

NACCHO 2014 Webinar Series

Improved Planning for Vulnerable Populations Through Use of Closed PODs

Thursday June 5, 2014

2:30-4:00PM ET

Conference Line: 1-866-740-1260

Passcode: 4711205



Speakers

Oakland County, MI, Health Division

Heather Blair- Emergency Preparedness Coordinator

Lindsay Javit- Emergency Preparedness Public Health Educator

St Paul - Ramsey County, MN, Public Health

Sheri Fox- Emergency Preparedness - Mass Dispensing Coordinator

NACCHO's Health and Disability Program

J.P. Mahoehey, Kendall Leser, and Anuradha Jetty- Health and Disability Program Fellows



Creating Closed Points of Dispensing *Protecting Vulnerable Populations*

Heather Blair MS, PEM
Emergency Preparedness Coordinator

Lindsay Javit
Public Health Educator



Objectives

- Protecting vulnerable populations through Closed POD planning
- The OCHD Long Term Care Committee
- Closed POD Recruitment Campaign
- Utilizing a Closed POD Toolkit
- Strategies and methods to engage partners outside of public health and strengthen community relationships



Oakland County, Michigan



Population: 1,213,050



OCHD– Emergency Preparedness Timeline

Y2K
2000



US Anthrax
Mailings
2001



SARS
Outbreak
2003



Pandemic
Flu Grants
2006



2001
Terrorist
Attacks



2003
Blackout



2005
Hurricane
Katrina



2009
H1N1
Pandemic

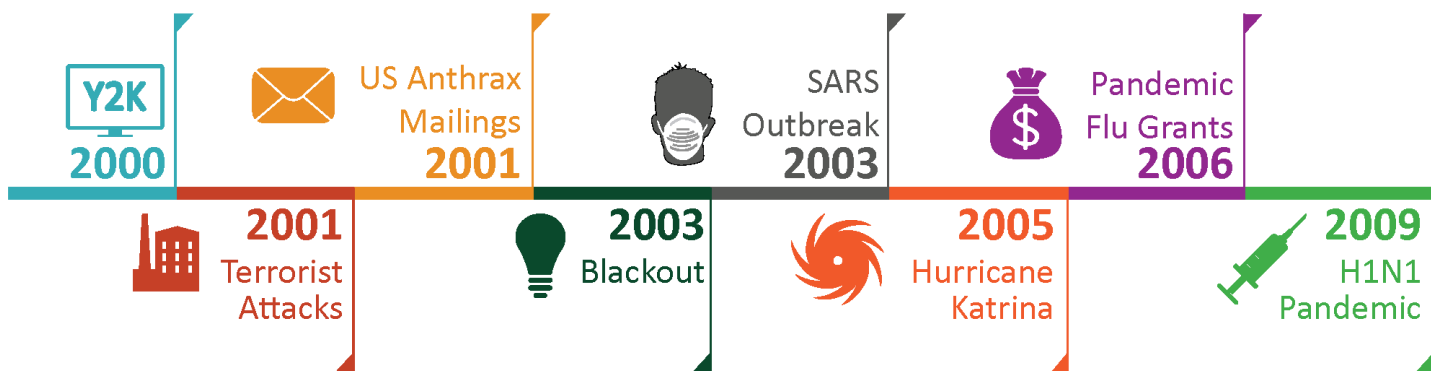


Mass Vaccination Clinics





H1N1 Pandemic 2009



- Intense public demand for the vaccine
- Challenged to ensure equitable vaccine distribution
 - 339 Medical Providers
 - 69 Pharmacies
- Unique challenges for vulnerable populations accessing Open POD's



Lessons Learned from H1N1 – Open PODs

Geisler Middle School Clinic



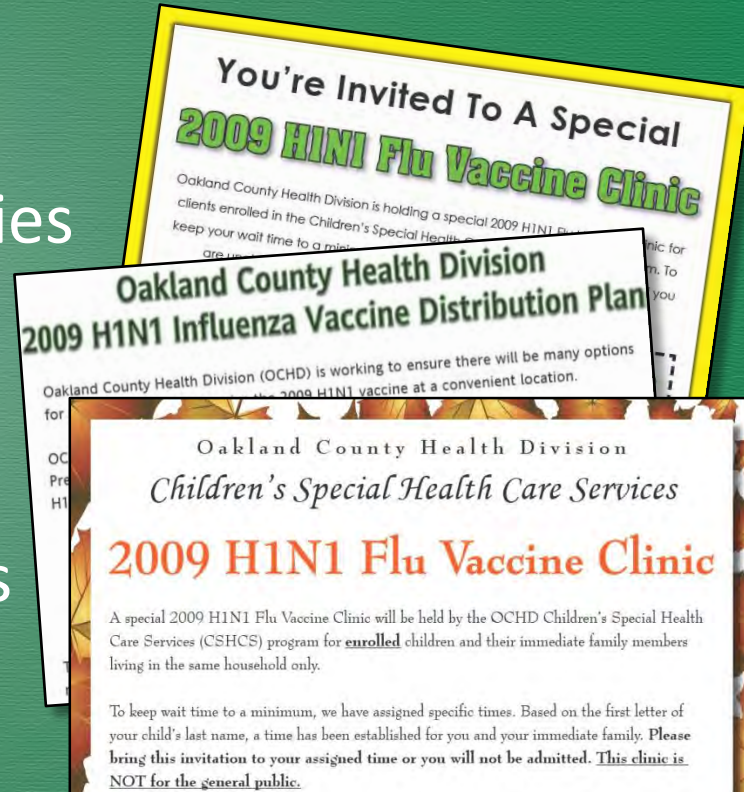
Lessons Learned from H1N1 – Open PODs

Palace of Auburn Hills Clinic



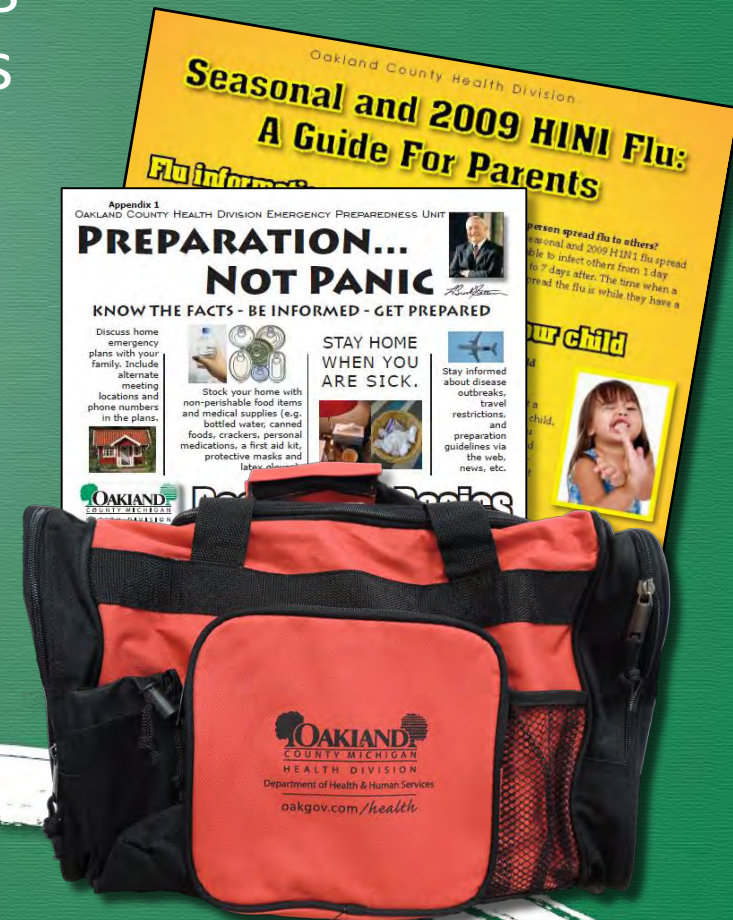
Addressing Challenges for a Vulnerable Population

- 2,600 Children Special Health Care Services Program enrollees
- 4 clinics served special needs families
- Vaccinations given in homes
- 3,500 families sent special fliers
- Online pre-registration allowed for the reduction of wait time at clinics
- Materials distributed at clinics



H1N1: Lessons Learned from CSHCS Clinics

- Emergency preparedness planning materials well received by families
- Identified need for additional education to engage families in emergency planning
- Identified need for step-by-step planning guide to assist families



Collaborating to Improve Preparedness in Special Needs Families

- CSHCS Nurses
 - Our link to families and feedback
- Oakland County Medical Control Authority
 - Our link to EMS providers
- Oakland County Homeland Security
 - Our link to general disaster preparedness information
- American Red Cross
 - Reference material



Preparing for a Medical Emergency

- List possible emergencies related to child's condition
- Plan ahead for emergency room visits
- Create an emergency response plan with your child's primary care provider
- Contacts lists



Establishing Closed POD Partners

- Identify vulnerable populations and support organizations
- Develop closed POD planning strategy



Long Term Care Conference

One day conference held in March 2011

- Forming an alliance
- Triage and Transportation
- Emergency Management
- Regional Support
- Foodborne Outbreaks
- Investigation Process



Oakland County Health Division
Long-Term Care Facility
Partnership Committee



JOIN US
FOR OUR FIRST MEETING

May 17, 2011 @ 8:30 am
Oakland County Health Division
1200 N. Telegraph Bldg. 34 E
Pontiac, MI. 48341



Long Term Care Partnership Committee

- Developed in 2011
- Consistent participation with 25 of 41 facilities
- Agendas for monthly meetings were likened to “mini conferences”
- CEUS for Nursing Home Administrators



Maintaining Relationships



- Consistency with partners
- Set meeting days and stick with them
- First Tuesday of every month, quarterly, etc.
- Touch base often, either phone, email, face-to-face
- Send meeting material mailers out every month whether facility attends the meetings or not



Communicating With Partners

- GovDelivery
- Email/Portal
- Social media messages/links
- Resources
- Monthly communication tests (MIHAN)

HEALTH AND HUMAN SERVICES COMMUNICATION PORTAL

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 - Incident Manager
 - Search Incident
 - Add Incident
 - Follow Up List
 - My Follow-Ups
 - All Follow-Ups
- Feedback
- Discussion Board
- Reports
- Fact Sheets
- Training & Resources
- Health Division Home Page



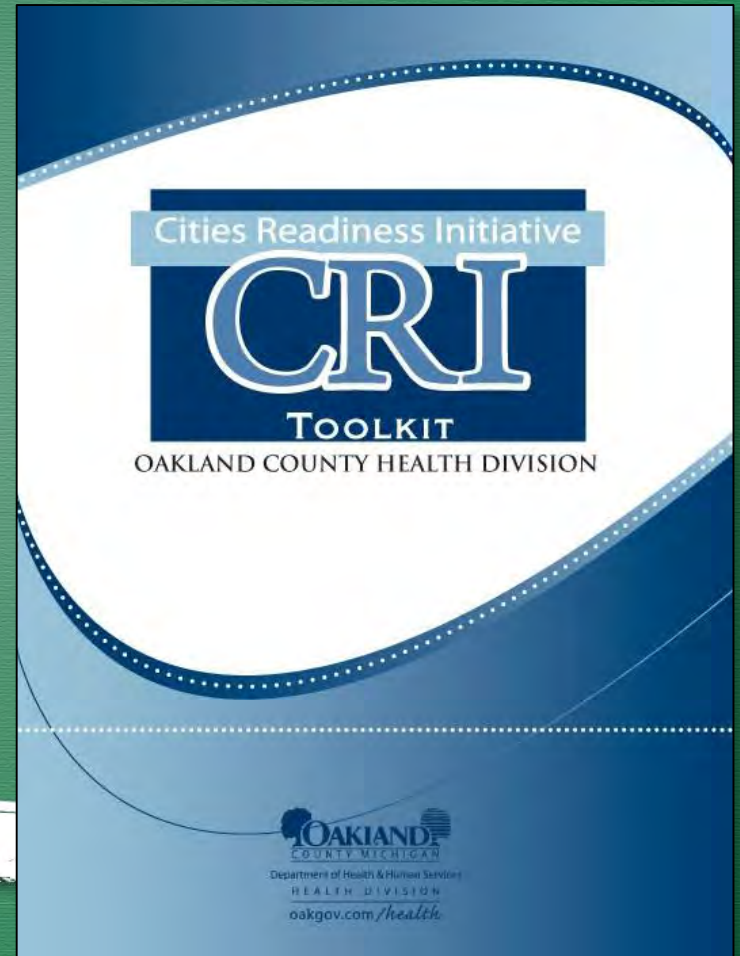
Benefits of Partnerships

- Fueled the development of the Closed POD Toolkit so it is adaptable to all organizations, not just LTC facilities
- Multi-agency partnerships between LTCs, OCHD, OCHSD, and OCMCA
- Countless connections to resources and programs previously unknown



Original Closed POD Toolkit

- Workbook format
- Detailed instructions
- Key roles and responsibilities
- Templates
- Trainings



Full-Scale Exercise with LTC Partners



Challenges Faced When Completing Plans

- Failure to complete required FEMA trainings
- Delay in HVAs
- Length of time to complete plans, no established timeline
- No consistent POD training materials for partners



Closed POD Marketing Kit

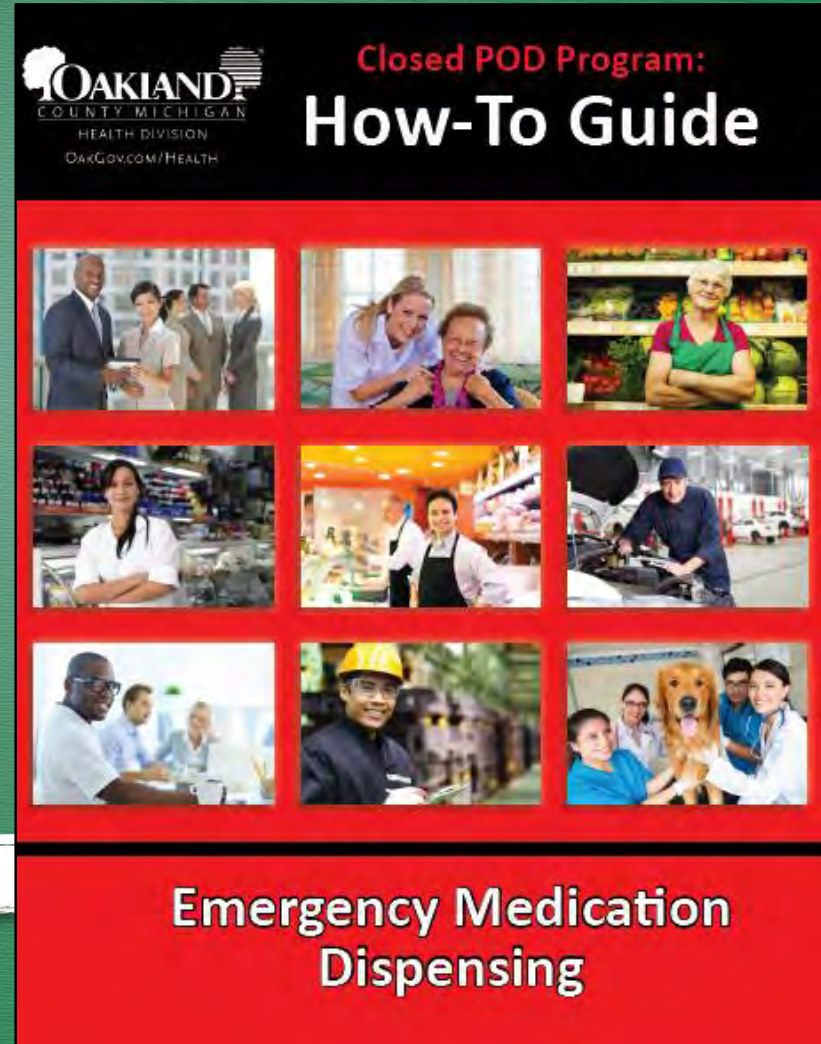
- Hold initial meeting with potential Closed POD partner
- The Closed POD plan is no longer presented at the first meeting
- Closed POD partner receives a Closed POD marketing kit



Closed POD Marketing Kit

How-To Guide

- What is a Closed POD?
- Why become a Closed POD?
- Lays out steps for POD activation/deactivation
- States the responsibilities for all parties



Closed POD Marketing Kit

Welcome Letter

- Oakland County Health Officer's letter/signature
- Thanks partners for taking steps to become a Closed POD
- Makes the partnership more personable



Closed POD Marketing Kit

Liability and FAQs

- When would a Closed POD open – weekends, holidays, after hours, etc.?
- Who would be covered?
- What if an employee lives outside of the county?
- What is our liability?



OAKLAND COUNTY HEALTH DIVISION

Coming together is a beginning, staying together is progress, and working together is success ~ Henry Ford

Frequently Asked Questions

What is the liability for providing medications to employees and their family members?

Liability issues are a common concern that employers have when they provide medications to their employees. It is important to understand the liability issues that may arise when providing medications to employees and their family members. The following information is provided to help employers understand the liability issues that may arise when providing medications to employees and their family members.

Could some parts of the region be affected more than others?

Health emergencies can vary dramatically depending on factors such as weather, the disease, the mode of transmission, etc. It is entirely possible that some parts of the region may be required to provide emergency medications to others may not. OCHD will use epidemiology—the study and/or investigation of diseases and outbreaks in a defined area or population—to determine the full impact of a public health emergency. Please be aware that even in an emergency event might occur, the services of a Closed POD may not be needed. OCHD will provide updated information throughout the event.


What if employees work in Oakland County, but live in another county?

The plan is intended to cover all employees who work for our organization no matter where they reside. If an employee is unable to report to work, they may go to an Open POD in their resident county.

What happens after dispensing operations are completed?

After notifying OCHD that you have completed your medication dispensing, you will be instructed to transition inventory and provide the following to OCHD: any unused medications; Copies of all Head of Household medication screening forms.

Liability Protection for Public Health Partners



Cities Readiness Initiative CRI

888-858-1318

Office of Public Health Preparedness and Response
Division of Strategic National Stockpile

Closed POD Marketing Kit

Letter of Commitment

- States responsibilities of OCHD and Closed POD partner
- Holds partners to a 30 day timespan to complete plans
- Signed by OCHD Health Officer and Closed POD representative

**Oakland County Health Division
CLOSED Point of Dispensing (POD) Commitment Letter**

This Closed POD Commitment is between _____
(Closed POD Organization) and the Oakland County Health Division (OCHD).

The Centers for Disease Control and Prevention (CDC) has established the Cities Readiness Initiative (CRI) program to assist specific metropolitan areas in the event of a catastrophic biological incident. The CDC, through the Michigan Department of Community Health, will provide the Strategic National Stockpile (SNS), which includes medications and medical supplies, to OCHD for the residents of Oakland County, Michigan. The Closed POD Organization's participation is completely voluntary and may not be utilized during all emergencies.

By signing this commitment letter, the parties involved agree to the following:

Closed POD Organization:

- Will develop a Closed POD plan within 30 days of signing this commitment. The plan provides a structure for dispensing medications to Closed POD Organization's employees, identified household family members, and residents/patients as approved by OCHD.

Oakland County Health Division:

- Will allocate pre-determined quantity of medication and medical supplies to be picked up by the Closed POD Organization.
- Will provide Closed POD Organization with pre-event planning and technical assistance, including, but not limited to, activation checklists, fact sheets, medication screening forms, and medication information sheets.
- Will provide Closed POD specific training/education opportunities to identified staff of Closed POD Organization as requested.

Signatures

Oakland County Health Division Health Officer

Date

Closed POD Organization Representative

Date



Closed POD Marketing Kit

Advertising Card

- Two-sided 4x6 card used to advertise Closed POD planning at public events
- Cost-effective method to advertise the project
- Includes contact information



By [] with peace of mind during a crisis because they know that their employer, organization, or association has taken the "extra step" and conducted the necessary coordination and planning prior to an event.

Why become a Closed POD?

- Ensures hard-to-reach or at-risk populations receive medication in a timely manner
- Compliments facility Emergency Preparedness Plans
- Is beneficial to employee health and safety
- Exhibits commitment to the community
- Provides a valuable service to employees and others
- Creates partnerships with local and federal agencies
- Helps organizations maintain Continuity of Operations and aids them in becoming more resilient during and after an emergency

Oakland County Health Division | 1200 N Telegraph 34E Pontiac, MI 48341
Phone 248.858.1318 | Fax 248.452.2111 | oakgov.com/health



Getting Back to Business

Partner Testimonial Video



Closed POD Toolkit – 2nd Edition

- Broken into two sections
 - Closed POD 101 a “Coach’s Manual”
 - Closed POD Plan
- Simplified terminology throughout
- Provided more visual examples
- Removed LTC focus to make it adaptable for all agencies



Closed POD Toolkit – *Closed POD 101*

- Cities Readiness Initiative
- Strategic National Stockpile
- POD setup/process
- Activation/deactivation
- Can be used as JITT

Cities Readiness Initiative (CRI)

The Center for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI) is a federally funded program designed to enhance preparedness in the nation's major metropolitan areas where more than 57% of the U.S. population resides. The CRI began in 2004 with 21 cities and has expanded to 72 cities with at least one CRI city in every state.

The initial CRI planning scenario was based on a response to a large-scale anthrax attack. Through continued analysis and lessons learned, it became apparent that CRI cities needed to be better prepared to also respond to other public health emergencies. The Pandemic and All-Hazards Preparedness Act of 2006 (P.L. 109-417) emphasizes an all-hazards approach to public health preparedness planning.

Through CRI, state and large public health departments have developed plans to quickly receive and distribute medicine and medical supplies from the Strategic National Stockpile (SNS) to local communities following a large-scale public health emergency within 48 hours.



Past responses using SNS supplies

- September 11, 2001: World Trade Center
- October 2001: Anthrax response
- August-September 2005: Hurricane Katrina
- 2009 H1N1: Release of Antivirals to states most at risk

The Strategic National Stockpile (SNS)

The SNS is a national supply of medications and medical supplies for emergency situations such as a bioterrorism attack or public health disaster. Within 12 to 24 hours, the CDC can deploy a large shipment of supplies, known as a 'push-pack,' anywhere in the US to supplement and re-supply state and local



Family Preparedness Toolkit

- General family preparedness: How to Build A Kit, Make A Plan, and Stay Informed
- Media resources for staying well informed and connected during a disaster
- Applicable to individuals or families
- Broken into tabbed preparedness sections



Family Preparedness Toolkit

Preparedness Sections

- Preparedness for individuals with special needs
- Preparedness for seniors
- Preparedness for infants and children
- Pet preparedness
- Mental Health Preparedness



Expanding Closed POD Partnerships

Community Mental Health Authority

- Existing relationship with CMH
- 10 contract agencies for 22,000 consumers:
 - Developmental Disability
 - Mental Health Illness
 - Children with Serious Emotional Disturbance and their families
 - Substance Abuse Disorders
- CMH/Public Health Liaison



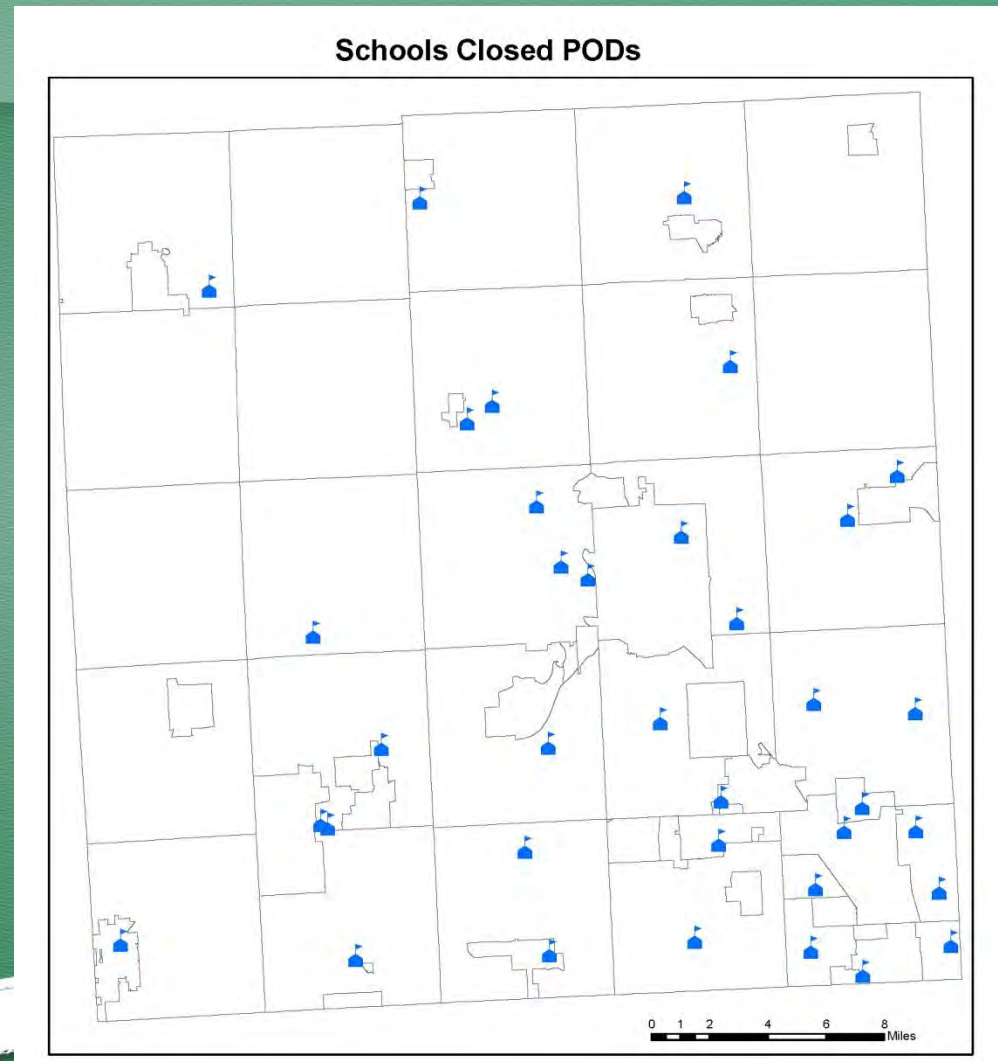
OC Community Mental Health: A Phase Approach

- **Phase 1**
 - CMH, Provider Network staff and families
- **Phase 2**
 - Group homes
- **Phase 3**
 - Independent living



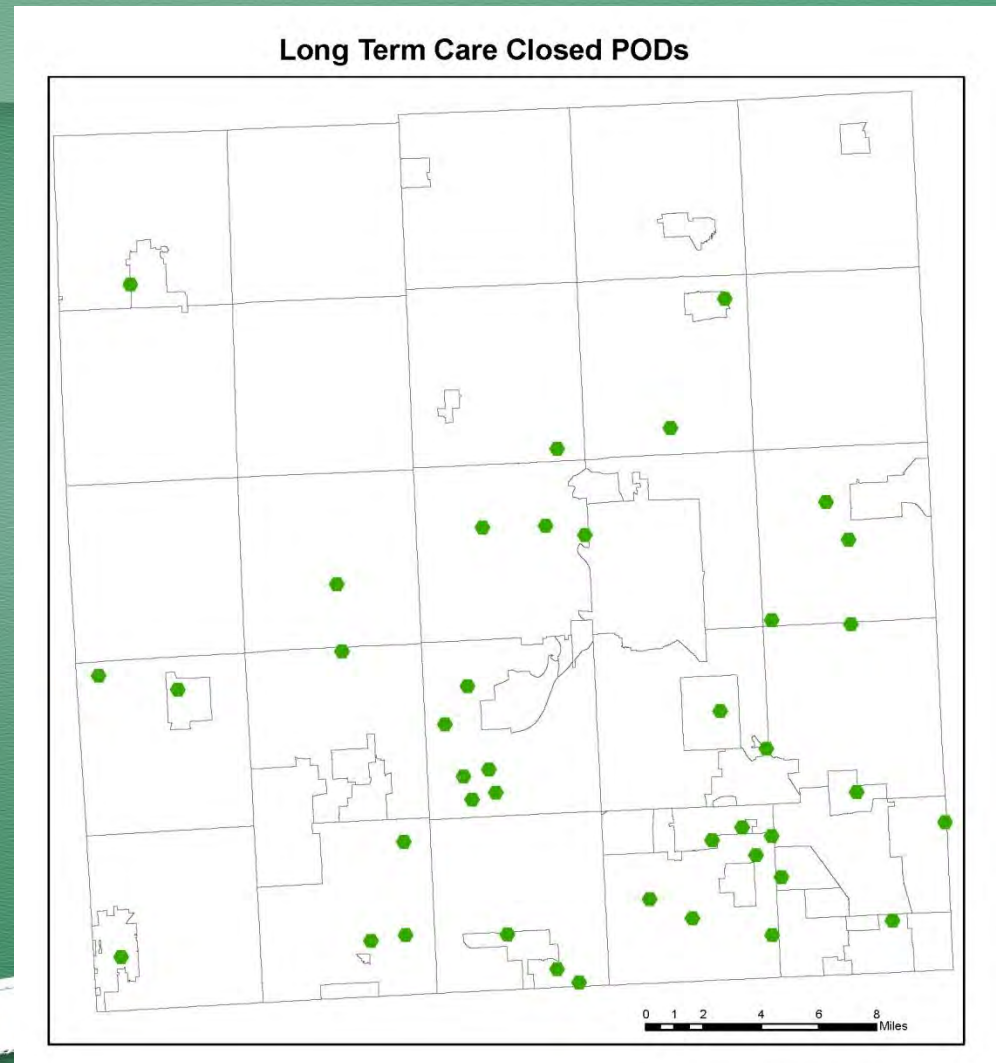
School Closed PODs

- 28 School Districts
- 384,570 Students
- 24,000 Special Education Students
- 103,500 Employees and Family Members



LTC Closed PODs

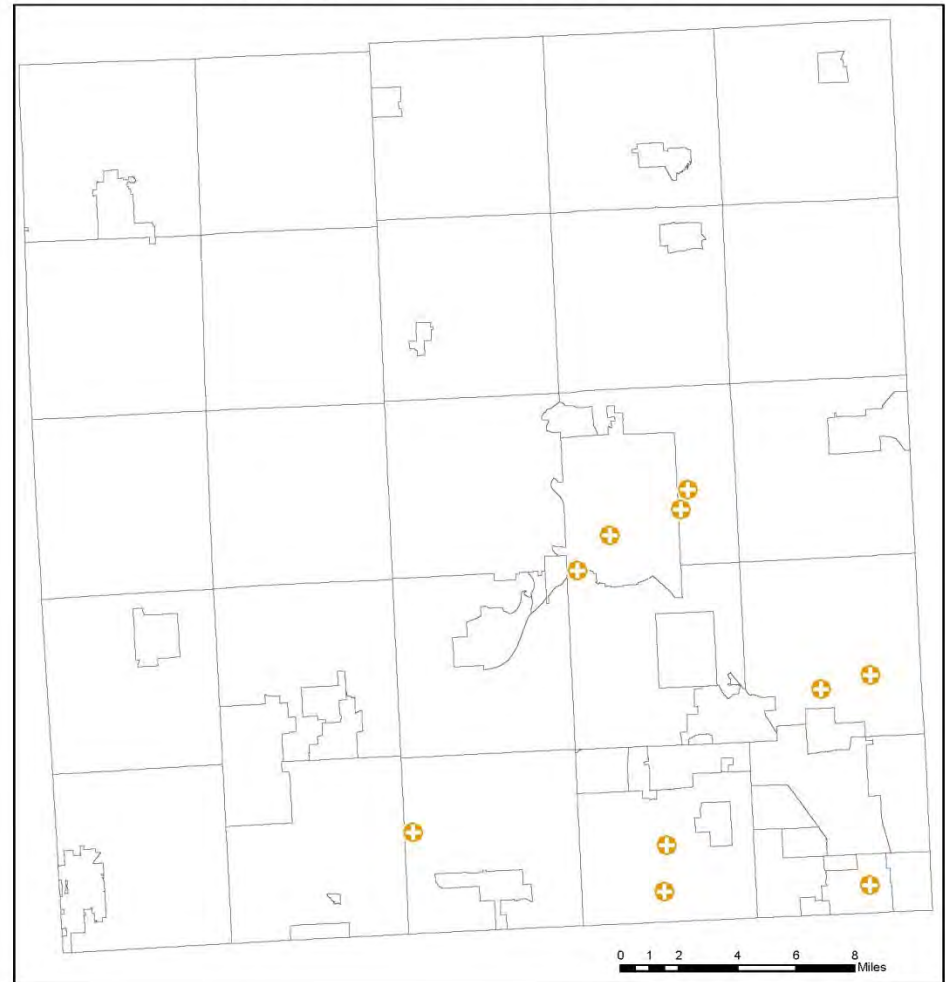
- 41 LTC Facilities
- 11,693 Personnel and Family Members, Residents



CMH Closed PODs

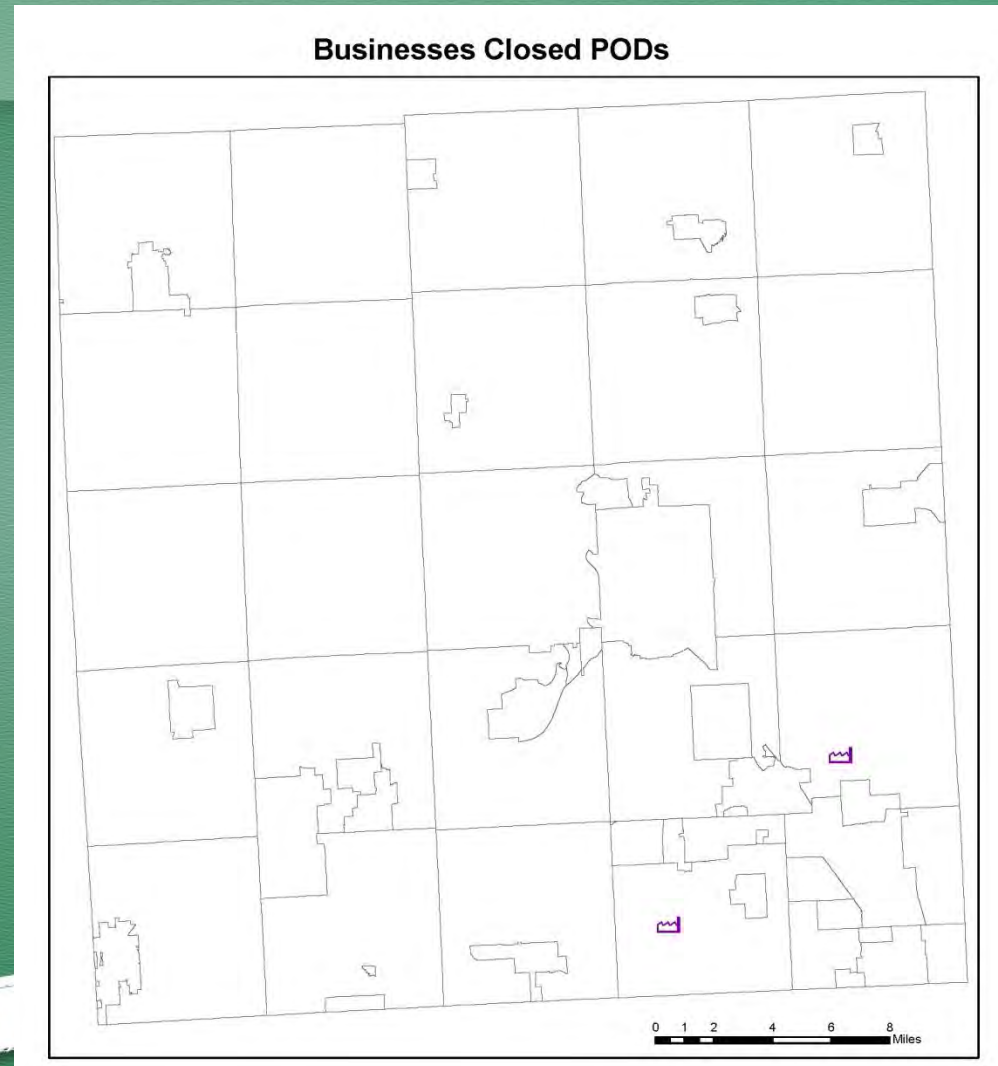
- 10 Providers
- 7,666 Personnel & Family Members

Community Mental Health Closed PODs



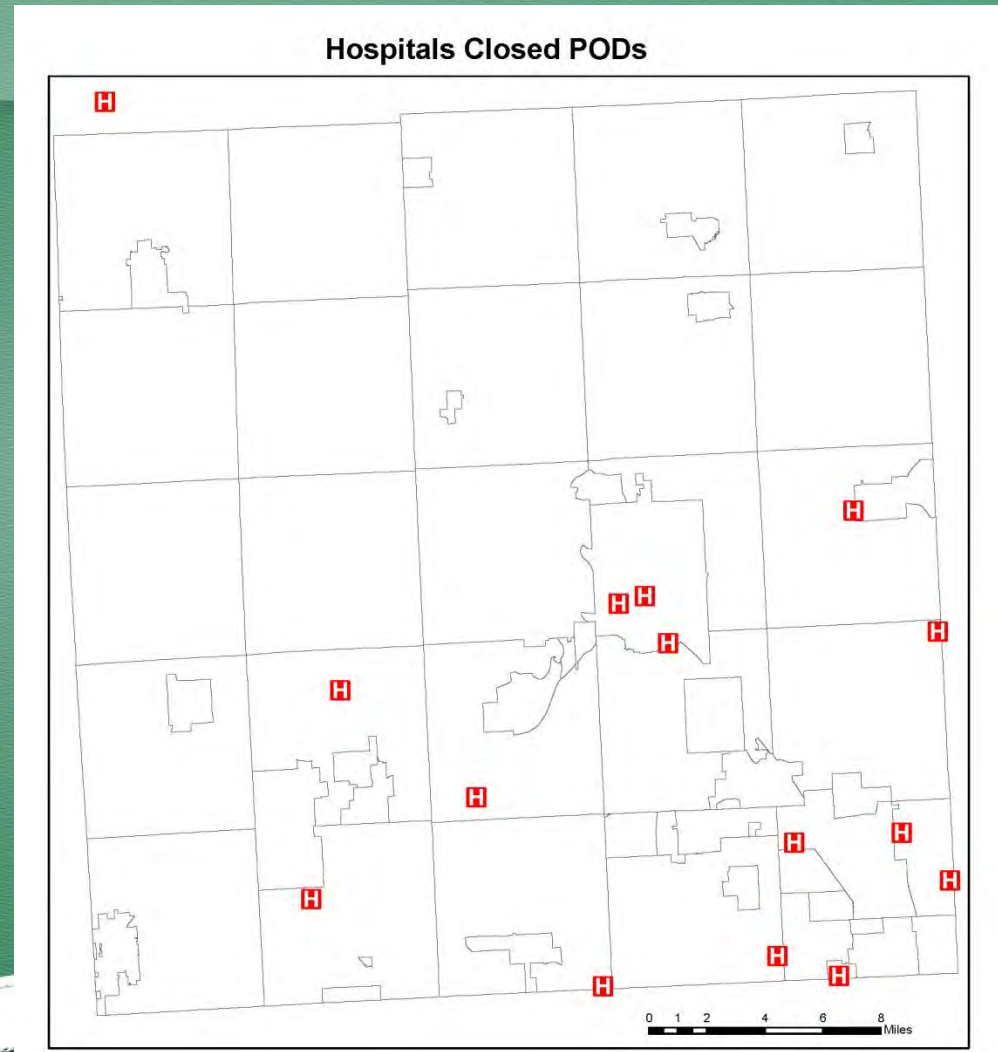
Businesses Closed PODs

- 2 Businesses
- 1,575 Staff & Family Members



Hospital Closed PODs

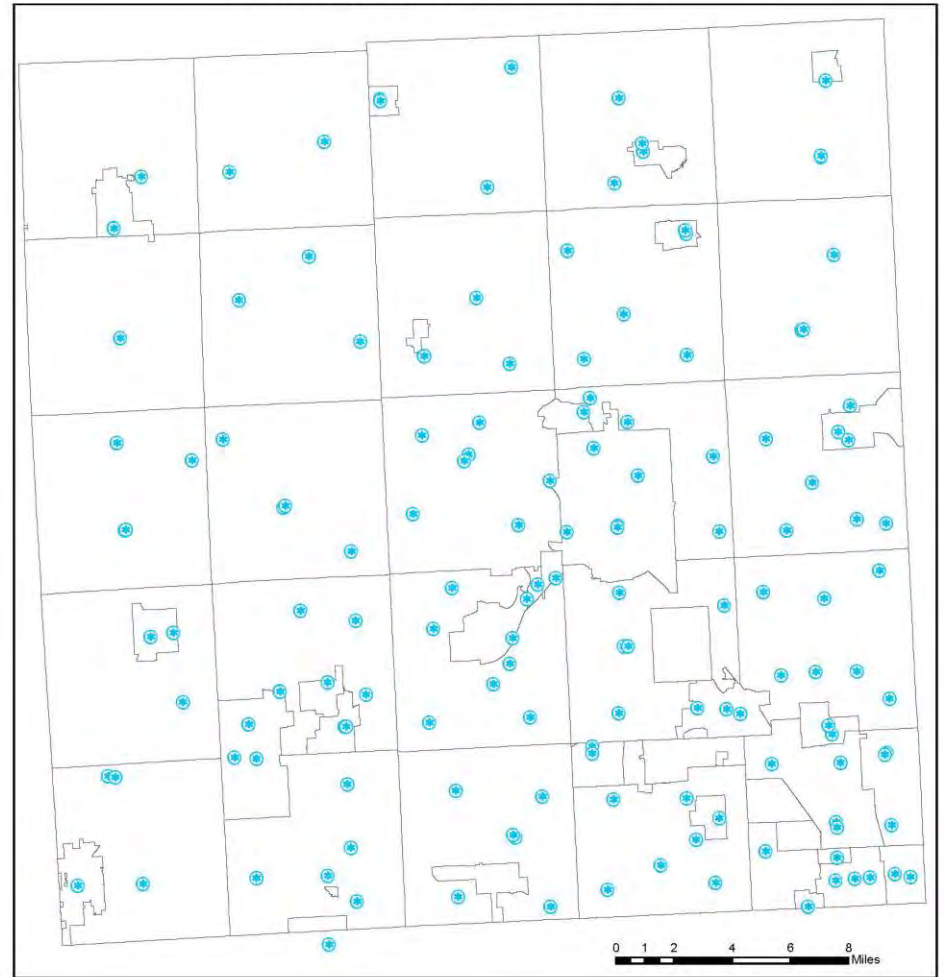
- 14 Hospitals
- 49,000 Employed Staff and Physicians
- 4,222 Beds
- Staff and patients not included



First Responders Closed PODs

- 97 Agencies
- 20,004 Personnel and Family Members

First Reponder Closed PODs



Closed POD

Population Coverage

Schools 488,070

LTC 11,693

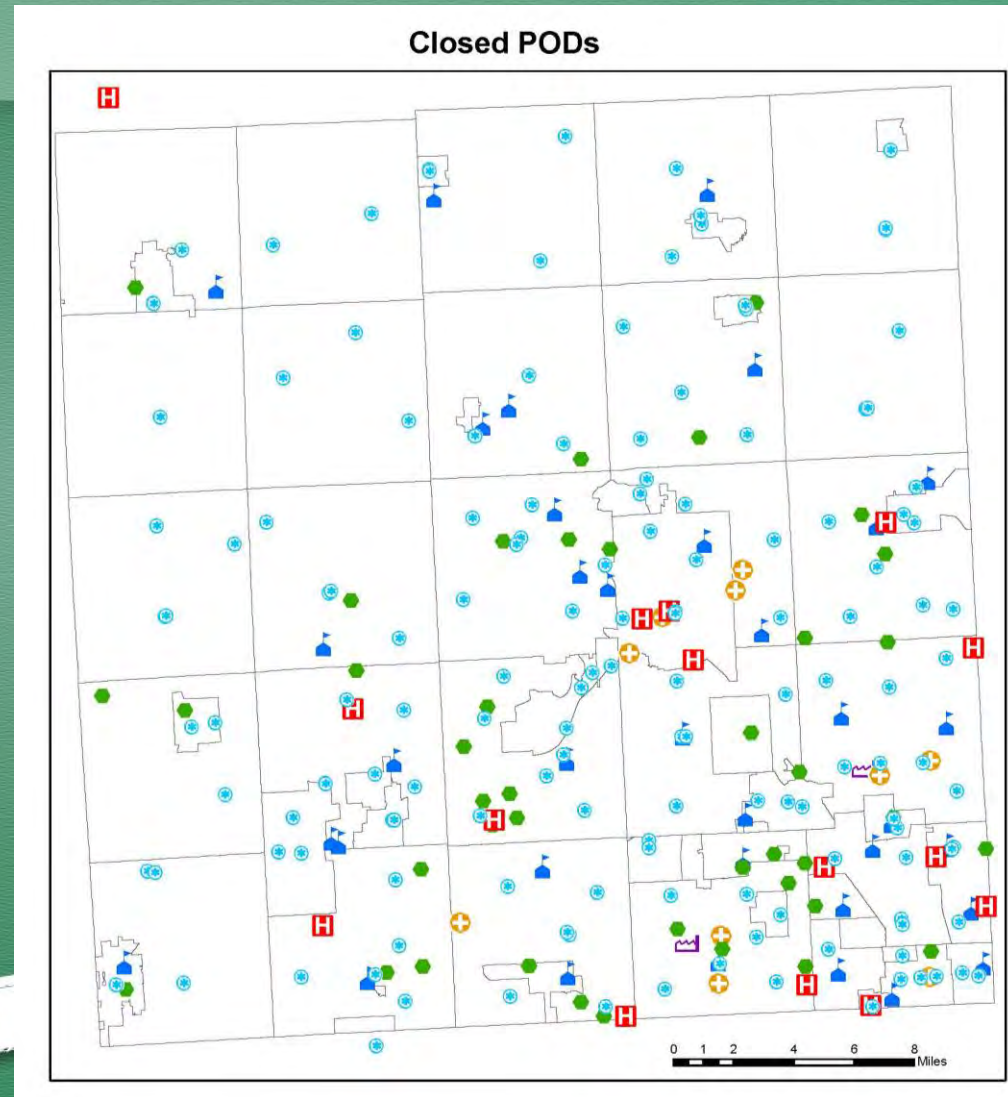
CMH 7,666

Hospitals 49,000

Business 1,575

1st Responders 20,004

Total 578,008



Closed POD Planning Strategies for Vulnerable Populations

1. Define vulnerable populations within your community
2. Identify vulnerable populations and community organizations that support vulnerable populations
3. Meet with them face-to-face and discuss how this can benefit them and the community
4. Provide them with easy to use planning materials and walk beside them as they build their plan



*“Coming together is a beginning,
keeping together is progress,
working together is success.”*

~ Henry Ford





@PUBLICHEALTHOC



L. Brooks Patterson
Oakland County Executive

Materials can be found at the OCHD
Emergency Preparedness website

<http://ow.ly/xwqtj>



Closed POD Planning

Reaching Vulnerable Populations

Sheri Fox RN, MA, MNCEM

Mass Dispensing Coordinator

Saint Paul – Ramsey County Public Health



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Objectives

- Identify strategies to recognize vulnerable and at-risk populations
- Discover resources for information about the population
- Identify potential partners
- Understand value of developing materials and establishing a plan
- Appreciate flexibility

Getting Started

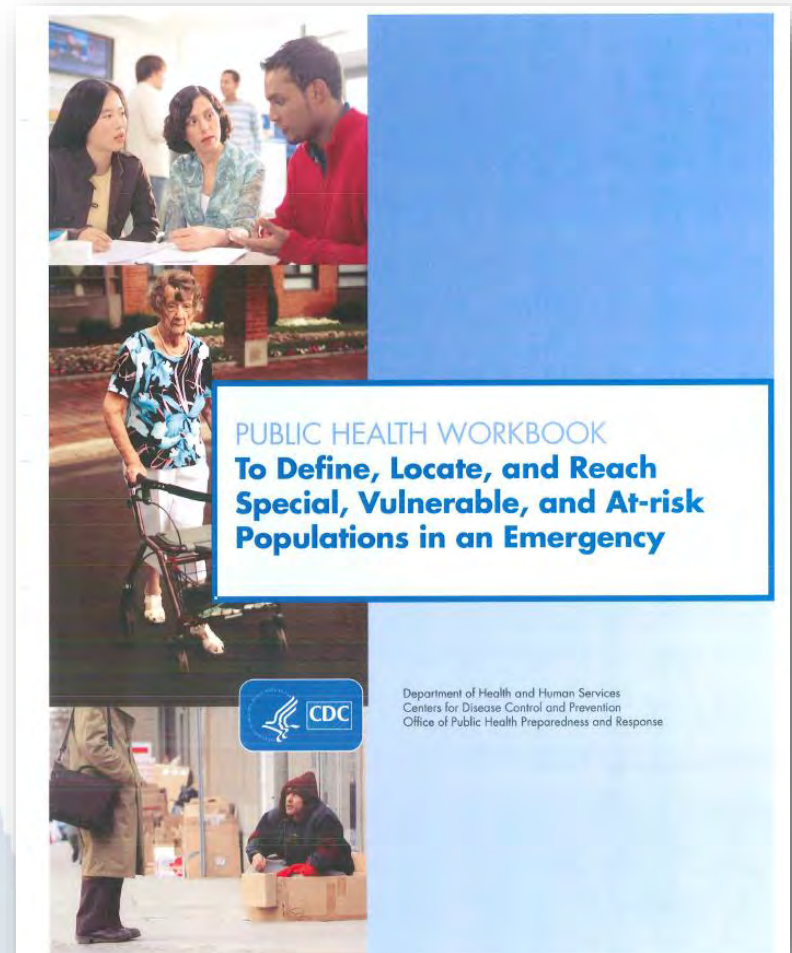
Where to begin???



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Public Health Workbook

- http://www.bt.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf
- Great resource to help get you thinking



Planning Basics

Special, Vulnerable and At Risk Populations

Who are they?

Where are they?

How can we reach them?



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Sources for information

- Census Data
- State level Department of Education Data
- Community Survey Data
- Ethnic Serving Organizations
 - Faith Based
 - Medical
 - Multicultural Media Outlets

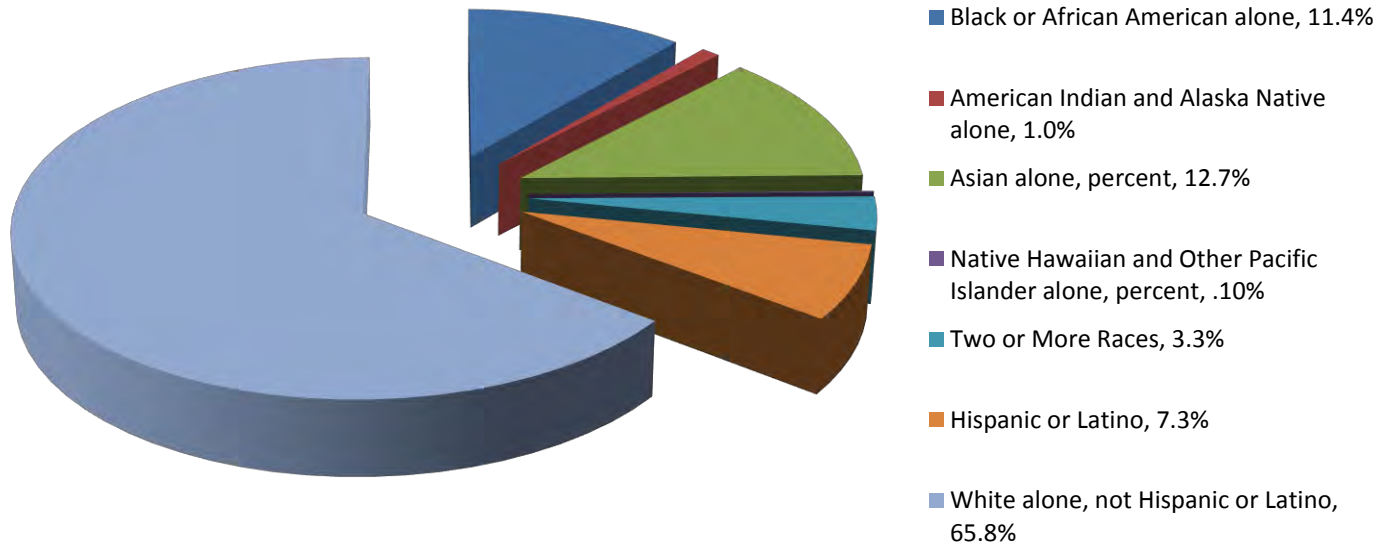


Census Data – (every 10 years)

- Limited in descriptions of race/ethnicity
- Foreign born
- Languages other than English spoken in home
 - Languages not identified
- Median income
- Education level
- Persons below poverty level



Ramsey County, Minnesota



<http://quickfacts.census.gov/qfd/states/27/27123.html>

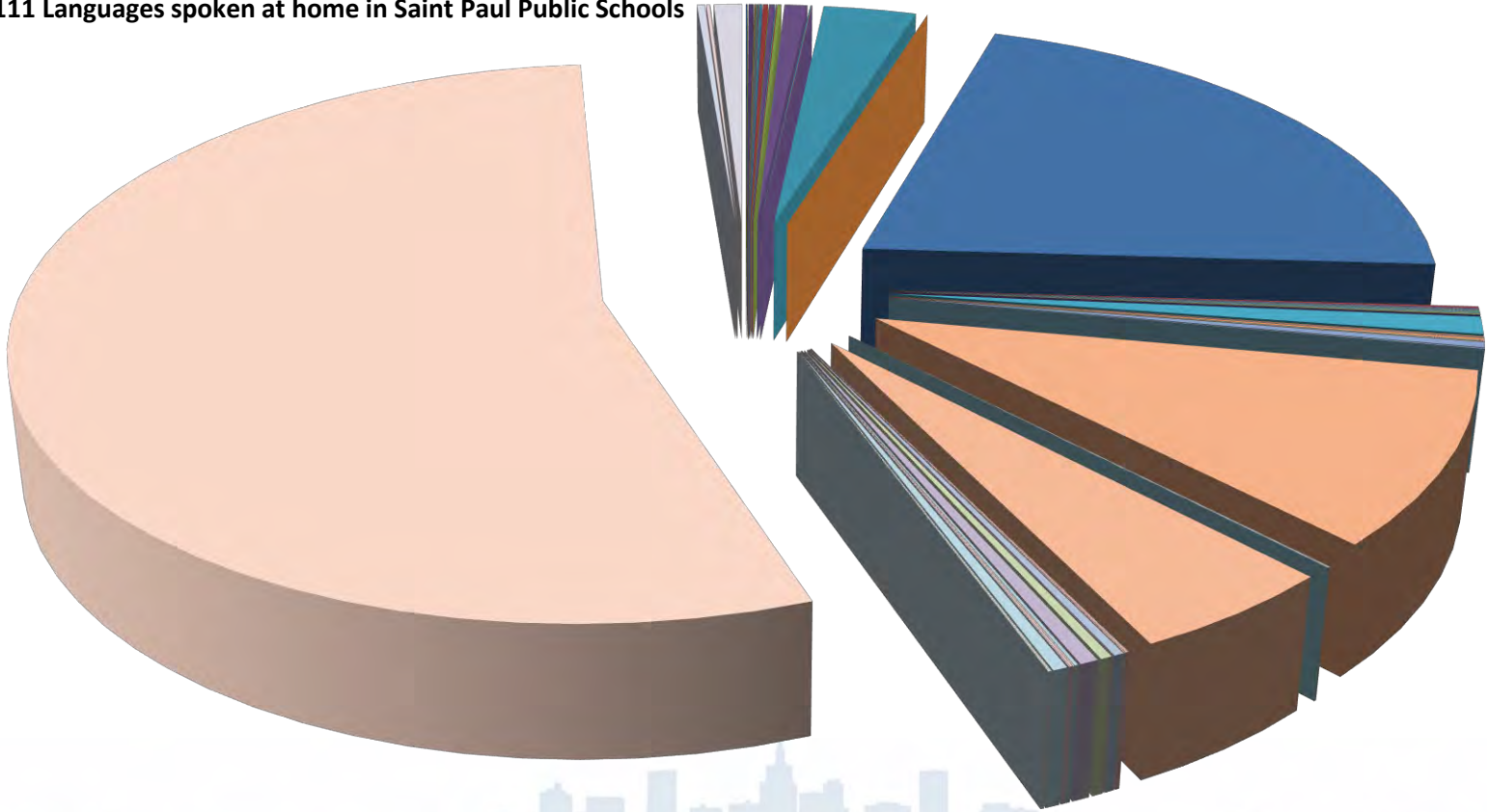
Minnesota Department of Education

- Collects data from all districts in state
- Wealth of information – (requires digging)
 - Languages spoken in homes
- Minnesota Student Survey
 - Students in grades 5,7,9 & 11 (88% participation)

Minnesota Department of
Education

Languages Spoken in Homes

111 Languages spoken at home in Saint Paul Public Schools



<http://w20.education.state.mn.us/MDEAnalytics/Data.jsp>

American Community Survey

- Mandatory, ongoing statistical survey that samples a small percentage of the population every year (1/38 US households per year)
 - US Department of Commerce - Census Bureau
 - State and County quick facts
 - Social, Demographic, Economic, Housing data
- <http://www.census.gov/data/data-tools.html>



Emergency Community Health Outreach (ECHO)

- Bridging communication gap for refugees and immigrants in Minnesota

<http://www.echominnesota.org>



- Variety of offerings
 - Programming – TV, radio, phone, PSAs DVDs
- Close connection to immigrant communities
- Representatives from immigrant communities

Colleagues

- Ask questions
 - Who are they working with
 - What organizations are they active in
 - What ethnic communities are they involved with
 - What services are they providing



Identify Who is Already Serving Them?

- Look for partners who already have relationships developed
- Web search
 - Non profit organizations
 - Faith based organizations
 - Social service organizations
 - Health care organizations (FQHC's)

<http://www.raconline.org/topics/federally-qualified-health-centers>

Reaching Out

Prepare materials to present

Develop a Plan



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Materials

Closed Point of Dispensing (POD) Plan Template



St. Paul – Ramsey County
Minnesota Cities Readiness Initiative
Mass Prophylaxis – 100% of population in 36 hours

Closed Point of Dispensing (POD) Partner Field Operations Guide (FOG)



St. Paul – Ramsey County Public Health
Minnesota Cities Readiness Initiative
Mass Prophylaxis – 100% of population in 36 hours

Closed Point of Dispensing (POD) Partner Workbook to Complete Plan Template



St. Paul – Ramsey County Public Health
Minnesota Cities Readiness Initiative
Mass Prophylaxis – 100% of population in 36 hours

Closed Point of Dispensing (POD) Partner Forms (attachments) for Operating POD



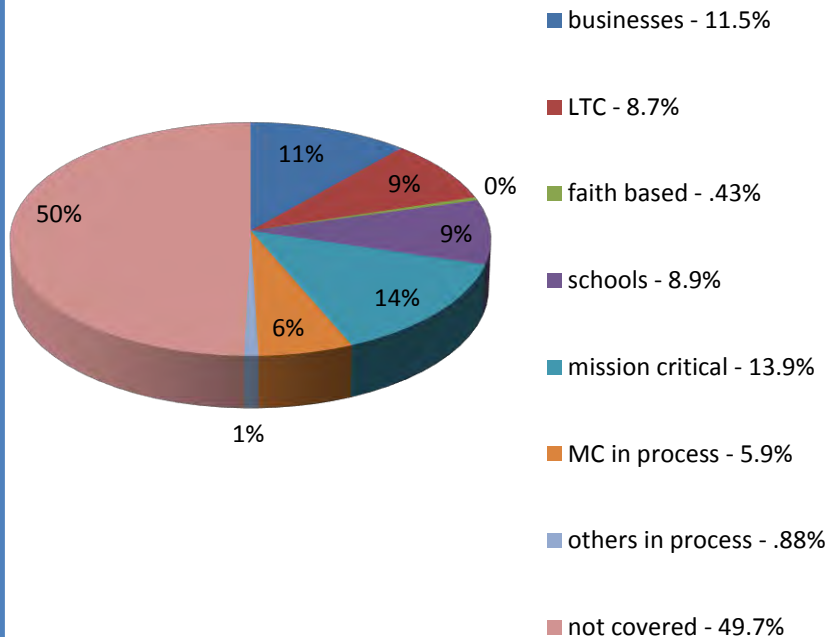
St. Paul – Ramsey County Public Health
Minnesota Cities Readiness Initiative
Mass Prophylaxis – 100% of population in 36 hours

Process

- Set up face to face meeting
- Bring materials
- Explain Closed POD idea
 - Why we need them, what is expected of them, how we will help them, how it benefits them
- Complete plan with them
- Have them sign MOU
- Make it easy for them

Results

Total Population – Ramsey County 508,000



- 50.3 % of population covered with closed PODS
- High level of confidence
- Relationships
- “At risk” populations
- Other LHDs using materials

Tips for Success/Lessons Learned

- Brainstorm with those you meet with
- Don't be afraid to ask questions
- Don't assume you know how they operate or the best plan for them – you provide framework – they provide details
- Always look for ways in a door
- Be creative, be patient
- Accept if the answer is no

Questions???

Sheri Fox RN, MA, MNCEM

651-266-2592

Sheri.fox@co.ramsey.mn.us



SAINT PAUL - RAMSEY COUNTY PUBLIC HEALTH

Resources from NACCHO's Health and Disability Program

NACCHO Health and Disability Fellows

June 5, 2014



Introductions

- J.P. Mahoehey is a Master's of Public Health candidate at the University of Minnesota, where he majors in community health promotion and focuses both his study and work on disability- and health-related research, policy, and education.
- Kendall Leser is a PhD candidate at The Ohio State University's College of Public Health. She is interested in promoting the health of people with disabilities and their caregivers
- Annu Jetty received her MPH with concentration in Epidemiology and Biostatistics from George Mason University (GMU), Virginia. Prior to her fellowship at NACCHO, she worked on the National Longitudinal Transition Study at the Department of Health Administration and Policy, GMU, evaluating the educational and employment outcomes associated with public services received by students with special needs. For the past 9 years, Ms. Jetty has been working with children with autism in her private practice as a Classical Homeopath.

The NACCHO Health and Disability Fellowship Program is funded by the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention. NACCHO is grateful for this support. The contents of this presentation do not necessarily represent the official views of the sponsor



List of Community Based Organizations & Health and Disability Toolkit

J.P. Mahoehey, RN

NACCHO Health and Disability Fellow

mahon257@umn.edu



List of Community-based Disability Organizations

What is the list?

- Presents a list of national disability organizations
 - Includes ways these organizations can support the work of LHDs
- Provides way to contact the local chapters of these organizations

Why is it useful?

- Supplements the community-inclusion guide
- Assist LHDs to easily locate community organizations that can aid the inclusion and engagement of people with disabilities in:
 - Emergency preparedness planning
 - Ensuring accessibility in emergencies



Health and Disability Toolkit

What is the toolkit?

- Provides a way for LHDs to share information
- 30 new resources have been added related to inclusion and engagement of people with disabilities in emergency preparedness (over 100 total)
- www.naccho.org/toolbox

Why is it useful?

- Resources are designed to improve health outcomes for people with disabilities
- Sustainable, efficient, and customizable
- Can search for resources by LHD size and location



A Guide for the Successful Inclusion of People with Disabilities in Health Department Programs, Plans, and Services

Kendall A. Leser, M.S.

NACCHO Health & Disability Fellow



Background: Inclusion Guide Development

- NACCHO's Health and Disability Program interviewed local health departments about inclusion
 - Consistent theme emerged → health departments want to include people with disabilities but do not always have the tools, resources, or knowledge to begin
- The purpose of this guide is to specifically highlight the strategies and tools that health departments can use to include people with disabilities in their health promotion programming and emergency preparedness planning efforts



What's in the Inclusion Guide?

- Background on health and disability
 - Describes disability
 - Provides data on disparity statistics
- Discussion of the importance of inclusion in mainstream activities
 - *Healthy People 2020* goal for inclusion
 - Identifies priority areas for inclusion
- A list of 8 inclusion strategies health departments can utilize
 - Internal strategies for inclusion
 - External strategies for inclusion



What's in the Inclusion Guide?

- Stories from 4 health departments that successfully included people with disabilities in programs/services
- Discussion of anticipated challenges to inclusion
 - Lack of staff time, funding and knowledge
- A checklist of strategies that health departments can use when developing programs/plans



Health Department Inclusion Checklist

Does my agency...

- ☐ Involve people with disabilities in planning?
- ☐ Talk to people with disabilities about the accommodations needed to make programs accessible to them?
- ☐ Ask for feedback from people with disabilities to learn how to better improve programs and services?
- ☐ Budget to accommodate people with disabilities?
- ☐ Raise awareness about the importance of including people with disabilities in public health efforts?
- ☐ Use data to better understand the health needs of people with disabilities?
- ☐ Collect appropriate demographic data that includes people with disabilities?
- ☐ Partner with local/national organizations that work with people with disabilities?
- ☐ Subscribe to NACCHO's Health and Disability newsletter to learn the latest news and tools for including people with disabilities?



Assessment of Health Department Inclusion of People with Disabilities

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Introduction & Background

- For the past 3 years NACCHO has been collecting data on programs inclusive of people with disabilities.
- Previous assessments - Key informant interviews and assessments conducted by NACCHO suggested few or no LHDs implemented programmatic activities inclusive of people with disabilities.
- This assessment is the next step in advancing knowledge about local health promotion activities incorporating people with disabilities.



Purpose

- To identify LHDs that develop or implement programmatic activities inclusive of people with disabilities.

Objectives

- To assess the awareness of LHDs about the number of people with disabilities residing in their jurisdiction.
- To explore the knowledge about LHDs types of accommodations needed to support them.
- To evaluate the awareness of chronic disease burden in this special needs population living in their communities.
- To identify if any of LHDs develop or implement inclusive programs to meet the health promotion or emergency preparedness needs of the people with disabilities
- To ascertain the types of support LHDs might need for the successful inclusion of people with disabilities.



Data Collection and Analysis

- 550 LHDs were selected using random sampling, stratified by population size.
- Data was collected using online questionnaire consisting of 9 questions, which remained in the field for 3 weeks.
- Data was analyzed using STATA 12.0



Preliminary Results

- Demographic data - LHDs by population size: small - 45%, medium - 31% & large - 24%
- Governance – local -83%, state -9%, shared - 8%
- Awareness of LHDs in the sample about number of people with disabilities - 48%
- Only 11% of LHDs in the sample consider people with disabilities as a population facing health inequities.
- Awareness of chronic conditions and health risk factors prevalent in people with disabilities - 53%



References

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Questions?

Thank You!

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