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ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

31 December 17, 2013

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER



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December 17, 2013

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

DELEGATE AUTHORITY TO THE DEPARTMENT OF PUBLIC HEALTH TO EXECUTE AGREEMENTS WITH FEDERAL AND/OR STATE ENTITIES TO HOST PUBLIC HEALTH ASSIGNEES EFFECTIVE DATE OF BOARD APPROVAL THROUGH DECEMBER 31, 2018

SUBJECT

Request delegated authority to execute agreements with federal and/or State entities to host public health assignees effective upon Board approval through December 31, 2018.

IT IS RECOMMENDED THAT THE BOARD:

Delegate authority to the Director of the Department of Public Health (DPH), or his designee, to execute agreements with federal and/or State entities, substantially similar to Exhibits I (Centers for Disease Control and Prevention (CDC) Agreement to Detail), II (California Department of Public Health (CDPH) Agreement to Detail), III (Assignment Specific Agreement), and IV (Letter of Assignment), to host public health assignees, effective upon Board approval through December 31, 2018, subject to review and approval as to form by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

For many years, federal and State employees stationed in Los Angeles County have assisted DPH in carrying out disease prevention, health promotion and protection, and other critical public health activities. These assignees have provided valuable assistance that includes the development, implementation, and evaluation of public health programs. Specific objectives of the assignments include: 1) contribute to local and state health goals in support of overall national health; 2) reduce the incidence of disease and injury, disability, and death; 3) strengthen federal, State, and local

capacity to prepare for, detect, report, respond to, contain, and recover from public health effects of terrorism and other public health emergencies; and 4) provide opportunities to expand the skills and development of civil service personnel assigned to the host agency.

Currently, 15 CDC staff are assigned, either directly by the CDC or through CDPH, to assist DPH as outlined below:

DIVISION OF COMMUNICABLE DISEASE CONTROL AND PREVENTION AND DIVISION OF CHRONIC DISEASE AND INJURY PREVENTION

- Two staff assigned to the Immunization Program (one Senior Public Health Advisor and one Public Health Advisor)
- Four staff assigned to the Tuberculosis Control Program (one Lead Public Health Advisor, two Public Health Advisors, and one Medical Epidemiologist)
- One staff shared by the Acute Communicable Disease Control Program and the Immunization Program (Public Health Associate)
- One staff shared by the Veterinary Public Health and Rabies Program and the Division of Chronic Disease and Injury Prevention Program (Public Health Associate)

DIVISION OF HIV AND STD PROGRAMS

- Seven staff assigned (four Public Health Advisors, two Public Health Associates, and one Prevention Specialist)

The federal/State entity is responsible for the selection of employees for assignment in accordance with their recruitment, hiring, and merit promotion policies, regulations, and requirements, though DPH may provide input to the recruitment and selection process. All assigned federal/State employees have the same work responsibilities and supervision as comparably situated employees of DPH.

Approval of this recommendation will allow DPH to continue to enter into agreements with federal and State entities that govern these assignments and delineate the responsibilities of all involved parties.

Implementation of Strategic Plan Goals

The recommended action supports Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Costs associated with these agreements are supported by the federal or State entities, either directly or through Direct Assistance grants to DPH. These costs include salaries, employee benefits, moving expenses, and out-of-state travel costs. In-kind costs supported by DPH may include work space, equipment, office supplies, local travel, and indirect costs.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Agreement to Detail outlines the responsibilities of local host agencies to which staff have been assigned. It also clarifies the rights of civil service employees in the context of nonfederal assignments, as granted by federal personnel regulations and Title 42 of the Code of Federal Regulations. Similar agreements such as an Assignment Specific Agreement or Letter of

Assignment may also be utilized, depending on the type of assignment and personnel.

County Counsel has approved Exhibits I, II, III, and IV as to form.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended action will allow DPH to continue to enter into employee assignment agreements with federal and/or State entities to support public health efforts in Los Angeles County.

Respectfully submitted,

A handwritten signature in blue ink that reads "Jonathan E. Fielding". The signature is written in a cursive, flowing style.

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JEF:av
#02416

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

**AGREEMENT TO DETAIL
FEDERAL CIVIL SERVICE
PERSONNEL
To State, Tribal, Local, or Territorial Host
Agency**

Pursuant to section 214 of the Public Health Service Act (42 U.S.C. § 215), the Centers for Disease Control and Prevention (hereinafter CDC) hereby agrees to the request for detail of CDC civil service personnel (hereinafter associate) to state and local public health agencies (hereinafter “host agency”) as specified below. This agreement is for the Public Health Associate Program (PHAP).

I. JUSTIFICATION FOR DETAIL ASSIGNMENT

- A. The detail of CDC civil service personnel will assist CDC and host agency in carrying out disease prevention, health promotion and protection, and other public health activities.
- B. Associate(s) will provide assistance to host agency in developing, implementing, and evaluating public health programs.
- C. Associate(s) will promote and enhance state, tribal, local and territorial capacity.

II. OBJECTIVES FOR DETAIL ASSIGNMENT

- A. To provide opportunities to expand and enhance the skills and development of CDC associates assigned to host agency.
- B. To contribute to overall state, tribal, local and territorial health goals in support of national health.
- C. To reduce the incidence of disease and injury, disability and death.
- D. To strengthen federal, state and local capacity to prepare for, detect, report, respond to, contain and recover from public health effects of terrorism and other public health emergencies.

III. POSITION DATA AND SUPERVISION

CDC is responsible for the selection and supervision of associates in accordance with CDC recruitment, hiring, and merit promotion policies, regulations, and requirements.

- A. The host agency shall provide a work environment free of verbal, written, or physical conduct that has the purpose or effect of unreasonably interfering with the associate’s performance or that creates an intimidating, hostile, or offensive environment. The host agency shall abide by all federal laws and regulations applicable to workplace conduct.
- B. The host agency will provide the associate(s) with work space equipped with resources

and materials that will provide the associate(s) with access to communications equipment (e.g., computers, electronic mail, telephone and facsimile machines) to allow them to maintain regular contact with CDC and for routine business purposes. This includes ensuring that associates have access to CDC secure systems through the host site computer network/firewall.

- C. The host agency will immediately report any workplace incident to the CDC PHAP Supervisor. This includes associate exposure or injury, breach of security policies, or IT security issue.
- D. Associates will have the same rights, responsibilities, and supervision as comparably situated employees of the host agency including receiving reimbursement for local travel expenses, participating in host site training, and receiving technical direction and mentoring from host site employees.
- E. CDC will provide broad guidance, technical consultation, and official supervision to associate(s). Furthermore:
 - 1. Each associate's performance will be formally assessed by CDC in accordance with established CDC performance management systems for civil service employees. In completing an associate's evaluations (both at end-of-year and at mid-year) CDC will solicit input from appropriate host agency staff regarding the associate's performance. Performance evaluations will include an assessment of the associate's achievement of required program competencies.
 - 2. Host agency officials may make recommendations to CDC officials regarding any formal recognition that the employee would be eligible to receive based on performance or contributions to the program in accordance with the federal compensation guidelines.
 - 3. Any publication that includes the name of a CDC associate must be submitted for and receive CDC clearance **prior to submission for publication**. The publication should include the associate's CDC affiliation as well as local affiliation with his/her name. Standard CDC guidelines for authorship should be followed when determining whether a CDC associate's name should be included as an author on a publication (General Administration No. CDC-69).
 - 4. Any request by an associate for approval of work outside his/her current job and assignment must be submitted in writing through both the associate's host agency supervisor and his/her most immediate CDC supervisor to the appropriate management level at CDC.
 - 5. The CDC will ultimately be responsible for rendering any appropriate disciplinary action that host agency proposes against an associate.
 - 6. The host agency supervisor will work closely with associate to resolve any routine

questions or issues that arise regarding the assignment or the associate's performance.

7. The host agency will promptly advise CDC of any serious performance or behavioral concerns about an associate. In these cases, host agency and CDC staff will work together to attempt to resolve such concerns with the associate, either informally or formally, depending upon the nature of the concern. Other CDC resources may be called upon by the immediate supervisor to help resolve the issues.
8. If informal and/or formal efforts fail to resolve a problem, the host agency may request the removal of an associate. Such request must be forwarded, in writing, through the senior management of the host agency to the CDC PHAP Director and must state: 1) a substantive basis for the request, 2) efforts taken by host agency otherwise resolve the problem, and 3) the proposed date for the removal (not less than 90 days from the date of the request). Upon receipt of such a request, CDC will take appropriate action in consultation with host agency and the associate.
9. CDC may mobilize an associate during an emergency response to act as a CDC responder, either in the field or a CDC-site. During these emergency responses, CDC will inform the host agency of the activation of the associate for the emergency response, the anticipated duration of the associate to the emergency response efforts and will be responsible for all supervision, training and travel costs related to CDC emergency response mobilization.
 - a. This section does not apply to situations where an associate is acting for the host site in an emergency response situation.
 - b. CDC may supersede a host agency in mobilizing an associate for emergency response in a state or with a host agency.

IV. COSTS

- A. Projected costs for associate(s)' salary, fringe benefits, and related expenses will be budgeted annually by CDC.
- B. Expenses incident to the associate(s)' employment and travel will be paid as follows:
 1. Pay and allowances will include, but will not be limited to, premium pay (e.g., holiday and overtime pay, see #3 below), CDC's share of costs for health benefits, group life insurance, and civil service or social security retirement coverage, and any out-of-state travel by any associate, or any in-state travel **required by CDC**.
 2. An associate's salary will be paid on a biweekly basis. Payment for Civil Service employees will be dependent on the timely receipt of the appropriate time and

attendance reports associate is required to submit to his/her CDC timekeeper. Payment will be issued by the CDC in accordance with federal rules and procedures.

3. Premium pay for overtime worked by Civil Service must be approved in advance by the appropriate management staff within CDC. Associate(s) must complete and submit the necessary paperwork in advance of the overtime before any payment will be authorized.
4. Individual performance ratings will serve as the basis for recommending with-in grade salary increases and merit pay increases for Civil Service employees. A year one associate with a minimum of a fully successful (or equivalent) rating, will receive a promotion in year 2.
5. Any in-state or local travel by an associate that is required by host agency will be paid by host agency. This includes reimbursement for expenses related to host site required or sponsored training. CDC required training will be supported by CDC.

V. LEAVE AND HOURS OF DUTY

- A. Civil Service associate(s) are required to work an 80-hour pay period. Hours of duty will be determined by host agency. Associate(s) are allowed federal holidays only.
- B. On all Federal holidays that are not also holidays at the host agency, the host site should determine whether the associate(s) is performing essential duties that require him/her to report for duty. If the host site determines that the associate needs to work on a federal holiday, the associate should request prior approval from their CDC PHAP Supervisor. Associates working on a federal holiday will receive premium pay; therefore, this option should be used with discretion due to the financial impact.
- C. On any Local holiday that is not a Federal holiday (as per the Federal Holiday schedule), Associate(s) are required to do one of the following:
 1. The Associate(s) may take leave, with proper approval, on the Local holiday;
 2. The Associate(s) may work a modified schedule during the 80-hour work period to “make up” the Local Holiday day (e.g. – associate would have the local holiday but work additional hours during the two week federal pay period to fulfill the 80 hour requirement);
 3. The Associate(s) may complete PHAP required tasks (online training, assist CDC PHAP team with projects) or other local agency work on a telework basis.

4. Either choice would be reviewed with the Associate's CDC supervisor.
Prior written approval must be given by the associate's federal supervisor.

- D. Associate(s) will be entitled to use annual and sick leave in accordance with Federal laws, regulations, and procedures. Associates may also earn or use overtime, compensatory time, or credit time in accordance with Federal laws, regulations, and procedures, but approval of such must be consistent with local pay and leave management policies and procedures of the host agency.

A request for leave should be reviewed and initialed by an associate's on-site supervisor. Final written approval for leave (signature on leave slips) is the responsibility of the associate's Federal supervisor. Each associate's leave records will be maintained by his/her Federal supervisor.

VI. APPLICABILITY OF RULES, REGULATIONS, AND POLICIES

- A. Rules and policies of the host agency shall apply to associate(s) except in cases where this agreement provides otherwise.
- B. Where there is a conflict between the rules, regulations, and policies of host agency and/or the locality regarding the legal status and/or rights of associate and the rules, regulations, and policies of CDC or the Federal government regarding the same issue, the CDC or Federal standards will prevail.
- C. Associate(s) may not engage in any political activities prohibited for Federal employees by the Hatch Act, 5 U.S.C. § 7321 et. seq., or that may be criminal offenses under title 18 of the U.S. Code (18 U.S.C. §§ 210, 211, 594, 595, 600, 601-607, 610).
- D. The Standards of Conduct for Federal employees (5 CFR § 2635), HHS Supplemental Standards of Ethical Conduct (5 CFR § 5501), HHS Residual Standards of conduct (45 CFR § 73.735) and those for employees of host agency will both apply to associate(s), except as noted in item B, above.

VII. TRAINING

- A. Associate(s) will be permitted to attend CDC-required programmatic and career development training, meetings, seminars and conferences (including national seminars and regional staff conferences). Absences for purposes of optional training or professional development will occur only with the mutual consent of the parties to this agreement.
- B. The host agency may, at its discretion and expense, make available to associate(s) any training opportunities sponsored by the State or locality and made available to other host agency staff.

VIII. PERIOD OF DETAIL

- A. The field assignments addressed by this agreement shall be of two year duration.
- B. This agreement may be modified or terminated by mutual consent of the parties upon 90 days notice in writing by either party of its intent to modify or terminate the agreement.
- C. The continuation of each associate’s detail is contingent upon the availability of funds to support the detail.

IX. APPROVAL

- A. The Undersigned represents CDC and is authorized to grant the detail or assignment for the purposes stated herein:

_____ Date: _____
(Name)
Director, Field Service Office
Office for State Tribal, Local and Territorial Support
Centers for Disease Control and Prevention

- B. The Undersigned represents the host agency and is authorized to request the detail of associate(s) for the purposes stated herein.

_____ Date: _____
(Name)
Chief Deputy Director
Los Angeles County Department of Public Health

**AGREEMENT TO DETAIL
FEDERAL CIVIL SERVICE
PERSONNEL
To Local Host Agency**

The California Department of Public Health Immunization Branch (hereinafter CDPH) hereby agrees to the request for detail of the Centers for Disease Control and Prevention (hereinafter CDC) civil service personnel (hereinafter assignee) to local public health agencies (hereinafter “host agency”) as specified below.

I. JUSTIFICATION FOR DETAIL ASSIGNMENT

- A. The detail of CDC civil service personnel will assist CDPH and host agency in carrying out disease prevention, health promotion and protection, and other public health activities.
- B. Assignee(s) will provide assistance to host agency in developing, implementing, and evaluating public health programs.
- C. Assignee(s) will promote and enhance capacity-building through consultation, demonstration and technical expertise.

II. OBJECTIVES FOR DETAIL ASSIGNMENT

- A. To contribute to overall local and state health goals in support of national health.
- B. To reduce the incidence of disease and injury, disability and death.
- C. To strengthen federal, state and local capacity to prepare for, detect, report, respond to, contain and recover from public health effects of terrorism and other public health emergencies.
- D. To strengthen federal, state and local capacity to prepare for, detect, report, respond to, contain and recover from public health effects of terrorism and other public health emergencies.
- E. To provide opportunities to expand and enhance the skills and development of CDC civil service personnel assigned to host agency.

III. POSITION DATA AND SUPERVISION

- A. The actual number of assignee(s) may vary from time to time, based on the availability of personnel and FTEs and on the occasional need to exceed the agreed-upon number in anticipation of subsequent losses.
- B. Individual CDC position descriptions and employee work performance plans will specify the roles that assignee(s) will carry out.
- C. CDC is responsible for the selection of assignees in accordance with CDC recruitment,

hiring, and merit promotion policies, regulations, and requirements. To better identify candidates acceptable to both CDPH and the host agency program staff, the host agency may provide input to the recruitment and selection process.

- D. The host agency shall provide a work environment free of verbal, written, or physical conduct that has the purpose or effect of unreasonably interfering with the assignee's performance or that creates an intimidating, hostile, or offensive environment. The host agency shall abide by all federal laws and regulations applicable to workplace conduct.
- E. The host agency will provide the assignee(s) with work space equipped with resources and materials that will provide the assignee(s) with access to communications equipment (e.g., computers, electronic mail, telephone and facsimile machines) to allow them to maintain regular contact with CDC and CDPH, and for routine business purposes.
- F. Assignees will have the same rights, responsibilities, and supervision as comparably situated employees of the host agency (including: when applicable, the right to participate in evaluation of employees under their supervision, recommend appropriate disciplinary actions for staff and nominate employees for performance recognition and awards).
- G. CDC will provide broad guidance, technical consultation, and official supervision to assignee(s). Furthermore:
 - 1. Each assignee's performance will be formally assessed in accordance with established CDC performance management systems for civil service employees. In completing an assignee's evaluations (both at end-of-year and at mid-year) CDC will encourage and solicit input from appropriate host agency staff regarding the assignee's performance.
 - 2. Any publication that includes the name of a CDC assignee must be submitted for and receive CDC clearance **prior to submission for publication**. The publication should include the assignee's CDC affiliation as well as local affiliation with his/her name. Standard CDC guidelines for authorship should be followed when determining whether a CDC assignee's name should be included as an author on a publication (General Administration No. CDC-69).
 - 3. Any request by an assignee for approval of work outside his/her current job and assignment must be submitted in writing through both the assignee's host agency supervisor and his/her most immediate CDC supervisor to the appropriate management level at CDC.
 - 4. The CDC will ultimately be responsible for rendering any appropriate disciplinary action that host agency proposes against an assignee.

5. The host agency supervisor will work closely with assignee to resolve any routine questions or issues that arise regarding the assignment or the assignee's performance.
6. The host agency will promptly advise CDPH of any serious performance or behavioral concerns about an assignee. In these cases, host agency and CDPH staff will work together to attempt to resolve such concerns with the assignee, either informally or formally, depending upon the nature of the concern.
7. If informal and/or formal efforts fail to resolve a problem, the host agency may request the removal of an assignee. Such request must be forwarded, in writing, through the senior management of the host agency to the CDPH Immunization Branch Director or Designee and must state: 1) a substantive basis for the request, 2) efforts taken by host agency and CDPH to otherwise resolve the problem, and 3) the proposed date for the removal (not less than 90 days from the date of the request). Upon receipt of such a request, CDPH will take appropriate action in consultation with host agency, CDC and the assignee.

IV. COSTS

- A. Costs for assignee(s)' salary, fringe benefits, and related expenses will be funded by CDC through CDPH.
- B. Expenses incident to the assignee(s)' employment, transfer expenses and travel will be paid as follows:
 1. Pay and allowances will include, but will not be limited to, premium pay (e.g., holiday and overtime pay), CDC's share of costs for health benefits, group life insurance, and civil service or social security retirement coverage, and any out-of-state travel by any assignee, or any in-state travel **required by CDC**.
 2. Individual performance ratings will serve as the basis for recommending within grade salary increases and merit pay increases for Civil Service employees.
 3. Any in-state or local travel by an assignee that is required by host agency or CDPH will be paid by CDPH.

V. LEAVE AND HOURS OF DUTY

- A. Civil Service assignee(s) are required to work an 80-hour pay period. Hours of duty will be determined by host agency.
- B. On all Federal holidays that are not also holidays at the host agency level, assignee(s) who are not required to work will be excused from duty without charge to their accrued leave balances. If a Civil Service assignee is required to work on a Federal holiday, premium pay will be paid under Federal regulations for work on a

holiday. Assignee(s) will be excused without charge to accrued leave balances on state and local holidays that are not also Federal holidays. Prior written approval must be given by the assignee's federal supervisor.

- C. Assignee(s) will be entitled to use annual and sick leave in accordance with Federal laws, regulations, and procedures. Assignees may also earn or use overtime, compensatory time, or credit time in accordance with Federal laws, regulations, and procedures, but approval of such must be consistent with local pay and leave management policies and procedures of the host agency.

A request for leave should be reviewed by an assignee's on-site supervisor (either another Federal assignee or host agency staff person). If an assignee's on-site supervisor is an employee of the host agency, he/she may choose to initial the assignee's leave slips.

VI. APPLICABILITY OF RULES, REGULATIONS, AND POLICIES

- A. Rules and policies of the host agency shall apply to assignee(s) except in cases where this agreement provides otherwise.
- B. Where there is a conflict between the rules, regulations, and policies of host agency and/or the locality regarding the legal status and/or rights of assignee and the rules, regulations, and policies of CDC or the Federal government regarding the same issue, the CDC or Federal standards will prevail.
- C. Assignee(s) may not engage in any political activities prohibited for Federal employees by the Hatch Act, 5 U.S.C. § 7321 et. seq., or that may be criminal offenses under title 18 of the U.S. Code (18 U.S.C. §§ 210, 211, 594, 595, 600, 601-607, 610).
- D. The Standards of Conduct for Federal employees (5 CFR § 2635), HHS Supplemental Standards of Ethical Conduct (5 CFR § 5501), HHS Residual Standards of conduct (45 CFR § 73.735) and those for employees of host agency will both apply to assignee(s), except as noted in item B, above.

VII. TRAINING

- A. Assignee(s) will be permitted to attend CDC-required programmatic and career development training, meetings, seminars and conferences (including national seminars and regional staff conferences). Absences for purposes of optional training or professional development will occur only with the mutual consent of the parties to this agreement.
- B. The host agency may, at its discretion and expense, make available to assignee(s) any training opportunities sponsored by the State or locality and made available to other host agency staff.

VIII. EMERGENCIES

At the request of CDC and following discussion with host agency, assignee(s) will be released for temporary assignments in response to national emergencies or health crises.

VIII. PERIOD OF DETAIL

- A. The field assignments addressed by this agreement shall be of indefinite duration, unless otherwise specified by CDPH or the host agency prior to the start of the assignment. The assignment of CDC staff to the host agency will be based on the demonstration of local need, availability of resources and CDPH program priority .
- B. This agreement may be modified or terminated by mutual consent of the parties upon 90 days notice in writing by either party of its intent to modify or terminate the agreement.
- C. The continuation of each assignee’s detail is contingent upon the availability of funds to support the detail.

IX. APPROVAL

- A. The Undersigned represents CDPH Immunization Branch and is authorized to grant the detail or assignment for the purposes stated herein:

_____ Date: _____
(Name)
Chief, Immunization Branch
California Department of Public Health

- B. The Undersigned represents the host agency and is authorized to request the detail of assignee(s) for the purposes stated herein.

_____ Date: _____
(Name)
Chief Deputy Director
Los Angeles County Department of Public Health

Agreement for the Support of a Medical Epidemiologist in the Los Angeles County Department of Public Health

The National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) Division of Tuberculosis Elimination (DTBE) and the Los Angeles County Department of Public Health (LAC DPH), (hereafter referred to as “the County” agree to support a DTBE employee as a Medical Epidemiologist at the County’s TB Control Program (TBCP).

I. Justification for the Agreement

- A. The County TB Control Program is the primary entity within the Department of Public Health fully responsible and accountable for surveillance, investigation and control of Tuberculosis, including evaluation of clinical program performance. It also has been tasked with the development, implementation, and evaluation of performance interventions (e.g. Cohort Review). The TBCP must develop the capacity of its epidemiology staff responsible for conducting and evaluating complex epidemiological studies and field investigations within the county of Los Angeles. The TBCP provides medical consultations to public and private provider physicians and nurses on the diagnosis, treatment and management of suspected and confirmed TB cases and their associated contact investigations.

The County has requested assistance from DTBE to support a position to assist with the aforementioned responsibilities. (Employee Name) (hereafter referred to as the field medical officer, aka “FMO”) will serve as the Medical Epidemiologist within LA County’s TB TBCP and provide leadership over the Research and Epidemiology Unit and will be a fully functioning member of the Medical Consultation Unit, consulting regularly with physicians from either the public or private sectors. Furthermore, the FMO will provide direction and guidance to Epidemiology Investigation Unit. Staff administrative supervisory responsibilities are not required of this position, and will be provided by county supervisor.

- B. It is in the interest of DTBE to approve this support in order to assist the County in the prevention and control of tuberculosis and to advise on matters relating to the preservation and improvement of public health delivery. This also develops uses of DTBE resources to encourage effective prevention and control of TB.
- C. The objective of this assignment is to assist the health department’s capacity to prevent and control TB and promote career development of an FMO.
1. In the short term, primarily through the direct efforts of the FMO; and

2. In the long term, primarily through the FMO's contribution to the TB related epidemiology capacity of the health department.

II. Responsibilities of the FMO to the County:

The FMO will analyze the existing surveillance system with the Department of Public Health and develop recommendations and program plans to refine the existing system. The FMO will develop processes to ensure the County can: track, monitor, intervene, and improve program performance related to the National and California TB Indicators Projects, meet mandated reporting requirements of the TBCB and the CDC, and streamline the generation of routine statistical reports. The FMO will lead a multi-disciplinary team of County TB Control Branch staff focused on program evaluation and enhanced surveillance activities to assess and report on changing and emerging trends in the epidemiology of TB within Los Angeles County.

- Administration, epidemiologic and clinical responsibilities, and guidance of the LAC TBCP including planning, organizing and evaluation of program activities.
- Provision of scientific leadership and guidance on activities of LAC TBCP.
- Development of goals and objectives that integrate organization and program issues and public health objectives.
- Establishment, revision, or review of policies, procedures, mission objectives, and organizational design for the staff, as necessary to eliminate work problems or barriers to mission accomplishment, promote team building, implement quality improvements.
- Provide trainings, lectures and local LA County publications to ensure dissemination of updated TB standards and recommendations.
- Planning work for units, setting and adjusting short-term priorities, and preparing schedules based on consideration of difficulty of requirements and assignments such that the experience, training, and abilities of the staff are effectively utilized to meet organization and customer needs.
- Providing staff with scientific direction and guidance.
- Reviewing structures and organization to optimize use of resources and maximize efficiency and effectiveness of the organization.
- Balancing workloads and provides overall direction and vision to the organization chiefs on a wide range of public health issues.

(Employee) will follow local rules, regulations, customs, instructions, and directions from host officials that are required in the interest of Los Angeles County. Furthermore, he will be supervised by a federal hierarchy which includes seeking input from local officials for periodic review and assessment. Further information on the major duties and responsibilities of this assignment are on the attached position description which was jointly agreed to by both DTBE and LAC TBCP.

III. Responsibilities of the County

- A. Space and services: The LAC DPH TBCP is expected to provide an appropriate office setting, telephone service for handling local or state issues, secretarial services, office supplies, and available statistical and computer services as necessary. In particular, the County is expected to provide a personal computer, data line and, Internet E-mail access. The computer should be dedicated to the FMO and located in his office in order to facilitate communication with other public health professionals.
- B. The County is expected to support FMO requests to attend required conferences and trainings.
- C. Assurance that the epidemiologist will be permitted by State to attend the following meetings and courses:
 - 1. National TB Controllers Association annual meeting
 - 2. Additional conferences/training courses, to be scheduled
- D. Financial support as outlined in Section V.

IV. DTBE Responsibilities

- A. Provision of a federal supervisor and technical support. The federal official who will provide supervision for the FMO is (Name), Centers for Disease Control and Prevention, Mail Stop E-10, 1600 Clifton Road, NE, Atlanta, Georgia 30333. This official will have primary responsibility for assuring that the FMO receives the required technical support from DTBE and NCHHSTP.
- B. Financial support as outlined in Section V.

V. Sources of Financial Support

A. Salary and Fringe benefits

DTBE will be responsible for paying the FMO's salary, fringe benefits, moving expense, travel and any other expenses for (employee name) effective the day of the beginning of the assignment, expected on or about July 1, 20xx, and will continue paying through to December 31, 20xx.

Thereafter, DTBE will only provide an annual travel expense to cover required out-of-state meetings and conferences, and will relinquish paying annual salary (BAH, BAS, Variable Special Pay, Monthly LA COLA with dependents, MORS) and fringe benefits for (employee) as of midnight December 31, 20xx, at which point LAC DPH will assure this responsibility. To do this, it is expected that Lac will exercise the option of converting Financial Assistance (FA) – available through Cooperative Agreement (Agreement Number) – to Direct Assistance (DA) to pay (employee) salary, benefits and any promotions, awards or cost of living adjustments henceforth.

In the event that a formal request for transfer is made or (employee) is reassigned by CDC, DTBE will agree to either refill the position or convert DA expenses to FA. DTBE will also agree to pay required moving expense for the new FMO for LA County's TB Control Program TB Branch.

B. Costs borne by DTBE

Calendar year 20xx

- All Salary, benefits, out-of-state travel and moving expenses

Calendar year 20xx and beyond:

- Travel and per diem annually to the CDC NTCA Conference.
- Travel and per diem to other conferences and trainings as approved on a case-by-case basis by the DTBE supervisor. Requests should be cleared through the County supervisor before being submitted to DTBE.
- Future moving expenses incurred by re-filling position

C. Costs borne by the County

Calendar year 20xx:

- Indirect or administrative costs, to include travel on County business in state.
- Computer hardware and software

Calendar year 20xx and beyond:

- All salary, fringe, in-state travel, indirect or administrative costs, computer hardware and software

VI. Period of Assignment

- A. This assignment is indefinite beginning on or about July 1, 20xx.
- B. The assignment is considered permanent from the effective date (to be determined); however, it is agreed that (employee) serves as the pleasure of Los Angeles County until such time that a formal request for transfer is made or he/she is reassigned by CDC. This federal assignee must be willing to geographically relocate to meet the

needs of CDC. In the event (employee) is reassigned, DTBE and LAC DPH will review circumstances and decide anew whether there is justification and desire to backfill the vacancy.

- C. DTBE, or LACDPH may at any time terminate its support for this agreement by providing written notice to the FMO and to each of the approving officials identified below at least 60 days in advance of the date the support is to be terminated.

Name,
Chief Deputy Director
Los Angeles County Department of Public Health

Date

Name,
Director, Division of TB Elimination
Centers for Disease Control and Prevention

Date

**MEDICAL EPIDEMIOLOGIST DIRECT ASSISTANT FIELD ASSIGNEE
LOS ANGELES COUNTY – POSITION DESCRIPTION**

Program Planning and Development

The Research & Epidemiology Unit Manager directs the planning and design of epidemiological studies to assess and report on changing and emerging trends in the epidemiology of TB within Los Angeles County. The assignee will serve as the principal liaison with the California Department of Public Health – Tuberculosis Control Branch (TBCB) on matters related to regional epidemiological studies, and to collaborate on studies supported through Tasks Orders generated by the CDC TB Epi Studies Consortium.

The Research & Epidemiology Unit Manager will analyze the existing surveillance system, including interfaces with other programs within the Department of Public Health, and develop recommendations and program plans to refine the existing system. Refinement of the existing surveillance system must leverage information and communication technologies to ensure data analysis can be performed more efficiently, generate near real-time management reports, and automate general statistical and case reporting functions.

The Unit Manager will develop processes to ensure the Program can: track, monitor, intervene, and improve program performance related to the National and California TB Indicators Projects (NTIP & CA-TIP); meet mandated reporting requirements to the TBCB and the CDC; and streamline the generation of routine statistical reports.

Program Management

The Research & Epidemiology Unit Manager is a member of the Executive Management Team. Executive Managers participate in the decision-making processes of the Program. This manager is responsible for providing guidance to the Team on the development of local interventions, using sound evidence-based data to prioritize the programs efforts towards controlling and preventing TB in an era of limited resources.

The Unit Manager will provide technical guidance to three Epidemiologists, building their capacity to engage and participate in local, regional, national and international research endeavors that would promote and support good science locally, as well as nationally.

The Unite Manager will ensure the enhanced surveillance system maintains at a high level of data integrity through ongoing quality assurance processes. This activity will involve collaboration with other units within the Program, and with other Divisions within the Department to ensure data collection practices are consistent, complete, and accurate. The Unit

Medical Epidemiologist Direct Assistant Field Assignee
Los Angeles County – Position Description (Cont.)

Manager will ensure the system supports critical program activities such as Cohort Review, the NTIP and CA-TIP, and both the RVCT and ARPE Reporting mandates.

Program Evaluation

The Research & Epidemiology Unit Manager will lead a multi-disciplinary team of TBCP staff focused on program evaluation and enhanced surveillance activities. The Team will work with internal DPH partners and external stakeholders, as needed, to achieve implementation of the Cohort Review process, NTIP, CA-TIP – program activities which serve as the backbone of the program Evaluation Plan.

Medical Consultation

The Medical Consultation Unit provides consultations to public and private provider physicians and nurses on the diagnosis, treatment and management of suspected and confirmed TB cases and their associated contact investigations. The Unit participates in hospital Grand Rounds at University-affiliated County hospital facilities, such as Harbor-UCLA and LAC-USC. The Unit is strategically involved with the Infectious Disease Unit at the Olive View – UCLA Medical Center, which began operations in the summer of 2011. This hospital unit provides for longer term hospitalization of TB patients, and as a civil detention facility for non-adherent or non-compliant TB patients. The Consultation unit also monitors and provides consultations on a cohort of prevalent and incident MOR-TS cases. The assignee will be a fully functioning member of the Medical Consultation Unit, consulting regularly with physicians from either the County-based hospitals and public health centers, or the private provider community. The Assignee may advise physicians and nurse case managers on contact investigations, especially in the context of large-scale or complex exposure investigations. Educational consultations may require the Assignee to disseminate TB information to medical professionals, and the public, through facilitation of hospital grand rounds, TB educational trainings or conferences, and requested seminars. The Assignee is expected to participate in, and when needed, provide leadership for, monthly case reviews and regularly scheduled educational conferences.

Requirements

- ABIM Certification in Internal Medicine, Infectious Diseases or Pulmonary Medicine; or related clinical related field (e.g. Pediatrics, Public Health)
- Valid California Medical License
- Valid Federal DEA Certificate
- MPH in Epidemiology, highly desired
- Automobile and Valid California Driver's License

Medical Epidemiologist Direct Assistant Field Assignee
Los Angeles County – Position Description (Cont.)

As this position may involve contact with people who have tuberculosis, any person in this position who has an immunocompromising medical condition would be at increased risk for developing tuberculosis, a deadly infectious disease.

Salary, Benefits, Vacations, Holidays, and Special Assignments

- The Assignee is an employee of the U.S. Centers for Disease Control and Prevention (CDC).
- Compensation and Benefits will be assigned by the CDC.
- The assignee will be allowed leave time for special assignments, or for standard vacation time, though only with the permission of the Program Director or allowed through formal agreement between CDC and the Los Angeles County Department of Public Health.

Letter of Assignment

(Name)

Chief, Acute Communicable Disease Control
LA County Public Health Acute Disease Control Unit
313 North Figueroa Street, Room 212-A
Los Angeles, California 90012

Dear (Name):

This letter confirms the arrangement made with you and your staff to provide a duty station in County of Los Angeles Department of Public Health beginning the first week of (Month) for (Assignee Name), an Epidemic Intelligence Service (EIS) Officer. This assignment concludes at the end of (Month) 20xx.

The EIS provides the opportunity for clinical and scientific professions to learn practical applied epidemiology in a structured 2-year work experience in public health. EIS Officers are assigned to various organizational components of the Centers for Disease Control and Prevention (CDC) and are supervised by staff epidemiologists in a time-honored preceptorial tradition. CDC places EIS Officers in state and local health departments as a collaborative effort with the states. The EIS Field Assignments Branch (EFAB) in the Office of Workforce and Career Development (OWCD) will be your CDC partner in supervising your EIS Officer. The Officer is expected to serve as an epidemiologist trainee whose major activity will be investigating local disease/health problems. Your cooperation with CDC in this effort will be very much appreciated.

1. Supervision

Professional supervision and direction in matters of state/local responsibility will come from a primary supervisor and in his/her absence, from a secondary supervisor. The supervisors are designated on the signature page which is enclosed in this letter. **The supervisor requirements of EIS Officers are substantial, particularly at the start of a new assignment.** The supervisor should know that new EIS Officers take time to supervise, and the investment of time is a critical element in the success of the assignment. EFAB advises that a **primary supervisor should allot an estimated 10% of his/her time to supervise an EIS Officer.** Insufficient time for the Officer is frequently the primary issue if there are early problems with any assignment. The best supervisors have essentially an open door policy for their Officers at all times, but, in addition, set aside time for **regularly scheduled, weekly meetings.** Primary supervisors should commit to providing direct supervision of the officer for the entire two-year assignment. If a change in supervisor(s) becomes necessary, EFAB should be notified immediately. Another supervisor may be designated after consultation with EFAB. Professional supervision and direction in matters of federal responsibility will come from OWCD, CDC. Guidance regarding projects in program-specific areas can come from an Atlanta-based program

contact person through or in collaboration with the EFAB supervisor. In addition, guidance will be given by appropriate state and local health officials on matters involving their jurisdictions.

All Federal requests for the Officer's services while he/she is located in your department will be cleared through the EIS Program, EFAB, and the EIS Officer's local supervisor before any commitments are made. In the event of a major disaster (e.g. World Trade Center Attacks, Hurricane _____) the EIS Program retains the option of assuming direct supervision and control of all EIS Officers.

2. Scope of Work

EIS should provide a balance between service and supervised experience in the practice of epidemiology. Each EIS Officer is expected to have a variety of opportunities to participate in epidemiologic field investigations, epidemiologic analyses of data sets, surveillance and control activities, scientific report writing, oral presentations, and other public health activities.

A. State Scope

The Field EIS Officer will serve the state/local health department as a doctoral-level applied epidemiologist. Emphasis will be on surveillance, investigation, and the thoughtful analysis of epidemiologic information in order to develop appropriate recommendations for resolving health problems.

It is not intended that the Field Officers have any regular, ongoing administrative responsibilities as a public health official for your department. Because of the terms of assignment, EIS Officers take official action only as delegated by their supervisor. Thus, the Officer is expected to clear all actions or requests for action with his/her local supervisor, until and unless a broader scope of work is agreed to by all concerned parties.

B. Federal Scope – Domestic

Although assigned to the state or local health department, the Field EIS Officer will serve CDC as a doctoral-level, applied epidemiologist performing surveillance activities and epidemiologic investigations of health problems of national importance that are CDC responsibilities. The Officer may be called upon for epidemiologic investigation duty on short notice anywhere in the United States and its territories, including the CDC Director's Emergency Operations Center (DEOC) in Atlanta. The Officer might also be required to be available to consult and assist activities and programs at CDC.

C. Federal Scope – International

Because of the CDC's responsibilities in international health, a number of requests for assistance are expected. CDC expects the Field EIS Officer, if interested, to be available for at least one short-term (three months or less) overseas assignment during his/her 2-year tour of duty. Such request will be discussed with the EIS Officer's local supervisor before any commitments are made. In general, we do not recommend that Field Officers leave their state/local assignment during the first three months.

D. Core Activities for Learning

Each EIS Officer is expected to fulfill each of the EIS Core Activities for Learning (CALs) established by the CDC Epidemiology Advisory Committee at least once during his/her EIS experience. The CALs, described in the enclosed document, EIS program *Core Activities for Learning*, represent activities through which an EIS Officer, will achieve a well-rounded EIS experience. The EIS Program Branch is responsible for the management of the reporting system which monitors accomplishment of the CALs by each Officer. At 6-month intervals, the EIS Program Branch will request that each Officer complete and EIS activity report. Each Officer will submit the required information to the EIS Program through the local supervisor with a copy to their EFAB supervisor.

3. Human Subjects Review Documentation and Tracking

CDC must ensure that human subjects are protected in all the agency's public health activities, and therefore all CDC activities must be reviewed to determine whether they are research involving human subjects. When an activity is classified as research involving human subjects, CDC will comply with federal regulations to protect human research subjects; we attempt to expedite such review so that field investigations are not unduly delayed.

As CDC representatives, Field EIS Officers are required to participate in documentation of decisions about the need (or not) for Institutional Review Board (IRB) review of their investigations that involve collection of data or specimens. Such investigations require a Human Subjects Review (HSR) Tracking Number. Many investigations (e.g. surveillance, outbreak investigations) do not require formal IRB review because the intent is to control public health problems (not research), because they are reporting on routinely collected surveillance data for all public health practice, or because their intent is to evaluate an existing program. However, **all investigations and studies in which the EIS Officer participates must be reviewed and assigned an HSR tracking number.** This

documentation system provides real benefit to the field investigator by documenting CDC support of the HSR decision in his/her work. Within OWCD, one way that we are monitoring our compliance with this system is by requiring that the HSR tracking number be included on clearance sheets for manuscripts and abstracts. Therefore, when an EIS Officer begins any project (investigation, study, analysis, or other) that is expected to result in publication or presentation, it must be reported into this system and assigned a tracking number. HSR requests are submitted through *EPI-X* as soon as an Officer starts an investigation or study. **Manuscripts and abstracts CANNOT be cleared if they are based on investigations that do not have a tracking number.** For more details on these issues, refer to the enclosed document, Overview of Scientific Procedures 20xx, issued by the CDC Epidemiology Program Office (precursor to OWCD).

We understand that state health departments already have mechanisms in place to ensure adequate review of studies for ethical concerns. We do not intend for CDC review to conflict with this and will discuss with you any special situations. If IRB review is required, CDC can often defer to the appropriate state of academic IRB. **We are best able to facilitate HSR/IRB procedures when we are involved with them early.**

4. Space and Services

We understand that your department will provide an appropriate office setting, telephone and fax service, secretarial services, office supplies, parking space, and such statistical and computer services as might be necessary. Your EIS Officer will require the day-to-day use of a desktop computer attached to a LAN, with an Internet connection, and software for epidemiologic analyses, word processing, and graphics. We provide e-mail and Internet access for the EIS Officer on their laptop computer for use in field investigations.

5. Attendance at Educational Meetings and Courses

We expect the officer to attend the following:

- A. Summer EIS Course, for first-year EIS Officers, July
- B. Fall EIS Course, for first-year EIS Officers, late October or early November
- C. Fall EIS Course, for second-year EIS Officers, late October or early November
- D. 60th National EIS Conference (April 20xx)
- E. 61st National EIS Conference (April (20xx)
- F. EIS Field Assignments Brach Regional Conference, two days each year, usually in late February or March.

There may be other regional or national meetings, courses, seminars, or special training opportunities that the Officer can contribute to or benefit from and for which CDC may authorize travel expenses, budget permitting. If the officer has an abstract accepted to present work done in EIS at a major national meeting, EFAB will support travel and attendance for one presentation each year during the 2-year assignment, budget permitting. Specific requests should be submitted to the EFAB supervisor.

In addition, several regional groups of state epidemiologists sponsor annual regional epidemiology meetings. These are usually 2-day meetings held in the fall and are sponsored by the Council of State and Territorial Epidemiologists. EFAB encourages Field EIS Officers to attend these meetings when their local supervisors recommend they do so. Because these meetings are sponsored by the states, it is appropriate that state/local funds are provided for the EIS Officer to attend the meeting. However, if that is not possible, EFAB will support Field Officer travel and attendance for one regional state epidemiology meeting during the 2-year assignment, if funds are available.

6. Travel

Expenses associated with all official local or instate travel is the responsibility of the local or state health department. By accepting an EIS Officer, you are agreeing to accept this responsibility. Travel expenses incurred for 5A-5E above, the initial call to duty, and termination will be paid by CDC. The state or local health department may fund the EIS Officer's travel to out-of-state, national, or international trainings, conferences, or meetings if such travel is in the interest of the health department.

Please be aware of requirements for advance approval for CDC travelers attending meetings. For many meetings needing a CDC travel order, EFAB must submit a special memo 60 days in advance to request approval from the Department of Health and Human Services. This means that Field EIS officers must let EFAB know about travel to any meetings, other than those listed in 5A-5E above, **months in advance** to ensure that their names are on the list submitted for approval. Travel plans must be communicated to EFAB, even if only tentative. It is easy to remove an officer's name from the list at a later date, but very difficult to add it.

7. Salary

Salary and benefits are to be paid by CDC.

8. Leave

All leave must be approved by EFAB. The officer should discuss leave with the local supervisor before submitting a leave request form. The request for leave should be submitted on the standard U.S. Government leave forms, which should be signed by the Officer and his/her local supervisor and forwarded to the EFAB supervisor. After leave is taken, the completed leave form with original signatures should be returned to the EFAB supervisor who will sign it and forward to the EIS Program, which tracks EIS Officer leave. Please do not encourage or allow your Officer to ignore Commissioned Corps or Civil Service leave policies, e.g., by not reporting days off. This practice can be detrimental to the EIS Program and the Officer.

In general, leave of more than two consecutive weeks duration is discouraged and such requests are subject to approval by the OWCD Director. We also discourage leave in July that is more than a few days in duration. Because of the transition in EIS classes, we may need assistance from Field EIS Officers in meeting Epi-Aid requests. In any emergency, a request for leave can be approved by EFAB via telephone or e-mail, but the official leave slip must be forwarded as soon as possible.

9. Uniforms

The current Public Health Service policy regarding uniforms is that each EIS Commissioned Officer shall own an appropriate uniform and **wear it daily during work hours** as specified by PHS issuance CC26.3.2. Special exceptions can be made if wearing of the uniform endangers the safety of the officer (e.g. working in a laboratory setting) or would interfere with completion of the officer's duty (e.g. working directly with certain sensitive populations). These situations would occur rarely; if anticipated to be a common occurrence application for exemption should be made by the primary supervisor directly to the PHS Commissioned Corps. Failure to adhere to PHS policy could result in disciplinary actions against the officer. If this policy changes, we will inform Field EIS Officers and their supervisors.

10. Reports, Presentations and Publications

A. **Monthly Reports**

Each month the Officer should complete a standard report, summarizing major activities and accomplishments of the preceding month. It should be sent by the 5th of the following month by email to the Officer's EFAB supervisor, with copies to the local primary supervisor, to the EFAB Deputy Chief, who tracks the reports, and to fellow Field Officers in the region. The monthly report should **not** ordinarily contain

information that includes personal identifiers (name, social security number) or other detailed information that could allow identification of persons by address or location.

B. EIS Conference Abstracts

All Field EIS Officers are expected to submit at least one abstract each year at the appropriate time in December for the National EIS Conference. The abstracts should concern work performed while on duty.

C. Publications/Presentations

All articles for publication and **abstracts** for presentation at professional meetings of which the **EIS Officer is author or coauthor** and are based on work done while on duty as an EIS Officer (and in some cases, work done before EIS, check with EFAB supervisor to be sure) **must be cleared in full by CDC**. To initiate clearance, all coauthors must indicate approval of the article or abstract by e-mail concurrence. If the Field Officer is the first author (or first CDC coauthor), clearance must be obtained from the following:

- 1) Officer's local supervisor
- 2) EFAB supervisor
- 3) Career Development Division, Chief Science Officer
- 4) OWCD Chief Science Officer or his/her designee

Typically, cross-clearance will be required by one or more CDC Centers with the appropriate subject matter expertise. For Field Officers, all CDC clearance is now processed through a program called Documentum.

Manuscripts: Clearance must be obtained **before a manuscript is submitted for publication**. CDC clearance is a process separate from the revision process that goes on among an Officer and his or her coauthors and the local and EFAB supervisors. After all revisions are completed, the Officer must submit the manuscripts and coauthor approvals to CDC clearance using Documentum. Formal clearance of manuscripts can take 3 weeks in OWCD and another 4 weeks in cross clearance with other Centers.

Abstracts: Clearance must be obtained **before an abstract is submitted to the program committee for acceptance**. If clearance is not obtained prior to submission, the abstract may not be presented. CDC abstract clearance is processed through Documentum. The Officer should **allow CDC 3-4 weeks, at a minimum**, to edit and clear an abstract. Otherwise, the abstract might not be cleared in time. Please encourage your Officer to avoid sending in last minute requests for abstract

clearance, except when absolutely necessary. Expedited clearance is difficult to obtain and should only be requested when the investigation is late-breaking or another compelling reason for delay exists. Justification is required for expedited clearance.

Disclosure: Recently, the Office of Management and Budget (OMB) issued a directive that federal agencies must have their “important scientific information” undergo peer review before dissemination. The OMB distinguishes between information disseminated as an official position of the agency and information disseminated by government scientists as part of their normal duties. Most publications and presentations by EIS officers will fall into this latter category and may be exempted from this new peer review requirement by inclusion of disclaimers. The EFAB supervisor can help decide whether the Officer’s work requires that a disclaimer be added or whether it requires a full peer review instead. When the work does require peer review, we will help set up the process.

Journal publication written as part of normal duties of CDC staff (including Field EIS Officers) and presentation at scientific meetings should use the following disclaimer: “The findings and conclusions in this report are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention.”

This disclaimer is not required for abstracts.

More details on the clearance procedures are provided in the Field Officer Handbook.

D. MMWR Articles and Epi-X Postings

Each EIS Officer is expected to participate in the preparation of articles for the *Morbidity and Mortality Weekly Report (MMWR)*. The *MMWR* is preeminent among scientific journals as a source of timely information on important public health issues, and thus it provides EIS Officers a unique opportunity to share the results of their work with those who need to know. In addition, the EIS Officer is encouraged to make postings of fast breaking public health news to Epi-X, CDC’s web-based communications network. All EIS officer reports to Epi-X need to be approved by the Officer’s local supervisor prior to submission.

E. EIS files

EIS officers shall submit updated curriculum vitae and reprints of their publications when requested by OWCD. In addition, EIS Officers are encouraged to submit such information without prompting to EFAB and sometimes the EIS Office for inclusion in their files.

11. Work Schedule

Field EIS Officers are generally expected to work the hours that their local colleagues usually work. Normally, they should be available during the normal working hours of the health department. However, there are some exceptions. EIS Officers should not be on telework schedule, even if this is common practice in the health department. Much of the training benefit of an EIS assignment occurs when an officer is directly interacting with others in the health department; this benefit is lost if an EIS Officer is working from home. Occasional exceptions can be made for work to be completed at home or in another (e.g. library) setting.

12. Outside Work

EIS Officers may engage in outside work only if it does not conflict with the Department of Health and Human Services' Standards of Conduct and CDC's policies relating to outside employment. EIS policy forbids acceptance of remuneration for outside work. Any and all outside work of a professional and/or consultative nature must be approved by the Director, OWCD, before the Officer agrees to participate. Such commitments include voluntary activities such as working medical clinics in the community or teaching physical diagnosis to medical students, etc. The Officer must request approval by completing and submitting Form HHS-520, Request for Approval of Outside Activity. **OWCD generally does not encourage EIS Officers to seek out or engage in such work** because of the potential for it to distract from the epidemiologic training and service that are the primary benefits of the EIS experience. If approved, the Officer must submit an annual Form HHS-521, Annual Report of Outside Activity.

On the other hand, Officers are free to develop contacts with the School of Medicine, School of Public Health, and/or Department of Preventive Medicine of the local university. The Officer might wish to participate in teaching activities or attend lectures, seminars, or meetings and share some of his/her epidemiologic experiences with students and faculty. These contacts are important to our recruiting efforts for the EIS.

Detailed information and instructions for Commissioned Officers regarding outside employment are covered in the booklet Standards of Conduct given to Commissioned Officers during the EIS Course. Special attention should be given to Section 73.735-701 through 73.735-710. EFAB supervisors are available to advise Officers on any specific outside work situation.

13. Training Courses

The EIS Officer must secure permission from his/her EFAB and local supervisors to participate in short term training courses, e.g. 1-week training courses in SAS or GIS. CDC funding is not consistently available to pay for these courses. Long-term training (e.g. semester-long courses) is not permitted during EIS and the EIS Officer may not be enrolled in any degree program during the 2-year tour of duty.

14. Evaluation

Each EIS Officer and supervisor will participate in a semi-annual process, the evaluation of EIS competency domains. The written evaluation form is intended to promote constructive dialogue between Officer and supervisor, to help the EIS Officer improve his/her proficiency, and to enhance the quality of the EIS experience. The local primary supervisor is responsible for completing Part I – the Evaluation of the EIS Officer Competency Domain, and for discussing both Parts I and II with the EIS Officer. The EIS Officer is responsible for completing Part II - Feedback on Assignment.

In addition, we encourage regular discussions regarding Officer performance, among the EIS Officer, his/her local supervisors, and the EFAB supervisor.

15. Commissioned Officer Effectiveness Report (COER)

Commissioned Officers are required to complete a COER annually, usually in October. Noncommissioned EIS Officers do not complete a COER. The Commissioned Officer is responsible for completing Part I of the COER and submitting it to his/her **EFAB supervisor**. The EFAB supervisor and the EIS Program Branch are responsible for completing the appropriate parts of the rest of the COER and providing feedback to the EIS Officer.

16. Hiring Restriction

State and local health departments are prohibited from hiring the EISO with a start date before the EISO's completion of the program without prior discussion and approval from the program. If an EISO is hired early, they must continue to function as a member of the EIS program until the original graduation date. Failure to adhere to the hiring restriction will jeopardize the department's ability to match with EISOs in the future.

Please return the attached statement, with appropriate signatures, after discussing it with applicable local staff and your Field EIS Officer. Please feel free to call with any questions, comments, or concerns.

Sincerely yours,

(Name)
Chief, EIS Field Assignments Branch
Career Development Division
Office of Workforce and Career Development

Enclosure
CALs

Please sign, detach and return this statement. Signatures are required from each of the following:

- **Primary and back-up supervisors**
- **Secretarial or support staff resource**
- **Statistical support (If available at assignment)**
- **Official State/county/city epidemiologist**
- **EIS Officer**

After the EIS Officer arrives, the primary supervisor should discuss the assignment and review this letter with the Officer. Then the Officer should sign this statement, keep a copy for the office file, and return the original to the address below.

TO: Chief, EIS Field Assignments Branch, Career Development Division, OWCD, CDC

FROM (Local Supervisor):

SUBJECT: EIS Officer Assignee

We, the undersigned, have read the Letter of Assignment and the terms described herein are acceptable.

	<u>Name (Print)</u>	<u>Signature</u>	<u>Date</u>
Primary Supervisor	_____	_____	_____
Back-up Supervisor	_____	_____	_____
Secretarial Resource	_____	_____	_____
Statistical Support (if available)	_____	_____	_____
State/County/City Epidemiologist	_____	_____	_____
EIS Officer	_____	_____	_____

PLEASE RETURN ORIGINAL SIGNATURE PAGE BY (Date) to:

(Name) Deputy Chief, E-FAB; CDD/OWCD; Mailstop E-92; Centers for Disease Control and Prevention; 1600 Clifton Road Ne; Atlanta, GA 30333.