

Administrative Preparedness and the Public Health Workforce: Suggested Strategies for Health Departments



Abstract

The National Association of County and City Health Officials (NACCHO) developed this report to improve the understanding of administrative factors affecting adequate staffing during an emergency response and the workforce strategies used by health departments to mitigate them. This report helps local health departments (LHDs) consider the factors that affect staffing in emergency response situations through the following objectives:

- Identify issues that influence whether the right number and appropriate type of personnel are available to respond during emergencies.
- Suggest strategies that health departments can employ to address administrative issues.
- Offer questions for health departments and their human resources partners to consider when assessing their administrative preparedness to meet workforce needs.

NACCHO recommends five administrative preparedness strategies to help health departments meet their workforce needs:

1. Implement the incident command system to enable the efficient, appropriately scaled, and well-managed use of available personnel.
2. Ensure that personnel are prepared to respond by providing access to training and education related to the skill sets likely to be needed during an emergency.
3. Identify and take advantage of the workforce flexibilities offered by existing administrative preparedness authorities.
4. Leverage relationships to augment staffing.
5. Dedicate appropriately trained personnel to the administrative aspects of the response.

Background

The cornerstone of the public health system—and of effective public health response to emergencies—is people. During an emergency, health departments must rapidly deploy a workforce possessing a broad range of skills and knowledge. This should include seasoned professionals who understand intricate contracting, financial, and other administrative policies and procedures common within government agencies. It should also include those who have specialized skills—such as emergency planners, epidemiologists, laboratorians, health educators, and licensed clinicians—that are unique to public health's role in the response. Without a workforce with the right mix of qualifications and experience, the ability of health departments to respond adequately to emergencies is severely hindered.

Over the last decade, health departments made great strides in improving the readiness of their workforce to respond to all hazards. They invested heavily in employee preparedness training and education and devoted significant resources to testing workforce capabilities through drills and exercises. In most health departments across the country, preparedness became a standard competency for the entire workforce. However, the federal funding supporting investments in public health workforce readiness has dramatically declined in recent years.¹ At the same time, the governmental public health workforce is rapidly aging and economic conditions nationwide put a strain on local and state government budgets.² These and other factors have led to a significant reduction in the public health workforce and to preparedness programs nationwide. Since 2008, the size of the local and state public health workforce has decreased by more than 20 percent.³ Further complicating matters, the workforce that has been lost cannot easily be replaced during an emergency. As one local health official notes, "Most professionals already have jobs. They will not want to quit their current jobs to work the emergency response effort."⁴ Even if health departments secure additional funding to hire or contract personnel, individuals with the right qualifications may not be available.

NACCHO explored the workforce-related administrative preparedness challenges faced by health departments. This report offers specific examples to provide perspective on how health departments manage these issues. Based on the challenges and experiences of some health departments, NACCHO identified strategies that health officials and their human resources partners may consider when assessing their workforce response needs as they relate to administrative preparedness.

“Public agency hiring practices need to be open, transparent, and competitive. This is a process that can take weeks to complete ([e.g.,] to advertise, receive applications, interview, and hire).”

Common Workforce Issues

Various issues impact the quantity and type of personnel available during emergencies. Below are the most common workforce issues health departments must assess when preparing for adequate staffing during an emergency response.

Appropriately Sized and Skilled Workforce

Health departments are managing dual challenges: not enough personnel to respond and not enough personnel with the right qualifications to respond. Since 2008, LHDs have lost nearly 40,000 employees.² Nearly 10,000 state health department jobs were also lost during this time.³ While budget cuts are a major factor in these reductions, they are not the only factor.

In a small, non-representative sample of LHDs, 64 percent indicated that, even if additional funding were available, other factors would inhibit their ability to adequately staff an emergency response.⁴ The public health workforce is rapidly aging, with numerous studies showing large percentages of workers plan to or are eligible to retire in the near-term. This raises concerns about the impact of the loss of staff with extensive emergency response experience on future response efforts. Additionally, many health departments are small, particularly those serving rural areas. LHDs nationwide have a median number of 17 full-time equivalent positions.⁵ Fifteen percent of LHDs have fewer than five full-time equivalents; a third of LHDs have fewer than 10.⁵ Health departments

that have few staff will be overwhelmed by even the smallest emergency if they do not have the means to increase their staffing during an incident.

These challenges may be exacerbated by the nature of the emergency or by the type of personnel. Most health departments can manage small-scale emergencies of a limited duration with their existing staff by allowing overtime and shifting job responsibilities. However, many public health emergencies require round-the-clock response over an extended period of time. Many health departments would struggle to respond to a hypothetical prolonged infectious disease outbreak, for example, with two 12-hour shifts of workers; personnel would be burned out after working under pressure seven days a week.

Additionally, the field of public health is less accustomed to the command and control aspects of emergency response that other disciplines use daily. Personnel who are effective managers under normal circumstances may not have the right skills to act decisively and quickly during emergencies or may be intimidated or influenced by other responders. Personnel with skills unique to the public health discipline are needed; however, there may not be enough epidemiologists or public health nurses, for instance, immediately available during a surge of the workforce. Also, not all public health employees view emergency response as part of their job. While many health departments have written provisions into job descriptions and provided training to make clear that employees are expected to contribute during an emergency, public health has not traditionally been a round-the-clock occupation and some long-term employees are resistant to taking on these roles. Finally, health departments must consider the impact of the emergency on the workforce. Disease outbreaks and natural disasters will result in illness and injury to the workforce and their community.

To meet the need for adequate numbers of qualified staff who are willing and able to respond to emergencies, health departments should do the following:

- Engage with partner organizations that may be sources of personnel surge. Many LHDs house or partner with a local Medical Reserve Corps (MRC) unit. All state health departments maintain an Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program to manage volunteers. Community Emergency Response Teams (CERT), the American Red Cross, and other community groups and volunteer organizations are also sources of additional personnel.

- Review NACCHO’s Project Public Health Ready criteria to assess public health workforce capacity and achieve consistency with nationally recognized emergency preparedness competencies.⁶
- Consider whether partner organizations can supplement the work of the LHD. For instance, some health departments partner with private-sector employers within their jurisdictions on planning for closed points of dispensing (POD). When an incident occurs, the health department will provide medication to their closed POD partners for distribution based on pre-incident planning, thereby reducing the number of people the health department has to serve directly.
- Be aware of all options to procure additional staffing during an emergency. NACCHO’s report *Administrative Preparedness: Emergency Procurement Strategies for Health Departments* provides a checklist for health departments to consider when assessing how best to procure additional personnel.⁷ The National Association of State Procurement Officials’ recently revised *Emergency Preparedness for State Procurement Officials* offers additional guidance on the personnel sourcing options available during emergencies.⁸
- Comply with federal National Incident Management System (NIMS) standards by using the incident command system (ICS) to manage personnel. Health departments should develop three-deep ICS organizational charts for the Command and General Staff positions and other organizational elements likely to be mobilized. The Command and General Staff functions are the same for all hazards, allowing personnel to become increasingly familiar and comfortable with the organizational structure through each successive exercise opportunity and incident response. An incident action plan guides decisions about the deployment of personnel throughout the response.
- Require basic ICS training and refreshers for all staff, supplemented by just-in-time training as needed when an incident occurs. Personnel who are aware of their pre-assigned roles and receive periodic training on these roles and responsibilities are well-prepared to respond. NIMS-compliant drills and exercises allow personnel to practice their own roles and explore how their actions interact with those of their colleagues in the health department and other response agencies. The use of ICS may also provide opportunities for staff who do not manage staff or projects on a day-to-day basis to build and demonstrate leadership skills.

“Our health department has no public health nursing component. If there is a need for nurses, we have a memorandum of agreement (MOA) with two different visiting nurse association groups to provide nurses. Additionally, we partner with a local state university and have an ironclad MOA to utilize staff from their student health service. Additionally, we have volunteer nurses in our public health volunteer program and access to staff through the regional MRC.”

- Recognize the importance of the Planning, Logistics, and Finance/Administration Sections of ICS. Staff assigned to the Logistics Section play a key role in assigning and acquiring the appropriate personnel to deploy during an emergency. Within the Planning Section, staff track the status of personnel and plan for their demobilization. Finance/Administration Section staff are crucial to navigating administrative obstacles that can potentially hinder the rapid deployment of personnel. Staff assigned to these sections should possess skills and expertise to manage administrative challenges effectively and allow those with experience in areas such as epidemiology and nursing to focus on the operational aspects of the response.
- Explore the feasibility of establishing triggers for the notification, mobilization, and deployment of personnel. Many health departments have developed tiered response plans that set thresholds at which different numbers and types of staff are notified and activated to respond.

Governmental Employment Systems

While intended to ensure fairness, the job classification systems under which many governmental public health personnel are employed involve lengthy and complex hiring processes, making it difficult to rapidly hire additional staff even when funding is readily available to support them. One health official noted, “It generally takes me about six months from the time that I submit the paperwork to get an employee actually sitting

“Our agency is experiencing a major aging and many of our most experienced folks are retiring. That coupled with county budget cuts, hiring freezes, etc. will lead to program cuts and staff shortages.”

in the office.”⁹ In locations with state governance structures, the state health department or human resources agency may need to complete an initial review of applicants before the LHD is even provided with a list of candidates to consider.

There is also wide variability across the nation in where workforce decisions are managed; some human resources functions are centralized in a state human resources agency, others are handled within health departments, others are split between the human resources agency and the health department, and still others are managed in a separate agency altogether.¹⁰ The collective bargaining agreements that many governmental public health employees work under may include limits on the number of hours an employee may work, specify overtime conditions, and restrict the ability of employees to work outside of their normal assigned job duties. Further, in many jurisdictions, staffing levels are set once per year by a legislative body, an elected official, or a department head. Any changes in the number of employees, pay rates, hours worked, or overtime allotment require an emergency waiver or a new vote.

“All staff are assigned an ICS role and have a responsibility to participate in emergency planning and response activities. Every employee has an ICS section assignment and each is required to take online training that was developed specifically for agency staff. This has also been added to all staff tasks and standards for which they can be evaluated annually.”

Health departments may rapidly increase personnel capacity by increasing the work hours of existing employees. However, health departments need to consider the consequences of using overtime to fill personnel gaps. Some health departments reported that the availability of overtime pay is an incentive to encourage employees to work during emergencies. Yet others noted restrictions prohibiting health departments from paying employees overtime. Health departments frequently find ways to manage their response using existing staff. In NACCHO’s small, non-representative sample, 82 percent of health departments indicated they had modified the roles or responsibilities of existing employees to staff the response to an emergency.⁴

To increase awareness of potential limitations of their employment systems and identify workarounds ahead of time, health departments should do the following:

- Understand the authorities available to address workforce-related administrative preparedness challenges. NACCHO’s *Administrative Preparedness Authorities: Suggested Steps for Health Departments* helps health departments identify existing and needed administrative preparedness authorities.¹¹ This includes a provision in the Pandemic and All-Hazards Preparedness Reauthorization Act that enables local and state governments to temporarily reassign Department of Health and Human Services-funded state and local personnel during a public health emergency.¹² The Association of State and Territorial Health Officials offers another resource, *The Emergency Authority and Immunity Toolkit*, which provides guidance on this issue.¹³
- Build relationships with human resources staff, elected officials, and union leaders to enable more productive decision-making during a response. Some health departments have developed expedited hiring processes that are authorized through emergency clauses in personnel regulations or have issued waivers through specific language in emergency declarations. Others have personnel regulations enabling temporary personnel appointments for a certain period of time following an emergency to meet response and recovery needs. Many others include emergency work requirements in job descriptions, such as requiring employees to be on call during emergencies or work extended hours. Health departments need to know who has the power to exercise these authorities and have the right relationships in place to encourage their use.
- Consider whether partner organizations can do work that the health department cannot. Partners may have more streamlined procedures for contracting or hiring personnel. In those cases, a health department may be able to provide funding to the partner organization to recruit and hire or contract staff on its behalf.
- Look regionally for both resources and authorities. Regional groups of health departments often support and supplement each other’s resources during an emergency. In some cases, they have organized together and designated one health department or an outside organization to act as their host agency when dealing with financial and administrative issues.

- Rely on the Logistics and Finance/Administration Sections of ICS for expertise in managing workforce challenges related to government structures. Human resources, legal, procurement, and financial management subject matter experts possess skills and expertise that qualify them to fill roles in these sections during an emergency response.

Workforce Protection

Previous research has shown a wide variance in the willingness or likelihood of public health professionals to report to work during an emergency.¹⁴ Economic, legal, and social factors all come into play during an emergency. As mentioned previously, significant numbers of employees and volunteers may be unavailable during an emergency due to personal or dependent illness, injury, or disruptions in normal caregiving relationships. Conversely, some employees have concerns about income loss or job security if they do not report to work, creating a potential for contagious persons to spread illness to their coworkers, other responders, and the public during infectious disease outbreaks. This concern has intensified in the current economic environment with its associated job cuts, furloughs, and hiring freezes; employees do not want to be seen as unreliable or unneeded as they fear being the target of future staffing reductions.

Additionally, employees, contractors, and volunteers have concerns about hazardous working conditions. Health departments should issue personal protective equipment that is appropriate to the incident and ensure that all personnel are using such equipment correctly. For incidents involving biological or chemical agents, personnel should have access to suitable prophylactic medication or vaccination. Health departments may wish to consider whether it is appropriate to stockpile certain types of medication for responders. The Safety Officer should monitor conditions on an ongoing basis to ensure workforce safety.

Finally, a great deal of concern remains regarding liability, workers compensation, and other legal issues. This is particularly true for licensed personnel or those deployed to a jurisdiction or organization other than their normal location or employer. Some personnel are reluctant to participate in a response without receiving clear assurances that they will not be punished for adverse outcomes associated with their service.

To address issues that may affect the willingness or ability of personnel to respond to emergencies, health departments should do the following:

- Consider the feasibility of arranging for emergency or back-up dependent child, elder, and pet care. Those who normally provide this care may be impacted by an emergency and unable to continue provision of services. Personnel with dependents may want to participate in the response but have no option other than staying home to provide this care. Knowing that family members or pets are being safely cared for frees personnel to contribute to response activities.
- Allow those in certain positions to work remotely. While many response activities require personnel to work at the incident site, other activities can be done effectively remotely with the use of modern technology. Web-based reporting systems and teleconferencing enable personnel to work regardless of their location, particularly staff focused on administrative tasks.
- Establish workplace policies that address factors such as payment for sick leave, monitoring for illness, and criteria for sending staff home. These policies provide assurances to staff about their financial well-being and help limit staff exposure to contagious persons.
- Prepare to deploy personnel with appropriate personal protective equipment, prophylactic medication or vaccination, and other supplies and equipment. Consider the feasibility of stockpiling likely needed resources for use by responders.
- Educate personnel about protective measures. Incorporating guidelines for individual and family preparedness into workforce training and education efforts places importance on staff safety and prepares them to respond. Providing information about liability and other legal concerns reassures staff about the protections available to them as responders. The Association of State and Territorial Health Officials' *Emergency Volunteer Toolkit* is one resource that health departments may find useful in communicating with personnel.¹⁵

“All of our job descriptions say we will do ‘other duties as assigned’ and we all know that we are expected to work public health emergency response events as needed in a best fit role.”

Strategies Influencing Administrative Preparedness to Meet Workforce Needs

NACCHO identified five strategies that could enhance the ability of health departments to meet their workforce needs during an emergency response. For each strategy to be effective, health department leaders should work with human resources professionals, response partners, and staff on an ongoing basis to build capacity for a successful response. For each strategy, NACCHO offers questions for health departments and their stakeholders to consider in assessing their emergency workforce capacity and capability.

1 Follow the Incident Command System

Health departments must have a coordinated method of managing all personnel to ensure that essential functions—both emergency and non-emergency—are covered. ICS provides health departments with the flexibility to scale their staffing to the size and type of the incident and to expand and contract activities as response needs change. The standardized format enables additional personnel to easily integrate into incident response and understand their individual roles, responsibilities, and reporting relationships both within the health department and as part of a multi-agency response. By devoting appropriate attention to the Planning, Logistics, and Finance/Administration Sections of ICS, health departments may mitigate many of the administrative challenges that hinder the Command Staff and Operations Section. Further, the implementation of ICS is a clear signal to employees and partner organizations that an incident will require a noticeable shift in staffing to be managed effectively.

2 Ensure an Appropriately Skilled Workforce

Careful consideration by health department leadership is necessary to ensure that emergency roles are appropriately assigned to staff who have suitable knowledge and training. While the nature of each emergency affects the type of personnel needed, by reviewing the jurisdiction's hazard vulnerability analysis and after-action reviews from previous incidents, planners can identify the types of roles that are likely to be needed during future emergencies. When possible, personnel should be assigned roles that are as similar as possible to what they do daily. All personnel should complete ICS training and participate in drills and exercises to hone their skills. Health departments should provide personnel with information and resources that prepare and reassure them about their personal and dependent safety and their future livelihood. Developing incident-specific plans that account for a portion of the workforce being unable to respond due to injury, illness, or to dependent care will provide a more realistic picture of a health department's response staffing capacity. NACCHO's Project Public Health Ready will help health departments assess, implement, and evaluate workforce competency.

3 Use Available Administrative Preparedness Authorities

Numerous authorities exist for health departments and their partners to address their response workforce challenges. Reviewing *Administrative Preparedness Authorities: Suggested Steps for Health Departments* will help health departments identify existing and needed administrative preparedness authorities. Health departments should work with human resources, procurement, and legal staff to identify authorities at the state and local level that may allow for reassignment of staff to emergency roles; emergency and temporary hiring of additional personnel; waivers of collective bargaining agreements; procurement of contracted personnel; or expedited hiring processes. Additionally, the Logistics and Finance/Administration Sections of ICS should be relied upon for their expertise in managing these workforce challenges.

4 Leverage Relationships

Established partnerships with volunteer programs and systems such as the MRC, ESAR-VHP, CERT, and the American Red Cross have great potential to ease personnel surge needs. Many health departments have formal and informal relationships with hospitals, home health agencies, educational institutions, and emergency medical services to provide specialized staffing during a response. Partners may also supplement the work of the health department or do work that the health department cannot, such as operating a closed POD or serving as the fiscal intermediary for the health department. Health departments should think broadly about the relationships they develop with partners and work to keep them functioning every day, not just during emergencies. Plans should identify partnerships, the roles and responsibilities of partner organizations, and the criteria under which the partners will be engaged. These partners should also participate with the health department in training and exercises to prepare for an integrated response.

5 Dedicate Staff to Administrative Processes and Procedures

Health officials should be in regular contact with staff within their department and in other key agencies who have day-to-day responsibility for human resources, procurement, financial management, legal, communications, information technology, and other administrative functions. Those health departments with enough capacity may consider embedding administrative staff in their preparedness programs or vice versa. This regular contact builds intra- and interdepartmental working relationships and raises awareness of the unique skill sets that different parties possess. The increased understanding of various functions on a day-to-day basis translates into a greater recognition of where those with administrative expertise can have the most impact on the response. While most personnel surge is focused on the operational aspects of an emergency, health departments should also consider supplementing their existing administrative staff during a response to enable a more robust capacity to handle administrative preparedness issues as they arise. Assigning more dedicated staff to processes such as issuing contracts, recruiting personnel, and collecting data about the response ensures that these processes do not become obstacles in the response and allows other staff to focus on the operational aspects of the emergency without administrative distractions.

Impact of Preparedness Funding on Response Workforce Capacity

While this report assumes that additional funding will become available to support the response to a large-scale emergency, NACCHO emphasizes that funding is one of the most significant administrative factors driving workforce availability during emergencies. For fiscal year 2012, 38 percent of LHDs that experienced budget reductions saw cuts of at least 10 percent.² For the same year, state health departments experienced cuts averaging four percent of their budgets.³ These local and state health department budget cuts were compounded by similar cuts in previous years.

These decreases in funding have both direct and indirect impacts on the public health workforce. Most directly, the cuts in funding have contributed to a decrease in the size of the overall workforce, as detailed elsewhere in this report. Indirectly, they have had an impact on the composition and skill set of the public health workforce. In 2011, nearly 25 percent of LHDs reduced or eliminated their emergency preparedness programs.² This led to the loss of experienced emergency planners and responders and key parts of the public health infrastructure necessary for effective response. Additionally, it prevented health departments from recruiting younger professionals to the field, which will lead to fewer experienced staff to replace more seasoned workers as they retire.

Even when additional funding is available to health departments for an emergency response, the economic climate across the nation makes it difficult to direct those funds toward additional staffing. First, government agencies are hesitant to bring on additional staff with temporary funding sources given an uncertain economic future. As one health official explained, there is a “reluctance of personnel agencies to hire staff, even for a limited term, during periods of states’ fiscal crises.”¹⁵ Additionally, jurisdictional hiring freezes and other workforce restrictions present major barriers to hiring personnel even when federal or other funds are allocated specifically for that purpose.

Second, it is not easy to find individuals rapidly with the skill sets necessary to replace experienced former employees. Rather than devoting attention to response activities, health departments are distracted by the need to direct resources toward recruiting qualified applicants and investing time and focus on training and educating new staff. As a result, many health departments are beginning to see a cycle in which they recruit and train staff with funds made available to respond to an emergency, reduce or eliminate these positions when the emergency subsides, and then begin the recruitment process again for the next emergency. Supplemental or emergency funding is not a substitute for sustained funding that enables health departments to build a strong workforce that trains, works, and responds as an experienced, well-integrated team.

WORKFORCE ADMINISTRATIVE PREPAREDNESS REVIEW CHECKLIST

By considering the following questions, health department officials and their partners will have a better sense of emergency workforce needs and tools that may be available. Additionally, the exercise of answering these questions may lead to improvements in overall preparedness.

1. Follow the Incident Command System

- Has the department identified three layers of personnel for each of the Command and General Staff positions within the department's ICS organizational structure?
- Has the department considered what other ICS organizational elements are likely to be mobilized?
- Has the department identified and trained adequate numbers of personnel to successfully meet the responsibilities of the Planning Section, Logistics Section, and Finance/Administration Section?
- Has the department carefully identified personnel to fill key ICS roles, including the Support Branch Director in the Logistics Section, the Procurement Unit Leader in the Finance/Administration Section, and the Resource and Demobilization Unit Leaders in the Planning Section?
- Has the department developed a continuity of operations plan (COOP)?
- Has the department established a chain of succession for the department's leadership?
- Are pre-identified ICS and COOP personnel aware of their assignments?
- Has the department/jurisdiction considered developing draft incident action plan (IAP) templates, including the Organization Assignment List (ICS 203), for those incidents most likely to occur in the jurisdiction?
- Are staff aware their everyday roles could change during emergencies? Do they know what will prompt this shift?
- Does the department participate in jurisdictional drills and exercises with other response partners to test integration into Area or Unified Command?
- Has the department explored the feasibility of establishing trigger points for the notification, mobilization, and deployment of personnel?

2. Ensure an Appropriately Skilled Workforce

- Are all health department staff trained in ICS?
- Is ICS training mandatory for employees, contractors, and volunteers?
- Is ICS refresher training provided periodically?
- Is the workforce cross-trained to perform alternate roles?
- Has the department/jurisdiction developed just-in-time training?
- Have job action sheets been developed for all ICS roles?
- Are all health department staff engaged in drills and exercises?
- Has the department/jurisdiction identified the types of skills needed during responses to previous emergencies?
- Has the department used a jurisdictional risk assessment to identify the types of skills that may be needed?
- Has the department asked staff whether they have an interest in particular ICS or COOP roles?
- Has the department identified staff who possess unique skill sets that should be leveraged during a response?
- Has the department/jurisdiction provided training or education on individual and family preparedness to the public health workforce?
- Has the department/jurisdiction provided training or education on legal issues such as provider liability and workers compensation?
- Has the department/jurisdiction considered the feasibility of providing child/elder/pet care for the workforce while they are engaged in response or COOP activities?
- Does the department/jurisdiction have plans to prophylax or vaccinate health department staff and other responders?
- Does the department/jurisdiction have plans to provide personal protective equipment and other supplies to the responding workforce?

- Has the department accounted for staff willingness or ability to report to work in response workforce projections?
- Has the health department reviewed the workforce capacity goals outlined in NACCHO's Project Public Health Ready criteria?
- Has the health department considered applying for Project Public Health Ready recognition?

3. Use Available Administrative Preparedness Authorities

- Is the department/jurisdiction aware of the flexibility under the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) to reassign HHS-funded staff?
- Are the leaders of all health department programs aware of the authority under PAHPRA to reassign their staff?
- Has the department/jurisdiction reviewed *Administrative Preparedness Authorities: Suggested Steps for Health Departments*?
- Has the department/jurisdiction reviewed *Administrative Preparedness: Emergency Procurement Strategies for Health Departments*?
- Has the department/jurisdiction reviewed the *Emergency Authority and Immunity Toolkit*?
- Have key staff in human resources, legal, and procurement roles been engaged in discussions about available authorities and procurement options to augment staffing?
- Do job descriptions include emergency clauses?
- Are there provisions in collective bargaining agreements allowing for reassignment or overtime assignments during emergencies?
- Do personnel regulations include provisions requiring personnel to work during emergencies?
- Has the department considered options to overcome administrative barriers such as hiring freezes, worker furloughs, and limits on the number of staff positions?

4. Leverage Relationships

- Does the health department house or partner with an MRC unit?
- Does the department partner with other volunteer organizations, such as the American Red Cross or Community Emergency Response Teams?
- For state health departments: Is there a fully functional ESAR-VHP? For LHDs: Has the department established a process for requesting personnel through the state health department's ESAR-VHP?
- Does the department have formal or informal agreements with partners including hospitals, educational institutions, emergency medical services, and home health agencies to provide surge staff?
- Do partners understand their roles and responsibilities during an emergency?
- If there are administrative preparedness barriers to acquiring staff, can partners hire/contract on the department's behalf?
- Are partners engaged in training and exercise opportunities?

5. Dedicate Staff to Administrative Processes and Procedures

- Are staff in the following areas regularly engaged in emergency planning efforts?
 - Human Resources
 - Procurement
 - Financial Management
 - Legal
 - Communications
 - Information Technology
- Has the department/jurisdiction cross-trained staff responsible for administrative preparedness functions?
- Has the department/jurisdiction considered the feasibility of embedding administrative staff within the preparedness program?
- Has the department/jurisdiction explored the possibility of procuring administrative staff to support response efforts?

Conclusion

There is no one-size-fits-all solution to administrative workforce challenges. What works for one jurisdiction may further complicate the situation in another. Rural and other health departments with small staffs are particularly limited in their options. Health officials need to consider the various employment authorities under which their personnel operate, whether they be unionized or non-unionized employees, contractors, or volunteers. Each of these personnel statuses brings with it differing requirements and policies. Health departments that thoughtfully consider their options and the implications of their decisions on different types of personnel will be well-positioned to manage their response workforce needs. NACCHO encourages health departments to explore ways to surmount their workforce-related administrative barriers.

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