

14-02

STATEMENT OF POLICY

Local Workforce Development and Training in Emergency Preparedness

Policy

The National Association of County and City Health Officials (NACCHO) supports comprehensive, ongoing workforce development and training in emergency preparedness for local health department staff, volunteers, and their community partners. NACCHO encourages local and state governments and the federal government to support the provision of training and education at the local level to maintain the capability of local health departments to effectively plan for, respond to, and help the community recover from the effects of an emergency and to take steps to mitigate those effects before disaster strikes.

In order to train a capable local health department emergency response workforce, NACCHO supports the following:

- Funding and resources at the local, state, and federal levels to support local workforce development and training necessary for optimal emergency preparedness for public health workers and volunteers.
- Training for all local health department staff and volunteers on national frameworks for emergency planning and response, including the following:¹
 - National Health Security Strategy
 - National Preparedness Goal
 - National Mitigation Framework
 - National Response Framework
 - National Disaster Recovery Framework
- Capability-based emergency preparedness and response training for public health preparedness staff, grounded in the Centers for Disease Control and Prevention's (CDC) Public Health Preparedness capabilities and the Association of Schools of Public Health's Public Health Preparedness and Response Core Competency Model.²
- Baseline community-specific training in the National Incident Management System (NIMS) and Incident Command System (ICS) and its applicability to public health response activities for all local health department staff, volunteers, and community partners.
- Additional preparedness training for non-preparedness staff in subjects related to their areas of day-to-day public health expertise.



- Use of up-to-date training and education resources from CDC Preparedness and Emergency Response Learning Centers,³ the Federal Emergency Management Agency (FEMA), NACCHO, and state, county, and municipal subject matter experts.
- Development and annual updating of workforce development plans for each local health department based on training needs assessments, jurisdictional risk assessments, emergency plans, and unique local features and demographics.
- Conducting community-wide exercises to test, evaluate, and improve public health emergency response capabilities and inform workforce development needs at least once per year, including a full-scale exercise at least once every five years.⁴
- Consistent inclusion of volunteers in workforce development activities, in particular local Medical Reserve Corps (MRC) volunteers.
- Establishment of continuous quality improvement models that link workforce development and training to evaluations of response and recovery capabilities and all-hazards response planning.
- Incorporation of emergency response and recovery training into the curricula of undergraduate and graduate-level public health programs and the certification and credentialing processes for public health workers.

Justification

Disaster response starts at the community level. The more quickly local responders can recognize, contain, and resolve an incident, the less damage residents will suffer and greater the potential for a full recovery. Therefore, local responders must have the training and education to mitigate, plan for, respond to, and assist their local community to recover from any emergency situation. As a key component of a local response team, public health workers must have the training and education to specifically address the health impacts of an emergency. Local health departments have primary responsibility for the public health of their jurisdictions, and workforce development is critical to their ability to uphold this responsibility during a disaster.

Public health personnel must be trained in NIMS and ICS so that they possess a common vernacular with their response partners and integrate smoothly into their partners' existing response framework. In order to surge the workforce during a large incident requiring additional responders, all local health department personnel should be trained in the application of these frameworks to public health response at the basic level. Public health preparedness staff at local health departments need extensive, in-depth training to perform their specialized duties, while non-preparedness staff should be trained in specific response functions that align with their areas of expertise and responsibility in day-to-day public health work. This supplementary, targeted training for non-preparedness staff can allow their specific skill sets to be used in a large-scale response in which additional personnel are needed.

Volunteers and other community partners that may serve in an emergency must also have regular training and education sufficient to support response and recovery. Continuous engagement of volunteers and community partners will ensure that their skill sets are up to date and build stronger relationships that improve communication, retention, and overall community resilience. In particular, local health departments should work closely with their local MRC to provide

training and education opportunities. MRC volunteers represent a well-organized source of volunteers committed to the public health of their communities.

Workforce development plans for staff and volunteers should be competency-based. Competency-based frameworks strengthen the public health workforce by building capacity and helping workers adapt to changing environments, allowing for a more flexible and adaptable response to any emergency situation. In order to best meet the specific needs of the workforce, local health departments should conduct training needs assessments that identify gaps in the competencies needed to carry out its all-hazards response plan. They should also take into account the emergency plans and unique features of the community, including its demographics and the results of its jurisdictional risk assessment. Workforce development plans should be continuously updated through regular training needs assessments to ensure that they align with staff needs. Training and education resources must also be regularly updated to reflect current best practices, federal guidelines, and jurisdictional realities to be most useful to staff.

Workforce development also includes regular exercising of response capabilities to ingrain the skills and knowledge gained through training and education and to identify gaps and areas for improvement.⁴ Exercises should be community-wide and include a wide range of response partners, community organizations, and voluntary organizations active in disaster, including MRC. Exercising together allows for more seamless integration of all response plans from response partners and helps ensure that all resources are brought to the table during a disaster. Inclusive exercises can also enhance community resilience by building relationships, improving communications and information sharing processes, and increasing buy-in across the community regarding the value of emergency planning and response. Resilient communities are better able to withstand the damaging effects of a disaster, respond effectively, and recover quickly.

Workforce development and training should be addressed as part of a continuous quality improvement strategy. Evaluations of exercises and responses to real events should inform revisions to the workforce development plan. These evaluations will also prompt revisions to all-hazards plans, leading to more updates to workforce development plans to reflect changing all-hazards response needs. Programs such as Project Public Health Ready and the applicable standards and measures provided by the Public Health Accreditation Board can assist local health departments with establishing and maintaining processes for and an overall culture of continuous quality improvement.^{5, 6} Training public health students in the principles of emergency response and recovery before they join the public health workforce can further establish a commitment within public health to maintaining a knowledgeable and capable workforce that is ready, willing, and able to respond to emergencies.

Workforce development and training must be an integral part of every local health department's strategic plan and regular operations. By continuously assessing their capabilities and maintaining and improving the response and recovery capabilities of their workforce, local health departments can prepare themselves to respond to and recover from the evolving list of public health threats and disasters that may impact their communities.

References

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3. Centers for Disease Control and Prevention. Preparedness and Emergency Response Learning Centers webpage. Retrieved February 25, 2014, from <http://www.cdc.gov/phpr/perlc.htm/>
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5. National Association of County and City Health Officials. Project Public Health Ready webpage. Retrieved April 7, 2014, from <http://www.naccho.org/topics/emergency/pphr/pphr-overview.cfm/>
6. Public Health Accreditation Board. What are the Benefits of National Public Health Department Accreditation? webpage. Retrieved April 10, 2014, from <http://www.phaboard.org/accreditation-overview/what-are-the-benefits/>

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Record of Action

Proposed by NACCHO Incident Management Workgroup

Approved by NACCHO Board of Directors

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