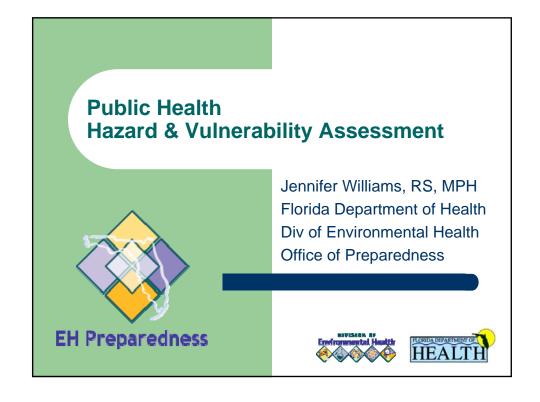
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#### **Presentation Outline**

- Define PH HVA
- Federal Directives
- Existing FL HVA Efforts
- FL PH HVA Program Objectives
- Examples of Projects







#### **PH HVA Definitions**

- Hazard
  - A potential threat to humans and their welfare
- Vulnerability
  - The extent to which a person, group or socio-economic structure is likely to be affected by a hazard (susceptibility and resilience)
- Risk = Hazard x Vulnerability
  - The likelihood of a specific disaster event occurring and its probable consequences for people and property







# Traditional HVAs don't take into consideration key factors that may affect *public health* vulnerability

- Socio-economic status
  - Demographics
  - Economic indicators
  - Education
  - Linguistic
- Health status
  - Health indicators
  - Health finance
  - Healthcare access

- Geospatial analysis
  - Geographical isolation
  - Population density
  - % urban population
- Preparedness analysis
  - Public risk perception
  - Public health preparedness quotient
  - Hospital preparedness quotient(s)







#### **Factors That Affect PH Vulnerabilities**

- Poverty
- Childhood/Elderly
- Gender
- Disability
- Lack of information, education and communication
- Lack of experience and process
- Inadequate healthcare
- Geographical location / isolation
- Inadequate social and organizational integration / coordination
- Inadequate preparedness and mitigation

- Malnutrition
- Inappropriate developmental policies
- Food insecurity
- Societal stratification
- Poor water and food quality
- Limited state & local resources
- Political perceptions
- Negative social interactions: administrative graft / corruption, competition
- · Lack of social order
- High burden of illness and/or injuries







#### Directives/Requirements-US Dept of Health and Human Services

- Health Resources and Services Administration (HRSA), Healthcare Systems Bureau
  - National Bioterrorism Hospital Preparedness Program
  - http://www.hrsa.gov/grants/default.htm
- Centers for Disease Control (CDC),
   Public Health Emergency Preparedness
  - Cooperative Agreement (2006)
  - http://www.bt.cdc.gov/planning/coopagreement/#fy06







#### **HRSA Guidance**

- "public health departments, in conjunction with hospital and other healthcare entities, law enforcement and other first responders, engage in active planning and information sharing around HVAs...already conducted"
- "Ensure that response plans are in accordance with identified and predictable scenarios"







#### **HRSA Critical Tasks**

- Decrease the time to intervention by identification and determination of potential hazards and threats, including quality of mapping, modeling and forecasting
- Decrease human health threats associated with identifying community risks and vulnerabilities
- Through partners, increase capability to monitor movement of releases and formulate PH response and interventions based on dispersion and characteristics over time







#### **HVA Supports HRSA Priorities** & Critical Benchmarks

- #2-1 Surge Capacity: Beds, Minimal Level of Readiness 'events
  that could adversely affect the quality, capacity and continuity of
  healthcare operations for each participating hospital and other
  healthcare facility and describe plans to mitigate consequences.'
- #2-1 Number of participating hospitals
- #2-1 Number of **beds**, above the current daily staffed bed capacity, in other regions of the state for which predictable high-risk scenarios have been identified through HVA (within 3 hours post-event and within 24 hours post-event)
- #2-2 Capacity to maintain at least one suspected highly infectious disease in negative pressure isolation (within 3 and 24 hours postevent).







# **HVA Supports HRSA Sentinel Indicators**

- #2-5 Number of hospitals that have access to pharmaceutical caches to cover hospital personnel, first responders and associated family members for 72 hour period
- #2-6 Numbers of PPE to protect current and additional health care personnel deployed
- #4-1 Number of hospital lab personnel trained in the protocols for referral of clinical sample and associated information
- #4-2 Number of EMS providers, poison control centers, community health centers
- #5 Number of healthcare personnel trained through competency-based programs
- #6 Number of drills or exercises conducted that include hospital personnel, equipment or facilities, drills or exercises that focus on CBRNE







### **CDC Cooperative Agreement**

- "Recipients required to develop a risk mitigation plan based on HVA...to ensure that the <u>public health</u> consequences of them are minimized."
- "The State HVA should be a compilation of assessments from local jurisdictions and any other risks identified by the state."







# **Department of Homeland Security Target Capabilities List**

- Defines capabilities needed to achieve national preparedness
- Phase I primary focus was response
- Phase II (initiated summer 2006) focuses on capabilities that support the prevention and protect missions and long-term recovery







### **Target Capabilities Identify:**

- Need for geocoding (critical infrastructure, EH facilities, PH facilities, resources, etc)
- Building capacity to share information/data
- Building capacity to analyze data (GIS techs)







### **PH HVA Program for FL Counties**

#### Purpose:

- To identify and prioritize hazard probability and potential impact
- To estimate population vulnerability according to standard indicators
- To identify gaps in public health resources
- To assess feasibility and define protective strategies, based on HVA data foundation, to define appropriate protection, prevention and mitigation strategies for potential public health consequences







### **PH HVA Program Objectives**

- Populate ArcCatalog with pertinent data for Florida
- Survey FL counties for capabilities and prioritize assistance for regional/county level PH HVAs
- Ensure data availability/analysis tools for each CHD
- Regional workshops to train and assist
- Ongoing evaluation of efforts
- Assessment of Chemical Antidote Program in FL
- · Assessment of Drought and Wildfires in FL







### **Compilation of FL HVA Efforts**

- Dept. of Community
   Affairs regulates chemical storage facilities
- **Dept. of Health** assisting with hospital HVAs
- Law Enforcement Critical Infrastructure Assessment
- County Emergency
   Management Local
   Mitigation Strategies (LMS)

#### Other Partners

- RDSTFs
- Department of Environmental Protection
- Department of Agriculture & Consumer Services
- Department of Elder Affairs
- Agency for Health Care Administration







## II. Introduction/Discussion a. Purpose b. Scope

I. Title/Issue/Scenario

III. Data/Background Information/Analysis

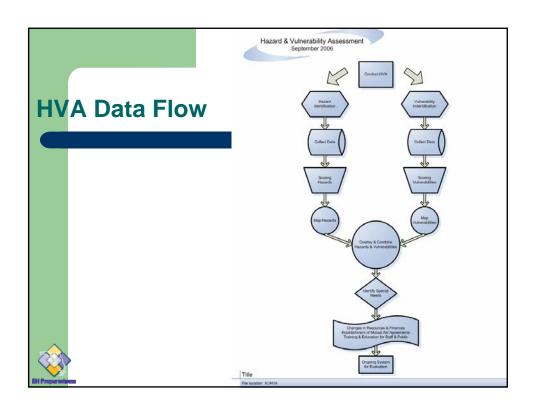
- a. Literature Search peer reviewed
- b. Internal existing documents
- c. Data Sources
- i. Demographics
- ii. Environmental concerns
- iii. Health care data
- iv. Critical Infrastructure
- v. Logistics/resources
- vi. Hazards
- d. Caveats and limiting parameters, constraints, restrictions
- IV. Data Analysis
  - a. Data Overlay
  - b. Data Display GIS
- V. Summary/Recommendation
  - a. Primary
  - b. Alternate
- VI. Appendices
  - a. Glossaryb. References



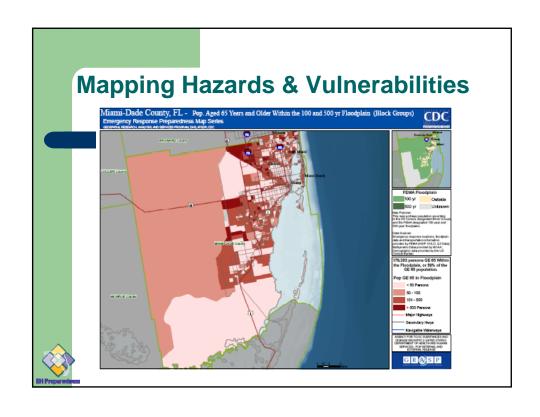


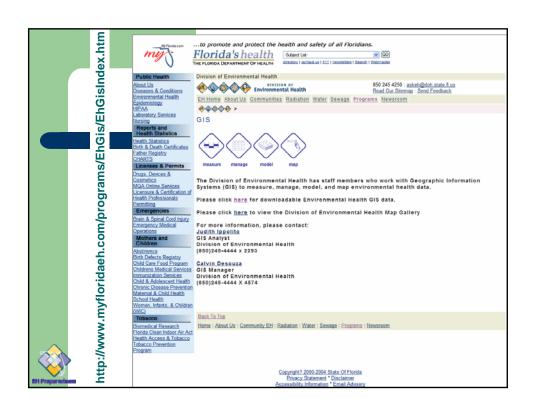
#### HVA Process Checklist

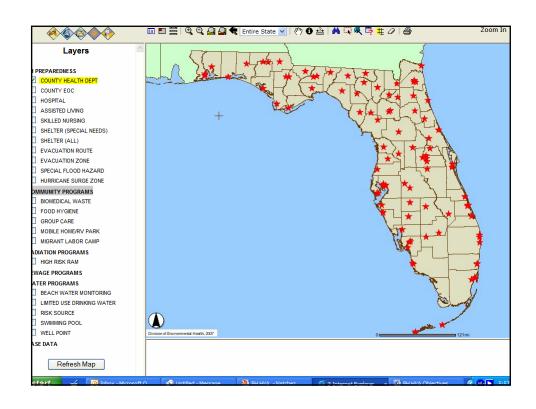


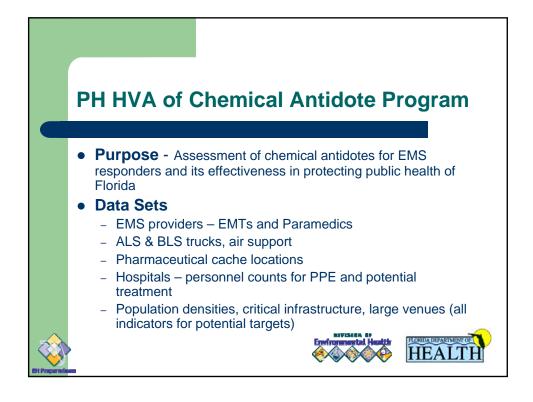












### **PH HVA Drought & Wildfires**

- Purpose To assist in planning and operation phase for ESF8 response
- List of Subject Matter Experts
  - Epidemiology
  - PH Nursing
  - Public Information Officer
  - EH Air and Water
  - Behavioral Health
  - Pediatrics
  - Animal
  - Medical Advisor
  - Evacuation/Sheltering

#### Objectives

- Brainstorm scenarios and potential concerns
- Develop IAP objectives
- Predetermine data sets for planning and response
- Develop map templates for decision making
- Define roles and responsibilities for EH





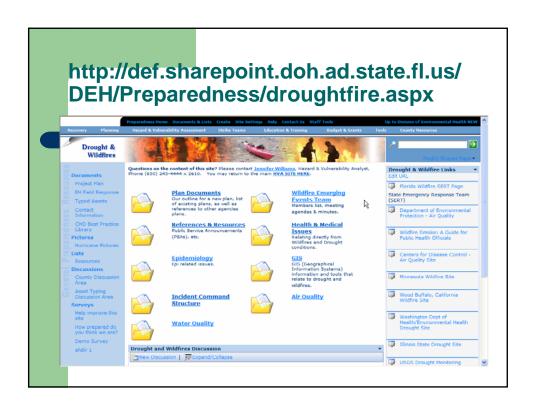
### **PH HVA Drought & Wildfires**

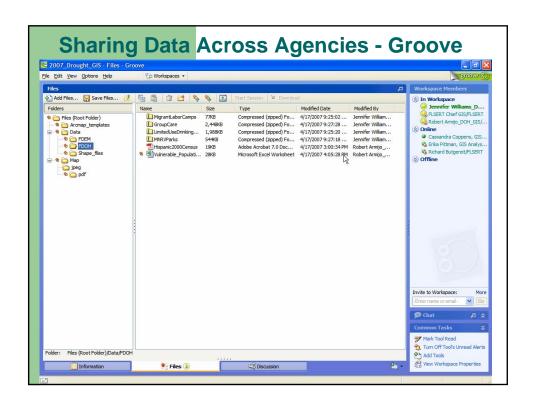
- Examples of mapping scenarios
  - fires and evacuation of critical infrastructure (hospitals, SNF, ALFs, schools, etc)
  - Smoke plumes and vulnerable populations (asthma, caridovascular disease, etc)
  - Smoke/fire estimates for distribution of Public Service Announcements
  - EPI surveillance data for PSAs and direct resources
  - Drought information and well water quality issues (chlorides, water conservation, etc.)

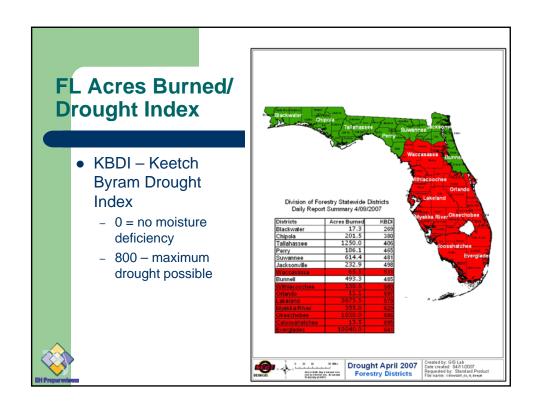


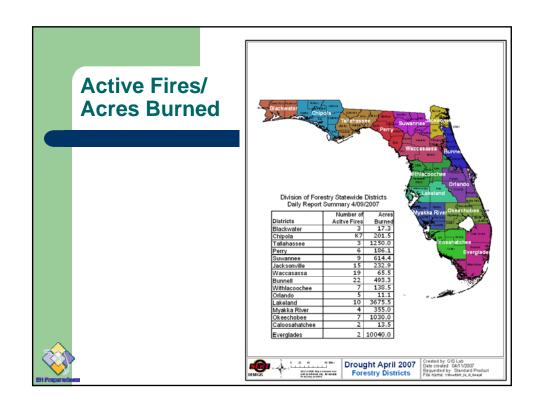












### **Theory Into Practice**

- Justification for resource allocation
- Establishment of MOA's across HVA county stakeholders
- Targeting training & education for program direction and public awareness
- Educate local emergency management
- Ongoing system for evaluation, changing trends and conditions





