

## NACCHO Survey on LHD Job Losses and Budget Cuts (July – August 2009) Instrument

Thank you in advance for participating in NACCHO's local health department (LHD) economic surveillance survey. You have been selected to take part in one of a series of surveys that will quantify and describe the impact of the recession on LHDs and their communities. Since you are part of a small, statistically representative sample of LHDs selected to receive this survey, your participation is essential for accuracy of survey results. The data collected in this survey will be invaluable as NACCHO advocates vigorously this year for greater federal resources for LHDs during the ongoing healthcare reform debates.

*NOTE: For the questions concerning revenue, please consider all sources of revenue such as local, state, federal, fees etc. You may use the arrows at the bottom of each page to navigate throughout 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.*

- Q1 **My local health department's current operating 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
  - Greater than the previous year's budget
  - Do not know

- Q2 **I expect my local health department's budget in the next fiscal year will be:**
- Less than the current year's budget
  - Approximately the same as (within plus or minus one percent) the current year's budget
  - Greater than the current year's budget
  - Cannot predict

The following questions ask about revenues and expenditures for the last fiscal year. If you need to locate this information, you may continue with the survey and return to these questions at a later time. Use the arrows at the bottom of the page ([<<] and [>>]) to navigate through the survey.

- Q3 **Ending date of the LHDs most recently completed Fiscal Year: (MM/DD/YYYY)**

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- Q4 **For your most recently completed fiscal year, what were the LHD's total expenditures? Amount (enter number only):**

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- Q5 **For your most recently completed year, what were the LHD's total revenues? Amount (enter number only):**

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**Q6** How many employees did your local health department lay off between January 1 and June 30, 2009?

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- 26 to 50
- 51 or more

**Q7** How many employees did your local health department lose through attrition between January 1 and June 30, 2009, and decided not to replace them because of hiring freezes or budget cuts?

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- 26 to 50
- 51 or more

**Q8** By approximately what percentage was your LHD's total number of staff reduced between January 1 and June 30, 2009? (Include both employees laid off and positions eliminated through attrition.)

- 0%
- 1-5%
- 6-10%
- 11-15%
- 16-20%
- 21-25%
- More than 25%

**Q9** How many LHD employees had their working hours reduced for budgetary reasons between January 1 and June 30, 2009? (DO NOT include employees placed on mandatory furlough)

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- 26 to 50
- 51 or more

Q10

How many LHD employees were placed on mandatory furlough for budgetary reasons between January 1 and June 30, 2009?

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- 26 to 50
- 51 to 100
- 101 to 200
- 201 or more

Q11

Has your LHD benefited directly from funds provided to your state or local jurisdiction through the American Reinvestment and Recovery Act (the economic stimulus legislation)?

- Yes
- No
- Don't know

Q12

Describe how your LHD has benefited from funds provided by the American Reinvestment and Recovery Act (the economic stimulus legislation).

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Q13

In what function or service areas has your LHD reduced your activities for budgetary reasons in the past twelve months? (check all that apply)

- a  None
- b  Immunization
- c  Epidemiology and surveillance
- d  Communicable disease screening and treatment
- e  Chronic disease screening and/or treatment
- f  Maternal and child health services
- g  Other personal health services
- h  Population-based primary prevention
- i  Emergency preparedness
- j  Food safety
- k  Other environmental health
- l  Other, specify:

**Q14** Please provide an example of a function or service where your LHD reduced your activities for budgetary reasons. Include both a description of the function or service that was reduced and the nature of the reduction (e.g., program eliminated completely, program staffing or hours reduced, program eligibility limited, etc.)

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**Q15** What impacts on your community do you expect to result from the reduction described in your response above?

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**Q16** If you have already observed impacts on your community from this reduction, please describe them briefly.

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**Q17** Please provide any other information you would like NACCHO to know about the current and projected future financial situation of your health department.

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**Q18** 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: \_\_\_\_\_

**Thank you for completing this questionnaire. If you wish to revise your answers, you may return to them by clicking the back arrow [ << ].**

**When you are satisfied with your responses, please click on the forward arrow below [ >> ] to submit your survey.**