

# Organization of State Public Health Preparedness Activities

Observations from 40 states  
February 23, 2005

Joshua Bobrowsky  
Director, Preparedness Policy

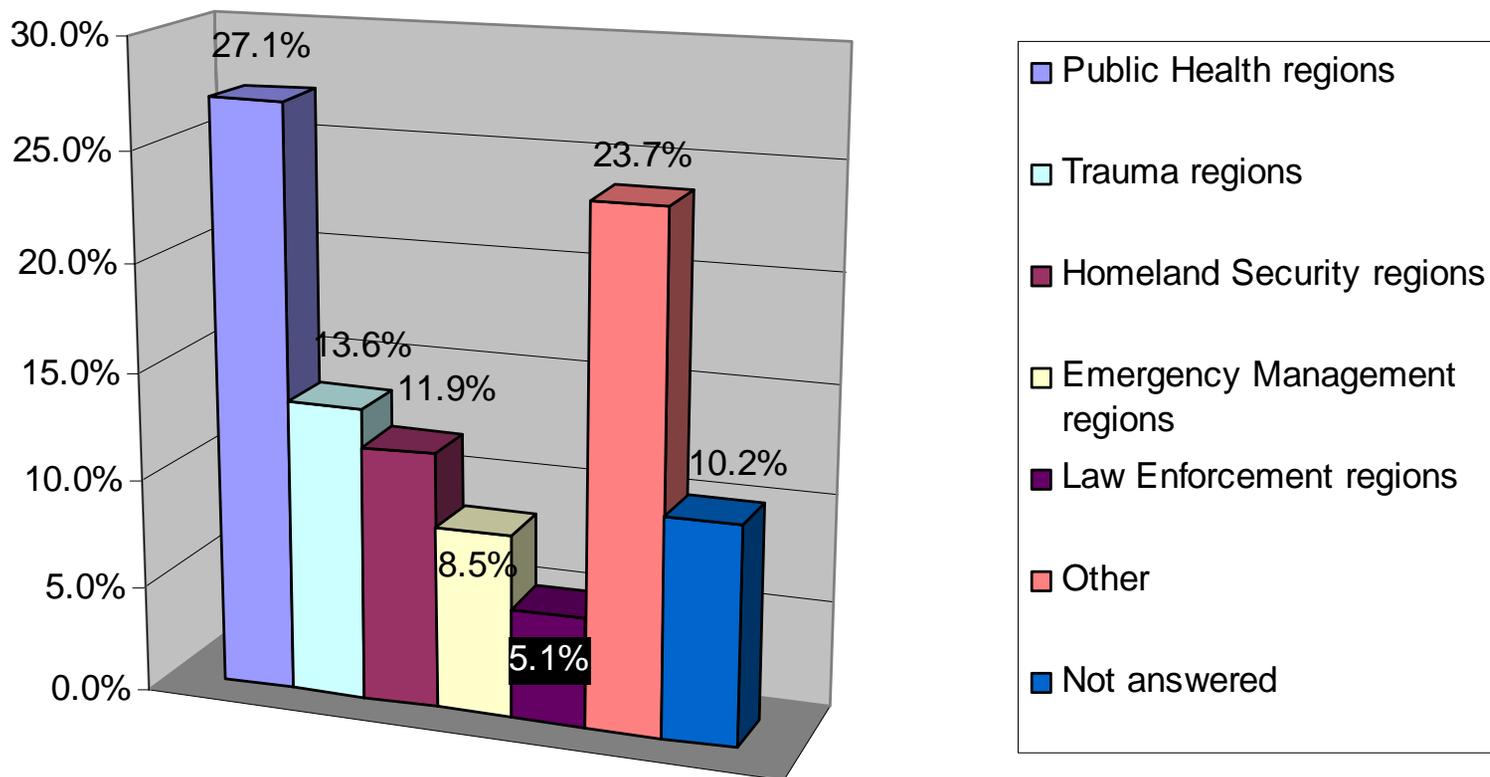
# Organization of State Public Health Preparedness Survey

- Top 5 findings
  - There is widespread regionalization of public health preparedness
  - Most state health preparedness directors report directly to SHO or deputy SHO
  - Most state health preparedness directors have joint responsibility for CDC and HRSA cooperative agreements
  - Both CDC and HRSA cooperative agreements have been used to develop the public health workforce
  - Almost all respondents have held joint preparedness exercises with other state agencies

## Survey Results: Regionalization

- 93% of states organize public health preparedness activities by regions [37 respondents]
  - Among these, about half (53%) created these regions after 9/11/01 [18 out of 34 respondents]
  - 27% of all regions correspond to designated public health regions [16 respondents; out of 58 responses with multiple responses]
    - 14% correspond to trauma regions [8 respondents]
    - 12% correspond to homeland security regions [7 respondents]
    - 8% correspond to emergency management regions [5 respondents]
    - 5% correspond to law enforcement regions [3 respondents]
    - 24% “other” [14 respondents]; 10% did not answer [5 respondents]
    - 11 respondents (27.5%) indicated multiple regions

**Among states with Public Health Preparedness regions that correspond to other state regions (multiple responses allowed: n = 59)**



## Survey Results: State Health Preparedness Directors

- 62.5% of state health preparedness directors report directly to the state health official or deputy
  - 35% SHO [14 respondents]
  - 27.5% deputy SHO [11 respondents]
- 17.5% of state preparedness directors are political appointees [7 respondents]

## Survey Results: State Health Preparedness Directors

- 72.5% of state health preparedness directors have overall responsibility for both the CDC and HRSA cooperative agreements [29 respondents]
- Most state health preparedness directors have additional responsibilities
  - 31% are solely responsible for public health preparedness grants management and operations [12 respondents]
  - Other responsibilities include epidemiology, environmental health, and oversight of state EMS and trauma systems

## Survey Results: Public Health Workforce

- Using only CDC cooperative agreement funds, average FTE workforce infrastructure:
  - 6.1 funded for cooperative agreement administration (finance, accounting, proposal development, etc.) at the state level
  - 42 funded for state level program activities
  - 69.1 funded at the local level
  - 5.2 funded in partner organizations (hospitals, community health centers, Red Cross, etc)
  - 125.2 funded in total
- General trends appear similar in large and small states

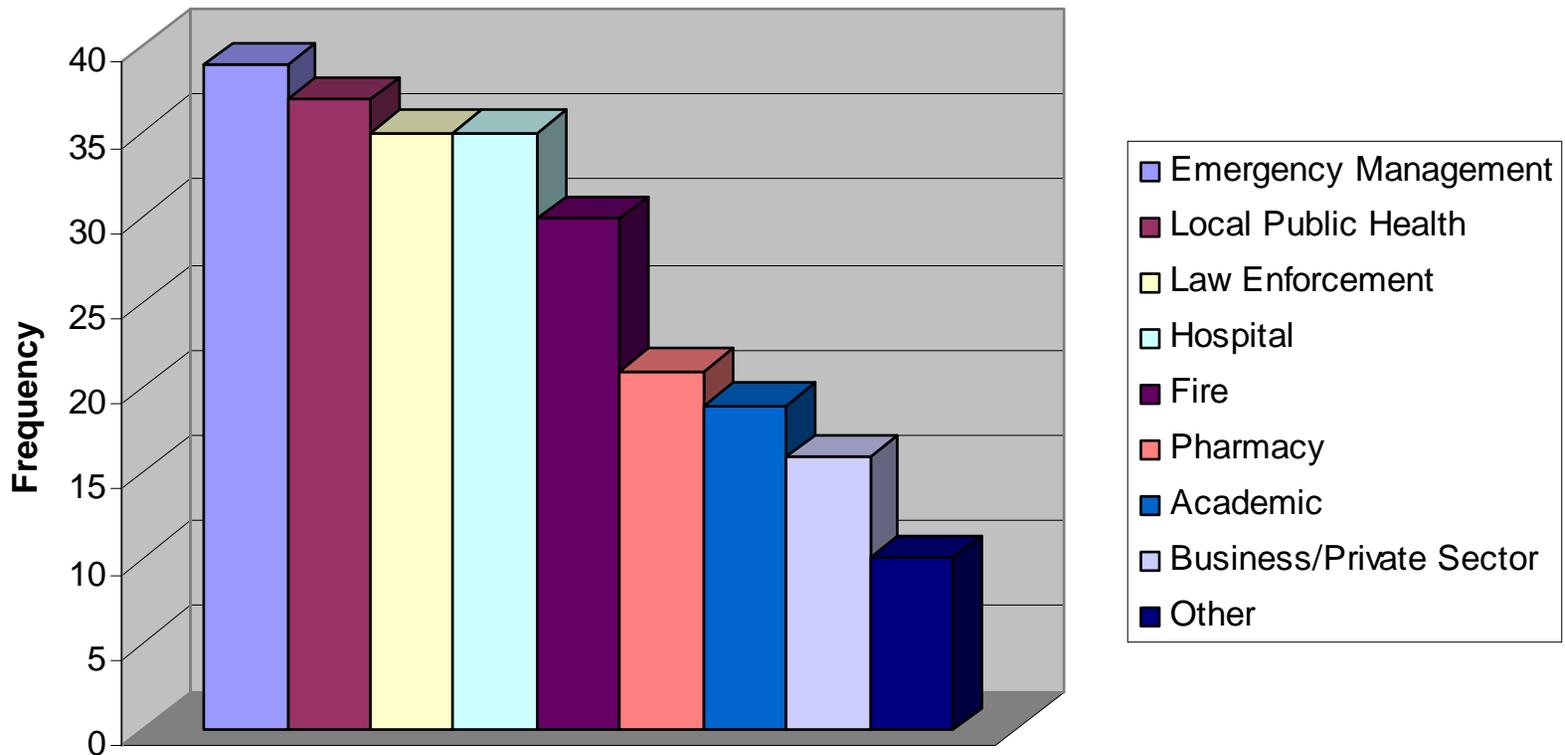
## Survey Results: Public Health Workforce

- Using only HRSA cooperative agreement funds, average FTE workforce infrastructure:
  - 1.7 funded for cooperative agreement administration (finance, accounting, proposal development, etc.) at the state level
  - 4.4 funded for state level program activities
  - 3.2 you funded at the local level
  - 2.4 funded in partner organizations (hospitals, community health centers, Red Cross, etc)
  - 11.2 funded in total
- General trends may indicate that larger states fund proportionally more FTE's at the state level, while smaller states fund more FTE's at the local level
- HRSA agreement FTE's are proportionally smaller compared to CDC agreement
  - The cooperative agreements have different characteristics and different personnel requirements
  - Survey data is incomplete without data on contractor workforce patterns

## Survey Results: Joint Exercises

- Almost all respondents indicated that they have participated in joint exercises with other state agencies: **[39 respondents]**
  - 90% have conducted tabletop exercises **[36 respondents]**
  - 75% have conducted full scale exercises **[30 respondents]**
  - 67.5% have conducted both tabletop and full scale **[27 respondents]**
  - 17.5% indicated “other” (including real-life events, such as hurricanes) **[7 respondents]**
  - 1.5% (1 respondent) did not reply
  - Most commonly involved agencies include emergency management, local public health, law enforcement, fire, and hospital

## Partner organizations in joint exercises



## What's next?

- At least 30% (n=12) of respondents use preparedness metrics or other measures of progress
  - Gather data and analyze
- Examine the extent to which staff have been added by preparedness funding
- Identify other partner surveys to gather quantitative data
- Next round of data
  - key informants: focus groups, case study model

ASTHO  
202-371-9090  
[www.astho.org](http://www.astho.org)  
[preparedness@astho.org](mailto:preparedness@astho.org)