

Catalog of Data Resource

Data Resource and Organization	What data modernization topics are addressed in this resource?	What data modernization topics are addressed in this resource?	What data modernization topics are addressed in this resource?	Jurisdictions Included in the Resource	How were data collected?	How can jurisdictions access this resource?
<p>Reconciling Supply and Demand for State and Local Public Health Staff in an Era of Retiring Baby Boomers (2018)</p> <p>American Journal of Preventative Medicine</p>	<p>Estimates and projections about state and local public health workforce size</p>	<p>Data quality, completeness, and timeliness include: (a) coverage of surveillance data, (b) data quality and completeness, and (c) timeliness of data and reporting</p>	<p>Health information systems, data sharing, and interoperability include: (a) electronic data exchange; (b) interoperability and data sharing; (c) use of shared services that support data modernization</p>	<p>Does not include information on individual jurisdictions</p>	<p>Data extracted from four, related data collections: ASTHO State Profiles (2016), NACCHO Local Health Department Profiles (2016), Public Health Workforce Interests and Needs Survey (2016), and CDC and ASTHO Workforce Gaps Survey (2016)</p>	<p>Access article at: https://www.sciencedirect.com/science/article/pii/S0749379717306499?viewFullText=true</p> <p>Requires paid subscription.</p> <p>Additional information: Jonathan Leider leider@gmail.com</p>
<p>Needs Assessment and a Model Agenda for Training the Public Health Workforce, 2000</p> <p>American Journal of Public Health</p>	<p>Description of training priorities and identified competencies that guided prioritization</p>			<p>ME, NY, NJ, PA, RI, and VT</p>	<p>78 regional and national public health leaders completed stepwise, individual and collaborative work to assess and prioritize training needs</p>	<p>Access report at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446326/pdf/10937012.pdf</p> <p>Additional information: Margaret A. Potter mapotter@pitt.edu</p>



Centers for Disease Control and Prevention
 Center for Surveillance, Epidemiology, and Laboratory Services

<p>State Health Agency and Local Health Department Workforce: Identifying Top Development Needs</p> <p>American Journal of Public Health</p>	<p>Workforce needs and gaps based on occupation, salary, training, and availability of qualified personnel</p>			<p>41 states and 36 local health departments (report does not specify participants)</p>	<p>Human resource personnel and senior deputies from 46 state health agencies and senior leaders from 112 local health departments were sent a web-based survey</p>	<p>Access article at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5551592/</p> <p>Additional information: Angela Beck ajbeck@umich.edu</p>
<p>Charting a Future for Epidemiologic Training, 2015</p> <p>Annals of Epidemiology</p>	<p>Information on macro-level trends that influence training needs and required capabilities</p>			<p>Does not include information on individual jurisdictions</p>	<p>A group of well-seasoned epidemiologists identified relevant literature and conducted in-depth interviews with 15 experienced epidemiologists</p>	<p>Access article at: https://www.sciencedirect.com/science/article/pii/S1047279715000861?viewFullText=true</p> <p>Additional information: Ross C. Brownson rbrownson@wustl.edu</p>
<p>2014 National Community Health Worker Advocacy Survey</p> <p>The Arizona Prevention Research Center, University of Arizona</p>	<p>Workforce training and professional development needs, education and experience, relevant training, and place of employment</p>			<p>AZ, CA, CO, CT, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY</p> <p>Washington, DC</p> <p>Guam, Puerto Rico, Republic of Palau, and U.S. Virgin Islands</p>	<p>1,767 Community Health Workers from 45 states and 4 territories completed a web-based survey distributed through local, state, and national professional associations, programs, and allies</p>	<p>Access national and state reports at: https://azprc.arizona.edu/node/82/done?sid=93&token=8a4fba930197ecaab45e5360ce085d89</p>



<p>Laboratory System Improvement Program (L-SIP) Assessments (2007-2018)</p> <p>Association of Public Health Laboratories (APHL)</p>	<p>Public health laboratory (PHL) workforce strengths and weaknesses, current and future shortages, competencies, and professional development activities and needs</p>	<p>Strengths and weaknesses related to surveillance infrastructure for chronic diseases, infectious diseases, and newborn screening</p>	<p>Capabilities relevant to integrated management systems for data storage, analysis, retrieval, reporting, and exchange</p>	<p>AL, AZ, CO, CT, DE, FL, IA, ID, IL, IN, ME, MI, MN, MS, MT, NC, NH, NJ, NM, NV, OR, RI, SD, TX, VA, VT, WI, and WY</p> <p>Fairfax County, VA; Louisville, KY; and Milwaukee, WI</p>	<p>Stakeholders participated in a one-day, facilitated self-assessment process that included discussion of essential services and application of a rubric to determine performance levels</p>	<p>Access reports at: https://www.aphl.org/programs/quality_systems/performance/Pages/Assessment-Reports-from-Past-L-SIP-Participants.aspx</p> <p>Additional information: Tina Su bertina.su@aphl.org</p>
<p>Laboratory Informatics Self-Assessments Tool 2016 Assessment Report</p> <p>Association of Public Health Laboratories (APHL)</p>	<p>PHL workforce informatics competencies, skills, and ability to maintain electronic training records</p>	<p>Informatics capabilities related to capturing demographic data, complex statistical analyses, data visualization, spatial data, and data to track sample quality and test turnaround times</p>	<p>Informatics capabilities related to sharing data electronically such as electronic laboratory reports, Health Level Seven International (HL7) standards, electronic test orders and results, and other relevant standards</p>	<p>AR, AZ, HI, IA, ID, IN, MN, MO, NC, ND, NE, NH, NY, OK, OR, SC, UT, VA, VT, and WI</p> <p>Erie County, NY; Fairfax County, VA; Marion County, IN; Philadelphia, PA; and Placer County, CA</p>	<p>Laboratory personnel self-assess informatics capabilities via a web-based application that includes data analysis and visualization modules</p>	<p>Access national summary report at: https://www.aphl.org/about/APHL/publications/Documents/INFO-2017Jun-Self-Assessment.pdf</p> <p>Public health laboratory directors can access jurisdiction-level data at: https://satool.aphl.org/</p>



<p>Focus on Public Health Laboratories: A Workforce Survey Report (2018)</p> <p>Association of Public Health Laboratories (APHL)</p>	<p>PHL workforce demographics, leadership composition, salaries, tenure, recruitment, retention, and satisfaction</p>			<p>50 states</p> <p>Washington, DC</p>	<p>APHL analyzed data on workplace attitudes and perceptions from web-based surveys of laboratorians distributed via Qualtrics in 2011 and 2016</p>	<p>Access report at: https://www.aphl.org/about/APHL/publications/Documents/IR-2018May-2016-Workforce-Survey-Report.pdf</p> <p><u>Additional information:</u> Lorelei Kurimski lorelei.kurimski@aphl.org Tina Su bertina.su@aphl.org</p>
<p>Meaningful Use: Stage 2 Public Health Readiness</p> <p>Association of Public Health Laboratories (APHL)</p>			<p>Information on submission of electronic immunization data, electronic syndromic surveillance data, reportable laboratory results, and cases to disease registries from health care facilities or providers</p>	<p>AK, AL, AR, AZ, CO, CT, DE, FL, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, and WV</p> <p>Washington, DC</p> <p>New York City, NY</p>	<p>APHL extracted data from web sites, summarized the information, and noted that jurisdictions are only source of verified data</p>	<p>Access database at: https://www.aphl.org/programs/informatics/Pages/MU-Public-Health-Readiness.aspx#InplviewHas hbf50884a-8b51-4004-80d6-86300257ed8c=SortField%3DCAN-SortDir%3DDesc</p>
<p>2018 Training Needs Assessment Survey Report</p> <p>Association of Public Health Laboratories (APHL)</p>	<p>PHL workforce demographics and needs (e.g., training topics, preferred learning methods)</p>			<p>50 states</p> <p>Washington, DC</p> <p>Puerto Rico</p>	<p>Laboratorians completed a web-based survey and PHL directors, managers, and other key informants participated in 10 virtual focus groups</p>	<p>Access report at: https://www.aphl.org/about/APHL/publications/Documents/WORK-2019May-TNA-Survey-Report.pdf</p>



<p>Profile of State and Territorial Public Health Volume 4 (2016)</p> <p>Association of State and Territorial Health Officials (ASTHO)</p>	<p>Information on use of core and informatics competencies, the status of workforce development plans to address training needs and develop core competencies, vacancies and retirement, and use of informatics career series</p>	<p>Information on coverage of population-based prevention services; screening and treatment activities; public health laboratory services; public health registry maintenance; data collection, epidemiology, and surveillance activities</p>	<p>Status of Meaningful Use compliance messages from electronic syndromic surveillance, electronic case reporting (eCR), registries, and electronic laboratory reporting (ELR)</p> <p>Capabilities related to bidirectional data exchange and reporting</p> <p>Capabilities related to data sharing across multiple levels</p>	<p>AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY,</p> <p>Washington, DC</p> <p>Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, and U.S. Virgin Islands</p>	<p>Senior deputies of public health agencies complete a web-based survey and direct certain portions to other personnel</p>	<p>Access report at: https://www.astho.org/Profile/Volume-Four/2016-ASTHO-Profile-of-State-and-Territorial-Public-Health/</p> <p>Access jurisdiction profiles at: https://www.astho.org/Profile/Volume-Four/Agency-Profiles/</p> <p>Access de-identified dataset at: https://www.icpsr.umich.edu/web/ICPSR/studies/37216</p> <p>Additional information: profile@astho.org</p>
<p>Forces of Change Survey (2017)</p> <p>Association of State and Territorial Health Officials (ASTHO)</p>	<p>Information on staffing and job losses</p>		<p>Status of management and promotion of Prescription Drug Monitoring Programs (PDMP) for opioid surveillance</p>	<p>All states except RI and HI</p> <p>Washington, DC</p> <p>Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and the U.S. Virgin Islands</p>	<p>Web-based survey administered to state and territorial senior health deputies</p>	<p>Access report at: https://www.astho.org/Research/Forces-of-Change/Report/2017-Full/</p> <p>Access de-identified dataset at: https://www.icpsr.umich.edu/web/ICPSR/studies/37223</p> <p>Additional information: profile@astho.org</p>



<p>National Public Health Performance Standards Assessment Version 3.0 - State Public Health System Assessments</p> <p>Association of State and Territorial Health Organizations (ASTHO)</p>	<p>Workforce expertise and skills in statistics, epidemiology, and information management systems; availability of skilled workers to meet needs; workforce recruitment and retention effectiveness; strengths and weaknesses in core competencies needed to deliver essential services; and initiatives to meet current education needs and improve future education</p>	<p>Ability to examine the timeliness and relevance of reports and findings; whether surge capacity is sufficient; use of relevant standards to establish system-wide expectations; and measure and report performance to partners</p>	<p>Data reporting and sharing capabilities related to electronic data exchange at multiple levels; public health threats via the National Electronic Disease Surveillance System (NEDSS) and compatible systems; electronic communication with state clinical laboratories in one hour; links among environmental, food, blood, veterinary, and forensic laboratories; and participation in the national laboratory response network</p>	<p>ASTHO does not maintain a comprehensive list of completed assessments</p>	<p>Facilitated group discussion produces data entered in a Microsoft Excel spreadsheet that generates jurisdiction-level reports</p>	<p>Data are available in individual jurisdictions</p> <p>Information on the assessment process and tool: https://astho.org/Programs/Accreditation-and-Performance/National-Public-Health-Performance-Standards/</p> <p>Additional information: Joya Coffman Jcoffman@astho.org</p>
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<p>Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Cooperative Agreement Quarterly Monitoring Information (2018-2020)</p> <p>Centers for Disease Control and Prevention (CDC)</p>	<p>Workforce capabilities and training priorities in five domains: bioinformatics, epidemiology, health information systems, laboratory, and leadership and management</p>	<p>Characteristics of syndromic surveillance system data, facilities that contribute data to the BioSense platform, and data sources used for syndromic surveillance in the jurisdictions</p>	<p>Information on integration across surveillance systems and registries in the jurisdiction, data exchange between local and state jurisdictions, and characteristics of integrated surveillance systems, extent to which electronic laboratory reports shared, jurisdiction-specific data reporting requirements, and extent to which PHL can access various health information systems</p>	<p>50 states</p> <p>Washington, DC</p> <p>Chicago, IL; Houston, TX; Los Angeles County, CA; New York City, NY; and Philadelphia, PA</p> <p>American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and U.S Virgin Islands</p>	<p>Grantees report the information quarterly via a web-based application</p>	<p>Grantees can access data at: https://community.projectredcap.org/users/login.html</p>
<p>2017 Epidemiology Capacity Assessment Report</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Information on funds available; training needs and opportunities; number of epidemiologists by program area; staffing needs and priorities; and training, hiring, and retention challenges</p>			<p>50 states</p> <p>Washington, DC</p> <p>American Samoa, Commonwealth of the Northern Mariana Islands, and U.S. Virgin Islands</p>	<p>Epidemiologists completed a web-based questionnaire that included multiple question formats</p>	<p>Access report at: https://cdn.ymaws.com/www.cste.org/resource/resmgr/eca/2017_ECA_Report_Web_final.pdf</p> <p>Access previous report at: http://www.cste2.org/webpdfs/ECAfinal05.pdf</p> <p>For jurisdiction level data: CSTE (770) 458-3811</p>



<p>2013 Environmental Health Epidemiologic Capacity Assessment of State and Territorial Health Departments</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Information on number of environmental epidemiologists and activities, functions, and work performed</p>		<p>Capacity to disseminate and share data and access information technology support and data from various public health sources</p>	<p>50 states</p> <p>Washington, DC</p> <p>6 territories (report does not specify participants)</p>	<p>41 jurisdictions with at least one environmental epidemiologist completed a web-based or paper survey</p>	<p>Access report at: http://www.cste2.org/2013_eca/CSTEEHEpidemiologyCapacityAssessment2014final.pdf</p>
<p>2009 National Assessment of Epidemiology Capacity Report Findings and Recommendations</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Information on current workforce, training needs, staff turnover, recruitment, and retention</p>	<p>Use of geocodes for address data</p>	<p>Electronic laboratory reporting and national surveillance systems use</p>	<p>50 states</p> <p>Washington, DC</p>	<p>State and territorial epidemiologists completed a web-based assessment that included three modules and distributed a worksheet to each epidemiologist in the health department to obtain more granular information about competency and training issues</p>	<p>Access report at: http://www.cste2.org/webpdfs/2009eca.pdf</p>
<p>2004-2010 National Assessments of Electronic Laboratory Reporting in Health Departments Findings and Recommendations</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Information on number of personnel in place, personnel needed, and training needed related to electronic laboratory reporting activities</p>		<p>Barriers to implement electronic laboratory reporting</p>	<p>50 states</p> <p>Chicago, IL; Denver, CO; Indianapolis, IN; and Los Angeles, CA</p> <p>Federated States of Micronesia</p>	<p>Participants populate a Microsoft Excel spreadsheet received and returned via email</p>	<p>Access report at: http://www.cste2.org/webpdfs/elrassessmentbrief.pdf</p>



<p>National Assessment of HIV/AIDS Surveillance Capacity (2009)</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Surveillance workforce gaps and needs, training needs and priorities, and salaries for key positions</p>	<p>Information on surveillance activities and practices, geographic information systems to map surveillance data, differences in required reporting across jurisdictions</p>	<p>Capability to receive electronic laboratory reports and links to state or local databases, electronic or manual</p>	<p>48 states and 2 Territories or Freely Associated States (report does not specify participants)</p> <p>Washington, DC</p> <p>Chicago, IL; Houston, TX; Los Angeles, CA; New York City, NY; Philadelphia, PA; and San Francisco, CA</p>	<p>Participants from jurisdictions funded by CDC to conduct case surveillance for HIV/AIDS completed a web-based or paper survey that included 206 questions in 12 domains of work</p>	<p>Access national report at: http://www.cste2.org/webpdfs/HIV%20Capacity%20Assessment%20Report.pdf</p>
<p>Survey of HIV, Sexually Transmitted Disease, Tuberculosis and Viral Hepatitis Case Reporting Practices in Tribally-Operated and Urban Indian Health Facilities Final Report on Survey Findings 2004</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Capabilities to identify and report HIV, sexually transmitted disease, tuberculosis, and viral hepatitis; and training and staffing needs</p>		<p>Information on case reporting methods in jurisdictions (e.g., electronic, paper); current use or interest in electronic case reporting; clinical information systems used; reporting between tribal, state, and local health departments; and reporting barriers</p>	<p>Indian Health Service regions: Alaska, Pacific Coast (CA, ID, OR, WA), Northern Plains (IA, IN, ND, NE, MI, MN, MT, SD, WI, WY), Southwest (AZ, CO, NM, NV, UT), and East (AL, FL, LA, KS, MA, ME, MS, NC, NY, OK, PA, RI, SC, TN, TX)</p>	<p>Following pre-survey outreach, 66 participants from tribal and urban Indian health facilities completed an anonymous, web-based or paper survey</p>	<p>Access report at: http://www.cste2.org/webpdfs/CSTESurveyTribalUrbanIndianFacilitiesFinal5605.pdf</p>



<p>Assessment of Capacity in 2012 for the Surveillance, Prevention and Control of West Nile Virus and Other Mosquito-borne Virus Infections in State and Large City/County Health Departments and How it Compares to 2004</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Personnel needs and distribution by education level and functional role; access to entomologist or public health veterinarian; training requirements; and laboratory testing capabilities</p>	<p>Reporting requirements for human, avian, equine and mosquito surveillance</p>	<p>Laboratory reporting to West Nile Virus surveillance program, ArboNET, and state health department</p>	<p>50 states Washington, DC Chicago, IL; Houston, TX; Los Angeles, CA; New York City, NY; Philadelphia, PA; and 15 local health departments not identified in the report</p>	<p>Participants from 71 health departments that met specific criteria completed a web-based survey in Epi Info or hard copy sent via email</p>	<p>Access report at: http://www.cste2.org/docs/vbr.pdf</p>
<p>A National Assessment of Amyotrophic Lateral Sclerosis and Other Chronic Neurologic Conditions State Surveillance Programs A Report for the Agency for Toxic Substances and Disease Registry (ATSDR) (2009)</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>			<p>Information on processes to establish surveillance systems that use shared records and challenges related to establishing and maintaining surveillance systems</p>	<p>CA, DE, ID, MA, NE, NM, NY, SC, and SD</p>	<p>Participants completed a seven question, web-based survey and, for states that conduct amyotrophic lateral sclerosis disease surveillance, a telephone interview too</p>	<p>Access report at: http://www.cste2.org/webpdfs/ALSReportFinalChaoSimms60509.pdf</p>



<p>Electronic Laboratory Reporting (ELR) State Profiles (2012)</p> <p>Council of State and Territorial Epidemiologists (CSTE) and Centers for Disease Control and Prevention (CDC) Joint ELR Taskforce</p>			<p>ELR characteristics that include architecture, system functions, volume of cases received, and number of entities that report (e.g., hospitals, independent laboratories)</p>	<p>DE, FL, ID, KS, MA, NE, NJ, NY, and TN</p>	<p>Jurisdiction representatives participated in a workgroup that developed the profiles as part of a roadmap for ELR planning, implementation, and maintenance</p>	<p>Access report at: https://cdn.ymaws.com/www.cste.org/resource/resmgr/SurveillanceInformatics/ELRRoadmapStateCostSummary.pdf</p>
<p>2013 National Assessment of Epidemiology Capacity Findings and Recommendations for Chronic Disease, Maternal & Child Health, and Oral Health</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Workforce capacity in three program areas, number of full-time epidemiologists in place and needed, and epidemiology competency and training needs</p>	<p>Capacity to access public health data sources in a timely manner and software to conduct data analyses</p>	<p>Availability of an online, public access, and queryable system to display epidemiologic data</p>	<p>48 states (report does not specify participants)</p> <p>Washington, DC</p>	<p>Lead epidemiologists in three program areas completed a web-based or paper survey and received information from previous surveys to ensure consistent enumeration methods</p>	<p>Access report at: https://cdn.ymaws.com/www.cste.org/resource/resmgr/PDFs/CSTE2013nationalassessment.pdf</p>
<p>Disaster Surveillance Capacity in the United States Results from a 2012 CSTE Assessment</p> <p>Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Information on current personnel for disaster surveillance</p>	<p>Types of surveillance data used and adequacy of each surveillance system (i.e., mortality, morbidity, and syndromic surveillance)</p>	<p>Information on electronic technologies used to collect data, electronic syndromic surveillance systems used, and data sharing activities</p>	<p>50 states</p> <p>Washington, DC</p> <p>and five territories (report does not specify participants)</p>	<p>Lead epidemiologists in 53 jurisdictions completed a web-based survey that included 33 questions on five topic areas related to disaster epidemiology in state and territorial health departments</p>	<p>Access report at: https://dhhr.wv.gov/healthrep/programs/epidemiology/Documents/2012%20CSTE%20Assessment.pdf</p>



<p>2017 National Findings Public Health Workforce Interests and Needs Survey (PH WINS)</p> <p>de Beaumont Foundation</p>	<p>Information on workforce demographics, satisfaction, engagement, skill gaps and priority training needs, and interests and needs related to data used to assess community health and make decisions</p>			<p>All states except CO, NJ, and OR</p> <p>Washington, DC</p> <p>Austin, TX; Baltimore, MD; Boston, MA; Chicago, IL; Cleveland, OH; Columbus, OH; Denver, CO; Detroit, MI; Fort Worth, TX; Houston, TX; Indianapolis, IN; Kansas City, MO; Las Vegas, NV; Long Beach, CA; Los Angeles, CA; Miami, FL; Minneapolis, MN; Oakland, CA; Phoenix, AZ; Portland, OR; San Antonio, TX; San Diego, CA; San Francisco, CA; San Jose, CA; Seattle, WA;</p>	<p>Web-based survey completed by employees in key organizations and random sample of local health departments with at least 25 personnel and serve at least 25,000 people</p>	<p>Access report at: https://www.debeaumont.org/wp-content/uploads/2019/04/PH-WINS-2017.pdf</p> <p>Explore findings online at: https://www.debeaumont.org/phwins-signup/ph-wins-explore-the-data/</p> <p>Request data at: https://phwins.debeaumont.org/jfe/form/SV_1Tgm2Uu55fRZAot</p>
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<p>Pandemic Influenza Readiness Report on Laboratory and Epidemiology Capacity – United States and Territories, 2015</p> <p>Health Security</p>		<p>Information on capacity to collect epidemiologic and clinical case information, conduct surveillance for influenza mortality, and investigate influenza-associated deaths</p>	<p>Information on capacity to transfer laboratory, surveillance, and case investigation data electronically</p>	<p>50 states</p> <p>Washington, DC</p> <p>Chicago, IL; Los Angeles County, CA; and New York City, NY</p> <p>American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and U.S. Virgin Islands</p>	<p>62 state, local, and territorial public health departments that participate in the Public Health Emergency Preparedness Program were asked to complete the Pandemic Influenza Readiness Assessment, a web-based survey developed by CDC</p>	<p>Access article at: https://www.liebertpub.com/doi/pdf/10.1089/hs.2018.0021</p> <p>Requires paid subscription.</p> <p>Additional information: Luis Lowe LPL3@cdc.gov</p>
<p>CDC's "Flexible" Epidemiologist: A Strategy for Enhancing Health Department Infectious Disease Epidemiology Capacity (2017)</p> <p>Journal of Public Health Management and Practice</p>	<p>Information on activities, effectiveness, impact, and gaps addressed by Flexible Epidemiologists</p>			<p>AZ, CO, GA, KS, ME, MT, TN, and WI</p>	<p>Fourteen in-depth interviews with key personnel from eight state health departments</p>	<p>Access article at: https://journals.lww.com/jphmp/Abstract/2017/05000/CDC_s_Flexible_Epidemiologist_A_Strategy_for.10.aspx</p> <p>Additional information: Christina Chung yym4@cdc.gov</p>



Thinking Beyond the Silos: Emerging Priorities in Workforce Development for State and Local Government Public Health Agencies (2014) Journal of Public Health Management and Practice	Workforce priorities, needs, and characteristics; barriers to improvement; and preferred training delivery methods			Does not include information on individual jurisdictions	31 representatives of public health organizations and federal agencies participated in key informant interviews, collaborative work to summarize priorities identified via data collection, and an in-person meeting to build consensus regarding priorities	Access article at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4207571/
Workforce Competencies in Syndromic Surveillance Practice at Local Health Departments, 2016 Journal of Public Health Management and Practice	Information on self-reported proficiency and years of experience in syndromic surveillance		Information on syndromic surveillance systems management and capacity to access data from their own system, a state system, or other source	226 jurisdictions from 31 states (report does not specify participants)	Participants completed the web-based Biosurveillance Needs Assessment Survey conducted by the International Society for Disease Surveillance and National Association of County and City Health Officials	Access article at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5049944/
MCH Workforce Capacity: Maximizing Opportunities Afforded by a Changing Public Health System (2019) Maternal and Child Health Journal	Workforce development activities and resources to support proficiency in systems integration, evidence-based decision-making, and change management and adaptive leadership			35 states (report does not specify participants)	Data on maternal and child health personnel were extracted from the 2014 Public Health Workforce Interests and Needs Survey (PH WINS)	Access article at: https://link.springer.com/article/10.1007%2Fs10995-018-02728-7 Additional information: Ilana Raskind ilana.raskind@emory.edu



<p>State Electronic Disease Surveillance Systems— United States, 2007 and 2010</p> <p>Morbidity and Mortality Weekly Report</p>			<p>Information on capacity to conduct electronic disease surveillance, use interoperable surveillance systems, use integrated surveillance systems, and receive electronic laboratory reports</p>	<p>50 States Washington, DC</p>	<p>National Electronic Disease Surveillance System coordinators and state epidemiologists completed a web-based survey conducted by the Council of State and Territorial Epidemiologists (CSTE)</p>	<p>Access report at: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a3.htm</p> <p>2012 summary report at: https://cdn.ymaws.com/www.cste.org/resource/resmgr/PDFs/PDFs2/2012_NEDSS_Assessment_One-pa.pdf</p> <p>Additional information: turnerk@dhw.idaho.gov</p>
<p>National Assessment of Capacity in Public Health, Environmental, and Agricultural Laboratories — United States, 2011</p> <p>Morbidity and Mortality Weekly Report (MMWR)</p>	<p>Workforce job classifications, number of employees, laboratory capacity by program area, and workforce recruitment and retention</p>			<p>50 states</p>	<p>80 public health, environmental, and agricultural laboratory directors completed a web-based questionnaire that included items on capacity to perform necessary services</p>	<p>Access report at: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6209a2.htm</p> <p>Additional information: Matthew L. Boulton mboulton@umich.edu</p>
<p>National Public Health Performance Standards Version 3.0 - Local Public Health System Assessments</p> <p>National Association of County and City Health Officials (NACCHO)</p>	<p>Workforce composition, gaps, and challenges; credentialing requirements for essential positions; and training needs and opportunities</p>	<p>Information on geographic information systems use and geocoded data available; systems to ensure accurate, timely, and unduplicated collection and reporting; and surveillance system capabilities (e.g., access to data sets, compliance with information exchange guidelines)</p>	<p>Capabilities related to electronic data sharing and integration of public health data from different sources</p>	<p>NACCHO does not maintain a comprehensive list of completed assessments</p>	<p>Facilitated group discussion produces data entered in a Microsoft Excel spreadsheet that generates jurisdiction-level reports</p>	<p>Data are available in individual jurisdictions</p> <p>Additional information: performancestandards@naccho.org</p>



<p>2018 The Forces of Change in America's Local Public Health System</p> <p>National Association of County and City Health Officials (NACCHO)</p>	<p>Information on staffing and training gaps related to information systems</p>	<p>Use of syndromic surveillance system or other surveillance systems to report influenza, food-borne illnesses, and opioid-related events</p>	<p>Information on interoperability among information systems and data exchange with hospital emergency departments</p>	<p>Does not include information on individual jurisdictions; Data are stratified by local health department size (small, medium, and large) and governance type (state, local, or shared)</p>	<p>591 personnel in local health departments completed a web-based questionnaire in Qualtrics</p>	<p>Access report at: http://nacchoprofilestudy.org/wp-content/uploads/2018/12/2018-Forces-of-Change-Main-Report.pdf</p> <p>Request data at: http://nacchoprofilestudy.org/data-requests/</p>
<p>2019 National Profile of Local Health Departments</p> <p>National Association of County and City Health Officials (NACCHO)</p>	<p>Information on workforce size, staffing patterns, staffing by occupation, jobs lost due to layoffs or attrition, and use of core competencies to support workforce development programs</p>	<p>Epidemiology and surveillance services by size of population served</p>	<p>Implementation and use of information technology (IT) systems for immunization registries, electronic disease reporting, electronic lab reporting, electronic health records, and health information exchange</p>	<p>48 states (excludes RI because no sub-state public health units at time of study)</p>	<p>Following pre-survey outreach, 1,496 personnel in local health departments completed a core, web-based questionnaire and a subset of participants completed one of two supplemental modules too</p>	<p>Access 2019 and 2016 report at: https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments</p> <p>Access public-use data at: https://www.icpsr.umich.edu/web/ICPSR/studies/37144/summary</p>



<p>The State of Health Informatics Capacity and Needs of Local Health Departments (2016)</p> <p>National Association of County and City Health Officials (NACCHO), Jiann-Ping Hsu College of Public Health at Georgia Southern University</p>	<p>Information on personnel informatics capacity and informatics professional development and training needs</p>		<p>Capabilities relevant to health information systems and IT infrastructure; electronic health records use; data and analytical software use; current informatics activities; and proportion of health departments that create development or selection criteria for information systems</p>	<p>Does not include information on individual jurisdictions; data are stratified by local health department size and governance type</p>	<p>Following a mini-survey, informatics personnel from a representative sample of 650 local health departments received a web-based survey sent via Qualtrics</p>	<p>Access article at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5049942/</p> <p>Access infographic at: https://www.naccho.org/blog/articles/the-state-of-health-informatics-capacity-and-needs-of-local-health-departments</p> <p>Additional information: phinformatics@naccho.org</p>
<p>2010 Tribal Public Health Profile: Exploring Public Health Capacity in Indian Country</p> <p>National Indian Health Board (NIHB)</p>	<p>Information on the number of employees; occupation types employed; number of staff dedicated to data management, epidemiology, and surveillance activities; and technical assistance and training needs</p>		<p>Information on data sharing agreements and shared databases across multiple types of organizations</p>	<p>Indian Health Service Areas: Aberdeen, AK, Albuquerque, Bemidji, Billings, CA, Nashville, Navajo, Oklahoma City, Phoenix, Portland, and Tucson</p>	<p>145 directors and administrators of Tribal Health Organizations completed a web-based questionnaire developed by the National Indian Health Board</p>	<p>Access report at: https://www.nihb.org/docs/07012010/NIHB_HealthProfile%202010.pdf</p> <p>Additional information: Carolyn Angus-Hornbuckle chornbuckle@nihb.org</p>
<p>National Assessment of the Occupational Safety and Health Workforce, 2011</p> <p>National Institute for Occupational Safety and Health (NIOSH)</p>	<p>Information on number of staff employed at national and regional-levels and by discipline; desired professional skills; and training needs</p>			<p>Does not include information on individual jurisdictions</p>	<p>Sample of employers of occupational safety and health professionals completed one web-based survey and providers of academic training in relevant disciplines completed another web-based survey</p>	<p>Access report at: https://www.cdc.gov/niosh/oshworkforce/pdfs/NASHW_Final_Report-508.pdf</p>



<p>HealthIT.gov Appendix IV - State and Local Public Health Readiness for Interoperability (2020)</p> <p>Office of the National Coordinator for Health Information Technology (ONC)</p>			<p>Readiness for syndromic surveillance systems, electronic laboratory reporting, registry reporting, and electronic case reporting</p>	<p>AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IL, IN, KS, KY, MA, ME, MD, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VT, WA, WI, and WV</p> <p>Washington, DC</p> <p>New York City, NY</p>	<p>ONC compiled and maintains a list of jurisdiction-level websites with relevant information (e.g., local implementation guides, contact information) but the information varies by site</p>	<p>Access appendix at: https://www.healthit.gov/isa/appendix-iv-state-and-local-public-health-readiness-interoperability</p>
<p>2008 National Electronic Laboratory Reporting (ELR) Snapshot Survey Summary of Results</p> <p>Oregon Health Authority Acute and Communicable Disease Prevention Section</p>	<p>ELR training needs, personnel available for system maintenance and changes, and desired personnel to implement or maintain ELR</p>		<p>Implementation barriers; reporting and interface related challenges; status of ELR components; data sharing with local health departments, national laboratories, and CDC; and NEDSS and Public Health Information Network features such as firewalls and data transport capabilities</p>	<p>AL, AK, AZ, CO, CT, DE, FL, HI, ID, IL, IN, IA, KS, LA, ME, MA, MI, MN, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SD, TN, UT, VT, VA, WA, WV, and WI</p> <p>Chicago, IL; Denver, CO; Indianapolis, IN; Los Angeles, CA; and New York City, NY</p> <p>Federated States of Micronesia</p>	<p>Invited participants in state and local health departments completed a web-based survey prepared in collaboration with an editorial board that included representatives of state, local, government, and non-government organizations</p>	<p>Access report at: http://www.cste2.org/webpdfs/2008NationalELRSurveySum.pdf</p> <p>Additional information: J.A Magnuson j.a.magnuson@state.or.us</p>



<p>Health Department Accreditation Data (2020)</p> <p>Public Health Accreditation Board (PHAB)</p>	<p>Recruitment, hiring, and retention of qualified public health workers; competency assessments; and training opportunities</p>	<p>Information on timely reporting of notifiable diseases, laboratory test results, and case investigation results</p>	<p>Data sharing mechanisms between state, local, and tribal health departments</p>	<p>AL, AZ, AR, CA, CO, CT, DE, FL, GA, ID, IL, IA, KS, LA, ME, MD, MA, MN, MS, MO, MT, NE, NJ, NM, NY, ND, OH, OK, OR, PA, RI, UT, VT, WA, and WI</p> <p>Houston, TX; Los Angeles, CA; and Washington, DC</p> <p>Cherokee Nation Health Services, OK; Forest County Potawatomi Health & Wellness Center Community Health Department, WI; and Oneida Nation, WI</p>	<p>Data are extracted from documentation submitted for accreditation purposes</p>	<p>Access jurisdiction-level data at: https://www.e-phab.org/login</p> <p>Additional information: Jessica Kronstadt jkronstadt@phaboard.org</p>
<p>Epidemiology Workforce Capacity in 27 Large Urban Health Departments in the United States, 2017</p> <p>Public Health Reports</p>	<p>Epidemiology workforce structure and leadership; current and ideal staffing and gaps; capacity to address Essential Public Health Services and capacity gaps; and training priorities</p>			<p>27 local health departments (not specified in the report) that are members of the Big Cities Health Coalition (BCHC)</p>	<p>BCHC amended the 2017 Epidemiology Capacity Assessment to address local health departments and collected data via a web-based questionnaire</p>	<p>Access article at: https://journals.sagepub.com/doi/full/10.1177/0033354919856935?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed</p>



<p>Core Courses in Public Health Laboratory Science and Practice: Findings from 2006 and 2011 Surveys</p> <p>Public Health Reports</p>	<p>Rankings and completion of core subjects related to education and training of laboratory staff</p>			<p>50 states</p> <p>Washington, DC</p> <p>Puerto Rico</p>	<p>Public health and environmental laboratory directors completed a web-based survey in 2006 and public health, environmental, and agricultural laboratory managers and directors completed a web-based survey in 2011</p>	<p>Access article at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3730012/</p> <p>Additional information: John Deboy jack.deboy46@gmail.com</p>
<p>Public Health Quality Improvement Exchange (PHQIX)</p> <p>Research Triangle Institute (RTI) International and Robert Wood Johnson Foundation</p>	<p>Methods used to implement or improve workforce satisfaction, training, orientation, internships, and retention</p>	<p>Processes to address data weaknesses (e.g., completeness, timeliness, geographic coverage)</p>	<p>Successful methods for cross-jurisdictional collaboration to improve death data delivery</p>	<p>AL, AZ, CA, CO, CT, FL, GA, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NY, NC, OH, OK, OR, PA, RI, SC, TX, UT, VT, WA, WI, and WY</p> <p>Counties presented as interactive map</p>	<p>Jurisdictions submit information about public health quality improvement initiatives to an online database to disseminate information and support peer-to-peer knowledge exchange</p>	<p>Access an interactive map of state and county activities: http://www.phqix.org/content/counties</p> <p>Searchable database at: http://www.phqix.org/search/content/</p> <p>Additional information: aharris@phaboard.org</p>
<p>Summary Report 2016 Tribal Public Health Workforce Needs Assessment</p> <p>Rocky Mountain Tribal Epidemiology Center</p>	<p>Description of workforce that includes personnel age, education, salary, employer, funding source for position, language, tribal affiliation, intent to leave, job satisfaction and needs, training needs and gaps, and workforce strengths</p>			<p>All tribal health programs and urban health clinics in Montana, Wyoming, and Idaho</p>	<p>Directors of tribal health programs and urban health clinics completed a web-based survey received via email and posted on the Rocky Mountain Tribal Leaders Council website</p>	<p>Report available on request: Dyani Bingham dyani.bingham@rmtlc.org</p>



<p>Texas Health Information Technology Employer Needs Assessment Report (2012)</p> <p>Texas State University-San Marcos</p>	<p>Information on competencies for Health Information Technology (HIT) personnel; personnel gaps; and barriers to train, hire, and retain qualified personnel</p>			<p>TX</p> <p>Houston, TX</p>	<p>Urban and rural employers participated in 13 in-person and virtual focus groups and completed a web-based survey</p>	<p>Access report at: https://www.healthit.gov/sites/default/files/texashitemployerneedsassessment_released_03302012.pdf</p>
<p>Tribal Epidemiology Centers Public Health Infrastructure Program (TECPHI) Year 1 Progress Report - FY2018 Building Public Health Capacity and Infrastructure in Indian Country</p> <p>Tribal Epidemiology Centers</p>	<p>Information on positions funded by the program; distribution of hires by education, role, and affiliation with a tribe; successes and challenges in recruitment and hiring; and technical training opportunities</p>		<p>Information on partnerships and collaborations to improve data access; number of new or expanded data-sharing agreements; improved communication via data sharing and dissemination activities; technical assistance successes and challenges; and use of new software or systems for data visualization</p>	<p>Alaska Native Epidemiology Center; Albuquerque Area Southwest Tribal Epidemiology Center; California Tribal Epidemiology Center; Great Lakes Inter-Tribal Epidemiology Center; Great Plains Tribal Epidemiology Center; Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center; Navajo Epidemiology Center; Northwest Tribal Epidemiology Center; Oklahoma Area Tribal Epidemiology Center; Rocky Mountain Tribal Epidemiology Center; United South and Eastern Tribes, Inc. Tribal Epidemiology Center; and Urban Indian Health Institute</p>	<p>Data extracted from three sources: TECPHI performance measure data, TECPHI photo narrative project, and Fiscal Year 2018 Annual Performance Reports submitted to the CDC in April 2018</p>	<p>Access report at: https://tribalepicenters.org/wp-content/uploads/2019/10/TECPHI-Progress-Report-LR-102219.pdf</p> <p>TECPHI awardees can obtain their data from personnel who submitted the information to CDC</p> <p>Additional information: tecphi-ncc@anthc.org</p>

<p>Enumeration and Characterization of the Public Health Nurse Workforce Findings of the 2012 Public Health Nurse Workforce Surveys</p> <p>University of Michigan Center of Excellence in Public Health Workforce Studies</p>	<p>Information on public health nurses, including workforce size; recruitment and retention; years of experience; job functions, job title classifications, and program work areas; and training needs</p>			<p>AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PN, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, and WY</p> <p>Washington, DC</p> <p>Boston, MA; Louisville, KY; Milwaukee, WI; New York City, NY; Pasadena, CA; Philadelphia, PA; Richmond, VA; St. Joseph, MO; and Wilkes-Barre, PA</p>	<p>Participants completed one of two web-based surveys: (1) an organizational-level survey distributed to key informants in all 50 states and (2) an individual-level survey distributed to registered nurses in local health departments</p>	<p>Access report at: https://www.rwjf.org/en/library/research/2013/06/enumeration-and-characterization-of-the-public-health-nurse-work.html</p>
<p>Community Health Worker National Workforce Study, 2007</p> <p>U.S. Department of Health and Human Services Health Resources and Services Administration</p>	<p>Workforce use in healthcare delivery, current size and trends, activities that define the occupation, and training opportunities</p>			<p>50 states</p>	<p>Authors compiled and examined data sources, authors estimated numbers of community health workers based on Census data, employers completed a web-based survey, and employers and community health workers in four states participated in in-depth interviews</p>	<p>Access report at: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/communityhealthworkforce.pdf</p>

