

# **State of Georgia Public Health Preparedness Project**

## **Executive Summary**

In 2003, NTI's Global Health and Security Initiative and the Director of the Georgia Division of Public Health asked the RAND Corporation to conduct an assessment of the preparedness function of Georgia's public health infrastructure. The project had three goals:

1. To evaluate preparedness at the local level and offer suggestions for improvement.
2. To improve preparedness planning and training at the state level, and to improve relationships between the Division of Public Health and preparedness staff at other state-level agencies.
3. To develop a model for improving preparedness that can be used by others in the U.S. and around the world to strengthen our defenses against biological threats.

The assessment took a two-pronged approach. First, RAND conducted six tabletop exercises at the local Health District level and one at the statewide level. Second, RAND conducted interviews with key people representing multiple communities to understand the level of preparedness and the barriers and facilitators to improving preparedness.

Six district-level exercises were conducted. The districts were selected by Division of Public Health staff to represent the diversity of Georgia's health districts in geography, population and variation in the perceived level of experience and preparedness. The last of the six district-level exercises evolved into a statewide exercise, simulating a local health emergency widening into a state-level problem.

The groups participating in the state-level exercise, included:

- Division of Public Health and the state's public health laboratory;
- The Georgia Department of Agriculture;
- The Georgia Office of Homeland Security;
- The Georgia Emergency Management Agency (GEMA);
- State and local law enforcement;
- Fire and emergency medical services;
- The Georgia National Guard and Georgia Department of Defense;
- The Georgia Hospital Association;
- The Department of Emergency Medicine of the Emory School of Medicine and the Rollins School of Public Health;
- Representatives from poultry industry organizations;
- The United States Department of Agriculture and
- The Centers for Disease Control and Prevention.

Three different disease scenarios were chosen for the districts: botulism (in three districts), smallpox (in two), and avian/human influenza (in one). All of these diseases

tested the public health processes, but required slightly different responses, skills and capacities.

The avian/human influenza half-day district exercise was designed to simulate the growth of an outbreak and to test the response that required state involvement and coordination. That scenario was based on a highly pathogenic avian/human influenza H5N1 strain infecting commercial poultry flocks during a severe (but non-pandemic) human influenza season. The exercise was designed to emphasize the challenges in distinguishing human influenza strains from avian strains, as well as triggering different levels of law enforcement focus (by revealing deliberate terrorist infection of the avian flu halfway through the exercise).

Based on RAND's findings, the following recommendations were made; it is not an exhaustive list, but a prioritization of areas in which the state's preparedness infrastructure and procedures need strengthening:

- ***Enhance and exercise communications plans.*** The first major need is a plan for public communication and risk communication response; the second is increased efforts to communicate with and gain the trust of minority non-English speaking populations and also those groups that may distrust the government.
- ***Improve interoperability of information sharing technology across response disciplines.*** Much of the operation of the public health system in a crisis will depend on this core need.
- ***Assure appropriate surge capacity plans are in place.*** There is an awareness of surge capacity problems, but development of more specific, robust plans is required. These activities should be supplemented by increased staff education in the developed plans.
- ***Develop strong leadership within Georgia's Division of Public Health and at the district level.*** Health departments in other parts of the country have had great success with investment in leadership development– this could be a model for Georgia to consider.
- ***Integrate outside partners into planning and response.*** This includes partners such as the business community, the Red Cross, volunteers, and state and local elected officials.
- ***Improve workforce training at all levels.*** There is a need for increased assurance that personnel will be skilled in the preparedness area. Further, district and state level training should be standardized to address a set of core competencies. Exercises to test these competencies should be pursued on a regular basis.
- ***Develop strategies to institutionalize learning.*** Specific strategies are needed to formalize the lessons learned from both real crises and exercises.
- ***Address prioritization of limited resources.*** Decisions are needed, for example, to recognize priority groups and the pre-identification of individuals for specific treatments.
- ***Clarify state and local responsibilities/hand-offs for planning and responding to a public health emergency.*** It is critical that there is clarity regarding when to notify the state of an emergency and/or where responsibility lay.

- *Clarify who has responsibility for special needs populations.* There is a need to enhance knowledge of where special needs populations are located and who has responsibility.

The exercises have had some immediately realized results in the form of Georgia's actions during Hurricane Katrina, which occurred a month after the exercises were completed. Specifically improvements were seen in the fields of communication, interoperability, the identification of priority groups, surge capacity, volunteer providers, and partnerships with community and private-sector groups. This real-world validation demonstrates the value of the exercises for Georgia, and shows the potential benefit for any other state or governmental health preparedness organization.

The lessons of Katrina and the ever-present threat of contamination and disease outbreaks illustrate that preparedness of our government health care and emergency response infrastructure should be of the highest priority. The exercises and interviews conducted by the RAND assessment in Georgia have revealed a network of dedicated professionals with a sincere desire to improve their capacity to react to public health emergencies. The project highlighted a number of strategies that, when implemented, will dramatically improve Georgia's already impressive response capabilities. The desire of Georgia health preparedness staff to embrace these lessons learned has already been proven in light of the changes witnessed during Hurricane Katrina. The design of the exercises presented here, and the recommendations from the project, can also serve as a model for other governmental public health management institutions around the world in preparation for potential threats that the world community faces.