NACCHO Survey of Job Losses and Program Cuts  
(July-August 2011)

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 sixth 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. The survey should take approximately ten minutes to complete.

**Budget**

1. **My LHD’s current fiscal year budget is:**
   - o Less than the previous year's budget
   - o Approximately the same (within plus or minus one percent) as the previous year's budget  
     ➔ Skip to Q2b
   - o Greater than the previous year's budget  
     ➔ Skip to Q2b
   - o Do not know  
     ➔ Skip to Q3

   **[If overall budget is less:]**

2a. **By approximately how much has this year’s budget decreased, compared to the previous year?**
   - Dollar amount of decrease: $_______________
   - Percentage of overall budget: ________________%  
     ➔ Skip to Q3

   **[If overall budget is same or more:]**

2b. **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 fiscal year budget compare to the previous year?**
   - o Less than the previous year's budget
   - o Approximately the same (within plus or minus one percent) as the previous year's budget
   - o Greater than the previous year's budget
   - o Do not know

3. **Did your LHD experience reductions in any of the following revenue sources this fiscal year compared to the previous year? Check all that apply.**
   - o Federal pass-through (including ARRA and PHER)
   - o Medicare/Medicaid
   - o Federal (excluding Medicare/Medicaid)
4. 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 changes to your LHD workforce between January 1 and June 30, 2011. Please provide your response in terms of number of employees - whether full- or part-time - rather than full-time equivalents (FTEs).

5. How many employees were affected by each of the following workforce reductions between January 1 and June 30, 2011? Enter "0" if no employees were affected. Numeric responses only, please.

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

6. How many employees did your LHD hire for each of the following reasons between January 1 and June 30, 2011? Enter "0" if no employees were hired. Numeric responses only, please.

   a) Number of new positions filled
   b) Number of vacancies filled due to lift of previous hiring freeze
   c) Number of vacancies filled due to employee turnover

7. How has the composition of your workforce changed as a result of budget cuts since the beginning of the recession in December 2007? (E.g. Have you lost skilled staff? Have you lost staff in particular occupations or programs? Is your workforce now older or younger? More male or female?)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
8. Please describe the **impact** (good or bad) of each change to the composition of your workforce described in your answer to question 7.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**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 in the electronic survey.

9. For each of the following service categories, please first indicate if your LHD provided services or functions at any time between July 1, 2010 and June 30, 2011. For all checked categories, please next indicate if your LHD had to REDUCE and/or ELIMINATE any service for budgetary reasons between July 1, 2010 and June 30, 2011. Select all that apply.

*Items in 9b-9e will only be displayed when corresponding items in 9a are selected*

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Between July 1, 2010 and June 30, 2011, my LHD…</th>
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<tbody>
<tr>
<td></td>
<td>a) provided services at any time (select all that apply)</td>
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<tr>
<td>Immunization</td>
<td></td>
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<tr>
<td>Epidemiology and surveillance</td>
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<tr>
<td>Communicable disease screening and treatment</td>
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<tr>
<td>Chronic disease screening and/or treatment</td>
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<tr>
<td>Maternal and child health services</td>
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<td>Other personal health services</td>
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<td>Population-based primary prevention</td>
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<td>Emergency preparedness</td>
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<td>Food safety</td>
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<tr>
<td>Other environmental health</td>
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<td>Other, specify:</td>
<td></td>
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10. Please provide an example of a function or service where your LHD reduced or eliminated an activity for budgetary reasons since the recession began in December 2007, and explain how this reduction or elimination has affected the community that you serve. If the effect has yet to play out, please explain the effect you anticipate.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

11. Describe the strategies you employed since the recession began in December 2007 to manage program and staffing cuts in order to continue to serve your community.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

12. 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: _______________________________

Title: _________________________________________________________________________

Telephone number: _____________________________________________________________

E-mail address: _________________________________________________________________

Thank you for completing this questionnaire!