

Economic Redevelopment

- Business resumption and retention
- Small business assistance
- Business attraction/incentives to replace failed businesses
- Temporary business space
- Workforce onsite temporary housing
- Economic diversification
- Identification of most vulnerable industries and priority industries/employers for recovery
- Employment assistance, job training
- Economic/multi-use redevelopment projects
- Changes in market and workforce composition
- Tourism renewal
- Marketing/Branding

Financial Administration

- Coordinate private and public funding
- Project revenue shortfalls, pre-develop options for sustainably cutting services or finding other revenue sources
- Retain high bond ratings
- Enforce equitable disaster assistance

Infrastructure & Public Facilities

- Transportation repair/mitigation/ improvement
- Commercial transport restoration (rail, port)
- Airport restoration
- Potable water, sewer, stormwater repair/mitigation/ improvement
- Coordination with power, natural gas, and telecom company restoration
- Solid waste, debris management
- Public facility repair/mitigation

Public Outreach

- Effective communication of recovery status, available assistance
- Transparency in recovery decisions
- Public participation in land use and other recovery decisions
- Public understanding of redevelopment policies before a disaster
- Pre-established outreach methods
- Clear message about population return
- Well-distributed recovery centers

HILLSBOROUGH PDRP TECHNICAL ADVISORY COMMITTEES (TAC) ISSUES

Land Use

- Enhance hazard mitigation, open space, conservation, recreation, or public access
- Ensure new development and temporary uses are consistent with land use plans
- Opportunities to modify existing land uses
- Consider alternative future uses in high hazard areas where possible
- Focus redevelopment in safe and desired areas, ease reconstruction processes in these areas

Environmental Restoration

- Restore urban forests
- Conservation lands habitat restoration
- Waterway debris removal, pollution
- Hazardous materials, debris contaminates
- Wetland, beach restoration
- Environmental review of temporary sites

Housing Recovery

- Temporary housing provision and removal
- Rapid repair permitting
- Temporary housing siting criteria
- Non-conforming structures/ substantial damage
- Code enforcement and contractor licensing
- Adequate construction materials/ debris material reuse
- Available contractors and skilled construction workers
- Blight and abandoned homes
- Neighborhood preservation and gentrification issues
- Affordable and workforce housing
- Mitigation during rebuild
- Funding assistance and insurance problems
- Historic homes

Health & Social Services

- Hospital, clinics, and medical office restoration
- Medical personnel retention, recruitment
- Mental health assistance
- Assisted living, nursing home safety
- Special needs long-term assistance
- Health-related pollution, environmental justice
- Low-income assistance
- Public transportation restoration/ improvement
- Homeless programs
- Public safety service levels reestablished throughout county
- Children/family services
- Daycare, after-school, teen programs restored
- Schools, higher education reopened
- Recreation, cultural activities restored
- Coordination, assistance for NGOs and volunteers

HEALTH AND MEDICAL POST DISASTER LONG-TERM RECOVERY STRATEGY

BACKGROUND

The purpose of the sub-committee was to develop and outline goals, objectives and strategies to guide the community in re-developing the health and medical system in the event of a catastrophic hurricane.

This document approaches the issue on a strategic level based from a time-line approach of short, interim, and long term strategies and activities. Because of existing response plans, agreements, and experiences the specific focus of the group is "interim" and "long term". There are no clear-cut specific dates that transition the community from response to restoration/recovery. Many issues could be looked at and worked on from a long-term approach while most of the community is still in a response mode. The terms are simply a mental reference to frame activities. There will not be a clear cut, defining moment when we move from response to interim activities.

Keeping a very high level approach, this document attempts to establish an overarching goal and develop categories of "areas of focus". Under each of those categories very broad objectives have been established. Strategies, those more specific actions and activities have been developed to help provide direction to approach the issue. These strategies recognize existing plans, structure and legislation. It also takes into account activities and experiences occurring in Mississippi, Louisiana, Texas and Florida.

GOAL

The goal is to establish a viable and responsive health and medical system within Hillsborough County. Many aspects of the current system of health care are provide exceptional services to the citizens and visitors of the county. However, there are gaps in care as well as for under/uninsured persons and disparities for access in some areas. Additionally, Hillsborough County is a coastal community with many health care facilities and related services located in flood zones. Also many primary providers of health services and medical supply and equipment providers are housed in older structures that could be destroyed by high winds or flooding. Understanding the destruction probabilities will allow the community an opportunity to design and develop a health care system to bridge these gaps.

INITIAL RESPONSE

Initial response activities are addressed in the Hillsborough County Comprehensive Emergency Management Plan and its annexes, Hillsborough County Health Department plans, Regional Domestic Security Task Force plans, Florida Department of Health plans, and organizational response and Continuity of Operations Plans (COOP). Response activities are geared toward providing those services and support systems necessary to effectively respond to a disaster. In addition to the internal support

required within the county, these response plans address patient movement/evacuation via the National Disaster Medical System, deployment of medical assets to relieve hospital surge, deployment of state and federal medical assets to provide alternate treatment sites, provide additional capability for standardized messaging and information, and to establish short-term logistics chains (ie, strategic national stockpile, state and regional supply/equipment caches, etc) to support public health and medical operations within the area.

INTERIM AND LONG TERM STRATEGY

CATEGORIES, OBJECTIVES AND STRATEGIES

By grouping health and medical specific issues in to very broad categories, the community will be able to focus in on certain areas that can be considered the foundation of our health care system.

Objectives are a way of developing major, high level targets or milestones within the categories. Strategies are defined as the direction community officials should as a guide for actions. Specific tasks will be event specific and flexibility needs to be given to the community to address these as the situation dictates. Strategies are reflective of the "core" areas that need to be addressed.

- **Assessment.** It is critical to know and understand the current system, population, chronic health issues, and behaviors that influence medical care. This would include an inventory of current "gatekeeper" providers, ancillary service providers, mental health providers and services, and support providers/ systems. The assessment also needs to include worst case flood and wind damage probabilities. Understanding and using consistent data will be critical for any decision making.
 - **Objective One:** Create a community dashboard to reflect
 - a. service and facility inventory
 - b. physician census
 - c. customer base
 - d. service area
 - **Strategy 1:** Develop a service profile to include address and GIS location of all critical facilities (hospital, service centers, pharmacies, dialysis centers, nursing homes, etc).
 - **Strategy 2:** Develop a demographic analysis to be updated annually of the population. The analysis will include age breakouts (ie, 65-84, 85+, disabilities, socioeconomic factors, and health status indicators).

- **Strategy 3:** Compare service location with population density with damage probabilities based on a worst case flood and wind scenario.
 - **Strategy 4:** Develop GIS mapping to include environmental areas and facilities of concern (ie, gas pipelines, chemical storage, sewer and water systems, etc.)
 - **Objective Two:** Develop projected needs baseline for primary care, chronic disease, and obstetrics
 - **Strategy 1:** Focus pre-storm efforts to reduce gaps based on information derived from the Service Profile and analyses above.
 - **Strategy 2:** Use existing infrastructure(s) to develop partnerships to address health and medical care issues.
- **Facility Restoration.** In recent years the primary focus of disaster planning is to restore existing facilities to their pre-event levels. Unfortunately many service providers are located in areas could experience potentially catastrophic damage. While in the short term—primarily response phase—continuation is critical to the health and safety of the community, long term planning should encompass a broader scope. Currently four hospitals (including the county's only Level 1 Trauma Center) are located in flood zones. If total destruction occurs, careful planning and consideration by all stakeholders will be critical to ensure facilities are rebuilt to provide the greatest service to the community as well as being fiscally viable.
 - **Objective One:** Ensure continued services throughout the event and recovery period.
 - **Strategy 1:** Develop a review process for each facility's (hospital, nursing home, dialysis center, lab, etc) Comprehensive Emergency Management Plan and ensure adequate criteria are met to assure continuity of services before, during and after an event.
 - **Strategy 2:** Establish regional criteria for durable medical equipment providers and Home Health Agencies Comprehensive Emergency Management Plan reviews and conduct annual plan reviews.
 - **Strategy 3:** Identify and use existing management structures (ie, Emergency Management Planning Council, Hospital Disaster Planning Committee, Home Health Disaster Planning Committee, Special Needs Committee, etc) to actively address issues for continued services.
 - **Strategy 4:** Identify and form partnerships with professional organizations to participate and develop protocols for provision of services.
 - Initial response will be conducted as an ESF8 function

- Interim and long term recovery efforts will transition from ESF8 into a community based committee (*See System Restoration, Objective 1, Strategy 5*)
- **Objective Two:** Incorporate existing plans identifying site specific short/medium term primary care locations into long term community planning.
 - **Strategy 1:** Focus initial response medical relief assets (ie, State Medical Response Teams, Disaster Medical Assistance Teams, FEMA assets, etc) to relieve surge for operable, but damaged facilities as well as inoperable facilities.
 - **Strategy 2:** Evaluate and modify existing response plans to include additional faith based and/or not-for-profit medical assets.
 - **Strategy 3:** Identify site locations for placement of external assets with considerations given to transportation routes, population density, and established medical service provider sites.
 - **Strategy 4:** Develop modeling program that incorporates damage assessment (to include environmental hazards), service site locations, population concentrations, transportation, roadways, to assist with decision-making on future reconstruction efforts.
- **Objective Three:** Ensure close coordination to assess and incorporate needs into the planning process when rebuilding medical system critical infrastructure.
 - **Strategy 1:** Maintain close coordination with affected agencies, community groups, governmental (local and state) to assure that need, transportation, population densities, are incorporated into the planning process.
 - **Strategy 2:** Use existing BOCC Emergency Medical Planning Council to assess, plan, coordinate, recommend, and/or advise the Board of County Commissioners on status of Emergency Medical Services within the County.
- **Objective Four:** Develop and lead a collaborative body to facilitate environmental health issues that surface among the county, city jurisdictions, state and federal entities. Serve as the focal point to ensure a safe environment and create a single point for community information related to environmental health issues.
 - **Strategy 1:** Facilitate repopulation efforts by providing up-to-date information on any health issues associated with contamination, debris or other storm-related risks
 - **Strategy 2:** Develop an environmental health risk communication program to provide information to the public and to local responsible government offices.
 - **Strategy 3:** Establish long-term monitoring to assess the impact of environmental factors on health.

- **Strategy 4:** Coordinate with local, state, and federal agencies to address gaps in policies and practices related to environmental health.

System Restoration. This is by far the largest and most complex category to address. The objective of systems restoration is to ensure to build healthy communities through integrated medical and mental health service delivery. The strategies listed will provide a framework plan for the restoration of primary health care that should be utilized to restore primary health care services (including mental health) to a state that provide the greatest responsiveness to the community. In addition to providing the necessary primary health care, this plan should help revitalize the economy of the Tampa Bay area by restoring and sustaining employment in the local area's healthcare industry and the impact that a lack of or diminished health care system would have on an area's workforce and attractiveness for future development. Primary care is defined as the level of services provided by the primary care provider for acute and episodic health care needs, with integrated mental health services. This includes, but is not limited to such services as medication refills, ambulatory care management of non complex chronic medical problems, and management of stable complex medical problems. The objectives established here are not all inclusive but are deemed to be critical foundation aspects of the system.

- **Objective One:** Ensure a viable system of Gate Keeper PCPs to include internal medicine, family practice, obstetric, pediatric providers.
 - **Strategy 1:** Establish a baseline for potential of affected providers to remain in the area following a catastrophic event. Work with DOH to ensure that intent is stated via survey upon initial application or re-licensure.
 - **Strategy 2:** Develop standardized global access process that can be used as an interim transitional tool from response to interim and long-term recovery.
 - **Strategy 3:** Conduct immediate post-event status check of providers and facilities to include a determination of services offered.
 - **Strategy 4:** Work with the county, state and federal agencies to establish an short and interim term financial eligibility determination system to include criteria to allow for restoration of payer systems.
 - **Strategy 5:** Establish a community-based coalition to ensure access and service availability for both interim and long term recovery. Coalition should address funded and unfunded/ underinsured populations and include membership from the established medical community and professional organizations as well as volunteer organizations and local/state government offices such as Elder Affairs, Department of Health, Health and Social Services, Healthy Start, Home Health Agency representation, etc.
 - **Strategy 6:** Work with County Social Services, to develop and maintain a complete listing of services, organizations,

- transportation and locations within the county and region. This resource book should be updated on a quarterly basis and provided to the public, hospitals, physicians, and ancillary service providers.
- **Strategy 7:** Ensure local providers and health care systems have adequate electronic or other backup of medical records and information.
 - **Objective Two:** Ensure Emergency Medical Services are at appropriate levels to respond to a changing health care system.
 - **Strategy 1:** Use existing Emergency Medical Planning Council (EMPC) to assess, plan, coordinate, recommend, and/or advise the Board of County Commissioners on status of Emergency Medical Services within the County.
 - **Strategy 2:** Under the EMPC, establish a local Emergency Medical Services Disaster Sub-Committee consisting of jurisdictional Fire Rescue, private ambulance services, County EMPC, and facility representation to address pre-hospital and hospital phases of patient care to ensure the unification of these services into a total delivery system specific to the emergency, recovery and redevelopment activities associated with the disaster.
 - **Strategy 3:** Develop agreements with area health care facilities to address access to care needs for first responders.
 - **Objective Three:** Integrate Mental Health Services into recovery and redevelopment plans.
 - **Strategy 1:** Ensure that Health and Medical Response plans include provision of mental health services during the recovery portion of disaster response. This will include CISM services through the Regional Health and Medical Response, as well as services through volunteer and private organizations.
 - **Strategy 2:** Through establishment of a mental health coalition, ensure a transition into long term recovery as response organizations demobilize and depart the area. This would include transfer of information and integrating this aspect of patient care into primary care response/recovery plans.
 - **Objective Four:** Ensure continuity of operations and adequate support of ancillary services (ie, pharmacy, laboratory, radiological, dialysis, oxygen, durable medical equipment, home health, etc providers)
 - **Strategy 1:** Develop a review process for each facility's (hospital, nursing home, dialysis center, lab, DME, home health, etc) Comprehensive Emergency Management Plan and ensure adequate criteria are met to assure continuity of services before, during and after an event (*See Facility Restoration, Objective 1, Strategy 1*)
 - **Strategy 2:** Use existing professional organizations to act as an information conduit on available services and issues that impact the delivery of service.

- **Objective Five:** Ensure ability of customers to obtain necessary information from benefit providers. Benefit providers will include major HMO/Insurance Plan Providers, Social Services, Veteran's Administration, TRICARE, Social Security, Medicare/Medicaid, etc
 - **Strategy 1:** County health department will work with local, state, and federal agencies to provide an inventory of all information that is available to include contact names, phone numbers and location.
 - **Strategy 2:** Develop information center to provide, in printed form, site name, available services, location/contact information for public.
 - **Strategy 3:** Establish an automated service information line to provide information to the public concerning available services and access.

- **Special Populations.** Within the Hillsborough community there are approximately 1.2 million residents. Access to health care will be an issue through all phases of recovery; however, attention must be given to special populations. Approximately 13 percent are over the age of 65 and over 10 percent are at or below poverty levels. Twelve percent of the residents who are considered part of the workforce have no health insurance and the county's average monthly Medicaid population is 11 percent. This is a particularly complicated area of recovery that must consider transportation, access, funding and disparities. Also included as "special populations" are the elderly, individuals who are homebound and those in nursing homes. In addition to the above, health disparities for vulnerable populations are defined by race/ethnicity, socio-economic status, geography, gender, disability status, risk status related to sex and gender.
 - **Objective One:** Reduce health disparities for underinsured/uninsured/ and low income populations.
 - **Strategy 1:** Build partnerships and alliances to address common challenges; identify barriers, gaps, assets and opportunities that will assist in achieving goals and objectives related to health inequities.
 - **Strategy 2:** Coordinate activities and placement of volunteer medical organizations/providers to assure maximum coverage and avoid overlap.
 - **Strategy 3:** Develop payor information by agent, service availability and payment and/or eligibility information (ie, fee for service, sliding fee, application, etc) for service providers.
 - **Objective Two:** Identify and survey targeted populations to assess the level of personal planning.
 - **Strategy 1:** Identify barriers for target populations to access healthcare (ie, transportation, education/information, economic, cultural, etc)
 - **Strategy 2:** Work with state and local government organizations (ie, Emergency Management, Elder Affairs, Health Department,

- Social Services) and non-governmental organizations (ie, professional organizations, faith based groups, volunteer organizations, etc) to work with these individuals to increase personal responsibility and assist with pre-event planning efforts.
- **Strategy 3:** Identify geographic population densities to assure adequate transportation is available in relation to health services.
 - **Strategy 4:** Ensure placement of mid-long term temporary medical facilities are appropriately placed based on Strategy 3.
 - **Strategy 5:** Develop modeling program to serve as a decision making aid to include existing medical service providers, population densities, roadways, and geographical barriers to assist with facility placement.
 - **Strategy 6:** Work with existing professional associations to identify and track special populations serviced by Home Health Agencies to ensure adequate access to healthcare.
- **Objective Three:** Assure continuity of care for chronically ill patients, homebound populations, assisted living and nursing home residents.
 - **Strategy 1:** Establish formalized comprehensive emergency plan review processes for registered agencies.
 - **Strategy 2:** Work with local chapters of state level and private organizations to develop comprehensive regional care plans for home bound populations.
 - **Strategy 3:** Coordinate with End Stage Renal Dialysis (ESRD)-7 to implement comprehensive regional ESRD disaster plans for dialysis populations.
 - **Strategy 4:** Establish community based working group of assisted living and nursing home organizations to assess needs and ensure the appropriate provision of services.
- **Recruitment/Retention.** Of equal importance to all other categories, a solid base of providers is key for all issues to include entry into the system for preventative, acute and chronic care. Any redevelopment activities must include coordinated methods for recruitment/retention to sustain any type of viable system. Hillsborough County is also host to the USF Colleges of Medicine, Public Health, and Nursing and the University of Tampa College of Nursing. These institutions play a critical role in the provision of care and sustainment of a health and medical system. Loss of residency, internship and practical programs could result in negative impacts for future progression groups as well as the economy.
 - **Objective One:** Develop an active recruitment program for medical professions. This would include, but not be limited to, providers, nursing, mental health, laboratory, radiology, pharmacy, administrative, financial, facility, as well as any other specialized or general occupation.

- **Strategy 1:** Survey intention of all service providers at the state level upon licensing and renewals as to whether their "intent" would be to rebuild post catastrophic event.
- **Strategy 2:** Develop tracking and reporting system to identify gaps/shortages by specialty, occupation, and/or service
- **Strategy 3:** Coordinate with the various health systems (ie, BayCare, HCA, etc), professional organizations and Florida Department of Health to identify gaps and target recruitment efforts for specific occupations. NOTE: Efforts must include home health care, nursing registries, pharmaceutical, radiology, laboratory and other related health services.
- **Objective Two:** Assure continuation of training for medical/nursing programs.
 - **Strategy 1:** Ensure Continuity of Operations Plans contain methods to provide alternate teaching staff/facilities.
 - **Strategy 2:** Develop an approved process for affiliation via Medical Reserve Corps for GME programs.

RECOMMENDATIONS TO OTHER TACS

- 1. Land Use TAC: Healthy Neighborhoods** – It is recommended that the Land Use TAC establish multi-disciplinary oversight group to develop "Healthy Neighborhoods". Healthy Neighborhoods are those with established parks, biking and/or walking paths, playgrounds, good lighting and visibility on streets, businesses that promote healthy lifestyles (such as YMCAs, gyms, etc).
- 2. Infrastructure and Public Facilities TAC: Access** – Permanent and temporary medical facilities will be in various locations around the community and many residents will require public transportation. It is recommended that the Infrastructure Committee continue to develop transportation plans that will ensure the distributed health care system is available to all residents.
- 3. Housing Recovery TAC: Temporary Housing** – Identify, prioritize, and secure short and mid-term housing for medical or other critical staff as identified by each TAC.

HILLSBOROUGH COUNTY AT A GLANCE

DEMOGRAPHICS

Population:	1.2 Million
Average Annual Live Births:	16,700
Residents 65-84 y/o	139,000
Residents 85 + y/o	18,800
At or Below Poverty Level	125,726
Uninsured (Under 65)	134,000
Avg Medicaid (Monthly)	156,500

CHRONIC DISEASE PROFILE (Hospitalizations)

Disease	Number	Rate ¹	Quartile ²
Coronary Heart Disease	5909	523	1
Stroke	3742	335	3
Heart Failure	3210	288	3
Cancer			
Lung	764	71	2*
Colorectal	556	52	4*
Breast	670	115	4*
Prostate	635	131	4*
Cervical	50	9	2*
Skin	172	16	2*
Chronic Lower Respiratory Disease	3861	342	2
Asthma	9806	876	4
Diabetes	24130	2154	3

BEHAVIORAL RISK FACTORS (Adults) (All rates are percentage based)

Factor	Rate ¹	Quartile ²
High Blood Pressure	25	1
High Cholesterol	37	3
No Regular Moderate Physical Activity	57	3
No Vigorous Physical Activity	75	2
No Leisure-Time Physical Activity	27	2
Consume <5 Servings Fruits/Vegetables Daily	76	3
Overweight	34	3
Obese	24	2

¹All rates are 3 year rates per 100,000

²Quartile – Based on county and state rate comparisons

Most Favorable Situation 1 (25% of counties)	Average 2 or 3 (50% of counties)	Least Favorable Situation 4 (25% of counties)
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HEALTH RESOURCES AVAILABLE

Providers:

	Number	Rate¹	Quartile²	State
Licensed Family Practice Physicians	138	12	2	17
Licensed Internists	504	43	4	47
Licensed OB/GYN	128	11	4	10
Licensed Pediatricians	230	20	4	18
Licensed Physicians (Other)	3050	260	4	267

Educational Institutions:

College of Medicine, USF
 College of Nursing, USF
 College of Nursing, UT
 College of Public Health, USF

Facilities:

Hospital Beds	3649	311	3	315
Acute Care Beds	2128	267	3	263
Specialty Beds	521	45	3	52
Nursing Home Beds	3951	337	1	447
Dialysis Centers	18			
Assisted Living Centers (>10 beds)	79			
Pharmacies	141			
Mental Health (Residential Treatment)	3			
Alternate Treatment Sites				
Surgical Service Centers	4			
Mass Casualty	2			
Special Needs Shelters	3			

¹All rates are *fiscal year* rates per 100,000

²Quartile – Based on county and state rate comparisons

Most Favorable Situation	Average	Least Favorable Situation
1	2 or 3	4
(25% of counties)	(50% of counties)	(25% of counties)

Data Sources:

1. Division of Medical Quality Assurance, Florida Department of Health (FDOH)
2. Florida Agency for Health Care Administration
3. University of Miami Medical School, Florida Cancer Data System
4. Office of Vital Statistics (FDOH)
5. Office of Planning, Evaluation and Analyses (FDOH)
6. Hillsborough County Assessment Survey, 2008

THIS IS PROVIDED AS A SAMPLE DOCUMENT ONLY AND IS NOT INCLUSIVE OF ALL NECESSARY INFORMATION

COMPARTIVE STATISTICS

The following peer county comparison is provided for informational purposes. The peer counties are selected on a number of demographic and service factors.

PROVIDERS	COUNTY QUARTILE RATINGS COMPARISON ¹				
	HILLSBOROUGH	BROWARD	ORANGE	DUVAL	PINELLAS
Licensed Family Practice Physicians	2	1	3	4	4
Licensed Internists	4	4	4	4	4
Licensed OB/GYN	4	4	4	4	3
Licensed Pediatricians	4	4	4	4	4
Licensed Physicians (Other)	4	4	4	4	4

FACILITIES	COUNTY QUARTILE RATINGS COMPARISON ¹				
	HILLSBOROUGH	BROWARD	ORANGE	DUVAL	PINELLAS
Hospital Beds	3	4	3	4	4
Acute Care Beds	3	4	3	4	4
Specialty Beds	3	4	4	4	4
Nursing Home Beds	1	1	2	2	4

CHRONIC DISEASE	COUNTY QUARTILE RATINGS COMPARISON ¹				
	HILLSBOROUGH	BROWARD	ORANGE	DUVAL	PINELLAS
Coronary Heart Disease	1	1	3	2	2
Stroke	3	2	4	4	2
Heart Failure	3	3	4	3	1
Cancer					
Lung	2	1	2	3	3
Colon	4	3	4	4	3
Breast	4	3	4	4	3
Prostate	4	2	4	4	2
Cervical	2	3	3	3	2
Skin	2	2	2	2	3
Chronic Lower Resp Disease	4	3	2	2	2
Asthma	3	3	4	4	4
Diabetes	3	2	4	4	2

¹Quartile – Based on county and state rate comparisons

Most Favorable Situation 1 (25% of counties)	Average 2 or 3 (50% of counties)	Least Favorable Situation 4 (25% of counties)
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