

Practical Application of Community Preparedness Performance Measures Case Study

Purpose

This case study provides Public Health Emergency Preparedness (PHEP) Awardees with examples that will allow them to apply performance measures (PM) guidance in their jurisdictions. The case study is intended to provide examples of how the performance measures can be implemented; awardees are encouraged to review the aspects that may apply to them while ensuring that the measures apply to the particulars of their own jurisdictions.

PHEP Performance Measure 1.1

Identification of Key Organizations

Median number of community sectors in which local health departments (LHDs) identified key organizations to participate in public health, medical, and mental/behavioral health-related emergency preparedness efforts

The pre-selected sample of counties provided to the awardee by CDC applies to this measure.

PHEP Performance Measure 1.2

Community Engagement in Risk Identification

Median number of community sectors that LHDs engaged in using jurisdictional risk assessment (JRA) data to determine local hazards, vulnerabilities, and risks that may impact public health, medical, and/or mental/behavioral health systems and services

The pre-selected sample of counties provided to the awardee by CDC applies to this measure.

PHEP Performance Measure 1.3

Community Engagement in Public Health Preparedness Activities

Proportion of key organizations that LHDs engaged in a significant public health emergency preparedness activity

The pre-selected sample of counties provided to the awardee by CDC applies to this measure.

PHEP Performance Measure 1.4

Community Engagement in Recovery Planning

Median number of community sectors that LHDs engaged in developing and/or reviewing a community recovery plan related to the restoration and recovery of public health, medical, and/or mental/behavioral health systems and services

The pre-selected sample of counties provided to the awardee by CDC applies to this measure.

Community Preparedness Example

The state of Morgia is a decentralized state that has both urban and rural counties, covered by a mix of local and regional health departments that are funded by, and coordinate activities with, the state health department (the PHEP awardee). This year, Morgia is working on its Community Preparedness (CP) capability. Morgia's goals for the CP capability in Budget Period 1 (BP1) are to have all local jurisdictions review existing Hazard and Vulnerability Assessments (now known as Jurisdictional Risk Assessments, or JRAs, in the PHEP FOA and guidance) with key organizations identified within each respective jurisdiction in order to inform how the public and mental health systems in communities across the state should prioritize their preparedness activities (CP PM 1.2). Plans for this year also include having local health departments conduct a follow-up meeting to develop response and recovery plans for their community's key organizations based on their JRA findings (CP PM 1.4). Finally, Morgia is planning to conduct a table top exercise based on the top hazards identified across all JRA's and plans to include at least two of their local jurisdictions in the exercise as well as identified key organizations (CP PM 1.3).

Morgia's PHEP director is aware that reporting on the CP performance measures is mandatory¹, irrespective of whether a PHEP awardee allocates PHEP funding towards this capability in either the capabilities or contracts plan.² The director also knows that, strictly speaking, performance measure reporting applies only to those counties that have been identified by CDC as part of its sampling strategy. Because community preparedness is one of the awardee's top priorities, the PHEP director has decided to collect data from *all* local health departments. Data from LHDs serving the counties in the sample are the only data that will need to be reported to CDC. Data from the other counties will be used by the state health department to track improvements internally; CDC will neither request nor track data from those remaining counties.

CDC provided Morgia with a list of five counties as part of the sample. Those five counties are served by six health departments; one of the counties is served by a large and a small health department. The remaining counties are served by one health department each. Since two health departments are located in one county, Morgia will report the data collected from the largest health department within that county. Therefore, the total number of local health departments (LHDs) for which Morgia will report CP performance measure data is 5.

Morgia facilitates a planning meeting at the start of the budget period comprised of state PHEP staff and LHD representatives from throughout the state. At this planning meeting, participants discuss and develop a standardized process to review existing state and local JRAs by soliciting input from key organizations in communities throughout the state (CP PM 1.2). Morgia provides a list of the 11 community sectors listed in CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning document (pg 19; P1) and begins the process of assisting LHD representatives with identifying key organizations within their jurisdictions that span the 11 sectors (CP PM 1.1). Morgia also

¹ Community Preparedness is considered a core public health capability

² Knowing this, Morgia has decided to fund local health departments via the contracts plan to do community preparedness work.

provides guidance on additional methods LHDs can use to continue to identify additional organizations within these sectors, including reaching out to engage other LHD staff who may have more direct involvement with community organizations (e.g., as part of community grant programs such as immunization, chronic disease, STDs/HIV, WIC, Communities Putting Prevention to Work, etc.). Morgia provides examples of key organizations from various jurisdictions that embody the type of community engagement to which they are referring. At this planning meeting, state PHEP staff and LHD representatives collectively agree upon a standardized agenda to be used by LHDs as they identify, engage with, and set up meetings with key organizations to review JRAs. The LHDs are expected to invite community representatives having a large reach or impact within their communities to their respective JRA review meeting (CP PM 1.2). As the initial planning meeting progresses, state PHEP staff also provided LHD representatives with templates for e-mails and letters to use to invite the identified key organizations to engage in the JRA review meeting, the follow-up planning meeting and the potential exercise (CP PM 1.3). The awardee emphasizes the importance of documenting the identification of key organizations and the engagement of the key organizations. The meeting concludes with Morgia staff reviewing the key data elements and reporting criteria for the PHEP performance measures related to CP.

Morgia also provides the local health departments with reporting templates, developed by CDC, which outline all of the data elements needed to be collected for each of the CP measures. The awardee reiterates its expectation that LHDs organize their sign-in sheets and rosters for all community engagement activities (planning meetings, exercises, etc.) in accordance with the data they need to collect and report, recommending that documentation be maintained in case CDC requested supporting information or documentation as part of its next site visit or as part of future data validation efforts.

Case Study: Rural Local Health Department Community Preparedness activities

One of the five LHDs in attendance at the initial planning meeting with state PHEP staff is situated in a rural county. Two staff members from this LHD return to their county and begin identifying organizations across the 11 sectors they wish to invite to participate in their JRA review meeting (CP PM 1.1). They identified senior fire, police, emergency management, and emergency medical services (EMS) personnel, as well as the Mayor of their county seat and the local Red Cross chapter during Morgia's planning meeting. They now begin to engage these organizations to identify available dates to hold the JRA review meeting. They ask the previously identified organizations to recommend other organizations they think should be included in the JRA review process. Finally, because the LHD personnel who attended the Morgia planning meeting also staff the WIC and immunization programs, they are familiar with various community organizations and private providers that serve a variety of underserved at-risk populations. These organizations and providers are consistent with several of the CP sectors listed as part of the CP performance measures. When they have identified the appropriate key organizations for their jurisdiction and a list that spans the majority of the 11 needed sectors (CP PM 1.1), the LHD staff schedule a JRA review meeting (CP PM 1.2). The LHD is aware it needs to submit its list of identified organizations and corresponding sectors to Morgia; this list is kept in a file titled "Community Preparedness Performance Measure Data." (Form 1)

During the JRA review meeting, the LHD has participating organization representatives sign-in and provide their name, contact information, and the name of the organization they are representing (Form 2) (CP PM 1.2). The LHD is then able to use this sign-in form (Form 2) to cross-reference the list of organizations previously identified (Form 1) to answer the performance measure data questions on the template provided by Morgia (CP PM 1.2). They file the sign-in form (Form 2) in the "Community Preparedness Performance Measure Data" file. After the JRA review meeting, in which the state JRA and the regional healthcare coalition risk assessment were obtained and reviewed, a follow-up meeting for response and recovery planning is scheduled and the same participants are recruited to attend (CP PM 1.4). The month before the response and recovery planning meeting, the LHD revisits its list of key organizations (Form 1) and invites new organizations that did not attend the JRA meeting to the response and recovery planning meeting (CP PM 1.4).

On the day of the response and recovery planning meeting, the LHD uses the same format for its sign-in sheet (Form 3). The LHD is then able to use this sign-in form to cross-reference the list of organizations previously identified (Form 1) to answer the performance measure data questions on the template provided by Morgia (CP PM 1.4). During the response and recovery planning meeting, roles and responsibilities are discussed for the response phase of an incident as well as very basic pre-incident recovery planning. In addition, the possibility of the LHD being included as volunteers in Morgia's table-top exercise is discussed and organizations wishing to volunteer to participate are requested to check "yes" on the sign-in sheet under the "exercise participation" row (CP PM 1.3). After the meeting, the LHD files the sign-in form (Form 3) in the "Community Preparedness Performance Measure Data" file.

A few months later, the rural LHD invites its list of key organizations to a half-day workshop to develop the foundation of an organizational emergency operations plan, which each of the organizations will be

able to tailor at a later point (CP PM 1.3). While some have a rudimentary evacuation plan, others have not really had the time or level of funding or staffing support available to build an emergency operations plan for themselves or, in many cases, their clients. The LHD invites its emergency management partners to assist at the workshop to help translate the JRA review findings into an emergency operations plan for the participating key organizations. It is now the end of the budget period and time for the LHD to submit their data to Morgia. Morgia now uses the completed forms to complete the Performance Measure Data Collection Template for the Community Preparedness Capability

Form 1 List of Identified Key Organizations by Sector	Business	Community Leadership	Faith Based	Education	Emergency Management	Health Care	Housing / Sheltering	Media	Mental / Behavioral Health	Social Services	Senior Services
Name of Organization	Sectors										
Walmart	X										
Home Depot	X										
Acme Electric	X										
Mayor's Office		X									
EMS Director		X									
Emergency Manager		X									
Catholic Charities			X								
Christian Help			X								
Local priest			X								
local minister			X								
Superintendent of Schools				X							
Chief of Police		X			X						
Fire Chief		X			X						
VP of Nursing from local hospital						X					
President of the local hospital						X					
Local Red Cross							X				
Local New Agency								X			
Valley Mental Health Clinic									X		
Meals on Wheels										X	
Salvation Army										X	
CEO of local nursing home											X
Manager of local assisted living facilities											X
Total	3	5	4	1	2	2	1	1	1	2	2

Form 2 Community Engagement in Risk Identification		
Name	Organization	Contact Information
Eddie	Wal-mart	igotthis@xmail.com
Frank	X electric	222-333-5555
Kathy	Catholic Charities	222-333-7777
Edward	Red Cross	wehelpout@xmail.com
Oscar	Superintendent of Schools	smartypants@xmail.com
Sheila	Meals on Wheels	nohungerhere@xmail.com
Leyla	Salvation Army	222-333-4444
Earl	Mayor	localpolitician.com
Freddie	CEO of Nursing Home	222-333-9999
Sheila	Chief of Police	notroublehere@xmail.com
Erica	Fire Chief	hothothot@xmail.com
Dale	Valley Mental Health Clinic	insaneinthemembrane@xmail.com
Jim	EMS Director	loveaction@xmail.com

Form 3 Community Engagement in Response and Recovery Planning			
Name	Organization	Contact Information	<u>Exercise</u> (Y/N)
Eddie	Wal-mart	igotthis@xmail.com	Y
Kathy	Catholic Charities	222-333-7777	Y
Edward	Red Cross	wehelpout@xmail.com	Y
Oscar	Superintendent of Schools	smartypants@xmail.com	N
Leyla	Salvation Army	222-333-4444	Y
Earl	Mayor	localpolitician.com	N
Freddie	CEO of Nursing Home	222-333-9999	N
Sheila	Chief of Police	notroublehere@xmail.com	Y
Erica	Fire Chief	hothothot@xmail.com	Y
Dale	Valley Mental Health Clinic	insaneinthemembrane@xmail.com	N
Jim	EMS Director	loveaction@xmail.com	Y

Form 4 Community Engagement in Exercise		
Name	Organization	Contact Information
Eddie	Wal-mart	igotthis@xmail.com
Edward	Red Cross	wehelpout@xmail.com
Leyla	Salvation Army	222-333-4444
Sheila	Chief of Police	notroublehere@xmail.com
Erica	Fire Chief	hothothot@xmail.com
Jim	EMS Director	loveaction@xmail.com