Staffing Up: Determining Public Health Workforce Levels Needed to Serve the Nation

Data Collection Instructions:

Estimating the Cost of Full Implementation of Foundational Public Health Services

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Background: What is Staffing Up?

A project to develop a **public health workforce calculator**

- Initial work, from September 2020 to June 2021, determined national full-time equivalent (FTE) needs
  - **80,000 more FTEs needed** to provide Foundational Public Health Services
  - An 80% increase
- Now additional work is being done to create a dynamic calculator for individual agency use
  - Calculator will help determine workforce levels based on need
  - Detailed data is needed from state and local health departments

Background: Foundational Public Health Services

Foundational Capabilities

The cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes. Also called Public Health Infrastructure.

Foundational Areas

Basic public health, topic-specific programs that are aimed at improving the health of the community affected by certain disease or public health threats.

Staffing Up = Determining workforce needed to provide Foundational Capabilities and Areas

Full Implementation Cost Estimation

Considering the next upcoming fiscal year budget, estimate the FTE and other resources needed and cost of full implementation across <u>51</u> foundational major/minor programs, including:

- **FTE.** Staff effort based on your public health agency's definition of full time equivalency (e.g., 2080 hours, 1960 hours, etc.).
- **Salaries, Wages, and Fringe Benefits.** Expenditures on salaries, wages, and fringe benefit expenses for staff employed by the public health agency.
- **Direct Contracts.** Personal and professional service contracts within major programs to pay for professional work performed by non-agency staff. These do not include contracts such as janitorial or other non-public health general support services.
- **Pass-throughs and Transfers.** Pass-through and transfers of dollars between or among governmental public health agencies.
- **Other Expenditures.** All other expenditures not previously specified.

Purpose

WHAT WE WANT:

- We **want** to know what resources would be needed to ensure provide all FPHS activities for all of the people they serve.

- We **want** LPHAs to estimate these resources based on the current service delivery paradigm.

- We **want** LPHAs to be realistic about what resources will cost, and not constrained by non-financial barriers like County salary schedules.

WHAT WE DON'T WANT:

- We **don't want** LPHAs to feel constrained by existing resources (the resources they reported for FY 2019 or have today) in assessing what resources would best implement FPHS.

- We **don't want** LPHAs to feel constrained by current/ongoing scarcity of resources when making their estimates.

Ancillary Budgeting Tool

- Supports development of a zero-based budget for full implementation costs

- Can be used by any department, division, program, etc.

- Download latest version [here](#)

- Definitions of Major Programs are in the [Guidebook](#)
  - See pages 15-24 for summary, and 25-58 for full definitions

Ancillary Budgeting Tool

Ancillary Budgeting Tool: Labor FTE & Expenditures

Ancillary Budgeting Tool: **Contracts**

Ancillary Budgeting Tool: **Pass-throughs and Transfers**

Online Resources

- https://phastdata.org/StaffingUp
  - Guidebook
    - Operational Definitions for UCOA Major Programs
  - Questions and Answers
    - Concise descriptions of key concepts, approaches, answers to general questions
    - Will be revised as new questions come up
  - Data Collection Instruments

Contacting the UCOA Staff for TA

- Email: staffingup@uw.edu
  - Best way to reach Annie, Dana, and Greg
  - Can schedule calls or Zoom meetings as needed

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