



THE SENTINEL



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Hazard Vulnerability Assessment to be completed by public health

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All public health districts in Georgia are working to complete a Hazard Vulnerability Assessment (HVA) to ascertain the most likely threat to the public's health in each district. While this assessment is similar to the study done by Emergency Management Agency Directors in each county, the public health assessment focuses on public health threats and the response by public health workers.

Another distinction is that the public health HVA encompasses all 13 counties in District 2, whereas the county HVA's conducted by the EMA Directors are specific for that particular county. Still, coordination between response agencies and organizations will be critical during emergencies and disasters, and

this planning will enhance the relationships of agencies and organizations currently working together.

The public health HVA tool was designed by Georgia Southern University's Jiann-Ping Hsu College of Public Health. The purpose of the tool is to identify areas for improvement for specific emergencies addressed by public health plans. Each district will then work on strengthening response activities in these areas.

There is a total of 15 sections that are scored in the assessment. In each section, there are several functions that are evaluated. Each area is summarized as: 1) significant improvement required, 2) improvement required or 3) good status - maintain.

CDC updates SNS Technical Assistance Review (TAR) requirements

During a recent pre-TAR assessment for Public Health Emergency Preparedness funding, new rules were explained to the District 2 Emergency Preparedness staff regarding deliverables and scoring for each section of the review. Because of the changes, the CDC will allow some flexibility for the 2012 review but expects each state to continue to improve. States failing to achieve deliverables will be at risk for reduced funding.

Plans for counties that are part of the Cities Readiness Initiative (CRI), will be reviewed yearly while plans for non-CRI counties will be reviewed bi-annually. District 2 has two counties in the CRI - Dawson and Forsyth. Although plans for other counties may not be formally reviewed each year, it is important that all plans be kept current in case of an emergency.

The new scoring method will produce a composite score that consists of a planning section and an operations section. The planning section will be graded in accordance with the Technical Assistance Review (TAR) scoresheet, and will be worth a possible 100 points. The operations section will include operational drills (50 points), point-of-dispensing standards (25 points), and full-scale dispensing exercises (25 points). Point totals for the two sections will be averaged for an overall composite score. Beginning in

2012, the Points of Dispensing Standards will be reviewed annually. Additionally, districts must conduct a minimum of three exercises per year. However, a full-scale exercise will only be required every five years. The full-scale exercise can be led by the state Emergency Preparedness and Response team with participation by the district and county teams. All exercises will follow the Homeland Security Exercise and Evaluation Program (HSEEP).

Due to the fact that the 25 points for the state-led full scale exercise will only be awarded in one year of the five year period, it is expected that scores for the non-full scale years will be lower than those achieved by districts in the past. For example, the highest score achievable in a non-full scale year will be 87.5 (175 divided by 2). While this score is lower than District 2's 2010 score of 97, and 2011's score of 94, it is hoped that the scores achieved by the 18 health districts throughout the state will be more uniform, and will reflect a truer picture of the state's overall readiness to respond to a mass dispensing scenario.



Strategic National Stockpile
Technical Assistance Review



Emergency kits and disaster supplies can be great gift ideas

Not sure what to get for that hard to buy for relative or friend? No matter what the occasion, items to help someone survive a disaster are creative gift ideas. Items like flashlights, ready-to-eat foods, and bottled water are fairly inexpensive but can be good starters for basic emergency kits for a birthday gift. For those who enjoy technology, NOAA weather radios or scanners could be good gift ideas. Housewarming gifts such as smoke detectors and approved fire extinguishers (kitchen, garage, and car) are appropriate, as well as emergency kits for homes that also include a first aid kit, food, and water. Other handy items are foldable ladders for second-story escape in

case of a fire. For automobile enthusiasts, kits with emergency flares, shovel, ice scraper, flashlight and fluorescent distress flags would be unique. Individuals with new pets should be prepared and giving a kit with food, water, leashes, and a carrying case or crate would be helpful.

For Mother's or Father's day, cash in small bills or rolled coins is a good gift idea, as is providing copies of important documents, like insurance policies, phone numbers and identification. Providing new smoke detectors or replacing batteries in existing detectors are smart ideas. These are just a few ideas to get you started thinking about how you can give creative and useful gifts.

A look at public health preparedness ten years after 9-1-1

The tragic events of September 11, 2001 brought into focus the importance of public health as a central and vital component of the nation's emergency preparedness. Expert assessments after the terrorists events and anthrax attacks of 2001, concluded that America's public health system was underfunded and structurally weak in almost every area. Since 2001, the federal government has provided some funding for public health to build basic capabilities in all 50 states and territories and to plan how to prioritize and respond to the greatest risks. However, proposed budget cuts in several programs may affect many areas of preparedness including the ones discussed below.

Over the last nine years, Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation have conducted evaluations to measure the progress made by the nation and each state. Following is an overview of their 2011 report.

KEY FINDINGS

- **Fifty-one cities, in forty states, are at risk of losing Cities Readiness Initiative (CRI) funds. This funding supports the ability of public health to rapidly distribute and administer vaccinations and medications during emergencies.**

The CRI expanded from 21 cities and metropolitan areas in 2004 to 72 cities and metropolitan areas in 2010; at least one in every state. Proposed cuts would return the number of CRI cities to the initial number. CRI funding has helped cities improve their ability to deliver antibiotics to the area's entire population within 48 hours of an attack. The Atlanta area is expected to retain its CRI funding through FY 2012.

- **All 10 state labs with Level I chemical threat testing status are at risk for losing top level capabilities - which**

- would leave only one CDC lab with full testing capabilities.**

The Laboratory Response Network (LRN-c) was created to respond to chemical threats. These labs are classified as level 1, 2, or 3. Level 3 laboratories perform basic functions and work within their jurisdiction to maintain competency in clinical specimen collection, storage, and shipment. Level 2 labs have chemists who are trained to detect exposure to a number of toxic agents. Level 1 labs provide surge capacity to CDC and can detect exposure to an expanded number of chemical agents, nerve agents, and other toxic industrial chemicals. These labs expand CDC's ability to analyze large numbers of patient samples during large-scale exposure incidents but are now at risk due to proposed cuts.

- **Twenty-four states are at risk for losing expert epidemiology support.**

Recognizing the importance of epidemiologic support, CDC developed the Career Epidemiology Field Officer (CEFO) program in 2002 to strengthen state, territorial, and local public health departments epidemiologic capability. Under this program, CDC assigns epidemiologists at the request of state, territorial or local public health departments. The program filled a critical need area by providing well-trained support to local health departments. Again, proposed cuts could reduce the number of epidemiologists provided to health departments by the CDC.

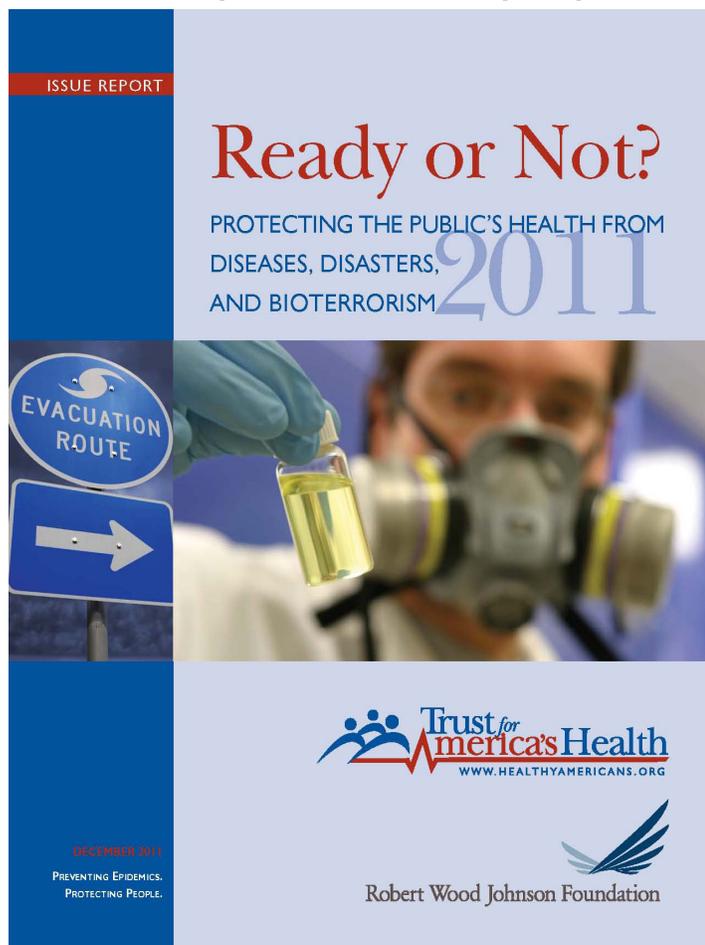
- **Academic preparedness research and training centers are at risk due to budget cuts.**

In 2010, 14 universities around the country received funding to create Preparedness and Emergency

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A look at public health preparedness ten years after 9-1-1



- **Potential cuts to the National Center for Environmental Health could reduce the ability of the CDC to respond to nuclear detonation, radiological attacks, chemical attacks and natural disasters.**

Environmental threats consisted of 8 out of 15 all-hazard planning scenarios that were released in 2005 for use in national state and local Homeland Security preparedness activities. These included nuclear detonation, radiological incidents, chemical attacks or accidents, and natural disasters.

It is important to note that the National Center for Environmental Health (NCEH) and the Agency for Toxic Substances and Disease Registry (ATSDR) lead the CDC in developing national, coordinated, science-based responses to deal with health concerns from environmental threats. NCEH/ATSDR led CDC's response to the Deepwater Horizon oil spill, the Fukushima nuclear power plant disaster, and every hurricane response including Katrina, Rita, and Ike.

With proposed budget cuts to preparedness activities, the agency would need to prioritize where internal resources would be targeted.

- **Public health budgets have been cut in forty states and Washington, DC in 2011. Twenty-nine states cut their public health budgets for a second year in a row and fifteen for three years in a row.**

From FY 2008 to FY 2011, the median per capita state spending decreased from \$33.71 to \$30.09. Comparing state-by-state spending is difficult because each state allocates and reports its budget in different ways. For instance, the median per capita spending was \$30.09 for FY 2011. This includes a low of \$3.45 per capita in Nevada to a high of \$154.80 per capita in Hawaii. However, it is clear that when state revenues are down, public health spending is typically one of the first budget items reduced.

In addition, a recent study by the National Association of County and City Health Officials (NAACHO) found significant cuts to programs, workforce and budgets at local health departments. Since 2008, health departments have lost over 34,000 jobs due to layoffs and attrition.

- **Forty-one states had cuts in state and local preparedness support through the Public Health Emergency and Preparedness (PHEP) grants from FY 2010 to FY 2011.**

During the last decade, public health departments have improved their response capabilities as outlined in the TFAH report. However, with decreased funding for state and federal governments, public health workers must

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To read the full TFAH report, go to <http://healthyamericans.org/report/92/>

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Response Learning Centers (PERLCs) to train public health workers. These centers were designed to help integrate federal and local disaster response by education workers and officials on federal standards and strategies. Originally scheduled to be funded for five years, the FY 2011 budget was reduced by 30 percent. The proposed budget for this program is already \$10 million less for FY 2012.

The Preparedness and Emergency Response Research Centers (PERRCs) were established at nine schools of public health by the CDC in 2008. The purpose of this program is to study key questions about how to best respond to disasters and emergencies, and translate that knowledge into practical guidelines for adoption by local health departments. In FY 2011 the budget for this program was cut approximately 40 percent and is now at risk for elimination at some public health schools. The Rollins School of Public Health at Emory University is Georgia's only school presently participating in this program



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make sure that all funds are spent wisely to meet the needs for the largest number of the population. The distribution of PHEP funds from the CDC is calculated using a formula that includes a base amount for each awardee plus population-based funding. Funding is also awarded for specific preparedness activities.

• **All 50 states and Washington, DC had cuts in Hospital Preparedness Program (HPP) grants from FY 2010 to FY 2011.**

This program seeks to improve surge capacity and enhance community and hospital preparedness for public health emergencies through grants and cooperative agreements. HPP provides support for hospitals to buy medication, medical supplies, communications equipment, and other resources for emergencies. The HPP also provides

assistance to hospitals for improving decontamination capabilities and hospital evacuation planning. A 2009 HHS evaluation found that more than three-fourths of hospitals participating in HPP achieved at least 90 percent of all measures for preparedness.

While these findings point to opportunities for improvement, it should also be noted that over the last ten years significant improvements in public health preparedness have moved the nation forward in its ability to respond to emergencies. One important improvement has been the inclusion of public health as a participant in emergency planning and response. Communications between response agencies has led to more coordination of resources and the ability to respond to a wider range of threats. Still many opportunities for enhancement and improvement remain and funding will be a critical factor in how well public health can handle challenges in the future.

Reminder: Sign up now to be a public health volunteer

Now is the time to sign up to be a public health volunteer. Go to <http://servga.gov>, create an account and register to become a Northeast Georgia Mountains Medical Reserve Corps volunteer. It's easy and you will join others who are willing to help during emergencies or other significant events.

The Medical Reserve Corps needs all types of volunteers - individuals with non-medical skills as well as those with medical training are invited to join. You can even choose where you would like to serve.

Visit <http://servga.gov> to sign up and explore volunteer and training opportunities.

Northeast Georgia
Mountains

medical
reserve
corps



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