Local Planning for Public Health Disasters

Steve Frederick
Lincoln-Lancaster County Health Department

Community Capitals Framework Institute

November 6, 2014
Show how assets in each of the seven capitals (natural capital, human capital, financial capital, social capital, political capital, built capital) areas help communities plan for disasters
All Disasters Are Local...
Local health departments (LHD) were only located in Omaha, Lincoln, Grand Island, Falls City, Scottsbluff and South Sioux City.

Except for Lincoln and Omaha, most LHDs basically provided immunizations and home health services.

The Nebraska Health Department directed all public health services in the counties w/out LHDs; EMS services were the most available services locally throughout Nebraska.
• Local Health Departments were being organized or already in place throughout Nebraska thanks to Tobacco Settlement money and Legislative action (LB 692)

• Most of the 21 LHDs are multi-county or regional

• Grants from the Robert Wood Johnson Foundation (RWJF) helped in the development of the need for LHDs
Nebraska Local Health Departments under the Health Care Funding Act (*LB 692)

Effective July 1, 2010

Legend
- Solid Colored Areas Represent Local Health Departments Eligible Under the Nebraska Health Care Funding Act (LB 692)
- Counties Covered by Local Health Departments but do not Qualify for LB 692 Funding

*LB 692 passed during the 2001 Legislative Session and provides funds to qualifying local public health departments.

Source: Nebraska Department of Health and Human Services

Map Created by Public Health GIS Analyst
DHHS GIS 3/10

Public Health, Circa 2014
Most Likely Emergencies

- Tornadoes
- Thunderstorms
- Ice Storms/Blizzards
- Floods
- Transportation event
- Terrorism/bioterrorism
- Nuclear power plant explosion
- Pandemic
Prior to having local health departments, all disaster planning was done by the County Emergency Manager with guidance from the Nebraska Emergency Management Agency.

Even the established LHDs often didn’t work with their Emergency Manager or other departments.

“Public Health” wasn’t even considered as having much of a role in planning for emergencies.
• Funding opportunities for emergencies became available after 9/11/2001. Both HHS (MMRS) and CDC (Public Health Emergency Preparedness) grants provided the resources; later FEMA and DHS.

• Furthermore, there was often a requirement that responders plan and work together and public health was given a defined role in emergency preparedness.
It’s safe to say that a dozen years ago public health wasn’t connected to our community partners for planning. However, over time we have developed a strong network and agencies do plan together although our roles change.
Recent Public Health Emergencies:

- 2004 Flu vaccine shortage: Due to contamination of vaccine lots, the number of available doses of flu vaccine were limited.
- 2005—Avian flu (H5N1): There was a concern that avian flu might spread to the U.S. given the flight path and it did spread person to person in some instances.
- 2009-2010—H1N1 (“Swine flu”) 2009 Pandemic Influenza: Began in Mexico, spread worldwide. A vaccine was produced and clinics were held.
- 2014—Ebola: Current concern is imported cases.
Nebraska’s Capitals

- Built Capital—Public Power
- Human Capital—Educated Workforce and Midwest Work Ethic
- Financial Capital—Grants
- Social Capital—Volunteer Spirit
- Cultural Capital—Cultural Centers
- Political Capital—Unicameral Legislature
- Natural Capital—Rich Farm land, Ogallala aquifer
## Summary of Community Capitals, by Event

<table>
<thead>
<tr>
<th>Type of Community Capital</th>
<th>2004</th>
<th>2005</th>
<th>2009</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine Shortage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avian Flu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H1N1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Built</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Human</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Political</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cultural</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Staff continue to work closely with:

- Nebraska Department of Health and Human Services
- Emergency Management
- Hospitals in the city and region
- EMS
- Lancaster County Medical Society
- Public Works
Southeast Nebraska MRC

MRC members setting up the 20-bed portable hospital

MRC members assisting with the SNS exercise
Questions?