NACCHO Survey of Job Losses

(January 2011)

Thank you in advance for participating in NACCHO's local health department (LHD) Survey of Job Losses. Your response to this five-question survey will help NACCHO measure the impact of the economic downturn on jobs at your LHD. Findings from this survey will be shared with congress, federal agencies, and the media.

This survey should require less than five minutes to complete.

You were selected as part of a small, statistically representative sample of LHDs selected to receive this survey. Your participation is essential for the accuracy of survey results.

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.

The following questions ask about workforce cuts in your LHD between January 1 and December 31, 2010. 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).

1. **How many employees did your LHD lay off between January 1 and December 31, 2010? (DO NOT include in this number lay offs of any temporary employees hired specifically for H1N1-related activities.) _____**

2. **How many employees did your LHD lose through attrition and decide not to replace because of hiring freezes or budget cuts between January 1 and December 31, 2010? _____**

3. **How many LHD employees had their working hours reduced for budgetary reasons between January 1 and December 31, 2010? (DO NOT include employees placed on mandatory furlough) _____**

4. **How many LHD employees were placed on mandatory furlough for budgetary reasons between January 1 and December 31, 2010? _____**

5. **OPTIONAL: 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 January 1 and December 31, 2010.**

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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: _____