

NACCHO Survey of Job Losses and Program Cuts

(January – February 2010)

Thank you in advance for participating in NACCHO's local health department (LHD) Survey of Job Losses and Program Cuts. You have been selected to take part in the third of a series of surveys that will quantify and describe the impact of the economic recession on LHDs and communities. Since you are part of a small, statistically representative sample of LHDs selected to receive this survey, your participation is essential for the accuracy of survey results. The findings from this survey will help congress, federal agencies, foundations, and other organizations understand how LHDs and the communities you serve have been affected by the economic recession.

You may use the red buttons at the bottom of each page to navigate through the survey and return to prior questions. If you need to close the survey and return to it at a later time, your answers will be saved. When you reach the final page of the survey, you will be prompted to submit your responses.

Budget

1. My LHD's current operating year budget is:

- Less than the previous year's budget
- Approximately the same (within plus or minus one percent) as the previous year's budget → **Skip to Q1b**
- Greater than the previous year's budget → **Skip to Q1b**
- Do not know → **Skip to Q2**

[If overall budget is less:] 1a. By approximately how much has this year's budget decreased, compared to the previous year?

Dollar amount of decrease: ___\$_____

Percentage of overall budget: _____%

[If overall budget was same or more:] 1b. If you do not consider one-time funding such as H1N1 funding or funding from the American Recovery and Reinvestment Act, how does your LHD's current operating year budget compare to the previous year?

- Less than the previous year's budget
- Approximately the same (within plus or minus one percent) as the previous year's budget
- Greater than the previous year's budget
- Do not know

2. Have you drawn from reserve funds to cover LHD expenditures for the current fiscal year?

- Yes
- No
- Do not know

3. I expect my LHD's budget in the next fiscal year will be:

- Less than the current year's budget
- Approximately the same (within plus or minus one percent) as the current year's budget
- Greater than the current year's budget
- Cannot predict

Workforce

The following questions ask about workforce cuts in your LHD between July 1 and December 31, 2009. Previous surveys examined workforce cuts prior to this period. These questions ask about the number of employees – whether full or part time – rather than full time equivalents (FTEs).

4. How many employees did your LHD lay off between July 1 and December 31, 2009?

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- 26 to 50
- More than 50 (specify): _____

5. How many employees did your LHD lose through attrition and decide not to replace because of hiring freezes or budget cuts between July 1 and December 31, 2009?

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- 26 to 50
- More than 50 (specify): _____

6. How many LHD employees had their working hours reduced for budgetary reasons between July 1 and December 31, 2009? (DO NOT include employees placed on mandatory furlough)

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- 26 to 50
- More than 50 (specify): _____

7. How many LHD employees were placed on mandatory furlough for budgetary reasons between July 1 and December 31, 2009?

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- 26 to 50
- 51 to 100
- 101 to 200
- More than 200 (specify): _____

8. Please provide any additional information you would like NACCHO to understand about how the economic recession has affected the workforce of your LHD (e.g., reduced training, travel, wage freezes) between July 1 and December 31, 2009.

American Recovery and Reinvestment Act (ARRA)

9. Has your LHD received ARRA (the economic stimulus legislation) funds either directly or as pass-through from a state agency?

- Yes
- No → Skip to Q10
- Don't know → Skip to Q10

9a. Describe how your LHD has used ARRA funds.

Programs

The following questions ask about cuts to programs. We realize that not all services and functions may fall clearly into a particular service category. Please use your best judgment to classify your services and functions. If you would find it helpful to consult NACCHO's classification of services, you may access a list through a link on this question in the electronic survey.

- 10. For each of the following service categories, please indicate: a) If your LHD provided services or functions at any time during calendar year 2009; and b) If your LHD had to reduce or eliminate any service for budgetary reasons within calendar year 2009. (Select all that apply).**

	a) LHD provided services <u>at any time</u> during calendar year 2009 (Select all that apply).	b) LHD reduced or eliminated services <u>for budgetary reasons</u> in calendar year 2009. (Select all that apply).
Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiology and surveillance	<input type="checkbox"/>	<input type="checkbox"/>
Communicable disease screening and treatment	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease screening and/or treatment	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and child health services	<input type="checkbox"/>	<input type="checkbox"/>
Other personal health services	<input type="checkbox"/>	<input type="checkbox"/>
Population-based primary prevention	<input type="checkbox"/>	<input type="checkbox"/>
Emergency preparedness	<input type="checkbox"/>	<input type="checkbox"/>
Food safety	<input type="checkbox"/>	<input type="checkbox"/>
Other environmental health	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

Questions 11–13 will only be displayed if at least one program area is marked as having been reduced in Question 10b.

11. Please provide an example of a function or service where your LHD reduced activities for budgetary reasons in calendar year 2009. Include both a description of the function or service that was reduced and the nature of the reduction (e.g., tuberculosis screening program eliminated completely; hours reduced for WIC program; eligibility limited for child home visits).

12. How do you anticipate that the reduction in services described above will affect the community that you serve? Describe who will be most impacted and how they will be affected.

13. What factors influenced your decision about which services and activities to reduce? (e.g., number of people served; availability of alternative services; anticipated public outcry; loss of program-specific funding)

14. Please provide any additional information you would like NACCHO to understand about the current and projected future financial situation of your LHD and how that will impact your workforce and programs.

Please provide the following information to allow NACCHO to follow up with you as needed:

Local Health Department Name: _____

State: _____

Name of the person who completed the questionnaire: _____

Telephone number: _____

E-mail address: _____

Thank you for completing this questionnaire!