The Public Health Emergency Preparedness Landscape

Findings from the 2018 Preparedness Profile Assessment

December 2018

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Table of Contents

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Background & Methods

The National Association of County and City Health Officials (NACCHO) conducted the Preparedness Profile assessment to provide an evidentiary foundation for future public health preparedness initiatives. This assessment gathers information about preparedness trends and emerging issues at local health departments (LHDs) to inform priorities at the local, state, and national levels.

From January to March 2018, a statistically representative sample of 910 preparedness coordinators was asked to complete the Profile assessment. Preparedness coordinators are individuals identified by LHDs as having a significant responsibility for leading or coordinating an LHD's disaster/emergency preparedness planning and response activities.

A total of 387 preparedness coordinators completed the assessment (43% response rate).

The assessment was distributed online via Qualtrics Survey Software™ and stratified by jurisdiction population size. LHDs serving large jurisdictions were oversampled. Results were weighted to adjust for both oversampling and non-response.

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

Throughout this report, statistics are compared across the size of the population served by the LHDs. Small LHDs serve populations of less than 50,000 people. Medium LHDs serve populations of 50,000 to 499,999 people. Large LHDs serve populations of 500,000 people or more.

This document presents the results of the assessment, as well as implications for the future and recommendations. For the analysis, NACCHO staff took into account the results of this assessment and qualitative information provided by our membership through workgroups and programmatic activities.

Preparedness Workforce

This section provides an overview of LHD preparedness staff and volunteer capacity

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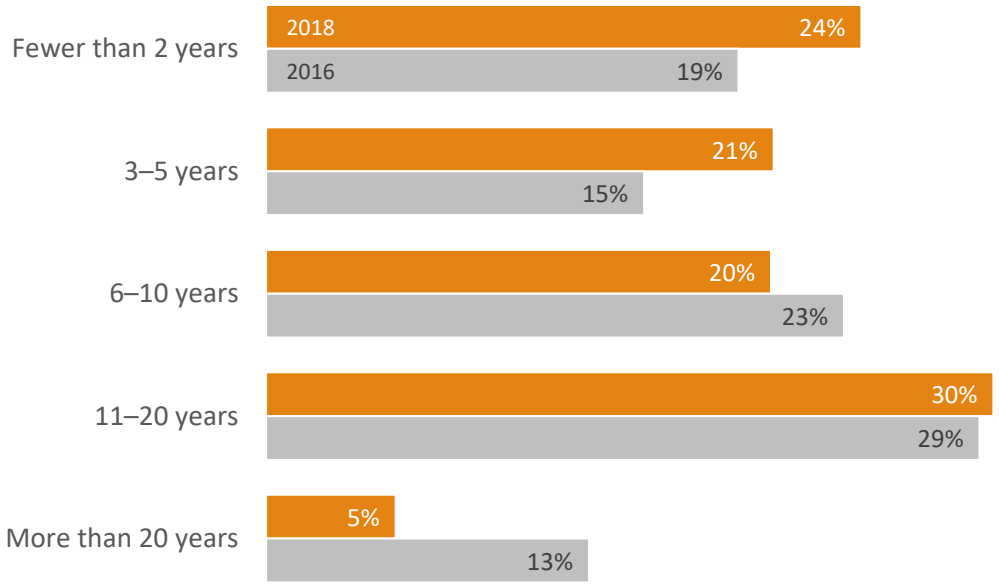
More than half of preparedness coordinators reported having six or more years of experience in the field

Overall, 55% of respondents have at least six years of experience as a preparedness coordinator or equivalent at any health department. In 2018, the proportion of preparedness coordinators with five years of experience or less increased by 11% compared to 2016.

Large LHDs reported having more experienced professionals with 68% of preparedness coordinators having six or more years of experience. These findings suggest that there is a variety of experience and knowledge levels within local public health preparedness.

Years of Experience as a Preparedness Coordinator

Percent of respondents



n(2018)=387
n(2016)=332

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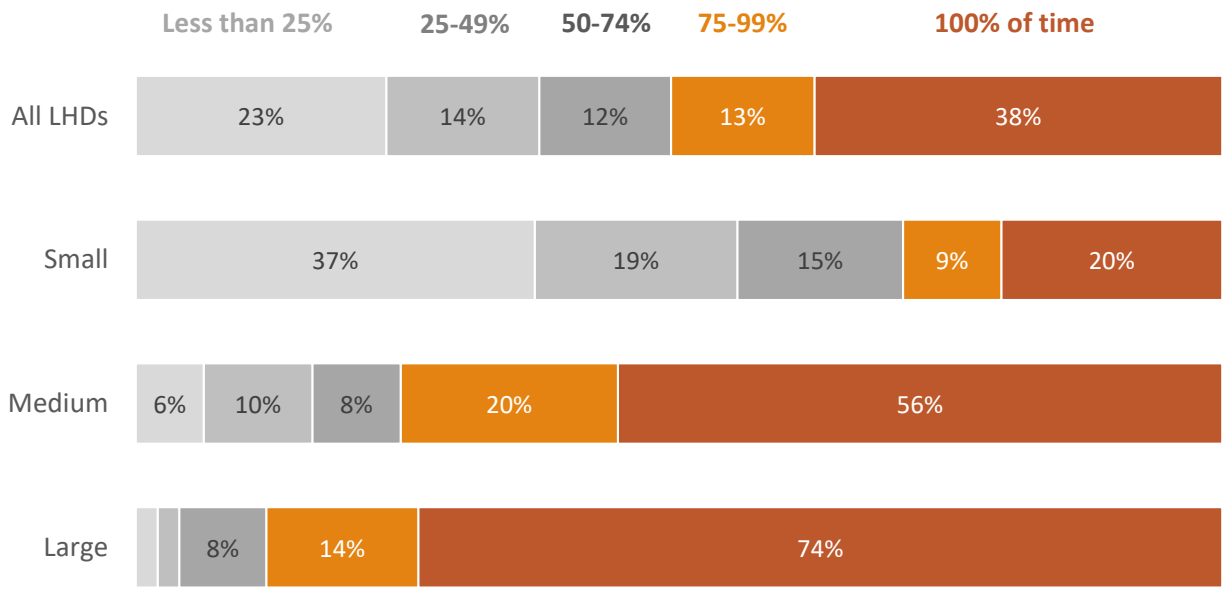
Most preparedness coordinators in large LHDs dedicated all of their time to preparedness duties

Overall, more than one-third of preparedness coordinators reported spending all of their time on job duties related to preparedness. These results change when stratified by LHD size. In large LHDs, nearly three-quarters of respondents dedicated 100% of their time to preparedness job duties. In contrast, only 20% of preparedness coordinators in small LHDs reported similarly.

Staff in smaller LHDs work in a variety of public health areas

Percentage of Job Time Dedicated to Preparedness Duties

Percent of respondents



n=387

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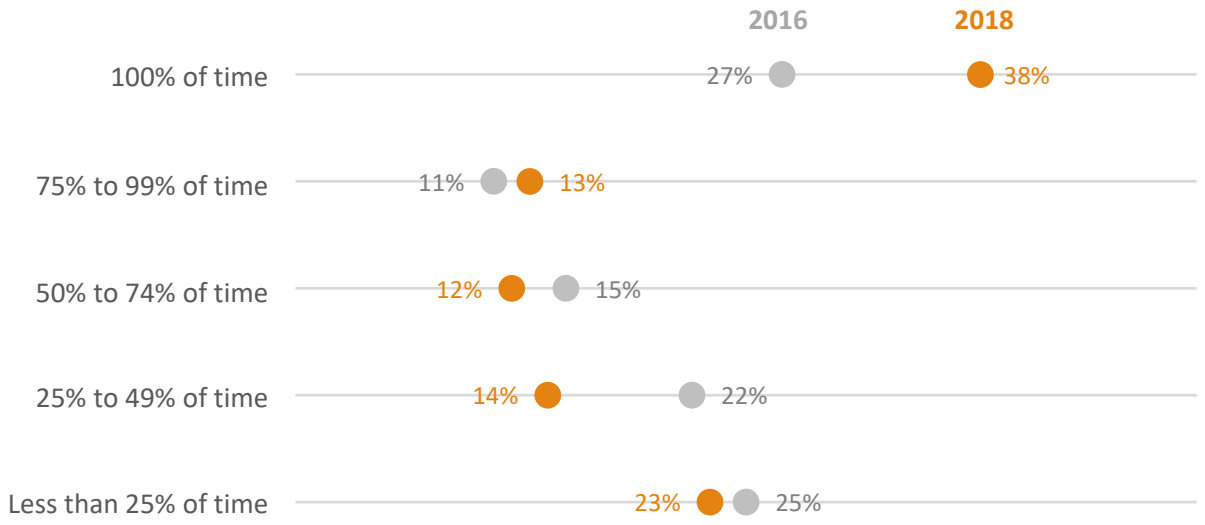
More preparedness coordinators have spent at least 75% of their time on preparedness duties since 2016

In 2018, the proportion of respondents indicating they spend at least 75% of their time on job duties related to preparedness increased by 13 percentage points compared to 2016. This finding suggests that LHD staff are spending more time on preparedness activities.

Percentage of Job Time Dedicated to Preparedness Duties

Percent of respondents



n(2018)=387
n(2016)=430

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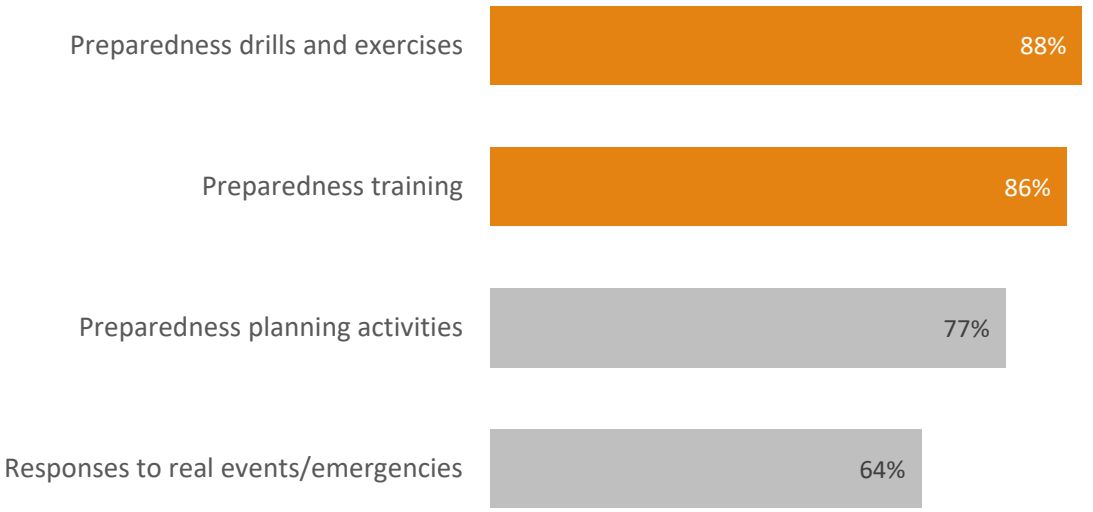
Most LHDs included non-preparedness staff in their preparedness activities

The majority of LHDs reported non-preparedness staff have participated in preparedness drills and exercises, as well as preparedness trainings—including Incident Command System (ICS), National Incident Management System (NIMS), crisis/risk communications, and Concept of Operations Plan (CONOPS). Larger agencies were more likely to indicate engagement of non-preparedness staff in these activities than smaller LHDs.

LHDs recognize that non-preparedness staff are often involved in disaster/emergency response activities

Preparedness Activities Engaging Non-Preparedness Staff

Percent of respondents



n=361–385

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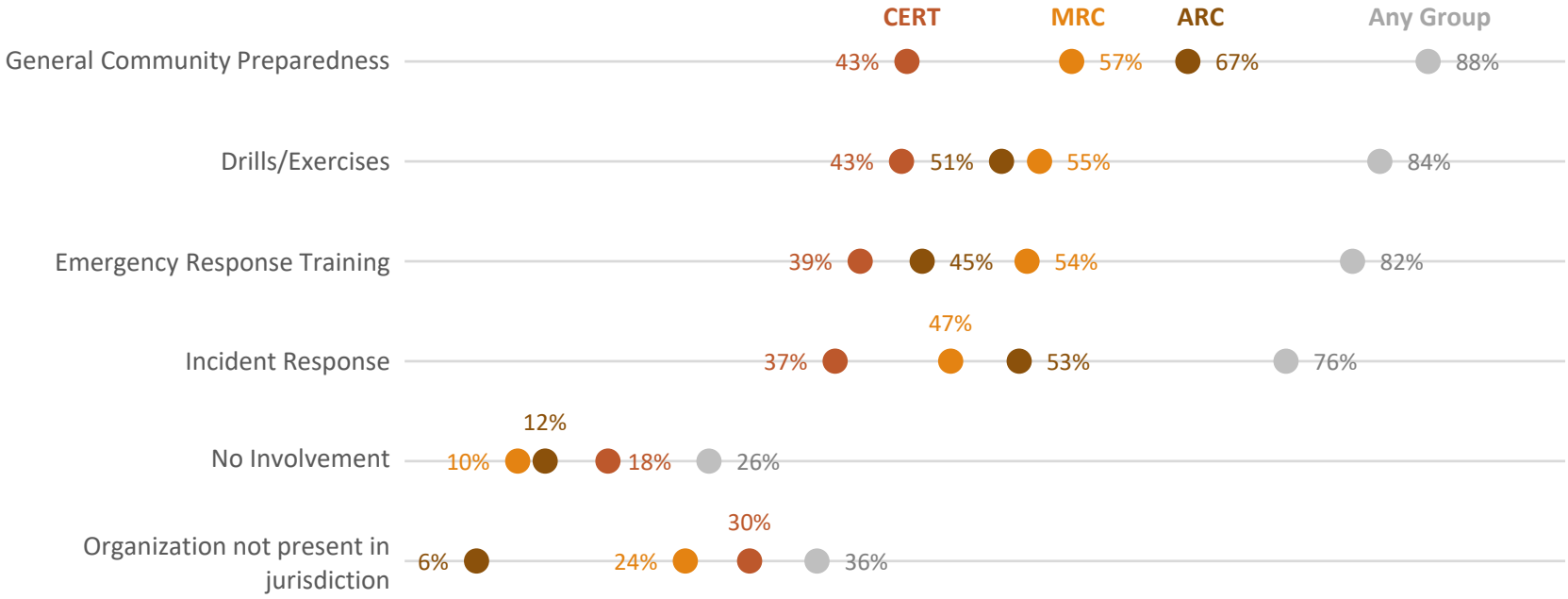
Most LHDs engaged volunteer groups in preparedness activities

The most common preparedness activities in which LHDs engaged volunteer groups were community preparedness, drills/exercises, and emergency response training. These agencies worked with Medical Reserve Corps (MRC) and American Red Cross (ARC) groups more often than Community Emergency Response Team (CERT). Overall, large LHDs were more likely to engage volunteer groups, and small LHDs were least likely to have MRC or CERT groups present in their jurisdictions. Similar findings were reported in 2016.

Volunteer Groups Engaged in Preparedness Activities

Percent of respondents



n=242–384

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Preparedness Planning and Capacity

This section includes activities related to partnerships, administrative preparedness, and the National Health Security Strategy

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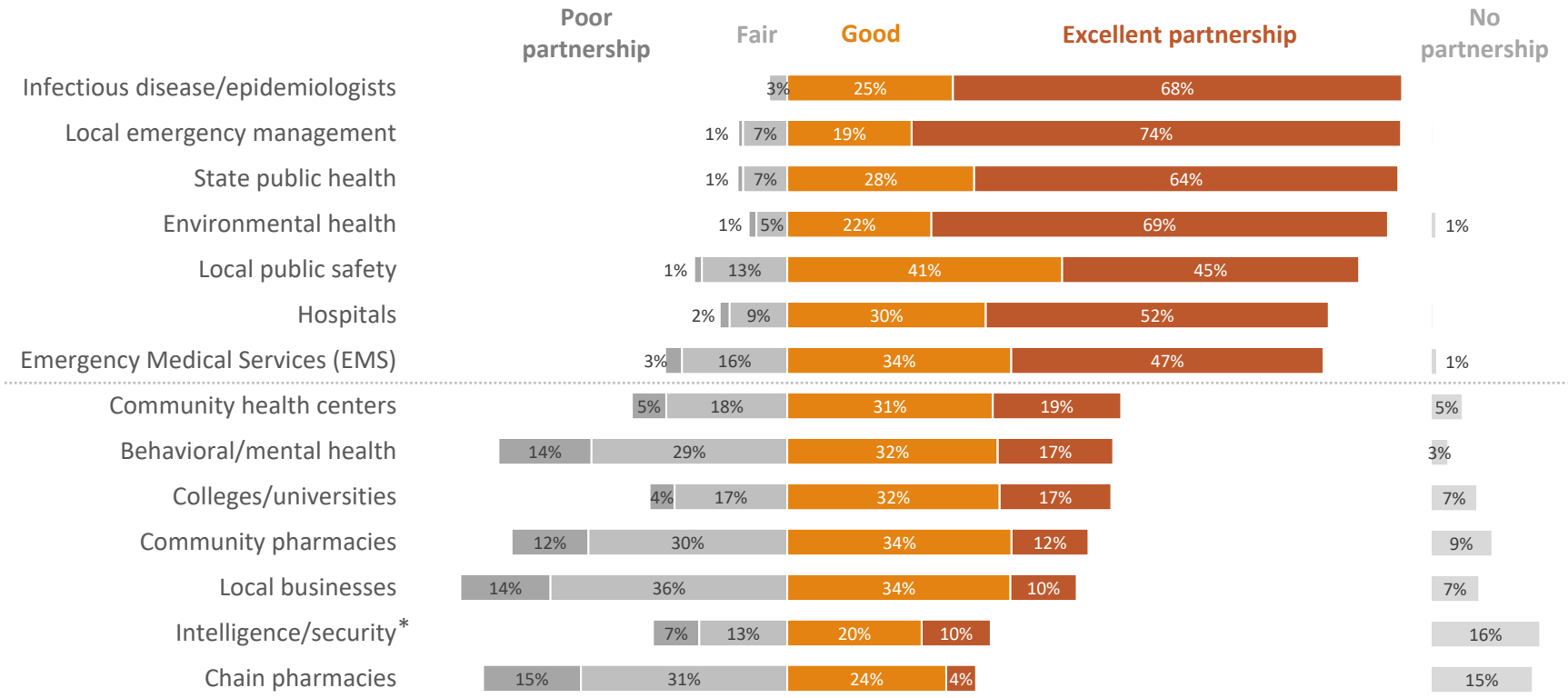
Preparedness coordinators reported excellent partnerships with traditional partners

Most LHDs reported stronger partnerships with a range of partners, including infectious disease, emergency management, state and local governments, and environmental health. In contrast, more LHDs reported poor to fair partnerships with pharmacies, behavioral/mental health, and local businesses. LHDs reported moderate partnerships with K-12 schools, social services, public works, medical examiner/coroner, long-term care facilities, and faith-based organizations.

More than 20% of respondents indicated community health centers, colleges, and intelligence/security agencies do not exist in their jurisdictions.

Top and Bottom Seven LHD Partner Organizations for Preparedness

Percent of respondents



n=375–387

* Organization included for the first time in 2018 assessment

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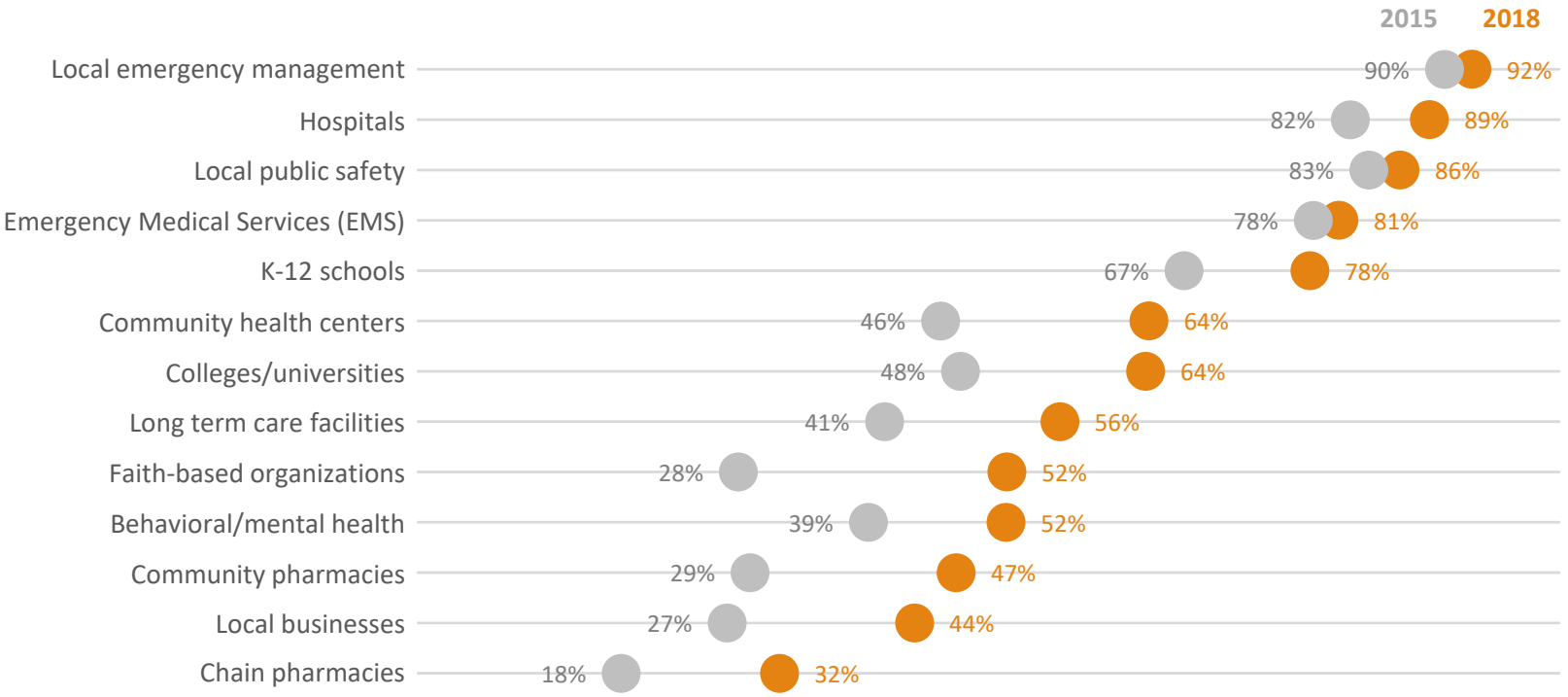
Preparedness coordinators have stronger relationships with non-traditional partners than in 2015

In 2018, preparedness coordinators were least likely to report strong partnerships with non-traditional partners, such as faith-based organizations, behavioral/mental health providers, pharmacies, and businesses. However, more respondents were partnering with these organizations compared to 2015.

Strength of LHD Partnerships for Preparedness Over Time

Percent of respondents (of those with organization in jurisdiction) reporting good or excellent partnership



n(2018)=273–386
n(2015)=332–336

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Most LHDs are members of a regional healthcare coalition

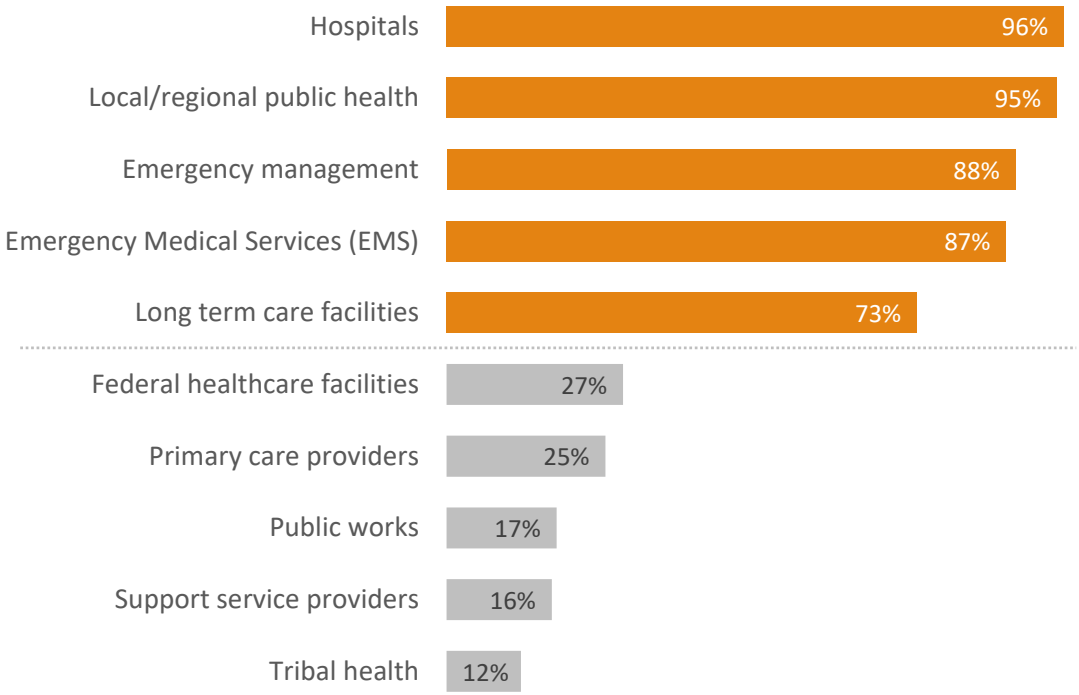
Three-fourths of respondents were most engaged in regional healthcare coalitions to plan and implement preparedness activities. In contrast, LHDs were least likely to be most engaged in privately-administered healthcare coalitions. Only 2% of LHDs were not members of a healthcare coalition.

The most commonly represented groups in healthcare coalitions were hospitals, public health, emergency management, and Emergency Medical Services (EMS). Tribal health, support service providers (e.g., clinical laboratories, pharmacies), and public works agencies were not commonly engaged in coalitions. Coalitions in large jurisdictions had a broader range of organizations engaged.

75% of LHDs are most engaged in healthcare coalitions that are regionally-administered

Top and Bottom Five Organizations in LHD-Engaged Healthcare Coalitions

Percent of respondents (of those in a healthcare coalition)



n=371

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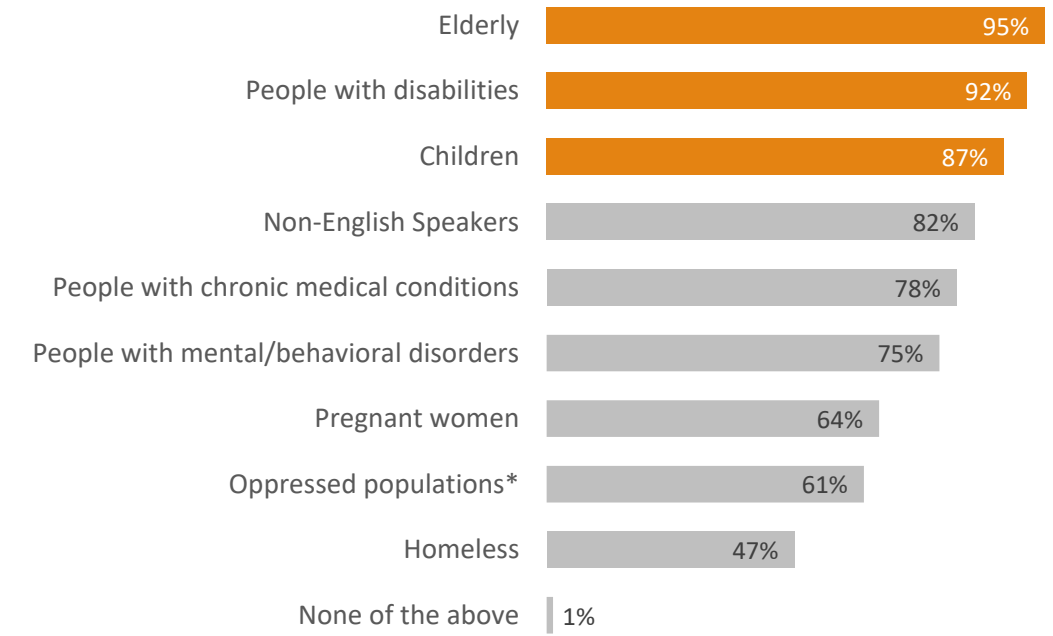
Most LHDs addressed some at-risk/vulnerable populations in their preparedness planning efforts

Nearly all LHDs reported addressing the elderly and people with disabilities in preparedness planning efforts. In addition, more than 75% of respondents included people with mental/behavioral health issues, chronic medical conditions, non-English speakers, and children.

However, fewer than half addressed homeless populations. LHDs serving larger jurisdictions were more likely to address many of these populations compared to agencies serving fewer people.

At-Risk/Vulnerable Populations

Percent of respondents



n=378

* Defined as low income, minorities, LGBTQ+, people with substance use disorders, among others.

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Most LHDs reported having procedures in place for administrative preparedness

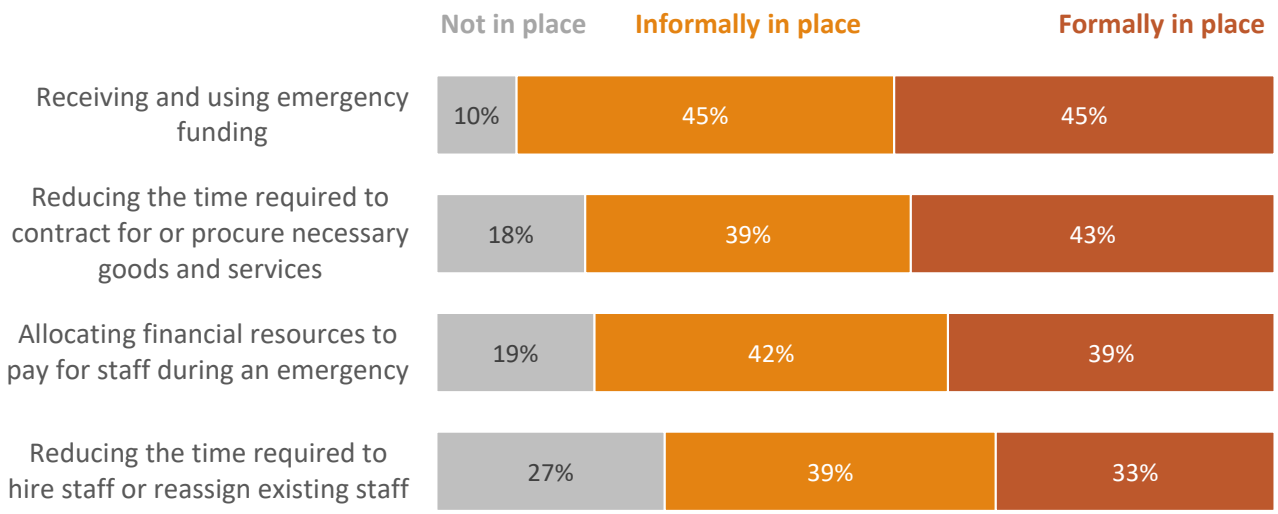
Most LHDs indicated they have at least one expedited procedure in place to address administrative needs during a public health emergency. Compared to 2016, more LHDs indicated having these procedures in place either informally or formally.

However, more than one-quarter of LHDs reported not having workforce surge procedures in 2018. In addition, approximately 20% were unsure whether they have these procedures in place.

Small LHDs were most likely to not have any procedures in place. The most common barrier to administrative preparedness reported was lack of dedicated resources, followed by lack of available tools and resources.

Expedited Procedures for Administrative Preparedness

Percent of respondents (excluding those reporting not sure)



n=289–309

Administrative Preparedness is the process of ensuring that the fiscal, legal, and administrative authorities/practices that govern funding, procurement, contracting, and hiring are appropriately integrated into all stages of emergency preparedness/response.

LHDs were concerned, but not very prepared to address opioid abuse and active shooter incidents

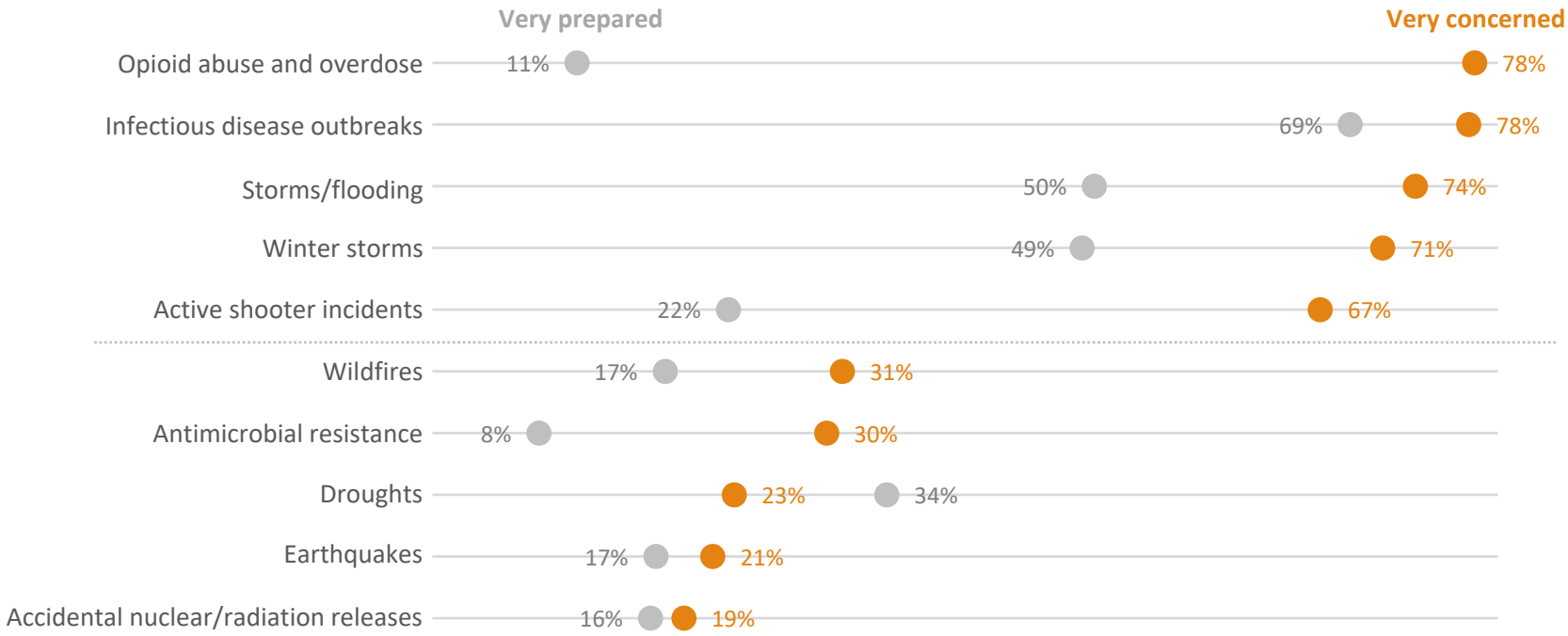
This chart compares the most pressing threats LHDs are concerned about. For the hazards that LHDs were most concerned about, agencies are least prepared to respond to opioid abuse and active shooter incidents.

Notably, LHDs indicated being at least somewhat prepared to address most concerns. However, more than 10% of LHDs reported public health has no role in responding to hurricanes, droughts, and wildfires in their jurisdiction.

These findings vary slightly by jurisdiction size, with larger LHDs reporting higher concern about hurricanes, antimicrobial resistance, and critical infrastructure issues compared to smaller agencies.

Top and Bottom Five Threats/Hazards of High Concern for LHDs

Percent of respondents (excluding those reporting N/A)



n(prepared)=214–378
n(concerned)=253–385

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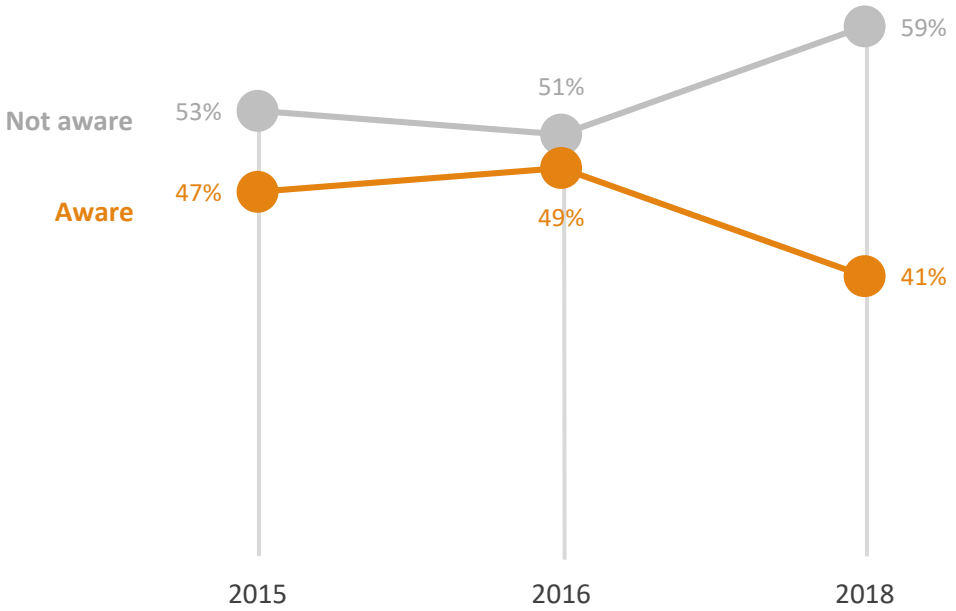
Most preparedness coordinators were not aware of the National Health Security Strategy

The National Health Security Strategy (NHSS) is a comprehensive strategic approach to coordinating the nation's health security system.

More than half of respondents were not aware of the NHSS. This finding varies by jurisdiction size, with 71% in large LHDs indicating they were aware. In 2018, the proportion of respondents in small and medium LHDs reporting awareness of the NHSS decreased by approximately 10 percentage points compared to 2016.

Awareness of National Health Security Strategy Over Time

Percent of respondents



Of those who were aware of the NHSS, 74% reported the approach at least somewhat informs their preparedness work

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.

n(2015)=330
n(2016)=430
n(2018)=365

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Preparedness Activities

This section highlights activities conducted at LHDs, as well as changes in activity participation

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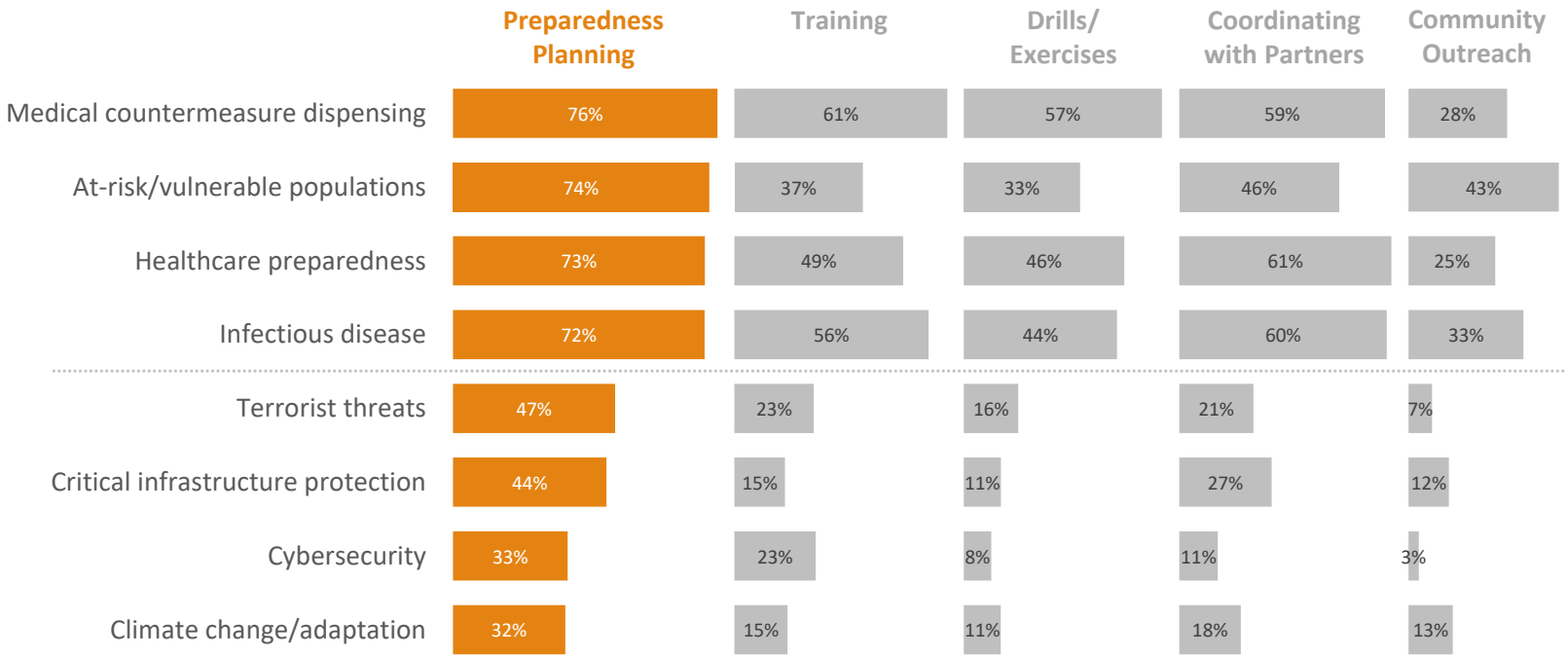
LHDs conducted preparedness planning activities across a broad range of topic areas

Overall, LHDs reported conducting preparedness planning in the past year across many topic areas. The broadest range of activities conducted were focused on community preparedness, infectious disease, emergency risk communications, and medical countermeasure dispensing. Activities conducted included planning, training, drills/exercises, coordination with partners, and community outreach.

LHDs most often reported not conducting any activities in climate change/adaptation, cybersecurity, critical infrastructure protection issues, and terrorist threats. These findings have remained consistent since 2015.

Top and Bottom Four LHD Preparedness Activities by Topic Area

Percent of respondents



n=369–381

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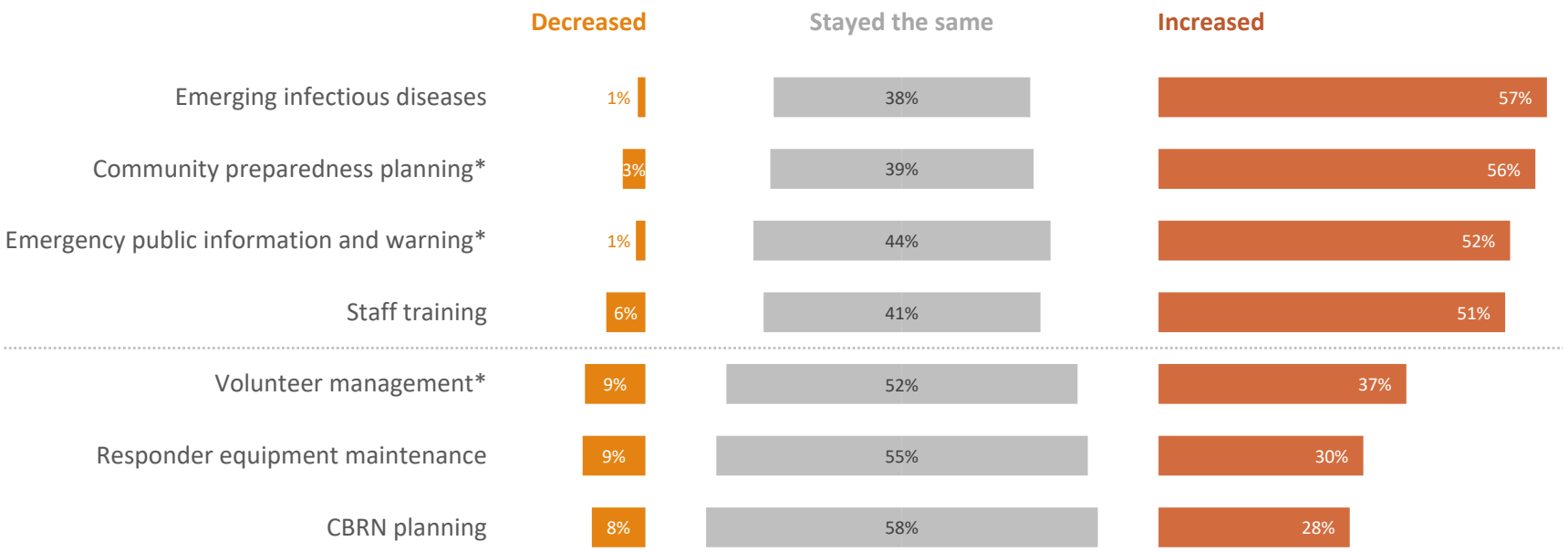
LHDs reported modest increases or stability in their preparedness activities

Many LHDs indicated stability in their participation in a variety of preparedness activities over the past three years. However, more than half of LHDs reported an increase in activities related to emerging infectious disease, community preparedness planning, emergency public information warning, and staff training. LHDs most commonly reported decreases in responder equipment maintenance, volunteer management, and chemical, biological, radiological and nuclear (CBRN) planning activities. In addition, larger LHDs were more likely to report decreased participation than smaller agencies—especially in fatality management.

Four Most Increased and Three Most Decreased Preparedness Activities

Percent of respondents (of those conducting the activity)



n=156–373

**Denotes activity related to CDC PHEP capability*

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Recommendations

This section provides recommendations based on the overall findings

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Summary of Recommendations

The results of the 2018 and previous Preparedness Profiles represent a significant contribution to the knowledge base of preparedness at the local level by providing a longitudinal assessment of the strengths, gaps, and opportunities for improving public health preparedness at the local level now and into the future. NACCHO will use the findings from this assessment and the following recommendations to inform priorities at the national level and influence NACCHO's preparedness activities. A summary of the recommendations is listed below. Details related to each recommendation are provided in the subsequent pages.

- Preparedness Workforce: NACCHO recommends prioritizing investments in training and workforce development opportunities targeted to different skills level.
- Partnerships and Coalitions: NACCHO recommends that national partners (e.g., federal government, national organizations) explore additional avenues for enhancing engagement between public health and national chain pharmacies, intelligence/security organizations, and mental/behavioral health to increase resilience at the local level.
- Administrative Preparedness: NACCHO recommends working with national partners representing state and local stakeholders to identify barriers and priorities and to continue to look for opportunities to raise awareness among LHD leadership of good administrative preparedness practice and available resources.
- Preparedness Planning: NACCHO recommends increased funding to build sustainable preparedness capacity and capability at the local level in order to be able to adapt preparedness infrastructure and processes to address emerging public health threats.
- Preparedness Activities: NACCHO recommends that national, state, and local organizations work together to clarify the role of LHDs in addressing national health security threats, including terrorism, cybersecurity, and critical infrastructure protection.

Preparedness Workforce

The Preparedness Profile identified variability in experience among preparedness coordinators at the local level. NACCHO recommends prioritizing investments in training and workforce development opportunities targeted to different skills level.

Preparedness coordinators reported a range of experience within local public health preparedness. This illustrates the need for training and professional development opportunities tailored to different levels of preparedness experience. Trainings should continue to be updated based on evolving research and practice.

Learn more about NACCHO Training, including Roadmap to Ready: https://www.naccho.org/events-training/training

Nearly half of preparedness coordinators are new to their position, having less than two years of experience. At the same time, more than a third of respondents have more than ten years of experience as a preparedness coordinator or equivalent at any health department. Reliable and sustained funding sources and effective recruitment/retention, workforce development, and knowledge management strategies will be critical for maintaining strong preparedness programs at the local level as more inexperienced preparedness coordinators replace an increasingly retirement-eligible workforce. Academic programs could also be incentivized to provide preparedness and response curricula and training to their students so that they are prepared to enter the workforce.

NACCHO currently provides a range of professional development opportunities to the LHD preparedness workforce through virtual and in-person training, peer-learning and mentorship-opportunities, conferences, and workgroups. For example, NACCHO's Roadmap to Ready program offers training and mentorship to preparedness coordinators at LHDs with less than two years of experience. Based on the results of this assessment and program evaluations, NACCHO should continue to offer Roadmap to Ready and also expand to provide access to professional development opportunities for those with more than six years of preparedness experience.

Partnerships and Coalitions

The Preparedness Profile identified gaps in the strength of relationships between public health and sectors with a key role in preparedness, response, and recovery – specifically national chain pharmacies, intelligence/security organizations, and mental/behavioral health. To increase community resilience at the local level, NACCHO recommends that national partners (e.g. federal government, national organizations) explore additional avenues for enhancing engagement between public health and these sectors.

Collaboration across a range of partners has increased compared to 2015; however, LHDs still report fair and poor partnerships with key sectors, including behavioral/mental health, pharmacies, and local businesses. Recent events such as Ebola, Zika, hurricanes, wildfires, and mass shootings have demonstrated the need for local public health to work in close coordination with these partners during response and recovery. However, developing and maintaining these partnerships can be challenged by limited capacity and staff turnover and/or a lack of appropriate incentives for partners to engage in advanced preparedness planning.

NACCHO supports the development and strengthening of public and private partnerships across different preparedness and response sectors at the local, regional, state, and federal levels. Recognizing that gains in formal and routine partnerships with some organizations, such as national/chain pharmacies and intelligence/security services, must start at the national level, NACCHO continues to advocate for federal leadership in developing agreements and service plans. At the local level, NACCHO provides training, technical assistance, and facilitation support for Mobilizing for Action through Planning and Partnerships (MAPP), which is a community-driven strategic planning process that engages partners to identify and prioritize public health issues, including emergency preparedness, and identify resources to address them. NACCHO's Project Public Health Ready (PPHR) criteria based recognition and training program encourages LHDs to work closely with state and local partners to develop and enhance their preparedness plans.

NACCHO also encourages the participation of a broad range of preparedness and response sectors at local, regional, and state healthcare coalitions, serving as an important public health convener of traditional and non-traditional partners.

Learn more about MAPP and PPHR: https://www.naccho.org/featured-programs

Administrative Preparedness

The results of the Preparedness Profile identified improvements in administrative preparedness procedures at the local level, however a lack of awareness and dedicated resources remains a common barrier. NACCHO recommends working with national partners representing state and local stakeholders to identify barriers and priorities and to continue to look for opportunities to raise awareness among LHD leadership of good administrative preparedness practice and available resources.

Administrative preparedness removes barriers that can prevent the timely occurrence of response activities and is routinely identified as an area needing improvement by LHDs. The number of LHDs indicating having mechanisms informally or formally in place to expedite, modify, streamline, and manage administrative procedures has increased since 2016. However, approximately one in every five LHDs were unsure whether they have these procedures in place and more than 25% reported not having expedited workforce surge procedures in 2018.

With support from CDC, NACCHO and LHDs have identified best practices and developed a suite of free, on-line tools and resources to support LHDs assess, implement, and evaluate their administrative preparedness capability. However, to effectively implement these processes and tools, LHD leadership must be aware of and support collaborative preparatory work among preparedness, legal, human resources, finance, and other operations staff.

Further, some activities that would allow for increased efficiency of administrative procedures during responses are outside the scope of an LHD's authority. Therefore, federal, state, and local governmental agencies must work together to determine common priorities and work to create a legal and operational landscape that allows for efficient administration of fiscal, procurement, and human resources processes to support response activities during emergencies.

Access the administrative preparedness toolkit: http://toolbox.naccho.org

Preparedness Planning

The Preparedness Profile identified that preparedness programs are concerned about emerging threats, such as opioid abuse and active shooter incidents, but feel least prepared to respond to such events. NACCHO recommends increased funding to build sustainable preparedness capacity and capability at the local level in order to be able to adapt preparedness infrastructure and processes to address these public health threats.

NACCHO recognizes the opioid epidemic and the recent increase in active shooter incidents across the country as significant public health threats and national emergencies, and acknowledges the critical role of LHDs in responding to and recovering from these events. A "whole of community" approach will be required to address these and other 21st century and emerging health security threats.

LHDs and preparedness programs have significant experience in building coalitions to respond to all hazards events and lessons learned from other public health incidents that can inform current responses. However, LHD and preparedness capacity has been diminished over time and needs to be restored. While we have seen significant national attention and federal funding to address the opioid epidemic, more of that funding needs to be directed to the local level and to support prevention and recovery programs. Further, one-time or incident-specific funding creates challenges in building sustainable capacity and capability in preparedness at the local level; funding for programs such as the Public Health Emergency Preparedness (PHEP), Hospital Preparedness Program (HPP), and the Urban Area Security Initiative (UASI) would be a better investment of resources to increase resilience of communities and response systems in advance of a threat.

In addition to funding, NACCHO recommends using tailored tools and resources, as well as sharing best practices and lessons learned, to guide LHDs' planning and response activities for opioid abuse and active shooter incidents. NACCHO also urges local jurisdictions, states, and the federal government to implement evidence-based policies and practical frameworks that increase LHDs' ability to respond to these emerging public health issues.

Read about NACCHO's Opioid Epidemic activities: www.naccho.org/programs/community-health/injury-and-violence/opioid-epidemic

Preparedness Activities

Read the latest information and news about local health departments' preparedness activities: http://nacchopreparedness.org/

The Preparedness Profile identified that LHDs conduct minimum activities related to terrorism, critical infrastructure protection, and cybersecurity. NACCHO recommends that national, state and local organizations work together to clarify the role of public health and LHDs in addressing these 21st century health security threats.

Consistent with previous years, assessment results show that the majority of preparedness activities conducted by LHDs in the past year were focused on community preparedness, infectious disease, emergency risk communications, and medical countermeasure dispensing. While these remain core aspects of public health preparedness, LHDs are also called upon to respond to new and evolving threats from terrorism and cyber-attacks. Despite this evolving threat environment, less than 25 percent of LHDs reported training and exercising for terrorist threats, critical infrastructure protection issues, and cybersecurity attacks.

Concerted efforts between national, state, and local institutions and public health professionals are needed to clarify the role of LHDs in addressing these national health security threats. NACCHO will continue to engage with LHDs, to identify what support is needed in developing and strengthening preparedness planning, training, and exercising around these areas.

Conclusion

Local health departments play an essential role in preparing for, responding to, and recovering from disasters and emergencies that threaten the health of their communities. NACCHO continues to strive to be the voice for LHDs around the nation by educating and advocating to policymakers the importance of reliable and sustained sources of funding for preparedness activities and response. In addition, NACCHO partners with LHDs on a variety of policy, scientific, and programmatic activities that improve preparedness capacity and capability at LHDs across the nation.

Acknowledgements

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

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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