

## Application: Building Workforce Capacity of Rural/Frontier Local Health Departments to Respond to COVID-19

**Instructions:** APPLICATIONS MUST BE SUBMITTED THROUGH THE ONLINE SYSTEM. COMPLETE THIS FORM IN ITS ENTIRETY AND UPLOAD YOUR ANSWERS, WHEN PROMPTED, IN THE ONLINE SYSTEM, AVAILABLE [HERE](#). Applications are not complete until associated attachments (listed below) are submitted. **Applications are due by 11:59PM ET on Wednesday, March 16, 2022.**

Please note that responses are automatically saved each time the respondent progresses a page within the application and the responses themselves are limited to the word counts indicated. If you are having issues accessing the online application, please contact our team ([CovidWorkforce@naccho.org](mailto:CovidWorkforce@naccho.org)) for other submission options. Additionally, send your completed budget template, budget narrative, NACCHO Vendor Form, W-9, Certification of Non-Debarment, FFATA Form, and proof of active registration with Sam.Gov in accordance with active DUNS number to ([CovidWorkforce@naccho.org](mailto:CovidWorkforce@naccho.org)). Incomplete applications or applications received after the deadline will not be considered.

A. CONTACT INFORMATION (section will not be scored)		
Local Health Department Name: <b>Routt County Public Health</b>		
Street Address: <b>136 6<sup>th</sup> Street, Suite 112</b>		
City: <b>Steamboat Springs</b>	State/Territory: <b>CO</b>	ZIP Code: <b>80487</b>
Approximate population size served by LHD (number):	26,000 individuals	
ZIP codes in the LHD's jurisdiction (please list all, separating each with a comma) *NOTE: these ZIP codes will be reviewed for associated RUCA codes to determine eligibility based on criteria listed in the RFA. At least 50% of your jurisdiction must be considered a Rural/Frontier area according to corresponding RUCA codes to be eligible for this opportunity.*	80487, 81639, 80467, 80428, 81638, 80479, 81653, 80463, 80469, 80477, 80488.	
Current number of staff:	5 full-time equivalents (FTEs) (all staff)  non-clinical full-time equivalents (FTEs)	
<b>Administrative Preparedness Plan:</b> Do you currently have a documented administrative preparedness plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Lead project contact</b> (agency-designated project contact for all matters pertaining to the project): Name, Title Roberta Smith, Director Email: <a href="mailto:rsmith@co.routt.co.us">rsmith@co.routt.co.us</a> Phone: 970-870-5319		
<b>Lead finance contact</b> (agency-designated finance contact for all matters pertaining to processing contracts and invoices): Name, Title Brittany Hilgers, Clinical Administrative Assistant Email: <a href="mailto:bhilgers@co.routt.co.us">bhilgers@co.routt.co.us</a>		

Phone 970-870-5341

**B. CONTRACTING INFORMATION (section will not be scored)**

Selected LHDs will enter into a contract with NACCHO to complete the deliverable(s) selected as part of this application. To expedite the contracting process for selected sites, agreement with NACCHO standard contract terms and conditions, found [here](#), is a requirement for application. No modifications will be made. The information below will help to begin the contracting process immediately upon selection.

The LHD (or entity that will be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices, has read NACCHO's standard contract language and would be able to enter into a contract without making modifications to the terms and conditions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The LHD (or contracting entity) will be able to sign and return a contract to NACCHO within 30 calendar days of receipt.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you selected 'No' to either of the above, please explain.	
In the last 24 months (February 2020 – February 2022) has your LHD received any grant funding from NACCHO? <i>(Note: this information is for tracking purposes and has no bearing on review and selection.)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide a general description, dates and approximate amount of each separate grant funding received.	
Does the organization have prior experience in Federal Contracting?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the organization completed a Single Audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**C. CURRENT COVID-19 WORKFORCE ACTIVITIES**

**C.1.** Describe your recent/current activities in COVID-19 emergency preparedness, emergency response, and administrative preparedness. **(Max 300 Words)**

Routt County Public Health is a new health department that was in transition and in the beginning stages of development in 2019. When the COVID-19 pandemic began in early 2020, there was only the public health director and a public health nurse that was hired in March 2020. For emergency preparedness there was not someone that had been dedicated uniquely to Routt County Public Health (RCPH) response, rather there was a regional emergency preparedness position that was assisting Routt County from the Colorado Department of Public Health and Environment (CDPHE). The County does employ someone for emergency response

but this role was primarily set up for wildfire incidents and had no background or training for public health response. In July 2020, the director that had started the new Public Health Department in 2019 resigned, as did the public health nurse. The current director of Routt County Public Health was hired in July 2020. Gradually, the director was able to hire staff including an epidemiologist, a public health nurse, and a health educator. The new public health nurse did have a background in emergency care as an emergency room nurse and she had local connections to our local emergency services. Because of those connections she was able to fill the role for our emergency response during the beginning of the pandemic and she was able to organize and stand up our mass vaccination clinics. However, this work was not part of a plan or preparedness response playbook that had been created for Routt County. Most of the response on the part of public health was established with assistance from CDPHE.

*C.2. Describe your efforts to ensure adequate staffing and to train your workforce to engage in COVID-19 response and recovery activities. Please include information on workforce structure, hiring processes, staff training activities, and any activities to address workforce mental health and well-being. (Max 300 Words)*

In the time span of July 2020 to present we have had our public health nurse and our public health educator leave the department. We were able to hire a new public health nurse and after several months found someone for the health educator role. Being in a rural area in a county that also has a high cost of living, the talent pool is challenging. In addition, finding someone with previous experience in public health also proves difficult. To the best of our ability, we have used the statewide training resources that are available to us. There are several online trainings that new hires have enrolled in at the Rocky Mountain Public Health Training Center (RMPHTC). These have given staff perspective on public health and the core services that the organization should be addressing.

Per CDPHE guidelines throughout the pandemic, RCPH has hired several contact tracers to assist with case investigation and contact tracing. Training from the RMPHTC was a valuable tool that assisted our contact tracers to conduct interviews, have difficult conversations, and provide resources for our COVID-19 positive cases.

Since all of our public health staff started their roles during the COVID-19 response, there was no “normal” public health duties framework. To assist with workforce mental health and wellbeing, the public health director connected the staff with Routt County Crisis Support services. This service is a local non-profit that provides crisis support for response workers impacted by a critical incident or event with the goal of minimizing the impact of the event, accelerating the recovery process, and educating participants on normal reactions to abnormal events.

Staff participated in weekly meetings with the crisis center staff and it was a welcoming environment for staff to unload the stresses of the work while keeping us together as a team.

#### **D. COVID-19 WORKFORCE CHALLENGES**

Please describe challenges that you have encountered in your COVID-19 response that affect your workforce capacity and ability to implement COVID-19 programs and recovery initiatives. *(Max 200 Words)*

Since Public Health is a new organization and had only about 6 months as a public health entity before the COVID-19 response hit, workforce capacity has been a challenge. Only 3 positions were created for the program. The program has benefited from hiring temporary staff to assist with contact tracing, vaccination clinics and mass testing. The program has been able to sustain support from community partners and CDPHE clinical assistance but as response slows, it shows that capacity is lacking.

Our program needs to demonstrate that more positions are needed to support all of the core functions of public health, including emergency management and response.

Specifically, our public health nurse that was with the program from 2020- 2021, had a background in emergency management. When she left the program, that capability disappeared.

Another challenge has been physical space to do our work. When public health was started in the county in 2019 there was limited space to house the program. Currently, Public Health is in a temporary location with other county services while the construction of a new building is underway. With this expansion we hope to have a larger physical capacity to house more staff and provide direct services.

#### **E. TRAINING & TECHNICAL ASSISTANCE NEEDS**

NACCHO wants to support the ability of rural and frontier health departments working on COVID-19 to build their workforce capacity to develop/update administrative preparedness plan, communicate throughout emergency response, address workforce mental health and well-being needs, ensure equity in emergency response and recovery, and address other emerging issues. In the space below each TTA area, please provide additional details about your workforce needs as well as your capacity and capabilities to meaningfully engage with this work. **(Max 200 words per TTA area)**

- **Administrative Preparedness & Emergency Preparedness and Response:**
  - Understanding how to create/implement effective procedures and policies, such as for emergency procurement; staffing (e.g., hiring and training, building surge capacity, staff turn-over and succession planning); and emergency reporting practices (i.e., how to streamline policies and procedures focused on public health data reporting processes). This also includes gaining insights on how to improve and exercise public health authorities during emergencies that expedite these administrative processes and procedures, streamline procurement and personnel actions, and support the implementation of protective health measures.
  - Knowledge and skill development in technical areas related to COVID-19 testing and vaccine administration that will assist frontline staff to implement these activities. This may include how to strengthen surveillance efforts, how to use data to inform response efforts, vaccination outreach strategies, and strategies to increase vaccine confidence (i.e., building partnerships).

**Routt County Public Health does not currently have procedures and policies in place for these response activities. There was a volunteer who was coordinating supply purchasing but Public Health staff did not have awareness around current inventory supplies, purchasing agreements, or other necessary systems.**

**We did stand up testing through our Public Health Department with the use of temporary nurses. When we had nurses rotate out of the temporary positions, there wasn't a training mechanism in place to formally train the next nurse, placing added reliance on the existing nursing staff to train the next. It would have been useful to have had a training regimen set-up for when temporary nurses or volunteer nurses were added.**

- **Communications:** A focus on engaging with the community in a meaningful way that builds trust, decreases vaccine hesitancy, and counters vaccine mis/disinformation, including how to use and frame data/information to a range of stakeholders.
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**Throughout the COVID-19 response, Public Health hosted several public awareness town hall events in conjunction with our local newspaper. These events focused on delivering timely and accurate information on COVID-19 cases, hospitalizations, and deaths. When immunizations were launched in our community, having this trust and this network already established, bolstered our communication efforts. Recently, a new health educator was hired. Our health educator is new to public health and does need training on public health issues that she is unfamiliar with.**

- **Workforce Mental Health and Well-Being:** Addressing current workforce challenges related to recruitment and retention concerns arising due to burnout, moral injury, and mental health concerns in the workplace. Learning innovative practices in supporting the mental well-being of staff throughout the COVID-19 pandemic and beyond.
- **Our program reached out for group mental health sessions with local providers. However, now that we are out of the “emergency” phase, that resource is not available to us. Our staff has changed over the course of the response. The individuals that were in the thick of the response could use a mental health debrief, while new staff could also benefit from mental health training for difficult issues that might arise in our other programs and/or how to handle a future response event. We continue to emphasize the use of EAP through our HR department and some of our professional organizations are hosting mental health recovery sessions as well.**
- - **Health Equity:** An increased understanding of health equity principles and how they relate to and can be incorporated into these and other emergency preparedness capacity-building activities.
- **Throughout the pandemic, we have had good connections with our immigrant community to offer dedicated testing and vaccination services. We have several spots in our county that are without a point of healthcare services and this healthcare equity issue has come to light. We are realizing that in our future response plans, our program needs to factor in these areas of healthcare need.**
- - **Emerging Issues:** Given the ongoing and evolving nature of the COVID-19 pandemic, NACCHO and are partners will work with LHD grant recipients to identify and address, as feasible, emerging issues relevant to COVID-19 workforce development capacity-building needs.
- **Routt County Public Health hired a dedicated epidemiologist/ data manager. This position is a new position for the County and we would like to leverage this expertise to develop and maintain surveillance systems for novel viruses but also monitor for outbreaks and other emergent issues albeit communicable diseases or possible environmental threats.**

**F. PROJECT STAFF & PARTNERSHIPS**

This project will offer TTA on preparedness planning activities that require altering existing administrative preparedness plans (either the whole plan or a section thereof). It will offer training on an array of topics that support LHD staff capacity for communication, workforce wellness, health equity, and more. To benefit from these offerings, it is recommended that your key staff and community partners engage with the TTA and resources offered. Please list all staff and community partners that you intend to include in this project. Include their names, organization names, titles, and a brief description of their role(s). ***(Max 200 Words)***

Integrated Communities- Health Equity- Nelly Navarro, Executive Director. Integrated Community is our partner for the immigrant community in Routt County and has been a valuable partner in health equity.

UCHealth- Eli Nycamp, Emergency Preparedness Manager. Assist to align hospital plans with RCPH.

United Way- Kate Nowak Director. The United Way is a local organization that was able to provide resources to many of our disadvantaged and elderly community during our COVID-19 response

Nicole Harty- RCPH- Epidemiologist/ Data Manager: Nicole will be involved for surveillance and data needs for the project.

Roberta Smith- RCPH- Director- Currently developing policies and practices for the department and will lead the emergency preparedness work. She is currently working with students who are evaluating Routt County for Total Worker Health programs. Assessments from the Total Worker Health work will help to inform the worksite wellness program.

Madysen Jourgensen: RCPH- Health Educator. Currently involved in health communications for Public Health and will be key for our communication and partner coordination.

Emergency Preparedness Administrator- TBD. Currently this position within Routt County is being hired. RCPH is intending that this person will be involved in this work to help inform the greater emergency response plans for the county.

#### **G. PROPOSED ENGAGEMENT WITH PROJECT ACTIVITIES**

G.1. What do you plan to do with this funding? How will you ensure sustainability of capacities built through this grant's activities? **(Max 400 Words)**

As mentioned, Routt County Public Health is a brand new health department. The program is in the beginning stages of development. The goal is to build a solid foundation based on evidence-based practice and meet all of the core public health services that will build that foundation. While the program just went through a massive response, policies were developed in a reactionary way and met the timely need. The program needs to reset and revisit, with policies in place that will be sustainable and flexible to meet the needs of the next emergency response.

Excellent partnerships were developed based upon urgency during the COVID-19 response, which is arguably the best thing that could have happened in light of the tragedy. Public Health was put in the spotlight and we were able to guide our community through the response. Now, as the response shifts, the community should continue to look to Public Health as the leader in these issues. In order to be a successful and responsible leader, a solid plan needs to be created. These plans need to be shared with our community partners in advance while remaining flexible to the changing needs and demographics of our community. If funded, this project will really help us to provide our department with the best tools to be successful.

It was made evident during the response that Public Health and our County Emergency Preparedness Department were on different wavelengths in terms of responsibilities. If we participate in this program, our goal is to educate our emergency response programs the role that Public Health can and will play in future public health situations. We can leverage the existing partnerships created and lessons learned to create a comprehensive plan. This work will lend the needed credibility to our department as an effective leader and partner in the emergency response space.

## **Submission Information**

### **Timeline (subject to change)**

- *Wednesday, February 16, 2022:* RFA released
- *Wednesday, March 2, 2022 3:00PM EST:* Informational webinar (recording here: [https://naccho.zoom.us/webinar/register/rec/WN\\_C3CqpyJ0S\\_SGddTP2r1RgQ?meetingId=5cxTB3CLsy4IU88lv1W1BTsIDND\\_wJNnsh\\_rjVEBuHMFCC8NCviaJpUXDj2obyvG.NdwqXc9luNKGbu9G&playId=&action=play&xzm\\_rtaid=aHiYfvfiRiGxdzXvnaCn6g.1646325596220.44e88bddf9cf7a90e991c0539de9dba8&xzm\\_rhtaid=389](https://naccho.zoom.us/webinar/register/rec/WN_C3CqpyJ0S_SGddTP2r1RgQ?meetingId=5cxTB3CLsy4IU88lv1W1BTsIDND_wJNnsh_rjVEBuHMFCC8NCviaJpUXDj2obyvG.NdwqXc9luNKGbu9G&playId=&action=play&xzm_rtaid=aHiYfvfiRiGxdzXvnaCn6g.1646325596220.44e88bddf9cf7a90e991c0539de9dba8&xzm_rhtaid=389))
- *Wednesday, March 16, 2022, 11:59PM EST:* Deadline for submission of grant applications
- *Approximately March 21, 2022:* Anticipated notice of award announced
- *April 1, 2022:* Contract period commences
- *December 31, 2022:* Contract end date

### **Applicant Questions and Guidance**

*NACCHO will support interested applicants to offer guidance and address specific questions about the RFA. Interested parties should attend the **March 2, 2022** informational webinar and/or review the FAQ document produced after the webinar is held. The webinar's recording will be posted to the [Public Health Preparedness page](#).*

### **Funding and Disclaimer Notices**

This project is supported by a grant from the Centers for Disease Control and Prevention (CDC-RFA-OT18-180202SUPP20). CDC does not endorse any particular product, service, or enterprise. Views expressed in related products do not necessarily reflect those of CDC, Health and Human Services.

This RFA is not binding on NACCHO, nor does it constitute a contractual offer. Without limiting the foregoing, NACCHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFA; to waive any deviation from the RFA; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFA. Under no circumstances shall NACCHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFA.