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A Rapid Needs Assessment (convenience sample) of the Environmental Health workforce relative to COVID-19 was conducted on March 25, 2020. This is relevant because environmental health professionals are the second largest part of the local public health workforce, behind nursing. Responses were received from approximately 1,175 local, territorial, state, tribal, federal and private sector respondents.

Key findings:

Environmental Health Professional Involvement in COVID-19

- All EH sectors reported being actively involved in the response
- The highest sector was local (60%)
- The lowest reported sector was U.S. Territories (38%)

Source of Situational Awareness and Guidance

- The primary source of COVID-19 information is the CDC Website
- The highest sector using CDC website is US Territory EH programs (91%)
- The lowest sector using the CDC Website is State EH Departments (73%)

Technical Support

- The highest need for technical support is guidance on cleaning and disinfection (57%)
- The second highest need is on proper use and limitation of personal protective equipment (45%)
- Immediate need for guidance materials on safe food handling (50%)

The National Environmental Health Association represents the nation's environmental health workforce, with approximately 7,000 members in the uniformed services, local, state, federal, territorial, tribal, and private sectors. For additional information contact: DDyjack@neha.org

The National Environmental Health Association (NEHA) distributed a rapid needs assessment on March 25, 2020 to assess the Environmental Health (EH) activities and needs in response to the COVID-19 pandemic. This convenience sample generated 1,175 responses from local, state, federal, tribal, territorial, and other EH program personnel. We summarize our findings within this report.

Fifty-seven percent (57%) of respondents were from local EH Programs. The next highest represented workforce category was Other, made up of members from private food industries, academia, healthcare facilities, consulting companies, and third-party auditing companies. State EH Programs represented the third largest group at 13%, followed by Federal, Tribal, and U.S. Territory EH Programs. (See *Figure 1*)

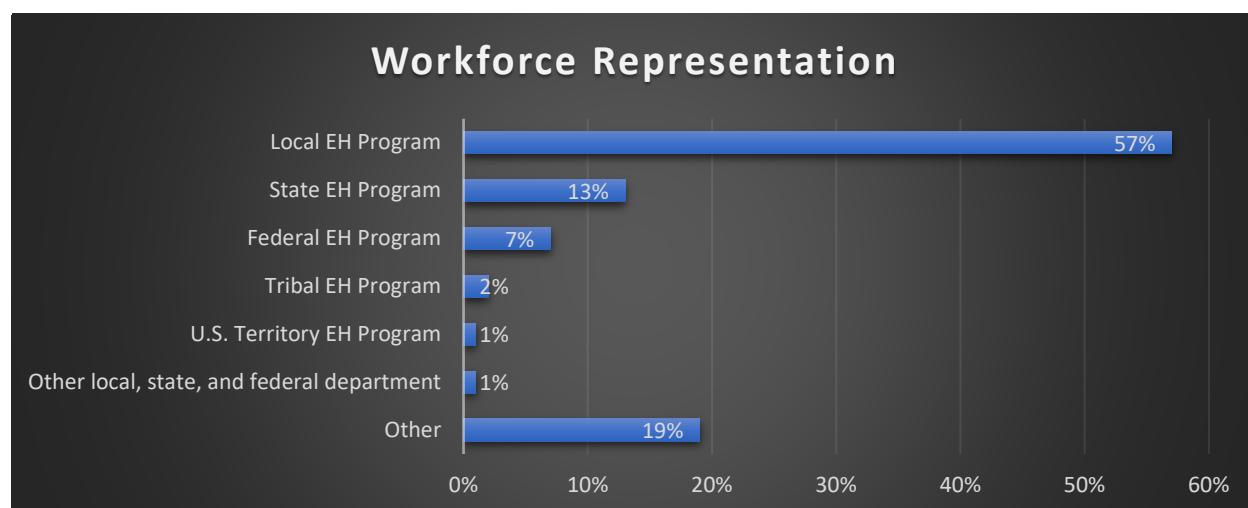


Figure 1. Survey Workforce Representation

Sixty percent (60%) of the Local EH respondents are actively involved in COVID-19 response. At the federal level, 47% are actively responding to the pandemic. Forty-four percent (44%) of Tribal EH respondents are actively involved in COVID-19 response and 38% of State EH Program respondents are actively involved. The table below depicts the percentages of each workforce category involved in COVID-19 response (See *Figure 2*).

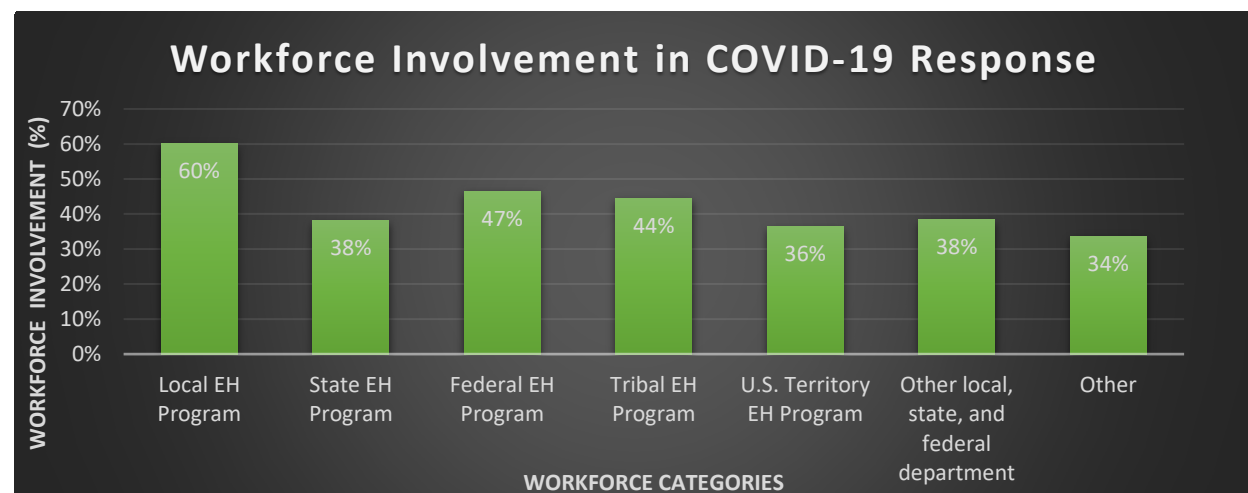
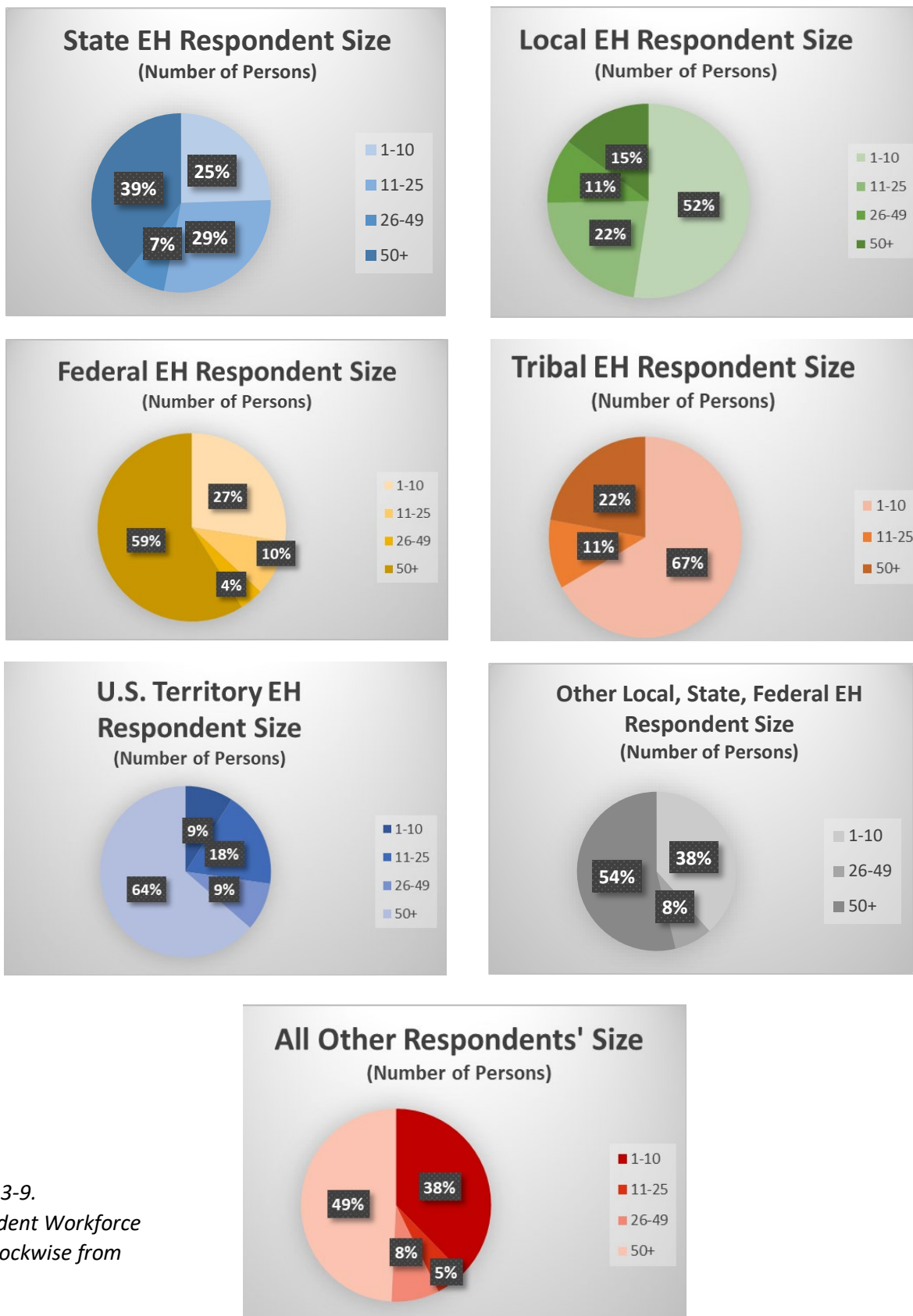


Figure 2. EH Workforce Involvement in COVID-19 Response

The respondents were asked to characterize the size of the EH programs in which they are employed. Groups varied in size. The seven charts below represent an estimate of the number of EH professionals the size in of each respondent group (See figures below).



*Figures 3-9.
Respondent Workforce
Sizes, clockwise from
top left*

Twenty-one percent (21%) of Federal EH Programs report they have inadequate access to situation reports and updates. This is closely followed by State, Other, and Local EH Programs, respectively. Tribal EH Programs reported the largest gap with 33% reporting inadequate access.

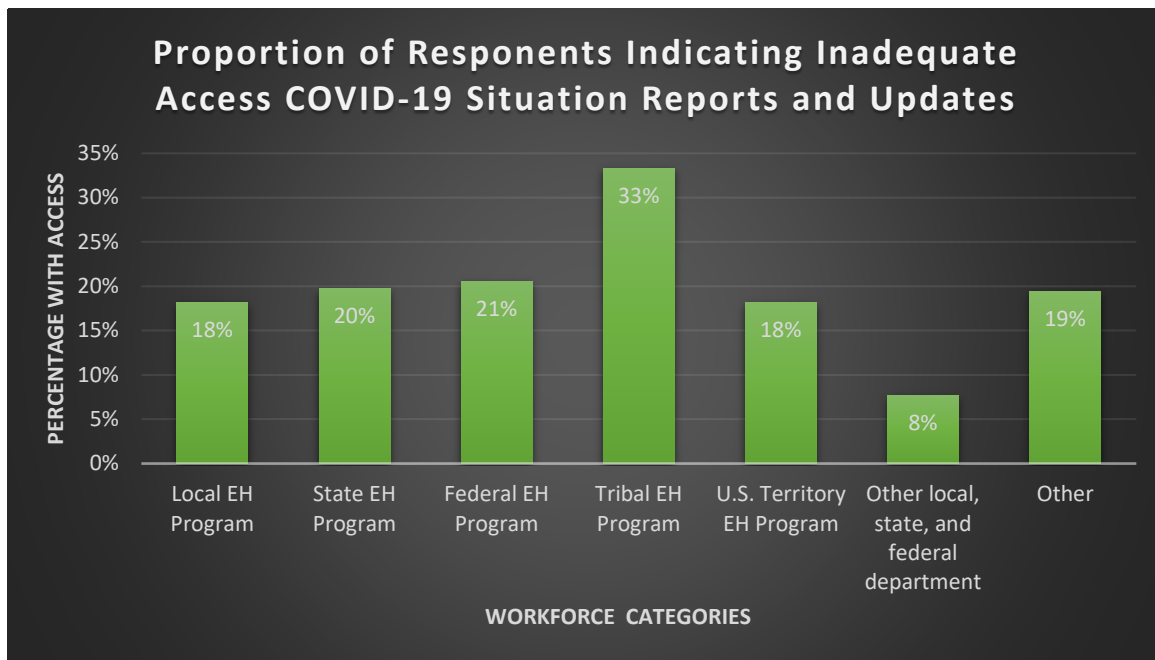


Figure 10. Access to COVID-19 Situation Reports and Updates

Over 77% of the respondents indicated they use the Centers for Disease Control and Prevention (CDC) website as their primary source of information. Ninety-one percent (91%) of U.S. Territories in the survey responded they use the CDC website as a primary source of information. Eighty-six percent (86%) of both Federal and Other EH Programs cite the CDC website as their primary source. Seventy-eight percent (78%) of Tribal EH Programs use the CDC website as primary source for COVID-19 information, while 75% and 73% of Local and State EH Programs report use of the CDC website for primary information, respectively. (See Figure 11)

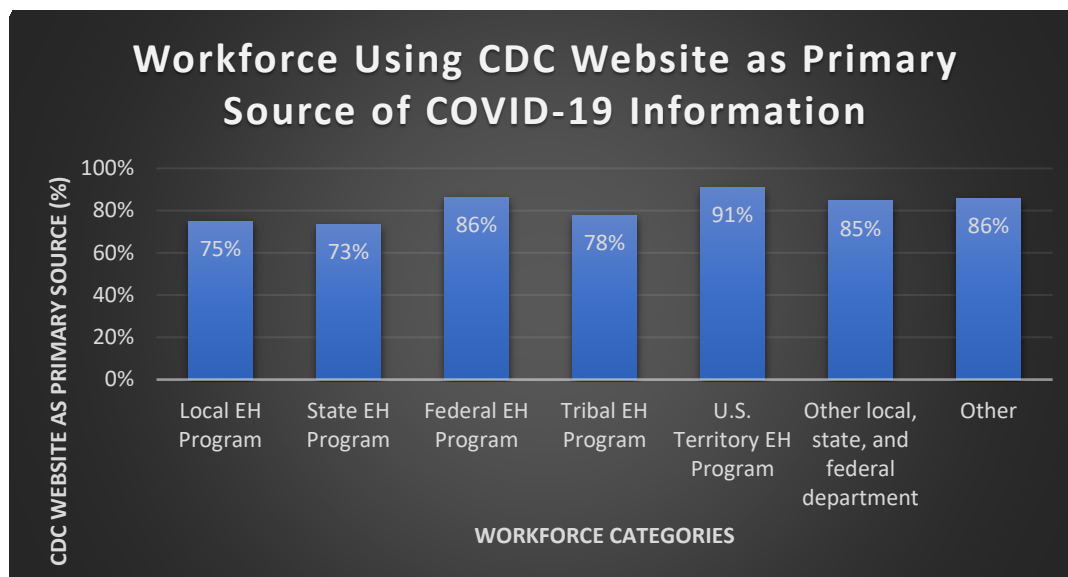


Figure 11. Workforce Using CDC Website as Primary Source of COVID-19 Information

Among the survey respondents approximately one third expressed that they had inadequate access to the technical COVID-19 response information they needed. Tribal EH Programs indicated the largest disparity with 39% not having adequate access. Local and State EH programs both reported that 31% have inadequate access, while 27% of both Federal EH programs and U.S. Territories reported that they have inadequate access to the technical information they need at this time. (See *Figure 12*).

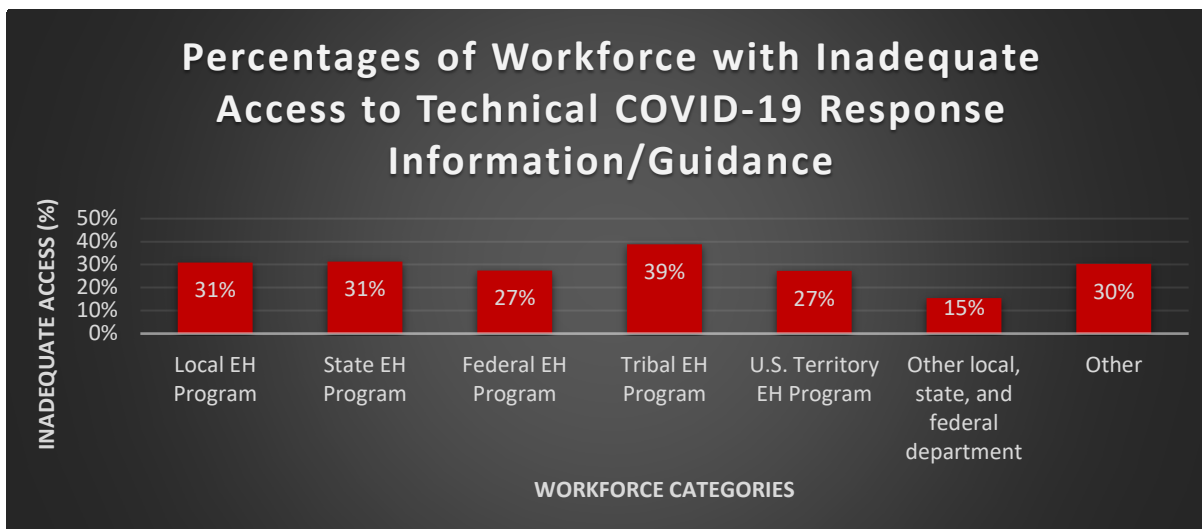


Figure 12. Percentages of Workforce with Inadequate Access to Technical COVID-19 Response Information/Guidance.

When asked what support the EH program may need regarding COVID-19 response for retail food safety, 50% of respondents indicated they needed assistance with developing/providing guidance materials for food industry members on preparing safe food during the pandemic. Forty-one percent (41%) indicated needing help to communicate food safety requirements to industry. Twenty-one percent (21%) indicated developing and providing guidance for cottage food operations was needed, and 19% indicated needing assistance in fielding calls/emails from food industry. Respondents were allowed to select more than one category in this section. (See *Figure 13*).

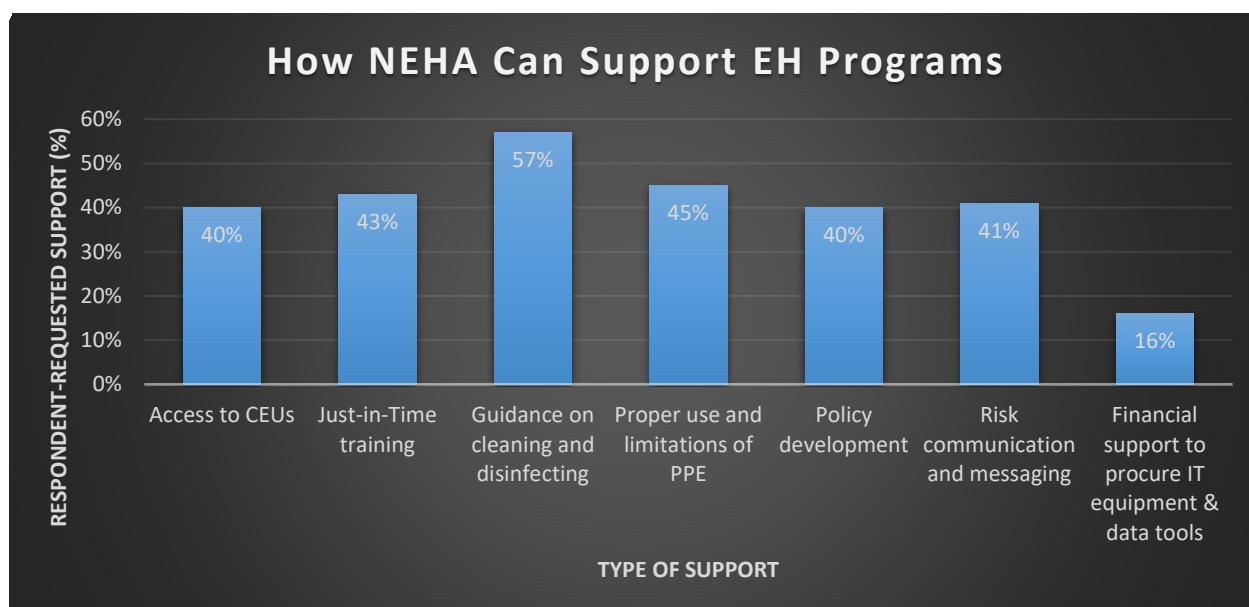


Figure 13. How NEHA Can Support EH Programs.

The EH respondents were asked to indicate what gaps or needs they have identified for responding to the pandemic that NEHA could help support. The majority of respondents (57%) indicated they needed guidance on cleaning and disinfection (e.g., reoccupancy of daycare, hospitals, retail food). The second most identified need was guidance/training on proper use and limitations of personal protective equipment (PPE) at 45%. Forty-three percent (43%) of respondents indicated their need for Just-in-Time COVID-19 training. Guidance/training on risk communication and messaging was indicated as a need by 41% of respondents. Forty percent (40%) of respondents indicated that access to continuing professional education (CEUs) and policy development to protect public health and support key decision making were needed. Financial support to procure IT equipment and electronic data tools was indicated as a need by 16% of respondents. (See Figure 14).

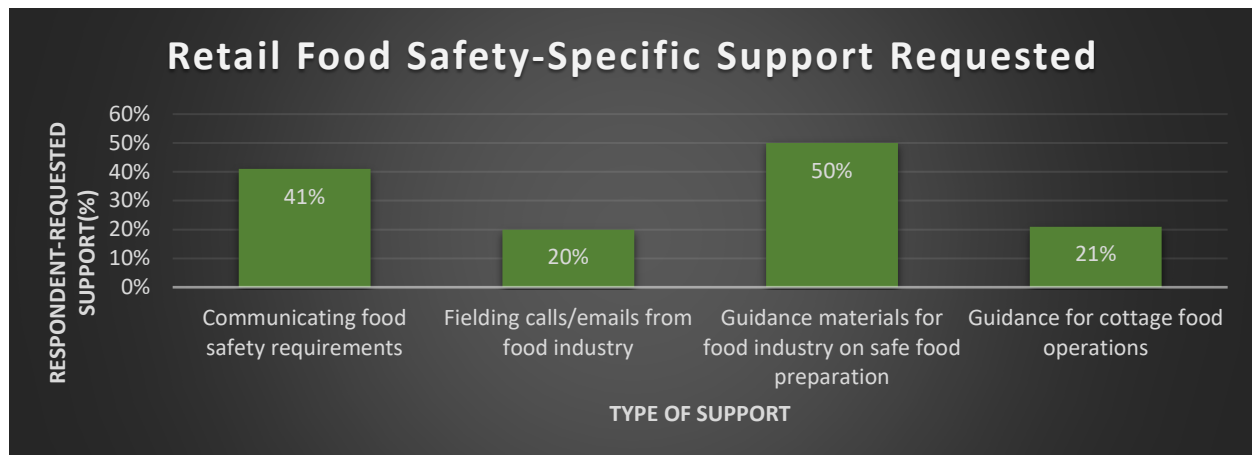


Figure 14. Retail Food Safety-Specific Support Requested.

Following are a few comments provided by survey respondents regarding additional concerns and issues they are facing:

<i>There has been little communication with our rank and file inspectors and/or supervisors since we were asked to work from home. We are concerned that food safety is being compromised since food facilities are operating as carry outs with reduced staff and are not being inspected.</i>
<i>Many EH staff are now in their applicable EP support role that primarily consists of traffic control, manual labor, and call center support. They do not have the opportunity to see the massive loss of revenue that will happen as fees from regulated operations will be missing due to closures or waivers required by politicians. Ask: Does your leadership have a plan to address substantial revenue loss?</i>
<i>Need guidance for businesses on how to "deep" clean / sanitize.</i>
<i>It would be great if NEHA also addressed things like burn-out and stress. This is stressful for everyone, but especially stressful dealing with people who are having to shutter their businesses, or take precautionary steps that they don't feel are warranted. Thanks for asking...</i>
<i>While there is adequate guidance on PPE and cleaning/disinfecting for EH professionals, I haven't been able to find that information written at a level to target operators of establishments like day cares and other general businesses. Easily understandable information in poster format that could be easily disseminated without a lengthy explanation would be very helpful</i>
<i>How are we collecting and providing information about best practices to regulators and food industry to keep their workers healthy. It is not about the food safety aspect, that has to take a back seat to social distancing and touch surface transmission. Lets focus on those areas!!!</i>
<i>Would be nice to have uniform guidance instead of each LHD coming up with and disseminating own</i>
<i>Looking for more specific information and easily accessed for restaurants - how restaurants can disinfect/clean if an employee tests positive or has a family member quarantined household.</i>