

2010 ASTHO State and Territorial Public Health Survey

Part E: Finance

To be completed by the Chief Financial Officer

CONTACT INFORMATION

NAME	POSITION / TITLE		
STREET ADDRESS	CITY	STATE	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

INSTRUCTIONS

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

We are requesting revenue and expenditure data for fiscal year 2008 (July 1, 2007 to June 30, 2008) and fiscal year 2009 (July 1, 2008 to June 30, 2009). If your state/territorial health agency has a different fiscal year, please use quarterly or monthly data to adapt to the reporting timeframe requested and add footnotes, where necessary, to clarify any variation in reporting in the charts below. **Please report revenues and expenditures on an accrual basis (actual *plus* revenue earned but not received and expenses incurred but not paid).**

In an effort to focus on *public health* revenues and expenditures, we are not collecting data related to the Medicaid or Medicare coverage of the state/territory's eligible population. In the vast majority of states/territories, this is not handled by the state/territorial public health agency; including these revenues for just a few states will make the data on public health financing impossible to compare between states. However, we are including the smaller reimbursements or other payments a state/territorial public health agency may receive from Medicaid or Medicare for nursing home inspections, lead testing, immunization outreach, or direct clinical services actually provided by the health department.

We are requesting that state/territorial public health agencies **report only on revenues and expenditures for the public health agency**, and not for public health activities outside of the public health agency (i.e., public health programs administered by another state/territorial agency). Also, we are not collecting *local* public health expenditure data, unless the funds pass through the state/territorial public health agency. Lastly, please exclude any and all funding received as a result of The American Recovery and Reinvestment Act of 2009 (ARRA).

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E1. For fiscal years 2008 and 2009, please report the funds (to the nearest dollar amount) received by the state/territorial health agency from each source listed in the chart below.

Revenue in Fiscal Year 2008 (beginning July 1, 2007 and ending June 30, 2008)	Revenue in Fiscal Year 2009 (beginning July 1, 2008 and ending June 30, 2009)	Sources of Funding	Instructions on reporting Funds by Source
\$	\$	State General Funds*	Include revenues received from state general revenue funds to fund state operations. Exclude federal
\$	\$	Federal Funds	Include all federal grants, contracts and cooperative agreements, including WIC voucher dollars and EPA funding (only if administered by state/territory health agency). Exclude State/Territorial Medicare and Medicaid programs for all eligible applicants and providers, SCHIP, Mental Health and Substance Abuse.
\$	\$	Medicare and Medicaid	Medicare and Medicaid Transfers or Reimbursements for public health purposes or direct clinical services actually provided by the health department (e.g. nursing home inspections, lead testing, immunizations outreach to Medicaid recipients, home health Medicare, and Elderly/Disabled Medicaid Waivers). Exclude Medicare and Medicaid programs for the state/territory's eligible population.
\$	\$	Fees and Fines	Include fines, regulatory fees and laboratory fees.
\$	\$	Other Sources	Include Tobacco Settlement Funds, payment for direct clinical services (except Medicare and Medicaid), foundation and other private donations. Please specify:
\$	\$	Other State/Territory Funds	Include revenues received from the state/territory that are not from the state general fund.
\$	\$	Total FY Revenue	

*Territories should report on their General Funds in this row.

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In the space provided below, please record any caveats regarding the revenues reported for your agency's fiscal years 2008 and 2009 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of revenues received from the funding sources listed in the chart or others, or other footnote information to clarify any variation in reporting).

E2. For fiscal years 2008 and 2009, please report actual expenditures (to the nearest dollar amount) for the state/territorial health agency for each category listed in the chart below.

Expenditures in Fiscal Year 2008 (beginning July 1, 2007 and ending June 30, 2008)	Expenditures in Fiscal Year 2009 (beginning July 1, 2008 and ending June 30, 2009)	Expenditures Categories	Instructions on reporting Expenditures by Category
\$	\$	Chronic Disease	Include chronic disease prevention such as heart disease, cancer, and tobacco prevention control programs, as well as substance abuse prevention. Include programs such as disease investigation, screening, outreach and health education. Also include safe and drug free schools, health education related to chronic disease and nutrition education (excluding WIC).
\$	\$	Infectious Disease	Include TB Prevention, family planning education and abstinence programs, and AIDS and STD prevention and control. Include immunization programs, (including the cost of vaccine and administration), infectious disease control, veterinary diseases affecting human health and health education related to infectious disease.
\$	\$	Injury Prevention	Include childhood safety and health programs, safety programs, consumer product safety, firearm safety, fire injury prevention, defensive driving, highway safety, mine and cave safety, on-site safety and health consultation, workplace violence prevention, child abuse prevention, occupational health, safe schools, boating and recreational safety.

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\$	\$	WIC	Include all expenditures related to the WIC program, including nutrition education and voucher dollars.
\$	\$	Environmental Protection	Include lead poisoning programs, non-point source pollution control, air quality, solid and hazardous waste management, hazardous materials training, radon, hazardous materials training, water quality and pollution control (including safe drinking water, safe fishing, swimming) water and waste disposal systems, mining regulation effects, reclamation, mine and cave safety, pesticide regulation and disposal, nuclear power safety. Also include food service inspections and lodging inspections.
\$	\$	Improving Consumer Health	Include all clinical programs such as funds for Indian Health Care, Access to Care, pharmaceutical assistance programs, Alzheimer's disease, adult day care, medically handicapped children, AIDS treatment, pregnancy outreach and counseling, chronic renal disease, breast and cervical cancer treatment, TB treatment, emergency health services, genetic services, state/territory assistance to local health clinics (pre-natal, child health, primary care, family planning direct services),refugee preventive health programs, student preventive health services and early childhood programs.
\$	\$	All Hazards Preparedness and Response	Include disaster preparedness programs, bioterrorism, disaster preparation and disaster response including costs associated with response such as shelters, emergency hospitals and clinics.direct services),refugee preventive health programs, student preventive health services and early childhood programs.

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\$	\$	Quality of Health Services	<p>Include quality regulatory programs such as health facility licensure and certification, equipment quality such as x-ray, mammogram etc., regulation of emergency medical system such as trauma designation, health related boards or commissions administered by the health agency, physician and provider loan program, licensing boards and oversight when administered by the health agency, provider and facility quality reporting, institution compliance audits. Also include the development of health access planning and financing activities.</p>
\$	\$	Health Data	<p>Include surveillance activities, data reports and collections costs, report production, analysis of health data (including vital statistics analysis), monitoring of disease and registries, monitoring of child health accidents and injuries and death reporting.</p>
\$	\$	Health Laboratory	<p>Include costs related to administration of the state/territorial health laboratory including chemistry lab, microbiology lab, laboratory administration, building related costs, supplies.</p>
\$	\$	Vital Statistics	<p>Include all costs related to vital statistics administration including records maintenance, reproduction, generation of statistical reports, and customer service at the state/territory level.</p>
\$	\$	Administration	<p>Include all costs related to department management, executive office (state/territorial health official), human resources, information technology and finance, in addition to indirect costs such as building-related costs (rent, supplies, maintenance, and utilities), budget, communications, legal affairs, contracting, accounting, purchasing, procurement, general security, parking, repairs, and facility management. Also include expenses related to Health Reform and Policy (only if they are not already embedded in program areas), such as the development of health access planning and financing, participation in state/territorial health plan reform and federal reform efforts such as health reform advisory committees, as well as payment reform and benefit reform.</p>

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\$	\$	Other	Include forensic examination and infrastructure funds to local public health agencies. Please specify:
\$	\$	Total FY Expenditures	

In the space provided below, please record any caveats regarding the expenditures reported for your agency's fiscal years 2008 and 2009 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of expenditures by the categories listed in the chart or others, or other footnote information to clarify any variation in reporting).

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E3. For fiscal years 2008 and 2009, please report dollars distributed by your agency to the recipient types listed in the chart below. The primary purpose of this question is to track and monitor funding from state/territorial health agencies to local health agencies. The chart is not intended to capture how all expenditures reported in the previous question are spent.

Expenditures in Fiscal Year 2008 (beginning July 1, 2007 and ending June 30, 2008)	Expenditures in Fiscal Year 2009 (beginning July 1, 2008 and ending June 30, 2009)	Contracts by Recipient Types	Instructions on reporting Contracts
\$	\$	State/territory-run local health agencies	Include expenditures passed through the state/territory health agency onto local public health agencies that are led by staff employed by state government.
\$	\$	Independent local health agencies	Include expenditures passed through the state/territory health agency onto local public health agencies that are led by staff employed by local government.
\$	\$	State/territory-run regional or district health offices	Include expenditures passed through the state/territory health agency onto regional or district public health offices that are led by state employees.
\$	\$	Independent regional or district health offices	Include expenditures passed through the state/territory health agency onto regional or district public health offices that are led by non-state employees.
\$	\$	Nonprofit health organizations	Include expenditures passed through the state/territory health agency onto nonprofit health organizations.
\$	\$	Total FY Awards	

In the space provided below, please record any caveats regarding the contracts reported for your agency's fiscal years 2008 and 2009 (e.g. any difficulties in reporting on fiscal data in the timeframe requested, the inclusion or exclusion of expenditures by the categories listed in the chart or others, or other footnote information to clarify any variation in reporting).