

## Introduction

Thank you for taking the time to participate in this survey. The purpose of this survey is to gain an understanding of some of the forces that are affecting change in local health departments (LHDs). **You may forward the survey link to other staff members and move forward and back through the survey as needed prior to submitting the survey.**

NACCHO will analyze data from this survey and anticipates releasing the results in mid-2015. NACCHO will notify survey respondents when publications are released; all publications will be available on [www.naccho.org](http://www.naccho.org). Findings from last year's survey, the 2014 Forces of Change survey, can be found at <http://www.naccho.org/topics/research/forcesofchange>. Data will be reported in aggregate only; reports will not identify specific local health departments.

Consistent with the manner in which data from NACCHO's National Profile of Local Health Departments (Profile) survey are shared with public health researchers, NACCHO will make these data available to researchers who agree to NACCHO's data use policy. For more information about the data use policy, go to [www.naccho.org/Profile](http://www.naccho.org/Profile) and click on "Data Requests and Technical Documentation."

## 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 questions ask about changes to your LHD workforce between January 1 and December 31, 2014. 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, 2014**? Enter "0" if no employees were affected. (Numeric responses only, please. Do not include spaces or any punctuation.)

Number of employees laid off: \_\_\_\_\_

Number of employees lost through attrition and not replaced because of hiring freezes or budget cuts: \_\_\_\_\_

## Changes in Services

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 into the general categories.

**Immunization:** Adult and childhood immunizations

**Epidemiology and surveillance:** Epidemiology/surveillance of infectious diseases, chronic diseases, injury, behavioral risk factors, environmental health, and/or maternal and child health, and/or Syndromic surveillance

**Communicable disease screening/treatment:** Screening/treatment of HIV/AIDS, other STDs, and/or tuberculosis

**Blood lead screening:** Testing the amount of lead in blood

**High blood pressure screening:** Screening for high blood pressure

**Diabetes screening:** Screening for diabetes

**Maternal and child health services:** Family planning, prenatal care, obstetrical care, WIC, home visits, EPSDT, and/or well-child clinics

**Obesity prevention:** Efforts intended to encourage healthy eating and active living

**Tobacco, alcohol, or other drug prevention:** Efforts to reduce or prevent tobacco, alcohol, or other drug use

**Emergency preparedness:** Emergency preparedness activities

**Environmental health, including food safety:** Monitoring indoor air quality, radiation control, vector control, land use planning, ground/surface water protection, hazmat response, hazardous waste disposal, collection of unused pharmaceuticals, air and noise pollution prevention, and/or other regulation, inspection, or licensing activities; food processing, milk processing, regulation of food service establishments, and/or food safety education

**4. 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, 2014. (Select all that apply)**

	<b>Provided services <i>at any time</i></b>
Immunization	
Epidemiology and surveillance	
Communicable disease screening or treatment	
Blood lead screening	
High blood pressure screening	
Diabetes screening	
Maternal and child health services	
Obesity prevention	
Tobacco, alcohol, or other drug prevention	
Emergency preparedness	
Environmental health, including food safety	

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**5. For each programmatic area in which your LHD provided services during calendar year 2014, indicate how the level of service delivery changed during 2014 in terms of budget or number of staff allocated to work in this area.** 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, 2014 and December 31, 2014, 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				
Blood lead screening				
High blood pressure screening				
Diabetes screening				
Maternal and child health services				
Obesity prevention				
Tobacco, alcohol, or other drug prevention				
Emergency preparedness				
Environmental health, including food safety				

## Changes in Clinical Service Delivery

→ Only for those who provide clinical services (checked at least one of the following services question 4: immunization, communicable disease screening or treatment, blood lead screening, high blood pressure screening, diabetes screening, maternal and child health services)

**6. Overall, how did the number of patients served in your LHD's clinics change in 2014 when compared to 2013?**

- Number of patients served was greater in 2014 than 2013 → Skip to question 8
- Number of patients served in 2014 was approximately the same as in 2013 → Skip to question 8
- Number of patients served was less in 2014 than 2013
- Not sure → Skip to question 8

**7. For what reasons was the number of patients served in your LHD's clinics lower in 2014? (Select all that apply)**

- My LHD reduced or cut clinical programs
- My LHD contracted out clinical services to another provider
- Some newly insured patients are choosing other health care providers instead of LHD clinics
- More choices for health services (e.g., pharmacies, urgent care centers) are now available in our area
- Other (please specify): \_\_\_\_\_

**8. Overall, how did the percentage of patients with insurance served in your LHD's clinics change in 2014 when compared to 2013?**

- The percentage of patients with insurance was higher in 2014 than 2013
- The percentage of patients with insurance in 2014 was approximately the same as in 2013
- The percentage of patients with insurance was lower in 2014 than 2013
- Not sure

## Billing for Clinical Services

→ Only for those who provide clinical services (checked at least one of the following services question 4: immunization, communicable disease screening or treatment, blood lead screening, high blood pressure screening, diabetes screening, maternal and child health services)

9. Some LHDs bill both public (such as Medicare and Medicaid) and private insurers for a variety of clinical services, while other LHDs bill insurers to a very limited extent or not at all. **Which of the following third-party payers do you bill for any clinical services?** (Select all that apply)

- Medicaid
- Medicare
- Any private insurer
- None (do not bill)
- Do not know

10. NACCHO is interested in learning more about the factors that LHDs consider when making decisions about billing third-party payers for clinical services.

**Rate the importance of each of the following factors in your LHD's decisions about whether to start billing third-party payers or increase the extent that you bill third-party payers for clinical services.**

Note that these questions address billing insurers for services, not collecting fees directly from patients.

Factors that influence decision about billing	Not at all important				Extremely important		
	1	2	3	4	5	6	7
Number of patients receiving clinical services							
Percentage of patients with insurance							
Type and number of insurers that cover your jurisdiction's residents							
Federal policies about billing for clinical services							
State policies about billing for clinical services							
Local policies about billing for clinical services							
Extent to which expected reimbursement from third-party payers covers the actual cost of providing a clinical service							
Information technology capacity required to bill third-party payers							
Workforce capacity required to bill third-party payers							
Cost and complexity of establishing billing with third-party payers (e.g., contracting, credentialing)							
Availability of technical assistance on how to establish third-party billing systems							
Availability of external organizations (e.g., state health agency, billing clearinghouse) to coordinate third-party billing							

## Collaboration with Non-Profit Hospitals

The Patient Protection and Affordable Care Act (ACA) includes a requirement that non-profit hospitals must conduct a community health needs assessment and adopt an implementation strategy at least once every three years. NACCHO is interested in whether and how LHDs are involved in these activities.

### 11. Is there at least one non-profit hospital serving your LHD's jurisdiction?

- Yes
- No → Skip to question 15
- Do not know → Skip to question 15

### 12. Which of the following describes the extent of your LHD's engagement with non-profit hospitals on the most recent community health needs assessment (CHNA)? (Select only one)

- My LHD has or is currently collaborating with one or more non-profit hospitals on a CHNA
- My LHD is currently discussing with one or more non-profit hospitals potential future collaboration on a CHNA
- My LHD has not engaged in discussion or collaboration with a non-profit hospital on a CHNA
- I do not know my LHD's extent of engagement with non-profit hospitals on a CHNA

### 13. Was information from a community health assessment developed by your LHD used in any CHNAs developed by hospitals serving your jurisdiction? (Select only one)

- Yes
- No
- Do not know

### 14. Is your LHD included in any hospital's implementation plan for the CHNA? These plans are sometimes called community benefit plans. (Select all that apply)

- Yes, my LHD participated in developing the implementation plan for one or more hospitals in our jurisdiction
- Yes, my LHD is listed as a partner in the implementation plan for one or more hospitals in our jurisdiction
- Yes, my LHD is listed as conducting an activity in the implementation plan for at least one or more hospitals in our jurisdiction
- Yes, my LHD and the hospital use the same implementation plan
- No
- Do not know

## Public Health Collaboration with Primary Care Providers

15. LHDs may work in a variety of ways with primary care providers to improve the health of their communities. **Indicate your LHD's current level of engagement with primary care providers in the following activities.**

<b>Collaborative activities for LHDs and primary care providers</b>	Actively Engaged	Exploring	Neither engaged nor exploring
Assessing the availability of primary care in jurisdiction			
Implementing strategies to increase accessibility of primary care services			
Referring patients in LHD clinics to primary care providers			
Providing care coordination or case management for patients with complex healthcare needs			
Partnering with a community health center or federally qualified health center (FQHC) to address primary care priorities			
Encouraging the use of evidence-based clinical preventive services			
Encouraging the use of evidence-based public health services			
Conducting a community health assessment			
Developing a community health improvement plan or other population health planning activities			
Providing population health statistics to primary care providers			
Using clinical data from primary care providers			
Extracting information from primary care provider electronic health records to improve health surveillance			
Participating in Patient-Centered Medical Home (PCMH) <i>[A model of the delivery of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety]</i>			
Participating in Accountable Care Organization (ACO) <i>[A network of health care providers and entities that share financial and medical responsibility for providing coordinated care to patients. These networks are sometimes called Totally Accountable Care Organizations, Accountable Care Communities, or Community Care Organizations.]</i>			
Participating in State Innovation Models (SIM) initiative activities <i>[The SIM Initiative, funded by the Centers for Medicare &amp; Medicaid Services (CMS), supports 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]</i>			

**Workforce Skills**

**16. Please rate the importance of the following skills for the managers and professional public health staff in your LHD. (Please do not include support personnel, such as clerical or facilities staff.)**

Workforce Skills	Not at all important				Extremely important		
	1	2	3	4	5	6	7
Collaborating with diverse communities to identify and solve health problems							
Managing change in response to dynamic, evolving circumstances							
Interpreting public health data to answer questions							
Applying quality improvement concepts							
Influencing policy development							
Ensuring that programs are managed within the current and forecasted budget constraints							
Anticipating changes in the LHD's environment that may influence its work							
Applying evidence-based approaches to solve public health issues							
Communicating ideas and information in a way that different audiences can understand							
Addressing the needs of diverse populations in a culturally sensitive way							