
Public Health Preparedness at the State Level

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Objectives

- Describe the role of state public health agencies in preparedness efforts
- Describe the role of physicians at the state level in leading and guiding preparedness efforts

A few “maxims” ...

- “All public health is local”
- “When you’ve seen one state public health department, you’ve seen one state public health department”

Structure of state public health departments

- Executive director/senior health officer is appointed by and reports to the Governor
- Departments implement public health programs initiated through state legislatures; accountability is to general assembly
- Majority of funding for state health departments come from federal grant programs, for which departments are also accountable

Role of State Public Health Departments

- Public health programs in states must achieve a balance between local and central activities
- State public health agencies strive to keep program elements that are better provided centrally than locally
- State public health agencies impact policy by how state and federal funds are distributed locally, through impact on legislation and regulation at the state level and through grant and contract elements for federal funding

Examples (Colorado)

- Infectious disease control
 - » A “shared responsibility” with local public health
 - » Funding is mainly categorical, with a small amount of general support
 - » Funding mix varies by disease

Infectious disease control

- Tuberculosis

- » About \$1 million from general fund
 - Goes to local health departments for diagnosis and treatment
- » About \$577K from federal sources (379K from CDC TB Elimination, 92K from Preventive Block Grant, and 106K for laboratory support)—state personnel and lab supplies
- » Screening, contact investigation and treatment costs are shared by the county governments

Infectious disease control

- HIV/AIDS surveillance and prevention is federally funded (Ryan White treatment program matches federal with state funds)
- Viral hepatitis gets federal funding; there are some state funds for hepatitis C only
- Emerging infections (WNV, hantavirus, CWD) funded with federal grants only
- Other disease control funding is pieced together with small federal grants, a small amount of general fund, and a small amount of Preventive Block Grant funding

Examples – chronic disease prevention and control

- All chronic disease prevention and control programs are federally funded, except new grant programs for cancer, cardiovascular disease and chronic pulmonary disease funded by constitutional tobacco tax

State role in public health emergency preparedness

- Great majority of funds for preparedness in every state are federal
- Grant money is divided in at least three major categories:
 - » CDC cooperative agreement (all hazard preparedness for public health)
 - » HRSA hospital preparedness grant (to enhance their response capabilities)
 - » Homeland security (non-public health preparedness and response)

Other grants

- Metropolitan Medical Response System, City Readiness Initiative (Homeland Security, CDC)
- Specific training grants (Colorado BNICE program at Denver Health, HRSA funding)
- Medical Reserve Corps/Citizen Corps (Homeland Security)

State public health role

- Preparedness efforts are separable into those activities that should be done centrally and those that must be done locally
- The CDC cooperative agreement is fairly prospective in terms of deliverables, but decisions about what is done where is more flexible

State public health role

- The HRSA grant is less directive
 - » There is a maximum amount that can stay in the state agency
 - » With input from a stakeholder committee, each state can decide how to prioritize purchases for hospital preparedness
 - » Grant funds can also address pre-hospital care and medical equipment and personnel surge capacity

State public health role

- Finally, pandemic flu preparedness funds are distributed through a supplement to the CDC preparedness grants, with deliverables regarding support for community preparedness planning and decisions regarding state antiviral purchase

State public health role

- Working with local public health, and with input of a duly constituted advisory committee, state health determines the funding strategy for the cooperative agreement
- Working with a duly constituted advisory committee, state health determines the elements of and funding strategies for the HRSA grant
- State health is eligible to apply for and accept homeland security grants

State public health role

- State public health takes the lead in policy, law and regulation support for preparedness efforts
- With stakeholder input, including from local public health partners, state public health leads the direction of preparedness planning

Role of physicians in state-level preparedness efforts

- Public health physician input is key to guiding appropriate decision-making in state preparedness planning

Scope of knowledge and skills

- Knowledge of infectious diseases
 - » Agents and epidemiology
 - » Transmission, prevention and personal protection
 - » Diagnosis and prognosis/natural history
 - » Treatment

Scope of knowledge and skills

- Disease surveillance approaches
- Recognition of the unusual
- Recognition of an outbreak
- Control and mitigation strategies for an outbreak (and how to implement these in the community)

Scope of knowledge and skills

- Knowledge of the health care system
 - » Ambulatory care
 - » Hospital care
 - » Pre-hospital care/emergency medical services
 - » Hospital systems
 - » Health care systems/insurers
 - » Safety net
 - » Academic medical centers
 - » Professional societies
 - » Local public health and public health nursing services

Scope of knowledge and skills

- Knowledge of the regulatory and legal environment
 - » Licensing/regulation of health care professionals
 - » Licensing/regulation of health facilities
 - » Public health statutes and regulations
 - Disease reporting
 - Outbreak investigation
 - Isolation and quarantine
 - Seizure of goods and property

Scope of knowledge and skills

- Understanding of the role of other agencies in emergency preparedness and response, and relationships with key individuals
 - » Local public health agencies, tribal governments
 - » Agriculture, natural resources/wildlife, human services
 - » State and local law enforcement
 - » Emergency management
 - » Military affairs and national guard
 - » Attorneys General and District Attorneys
 - » Executive administration
 - » Appropriate private sector groups and organizations

Scope of knowledge and skills

- Knowledge of assets and vulnerabilities
 - » Health facilities
 - » Health care supplies and pharmaceuticals
 - » Health and public health workforce
 - » Potential targets (and approaches to responding to attacks on each)
 - » Potential natural emergencies (and approaches to responding to each)

Scope of knowledge and skills

- Understanding of the political environment
- Understanding of and experience with the media
- Communication skills, and knowledge of risk communication strategies

Role of physicians in state-level preparedness efforts

- Provide guidance to policy-makers to support preparedness efforts
- Provide leadership for advisory groups of experts and/or stakeholders
- Provide education and leadership for health care providers in preparedness and response scenarios

Role of physicians in state-level preparedness efforts

- Provide medical guidance and decision-making for leadership in response to public health emergencies
- Provide credible public messages in crisis response situations
- Take responsibility for the integration of health response with other aspects of emergency response

Example – oseltamivir purchase

- National preparedness advice is to have enough oseltamivir to treat 25% of your state's population
- Federal government will purchase 75% and recommends that states purchase the remainder with a 25% subsidy by the federal government and federal pricing
- For Colorado, this translates to approximately \$10 million (total general fund support for state public health is about \$15 million)

Example – oseltamivir purchase

- What is the evidence of effectiveness for
 - » Treatment?
 - » Prophylaxis?
- What would be the purpose/use for state-purchased antivirals?
- Would the distribution/prioritization be different than for the national stockpile?
- Will the additional drug provide a significant addition to the national stockpile in terms of health outcomes?

Example – oseltamivir purchase

- Where should the funding come from (what won't be funded, could the money be spent for a better purpose)?
- What is the political environment, and what are the political ramifications of purchasing or not purchasing?
- How will the public respond to the decision?
- Is this a wise investment of public funds?

Summary

- State public health takes different roles in preparedness in different states, but always serves a coordination role with other public health, private health and non-health state agencies
- Public health physicians with a diverse set of knowledge and skills are necessary to provide leadership and guidance in preparedness and response efforts