



ASSOCIATION OF STATE AND  
TERRITORIAL HEALTH OFFICIALS

**ASTHO Survey Results on the Capacity of State and Territorial Public Health Agencies to  
Electronically Receive Data from Clinical Care Settings for Biosurveillance Activities–  
April 2006**

**Summary**

In April 2006, the Association of State and Territorial Health Officials (ASTHO) surveyed the nation's state and territorial public health agencies (SHAs) regarding their capacity to receive, in electronic format, clinical care data to support biosurveillance efforts, and to determine the current level of public health participation in Health Information Exchanges or Regional Health Information Organizations.

Responses to the survey were received from 29 states, three territories and the District of Columbia. Several important findings emerged from this survey:

1. The majority of state public health agencies have the capacity and the need to participate in biosurveillance efforts. These results emphasize the need for public health to be actively engaged in the electronic exchange of health information.
2. 82 % of all responding agencies indicated that they are receiving, or plan to receive within the next six months, electronic data from clinical care settings for one or more biosurveillance capabilities.
3. 89% of all respondents reported that they have an active relationship with some clinical partners to develop capacity for electronically receiving, processing, and using data for either notifiable disease reporting or biosurveillance efforts.
4. 82% of all respondents indicated a lack of funding and 70% of all respondents indicated a lack of trained personnel as the primary obstacles for participating in a nationwide biosurveillance project.

**Survey Results**

**Question 1: What is the population size covered by your health agency (SHA)?**

State/Territory	Population Size
Arizona	6.0 million
Arkansas	2.7 million
California	36.8 million

<b>Delaware</b>	850,000
<b>District of Columbia</b>	572,059
<b>Florida</b>	18.0 million
<b>Georgia</b>	9.0 million
<b>Idaho</b>	1.3 million
<b>Illinois</b>	12.5 million
<b>Indiana</b>	6.3 million
<b>Kentucky</b>	4.1 million
<b>Louisiana</b>	4.5 million
<b>Michigan</b>	10.1 million
<b>Mississippi</b>	2.8 million
<b>Nevada</b>	2.4 million
<b>New Hampshire</b>	1.2 million
<b>New York</b>	19.0 million
<b>North Carolina</b>	9.0 million
<b>North Dakota</b>	645,000
<b>N. Marianas Is.</b>	82,000
<b>Ohio</b>	11.5 million
<b>Oregon</b>	3.5 million
<b>Puerto Rico</b>	3.8 million
<b>South Carolina</b>	4.3 million
<b>South Dakota</b>	758,000
<b>Tennessee</b>	5.9 million
<b>Texas</b>	20.9 million
<b>Utah</b>	2.5 million
<b>Virgin Islands</b>	110,000
<b>Virginia</b>	7.5 million
<b>Washington</b>	6.0 million
<b>Wisconsin</b>	5.4 million
<b>Wyoming</b>	500,000

**Question 2: My SHA currently has the capacity, or will have the capacity within the next six months, to accept electronic data coming from clinical care settings to address the following biosurveillance capabilities: (check all that apply)**

Of the 33 respondents, 26 (79%) indicated they have or will have in six months, the capacity to accept electronic data from clinical care settings to address Initial Event Detection, 18 (55%) to address Situational Awareness, 10 (30%) to address Outbreak Management, and 8 (24%) to address Response Management Support.

SHA	Initial Event Detection	Situational Awareness	Outbreak Management	Response Management Support
<b>Arizona</b>	✓	✓	✓	✓
<b>Arkansas</b>	✓			
<b>California</b>	✓			

Delaware	✓	✓		
District of Columbia	✓	✓		
Florida	✓	✓		
Georgia	✓	✓	✓	✓
Idaho				
Illinois	✓			✓
Indiana	✓	✓	✓	
Kentucky				
Louisiana	✓	✓		
Michigan	✓			✓
Mississippi	✓	✓	✓	✓
Nevada	✓	✓	✓	✓
New Hampshire	✓	✓	✓	
New York				
North Carolina	✓	✓	✓	
North Dakota	✓	✓		
N. Marianas Is.	✓			
Ohio	✓	✓		✓
Oregon	✓	✓	✓	
Puerto Rico	✓			
South Carolina	✓	✓	✓	✓
South Dakota		✓		
Tennessee	✓			
Texas				
Utah	✓	✓		
Virgin Islands				
Virginia	✓			
Washington	✓			
Wisconsin	✓	✓	✓	
Wyoming				

**Question 3: My SHA is currently receiving or will have the capacity to receive, within the next six months, the following types of electronic data: (check all that apply)**

Of the 33 respondents, 17 (52%) replied that they are currently receiving, or will be within six months, electronic data from clinical care settings on Utilization, 22 (67%) on Chief Complaint, 8 (24%) on Vital Signs, 17 (52%) on Diagnostics, 14 (42%) on Lab Orders, and 25 (76%) on Lab Results.

SHA	Utilization	Chief Complaint	Vital Signs	Diagnostic	Lab Orders	Lab Results
Arizona	✓	✓	✓	✓	✓	✓
Arkansas	✓			✓	✓	✓
California				✓		✓
Delaware	✓	✓		✓		✓
District of Columbia		✓	✓	✓	✓	✓

Florida		✓			✓	✓
Georgia	✓	✓				✓
Idaho						✓
Illinois	✓					✓
Indiana		✓		✓		✓
Kentucky						
Louisiana		✓		✓	✓	✓
Michigan		✓				✓
Mississippi	✓	✓		✓	✓	✓
Nevada		✓	✓	✓	✓	✓
New Hampshire		✓		✓		
New York	✓	✓		✓		✓
North Carolina	✓	✓	✓	✓		✓
North Dakota	✓	✓			✓	✓
N. Marianas Is.					✓	✓
Ohio	✓	✓	✓	✓	✓	✓
Oregon	✓	✓	✓	✓	✓	✓
Puerto Rico	✓					
South Carolina	✓	✓		✓	✓	✓
South Dakota	✓					✓
Tennessee	✓	✓	✓	✓		
Texas	✓					
Utah	✓	✓				✓
Virgin Islands						
Virginia		✓				✓
Washington		✓			✓	
Wisconsin		✓	✓	✓	✓	✓
Wyoming						

**Question 4: These biosurveillance systems are maintained by:**

Of the 33 respondents, 1 (3%) answered that the biosurveillance systems described in the previous questions are maintained by the Local Public Health Agencies, 15 (45%) by the State Public Health Agencies, 12 (36%) by Both, 2 (6%) by Neither, and 2 (6%) by Other. One (3%) state did not indicate a response.

SHA	Local Public Health Agencies	State Public Health Agencies	Both	Neither	Other
Arizona			✓		
Arkansas		✓			
California			✓		
Delaware		✓			
District of Columbia	✓				
Florida			✓		
Georgia			✓		

Idaho		✓			
Illinois			✓		
Indiana					✓ <sup>a</sup>
Kentucky			✓		
Louisiana		✓			
Michigan		✓			
Mississippi		✓			
Nevada			✓		
New Hampshire		✓			
New York		✓			
North Carolina					✓ <sup>b</sup>
North Dakota		✓			
N. Marianas Is.		✓			
Ohio			✓		
Oregon		✓			
Puerto Rico		✓			
South Carolina			✓		
South Dakota		✓			
Tennessee			✓		
Texas				✓	
Utah		✓			
Virgin Islands				✓	
Virginia		✓			
Washington			✓		
Wisconsin			✓		
Wyoming <sup>c</sup>					

- a. State and local health agencies and vendor.
- b. State health agency and university (UNC-Chapel Hill).
- c. No response.

**Question 5: How would you characterize the type of information exchange that exists now between your SHA and the various local public health agencies concerning biosurveillance? (check all that apply)**

Due to the varying state structures, respondents were instructed to select all surveillance scenarios that applied. Of the 33 respondents, 24 (73%) characterized the information exchange that currently exists between the state and the local public health agencies as Passive Surveillance of Reportable Diseases Reported by Paper Only, 21 (64%) as Passive Surveillance of Reportable Diseases Reported Electronically, 8 (24%) as Active Surveillance of Reportable Diseases Reported by Paper Only, 13 (39%) as Active Surveillance of Reportable Diseases Reported Electronically, 8 (24%) as Active Surveillance of Reportable Diseases and Other Health Data Reported by Paper Only, 11 (33%) as Active Surveillance of Reportable Diseases and Other Health Data Reported Electronically, and 5 (15%) as Other.

SHA	Passive Paper Only	Passive Electronic	Active Notifiable Diseases Paper Only	Active Notifiable Diseases Electronic	Active Notifiable and Other Paper Only	Active Notifiable and Other Electronic	Other
Arizona	✓	✓	✓	✓	✓	✓	
Arkansas	✓		✓		✓		
California	✓	✓	✓	✓			
Delaware		✓					
District of Columbia	✓			✓			
Florida	✓	✓				✓	
Georgia	✓	✓				✓	
Idaho	✓	✓		✓			
Illinois				✓			✓ <sup>a</sup>
Indiana	✓	✓	✓	✓	✓	✓	
Kentucky		✓					
Louisiana	✓	✓	✓	✓	✓	✓	
Michigan		✓		✓		✓	
Mississippi	✓			✓		✓	
Nevada	✓	✓					
New Hampshire	✓					✓	
New York	✓	✓		✓			
North Carolina	✓			✓		✓	
North Dakota	✓						
N. Marianas Is.					✓		
Ohio		✓					
Oregon		✓					
Puerto Rico	✓	✓					
South Carolina	✓	✓	✓	✓			
South Dakota							✓ <sup>b</sup>
Tennessee	✓	✓	✓		✓		
Texas		✓					
Utah	✓	✓				✓	
Virgin Islands	✓				✓		
Virginia	✓	✓	✓				✓ <sup>c</sup>
Washington	✓	✓		✓		✓	✓ <sup>d</sup>
Wisconsin	✓						✓ <sup>e</sup>
Wyoming	✓				✓		

a. Some diseases still passive until I-NEDSS complete.

b. South Dakota has no local public health agencies.

c. Active Influenza surveillance, not electronically.

d. BioSense and LHJ Syndromic Surveillance.

e. Active surveillance via phone/fax on ad hoc basis.

**Question 6: To what extent does/will your SHA coordinate with local public health agencies to participate in and perform in biosurveillance efforts? (check all that apply)**

When asked about the extent of coordination between state and local public health agencies to participate and perform in biosurveillance efforts, of the 33 respondents, 1 (3%) indicated that the Local Public Health Agencies Have Front-line Responsibility, 4 (12%) indicated the Local Public

Health Agencies Perform Surveillance Under the Guidance of the SHA, 11 (33%) indicated that the Local Public Health Agencies and the SHA Share Responsibility and Exchange Information Freely, 6 (18%) indicated it was Mixed-Some Local Public Health Agencies Have Front-line Responsibility, While in Other Parts of the State, Providers Report Directly to the SHA, 7 (21%) indicated that All Biosurveillance is/will be Conducted Directly by the SHA, with Data Coming from Clinicians, Hospitals, Labs and Other Sources to the SHA, and 4 (12%) indicated Other.

SHA	LPHA Front-line Responsibility	LPHA under SHA Guidance	SHA & LPHA Share Responsibility	Mixed	SHA Only	Other
Arizona				✓		
Arkansas			✓			
California			✓			
Delaware						✓ <sup>a</sup>
District of Columbia						✓ <sup>b</sup>
Florida				✓		
Georgia		✓				
Idaho			✓			
Illinois						✓ <sup>c</sup>
Indiana			✓			
Kentucky		✓				
Louisiana					✓	
Michigan			✓			
Mississippi					✓	
Nevada				✓		
New Hampshire					✓	
New York			✓			
North Carolina			✓			
North Dakota					✓	
N. Marianas Is.					✓	
Ohio	✓					
Oregon			✓			
Puerto Rico		✓				
South Carolina			✓			
South Dakota					✓	
Tennessee		✓				
Texas				✓		
Utah			✓			
Virgin Islands					✓	
Virginia			✓			
Washington						✓ <sup>d</sup>
Wisconsin				✓		
Wyoming				✓		

- a. No local public health agencies in Delaware.
- b. DC DOH is both a state and local public health department.
- c. Mixed, access to BioSense, essence, Labs.
- d. Washington law mandates reporting to LHJ & some to State.

**Question 7: How many hospitals do you have in your state/territory?**

State/Territory	Hospitals
Arizona	68
Arkansas	108
California	513
Delaware	9
District of Columbia	16
Florida	210
Georgia	200
Idaho	44
Illinois	200
Indiana	145
Kentucky	122
Louisiana	120
Michigan	179
Mississippi	96
Nevada	>30
New Hampshire	26
New York	265
North Carolina	121
North Dakota	48
N. Marianas Is.	1
Ohio	182
Oregon	63
Puerto Rico	No response
South Carolina	69
South Dakota	68
Tennessee	143
Texas	584
Utah	42
Virgin Islands	2
Virginia	90
Washington	98
Wisconsin	150
Wyoming	25

**Question 8: From how many of these hospitals is your SHA receiving, or planning to receive (within the next six months), electronic data?**

Respondents were asked to quantify the number of hospitals from whom they are currently receiving, or plan to within six months, electronic data. Using the answers from the previous question as the dominator of total hospitals, 6 (18%) of the 33 respondents indicated that they are receiving data from 100 percent of the hospitals within their state/territory, 4 (12%) indicated they were receiving data from at least 50 percent of the hospitals, 7 (21%) indicated from at least 25 percent of the



hospitals, 10 (30%) from 20 percent of the hospitals or less, and 6 (18%) were not receiving data from any hospitals or did not respond.

State/Territory	Hospitals
Arizona	68
Arkansas	108
California	200
Delaware	9
District of Columbia	9
Florida	40
Georgia	15 <sup>a</sup>
Idaho	0
Illinois	165
Indiana	62
Kentucky	<10
Louisiana	120
Michigan	No response
Mississippi	17
Nevada	14
New Hampshire	10
New York	265
North Carolina	113
North Dakota	4
N. Marianas Is.	1
Ohio	135
Oregon	1
Puerto Rico	No response
South Carolina	14
South Dakota	4
Tennessee	4
Texas	0
Utah	18
Virgin Islands	0
Virginia	28
Washington	27
Wisconsin	23
Wyoming	0

a. Real time 15, yearly all, emergencies all

**Question 9: From how many ambulatory care settings is your SHA receiving, or planning to receive (within the next six months), electronic data?**

Although information on the total number of ambulatory care settings within each state/territory was not collected, and therefore a percentage cannot be calculated, responses to this question show that 16 (49%) of the 33 respondents are receiving, or planning to receive within six months, electronic data from ambulatory care settings.

State/Territory	Ambulatory Care
Arizona	32
Arkansas	0
California	50
Delaware	0
District of Columbia	9
Florida	0
Georgia	15 <sup>a</sup>
Idaho	0
Illinois	10
Indiana	0
Kentucky	0
Louisiana	Many
Michigan	47
Mississippi	0
Nevada	2
New Hampshire	10
New York	Other <sup>b</sup>
North Carolina	0
North Dakota	0
N. Marianas Is.	10
Ohio	30
Oregon	0
Puerto Rico	No response
South Carolina	0
South Dakota	4
Tennessee	0
Texas	0
Utah	36
Virgin Islands	0
Virginia	17
Washington	0
Wisconsin	140
Wyoming	0

- a. 15 EDs, yearly ambulatory sx.  
b. All Medicaid data from all sites.

**Question 10: How many Federally Qualified Community Health Centers do you have in your state/territory?**

State/Territory	Centers
Arizona	47
Arkansas	13
California	101
Delaware	4
District of Columbia	No response
Florida	Unknown

Georgia	Unknown
Idaho	29
Illinois	200
Indiana	16
Kentucky	No response
Louisiana	20
Michigan	132
Mississippi	22
Nevada	15
New Hampshire	12
New York	42
North Carolina	35
North Dakota	4
N. Marianas Is.	5
Ohio	84
Oregon	Unknown
Puerto Rico	No response
South Carolina	19
South Dakota	27
Tennessee	23
Texas	49
Utah	15
Virgin Islands	2
Virginia	22
Washington	21
Wisconsin	24
Wyoming	2

**Question 11: From how many of these Federally Qualified Community Health Centers is your SHA receiving, or planning to receive (within the next six months), electronic data?**

Of the 33 respondents, only four (12%) indicated that they are receiving, or planning to within six months, electronic data from Federally Qualified Community Health Centers (FQHC). Of those four, two (50%) are receiving data from 100 percent of the FQHCs within their state.

State/Territory	Centers
Arizona	47
Arkansas	0
California	0
Delaware	0
District of Columbia	No response
Florida	0
Georgia	Unknown
Idaho	0
Illinois	0
Indiana	0

Kentucky	0
Louisiana	20
Michigan	2
Mississippi	0
Nevada	2
New Hampshire	0
New York	Other <sup>a</sup>
North Carolina	0
North Dakota	0
N. Marianas Is.	No response
Ohio	0
Oregon	0
Puerto Rico	No response
South Carolina	0
South Dakota	0
Tennessee	0
Texas	0
Utah	0
Virgin Islands	0
Virginia	0
Washington	0
Wisconsin	0
Wyoming	0

a. Receiving all Medicaid patient data from their plans.

**Question 12: From what other sources of data streams is your SHA receiving, or planning to receive (within the next six months), electronic data? (check all that apply)**

When asked about other sources of data streams their SHA is currently receiving, or planning to receive within six months, 18 (55%) of the 33 respondents selected Poison Control, 13 (39%) selected Pre-hospital Admissions, 2 (6%) selected Long Term Care Facilities, 7 (21%) selected Veterinary Facilities, and 9 (27%) selected Other. The most common write-in answer under Other was Over-the-Counter Pharmacy Sales.

SHA	Poison Control	Pre-hospital Admission	Long Term Care Facilities	Veterinary Facilities	Other
Arizona		✓			✓ <sup>a</sup>
Arkansas					
California	✓				
Delaware	✓	✓			
District of Columbia	✓	✓			
Florida	✓				
Georgia	✓				
Idaho					
Illinois					✓ <sup>b</sup>
Indiana	✓	✓		✓	✓ <sup>a</sup>
Kentucky					

Louisiana	✓	✓		✓	
Michigan	✓	✓			✓ <sup>c</sup>
Mississippi		✓			
Nevada	✓			✓	
New Hampshire	✓	✓			
New York			✓		✓ <sup>d</sup>
North Carolina	✓	✓		✓	✓ <sup>e</sup>
North Dakota	✓				✓ <sup>f</sup>
N. Marianas Is.		✓			
Ohio				✓	✓ <sup>g</sup>
Oregon	✓			✓	
Puerto Rico	✓	✓	✓		
South Carolina	✓			✓	✓ <sup>a</sup>
South Dakota					
Tennessee	✓				
Texas					
Utah		✓			
Virgin Islands					
Virginia					
Washington	✓	✓			
Wisconsin	✓				
Wyoming					

a. Over-the-Counter.

b. Reference labs, hospitals, and our own lab.

c. NRDM.

d. ER admission and VA lab data.

e. Medical Examiner's Office.

f. Phone a Nurse Program.

g. Pharmacy retailers, diagnostic laboratories.

**Question 13: My SHA has an active relationship with some clinical partners to develop the capacity to electronically receive, process, and use clinical data for notifiable disease reporting.**

Of the 33 respondents, 25 (76%) indicated that they have an active relationship with some of their clinical partners to develop the capacity to electronically receive, process, and use clinical data for notifiable disease reporting. Six (18%) of the respondents indicated they currently do not have an active relationship. Two states (6%) did not indicate a response.

State/Territory	Yes	No
Arizona	✓	
Arkansas	✓	
California	✓	
Delaware	✓	
District of Columbia	✓	
Florida	✓	
Georgia	✓	
Idaho		✓
Illinois	✓	
Indiana	✓	

Kentucky	✓	
Louisiana	✓	
Michigan	✓	
Mississippi	✓	
Nevada	✓	
New Hampshire	✓	
New York		✓
North Carolina		✓
North Dakota	✓	
N. Marianas Is.	✓	
Ohio	✓	
Oregon	✓	
Puerto Rico		✓
South Carolina	✓	
South Dakota	✓	
Tennessee	✓	
Texas	✓	
Utah	✓	
Virgin Islands		✓
Virginia		✓
Washington <sup>a</sup>		
Wisconsin	✓	
Wyoming <sup>a</sup>		

a. No response.

**Question 14: My SHA has an active relationship with some clinical partners to develop the capacity to electronically receive, process, and use data for Initial Event Detection, Situational Awareness, Outbreak Management, and Response Management Support.**

Of the 33 respondents, 26 (79%) indicated that they have an active relationship with some clinical partners to develop the capacity to electronically receive, process, and use data for Initial Event detection, Situational Awareness, Outbreak Management, and Response Management Support. Seven (21%) of respondents indicated that they do not have an active relationship.

State/Territory	Yes	No
Arizona	✓	
Arkansas	✓	
California	✓	
Delaware	✓	
District of Columbia	✓	
Florida		✓
Georgia	✓	
Idaho		✓
Illinois	✓	
Indiana	✓	
Kentucky	✓	

Louisiana	✓	
Michigan	✓	
Mississippi	✓	
Nevada	✓	
New Hampshire	✓	
New York		✓
North Carolina	✓	
North Dakota	✓	
N. Marianas Is.	✓	
Ohio	✓	
Oregon	✓	
Puerto Rico		✓
South Carolina	✓	
South Dakota		✓
Tennessee		✓
Texas	✓	
Utah	✓	
Virgin Islands		✓
Virginia	✓	
Washington	✓	
Wisconsin	✓	
Wyoming	✓	

**Question 15: My SHA has the capacity, or will have the capacity within the next six months, to accept, process, and use standard messaging formats (e.g. HL7, OASIS, X12) from clinical care settings.**

Of the 33 respondents, 28 (85%) indicated that they currently have the capacity, or will within six months, to accept, process, and use standard messaging formats from clinical care settings. Four (12%) respondents indicated they did not have the capacity, and one (3%) did not indicate a response.

State/Territory	Yes	No
Arizona	✓	
Arkansas	✓	
California	✓	
Delaware	✓	
District of Columbia	✓	
Florida	✓	
Georgia	✓	
Idaho		✓
Illinois	✓	
Indiana	✓	
Kentucky	✓	
Louisiana	✓	
Michigan	✓	

Mississippi	✓	
Nevada	✓	
New Hampshire	✓	
New York	✓	
North Carolina		✓
North Dakota	✓	
N. Marianas Is.	✓	
Ohio	✓	
Oregon	✓	
Puerto Rico		✓
South Carolina	✓	
South Dakota	✓	
Tennessee	✓	
Texas	✓	
Utah	✓	
Virgin Islands		✓
Virginia	✓	
Washington	✓	
Wisconsin	✓	
Wyoming <sup>a</sup>		

a. No response.

**Question 16: Indicate the level of interest within your SHA to participate in an early implementation of a nationwide biosurveillance project: (1 – Not Interested, 5 – Very Interested)**

When asked to identify, on a scale from one to five, the level of interest within the SHA to participate in an early implementation of a nationwide biosurveillance project, 2 (6%) of the 33 respondents replied they were not interested. Thirty (91%) respondents replied that their SHA had some level of interest in participating, with 5 (15%) indicating they were very interested. One state (3%) did not indicate a response.

SHA	1	2	3	4	5
Arizona			✓		
Arkansas				✓	
California				✓	
Delaware				✓	
District of Columbia				✓	
Florida		✓			
Georgia					✓
Idaho		✓			
Illinois		✓			
Indiana					✓
Kentucky		✓			
Louisiana				✓	
Michigan		✓			



Mississippi			✓		
Nevada					✓
New Hampshire				✓	
New York	✓				
North Carolina				✓	
North Dakota	✓				
N. Marianas Is.					✓
Ohio			✓		
Oregon				✓	
Puerto Rico					✓
South Carolina			✓		
South Dakota		✓			
Tennessee		✓			
Texas <sup>a</sup>					
Utah		✓			
Virgin Islands				✓	
Virginia			✓		
Washington		✓			
Wisconsin			✓		
Wyoming		✓			

a. No response.

**Question 17: The following obstacles exist for my SHA to be able to participate in this biosurveillance project: (check all that apply)**

Respondents were asked to indicate existing obstacles that would prevent their SHA from being able to participate in a nationwide biosurveillance project. The 33 respondents identified the following obstacles:

- 21 (64%) Trained IT Personnel [Column 1, in the table on page 18]
- 16 (48%) Trained Epidemiologists/Analysts/Statistician Personnel [Column 2]
- 21 (64%) Technology Infrastructure [Column 3]
- 4 (12%) Local Public Health Agencies Unable to Provide Data [Column 4]
- 3 (9%) Local Public Health Agencies Unwilling to Provide Data [Column 5]
- 15 (45%) Clinical Partners Unable to Provide Data [Column 6]
- 10 (30%) Clinical Partners Unwilling to Provide Data [Column 7]
- 19 (58%) Concerns About Privacy and Security of Data [Column 8]
- 19 (58%) Insufficient Evidence of Efficacy of Biosurveillance to Warrant Investment [Column 9]
- 20 (61%) Concerns About National Data Analysis Plan [Column 10]
- 19 (58%) Concerns About Capacity to Respond to Suspect Alerts [Column 11]
- 19 (58%) Concerns About Disrupting Current Relationships with Providers [Column 12]
- 27 (82%) Funding [Column 13]
- 7 (21%) Other [Column 14]

State/Territory	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Arizona									✓	✓		✓		✓ <sup>a</sup>
Arkansas	✓							✓	✓	✓		✓	✓	✓ <sup>b</sup>
California			✓			✓	✓						✓	
Delaware	✓	✓	✓								✓	✓		
District of Columbia												✓	✓	
Florida	✓	✓	✓					✓	✓	✓	✓	✓	✓	
Georgia	✓	✓		✓				✓	✓	✓	✓		✓	
Idaho										✓			✓	
Illinois		✓				✓			✓		✓			
Indiana								✓		✓	✓	✓	✓	
Kentucky		✓	✓					✓	✓	✓	✓		✓	
Louisiana														✓ <sup>c</sup>
Michigan	✓		✓					✓		✓	✓	✓	✓	✓ <sup>d</sup>
Mississippi						✓	✓	✓				✓	✓	
Nevada	✓	✓	✓										✓	
New Hampshire	✓		✓										✓	
New York	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
North Carolina	✓		✓			✓		✓		✓	✓	✓	✓	
North Dakota	✓	✓	✓					✓	✓	✓	✓	✓	✓	
N. Marianas Is.	✓	✓	✓										✓	
Ohio					✓	✓	✓	✓		✓	✓	✓	✓	
Oregon						✓	✓		✓				✓	
Puerto Rico	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
South Carolina			✓					✓	✓	✓	✓	✓	✓	
South Dakota	✓	✓	✓			✓	✓		✓	✓	✓		✓	
Tennessee	✓		✓			✓			✓	✓		✓		✓ <sup>f</sup>
Texas	✓	✓	✓			✓	✓	✓	✓				✓	✓ <sup>e</sup>
Utah	✓		✓			✓	✓	✓	✓	✓	✓	✓	✓	
Virgin Islands	✓	✓	✓			✓					✓		✓	
Virginia	✓	✓	✓					✓	✓	✓	✓	✓	✓	
Washington	✓					✓	✓	✓	✓	✓	✓	✓	✓	
Wisconsin	✓	✓	✓					✓	✓	✓	✓	✓	✓	✓ <sup>g</sup>
Wyoming	✓	✓	✓	✓		✓		✓	✓					

- a. Insufficient evidence of efficacy of national surveillance.  
b. Need specific software.  
c. What do we get out of it?  
d. Data use agreements, data access.

- e. Biosurveillance projects that are not integrated.  
f. Without an evaluation plan this is risky.  
g. Inability to hire staff to do the work.

**Question 18: My SHA is currently participating, or will be participating within the next six months, in a Health Information Exchange (HIE) or Regional Health information Organization (RHIO).**

Respondents were asked if their SHA is currently participating, or will be within six months, in a Health Information Exchange (HIE) or Regional Health Information Organization (RHIO). Fourteen (42%) of the 33 respondents indicated that their SHA is participating in a HIE/RHIO, while 18 (55%) indicated their SHA was not participating. One (3%) state did not indicate a response.

State/Territory	Yes	No
Arizona	✓	
Arkansas		✓
California		✓
Delaware		✓
District of Columbia	✓	
Florida	✓	
Georgia	✓	
Idaho		✓
Illinois	✓	
Indiana	✓	
Kentucky		✓
Louisiana		✓
Michigan	✓	
Mississippi	✓	
Nevada		✓
New Hampshire		✓
New York	✓ <sup>a</sup>	
North Carolina		✓
North Dakota		✓
N. Marianas Is.	✓	
Ohio	✓	
Oregon		✓
Puerto Rico		✓
South Carolina		✓
South Dakota		✓
Tennessee	✓	
Texas		✓
Utah	✓	
Virgin Islands		✓
Virginia		✓
Washington		✓
Wisconsin	✓	
Wyoming <sup>b</sup>		

a. Involved in discussions, but no funding.

b. No response.

**Question 19: If yes, are you, or do you plan to, gather data via the HIE or RHIO for biosurveillance efforts?**

Of the 14 respondents that indicated their SHA is participating, or planning to within six months, in a HIE/RHIO, 10 (71%) indicated that their SHA was planning to use the participation to gather data for biosurveillance efforts and 4 (29%) indicated they were not.

State/Territory	Yes	No	N/A
Arizona	✓		
Arkansas			✓
California			✓
Delaware			✓
District of Columbia	✓		
Florida		✓	
Georgia	✓		
Idaho			✓
Illinois	✓		
Indiana	✓		
Kentucky			✓
Louisiana			✓
Michigan	✓		
Mississippi	✓		
Nevada			✓
New Hampshire			✓
New York		✓	
North Carolina			✓
North Dakota			✓
N. Marianas Is.	✓		
Ohio	✓		
Oregon			✓
Puerto Rico			✓
South Carolina			✓
South Dakota			✓
Tennessee		✓	
Texas			✓
Utah	✓		
Virgin Islands			✓
Virginia			✓
Washington			✓
Wisconsin		✓	
Wyoming			

**Question 20: If yes to question 18, what sources of funding are being used to support you SHA's involvement? (check all that apply)**

The respondents that answered yes to question 18 were asked to indicate the sources of funding being used to support the SHA's involvement in the HIE/RHIO. Of the 14 respondents that answered yes, 10 (71%) selected Federal Funding, 5 (36%) selected State Funding, 6 (43%) selected Foundation Grants, and 3 (21%) selected Other.

SHA	Federal Grants	State Funding	Foundation Grants	Other	N/A
Arizona	✓				
Arkansas					✓
California					✓
Delaware					✓
District of Columbia	✓				
Florida	✓				
Georgia	✓	✓	✓		
Idaho					✓
Illinois		✓		✓ <sup>a</sup>	
Indiana	✓	✓	✓		
Kentucky					✓
Louisiana					✓
Michigan			✓		
Mississippi	✓				
Nevada					✓
New Hampshire					✓
New York				✓ <sup>b</sup>	
North Carolina					✓
North Dakota					✓
N. Marianas Is.	✓	✓	✓	✓ <sup>c</sup>	
Ohio	✓		✓		
Oregon					✓
Puerto Rico					✓
South Carolina					✓
South Dakota					✓
Tennessee <sup>b</sup>					
Texas					✓
Utah	✓	✓			
Virgin Islands					✓
Virginia					✓
Washington					✓
Wisconsin	✓		✓		
Wyoming					

a. ONCHIT/RTI contract approval pending.

b. Pending.

c. WHO funding.