

ASTHO: Lisa J. Peterson, MPH, MPA, CPH; Jennifer L. Sinibaldi, MPH
 NACCHO: Laura Biesiadecki, MPH; Samantha Morgan, MPH; Naomi Rennard, MPH

Background

The National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO), with the support of the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) sought to characterize the involvement of local and state health department in the development and maintenance of healthcare coalitions including the following:

- Documenting factors which facilitate or impede state and local health department participation in local, regional, and state healthcare coalitions, including understanding of expectations.
- Characterize state and local health department awareness and knowledge of federal HPP capabilities related to healthcare coalitions.
- Assess state and local health department awareness of and engagement in HPP planning and priority setting as it relates to PHEP-HPP joint planning requirements.

Methodology

Recruitment

ASPR HPP provided the list of states and invitations were sent to representatives from the 27 states.

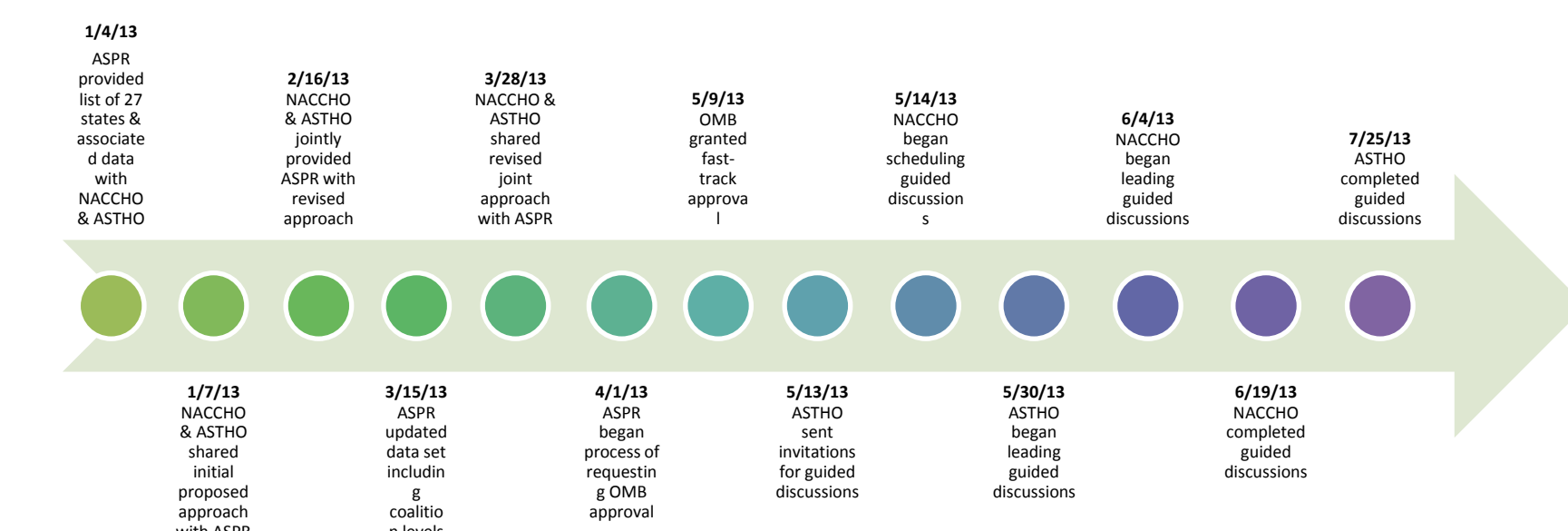
Implementation and Demographics

State:

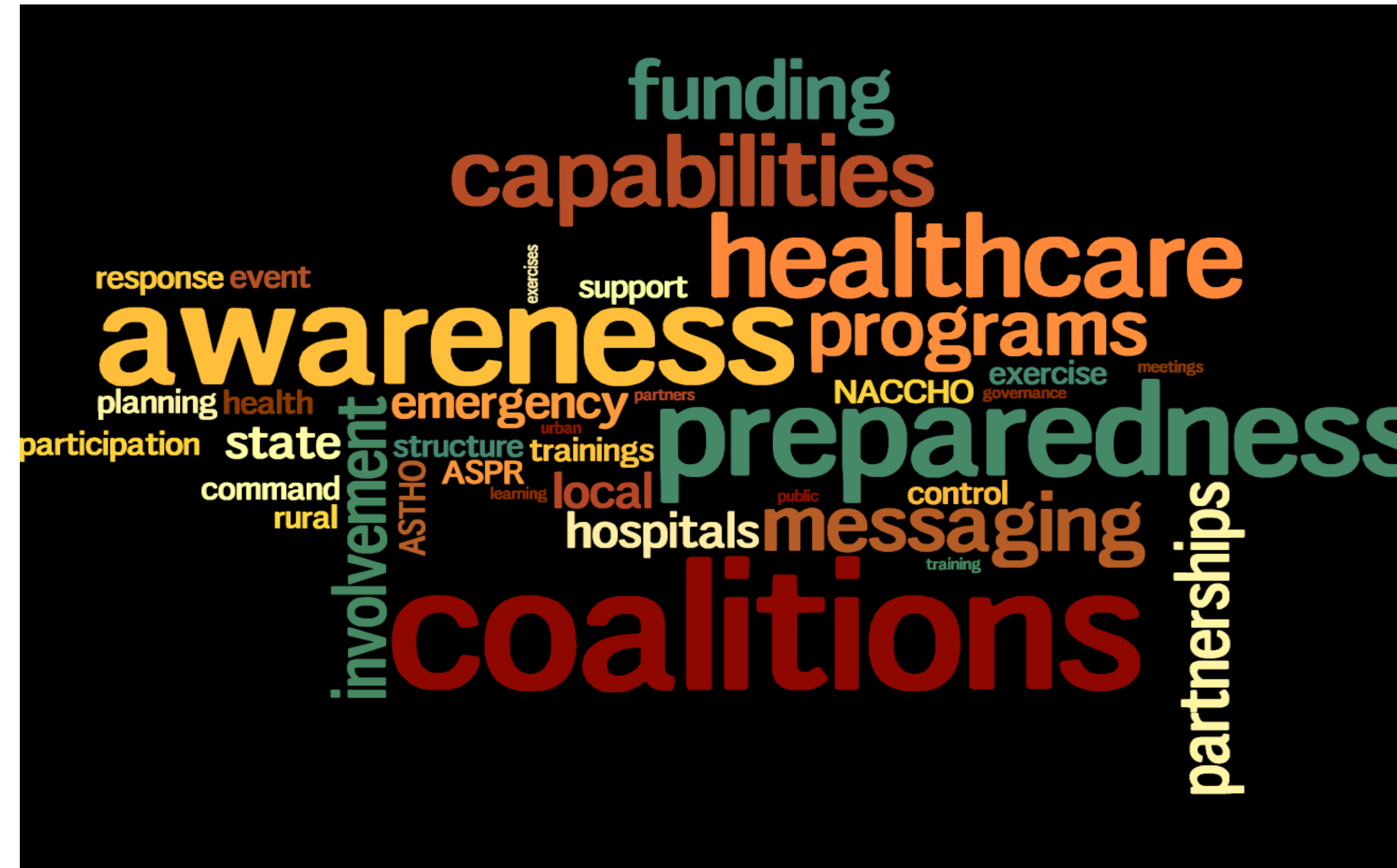
- One-on-one interviews scheduled with preparedness director and state hospital preparedness coordinator.
- 18 states interviewed for a total of 40+ personnel. Two focus group calls to discuss gaps in the HPP capabilities (12 States Participated)

Local:

- 13 facilitated, guided discussions with a total of 114 local health officials.
- 69% of guided discussion participants were preparedness coordinator.
- Participants represented local health departments of varying sizes from 24 states.



This project was conducted with funding from US Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response. The poster represents the authors' views and does not necessarily represent the views or policies of ASPR.



Lessons Learned

- Additional messaging, directed at healthcare coalitions is needed to detail the distinct purpose of HCCs and the roles and responsibilities of current and potential healthcare coalitions
- Messaging is also needed to better define the roles and responsibilities of each partner engaged in healthcare coalitions.
- Strong relationships exist among public health, hospitals, and emergency management, and the continued alignment of HPP and PHEP programs, and their respective capabilities, will enhance these relationships.
- Sustainability and growth of healthcare coalitions is dependent upon continued financial support for adequate staffing, training, exercising, and resource acquisition.
- Because coalitions are structured and led in a variety of ways depending on the state and regional resources, additional investigation is needed to determine whether healthcare coalitions are appropriate for all communities, particularly those in rural or small population areas.

Coalition Roles and Responsibilities

“They serve as a regional planning structure to look at healthcare needs and priorities and help identify gaps in training, exercises, equipment and work on addressing those; they serve more on planning and advisory; not operational.”
 - State Preparedness Director

Partnerships

“We’re a small county and don’t have a lot of money to put on large scale exercises. If we all pool our resources, we’re able to do that a little better.”
 - Local Health Official

Impact of Capabilities

“The capabilities validated to other people that coalitions need them as partners; [they] showed the need to have [multidisciplinary partners].”
 - State Preparedness Director

Sustainability

“There were many things that were going on before any appreciable funding resources were made available through the different streams. I think it came down to community leadership, community responsibility. But, certainly, the funding helps solidify it extremely and elevates the quality of what you have in place . . . there would still be that core that would continue on, obviously not to the extent had the money not been taken away.”
 - Local Health Official

Coalition Awareness & Participation

“When there are emergencies, or even urgencies, it is good to know the folks on the other end of the phone, and that's 80 percent of the coalition. The other 20 percent is some of the functions that they provide—communications, protocols, standardizations—those kinds of things.”
 - Local Health Official