

**AMERICA'S  
HEALTH  
RESPONDERS**

**COMMISSIONED  
CORPS**

**U.S. PUBLIC HEALTH SERVICE**

# Essentials of the Transformation: Critical Elements for the Future

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March 10, 2008



America's Health Responders  
**U.S. PUBLIC HEALTH SERVICE  
COMMISSIONED CORPS**

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## History of the Transformation

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COMMISSIONED CORPS**



# History of the Transformation

- » Secretary Thompson's directive to transform the Corps (2003)
- » Evolution of the Secretary's directive
- » Options papers (October 2004)
- » Secretary Leavitt's decisions and Vision (December 2005)
- » Transformation Workgroups (February 2006)
- » Implementation Plan (October 2006)
- » Working Policy & Design Groups (ongoing)

# Corps Mission Statement

Protecting, promoting, and advancing  
the health and safety of the Nation.

As America's uniformed service of public health professionals, the Commissioned Corps achieves this mission through:

- »Rapid and effective response to public health needs
- »Leadership and excellence in public health practices
- »The advancement of public health science



# Transformation Reflects Duality of Mission

- » The Corps must provide qualified officers to the U.S. Department of Health & Human Services and other Federal agencies, as well as other organizations/entities, to improve and advance critical and longstanding public health missions
- » The Corps must provide the Nation with a cadre of qualified public health professionals who are ready to respond to urgent public health and medical emergencies

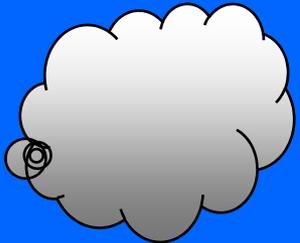
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# Secretary's Transformation Implementation in Detail: The 25,000-Foot View

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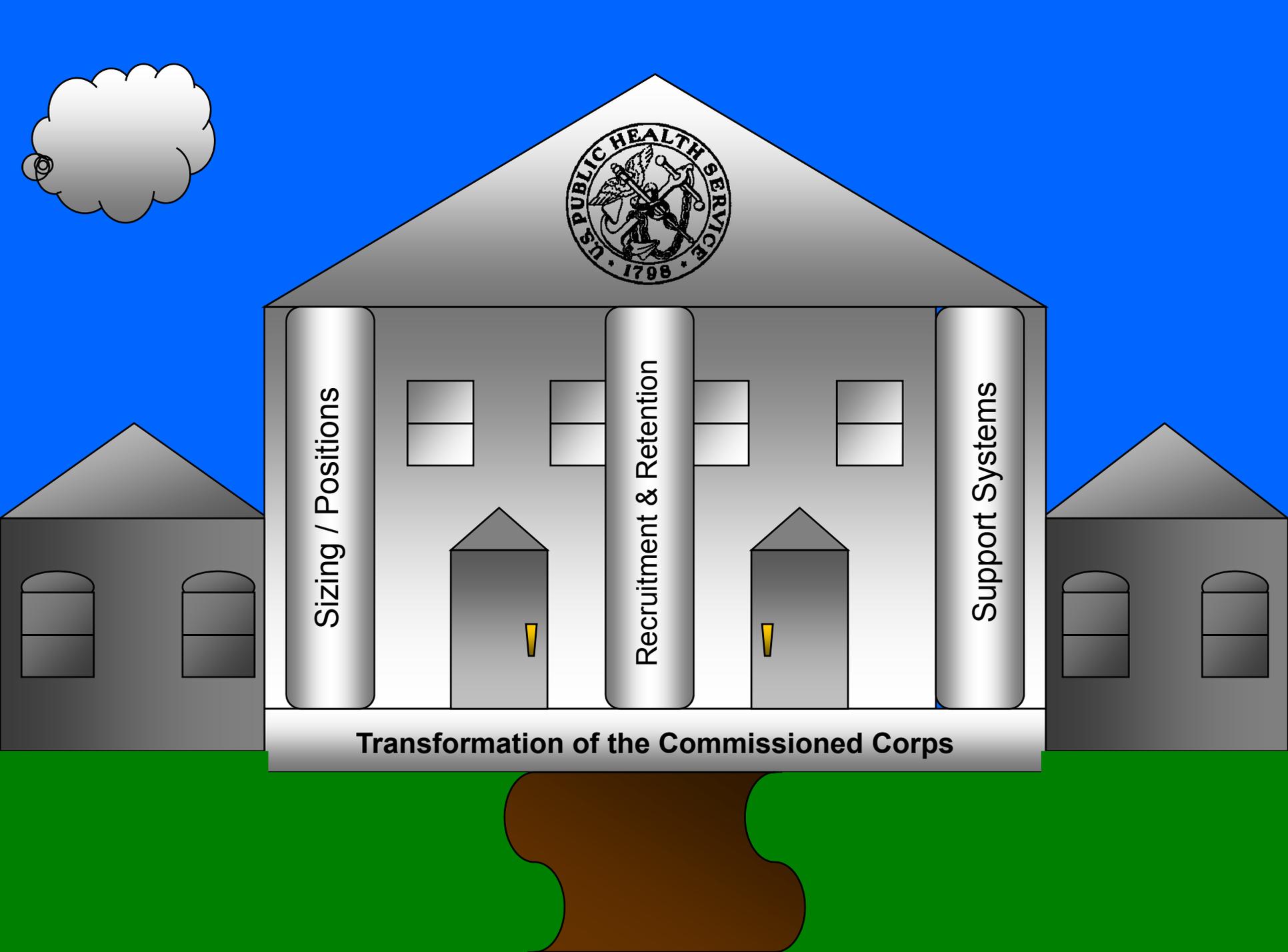


Sizing / Positions

Recruitment & Retention

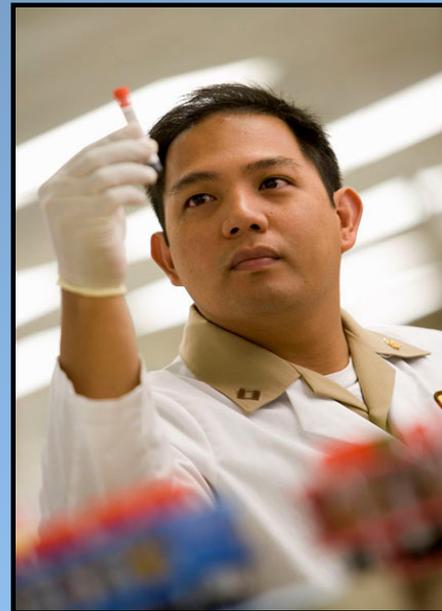
Support Systems

Transformation of the Commissioned Corps



# First Pillar: Sizing & Positions

- » In order to effectively accomplish our mission, we must increase the size of our active-duty force in specific, targeted disciplines
- » Develop tools to assess current and future needs of the Corps
- » Respond proactively to changes in those needs through:
  - Recruitment
  - Selection
  - Assignment
  - Training
  - Promotion and Assimilation
  - Other Incentives



# First Pillar: Sizing & Positions

- » Sizing Model is being created that:
  - Identifies billets within the agencies and officers' professional competencies
  - Balances response requirements with agency needs and the Corps' historic mission
  - Identifies current capabilities and gaps
  - Examines past trends in recruitment, retention, and gaps
  - Predicts future needs based on trends and desired response capabilities (natural and man-made disaster)
  - Guides the targeted recruitment efforts





# First Pillar: Sizing & Positions



- » Priority will be given to assigning officers to 3H (Isolated Hardship, Hazardous, and Hard-to-Fill) duty stations
- » Very junior officers will not be assigned to extremely remote/isolated duty stations where they may be the only Corps officer
- » Assignments to 3H duty stations will have a recommended tour length depending upon the conditions of the assignment (voluntary extension permitted)
  - Three- to four-year tour for possessing one of the 3H designators
  - Two-year tour for stations possessing more than one 3H designator, or extremely remote/isolated duty station

# First Pillar: Sizing & Positions

## » Billets

- One for each officer
- Represents the position, not the officer
- Basis for certain pays (e.g., Assignment Incentive Pay)



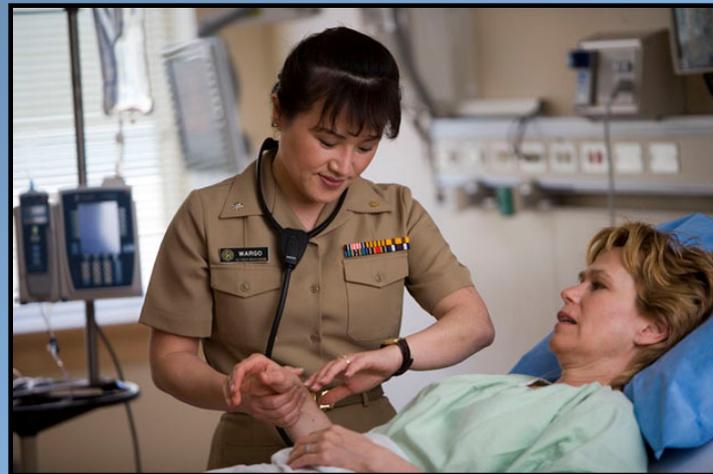
# First Pillar: Sizing & Positions

- » The Office of Force Readiness and Deployment (OFRD) has organized a “tiered” response system
  - Tier 1:
    - Two Health and Medical Response (HAMR) teams (planned)
    - Five Rapid Deployment Force (RDF) teams
    - Ten Incident Response Coordination Teams (IRCT)
  - Tier 2:
    - Five Applied Public Health Teams (APHT)
    - Five Mental Health Teams (MHT)
  - Tier 3:
    - All remaining active-duty Commissioned Corps officers
  - Tier 4:
    - Inactive Reserve Corps
    - U.S. Public Health Service Ready Reserve (desired/proposed)
    - Civilian Medical Reserve Corps



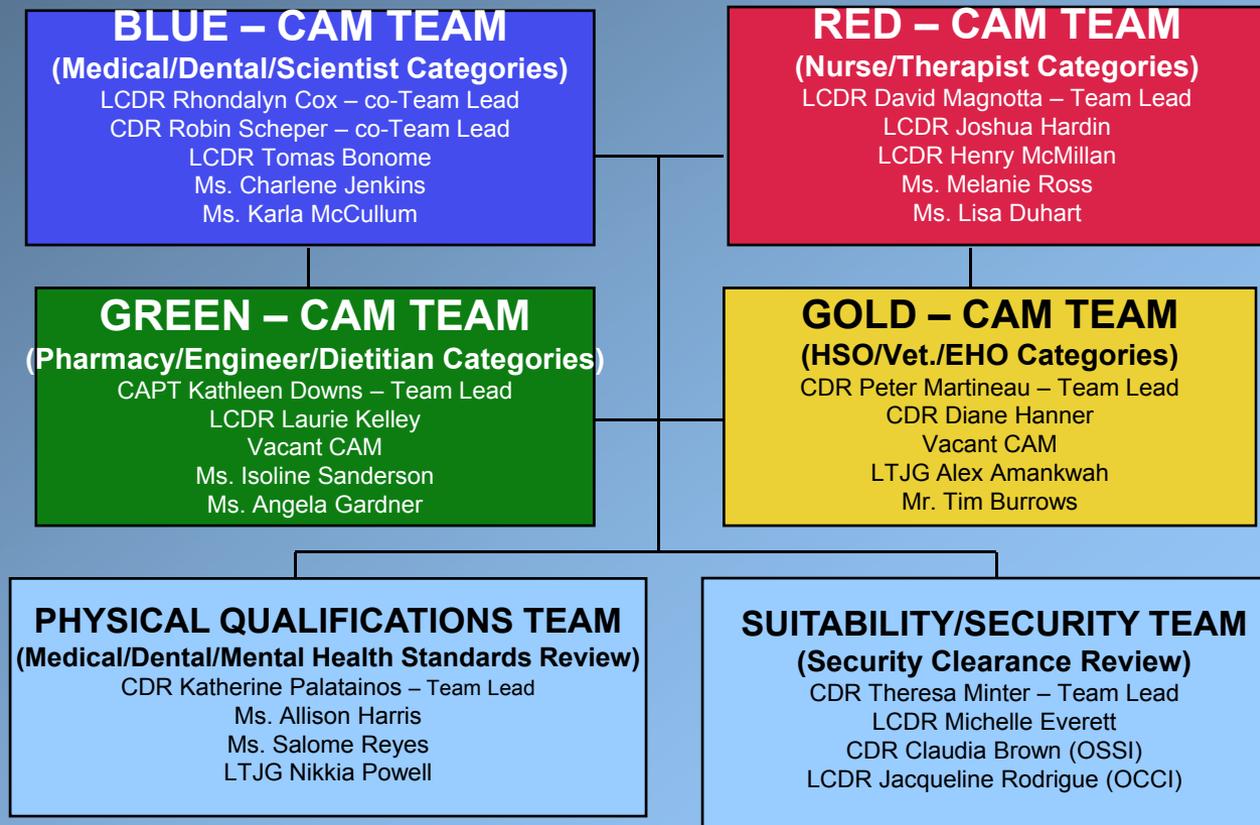
## Second Pillar: Recruitment & Retention

- » Target recruitment to attract candidates with the skill sets required by the Corps to meet its mission
- » Build in efficiencies to the accession of new officers through IT investments and policy changes
- » Develop rigorous training programs to develop leadership and emergency response skills throughout officers' careers



# Second Pillar: Recruitment & Retention

## Emphasizing and Reorganizing Recruitment and Assignments





## Second Pillar: Recruitment & Retention

- » Capacity gaps have been identified, particularly in the clinical roles (Medical, Nurse, Pharmacist ,and Dentist). Must fill gaps.
- » Advertisements have been placed in over 50 professional publications, health professions newsletters/newspapers, professional organization Web sites
- » Recruiters are attending meetings of professional organizations
- » New recruitment brochures and fact sheets have been produced and are being distributed
- » The new Corps Web portal has been launched ([www.usphs.gov](http://www.usphs.gov))
- » A recruitment call center has been activated that captures candidate information and directs them to recruitment specialists with knowledge of their discipline
- » Career and Assignment Managers (CAMs) have been hired

# Second Pillar: Recruitment & Retention



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Answering the Call

WWW.USPHS.GOV

## Recruitment Brochure

## New Web Portal Homepage

Public Health, Commissioned Corps - Windows Internet Explorer

http://www.usphs.gov/

Public Health, Commissioned Corps

U.S. Department of Health & Human Services www.hhs.gov

Site Map Contact Us Search...

**America's Health Responders U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS**

Answering the Call

Apply Now Contact Us Questions & Answers

Emergency Response Agencies & Programs Signing Bonus for Dentists

NEWS AND FEATURES

OFFICER VIDEO PROFILES

Commissioned Corps emergency response teams are managed by the Office of the Surgeon General. **More**

The Commissioned Corps is an essential component of the largest public health program in the world. Corps officers may apply to a variety of positions. **More**

On August 6, 2007, the U.S. Public Health Service Commissioned Corps announced a new \$50,000 accession bonus for dentists who sign a 4-year active duty agreement. On January 29, 2008, that new accession bonus was raised to \$75,000. Newly commissioned dentists that are called to active duty (CAD) on or after January 29, 2008, can be eligible for the bonus. **More**

## Nurse Category Fact Sheet

### Be a Nurse Officer in the U.S. Public Health Service Commissioned Corps



#### About the Commissioned Corps

The U.S. Public Health Service Commissioned Corps protects, promotes, and advances the health and safety of the Nation. With more than 6,000 officers, the Commissioned Corps is one of the Nation's seven uniformed services and resides in the U.S. Department of Health and Human Services. As the world's foremost public health service, it is composed entirely of officers who have been commissioned on the basis of their health-related training.

Commissioned officers deliver ongoing health promotion and disease prevention programs and are called on to provide onsite clinical and public health expertise in times of natural emergencies and disasters. A career in the Commissioned Corps offers unlimited opportunities to serve your country while improving the quality of people's lives and making a real difference in public health.

#### What It Means To Be a Nurse Officer in the Commissioned Corps

Name officers in the Commissioned Corps work throughout the U.S. Department of Health and Human Services and in other Federal agencies and programs, including the following:

- Agency for Health Care Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Department of Homeland Security
- Federal Bureau of Prisons
- Food and Drug Administration
- Health Resources and Services Administration

- Indian Health Service
  - National Institutes of Health
  - Substance Abuse and Mental Health Services Administration
- Name officers in the Commissioned Corps:
- Perform traditional clinical services, including inpatient and outpatient care ranging from newborn care to geriatric services, from obstetrics to orthopedics, and from prevention services to chronic care or acute disease management
  - Conduct research
  - Manage the review and approval of drugs and medical products
  - Respond to public health emergencies
  - Develop and implement national health policies
  - Develop and implement clinical practice guidelines and evidence-based reports on health care
  - Coordinate prevention and education efforts on a variety of public health issues
  - Develop nursing training and education programs for basic and advanced practice nurses
- The focus is on improving clinical care for an entire community of patients. While there is plenty of direct patient care, there are opportunities to work on organized national disease prevention and health promotion programs that can make an impact on disease rates, health disparities, and individual patients' lives.

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# Second Pillar: Recruitment & Retention



## » For officers:

- Assignment Incentive Pay for work in hard-to-fill billets
  - At the discretion of the agency
- Specified tour length and rotation schedule (extensions at officer's request)
- Receive priority career counseling
- Receive priority placement for follow-on assignments



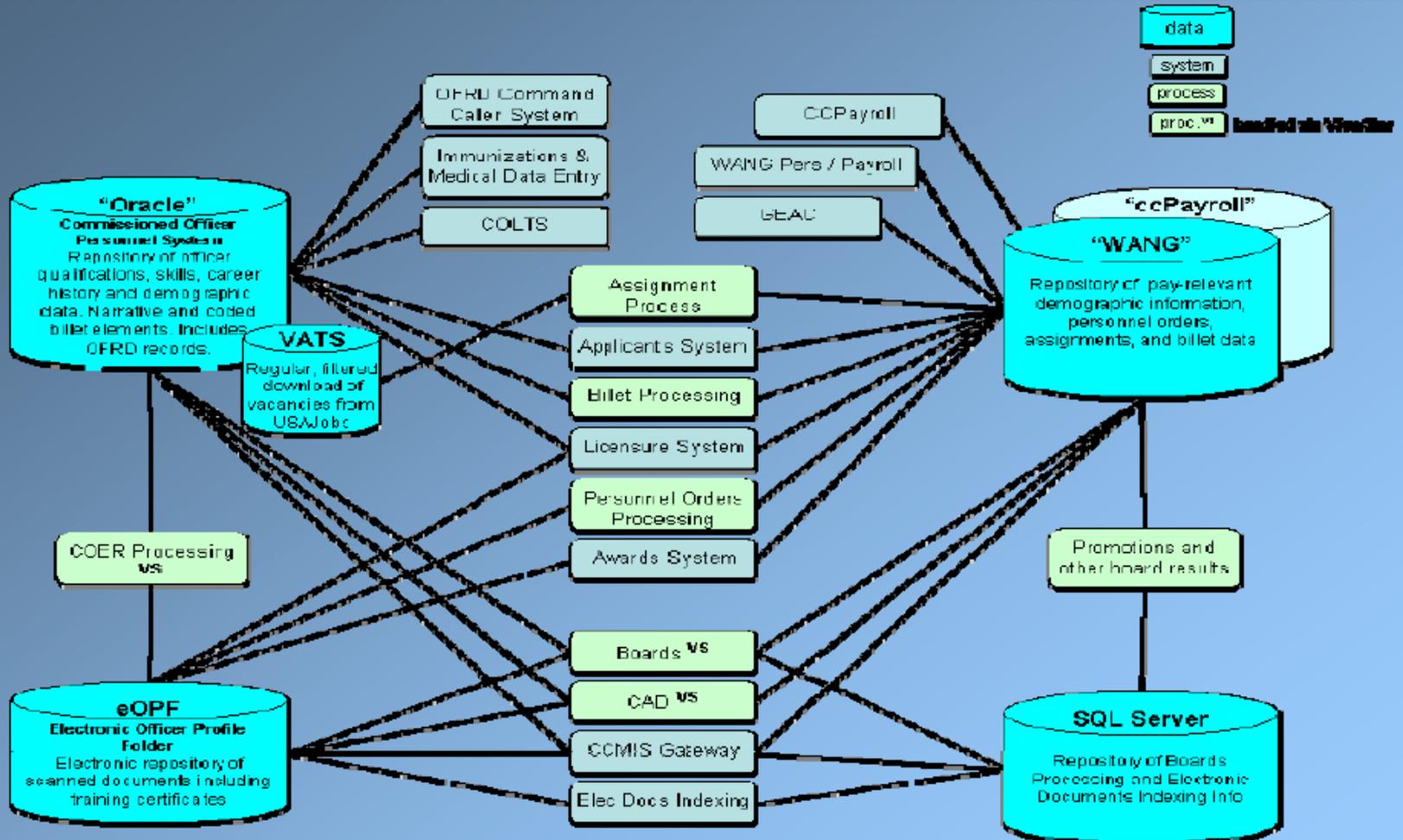
# Second Pillar: Recruitment & Retention

## » For dependents:

- Spousal and family member employment assistance program
- Childcare support
- Counseling, information, and referral support
- Relocation Assistance upon PCS



# Third Pillar: Support Systems



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## Transformation Today

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# TRANSFORMATION

Communication

Sizing / Positions

Support Systems

Recruitment & Retention



Protecting, promoting,  
and advancing the  
health and safety of the  
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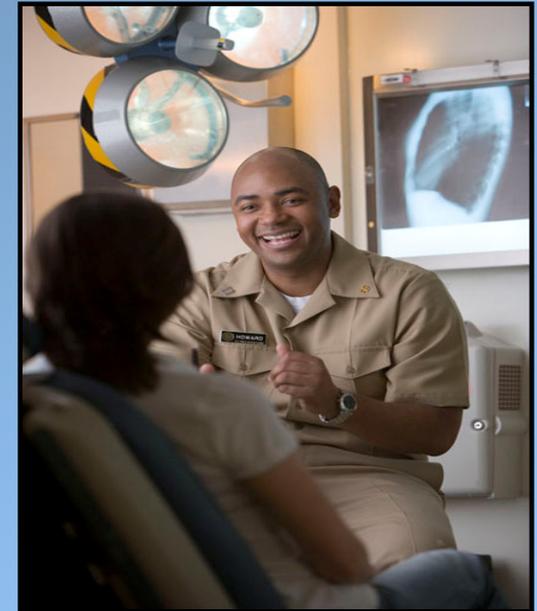
# Accomplishments to Date

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- » Recruitment operational plan was developed with portions being operationalized in late 2007 to include many of the recruitment activities previously described
- » The Department's Chief Information Officers Council and the IT Investment Review Board have granted unanimous approval for the Corps to seek a formal relationship with the U.S. Coast Guard to use their Human Resource systems
- » Multiple requirements and design meetings have occurred to assist in the migration of the first three IT systems to Coast Guard Direct Access system in the summer of 2008
  - Relationship is enthusiastically supported by department and OMB
- » The Electronic Call to Active Duty (eCAD) application system was launched in April 2008
- » The first two-week Officer Basic Course (OBC) was conducted May 2007 and since September has been offered monthly
- » Draft Sizing Model tool has been created

# Ongoing Activities

- » CAMs have been hired/trained and are leading fully functional teams
- » Assignment Incentive Pay policy has been approved and is awaiting implementation
- » Summer 2008 all category billets will be updated to the new format
- » Survey (with 63% response rate) of officers in 3H assignments has been completed along with analysis.
- » Family assistance programs have been prioritized and opportunities for implementation are being explored
- » Officer readiness exceeds OMB PART measures
- » Plans have been established for:
  - Training continuum
  - Assignment of officers
  - Officer Profile System
  - Functional Groups



# Next Steps

- » Ensure appropriate funding source to continue transformation efforts
- » Assure trans-departmental support for the Secretary's directive to increase the active-duty force strength
  - ASL to finalize legislative initiative related to CHCs
  - ASAM/OHR collaboration on HHS workforce planning model
  - Rockville HR Center developing vacancy identification and assignment strategies
  - ASAM/PSC to coordinate IT support functions with OPHS
  - Encourage OPDIVs to hire Corps officers to fulfill their missions
- » Develop, establish, and approve MOUs with other Federal, State/local health departments, etc.