


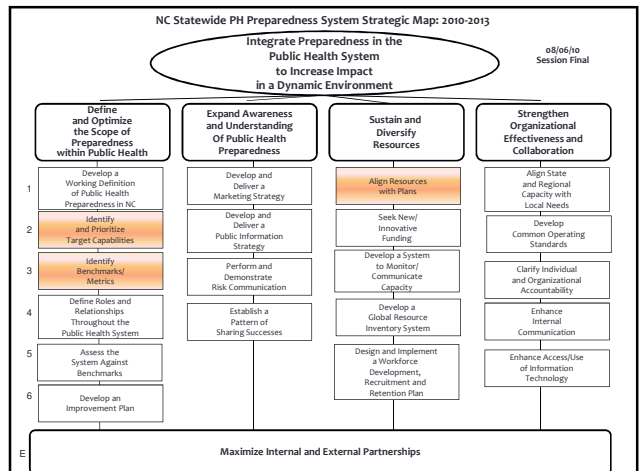
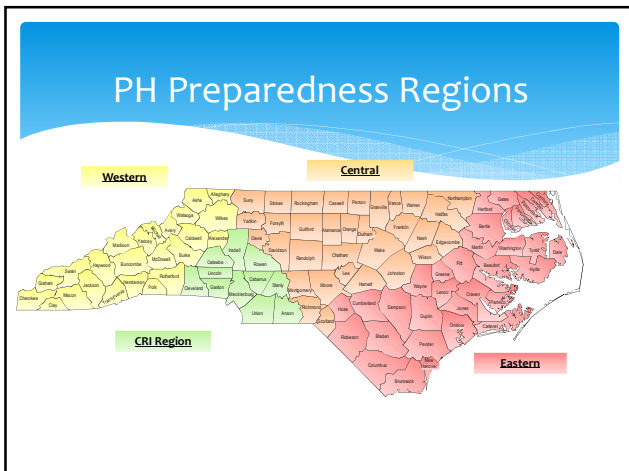
Using Assessment Information to Align State, Regional and Local Priorities within the Capabilities Framework

NC Public Health Preparedness and Response



Global View

- * Develop a SYSTEMWIDE, SYSTEMATIC approach
- * It's a maturing process in a maturing system
 - * Different levels, different people at various stages of maturity
- * There have been competing priorities
- * It's a BIG complex system



Public Health Preparedness Capabilities: National Standards for State and Local Planning

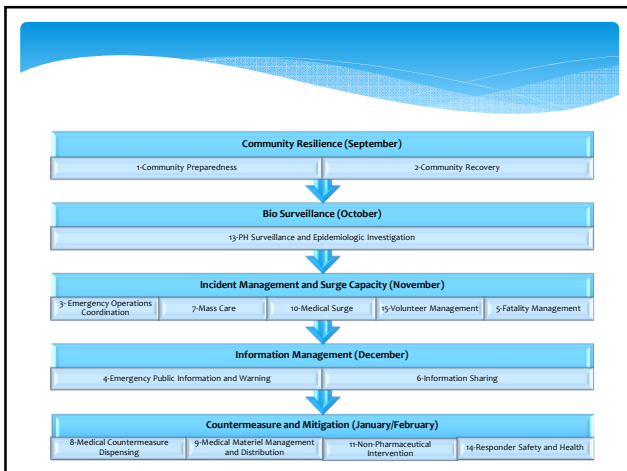
March 2011

Public health preparedness capabilities. CDC identified the following 15 public health preparedness capabilities (shown in their corresponding domains) as the basis for state and local public health preparedness:

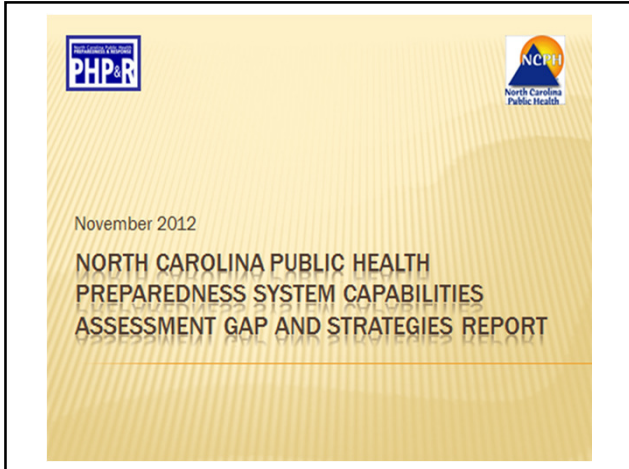
<p>Biosurveillance</p> <ul style="list-style-type: none"> - Public Health Laboratory Testing - Public Health Surveillance and Epidemiological Investigation <p>Community Resilience</p> <ul style="list-style-type: none"> - Community Preparedness - Community Recovery <p>Countermeasures and Mitigation</p> <ul style="list-style-type: none"> - Medical Countermeasure Dispensing - Medical Materiel Management and Distribution - Non-Pharmaceutical Interventions - Responder Safety and Health 	<p>Incident Management</p> <ul style="list-style-type: none"> - Emergency Operations Coordination <p>Information Management</p> <ul style="list-style-type: none"> - Emergency Public Information and Warning - Information Sharing <p>Surge Management</p> <ul style="list-style-type: none"> - Fatality Management - Mass Care - Medical Surge - Volunteer Management
--	---

Overall Concept

- * Had no aggregated assessment
- * Modular approach
- * Use of established mechanisms
- * No grades, no right or wrong answers



#	A	B
1	Health Department/District Name:	
2	Capability 1- Community Preparedness	
3	<p>P1: (Priority) Written plans should include policies and procedures to identify populations with the following:</p> <ul style="list-style-type: none"> -- Health vulnerabilities such as poor health status -- Limited access to neighborhood health resources (e.g., disabled, elderly, pregnant women and infants, individuals with other acute medical conditions, individuals with chronic diseases, underinsured persons, persons without health insurance) -- Reduced ability to hear, speak, understand, or remember -- Reduced ability to move or walk independently or respond quickly to directions during an emergency -- Populations with health vulnerabilities that may be caused or exacerbated by chemical, biological, or radiological exposure <p>These procedures and plans should include the identification of these groups through the following elements:</p> <ul style="list-style-type: none"> -- Review/access to existing health department data sets -- Existing chronic disease programs/maternal child health programs, community profiles -- Utilizing the efforts of the jurisdiction strategic advisory council -- Community coalitions to assist in determining the community's risks 	
4	Description	
5	Current Status	
6		
7		
8	Gaps	
9		
10		
11		
12		
13	Plans to Address the Gap	
14		
15		
16		
17		
18		
19		
20		



Gaps and Strategies

- * What's the use?
 - * Policy determinate
 - * Communications with partners
 - * Documentation of basis for measuring progress

Priorities and Regional Work Plans

- * November 2012: Top Three Priorities
 - * At Risk Population Planning and Recovery
 - * Risk Communications Training
 - * SNS Inventory Management System
- * January 2013: Regional Work Plans
 - * Mapping of Activities to address the 3 Priorities

What we've done with this so far

- * Engaged with NC Hospital Association's NC Community Health Improvement Collaborative
- * Collaboration with Community Health Assessment Team at NC DPH
- * Engaged with partner DHHS agencies' disaster coordinators
- * Training and exercise plans
- * Delivering on the strategies....

CAPABILITY 11- Non-Pharmaceutical Interventions

Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:

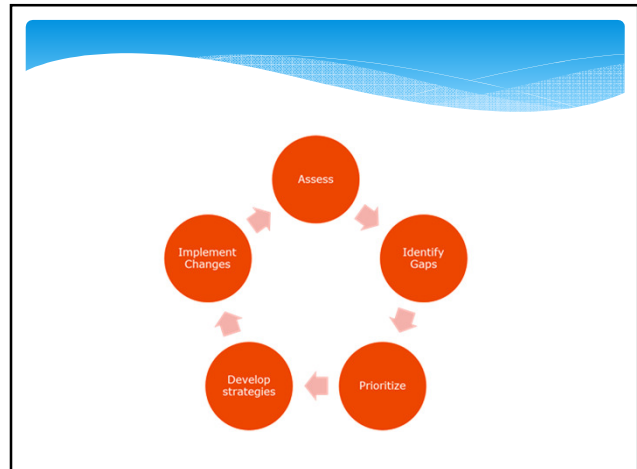
- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors.

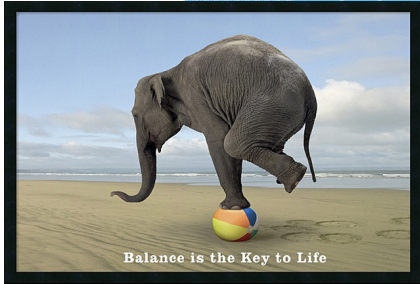
Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions (NPI).
Planning 1: Written plans should include documentation of the applicable jurisdictional, legal and regulatory authorities and policies for recommending and implementing NPI in both routine and incident-specific situations.

Gaps	Strategies		
	State Level	Regional Level	Local Level
<ul style="list-style-type: none"> • Local Health Departments need state guidance on NPI authorities and policies. 	<ul style="list-style-type: none"> • Identify existing state NPI policies applicable to LHD's for both routine and incident-specific situations. • Provide clarification on legal and regulatory authorities for restricting individuals, groups, facilities, animals, consumer food products, public works/utilities, and travel through ports of entry. • Develop an NPI Awareness Training Module that addresses the NPI Plans, including operations, legal and jurisdictional authorities, ports of entry, roles and responsibilities for public health, law enforcement, and medical, public and private agencies and organizations. • Provide an Isolation & Quarantine plan template that includes all of the required plan elements. 	<ul style="list-style-type: none"> • Disseminate the policies developed at the state level. • Provide technical assistance on state guidance as needed. • Provide regional training on the NPI training modules to ensure that the issues are addressed uniformly and consistently across the state. • Provide additional training and technical assistance as needed. 	<ul style="list-style-type: none"> • Implement the policies disseminated by State into county plans. • Seek technical assistance if further clarification is needed to make sure county policies are aligned with state recommendations. • Develop and implement plans that includes documentation of the applicable jurisdictional, legal, and regulatory authorities and policies for recommending and implementing non-pharmaceutical interventions in both routine and incident specific situations, including facilities, animals, consumer food products, and public works and utilities.

Function 1: Engage partners and identify factors that impact NPI.
Planning 2: Written plans should include documentation of the elements detailed in the PH Preparedness Capabilities.

Gaps	Strategies		
	State Level	Regional Level	Local Level
<ul style="list-style-type: none"> • Local Health Departments need State guidance on the written agreements required with community partners and healthcare providers. 	<ul style="list-style-type: none"> • Clarify need for MOUs with healthcare providers and/or other community partners for non-pharmaceutical interventions when NC General Statute mandates reporting are already in place. • Develop MOU templates for: 1) local partners outlining roles, responsibilities and resources in non-pharmaceutical interventions and 2) communications with healthcare providers (see also Capability 13). 	<ul style="list-style-type: none"> • Disseminate MOU templates developed by the state to ensure that local HDs use similar components for uniformity and consistency across the state. • Provide training on procedures to communicate with partners, especially with regards to case definitions and reporting identified cases of inclusion (see also Capability 13). • Provide training and technical assistance to make sure there is an understanding of the need for MOUs with partner agencies for non-pharmaceutical interventions. • Provide additional technical assistance and periodic refresher training. 	<ul style="list-style-type: none"> • Establish MOUs/MOAs with community partners. • Educate community partners on their roles and responsibilities related to non-pharmaceutical interventions. • Provide training and feedback to healthcare providers so that they understand procedures to communicate case definitions • Integrate the template into local All-Hazards Plan.





Balancing Local Priorities, Partner Agency Priorities
and "Systemwide Systematic" Priorities

- * Special thanks:
- * ALL 85 Local Health Dept Preparedness Coordinators
- * All regional office staff

Julie Casani, MD, MPH
Julie.casani@dhhs.nc.gov



Questions
are
guaranteed in
life;
Answers
aren't.