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STATEMENT OF POLICY

Preparedness Workforce Development and Training

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Policy

The National Association of County and City Health Officials (NACCHO) supports continuous comprehensive workforce development and training in all-hazards emergency preparedness for local health department staff, volunteers, and community partners. NACCHO encourages local, tribal, state, territorial, and federal governmental entities to support the provision of training and education at the local level. This ensures maintenance of local health departments capability to effectively prepare for, respond to, and help communities recover from the public health consequences of emergencies and disasters (hereafter referred to as emergencies) and to take steps to prevent and mitigate those effects.

In order to develop a local health department's emergency preparedness workforce, NACCHO supports the following:

- Funding and resources at the local, tribal, state, territorial, and federal levels to support public health workforce development and training for optimal emergency preparedness planning, response, and recovery capabilities;
- Training for Tier 1 (see definitions below) public health workers on national frameworks for planning for and responding to emergencies, including the following suggested resources:
    - National Health Security Strategy[1] (2019)
    - National Preparedness Goal[2] (2015)
    - National Mitigation Framework (2016)
    - National Response Framework (2019)
    - National Disaster Recovery Framework[3] (2016)
    - National Center for Disaster Medicine and Public Health Core Competencies[4] (2012)
    - Core Competencies for Public Health Professionals (2021)
    - CDC Public Health Emergency Preparedness and Response Capabilities (2018)
    - The Administration for Strategic Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP);
- Capability-based emergency preparedness and response training for Tier 3 staff, in accordance with national standards;[5]
- Training of all Tier 2 staff to be prepared to respond to and recover from a variety of emergencies and disasters;
- 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. Surge capacity management should be incorporated into exercises. This would include the use of volunteers in workforce development activities and, in particular, the use of the Medical Reserve Corps (MRC);
- Usage 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 preparedness, response, and recovery training into the curricula of undergraduate and graduate-level public health programs;
- Improvements and modernization to the teaching methods of Incident Command System (ICS) courses in consultation with pedagogy and curriculum design subject matter experts;
- Creation of national, introductory course(s) on public health, emergency preparedness, response, and recovery concepts suitable for Tier 1 public health workers;
- Baseline community-specific training in the National Incident Management System (NIMS) and ICS and its applicability to public health response activities. Minimum training standards for public health workers are as follows:

Tier 1	Tier 2	Tier 3	Tier 4
• ICS-100: Introduction to ICS • ISC-700: Introduction to NIMS • Local all-hazards plan	• All Tier 1 • ICS-800: Introduction to the National Response Framework • ICS-200: Basic ICS for Initial Response	• All Tier 1 and 2 • ICS-300: Intermediate ICS for Expanding Incidents	• All Tier 1, 2, and 3 • ICS-400: Advanced ICS • ICS-240: Leadership and Influence • ICS-29: Public Information Officer Awareness • ICS-242: Effective Communication

Justification

Disaster response and recovery starts and ends at the local level. A prepared local public health workforce directly correlates to a quicker response and recovery from a hazardous incident. As a result, fewer damages and cost may be incurred by residents and the community will have a greater potential for a full recovery. Therefore, local public health responders must have the skills and competency to mitigate, plan for, respond to, and assist their local community in recovering from an emergency situation. As a key component of a local emergency response team, public health workers must have the skills and training to identify and evaluate the health impacts of an incident and determine if the incident warrants activation of incident management functions and potential emergency response operations. Local health department staff subject matter exerts are the activators of Emergency Support Function 8: Public Health and Medical Services. Thus, local health departments must have a workforce readily available to uphold this responsibility during an emergency or disaster.

Public health workers must be trained in NIMS and ICS (according to state requirements) to ensure a common understanding and knowledge of the concepts and principles necessary to work together in responding to all-hazards incidents with their local, tribal, state, territorial, and federal partners. Understanding the principles of a scalable approach to response and how people from various agencies work together in an emergency yields a more cohesive and efficient response. Tier 3 staff need extensive, in-depth training to perform their specialized incident command and management duties, while Tier 2 should be cross trained in specific emergency response functions along with their daily areas of expertise. 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. Furthermore, LHD preparedness staff should be well engaged with their local emergency management directors during any emergency irrespective of who is the incident commander. Utilizing local small or medium-sized emergencies and other similar events where the ICS roles can be more regularly used will aide in stronger competence from LHD staff.

Volunteer organizations are adequately trained to extend the public health workforce and support in leadership roles during both emergency and non-emergency responses. In particular, health departments should work closely with their local MRC and/or Community Emergency Response Teams (CERT) to provide training and education opportunities. Volunteers represent a well-organized source of skills and resources committed to the public health of their communities.

Workforce development plans for public health workers should be competency-based. Competency-based frameworks strengthen the public health workforce by building capacity, helping workers adapt to changing environments, and integrating into the broader emergency response system. 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 an all-hazards response plan. They should also consider the emergency plans and the community's risk assessment to identify and develop specific training needs. Workforce development plans should be continuously updated through regular training workshops to ensure that they align with a community's needs, as well as are in accordance to best practices, federal guidelines, and lessons learned.

Workforce development also includes regular exercising of response capabilities to further develop the skills and knowledge gained through training and education and to identify gaps and areas for improvement.[7] Exercises should be whole community-wide and include a wide range of response partners, community organizations, at-risk populations, and volunteers. Exercising together enhances coordination with all response partners and helps ensure that all needed resources are available and coordinated 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. After action reviews conducted following community exercises or real-world events identify additional training needs and refine preparedness and response plans. 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 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 an overall culture of continuous quality improvement.[8][9] 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 and recover from emergencies.

Additionally, development and training plans should include special considerations to foster a culturally competent, resilient, and equitable workforce. While providing just-in-time training to responders will always be required based on the specifics of the incident, establishing a baseline understanding of the local jurisdiction, identifying responder burn out, and practicing self-care will enhance workforce cohesions and responses.

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.

Definitions:
- *Volunteers*. Local Voluntary Organizations Active in Disaster (VOADs) such as the Medical Reserve Corps (MRC), Community Emergency Response Teams (CERT), Red Cross, and other affiliated volunteers;
- *Tier 1: Public health workers*. All local health department staff, community partners, and volunteers that would be deployed during an emergency;
- *Tier 2: Local health department staff*. Staff within a local health department that would be deployed during an emergency;
- *Tier 3: Preparedness staff*. Staff within a local health department who specially focus on public health preparedness activities;
- *Tier 4: Senior management and executive leadership*. Local health department leadership who oversees major programs and operations, and/or who are involved with planning and implementing the local all hazards plans.

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Record of Action

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