



A Partnership to Measure Local Public Health Preparedness in Texas
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In 2007, the National Association of County and City Health Officials (NACCHO) conducted a nationwide survey, which analyzed the effects of public health preparedness (PHP) funding at the local health department level.¹ This survey reported numerous PHP developments in U.S. local health departments (LHDs) and a steady decrease in the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) funding from 2002 to 2007, despite many critical preparedness areas still in need of improvement.

Due to border health concerns, its history of natural disasters and geographical spread, along with the size and diversity of its population, Texas has a unique set of risk factors that state and local health agencies must prepare for in case of a public health emergency. The state of Texas has received funding through the CDC's PHEP Cooperative Agreement since 2002. This funding peaked in 2004, and has steadily declined through 2008 in the face of shifting federal preparedness goals.² Uncertainties with future PHP funding, has left LHDs questioning their ability to further develop and maintain their PHP capabilities.

In May 2008, the Texas Association of Local Health Officials (TALHO) commissioned the University of Texas Health Science Center at Houston's Center for Biosecurity and Public Health Preparedness (CBPHP) to assist with a statewide evaluation of the status and future direction of PHP in Texas, much like NACCHO did in their study of PHP nationwide. As part of this collaboration, CBPHP agreed to collect and analyze evaluation data, while TALHO managed the logistics of communication and coordination with its member organizations. Both parties further agreed to be responsible for reporting any findings to interested parties, such as the Texas Department of Health Services and other non-TALHO health departments and organizations.

Using a Web-based questionnaire similar to the 2007 NACCHO survey,¹ CBPHP and TALHO invited 68 LHDs (all TALHO membership organizations) to answer questions assessing the status of their local PHP. Over half of the LHDs completed the survey in the summer of 2008, which yielded several interesting trends:²

- Strong regional issues prevailed—coastal communities expressed the highest concerns about weather hazards; communities bordering Mexico had the greatest concern for international and immigrant public health issues; and rural communities were most concerned about the limited availability of services such as epidemiological surveillance or laboratory capacity in their jurisdiction.

¹ National Association of County and City Health Officials (NACCHO). Federal funding for public health emergency preparedness: Implications and ongoing issues for local health departments. August 2007. Available at: <<http://www.naccho.org/publications/emergency/>>. Accessed October 25, 2009.

² Langabeer JR, Dellifraire JL, Tyson S, Emert JM, Herbold J. Assessing public health preparedness in Texas local health departments. *Texas Journal of Public Health*. 2009; 61(4): 58-63.

- Declines in federal PHP funding may be a barrier to achieving PHP goals—many LHDs eliminated PHP/bioterrorism positions due to federal funding cuts. Only two LHDs reported available PHP funding from local sources.
- Many LHDs coped with significant organizational change—organizational changes were due to high turnover in PHP positions, loss of PHP staff due to funding cuts, and/or general organizational priority changes.

CBPHP staff then collated and presented the survey results to the TALHO Board and general member meetings in August 2008.

Determined to continue the progress attained as a result of the CDC's Cooperative Agreement, the TALHO Board again partnered with CBPHP to provide a more in-depth look at LHDs to find any promising indicators of PHP best practices in Texas. Accordingly, from January to June 2009, CBPHP conducted more than 20 "case studies" using a stratified cluster sample frame. Equal representation was given to the following LHDs: coastal vs. inland, urban vs. rural, and border vs. non-border jurisdictions.

Data, including quarterly PHP reports and on-site interviews, were evaluated both qualitatively and quantitatively for significant correlations and best indicators of performance. Although the analysis of this data is ongoing, preliminary findings illustrate the following:

- PHP professionals have adopted more of a "decision-making" role as opposed to the facilitator or analyst roles traditionally present in public health. This is especially true during exercises, drills, and real-life public health emergency responses. Regrettably, concerns about the future stability of PHP jobs, coupled with a high rate of turnover in PHP personnel, diminishes the potential for LHD organizational memory from one event to the next.
- A few regional partnerships have been established to share valuable resources and personnel that individual LHDs might not have been able to afford alone. However, this is more the exception, rather than the rule. The majority of LHDs are creating their own form of PHP to fit federal guidelines, without coordination with any neighboring LHDs.
- Reporting guidelines are constantly changing based on shifting CDC priorities. Although the changes could be reflective of a burgeoning PHP infrastructure, this lack of consistency inhibits the identification and tracking of specific markers for best PHP practices.
- Perceived PHP readiness is significantly related to the number of PHP staff, the presence of a PHP improvement plan, the level of adherence to National Incident Management System (NIMS) requirements, and the average number of drills and exercises performed each year.³
- Greater investment yields greater capacity for PHP readiness. Outcomes significantly influenced by investment (i.e., funding) include the number of community partners and exercises and drills performed, greater available resources, and better PHP planning capability.³

³ Langabeer JR, Dellifraire JL, Tyson S, Emert JM, Herbold J. Investment, managerial capacity, and bias in public health preparedness. *American Journal of Disaster Medicine*. 2009; 4(4): 1-9.

Again, results were presented at the TALHO Board and general member meetings (August 2009). Highlights of the discussion included the need for clear reporting requirements, investment strategies, and ways to stimulate greater cross-sharing of contracts, ideas, and best practices within the state of Texas. CBPHP is working to further analyze reporting requirements and other trends in the data; whereas, TALHO is working to facilitate the cross-sharing of ideas between PHP representatives at each LHD. Both parties have initiated collaboration with representatives at the state and federal levels.

Should current funding trends continue, partnerships such as CBPHP and TALHO may become a vital part to determining sustainable methods for PHP readiness in Texas. TALHO's findings correlate results of the NACCHO survey in 2007, with extra regional implications (stated above). The future of local PHP in Texas may not only rely on critical investment and consistent goals from the federal level, but also on grassroots and academic efforts provided by TALHO and CBPHP.