



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2231 CRYSTAL DRIVE SUITE 450

Room/suite

450

City or town, state or province, country, and ZIP or foreign postal code

ARLINGTON, VA 22202

F Name and address of principal officer PAUL JARRIS

SAME AS C ABOVE

D Employer identification number

35-1044487

E Telephone number

202-371-9090

G Gross receipts \$ 23,400,658.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ASTHO.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1942 M State of legal domicile: DC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	SEE PART III, LINE 1.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	108
	6	Total number of volunteers (estimate if necessary)	18
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.

Contributions and grants (Part VIII, line 1h)

Program service revenue (Part VIII, line 2g)

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Grants and similar amounts paid (Part IX, column (A), lines 1-3)

Benefits paid to or for members (Part IX, column (A), line 4)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

Professional fundraising fees (Part IX, column (A), line 11e)

Total fundraising expenses (Part IX, column (D), line 25) 163,572.

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

18,246,422. 23,272,385.

129,514. 113,850.

5,366. 5,411.

22,787. 9,012.

18,404,089. 23,400,658.

2,961,416. 4,309,938.

0. 0.

8,655,030. 9,940,185.

0. 0.

6,715,571. 8,972,694.

18,332,017. 23,222,817.

72,072. 177,841.

Beginning of Current Year

End of Year

7,485,806. 9,150,697.

4,948,746. 6,435,796.

2,537,060. 2,714,901.

Net Assets
Fund Bal

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Date

PAUL JARRIS, EXECUTIVE DIRECTOR

Type or print name and title

Paid

Print/Type preparer's name

TERRI MCKNIGHT, CPA

Preparer's signature

Date

6/18/15

Check

self-employed

PTIN

P00543002

Preparer

Firm's name

GELMAN, ROSENBERG & FREEDMAN

Firm's EIN

52-1392008

Use Only

Firm's address

4550 MONTGOMERY AVE SUITE 650N

BETHESDA, MD 20814-2930

Phone no. (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

617 5

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X

1 Briefly describe the organization's mission

TRANSFORM PUBLIC HEALTH WITHIN STATES AND TERRITORIES THROUGH THE FORMULATION AND IMPLEMENTATION OF POLICY AND EXCELLENCE IN STATE AND TERRITORY-BASED PUBLIC HEALTH PRACTICE TO HELP MEMBERS DRAMATICALLY IMPROVE HEALTH AND WELLNESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,748,148. including grants of \$ 2,398,014.) (Revenue \$)
COMMUNITY HEALTH AND DISEASE PREVENTION--SEE SCHEDULE O.

4b (Code) (Expenses \$ 6,407,305. including grants of \$ 929,924.) (Revenue \$ 37,323.)
HEALTH SECURITY--SEE SCHEDULE O.

4c (Code) (Expenses \$ 4,440,506. including grants of \$ 325,359.) (Revenue \$ 300.)
HEALTH SYSTEMS TRANSFORMATION --SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 5,258,075. including grants of \$ 656,641.) (Revenue \$ 76,227.)4e Total program service expenses 22,854,034.

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form **990** (2013)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Form 990 (2013)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒ [X]

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15	
b Enter the number of voting members included in line 1a, above, who are independent	15	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
JAMIE KELLOGG - 202-371-9090
2231 CRYSTAL DRIVE SUITE 450, NO. 450, ARLINGTON, VA 22202

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRY CLINE PRESIDENT	2.50	X		X				0.	0.	0.
(2) JEWEL MULLEN PRESIDENT-ELECT	1.50	X		X				0.	0.	0.
(3) JOHN DREYZEHNER SECRETARY-TREASURER	1.50	X		X				0.	0.	0.
(4) JOSE MONTERO IMMEDIATE PAST PRESIDENT	1.50	X		X				0.	0.	0.
(5) DAVID LAKEY PAST PRESIDENT	1.50	X		X				0.	0.	0.
(6) HARRY CHEN REGION 1 REPRESENTATIVE	1.00	X						0.	0.	0.
(7) MARY O'DOWD REGION 2 REPRESENTATIVE	1.00	X						0.	0.	0.
(8) KARYL RATTAY REGION 3 REPRESENTATIVE	1.00	X						0.	0.	0.
(9) MARY CURRIER REGION 4 REPRESENTATIVE	1.00	X						0.	0.	0.
(10) ED EHLINGER REGION 5 REPRESENTATIVE	1.00	X						0.	0.	0.
(11) JOHN THOMAS LANE REGION 6 REPRESENTATIVE	1.00	X						0.	0.	0.
(12) ROBERT MOSER REGION 7 REPRESENTATIVE	1.00	X						0.	0.	0.
(13) WENDY BRAUND REGION 8 REPRESENTATIVE	1.00	X						0.	0.	0.
(14) JAMES GILLAN REGION 9 REPRESENTATIVE	1.00	X						0.	0.	0.
(15) WARD HURLBURT REGION 10 REPRESENTATIVE	1.00	X						0.	0.	0.
(16) PAUL E. JARRIS EXECUTIVE DIRECTOR	37.50			X				350,192.	0.	70,928.
(17) DAVID COTE ASSOCIATE EXEC. DIRECTOR	37.50			X				121,040.	0.	24,240.

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROSE-ELLA SLAVIN CHIEF FINANCIAL OFFICER	37.50			X				140,992.	0.	31,604.
(19) JAMES A. PEARSON CHIEF PROGRAM OFFICER (UNTIL 12/13)	37.50				X			211,507.	0.	33,401.
(20) JAMES S. BLUMENSTOCK CHIEF PROGRAM OFFICER	37.50				X			204,925.	0.	36,478.
(21) SHARON MOFFAT CHIEF PROGRAM OFFICER	37.50				X			193,391.	0.	27,895.
(22) SHAWN RICK POLK CHIEF OF STAFF	37.50					X		130,561.	0.	22,890.
(23) MONICA VALDES LUPI CHIEF PROGRAM OFFICER	37.50					X		130,214.	0.	30,084.
(24) CATHERINE SELLERS SENIOR DIRECTOR	37.50					X		120,422.	0.	23,398.
(25) ELIZABETH ROMERO WALKER SENIOR DIRECTOR	37.50					X		109,950.	0.	24,515.
(26) SCOTT BRISCOE SENIOR DIRECTOR	37.50					X		109,669.	0.	20,810.
1b Sub-total								1,822,863.	0.	346,243.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,822,863.	0.	346,243.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EDWARDS PROJECT SOLUTIONS 6085 MARSHALEE DR, ELKRIDGE, MD 21075	PROJECT MANAGEMENT SUPPORT	330,560.
AMERICAN TECHNOLOGY SERVICES 2751 PROSPERITY AVE, FAIRFAX, VA 22031	SYSTEMS SUPPORT	267,550.
AMAZON WEB SERVICES, INC. P.O. BOX 84023, SEATTLE, WA 98124-8423	INTERNET CLOUD SERVICE	254,093.
NORC AT UNIV OF CHICAGO 55 E. MONROE ST, CHICAGO, IL 60603	SURVEY/INTERVIEW SERVICES	219,248.
SRA INTERNATIONAL, INC. P.O. BOX 742213, ATLANTA, GA 30374-2213	MEETING FACILITATION SERVICES	214,846.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **12**

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	1,466,793.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	19,176,368.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,629,224.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			23,272,385.		
	Program Service Revenue	Business Code					
2 a		CONFERENCE & MEETING	900099	102,950.	102,950.		
b		SPEAKER HONORARIUMS	900099	10,900.	10,900.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			113,850.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			5,411.		5,411.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real		(ii) Personal			
	7 a	(i) Securities		(ii) Other			
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
		Less direct expenses					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19					
		Less direct expenses					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances					
Less cost of goods sold							
Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS	900099	9,012.			9,012.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			9,012.			
12	Total revenue. See instructions			23,400,658.	113,850.	0.	14,423.

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,309,938.	4,309,938.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,378,587.	576,372.	802,215.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,659,576.	5,154,980.	1,442,227.	62,369.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	617,236.	491,132.	119,957.	6,147.
9 Other employee benefits	704,815.	542,530.	156,116.	6,169.
10 Payroll taxes	579,971.	421,046.	154,277.	4,648.
11 Fees for services (non-employees)				
a Management				
b Legal	59,857.	25,109.	34,748.	
c Accounting	45,814.		45,814.	
d Lobbying	180,000.	180,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,087,620.	3,336,750.	720,634.	30,236.
12 Advertising and promotion				
13 Office expenses	545,139.	282,402.	262,008.	729.
14 Information technology	212,161.	32,628.	179,533.	
15 Royalties				
16 Occupancy	610,479.		610,479.	
17 Travel	2,040,053.	1,922,025.	115,213.	2,815.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	721,471.	581,899.	129,487.	10,085.
20 Interest	5,437.		5,437.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,554.		100,554.	
23 Insurance	28,191.	50.	28,141.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOCATION OF G&A	0.	4,806,974.	-4,847,279.	40,305.
b DUES AND SUBSCRIPTIONS	126,379.	110,375.	16,004.	
c BAD DEBT	64,800.	64,800.		
d REPAIRS AND MAINTENANCE	61,375.		61,375.	
e All other expenses	83,364.	15,024.	68,271.	69.
25 Total functional expenses. Add lines 1 through 24e	23,222,817.	22,854,034.	205,211.	163,572.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page 11

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	300.	1	300.
	2 Savings and temporary cash investments	3,386,115.	2	2,120,825.
	3 Pledges and grants receivable, net	3,534,806.	3	6,466,855.
	4 Accounts receivable, net	184,872.	4	234,856.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,149.	9	5,387.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D.	1,685,077.		
	10b Less: accumulated depreciation	1,490,952.		
		269,720.	10c	194,125.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11.	92,844.	15	128,349.	
16 Total assets. Add lines 1 through 15 (must equal line 34).	7,485,806.	16	9,150,697.	
Liabilities	17 Accounts payable and accrued expenses	2,926,531.	17	3,785,052.
	18 Grants payable		18	
	19 Deferred revenue	1,137,275.	19	1,131,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	884,940.	25	1,519,244.
	26 Total liabilities. Add lines 17 through 25.	4,948,746.	26	6,435,796.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		2,537,060.	27	2,714,901.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		2,537,060.	33	2,714,901.
34 Total liabilities and net assets/fund balances	7,485,806.	34	9,150,697.	

Form 990 (2013)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2013)

35-1044487 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,400,658.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,222,817.
3	Revenue less expenses Subtract line 2 from line 1	3	177,841.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,537,060.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,714,901.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X

Form **990** (2013)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number
35-1044487

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
---------------	---

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

ASSOCIATION OF STATE AND

Schedule A (Form 990 or 990-EZ) 2013 TERRITORIAL HEALTH OFFICIALS

35-1044487 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,949,586.	15,961,952.	17,920,617.	18,246,422.	23,272,385.	89,350,962.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,949,586.	15,961,952.	17,920,617.	18,246,422.	23,272,385.	89,350,962.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,575,019.
6 Public support. Subtract line 5 from line 4						82,775,943.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	13,949,586.	15,961,952.	17,920,617.	18,246,422.	23,272,385.	89,350,962.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,130.	7,697.	5,716.	5,366.	5,411.	34,320.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	12,144.	59,667.	18,696.	22,787.	9,012.	122,306.
11 Total support. Add lines 7 through 10						89,507,588.
12 Gross receipts from related activities, etc. (see instructions)					12	780,878.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	92.48 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	90.98 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

ASSOCIATION OF STATE AND

Schedule A (Form 990 or 990-EZ) 2013 TERRITORIAL HEALTH OFFICIALS

35-1044487 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

ASSOCIATION OF STATE AND

Schedule A (Form 990 or 990-EZ) 2013 TERRITORIAL HEALTH OFFICIALS

35-1044487 Page 4

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12

Also complete this part for any additional information (See instructions)

Lined area for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

ASSOCIATION OF STATE AND

Schedule C (Form 990 or 990-EZ) 2013 TERRITORIAL HEALTH OFFICIALS

35-1044487 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	24,497.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	220,478.													
c	Total lobbying expenditures (add lines 1a and 1b)	244,975.													
d	Other exempt purpose expenditures	22,977,842.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	23,222,817.													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	946,150.	1,000,000.	1,000,000.	1,000,000.	3,946,150.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,919,225.
c Total lobbying expenditures	274,014.	259,503.	265,783.	244,975.	1,044,275.
d Grassroots nontaxable amount	236,538.	250,000.	250,000.	250,000.	986,538.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,479,807.
f Grassroots lobbying expenditures		25,950.	26,578.	24,497.	77,025.

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No 1545-0047

2013

Open to Public
Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		435,171.	325,922.	109,249.
d Equipment		167,015.	122,795.	44,220.
e Other		1,082,891.	1,042,235.	40,656.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				194,125.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	26,767.
(3) REFUNDABLE ADVANCES	1,238,763.
(4) DEFERRED RENT LIABILITY	253,714.
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)	1,519,244.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1. Total revenue, gains, and other support per audited financial statements		1	23,400,658.
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a. Net unrealized gains on investments	2a		
b. Donated services and use of facilities	2b		
c. Recoveries of prior year grants	2c		
d. Other (Describe in Part XIII)	2d		
e. Add lines 2a through 2d		2e	0.
3. Subtract line 2e from line 1		3	23,400,658.
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a. Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b. Other (Describe in Part XIII)	4b		
c. Add lines 4a and 4b		4c	0.
5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	23,400,658.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1. Total expenses and losses per audited financial statements		1	23,222,817.
2. Amounts included on line 1 but not on Form 990, Part IX, line 25			
a. Donated services and use of facilities	2a		
b. Prior year adjustments	2b		
c. Other losses	2c		
d. Other (Describe in Part XIII)	2d		
e. Add lines 2a through 2d		2e	0.
3. Subtract line 2e from line 1		3	23,222,817.
4. Amounts included on Form 990, Part IX, line 25, but not on line 1			
a. Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b. Other (Describe in Part XIII)	4b		
c. Add lines 4a and 4b		4c	0.
5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	23,222,817.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, ASTHO HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

Part XIII Supplemental Information (continued)

09020618 745960 01821 2013.05090 28 ASSOCIATION OF STATE AND TE 01821__1

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA DEPARTMENT OF PUBLIC HEALTH - PO BOX 303017 - MONTGOMERY, AL 36130-3017	63-1106545	GOVERNMENT	133,870.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
AMERICAN COLLEGE OF NURSE-MIDWIVES 8403 COLESVILLE ROAD SUITE 1550 SILVER SPRING, MD 20910	74-1685515	501(C)(3)	54,076.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA
AMERICAN COLLEGE/OBSTETRICIANS/GYNECOLOGIST - 409 12TH STREET SW - WASHINGTON, DC 20024	36-2217981	501(C)(3)	200,487.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA
AMERICAN CONFERENCE ON DIVERSITY 109 CHURCH STREET NEW BRUNSWICK, NJ 08901	32-0154928	501(C)(3)	10,000.	0.			PANDEMIC INFLUENZA
AMERICA'S HEALTH INSURANCE PLANS 601 PENNSYLVANIA AVE., NW S BLDG. #500, WASHINGTON, DC 20004	36-2087641	501(C)(3)	39,960.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ARIZONA DEPARTMENT OF HEALTH SERVICES - 1740 W. ADAMS, ROOM 302 - PHOENIX, AZ 85007	86-6004791	GOVERNMENT	11,334.	0.			LINKING QUALITY IMPROVEMENT IN ACCREDITATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

45.

3 Enter total number of other organizations listed in the line 1 table

0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

35-1044487 Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS DEPT. OF HEALTH 4815 WEST MARKHAM ST., SLOT 57 LITTLE ROCK, AR 72205	71-6007358	GOVERNMENT	40,563.	0.			STATE HEALTH RANKINGS; PANDEMIC INFLUENZA; VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
ASSOCIATION OF PUBLIC HEALTH NURSES - P O BOX 7440 - OKLAHOMA CITY, OK 73153	45-5628490	501(C)(3)	38,285.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH - 410 CAPITOL AVE - HARTFORD, CT 06134	06-6000798	GOVERNMENT	9,459.	0.			LINKING QUALITY IMPROVEMENT IN ACCREDITATION
WISCONSIN DEPARTMENT OF HEALTH SERVICES - 1 W. WILSON ST., P.O. BOX 1668 - MADISON, WI 53701-1668	39-6006469	GOVERNMENT	20,000.	0.			VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH - 899 NORTH CAPITOL STREET NE - WASHINGTON, DC 20002	53-6001131	GOVERNMENT	115,000.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
EMORY UNIVERSITY 1599 CLIFTON RD, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	181,999.	0.			PANDEMIC INFLUENZA COMMUNICATION PARTNERSHIP
FLORIDA DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY TALLAHASSEE, FL 32399	59-3502843	GOVERNMENT	7,500.	0.			HEALTH IMPACT ASSESSMENT
GEORGIA DEPARTMENT OF PUBLIC HEALTH - 2 PEACHTREE ST, NW - ATLANTA, GA 30303	90-0676388	GOVERNMENT	40,500.	0.			INFECTIOUS DISEASE; STATE HEALTH RANKINGS; TOBACCO
HARVARD UNIVERSITY 1350 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	134,834.	0.			PUBLIC HEALTH LEADERSHIP

Schedule I (Form 990)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

35-1044487

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESEARCH INC. 150 BROADWAY, SUITE #560 MENANDS, NY 12204	14-1402155	501(C)(3)	320,014.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ILLINOIS DEPARTMENT OF PUBLIC HEALTH - 526 WEST JEFFERSON STREET - SPRINGFIELD, IL 62761	01-0632628	GOVERNMENT	114,264.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT; PANDEMIC
INTERNATIONAL SOCIETY FOR DISEASE SURVEILLANCE - 136 HARRISON AVENUE - BOSTON, MA 02111	20-3805298	501(C)(3)	26,581.	0.			BIOSENSE 2.0
KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT - 1000 SW JACKSON - TOPEKA, KS 66612	48-6029925	GOVERNMENT	21,667.	0.			STATE HEALTH RANKINGS
MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE - 201 PRESTON STREET - BALTIMORE, MD 21202	52-6002033	GOVERNMENT	231,334.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION; LINKING QUALITY IMPROVEMENT IN
MINNESOTA DEPARTMENT OF HEALTH P.O. BOX 64975 ST. PAUL, MN 55164	41-6007162	GOVERNMENT	148,379.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) - 1100 17TH STREET, NW - WASHINGTON, DC 20036	52-1426663	501(C)(3)	153,465.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET, NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	71,405.	0.			BIOSENSE REDESIGN - EHRS & SOCIAL DETERMINANTS
NATIONAL ASSOCIATION OF MEDICAID DIRECTORS - 444 NORTH CAPITOL STREET SUITE 524 - WASHINGTON, DC 20001	27-3258188	501(C)(3)	20,990.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

Schedule I (Form 990)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

35-1044487

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CONFERENCE OF STATE LEGISLATORS - 7700 EAST FIRST PLACE - DENVER, CO 80230	84-0772595	501(C)(3)	130,129.	0.			DEVELOPMENT AND EXECUTION OF STATE WINNABLE BATTLE PLANS
NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES - 444 NORTH CAPITOL STREET, NW, SUITE 267 - WASHINGTON, DC 20001	23-7391796	501(C)(3)	157,374.	0.			PUBLIC HEALTH LEADERSHIP VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA
NATIONAL HISPANIC MEDICAL ASSOC 1920 L STREET NW SUITE 725 WASHINGTON, DC 20036	52-1884446	501(C)(3)	49,000.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL FORUM FOR HEART DISEASE & STROKE PREVENTION - 1150 CONNECTICUT AVENUE, NW SUITE 300 - WASHINGTON, DC 20036	27-2257461	501(C)(3)	60,000.	0.			PREVENTING PRESCRIPTION DRUG OVERDOSE AND ABUSE
NATIONAL ASSN OF STATE ALCOHOL/DRUG ABUSE - 1025 CONNECTICUT AVE NW, STE. 605 - WASHINGTON, DC 20036	52-0983141	501(C)(3)	10,000.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT; STATE HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH - 1000 NORTHEAST 10TH STREET - OKLAHOMA CITY, OK 73117	73-6017987	GOVERNMENT	260,360.	0.			LINKING QUALITY IMPROVEMENT IN ACCREDITATION
OREGON DEPARTMENT OF HUMAN SERVICES - 800 NE OREGON STREET, SUITE 930 - PORTLAND, OR 97233	93-6001752	GOVERNMENT	11,334.	0.			VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES; HEALTH MARKETING
OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION 800 NE OREGON ST, STE. 930 - PORTLAND, OR 97232	93-8001750	GOVERNMENT	34,257.	0.			ASTHO TERRITORIES PRIORITIES; HR MGMT FOR HEALTH STRENGTHENING; LAB TRAINING & STAFF
PACIFIC ISLAND HEALTH OFFICERS ASSN - 737 BISHOP STREET SUITE 2075 - HONOLULU, HI 96813	20-0298040	501(C)(3)	244,585.	0.			

Schedule I (Form 990)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

35-1044487

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607	94-1646278	501(C)(3)	128,308.	0.			NAT'L LEADERSHIP ACADEMY FOR PUBLIC HEALTH
RHODE ISLAND DEPARTMENT OF HEALTH 3 CAPITOL HILL, ROOM 409 PROVIDENCE, RI 02908	05-6000522	GOVERNMENT	20,862.	0.			PUBLIC HEALTH LEADERSHIP
SAFE STATES ALLIANCE 2200 CENTURY PARKWAY SUITE 700 ATLANTA, GA 30345	73-1455152	501(C)(3)	7,347.	0.			PREVENTING PRESCRIPTION DRUG OVERDOSE AND ABUSE
SOCIETY FOR PUBLIC HEALTH EDUCATION (SOPHE) - 10 G STREET, NE, SUITE 605 - WASHINGTON, DC 20002	23-7299881	501(C)(3)	30,000.	0.			AGING AND HEALTH EQUITY
STATE OF OHIO OH DOH / AR UNIT P. O. BOX 15278 COLUMBUS, OH 43215-0278	31-1334820	GOVERNMENT	106,564.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
UNIVERSITY OF NEW HAMPSHIRE 105 MAIN STREET DURHAM, NH 03824-3585	02-6000937	501(C)(3)	127,463.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
UNIVERSITY OF MASSACHUSETTS LOWELL 600 SUFFOLK STREET, 2ND FLOOR SOUTH LOWELL, MA 01854	04-3167352	501(C)(3)	111,618.	0.			BIOSENSE 2.0; HOSTING BRFSS DATA IN THE CLOUD DEVELOPING REAL TIME STRATEGIES FOR IMPLEMENTING PUBLIC HEALTH LAW INTERVENTIONS;
UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251-7220	25-0965591	501(C)(3)	233,556.	0.			HEALTHCARE ASSOCIATED INFECTIONS
VIRGINIA DEPARTMENT OF HEALTH 109 GOVERNOR ST 13TH FL RICHMOND, VA 23219	54-6001775	GOVERNMENT	8,301.	0.			

Schedule I (Form 990)

[illegible]

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

EXPLANATION: PROGRAM STAFF IDENTIFY APPROPRIATE SUB-RECIPIENTS THROUGH A RFP PROCESS; PAYMENT OF FUNDS IS TIED TO PERFORMANCE BY INVOKING SPECIFIC MILESTONES WHICH TRIGGER THE DISBURSEMENT OF FUNDS. ALL INVOICES ARE REVIEWED AND APPROVED BY A GRANTS MANAGER PRIOR TO PAYMENT TO INSURE COMPLIANCE WITH TERMS.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: MILLION HEARTS-STATE AND LOCAL
HYPERTENSION FOCUSED MODEL DEVELOPMENT; PANDEMIC INFLUENZA

NAME OF ORGANIZATION OR GOVERNMENT:

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE

(H) PURPOSE OF GRANT OR ASSISTANCE: MILLION HEARTS-STATE AND LOCAL
HYPERTENSION; LINKING QUALITY IMPROVEMENT IN ACCREDITATION

NAME OF ORGANIZATION OR GOVERNMENT: OKLAHOMA STATE DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: MILLION HEARTS-STATE AND LOCAL
HYPERTENSION FOCUSED MODEL DEVELOPMENT; STATE HEALTH RANKINGS

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC ISLAND HEALTH OFFICERS ASSN

(H) PURPOSE OF GRANT OR ASSISTANCE: ASTHO TERRITORIES PRIORITIES; HR
MGMT FOR HEALTH STRENGTHENING; LAB TRAINING & STAFF DEVELOPMENT; PH
STRENGTHENING THROUGH RESOURCE MGMT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING REAL TIME STRATEGIES FOR
IMPLEMENTING PUBLIC HEALTH LAW INTERVENTIONS; PUBLIC HEALTH LAW

NAME OF ORGANIZATION OR GOVERNMENT: VERMONT DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: MILLION HEARTS-STATE AND LOCAL
HYPERTENSION FOCUSED MODEL DEVELOPMENT; HEALTHCARE ASSOCIATED INFECTIONS

**SCHEDULE J
(Form-990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number

35-1044487

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III

Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

EXPLANATION: THE FOLLOWING INDIVIDUALS RECEIVED NON-FIXED PAYMENTS

(BONUSES) DURING THE YEAR:

PAUL E. JARRIS	\$47,714
JAMES A. PEARSON	\$20,547
JAMES S. BLUMENSTOCK	\$23,658
SHARON MOFFAT	\$11,055
ROSE-ELLA SLAVIN	\$1,500
CATHERINE SELLERS	\$1,500

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number

35-1044487

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

EXPLANATION: COMMUNITY HEALTH AND DISEASE PREVENTION

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT (PHHSBG) UPDATE:

IN COLLABORATION WITH AFFILIATED ORGANIZATIONS, ASTHO DEVELOPED FIVE

GUIDING PRINCIPLES FOR THE PHHSBG TO ENSURE THAT IT DEMONSTRATES ITS

IMPORTANCE AND IMPACT AS A HIGH-PERFORMING PROGRAM. THE PROPOSED

GUIDING PRINCIPLES PROMOTE ALIGNMENT OF THE PHHSBG AND RELATED

PREVENTION PROGRAMS AND INTRODUCE POTENTIAL LEVELS OF MEASUREMENT

ASSOCIATED WITH NATIONAL PREVENTION INITIATIVES. THE PRINCIPLES WERE

SHARED WITH CDC FOR THEIR REVIEW AND CONSIDERATION. THE USE OF THESE

GUIDING PRINCIPLES WILL ENSURE EFFECTIVE IMPLEMENTATION OF THE PHHSBG

AND IMPROVE THE HEALTH AND SAFETY OF PEOPLE IN EVERY STATE AND

TERRITORY. ADDITIONALLY, ASTHO PROVIDED TO THE STATES A SET OF TIPS FOR

SHOS AND SENIOR DEPUTIES REGARDING THE PHHSBG.

PRESCRIPTION DRUG ABUSE CONGRESSIONAL BRIEFING WITH TERRY CLINE, PHD:

ON APRIL 3, ASTHO, ALONG WITH THE INJURY AND VIOLENCE PREVENTION

NETWORK AND THE CONGRESSIONAL CAUCUS ON PRESCRIPTION DRUG ABUSE CHAIRED

BY HOUSE APPROPRIATIONS COMMITTEE CHAIR HAL ROGERS, HELD A BRIEFING ON

THE PRESCRIPTION DRUG USE AND OVERDOSE EPIDEMIC. THE BRIEFING, WIDELY

ATTENDED BY CONCERNED MEMBERS OF THE COMMUNITY AS WELL AS HOUSE AND

SENATE STAFF, TOUCHED ON MANY AREAS OF PRESCRIPTION DRUG ABUSE FROM THE

VIEWPOINTS OF THE FEDERAL GOVERNMENT, STATES, AND INDIVIDUAL

EXPERIENCES WITH THIS WIDESPREAD PROBLEM. THE BRIEFING PANEL INCLUDED

TERRY CLINE (OK); ILEANA ARIAS, PRINCIPAL DEPUTY DIRECTOR FOR CDC'S

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY; VAN INGRAM, EXECUTIVE
DIRECTOR FOR THE KENTUCKY OFFICE OF DRUG CONTROL POLICY; MARY BONO,
FORMER CONGRESSWOMAN AND CO-CHAIR OF THE CONGRESSIONAL CAUCUS ON
PRESCRIPTION DRUG ABUSE; AND RICH HAMBURG, DEPUTY DIRECTOR FOR THE
TRUST FOR AMERICA'S HEALTH.

COMMENT LETTERS WITH ASTHO'S SUPPORT:

1. ASTHO SIGNED ONTO A LETTER WITH THE NYC HEALTH DEPARTMENT AND OTHER
ORGANIZATIONS URGING FDA TO SET SODIUM TARGETS FOR PACKAGED AND
RESTAURANT FOODS. WE ALSO SIGNED ONTO A LETTER RELATED TO THE PROPOSED
NUTRITION FACTS LABEL AND SERVING SIZES. WE GENERALLY SUPPORT THE
REVISION TO THE NUTRITION FACTS PANEL AND STRONGLY SUPPORT THE FDA'S
PROPOSAL TO REVISE THE REFERENCE AMOUNTS CUSTOMARILY CONSUMED (RACCS)
FOR CERTAIN PRODUCTS AND ASK THAT THE LABEL SHOULD ALSO REFLECT A DAILY
VALUE FOR ADDED SUGARS AND SUGARS SHOULD BE LISTED IN TERMS OF BOTH
TEASPOONS AND GRAMS; THE SODIUM LIMIT OF 2,300 MG IS INCONSISTENT WITH
PREVAILING HEALTH GUIDELINES AND SHOULD BE REDUCED TO 1,500 MILLIGRAMS;
FDA SHOULD ESTABLISH A DAILY VALUE AND REQUIRE A LISTING FOR A
PERCENTAGE DAILY VALUE FOR CALORIES; AND FDA SHOULD CONDUCT A
COMPREHENSIVE CONSUMER EDUCATION CAMPAIGN WHEN THE NEW NUTRITION FACTS
PANEL APPEARS ON FOOD LABELS.

2. ASTHO SUBMITTED A LETTER TO THE FDA IN RESPONSE TO NEW RULES TO
REGULATE E-CIGARETTES, CIGARS, PIPE TOBACCO, HOOKAHS (WATER PIPES),
NICOTINE GELS, AND CERTAIN DISSOLVABLES. ASTHO'S COMMENTS FOCUS ON
SEVERAL COMPONENTS IN THE PROPOSED RULE THAT DESERVE SPECIAL
CONSIDERATION, INCLUDING: (1) THE REGULATION OF PREMIUM CIGARS UNDER
FDA AUTHORITY; (2) AGE VERIFICATION REQUIREMENTS FOR INTERNET SALES OF

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

TOBACCO PRODUCTS; (3) SAFETY REQUIREMENTS FOR PACKAGING TO PREVENT
CHILD POISONINGS; AND (4) THE USE OF CHARACTERIZING FLAVORS IN
NEWLY-DEEMED PRODUCTS.

ASTHO PUBLICATIONS:

"INCONSISTENCY SEEN AS BARRIER TO STOPPING RESISTANT BACTERIA." CIDRAP
NEWS, MARCH 10.

CITED ASTHO RESEARCH ON ANTIMICROBIAL POLICIES AND PROCEDURES.

JARRIS PE, MOFFATT SG, WALKER ROMERO E, SELLERS K. "MILLION HEARTS,
THREE LEVERS." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014.
20(2):264-266.

THIS COMMENTARY PROVIDES INSIGHT INTO MILLION HEARTS COLLABORATIVE AND
ITS UNIQUE FOCUS ON HYPERTENSION, INTEGRATION OF PUBLIC HEALTH AND
CLINICAL CARE, AND QUALITY IMPROVEMENT.

MARSHALL D, PYRON T, JIMENEZ J, COFFMAN J, PEARSOL K, KOESTER D.

"IMPROVING PUBLIC HEALTH THROUGH STATE HEALTH IMPROVEMENT PLANNING: A
FRAMEWORK FOR ACTION." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND
PRACTICE. 2014. 20(1):23-28.

THIS ARTICLE DESCRIBES THE FINDINGS OF ASTHO'S COMPREHENSIVE
IDENTIFICATION AND EVALUATION OF STATE HEALTH IMPROVEMENT PLANS TO
DEVELOP GUIDANCE TO SUPPORT HEALTH DEPARTMENTS IN THE STATE HEALTH
IMPROVEMENT PLANNING PROCESS.

DAUB T, DOSHI S, JOHN ELLIGERS J, PAVLETIC D, PYRON T. "LEVERAGING THE
REVISED NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS TO MEET TODAY'S
EVER-CHANGING PUBLIC HEALTH SYSTEM LANDSCAPE." JOURNAL OF PUBLIC HEALTH

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

MANAGEMENT AND PRACTICE. 2014. 20(1):135-137.

**THIS COMMENTARY EXPLORES HOW THE REVISED NATIONAL PUBLIC HEALTH
PERFORMANCE STANDARDS MAY BE USED TO PROMOTE PERFORMANCE AND QUALITY
IMPROVEMENT AS WELL AS PREPARE STATE HEALTH AGENCIES FOR ACCREDITATION.**

PESTRONK RM, BENJAMIN GC, BOHLEN SA, DRABczyk AL, JARRIS PE.

**"ACCREDITATION: ON TARGET." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND
PRACTICE. 2014. 20(1):152-155.**

**THIS COMMENTARY, IN PARTNERSHIP WITH NACCHO, APHA, NATIONAL ASSOCIATION
OF LOCAL BOARDS OF HEALTH, AND THE NATIONAL INDIAN BOARD OF HEALTH,
REVISITS THE EXPERIENCE OF DEVELOPING THE STANDARDS FOR STATE HEALTH
AGENCY ACCREDITATION AND PROGRESS TO DATE.**

**JARRIS PE. "OBESITY AS DISEASE: AN OPPORTUNITY FOR INTEGRATING PUBLIC
HEALTH AND CLINICAL MEDICINE." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND
PRACTICE. 2013. 19(6):610-612.**

**THIS COLUMN ADDRESSES THE AMA'S ADOPTION OF A POLICY TO CATEGORIZE
OBESITY AS A DISEASE AND THE IMPORTANCE OF PUBLIC HEALTH AND HEALTHCARE
INTEGRATION IN ADDRESSING OBESITY.**

2014 PRESIDENT'S CHALLENGE UPDATE:

**OVER THE LAST YEAR, ASTHO HAS BEEN ACTIVELY INVOLVED IN ASSISTING
STATES TO ADDRESS THE EPIDEMIC OF PRESCRIPTION DRUG ABUSE AND OVERDOSE
AS PART OF THE 2014 ASTHO PRESIDENT'S CHALLENGE, ISSUED BY TERRY CLINE
(OK) IN SEPTEMBER 2013. SINCE THEN, 39 STATES AND 1 TERRITORY HAVE
PLEDGED TO WORK IN ONE OR MORE OF THE FOUR AREAS OF A COMPREHENSIVE
APPROACH TO PRESCRIPTION DRUG USE, MISUSE AND OVERDOSE. CLINE HAS MADE
NUMEROUS PRESENTATIONS IN SUPPORT OF THE CHALLENGE, INCLUDING BRIEFINGS**

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

ON CAPITOL HILL, THE NATIONAL PRESCRIPTION DRUG ABUSE SUMMIT, THE SAFE STATES ALLIANCE NATIONAL MEETING, AND EVEN A TWITTER CHAT ON THE TOPIC COHOSTED WITH WEBMD.

ASTHO HAS CAPITALIZED ON THE MOMENTUM OF THE CHALLENGE IN VARIOUS WAYS. ASTHO FIELDDED THE STATE PRESCRIPTION DRUG ABUSE AND MISUSE INVENTORY SURVEY IN MAY 2014. TO DATE, 48 STATES HAVE COMPLETED THE SURVEY. ASTHO ALSO COLLABORATED WITH THE NATIONAL GOVERNORS ASSOCIATION (NGA) TO HOST VIRTUAL PRESCRIPTION DRUG LEADERSHIP SUMMITS THAT WERE OFFERED TO BOTH NGA AND ASTHO LEARNING COLLABORATIVE STATES ON THE TOPICS OF MONITORING/SURVEILLANCE AND ENFORCEMENT. TO EXPLORE STATE APPROACHES TO EVALUATING PRESCRIPTION DRUG ABUSE ACTION, ASTHO RAN A FOCUS GROUP AND LED TWO FOLLOW-UP EVALUATION SEMINARS. AND TO ENHANCE USE OF THEIR RESPECTIVE PRESCRIPTION DRUG MONITORING PROGRAMS, ASTHO WORKED WITH BRANDEIS UNIVERSITY TO RUN STATE WORKSHOPS IN OK AND OH.

IN ADDITION, IN MAY 2014 ASTHO BEGAN NEW WORK WITH SAMHSA TO BOTH INCREASE STATE CAPACITY TO ADDRESS PRESCRIPTION DRUG ABUSE OVERALL AND BRING SPECIAL FOCUS TO AREAS OF SAMHSA'S SPECIALTY-PREVENTION AND TREATMENT AND RECOVERY. ASTHO STARTED DEVELOPING THREE WHITE PAPERS ON THE TOPICS OF PRESCRIPTION DRUG ABUSE AND PREVENTION, TREATMENT AND RECOVERY, AND FINANCING, USING THREE EXPERT PANEL CALLS TO GENERATE CURRENT PERSPECTIVES ON BEST PRACTICES IN EACH AREA. THESE PAPERS ARE BEING FORTIFIED WITH INFORMATION PULLED FROM ANOTHER SAMHSA PROJECT IN AUGUST 2014, WHERE ASTHO SUCCESSFULLY PARTNERED WITH SAMHSA TO LEAD A 10-STATE POLICY ACADEMY COMPRISED OF STATE HEALTH AGENCIES AND MULTIPLE PARTNERS TO ADDRESS PREVENTION AND TREATMENT AND RECOVERY. AT THE ACADEMY, CLINE PRESENTED AT THE PLENARY AND MICHAEL FINE (RI) AND KAREN

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
--------------------------	--	--------------------------------	------------

MCKEOWN (WI) SUPPORTED/LED THEIR RESPECTIVE STATE TEAMS.

MILLION HEARTS UPDATE

ASTHO FACILITATED A 10-STATE LEARNING COLLABORATIVE, INCLUDING ALABAMA, DISTRICT OF COLUMBIA, ILLINOIS, MARYLAND, MINNESOTA, NEW HAMPSHIRE, NEW YORK, OHIO, OKLAHOMA, AND VERMONT, TO CREATE SYSTEMS CHANGE TO IMPROVE HYPERTENSION CONTROL AND IDENTIFY UNDIAGNOSED PATIENTS. THE STATE TEAMS CONSISTED OF MULTISECTOR PARTNERS SUCH AS PAYORS (PRIVATE AND MEDICAID), QUALITY IMPROVEMENT ORGANIZATIONS, LOCAL PUBLIC HEALTH, HOSPITAL SYSTEMS, PRIVATE PRACTICES, COMMUNITY ORGANIZATIONS, AND OTHERS. THERE WERE FOUR LEARNING SESSIONS-A MIX OF IN PERSON MEETINGS AND VIRTUAL MEETINGS-TO CONNECT ALL 10 STATES. OVER THE COURSE OF THE PROJECT YEAR, THERE WERE MORE THAN 250 PLAN-DO-STUDY-ACT QUALITY CYCLES COMPLETED AND MORE THAN 89,000 PATIENTS REACHED.

EXPLANATION: HEALTHY AGING AND HEALTHY BRAIN INITIATIVE UPDATE:

IN APRIL, ASTHO CONVENED A HEALTHY AGING STRATEGIC MAP MEETING RESULTING IN A DRAFT STRATEGIC MAP, CURRENTLY UNDERGOING REVIEW. PARTICIPANTS IDENTIFIED A CENTRAL CHALLENGE TO "IMPROVE HEALTHY AGING USING POPULATION-BASED STRATEGIES." ADDITIONALLY, ASTHO SUPPORTED PUBLIC HEALTH STAKEHOLDER MEETINGS ON HEALTHY AGING WITH FOLLOW-UPS IN THREE STATES: CONNECTICUT, GEORGIA, AND OREGON. MEETINGS BROUGHT TOGETHER PARTICIPANTS FROM A RANGE OF SECTORS KEY TO PROMOTING THE HEALTH OF OLDER ADULTS. THE MAP AND DEMONSTRATION STATES WILL ASSIST IN DETERMINING AREAS FOR STRATEGIC COLLABORATION ACROSS PUBLIC HEALTH AND AGING STAKEHOLDER AGENCIES AND ORGANIZATIONS. IN MAY, ASTHO AND CDC PRESENTED ITS RESEARCH FINDINGS ON CAREGIVER INTERVENTIONS AT THE INDIVIDUAL, COMMUNITY, CARE SYSTEMS, AND POLICY LEVELS FOR THE CDC COMMUNITY GUIDE TASK FORCE PRIORITIZATION COMMITTEE'S CONSIDERATION.

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

THE COMMITTEE RECOMMENDED MOVING FORWARD WITH A FULL COMMUNITY GUIDE SYSTEMATIC REVIEW. ASTHO ALSO CONDUCTED INTERVIEWS WITH EIGHT STATE AGENCIES AND COMMUNITY-BASED ORGANIZATIONS TO IDENTIFY POLICIES AND PROGRAMS AROUND PROMOTING THE HEALTH OF OLDER ADULTS, RESULTING IN TWO ISSUE BRIEFS AND THREE STATE CASE STUDIES. FINALLY, ASTHO CONVENED A WEBINAR SERIES DEVOTED TO A RANGE OF HEALTHY AGING ISSUES INCLUDING CDC'S HEALTHY BRAIN INITIATIVE ROAD MAP, INJURY PREVENTION, PREPAREDNESS, PHYSICAL ACTIVITY, AND CAREGIVING. THE PUBLICATIONS AND WEBINAR RECORDINGS ARE AVAILABLE ONLINE.

COLLABORATIVE IMPROVEMENT AND INNOVATION NETWORK (COIIN) AND HEALTHY BABIES UPDATES:

ASTHO SUPPORTED THE NATIONAL ROLLOUT OF THE COIIN/INFANT MORTALITY SUMMITS TO REGIONS I-III AND REGIONS VII-X IN JULY IN ARLINGTON, VA. STATES RECEIVED FACILITATED SESSIONS TO HELP THEM DEVELOP OR FURTHER DEVELOP STATE PLANS. SESSIONS DISCUSSED QUALITY INITIATIVES, STATE SUCCESSES AND LESSONS LEARNED, AND OPPORTUNITIES FOR MOVING FORWARD. NEXT, THE STATE TEAMS WILL REFINE THEIR ACTION PLANS. ASTHO, NICHQ, AMCHP, AND HRSA WILL USE THOSE PLANS TO DEVELOP THEMES TO FORM THE NEXT SET OF COIIN STRATEGY TEAMS. SEVERAL SHOS AND SENIOR DEPUTIES PARTICIPATED IN THE COIIN INFANT MORTALITY SUMMITS, INCLUDING ROBERT MOSER (KS), KARYL RATTAY (DE), MARISSA LEVINE (VA), DONEEN HOLLINGSWORTH (SD), LETICIA TIERNEY (WV), KATHERINE LEWIS (CT), LAURA HERRERA (MD), ARTURO BRITO (NJ), AND RICARDO L. TORRES MUNOZ (PR). DAVID LAKEY (TX) AND ED EHLINGER (MN) WERE KEYNOTE SPEAKERS FOR THE SUMMITS AND SHARED THEIR EXPERIENCES FROM THE REGIONS IV, V, VI COIIN. MCH REPRESENTATIVES FROM TENNESSEE AND MISSISSIPPI ALSO PROVIDED PRACTICAL EXPERIENCES FROM THEIR STATES.

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

HEALTHY BABIES CHALLENGE UPDATE:

DUE TO THE ONGOING PROGRESS AND SUCCESS OF STATES EFFORTS TO REACH
ASTHO'S 2012 HEALTHY BABIES PRESIDENT'S CHALLENGE, ISSUED BY DAVID
LAKEY (TX), THE MARCH OF DIMES EXTENDED THE TIME PERIOD FOR STATES TO
ACHIEVE THE APGAR OR FDR AWARDS. IN SUPPORT OF THE PROGRESS BEING MADE
BY STATES IN REGIONS IV AND VI, THE MARCH OF DIMES PROVIDED ADDITIONAL
RESOURCES TO THOSE STATES TO SUPPORT ONGOING PREMATURE PREVENTION AND
INFANT MORTALITY EFFORTS. ASTHO'S HEALTHY BABIES COMMITTEE, CHAIRED BY
LAKEY, CONTINUES TO MEET AND FOCUS ON WAYS TO SUPPORT IMPLEMENTATION OF
EFFECTIVE PREMATURE PREVENTION STRATEGIES IN STATES. THE COMMITTEE
PROVIDED INVALUABLE INPUT INTO THE 17P FACT SHEET.

THE ASTHO HEALTHY BABIES CLEARINGHOUSE CONTINUES TO ADD RESOURCES TO
HELP STATES IMPROVE BIRTH OUTCOMES. RECENT ASTHO-DEVELOPED RESOURCES
INCLUDE A SUCCESS STORY FROM WASHINGTON STATE AND FACT SHEET ON
LONG-ACTING, REVERSIBLE CONTRACEPTION.

**ASTHO LAUNCHES THE LONG ACTION REVERSIBLE CONTRACEPTIVE (LARC) LEARNING
COMMUNITY PROJECT:**

SUPPORTED BY THE CDC DIVISION OF REPRODUCTIVE HEALTH, ASTHO LAUNCHED A
NATIONAL LEARNING COMMUNITY FEATURING TEAMS FROM COLORADO, GEORGIA,
IOWA, MASSACHUSETTS, NEW MEXICO, AND SOUTH CAROLINA. TEAMS INCLUDE
REPRESENTATIVES FROM AGENCY LEADERSHIP, MCH OR TITLE X DIRECTORS, ACOG,
HOSPITAL ASSOCIATIONS, AND MEDICAID. THE GOAL OF THIS PROJECT IS TO
IMPROVE THE CAPACITY OF STATES TO SUCCESSFULLY IMPLEMENT LARCS
POSTPARTUM BY FACILITATING STATE-TO-STATE SHARING OF PROMISING
STRATEGIES AND COMMON CHALLENGES, PROVIDING TECHNICAL ASSISTANCE ON
IMPLEMENTATION BARRIERS, AND WORKING THROUGH SOLUTIONS AND DOCUMENTING

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

LESSONS LEARNED TO SHARE WITH OTHER STATES LOOKING TO ADOPT LARC
POLICIES.

NEWBORN SCREENING (NBS) UPDATE:

ASTHO IS WORKING WITH MARCH OF DIMES, AMCHP, APHL, AND THE AMERICAN
HOSPITAL ASSOCIATION TO ASSESS QUALITY IMPROVEMENT IN THE TRANSIT TIMES
OF NEWBORN SCREENED SPECIMENS FROM HOSPITALS TO LABS AND OTHER
EFFICIENCIES THAT COULD BE MADE IN THE NBS SYSTEM. IN NOVEMBER 2013,
THE MILWAUKEE JOURNAL SENTINEL PUBLISHED AN INVESTIGATION THAT FOUND
THAT THOUSANDS OF HOSPITALS WERE PUTTING NEWBORNS' LIVES AT RISK BY NOT
SUBMITTING SCREENING TESTS TO STATE HEALTH LABS IN A TIMELY MANNER.
SEVERAL STATES, INCLUDING ARIZONA, ARKANSAS, GEORGIA, MISSOURI, NEW
YORK, TEXAS, AND WISCONSIN TOOK QUICK ACTION TO UPDATE THEIR NEWBORN
SCREENING PROGRAMS. SOME HIGHLIGHTED CHANGES INCLUDE ADDING AND
EXTENDING COURIER SERVICES, PROVIDING PERFORMANCE REPORTS TO HOSPITALS,
AND ASSESSING WHY SAMPLES WERE ARRIVING LATE. WILL HUMBLE (AZ),
STEPHANIE MAYFIELD (KY) AND KAREN MCKEOWN (WI) PROVIDED UPDATES ON AN
ALL-SHO CALL ON THEIR STATES' QUALITY IMPROVEMENT EFFORTS.

SUPPORT OF NATIONAL PUBLIC HEALTH DEPARTMENT ACCREDITATION:

ASTHO CONTINUES TO SUPPORT NATIONAL PUBLIC HEALTH DEPARTMENT
ACCREDITATION THROUGH THE PUBLIC HEALTH ACCREDITATION BOARD AND PROVIDE
TECHNICAL ASSISTANCE AND RESOURCES TO STATE HEALTH AGENCIES SEEKING
ACCREDITATION. AS OF AUGUST 12, FIVE STATES HAVE BEEN ACCREDITED AND AN
ADDITIONAL TWENTY-ONE STATES ARE IN QUEUE FOR ACCREDITATION.

- ACCREDITATION, PERFORMANCE MANAGEMENT, AND QUALITY IMPROVEMENT:

ASTHO CONTINUES TO WORK CLOSELY WITH NATIONAL PARTNERS TO COORDINATE
STANDARDIZED TECHNICAL ASSISTANCE TO STATES AND TERRITORIES. SINCE

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

SEPTEMBER 2013, ASTHO COMPLETED 26 REQUESTS FOR TECHNICAL ASSISTANCE FOR ALASKA, AMERICAN SAMOA, ARIZONA, CALIFORNIA, COMMONWEALTH OF NORTHERN MARIANA ISLANDS, CONNECTICUT, FEDERATED STATES OF MICRONESIA, FLORIDA, GEORGIA, GUAM, HAWAII, IDAHO, ILLINOIS, IOWA, LOUISIANA, MASSACHUSETTS, MISSISSIPPI, MISSOURI, NEW JERSEY, NORTH DAKOTA, OHIO, REPUBLIC OF THE MARSHALL ISLANDS, REPUBLIC OF PALAU, UTAH, WASHINGTON, AND WISCONSIN. ASTHO IS CURRENTLY IN THE PROCESS OF PLANNING TWO REQUESTS FOR TECHNICAL ASSISTANCE, ONE FROM THE COMMONWEALTH OF NORTHERN MARIANA ISLANDS, THE OTHER FROM GUAM. TECHNICAL ASSISTANCE PROVIDED AND REQUESTED HAVE BEEN FOR SUPPORT ON VARIOUS ACCREDITATION PREPARATION TOPICS, INCLUDING REQUESTS FOR ASTHO'S ON-SITE ACCREDITATION WORKSHOP TO FACILITATE AN INTERNAL SELF-ASSESSMENT AGAINST THE PHAB STANDARDS FOR A DOCUMENTATION/EVIDENCE READINESS ASSESSMENT. OTHER REQUESTS INCLUDE ASSISTANCE WITH THE DEVELOPMENT OF PHAB PREREQUISITES, QUALITY IMPROVEMENT CAPACITY BUILDING, EVALUATION, AND RETURN ON INVESTMENT (ROI). IN ADDITION, ASTHO HAS DEVELOPED A COMPREHENSIVE COLLECTION OF TOOLS AND RESOURCES TO SUPPORT ADVANCEMENT IN ACCREDITATION PREPARATION, PERFORMANCE MANAGEMENT, AND QUALITY IMPROVEMENT, AND INCREASING PUBLIC HEALTH SYSTEMS ASSESSMENTS. THESE RESOURCES ARE AVAILABLE FROM ASTHO'S ACCREDITATION AND PERFORMANCE WEB PAGE.

- SUPPORTING LARGE STATES IN ACCREDITATION PREPARATION: IN COLLABORATION WITH AND SUPPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION, ASTHO CONTINUES TO SUPPORT FOUR LARGE STATES-CALIFORNIA, FLORIDA, ILLINOIS, AND NEW JERSEY-IN THEIR ACCREDITATION PREPARATION. STATES ARE PROVIDED WITH FUNDING, SUBJECT MATTER EXPERTS, AND ARE PART OF A LEARNING COMMUNITY TO LEARN FROM EACH OTHER AND SHARE BEST PRACTICES AND THEIR PARTICULAR CHALLENGES.

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
--------------------------	---	--------------------------------	------------

- PERFORMANCE DASHBOARD: ASTHO, IN COLLABORATION WITH THE PERFORMANCE DASHBOARD (PD) SUBCOMMITTEE, A SUBGROUP OF THE PERFORMANCE POLICY COMMITTEE [RON CHAPMAN (CA), STEVE RONCK (OK), PAUL HALVERSON (ALUM), LES BEITSCH (ALUM), AND JOAN ASCHEIM (CT)], CREATED A PERFORMANCE DASHBOARD OF PERFORMANCE INDICATORS FOCUSED ON OPERATIONAL AND ADMINISTRATIVE PROCESSES COMMON ACROSS STATE HEALTH AGENCIES. THE PURPOSE IS TO ALLOW SHOS TO COMPARE THEIR AGENCY'S QUALITY IMPROVEMENT PERFORMANCE TO THAT OF OTHER STATES. THE NEXT PHASE IS TO PILOT TEST THE ASTHO PERFORMANCE DASHBOARD WITH KEY STAFF AT 4-5 STATE HEALTH AGENCIES, MAKE REVISIONS TO THE DASHBOARD AND INDICATORS BASED ON USER FEEDBACK, AND DISSEMINATE A FINAL TOOL TO STATE AND TERRITORIAL HEALTH AGENCY LEADERS WITH GUIDANCE ON IMPLEMENTATION METHODS.

EXPLANATION: STRATEGIES TO SUSTAIN EFFORTS WITH THE LOSS OF NATIONAL PUBLIC HEALTH IMPROVEMENT INITIATIVE (NPHII) FUNDS:

THE LOSS OF NPHII FUNDS ELIMINATED FUNDING HEALTH AGENCIES USE TO PERFORM CRUCIAL QI PROJECTS, STATE HEALTH ASSESSMENTS, STATE HEALTH IMPROVEMENT PLANNING, AND STRATEGIC PLANS. ASTHO IDENTIFIED STRATEGIES AND TOOLS TO SUPPORT STATE AND TERRITORY HEALTH AGENCIES TO SUSTAIN EFFORTS DESPITE THE ELIMINATION OF NPHII FUNDS. THESE INCLUDED:

- COLLABORATION WITH CDC TO COMMUNICATE MESSAGES REGARDING A STANDARDIZED FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) TEMPLATE, WHICH HIGHLIGHTS LANGUAGE TO SUPPORT THE USE OF FUNDS TO SEEK OR MAINTAIN NATIONAL PUBLIC HEALTH ACCREDITATION, AS LONG AS IT ALIGNS WITH THE INTENT AND STATUTORY AUTHORITIES OF THE FOA.

- INCLUSION OF GUIDING PRINCIPLE LANGUAGE TO SUPPORT CAPACITY-BUILDING ACTIVITIES RELATED TO ACCREDITATION, QUALITY IMPROVEMENT, PERFORMANCE MANAGEMENT, AND FOUNDATIONAL CAPABILITIES AS ESSENTIAL TO THE SUCCESSFUL IMPLEMENTATION OF THE PREVENTIVE HEALTH AND HEALTH SERVICES

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

BLOCK GRANT (PHHSBG) IN STATES AND THEIR COMMUNITIES.

**COLLABORATION AND QUALITY IMPROVEMENT AMONG FEDERAL, STATE, AND LOCAL
AGENCIES:**

**ASTHO IS PROVIDING SUPPORT TO THE ROBERT WOOD JOHNSON FOUNDATION TO
PROMOTE COLLABORATION AND QUALITY IMPROVEMENT AMONG AND BETWEEN
DIFFERENT GOVERNMENT AGENCIES. ASTHO SUPPORTED THE ROBERT WOOD JOHNSON
FOUNDATION IN CONVENING A SERIES OF THREE MEETINGS WITH FEDERAL, STATE,
AND LOCAL AGENCIES TO DISCUSS BARRIERS AND POTENTIAL IMPROVEMENTS IN
THE WORKFLOWS AND PROCESSES THAT ARISE FROM COORDINATION BETWEEN AND
AMONG AGENCIES. PARTICIPANTS IDENTIFIED FOUR POTENTIAL QUALITY
IMPROVEMENT PROJECTS. THE SECOND PHASE OF THIS PROJECT WILL START IN
SEPTEMBER 2014 AND WILL PROVIDE THE RESOURCES AND TRAINING TO TEAM
MEMBERS TO EXPLORE IMPLEMENTATION OF THE PROPOSED PROJECTS. STATES
INVOLVED INCLUDE: CONNECTICUT (JEWEL MULLEN AND LISA DAVIS), MARYLAND
(RAQUEL SAMSON), MINNESOTA (ED EHLINGER, DEBRA BURNS, AND CHELSIE
HUNTLEY), NEW YORK (GUS BIRKHEAD, BRADLEY HUTTON, MAUREEN SPENCE, APRIL
HAMILTON, AND RACHEL DELONG), AND OHIO (KELLY FRIAR).**

NATIONAL QUALITY IMPROVEMENT DEMONSTRATION PROJECT:

**ASTHO'S NATIONAL QUALITY IMPROVEMENT (QI) DEMONSTRATION INITIATIVE'S
FIVE STATE HEALTH AGENCY TEAMS-ARIZONA, CONNECTICUT, MARYLAND,
MINNESOTA, AND OREGON-COMPLETED THEIR QUALITY IMPROVEMENT PROJECTS
INVOLVING ENVIRONMENTAL HEALTH, CHRONIC DISEASE, AND MATERNAL AND CHILD
HEALTH PROGRAMS. THESE PROJECTS WERE DESIGNED TO IMPROVE HEALTH IMPACT,
DELIVERY OF SERVICES, AND PROGRAM OPERATIONS AMONG STATE PUBLIC HEALTH
PROGRAMS; DEVELOP STATE HEALTH AGENCY DOCUMENTATION TO MEET PHAB
MEASURES; AND DEMONSTRATE THE VALUE OF QUALITY IMPROVEMENT. THE TEAMS'**

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

PROJECTS WERE ACCEPTED INTO THE RWJF-FUNDED PUBLIC HEALTH QI EXCHANGE (PHQIX) DATABASE (WWW.PHQIX.ORG) WHERE THE ARIZONA PROJECT WAS FEATURED IN A VIDEO. THE TEAMS SUBMITTED FIVE EXAMPLES OF DOCUMENTATION TO SUPPORT VARIOUS PHAB MEASURES, AND THE RESULTS WERE PRESENTED AT THE 2013 APHA ANNUAL CONFERENCE.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

EXPLANATION: HEALTH SECURITY

ASTHO PUBLICATIONS:

HERMANN J, BLUMENSTOCK JS. "GLOBAL HEALTH SECURITY: TRAINING A PUBLIC HEALTH WORKFORCE TO COMBAT INTERNATIONAL AND DOMESTIC THREATS." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014. 20(S5):118-9.

HADLER JL, PATEL D, BRADLEY K, HUGHS JM, BLACKMORE C, ETKIND P, KAN L, GETCHELL J, BLUMENSTOCK J, ENGEL J. "NATIONAL CAPACITY FOR SURVEILLANCE, PREVENTION, AND CONTROL OF WEST NILE VIRUS AND OTHER ARBOVIRUS INFECTIONS, UNITED STATES, 2004 AND 2012." MORTALITY AND MORBIDITY WEEKLY REPORT. 2014. 63(13):281-284.

THIS ARTICLE DISCUSSES CHANGES IN STATE CAPACITY FOR SURVEILLANCE, PREVENTION, AND CONTROL OF WEST NILE VIRUS AND OTHER ARBOVIRUS INFECTIONS FROM 2004 THROUGH 2012.

BLUMENSTOCK J, BAKKER G, JARRIS PE. "MEASURING PREPAREDNESS: THE NATIONAL HEALTH SECURITY PREPAREDNESS INDEX." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014. 20(3):361-363.

THE DEVELOPMENT OF THE NATIONAL HEALTH SECURITY PREPAREDNESS INDEX IS OUTLINED IN THIS ARTICLE, AS WELL AS ITS POTENTIAL FOR PRACTICAL USE BY

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

BOTH POLICYMAKERS AND PRACTITIONERS AT THE LOCAL, STATE, AND NATIONAL LEVELS.

DOLEN V, TALKINGTON K, BHATT A, RODEWALD L. "STRUCTURES, ROLES, AND PROCEDURES OF STATE ADVISORY COMMITTEES ON IMMUNIZATION." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2013. 19(6):582-588.

THIS ARTICLE DESCRIBES THE USE OF STATE ADVISORY COMMITTEES ON IMMUNIZATION, AS REPORTED BY ASTHO MEMBER AGENCIES.

SMITH K, JARRIS PE, INGLESBY T, HATCHETT R, KELLERMANN AL. "PUBLIC HEALTH PREPAREDNESS RESEARCH." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2013. 19(5):S6-S8.

THIS COMMENTARY PROVIDES PERSPECTIVES ON THE SCOPE, CONTENT, TRANSLATION, AND POLICY UTILITY OF PUBLIC HEALTH PREPAREDNESS RESEARCH.

ASTHO'S EXTREME WEATHER AND CLIMATE READINESS TOOLKIT:

ASTHO, WITH INPUT FROM THE CLIMATE CHANGE COLLABORATIVE, THE ENVIRONMENTAL HEALTH POLICY COMMITTEE, AND THE STATE ENVIRONMENTAL HEALTH DIRECTORS GROUPS, DEVELOPED A CLIMATE READINESS TOOLKIT. EXTREME WEATHER AND CLIMATE READINESS: TOOLKIT FOR STATE AND TERRITORIAL HEALTH DEPARTMENTS OFFERS PRACTICAL STEPS FOR INTEGRATING CLIMATE READINESS INTO SEVEN PUBLIC HEALTH TOPIC AREAS: AIR QUALITY, WATER SAFETY, VECTOR-BORNE AND ZOO NOTIC DISEASE, FOOD SAFETY, CHEMICAL SAFETY, HEALTHY SUSTAINABLE COMMUNITIES AND INJURY PREVENTION, AND NATURAL DISASTER EMERGENCY PREPAREDNESS. THE TOOLKIT ALSO SHOWCASES EXEMPLARY STATE PROGRAMS ALREADY INTEGRATING CLIMATE READINESS INTO THEIR EXISTING PROGRAMS.

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
--------------------------	--	--------------------------------	------------

ASTHO'S UPDATED VECTOR-BORNE DISEASE GUIDELINES:

ASTHO UPDATED ITS POPULAR BEFORE THE SWARM: GUIDELINES FOR THE
EMERGENCY MANAGEMENT OF MOSQUITO-BORNE DISEASE OUTBREAKS, WHICH
PROVIDES S/THAS WITH GUIDANCE ON MOSQUITO-BORNE DISEASE MANAGEMENT. THE
GUIDELINES WERE REVAMPED FROM THE 2008 VERSION WITH NEWER CASE STUDIES
AND MANAGEMENT PRINCIPLES TARGETED TO A WIDER VARIETY OF VECTOR-BORNE
DISEASES, INCLUDING CHIKUNGUNYA. THE GUIDELINES ALSO INCLUDE AN
ADDITIONAL CHAPTER ON TRIGGER EVENTS, SUCH AS CLIMATE CHANGE, AND THEIR
IMPACT ON THE DISTRIBUTION OF VECTOR-BORNE DISEASES.

ASTHO REPORT SUMMARIZES FIVE YEARS OF SUCCESS WITH THE TRACKING
FELLOWSHIP PROGRAM:

ASTHO RELEASED TRACKING PROGRESS, IMPROVING HEALTH, A REPORT THAT
CHRONICLES THE FIVE-YEAR HISTORY OF A UNIQUE PROJECT UNDERTAKEN BY
ASTHO AND CDC'S ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM SINCE
2009. THE REPORT SUMMARIZES 23 FELLOWSHIP PROGRAM PROJECTS OVER THE
FIVE-YEAR PERIOD, INCLUDING TRACKING DATA TO INCREASE BLOOD LEAD
TESTING AMONG AT-RISK CHILDREN IN DELAWARE, STUDYING THE RELATIONSHIP
BETWEEN AIR POLLUTANTS AND CHRONIC DISEASE IN KENTUCKY, AND MERGING
WEATHER AND HEAT-RELATED ILLNESS DATA IN ARIZONA TO REDUCE DISABILITY
AND DEATH RELATED TO EXTREME HEAT EVENTS, SO OTHER AGENCIES CAN LEARN
FROM THE EXPERIENCES OF THE ONES WHO PARTICIPATED IN THE PROJECTS.

GLOBAL INFECTIOUS DISEASE UPDATE:

ASTHO HELD ITS FIRST EVER GLOBAL HEALTH MEETING IN JULY 2013 TO RAISE
AWARENESS ABOUT THE IMPACT OF GLOBAL INFECTIOUS DISEASES ON STATE,
TERRITORIAL AND FREELY ASSOCIATED STATES; TO LEARN MORE ABOUT GLOBAL
MIGRATION AND DISEASE PATTERNS; AND TO IDENTIFY OPPORTUNITIES FOR

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

COORDINATION AND COLLABORATION WITH CDC ON THESE ISSUES. A REPORT FROM THE MEETING SUMMARIZED THE DISCUSSIONS, OUTLINED NEXT STEPS, AND PROVIDED STRATEGIES FOR STATE HEALTH AGENCIES. THIS INITIATIVE HAS RAISED THE AWARENESS ABOUT THE UNIQUE ROLE OF ASTHO MEMBERS IN ADDRESSING GLOBAL INFECTIOUS DISEASES - MOST RECENTLY ILLUSTRATED THROUGH THE RESPONSE TO UNACCOMPANIED ALIEN CHILDREN, CHIKUNGUNYA, AND EBOLA. WE WILL CONTINUE TO EMPHASIZE THE IMPORTANCE OF WELL-COORDINATED INFORMATION EXCHANGE ON THESE TOPICS AND CONTINUE TO BUILD THE NECESSARY CONTACTS AND RELATIONSHIPS.

ANTIMICROBIAL RESISTANCE UPDATE:

UNDER THE DIRECTION OF OUR INFECTIOUS DISEASE POLICY COMMITTEE (IDPC) CHAIR, TERRY DWELLE (ND), INTERVIEWS OF HEALTH OFFICIALS WERE CONDUCTED IN THE SUMMER OF 2012 TO BETTER UNDERSTAND ID PRIORITIES FROM THE STATES AND TERRITORIES. THE ISSUE OF ANTIMICROBIAL RESISTANCE RANKED HIGH ON THE LIST. SINCE THAT TIME, ASTHO HAS BEEN BUILDING A PORTFOLIO OF WORK WITHIN OUR HEALTHCARE ASSOCIATED INFECTION PROJECT THAT HAS LED TO A FIRST TIME AMR FUNDING AWARD FROM CDC TO CONTINUE THE WORK. EXAMPLES OF THAT WORK INCLUDE CAPACITY BUILDING GRANTS TO STATES TO ASSESS STEWARDSHIP POLICIES IN A VARIETY OF HEALTHCARE SETTINGS AND EXPLORE CHALLENGES PROVIDERS FACE IN ANTIBIOTIC PRESCRIBING-A SUMMARY REPORT IS FORTHCOMING. ASTHO FIELDLED A SURVEY TO STATES TO BETTER UNDERSTAND THEIR CURRENT AMR ACTIVITIES, LEADING TO THE REPORT, "STATE STRATEGIES TO ADDRESS ANTIMICROBIAL RESISTANCE- SURVEY RESULTS." THE IDPC DEVELOPED A POSITION STATEMENT ON AMR AND STEWARDSHIP, AND ASTHO STAFF HAVE PERIODICALLY COMMUNICATED WITH THE WHITE HOUSE NATIONAL SECURITY COUNCIL STAFF ON THIS ISSUE GIVEN ITS NATIONAL HEALTH SECURITY IMPLICATIONS. IN THE YEAR AHEAD WE PLAN TO CONVENE A MEETING ON THE

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

INTERSECTION BETWEEN PUBLIC HEALTH AND ANIMAL AGRICULTURE ON A ROADMAP FOR MUTUALLY BENEFICIAL STEWARDSHIP PRACTICES, DEVELOP A COMPILATION OF TOOLS AND RESOURCES FOR STATES ON AMR, AND CONVENE A WORKGROUP TO RESPOND TO THE VARIETY OF NEW NATIONAL AND INTERNATIONAL INITIATIVES IN THIS AREA IN ORDER TO ARTICULATE THE IMPORTANT STATE ROLE.

NATIONAL HEALTH SECURITY PREPAREDNESS INDEX (NHSPI) UPDATE:

THROUGH A COOPERATIVE AGREEMENT WITH CDC, ASTHO LED THE DEVELOPMENT OF THE NHSPI (WWW.NHSPI.ORG) SINCE 2012. THIS WORK CULMINATED IN THE RELEASE OF THE FIRST VERSION OF THE NHSPI IN DECEMBER 2013 AT AN EVENT ON CAPITOL HILL. THE NHSPI HAS BEEN WELL RECEIVED BY THE PREPAREDNESS COMMUNITY, WHO IS BEGINNING TO DEVELOP MULTIPLE USES FOR THE INDEX. IN 2014, NEW DOMAINS AND MEASURES ARE BEING ADDED TO THE INDEX IN HEALTHCARE, ENVIRONMENTAL HEALTH, AND EMERGENCY MANAGEMENT. PRODUCING THE 2014 VERSION OF THE INDEX REQUIRED THE ENGAGEMENT OF MANY NEW PARTNERS AND HAS INCLUDED PREPARATION FOR TRANSITION OF OWNERSHIP OF THE NHSPI TO THE ROBERT WOOD JOHNSON FOUNDATION (RWJF) IN 2015. ASTHO WILL CONTINUE TO BE ACTIVE IN THE EXPANSION AND ENHANCEMENT OF THIS TOOL AS AN IMPORTANT WAY OF EXAMINING THE HEALTH SECURITY PREPAREDNESS OF THE NATION BY LOOKING COLLECTIVELY AT THE HEALTH SECURITY PREPAREDNESS OF STATES, AND WE LOOK FORWARD TO ITS INTEGRATION INTO THE RWJF'S CULTURE OF HEALTH INITIATIVE AND WORKING WITH THE UNIVERSITY OF KENTUCKY, WHO HAS BEEN RECENTLY DESIGNATED AS THE NATIONAL PROGRAM OFFICE FOR THIS PROJECT BEGINNING IN 2015. WE ARE ALSO VERY PLEASED THAT ASTHO WAS THE RECIPIENT OF THE 2013 CDC EXCELLENCE IN PARTNERING HONOR AWARD FOR ITS EFFORTS AND ACCOMPLISHMENTS IN ADVANCING THIS IMPORTANT PROJECT.

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

PREPAREDNESS PORTFOLIO EXPANDS

BEGINNING THIS YEAR, ASTHO RECEIVED A NEW FIVE-YEAR COOPERATIVE AGREEMENT FROM THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR) TO ADVANCE HEALTH SYSTEM PREPAREDNESS. THE COMPREHENSIVE WORK PLAN COVERS A WIDE RANGE OF ACTIVITIES EXPANDING ON PREVIOUS WORK ASSISTING IN THE DEVELOPMENT OF HEALTHCARE COALITIONS AND EXPLORING NEW AREAS OF PREPAREDNESS. INNOVATIVE ACTIVITIES IN OUR FIRST YEAR HAVE INCLUDED A REPORT ON LEGAL BARRIERS AND OPPORTUNITY TO CREATE AND EXPAND COMMUNITY PARAMEDICINE PROGRAMS, AN EXPLORATION OF POTENTIAL APPLICATIONS OF THE AFFORDABLE CARE ACT TO COMMUNITY PREPAREDNESS, AND ENGAGING INDUSTRY PARTNERS TO AID ELECTRICITY DEPENDENT PATIENTS IN AN EMERGENCY.

EXPLANATION: NEW PREPAREDNESS TOOLS AND RESOURCES

MADE POSSIBLE BY FUNDING PROVIDED THROUGH THE NATIONAL ASSOCIATION OF EMERGENCY MANAGEMENT, ASTHO DEVELOPED A SET OF 10 MISSION READY PACKAGE (MRP) TEMPLATES THAT WILL ALLOW FOR REQUEST AND DEPLOYMENT USING THE EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC). THESE PACKAGES WILL GREATLY ASSIST STATE-TO-STATE MUTUAL AID IN AN EMERGENCY AND REPRESENT A MAJOR STEP FORWARD FOR PUBLIC HEALTH. MRPS ARE USED ROUTINELY IN OTHER PROFESSIONAL DISCIPLINES, BUT HAVE NOT BEEN A ROUTINE COMPONENT FOR PUBLIC HEALTH. THIS PROJECT IS AN OUTGROWTH OF THE ASTHO-NEMA JOINT POLICY WORKGROUP AND ASTHO'S INVOLVEMENT IN THE EMAC ADVISORY COMMITTEE. IT WAS ALSO A PRIORITY ACTIVITY FROM THE PREPAREDNESS POLICY COMMITTEE. THE SUCCESSFUL COMPLETION OF THE FIRST 10 MRPS HAS NOW LED TO A SECOND YEAR OF FUNDING TO DEVELOP ADDITIONAL TEMPLATES.

FOLLOWING CHALLENGES ENCOUNTERED IN THE RESPONSE TO HURRICANE SANDY IN 2012, MARY O'DOWD (NJ) LED THE PREPAREDNESS POLICY COMMITTEE THROUGH

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

REVISIONS TO THE RED CROSS SHELTER INTAKE FORM. THIS STANDARDIZED DOCUMENT HAS NOT INCLUDED IMPORTANT HEALTH AND MEDICAL INFORMATION NECESSARY TO PROVIDE APPROPRIATE CARE TO SHELTEREES. AFTER PROVIDING THE SUGGESTED CHANGES TO FEMA, ASTHO IS WORKING WITH THE RED CROSS TO INCORPORATE THE REVISIONS ACROSS THE COUNTRY. THIS PREPAREDNESS POLICY COMMITTEE HAD ALSO IDENTIFIED THIS PROJECT AS A PRIORITY IN 2013-14.

OUTBREAK AND EMERGENCY RESPONSE UPDATE

ASTHO STAFF ACTIVELY SUPPORTED OUR MEMBERS' EFFORTS TO RESPOND TO CRITICALLY IMPORTANT NATIONAL PUBLIC HEALTH CHALLENGES THIS YEAR, INCLUDING MERS COV, UNACCOMPANIED MINORS CROSSING THE SOUTHWEST BORDER, CHIKUNGUNYA, AND THE EBOLA OUTBREAK IN WEST AFRICA. USING A MODIFIED INCIDENT COMMAND STRUCTURE, WE MAINTAINED VIGILANT SITUATIONAL AWARENESS, REMAINED IN CLOSE CONTACT AND COMMUNICATIONS WITH KEY FEDERAL LEADERSHIP TO HELP OPTIMIZE THE FLOW OF INFORMATION AND FEDERAL/STATE COORDINATION, PROVIDED FREQUENT INFORMATION ALERTS AND UPDATES TO OUR MEMBERS, AND HOSTED NATIONAL CALLS TO DISCUSS PUBLIC HEALTH RESPONSE STRATEGIES AND TACTICS.

INTEGRATION OF PUBLIC HEALTH AND PRIMARY CARE - HEPATITIS AND STDs UPDATE

TWO INFECTIOUS DISEASE PROJECTS WORKED TO DEMONSTRATE THE NEED FOR CLOSE COLLABORATION BETWEEN PUBLIC HEALTH AND PRIMARY CARE DURING THIS TIME OF HEALTHCARE TRANSITION. CDC ENGAGED A NUMBER OF PARTNERS, INCLUDING ASTHO, TO PROMOTE THE NEW HEPATITIS C TESTING GUIDELINES. THE MOST RECENT PHASE OF THIS PROJECT HAS RESULTED IN THE DEVELOPMENT OF AN ASTHO HEPATITIS C BIRTH COHORT TESTING COMMUNICATIONS TOOLKIT (AVAILABLE ONLINE) FOR HEALTH OFFICIALS TO USE IN THEIR WORK WITH

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

PROVIDERS. IT INCLUDES A SAMPLE OP-ED, FACT SHEETS, RADIO SCRIPTS, AND PROVIDER EDUCATION TOOLS, IN ADDITION TO AN ASTHO MEETING REPORT THAT INCLUDES STATE STRATEGIES AND EXAMPLES FOR PUBLIC HEALTH LEADERSHIP ON THIS ISSUE. THE STD WORK INVOLVED MANY PARTNERS AND INTERVIEWS TO BETTER UNDERSTAND THE CURRENT LEVEL OF INTEGRATION IN THE DELIVERY OF STD SERVICES AT THE STATE AND LOCAL LEVEL, AND WHAT ELEMENTS HELP OR HINDER FURTHER INTEGRATION. THE PROJECT CULMINATED IN THE DEVELOPMENT OF A REPORT, INTEGRATION OF PUBLIC HEALTH AND PRIMARY CARE: A PRACTICAL LOOK AT USING INTEGRATION TO BETTER PREVENT AND TREAT STDs. SUBSEQUENT WEBINARS WERE CONDUCTED TO EXPLORE SOME OF THE MORE CHALLENGING ELEMENTS OF THE INTEGRATION EFFORTS: "USING HEALTH IT TO IMPROVE STD SERVICES AND STRENGTHEN TIES BETWEEN PUBLIC HEALTH AND PRIMARY CARE," AND "BREAKING THROUGH BARRIERS TO REACH TEENS - A LOOK AT POLICY AND PRACTICE." REPORTS AND WEBINARS ARE AVAILABLE ON ASTHO'S STD WEB PAGE.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

EXPLANATION: HEALTH SYSTEMS TRANSFORMATION

ASTHO PUBLICATIONS:

"WORK TO JOIN PUBLIC HEALTH, PRIMARY CARE MOVES AHEAD: BREAKING DOWN SILOS." THE NATION'S HEALTH, JULY
CITED INTERVIEW WITH PAUL JARRIS AND WORK FROM THE ASTHO-SUPPORTED PRIMARY CARE AND PUBLIC HEALTH COLLABORATIVE.

"PUBLIC HEALTH AGENCIES LOOK TO MEANINGFUL USE PROGRAM TO IMPROVE DISEASE REPORTING." BLOOMBERG BNA, MARCH 26.

CITED INTERVIEW WITH PAUL JARRIS AND PAULA SOPER.

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

PUBLIC HEALTH COMMUNITY PLATFORM UPDATE:

ASTHO CONTINUES TO DEVELOP THE PUBLIC HEALTH COMMUNITY PLATFORM (PHCP), WHICH WILL PROVIDE A SHARED SPACE THAT STRENGTHENS COLLABORATION AMONG PUBLIC HEALTH JURISDICTIONS AND PARTNERS. THE GOAL IS TO PROVIDE A SHARED INFRASTRUCTURE FOR STATE AND LOCAL JURISDICTIONS ENABLING THE DEVELOPMENT OF INTEROPERABLE SYSTEMS AND DISTRIBUTED ANALYTICAL METHODS WITH COMMON SOURCES OF DATA. IN JUNE ASTHO HOSTED THE SECOND IN-PERSON MEETING OF THE STEERING COMMITTEE WITH PARTICIPATION FROM EACH OF THE FIVE SUBCONTRACTED ASSESSMENT TEAMS. THE ASSESSMENT TEAMS FOCUSED ON FOUR DISTINCT AREAS OF PHCP DEVELOPMENT: TECHNICAL, GOVERNANCE, COMMUNICATION, USE CASES AND VISUALIZATION. THE FINDINGS AND RECOMMENDATIONS OF EACH TEAM WILL BE DELIVERED TO THE STEERING COMMITTEE, WHICH WILL RECONVENE IN OCTOBER 2015. THE STEERING COMMITTEE WILL DECIDE ON THE FUTURE GOVERNANCE AND SUSTAINABILITY MODELS OF THE PHCP AS WELL AS DEVELOP PILOT PROJECTS FROM THE USE CASES.

MEANINGFUL USE UPDATE:

ASTHO RESPONDED TO A CMS PROPOSED RULE RELEASED FOR COMMENT IN LATE MAY THAT PROPOSES MODIFICATIONS TO THE MEANINGFUL USE (MU) PROGRAM. THE PROPOSED RULE ADDRESSES THE FACT THAT MANY ELIGIBLE PROVIDERS AND HOSPITALS HAVE EXPERIENCED DELAYS IN UPDATING THEIR CERTIFIED ELECTRONIC HEALTH RECORD (EHR) TECHNOLOGY TO MEET MEANINGFUL USE STAGE 2 IN 2014 DUE TO DELAYS IN PRODUCT AVAILABILITY FROM EHR VENDORS. THE PROPOSED RULE PROVIDES FLEXIBILITY BY GIVING ADDITIONAL OPTIONS FOR PROVIDERS AND HOSPITALS TO MEET MU IN 2014, SUCH AS ALLOWING THEM TO USE OLDER EHR TECHNOLOGY TO MEET CERTAIN OBJECTIVES. THE PROPOSED RULE ALSO EXTENDS STAGE 2 BY ONE YEAR, PUSHING THE START OF STAGE 3 TO 2017.

ASTHO'S COMMENTS SUPPORTED THE PROPOSED CHANGES TO MU, AS THEY ALIGN

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

WITH WHAT HEALTH DEPARTMENTS HAVE OBSERVED IN THE FIELD IN TERMS OF DELAYED EHR IMPLEMENTATION. ASTHO ALSO REQUESTED THAT CMS AND ONC PROVIDE CLEAR EDUCATIONAL MATERIALS AND INFORMATION TO SUPPORT HEALTH DEPARTMENTS IN COMMUNICATING NEW REQUIREMENTS TO HEALTHCARE PARTNERS SUBMITTING DATA TO PUBLIC HEALTH FOR MU. ASTHO ALSO CONTINUES TO ENGAGE WITH CMS AND ONC AROUND PROVIDING GUIDANCE TO STATES APPLYING FOR MEDICAID 90/10 MATCH FUNDING TO SUPPORT MU ACTIVITIES. A NEW IDPN WORKGROUP HAS BEEN FORMED AND HAS OUTLINED PLANS TO COLLECT EXAMPLES OF SUCCESSFUL IMPLEMENTATION ADVANCED PLANNING DOCUMENT (IAPDS) AND DEVELOP BEST PRACTICES FOR STATES DEVELOPING THEIR OWN.

MEDICAID PUBLIC HEALTH PARTNERSHIPS UPDATE:

ASTHO SUPPORTS STATE HEALTH OFFICIALS BY PROVIDING INFORMATION AND TECHNICAL ASSISTANCE ON PAYMENT AND DELIVERY REFORM ACTIVITIES, AS WELL AS TO FACILITATE PARTNERSHIPS WITH MEDICAID. ASTHO DEPLOYED A SURVEY TO BETTER ASSESS TECHNICAL ASSISTANCE NEEDS OF MEMBERS AROUND HEALTH TRANSFORMATION ACTIVITIES. SPECIFICALLY, THIS SURVEY IS INTENDED TO HELP ASTHO UNDERSTAND WHAT TYPES OF SUPPORT (E.G., TRAINING, TECHNICAL ASSISTANCE, ETC.) STATE HEALTH AGENCIES NEED TO BE SUCCESSFUL IN THEIR PAYMENT AND DELIVERY REFORM EFFORTS. ASTHO DEVELOPED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ISSUE BRIEF PROVIDING A SYSTEMWIDE VIEW OF THE CHALLENGES AND OPPORTUNITIES THAT CHNAS AND POPULATION HEALTH IMPROVEMENT PRESENT BY FOCUSING ON THREE STATES: MARYLAND, MASSACHUSETTS, AND NORTH CAROLINA. ASTHO HOSTED A FOUR-PART WEBINAR SERIES ON HEALTH SYSTEMS TRANSFORMATION THAT HIGHLIGHTED THE FOLLOWING TOPICS: SOCIAL IMPACT BONDS, PUBLIC HEALTH'S ROLE IN HEALTHCARE REFORM IN MASSACHUSETTS, CHNAS AND HEALTH EQUITY, AND COORDINATED CARE ORGANIZATIONS (CCOS) IN OREGON. THE INFORMATION PROVIDED DURING THE

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

WEBINAR ON CCOS IN OREGON ARE ALSO HIGHLIGHTED IN A CDC HEALTH SYSTEM TRANSFORMATION SUCCESS STORY, WHICH WILL BE SHARED WITH JUDY MONROE AND OTHER CDC HEALTH LEADERSHIP. ASTHO STAFF ALSO DEVELOPED A MATRIX OF STATE HEALTH CARE INNOVATION PLANS FROM 15 OF THE 16 STATE INNOVATION MODELS (SIM) ROUND ONE DESIGN STATE AWARDEES. THIS MATRIX PROVIDES A SUMMARY OF THE STATE-DEVELOPED PLANS FOCUSING ON SEVERAL KEY ELEMENTS: PREVENTION AND POPULATION HEALTH, FINANCING POPULATION HEALTH, TRANSFORMING CLINICAL CARE, DISPARITIES, BEHAVIORAL HEALTH, DATA, AND WORKFORCE PLANS (WITH A SPECIAL FOCUS ON COMMUNITY HEALTH WORKERS). ASTHO CONVENED A MEDICAID-PUBLIC HEALTH EXPERT GROUP, WHICH INCLUDES STATE HEALTH OFFICIALS, STATE MEDICAID DIRECTORS, FEDERAL PARTNERS, AND AFFILIATES. THIS GROUP PROVIDES GUIDANCE AND FEEDBACK ON PROJECT DELIVERABLES FOR A DE BEAUMONT FOUNDATION PROJECT WORKING TO PROMOTE COLLABORATIVE OPPORTUNITIES BETWEEN MEDICAID AND PUBLIC HEALTH THAT WILL ACHIEVE THE TRIPLE AIM. WITH THE GUIDANCE OF THE EXPERT GROUP, SIX CASE STUDY TOPICS ARE CURRENTLY UNDER DEVELOPMENT:

- BEHAVIORAL HEALTH INTEGRATION WITH PRIMARY CARE.
- LEVERAGING DIFFERENT MEDICAID POLICY PATHWAYS TO ACHIEVE A COMMON GOAL FOR SPECIAL POPULATIONS THAT ARE HIGH COST AND HIGH NEED: SUPERUTILIZERS.
- LEVERAGING DIFFERENT MEDICAID POLICY PATHWAYS TO ACHIEVE A COMMON GOAL FOR SPECIAL POPULATIONS THAT ARE HIGH COST AND HIGH NEED: EARLY ELECTIVE DELIVERIES.
- WORKFORCE APPROACHES: PRIMARY CARE EXPANSION, WORKFORCE DEVELOPMENT, AND COMMUNITY HEALTH WORKERS.
- DATA-SHARING AND HEALTH INFORMATION EXCHANGES: DATA EXCHANGE BETWEEN AGENCIES AND PARTNER AGREEMENTS.
- DATA-SHARING AND HEALTH INFORMATION EXCHANGES: ALL-PAYER CLAIMS

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

DATABASE (APCD).

ASTHO PUBLIC HEALTH LAW WORKGROUP UPDATE:

ASTHO CONTINUES TO CONVENE, WITH SUPPORT FROM THE CDC, A PUBLIC HEALTH LAW WORKGROUP COMPRISING STATE AND TERRITORIAL HEALTH AGENCY LEGAL COUNSEL. THE WORKGROUP MEETS MONTHLY BY CONFERENCE CALL AND WILL HOLD AN IN-PERSON MEETING IN CONJUNCTION WITH THE 2014 PUBLIC HEALTH LAW CONFERENCE IN ATLANTA, GEORGIA. THE WORKGROUP MEMBERS HAVE PROVIDED FEEDBACK TO ASTHO AND CDC ON NUMEROUS PROJECTS AND LEGAL TOOLS. THE WORKGROUP MEMBERS ALSO REGULARLY PROVIDE PEER-TO-PEER TECHNICAL ASSISTANCE ON ISSUES SUCH AS: MANDATED VACCINATION OF STATE HEALTH DEPARTMENT EMPLOYEES, UNIFORM CREDENTIALING OF HEALTHCARE PROVIDERS, AND THE PROCESS FOR ADDING QUALIFICATIONS TO STATE CANNABIS LAWS. FOUR MEMBERS WILL BE ROTATING OFF THE WORKGROUP, AND WE WOULD LIKE TO THANK THEM FOR THEIR WILLINGNESS TO SERVE AND SHARE THEIR PERSPECTIVES: PAUL GERARD MARX (KS), ELIZABETH MAYNARD (NH), MAHJABEEN QADIR (OH), AND JOYCE ROPER (WA). FOUR NEW MEMBERS WILL BE ANNOUNCED IN THE COMING WEEKS.

MEDICAL MARIJUANA CLINICAL RESEARCH WORKGROUP:

IN AUGUST, ASTHO CONVENED A WORKGROUP OF 10 STATES TO DISCUSS THE ISSUE OF CLINICAL RESEARCH ON MARIJUANA. IN 2014, MINNESOTA AND NEW YORK LEGALIZED MEDICAL MARIJUANA, BRINGING THE TOTAL NUMBER OF STATES WHO HAVE DONE SO TO 23. IN ADDITION, A NUMBER OF STATES ENACTED LEGISLATION IN 2014 LEGALIZING THE USE OF CANNIBIDIOL (CBD) TO TREAT SEVERE SEIZURE DISORDERS. THE CHANGING LEGAL LANDSCAPE HAS LED TO A NUMBER OF QUESTIONS REGARDING THE CLINICAL EFFICACY OF CBD. THE FDA HAS DRAFTED A BACKGROUND DOCUMENT ON MARIJUANA RESEARCH BASED ON THEIR CONVERSATIONS

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

WITH A FEW STATES. THE MEMBERS OF THE WORKGROUP WILL HOLD A CALL WITH
THE FDA TO PROVIDE FEEDBACK ON THIS DOCUMENT.

PRIMARY CARE AND PUBLIC HEALTH INTEGRATION UPDATE:

A PRIMARY CARE OFFICER (PCO) PERFORMANCE MEASUREMENT WORKGROUP
EVALUATED HRSA'S PROPOSED AND CURRENT MEASURES TO DETERMINE IF THEY
WERE VALUABLE, ATTAINABLE, AND MEANINGFUL TO ASSIST HRSA AS IT
CONTINUES TO FURTHER REFINE PERFORMANCE MEASURES. TO SUPPORT THE
WORKGROUP, ASTHO STAFF ORGANIZED AND CONVENED FIVE VIRTUAL MEETINGS,
DEVELOPED AND ADMINISTERED A SURVEY TO PCO DIRECTORS TO RANK
PERFORMANCE MEASURES, AND ASSISTED IN DRAFTING A FINAL REPORT. THE
SURVEY RESULTS WERE PRESENTED IN A FINAL REPORT AND VETTED THROUGH THE
PCO DIRECTORS COMMITTEE. HIGHLIGHTS FROM THE REPORT, SPECIFICALLY
FOCUSING ON THE RECOMMENDATIONS OF THE WORKGROUP WERE PRESENTED TO HRSA
DURING A MEETING ON JUNE 30. THE CHAIRMAN-ELECT OF THE NATIONAL
COMMITTEE, MARK OVERBECK (WA), THANKED THE ASTHO TEAM FOR SUPPORT THAT
WAS PROVIDED THROUGHOUT THE PROJECT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CROSS-CUTTING PROGRAMS

ASTHO PUBLICATIONS:

"STATE UNVEILS COMPREHENSIVE HEALTH PLAN." CTPOST.COM, MARCH 25.
CITED A PRESENTATION PAUL JARRIS GAVE AT THE UNVEILING OF THE HEALTHY
CONNECTICUT 2020 PLAN.

CONTRACT RAPID REACTION TEAM (CRRT) UPDATE:

A CRRT WAS FORMED IN SPRING 2014 AS THE END OF THE NO COST EXTENSION

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

YEAR FOR THE 2008-2013 CDC BUNDLE AND YEAR ONE OF THE 2013-2015 CDCC BUNDLE DREW TO A CLOSE. SEVERAL CONTRACTS NECESSARY TO COMPLETE WORK BY THE END OF THE GRANT CYCLE HAD NOT BEEN EXECUTED. THIS TEAM FOLLOWED A RAPID DEVELOPMENT PROCESS, HOLDING WEEKLY MEETINGS WITH SUBGROUP MEETINGS BETWEEN TEAM MEETINGS, ALL WORKING ON ESTABLISHED DELIVERABLES EACH WEEK. THE CRRT IDENTIFIED ISSUES WITH THE EXECUTION OF THESE CONTRACTS, REMOVED ROADBLOCKS, AND CREATED SOLUTIONS TO ENSURE EXECUTION. AT THE TIME OF THE TEAM'S FORMATION, 13 CONTRACTS WERE IN THE CONTRACTING PROCESS, BUT ANOTHER 31 THAT NEEDED TO BE EXECUTED HAD NOT BEGUN THE PROCESS. BY THE END OF JUNE, ALL 44 CONTRACTS, WITH A VALUE OF \$1.7 MILLION, WERE ISSUED.

EXPENSES \$ 1,773,774. INCLUDING GRANTS OF \$ 157,794. REVENUE \$ 0.

SCIENCE AND STRATEGY

ASTHO PUBLICATIONS:

JARRIS PE. "POPULATION HEALTH: NO ONE DOES IT ALONE." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014. 20(5):554-6.

LEIDER JP, RESNICK B, SELLERS K, KASS N, BERNET P, YOUNG JL, JARRIS PE. "SETTING BUDGETS AND PRIORITIES AT STATE HEALTH AGENCIES." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014. E-PUBLISHED AHEAD OF PRINT.

LEIDER JP, RESNICK B, KASS N, SELLERS K, YOUNG JL, BERNET P, JARRIS PE. "BUDGET- AND PRIORITY-SETTING CRITERIA AT STATE HEALTH AGENCIES IN TIMES OF AUSTERITY: A MIXED-METHODS STUDY." AMERICAN JOURNAL OF PUBLIC HEALTH. 2014. 104(6):1092-9.

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

KAUFMAN NJ, CASTRUCCI BC, PEARSON J, LEIDER JP, SELLERS K, KAUFMAN IR,
FEHRENBACH LM, LISS-LEVINSON R, LEWIS M, JARRIS PE, SPRAGUE JB.

"THINKING BEYOND THE SILOS: EMERGING PRIORITIES IN WORKFORCE
DEVELOPMENT FOR STATE AND LOCAL GOVERNMENT PUBLIC HEALTH AGENCIES."
JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014. E-PUBLISHED
AHEAD OF PRINT.

THIS ARTICLE PRESENTS THE RESULTS OF A COLLABORATIVE PROCESS AMONG
NATIONAL LEADERSHIP GROUPS REPRESENTING SPECIFIC DISCIPLINES WITHIN
PUBLIC HEALTH TO IDENTIFY THE PRIORITIES, NEEDS, AND CHARACTERISTICS OF
THE GOVERNMENTAL PUBLIC HEALTH WORKFORCE.

"PUBLIC HEALTH FUNDING MAY GET A SHOT IN THE ARM." GOVERNING MAGAZINE,
JUNE.

CITED ASTHO STATE BUDGET CUTS RESEARCH.

"PUBLIC HEALTH BUDGET SLASHES UNDERCUT POPULATION HEALTH: STUDY." VITAL
SIGNS, MAY 19.

CITED ASTHO STATE BUDGET CUTS RESEARCH.

JARRIS PE, MOFFATT SG, WALKER ROMERO E, SELLERS K. "MILLION HEARTS,
THREE LEVERS." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014.
20(2):264-266.

THIS COMMENTARY PROVIDES INSIGHT INTO MILLION HEARTS COLLABORATIVE AND
ITS UNIQUE FOCUS ON HYPERTENSION, INTEGRATION OF PUBLIC HEALTH AND
CLINICAL CARE, AND QUALITY IMPROVEMENT.

JARRIS PE. "OBESITY AS DISEASE: AN OPPORTUNITY FOR INTEGRATING PUBLIC

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

HEALTH AND CLINICAL MEDICINE." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2013. 19(6):610-612.

THIS COLUMN ADDRESSES THE AMA'S ADOPTION OF A POLICY TO CATEGORIZE OBESITY AS A DISEASE AND THE IMPORTANCE OF PUBLIC HEALTH AND HEALTHCARE INTEGRATION IN ADDRESSING OBESITY.

EXPENSES \$ 1,422,243. INCLUDING GRANTS OF \$ 206,639. REVENUE \$ 0.

MEMBER SERVICES

ANNUAL MEETING 2015

THE POLICY SUMMIT AND ANNUAL MEETING 2015 IS SCHEDULED FOR SEPT. 29 - OCT. 1 IN SALT LAKE CITY.

ADVOCATE FOR FEDERAL FUNDING FOR PUBLIC HEALTH PROGRAMS IN FY 2014 IN JUNE, THE SENATE APPROPRIATIONS SUBCOMMITTEE APPROVED ITS VERSION OF THE FY 2015 LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL. THE HOUSE LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES SUBCOMMITTEE HAS NOT MARKED UP ITS FY 2015 SPENDING BILL, AND IS UNLIKELY TO DO SO PRIOR TO THE FALL ELECTIONS. ASTHO STAFF AND MEMBERS CONDUCTED MORE THAN 100 MEETINGS WITH CONGRESSIONAL AND ADMINISTRATION OFFICIALS DURING THE FY 2015 APPROPRIATIONS SEASON.

2014 ASTHO HILL DAY

ON MARCH 5-6, ASTHO HELD ITS ANNUAL HILL DAY AND RELATED ACTIVITIES. ASTHO'S GOVERNMENT RELATIONS STAFF DELIVERED PRESENTATIONS ON ASTHO'S FY15 ADVOCACY AGENDA, THE OVERALL FEDERAL AFFAIRS OF THE 113TH CONGRESS, AND HOW TO ENGAGE LAWMAKERS, BOTH FOR NEW S/THOS AND THOSE

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

VISITING CAPITOL HILL DURING THE HILL DAY ACTIVITIES. S/THOS MADE MORE THAN 90 VISITS TO OFFICES ON CAPITOL HILL, AND THE ASTHO BOARD VISITED WITH ADMINISTRATION OFFICIALS AT HHS, INCLUDING MEETINGS WITH TOM FRIEDEN, CDC DIRECTOR; PAM HYDE, ADMINISTRATOR OF SAMHSA; MARY WAKEFIELD, HRSA ADMINISTRATOR; ANAND PAREKH, DEPUTY ASSISTANT SECRETARY FOR HEALTH (SCIENCE AND MEDICINE) AT HHS; SALLY HOWARD, DEPUTY COMMISSIONER FOR POLICY, PLANNING, AND LEGISLATION AT FDA; AND NICOLE LURIE, ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE AT HHS. EXPENSES \$ 1,088,388. INCLUDING GRANTS OF \$ 0. REVENUE \$ 65,627.

MEMBER ENGAGEMENT

LEADERSHIP FOR STATE HEALTH OFFICIALS (HARVARD PROGRAM):

ASTHO MEMBER SERVICES AND THE HARVARD KENNEDY SCHOOL OF GOVERNMENT HOSTED SHLI FROM JULY 27-AUG. 1. NINE SHOS PARTICIPATED: MARISSA J. LEVINE (VA), KAREN D. MCKEOWN (WI), ESTHER LIZAMA MUNA (MP), DARICE PLASKETT (VI), LILLIAN M. SHIRLEY (OR), PENELOPE SLADE-SAWYER (NC), LETITIA E. TIERNEY (WV), GAIL VASTERLING (MO), AND HOWARD ZUCKER (NY)

PARTICIPANTS RATED THE PROGRAM HIGHLY. THEY DISCUSSED CASES FOCUSED ON CRISIS MANAGEMENT, WORKING WITH ELECTED LEADERS, MEDIA AFFAIRS, ASSUMING LEADERSHIP OF AN AGENCY/ORGANIZATION, PERFORMANCE MANAGEMENT, LEADING CHANGE, QUALITY IMPROVEMENT, AND STRATEGY. THERE WERE ALSO SESSIONS ON PUBLIC OPINION REGARDING HEALTH AND THE LEADERSHIP. AS PER THE SHLI TRADITION, THE CLASS GAVE ITSELF A NICKNAME-THE 2014 CLASS SHALL BE KNOWN AS 9 LIVES.

THESE CURRENT AND FORMER HEALTH OFFICIALS SERVED AS FACULTY TO THE SHLI

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

CLASS FOR ONE SESSION, DURING WHICH THEY HOSTED AN OPEN DISCUSSION WITH THE CLASS: PAUL JARRIS (ALUMNUS VT), TERRY CLINE (OK), JOSE MONTERO (NH), AND JEWEL MULLEN (CT). IN ADDITION, JOHN AUERBACH (ALUMNUS MA) LED A SESSION ON WORKING WITH THE MEDIA AND THE LEGISLATURE.

ASTHO AND ROBERT WOOD JOHNSON FOUNDATION SUMMIT:

AUGUST 13-14, 2014, 13 SHOS, 13 FORMER SHOS, AND THREE (3) ASTHO STAFF MET WITH RWJF PRESIDENT AND CEO RISA LAVIZZO-MOUREY AND 16 RWJF STAFF IN PRINCETON, NEW JERSEY TO PARTICIPATE IN STRATEGIC DISCUSSIONS ABOUT THE FOUNDATION'S NEW VISION, BUILDING A CULTURE OF HEALTH, THE FUTURE OF LEADERSHIP DEVELOPMENT, AND THE ROLE ASTHO AND ITS MEMBERS TO SUPPORT THIS NEW VISION. THE AGENDA ALSO INCLUDED STRATEGIC DISCUSSION ABOUT THE FUTURE OF PUBLIC HEALTH AND THE DESIGN OF THE FOUNDATION'S LEADERSHIP PROGRAMS.

WINTER MEETING 2014

THE WINTER MEMBER MEETING 2014 IS SCHEDULED FOR DECEMBER 1-3, 2014 AT THE PALMS IN PHOENIX, ARIZONA. AT THIS MEETING, MEMBERS ENGAGE IN STRATEGIC DISCUSSIONS ABOUT CURRENT AND FUTURE WORK IN THE FIELD THAT AFFECTS REGIONAL OR NATIONAL LEVELS.

SITE VISITS

SIX (6) SITE VISITS BY THE EXECUTIVE DIRECTOR OR A CHIEF WERE HELD WITH HEALTH OFFICIALS IN PUERTO RICO, US VIRGIN ISLANDS, WEST VIRGINIA, WISCONSIN, VIRGINIA, AND COLORADO.

PROFESSIONAL DEVELOPMENT FUND:

- 7 NEW SHOS TOOK ADVANTAGE OF THE PROFESSIONAL DEVELOPMENT FUND GRANTS

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

FOR THE PURPOSE OF INDIVIDUAL DEVELOPMENT. EXECUTIVE COACHING, MEDIA
TRAINING, AND LEADERSHIP COURSES ARE EXAMPLES OF THE USE OF THESE
FUNDS.

- EBOLA TOOLKIT: CRISIS AND RISK COMMUNICATION TECHNICAL SUPPORT WAS
PROVIDED TO ALL ASTHO MEMBERS THROUGH THE DEVELOPMENT OF A
COMMUNICATION GUIDE ON EBOLA DURING THE FALL/WINTER OF 2014.

- SIX (6) NEW SHOS RECEIVED INDIVIDUAL EXECUTIVE COACHING SESSIONS.

STRATEGIC PLANNING GRANTS:

3 STATES-COLORADO, IDAHO, AND MISSOURI-UTILIZED STRATEGIC PLANNING
GRANTS TO WORK WITH TSI INC. TO DEVELOP STRATEGIC MAPS FOR THEIR HEALTH
DEPARTMENTS.

LEARNING NETWORKS AND POLICY ACADEMIES:

ON SEPTEMBER 15-16, 2014, THE NATIONAL GOVERNORS ASSOCIATION HELD A
CONFERENCE FOR 6 STATES-MICHIGAN, MINNESOTA, NEVADA, NORTH CAROLINA,
VERMONT AND WISCONSIN-FOR THE POLICY ACADEMY "REDUCING PRESCRIPTION
DRUG ABUSE" IN LAKE TAHOE, NEVADA. STATES THAT ATTENDED DEVELOPED SETS
OF RECOMMENDATIONS THAT WILL SERVE AS THE BASIS FOR THEIR STRATEGIC
ACTION PLANS THAT THEY WILL PRESENT TO NGA AND OTHER STATES AT THE
CLOSING MEETING IN JUNE 2015.

MENTORSHIP:

THERE WERE MULTIPLE OPPORTUNITIES FOR ALUMNI, EXPERIENCED SHOS, AND NEW
SHOS TO ENGAGE IN DISCUSSIONS AROUND TOPICAL AREAS SUCH AS EBOLA,
ACCREDITATION, AND HEALTH SYSTEMS TRANSFORMATION, THOUGH NO "FORMAL"
MENTORSHIPS DEVELOPED IN YEAR 1. ASTHO IS CURRENTLY REVIEWING AND
UPDATING THE EXISTING MENTORING PROGRAM IN AN EFFORT TO BETTER SUPPORT

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

NEW SHOS. UPON A CDC REQUEST, ASTHO ORGANIZED A CALL WITH FORMER SHOS IN EXECUTIVE POSITIONS AT HEALTH INSURANCE COMPANIES TO DISCUSS OPPORTUNITIES TO BRIDGE PUBLIC HEALTH WITH HEALTH INSURERS CONCERNING PAYMENT REFORM. THIS IS AN EXAMPLE OF THE STRONG NETWORK OF SHOS AND FORMER SHOS CREATED BY SHLI BEING UTILIZED FOR SYSTEMS CHANGE.

NEW SENIOR DEPUTIES ORIENTATION AND 21ST ANNUAL SENIOR DEPUTIES MEETING

THE SENIOR DEPUTIES COMMITTEE WAS INTEGRAL TO THE PLANNING AND SUCCESS OF THE ORIENTATION AND ANNUAL MEETING HELD FROM JULY 14-17 IN SAN DIEGO, CA. THE ANNUAL MEETING'S THEME WAS "RIDING THE WAVE: THE PUBLIC HEALTH DEPARTMENT OF THE FUTURE." THE PURPOSE OF THE MEETING WAS TO HIGHLIGHT HOW STATE HEALTH AGENCIES ARE TRANSFORMING PUBLIC HEALTH PROGRAMS TO MEET NEW CHALLENGES, SUCH AS PAYMENT AND DELIVERY REFORMS, IN ORDER TO ACHIEVE COST SAVINGS AND IMPROVE POPULATION HEALTH. THERE WERE 76 REGISTRANTS, REPRESENTING 41 STATES AND TERRITORIES, INCLUDING 3 VIRTUAL PARTICIPANTS. MEETING EVALUATIONS WERE OVERWHELMINGLY POSITIVE; A CURSORY REVIEW OF THE MEETING EVALUATIONS INDICATED HIGH SATISFACTION WITH THE QUALITY OF TOPICS COVERED AND NEARLY 90 PERCENT OF PARTICIPANTS INDICATED THAT THE MEETING WOULD BENEFIT THEM IN THEIR PRACTICE AND THE CONTENT HELD THEIR INTEREST.

THE ORIENTATION ALSO RECEIVED OVERWHELMINGLY POSITIVE REVIEWS. TWELVE NEW SENIOR DEPUTIES PARTICIPATED IN THE ORIENTATION. TO MAXIMIZE THE EXCHANGE OF IDEAS AND APPROACHES, NEW SENIOR DEPUTIES PARTICIPATED IN REGIONAL GROUP DISCUSSIONS TO ENCOURAGE THE SHARING OF USEFUL PRACTICES AND LESSONS LEARNED WITHIN REGIONS. MEMBERS OF THE SENIOR DEPUTIES COMMITTEE SERVED AS FACULTY. BUILDING OFF THE SUCCESS OF THE

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

**ORIENTATION, ASTHO STAFF ARE CURRENTLY SCHEDULING MENTORING SITE VISITS
BETWEEN NEW AND EXPERIENCED SENIOR DEPUTIES.**

STATE LEGISLATIVE LIAISON ANNUAL MEETING

**ASTHO'S STATE LEGISLATIVE LIAISON PEER NETWORK HELD THEIR ANNUAL
MEETING FROM JULY 17-18 IN SAN DIEGO. THIRTY STATES AND ONE TERRITORY
WERE REPRESENTED AT THE MEETING, WHERE PEER NETWORK MEMBERS SHARED
THEIR SUCCESSES AND CHALLENGES FROM THE 2014 STATE LEGISLATIVE
SESSIONS. THE GROUP HELD A JOINT SESSION WITH THE SENIOR DEPUTIES PEER
NETWORK, WHICH INCLUDED FEDERAL AND STATE LEGISLATIVE UPDATES PRESENTED
BY ASTHO STAFF, TABLETOP DISCUSSIONS ON THE ISSUES OF MARIJUANA AND
PRESCRIPTION DRUG ABUSE, AND PRESENTATIONS FROM THE CDC AND THE PUBLIC
HEALTH LAW CENTER ON THE REGULATION OF ELECTRONIC CIGARETTES. OTHER
AREAS OF DISCUSSION INCLUDED: INTERNAL BEST PRACTICES, ACCESS TO CARE
IN MEDICAID EXPANSION AND NON-EXPANSION STATES, AND IMMUNIZATIONS.
EXPENSES \$ 973,670. INCLUDING GRANTS OF \$ 292,208. REVENUE \$ 10,600.**

FORM 990, PART VI, SECTION A, LINE 6:

**EXPLANATION: ASTHO MEMBERS ARE THE CHIEF HEALTH OFFICIALS OF THE PUBLIC
HEALTH AGENCY OF EACH OF THE UNITED STATES, THE U.S. TERRITORIES, AND THE
DISTRICT OF COLUMBIA. ALSO ALUMNI MEMBERS MAY CHOOSE TO PAY DUES AND
RETAIN AN ADVISORY ROLE TO THE ASSOCIATION'S MEMBERS.**

FORM 990, PART VI, SECTION A, LINE 7A:

**EXPLANATION: THE MEMBERS ELECT THE VOTING MEMBERS OF THE GOVERNING BODY
ANNUALLY.**

FORM 990, PART VI, SECTION A, LINE 7B:

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
--------------------------	--	--

EXPLANATION: THE MEMBERSHIP ASSEMBLY REVIEWS THE ACTIONS AND RECOMMENDATIONS OF THE BOARD OF DIRECTORS AT LEAST ANNUALLY. THE MEMBERSHIP APPROVES ALL ASSOCIATION POLICY STATEMENTS AND REVIEWS THE ASSOCIATION'S PRIORITIES AND STRATEGIC PLAN.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE AUDIT COMMITTEE IS PROVIDED WITH A COPY OF THE IRS FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING THE FORM WITH THE IRS. ALL MEMBERS OF THE GOVERNING BODY RECEIVE A COPY OF THE 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE WRITTEN CONFLICT OF INTEREST POLICY IS ANNUALLY DISTRIBUTED AND SIGNED BY THE DIRECTORS, OFFICERS, SENIOR STAFF MEMBERS, AND MEMBERS OF COMMITTEES THAT HAVE BEEN DELEGATED THE POWER OF THE BOARD OF DIRECTORS.

ANY CONFLICTS OF INTEREST ARE INVENTORIED BY THE CHIEF FINANCIAL OFFICER AND DISCLOSED TO THE FULL BOARD. THE AUDIT COMMITTEE IS TASKED WITH MONITORING AND ADMINISTERING COMPLIANCE. THE AUDIT COMMITTEE CAN REFER MATTERS TO THE EXECUTIVE COMMITTEE, WHO HAS FINAL AUTHORITY ON RESOLUTION OF CONFLICTS OF INTEREST FOR ITS MEMBERS, INCLUDING EXPULSION.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE. OVERSIGHT WAS DELEGATED TO THE PRESIDENT AND PRESIDENT-ELECT WHO WORKED WITH A COMPENSATION SPECIALIST. THE PROCESS WAS DOCUMENTED. THE SALARY FOR OTHER STAFF IS DETERMINED BY THE EXECUTIVE DIRECTOR BASED ON PERFORMANCE REVIEWS AND MARKET SURVEYS. THE EXECUTIVE DIRECTOR'S LAST SALARY REVIEW WAS CONDUCTED IN DECEMBER 2013.

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ASSOCIATION'S AUDITED FINANCIAL STATEMENTS, GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROJECT CONSULTANTS:

PROGRAM SERVICE EXPENSES 3,336,750.

MANAGEMENT AND GENERAL EXPENSES 720,634.

FUNDRAISING EXPENSES 30,236.

TOTAL EXPENSES 4,087,620.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 4,087,620.