HEALTH RISK ASSESSMENT PROFILE

FAKE County

Participating agencies: County Health Department, Office of Emergency Management, American Red Cross WV Region, Hospital, Sheriff's Office, Primary Care Center, Behavioral Health Center

Background

- Data reported in this profile are from local Health Risk Assessments conducted by West Virginia's 49 local health departments in the summer of 2012 and submitted to the Center for Threat Preparedness for analysis.

- Data included in the *Public Health Narrative* were submitted exclusively by local health departments. The other sections of the assessment required health departments to invite local partners (*participating agencies*). The collaborative assessment tool included four sections.

- In section 1, *Hazard Identification and Ranking*, participants were asked to rank hazards according to their risk to the public health and health systems in the county. Local health departments submitted the top 5 ranked hazards, as well as the roles that public health played in hazard response.

- In section 2, *Hazard Impact*, participants were asked to assess the impact of the top-ranked hazard on a series of infrastructure, service and community health indicators.

- In section 3, *Agency Mitigation*, local health departments were asked to assess their agency's capability to mitigate a hazard event.

- Finally, in section 4, *Community Mitigation*, participants were asked to assess their county's capability to mitigate a hazard event.

Public Health Narrative: Highlights

1. Factors that limit public health's ability to mitigate top hazards: Funding, training, staffing, resources.

2. Steps public health has taken to collaborate with local partners to mitigate hazards: None to date. Will work with OEM, Hospital, and Behavioral Health services to provide disaster/psychological training for key partners. Will also look at specialized triage training for disasters.

3. County-specific complications that public health considers in preparedness planning: The terrain and the layout of the county complicates our preparedness planning. It can take close to two hours to drive from one end of the county to the other.

4. Roles that public health and emergency management, respectively, have in emergency preparedness: Public health serves as a key partner in emergency preparedness serving on the LEPC, works closely with the OEM to host drills, trainings, etc. and has been a key player in Incident Command. Emergency management takes the lead on incidents and works hand in hand with coordinating community partners that participate in drill, trainings, and real world events.

5. Consequences of reduced funding to your county's citizens: Lack of devoted personnel to preparedness. Reduced training to prepare staff properly.

6. Additional training needed related to the hazards prioritized: Have had training with flooding, epidemics, dam failure, and foodborne outbreaks, but could use more training related to active shooters (ex: triage, psychological training).

7. Preparedness trainings/best practices that you would be willing to share with other counties in the state: As a region, we try to host trainings for not only public health, but for all community partners. We feel the collective training among partners gives each agency a better perspective of roles and responsibilities of others.

8. Emergency incidents that employees paid with Public Health Emergency Preparedness (PHEP) funds have responded to in the last 5 years: Power outages, blizzards, extreme heat, H1N1, 2012 Derecho

FAKE County: Hazard Risk and Impact on Public Health

Scoring and Explanations

Hazards were ranked according to the equation *Risk = Probability X (Impact-Mitigation).* All explanations (for indicators, plans, etc.) were standardized in the assessment toolkit. Scores listed throughout this profile follow the general scales listed below:

Impact:

0 = None, 1 = Minimal, 2 = Moderate, 3 = Severe, 4 = Catastrophic

Mitigation:

0 = None, 1= Minimal, 2 = Moderate, 3 = Prepared, 4 = Resilient

Hazards with the highest risk to Public Health

Hazard	Public Health's Role
1. Flooding	Help with shelters, environmental, POD/triage, provide educational info
2. Epidemic or Pandemic	Lead agency, investigation, prophylaxis, POD/Triage, provide educational info, environmental
3. Dam Failure	Help with shelters, environmental, POD/triage, provide educational info
4. Foodborne Disease Outbreak	Lead agency, investigation, prophylaxis, POD/Triage, provide educational info, environmental
5. Active Shooter	POD/triage, help with coordinating psychological disaster response

Highest Impacts (*3-4*) of Highest Risk Hazard

Score	Indicator of Impact	Explanation
4	**Public health services**	Essential services are near or at complete cessation
3	**Time to resume essential public health services**	73 hours – 1 week; must call on surrounding counties for aid to restore essential services
3	**Public health surge**	Public health surge is severe, must call on surrounding counties for aid
3	**Public health facilities**	25%-49% of facilities and structures in place
3	**Emergency transport**	Demand for emergency medical services is severe, must call on surrounding counties for aid
3	**Sheltering**	Sheltering and mass care exceed capacity of local authority; must call on surrounding counties for aid
3	**At-risk Individuals**	Outreach to at-risk individuals exceeds capacity of local authority; must call on surrounding counties for aid
3	**Community resources, linkages and assistance**	25-49% of survivors know where and how to seek help

FAKE County: **Public Health Hazard Mitigation**

Status of Public Health Plans

Score	Public Health Plan or Annex	Explanation
3-4	• Continuity of Operations Plan • All-Hazards/Emergency Operations Plan • Flood Annex to All-Hazards Plan • Strategic National Stockpile (SNS) Plan • Pandemic Influenza Plan • Crisis and Emergency Risk Communications (CERC) Plan	Written plan reviewed in the last 12 months, exercised (3) or used in an event (4) in past 5 years
2		Written plan, reviewed in past 12 months
1	• Smallpox Plan	Written plan
0		No plan

Level of Preparedness Activities

In the past five years, agency has…	Yes/No
…required additional staffing for an event	Yes
…implemented Memorandums of Understanding (MOUs) with partners	No
…been a partner in shelter set-up and/or management	Yes
…conducted an emergency notification drill for staff	Yes
…communicated emergency information to the public	Yes
…utilized volunteers for a real event	Yes
…used radios in a drill, exercise or event	Yes
…shared your MOUs with relevant partners (i.e. to assess overlap of services)	Yes
Does your agency have a Public Information officer?	Yes

Level of Partnerships

Score	Public Health Partnership	Explanation
3-4	Law Enforcement Regional Epidemiologist	The health department has a written understanding with this partner, which has been reviewed in the past 12 months and exercised (**3**) or activated in a real event (**4**) in the last 5 years
2	Schools, Colleges, Universities	The health department has a written understanding with this partner, which has been reviewed in the past 12 months.
1	Local Emergency Management Local EMS Pharmacies Behavioral Health Centers Local Emergency Planning Committee Local Hospital Fire Department Primary Care Centers American Red Cross Regional Environmental Health Public Service District Long-term Care Facilities	The health department has met or talked with this partner.
0	Solid Waste Authority Funeral Homes	The health department does not meet or communicate with this partner.

Other Indicators

Score	Indicator	Explanation
3	Volunteer Engagement and Availability	Volunteer numbers are adequate for helping my agency and have been used in an exercise in the last 5 years.
4	Staff Incident Command Training	76-100% of staff have completed ICS training for their respective roles

FAKE County: Community Mitigation

Status of Key County Plans and Annexes

Score	County Plan or Annex	Explanation
3-4		Written plan reviewed in the last 12 months, exercised (3) or used in an event (4) in past 5 years
2		Written plan, reviewed in past 12 months
1	- Donations Management - Large Animal Sheltering - Volunteer Management - Pet Sheltering - Fatality Management	Written plan
0		No plan/annex or participants not aware of this plan.

Level of Preparedness Activities

Preparedness Activity	Yes/No
Does your county have a Special Needs Registry?	No
Has your county opened a shelter in the past five years?	Yes
Has your county opened a family assistance center in the past five years?	Yes

Populations Engaged in Coalitions and/or Exercises

Population engaged in exercise and/or coalition?	Yes/No
Older adults	Yes
Children	Yes
Persons with disabilities	Yes
Persons with chronic conditions	Yes
Persons with limited English	Yes
Ethnic minorities	Yes
Incarcerated persons	No
Persons with behavioral health needs	Yes
Transient populations (i.e. migrant workers, temporary workers, university students, homeless)	No
The private sector	Yes
Faith communities	Yes
Other	No

Other Mitigation Indicators

Additional Mitigation Measures	County: Plans; MOU's; Portable Decontamination Units; Portable Triage Units; WARN/WV Public Health Alert System; Shelter in Place Training at all schools; Educated the public on how to prepare for a disaster.
Sample Coalitions and Exercises	•H1N1 2009-2010 Influenza Response •CASA •LEPC Functional Exercise 2011 •Tabletop Exercise 2006