

# Public Health Ready Prepares Agencies for Emergency Responses

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Recent national and worldwide events have brought public health into the limelight as never before. Managing outbreaks of disease or responding to environmental contamination is not new to public health, but the world of emergency management *is* new to many health officials. Since September 2001, public health has become a part of the “first responder” community, akin to traditional first responders such as the fire service, emergency medical services, emergency management, and law enforcement.

With the attention being paid to public health preparedness, many have asked how ready local public health agencies are to respond to emergencies and disasters. No clear guidelines exist to define what it means to be prepared, although local and state health officials are held accountable for the emergency readiness of their agencies. One initial attempt to define public health preparedness is the Public Health Ready project, a partnership program developed by the National Association of County and City Health Officials (NACCHO), the Centers for Disease Control and Prevention, and the Columbia University Center for Health Policy.

At the core of the Public Health Ready project is the recognition of local public health agency preparedness efforts. Through the project, health officials are committing to training, planning, and exercising their agency’s workforce. Upon completion of the project, local public health agencies will be recognized as meeting Public Health Ready’s certification requirements. The agency certificate will confirm that the agency has a public health emergency response plan in place, the plan is appropriately connected to other emergency response plans, agency staff are trained, and the plan is exercised and used during public health and other community emergencies.

In Thurston County, Washington, public health representatives have participated in emergency response for several years. Since fall 2001, the profile of public health professionals has escalated from a support function in the county’s emergency planning to, in some cases, possible incident commander in health emergencies such as a smallpox outbreak, anthrax event, or other biological incident. Recent events have demonstrated the value of public health involvement in emergency readiness, including public

health planning for SARS, public health leadership in triaging potential anthrax incidents, and working with partners to plan for the distribution of pharmaceuticals and other medical assets that form the Strategic National Stockpile (SNS).

Although Thurston County Public Health and Social Services Department has participated in emergency response and effectively responded to natural disasters, only recently has the agency systematically focused on developing its readiness capacity. Thurston County is part of a regional emergency planning activity developed in conjunction with the Washington State Department of Health. This regional approach groups geographically contiguous counties to share planning, training, and exercise resources that develop and strengthen the public health system. (More information regarding this regional approach can be found at [www.doh.wa.gov](http://www.doh.wa.gov).)

## Pilot testing

During spring 2003, Thurston County Public Health and Social Services Department became one of twelve pilot sites in the nation for the Public Health Ready project. Thurston County chose to become one of the pilot sites in order to take advantage of national resources and expertise regarding public health emergency preparedness.

The Thurston County Public Health Ready project team includes Thurston County staff, a Washington State Department of Health education and training expert, and staff of the Northwest Center for Public Health Preparedness at the University of Washington. This team consults with NACCHO staff and other pilot sites through regular conference calls and in-person meetings to update the project team on progress and identify challenges and barriers to the process across the country.

The details of system development necessary to prepare for public health emergencies in a small- to medium-sized county are enormous. Developing a local public health emergency response plan involves external issues, such as understanding emergency plans of local hospitals, counties, and tribes, as well as communicating with fire service, emergency medical response, and law enforcement. Internal system development is vital, and developing an incident command structure, writing standard operating



procedures, and training staff can easily overwhelm an agency.

Public Health Ready is based on three components: competency-based training, preparedness planning, and demonstration of readiness through drills and exercises. Certification criteria have been developed in conjunction with the pilot sites and are currently being tested by all twelve agencies (see criteria at [www.naccho.org](http://www.naccho.org)).

To meet the training criteria, agency staff must be able to demonstrate core emergency preparedness competencies. Currently, Thurston County and the other pilot sites are testing out these criteria through both self-assessment and objective assessment of competencies. Training is being offered in several modalities including online courses and in-person sessions held by state health department training coordinators and trainings conducted with academic center partners.

The planning criteria require the agency to develop an emergency preparedness plan that follows standard planning guidelines and is linked to the overall county, city, or state emergency plan. The plan must include the functional roles that public health staff will fill in responding to emergencies. This area has required a great deal of work in many of the pilot sites since job-action sheets for public health agencies have been difficult to find and many agencies have had to start from scratch.

At Thurston County, refining the current public health emergency preparedness plan includes coordinating with County Emergency Management, area hospitals, health care providers, and regional emergency response plans. This has proven a daunting task, including development of “annexes” for public health-specific responses, development of an *Employee Emergency Preparedness Handbook*, training regarding the basics of the incident command system, and introduction of new language associated with emergency response and the purpose and intent of various emergency preparedness exercises. System development also includes working closely with hospitals, medical providers, veterinarians, emergency medical providers, fire service, law enforcement, emergency management, and tribes. This project has helped with our communication with these partners, as we learn new languages within the emergency response communities.

When the plans are completed and reviewed by Public Health Ready project staff using the certification criteria, the pilot sites will participate in drills and exercises to demonstrate their staff competency and test their preparedness planning. These drills and exercises can include responses the agency has made to major public health emergencies in their jurisdiction or drills and exercises they are conducting with partners, such as their county emergency management agency or state health

department. Pilot sites will submit after-action reports from drills and exercises and develop a plan to continue to demonstrate readiness in the future.

## Benefits and expectations

Becoming a pilot site for Public Health Ready has been both beneficial and problematic for the Thurston County Health Department. The opportunity for national recognition of the county’s preparedness efforts is an attractive part of the Public Health Ready project.

As a pilot site, Thurston County’s feedback on draft Public Health Ready certification requirements is being used to modify and refine the scope of the project. It has been exciting to help shape expectations for a national public health emergency preparedness system and keep day-to-day local public health experience in the forefront of this development. On the other hand, the project has brought frustration when demands exceed resources, requiring a balancing act among competing priorities. On the whole, the project offers a new way to approach, in a systematic manner, the ongoing development of infrastructure for public health practice.

Thurston County plans to submit certification materials to the NACCHO-led certification body by late fall 2003, an ambitious timeline but still doable. Gaining certification through the Public Health Ready project will not be the end of the county’s preparedness efforts, however. Emergency preparedness requires ongoing refinement of plans, continuing communication with various community partners, staff training and development, and exercise of the public health emergency preparedness plan. Without such sustainability efforts, we will fall even further behind in our responsibilities for public health protection.

Congress authorized financial support for preparedness development through 2005. Most important, however, for the development of a systematic public health response to bioterrorism, communicable diseases, and other issues of public health significance, is to incorporate the work into everyday public health practice. Fire departments are successful at using the incident command system because they practice its use during every response, regardless of size. Public health needs the same level of practice in our emergency responses in order to maintain a successful system of public health protection.

Public Health Ready, by itself, has not added to Thurston County’s emergency preparedness activities, but the quality of our preparedness efforts has been greatly enhanced by the project. The project provides an opportunity to test our preparedness efforts on a small scale and to contribute to learning about how Public Health Ready can be implemented nationwide. 🐾

### Public Health Ready Pilot Sites

Allentown, PA  
Berkeley, CA  
Cerro Gordo County, IA  
Cherokee Nation, OK  
Kansas City, MO  
Montgomery County, MD  
Seminole County, FL  
Tarrant County, TX  
Thurston County, WA  
Tulsa, OK  
Wellesley-Needham, MA  
Winnebago County, IL

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