The Public Health Emergency Preparedness Landscape

Findings from the 2015 Preparedness Profile Survey

June 2016

NACCHO
National Association of County & City Health Officials

Background & Methods

In May 2015, NACCHO developed and distributed the Preparedness Profile survey to a statistically representative sample of 730 preparedness coordinators. Preparedness coordinators are individuals previously identified by LHDs as having a primary or significant responsibility for leading or coordinating an LHD's disaster/emergency preparedness planning and response activities.

The survey was distributed online via Qualtrics Survey Software™ and stratified by jurisdiction population size.

Large LHDs (population 500,000+) were oversampled. Results were weighted to adjust for both oversampling and non-response.

A total of 345 preparedness coordinators completed the survey (response rate of 47%).

All data were self reported; NACCHO did not independently verify the data provided by LHDs.

Throughout this document, data are analyzed by the size of the population served by the LHDs. Statistics are compared for subgroups of LHDs defined by the number of people living in the LHD jurisdiction.

This document presents the results of the survey, followed by analysis and recommendations. For the analysis, NACCHO staff took into account the results of this survey and qualitative information provided by our membership through workgroups and programmatic activities.

LHDs serve different size jurisdictions across the United States

Small LHDs serve populations of less than 50,000 people

Medium LHDs serve populations of between 50,000 and 500,000 people

Large LHDs serve populations of 500,000 or more people

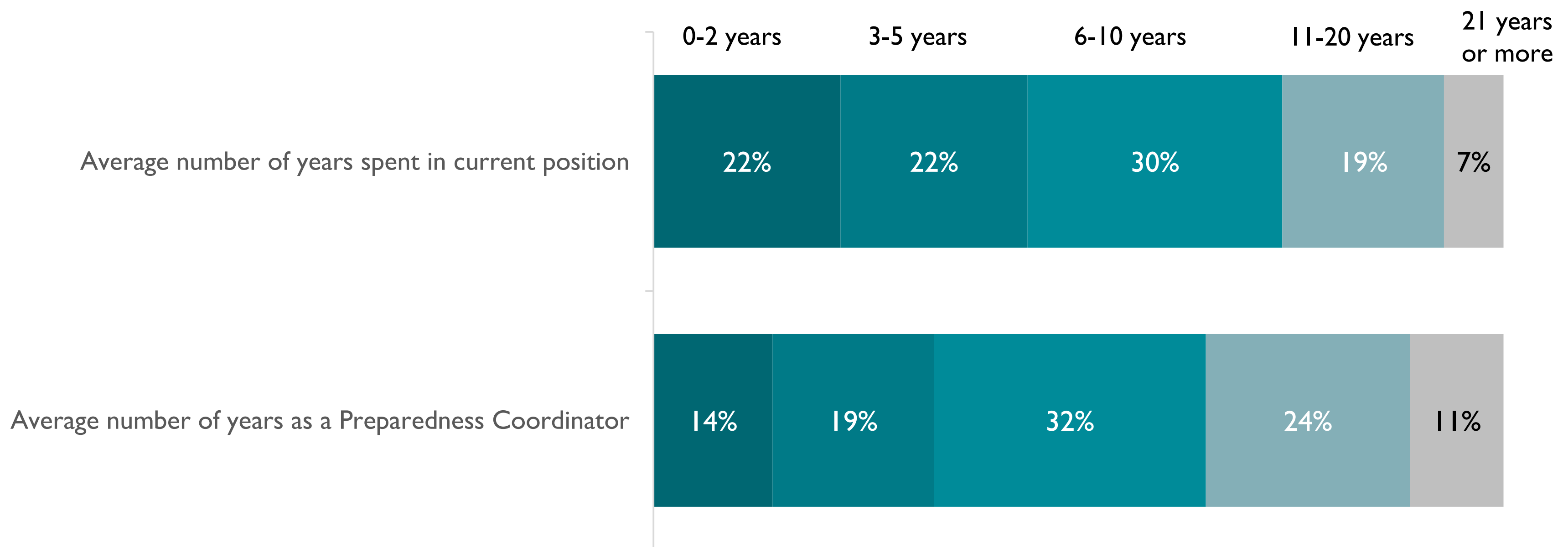
NACCHO
National Association of County & City Health Officials

Preparedness Staffing & Volunteers

Almost half of preparedness coordinators have spent five years or less in their role

Regardless of jurisdiction size, 44 percent of preparedness coordinators have spent five years or less in their *current position*. Approximately 67 percent of preparedness coordinators have been in the *field* for six years or more.

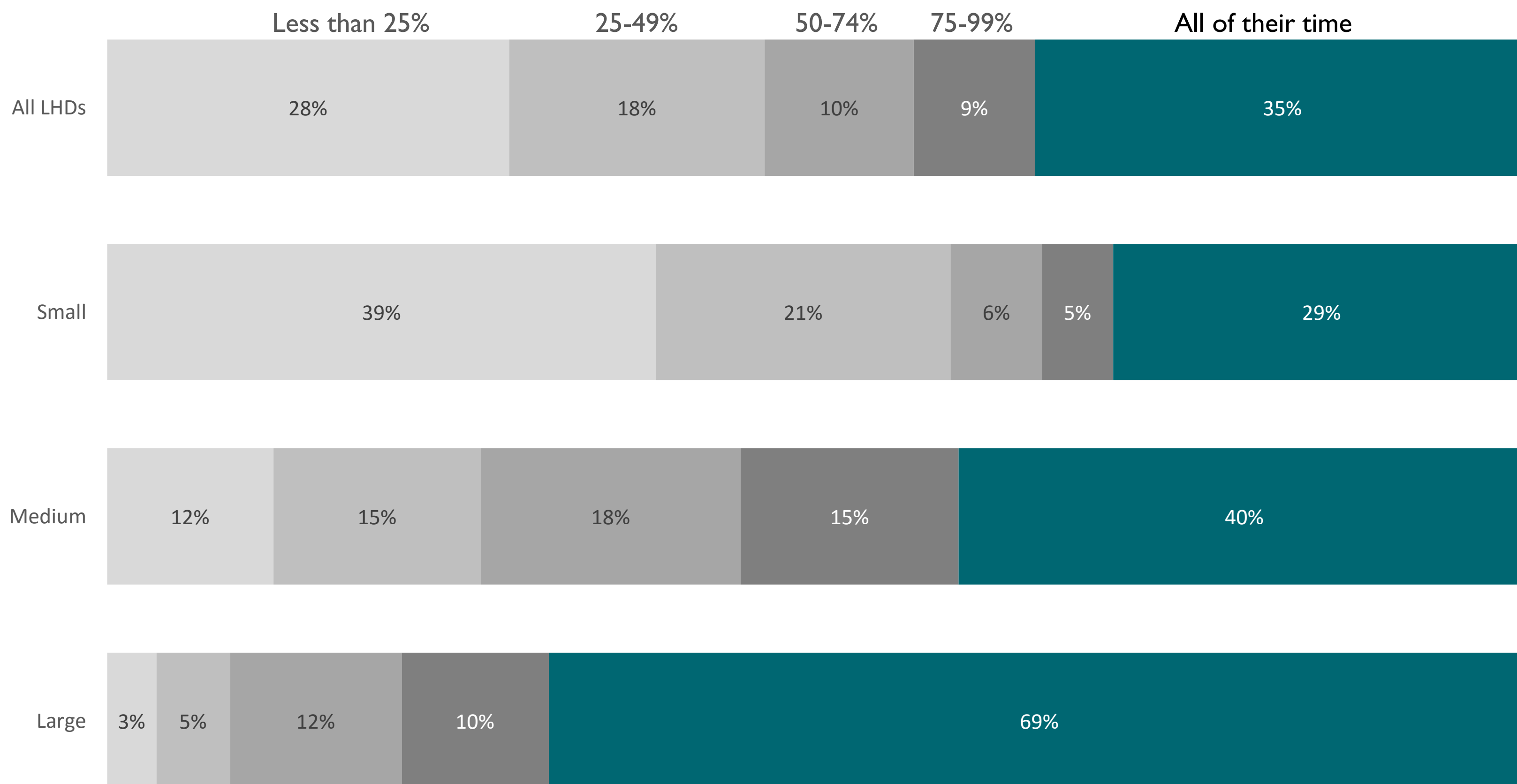
These findings illustrate the turnover within LHDs at this position and highlight the need for training and tools that meet the needs of varying levels of experience in the field.



NACCHO
National Association of County & City Health Officials

Most preparedness coordinators in large jurisdictions dedicate all their time to public health emergency preparedness

Over half of the preparedness coordinators within large jurisdictions spend all of their time on job duties related to preparedness while preparedness coordinators in smaller jurisdictions work in a number of public health areas.



NACCHO
National Association of County & City Health Officials

Many LHDs rely on PHEP funding to staff preparedness positions

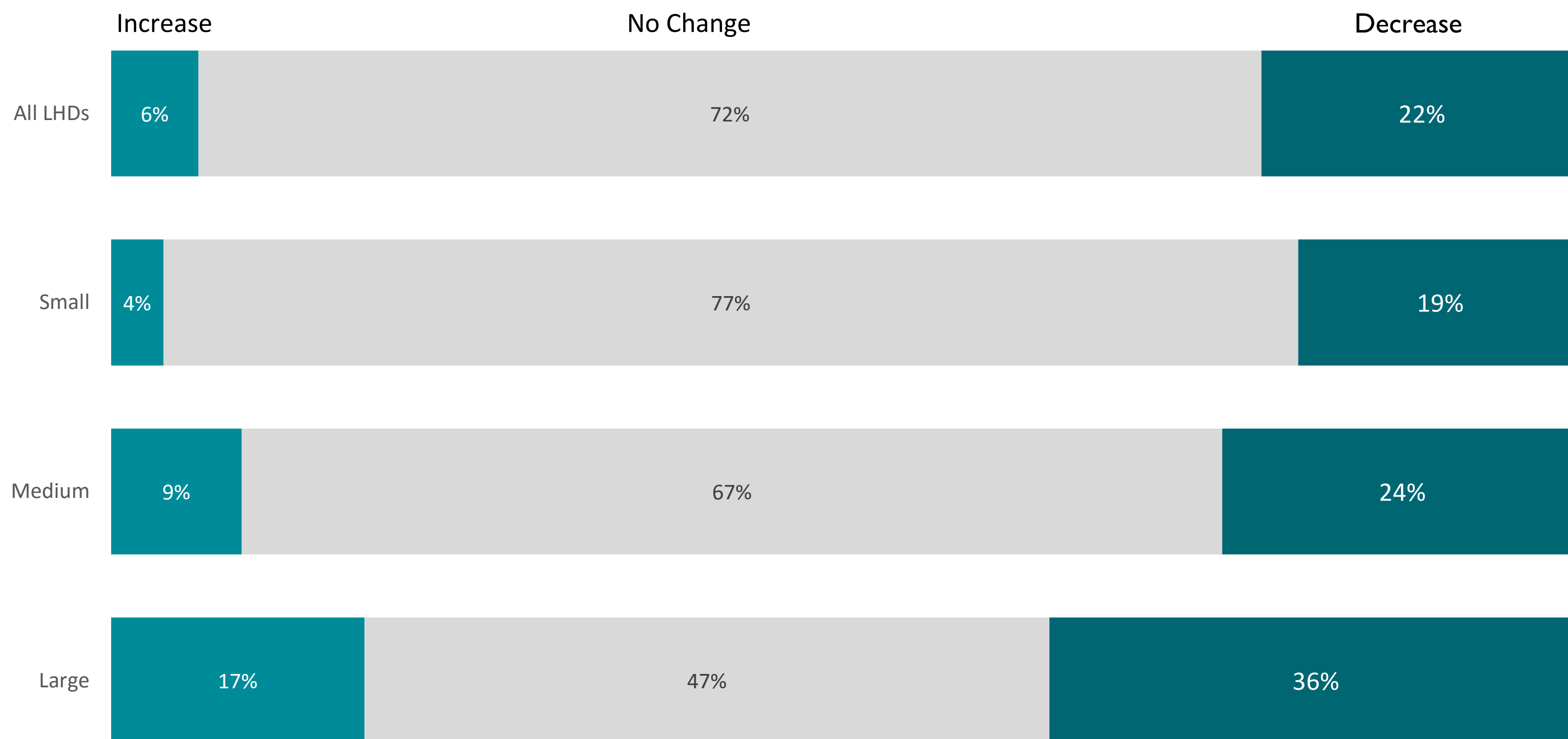
The Centers for Disease Control (CDC) and Prevention's Public Health Emergency Preparedness (PHEP) Program provides funding to state and local public health systems to strengthen their abilities to respond to a range of public health incidents and build more resilient public health systems. Regardless of jurisdiction size, 88 percent of LHDs show a significant reliance on PHEP funding to staff preparedness positions*.

Percentage of Full-Time Preparedness Staff by Salary Funding*				
	All LHDs	Small	Medium	Large
Salary Supported by PHEP funds	**88%**	**87%**	**88%**	**88%**
Salary 100% PHEP funded	62%	52%	72%	80%
Salary partially PHEP funded	61%	68%	47%	39%
Salary not PHEP funded	**25%**	**24%**	**25%**	**28%**

*Due to a low response rate on this question (n=120), the results may not be generalizable to all LHDs.

Some LHDs are reporting a decrease in staffing

Nearly a quarter of all LHDs have reported a decrease in preparedness staff over the last two years. Large LHDs have the highest decrease in staffing.



NACCHO
National Association of County & City Health Officials

Most LHDs require that non-preparedness staff be trained in preparedness topics

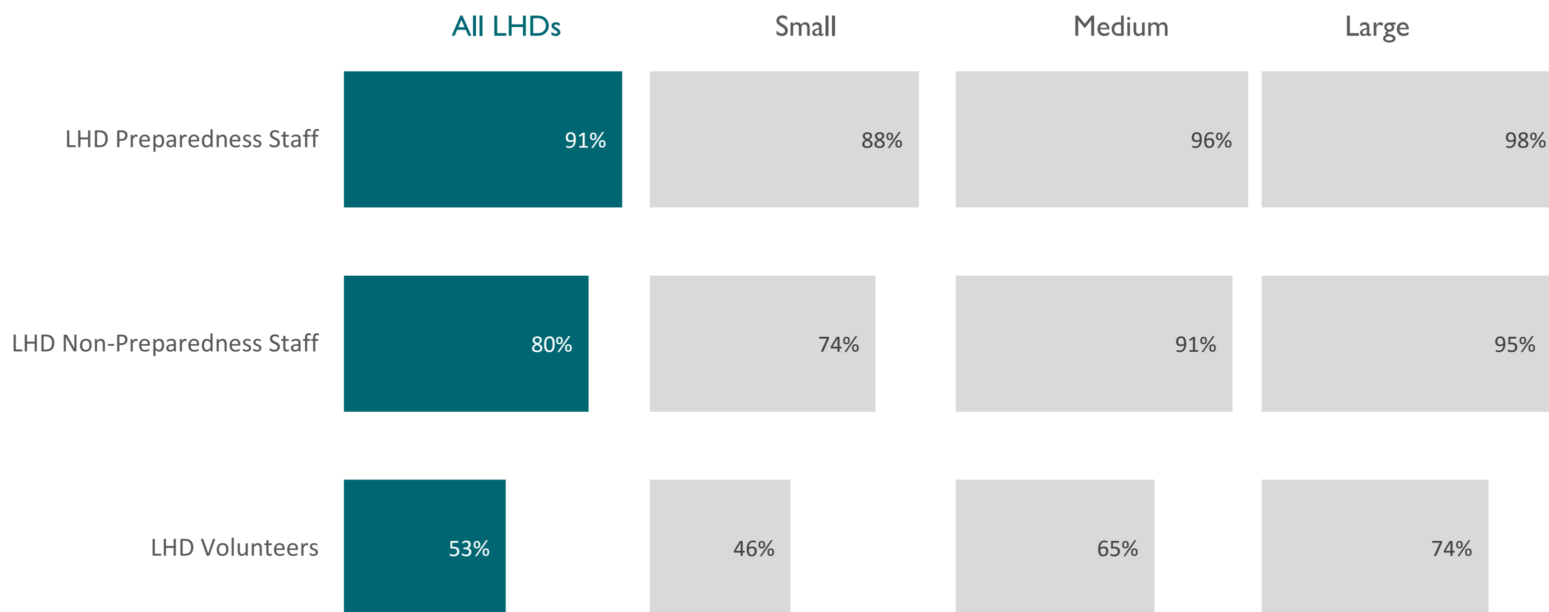
Nearly all LHDs offer or require staff without regular preparedness responsibilities to participate in preparedness training. Larger jurisdictions are more likely to make preparedness training mandatory for their non-preparedness staff.

*

NACCHO
National Association of County & City Health Officials

Most LHDs engage preparedness and non-preparedness staff to conduct drills and exercises

Across all LHDs, a majority of staff with regular and non-routine preparedness responsibilities have participated in preparedness trainings and drills over the last two years. Large LHDs are more likely to engage their volunteers in drills and exercises.



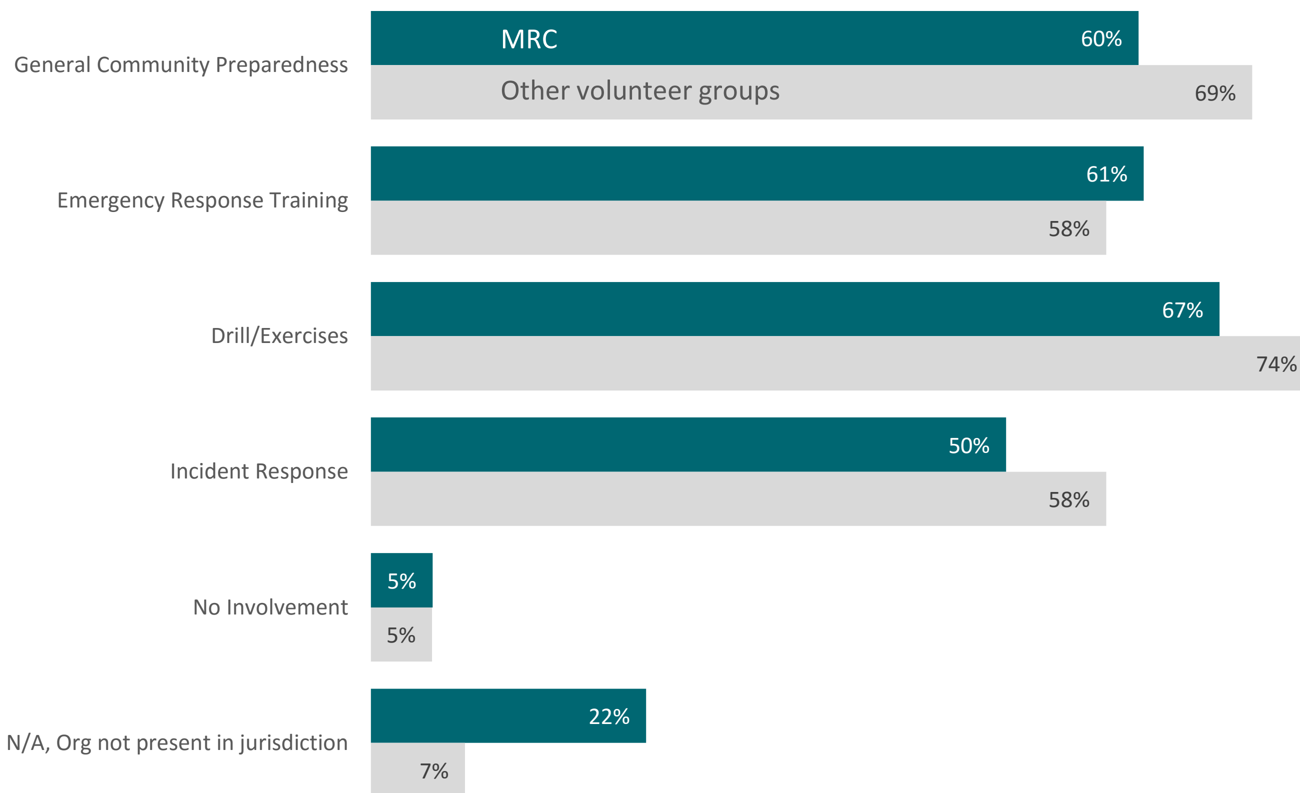
NACCHO
National Association of County & City Health Officials

Partnerships & Coalitions

Most LHDs engage their volunteer groups in preparedness activities

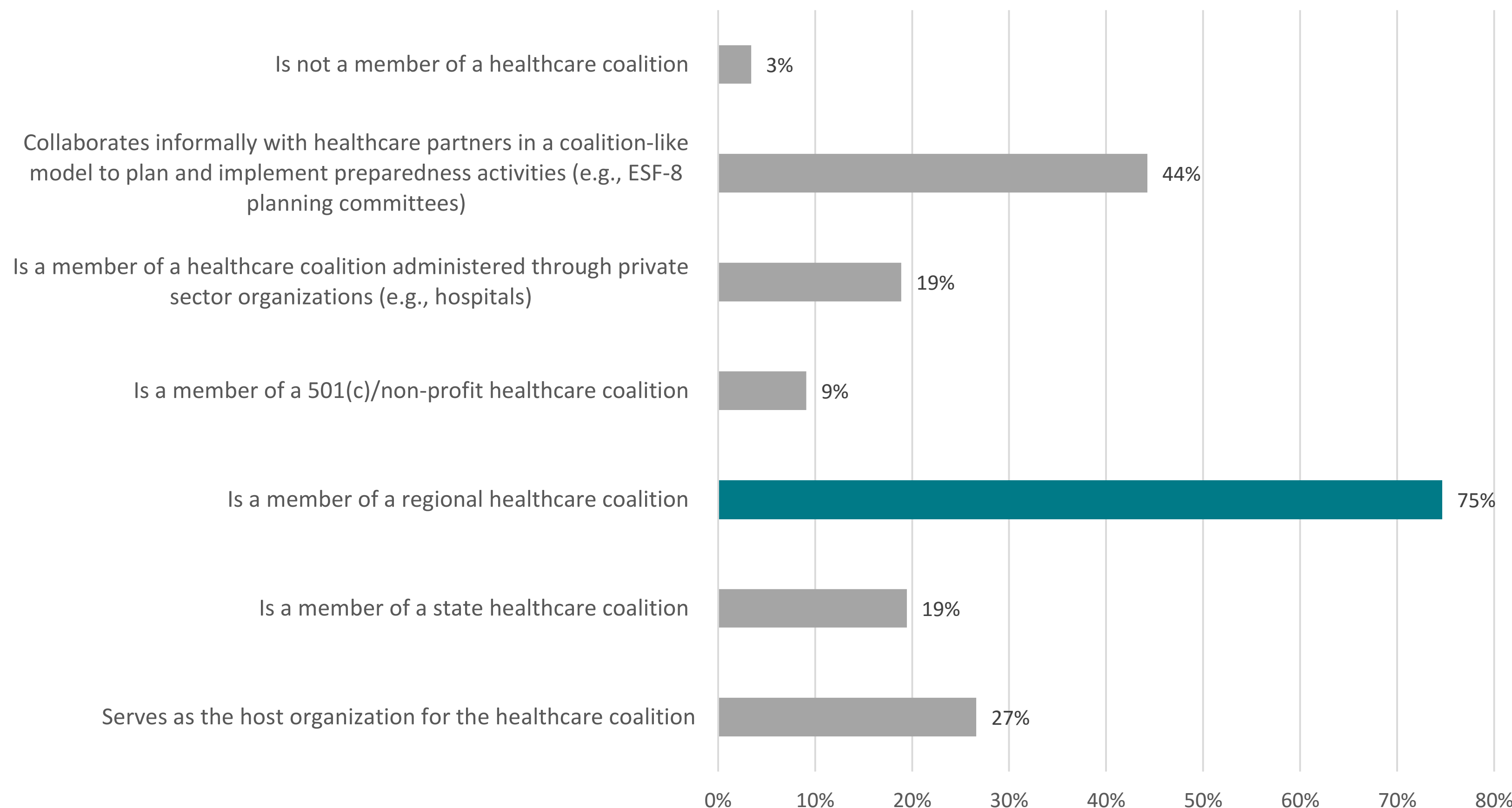
Over half of all LHDs engage volunteers in preparedness activities such as community preparedness, training, exercises/drills, and incident responses.

While most LHDs engage their Medical Reserve Corps (MRC) in preparedness activities, 27 percent reported no MRC presence with their jurisdiction or no MRC involvement in preparedness activities.



LHDs are most likely to be a member of a regional healthcare coalition

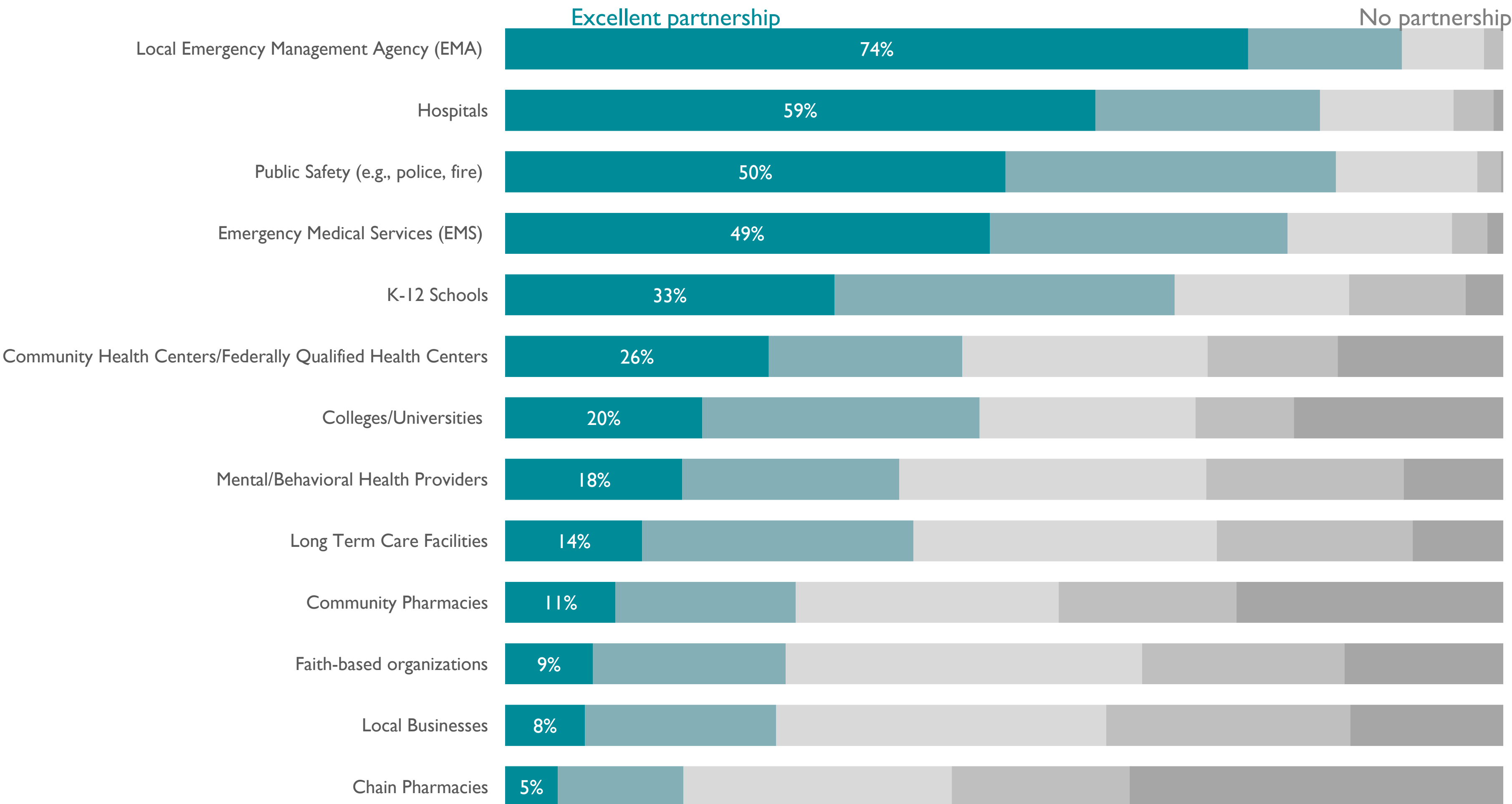
LHDs engage in healthcare coalitions in a variety of ways and can be a member of more than one type of healthcare coalition. Most LHDs are members of a regional healthcare coalition. No matter jurisdiction size, 75 percent of all LHDs reported being a member of a regional healthcare coalition while only 3 percent of LHDs reported not being engaged in any type of healthcare coalition.



NACCHO
National Association of County & City Health Officials

LHDs have excellent partnerships with traditional partners

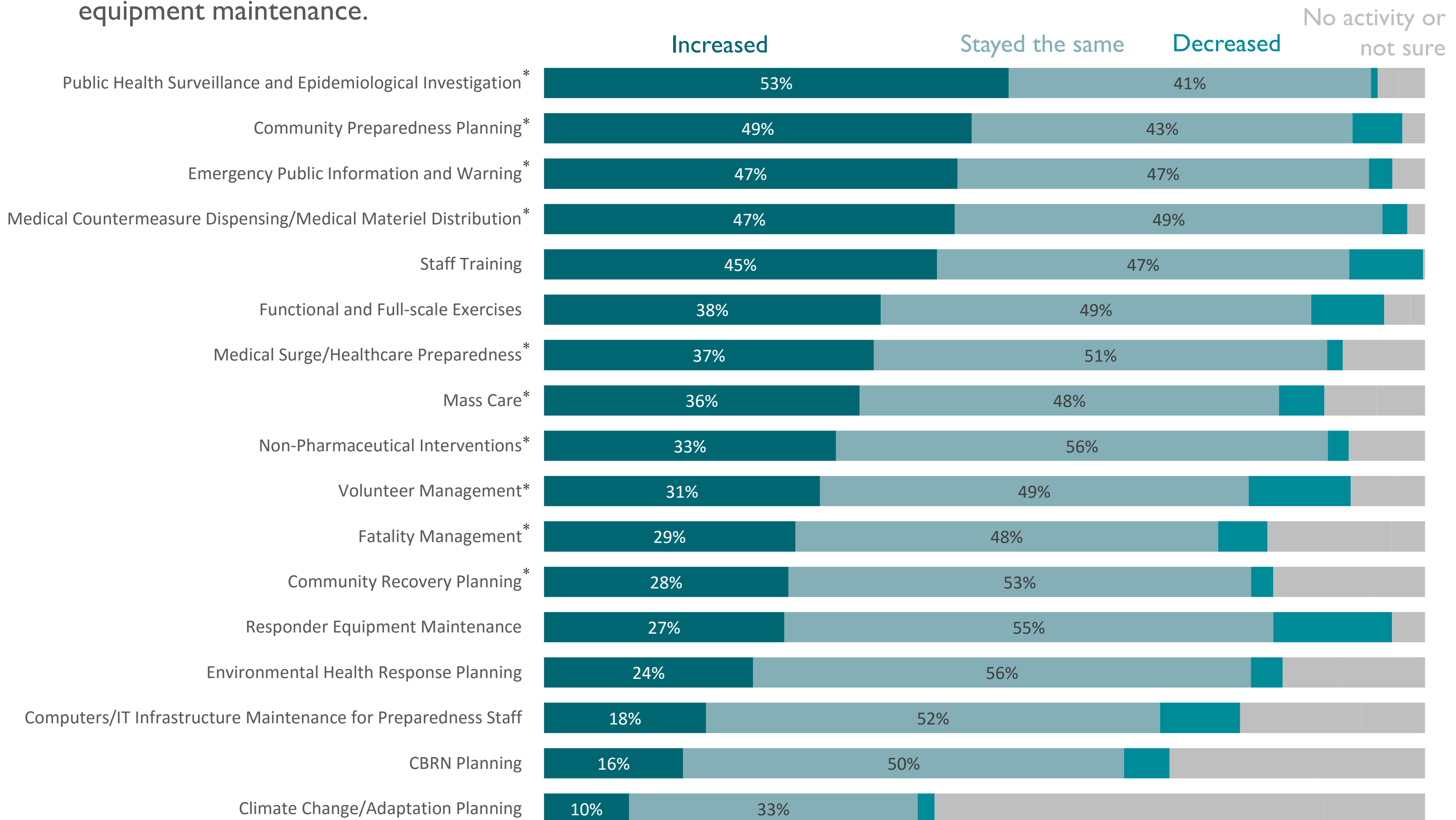
Among LHDs that reported on the strength of partnerships, most reported excellent partnerships with local emergency management, public safety, emergency medical services, and hospitals. In contrast, LHDs were least likely to report excellent partnerships with chain pharmacies, local businesses, faith-based organizations, and community pharmacies.



Preparedness Activities

Preparedness coordinators report activities increasing or staying the same

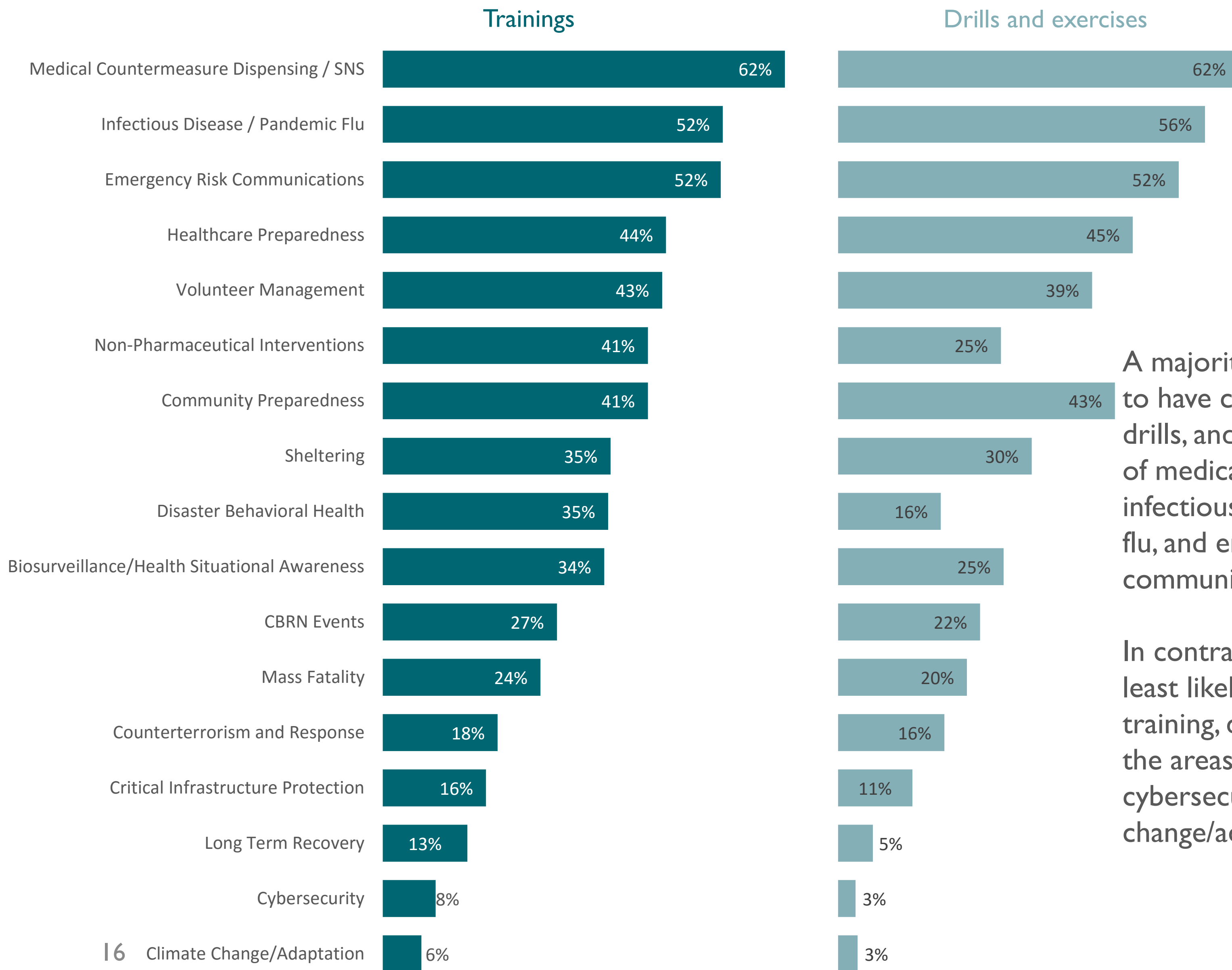
Most LHDs reported their activities increased or stayed the same on topics related to the PHEP capabilities. In contrast, LHDs reported the largest decrease in activities related to volunteer management and responder equipment maintenance.



* *Denotes activity that relates to CDC PHEP capability*

NACCHO National Association of County & City Health Officials

Many LHD trainings and drills are focused on medical countermeasures and infectious diseases



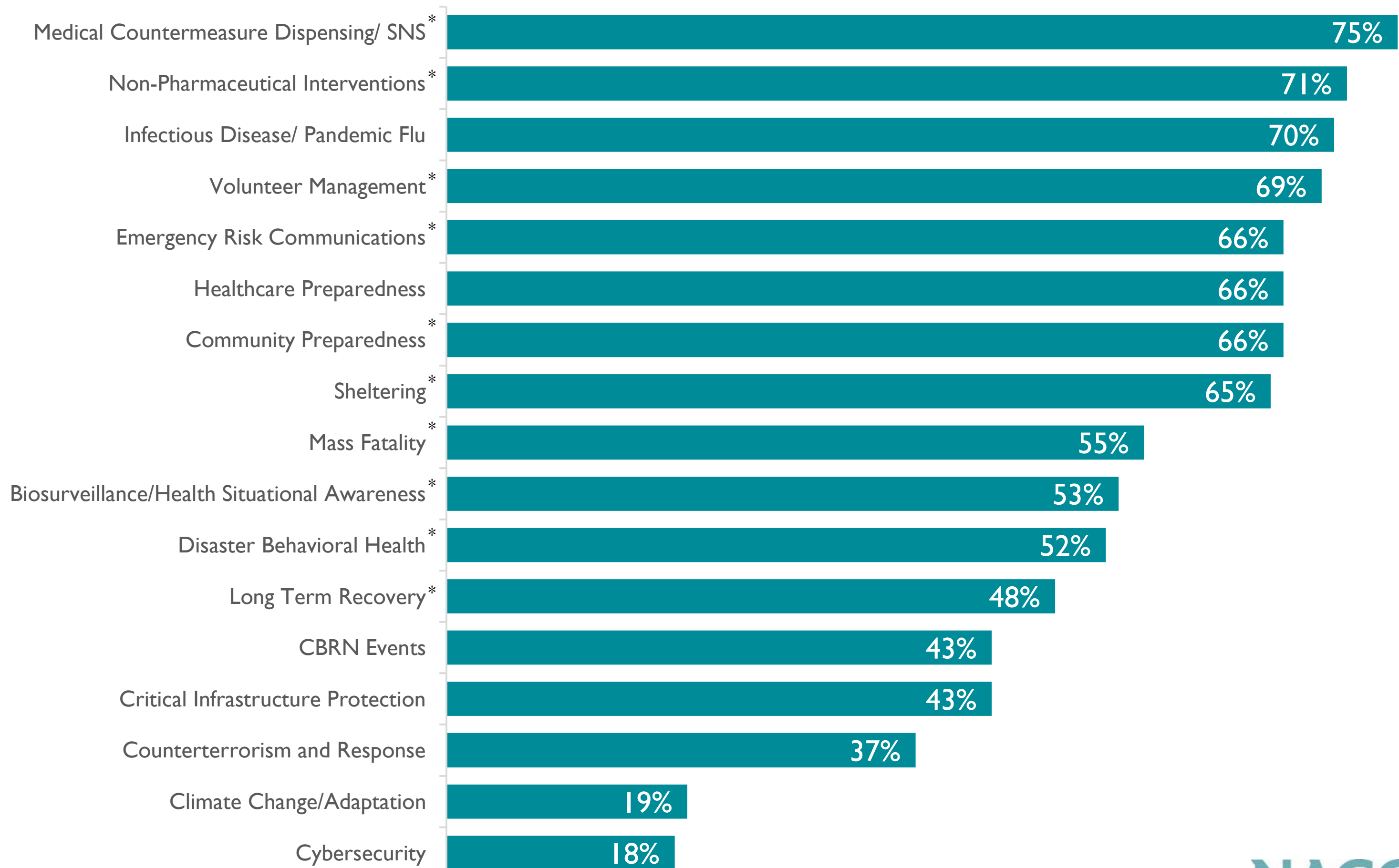
A majority of LHDs are likely to have conducted training, drills, and exercises in the areas of medical countermeasures, infectious disease and pandemic flu, and emergency risk communications.

In contrast, most LHDs are least likely to have conducted training, drills and exercises in the areas of long term recovery, cybersecurity, and climate change/adaptation.

NACCHO
National Association of County & City Health Officials

LHDs conduct preparedness planning in many areas

During the past year, most LHDs report conducting preparedness planning on topics that align with the PHEP capabilities. Less than 50 percent of LHDs are likely to conduct preparedness planning in topics that include long term recovery, CBRN events, critical infrastructure protection, counterterrorism, climate change, and cybersecurity.

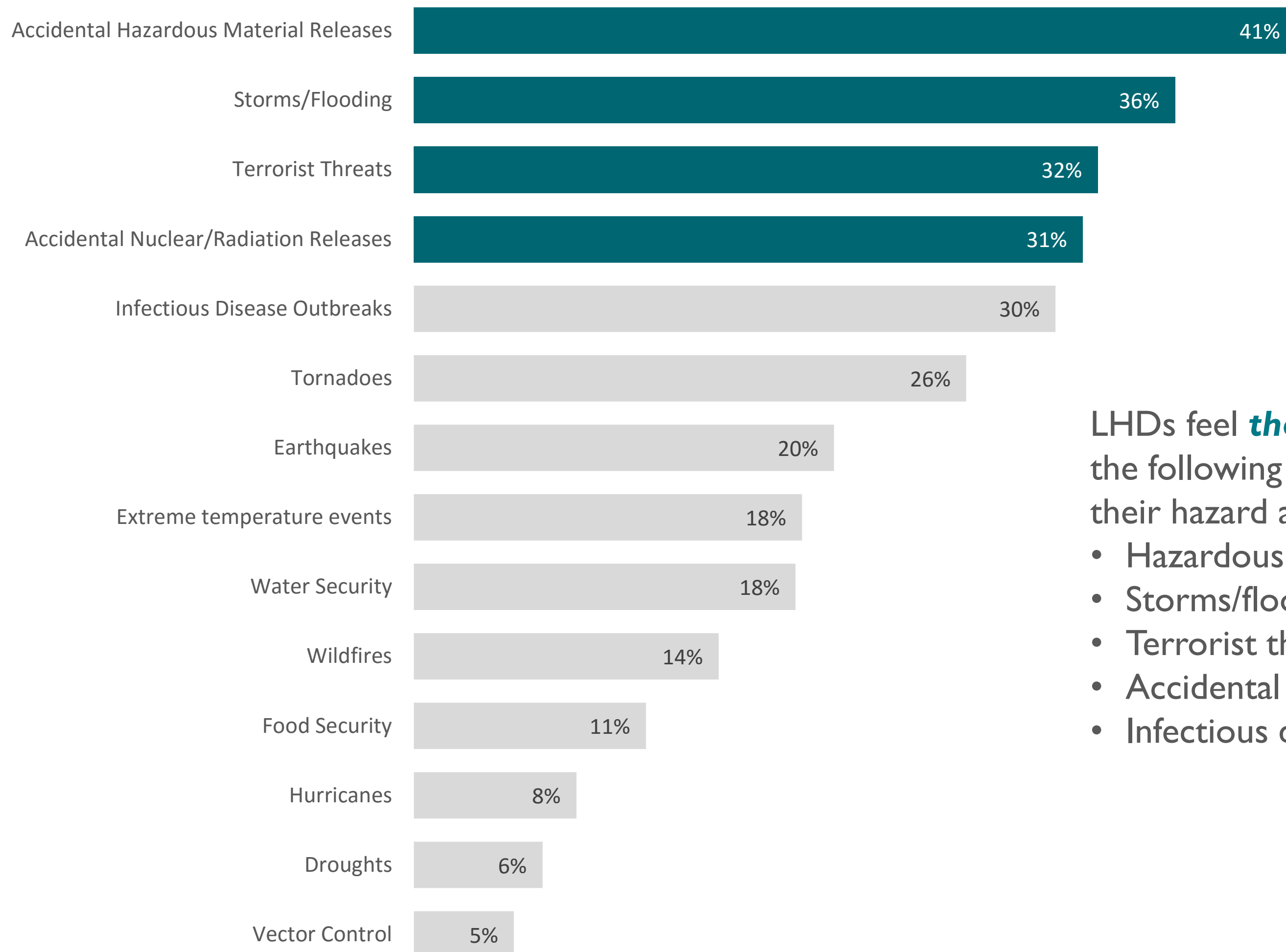


** Denotes planning topic that relates to CDC PHEP capability*

NACCHO National Association of County & City Health Officials

Hazards & Emerging Threats

LHDs feel least prepared for man made threats and storms/flooding

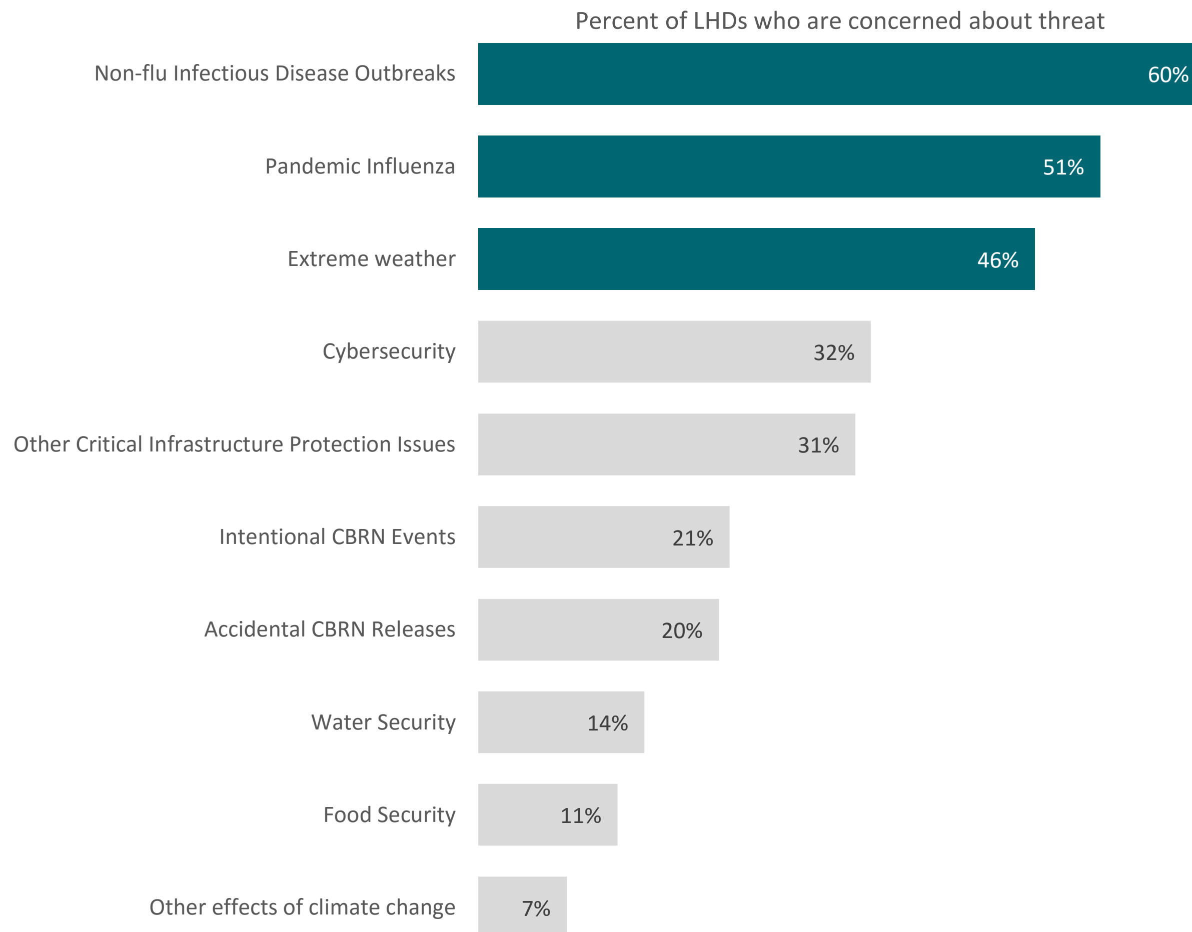


LHDs feel ***the least prepared*** to address the following ***current risks*** as identified in their hazard and vulnerability assessments:

- Hazardous material release
- Storms/flooding
- Terrorist threats
- Accidental nuclear/radiation releases
- Infectious disease

LHDs are most concerned about infectious disease outbreaks and extreme weather

The most concerning ***global emerging threats*** to LHDs are infectious disease outbreaks, including pandemic influenza, and the impacts of extreme weather.



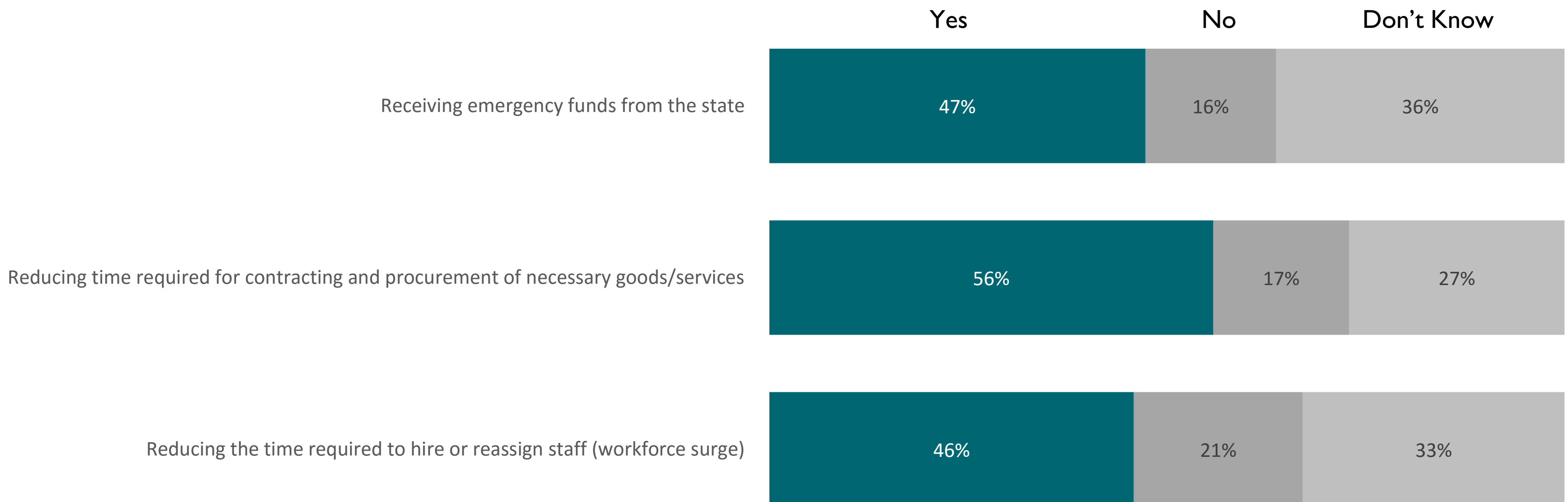
NACCHO
National Association of County & City Health Officials

Administrative Preparedness

Half of LHDs reported having expedited procedures/mechanisms in place for administrative preparedness

Administrative preparedness is the process of ensuring that the fiscal, legal, and administrative authorities and practices that govern funding, procurement, contracting and hiring can be accelerated, modified, streamlined, and accountably managed at all levels of government during a state or federally declared emergency.

Although around half of all LHDs reported having administrative preparedness procedures in place, one quarter to one third do not know if they have administrative preparedness measures in place.



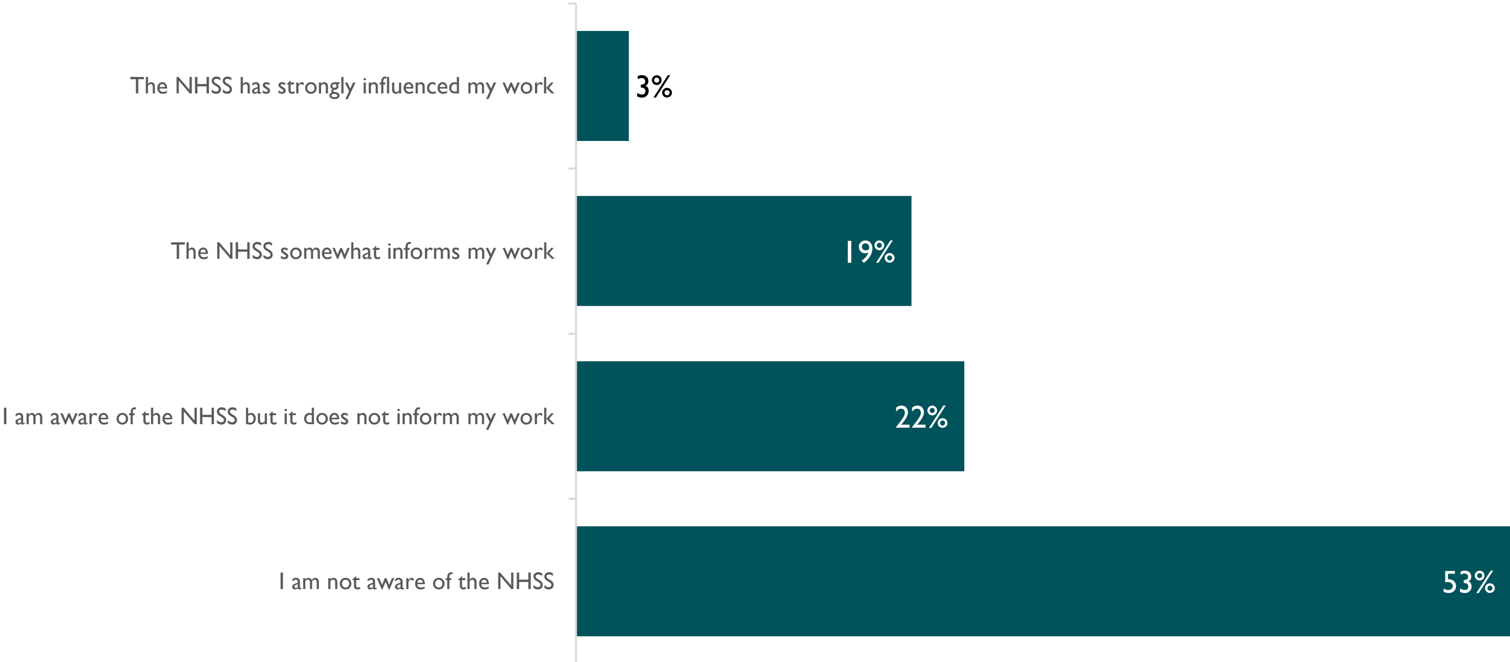
National Health Security

NACCHO
National Association of County & City Health Officials

Nearly half of LHDs are familiar with the National Health Security Strategy (NHSS)

The National Health Security Strategy (NHSS) is a comprehensive strategic approach to coordinating the nation's health security system. Developed by the Office of the Assistant Secretary for Preparedness and Response (ASPR) in collaboration with a broad range of stakeholders, the goal of the NHSS is to strengthen and sustain communities' abilities to prevent, protect against, mitigate the effects of, respond to, and recover from disasters and emergencies.

Approximately 47% of preparedness coordinators feel that their work is influenced by the NHSS.



NACCHO
National Association of County & City Health Officials

Implications for the future

This annual assessment represents a significant contribution by preparedness coordinators to the knowledge base of local public health preparedness. Outcomes from this assessment provide a better understanding of the overall state of personnel and practices at LHDs that could have implications for preparedness programs.

Furthermore, results from this assessment can help to inform preparedness priorities at the national level and influence NACCHO's preparedness activities.

Findings from the 2015 Preparedness Profile survey illustrate the strengths, gaps, and opportunities in local preparedness.

Further research is needed to better understand the training and resource needs of preparedness coordinators, awareness and implementation of federal guidance at the local level, and long term effects of funding cuts on the ability of LHDs to maintain preparedness programs and further community resilience.

Future iterations of this assessment will help to tell the story of local preparedness programs and better identify trends amongst changes in political and fiduciary landscapes.

Through this research, NACCHO will continue to educate, advocate, and promote the work of LHDs towards ensuring the health, safety, and resilience of their communities.

NACCHO Priority Areas and Recommendations

The data from this assessment provides a foundation for future public health preparedness initiatives.

Based on the data, NACCHO proposes the following recommendations and priority areas:

Preparedness Staffing:

Survey results indicate that approximately 67 percent of preparedness coordinators have been in the *field* for six years or more.

This demonstrates the need for resources and training for a range of experience levels. NACCHO offers training and mentoring programs for the LHD workforce and will continue to identify opportunities to further diversify offerings to address the range of professional development needs and skillsets of preparedness staff.

Preparedness Funding:

Regardless of jurisdiction size, 88 percent of LHDs show a significant reliance on PHEP funding to staff preparedness positions.

Decreases in PHEP funding threaten the capacity of local preparedness programs nationwide. For many LHDs, impacts of funding cuts can include staff loss, the inability to purchase necessary equipment and supplies, and the elimination of programs, leaving communities vulnerable in the event of an emergency.

As LHDs experience decreases and redirection of PHEP funding, policymakers need to be educated about the harmful impacts of these cuts to the safety and resilience of communities across the nation. More efficient funding mechanisms are also needed to ensure timely funding to support local preparedness and response capacity to emerging threats (e.g., Zika).

Partnerships and Coalitions:

LHDs were least likely to report excellent partnerships with pharmacies, local businesses, and faith-based organizations.

Many LHDs still have significant progress to make in building partnerships with non-traditional partners in preparedness and response. NACCHO will work to improve LHD community preparedness and recovery capacity by facilitating efforts to address this gap by promoting mechanisms, promising practices, and tools and resources to strengthen partnerships between public health and non-traditional partners.

44 percent of LHDs report collaborating informally with healthcare partners in a coalition-like model and only 27 percent of LHDs report serving as the host for their coalition.

More work needs to be done to understand the role of LHDs within healthcare coalitions and how they are engaged. Furthermore, additional resources are needed to help move LHDs from informal relationships into leading more structured coalitions.

NACCHO Priority Areas and Recommendations (cont.)

Preparedness Planning and Capacity:

LHDs feel the least prepared to address infectious diseases, man-made threats, and the impacts of severe weather.

Additional research, guidance, and resources are needed to support LHDs planning, training, and exercises in these key areas. NACCHO is committed to supporting LHD efforts to build preparedness and response capability in these areas by informing national policy and providing technical and capacity building assistance to our members. NACCHO will also continue to work with key federal agencies to improve situational awareness and information sharing during responses.

Administrative Preparedness:

One quarter to one third of LHDs do not know whether or not they have administrative preparedness measures in place.

LHDs should engage with local policymakers and their state health department to conduct administrative preparedness planning and implement processes for expediting the receipt of emergency funding, procurement and contracting for goods and services, and hiring or reassignment of staff during public health emergencies. NACCHO will continue to work with LHDs to increase awareness of administrative preparedness requirements, share promising practices, and encourage the development and evaluation of administrative preparedness plans.

National Health Security:

53 percent of LHDs are not aware of the National Health Security Strategy.

Increased awareness amongst LHDs is needed to better integrate the core concepts of National Health Security into their work and encourage its use as a guide to plan preparedness activities. NACCHO will continue to engage LHDs in a dialogue around national health security and build upon projects focused on communicating the core concepts of the National Health Security Strategy to LHDs.

Thank You

NACCHO
National Association of County & City Health Officials

Acknowledgments:

This document was supported by the Centers for Disease Control and Prevention (Cooperative Agreement #5U38OT000172-03).

Its contents are solely the responsibility of NACCHO and do not necessarily represent the official views of the sponsors.

For more information, please contact the Preparedness Team at preparedness@naccho.org.

Authors include Tahlia Gousse, Katie Dwyer, Sarah Summers.

NACCHO would also like to thank Carolyn Leep, Jiali Ye, Sarah Newman, Nathalie Robin, Rachel Schulman, Stacy Stanford, Nicole Dunifon, Tanya Maslak, and Laura Biesiadecki. Their support was invaluable in creating this document.

The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

1100 17th St, NW, 7th Floor Washington, DC 20036

P 202-783-5550
F 202-783-1583

www.naccho.org

© 2016. National Association of County and City Health Officials.

NACCHO
National Association of County & City Health Officials