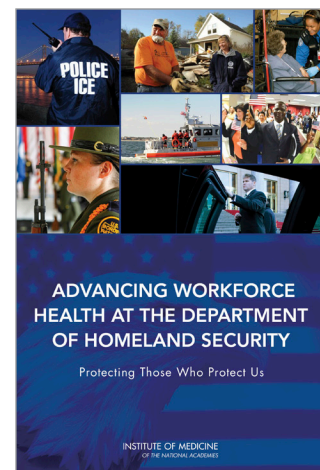


Advancing Workforce Health at the Department of Homeland Security

Protecting Those Who Protect Us



The more than 200,000 men and women that make up the U.S. Department of Homeland Security (DHS) have been entrusted with ensuring that the homeland is safe, secure, and resilient against terrorism and other hazards. DHS, in turn, is responsible for protecting the health, safety, and resilience of its employees as well as guaranteeing effective management of the medical needs of persons under DHS care or custody.

Recognizing the need to strengthen mission readiness while better meeting the health needs of its workforce, the DHS Office of Health Affairs (OHA) asked the Institute of Medicine (IOM) to convene a committee to recommend ways to better integrate occupational health functions and operational medicine throughout DHS and with the necessary centralized oversight authority. In *Advancing Workforce Health at the Department of Homeland Security: Protecting Those Who Protect Us*, the IOM committee concludes that cultivating a workforce that is healthy, safe, and ready to meet the demands of the DHS mission requires a unified strategy and vision; top leadership commitment; alignment of responsibility, authority, and resources; and an integrated, sustainable support infrastructure.

This report builds on the foundational recommendations from the IOM report *A Ready and Resilient Workforce for the Department of Homeland Security: Protecting America's Front Line*, which was released in fall 2013 and provides recommendations for a 5-year strategy to improve workforce readiness and resilience at DHS. Keeping employees healthy and fit to carry out their missions is an essential part of ensuring readiness.

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Achieving Mission Readiness

The committee finds that the current workforce health protection infrastructure at DHS is fragmented and uneven across component agencies; this is largely owing to the organizational and management challenges inherent in integrating 7 core operating component agencies and 18 supporting offices and directorates. Due in part to the hazardous nature of the work being performed—which ranges from protecting the nation’s borders to nuclear detection to responding to national disasters—DHS has the highest rate of occupational injury and illness of all cabinet-level federal agencies.

Moreover, because tasks associated with the responsibilities of DHS agencies often are mentally and physically demanding, they require a workforce that is “mission ready.” The committee finds that mission readiness depends on

- a workforce that is medically ready, meaning free of health-related conditions that impede the ability to participate fully in operations and achieve mission goals; and
- the capability, through an operational medicine program, to provide medical support for the workforce and others who come under the protection or control of DHS during operations.

Operational medicine consists of both preventive (e.g., immunizations) and responsive (e.g., treatment of injuries or illnesses) medical and health support services provided outside conventional workplaces during routine, planned, and contingency operations.

A Unified Strategy, Common Vision, and Committed Leadership

In its review of health and safety programs in both public and private sectors, the committee finds that significant increases in employee morale, efficiency, and effectiveness can be achieved with the implementation of robust programs

that are fully supported by leadership. Therefore, the report recommends that the Secretary of DHS demonstrate a strong commitment to the safety, health, and resilience of the workforce by adopting a unified workforce protection strategy. Although a DHS Workforce Strategy was issued for fiscal years 2011-2016 to improve and integrate employee recruitment, retention, and development, this strategy does not include promotion and protection of employee health, safety, or resilience as critical to sustaining an engaged workforce.

A unified workforce protection strategy would encompass occupational health and operational medicine functions that serve to promote, protect, and restore the workforce’s physical and mental well-being, and would be guided by the same vision statement proposed by the IOM Committee on DHS Workforce Resilience: *A ready, resilient, and sustainable DHS workforce working to ensure a safe, secure, and resilient nation*. Explicit commitment to this vision, demonstrated on a routine basis across all levels of DHS, is essential to the strategy’s success.

Aligning Organizational Structure

Furthermore, the committee concludes that organizational realignment of fragmented and siloed health, safety, and medical functions—at headquarters and within components—is needed to support an integrated approach to workforce health protection. Although the committee acknowledges that DHS components often have unique requirements for their programs, there is a need for a centralized health authority at DHS to orchestrate this realignment. Toward this end, the committee recommends that DHS align and integrate all DHS occupational health and operational medicine functions under the Chief Medical Officer (CMO).

The CMO should be given the authority necessary to carry out his or her responsibilities, which should include providing guidance to the Secretary and component agency leadership on all matters

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related to health, safety, and medicine and developing a process for ensuring implementation of DHS-wide health, safety, and medical standards, among other tasks.

In addition, the heads of component agencies should establish component lead medical officers to align and integrate occupational safety and health and operational medicine functions within their agencies. Lead medical officers also should participate in a Medical and Readiness Committee—chaired by the CMO—that will serve as a key part of developing, sharing, and integrating department-wide health and medical standards and policies.

The committee also finds a need for a governance structure operating at a higher level than the Medical and Readiness Committee that coordinates development of department-wide policy and practices related to employee health and safety and makes sure that workforce health protection is part of the overarching DHS governance process. Therefore, it recommends creation of a governance framework to engage all stakeholders, at headquarters and within component agencies, in developing such policies and standards. This framework would also ensure that those with the responsibility to safeguard the health, safety, and resilience of the DHS workforce are held accountable.

Standardizing Critical Functions

There is great variation across DHS in how occupational health and operational medicine programs are implemented and how resources are

allocated to them. Although differences among components are expected due to the variance in missions, and components require flexibility to tailor programs to their operational needs, the committee concludes that certain critical functions should be standardized throughout the organization. To date, few standards and policies have been instituted by the CMO to ensure consistency in critical medical readiness and medical support programs.

To promote more uniformity in processes for assessing, promoting, and sustaining medical readiness, the committee recommends the development of a common framework for assessing an individual's capacity for achieving mission readiness both prior to and during employment with DHS. This framework should apply to employees in the field as well as those in more conventional workspaces and should establish an approach that identifies and mitigates physical and mental limitations on an individual's ability to carry out the responsibilities of his or her position.

The committee further recommends that the CMO set minimum core requirements for operational medicine programs to ensure that all DHS components conducting operations outside conventional workspaces meet standards of oversight and performance consistent with those of other public safety agencies. Finally, in consultation with members of the Medical and Readiness Committee, the CMO should centralize some common support services—such as medical credentialing and health professions education—to achieve efficiency, interoperability, and consistency in quality.



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Occupational Health and Operational Medicine Infrastructure**

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Health and Safety Information Management

The September 2013 IOM Workforce Resilience report concludes that DHS currently lacks a strategy, framework, and common set of metrics to support a comprehensive evaluation of workforce readiness and resilience. Building on these conclusions, the present report finds the current health and safety information management infrastructure at DHS to be inadequate. Without metrics and evaluation data, the CMO cannot advocate for needed investments in prevention and health protection programs, as he or she cannot fully demonstrate the need for such investments.

Therefore, DHS should develop a measurement framework and a common set of metrics to monitor, evaluate, and promote employee health, safety, resilience, and readiness, and to facilitate continuous performance improvement. To enable such analyses, DHS must invest in its health and safety information management infrastructure and informatics capacity.

Conclusion

Although DHS has worked diligently to overcome the overarching management problems that began with the organization's inception, the fragmented health protection system remains a barrier to promoting a healthy, safe, and resilient DHS workforce. The committee finds that in order to ensure mission readiness and provide DHS employees with occupational health support, strategic alignment through committed leadership, organizational and functional alignment, and management of health and safety information are needed. A healthy, resilient, and mission ready DHS workforce is critical to a safe and resilient nation. 26

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