WORKING PAPER

Enhancing Public Health Preparedness: Exercises, Exemplary Practices, and Lessons Learned, Phase III

Task E: Approaches for Developing a Volunteer Program to Respond to Public Health Emergencies

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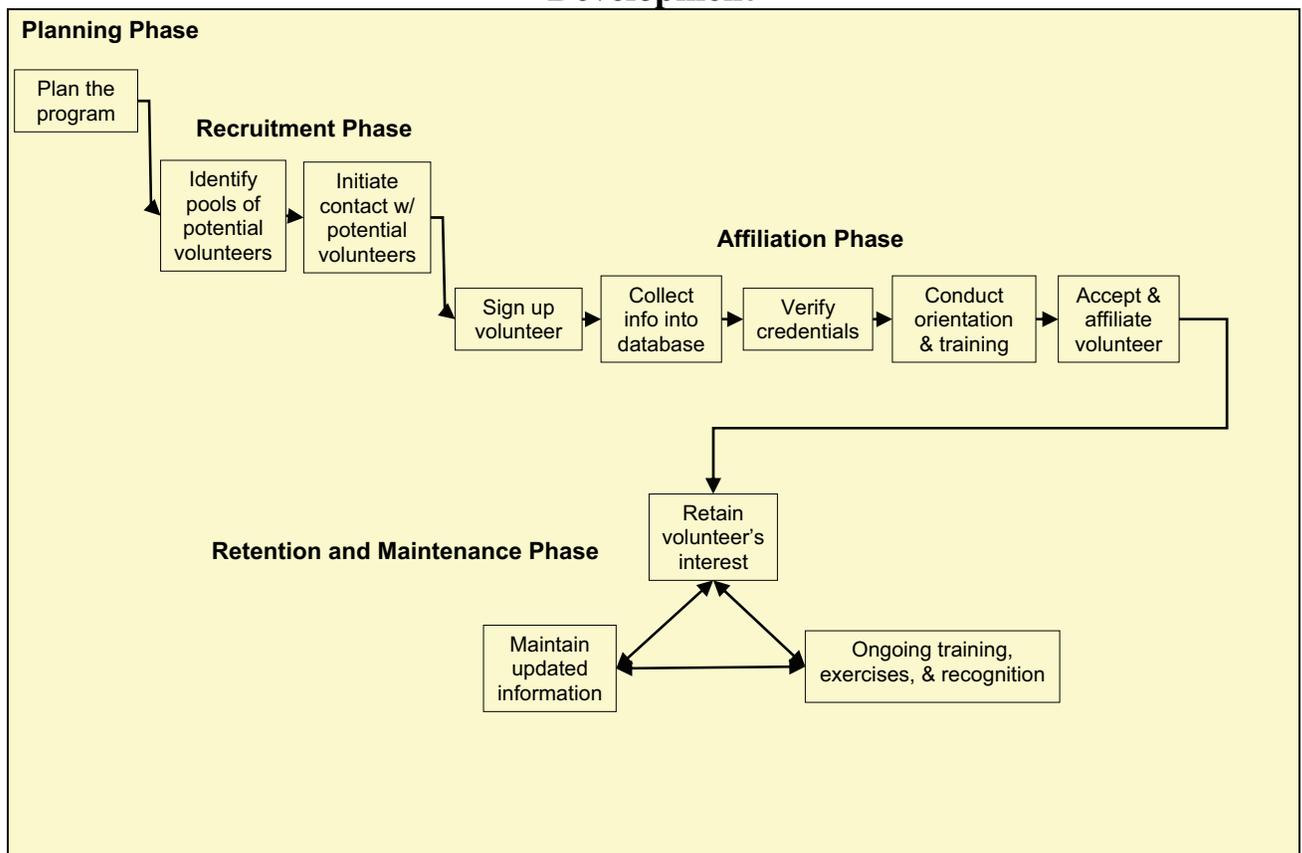DANIELLE M. VARDA
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Summary

Although the need to prepare for public health emergencies has always been a concern, the events of September 11th, the devastating tsunami in Asia, Hurricane Katrina, and the emergence of avian influenza have all brought the potential for a large-scale disaster to the forefront of public awareness. These and other catastrophic events have drawn attention to the need for a "surge" of additional health care workers and other volunteers to assist public health agencies, emergency management organizations, first responders, and health care facilities with disaster response and recovery efforts. However, while experience has shown that many volunteers, including health professionals, are typically willing to help in the wake of a natural disaster or other emergency, in many cases, the spontaneous arrival of large numbers of volunteers at the scene of an emergency can hinder an efficient response. As a result, emergency responders, including public health organizations, have recognized the need for a pre-planned and coordinated volunteer effort during a public health emergency.

Many public health agencies have never developed such a program before, and are not familiar with the approaches available for recruiting, managing, and retaining volunteers. This report aims to provide hands-on strategies and approaches that can be used by public health agencies and other community organizations to establish or expand a volunteer program for building workforce surge capacity in the event of a public health emergency. Because the evidence base in public health emergency preparedness is still being developed, we do not attempt to rate the approaches or to identify "best" practices. Rather, the report provides examples of how various organizations (including local and state public health authorities; Medical Reserve Corps units (MRCs); national disaster relief organizations; local, state, and national volunteer organizations; and faith-based organizations) are attempting to resolve common challenges in recruiting, affiliating, managing and retaining volunteers, especially health professionals. The study draws upon the published academic, public health, and lay practitioner literatures on volunteering as well as interviews with key program staff in health departments, MRCs, and other local and national volunteer organizations.

KEY FINDINGS

We began our study by developing a process map to illustrate the major steps involved in. Figure S.1 outlines the processes involved in recruiting and retaining volunteers for public health emergencies, which typically include four phases: planning, recruitment, affiliation, and retention/maintenance. Although individual volunteer programs will vary in their design, our work indicates that these steps are common to many programs.

Figure S.1 Process Diagram for Volunteer Program Development

Planning Phase

- Plan the program

Recruitment Phase

- Identify pools of potential volunteers
- Initiate contact w/ potential volunteers

Affiliation Phase

- Sign up volunteer
- Collect info into database
- Verify credentials
- Conduct orientation & training
- Accept & affiliate volunteer

Retention and Maintenance Phase

- Retain volunteer's interest
- Maintain updated information
- Ongoing training, exercises, & recognition

Planning

Careful planning is critical to the success of any volunteer program (Forsyth, 1999; McCurley and Lynch, 2006; Maryland Governor's Office on Service and Volunteerism, 2006). In public health, a volunteer program to expand the workforce in the event of an emergency requires that program goals are aligned with the broader public health emergency planning goals. When elements of the public health emergency plan

accurately reflect what the volunteer program can (and cannot) provide, it will be easier to align personnel and resources.

Determining volunteer roles is an important planning step. Public health departments will want to establish the roles of volunteers and determine whether they will be called upon only in emergency situations or also to assist with routine public health functions such as conducting in immunization clinics. Many of the public health departments interviewed for this study are focusing their initial planning efforts solely on the recruitment of volunteer health professionals (VHPs), particularly physicians and nurses, although some health departments are also partnering with local volunteer organizations to recruit non-health professional volunteers.

Estimating the number of volunteers needed is difficult. Representatives of many programs we studied report that it is challenging to estimate the number of volunteers needed; hence many programs seek to recruit as many volunteers as they can. No matter how many volunteers are recruited, additional volunteers may be required during an emergency, since some affiliated volunteers may be unavailable, unwilling, or unable to serve when the need arises.

It can be useful to plan for the potential influx of spontaneous unaffiliated volunteers (SUVs). As does much of the literature, most of the interviewees for this study acknowledged that unsolicited SUVs *will* arrive during an emergency (Volunteer Florida, 2005, no date; Fernandez et al., 2006; California Office of Emergency Services, 2001; Marshall, 1995; California Service Corps, 2004). Further, their services could be critical, especially if an event extends for longer than anticipated. Some organizations actively plan strategies for managing SUVs and using them effectively. Strategies include developing "just-in-time training" to prepare SUVs for service, partnering with other volunteer organizations such as the American Red Cross to assist with SUV intake and staging logistics, and establishing a Volunteer Reception Center (VRC), where large numbers of volunteers can be quickly processed and deployed (California Office of Emergency Services, 2001; Fernandez, et al., 2006; Illinois Terrorism Task Force Committee on Volunteers and Donations, 2005; California Service Corps, 2004).

Spontaneous unaffiliated licensed VHPs present a unique challenge in that verifying their professional credentials during an emergency can be daunting, especially

if power and internet resources are compromised. Ideally, VHPs who volunteer their professional services during an emergency will be affiliated with an established volunteer organization or registry that has already verified their licenses. Although there is agreement that the presence of SUVs can create problems in an emergency, their relevance should be noted and ideally the volunteer management strategy will include both the management of affiliated and non-affiliated volunteers in the event that they are needed.

Legal issues impact the use of VHPs. State laws govern the licensing of health professionals and are thus important to consider when recruiting licensed health professionals as volunteers. Further, these laws may be affected by an emergency declaration. For example, license reciprocity regulations could be relaxed if VHPs are needed from another state. A legal issue of major concern is the risk of liability should a disaster victim become ill, injured, or killed as a result of a volunteer's actions. All states have Good Samaritan Laws, which protect volunteers from liability to some degree; however, many states have recognized the need for broader protections for volunteers, especially VHPs. Another legal issue of concern is the availability of worker's compensation should a volunteer become ill or injured in the course of service. States vary in the degree to which they have determined, in advance, how workers' compensation may apply to volunteers. Volunteer programs should be prepared to explain liability risks and the extent to which workers' compensation benefits are available (if any).

Funding limitations are common and costs are substantial. Public health and MRCs interviewed for this study consistently reported that developing, managing, and maintaining a volunteer program is costly and funding is scarce. Costs can be substantial and include, for example, staffing, program materials, and in some cases, sophisticated information technology (IT) systems for data management. Further, there is the additional cost of initially verifying VHP credentials and reverifying those credentials on a regular basis.

Program evaluation is rare. Only a few of the programs in our study currently track statistics to measure recruitment, training completion, or response to drills and exercises. However, meaningful program evaluation is important, and must rest on

appropriate measures. A reasonable starting point for program evaluation would be to set goals for recruitment and call-down drills and measure progress toward achieving those goals.

Recruitment

Recruiting individuals for public health emergencies is especially challenging because of the specific skill sets that can be needed, as well as the difficulty of keeping volunteers engaged and practiced between events. There are three main approaches for recruiting volunteers. *Warm body* recruitment, as its name suggests, is useful for jobs that just about anyone can fill, and typically involves spreading the message about positions broadly through public service announcements (PSAs) and other media sources as well as community groups such as churches and colleges. *Word of mouth recruitment* targets individuals who are already connected to the recruiting organization. *Targeted recruitment* focuses on recruiting those with specific skills and special commitment (McCurley, 1995; McCurley and Lynch, 2006).

Multiple pools of possible volunteers are needed. There are many approaches for contacting potential pools of volunteers, including exhibits at professional conferences and community events; presentations at local businesses, hospitals, doctor's offices, schools, and community organizations; public service announcements on local radio and TV, and articles in the local newspaper.   Networking is also an important approach, and organizations may want to review their current relationships with other community organizations and determine the extent to which they will need to expand existing networks to find volunteers. Several public health agencies reported that they had hired consulting firms to help them develop a sustainable marketing plan for volunteer recruitment. Some state public health departments have advertised in or submitted articles to professional association newsletters, and many are also collaborating with state licensing boards to include volunteer recruitment literature in professional license renewal mailings.

Message development is important for encouraging people to volunteer. Messages might focus on the particular volunteer groups being sought, the specific needs of the organization, the ways in which volunteers can alleviate these needs, and the potential benefits of volunteering. A variety of messages may be needed.

Affiliation

Once an individual decides to volunteer, the recruit becomes officially affiliated with the volunteer program and undergoes a process of approval. Like other volunteer organizations, public health volunteer organizations must develop a database to keep track of their volunteers. An additional component of affiliation in public health is to identify and verify relevant credentials for VHPs.

Ease of sign-up, and prompt response, help establish initial volunteer interest. Responding promptly to a potential volunteer's initial display of interest is critical. Some health departments, MRCs and volunteer organizations use a two-step process whereby the volunteer initially indicates interest by sending back a simple tear-off postcard or filling out a short form online; the organization then follows up promptly with a phone call, letter or email. Interviewees emphasized the importance of having some form of prompt personal contact at this stage of recruitment.

Collecting volunteer data is an important step in the affiliation phase. At a minimum, contact information is needed, but organizations may also collect demographic or personal information depending on how volunteers will be used. Many public health and MRC volunteer programs also ask volunteers about other commitments that might interfere with emergency volunteering duties or about skills and previous volunteer experience, including completion of training. Some programs also conduct background checks on all potential volunteers to be sure they do not have a history of criminal offenses. If a prospective volunteer is a licensed health professional, the volunteer program typically collects information on the VHP's professional credentials, licenses, skills, and privileges at health care institutions.

Data management systems vary widely. Our interviews revealed that systems for collecting and managing volunteer data vary dramatically and range from paper-based files and simple spreadsheets to the use of sophisticated commercial systems. Some agencies use databases that can be accessed via the Internet. Such systems have the advantage of allowing prospective volunteers to input information themselves, and also allow access by MRC and health department officials to volunteer data in the field during an event. Some of the more sophisticated data systems have the ability to connect with other agency databases, automated credential checking systems, or automated calling

systems. However, these capabilities increase the complexity and the cost of a system and were noted more often in state health departments as opposed to local health departments and MRCs.

Sharing data among volunteer organizations may be desirable, but can raise concerns. Sharing volunteer data between local volunteer organizations, between local and state health departments, and between state health departments and the federal Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program can minimize the "double-counting" of volunteers and also facilitate deployment to areas of need during an emergency. However, efficient data-sharing requires interoperability of data systems. The need for interoperability may become a problem for volunteer programs that started with home-grown information systems that had been sufficient for their local requirements but that do not meet larger system needs. Further, some interviewees expressed concern about revising their databases, fearing that more uniform data systems may not meet the needs of each individual program. There was also concern over who should own the data. In addition, interviewees from some local health department and MRC volunteer programs expressed reluctance to share their volunteer lists with other organizations and government agencies, for fear that local volunteers would be drawn away for duty elsewhere.

Verification of VHP professional credentials can be challenging. Many VHPs are licensed to practice through a state licensing board. State laws govern the licensing regulations, which differ for each occupation. Some health professionals hold other types of credentials that are regulated by other entities. The VHP credentialing process involves determining the area of licensure or type of credential and the credentialing source. Credentials can then be verified with the issuer of the credential, or through a Credential Verification Organization (CVO). Some MRCs and health departments are working to automate the state license verification process so that the volunteer database can be cross-referenced against the state licensing databases.

Hospitals can serve as a reliable source of credentialing information. The process of checking credentials is routine for hospitals, given that the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) standards require hospitals to verify all credentials through a primary source prior to granting privileges or

employment to health professionals. Thus, health departments and MRCs are turning to hospitals for assistance in verifying VHPs' credentials for work in non-hospital settings and also for work in other states or for hospitals in which the VHP is not employed nor has any affiliation.

Electronic real-time credentialing systems may be ideal for use at the state level. Secure, password-protected commercial websites can be used to allow for real-time primary source verification of credentials for some VHPs. However, while such systems may represent the ideal model for verifying credentials for volunteer health professionals, this may be realistic only at the state level due to funding issues. Local health departments and MRCs are less likely to have the funds to access these commercial resources.

Online orientation and training are common for volunteers. The affiliation process often involves some form of training or orientation for the new volunteers. Many programs use an online registration/sign-up system that also includes an orientation course. Online training is a relatively low-cost option for providing potential volunteers with basic knowledge about emergency situations, incident command structure, or to outline expectations for volunteers (i.e., time commitment, job descriptions, length of shifts).

Retention and Maintenance

Maintaining a volunteer corps for public health emergencies can be especially challenging due to the rarity of these events and the need to find ways to keep volunteers committed to serving between events.

Volunteers require frequent and high-quality contact. Regularity of contact coupled with a thorough assessment of volunteer needs and constraints was cited by many interviewees as key to keeping volunteers retained and active. The most frequent methods of contact noted were emails, newsletters, and occasional in-person meetings.

Volunteer recognition is essential to retention. Official acknowledgment of volunteers when they first sign up is one method of recognition cited by many interviewees. Newly affiliated volunteers are often acknowledged with an item that designates their membership status. Many organizations send an official welcome letter and/or provide volunteers with an ID badge, tee shirt, vest, or other item. Ongoing

recognition of volunteers is also an important component of retention (Brudney, 1999; Hager and Brudney, 2004; Forsyth, 1999; Maryland Governor's Office on Service and Volunteerism, 2006). Recognizing volunteer accomplishments and contributions establishes a sense of community and reminds volunteers that their individual contributions are important to the larger effort.

Some programs use existing volunteers to recruit new volunteers. It is important to keep volunteers interested in the organization. Some programs use existing volunteers to attract new recruits at professional meetings. Such efforts have contributed to capacity-building and renewed commitment to volunteering among existing participants.

Volunteer programs should be flexible when possible. Because not all volunteers can contribute the same amount of time or effort, some volunteer programs use multiple "membership levels," each with different obligations or requirements for the volunteer.

Training incentives can be effective. Incentives, such as continuing education credit hours or re-certification points, can be used to encourage volunteers to participate in training. Many programs include just-in-time training courses to make sure that new volunteers are prepared to participate during the event. Volunteers might also be encouraged to participate in activities related to routine public health events, such as yearly flu clinics, public education campaigns and community health fairs.

Updating volunteer information is critical to retention. Many organizations have a process for ensuring that contact information is correct and to monitor fluctuations in volunteer involvement. Responsiveness data can also be used to revise or enhance plans for volunteer retention.

CONCLUSIONS AND RECOMMENDATIONS

The study resulted in several overarching conclusions for developing a volunteer program for building workforce surge capacity in the event of a public health emergency.

Creative Approaches Are Needed to Address Cross-Cutting Challenges

At each phase of program development, public health officials must confront a series of challenges, including the need to garner sufficient staff and other resources.

While funding a volunteer program can be difficult, we believe that several steps can be taken to minimize and justify the costs. For example, volunteer staff can also be included in public health activities such as conducting immunization clinics and participating in community education about emergency preparedness. Costs can also be minimized by partnering with other community organizations or using volunteers to run the volunteer program.

Local public health departments and MRCs face significant challenges in integrating their efforts to establish and maintain volunteer programs with those of other local volunteer agencies, emergency management organizations, faith-based and community groups, as well as state and federal agencies. A high level of integration is essential to minimize double counting of volunteers, to collect information on volunteers, and to ensure that volunteers know which organizations have priority claims on their services in emergencies. Local and state public health departments may be the most appropriate organizations to take responsibility for convening "volunteer summits" at the state and local levels to begin to work through some of the coordination issues. Despite their central role, public health departments will likely find themselves engaged in partnerships with traditional (health specific) and non-traditional (non-health specific) organizations. These types of interactions have so far proven beneficial to the public health sector broadly, and the lessons learned from development of public health collaboratives to deal with traditional community health issues apply in the case of public health emergencies.

Assigning Responsibility to a Single Staff Person Helps Improve Coordination

Assigning the function of developing and managing a volunteer program to a single staff member – and making that function his or her main or, better still, sole responsibility – can go a long way toward addressing many of the challenges associated with developing an effective volunteer program, especially in a busy public health department. A dedicated staff person can improve the chances of coordinating volunteer programs across agencies and community partners, including areas such as training and data sharing; help resolve issues related to double-counting; identify ways in which volunteers can be used to assist in delivering routine public health services in an effort to

develop their skills, keep up their interest in participating in the program, and help defray program costs.

Program Evaluation and Improved Information Dissemination on Promising Practices Will Advance the Field

The evidence base on the effectiveness of alternative public health preparedness strategies and practices is remarkably thin. This is partly due to the scarcity of metrics to assess public health preparedness outcomes. It is our belief that metrics can and should be developed to assess volunteer programs in public health. Initial measures might focus on recruitment rates and attendance rates for training and drills, volunteer retention, and volunteer satisfaction. In addition, improving the speed and efficiency of verifying credentials, as well as evaluating volunteer response time to call-downs could be useful in determining the expected ratio of volunteers to call-downs should an emergency occur.

There is an abundance of lay and practitioner literature on successful volunteer practices, but we identified only a few rigorous evaluations of volunteer program practices in the academic literature (Brudney, 1999; Hager and Brudney, 2004) and none on volunteer practices in the public health literature. Consequently, we are unable to describe any volunteer program practices in public health that could be considered "best" or even "exemplary." In the short run, the promising approaches described in this study will have to suffice. However, over the longer term, we emphasize the importance of embarking on a series of program evaluations of these approaches and beginning to develop a set of evidence-based practices.