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

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

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

## Contact Information

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

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

## Saving Data

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

## Printing a Blank Survey

You may print a blank version of the survey by clicking on the following link: [Click Here](#)

## Navigating the Survey

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

## Individual Profile

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

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

## Submitting Completed Survey

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

## Printing a Completed Survey

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

## Report Findings:

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

Your participation and effort are sincerely appreciated!

## Technical Assistance:

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

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

## Part 1: Contact Information

**Name of public health agency:**

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

### Respondent Information for Primary Contact

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

**Title:**

**Email:**

**Telephone:**

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

## Part 2: Activities

To be completed by the Senior Deputy.

### Contact Information

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

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

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

### **Instructions:**

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

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

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Adult immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Childhood immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International travel immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

	Performed by public health agency directly	Contracted out by public health agency
Adult immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Childhood immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International travel immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood lead	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Mass Index (Obesity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breast and cervical cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colon/rectum cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other cancers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardiovascular disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hansen's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other STDs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Newborn screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prediabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other public health screening (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency or hospital directly on-island	Contracted out by public health agency (includes if specimens are shipped off island for analysis)
Likely bioterrorism agents testing (e.g. anthrax)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood lead screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cholesterol screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food borne illness testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Influenza typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Newborn screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Biomonitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vector-borne illness testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other screening (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

	Performed by public health agency directly	Contracted out by public health agency
Birth defects	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Childhood immunization	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency, or hospital that is part of department/ministry of health, directly on-island	Contracted out by public health agency (includes if patient is sent off-island for treatment and treatment is paid for by public health agency or hospital)
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood lead	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breast and cervical cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colon/rectum cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coronary heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obesity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other cancers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other STDs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other public health treatment (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Child nutrition (daycare providers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children and/or youth with special health care needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive school health clinical services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early intervention services for children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MCH home visits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-WIC nutrition assessment and counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obstetrical care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive primary care clinics for children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School health services (non-clinical)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Well child services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Child protection services/medical evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive primary care clinics for adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correctional health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability determination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic violence victims services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home health care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managed care (Patient Centered Medical Homes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental health education and prevention services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental health treatment services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual assault victims services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse education and prevention services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse treatment services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Adolescent behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral risk factors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer incidence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communicable/infectious diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foodborne illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Morbidity data (e.g., healthcare utilization data, hospitalization data, all-payer data bases, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perinatal events or risk factors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Syndromic surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vital statistics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Abstinence only education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexually transmitted disease counseling and partner notification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unintended pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Beaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Biomedical waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body piercing/tattooing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Childcare facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cosmetology businesses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food service establishments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hotels/motels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing (inspections)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jails/prisons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratories	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

*Continued from previous page*

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

	Performed by public health agency directly	Contracted out by public health agency
Migrant Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Milk processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private drinking water	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public drinking water	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Schools	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Septic tank systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke-free ordinances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solid waste disposal sites	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solid waste haulers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming pools (public)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tobacco retailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other facilities (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Dentists	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurses (any level)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacists	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physicians	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician assistants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other professionals (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Animal control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collection and disposal of unused pharmaceuticals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coastal zone management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental epidemiology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food safety training/education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groundwater protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous waste disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazmat response	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indoor air quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Land use planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Noise pollution	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor air quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poison control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private water supply safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public water supply safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiation control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radon control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surface water protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toxicology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vector control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other pollution prevention (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Agriculture regulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forensics laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health consultation for child care environments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institutional review board (IRB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical examiner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needle exchange and disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-clinical services in corrections facilities (e.g. epidemiology, surveillance, HIV/STD prevention)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational safety and health services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public health agency mental health authority with substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public health agency mental health authority without substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public health agency mental institutions/hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public health agency health planning and development	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public health agency tuberculosis hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support for military personnel, veterans, and their families	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma system coordination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinarian public health activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Performed by public health agency directly	Contracted out by public health agency
Emergency medical services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Faith-based health programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federally qualified health centers and community health centers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health disparities, minority health, and/or health equity initiatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health insurance regulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institutional certifying authority for federal reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outreach and enrollment for health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public health agency children's health insurance program (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public health agency-provided health insurance (not supported by federal funds)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing off-island referrals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

- Smoke-free building
- Betel nut-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

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

- Yes
- No
- Other (specify): \_\_\_\_\_

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Quality Improvement/ Performance Management/ Standards/ Accreditation	Data Management	Public Health Law	Policy Development	Workforce Issues	None of these topics
Emergency responders						
Health care providers						
Hospitals						
Laboratories						
Non-profit/community-based organizations						
Other (specify):						
Other (specify):						
Other (specify):						

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Exchange Information	Work together on activities or projects	Public health agency provides financial resources	Public health agency has the leadership role within the partnership	No relationship yet	N/A: Organization does not exist in jurisdiction
Hospitals						
Physician practices/medical groups						
Community health centers						
Other health care providers						
Health insurers						
Emergency responders						
Land use/planning agencies						
Local or international economic and community development agencies						
Local or international housing agencies						
Utility companies/agencies						
Local or international environmental and conservation organizations						
Primary/secondary schools						
Local or off-island higher education (e.g., universities, medical schools, community colleges)						
Parks and recreation						

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

*Continued from previous page*

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

	Exchange Information	Work together on activities or projects	Public health agency provides financial resources	Public health agency has the leadership role within the partnership	No relationship yet	N/A: Organization does not exist in jurisdiction
Transportation						
Local or international non-governmental organizations (NGOs) (e.g., World Health Organization, Pan-American Health Organization)						
Faith communities						
Other voluntary or nonprofit organizations (e.g., libraries)						
Business						
Media						
Traditional leaders						
Continuing education (e.g., pharmacy, medical, nursing)						
Food banks						
Energy agencies						
Law enforcement						
Justice system						

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

- Identifying research topics and questions that are relevant to public health practice
- Developing or refining research plans and/or protocols for public health studies
- Recruiting study sites and/or study participants
- Collecting, exchanging, or reporting data for a study
- Analyzing and interpreting study data and findings
- Disseminating research findings to key stakeholders
- Applying research findings to practices within your own organization
- Helping other organizations apply research findings to practice
- I don't know

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

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

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

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

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

\_\_\_\_\_

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

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

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

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



## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

---

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

- Yes
- No
- I don't know

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

- ASPR Hospital Preparedness Program (HPP) cooperative agreement
- CDC Public Health Emergency Preparedness (PHEP) cooperative agreement
- DHS/FEMA preparedness grants
- Family Planning Services, Title X
- Healthy People
- HIV Pharmacies (ADAP)
- HIV, Title IV
- Immunization funding, Section 317
- Injury Prevention (CDC)
- Maternal and child health, Title V
- Mental Health Block Grant (MHBG: Center for Mental Health Services)
- Mental Health, Title XX
- National Cancer Prevention and Control Program Grant (CDC)
- Preventive Health and Health Services Block Grant (CDC)
- Primary Care Offices (PCOs)
- Rural health (HRSA)
- Child Health Insurance Program (CHIP: Centers for Medicare and Medicaid Services)
- Substance abuse and mental health, Title XIX
- Substance Abuse Prevention and Treatment Block Grant (SAPT: Substance Abuse and Mental Health Services Administration)
- Temporary Assistance to Needy Families (TANF: Administration for Children and Families)
- Vital statistics (NCHS)
- Women Infants and Children Program (USDA)
- Other (specify): \_\_\_\_\_

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

To be completed by the Senior Deputy.

### Contact Information

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

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

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

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

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

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

- Public assistance
- Environmental protection
- Mental health authority with substance abuse
- Mental health authority without substance abuse
- Substance abuse
- Medicaid
- Long-term care
- Other (specify): \_\_\_\_\_

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

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

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

\_\_\_\_\_ number of staff

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

\_\_\_\_\_

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

**FY14?** \$ \_\_\_\_\_  
**FY15?** \$ \_\_\_\_\_

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

## Part 4: Workforce

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

### Contact Information

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

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

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

### **Instructions**

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

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

\_\_\_\_\_ Number of staff members

\_\_\_\_\_ Number of Full-time Equivalent (FTEs)

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

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

\_\_\_\_\_ Number of part-time workers

\_\_\_\_\_ Number of hourly (temporary or as needed) workers

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

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

Total current FTE count for each Occupational Classification	Annual Salary Range (in whole dollar amounts)		Occupational Classifications	Descriptions and Examples of occupational classifications
	Minimum	Maximum		
	\$	\$	Business and financial operations staff	Performs specialized work in areas of business, finance, accounting, human resources, information technology and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, computer system analyst, network and database administrators).
	\$	\$	Office and administrative support	Performs administrative tasks and clerical duties (e.g., administrative assistant, secretary, receptionist, office clerk, maintenance staff, operator).
	\$	\$	Public health nurse	Registered nurse conducting public health nursing (e.g. school nurse, community health nurse).
	\$	\$	Nurse Practitioners	Licensed nurse who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients.

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

	\$	\$	Physician Assistants	Licensed professional who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients.
	\$	\$	Environmental health worker	Investigates, monitor, and identify problems or risks that may affect the environment (e.g. food safety, air and water quality, and solid waste) and, consequently, the health of an individual or group. May include environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector.
	\$	\$	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).
	\$	\$	Agency leadership	Oversees the operations of the overall agency or a major subdivision of public health services. Includes all top agency executives regardless of education or licensing (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director).
	\$	\$	Behavioral health staff	Develops and implements strategies to improve community mental health status. May also provide direct behavioral health services to clients



## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

				regarding mental, social, and behavioral issues (e.g. psychiatrists, psychologists, public health social workers, HIV/AIDS counselors, behavioral counselors, <i>[community organizers]</i> , social services counselors, and mental health and substance abuse counselors).
	\$	\$	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).
	\$	\$	Health educator	Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals, and communities, and promote the effective use of health programs and services (e.g., health educator, health education coordinator, health education specialist).
	\$	\$	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).
	\$	\$	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,

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

				nutritionist, WIC lactation staff, WIC nutrition staff).
	\$	\$	Public health physician	Licensed physician who identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs or interventions designed to prevent, treat, or improve such risks, and may provide direct medical services to clients; includes licensed physicians and preventative medicine physicians. Excludes psychiatrists and psychologists.
	\$	\$	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).
	\$	\$	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).
	\$	\$	Oral health professional	Diagnoses and treats problems with teeth, gums, and the mouth. May also educate individuals or groups on proper oral health activities such as diet choices affecting oral health; includes public health dentists, dental hygienists, and dental assistants.
	\$	\$	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

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

				assessment and preparing the agency for national public health accreditation (e.g., performance management and quality improvement director, performance improvement manager, performance improvement director).
	\$	\$	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.**

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

Annual Salary Range (in whole dollar amounts)		Occupational Category	Position Title (specify only if different than Occupational Category listed)
Minimum	Maximum		
\$	\$	Senior Deputy	Other (specify): _____
\$	\$	Chief Medical Officer	Other (specify): _____
\$	\$	Chief Science Officer	Other (specify): _____
\$	\$	Chief Financial Officer	Other (specify): _____
\$	\$	Chief Information Officer	Other (specify): _____
\$	\$	Epidemiologist	Other (specify): _____
\$	\$	Laboratory Director	Other (specify): _____
\$	\$	Local Health Department Liaison	Other (specify): _____

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

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

\_\_\_\_\_ %

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

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

- \_\_\_\_\_ % White
- \_\_\_\_\_ % Black or African American
- \_\_\_\_\_ % American Indian/Alaska Native
- \_\_\_\_\_ % Asian
- \_\_\_\_\_ % Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ % Another Race
- \_\_\_\_\_ % 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.

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

- \_\_\_\_\_ % Hispanic or Latino
- \_\_\_\_\_ % 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.

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

\_\_\_\_\_ % Male  
\_\_\_\_\_ % Female

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

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

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

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

Average Age in Fiscal Year 2013: \_\_\_\_\_  
Average Age in Fiscal Year 2014: \_\_\_\_\_  
Average Age in Fiscal Year 2015: \_\_\_\_\_

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

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

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

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

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

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

\_\_\_\_%

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

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

\_\_\_\_\_

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

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

\_\_\_\_\_

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

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

- Fiscal year 2016: \_\_\_\_\_
- Fiscal year 2017: \_\_\_\_\_
- Fiscal year 2018: \_\_\_\_\_
- Fiscal year 2019: \_\_\_\_\_
- Fiscal year 2020: \_\_\_\_\_

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

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

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



# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

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

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

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

## 4.20. How is the term set?

- Law
- Contract

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

- At will of Governor or relevant cabinet secretary
- Termination of Contract
- Legislative Action
- Board or Commission Action
- Other (specify): \_\_\_\_\_

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

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

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

- Board of Health
- Secretary of HHS Agency
- Budget Office
- Governor
- Legislature
- Other (specify): \_\_\_\_\_

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

- MD or DO
- Other doctoral degree
- Health Profession Board Certification
- MPH
- MPA or other master's prepared program
- Experience in public health practice or teaching
- Ten or more relevant years in profession
- Executive management experience
- None
- Other (specify): \_\_\_\_\_

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

- BA
- BS
- RN
- BSN
- MSN
- MPH
- MBA
- MD
- DO
- DrPH
- DDS
- DVM
- JD
- PhD (specify field): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

- Yes
- No

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

\_\_\_\_\_

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

\$ \_\_\_\_\_

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

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

- Legislature/Statute
- Governor
- Board or Commission
- Other (specify): \_\_\_\_\_

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

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

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

- Fully implemented
- Partially implemented
- Not yet implemented
- I don't know

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

- Yes
- No
- I don't know

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

## Part 5: Planning and Quality Improvement

To be completed by Performance Improvement Officer or equivalent.

### Contact Information

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

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

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

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

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

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

- Yes
- No

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

- Yes
- No

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

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

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

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

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

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

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

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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



## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

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

- Balanced Scorecard
- Baldrige Performance Excellence Criteria (or jurisdiction version)
- Lean
- Plan-Do-Check-Act or Plan-Do-Study-Act
- Six Sigma
- No specific framework or approach
- Other specific framework or approach (specify): \_\_\_\_\_

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

- Mapping a process
- Identifying root causes
- Obtaining baseline data
- Setting measurable objectives
- Testing the effects of an intervention
- Analyzing the results of the test
- None of the above

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

- **Performance standards** are objective standards or guidelines that are used to assess an organization's performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health agency services as "good" or "excellent," 100 percent immunization rate for all children). Standards may be set by benchmarking against similar organizations, or based on national, jurisdictional, or scientific guidelines.
- **Performance measures** are any quantitative measures or indicators of capacities, processes, or outcomes relevant to the assessment of an established performance goal or objective (e.g., the number of epidemiologists on staff capable of conducting investigations, percentage of clients who rate health agency services as "good" or "excellent," percentage of immunized children).
- **Reporting of progress** means documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.
- **Quality improvement** refers to a formal, systematic approach (such as plan-do-check-act) applied to the processes underlying public health programs and services in order to achieve measurable improvements.

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

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

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

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

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

- Agency QI Council or other committee that coordinates QI efforts
- 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

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

- We provide training to staff in QI methods
- 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): \_\_\_\_\_

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

- Program planning
- Grant writing
- Priority setting
- Policy development
- Other (specify): \_\_\_\_\_
- None of the above

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Not familiar with	Familiar with but have not used	Conducting performance evaluations	Developing training plans	Preparing job descriptions	Other use
Core competencies for public health professionals <a href="http://www.phf.org/resourcestools/Documents/Core_Public_Health_Competencies_III.pdf">www.phf.org/resourcestools/Documents/Core_Public_Health_Competencies_III.pdf</a>						
Emergency preparedness competencies for all public health workers <a href="http://images.main.uab.edu/isoph/SCCPHP/documents/compbroch.pdf">http://images.main.uab.edu/isoph/SCCPHP/documents/compbroch.pdf</a>						
Informatics competencies for public health professionals <a href="http://www.nwcphp.org/docs/phi/comps/phi_print.pdf">http://www.nwcphp.org/docs/phi/comps/phi_print.pdf</a>						
Quad Council Public Health Nursing Competencies <a href="http://www.phf.org/resourcestools/Pages/Public_Health_Nursing_Competencies.aspx">http://www.phf.org/resourcestools/Pages/Public_Health_Nursing_Competencies.aspx</a>						
NLN Leadership Competencies						
Other (specify):						
Other (specify):						
Other (specify):						

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

## Part 6: Health Information Management

To be completed by the Informatics Director or equivalent.

### Contact Information

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

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

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

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

## 6.2. For your public health agency, who has overall decision making authority regarding your agency's public health information management systems?

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

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Does the public health agency collect information for the program area, function, or from the data source electronically?
Case management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic health record	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental health	<input type="checkbox"/> Yes <input type="checkbox"/> No
Geographic coded data for mapping analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory results	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthcare systems data (e.g., bed availability)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Newborn screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early hearing detection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reproductive health	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid billing	<input type="checkbox"/> Yes <input type="checkbox"/> No
On-site waste water treatment systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outbreak management	<input type="checkbox"/> Yes <input type="checkbox"/> No



## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

*Continued from previous page.*

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

	Does the public health agency collect information for the program area, function, or from the data source electronically?
Reportable diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food service inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vital records	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water wells (licensing and/or testing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

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

	Does your agency have the following system?	If Yes...	
		Does the system receive Meaningful Use-compliant messages from EHRs?	Does your system have capacity for bidirectional data reporting and exchange?
Electronic syndromic surveillance system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic case reporting of reportable conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization registry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public health registry (including cancer registry)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical data registry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic reportable laboratory results	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# 2016 ASTHO Profile Survey – U.S. Territories and Freely-Associated States

## Part 7: Profile Evaluation

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

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

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

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_ hours