

Avoiding Health Outcomes as a Performance Measure: The Challenge of Public Health Preparedness

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ISSUE REPORT

Ready or Not?

PROTECTING THE PUBLIC'S HEALTH FROM
DISEASES, DISASTERS,
AND BIOTERRORISM

2007



DECEMBER 2007
PREVENTING EPIDEMICS.
PROTECTING PEOPLE.

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2007 Indicators

- Mass Distribution
 - Strategic National Stockpile
 - Anti-viral stockpiling
- Public Health Laboratories
 - Bio-Threat Testing
 - Workforce Surge
- Biosurveillance (NEDSS)
- Healthcare Volunteer Protection
- Emergency Preparedness Drills
- Community Resiliency
 - MRC volunteers
- Public Health Progress
 - Senior flu vaccines
- Funding commitment

Key Findings – State Scores

- 10 states do not have adequate plans to distribute emergency supplies from Strategic National Stockpile.
- 21 states do not have adequate liability protection for healthcare volunteers during emergencies.
- 12 states do not have a disease surveillance system compatible with the CDC's National Electronic Disease Surveillance System.
- 7 states have not purchased any portion of antivirals to use during a pandemic flu.
- 6 states and D.C. lack sufficient capabilities to test for biological threats.

More reason to worry

- SNS scores are based on paper plans, not actual tests
- 2006 measures re surge capacity have not changed significantly
- Recent HHS report from a major state:
 - “51% of hospitals reported having satellite phones”
 - “60% of hospitals reported having radio communications with their local emergency operations center”
 - “Approximately 90% of all hospitals acknowledged receiving the alert within 5 hours”

Not all bad news

- Scores have improved
 - Better job of answering questions or real improvement?
- Some states are setting new benchmarks for planning
 - California and surge capacity

What do we need

- A clear *operational* definition of public health preparedness
- Good measures of preparedness
- Good evaluation tools
- Capacity to measure state and local preparedness in a transparent and comparable way

How different is public health preparedness?

□ Similarities

- More than health departments affect outcomes
- Little funding for evaluation and assessment
- Transparency is praised but often resisted (though for different reasons)
- Community resiliency is critical but ill defined

□ Differences

- Culture clash with collaborating agencies
- Few good measures for evaluation
- Even more conflicting federal, state, and local structures and funding streams

One framework: Structure-process-outcome

- Structure (resources and staff – personnel, equipment, training, leadership/organization, planning, exercises and corrective action)
 - Which of these relate to process/outcome? What are appropriate measures?
- Process (response activities during a public health emergency response – mass prophylaxis, isolation and quarantine, public communication, etc.)
 - What are appropriate measures? What are “adequate” levels?
- Outcome (maintenance or restoration of affected populations’ health status)
 - Nelson, Lurie, Wasserman, 2007

Are exercises and drills the answer?

- What should we drill?
- Who evaluates the drills?
- How do we assure that lessons are integrated into next phase of planning?
- How much should we reveal of our lessons from the drills?
- What level of consistency should we expect across the states?

A model: Nuclear Regulatory Commission?

- “Each plant owner is required to exercise its emergency plan with the NRC, FEMA, and offsite authorities at least once every two years to ensure state and local officials remain proficient in implementing their emergency plans. Licensees also self-test their emergency plans regularly by conducting drills. Each plant’s performance in drills and exercises can be accessed through the NRC Web...”

Community resilience

- HSPD-21, October 2007

“*Community Resilience*: ... Where local civic leaders, citizens, and families are educated regarding threats and are empowered to mitigate their own risk, where they are practiced in responding to events, where they have social networks to fall back upon, and where they have familiarity with local public health and medical systems, there will be community resilience that will significantly attenuate the requirement for additional assistance. The Federal Government must formulate a comprehensive plan for promoting community public health and medical preparedness to assist State and local authorities in building resilient communities in the face of potential catastrophic health events.”

How do we measure community resilience?

- Definitions of community resiliency tend to focus on visions of what resilient communities look like rather than detailing performance measures to evaluate whether a community is indeed resilient
- Variation in definitions:
 - Self-reliant with strong community leadership base
 - Compliant: respond and adhere to direction of government officials
- Resiliency goes well beyond preparedness

Summary

- ❑ A clear *operational* definition of public health preparedness
- ❑ Good measures of preparedness
- ❑ Good evaluation tools
- ❑ Capacity to measure state and local preparedness in a transparent and comparable way
- ❑ Money to do it – and commitment to transparency