Building Partnerships to Foster Community Preparedness in Vulnerable Populations

An Outreach Initiative to Administrations within DHMH and their Constituents

PHASE Symposium
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Presented by: Shini Tsai, Pharm.D.
Preceptor: Artensie Flowers, Ph.D., MPH
Outline

- Public Health Preparedness and Response
- Maryland Office of Preparedness and Response (OP&R)
- National Health Security Preparedness Index (NHSPPI)
- Vulnerable Populations
- Outreach Initiative
- Opportunities/Challenges
- Conclusion
- Questions
What is Public Health Preparedness?

“… capability of the public health and healthcare systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities.”

(Gibson, P. et al. 2012)
Types of Emergencies

- Natural disasters
  - Inclement weather
  - Earthquakes,
  - Volcanic eruption, etc.

- Medical emergencies
  - Pandemics
  - Disease outbreaks
  - Bioterrorism

- Public Safety
  - Terrorism
  - Drug and product recalls
  - Supply shortages
  - Community threats
Maryland Office of Preparedness and Response (OP&R)

- Office within DHMH that coordinates statewide preparedness and response to public health- and natural emergencies

- Security and resilience of the State of Maryland
  - DHMH Operations Center, State Emergency Operations Center during major PH events

- Partnerships between public and private stakeholders

- Planning, training, coordination of resources
OP&R Preparedness and Response
(continued…)

- Hospital Preparedness Program (HPP)
  - Funding from ASPR to DHMH to improve health systems readiness
  - Technical and administrative support to MD health systems
  - Increase surge capacity, exercises, drills, emergency protocols
  - Promote regional coalition between hospitals

- Public Health Emergency Preparedness (PHEP)
  - Funding from CDC to DHMH to improve preparedness in community
  - Technical and administrative support to LHDs
  - Training, program evaluation, implementation and assistance
OP&R Preparedness and Response (continued…)

- Strategic National Stockpiling (SNS):
  - Coordinates SNS distribution exercises throughout the year
- City Readiness Initiative (CRI):
  - Works with SNS to enhance readiness of cities to receive prophylactic medication within 48 hours of event recognition
- MD Responds:
  - Maryland’s volunteer Medical Reserve Corps
- Health System Surge Planning:
  - Increases surge capacity by preventing depletion of resources
- Bio-Surveillance
- Training and Exercises
Diverse geography in MD:

- Eastern shore: Low-lying coastal region, prone to storms
- Western MD: Rural, mountainous, prone to flooding & winter storms
- Central MD: Urban, industrial hub, prone to pandemics, terrorism

Top 3 Hazards: Pandemics, utility interruption, floods

Priorities:

- Community preparedness and recovery (planning, training, exercises)
- At-risk populations:
  - Physical & mental & cognitive disability
  - Poverty & limited English proficiency
  - Children < 18 years & elderly ≥ 65 years
  - Chronic diseases
What is the National Health Security Preparedness Index? (NHSPITM)?

A first of its kind tool to annually measure and advance our preparedness

Examines health security preparedness of the nation by collectively looking at states

Accurate portrayal of nation’s health security using data to achieve a higher level of preparedness

Source: NHSPI. What is the National Health Security Preparedness Index? Power Point 2013 [Image on the Internet] [cited 2014 May 5] Available at: http://www.nhspi.org/content/briefing-slides
Who can use the NHSPI™?

- Policymakers
- Practitioners
- Researchers and Academics
- Communicators

Source: NHSPI. What is the National Health Security Preparedness Index? Power Point 2013 [Image on the Internet] [cited 2014 May 5] Available at: http://www.nhspi.org/content/briefing-slides
Why the NHSPITM?
- Standardized and most comprehensive way to measure preparedness
- Assess how well we are prepared on national level
- Guides improvement efforts via comparative national average

How can we use the NHSPITM?
- Quality improvement
- Collaboration/increase shared responsibility
- Policy and resource direction- information, generates discussions
- Advance preparedness science
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Opportunities: DHMH Offices and Vulnerable Populations

- **Women Children and Infant Program (WIC):**
  - Monthly WIC vouchers for nutritious supplementation of diet
  - >10,000 clinics nationwide; >9.1 mio. women & children
  - OP & R can work to ensure continuity of services, if WIC vouchers cannot be retrieved during emergencies

- **Office for Children & People with Special Healthcare Needs**
  - Children with genetic and debilitating diseases
  - Medical Homes:
    - Partnerships between primary care physicians (PCP) and parents
  - Children Medical Services (CMS):
    - Medical and emergency services for children 0-21 years
    - Cases need to be approved by CMS staff prior to utilization
  - **OP & R can work with CMS staff and PCP to increase preparedness and ensure access to medical services during emergencies**
Opportunities: DHMH Offices and Vulnerable Populations (continued…)

- Office of Minority Health and Health Disparity:
  - Health equity among minorities (African Americans, Asians, Hispanic/Latino American, Native Americans)
  - Improve access to healthcare for non-English speaking residents
  - Health Enterprise Zones (HEZs)
    - Primary care and essential health services to underserved (urban) communities
    - Targets: Minorities/urban dwellers with chronic diseases and infections
  - OP & R can work to ensure continuity of drug therapies

- Alcohol and Drug Abuse Administration:
  - Substance abuse treatment programs in 24 MD jurisdictions
  - Sudden treatment interruption can elicit deadly withdrawal
  - OP & R can work with staff to improve access to communication with ADAA centers.
Outreach Initiative

- Objectives:
  - Improve emergency capability of DHMH administrations
  - Promote self-sufficiency of DHMH programs during emergencies
  - Enhance work relations with other DHMH offices by building and strengthening partnerships and community engagement

- Goals:
  - Improve state’s surge capacity by integrating preparedness planning
  - Increase resiliency of vulnerable populations
  - Increase Maryland’s NHSPI™
  - Prevent depletion of state’s emergency medical resources
  - Protect essential infrastructure during emergencies
Opportunities

- Strengthening work relations with DHMH offices:
  - Promote role of OP&R within DHMH and in emergency planning
  - Learning about other DHMH offices and their projects
  - Identification of future areas of interest
  - Opportunities for networking and future collaboration

- Expanding DHMH services:
  - Strengthening existing programs by including emergency preparedness
  - Expanding DHMH programs to underserved/vulnerable populations
  - Potential funding increase

- Strengthening vulnerable populations:
  - Resiliency and self-sufficiency during emergencies
  - Uninterrupted services during emergencies
  - Decrease incidents of bodily harm due to sudden program interruptions
Opportunities (continued…)

- Promoting public health preparedness:
  - Increase preparedness level of the State of Maryland
  - Strengthening OP&R’s presence in the community
  - Promote understanding and importance of being prepared

- Public Safety:
  - Increase Maryland’s score on the NHSPI™
  - Improve Maryland’s access to emergency care
  - Avoiding depletion of essential resources
  - Prevent bodily injuries and mass casualty
  - Maintain secure environment by ensuring that residents can safely remain at home
Challenges

- **Training:**
  - **Time:**
    - Must be convenient for audience and must be during normal business hours
    - Administrations may not be able to “spare” employees for training purposes
    - Should not be scheduled in the afternoon
    - Remote employees may not be able to attend
  
- **Cost:**
  - Cost of training continuation on DHMH administrations
  - Cost of attendees “hours of work missed”
  - Cost of implementing OP&R’s recommendations

- **Duration:**
  - Sessions must be brief (≤ 90 minutes)
  - Session length will depend on target audience
Challenges (continued…)

- **Venue:**
  - Location must be convenient and easily accessible for audience
  - Preference for location with access to public transportation
  - Adequate size to accommodate participants and provide workspace
  - May need advance booking
- **Audience:**
  - Due to size of DHMH, identifying target audience is difficult
  - Must be open to training, critique and collaboration
- **Outreach:**
  - Lack of interest - must offer incentives or establish buy-in!
  - Emails: Most efficient, but best way? What is best way of promoting?
Conclusion

• Opportunities:
  • Promote and improve PH emergency among DHMH administrations and the community by reaching out to vulnerable populations
  • Potential for project to grow outside of DHMH
    • Future targets: Department of Education – school aged children
      Department of Veterans’ Affairs

• Limitations:
  • Difficult to identify vulnerable populations and their respective DHMH administrations –need DATA!
  • At the time of completion of PHASE internship, outreach and training have not commenced
Questions and Comments
References:


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