



American Public Health Association

Emergency Preparedness Assessment

Public Health Emergency
Preparedness of
California's Local Health
Departments

Presented by

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California's Public Health Emergency Preparedness (PHEP) Structure

- California has 61 local health departments (LHDs)
 - 58 LHDs receive 70% of CDC PHEP Cooperative Agreement funds received by California Department of Health Services (CDHS)
 - 46 LHDs serve as local HRSA entities for California counties
 - Los Angeles County receives funds directly from CDC and HRSA for LHDs in Los Angeles, Long Beach, and Pasadena

Roles of CDHS and LHDs in California

- LHDs provide direct public health services
- LHDs have statutory authority to take any necessary action to prevent spread of disease
- CDHS provides policy direction, oversight, and steps in when response to an emergency exceeds capacity of LHD

California LHD Leadership

- California's LHDs have two strong organizations representing LHD leadership:
 - California Conference of Local Health Officers (CCLHO)
 - County Health Executives Association of California (CHEAC)

California LHD Leadership (cont.)

- Guidance for this project was provided by a three-part governance structure of CDHS, CCLHO and CHEAC
- In addition, technical/scientific review was provided by 15-member Technical Advisory Committee composed of LHD staff

Purpose of Assessment Project

- To understand and describe the state of public health emergency preparedness in California's LHDs as defined by current (FY 2005/06) federal guidance.

Objectives of the Assessment

- Develop and administer a uniform, quantifiable assessment instrument consistent with 2005-06 CDC/HRSA Guidance and Benchmarks for measuring public health emergency preparedness capacity in LHDs.
- Conduct statewide onsite assessments of all California LHDs

Objectives, cont.

- Provide each LHD with a written report providing quantitative and descriptive analysis of findings and recommendations for improvement

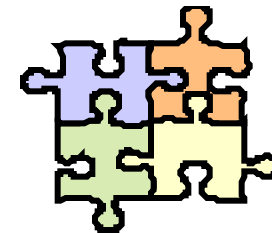
Objectives, cont.

- Identify common themes, trends, areas of strength, gaps/deficiencies and needed improvements related to training, leadership and other needs.
- Provide onsite technical assistance (TA) to LHDs by public health experts during the assessments to add to the capacity-building of LHDs.

CDHS Role



- Provide the contractor with interpretation and updates of the federal guidance
- Share findings of related California assessments/studies/surveys concurrent to the assessment
- Send a CDHS Regional Program Consultant to each site visit



CDHS Role, cont.

- Review findings from individual LHD reports and follow-up as appropriate
- Use findings and recommendations from the forthcoming statewide summary of the assessments to guide areas of focus
- Share assessment findings with other partners and stakeholders

What Distinguishes the California Public Health Emergency Preparedness Assessment?

- At least 4 distinct features:
 1. A uniform and structured assessment instrument with a quantified scoring system keyed specifically to the Guidance.
 2. Utilization of external peer-experts with extensive local public health experience
 3. Voluntary participation by LHDs in assessments, conducted onsite over a 2-day period.
 4. Individual, comprehensive LHD-specific reports of findings with scores and site-specific recommendations.

Project was organized in 3 phases:

- Phase I: April-October 2005
 - Assessment design, instrument and protocol development
- Phase II: November 2005-January 2007
 - Site visit assessments
- Phase III: May 2007
 - Analysis of results and final report

Consultant team

Experienced LHD professionals with technical and science-based practical expertise in emergency preparedness and PH leadership (e.g., laboratory, CD, PH nursing, epi, fiscal/HR mgmt, risk communication)

“Marketing” to LHDs

- ❖ Peer-based, external, standardized evaluation process
- ❖ Identification/discussion of areas needing improvement
- ❖ Sharing successful strategies and outcomes via technical assistance
- ❖ Not compliance monitoring! Not auditing!

LHD FEEDBACK

- Recommended the assessment to other LHDs
- Report captured main strengths/weaknesses
- Report findings were found to be useful (e.g., “will help us: focus on certain technical areas; prioritize; improve; document; do more drills/evaluate....”)
- Report findings used in preparing 2006-07 workplans
- TA offered by consultants considered very helpful
- “Tone” of site visit perceived as friendly, low-key

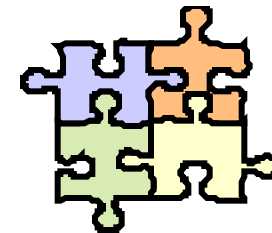
Assessment planning and development

Scope:

- PH emergencies and other events in which LHDs play the primary role

Guidance:

- Consistent with the 2005-06 CDC/HRSA Guidance regarding:
 - Preparedness Goals
 - Outcomes
 - Required Critical Tasks
 - Measures/Indicators



SITE VISIT SCHEDULING



Dates for a 2-day visit (LA = 3 days) were offered by HOAC or requested by the LHD

In total, 56 (92%) LHDs were assessed; represents 97.3% of California's population

PRE SITE VISIT:

- HOAC sends letter confirming date and 2-day schedule
- HOAC sends pre-site visit materials
- LHD returns Advance Data materials as requested
- Consultants review advance materials
- TL confers by phone with LHD contact person re. logistics, process, etc.

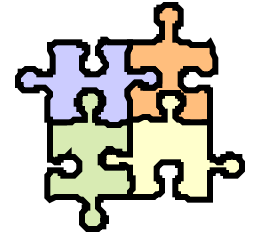
WHO SHOULD PARTICIPATE?

Varies by LHD:

- Agency Director and Health Officer
- BT Coordinator, Lab Director, CD Manager
- Lead Epi, Health Educator
- Public Info Officer
- PHN Director
- Environmental Health, Mental Health, EMS, Office of Emergency Services

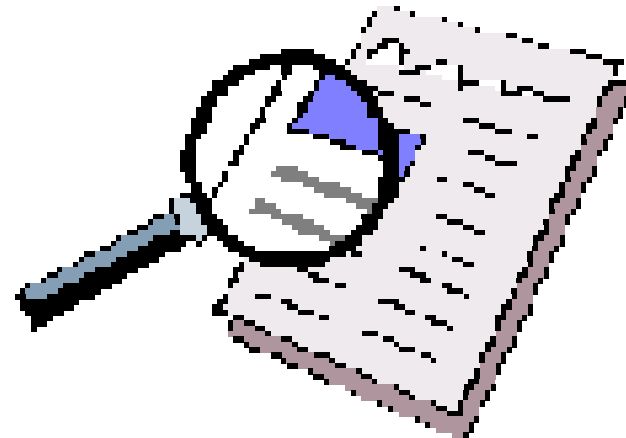
WHAT DOES A TYPICAL 2-DAY SCHEDULE LOOK LIKE?

- Entrance conference (with “real time” scheduling of interviews)
- Interviews with multiple staff/partner organizations at various levels
- Observation (not inspection) of public health laboratory facility
- Materials/documents review
- Exit conference with brief summary of findings and recommendations



POST SITE VISIT:

- Individual LHD report sent to LHD and CDHS within 6 weeks
- Aggregate, cumulative Interim Report submitted to CA Dept. of Health Services (CDHS) March 2006
- Aggregate, cumulative Final Report submitted to CDHS, after review by Steering Committee, May 2007



INSTRUMENT DEVELOPMENT

- ❖ Based on 2005-06 CDC/HRSA Guidance
- ❖ Used CDC SNS Instrument for LHDs
- ❖ Critical Tasks under each Outcome refined into Assessment Areas
- ❖ Descriptive system-level questions created for each Assessment Area
- ❖ Indicators/measures included for each Assessment Area

INSTRUMENT DEVELOPMENT (Cont.)

- ❖ Formatted for LHDs to understand basis of the assessment
- ❖ Approved by Technical Advisory Committee and Governance Committee



STRUCTURE OF THE INSTRUMENT

Organized in three parts

- Part 1 – Advance Data related to county demographics, history, \$\$ and personnel
- Part 2 – Leadership, management, deployment of workforce and financial resources, and planning and progress toward preparedness
- Part 3 – Assessment of Performance Areas (CDC/HRSA Goals & Objectives)
- Glossary

Structure of the Instrument (cont.)

- CDC Local SNS (Strategic National Stockpile) Assessment Tool (July 26, 2004) adopted verbatim as part of the HOAC tool per request of CDHS.
- HOAC SNS findings during site visits compared with SNS self-assessments by some LHDs.

Scoring Considered the Following Steps to Preparedness:

- ✓ **Aware**
- ✓ **Vigilant**
- ✓ **Organized**
- ✓ **Equipped**
- ✓ **Set up**
- ✓ **In place**
- ✓ **Practiced**

4-Point Rating Scale

- **4 = Well prepared** (prepared to fully perform the critical required task in this area)
- **3 = Prepared** (prepared to adequately perform the critical required task at a minimum performance level)
- **2 = Mostly prepared** (partially prepared to perform the critical required task and still developing capacity in this area)
- **1 = Minimally prepared** (least prepared to perform the critical required task in this area)

PREPAREDNESS GOAL 6: CONTROL

The local health department will decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Outcome 6A: Emergency Response Communications

A continuous flow of critical information is maintained among emergency responders, command posts, agencies, and government officials for the duration of the emergency response operation.

Name of LHD staff interviewed for this section
Telephone

Title

Instructions to Consultant for Completing this Section

Assess the extent to which the local jurisdiction is prepared relative to the required critical tasks that fall within this Goal and Outcome. Considering all factors of *preparedness* (aware, vigilant, organized, equipped, set up, in place, practiced....), (a) review all materials listed and check (☑) off; (b) use assessment area questions to guide the assessment process; (c) summarize strengths and areas for improvement in each assessment area; (d) assign a 1-4 score for each assessment area; (e) total the preparedness scores at the end of each assessment area and calculate the *average* score for each of the required critical tasks; and (f) provide in the summary section a brief narrative of key findings and recommendations.

Materials to be Reviewed: (☑ if reviewed)

- Public Health Emergency Operations or Disaster Plan
- Communications Plan or communications section of Emergency Operations Plan
- Notifications and Alerts section of Emergency Operations Plan or Communications Plan
- Protocol for Alerts/Notifications
- Sample Health Alert or Alert Template

Critical Task 1: *Decrease the time needed to communicate internal incident response information; a) Develop and maintain a system to collect, manage and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion*

Assessment 1.1: Incident Situation Status Assessment and Reporting

LHD Assessment Questions

1. What is the Department's process for rapid assessment and reporting related to medical-health incidents, including from the incident site to the

Indicators

EO P describes situation assessment and status monitoring; supporting job action sheets

Additional Material

- Practices and materials identified during assessments that were particularly effective in achieving rigorous requirements of the Guidance:
 - Collated and prepared as a stand-alone document for distribution to LHD staff in program areas related to public health emergency response to further develop and strengthen local programs

For More Information

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