ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 24 June 2020  
Response Date: 26 June 2020  
Type of TA Request: Complex

Request:

The requestor asked for resources regarding staffing shortages, unemployment numbers, suicide attempts, behavioral healthcare shortages, and any economic impacts related to recent disasters.

Response:

The ASPR TRACIE Team reviewed our existing resources, namely the following:

- **Training and Workforce Development Topic Collection.** In particular the [Willingness to Work and other Workforce Considerations](#) section, which provides information related to the staffing shortage portion of this request.
- **Recovery Planning Topic Collection.** In particular, the [Must Reads, Event-Specific Lessons Learned](#) and [Plans, Tools, and Templates](#) sections.
- **COVID-19 Behavioral Health Resource Collection.** In particular, the [Compilation Sites and Documents](#) section.
- **COVID-19 Healthcare Delivery Impacts quick sheet** and accompanying [tip sheet](#).

We also conducted a search online for additional materials and reached out to our Subject Matter Expert (SME) cadre members to gather feedback or related materials. Those resources are provided in this document. Resources marked with an asterisk (*) appear in more than one category.

Please refer to the Centers for Disease Control and Prevention’s (CDC) [Coronavirus Disease 2019 webpage](#) for the most up-to-date clinical guidance on COVID-19 outbreak management. Visit the [ASPR TRACIE COVID-19 page](#) for additional healthcare planning resources.

I. SME Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

- We would encourage the requestor to be on the lookout for a report from The National Council for Behavioral Health, who surveyed members (in early April) about their...
expected financial viability. (Contact ASPR TRACIE for file that details results of that survey.)

- Early results indicate that 62% of providers thought their practices could only survive ≤ 3 months under the current conditions. The National Council is fielding a follow-up version of the survey, so hopefully they will release new numbers soon.

- Although the National Council for Behavioral Health information is helpful, the survey is not nationally representative, so we have been exploring other ways to assess how many behavioral health practices are closing.

- Ideally, we would use SAMHSA’s provider directory as a sampling frame and call/conduct an online search for practices to see how many have closed, but that would be very time intensive. However, Yelp has been monitoring the number of businesses (in different sectors) that have been closing as a way of assessing the impact of COVID-19 on the economy, and they have geographic data.

- Behavioral health providers are listed on Yelp, so our organization reached out to Yelp in the hopes that we can use their data to track how many (and where) behavioral health practices are closing. This would not be a perfect dataset, but it would complement the National Council data. Here is the latest quarterly report (released 6/25/2020) from Yelp, for context: [https://www.yelp经济average.com/yelp-coronavirus-economic-impact-report](https://www.yelp经济average.com/yelp-coronavirus-economic-impact-report).

II. Resources on the Economic Impact of Disasters


The authors examine the impact of Hurricane Sandy ("the dose") on the health and well-being of New Jersey residents ("the response") exposed to the storm. Primary findings include: the negative effect housing damage had on residents' health is similar to the effect of poverty; some toxins (e.g., mold) had a double negative effect (e.g., clinically-diagnosed asthma and mental health distress); and children living in homes that experienced minor physical damage were more likely to be sad or depressed or having sleeping problems.


The authors developed a framework for measuring disaster recovery based on five measures: housing stability, economic stability, physical health, mental health, and social role adaptation.

The author examined the economic impact of disasters over recent years and lists the 20 most destructive national disasters to occur worldwide.


This report assesses the financial impact of COVID-19 on hospitals and health systems. The results from this report estimate hospitals and healthcare systems could lose a total of $202.6 billion over four months. The estimation does not include costs associated with drug shortages, increases in wages and labor, non-PPE medical supplies and equipment, and costs associated with COVID-19 response.


This report examines the human and economic impacts of natural disasters experienced worldwide in 2016 and provides regional analysis. It describes the Emergency Event Database (EM-DAT), which uses a global approach to compile disaster data.


This fact sheet provides statistics about disasters in 2017, including the number of disasters, fatalities, people affected, and economic damages.


This document is part of the series "The Ripple Effect: Economic Impacts of Internal Displacement," and estimates the fiscal gap that governments of countries affected by internal displacement may face because of future displacement crises. This research highlights how, even when the needs of the people affected by these crises are met and responses planned efficiently, internal displacement damages social networks, mental and physical health, productivity, well-being, and welfare.


This 58-page report summarizes a workshop held in Anchorage, Alaska, in February 2019 to gather feedback at the local and regional level to identify opportunities for
improving preparedness for the public health, social disruption, and economic impacts of oil spills. Discussion topics included impacts to mixed subsistence economies, commercial fishing, and tourism; effective integration of human health and community well-being into local and regional response planning; and how to better prepare communities for an oil spill. The workshop was sponsored by the National Academies of Sciences, Engineering, and Medicine Gulf Research Program, and the Sea Grant Program.


This document describes the interdisciplinary and multisectoral approach used to develop the COVID-19 Decision Support Tool, which is designed to fill the need for a comprehensive and systematic assessment of potential public health interventions to address COVID-19 and when to relax them. NOTE: The economic model is described beginning on page 40.

III. Resources on the Economic Impact of COVID-19 on Behavioral Health Funding


The author explains that little funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act has reached behavioral health providers, partly due to misunderstanding of the effect of disasters such as COVID-19 on people with mental illnesses, and the population at large.


This press release highlights the Health Economic Recovery Omnibus Emergency Solutions (HEROES) Act and how it would support community behavioral health organizations. The Council emphasizes that the amount is not enough, however, to avert serious mental health crises in the wake of COVID-19.

IV. Staffing Shortages

ASPR TRACIE. (2020). Staff Absenteeism Resources.

This ASPR TRACIE TA response provides resources for healthcare system emergency planners and healthcare workers to use while preparing for and responding to staff absenteeism during COVID-19. It includes previous studies and lessons learned from real
events on willingness of staff to report to work, mitigation of staff shortages, preventing absenteeism, and building a robust workforce.


The author notes the increase in demand for staff coupled with the economic impact of postponing elective procedures; some facilities are being conservative in their hiring to avoid additional financial duress.


The authors conducted a meta-analysis of articles that detailed nursing staffing and finance plans, and findings for surge events. Table 1 summarizes the 16 articles and the authors emphasize the importance of federal and state resources as force multipliers and the importance of interprofessional education to facilitate an “all hands on deck” response.


This report details the predicted increase in people with mental health issues and the related shortage in staff to help provide care and treatment.

V. Suicide and Disasters


The author summarizes literature on post-disaster mental health and describes the aftermath and emotional toll of Hurricane Maria in Puerto Rico.


The WHO estimates that between 30 and 50% of the population affected by a disaster also suffer from psychological distress. The authors call attention to post-traumatic stress disorder as a secondary effect of the COVID-19 pandemic (for the general population and healthcare workers and staff) and emphasize the need to plan now to address the related risk of suicide.

This report attempts to predict what deaths of despair might be seen based on three assumptions during COVID-19: economic recovery, relationship between deaths of despair and unemployment, and geography.


This Supplemental Research Bulletin focuses on research highlights related to traumatic stress and suicide, including suicide rates, suicidal ideation, and suicide plans and attempts, in relation to disasters.


The authors discuss the negative mental health effects of infectious diseases, including suicidal ideations and completions.

VI. Unemployment and Disasters


This report attempts to predict what deaths of despair might be seen based on three assumptions during COVID-19: economic recovery, relationship between deaths of despair and unemployment, and geography.


This research brief details the short- and longer-term influences of Hurricane Katrina on labor markets in Alabama, Florida, Louisiana, and Mississippi using data from the federal monthly Current Population Survey. The report includes graphs of predicted probability of labor force participation, employment, unemployment, and self-employment.