Public Health Emergency Preparedness 101 & Engaging Conversation

June 14, 2022

WASHINGTON COUNTY
OREGON
Department of Health and Human Services

Presenters and Topics

Introductions and PHEP Overview

- Adrienne Donner, Supervisor

Hazards and Outreach Efforts

- Cynthia Valdivia, Bilingual Sr. Program Education & Communication Specialist

Public Health Modernization

- Gaby Rodriguez, Bilingual Program Specialist

Public Health Equity and Plans Update Project

- Amy Sturgeon, Sr. Program Coordinator

How Public Health Has and Does Responds

- Jack Nuttall, Sr. Program Coordinator

What is Public Health Preparedness

… and how is it different from Emergency Management?

- Focuses on public health emergencies*
  - Ensuring Washington County Public Health is ready to respond as individuals and as an organization
- Focuses on public health responses*
- 14 CDC Public Health Capabilities

*Focuses on equity in emergency preparedness

Partnership

- Full partnership
- In coordination
- Shared Information
- CDC Capabilities

Earthquake as a Case Study

- Emergency Management owns
  - Overall planning
  - Response
- Focus on public health concerns in every emergency
  - What happens when safe water stops flowing?

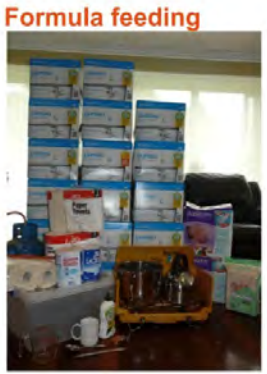
Disaster Sanitation

If toilets aren't working...

- Washington County PHEP led
- Outbreak Prevention
- Became Regional
- Emergencytoilets.org

Infant Disaster Feeding

- Tools for restarting lactation
- Tools for safer formula feeding
- Tools for feeding without mom
- Rapid assessment tool
- Environmental health assessment for shelters



https://rdpo.net/infant-feeding-in-emergencies

Regional Collaboration

- Regional Disaster Preparedness Organization (https://rdpo.net/)
  - Citizen Corps (PHEP has Medical Reserve Corps)
  - Disaster Messaging Work Group
    - Extreme weather, disaster sanitation, etc.
  - Public Alerts (www.publicalerts.org)
- Hospital/Healthcare Preparedness
  - Planning with HPO and connecting to healthcare

Regional Collaboration

- Washington County Housed Regional Programs
  - CRI
    - Push Partner Registry
  - Regional Medical Reserve Corps Planner
  - Regional BIPOC Communications Planner (bilingual)

Hazards, Outreach & Training

Cynthia Valdivia

Sr. Program Education & Communications Specialist, Bilingual

Washington County Hazard Analysis

- Extreme Heat/Wildfires
- Winter Storm
- Flood
- Windstorm
- Utility Failure
- Earthquake
- Pandemic
- Terrorism

Preparedness Outreach and Training

- Community Events
  - Fairs, Cultural Centers
  - Safety Town Children
  - Veterans
  - Senior Centers

Preparedness Outreach and Training

- BIPOC communities
  - Preparedness
  - First Aid and CPR certification

Preparedness Outreach and Training

COVID-19 Vaccinations

Hands Only CPR

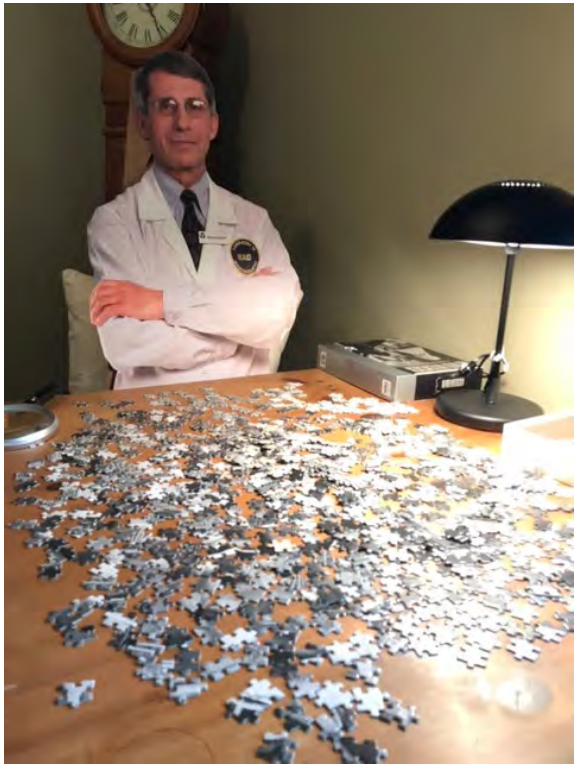
Preparedness Outreach and Training

- Migrant Camps
  - Food – 165 **Tons** during pandemic
  - Masks – Pandemic/Smoke Event
  - Hand Sanitizer
  - Educational materials
  - Extreme Heat Safety

Preparedness Outreach and Training

- MRC Trainings
  - Disaster Response
  - EOC
  - Psychological First Aid
  - Radio Communications
- Projects
  - Senior Preparedness
  - Teen Fairs
  - Moulage Train the Trainer

New Ideas – Pieces of the Puzzle…

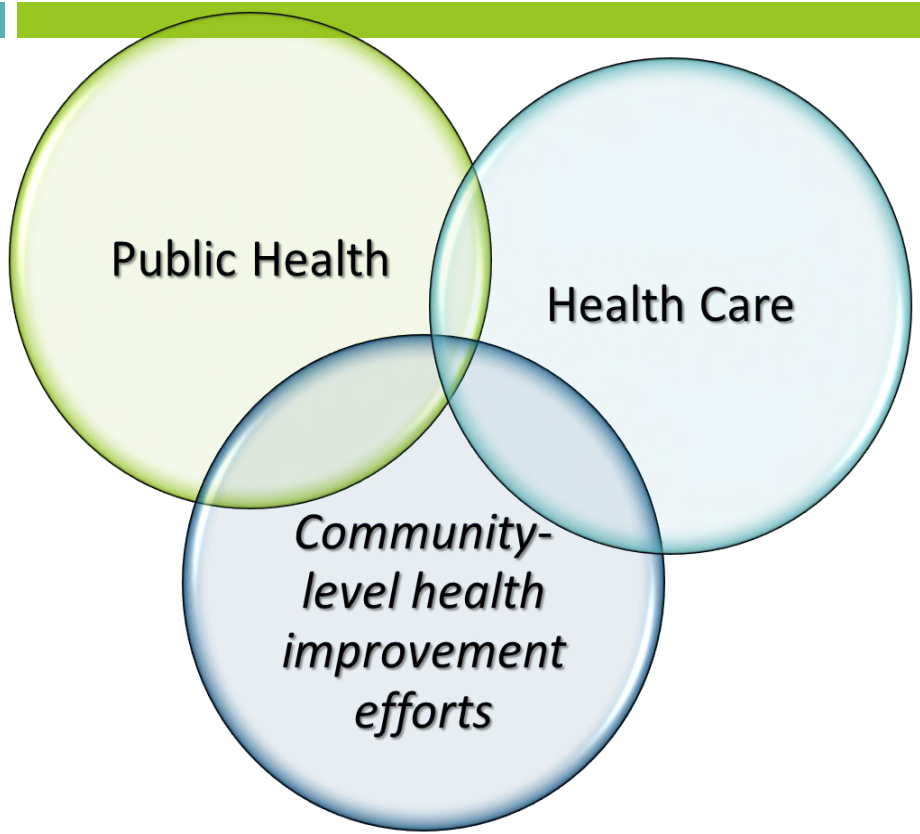


Public Health Modernization

Gaby Rodriguez

Program Specialist

Public Health Modernization



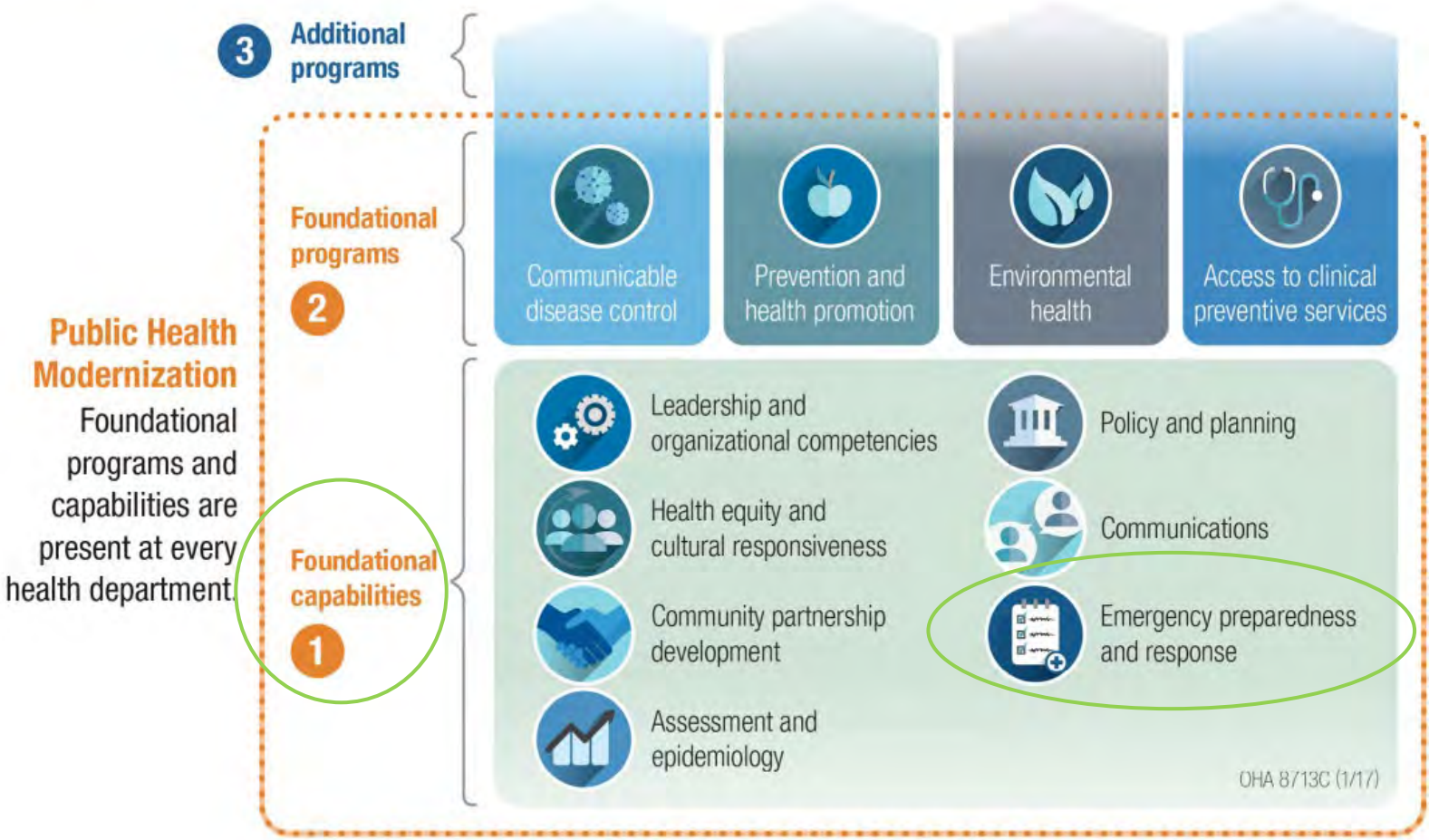
"…to achieve a high standard of overall health for *all* Oregonians, regardless of income, race, ethnicity or geographic location."

Task Force on the Future of Public Health Services

Recommendations:
https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/Future-of-Public-Health-factsheet.pdf

- Define *Foundational Capabilities and Programs* for efficacy and efficiency
- Securing and sustaining state funding
- Implementation to occur in waves
- Flexibility for local jurisdictions in operationalization
- Specific metrics for improvement and change

Modernized framework for governmental public health services



Emergency preparedness and response

Vision:

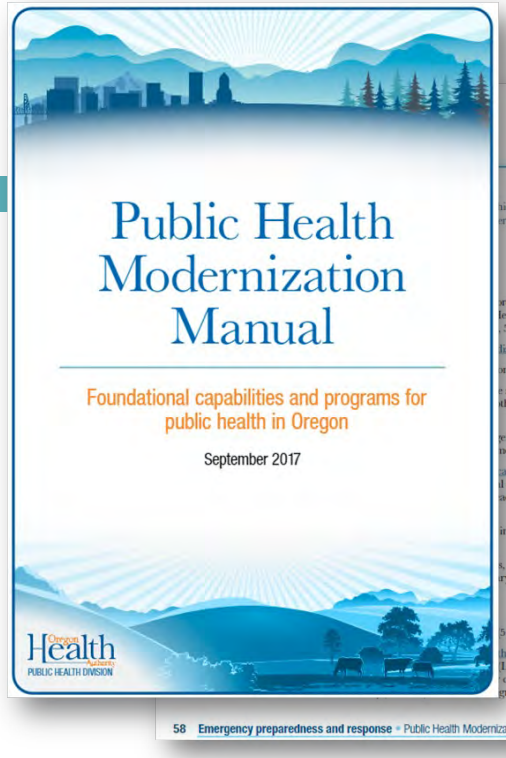
A healthy community is a resilient community,

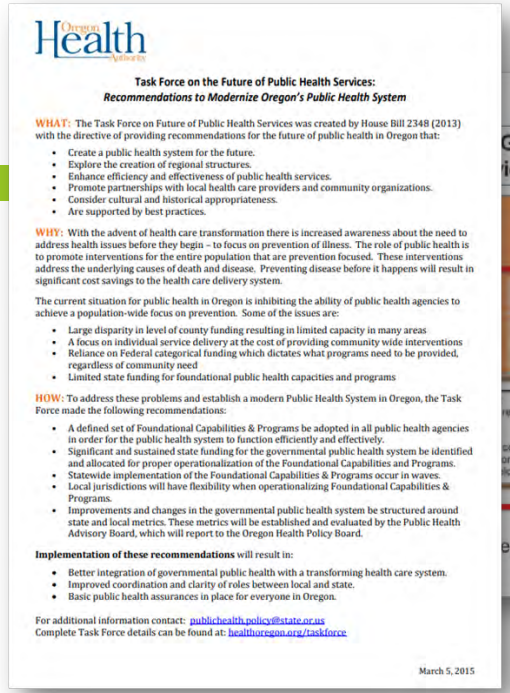
which is prepared and able to respond to and recover from public health threats and emergencies.

Deliverables

Prepare for emergencies

State	Local		
✓	✓	**a.**	Continuity of operations plan for the state or local public health authority.
✓		**b.**	Documented maintenance of public health laboratory capacity (LRN-B and LRN-C).
✓	✓	**c.**	Documentation demonstrating planning for emergency preparedness exercises.
✓	✓	**d.**	Documentation that planned emergency preparedness exercises have been executed.
✓	✓	**e.**	Public health emergency preparedness plans according to established guidelines.
✓	✓	**f.**	Plans for the distribution of pharmaceuticals in an emergency.
✓	✓	**g.**	Approved local ambulance service area plans.





Oregon Health Authority

Task Force on the Future of Public Health Services:
Recommendations to Modernize Oregon's Public Health System

WHAT: The Task Force on Future of Public Health Services was created by House Bill 2348 (2013) with the directive of providing recommendations for the future of public health in Oregon that:

- Create a public health system for the future.
- Explore the creation of regional structures.
- Enhance efficiency and effectiveness of public health services.
- Promote partnerships with local health care providers and community organizations.
- Consider cultural and historical appropriateness.
- Are supported by best practices.

WHY: With the advent of health care transformation there is increased awareness about the need to address health issues before they begin – to focus on prevention of illness. The role of public health is to promote interventions for the entire population that are prevention focused. These interventions address the underlying causes of death and disease. Preventing disease before it happens will result in significant cost savings to the health care delivery system.

The current situation for public health in Oregon is inhibiting the ability of public health agencies to achieve a population-wide focus on prevention. Some of the issues are:

- Large disparity in level of county funding resulting in limited capacity in many areas
- A focus on individual service delivery at the cost of providing community wide interventions
- Reliance on Federal categorical funding which dictates what programs need to be provided, regardless of community need
- Limited state funding for foundational public health capacities and programs

HOW: To address these problems and establish a modern Public Health System in Oregon, the Task Force made the following recommendations:

- A defined set of Foundational Capabilities & Programs be adopted in all public health agencies in order for the public health system to function efficiently and effectively.
- Significant and sustained state funding for the governmental public health system be identified and allocated for proper operationalization of the Foundational Capabilities and Programs.
- Statewide implementation of the Foundational Capabilities & Programs occur in waves.
- Local jurisdictions will have flexibility when operationalizing Foundational Capabilities & Programs.
- Improvements and changes in the governmental public health system be structured around state and local metrics. These metrics will be established and evaluated by the Public Health Advisory Board, which will report to the Oregon Health Policy Board.

Implementation of these recommendations will result in:

- Better integration of governmental public health with a transforming health care system.
- Improved coordination and clarity of roles between local and state.
- Basic public health assurances in place for everyone in Oregon.

For additional information contact: publichealth.policy@state.or.us
Complete Task Force details can be found at: healthoregon.org/taskforce

March 5, 2015

Fact Sheet:

Task Force on the Future of Public Health Services: *Recommendations to Modernize Oregon's Public Health System*

to add text

Links

- **Public Health Modernization Manual:**

https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf

- **Fact Sheet: Task Force on the Future of Public Health Services: Recommendations to Modernize Oregon's Public Health System**

https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/Future-of-Public-Health-factsheet.pdf

Health Equity and Plan Updates

Amy Sturgeon

Sr. Program Coordinator

Applying a **Health Equity** Lens

"**Equity is the absence of unfair, avoidable or remediable differences among groups of people**, whether those groups are defined: socially, economically, demographically, or geographically or by other dimensions of inequality, (e.g., sex, gender, ethnicity, disability, or sexual orientation).

"Health is a fundamental human right.
Health equity is achieved when **everyone** can attain their full potential for health and well-being."

World Health Organization. Emphasis added.

"While COVID-19 has been termed a great equaliser, necessitating physical distancing measures across the globe, it is increasingly demonstrable that **social inequalities in health are profoundly, and unevenly, impacting COVID-19 morbidity and mortality.**"

Elissa M Abrams. Stanley J Szefler. COVID-19 and the impact of social determinants of health. The Lancet. May 18, 2020

Disparities in Outcomes

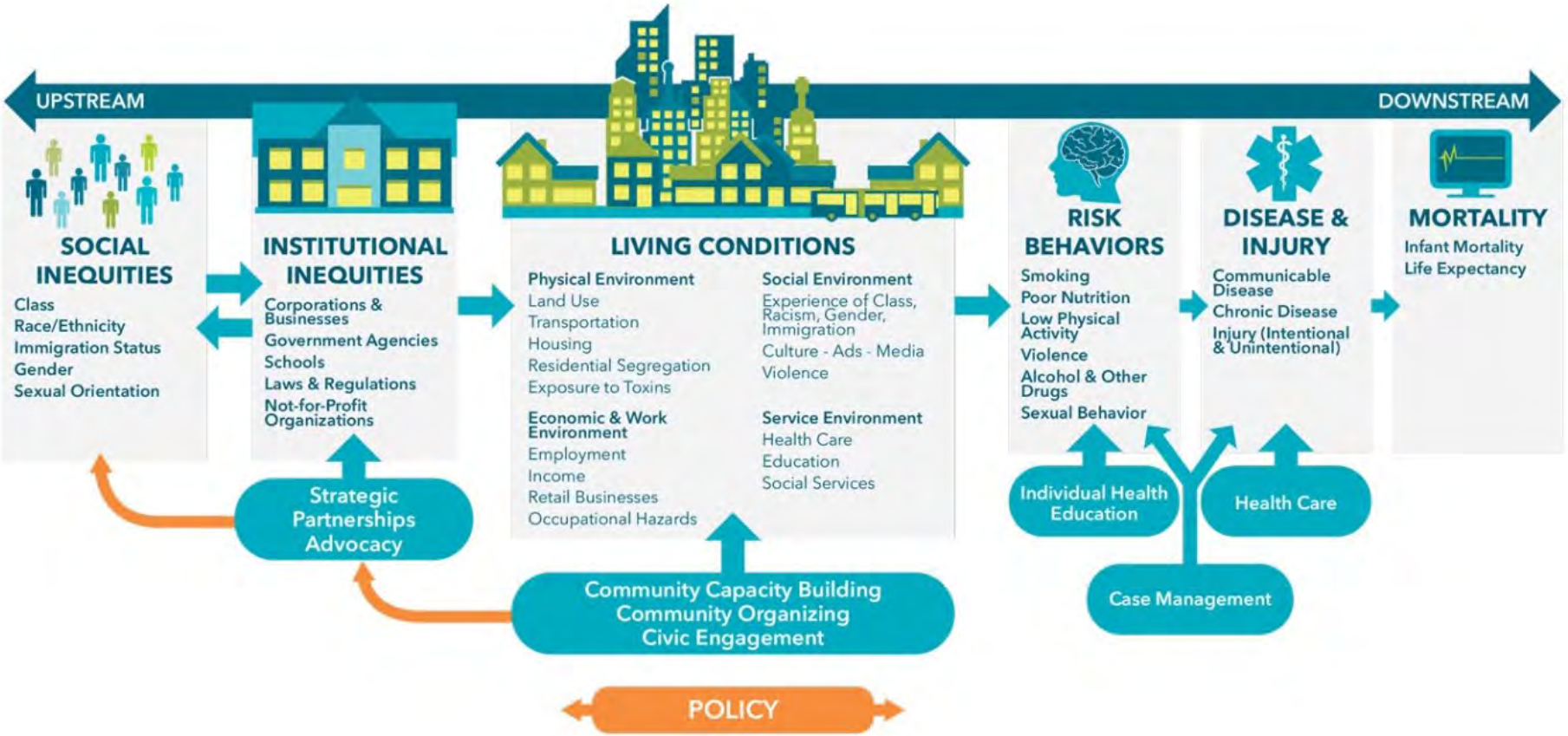
- **Higher rates of hospitalization and death for Black/African American, Hispanic/Latino, American Indian and Alaska Native persons** compared with non-Hispanic White populations, even when accounting for other demographic and socioeconomic factors."

- A study across 547 U.S. health care organizations finds that **individuals with intellectual disabilities are at substantially increased risk of dying from COVID-19**.

- **Non-English speaking individuals were found to have 35 percent greater odds of dying or requiring intensive care unit (ICU) support** during the earliest phase of the pandemic compared to English-speaking patients.

References

- U.S. Bureau of Labor Statistics. Labor force characteristics by race and ethnicity, 2018 [online]. 2019 [cited 2020 Jun 24].
- Gleason, Jonathan, et. al. The Devastating Impact of COVID-19 on Individuals with Intellectual Disabilities in the United States. New England Journal of Medicine. March 2021
- Centers for Disease Control and Prevention. Health Equity Considerations and Racial and Ethnic Minority Groups. Updated Jan. 25, 2022
- Wang, P.G., et al. (2022) Is the Gap Closing? Comparison of Sociodemographic Disparities in COVID-19 Hospitalizations and Outcomes Between Two Temporal Waves of Admissions. Journal of Racial and Ethnic Health Disparities. doi.org/10.1007/s40615-022-01249-y.
- Elissa M Abrams. Stanley J Szefler. COVID-19 and the impact of social determinants of health. The Lancet. May 18, 2020

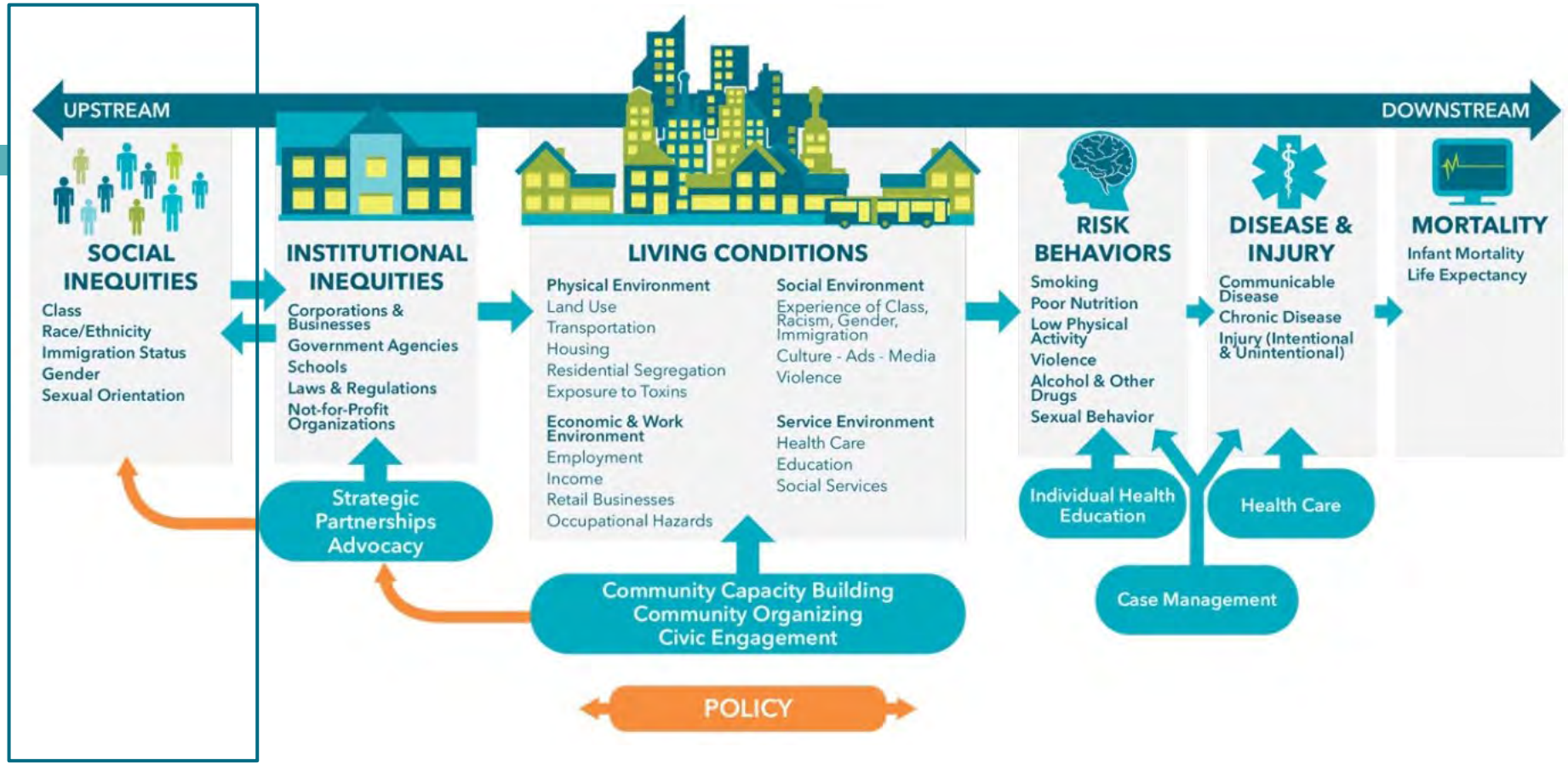


BARHII developed a conceptual framework that illustrates the connection between social inequalities and health, and focuses attention on measures which have not characteristically been within the scope of public health department epidemiology. This framework has been used widely as a guide to health departments undertaking work to address health inequities. It has been formally adopted by the California Department of Public Health as part of their decision-making framework. - https://www.barhii.org/barhii-framework

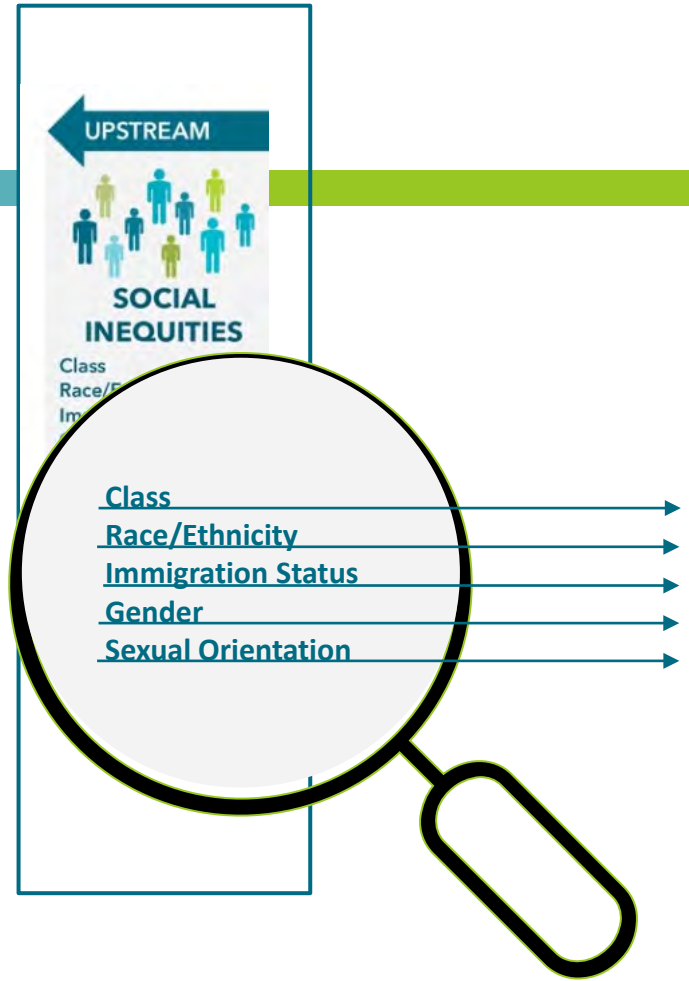
"The Social Determinants of Health (SDH)
are the non-medical factors that influence health outcomes.

They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems."
(WHO)

BARHII developed a conceptual framework that illustrates the connection between social inequalities and health, and focuses attention on measures which have not characteristically been within the scope of public health department epidemiology. This framework has been used widely as a guide to health departments undertaking work to address health inequities. It has been formally adopted by the California Department of Public Health as part of their decision-making framework. - https://www.barhii.org/barhii-framework



BARHII developed a conceptual framework that illustrates the connection between social inequalities and health, and focuses attention on measures which have not characteristically been within the scope of public health department epidemiology. This framework has been used widely as a guide to health departments undertaking work to address health inequities. It has been formally adopted by the California Department of Public Health as part of their decision-making framework. - https://www.barhii.org/barhii-framework



Health Equity Considerations:

Who experiences difficulties meeting the demands of emergency preparedness and response? Why?

- Financial hardship
- Discrimination
  - Marginalization --> lack of safety and access
- Special needs
  - Communication, supplies, transportation, etc.
- Lack of trust in government entities
- (What else???)

Addressing Inequity

PHEP Planning	Vulnerable Populations*	Addressing Inequity
Mass Prophylaxis Plan *(Section 3.2.7)* The purpose of a mass prophylaxis campaign is to rapidly distribute or administer medication regimens to identified populations, and educate recipients about the risks and benefits of the regimen.	▪ Low-income families ▪ The elderly ▪ The sensory-impaired ▪ Adults with disabilities ▪ Those experiencing homelessness ▪ Persons with disease ▪ Those suffering from mental illness ▪ Culturally or linguistically diverse populations needing support	The Washington County Push Partner Registry (PPR) is designed to incorporate At Risk population groups that have difficulty reaching traditional avenues of mass prophylaxis. The Push Partner Registry identifies institutions (i.e. nursing homes, jails, youth facilities, cultural centers, etc.) where people with impairments need special assistance in receiving medications and treatment. In the event a public health emergency is declared, pre-determined dosages are made available for dispensing. The public health department will contact county push partner agencies when medications are made available.

**Washington County EOP, Functional Annex Q – Tab 5 | Mass Prophylaxis Plan*

Addressing Inequity

PHEP Planning	Vulnerable Populations*	Addressing Inequity Potential Upstream Efforts
Mass Prophylaxis Plan *(Section 3.2.7)* The purpose of a mass prophylaxis campaign is to rapidly distribute or administer medication regimens to identified populations, and educate recipients about the risks and benefits of the regimen.	▪ Low-income families ▪ The elderly ▪ The sensory-impaired ▪ Adults with disabilities ▪ Those experiencing homelessness ▪ Persons with disease ▪ Those suffering from mental illness ▪ Culturally or linguistically diverse populations needing support	▪ Including vulnerable and most affected populations in planning revisions ▪ Ensuring access to emergency preparation supplies ▪ Supporting policy that increases access to › Affordable and safe housing › Healthcare › Food and other necessities ▪ Promoting infrastructure that facilitates physical mobility for all

Strategizing:

- **Who needs to be involved in planning?**

  Subject Matter Experts and Stakeholders

  - Those most affected/community members
  - Those already doing the work (CBO's, etc.)
  - Other entities serving those most affected (caregivers, etc.)
  - Community Organizers
  - Local Government/HHS

Reaching the Community

Making participation possible:

Engagement

- Planning meetings during days/times that work for community members
- Scheduling at neutral locations w/ appropriate amenities
  - Virtual option
  - Childcare
- Appropriate compensation/acknowledgement

Reaching the Community

Subject Matter Experts and Stakeholders

Engagement

- Community-Based Organizations
- Schools
- Spiritual/Faith-Based Organizations
- Employers
- Local Non-Profits
- Healthcare Organizations
- Chamber of Commerce
- Community Organizers
- Individual Community Members

Reaching the Community

Subject Matter Experts and Stakeholders

Engagement

Other Groups/Organizations?

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Public Health Responses

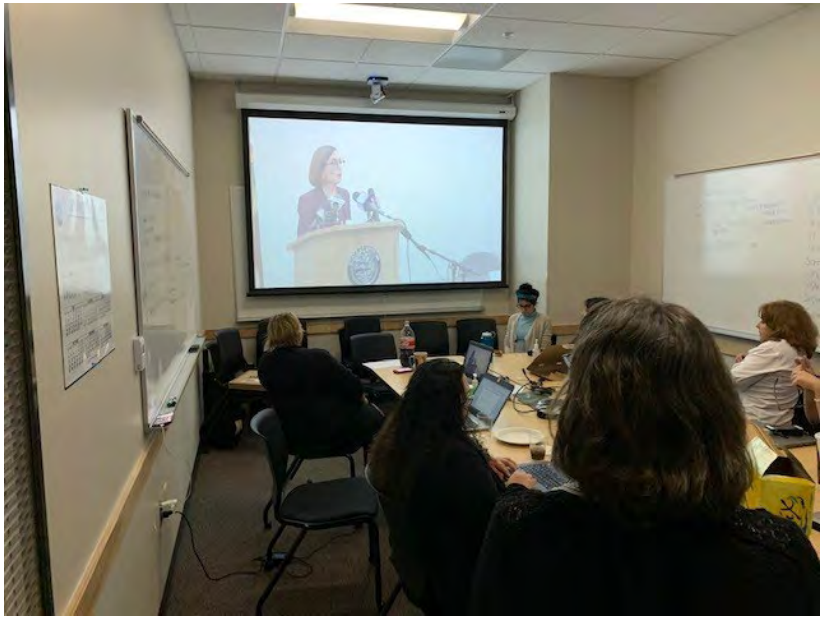
Jack Nuttall

Sr. Program Coordinator

Public Health Response

- Flexible response tailored to meet needs of evolving response.
- Plans need flexibility.
- PH plans anticipate and allow for change.
- IMT vs EOC – scalable response vital.

Incident Management Team

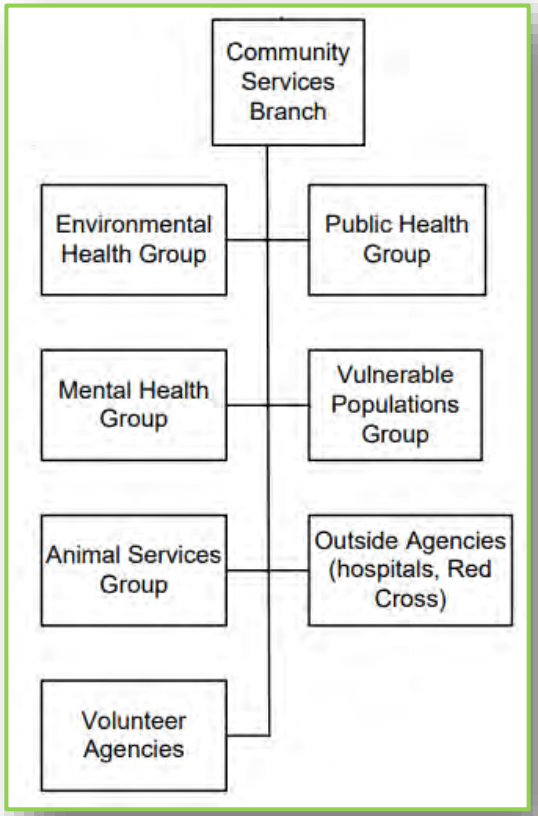


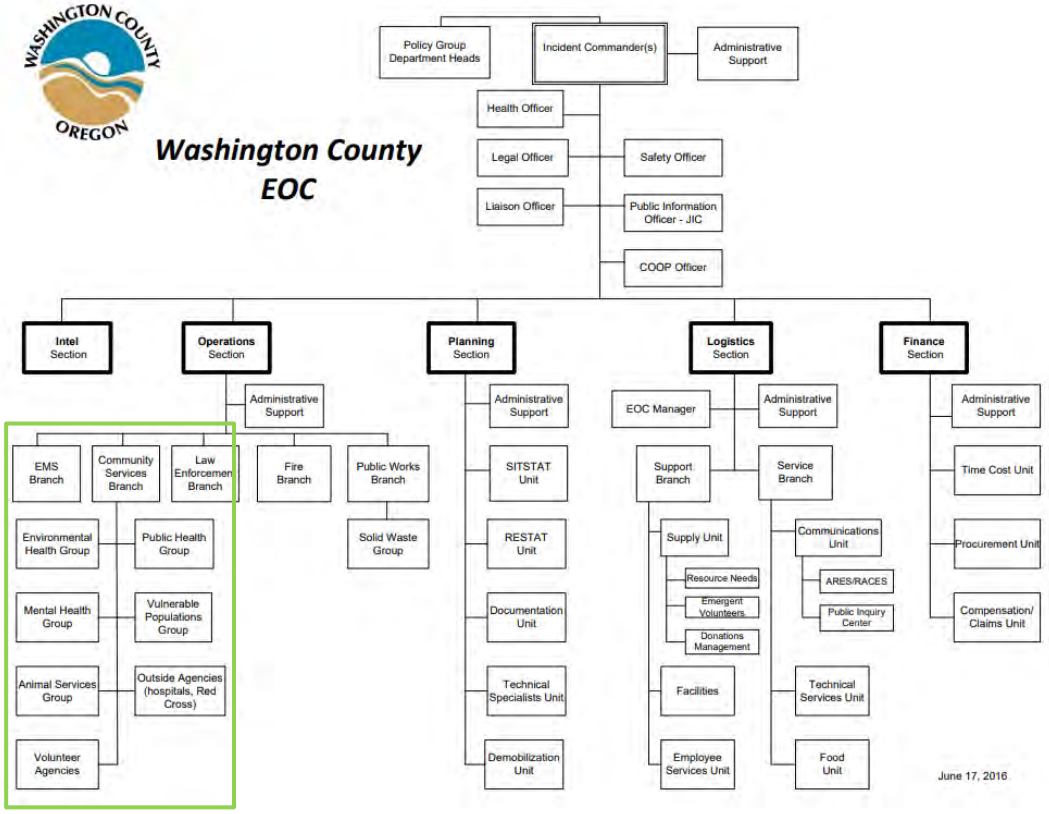
- Focused task force of PH specialists.
- Dedicated to small to medium operations.
- May be scaled to larger EOC rapidly within County planning...and we did.

Emergency Operations Center

- Joint operations with multiple stakeholders.
- Common operating language and structure.
- Unified command and operations.

Emergency Operations Center

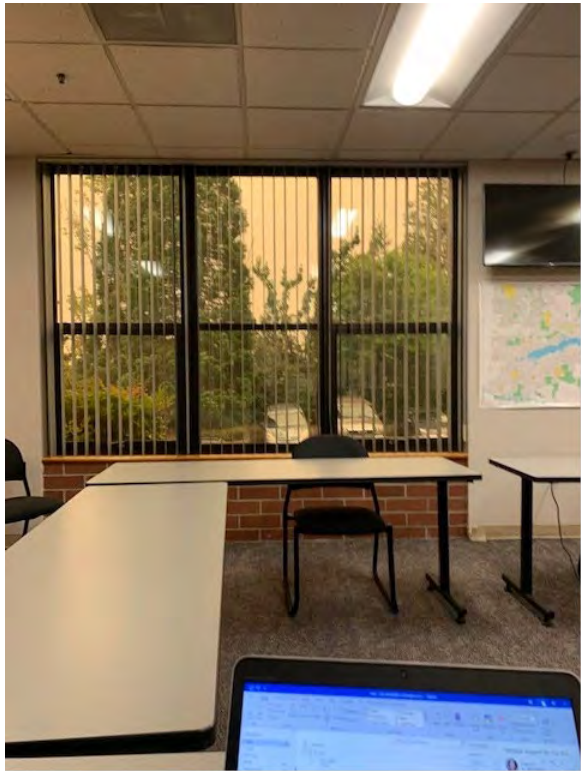




2020 Wildfires

- Largest wildfires in Oregon history.
- Over 1,000,000 acres burned.
- 11 people died.
- Portland AQI over 200 (worst in world).
- Increase in hospitalizations from resp illnesses.

2020 Wildfires – PH Response



- Assisted in opening shelters.
- Provided health intelligence on hospitalizations and illness to emergency management and others.
- Managed COVID alongside wildfire/smoke in shelter operations eg "where do you go if you are COVID+", 2020 - pre vaccine.
- Surged mutual aid support to Clackamas County through the night of the Oregon City "stand by to evacuate" order and coordinated evacuation planning for vulnerable patients

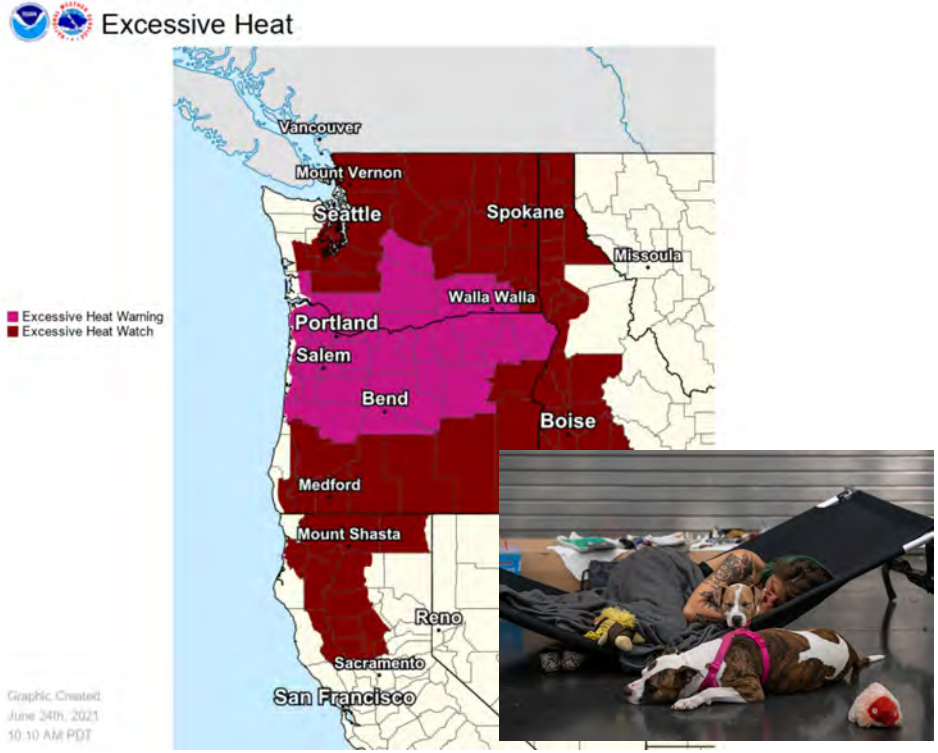
2021 Ice Storm

- ❑ 330,000 people without power for days.
- ❑ Hospitals and EMS affected.

PH Response

- ❑ Virtual EOC
- ❑ Warming shelters (with COVID precautions).
- ❑ Hospital and EMS impact surveillance.
- ❑ Pre-planning and liaison with hospital and EMS systems.
- ❑ Pre-planning and liaison power companies.

2021 Heat Dome



- ❑ 116 degrees
- ❑ Hospital system under enormous stress.

Public Health Response

- ❑ Virtual EOC
- ❑ Cooling Centers
- ❑ EMS and hospital impact surveillance.
- ❑ Targeted heat advisories to affected groups.

Weather/Clean Air

- Centers and Shelters
- Pre-season preparedness education/outreach
- Alert and warning message
- Transportation to centers and shelters
- Resource information messaging to the community

COVID-19

- The COVID-19 response is ongoing, and Marie will be giving an update after this conversation
- PHEP is returning to regular work
- Ongoing COVID-19 responsibilities:
  - Ensure the after-action report is reflective of the Public Health response
  - Support Public Health in implementing items identified for improvement
  - Maintain testing and vaccination infrastructure to guard against future variants.

Questions

- We welcome:
  - Questions
  - Comments
  - Advice (currently being solicited ☺)