

# NACCHO Forces of Change, 2023

Periodically, the National Association of County and City Health Officials (NACCHO) conducts the Forces of Change Survey to study the public health workforce in years that the National Profile is not conducted. The purpose of this survey is to gain an understanding of some of the forces that are affecting change in local health departments (LHDs).

This year's Forces of Change survey includes questions about:

- Workforce and budget
- Billing for Services
- Community Health Workers
- Multi-Sector Collaboration, Violence Prevention, and Social Determinants of Health
- Data Modernization and Outbreak Analytics

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 users can move forward and backward in the survey as needed.

NACCHO will analyze data from this survey and anticipates releasing the results in early 2024. Data will be reported in aggregate only; reports will **not** identify specific LHDs.

Consistent with the way 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, see <https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments#data-requests>. The publicly available dataset will be released within one year of the final report; this dataset will be de-identified. Optionally, researchers can request an identified dataset which identifies only the local health department, but the individuals completing the survey will be hidden and no identifying comments will be part of this data set.

Your effort is sincerely appreciated. This study continues NACCHO's efforts to strengthen and advocate for all local health departments.

**Please complete and submit your responses by **May 9, 2023**. If you have any questions, please contact the Profile Team at 1-800-758-6471 or [profile@naccho.org](mailto:profile@naccho.org).**



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## 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

Instructions
<p>The following questions ask about the status of and changes to your LHD workforce between <b><u>January 1 and December 31, 2022</u></b>.</p> <p>Please provide your response in terms of number of employees—whether full- or part-time—rather than full-time equivalents (FTEs).</p>

3. How many employees were affected by each of the following *workforce reductions* between **January 1 and December 31, 2022**? 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	

4. **How many employees did your LHD *hire* for each of the following reasons between January 1 and December 31, 2022?**

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

## Billing for Services

5. Check each of the categories of clinical services that your LHD directly provided during calendar year 2022. Please select all that apply.

- Immunizations
- TB testing or treatment
- HIV or STI services
- Chronic disease screening or management services (e.g., diabetes, heart disease, obesity)
- Tobacco cessation programs
- Cancer screening
- Family planning
- Home health
- Early childhood development services (e.g., MCH home visiting, EPSDT)
- Behavioral health or substance abuse services
- None of the above services [exclusive] →Q10

6. For each of the clinical services that your LHD provides, please indicate all third-party payers that your LHD currently bills (or contracts with someone else to bill) to for any service in that category.

Clinical Services [pull through options from Q5]	Bill Medicaid for this service	Bill Medicare for this service	Bill one or more private insurers for this service	Do not bill any third-party payers for this service	Do not know
Immunizations					
TB testing or treatment					
HIV or STI services					
Chronic disease screening or management services (e.g., diabetes, heart disease, obesity)					
Tobacco cessation programs					
Cancer screening					
Family planning					
Home health					
Early childhood development services (e.g., MCH home visiting, EPSDT)					
Behavioral health or substance abuse services					

For LHDs that indicated they do not bill any third-party payers

7. **Is your LHD currently working to establish billing with any of the following third-party payers?** *Please select all that apply.*

- Medicaid
- Medicare
- Private insurers
- None of the above [exclusive]
- Do not know

8. **For LHDs that indicated they currently bill one or more third-party payers**

**Which of the following approaches has your LHD used for billing third-party payers?**

*Please select all that apply.*

- LHD has in-house capability to bill third-party payers
- LHD contracts with another entity (e.g., clearinghouse, university, hospital) to bill third-party payers
- State health agency has a centralized billing function for all local health units
- Some other approach (Please specify: \_\_\_\_\_)
- Do not know

9. **For LHDs that indicated they currently bill one or more third-party payers**

**Is your LHD considering or pursuing efforts to increase the extent to which you bill for clinical services?**

Such efforts might include increasing the number of insurers that you bill or increasing the number of different clinical services for which you bill. *Please select all that apply.*

- Currently engaged in efforts to increase the extent to which we bill for clinical services
- Currently considering efforts to increase the extent to which we bill for clinical services
- Neither engaged in nor considering increasing the extent to which we bill for clinical services
- Do not know

## Community Health Workers

10. How do you work with Community Health Workers (CHWs) at your local health department? *Please select all that apply.*

- We hire community health workers to implement public health programs and services → Q11
- We accept community health workers as volunteers to implement public health programs and services → Q11
- We work with community health workers who are employed by community partners to implement public health programs and services
- We do not currently work with community health workers [exclusive]

11. (if a or b are selected in Q10) Which functions do CHWs support in your health departments? *Please select all that apply.*

- Provide clinical services in the community
- Provide public health education in communities
- Conduct data gathering in the community
- Conduct disease intervention work (e.g., Disease Intervention Specialists)
- Connect community residents with LHD resources
- Connect community residents with resources outside of the LHD
- Facilitate the implementation of health equity efforts to reach marginalized populations
- Other (please specify): \_\_\_\_\_
- None of the above [exclusive]

12. What challenges do you face in working with community health workers as an extension of your work at the health department? *Please select all that apply.*

- Recruiting CHWs, broadly
- Recruiting CHWs with needed programmatic skills
- Training CHWs who come in with little experience or education in public health
- Finding an appropriate role for CHWs in public health programs
- Supervising CHWs
- Identifying funding to pay CHWs
- Ensuring equitable pay for CHWs
- Providing resources and support to CHWs to conduct fieldwork (e.g., Reimbursing travel costs, ensuring internet access, etc.)
- Ensuring safety for CHWs when conducting field work
- Providing culturally appropriate materials for CHWs to use in their communities
- Lack of organizational policies that describe how CHWs are recruited and integrated into the LHDs work
- Other (please specify): \_\_\_\_\_
- None of the above [exclusive]



**13. What would improve your ability to leverage community health workers to support the work of your health department? *Please select all that apply.***

- Access to a certification/credentialing program in my state
- Ability to pay CHWs a competitive wage
- Resources to support CHWs in obtaining certification/credential
- Increased meaningful partnerships within communities in which to recruit CHWs
- Access to skills-based training for CHWs
- Increased knowledge around the role of CHWs in order to better integrate them into program and service planning
- Other (please specify): \_\_\_\_\_
- None of the above **[exclusive]**

## Multi-Sector Collaboration, Violence Prevention, and Social Determinants of Health

Term	Definition
Health in all Policies	A framework calling for intersectoral collaboration to ensure that policy decisions have neutral or beneficial impacts on the determinants of health.
Environmental Justice	According to the US Environmental Protection Agency, “the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.” <sup>1</sup>
Maternal Morbidity	Any health condition attributed to or aggravated by pregnancy or childbirth with negative outcomes to well-being.
Maternal Mortality	Deaths occurring during pregnancy and up to 42 days postpartum that are related to pregnancy.
Child abuse, neglect, and adversity <sup>2</sup>	Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child. Common types include physical abuse, sexual abuse, emotional abuse, and neglect.
Community violence <sup>2</sup>	Community violence happens between unrelated individuals, who may or may not know each other, generally outside the home. Examples include assaults or fights among groups and shootings in public places, such as schools and on the streets.
Elder abuse <sup>2</sup>	Elder abuse is an intentional act or failure to act that causes or creates a risk of harm to an older adult. Common types include physical abuse, sexual abuse, emotional or psychological abuse, neglect, or financial abuse.
Human trafficking <sup>2</sup>	Human trafficking occurs when a trafficker exploits an individual with force, fraud, or coercion to make them perform commercial sex or work.
Intimate partner <sup>2</sup> violence	IPV (also commonly referred to as domestic violence) includes ‘physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/ girlfriend, dating partner, or ongoing sexual partner).
Firearm injury <sup>2</sup>	A firearm injury is a gunshot wound or penetrating injury from a weapon that uses a powder charge to fire a projectile. This category includes fatal and nonfatal injuries that result from interpersonal violence, legal intervention, intentionally self-inflicted injuries, and unintentional injuries.
Mass violence <sup>2</sup>	Incidents of mass violence are human-caused tragedies that can impact whole communities and the country at large. These types of disasters, which include shootings and acts of terrorism, often occur without warning and can happen anywhere.
Sexual violence <sup>2</sup>	Involves a range of acts including attempted or completed forced or alcohol/drug facilitated penetration (i.e., rape), being made to penetrate someone else, verbal (non-physical) pressure that results in unwanted penetration (i.e., sexual coercion), unwanted sexual contact (e.g., fondling), and non-contact unwanted sexual experiences (e.g., verbal harassment, voyeurism).
Teen dating violence <sup>2</sup>	IPV that happens when individuals first begin dating, usually in their teen years.
Youth violence <sup>2</sup>	Youth violence occurs when young people between the ages of 10 and 24 years intentionally use physical force or power to threaten or harm others. Youth violence typically involves young people hurting other peers who are unrelated to them and who they may or may not know well. Examples include fights, bullying, threats with weapons, and gang-related violence. A young person can be involved with youth violence as a victim, offender, or witness.

1. US Environmental Protection Agency: <https://www.epa.gov/environmentaljustice>
2. US Centers for Disease Control and Prevention: [https://vetoviolence.cdc.gov/apps/pop/assets/pdfs/pop\\_notebook.pdf](https://vetoviolence.cdc.gov/apps/pop/assets/pdfs/pop_notebook.pdf)

**14. Does your LHD or board have a policy or resolution in place to ensure that policy decisions have a neutral or beneficial impact on health determinants for the population you serve?**

*Note: This question describes the [“Health in All Policies” \(HiAP\)](#) framework. If your LHD has a resolution or formal policy consistent to this approach but does not formally call it “Health in All Policies,” you should still select “yes.”*

- Yes
- No
- Do not know

**15. Please indicate the agencies or organizations in your jurisdiction which your agency has collaborated with between January 1 and December 31, 2022 on activities related to each of the following public health issues. Please select all that apply for each row.**

*Note: For the purposes of this question, “collaborated” refers to the development or maintenance of inter-agency relationships including but not limited to councils, committees, task forces, memoranda of understanding/agreement (MOUs/MOAs), workgroups, and voluntary teams.*

	Local government/ leadership	State government	Community-based organizations	Business community	None of these agencies or organizations <b>[exclusive]</b>
Climate Change					
COVID-19					
Environmental Justice					
Emergency Preparedness					
Housing					
Drug Policy					
Education					
Maternal mortality/morbidity					
Violence prevention					
Food security					

16. Does your department screen individuals and families for any of the following social determinants of health? *Please select one response option for each /row.*

	Yes	No	Don't Know
Housing instability			
Food insecurity			
Transportation needs			
Utility needs			
Interpersonal safety related to intimate partner violence, elder abuse, and child abuse			

17. Please indicate whether your local health department offers prevention services or programming relevant to each of the following issues. *Please select all that apply for each row.*

	Performed by LHD directly	Contracted out by LHD	Provided by others in community independent of LHD funding	Not available in community [exclusive]	Don't know [exclusive]
Child abuse, neglect, and adversity					
Community violence					
Elder abuse					
Human trafficking					
Intimate partner violence					
Intentional firearm injury					
Mass violence					
Sexual violence					
Teen dating violence					
Youth violence					
Other violence prevention issues (Please specify)					

18. If “directly by LHD” selected for any options in 17: ONLY the services selected in Q17 will be displayed)

<b>Instructions</b>
<p>Please indicate whether the programs or services provided by your local health department are best described as primary, secondary, or tertiary prevention according to the following definitions. <i>Please select all that apply for each row.</i></p> <ul style="list-style-type: none"> <li>• Primary prevention activities prevent the risk factors for violence and promote protective factors. Examples include healthy relationships curricula, reducing access to firearms, and positive parenting courses.</li> <li>• Secondary prevention activities identify individuals at higher risk for experiencing or perpetrating violence and intervene to prevent further violence.</li> <li>• Tertiary prevention activities prevent longer-term health impact or consequences of violence. Examples include medical advocacy for those who have survived intentional violence and mental health resources for those who have experienced a traumatic injury.</li> </ul>

**Please indicate whether the programs or services provided by your local health department are best described as primary, secondary, or tertiary prevention according to the following definitions. *Please select all that apply for each row.***

	Primary	Secondary	Tertiary
Child abuse, neglect, and adversity			
Community violence			
Elder abuse			
Human trafficking			
Intimate partner violence			
Intentional firearm injury			
Mass violence			
Sexual violence			
Teen dating violence			
Youth violence			
Other violence prevention issues (please specify)			

## Data Modernization and Outbreak Analytics

Term	Definition
Data Modernization	The process of transforming data management infrastructure and processes to improve the accessibility, integration, and response-readiness of different public health data sources

**19. Did your local health department receive supplemental funding for data modernization efforts between FY 2020 and FY2022?**

- Yes
- No
- Do not know

**20. Does your health department plan to work on data modernization projects in the next fiscal year?**

- Yes, we plan to work on data modernization but have not begun planning
- Yes, we will be using grants to help complete these projects
- Yes, we will be working on it with existing funding
- No, we are not planning on data modernization projects at this time
- Do not know

**21. How does your health department manage your electronic health record (EHR) or electronic medical record (EMR) platform? Please select all that apply.**

- We have a single staff member within the health department who manages the EHR or EMR platform
- We have a team of people within the health department who are responsible for maintaining the EHR or EMR platform
- The county, city, district, or state information technology (IT) department, outside the health department, maintains the platform
- We have an outside consultant/vendor to help with our EHR or EMR platform
- Other (please specify): \_\_\_\_\_
- Not applicable: we do not have an EHR or EMR platform **[exclusive]**

22. Does your local health department have a dedicated staff to help with issues related to IT, such as telehealth implementation, onboarding new staff members, or cybersecurity? Please select all that apply.

- We have a dedicated staff person or a team to work on IT issues
- We have a staff member (e.g., a program analyst) that communicates our IT needs with the county/city/district/state IT department
- We have a consultant to help outsource our IT needs
- Most of our IT needs must go through the county/city/district/state
- Other (please specify): \_\_\_\_\_

23. Do your department’s routine activities include infectious disease surveillance and outbreak response?

- Yes → Q24
- No → End of Survey (Thank you!)

24. [If “yes” to Q23] What data sources does your department use to monitor and respond to potential outbreaks? Please select all that apply.

	Received directly by LHD	Received via state/ regional HD	Unsure [exclusive]	We do not use this data [exclusive]
Case notification by providers via telephone or fax				
Electronic case reporting (ECR)				
Sentinel providers				
Syndromic surveillance				
Electronic health records from hospitals and clinics				
Hospital admissions data				
Electronic laboratory reporting (ELR)				
Molecular subtyping data (e.g. PulseNet)				
Testing-based cluster identification				
Wastewater surveillance				
Web-based analytics (e.g., web searches, public social media postings from our jurisdiction)				
Other (please specify): _____				

25. **[If “directly” or “via state” to Q24] Does your department have a dedicated staff member to conduct data analysis relevant to outbreaks and infectious disease, such as an epidemiologist, statistician, data scientist, or other person with training in data analytics? Please select all that apply.**
- Yes, an epidemiologist
  - Yes, a statistician or biostatistician
  - Yes, a data scientist
  - Yes, another person with training in data analytics
  - No **[exclusive]**
26. **In which ways does your department use infectious disease surveillance analytics to make decisions for responding to outbreaks and epidemiological trends? Please select all that apply.**
- Community resource allocation
  - Determining service delivery changes
  - Staffing assignment and allocation
  - Identifying at-risk populations
  - Declaring public health emergencies
  - Determining the need for new public health policy or ordinances
  - Other (please specify): \_\_\_\_\_
  - We do not use outbreak analytics to make decisions for responding to outbreaks **[exclusive]**
27. **How does your department communicate or exchange information about outbreaks and epidemiological trends with the public? Please select all that apply.**
- Social media postings
  - LHD website postings
  - Online data dashboards
  - Press conferences and press releases
  - Responses to news media (i.e., television, radio, newspaper)
  - Tailored data and/or messages to specific at-risk groups
  - Other (please specify): \_\_\_\_\_
  - We do not use outbreak analytics to communicate or exchange information with the public **[exclusive]**
28. **How does your department communicate or exchange information about outbreaks and epidemiological trends with governmental entities? Please select all that apply.**
- Providing recommendations to city, county, or state executive branch
  - Providing recommendations to public school systems within the jurisdiction
  - Case reporting to neighboring local jurisdictions
  - Case reporting to state department of health
  - Other (please specify): \_\_\_\_\_
  - We do not use outbreak analytics to communicate or exchange information with governmental entities **[exclusive]**