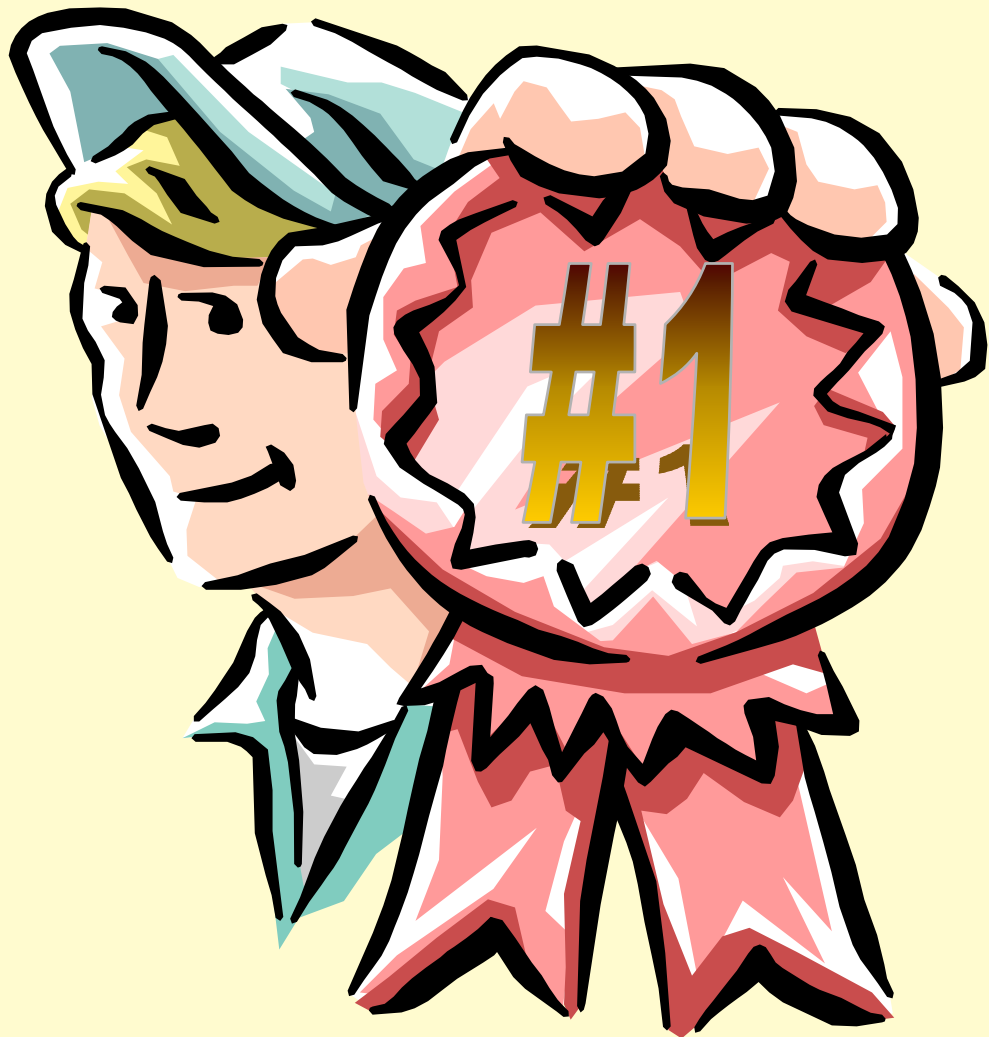




Building Community Preparedness: Local Public Health's Role

**Medical Reserve Corps Leadership Conference
Baltimore, MD – July 7th, 2004**

**Michael Fraser, PhD
Deputy Director
National Association of County & City Health Officials
Washington, DC**



**Thank
you!**



Overview

- Snapshot of local public health agencies nationwide
- What's the public health role in community preparedness?
- NACCHO resources



The view from 35,000 feet



Diverse LPHA Nationwide



Diverse LPHA Nationwide



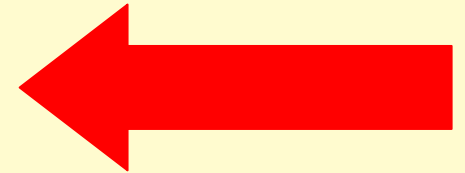
Diverse LPHA Nationwide

- Over 2,800 LPHAs nationwide
- Various LPHA types nationwide including county, city, city-county, regional, township
- Range from large county or metropolitan area LPHAs with complex staffing patterns to small agencies with volunteer health officer



LPHA Characteristics

- Majority of LPHAs serve small population jurisdictions in non-metro areas
- Median staff size is 13 FTEs
- Average staff size is about 65 FTEs
- Most common services provided include communicable disease control, environmental health, child health & home health

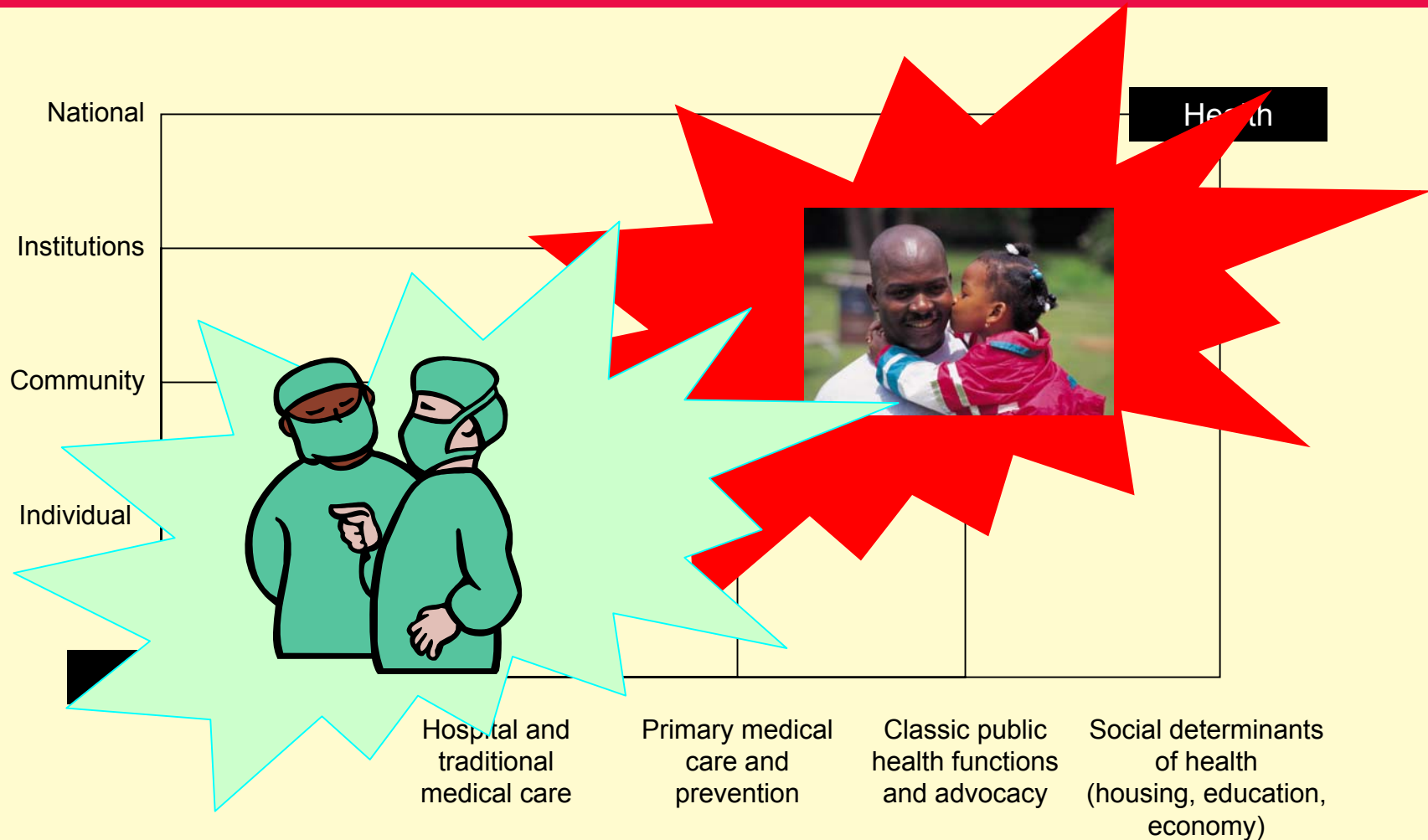


LPHA Characteristics

- Most frequent staff categories: administrative, public health nurses, environmental specialists
- Most common partners: other local public health agencies, state public health agencies, hospitals, community-based organizations
- Future challenges: workforce recruitment & retention, stable funding, changing LPHA mission



Where we do our work



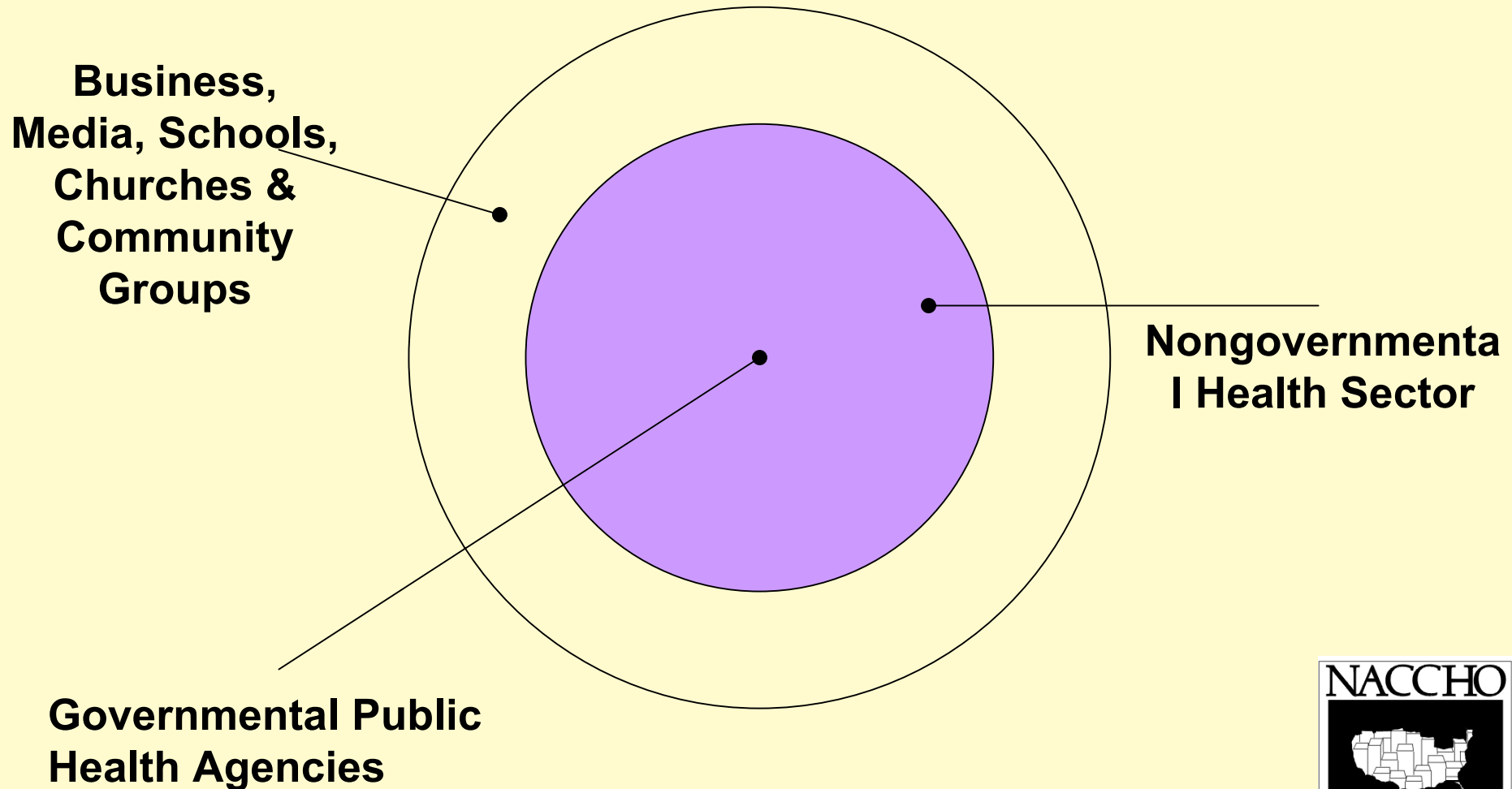
Intervention

LPHAs & Primary Care

- Not all LPHAs have clinical capacity (i.e., nurses or physicians on staff)
- Focus to date has been on assuring health services, not providing them
- Relationship with hospitals and primary care sector is strained in many areas



The Public Health System



Source: Boufford 2002



The Public Health System

**Business,
Media, Schools,
Churches &
Community
Groups**



**Nongovernmental
Health Sector**

**Governmental Public
Health Agencies**

Source: Boufford 2002



Need for Volunteers

- Surge capacity in many areas
- Community expertise
- Flexible, adaptable

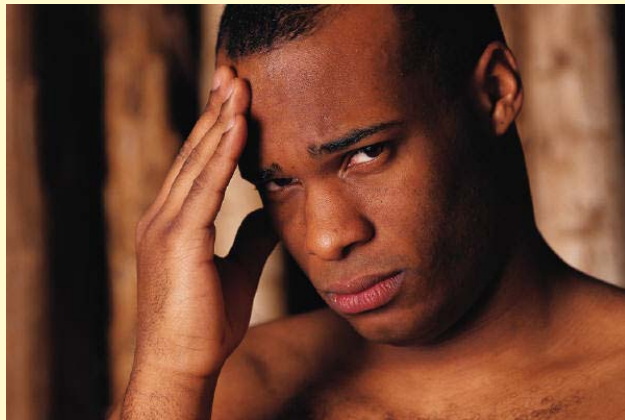






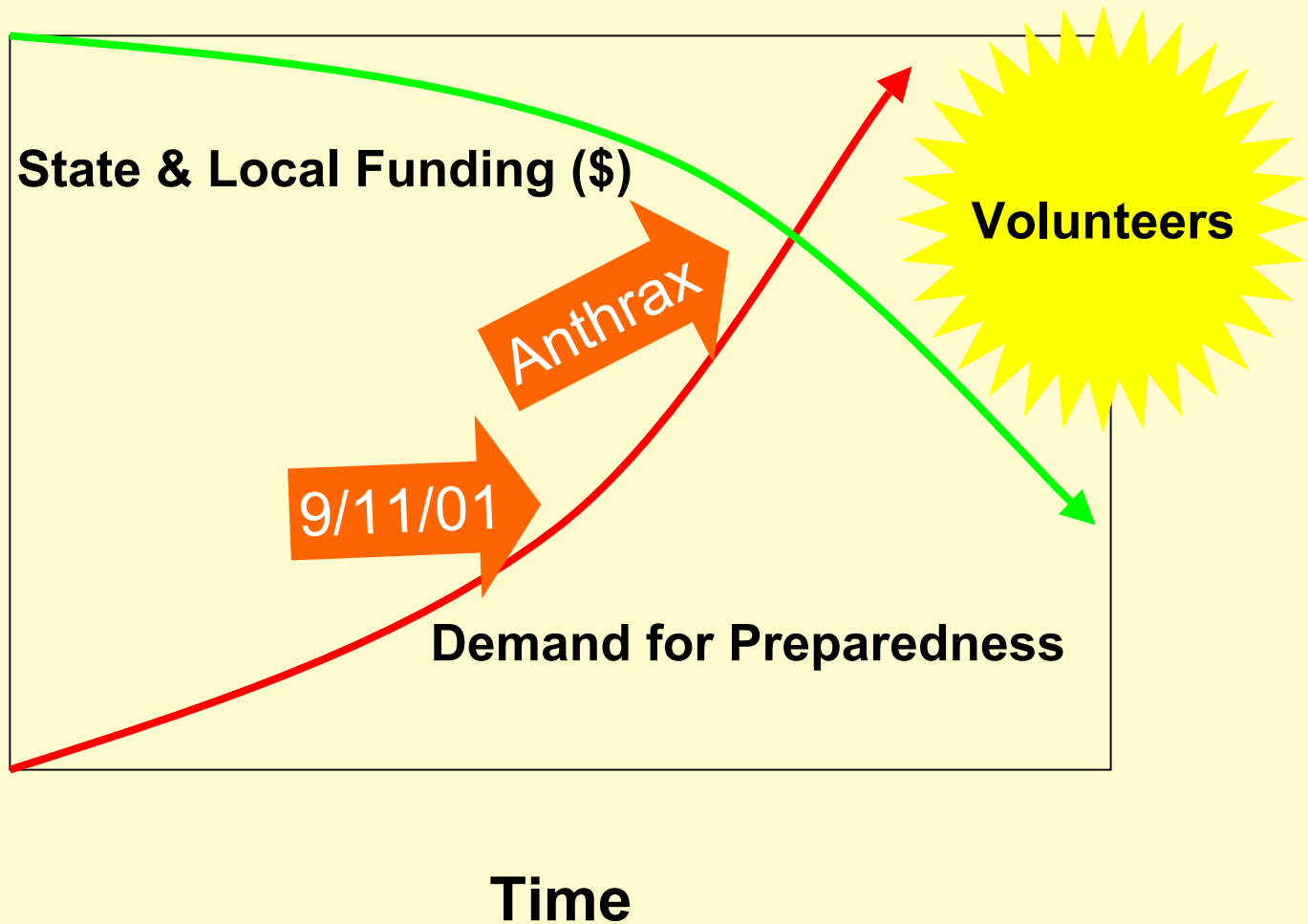


The Need for Surge Capacity



- For every one person hospitalized there are six to ten individuals experiencing psychological effects
- Main role in an emergency may not be primary care, but rather triaging the “worried well”

Importance of Volunteer Leaders



No lack of volunteers

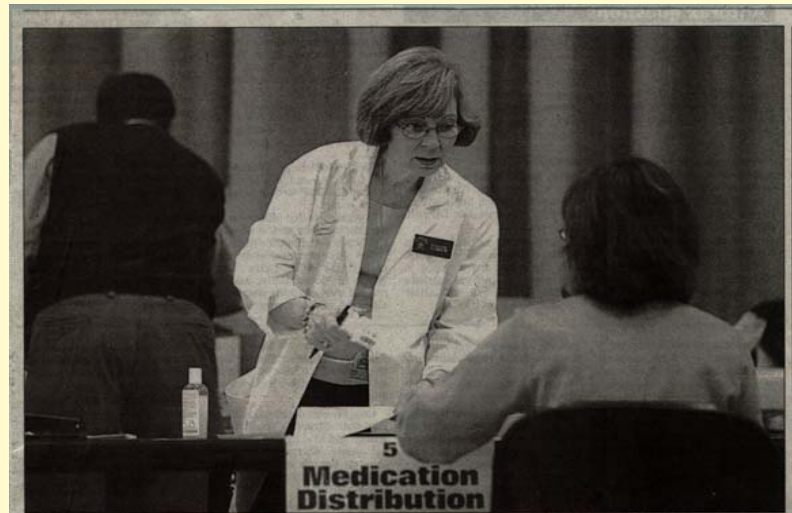
- Issue with World Trade Center Incident was TOO MANY volunteers, not lack of volunteers
- Over-burdened the emergency management system



Psycho-Social Impact

- 90% of New Yorkers reported psychological distress two weeks after 9-11; 62% a year later
- 43% of Oklahoma City residents reported four or more stress symptoms four months after the bombing

Source: Hutton, 2004



Pharmacist Geraldine Schwed, center, of the state Department of Health and Senior Services distributes the antibiotic Cipro to a client during an anthrax screening yesterday at St. Francis Medical Center in Trenton. Staff photo by Mike Nixon

'Where do we go? We're scared'

Anthrax screening session, day 2, draws crowd

By KEVIN SHEA
Staff Writer

TRENTON — Joe Zalescik doesn't believe he could have contracted anthrax in the short time he was in the rear of the Trenton main post office in Hamilton earlier this month, but he came to St. Francis Medical Center yesterday to be screened anyway.

It wasn't even his idea, Zalescik said. "He said I should err on the side of precaution."

"This is his area, he's an infectious disease specialist," Zalescik said. "He said I should err on the side of precaution."

The medical officials from St. Francis and the state Department of Health and Senior Services (DHSS) who for a second day ran an anthrax screening session in the hospital's nursing school agreed. Zalescik left the hospital with a bottle of Cipro tablets.

About 75 people had been screened yesterday afternoon, a sizable increase over the 40 that

small-business employees, etc. — who may have been in the rear or other nonpublic areas to pick up or drop off mail at the facility since Sept. 18, the date the first letter containing anthrax was processed at the massive building on Route 130.

Zalescik is a fire commissioner with Hamilton Township Fire District 3 and had gone to the rear of the post office with Hamilton's Rustling Fire Co. in the first few days after authorities discovered an anthrax-laden letter was postmarked there.

"I was just going there to inquire what they needed," Zalescik said. "It was after it was closed a couple days," he said.

Zalescik is the director of media resources at Capital Health System at Fuld hospital, and is around doctors all day. Lately, he said, the medical profession has been bombarded with anthrax information.

"With the kind of job I have, my instinct was like, 'Hey, what should I do?'" Since he was at the center, he decided to see his

of having many volunteers and staff so patients did not have to wait in line.

The patients are sent to several stations where personal and medical history and vital signs are taken. If they meet the criteria, and most who walk in the door do, they are given an antibiotic.

The patients are not tested for anthrax, Persichilli stressed. "This is an at-risk population here. We're saying, you've already been exposed."

And between every station, the patients are escorted by a volunteer. "We're giving very individualized treatment," she said.

After the process, Persichilli said, people are given the option to see a counselor. And many are taking the free session.

"What were we seeing is everybody is scared," Persichilli said.

Those were the exact words of one man, who arrived with a friend. "Where do we go? We're scared."

A woman, who declined to give her name, said the process



AP photo
Rob Richter of Robbinsville holds a bottle containing antibiotics he received at St. Francis Medical Center yesterday.

tables are medical officials who believe they too are doing their part to help the country recover from a bioterror attack.

Geraldine Schwed, of Vineland, a senior field representative for the DHSS, normally travels the southern half of the state doing inspections and surveys in the department's pharmacy section.

The Worried “Well”?

- Iraqi Scud Missile attacks on Israel (1991)
 - 40% of civilians in immediate vicinity of the first attack had physical symptoms (difficulty breathing, sweating, tremors)
 - About 75% of those reporting to an emergency department had no physical injury
- Tokyo Subway Sarin Gas Attack (1995)
 - 4,000 of 5,510 (75%) seeking treatment had no or minimal injuries
- Goiania, Brazil (1987) Radiation Event
 - 244 exposed to radiation (20 severe cases)
 - 10% of the population (100,000) sought medical advice



\$119.⁰⁰
Complete with
5yr NBC filter



WATER-BORNE DISEASES

Outbreaks up in latest data

CDC blames weak regulation of private wells, cryptosporidium in swimming pools

reported in 1997-98.

The sharp rise comes even as outbreaks in regulated public water systems decline, and indicates that owners of private wells must "make sure the well is properly constructed, maintained or tested," Lee said.

A.J. Englande, professor of environmental science at Tulane University, said many private wells are not deep enough and easily are contam-



ED PRESS

ks of
water
ve ris-
recent
ments
water
at said

ses in-
ulation
enters






I SURVIVED
TORONTO
CANADA

- SARS
- MAD COW
- WEST NILE
- SARS (AGAIN!)
- BLACKOUT
(2003)
- WHAT'S NEXT ?

Ontario to put SARS lessons into practice

Smitherman announces \$41.7-million
to better respond to public-health crises

BY RICHARD MACKIE

When the next disease outbreak hits Ontario, the province will be prepared to combat it by implementing the lessons learned from battling last year's arrival of SARS, Health Minister George Smitherman said yesterday.

The province will spend \$41.7-million to put into place the people, organizations and computer systems that were lacking in the fight against severe acute respiratory syndrome.

The new money is part of a three-

"You can't wait to cobble together a plan for an emergency situation. You have to have a plan in place that contemplates it."

The new resources will also help hospitals and long-term care institutions fight more common infectious diseases, he said.

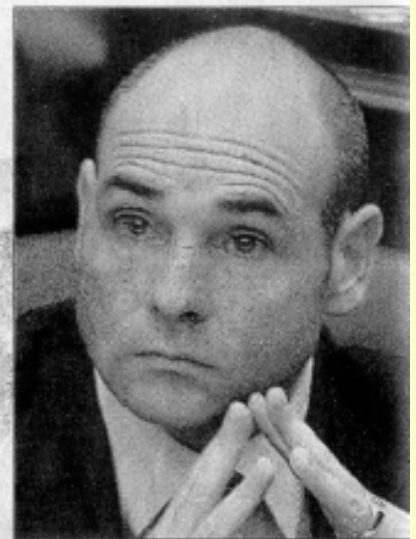
At the centre of the plans announced yesterday are increases in the responsibilities of the Chief Medical Officer of Health, Sheila Basrur. Until now, the chief health officer has been a member of the Health Ministry reporting to the minister and the premier.

about infectious diseases, or to implement protocols on controlling such diseases. Reports also noted that computer systems did not allow the speedy sharing of information.

In fact, when it came to tracing contacts of those suspected of having contracted SARS, public-health personnel had to work through boxes and boxes of paper records.

The government's plan will help doctors and nurses obtain information about health threats, provide scientific and technical advice about dealing with infectious diseases, establish links with similar organizations in other jurisdictions and ensure rapid communication about a potential health crisis.

"This announcement is about



'You can't wait to cobble together a plan for an emergency situation. You have to have a plan in place that contemplates it.'

*Ontario Health Minister
Greg Smitherman*

Preparedness is a Local Activity

- “Where the rubber hits the road...”
- “Where the needles hits the arm...”



Other Agency Involvement

■ Local

- Neighboring LPHAs
- Environmental agencies
- Local emergency management agencies
- Fire, police, EMS
- Local 911
- Hospitals, health plans
- Managed care organizations
- Individual physicians
- Local laboratories
- School officials
- Elected officials
- Local media
- Area businesses

■ State

- State health agency
- State EMA
- American Red Cross
- Other groups

■ Federal

- DHHS/CDC
- FDA
- DOJ
- FEMA/Homeland Security
- Dept of Agriculture
- EPA
- DOD



Response is a Local Activity

“The vast majority of domestic incidents are handled at the local level, with local entities... participating as appropriate to the incident.”

National Incident Management System,
Initial System, Draft June 25th, 2003



Response is a Local Activity



USA TODAY
THE NATION'S NEWSPAPER
NO. 1 IN THE USA

Welcome to the Hall
Digital goes disposable

rules again

Many lives are lost across USA because emergency services fail

Turf wars between ambulance, fire crews cause deadly delays

6 MINUTES to live or die

California Gov. Davis has work cut out

Investing up three years

Where horses scores a hit

Money: Doos shake up auto safety

Sports: Watson wins Senior British Open

Life: Hope for fighting Alzheimer's

Great tips intensify hunt for fugitive Saddam

Raid misses target by 24 hours

Checkpoint killings

ing U.S. airlines

A TODAY Snapshots

WATER-BORNE DISEASES

Outbreaks up in latest data

CDC blames weak regulation of private wells, cryptosporidium in swimming pools

By DANIEL YEE

THE ASSOCIATED PRESS

ATLANTA — Outbreaks of disease from drinking water and swimming pools have risen dramatically in recent years despite improvements in publicly operated water systems, the government said Thursday.

One of the chief causes includes insufficient regulation of private wells. The Centers for Disease Control and Prevention reported in 1997-98. The sharp rise comes even as outbreaks in regulated public water systems decline, and indicates that owners of private wells must "make sure the well is properly constructed, maintained or tested," Lee said.

A.J. Engle, professor of environmental science at Tulane University, said many private wells are not deep enough and easily are contaminated.



Local Public Health Preparedness

- Local public health agency is the “on the ground” presence; not state or Federal agencies
- NACCHO working to build LPHA capacity and infrastructure nationwide
- Work with LPHAs contributes to national efforts in many ways



Preparedness Tensions

- Facing “the usual” while preparing for the unusual
- Growing preparedness programs while simultaneously cutting other programs
- Being held accountable for a system to which partners are not accountable
- Spotlight on public health versus the invisibility of public health success

The Columbus Factor



- Didn't know exactly where he was going
- Didn't know where he was when he got there
- Did it with someone else's money!

Broad Strategies

- Develop systems that have multiple uses
- Enhance competencies, promote workforce development
- Forward programs that make public health visible, “teachable moments”
- Develop programs that foster partnerships across disciplinary lines

Broad Strategies



www.naccho.org

- BtCREATE
- BtPREP
- BtTOOLBOX
- Stockpile Guidance
- Advanced Practice Centers
- Incident Command System
- Research, Policy & Advocacy