

Public Health Emergency Preparedness in Summer 2008: the Good, the Bad, and the Ugly

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The Ugly: Overallocation of 2007-08 Pan Flu Funds to LHDs

- Revised allocations to LHDs issued
- CDPH and LHDs working on individual situations. Biggest challenges:
 - Small LHDs that have incurred staff costs against the original allocation
 - LHDs that submitted inaccurate survey responses
- Ad hoc workgroup very helpful in proposing survey and working with us on allocation strategies

The Bad: 2008 Wildfires

- CDPH activated JEOC for most of June-July for 2,000+ wildfires
- Public health issues: wildfire smoke, drinking water systems, healthcare facility evacuations
- CDPH guidance:
 - Wildfire Smoke: A Guide for PH Officials
 - N95 respirator fact sheet for public
 - Public health advisory on managing wildfire smoke and extreme heat

The Good: Working Together on Setting Direction for PHEP

- Steering Committee on recommendations in Report of LHD Assessments (aka HOAC report)
- Formation of CD-HOM workgroup
- Discussions on strategic direction for LHD PHEP activities

LHD Steering Committee on HOAC Recommendations

Steering Committee Composition

- CCLHO (Dr. Lindsay and Dr. Herfindahl)
- CHEAC
- CPHLD
- CCLHDND
- PHEP Coordinator from each Mutual Aid Region
- CDPH

Priority Levels for Recommendations

- High Priority to Maintain
- High Priority
- Medium Priority
- Low Priority
- Completed
- Not a Priority

Prioritization of HOAC Recommendations

- Recommendations for LHDs: 58
 - 24 High Priority/High Priority to Maintain
 - 16 Done/Not a Priority

- Recommendations for CDPH: 52
 - 21 High Priority/High Priority to Maintain
 - 14 Done/Not a Priority

California Disaster –Health Operations Manual

- Purpose: Delineate process for requesting and providing health and medical assets when regional/state/national assistance is needed.
- Multi – agency workgroup of state and local government agencies

Thanks to CCLHO's Emergency Disaster
Committee for spearheading

Strategic Direction for PHEP in California

State Level:

- CDPH Strategic Plan Goal 2: Prepare for, Respond to, and Recover from Emergency Public Health Threats and Emergencies
- Two days on PHEP priority setting and strategic direction

Strategic Direction for PHEP in California (continued)

LHD Level:

- HOAC Report Steering Committee included strategic direction
- New Steering Committee will continue discussions over next year

LHD Priorities for 2008-09



Sustaining Public Health Emergency Response Operations

- Maintain the ability of LHDs to respond to public health emergencies.
- Maintain surveillance and disease detection capacity, including laboratory functions.

Sustaining Public Health Emergency Response Operations (continued)

- Integrate public health emergency preparedness as a part of ongoing public health activities. Involve all LHD staff in preparedness drills and exercises and cross-train staff to allow dual use functionality.
- Expand regional interaction and coordination to strengthen response capability.

Communications

- Maintain and continue development of communications systems such as CAHAN and Disaster Healthcare Volunteers of California (hardware, software and training)
- Encourage and maintain interjurisdictional communications in order to build bridges between LHDs for a coordinated emergency response.

Planning

- Continue planning and exercising surge capacity in both health care delivery and public health.
- Continue recovery planning such as development of COOP/COG plans and participate in technical assistance training on plan development offered by CDPH.
- Develop and participate in regional planning efforts.

Coordination

- Continue to strengthen relationships with Operational Area OES.
- Continue coordination and development of partnerships with law enforcement and fire agencies to improve their recognition of LHDs as “first responders” in emergencies.

Best Practices

- Contribute to collection of standardized Best Practices, planning tools, and training materials and utilize.

Training

- Ensure adequate number of trained staff in core competencies such as CBRNE and SEMS/NIMS. Participate in trainings and exercises offered by CDPH.
- Maintain sufficient number of adequately trained public health laboratory personnel.

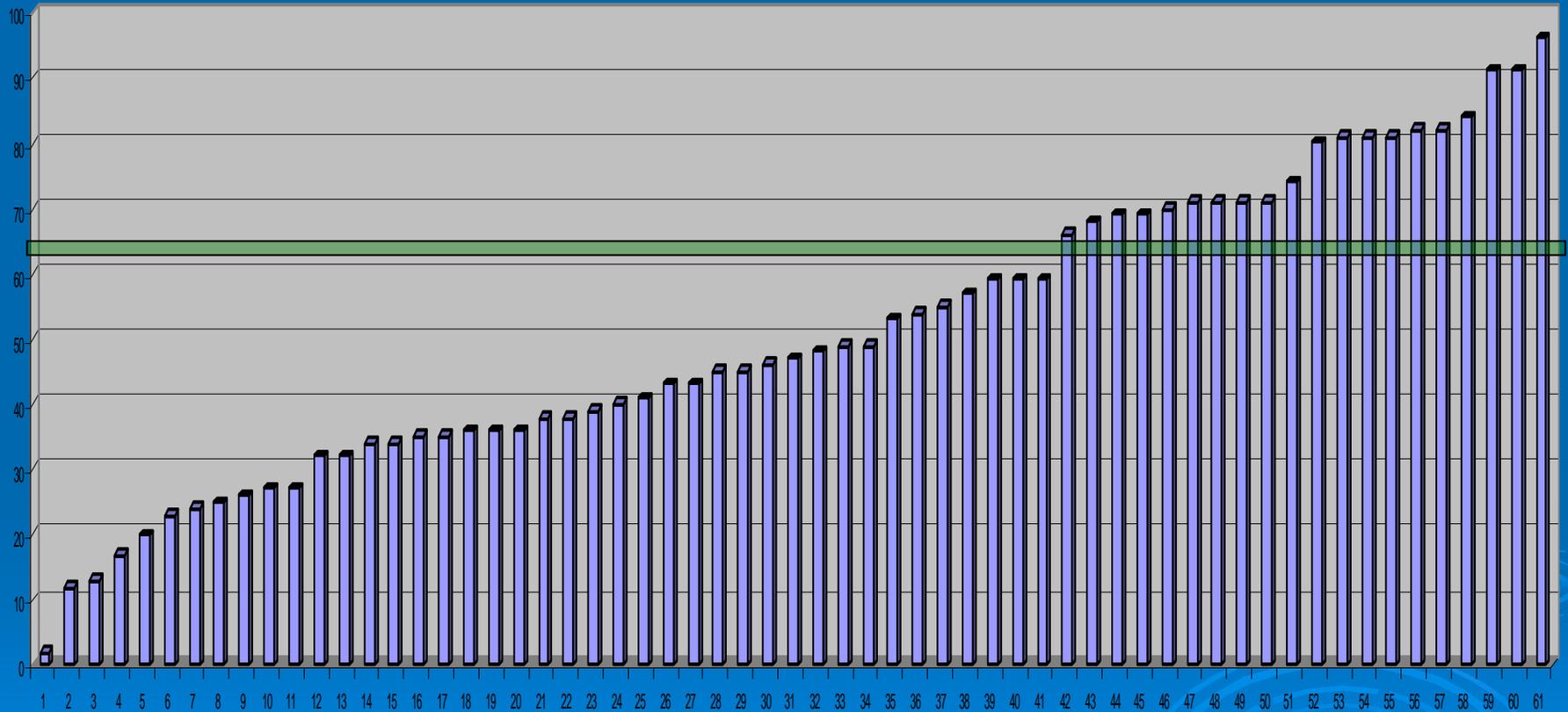
IT System Applications

- Participate in patient surveillance/adverse reaction tracking systems to allow data to be easily aggregated in one statewide, standardized source.

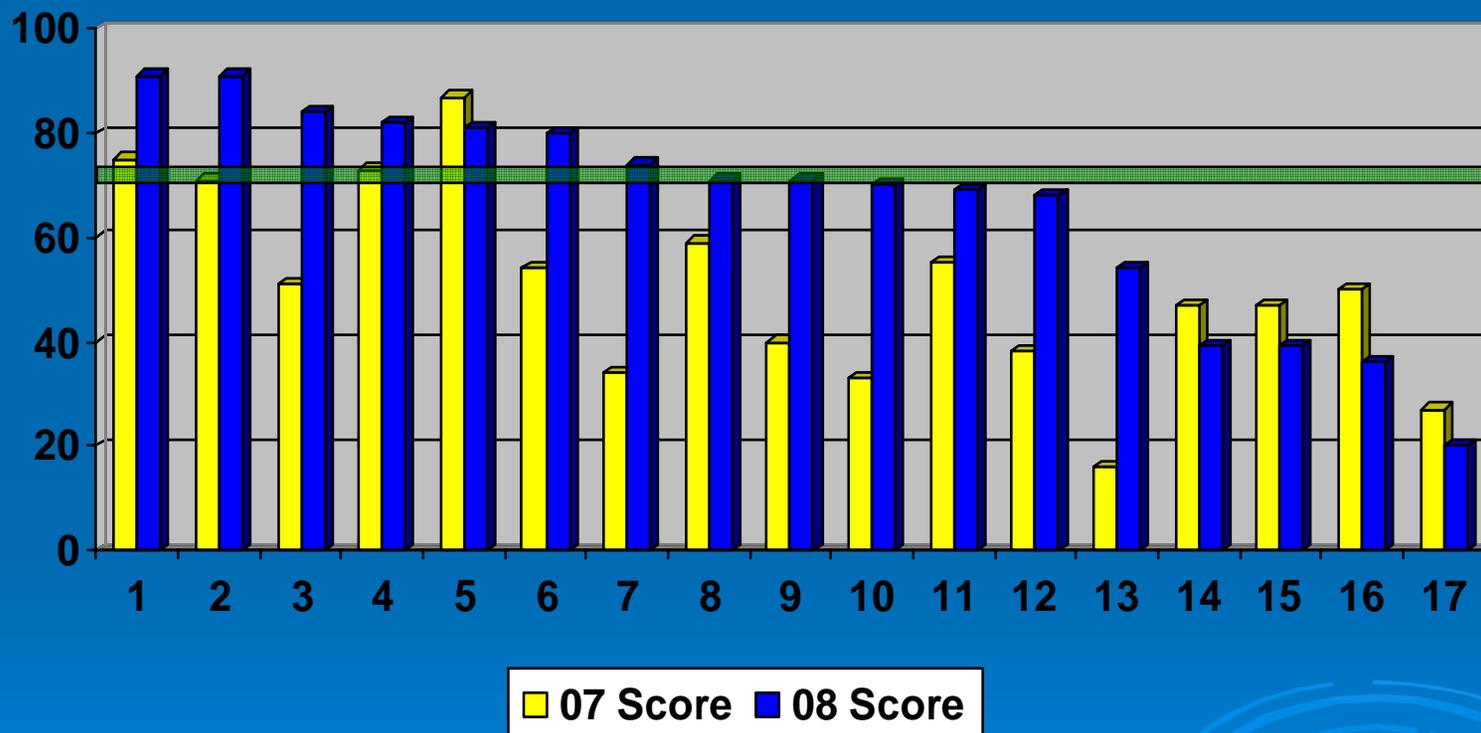
SNS/CRI Report Card

Goal 2: Increase to 43 the number of local health departments with a rating of at least 70% on their Strategic National Stockpile by 06/30/09.

LHD SNS/CRI Scores 2008



LHD CRI Aggregate Scores



2008-09 Guidance and Allocations

Key Program Requirements

- Emphasize foundational PHEP requirements, e.g.:
 - Operational response plans
 - Designated PHEP Coordinator
 - Training of LHD staff in PHEP
- Continue to build and expand HPP Partnerships with healthcare community
- Allow local Priority Projects

Key Administrative Changes

- One Comprehensive Application
- Timely submission of applications by LHDs; timely response by CDPH
- Failure to submit applications timely will result in redirection of funds to other LHDs

Key Administrative Changes (continued)

- **UNTIL STATE BUDGET IS ENACTED,
ALLOCATIONS ARE DRAFT**
- **Tentative Due Dates:**
 - Work Plan and Budgets: October 8, 2008
 - Signed Agreements: December 30, 2008

CDPH Planning Activities

- State Emergency Plan revisions
 - Plan issued in draft for comments
 - 14 Emergency Functions (EF) that cut across state agencies will replace department-specific response assignments
- State Pandemic Influenza Operations Response Plan submitted to US Government
- CDPH Operations Plan