

# Coordination and Integration of CDC and HRSA Supported Preparedness Activities

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# CDC Cooperative Agreements

- Preparedness Planning/Readiness Assessment
- Surveillance and Epidemiology Capacity
- Biological Laboratory Capacity
- Chemical Laboratory Capacity
- Communications and Information Technology
- Risk Communication
- Education and Training

# HRSA Cooperative Agreements

- Regional Hospital Surge Capacity
  - Beds, personnel, equipment
  - Isolation capacity
  - Mental health services
  - Trauma/burn care
- Emergency Medical Services
- Linkages to Public Health
  - Hospital laboratories
  - Surveillance & patient tracking
- Education and Preparedness Training
- Exercises

# Importance of Integration

- Public health emergency preparedness demands a unifying jurisdiction-wide strategy
- State and local health departments, hospitals, and other health care entities must be able to mount a collective, seamless response

# Scope of Integration

- Vertical integration
  - Between state and local health department activities
- Horizontal integration
  - Between public health preparedness and hospital readiness activities
  - Between public health department and public safety and emergency management agencies

# Cross-Cutting Activities

- To ensure that all CDC and HRSA supported preparedness activities are coordinated and integrated at the state and local levels in order to develop a cohesive and coherent response to bioterrorism and other public health emergencies

# Cross Cutting Activities

- 5 Cross-Cutting Critical Benchmarks
- 8 Other Cross-Cutting Activities
- Cross-cutting section identical in both CDC and HRSA guidance documents
- Responses were to be identical whether submitting for CDC or HRSA funding

# Cross-Cutting Critical Benchmarks

- Incident Management
- Joint Advisory Committee
- Laboratory Connectivity
- Laboratory Data Standards
- Jointly Funded Health  
Department/Hospital Activities

# Incident Management

- Describe roles and responsibilities of public health departments and hospital/health care systems as related to incident management at state/regional levels:
  - Existing incident management system
  - Establishment of intra-state regions
  - How activities during FY2002 budget period related to the statewide and regional incident management systems

# Joint Advisory Committee

- Establish and operate a single Advisory Committee to assist the jurisdiction's senior public health official in overseeing both the CDC and HRSA Cooperative Agreements to enhance integration of efforts by public health department and hospital community

# FY03 Joint Advisory Committee: Membership

- State/territorial health department
- Local health departments
- State/territorial hospital association
- State/territorial mental health agency
- Academic health centers, other tertiary care centers, community hospitals

# FY03 Joint Advisory Committee: Membership

- Primary care associations, community health centers
- American Indian or Alaska Native health care facilities
- State, territorial or local emergency management agency, police departments, fire departments

# Laboratory Connectivity

- Establish operational relationships among the various types of analytical laboratories that are relevant to preparedness for and response to bioterrorism and other public health emergencies

# Laboratory Data Standard

- Adopt the Logical Observation Identifiers Names and Codes (**LOINC**), where applicable, as the standard for electronic exchange of lab results and associated clinical observations between and among public health department labs, hospital-based labs, academic health center-based labs and others

# Jointly Funded Health Department/Hospital Activities

- Develop and maintain a database displaying activities funded jointly by the CDC and HRSA cooperative agreements and, as applicable, other sources

# Other Cross-Cutting Activities

- Surveillance
- Coordination with Indian Tribes
- Populations with Special Needs
- Planning for Psychosocial Consequences
- Education and Training
- Academic Health Centers Involvement
- IT System Interoperability
- Border States (Mexico and Canada)

# Surveillance

- Integrate disease surveillance systems at the state and local levels, including hospital-based surveillance systems, so that relevant data on disease reporting is rapidly captured and analyzed

# Surveillance

- Develop surveillance systems with a view towards capturing and reporting information in “real-time.”
- Allow (eventually) for electronic communication between hospitals and public health departments at all levels

# Coordination with Indian Tribes

- Provide documentation of Indian tribal government participation in state and local preparedness planning
- Describe how their participation in planning and implementation efforts will be assured by the state-wide plan

# Populations with Special Needs

- Describe activities that will be implemented to meet the specific needs of special populations, including but not limited to people with disabilities, people with serious mental illness, minority groups, the non-English speaking, children, and the elderly

# Psychosocial Consequences of Bioterrorism and Other Public Health Emergencies

- Describe how the state health department is working with hospitals, mental health providers, public/private emergency response agencies and social services entities to meet the peri- and post-event psychosocial needs of :
  - victims, those at risk, their families
  - other psychological casualties with or without medical illness
  - emergency responders (healthcare personnel, PH professionals, EMTs, police, firefighters, etc.)

# Education and Training

- Describe what the health department is doing to train/ensure training of staff in:
  - Public health departments
  - Hospitals
  - Major community health care institutions
  - Emergency response agencies
  - Public safety agencies, etc.

to respond in a coordinated manner in the event of bioterrorist attack or other public health emergency

# Education and Training

- Describe plans (including joint exercises and drills) that will ensure that each category of personnel in these organizations/agencies knows what their duties are, what is expected of them, and with whom they will be interacting in such an event

# Involvement of Academic Health Centers

- Collaborate with academic health centers, if available in region, and capitalize on their expertise and resources in:
  - health care delivery (AHCs often have emergency response/trauma care capabilities)
  - education/training
  - research

in preparedness and response efforts

# Interoperability of IT Systems

- Describe measures the state has taken to ensure connectivity and interoperability (both vertically and horizontally) of its various IT systems with those of local health departments, hospitals, emergency management agencies, public safety agencies, neighboring states, federal public health officials and others

# Interstate Planning

- In all planning efforts across state borders, describe any collaborative efforts undertaken by local health departments with hospitals in their communities to develop an integrated regional approach to a mass casualty event

# Border States (Mexico/Canada)

- Describe how state and local health departments sharing an international border with Mexico or Canada foster collaboration and coordinate with border counties and existing border agencies and institutions