

Progress Review Webinar: Public Health Infrastructure and Preparedness

April 10, 2018



Strong Organizations and Resilient Communities

Don Wright, MD, MPH

Deputy Assistant Secretary for Health

Director, Office of Disease Prevention and Health Promotion

U.S. Department of Health and Human Services



Chair

- Don Wright, MD, MPH, Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services

Presentations

- Charles Rothwell, MBA, MS, Director, National Center for Health Statistics, CDC
- Craig Thomas, PhD, Associate Director for Strategy, Center for State, Tribal, Local, and Territorial Support (proposed), CDC
- Luis Padilla, MD, FAAFP, Associate Administrator, Bureau of Health Workforce, Director of the National Health Service Corps, HRSA
- Rachel Avchen, PhD, MS, CAPT, U.S. Public Health Service, Branch Chief, Applied Science and Evaluation Office, Office of Public Health Preparedness and Response, CDC
- Sally Phillips, RN, PhD, Deputy Assistant Secretary for Policy, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services
- Dan Dodgen, PhD, Director, Division of Policy and Strategic Planning, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services

Community Highlight

- Jeffrey Gunzenhauser, MD, MPH, Interim Health Officer, County of Los Angeles Department of Public Health, California

Healthy People at the Forefront of Public Health



HEALTHY PEOPLE
The Surgeon General's Report on
Public Health and Disease Prevention



1979



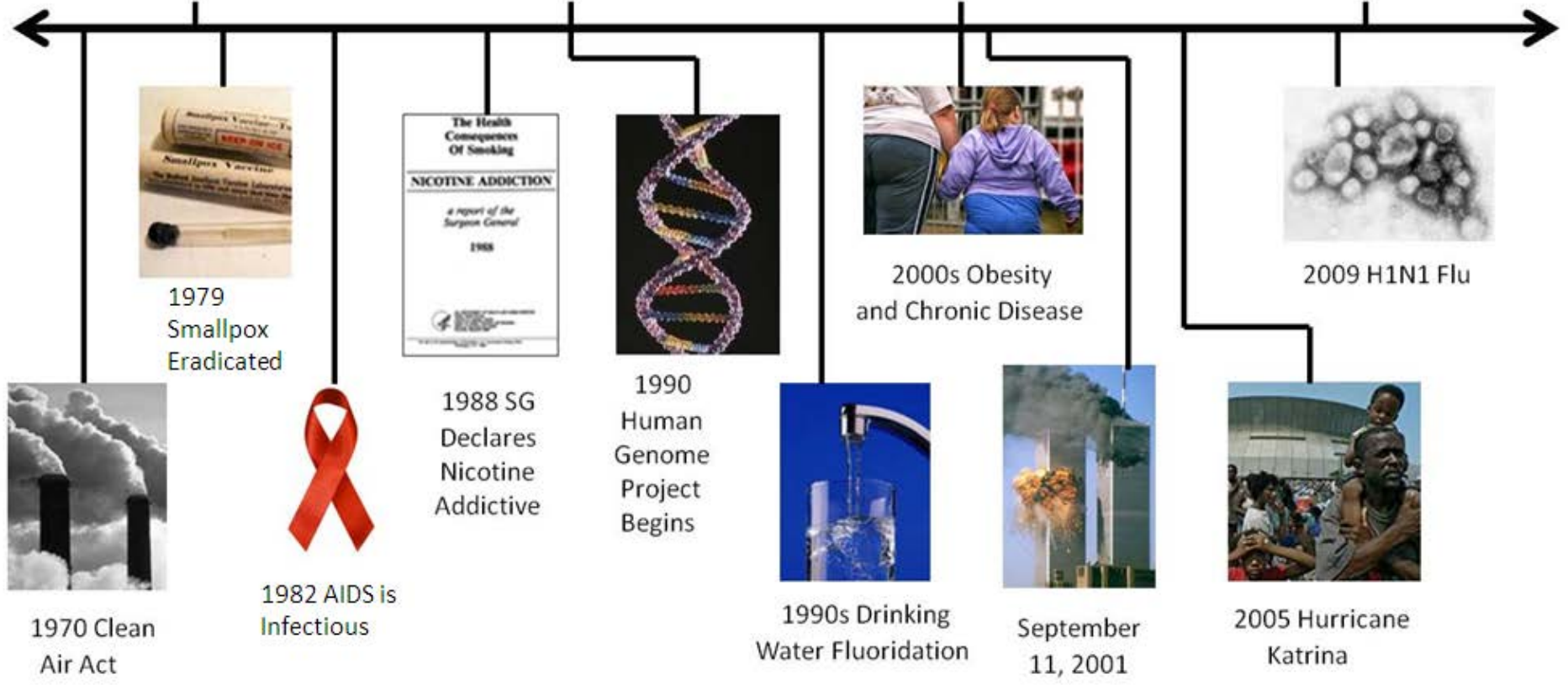
1990







2000



2010



Evolution of Healthy People

Target Year	1990	2000	2010	2020
Overarching Goals	 <ul style="list-style-type: none"> • Decrease mortality: infants–adults • Increase independence among older adults 	 <ul style="list-style-type: none"> • Increase span of healthy life • Reduce health disparities • Achieve access to preventive services for all 	 <ul style="list-style-type: none"> • Increase quality and years of healthy life • Eliminate health disparities 	 <ul style="list-style-type: none"> • Attain high-quality, longer lives free of preventable disease • Achieve health equity; eliminate disparities • Create social and physical environments that promote good health • Promote quality of life, healthy development, healthy behaviors across life stages
# Topic Areas	15	22	28	42
# Objectives/ Measures	226	312	1,000	~1,200

- Provides communities, states, and the Nation the capacity to prevent disease, promote health, and prepare for and respond to both acute threats and chronic challenges to health.
- Federal, State, Tribal, territorial, and local health agencies can effectively provide essential public health services.
- Key components:
 - Capable and qualified workforce
 - Up-to-date data and information system
 - Agencies capable of assessing and responding to public health needs

Public Health Infrastructure and the 10 Essential Health Services

Healthy People
2020

1. **Monitor** health status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships and action to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Ensure** competent public and personal health care workforces.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and **innovative solutions** to health problems.



Source: <https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html>

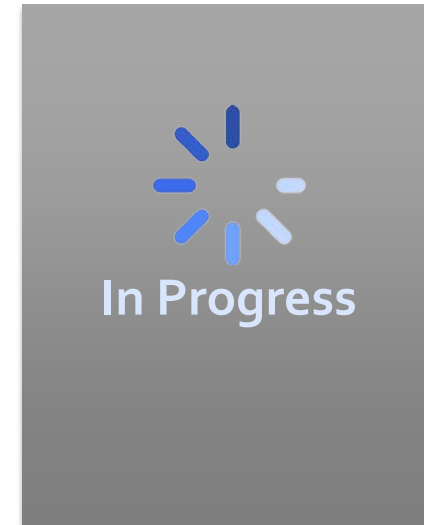
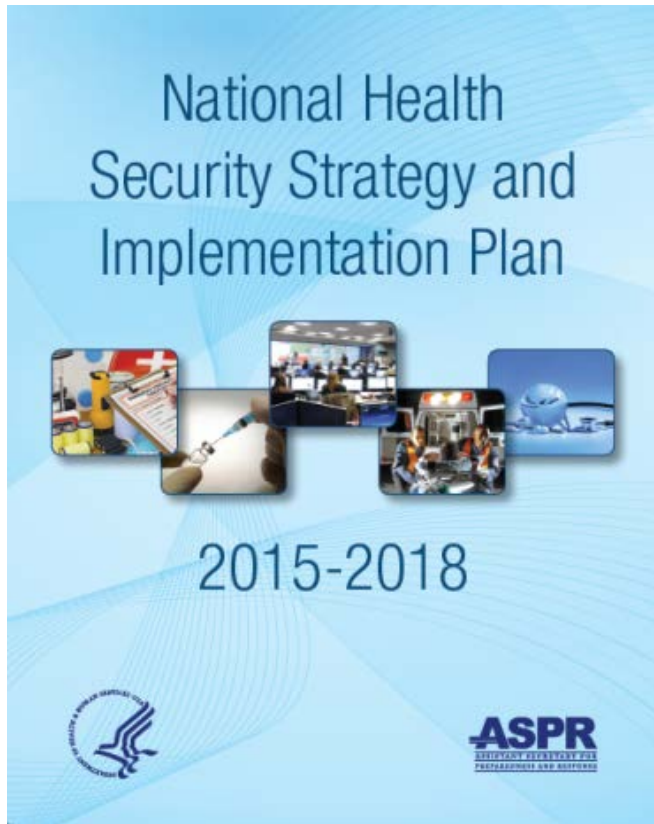


ODPHP

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and Health Promotion

- **National health security** the state in which the Nation and its people are prepared for, protected from, and resilient in the face of incidents with health consequences.
- **Preparedness stakeholders include:**
 - Individuals and families
 - Communities
 - Emergency management workforce
 - Public health workforce
 - Health care workforce
- **Stakeholders are supported by:**
 - Scientific and academic community
 - Community-based organizations
 - Non-profit sector
 - Private sector
 - Federal, state, local, tribal, and territorial governments





Strong Leadership

Regional Disaster Health Response System

Public Health Security Capacity

Medical Countermeasures Enterprise

Source: <https://www.phe.gov/Preparedness/planning/authority/nhss/Pages/strategy.aspx>

Charles Rothwell, MBA, MS
Director, National Center for Health Statistics
Centers for Disease Control and Prevention



Presentation Overview



- Tracking the Nation's Progress
- Public Health Infrastructure (PHI)
- Preparedness (PREP)

- 54 Measurable HP2020 Public Health Infrastructure Objectives:
 - 31 Target met
 - 12 Improving
 - 3 Little or no detectable change
 - 2 Getting worse
 - 4 Informational
 - 2 Baseline data only

- 22 Measurable HP2020 Preparedness Objectives:
 - 3 Target met
 - 6 Improving
 - 4 Little or no detectable change
 - 1 Getting worse
 - 1 Informational
 - 7 Baseline data only

NOTES: Measurable objectives are defined as having at least one data point currently available. Informational objectives are also measurable objectives, however, they do not have a target associated with their data. Developmental objectives do not have a national baseline value, as of this progress review. The PHI topic area has 6 developmental objectives and the PREP topic area has 10 developmental objectives. For a complete description of each progress status, please see National Center for Health Statistics.

- Tracking the Nation's Progress

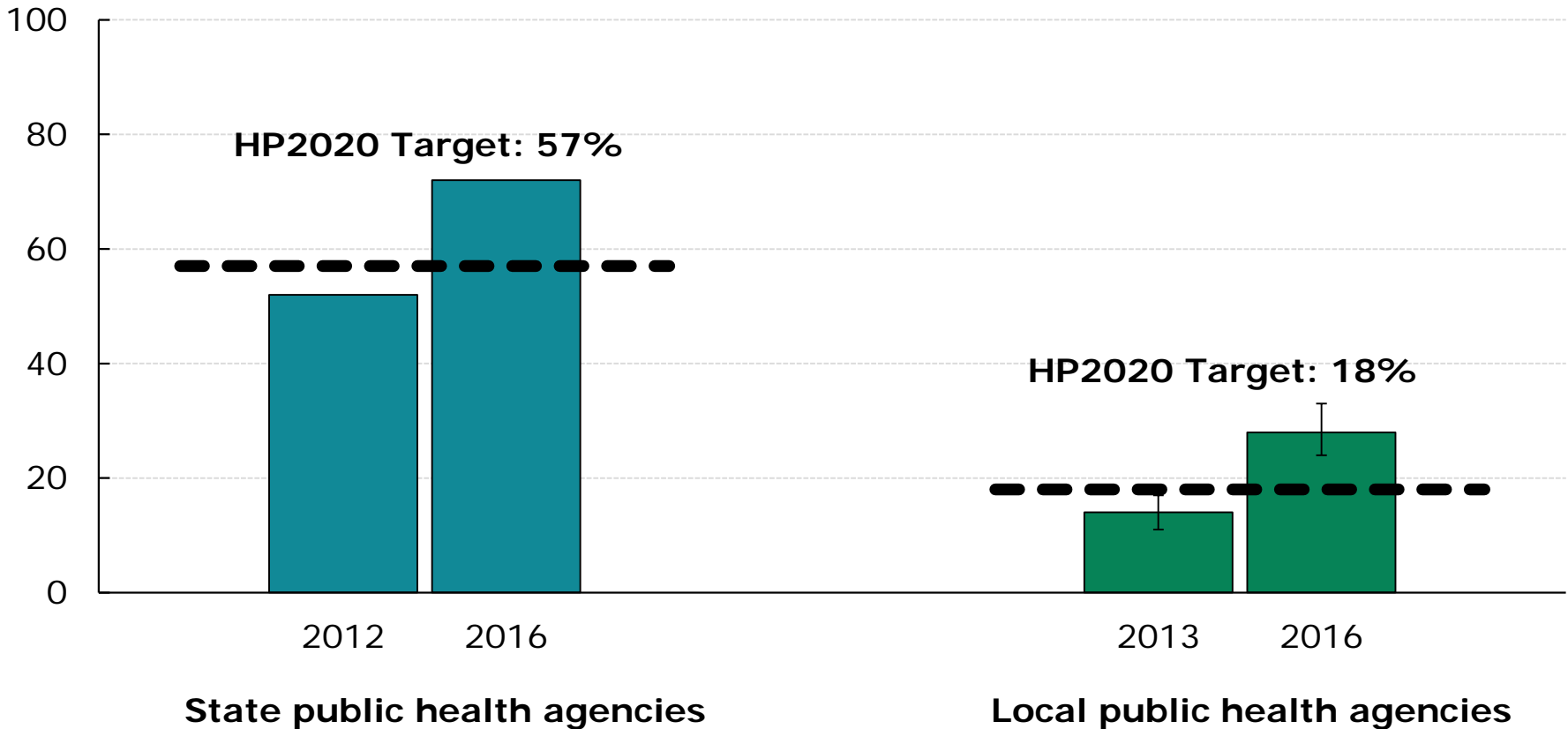
- Public Health Infrastructure (PHI)
 - Public health workforce
 - Continuing education for public health professionals
 - Data and information systems
 - Use of the latest vital statistics forms
 - Public health organizations
 - State and local health departments with health improvement plans
 - State and local health departments with quality improvement plans
 - Accreditation of state and local health departments

- Preparedness (PREP)

Public Health Workforce: Core Competencies for Public Health Professionals in Continuing Education



Percent



NOTES: | = 95% confidence intervals. Data are for state public health agencies (including the District of Columbia) and local public health agencies that use Core Competencies for Public Health Professionals developed by the Council on Linkages in developing staff training plans.

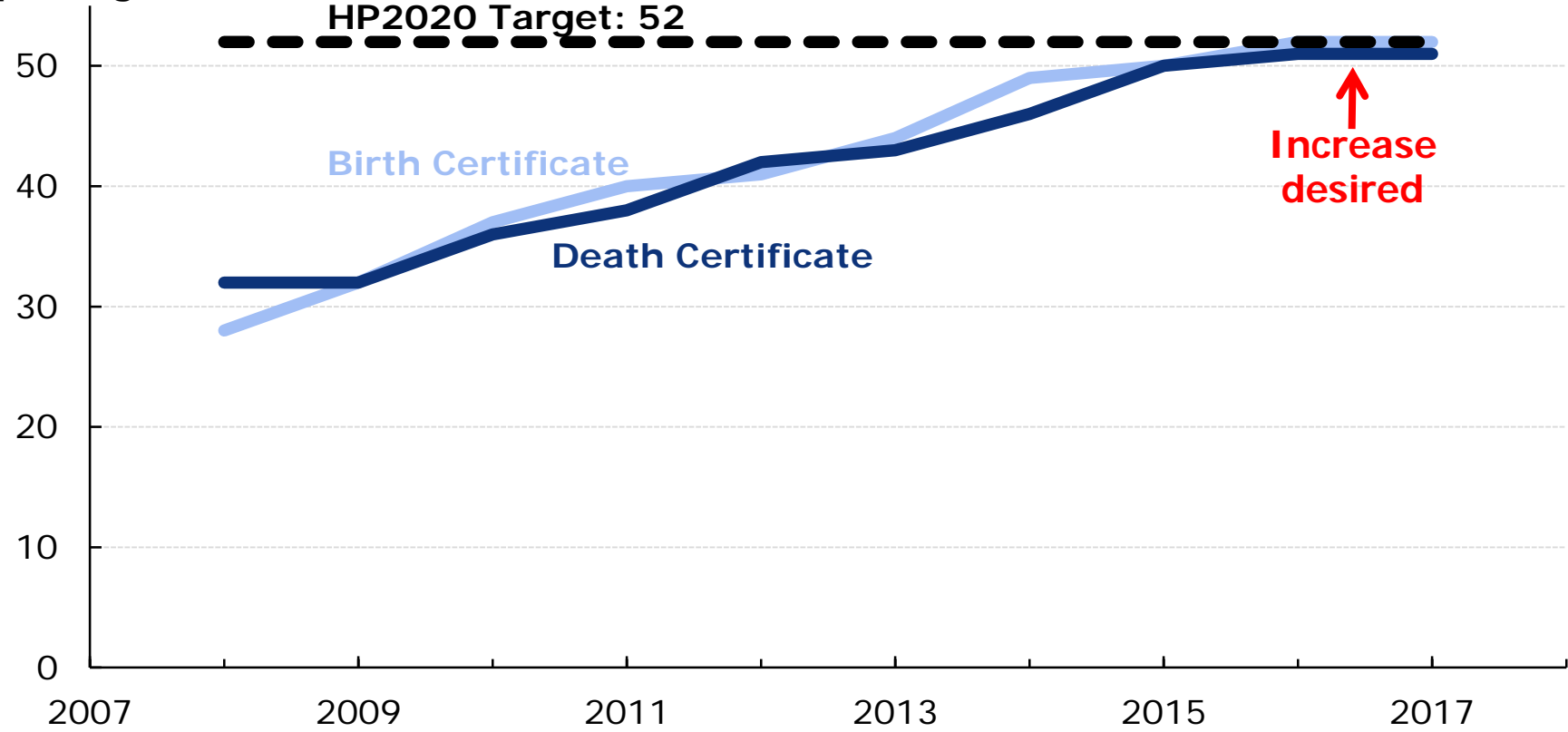
SOURCES: ASTHO Profile of State Public Health, Association of State and Territorial Health Officials (ASTHO); NACCHO National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

Obj. PHI-2.2 and 2.3
Increase desired

Data and Information Systems: Use of the Latest U.S. Standard Birth and Death Certificates



Number of reporting areas



NOTES: Data are for reporting areas (including the 50 states, the District of Columbia, and New York City) that used the 2003 U.S. Standard Birth and Death Certificates.

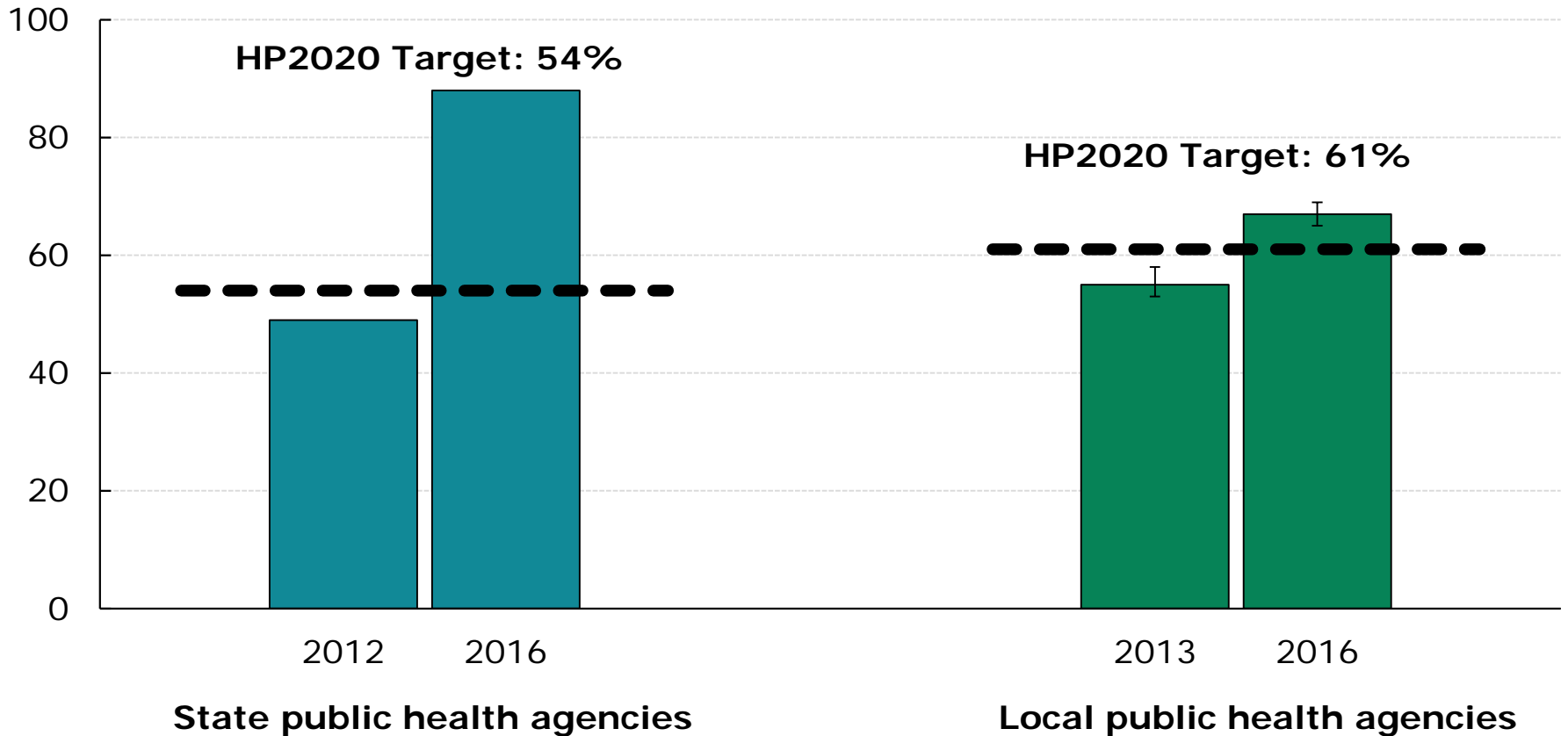
SOURCES: National Vital Statistics System-Nativity (NVSS-N), CDC/NCHS; National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS.

Obj. PHI -10.1 and 10.2

Public Health Organizations: Development of a health improvement plan



Percent



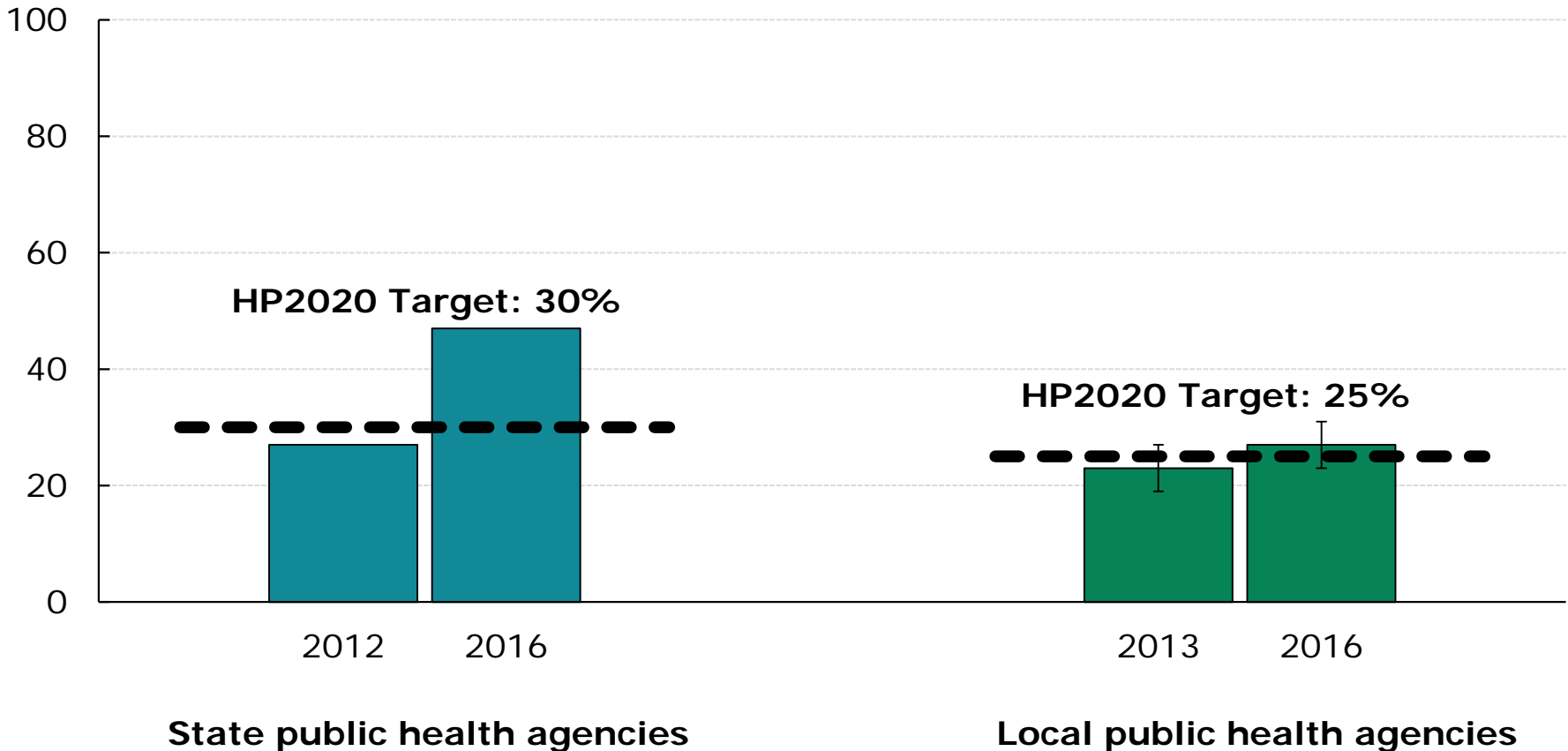
NOTES: | = 95% confidence intervals. Data are for state public health agencies (including the District of Columbia) and local public health agencies that have developed a health improvement plan within the last five years. Health improvement plans are long-term systematic efforts to address issues identified through a collaborative community health assessment.
 SOURCES: ASTHO Profile of State Public Health, Association of State and Territorial Health Officials (ASTHO); NACCHO National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

Obj. PHI -15.2 and 15.3
Increase desired

Public Health Organizations: Agencies with a Quality Improvement Process



Percent

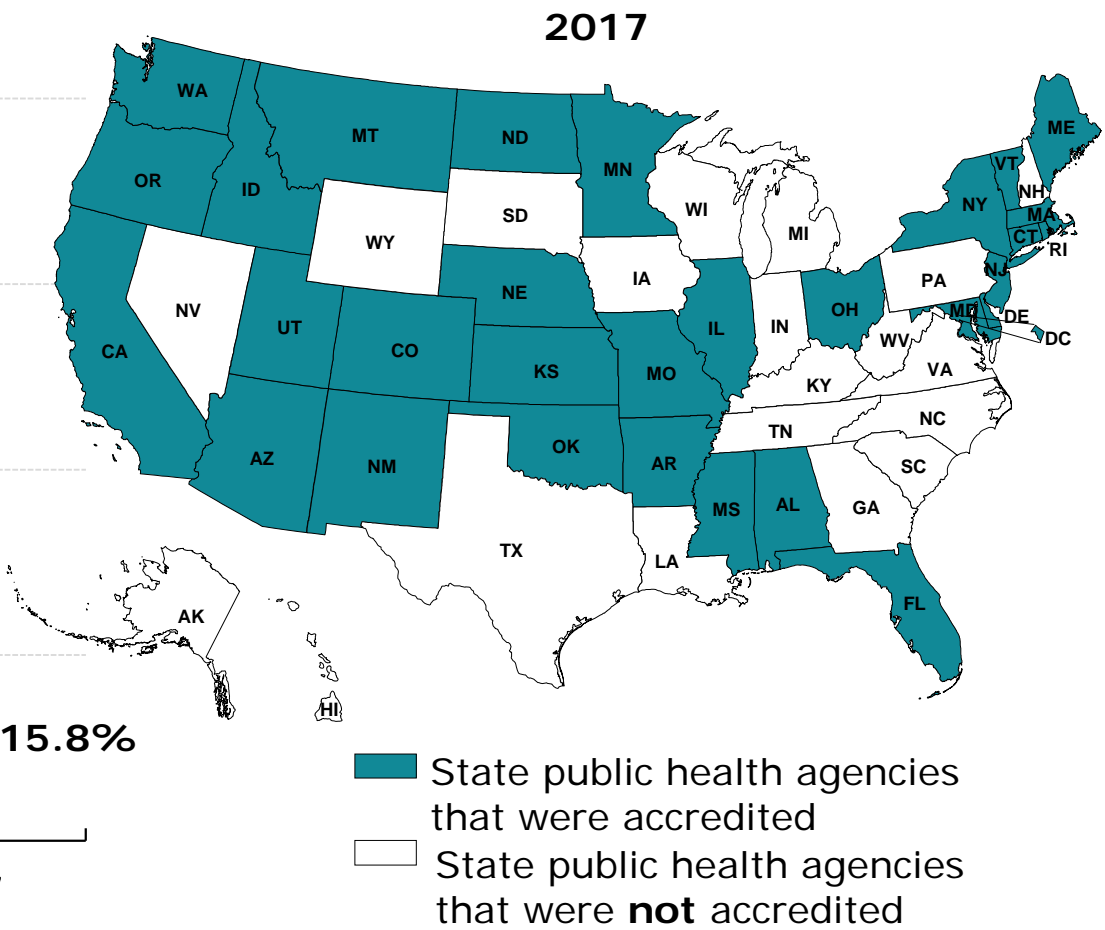
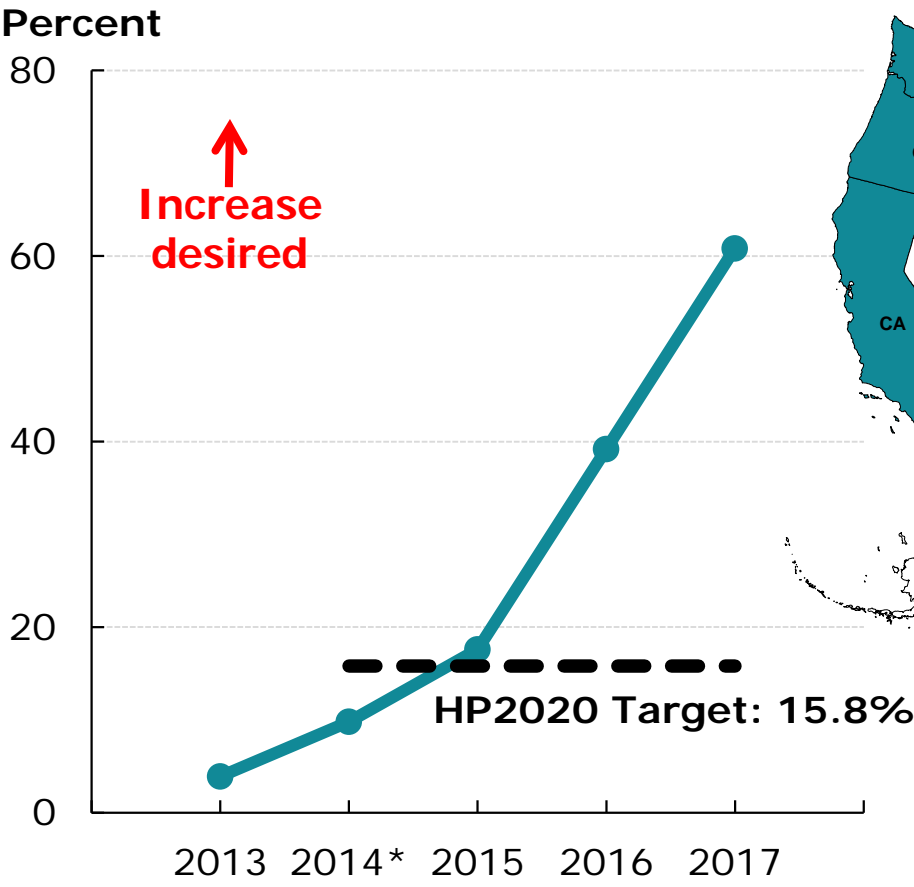


NOTES: | = 95% confidence intervals. Data are for state public health agencies (including the District of Columbia) and local public health agencies that have implemented a formal, agency-wide quality improvement process.

SOURCES: ASTHO Profile of State Public Health, Association of State and Territorial Health Officials (ASTHO); NACCHO National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

Obj. PHI -16.2 and 16.3
Increase desired

Public Health Organizations: Accredited State Public Health Agencies

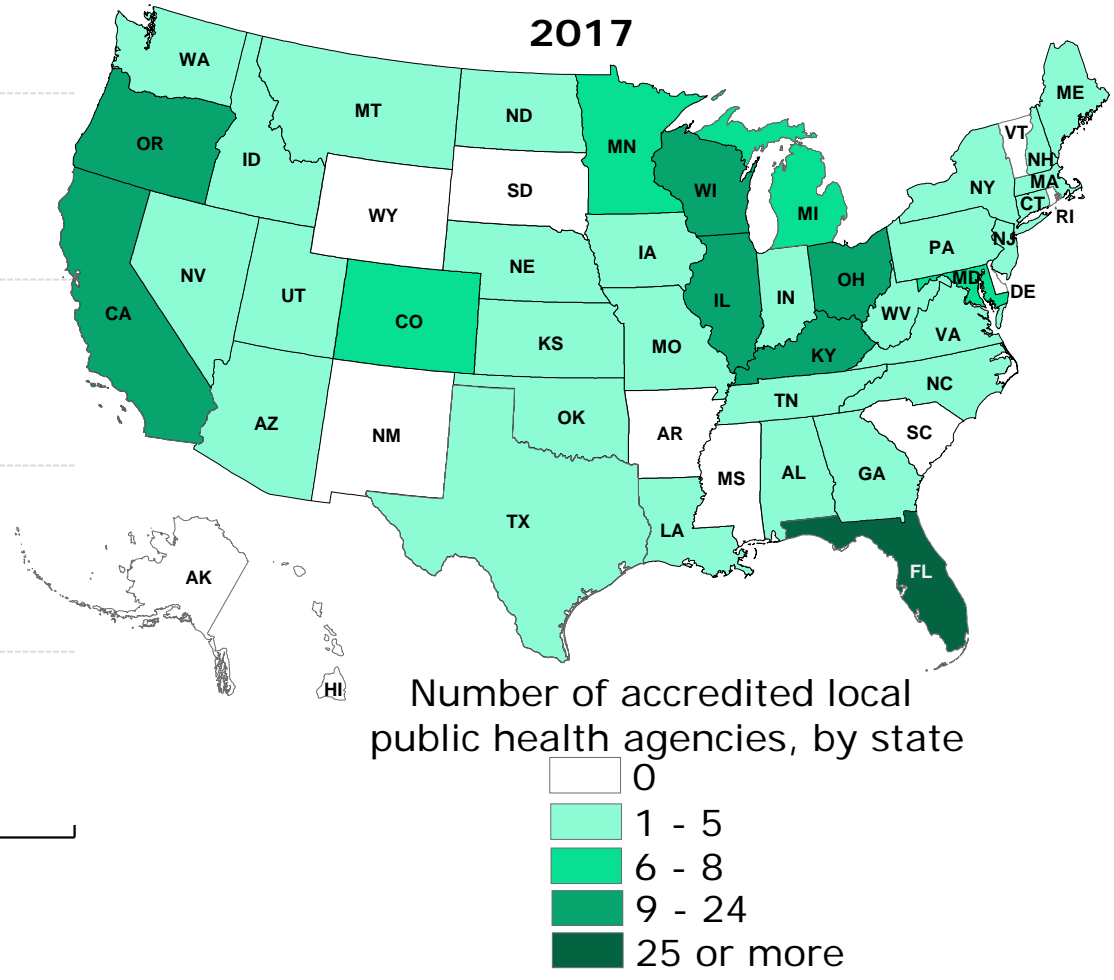
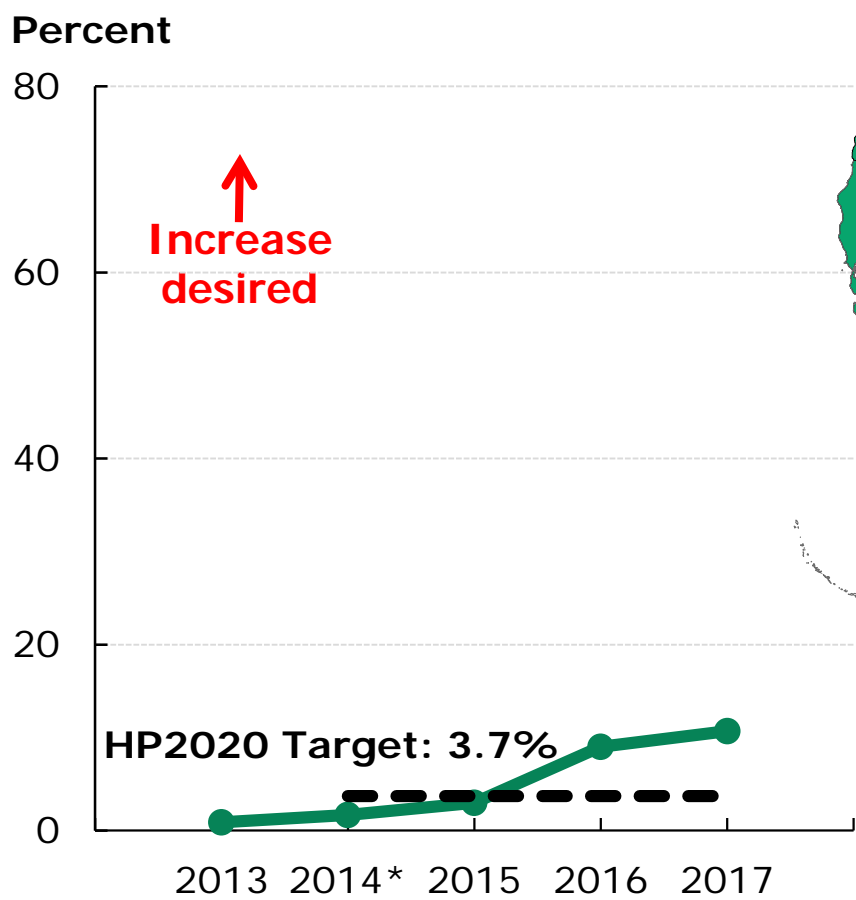


NOTES: 2014* = HP2020 baseline. The line chart shows the percentage of state public health agencies (including the District of Columbia) that have been accredited by the Public Health Accreditation Board. The map shows related objective data: state public health agencies (including the District of Columbia) that were nationally accredited as of December 2017.

SOURCE: Accredited Health Department List, Public Health Accreditation Board (PHAB).

Obj. PHI-17.2

Public Health Organizations: Accredited Local Public Health Agencies



NOTES: 2014* = HP2020 baseline. The line chart shows the percentage of local public health agencies that have been accredited by the Public Health Accreditation Board. The map shows related objective data: local public health agencies, by state, that were nationally accredited as of December 2017.

SOURCE: Accredited Health Department List, Public Health Accreditation Board (PHAB).

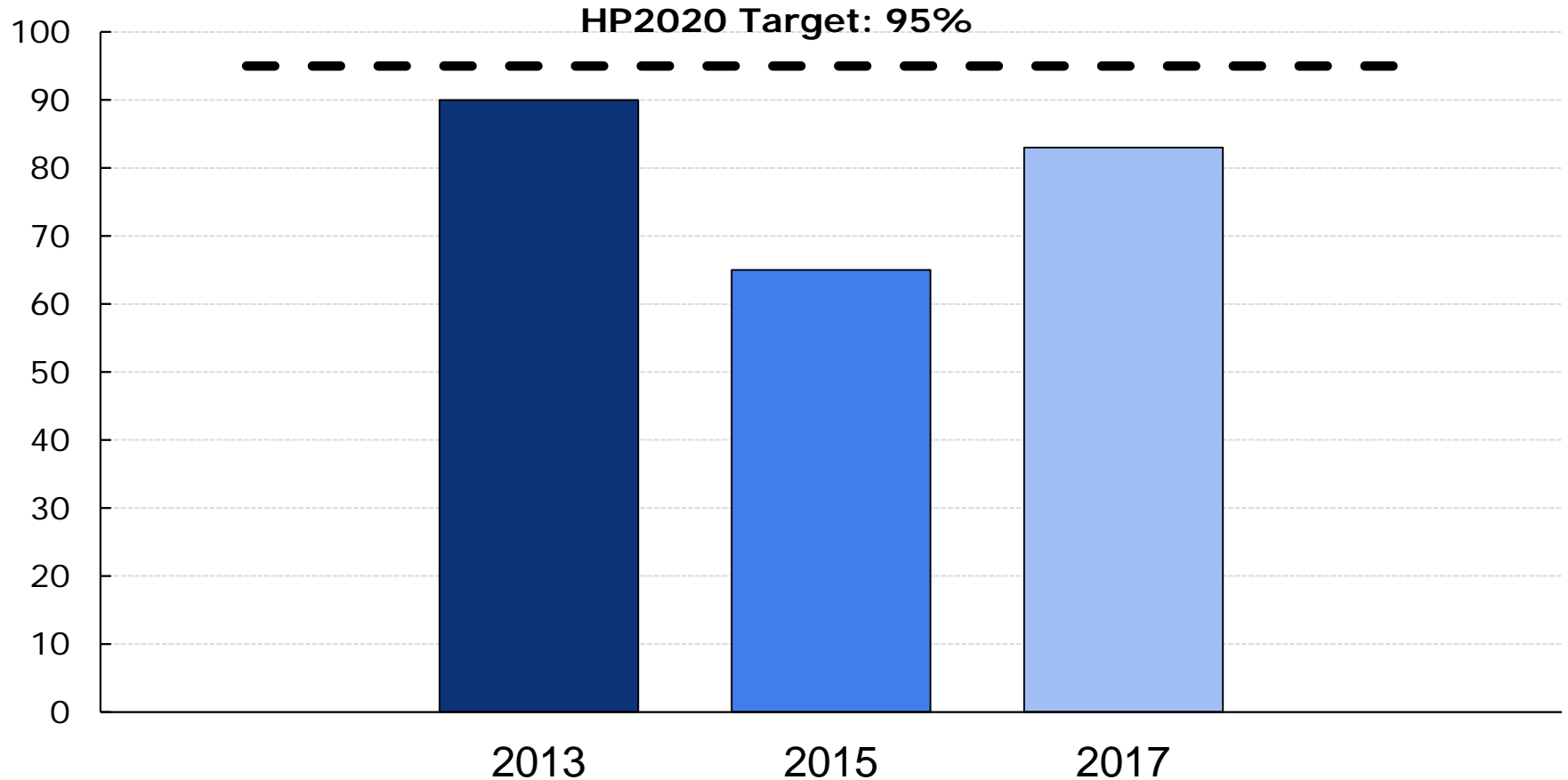
Obj. PHI-17.3

- Tracking the Nation's Progress
- Public Health Infrastructure
- Preparedness
 - Medical Reserve Corps (MRC) and preparedness training
 - Hospital Preparedness Program (HPP) funded Healthcare Coalitions
 - Household emergency plans
 - School districts with preparedness plans
 - State requirements for regulated child care providers to protect children during disasters

Medical Reserve Corps (MRC) Units Participating in Preparedness and Training Activities



Percent

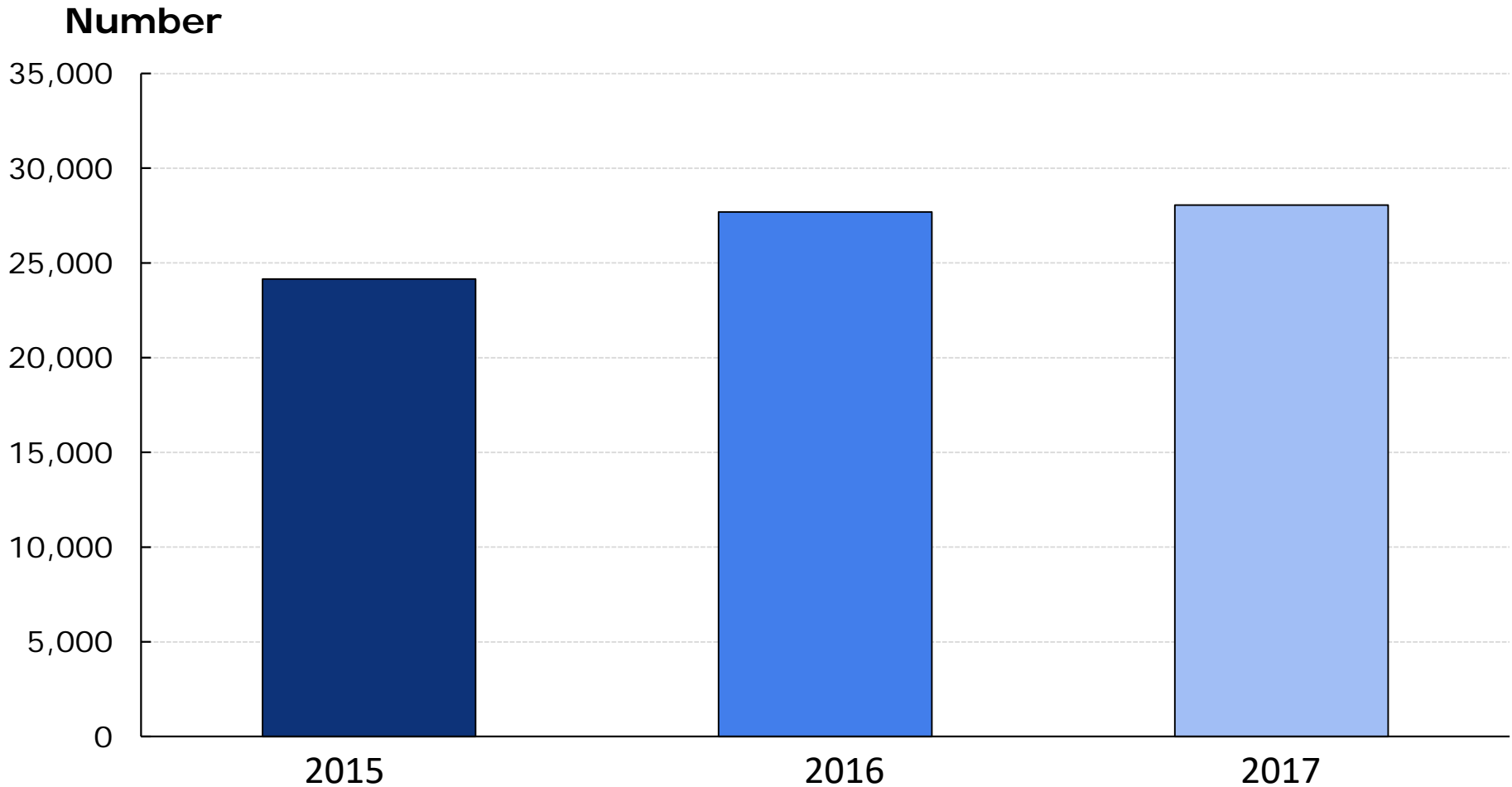


NOTES: Data are for Medical Reserve Corps units participating in preparedness training and exercise activities in the last year.

SOURCE: National Association of County and City Health Officials MRC Network Profile (NACCHO MRC Network Profile), National Association of County and City Health Officials (NACCHO).

Obj. PREP-16.1
Increase desired

Healthcare Facilities that are Members of a Hospital Preparedness Program-funded Healthcare Coalition

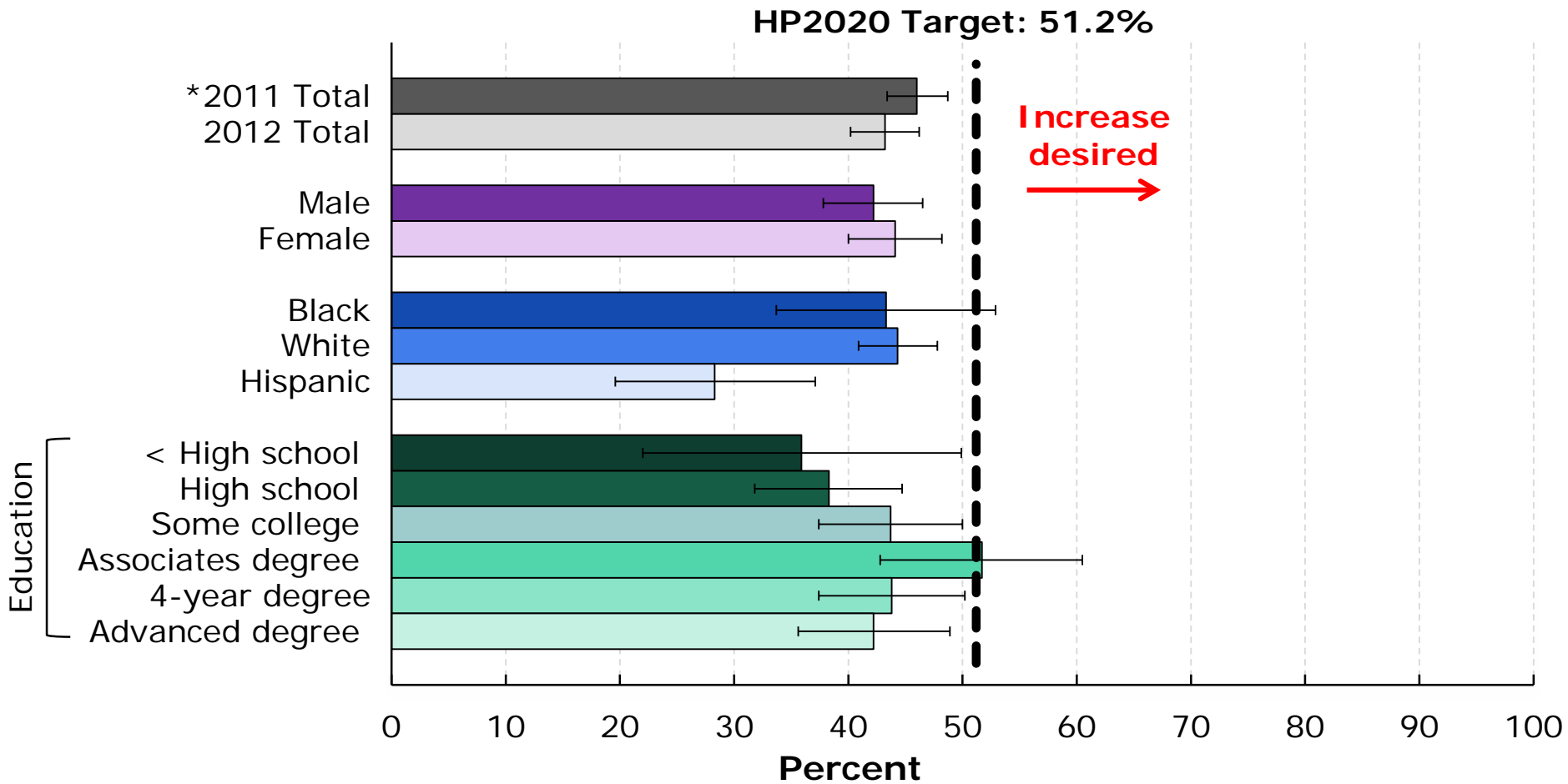


NOTES: Data are for healthcare facilities that are members of a Hospital Preparedness Program (HPP) funded Healthcare Coalitions. This objective is informational and does not have a target.

SOURCE: The Hospital Preparedness Program (HPP), HHS Office of the Assistant Secretary for Preparedness and Response.

Obj. PREP-18.1
Increase desired

Household Emergency Plan with Specific Instructions, 2012



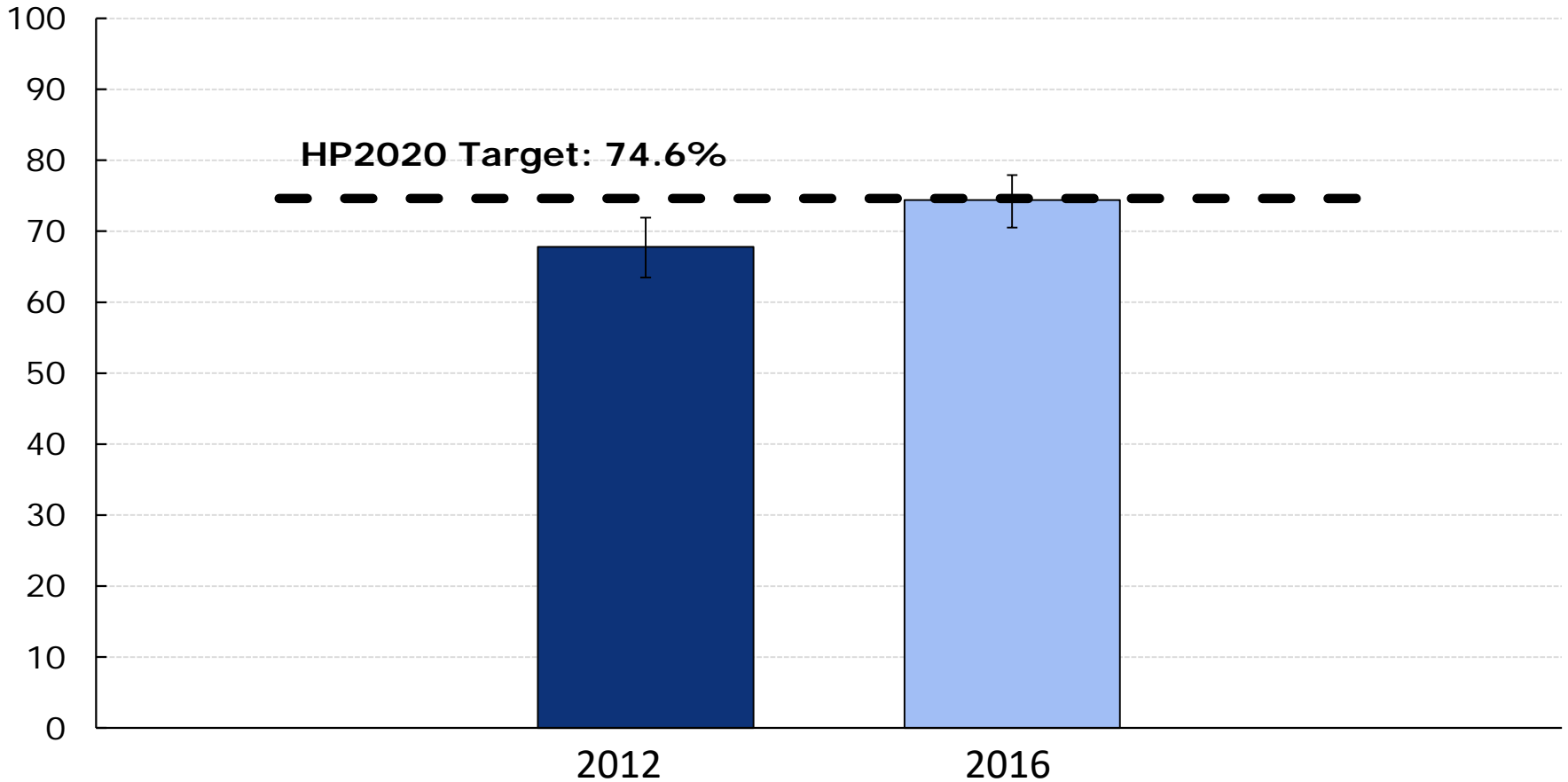
NOTES: — = 95% confidence interval. *2011 Total = HP2020 baseline. Data are for adults aged 18 years and older whose household has an emergency plan that includes instructions for household members about where to go and what to do in the event of a disaster. Black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group.

Obj. PREP-13

School Preparedness Plan: Family Reunification Procedures



Percent

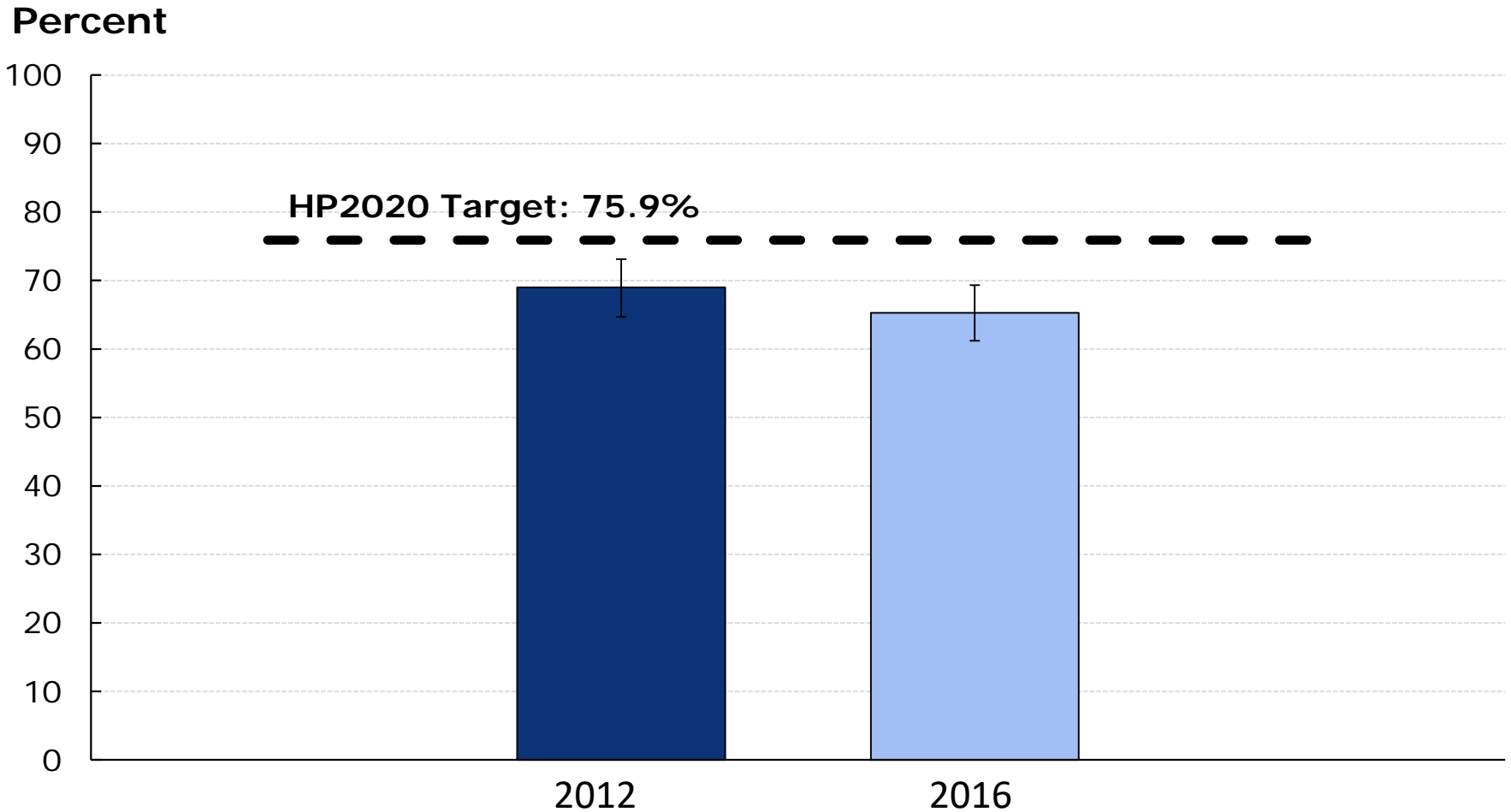


NOTES: I = 95% confidence interval. Data are for school districts that require schools to include family reunification procedures in their crisis preparedness, response, and recovery plans.

SOURCE: School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP.

Obj. PREP-5.1
Increase desired

School Preparedness Plan: Procedures for Responding to Pandemic Flu or Infectious Disease Outbreaks



NOTES: I = 95% confidence interval. Data are for school districts that require schools to include procedures for responding to pandemic influenza (flu) or other infectious disease outbreaks in their crisis preparedness, response, and recovery plans.

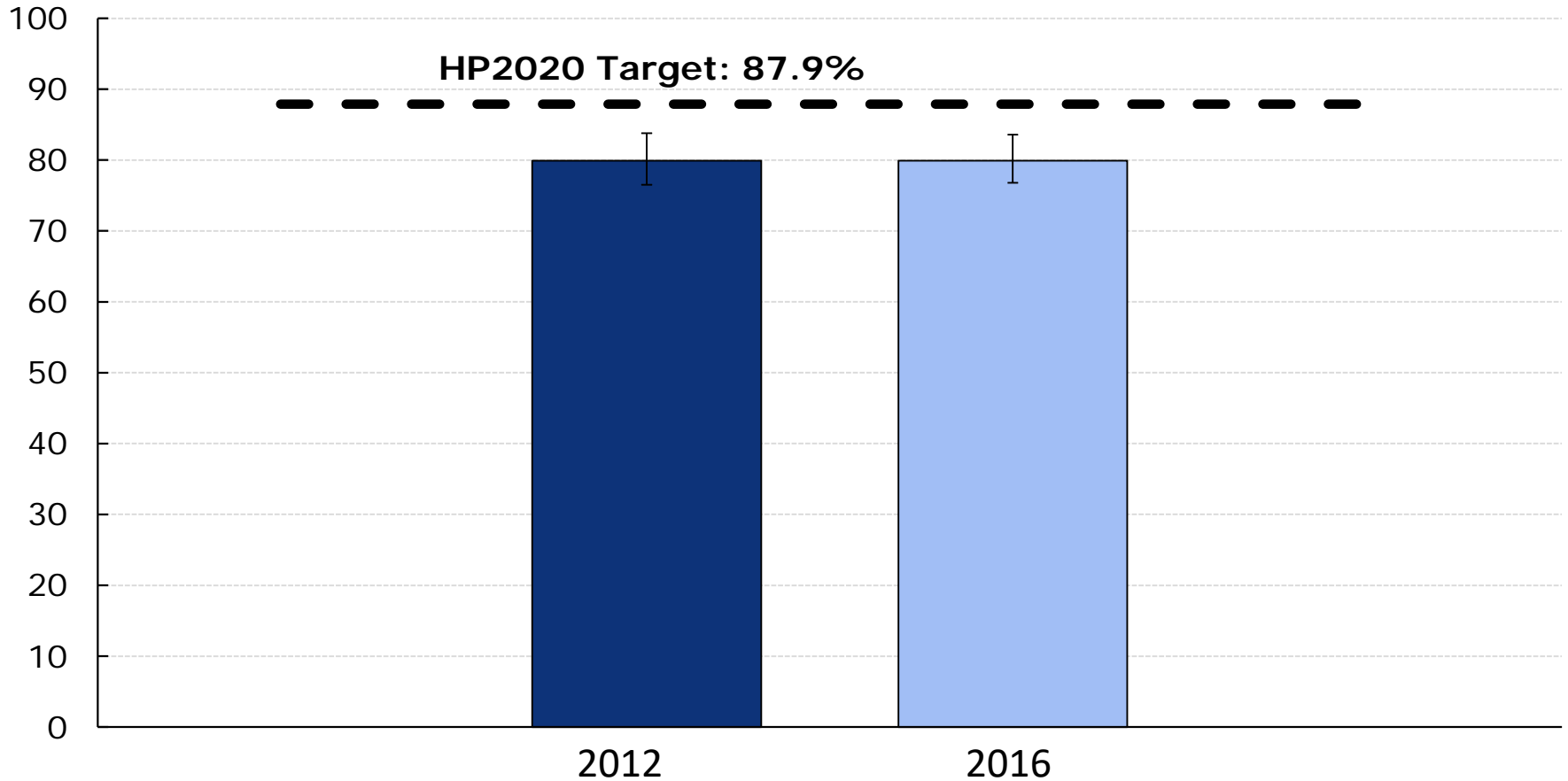
SOURCE: School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP.

Obj. PREP-5.2
Increase desired

School Preparedness Plan: Provisions for Students and Staff with Special Needs



Percent

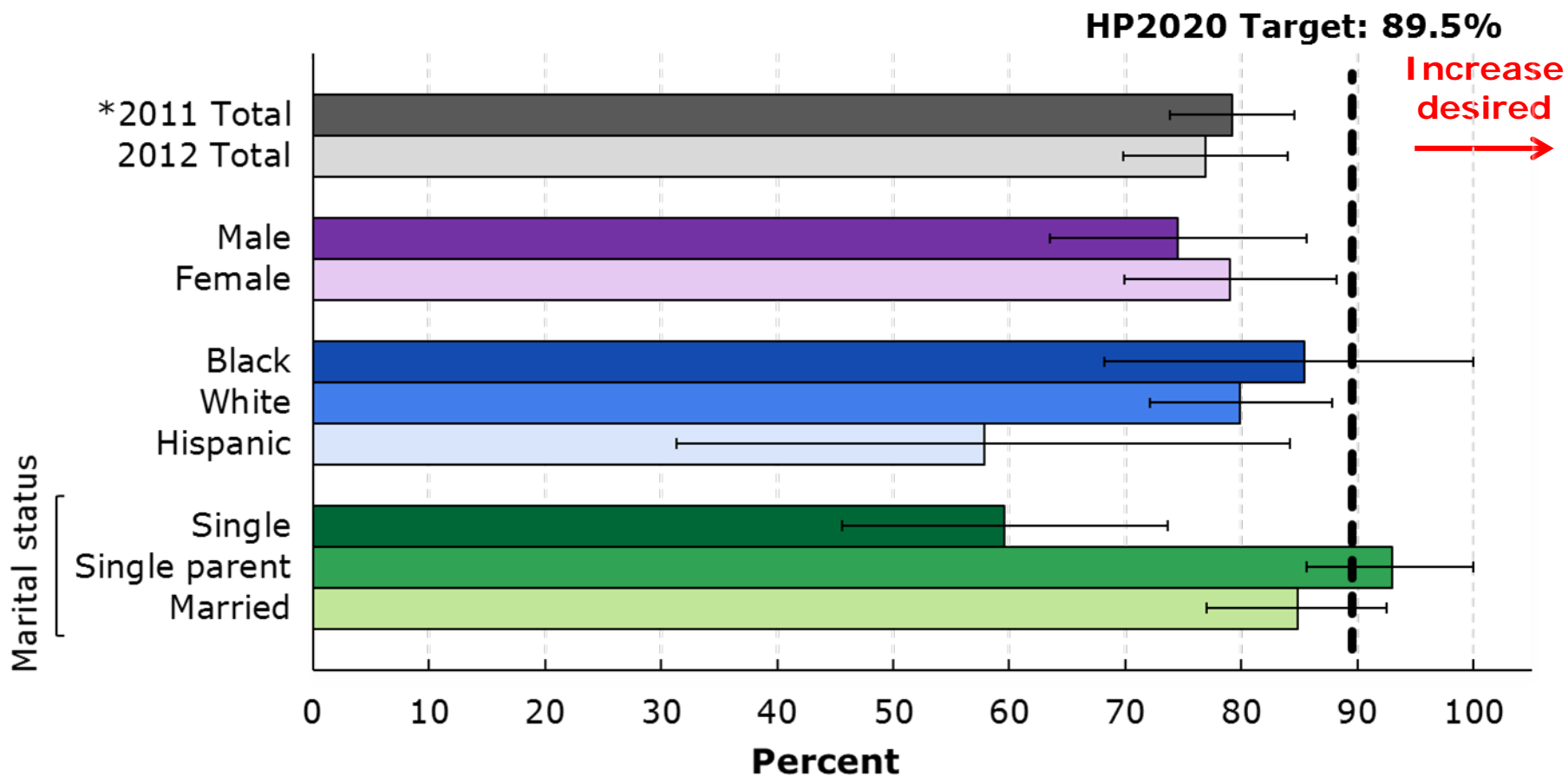


NOTES: I = 95% confidence interval. Data are for school districts that require schools to include provisions for students and staff with special needs in their crisis preparedness, response, and recovery plans.

SOURCE: School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP.

Obj. PREP-5.3
Increase desired

Adults with Children Who Discussed Household Emergency Plan, 2012



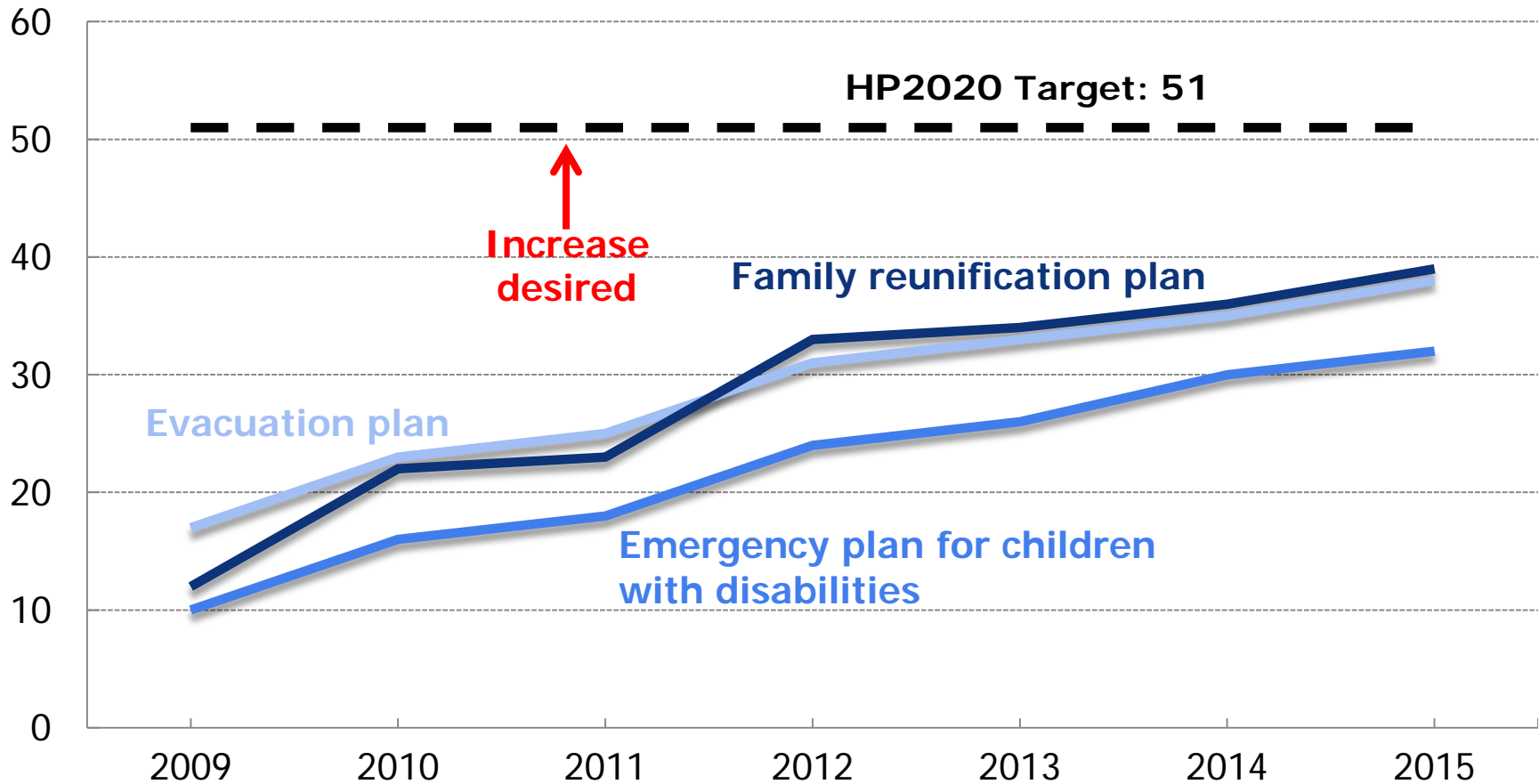
NOTES: — = 95% confidence interval. *2011 Total = HP2020 baseline. Data are for adults aged 18 years and older who reside with children attending school, day care, or part-time kindergarten, have a household emergency plan, and have had household discussions about the emergency plan. Black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group.

SOURCE: Personal Preparedness in America Survey, Federal Emergency Management Agency (FEMA).

State Requirement for Regulated Child Care Providers to have Preparedness Plans



Number



NOTES: Data are for states (50 States and the District of Columbia) that require regulated child care providers to have an evacuation plan with a relocation site, plan to reunite families after a disaster, and a emergency plan for children with access and functional needs including disabilities.

Objs. PREP-20.1 through 20.3

SOURCE: National Report Cards on Protecting Children in Disasters, Save the Children.

Key Takeaways – Public Health Infrastructure



- The Public Health Infrastructure topic area includes objectives on the public health workforce, data and information systems, and public health organizations.
- Targets have been met or exceeded for the following objectives tracking state and local public health agencies:
 - Use of Core Competencies in continuing education for personnel
 - Development of a health improvement plan
 - Implementation of an agency-wide quality improvement process
 - National accreditation
- In 2017, all 52 reporting areas used the latest revision of the U.S. Standard Birth Certificate, meeting the HP2020 target.
- In 2017, 51 out of 52 reporting areas used the latest revision of the U.S. Standard Death Certificate, moving toward the HP2020 target.

- Medical Reserve Corps (MRC) units that participate in preparedness and training activities in the past year is getting worse, moving away from its target.
- The percentage of school districts that require schools to include family reunification plans in their preparedness plans is improving.
- There was little or no detectable change in the percentage of school districts that required schools to include procedures for responding to pandemic or infectious disease outbreaks and provisions for staff and students with special needs.
- States that require child care providers to have an evacuation plan that include a relocation site, a family reunification plan, and an emergency plan for children with access and functional needs are all improving, moving towards their targets.
- Overall, disaster preparedness and response capabilities have improved, but gaps still remain.

Centers for Disease Control and Prevention (CDC) Activities Supporting Healthy People 2020 Public Health Infrastructure Objectives

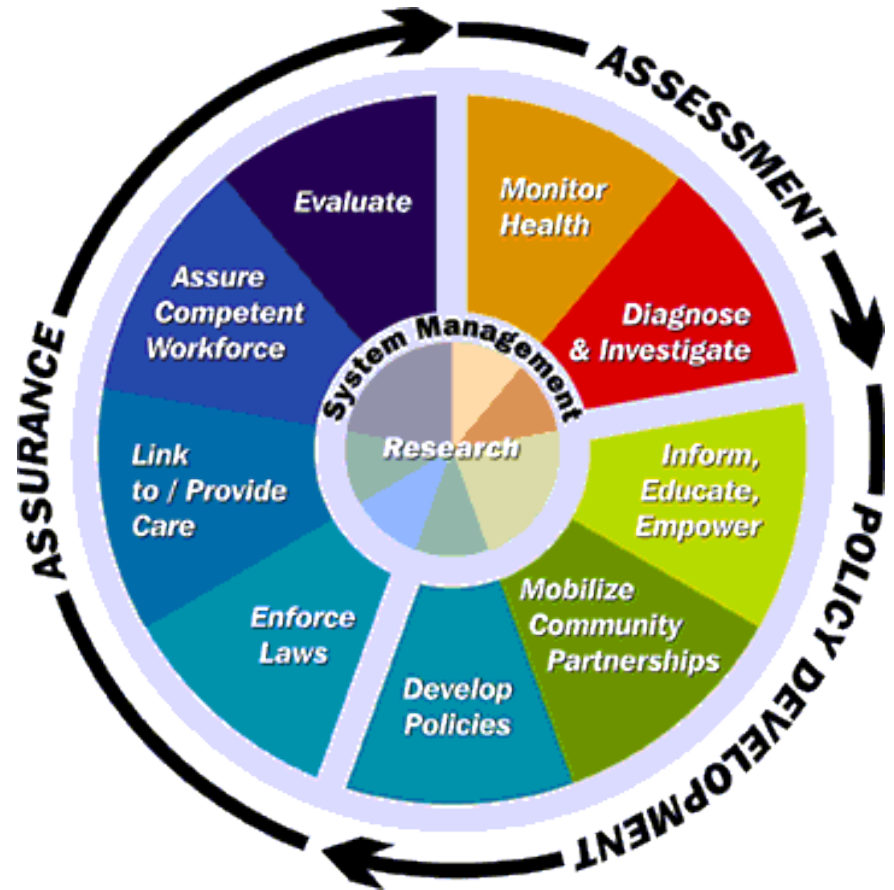
Craig Thomas, PhD
Associate Director for Strategy
Center for State, Tribal, Local, and Territorial Support (*proposed*)



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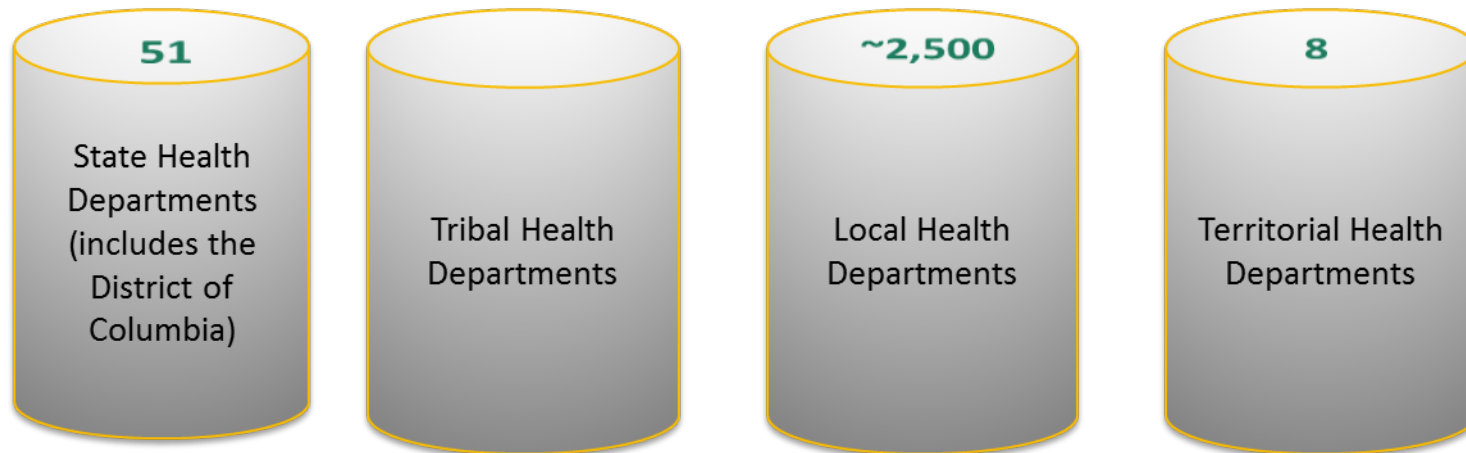


- Components of public health infrastructure
 - Workforce
 - Data and information systems
 - Organizations
- Essential public health services
- Delivered through state, tribal, local and territorial health departments



State and Local Health Departments

Retain the primary responsibility for health under the US Constitution



National Voluntary Accreditation for Public Health Departments

Healthy People
2020

- Public Health Accreditation Board (PHAB)
 - Co-funded by CDC and Robert Wood Johnson Foundation
 - Considerable practitioner input through committees and testing
 - Program launched in September 2011
www.phaboard.org
- Key elements of PHAB Accreditation
 - To advance the quality and performance of state, tribal, local and territorial health departments
 - Standards and measures across 12 domains
 - Accreditation assessment process with peer site visitors
- CDC advances and supports accreditation readiness



PHI-16, PHI-17



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Supporting Accreditation and Quality Improvement

Healthy People
2020

- Supporting the national program through PHAB
- Supporting accreditation readiness and quality improvement in the field
 - National initiatives
 - Tools, trainings, and technical assistance
 - Peer learning communities
- Establishing incentives – for preparing and for accreditation status
- Building connections to program areas and funding streams



https://www.cdc.gov/stltpublichealth/accreditation/cdc_role.html

PHI-16, PHI-17



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Evaluating and Continuously Improving Accreditation

- Evaluation and benefits of accreditation
- National standards – defining, reinforcing, and advancing practice
 - Span many topics: community health improvement planning, quality improvement, workforce development, use of data, preparedness
- Current and new activities
 - Reaccreditation process and requirements
 - Version 2.0 of PHAB standards
 - Accreditation for Vital Records/Health Statistics programs

96% of accredited sites say accreditation stimulates quality and performance improvement

62% of “undecided” sites say accreditation has helped HD become more aware of strengths and weaknesses

Accreditation is ‘one of the best leverage points’ to improve the public health system and success on objective health measures.

—Statement from a focus group participant in NORC evaluation conducted about PHAB, 2016

PHI-16, PHI-17

PHI-1, PHI-2, PHI-10, PHI-11, PHI-12, PHI-13, PHI-14, PHI-15, PREP-1, 2, 4

- Concept and definitions
- Opportunities for collaboration and leveraging
 - Complementary and consistent processes expected of health departments, hospitals, and federally qualified health centers
- Reinforce use of HP2020
 - Accreditation standards about community health assessment mentions HP2020 as benchmarks to use in state/community plans
 - Significant use of HP2020 objectives in state or community plans

Community health improvement plan - a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. (The plan is...) used by health and other... agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

PHI-15



- CDC activities
 - Support of national tools and technical assistance
 - Requirements or support for CHA/CHIP through grants and cooperative agreements
- Activity and trends in the field



PHI-15

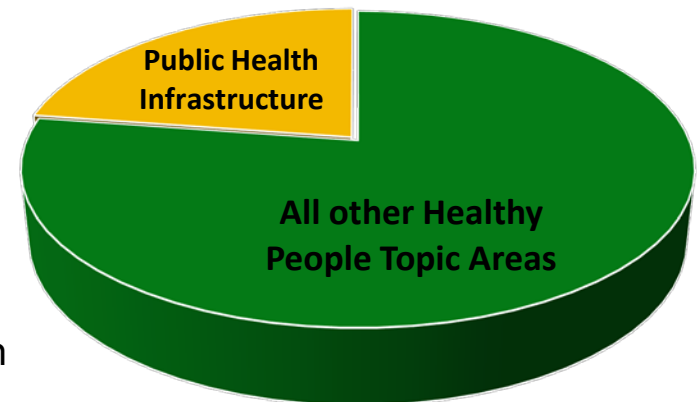
- Using Competencies to define expectations in job performance or training
 - Core Competencies for Public Health Professionals
 - Discipline specific competencies and training
- Advancing continuing education in practice settings
 - Requirements in national accreditation standards
 - TRAIN Learning Management System
 - Leadership institutes
 - Linkages between health departments and academia
- Supporting fellowship and training programs for new professionals
 - Examples include: Public Health Associate Program (PHAP), Public Health Informatics Fellowship, Prevention Effectiveness Fellowship (economists), Epidemic Intelligence Service (EIS)

PHI-1, PHI-2

Preventive Health and Health Services Block Grant

- Established in 1981
 - 61 Grantees: 50 US States, District of Columbia, 8 Territories, and 2 American Indian Tribes
- Annual Allocation
 - Base awards (formula-based)
 - Sex Offense Set Aside (population-based)
 - Two years to expend awarded funds
- Flexible funds to support state and community needs
- Grantees base work plans on Healthy People objectives
 - Grantees allocated approximately \$38 million (29%) of \$130 million in discretionary funding to Public Health Infrastructure objectives - a higher proportion than for any other topic area

PHHS Block Grant 2017



- Information and resources about the U.S. public health system and health departments <https://www.cdc.gov/stltpublichealth/about/index.html>
- National voluntary accreditation program for health departments www.cdc.gov/stltpublichealth/accreditation
- Quality improvement www.cdc.gov/stltpublichealth/pmqi
- Community health assessment and health improvement planning www.cdc.gov/stltpublichealth/cha
www.cdc.gov/chinav
- Workforce development www.cdc.gov/fellowships/ and www.cdc.phap
- Preventive Health and Health Services Block Grant www.cdc.gov/phhsblockgrant/

For more information on this presentation please contact:

Liza Corso, MPA

Public Health Infrastructure topic area co-lead

Center for State, Tribal, Local, and Territorial Support (*proposed*)

Centers for Disease Control and Prevention

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Health Resources and Services Administration

Activities Supporting Healthy People 2020 Public Health Infrastructure Objectives

Luis Padilla, MD
Associate Administrator, Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)



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HRSA

Health Resources & Services Administration

HRSA's Vision and Mission

Healthy People
2020

Vision statement:

Healthy Communities, Healthy People

Mission statement:

Improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs



ODPHP

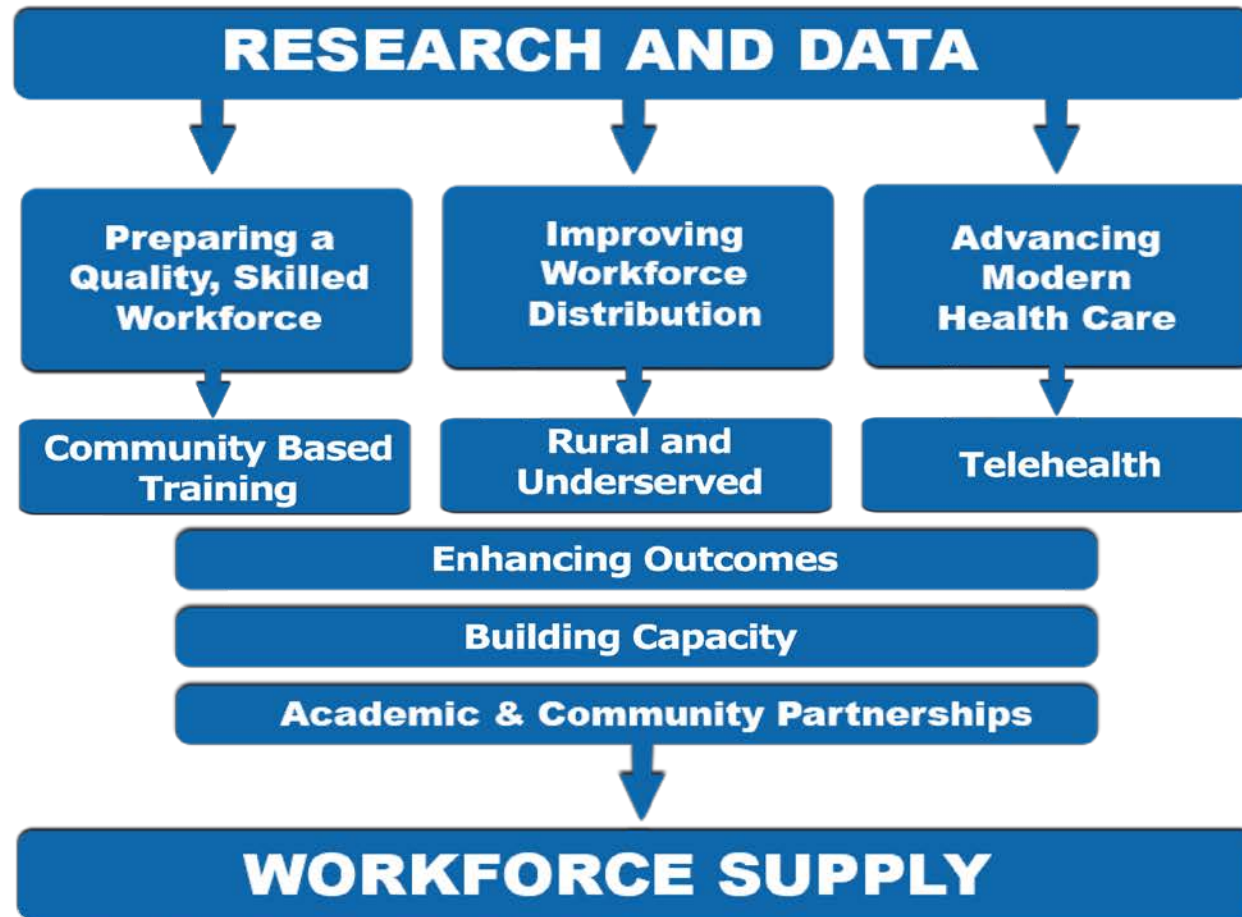
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and Health Promotion

HRSA

Health Resources & Services Administration

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged
- HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

**BHW
FOCUS AREAS**



**PROGRAM
DEVELOPMENT**



In FY 2017, we awarded over \$1 billion to more than 8,000 organizations and individuals through more than 40 workforce programs.



Our programs increase the nation's access to quality health care by developing, distributing, and retaining a competent health workforce.

PHI-2, PHI-17

Health Professional Training Grant Programs

Support enhanced primary care training in transformed healthcare delivery, with a focus on rural and underserved communities

- **Teaching Health Centers GME**

- Supports primary care residency programs in community-based settings
- In AY 2017-2018, supporting over 732 residents in 57 THC's

AHS-4



Office of Disease Prevention
and Health Promotion



Health Resources & Services Administration

Provides scholarships and loan repayment to primary care clinicians and students in exchange for service in underserved communities.

- Approximately 10,200 NHSC primary care medical, dental, nursing, and behavioral health practitioners are currently serving at sites across the nation
- About 3 of every 5 NHSC members is fulfilling their service obligations at a federally qualified health center (FQHC) located in a rural, tribal or urban, high-need community



AHS-4

Offers scholarships and loan repayment to nurses working in health centers, rural health clinics, hospitals, and other facilities experiencing a critical shortage of nurses.

- More than 1,900 nurses make up the NURSE Corps' current field strength
- About 1 in 5 NURSE Corps members is working at a rural federally qualified health center (FQHC) or health center look-alike throughout the U.S.



AHS-4

BHW is working to improve the health of communities by making important investments in public health students.

- **Public Health Training Center (PHTC) Program**

- Improves the nation's public health system by facilitating continuing education courses and supporting practice through our **Public Health Learning Network (1 National Coordinating Center and 10 Regional Public Health Training Centers, and 40 Local Performance Sites)** for current and future public health workforce professionals.



**PUBLIC HEALTH
LEARNING NETWORK**

PHI-2, PHI-17

Our Network by the Numbers



1 National Coordinating Center



10 Regional Public Health Training Centers



40 Local education & training sites



More than 100 staff members, including over 10 Instructional Designers, connect to thousands of subject matter experts to offer high-quality training for the nation's 500,000 public health workers

A broad spectrum of professionals access and adapt our training courses for their needs. In addition to public health, public health learners work in the fields of:



COMMUNITY HEALTH



MEDICINE



NURSING



DENTISTRY



BEHAVIORAL HEALTH



HEALTH EDUCATION



EMERGENCY PREPAREDNESS & MANAGEMENT

and more!

185,500

We develop hundreds of new trainings each year. Last year, we trained 185,500 professionals.

40,700

More than 40,700 professionals working in medically underserved areas

26,159

More than 26,159 professionals working in rural areas

16,336

More than 16,336 professionals working in primary care settings



We offered 2,400 Continuing Education courses and supported 239 student practice in 119 sites serving medically underserved areas.

- Bureau of Primary Health Care (BPHC): Expanding primary care services through health centers in Puerto Rico, American Samoa, and the U.S. Virgin Islands, to aid in the detection and prevention of the Zika virus
- Maternal and Child Health Bureau (MCHB): Strengthening support services and comprehensive health care for women, children, and families facing long-term health impacts from the Zika virus
- Bureau of Health Workforce (BHW) and MCHB: Through workforce development programs, supporting a range of health professionals serving in communities most affected by Zika

PHI-2, MICH-31, AHS-4, AHS-6



Luis Padilla, MD

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Health Resources and Services Administration (HRSA)

Website: bhw.hrsa.gov

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CDC Office of Public Health Preparedness and Response Activities Supporting Healthy People 2020 Preparedness Objectives

Rachel Avchen, MS, PHD
CAPT, United States Public Health Service
Branch Chief, Applied Science and Evaluation
Division of State and Local Readiness
Office of Public Health Preparedness and Response



Preparedness requires planning

- Everyone has a role in building community resilience



PREP-10, PREP- 11, PREP-12, PREP-13

Communities continually face unexpected emergencies

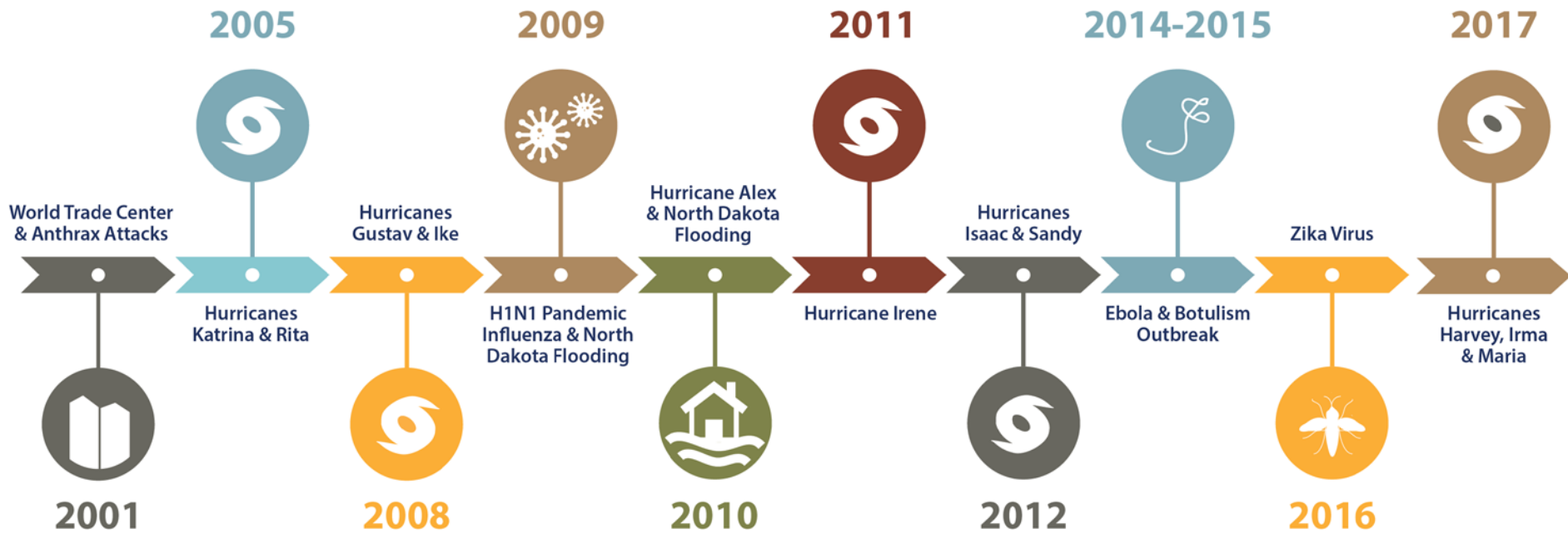
- Natural disasters
- Man-made threats
- Biological and chemical threats



PHI-11, PHI-12, PHI-13, PHI-17

EH-3.2, EH-11, EH-16.8, EH-21, EH-22

Snapshot of CDC Public Health Responses



More than 16,000 CDC staff were deployed to help with the 2014 the Ebola outbreak.

*Does not include all responses



Emergency Operations Center



Strategic National Stockpile

Infectious biological agents capable of causing illness in humans	Materials known to contain an infectious biological agent	Vectors of human disease (such as insects or animals)

Select Agents and Toxins

State and Local Readiness

Six Public Health Preparedness Capability Domains



**Community
Resilience**



Biosurveillance



**Incident Management
Systems**



**Information
Management**



**Countermeasures
and Mitigation**



**Surge
Management**



<http://ajph.aphapublications.org/toc/ajph/107/S2>

AJPH EDITOR'S CHOICE

From Anthrax to Zika: Fifteen Years of Public Health Emergency Preparedness

Rachel Nonkin Avchen, Tanya Telfair LeBlanc and Christine Kosmos

American Journal of Public Health: 107(S2), pp. S117-S117

CHILDREN

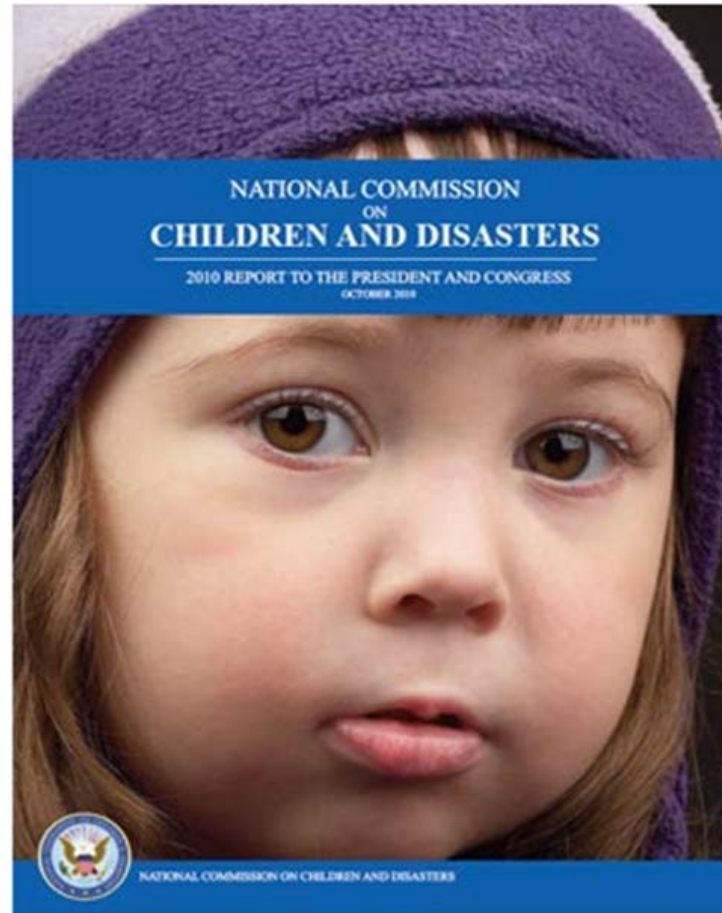
A Child's Health Is the Public's Health: Progress and Gaps in Addressing Pediatric Needs in Public Health Emergencies

Eric J. Dziuban, Georgina Peacock and Michael Frogel

American Journal of Public Health: 107(S2), pp. S134-S137

Children and Preparedness Actions

Following Hurricane Katrina, President George W. Bush and Congress created the National Commission on Children and Disasters



<https://archive.ahrq.gov/prep/nccdreport/>

Promoting Action for School Preparedness Planning

Healthy People
2020

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 65 / No. 36

September 16, 2016

National Preparedness Month — September 2016

Throughout September, CDC and approximately 3,000 global, national, regional, and local government organizations, as well as private and public institutions, will promote the importance of being ready for emergencies (1–3). For Preparedness Month 2016, CDC's Office of Public Health Preparedness and Response will focus on the power of preparedness globally and locally and actions that can be taken collectively and individually (1).

Being prepared saves lives. Public health emergencies might take the shape of an emerging or rapidly spreading disease, a natural disaster, or an act of bioterrorism. While the nature, timing, and location of the next threat cannot be anticipated, building preparedness to prevent, detect, and respond to public

School District Crisis Preparedness, Response, and Recovery Plans — United States, 2012

Brenda Silverman, PhD¹; Brenda Chen, MBBS¹; Nancy Brener, PhD²; Judy Kruger, PhD¹; Nevin Krishna, MS, MPH¹; Paul Renard, Jr, MS¹; Sandra Romero-Steiner, PhD³; Rachel Nonkin Avchen, PhD¹

The unique characteristics of children dictate the need for school-based all-hazards response plans during natural disasters, emerging infectious diseases, and terrorism (1–3). Schools are a critical community institution serving a vulnerable population that must be accounted for in public health preparedness plans; prepared schools are adopting policies and plans for crisis preparedness, response, and recovery (2–4). The importance of having such plans in place is underscored by the development

PREP- 5: Increase the percentage of school districts that require schools to include specific topics in their crisis preparedness, response, and recovery plans.

PREP-5, 5.1, 5.2, 5.3, 5.4

Silverman B, Chen B, Brener N, et al. School District Crisis Preparedness, Response, and Recovery Plans — United States, 2012. MMWR Morb Mortal Wkly Rep 2016;65:949–953. DOI: <http://dx.doi.org/10.15585/mmwr.mm6536a2>



ODPHP

Office of Disease Prevention
and Health Promotion



- **Ready Wrigley**, preparedness superdog, helps young kids and families plan for disasters
- Prepare ahead of an emergency
- Inform children to know what to do in an emergency



PREP-13

Thank you

Thank you for joining this presentation. For more information on the preparedness program please visit these CDC Resources:

- OPHPR Publications and Resources Website <https://www.cdc.gov/phpr/reportingonreadiness.htm>
- Public Health Emergency Preparedness Program: Every Response is Local <https://www.cdc.gov/phpr/whatwedo/phep.htm>
- School Health Policies and Practices Study (SHPPS) Results and Fact Sheets <https://www.cdc.gov/healthyyouth/data/shpps/results.htm>
- State and Local Readiness Planning Resources <https://www.cdc.gov/phpr/readiness/healthcare/responders.htm>

For more information on this presentation please contact:

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bsilverman@cdc.gov

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Activities Supporting Healthy People 2020 Preparedness Objectives

Daniel Dodgen, Ph.D.

Director, Division of Operational Policy and Strategic Planning
Office of Policy and Planning



Office of Disease Prevention
and Health Promotion



ASPR Saves Lives and Protects Americans from 21st Century Health Security Threats

- HHS Staff Division
- Created in the Pandemic and All Hazards Preparedness Act
- Led by Assistant Secretary Robert Kadlec, M.D., M.S.



- Lead agency for Public Health and Medical Services Support Function (ESF-8)
- ASPR Priorities
 - Strong Leadership
 - Regional Disaster Health Response System
 - Public Health Security Capacity
 - An Improved Medical Countermeasures Enterprise



Responding when Disaster Strikes

The HHS Secretary's Operations Center

50
disaster
and
emergency
responses



10
National
Security
Special
Events



24
hours a day,
365
days a year



- Tiered, regional system built upon healthcare coalitions and trauma centers
- Ensure robust capabilities to care for patients affected by catastrophic disaster

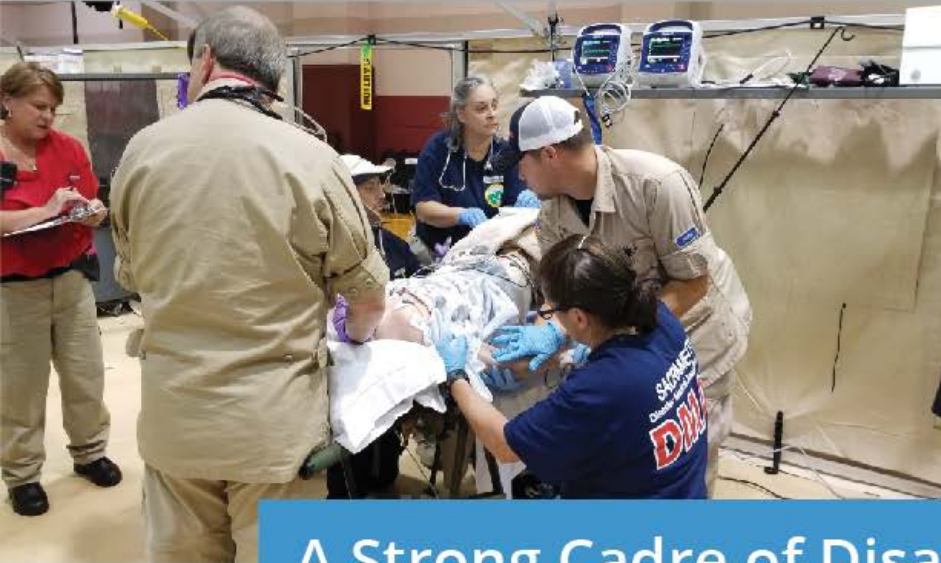


Healthcare System Preparedness: Hospital Preparedness Program

- Enables the healthcare system to save lives during emergencies
- Develops and sustains regional healthcare coalitions (HCCs)
- Works to advance healthcare capabilities such as:
 - Hazard and risk identification
 - Operational planning and response
 - Information sharing
 - Resource management
 - Responder safety
 - Healthcare evacuations and sheltering
 - Medical surge

PREP-18





A Strong Cadre of Disaster Health Responders

- Over 5,000 response personnel in the National Disaster Medical System
- Approximately 190,000 Medical Reserve Corps volunteers across 900 local community MRC units

PREP-16 & PREP-17

"As the last several years have shown, the threat environment is more complex than ever. We face infectious diseases with pandemic potential, severe weather events, and threats from state- and non-state actors. ASPR's number one priority is building national readiness and response capabilities for these threats. In doing so, we are in strong support of the Healthy People goal of ensuring that all people live long, healthy lives free of preventable disease, disability, injury, and premature death. We also recognize the value of strong underlying public health and medical infrastructure. As we look to HP2030, my hope is that advocates and experts across all of Healthy People will consider the unique opportunities to build resilience within your sector, and that we can work together to save lives and protect Americans from 21st century health security threats."

*- Robert P. Kadlec, MD, MS
Assistant Secretary for Preparedness and Response
U.S. Department of Health & Human Services*

- HHS ASPR
 - phe.gov
- PAHPA
 - govtrack.us/congress/bills/109/s3678
- National Disaster Medical System
 - phe.gov/Preparedness/responders/ndms/Pages/default.aspx
- Medical Reserve Corps
 - mrc.hhs.gov
- Hospital Preparedness Program
 - phe.gov/hpp
- TRACIE
 - asprtracie.hhs.gov/

For more information on this presentation please contact:

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Los Angeles County

Department of Public Health

Performance Improvement and Preparedness Related Efforts

Jeffrey D. Gunzenhauser, MD, MPH
Interim Health Officer and Chief Medical Officer

April 10, 2018



- Department of Public Health (DPH) infrastructure to support quality workforce development around preparedness
- DPH preparedness activities to ensure rapid and effective response to emergencies
- Two examples of DPH's response to recent emergencies in Los Angeles County
 - Aliso Canyon methane gas leak
 - Hepatitis A outbreak
- Overall summary
- Resources



Los Angeles County

- Approximately 10 million residents
 - 27% of California's population
 - Largest population of any county in the nation
 - 3 local public health departments
- 4,000+ square miles (65% of area is unincorporated)
- 88 incorporated cities (90% of population lives in cities)
- 200+ languages spoken



Los Angeles County Department of Public Health

- Mission: To protect health, prevent disease, and promote the health and well-being for all persons in Los Angeles County
- Los Angeles County Health Agency – formed in 2015 to assure the integration of services provided by the Departments of Health Services, Mental Health, and Public Health

- DPH Office of Organizational Development and Training
 - Mission: to enhance public health workforce excellence through efficient and innovative educational trainings and organizational solutions
- Suite of trainings that focus not only on public health-specific skills but also on building skills essential to leadership
- All DPH workforce training courses are linked to public health core competencies
- Department-wide mandatory training policy for workforce members
- DPH University framework will provide a comprehensive workforce development platform

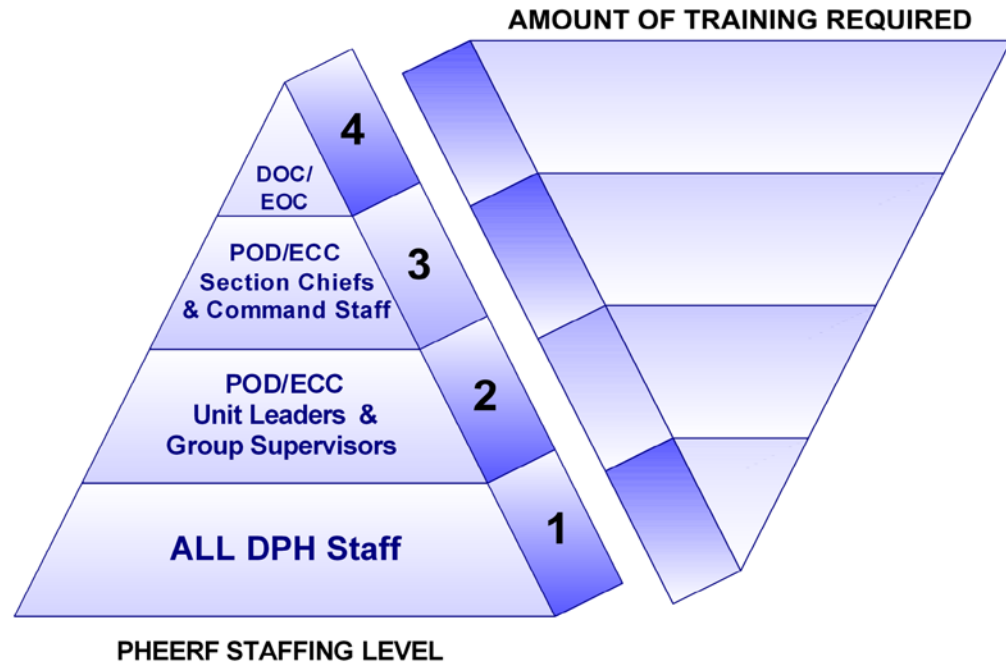
- Public Health Employee Readiness Framework assures workforce competence around DPH 's operational readiness and timely response to public health emergencies.

Level 4: Department Operations Center

Level 3: M-POD Staff, Command Staff

Level 2: Specialized Teams


Level 1: ALL DPH Staff



- Leadership courses include emergency preparedness and response elements
 - Communication skills enhance readiness and performance
 - Training evaluations include questions on employee readiness
- Well-established QI culture supports workforce development
 - DPH accreditation from PHAB
 - DPH Performance Management System tracks indicators and measures across the department, including ODT

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



- DPH Emergency Preparedness and Response Division (EPRD) works with partner agencies to assess and prioritize threats and hazards to public health in Los Angeles County
- Develops collaborative (Whole Community) emergency and disaster plans with partner response agencies and community partners
- Conducts community outreach efforts to build community resilience
- Provides training to DPH staff and partners, including drills and exercises
- Maintains 24/7 capability to respond to emergencies and coordinate DPH responses (Incident Command System - ICS)
- Well-established QI culture in the context of emergency response
 - ICS Action Reports (AARs)  improvement plans
 - DPH Performance Management System indicators and measures

- **Coordination of public health responses**
 - Skirball and Creek fires
 - Hepatitis A
 - Mosquito-borne disease
 - Magnesium fire in Maywood
 - Aliso Canyon gas leak





DPH Response to Recent Emergencies **Aliso Canyon Gas Leak**



- Largest natural gas leak in US history
 - October 2015 – February 2016
 - Community of Porter Ranch
- Well failure at a Southern California Gas Company (SCG) underground natural gas storage facility
- DPH issued a directive to SCG
 - Expedite efforts to stop the leak
 - Offer free, temporary relocation to affected residents and schools
- February 2016: Well permanently sealed
- Recovery, assessment, and community engagement activities continue



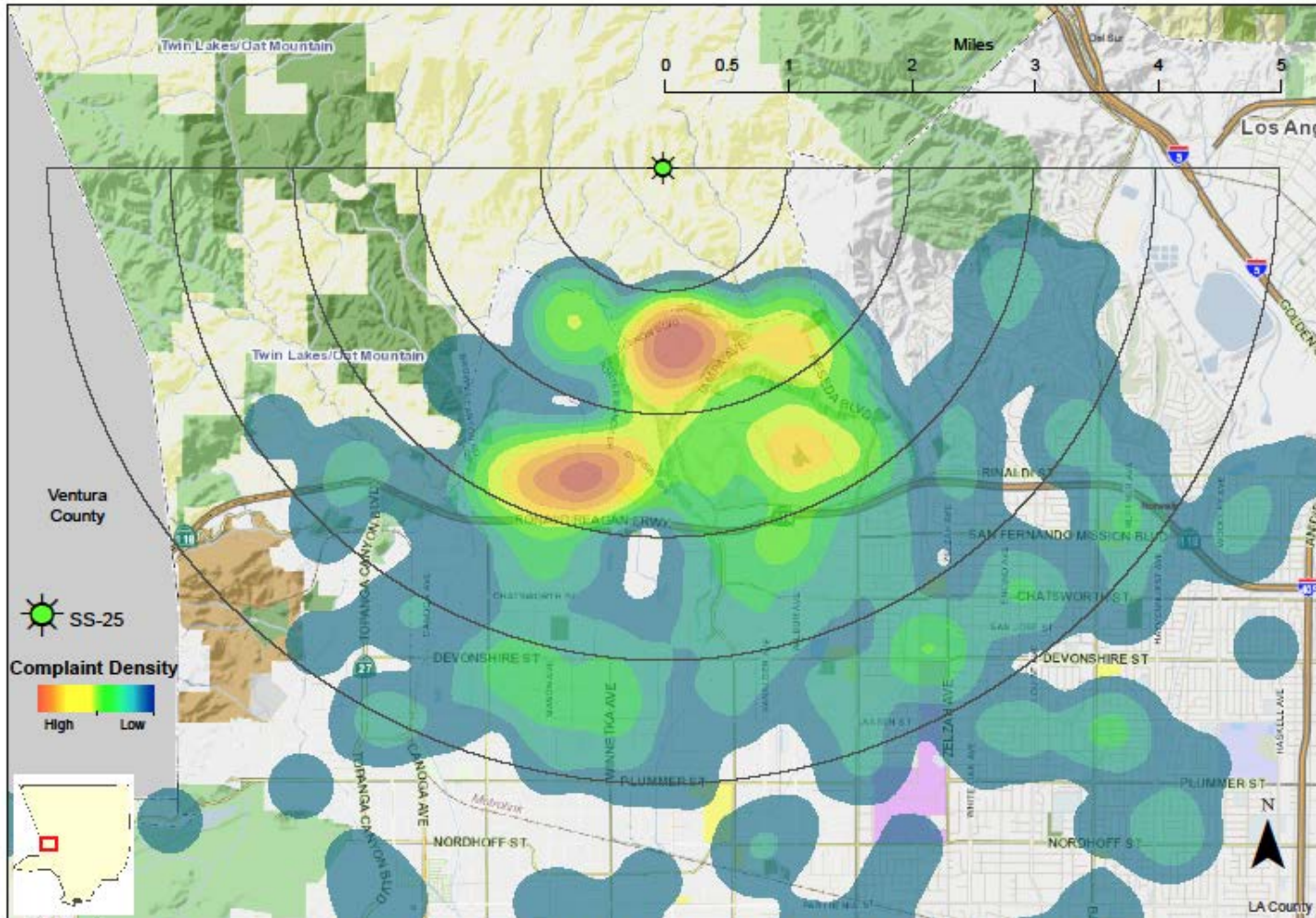
<https://www.nytimes.com/2017/01/14/business/energy-environment/aliso-canyon-gas-leak.html>



Aliso Canyon Gas Leak Disaster



Symptoms Reported to Public Health by Distance to Well SS-25



Aliso Canyon Symptom Survey Respondent's Address

Created by: Office of Health Assessment and Epidemiology, Epidemiology Unit. 02/3/16. Map shows the density of Symptom Survey respondent's addresses. 511 of 687 addresses were located (the rest were excluded due to incorrect or missing addresses).



Key Response Activities

- During leak (October 2015 – February 2016)
 - Safety of site operations, air quality measurements
 - Assessment of health impact: syndromic surveillance, community complaints
- Post-leak (February 2016 to present)
 - CASPER survey
 - Continuous community engagement
 - Home cleaning directive
 - Policy work
 - Site itself
 - Regulatory activities



Partnerships

- Fire Department
- Office of Emergency Management
- Southern California Gas Company
- Air Quality Management Districts (Local and State)
- Academic Institutions
 - Environmental health subject matter experts
- State Environmental Health and Protection, Emergency Management
- Community-Based Organizations
- Schools

Infrastructure and Preparedness

- Rapid detection and response
- Inter-agency organization
- Leveraging of local resources
 - Safety
 - Health and Environmental Assessment
 - Mitigation
- Policy directives



DPH Response to Recent Emergencies **Hepatitis A Outbreak**



Background

- September 2017: DPH declared a local outbreak of hepatitis A (HAV) among persons who are homeless or use illicit drugs
 - “Forward-leaning” due to the outbreaks in San Diego and Santa Cruz
- October 2017: Governor Brown declared a statewide HAV outbreak
- November 2017: DPH announced an increase in HAV cases among men who have sex with men



Strategies

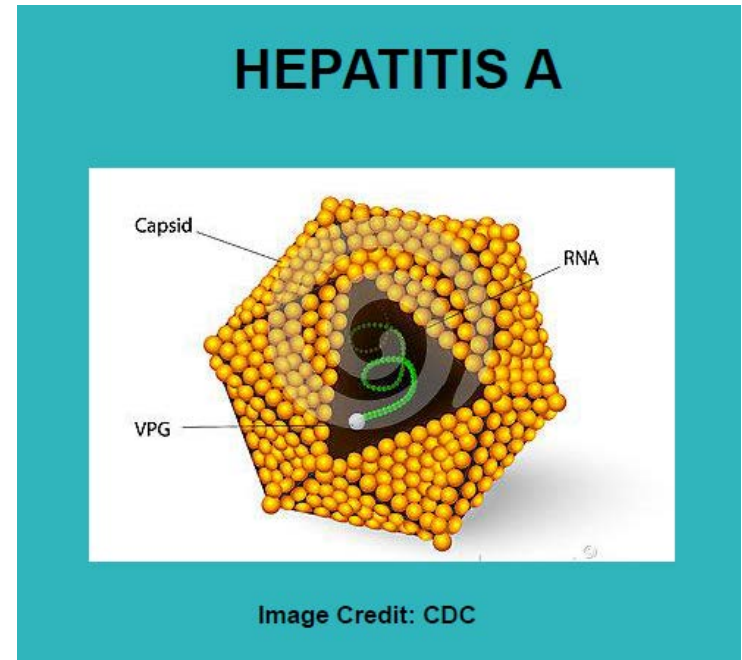
1. Educating the Public and Other Key Stakeholders
2. Surveillance for Cases and Rapid Vaccination of Contacts
3. Vaccinating Those at Risk
4. Improving Sanitation Conditions in Homeless Encampments and Other Locations
5. Developing Policies

Key Response Activities

- Stood up ICS, opened Department Operations Center, established dashboard
- Provided stakeholder communications and telebriefings
- Enhanced case surveillance, monitoring, and contact follow up/vaccination
- Notified providers to increase awareness, detection, and vaccinations
- Engaged with organizations that provide services to homeless people
- Provided free vaccine to homeless persons, active drug users, and those who provide services and support to those individuals
 - Outreach teams and clinic services
- Inspected homeless shelters, encampments, and food facilities
- Worked with local cities to increase access to bathrooms and handwashing stations for homeless individuals

Outcomes and Outreach

- Cases: 18 (homeless / drug use)
- Educational outreaches: 495
- Vaccination outreaches: 586
- Vaccinations: **35,843**
 - Hep A Case Contacts: 2,250
 - Homeless: 8,122
 - Rehab/SUD: 1,086
 - Jail/parolee: 10,975
 - LAC at-risk workers: 5,139
 - Non-LAC at-risk workers: 7,708
 - Other: 563



Innovations

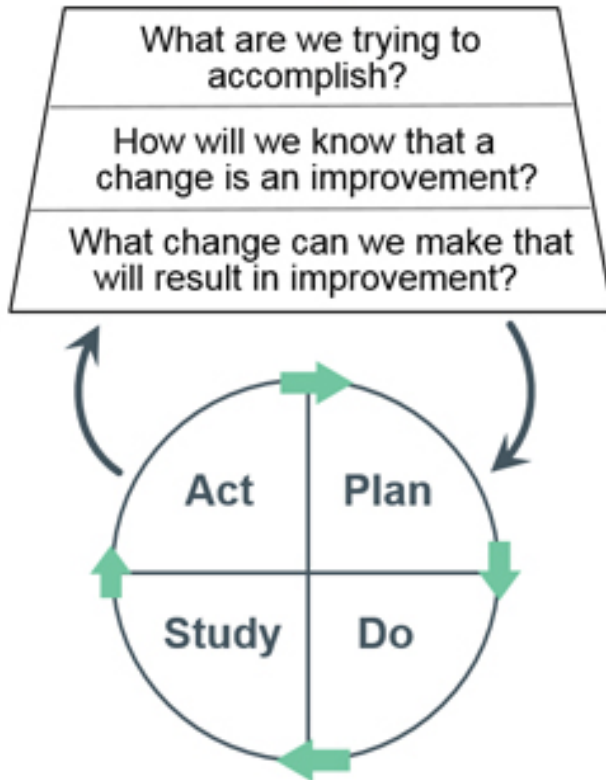
1. Rapid Response Teams
2. Recuperative Care Option
3. Partnership with Homeless Service Agencies
4. Scope of Practice Extensions for Paramedics
5. Environmental Assessments and Recommendations

Partnerships

- Healthcare providers
- Homeless services organizations
- Substance use treatment providers
- Jails and detention centers
- Law enforcement and other first responders
- Cities and elected officials
- Public works and sanitation districts
- Unions



Model for Improvement



- Los Angeles County is a culturally and geographically diverse, highly populated, and physically large area susceptible to a wide variety of disasters
- Infrastructure and preparedness/readiness activities supported by performance improvement is critical to swift and high quality response to disasters
- Important to establish and maintain a QI culture based on evidence-based models of improvement that permeate all levels of the organization
- Partnerships and local relationships are key

- **Aliso Canyon Gas Leak**
 - <http://publichealth.lacounty.gov/media/gasleak/>
- **LA County Hepatitis A Information**
 - General public: <http://publichealth.lacounty.gov/media/hepa/index.htm>
 - Clinicians: <http://publichealth.lacounty.gov/acd/Diseases/HepA.htm>
- **LA County Public Health Emergency Preparedness**
 - <http://publichealth.lacounty.gov/eprp/index.htm>
- **National Association of County & City Health Officials (NACCHO) QI training, plans and projects**
 - <http://archived.naccho.org/topics/infrastructure/accreditation/quality.cfm>
- **National Network of Public Health Institutes' Resource Directory**
 - https://nnphi.org/resource-directory/?focus_areas%5B%5D=performance-quality-improvement



Thank you!

Jeffrey D. Gunzenhauser, MD, MPH
Interim Health Officer and Chief Medical Officer
Los Angeles County Department of Public Health



Roundtable Discussion

Don Wright, MD, MPH
Director, Office of Disease Prevention and
Health Promotion



A library of stories highlighting ways organizations across the country are implementing Healthy People 2020

Stories from the Field

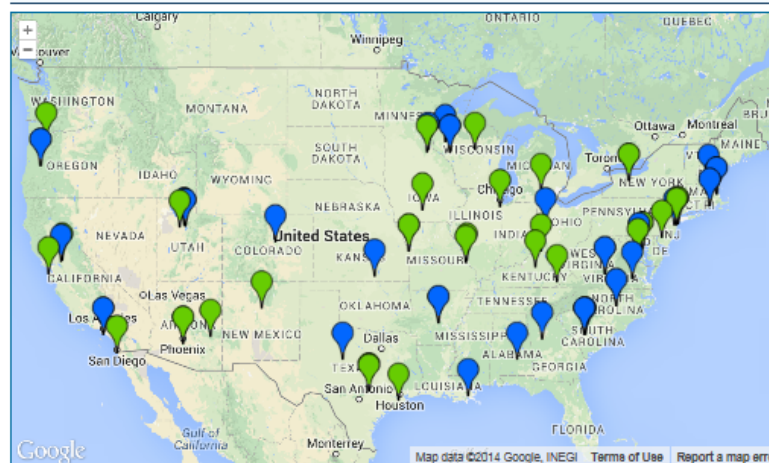
Want to know what others are doing to improve the health of their communities? Explore our *Stories from the Field* to see how communities across the Nation are implementing Healthy People 2020. You can also [share your story!](#)

Explore the map below or filter to view stories by the related topic area or Leading Health Indicator.



Sort By: Viewing 80 results

Topic Area	Organization Name	Organization Type	Date Posted	Program State
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Filter By: Showing All Topic Areas Show LHI Only [Reset Filters](#) [Update](#)



Healthy People 2020 in Action

 Who's Leading the Leading Health Indicators? series  Stories from the Field

Healthy People in Action

Who's Leading the Leading Health Indicators? Webinar

Healthy People
2020

Please join us on
Thursday, May 24, 2018
from 12:00 to 1:00 pm ET
for a Healthy People 2020
Who's Leading the Leading Health Indicators? webinar
on Oral Health.



Registration on
HealthyPeople.gov
available soon

Who's Leading the
Leading Health
Indicators?



ODPHP

Office of Disease Prevention
and Health Promotion



Healthy Aging Summit

July 16-17, 2018 ■ Washington, DC

- The event will focus on keeping Americans healthy as they transition into older adulthood and maximizing the health of older adults through prevention strategies and more.
- The 2018 Healthy Aging Summit goals are to:
 - Explore the science on healthy aging
 - Identify knowledge gaps
 - Promote prevention
 - Support people aging in place and in their community
- Conference tracks include:
 1. Social and Community Context
 2. Maximizing Quality of Life
 3. Health and Health Care
 4. Neighborhood and Built Environment
- Register now at www.2018HealthyAgingSummit.org



Office of Disease Prevention
and Health Promotion



American College of Preventive Medicine
physicians dedicated to prevention

- Stan Lehman (CDC/OD)
- Emily DeCoster (HRSA)
- Liza Corso (CDC/OSTLTS)
- Lynette Araki (HRSA)
- Diba Rab (HRSA)
- Brenda Silverman (CDC/OPHPR)
- Lauren Walsh (ASPR/OPP)
- Franco Ciammachilli (ASPR/OPP)
- David Huang (CDC/NCHS)
- Leda Gurley (CDC/NCHS)
- Sirin Yaemsiri (CDC/NCHS)
- Robin Pendley (CDC/NCHS)
- LaJeana Hawkins (CDC/NCHS)
- Cheryl Rose (CDC/NCHS)
- Carter Blakey (HHS/ODPHP)
- Theresa Devine (HHS/ODPHP)
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