**Policy Statement**

**CLHO Committee:** Emergency Preparedness and Response

**Policy Statement:** The Coalition of Local Health Officials supports sustaining and building the capability and capacity of every local health department in Oregon to be able to carry out the important work of ensuring their communities are prepared for, protected from, and resilient in the face of all health threats and hazards, including those resulting from infectious disease outbreaks, natural disasters, or human-caused incidents.

**Policy Positions:** CLHO supports legislation that:

* Supports funding for Public Health Emergency Preparedness and Incident Response system.
* Support strong public health preparedness systems including:
  + Enhances workforce development by planning, training, and using a continuous quality improvement process to maintain a proficient workforce in numbers sufficient to ensure health security.
  + Engages local residents in public health preparedness planning to support community resiliency, including populations with access and functional needs (non-english speakers, people with disabilities, et.al.).
  + Builds coalitions and increases community involvement by leveraging local partnerships, including non-profits, nongovernmental organizations (NGOs), government entities, private businesses, and faith-based organizations.1
* Builds strong coordination between public health preparedness and emergency management in communities

**Public Health Issue that Policy Statement is Addressing:**

* Emergency preparedness, response, and recovery
* Workforce development
* Community engagement

**Justification:**

Nearly all disasters and emergencies have impacts on the health of impacted communities, requiring public health to be proactive in preparedness and response. Local health departments are emergency responders in health emergencies, playing a critical role in life-saving decisions and life-sustaining activities for emergency personnel, the general public, and those with access and functional needs.

Congress established the Public Health Emergency Preparedness (PHEP) program in response to the events on September 11, 2001.2 In the first years of the program, the total funding to state and local health departments was close to $1 billion per year. In fiscal year (FY) 2016, the funding had declined by 31 percent to $651 million. The Hospital Preparedness Program (HPP) has also seen more than a 50 percent cut in funding from $515 million in FY2004 to $255 million in FY2016.3 NACCHO's 2013 Profile of Local Health Departments found that 23 and 15 percent of local health departments reduced emergency preparedness programs and services in 2011 and 2012, and around 22 percent of local health departments have reported a decrease in preparedness staffing.4 Unfortunately, ever decreasing amounts of funding make it increasingly difficult for local health departments to prepare for and respond to events with a public health impact leaving communities at risk of severe impacts to life safety.

Emergency preparedness, response, and recovery begins and ends at the local level. The better prepared the local public health workforce is directly correlates into faster response and recovery times during an event. This leads to less of a cost burden on local communities and illustrates that a workforce having the skills and understanding of how to mitigate, plan for, respond to, and assist their local community to recover from any emergency situation is a benefit to the people and economy. Local health departments have the primary responsibility for the public health of their jurisdictions, and workforce development is critical to their ability to uphold this responsibility during an emergency.5

Additionally, the National Response Framework notes that local public health departments are among the first agencies to identify and respond to an emergency, requiring comprehensive preparedness and recovery planning preceding an event. Public health is a vital partner to many Emergency Support Functions; meaning that sufficient planning and community engagement is needed to fully support those functions. It is clear that it is important for public health to be integrated into the planning process to ensure comprehensive preparedness, response, and recovery capabilities.6

If a community is equipped with connected social support systems, local leadership that is active and engaged, local agencies that work together cohesively, and individuals trained and equipped to take care of themselves and stay safe they are able to be resilient and overcome the worst effects of an event. Critical lessons learned from Hurricanes Katrina and Sandy and the H1N1 pandemic of 2009 demonstrate that when these things are absent it leads to a lack of trust, which creates significant disparities in health outcomes of citizens during disasters. Local health officials that do significant work to develop and maintain networks and systems before events will be more effective during the response and recovery phases of the disaster cycle.7

Public health preparedness and response requires the continued development and improvement of public health systems to ensure the capability of responding to all hazards. Ongoing progress must involve planning, training, and exercising along with integrating emergency responders, hospitals private healthcare providers, and the community into these actions.

**Role of Local Public Health (promising practice/evidenced-based work):**

In a recent American Journal of Public Health article on Public Health Emergency Management (PHEM), the authors cited nine different key domains for PHEM. These domains represent critical capabilities that must be sustained or achieved in order to protect the public's health before, during and after a disaster.

These domains are:

* Facilities, management and operations
* Policies, plans, procedures, and partnerships
* Internal communications and information technology
* Crisis and emergency risk communication and public information and warning
* Surveillance and control
* Information collection, integration and sharing
* Incident management and response
* Coordination and logistical support of field operations
* Training, exercising and evaluation

The role of PHEM in the LPHA is to develop and maintain their capabilities in each of these domains. With these capabilities in place, the LPHA can then effectively respond to events and emergencies that have a negative impact on the public's health.8

**Connection to Modernization Manual Foundational Programs/Capabilities:**

Foundational Programs:

Access to Clinical Preventative Services

Communicable Disease

Environmental Health

Health Promotion & Prevention

Foundational Capabilities:

Assessment & Epidemiology

Policy & Planning

Leadership & Organizational

Health Equity

Communications

Community Partnerships

Emergency Preparedness

**References Used in Developing this Policy Statement:**

1. United States Department of Health and Human Services. (2016) National Health Security Strategy and Implementation Plan 2015-2018. Retrieved September 20, 2016 from <http://www.phe.gov/Preparedness/planning/authority/nhss/Documents/nhss-ip.pdf>

NACCHO Statement of Policy. All-Hazards Preparedness (2016). <https://www.naccho.org/uploads/downloadable-resources/03-03-All-Hazards-Preparedness.pdf>

1. CDC. (2018) Public Health Emergency Preparedness Cooperative Agreement (PHEP) Program. Retrieved August 23, 2018 from <https://www.cdc.gov/phpr/pubs-links/2018/documents/OREGON2018.pdf>
2. Trust for America’s Health. (2016). Investing in America’s Health: A State by State Look at Public Health Funding and Key Health Facts. Retrieved September 20, 2016, from <http://www.healthyamericans.org/report/126/>
3. NACCHO (2013) Local Health Department Job Losses and Program Cuts: Findings from the 2013 Profile Study. Retrieved September 20, 2016 from <http://archived.naccho.org/topics/infrastructure/lhdbudget/upload/Survey-Findings-Brief-8-13-13-3.pdf>

NACCHO (2016) The Public Health Emergency Preparedness Landscape Findings from the 2015 Preparedness Profile Survey. Retrieved on September 20, 2016, from <http://www.naccho.org/uploads/downloadableresources/Slide-Doc-Presentation-2015-Preparedness-Profile-Survey-Results-v2.5-pptx.pdf>

1. NACCHO Statement of Policy. Preparedness Workforce and Development and Training (2017). <https://www.naccho.org/uploads/downloadable-resources/14-02-Preparedness-Workforce-Development-and-Training.pdf>
2. Federal Emergency Management Agency. (2016). National Response Framework, ESF 8 – Public Health and Medical Services Annex. October 9, 2017, from [https://www.fema.gov/media-library-data/1470149644671- 642ccad05d19449d2d13b1b0952328ed/ESF\_8\_Public\_Health\_Medical\_20160705\_508.pdf](https://www.fema.gov/media-library-data/1470149644671-%20642ccad05d19449d2d13b1b0952328ed/ESF_8_Public_Health_Medical_20160705_508.pdf)

NACCHO Statement of Policy. Public Health Preparedness Planning (2017). <https://www.naccho.org/uploads/downloadable-resources/14-11-Public-Health-Preparedness-Planning.pdf>

1. Plough, A., Fielding, J. E., Chandra, A., Williams, M., Eisenman, D., Wells, K.B., et al. (2013). Building community disaster resilience: Perspectives from a large urban county department of public health. Government, Law, and Public Health Practice, 103(7), 1190-1197

NACCHO Statement of Policy. Community Resilience (2014). <https://www.naccho.org/uploads/downloadable-resources/14-09-community-resilience.pdf>

1. Dale A. Rose, Shivani Murthy, Jennifer Brooks, Jeffrey Bryant, “The Evolution of Public Health Emergency Management as a Field of Practice”, American Journal of Public Health 107, no. S2 (September 1, 2017): pp. S126-S133. DOI: 10.2105/AJPH.2017.303947