A National Survey on Health Department Capacity for Community Engagement in Emergency Preparedness

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Members of the study team have no financial relationships to disclose.
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• NACCHO collaborators:
  – Jack Herrmann, Laura Biesiadecki, Carolyn Leep, Scott Fisher, Justin Snair

• Anonymous practitioners who piloted questionnaire

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OBJECTIVES

Upon completion of this educational activity, you will be able to

1. Describe the current state of practice as it relates to community engagement in public health emergency preparedness (CE-PHEP);

2. Identify factors that make it easier or harder for LHDs to integrate residents and faith-based, community-based, and business organizations into PHEP;

3. Outline a course of action for LHDs to intensify their CE-PHEP activity and for policymakers to strengthen the infrastructure for this work.
“National health security stands on a foundation of individuals and communities that are aware of and informed about health security risks and empowered to prevent, protect against, mitigate, respond to, and recover from large-scale incidents with potentially negative health consequences.”

“...[A]lthough all parties share responsibility for the integration and coordination of community resources, the final accountable entity... is the local, state, tribal, and federal governmental public health infrastructure.”

-- Institute of Medicine, 2008
NATIONAL LHD SURVEY OBJECTIVES

• Develop a snapshot or baseline of current LHD community engagement activities related to PHEP
  - What is happening in the field? Who is doing what right now?

• Determine which LHD characteristics are associated with more “intense” community engagement
  - What organizational factors might influence performance?
COMMUNITY ENGAGEMENT (CE)

Community Engagement Continuum

Communication
Push out information as part of education & outreach campaign

Consultation
Gather input through surveys, polls, focus groups & advisory panels

Collaboration
Exchange ideas & share responsibility for making & executing policy decisions
SURVEY METHODS

• Self administered online questionnaire, Aug to Sept 2012
  – Informed by case study interviews and CE-PHEP scoring system
  – Reviewed by NACCHO and piloted with case study interviewees

• Target population: US LHD Preparedness Coordinators

• Sampling frame: All LHDs invited to participate in 2010 NACCHO profile (minus HI and RI); divided into 2 strata

• Statistical analyses
  – Tabulated LHD characteristics and CE-PHEP activities by size of population served
  – Evaluated association between LHD population and CE-PHEP intensity score
  – Tested whether LHD characteristics were associated with differences in CE-PHEP intensity score
# CE-PHEP “INTENSITY” SCORING SYSTEM

<table>
<thead>
<tr>
<th>1 POINT</th>
<th>2 POINTS</th>
<th>3 POINTS</th>
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<tbody>
<tr>
<td></td>
<td>Communication – Personal Preparedness</td>
<td></td>
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<tr>
<td>Brochures</td>
<td>Audience Surveys</td>
<td>In-Person Trainings</td>
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<tr>
<td></td>
<td>Communication – Emergency Plans</td>
<td></td>
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<tr>
<td>Public Comment</td>
<td>Town Halls</td>
<td>Public Deliberations</td>
</tr>
<tr>
<td></td>
<td>Collaboration – CBOs, FBOs, Businesses</td>
<td></td>
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<tr>
<td>Contact Lists</td>
<td>Technical Assistance</td>
<td>MOUs/MOAs</td>
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<tr>
<td></td>
<td>Vulnerable Population Protection</td>
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<tr>
<td>Brochures</td>
<td>Needs Assessment</td>
<td>Organiz’l Partnerships</td>
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<td>Volunteer Mobilization</td>
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<tr>
<td>Registries</td>
<td>Exercises</td>
<td>Legal Protections</td>
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</tbody>
</table>
754 LHDs received survey link (Total Sample)

524 LHDs started survey

230 LHDs did not start survey (non-respondents)

66 LHDs excluded (partial respondents)

458 LHDs completed survey
61% Response Rate

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CE-PHEP ACTIVITIES IN LAST 12 MONTHS

• **3 MOST** Common CE-PHEP Activities

  Distributed preparedness educational materials 90%
  Established basic relationships with CBOs, FBOs, businesses 85%
  Recruited volunteers or maintained registries 85%

• **3 LEAST** Common CE-PHEP Activities

  Convened town hall meetings or public forums on plans 22%
  Published PHEP plans for public comment 24%
  Conducted surveys or focus groups of residents 30%

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PORTION OF LHDS BY TERTILE OF INTENSITY

- Low: 51% (500,000 and above), 42% (100,000 to 499,999), 13% (50,000 to 99,999), 33% (Less than 50,000)
- Medium Tertile: 27% (500,000 and above), 25% (100,000 to 499,999), 15% (50,000 to 99,999), 42% (Less than 50,000)
- High: 10% (500,000 and above), 18% (100,000 to 499,999), 27% (50,000 to 99,999), 26% (Less than 50,000)
LHD CHARACTERISTICS ASSOCIATED WITH CE-PHEP INTENSITY SCORE

• Most Strongly Associated Characteristics
  – Formal policy for CE-PHEP
  – Strong support from CBOs
  – Funds allocated for CE-PHEP
  – Plans to increase level of CE activities
  – Coordinator has CE experience

• Additional Characteristics
  – Support from agency leadership
  – Support from other partners (FBOs, businesses, schools, EMA, DVOs, elected officials)
  – Sufficient staffing levels
  – Coordinator has prior training
  – Coordinator is full-time employee
  – Size of LHD jurisdiction served
  – HHS region
# REGRESSION RESULTS: CE-PHEP INTENSITY

<table>
<thead>
<tr>
<th>Lowest Tertile &lt;=11 points</th>
<th>Middle Tertile 12-13 points</th>
<th>Highest Tertile 14-15 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHD characteristics with the strongest associations</td>
<td>Change in CE-PHEP point score</td>
<td>% LHDs had characteristic</td>
</tr>
<tr>
<td>Has explicit CE-PHEP policy</td>
<td>1.31</td>
<td>70 %</td>
</tr>
<tr>
<td>Has strong CBO support</td>
<td>1.21</td>
<td>44 %</td>
</tr>
<tr>
<td>Allocated CE funds</td>
<td>1.20</td>
<td>57 %</td>
</tr>
<tr>
<td>Intends to increase CE-PHEP</td>
<td>0.98</td>
<td>60 %</td>
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<tr>
<td>Has CE lead w/ prior experience</td>
<td>0.90</td>
<td>68 %</td>
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IMPLICATIONS FOR POLICY AND PRACTICE

• Federal pathways to achieve strategic national aim of “informed, empowered and resilient population”:
  – Appropriate funds to support LHDs in crafting CE-PHEP policy, hiring skilled and/or training CE staff, and building partnerships
  – Develop technical guidance on CE-PHEP policy development and on CE-PHEP worker skillset

• LHD practices to strengthen CE-PHEP efforts:
  – Formalize CE-PHEP objectives
  – Set CE-PHEP milestones; maintain continuity of CE-PHEP
  – Carve out CE-PHEP operating budget
  – Hire staff with prior CE experience; train inexperienced staff
  – Strengthen CBO ties and leverage them with other partners
Thank you.
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