

2020 Forces of Change Questionnaire

Introduction

Thank you for taking the time to participate in the 2020 *Forces of Change* survey. The purpose of this study is to gain an understanding of the forces that affect change in local health departments (LHDs). Alongside the core economic surveillance questions included in each iteration of the survey, this year's *Forces of Change* survey will collect key data on the impacts of COVID-19 response on LHDs and on preparedness capacity, more broadly.

Topics include:

- Economic Surveillance (Budget and Staffing) – (15 to 25 minutes)
- Changes in Programs and Services – (1 to 3 minutes)
- Pandemic Preparedness – (1 to 3 minutes)
- COVID-19 Recovery Planning – (3 to 5 minutes)
- IT/Data Infrastructure – (1 to 3 minutes)
- Equity and Preparedness – (3 to 5 minutes)
- Interagency Alignment and Partnerships – (5 to 20 minutes)

If it is more appropriate for someone else to respond to some of these sections, you can forward the survey link to another person or persons to complete that section. Responses are saved for each page, and you (and they) can move forward and backward in the survey as needed.

The estimated time to complete the survey will vary according to your responses to certain questions which may exclude you from being asked or prompt you to answer subsequent questions related to each topic. Therefore, ranged time estimates have been provided for each section of the survey (in parentheses above). The entire survey will take between 30 and 60 minutes to complete. More time may be required to collect the required information in each section. You may save your progress at any time and return the survey as needed.

NACCHO will analyze data from this survey and anticipates releasing the results in the spring of 2021. NACCHO will notify survey respondents when publications are released; all publications will be available on <http://www.naccho.org/profile>.

Findings from the 2014, 2015, 2017 and 2018 *Forces of Change* surveys can also be found at <http://www.naccho.org/profile>. Data will be reported in aggregate only; reports will not identify specific LHDs.

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 <http://www.naccho.org/profile> and select 'Data Requests.'

Once again, thank you for taking the time to participate in NACCHO's *Forces of Change* study.

Please note: Questions in this paper version may differ in appearance from the online version. If you have any questions, please contact the Research and Evaluation team at research@naccho.org.

2020 Forces of Change Questionnaire

COVID-19 Response Timeline

1. Please indicate the approximate date on which your LHD began its COVID-19 response.
 - Month:
 - Year:
2. Which of the following events established the beginning of your LHD's COVID-19 response in the month and year indicated above? *Select all that apply.*
 - Date of state emergency declaration
 - Date of federal emergency declaration
 - Identification of first COVID-19 case in my LHD's jurisdiction
 - Date at which the number of COVID-19 cases reached a certain threshold determined by my local jurisdiction or state
 - Date my jurisdiction stood up an Incident Command Structure (ICS) for COVID-19 response
 - Date of first government-imposed business closures related to social distancing efforts
 - Date of school closures and/or transition to virtual learning related to social distancing efforts
 - Other (please specify)

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
3. Did your department receive supplemental or emergency funding related to COVID-19? *(Select only one)*
 - No
 - Yes, and the funds supplemented our existing budget
 - Yes, but the funds were used in part to offset funding cuts to our LHD's existing budget
 - Yes, but the funds were used entirely to offset funding cuts to our LHD's existing budget (i.e. did not add to the total funds available for use this fiscal year)
 - Yes, but we were unable to spend some or all of these funds on time and had to return them
4. *(skip if 'No' is selected for Q3)* From which of the following sources has your department received supplemental or emergency funding related to COVID-19? *(Select all that apply.)*
 - Cooperative Agreement for Emergency Response: Public Health Crisis (direct or pass-through)
 - Epidemiology and Laboratory Capacity Cooperative Agreement (direct or pass-through)
 - Other federal sources directly
 - Other state sources directly
 - Local sources
 - Other (specify)

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5. *(answer if 'Yes, and the funds supplemented our existing budget' or 'Yes, but the funds were used in part to offset funding cuts to our LHD's existing budget' is selected for Q3)* What did your LHD use supplemental or emergency funds for? *(Select all that apply.)*

- Hiring additional personnel for overseeing/leading COVID-response
- Hiring additional personnel for performing contact tracing
- Hiring additional personnel for epidemiological tracking of COVID-19
- Obtaining PPE supplies
- Obtaining other non-PPE supplies
- Providing direct COVID-related clinical care
- Purchasing software for COVID-related/specific
- Training personnel for COVID-related
- Hiring personnel not related to COVID-19 response
- Providing direct health care services not related to COVID-19
- Providing public health services not related to COVID-19
- Other (specify)

6. *(answer if 'No' is selected for Q3 above)* Why has your department not received supplemental or emergency funding related to COVID-19? *(Select all that apply.)*

- Have not requested funding because my department does not qualify
- Have not requested funding because the process to apply is too onerous
- State or local government did not provide any funds to LHDs to apply for
- Requested funding, but awaiting disbursement from state or local government
- Requested funding, but did not meet qualifications
- Other (please specify)
- Don't know

7. Is your LHD tracking the total cost of your COVID-19 response?

- Yes
- No
- Do not know

8. *(answer if 'Yes' is selected for Q7 above)* How much has your LHD spent on the COVID-19 response, since March 1, 2020? Include operating expenditures, capital expenditures, and costs related to staff offset or reassignment.

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9. *(answer if 'No' is selected for Q7 above)* Why is your LHD not tracking how much it has spent on the COVID-19 response? *(Select all that apply.)*

- Not a priority
- Difficulty tracking spending specifically for the COVID-19 response distinct from other spending
- Concerned that it would take time and resources away from response activities
- Would like to, but not sure how
- Would like to, but financial system doesn't easily allow this
- Would like to, but concerned about how findings would be used (e.g. concerned that it would be politicized)
- Other (please specify)

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Instructions
<p>The following questions ask about the status of and changes to your LHD workforce between <u>January 1 and December 31, 2019.</u></p> <p>Please provide your response in terms of number of employees—whether full- or part-time—rather than full-time equivalents (FTEs).</p>

- 10. How many employees were affected by each of the following *workforce reductions* between **January 1 and December 31, 2019?** Enter "0" if no employees were affected. *Please enter a whole number; no commas, decimals or spaces.***

Enter "0" if no employees were affected or if your LHD did not experience the select workforce reduction.

Number of employees <i>laid off</i>	
Number of employees <i>lost through attrition and not replaced</i> because of hiring freezes or budget cuts	
Number of employees who had their <i>working hours reduced</i> for budgetary reasons (DO NOT include employees placed on mandatory furlough)	
Number of employees placed on <i>mandatory furlough</i> for budgetary reasons	

- 11. How many employees did your LHD hire for each of the following reasons between **January 1 and December 31, 2019?**** *Please enter whole number; no commas, decimals or spaces.*

Enter "0" if no employees were affected or if your LHD did not have the select hiring reason occur.

Number of <i>new positions</i> filled	
Number of <i>vacancies</i> filled due to <i>lift of previous hiring freeze</i>	
Number of <i>vacancies</i> filled due to <i>employee turnover</i>	

Instructions
<p>The following questions ask about changes to your LHD workforce between the start of your LHD's COVID-19 response and today.</p> <p>Please provide your response in terms of number of employees—whether full- or part-time—rather than full-time equivalents (FTEs).</p>

- 12. How many employees did your LHD hire between the start of your COVID-19 response and today, *specifically to meet the needs of your LHD's COVID-19 response?* Include all types of workers, including permanent full-time employees, part-time employees, temporary staff, contract staff, volunteers etc. Include employees hired through both new positions and filled vacancies. *Please enter a whole number; no commas, decimals or spaces. Enter "0" if your LHD did not hire additional staff or onboard volunteers for this reason.***

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Term	Definition
Disease Investigator or Disease Intervention Specialist (DIS)	Highly skilled professionals with expertise in contact tracing, communication, interviewing, counseling, case analysis, and provider and community engagement. Professionals in this category have had extended training, often including specific training on working with more stigmatized health conditions and/or more stigmatized populations. Tasks may include: planning and preparing for case and field work, investigation and surveillance activities including contact tracing, client encounters and interviewing, clinical follow up, field services and testing, and case analysis. These professionals have expertise in contact tracing, communication, interviewing, counseling, case analysis, and provider and community engagement. Includes Disease Intervention Specialists (DIS) hired to perform contact tracing work for COVID-19.
Other contact tracers	Interviews, evaluates and monitors clients who meet the case definition for a confirmed, suspect, or probably case of a communicable disease. Activities include contact identification, contact listing, and contact follow-up. May also provide education related to isolation and quarantine and available health and social services to cases. May include community health workers with little to no contact tracing experience. Do not include volunteers. Volunteers, even those performing contact tracing duties may be counted as ‘volunteers’ below.
Healthcare providers	Licensed physicians, registered nurses, licensed nurses who identify persons or groups at risk for illness or disability and develop, implement and/or evaluate programs and/or interventions designed to prevent, treat or improve, or reduce such risks. May also provide direct medical services or clinical nursing services to patients. Includes public health physicians, preventative medicine physicians, registered nurses, public health nurses, school nurses, community health nurses, nurse practitioners, LPN, LVN and home health nurses.
Epidemiologists	Conducts ongoing surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential to make recommendations on appropriate interventions. May also collect data and report vital statistics. (e.g., epidemiologist, biostatistician, nurse epidemiologist, public health scientist or researcher)
Laboratory workers	Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards. (e.g., laboratorian, laboratory scientist, laboratory technician, laboratory aides or assistants, medical technologists)
Public information professionals	Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public. (e.g., public information officer, communications specialist, public information specialist, social media coordinator, social marketing specialist)
Temporary staff	Temporary staff may include any of the above occupational categories (contact tracing, disease investigation, healthcare providers, epidemiologist, laboratory workers, public information professionals) and any additional occupational categories not listed here. Temporary staff who perform the duties of any of the occupational categories above should be counted in both the ‘Contract staff’ category and the occupational category they occupy.
Contract staff	Contract staff may include any of the above occupational categories (contact tracing, disease investigation, healthcare providers, epidemiologist, laboratory workers, public information professionals) and any additional occupational categories not listed here. Contract staff who perform the duties of any of the occupational categories above should be counted in both the ‘Contract staff’ category and the occupational category they occupy.
Volunteers	Volunteers may perform duties of any of the above occupational categories or any additional occupational categories not listed here, but should be counted separately from permanent, temporary, or contract-based new hires.

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13. *(skip if “0” entered for Q12 above)* Indicate which of the following occupational categories of public health workers were hired by your LHD specifically to meet the needs of your LHD’s COVID-19 response. Then, for each occupational category selected, indicate how many employees your LHD hired, specifically to meet the needs of your LHD’s COVID-19 response. For volunteers (i.e. unpaid workers who are not ‘hired’ to perform their duties) indicate whether volunteers were onboarded and how many.

Occupation (Definitions for each occupation provided on prior pages)	Has your LHD hired staff in this classification?		Number of Employees hired	Data on number of employees not available
	Yes	No		
Disease investigator or Disease Intervention Specialist (DIS)				
Other contact tracers				
Healthcare providers				
Epidemiologists				
Laboratory workers				
Public information professionals				
Temporary staff				
Contract staff				
Volunteers				

14. From which of the following program areas have staff been *reassigned* from their regular duties to perform duties in support of your LHD’s COVID-19 response? Do not include employees working on your LHD’s COVID-19 response whose activities fall within their assigned scope of work. (Select all that apply.)

- Chronic Disease Prevention
- Environmental Health
- Health Equity & Social Justice
- Health IT and Informatics
- HIV & STI Prevention
- Immunization
- Infectious Disease Prevention
- Injury & Violence Prevention
- Maternal & Child Health
- Other (specify)
- No staff were reassigned from their regular duties to perform duties in support of my LHD’s COVID-19 response

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15. *(skip if “No staff were reassigned...” is selected in Q14 above)* In situations where staff have been reassigned from their regular duties in support of your LHD’s COVID-19 response, how are their regular duties addressed? *(Select all that apply.)*

- Employees are asked to complete both sets of responsibilities within the original timeframe (i.e. employees may be asked to work overtime or work longer hours to complete both sets of tasks)
- Employees are asked to complete both sets of responsibilities and timelines for activities or deadlines for deliverables have been extended to accommodate the extra work
- Employees are performing fewer of their regular duties
- Other staff have been reassigned or hired to fulfill the regular duties of those assigned to the COVID-19 response
- Volunteers have been assigned or recruited to fulfill the regular duties of those assigned to the COVID-19 response
- Regular duties are not being performed in some or all program areas
- None of the above

Instructions

The following questions ask about changes in authority, roles or responsibilities for your public health director or agency. In the table below, please indicate any expansions or reductions of authority, roles and responsibilities to respond to COVID-19, between March 1, 2020 and today. If your health official or agency has experienced both expansions and reductions in authority, roles and responsibilities in a category since March 1, 2020, please indicate this in both the expansion and reduction columns. If you select both expansion and reduction in a category, you will be given the opportunity to input additional clarifying information in the open-ended question that follows.

All information pertaining to the resignation, firing and/or harassment of public health officials, personnel or your agency will be kept confidential. Identifying information will be removed from these variables prior to public release of the data, and results will be shared in aggregate form only.

16. Has your public health director or agency experienced any expansions or reductions in authority, roles or responsibilities to respond to COVID-19, between March 2020 and today? *(Select all that apply.)*

Activity	Expansion of authority, roles, or responsibilities	Reduction of authority, roles, or responsibilities	Neither expansion nor reduction of authority, roles, or responsibility	N/A (LHD has no role related to this activity and did not have a role related to this activity before March 2020).
Issuance of public health protection orders				
Enforcement of public health protection orders				
COVID-19 testing				
Public information management				
Surveillance (i.e. data collection, analysis and interpretation)				
Data presentation (e.g. dashboard, maps, etc.)				

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Disease protection activities (e.g. contact tracing)				
Procurement or provision of PPE				
Other (please specify)				

16a. (answer if “Expanded” and “Reduced” are both selected for any one category) You indicated that your public health director or agency have experienced both expansions and reductions in authority, roles and responsibilities in one or more categories above. If you would like to provide additional details, please do so here. *(optional, open-ended)*

17. Have any agency leaders or other personnel resigned, been reassigned or been fired from your LHD specifically due to conflicts between public and political leaders or due to political pressure related to your COVID-19 response?

- Yes
- No
- Don't know

18. (answer if ‘Yes’ is selected for Q17 above) Please indicate which personnel changes have occurred in your health department between March 2020 and today, specifically due to conflicts between public and political leaders or due to political pressure related to your COVID-19 response. *(Select all that apply.)*

Action	Position			
	Agency Leadership	Epidemiologist	Public information officer	Other personnel
Dismissal				
Voluntary Reassignment				
Mandated Reassignment				
Voluntary Resignation				
Mandated Resignation				
Voluntary Retirement				
Mandated Retirement				
None of the above				

19. Have your local health department, agency leadership, or any personnel within your agency experienced any harassment in response to COVID-19 between March 2020 and today?

- Yes
- No
- Don't know

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20. *(answer if ‘Yes’ is selected for Q19 above)* Please report any harassment of health officials or your agency in response to COVID-19 that has occurred between March 2020 and today. *(Select all that apply.)*

Type of harassment:	Directed at...		
	Local Health Department/Agency	Health officer/commissioner/agency leadership	LHD staff / personnel
Negative messages and backlash via social media or general internet posts regarding public health protection orders or actions in response to COVID19			
Messages directed specifically at an individual			
Publicly broadcasting an individual’s personal information (address, phone, email) - “doxing”			
Direct threats to an individual’s or their family’s physical safety			
Coordinated demonstrations and efforts against public health protections in an online setting			
Coordinated demonstrations and efforts against public health protections in a physical setting (e.g., outside the health department building)			
Coordinated demonstrations and efforts at a personal residence or other private space (e.g., family member’s home)			
Vandalism/destruction of health department or other related property			
Vandalism/destruction of personal property (home, car, etc.) of a health official or health department employee			
Other			
None of the above			

21. *(answer if ‘Yes’ is selected for Q19 above)* Have you, your agency, agency leadership or other personnel received any protections from the following entities in response to harassment between March 2020 and today? *(Select all that apply.)*

- Local entity
- State entity
- Federal entity
- Other entity (please specify)
- My LHD has not received any protections from harassment

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Changes in Services Due to COVID-19 Response

Instructions
<p>The following section asks about changes in level of service delivery in a number of program areas.</p> <p>Not all services and functions may fall clearly into a particular service category. Please use your best judgment to classify the services and functions your LHD may provide into the general categories.</p>

Term	Definition
Blood lead screening	Testing the amount of lead in blood
Communicable disease screening/treatment	Screening/treatment of HIV/AIDS, other STDs, and/or tuberculosis
Diabetes screening	Screening for diabetes
Emergency preparedness	Emergency preparedness activities
Environmental health, including food safety	Monitoring indoor air quality, radiation control; vector control; monitoring drinking water quality; land use planning; ground/surface water protection; hazmat response; hazardous waste disposal; collection of unused pharmaceuticals; air and noise pollution prevention; food processing; milk processing; regulation of food service establishments; food safety education; and/or other regulation, inspection, or licensing activities
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
High blood pressure screening	Screening for high blood pressure
Immunization	Adult and childhood immunizations
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 opioids, or other drug prevention	Efforts to reduce or prevent tobacco, alcohol, opioids, or other drug use

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22. For each of the following service categories, please indicate if your LHD provided services or functions at any time between January 1, 2019 and December 31, 2019. Then, for each programmatic area in which your LHD provided services in 2019, indicate how the level of service delivery changed between the start of your COVID-19 response and today.

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.

	Provided services at any time between January 1, 2019 and December 31, 2019		Between the start of our COVID-19 response and today, my LHD....			
	Yes	No	Reduced services	Little or no change in service delivery	Expanded services	Don't know
Blood lead screening						
Screening or treatment for HIV/AIDs, other STDs and/or TB						
Diabetes screening						
Emergency preparedness						
Environmental health inspections, including food safety						
Epidemiology and surveillance (routine)						
High blood pressure screening						
Immunization						
Maternal and child health services						
Obesity prevention						
Tobacco, alcohol, or other drug prevention						
None of the above						

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Pandemic preparedness and planning

23. Has your LHD developed a pandemic response plan is used for COVID-19?

- Yes, we have a pandemic response plan that was developed before March 1, 2015 but has not updated since
- Yes, we have a pandemic response plan that was developed or updated between March 1, 2015 and March 1, 2020
- Yes, we have a pandemic response plan that was developed or updated March 1, 2020 or later
- No, we do not have pandemic response plan, but we have a general emergency response plan in place that has been adapted for our COVID-19 response
- No
- Don't know

24. Did any organizations in your jurisdiction (LHD, clinics, hospitals, retail outlets, etc.) experience any shortages of the following between March 1, 2020 and today? (Select all that apply.)

- COVID-19 diagnostic tests
- COVID-19 testing supplies (e.g. nasal swabs)
- Other laboratory supplies or equipment
- Personal Protective Equipment (PPE)
- Other supplies and materials necessary to adhere to recommended infection prevention and control practices (i.e. disinfectants, hand sanitizer, etc.)
- Other (specify)
- No shortages occurred
- Don't know

25. Did any of the following barriers hinder the effectiveness, scale or quality of your LHD's COVID-19 response? (Select all that apply.)

- Lack of sufficient jurisdiction data
- Lack of timely jurisdiction data
- Don't have enough staff
- Inconsistence guidance from state government
- Inconsistence guidance from federal government
- Lack of guidance from state government
- Lack of guidance from federal government
- Lack of community partnerships
- Lack of staff expertise/training
- Lack of understanding the issues
- Lack of dedicated funding (i.e. including restrictions on your ability to shift funds)
- COVID-19 response has not been identified as a priority in my LHD's jurisdiction
- COVID-19 response is not the responsibility of the local health department
- Other (please specify)
- Did not encounter any barriers (*exclusive option*)

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COVID-19 Recovery Planning

26. As of today, does your jurisdiction have a public health community recovery plan in place for COVID-19?

- Yes, there is a formal public health recovery plan in place for our jurisdiction which is managed by the LHD
- Yes, there is a formal public health recovery plan in place for our jurisdiction which is managed by another entity or department within our jurisdiction
- Yes, there is a formal public health recovery plan in place for our jurisdiction which is managed by an entity or department outside of our jurisdiction (e.g. the state health department or another entity operating at the state level)
- No, but our jurisdiction is in the process of formalizing or finalizing a recovery plan
- No
- Don't know

27. *(skip if 'No' or 'Don't know' is selected for Q26 above)* Which of the following elements are included in your jurisdiction's public health community recovery plan? *(Select all that apply.)*

- Understanding of the local public health's role in community recovery
- Identification and assessment of the public health's jurisdictional recovery assets
- Identification and assessment of the public health's jurisdictional recovery priorities
- Identification and assessment of partners' roles and responsibilities for the provision of recovery services
- Coordination between public health and other local and state governmental agencies
- Strategy to support recovery operations of public health and related health systems in the community (i.e. hospitals, long-term care facilities, mental and behavioral health)
- A transition plan to integrate the implementation and monitoring of corrective actions into day-to-day agency operations
- Strategy to transition between short-, intermediate- and long-term recovery
- Plan to facilitate collaboration between stakeholders such as other governmental partners, related health systems, and the public to develop corrective action plans.
- Considerations for strengthening community resilience to future incidents
- None of the above
- Don't know

28. *(answer if 'No' or 'No, but in process' is selected for Q26 above)* Does your health department plan on having a recovery plan in place within the next 12 months?

- Yes, we plan to establish a recovery plan within the next 12 months because of the COVID-19 pandemic
- Yes, we had already planned to have a recovery plan in place within the next regardless of the arrival of COVID-19 in the U.S.
- No, we do not plan to have a recovery plan in place within the next 12 months

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29. *(display if 'No' selected for Q26 above)* What barriers exist that prevent you or your jurisdiction from having a public health recovery plan in place within the next 12 months? *(Select all that apply.)*

- Establishing a public health recovery plan is not a priority for my health department at this time
- Establishing a public health recovery plan is not the responsibility of my health department
- Lack of staff expertise or training in recovery planning
- Lack of dedicated funding for recovery planning
- Don't have enough data to inform recovery planning
- Inconsistence guidance related to recovery planning from state or federal government
- Lack of guidance related to recovery planning from state or federal government
- Lack of community partnerships
- Our jurisdiction has a continuity of operations plan that has been deemed sufficient for recovery planning
- Our jurisdiction has been successfully conducting recovery activities without any plan in place
- Other (please specify)
- Did not encounter any barriers

30. Has your LHD started COVID-19 vaccination planning?

- Yes, my LHD has started COVID-19 vaccination planning *independent of local partners or the state health department*
- Yes, my LHD has started COVID-19 vaccination planning *in collaboration with local partners*
- Yes, my LHD has started COVID-19 vaccination planning *in collaboration with the state health department*
- Yes, my LHD has started COVID-19 vaccination planning *in collaboration with both the state health department and local partners*
- No, my LHD has not started COVID-19 immunization planning at this time
- Don't know

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Information Technology

31. What types of surveillance does your LHD conduct specifically for COVID-19 (including both suspected and confirmed cases) in your jurisdiction? (Select all that apply.)

- Immediate case notification system
- Contact tracing
- Laboratory/Virologic surveillance
- Syndromic surveillance
- Testing-based cluster identification
- Hotspot identification through surveillance of sewage systems
- Surveillance of congregate living
- Other Surveillance of hospital data
- School-based surveillance
- Mortality
- Other (please specify)
- None

32. Which of the following information management applications does your LHD use for collecting, managing, or sharing health information, specifically for COVID-19? (Select all that apply.)

- Outpatient Influenza-Like Illness Surveillance Network (ILINet)
- National Syndromic Surveillance Program – BioSense platform
- COVID-19-Associated Hospitalization Surveillance Network (COVID-NET)
- ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics)
- MTX or other text messaging-based system
- Other digital contact tracing tools
- State disease surveillance system
- Locally disease surveillance system
- Geographic Information System (GIS)
- Statistical analysis software (R, Stata, SAS, SPSS, etc.)
- Microsoft Excel
- Other (please specify)
- None

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Definition
<p>Interoperability describes the extent to which systems and devices can automatically exchange data, and interpret that shared data. For two systems to be interoperable, they must be able to automatically exchange data and subsequently present that data such that it can be understood by a user. (http://www.himss.org/library/interoperability-standards/what-is-interoperability)</p>

33. How interoperable are the information systems used by your LHD, specifically for the identification, screening, reporting and/or management of contact tracing and referrals for COVID-19?

- All the systems are interoperable
- Some systems are interoperable
- None of the systems are interoperable

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Equity and Preparedness

34. The following populations may be at higher risk for poor health outcomes or mortality due to COVID-19. Has your health department prioritized targeted, specific messaging for these high-risk or vulnerable populations in its COVID-19 response efforts? (Select all that apply.)

- Children
- Older adults
- Nursing home residents
- Individuals and families experiencing homelessness
- People with limited English proficiency
- People with substance use disorders
- LGBTQ+
- Hispanic populations
- Racial minorities
- Low income individuals and families
- Undocumented immigrants
- People with chronic medical conditions
- People with disabilities
- People with mental/behavioral disorders
- Pregnant people
- None of the above

35. Does your health department offer internal training or education to staff that is specific to protecting high-risk or vulnerable populations or individuals from COVID-19?

- Yes
- No
- Not sure

36. (answer if 'contact tracing' is selected in Q31 above) Does your health department offer training or education on working with high-risk or vulnerable populations or individuals, specifically pertaining to contact tracing for COVID-19 surveillance?

- Yes
- No
- Not sure

37. (answer if 'contact tracing' is selected in Q31 above) What challenges have you faced in addressing inequities in contact-tracing for COVID-19 in your community? (Select all that apply.)

- Low trust of contact tracers among vulnerable populations
- Lack of language competency among contact tracing staff
- Lack of training to improve cultural competency of contact tracing staff
- Lack of available professional translation services
- Integrity of contact data for tracing of people experiencing homelessness,
- Integrity of data for people who are undocumented immigrants
- Use of technology or other tools that is not inclusive of the needs of higher-risk or vulnerable

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populations

- Lack of data with identifiable categories relating to inequities (e.g., lack of reliable reporting on race/ethnicity, homelessness)
- Other (please specify)
- None

38. For each of the following public health threats with potential to be exacerbated by the ongoing COVID-19 pandemic, please indicate if your LHD has prioritized or developed targeted initiatives to address these issues at any time *between the start of your COVID-19 response and today.* (Select all that apply.)

- Anxiety, depression, or other behavioral and mental health conditions
- Racism
- Vaccine hesitancy
- Climate change
- Domestic violence
- Food safety and security
- Access to and affordability of critical infrastructures (e.g. utility shutoffs, payments for power, water, gas usage etc.)
- Clinical care for people with chronic conditions during service disruptions
- Clinical care for low income populations
- Alcohol use
- Opioid use
- Other drug use
- Prenatal and post-partum care
- Programs that serve infants and young children
- Other (please specify)
- None

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Interagency Alignment & Partnerships

Instructions
This section asks about how your LHD has responded to COVID-19 in connection with other critical infrastructure and social services sectors within your community, your state and nation-wide. This section will take between 5 and 20 minutes to complete, depending on how many critical infrastructures and agencies with which your LHD.

39. During your LHD's COVID-19 response, with which of the following organizations and critical infrastructure sectors with which you LHD has interacted (e.g., regularly exchanged information or data; training or preparedness activities)? (Select all that apply.)

- Local Energy/Electric Utility
- Local Public Drinking Water System
- Local Public Sewer System
- Local Communications (i.e. internet, telecommunications, broadcasting and related media)
- Local Food and Agriculture
- Local Waste management (i.e. Trash, Recycling)
- Local Emergency Management
- Local Public Safety (i.e. Police, Fire)
- Other local public health agencies
- Federally qualified health centers
- Hospitals
- Medical doctors
- Long term care, skilled nursing, and nursing facilities
- Pharmacies
- K-12 Schools
- Social Services
- State Drinking Water Primacy Agency
- State Level Public Health Agency
- U.S. Environmental Protection Agency
- Centers for Disease Control and Prevention (CDC)
- Other (please specify)
- None (exclusive)

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40. During the COVID-19 crisis, identify which type of interactions you had with the following sectors. *Select all that apply.*

Agency and/or sector (answer only for agencies or sectors selected in Q39 above)	Exchanging information relevant to public health	Exchanging data relevant to public health	Joint training, or hands-on technical assistance	Preparing for and responding to system disruptions with health consequences	Coordinating messages to the public	Conducting preparedness drills or activities related to COVID-19	Sharing information related to maintaining workplace or work-site safety	Training on measures to protect workforce	Planning for alternative services or resources (i.e. energy, water) in the event of disruptions	Changing or creating policies to reduce impact	Sharing of personnel	Planning for recovery (i.e. developing a COVID-19 Recovery Plan)
Local Energy/Electric Utility												
Local Public Drinking Water System												
Local Communications (i.e. internet, telecommunications, broadcasting, and related media)												
Local Food and Agriculture												
Local Waste Management (i.e. Trash, Recycling)												
Local Emergency Management												
Local Public Safety (i.e. Police, Fire)												
Other local public health departments												
Hospitals												
Federally qualified health centers												
Medical doctors												
Long term care, skilled nursing, and nursing facilities												
Pharmacies												
K-12 Schools												
Social services												
State Drinking Water Primacy Agency												
State Level Public Health Agency												
U.S. Environmental Protection Agency												
Centers for Disease Control and Prevention												

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Instructions

The following questions ask you to report the extent to which your interactions with other sectors or agencies have changed during the COVID-19 crisis. Types of interactions include:

- Formal communication (e.g., follows standard procedures and chain of command)
- Informal communication (e.g. based on personal relationships, not necessarily following chain of command)
- Coordination of resources (e.g., may involve interactions, sharing resources and personnel, may be pre-planned)
- Institutionally supported planning, processes and procedures (e.g., required or guided by law or policy)

41. To what extent have *formal communication* (i.e. follows standard procedures and chain of command) changed during the COVID-19 crisis?

Agency and/or sector (<i>answer only for agencies or sectors selected in Q39 above</i>)	Increased	Stayed the same	Decreased	N/A (LHD does not interact with this entity using formal communication)
Local Energy / Electric Utility				
Local Public Drinking Water System				
Local Public Sewer System				
Local Communications (i.e. internet, telecommunications, broadcasting, and related media)				
Local Food and Agriculture				
Local Waste Management (i.e. Trash, Recycling)				
Local Emergency Management				
Local Public Safety (i.e. Police, Fire)				
Other local health departments				
Federally qualified health centers				
Hospitals				
Medical doctors				
Long term care, skilled nursing, and nursing facilities				
Pharmacies				

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K-12 Schools				
Social services				
State Drinking Water Primacy Agency				
State Level Public Health Agency				
U.S. Environmental Protection Agency				
Centers for Disease Control and Prevention				
Other				

42. To what extent have **informal communication** (i.e. based on personal relationships, not necessarily following chain of command), changed during the COVID-19 crisis?

Agency and/or sector (answer only for agencies or sectors selected in Q39 above)	Increased	Stayed the same	Decreased	N/A (LHD does not interact with this entity using informal processes and procedures)
Local Energy / Electric Utility				
Local Public Drinking Water System				
Local Public Sewer System				
Local Communications (i.e. internet, telecommunications, broadcasting, and related media)				
Local Food and Agriculture				
Local Waste Management (i.e. Trash, Recycling)				
Local Emergency Management				
Local Public Safety (i.e. Police, Fire)				
Other local health departments				
Federally qualified health centers				
Hospitals				
Medical doctors				
Long term care, skilled nursing, and nursing facilities				
Pharmacies				
K-12 Schools				
Social services				
State Drinking Water Primacy Agency				
State Level Public Health Agency				

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U.S. Environmental Protection Agency				
Centers for Disease Control and Prevention				
Other				

43. To what extent has **coordination of resources** (i.e., may involve interactions, sharing resources and personnel, and may be pre-planned) changed during the COVID-19 crisis?

Agency and/or sector (answer only for agencies or sectors selected in Q39 above)	Increased	Stayed the same	Decreased	N/A (LHD does not coordinate resources with this entity)
Local Energy / Electric Utility				
Local Public Drinking Water System				
Local Public Sewer System				
Local Communications (i.e. internet, telecommunications, broadcasting, and related media)				
Local Food and Agriculture				
Local Waste Management (i.e. Trash, Recycling)				
Local Emergency Management				
Local Public Safety (i.e. Police, Fire)				
Other local health departments				
Federally qualified health centers				
Hospitals				
Medical doctors				
Long term care, skilled nursing, and nursing facilities				
Pharmacies				
K-12 Schools				
Social services				
State Drinking Water Primacy Agency				
State Level Public Health Agency				
U.S. Environmental Protection Agency				
Centers for Disease Control and Prevention				
Other				

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44. To what extent has *institutionally supported planning, processes and procedures* (i.e. required or guided by law or policy) changed during the COVID-19 crisis?

Agency and/or sector <i>(answer only for agencies or sectors selected in Q39 above)</i>	Increased	Stayed the same	Decreased	N/A (LHD does not perform institutionally supported planning with this entity)
Local Energy / Electric Utility				
Local Public Drinking Water System				
Local Public Sewer System				
Local Communications (i.e. internet, telecommunications, broadcasting, and related media)				
Local Food and Agriculture				
Local Waste Management (i.e. Trash, Recycling)				
Local Emergency Management				
Local Public Safety (i.e. Police, Fire)				
Other local health departments				
Federally qualified health centers				
Hospitals				
Medical doctors				
Long term care, skilled nursing, and nursing facilities				
Pharmacies				
K-12 Schools				
Social services				
State Drinking Water Primacy Agency				
State Level Public Health Agency				
U.S. Environmental Protection Agency				
Centers for Disease Control and Prevention				
Other				

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45. *(answer only if 'Local Public Drinking Water System' is selected in Q39 above)* During the COVID-19 crisis, please indicate if your LHD has engaged with public water systems to create or revise the following policies and/or procedures *(select all that apply)*:

- Eliminate/suspend water shut offs
- Suspend water system maintenance activities that may interfere with access to water
- Increase water access points in communities (handwashing stations, showers for homeless, community water jug filling stations, bottled water distribution, etc.)
- Increase water quality monitoring in large buildings to prevent water related illness and disease
- Increase monitoring of waterborne disease that may arise from changes in water use behavior
- Increase coordinated flushing of buildings with extended vacancies
- Start or modify water affordability programs (e.g., bill payment support, need-based water rate discounts)
- Other (please specify)
- None

46. *(answer only if Local Water System is selected in Q39 above)* During the COVID-19 crisis, please indicate how your LHD has engaged with local public water systems to reduce water-related risks associated with stagnant water in vacated buildings (e.g. Legionnaires' disease or other risks)? *(Select all that apply.)*

- Communication to building owners and residents about flushing instructions for indoor taps prior to reoccupying office or workspaces
- Develop a plan and procedures for reducing risk of stagnant water in vacant buildings
- Coordinated flushing of buildings as they reopen
- Coordinate water sampling or water testing
- Communication about general risks to occupants associate with stagnant water
- Other (please describe)
- None

47. *(skip if "None" selected in Q39 above)* How often does your LHD coordinate with public health partners around the following issues?

Issue	Occasionally	Monthly	Weekly	Daily	Not at all
Creating consistent messages for the public					
Updates on numbers of cases/deaths/recoveries					
Updates on testing					

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Updates on social distancing					
Updates on shelter in place					
Updates on use and reuse of masks					
Access to Personal Protective Equipment (PPE)					
Available ventilators					
Number of available hospital beds					
Access to water for personal hygiene					
Receiving public feedback					

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48. During the COVID-19 outbreak, how frequently has your LHD communicated with the public around the following issues?

Issue	Occasionally	Weekly	Daily	Not at all
Symptoms				
When and how to seek medical advice				
Numbers of cases/ deaths				
Availability / procedures for testing				
The need for social distancing				
The need for handwashing				
Water shut offs				
Requirements for shelter in place				
Updates on use/ reuse of masks				
Long-term care or assisted care issues				
Contagion/disease trends				
Disease comorbidities				
Rumor management				

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49. How frequently does your LHD face significant COVID-19 public communication challenges regarding the following activities?

Activity	Very Frequently	Frequently	Occasionally	Rarely	Very Rarely	Never
Creating scientifically accurate messages						
Creating open and transparent messages						
Creating clear messages						
Tailoring messages to specific audiences						
Creating consistent messages						
Creating sufficient messages						
Offering actionable messages						
Communicating in a timely manner						
Disseminating messages through public health partners						