

## 2014 Forces of Change Survey

### Economic Surveillance

**1. My LHD's current fiscal year budget is ...** (Select only one)

- 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. I expect my LHD's budget in the next fiscal year will be...** (Select only one)

- 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
- Do not know

The following question asks about changes to your LHD workforce between January 1 and December 31, 2013. Please provide your response in terms of number of employees—whether full- or part-time—rather than full-time equivalents (FTEs).

**3. How many employees were affected by each of the following workforce reductions between January 1 and December 31, 2013? Enter "0" if no employees were affected. Numeric responses only, please.**

a) Number of employees <u>laid off</u>	_____
b) Number of employees <u>lost through attrition and not replaced</u> because of hiring freezes or budget cuts	_____

**4. How many individuals currently work for your LHD?** Please include *all* regular full-time, part-time, and contractual employees. Report total number of employees, NOT total FTEs.

Number of full-time employees \_\_\_\_\_

Number of part-time employees \_\_\_\_\_

**5. The following question asks about changes in level of service delivery in a number of program areas.** 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 in the electronic survey.

**For each of the following service categories, please indicate if your LHD provided services or functions at any time between January 1 and December 31, 2013.**

	<b>Provided services <i>at any time</i></b>
Immunization	
Epidemiology and surveillance	
Communicable disease screening or treatment	
Chronic disease screening or treatment	
Maternal and child health services	
Other personal health services	
Population-based primary prevention	
Emergency preparedness	
Food safety	
Other environmental health	

**5a. For each programmatic area in which your LHD provided services during calendar year 2013, indicate how the level of service delivery changed during 2013.** We realize that some LHDs provide many different services within these programmatic areas and not all of them may have changed in the same way. Please indicate the overall direction of change: reduced, expanded, or little/no change.

<b>Between January 1, 2013 and December 31, 2013, my LHD...</b>				
	<i>Reduced services</i>	Little or no change in service delivery	<i>Expanded services</i>	Don't know
Immunization				
Epidemiology and surveillance				
Communicable disease screening or treatment				
Chronic disease screening or treatment				
Maternal and child health services				
Other personal health services				
Population-based primary prevention				
Emergency preparedness				
Food safety				
Other environmental health				

**Billing for Services**

**6. Check each of the categories of clinical services that your LHD directly provided during calendar year 2013.**

- Immunizations
- TB testing or treatment
- HIV or STI services
- Chronic disease screening or management services (e.g., diabetes, heart disease, obesity)
- Tobacco cessation programs
- Cancer screening
- Family planning
- Home health
- Early childhood development services (e.g., MCH home visiting, EPSDT)
- Behavioral health or substance abuse services
- None of the above services

**7. For each of the clinical services that your LHD provides, please indicate all third-party payers that your LHD currently bills (or contracts with someone else to bill) to for any service in that category.**

<b>Clinical Services</b>	<b>Bill Medicaid for this service</b>	<b>Bill Medicare for this service</b>	<b>Bill one or more private insurers for this service</b>	<b>Do not bill any third-party payers for this service</b>	<b>Do not know</b>
Immunizations					
TB testing or treatment					
HIV or STI services					
Chronic disease screening or management services (e.g., diabetes, heart disease, obesity)					
Tobacco cessation programs					
Cancer screening					
Family planning					
Home health					
Early childhood development services (e.g., MCH home visiting, EPSDT)					
Behavioral health or substance abuse services					

**7a. Is your LHD currently working to establish billing with any of the following third-party payers?**

(Select all that apply) → *For LHDs that indicated they do not bill any third-party payers*

- Medicaid
- Medicare
- Private insurers
- None of the above
- Do not know

**7b. Which of the following approaches has your LHD used for billing third-party payers?** (Select all that apply) → *For LHDs that indicated they currently bill one or more third-party payers*

- LHD has in-house capability to bill third-party payers
- LHD contracts with another entity (e.g., clearinghouse, university, hospital) to bill third-party payers
- State health agency has a centralized billing function for all local health units
- Some other approach (Specify: text box)
- Do not know

**7c. Is your LHD considering or pursuing efforts to increase the extent to which you bill for clinical services?** Such efforts might include increasing the number of insurers that you bill or increasing the number of different clinical services for which you bill. → *For LHDs that indicated they currently bill one or more third-party payers*

- My LHD is currently engaged in efforts to increase the extent to which we bill for clinical services
- My LHD is currently considering efforts to increase the extent to which we bill for clinical services
- My LHD is neither engaged in nor considering increasing the extent to which we bill for clinical services
- Do not know

**7d. Optional: Use the text box below if you wish to clarify any responses about billing for clinical services.**

## Navigators

Navigators (sometimes referred to as in-person assisters) and certified application counselors are personnel who have received specific training to provide guidance to people enrolling in health insurance from state or federal health exchanges or marketplaces under the Affordable Care Act (ACA).

### 8. To what extent is your LHD assisting people to enroll in health insurance from state or federal health exchanges under the Affordable Care Act (ACA)? (Select only one)

- LHD staff are serving in an official capacity as navigators or certified application counselors to provide guidance to people enrolling in health insurance from state or federal health exchanges or marketplaces under the ACA → *If checked, answer 8a*
- LHD staff are providing assistance or referrals to help people enroll in health insurance from state or federal health exchanges or marketplaces under the ACA, but not in an official capacity as navigators or certified application counselors → *If checked, answer 8a*
- LHD staff are not providing formal or informal assistance to people enrolling in health insurance from state or federal health exchanges or marketplaces under the ACA
- Do not know

**8a. Is your LHD receiving financial support for this work?** Yes/No/Do not know → *If yes, answer 8b*

### 8b. From what source(s) is your LHD receiving financial support for your work to assist people enrolling in health insurance from state or federal health exchanges?

- Federal government sources
- State government sources
- Local government sources
- Other sources
- Do not know

### 9. In your LHD jurisdiction, which of the following types of organizations are involved in providing navigators or certified application counselors to assist people in your community with enrolling in health insurance from state or federal health exchanges under the Affordable Care Act (ACA)? (Select all that apply)

- Local health departments
- Other local government agencies
- Community non-profit organizations (e.g., food banks, faith communities)
- Health care providers (e.g., FQHCs, physicians, hospitals)
- Trade, industry, or professional associations
- Chambers of Commerce, Small Business Administration resource partners, or other organizations that serve employers
- Licensed insurance agents and brokers
- Other type of organizations (specify) \_\_\_\_\_
- Do not know

## State Innovation Model Program

→ *Displayed only to LHDs from states with a SIM Initiative*

The State Innovation Model (SIM) Initiative, funded by the Centers for Medicare & Medicaid Services (CMS), is providing \$300 million to support the development and testing of state-based models for multi-payer payment and health care delivery system transformation with the aim of improving health system performance for residents of participating states.

### **10. Which of the statements below best characterizes the extent to which your LHD is involved in the State Innovation Model (SIM) activities taking place in your state? (Select only one)**

- My LHD is unaware that SIM activities are going on within our state
- My LHD is aware of the SIM activities happening within our state, but we are not participating
- Though my LHD is not actively participating in SIM activities, we have had an opportunity to provide input or comments on the process
- My LHD is actively involved in our state's SIM activities

## Accreditation

**11. Which of the following best describes your LHD with respect to participation in the Public Health Accreditation Board's (PHAB's) national accreditation program for LHDs?** (Select only one). Please report on PHAB accreditation only; do NOT report on state-based accreditation programs or accreditation for specific programs (e.g., Joint Commission or JCAHO).

- My LHD has achieved PHAB accreditation
- My LHD has submitted an application for PHAB accreditation
- My LHD has submitted a Statement of Intent to pursue PHAB accreditation
- My LHD plans to apply for PHAB accreditation, but has not yet submitted a Statement of Intent  
→ *If checked, answer 11a*
- My LHD has not decided whether to apply for PHAB accreditation
- My LHD has decided NOT to apply for PHAB accreditation → *If checked, answer 11b*
- The state health agency is pursuing PHAB accreditation as an integrated system that includes my LHD → *Omitted for locally governed LHDs*
- Do not know → *Displayed only to LHDs that are units of the state health agency*

**11a. In what calendar year does your LHD anticipate submitting a Statement of Intent to pursue PHAB accreditation?** (Select only one)

- 2014
- 2015
- 2016
- 2017 or later
- Have not decided on a target year

**11b. Why has your LHD decided NOT to apply for PHAB accreditation?** (Select all that apply)

- Accreditation standards are not appropriate for my LHD
- Fees for accreditation are too high
- Accreditation standards exceed the capacity of my LHD
- Time and effort required for accreditation application exceeds benefits of accreditation
- Local board of health or other governing body has directed us NOT to pursue accreditation
- Other (Please specify): \_\_\_\_\_

## Agency Structure

→ Omitted for LHDs that are units of the state health agency

**12. Is your LHD currently part of a combined health and human services agency?** (Yes/No)

*12a. If Yes:* Has your LHD been part of a combined health and human services agency for all of the past two years? (Yes/No)

*12b. If No:* Was your LHD part of a combined health and human services agency for any part of the past two years? (Yes/No)