

# NACCHO Survey of Job Losses and Program Cuts

(January 2012)

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 seventh 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 **no more than ten minutes** to complete.

## Budget

### 1. My LHD's current fiscal year budget is:

- Less than the previous year's budget
- Approximately the same (within plus or minus one percent) as the previous year's budget  
→ **Skip to Q2**
- Greater than the previous year's budget → **Skip to Q2**
- Do not know → **Skip to Q2**

*[If overall budget is less:]*

### 1a. By approximately how much has this year's budget decreased, compared to the previous year?

Dollar amount of decrease: \$ \_\_\_\_\_

Percentage of overall budget: \_\_\_\_\_%

### 2. 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 **July 1 and December 31, 2011**. 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 **July 1 and December 31, 2011**? 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	_____
c) Number of employees who had their <u>working hours reduced</u> for budgetary reasons (DO NOT include employees placed on mandatory furlough)	_____
d) Number of employees placed on <u>mandatory furlough</u> for budgetary reasons	_____

4. How many employees did your LHD **hire** for each of the following reasons between **July 1 and December 31, 2011**? Enter "0" if no employees were hired. Numeric responses only, please.

a) Number of <u>new positions</u> filled	_____
b) Number of <u>vacancies</u> filled due to <u>lift of previous hiring freeze</u>	_____
c) Number of <u>vacancies</u> filled due to <u>employee turnover</u>	_____

**Programs**

The following question asks 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.

5. For each of the following service categories, please first indicate if your LHD provided services or functions at any time between January 1, 2011 and December 31, 2011. For all checked categories, please next indicate if your LHD had to **REDUCE** and/or **ELIMINATE** any service for budgetary reasons between January 1, 2011 and December 31, 2011.

	<i>Between January 1, 2011 and December 31, 2011, my LHD....</i>				
	Provided services at <u>any time</u>	REDUCED services <u>for budgetary reasons</u>	ELIMINATED services <u>for budgetary reasons</u>	Did NOT reduce or eliminate services <u>for budgetary reasons</u>	Don't know
Immunization					
Epidemiology and surveillance					
Communicable disease screening and treatment					
Chronic disease screening and/or treatment					
Maternal and child health services					
Other personal health services					
Population-based primary prevention					
Emergency preparedness					
Food safety					
Other environmental health					
Other, specify: _____					

**6. Since the recession began in December 2007, have you employed any of the following strategies to manage program and/or staffing cuts in order to minimize the negative impact on services to your community? Check all that apply:**

<input type="checkbox"/>	a. Cross-trained and/or shared staff within your LHD
<input type="checkbox"/>	b. Increased work hours of existing staff to offset workforce reductions
<input type="checkbox"/>	c. Increased workload (but not work hours) of existing staff to offset workforce reductions
<input type="checkbox"/>	d. Reduced the pay of existing staff to avoid layoff or reduced hours
<input type="checkbox"/>	e. Hired contract staff rather than regular employees
<input type="checkbox"/>	f. Merged departments and/or divisions to reduce staffing needs
<input type="checkbox"/>	g. Shared at least one staff member <b>with another LHD</b>
<input type="checkbox"/>	h. Shared at least one staff member <b>with a non-LHD organization</b>
<input type="checkbox"/>	i. Shared equipment <b>with another LHD</b>
<input type="checkbox"/>	j. Shared equipment <b>with a non-LHD organization</b>
<input type="checkbox"/>	k. Contracted <b>with another LHD</b> to provide a service for your jurisdiction
<input type="checkbox"/>	l. Contracted <b>with a non-LHD organization</b> to provide a service for your jurisdiction
<input type="checkbox"/>	m. Identified other providers of services in the community for client referrals
<input type="checkbox"/>	n. Utilized technology to become more efficient and/or reduce costs
<input type="checkbox"/>	o. Prioritized services for retention, so that lower priorities could be reduced and/or eliminated
<input type="checkbox"/>	p. Reduced days and/or hours of service
<input type="checkbox"/>	q. Pursued new funding opportunities
<input type="checkbox"/>	r. Increased or began charging fees for service
<input type="checkbox"/>	s. Increased or began billing to insurance
<input type="checkbox"/>	t. Other (please specify): _____
<input type="checkbox"/>	u. No, my LHD has not employed any of the above strategies to manage program and/or staffing cuts

**7. 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.**

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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: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_