

BRIDGING THE DIVIDE: PUBLIC HEALTH AND EMERGENCY MANAGEMENT

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AGENDA

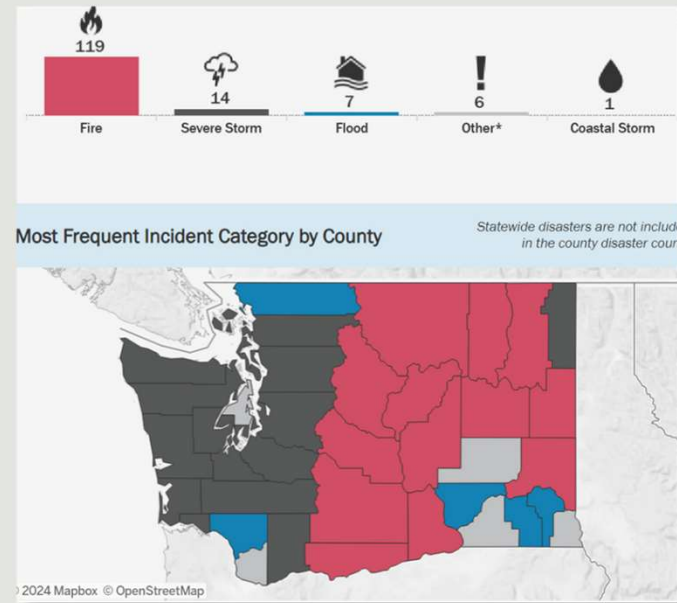
- 1 INTRODUCTION
- 2 SCENARIO
- 3 DISCUSSION
- 4 RESOURCES



CONTEXT

147

Disasters Declared in
Washington since
January 2000



COMPARING CAPABILITIES

Public Health:



FEMA National Preparedness Goal:

Prevention	Protection	Mitigation	Response	Recovery
Planning				
Public Information and Warning				
Operational Coordination				
Intelligence and Information Sharing		Community Resilience Long-term Vulnerability Reduction Risk and Disaster Resilience Assessment Threats and Hazards Identification	Infrastructure Systems	
Interdiction and Disruption			Critical Transportation Environmental Response/Health and Safety Fatality Management Services Fire Management and Suppression Logistics and Supply Chain Management Mass Care Services Mass Search and Rescue Operations On-scene Security, Protection, and Law Enforcement Operational Communications Public Health, Healthcare, and Emergency Medical Services Situational Assessment	Economic Recovery Health and Social Services Housing Natural and Cultural Resources
Screening, Search, and Detection				
Forensics and Attribution	Access Control and Identity Verification Cybersecurity Physical Protective Measures Risk Management for Protection Programs and Activities Supply Chain Integrity and Security			

Figure 2. Core Capabilities, Organized by Mission Area

COMPARING CAPABILITIES

Emergency Support Functions (ESF)

Emergency support functions are mechanisms to group and provide federal resources and capabilities to support state and local responders. For public health agencies, the most relevant emergency support functions are ESF 6: Mass Care, Emergency Assistance, Housing, and Human Services, and ESF 8: Public Health and Medical Services.

- ESF 1: Transportation
- ESF 2: Communications
- ESF 3: Public Works and Engineering
- ESF 4: Firefighting
- ESF 5: Emergency Management
- **ESF 6: Mass Care, Emergency Assistance, Housing, and Human Services**
- ESF 7: Logistics Management and Resource Support
- **ESF 8: Public Health and Medical Services**
- ESF 9: Search and Rescue
- ESF 10: Oil and Hazardous Materials Response
- ESF 11: Agriculture and Natural Resources
- ESF 12: Energy
- ESF 13: Public Safety and Security
- ESF 14: Long-Term Community Recovery and Mitigation
- ESF 15: External Affairs



ROLES & RESPONSIBILITIES

• Public Health

- Access to healthcare
- Communicable disease
- Mental health services
- Environmental health
- Public information
- Populations with access and functional needs

• Emergency Management

- Conducting threat and hazard analysis
- Alerts and Warnings
- Planning: 5 Mission Areas
- Resource allocation
- Response coordination
- Infrastructure and utility support
- Conducting training and exercises
- Finance and administration

CHALLENGES

- Communication gaps
 - Technologies
 - Styles
 - Protocols
 - Common language
- Cultural differences
 - Long-term outcomes vs immediate impacts
- Relationships
- Resource allocation
 - Personnel
 - Equipment
 - Funding
- Data sharing
 - Privacy laws
 - Confidentiality
 - Delays in data
- Training and exercises:
 - Lack of joint training
 - Understanding of roles, responsibilities, and capabilities
- Public perception and trust:
 - Divergent messages and approaches



SOLUTIONS



- **Meet to Learns**

Between PHEPR and Emergency Management counterparts: how have you worked together in the past? What is working? What is not?

- **Information Sharing**

Between Public Health and Emergency Management: Workplans, annual/seasonal priorities, staffing changes, processes

- **Training and Exercises**

Invite each other to trainings, find ways to coordinate each other into exercises, go out of your way to show up for each other

- **Relationship Building**

Tour each organizations facilities, host cross-sector education opportunities, conduct community engagement together

- **Preparedness Coordination**

Establish MOU's and plans that clearly state roles and responsibilities, processes, and protocols for collaboration

- **Regular Meetings**

Meet with each other at least 2-4 times a year, encourage staff to meet with their counterparts at each agency

- **Information Sharing**

Incorporate each other into blue sky and grey sky notification processes (emergency response activations, communication drills, plan updates), coordinate public messaging. You should each know the deliverables or grants that require coordination with the other organization.

CASE STUDY: WILDFIRE



CASE STUDY: FLOODING



SCENARIO: FLOODING

Your jurisdiction had an unusually large amount of precipitation and snow melt this year. Extended rainfall has saturated the soil, and the rising river and stream levels has caused flooding. A slow-moving low-pressure system continues to produce heavy rainfall and residents have been asked to evacuate.

The 100-bed hospital has now reported the flood waters are at their doors, and they need help moving their patients.

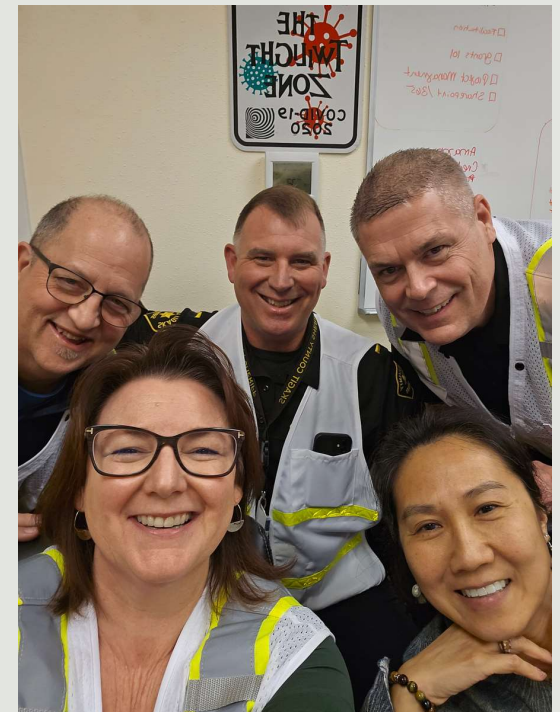


INTEGRATED RESPONSE IN SKAGIT COUNTY



Flood Fight December 3-6, 2023

UC - Public Health,
DEM, Sheriff's Office,
Public Works



INTEGRATED RESPONSE IN SKAGIT COUNTY

BP Gas Spill

105 days - Starting
December 10, 2023

Public Health on
scene to assist in
Environmental Unit
and Safety Unit



INTEGRATED RESPONSE IN SKAGIT COUNTY

Dike Failure & Overturned Garbage Truck - January 10, 2024



RESOURCES

- Sample Meet to Learn questions
- Sample ESF-8 Taskforce attendee list + agenda

Sample Meet to Learn Questions: Emergency Management & Public Health

Background:

- Tell me about your background.
- How have our agencies worked together in the past?
- What is working? What is not?
- How should we work together in the future?
- Is there anything standing in our way?

Preparedness:

- Do we review each other's emergency response plans?
- If not, should we start? Which plans should we share? Are our assumptions of each organization correct in these plans?

Responses:

- How would we communicate with each other during an emergency?
- How would we request information or coordinate during a response? (Email, text, call notification? Virtual EOC or in-person EOC participation?)
- What roles do we each fill during an emergency response? (Incident coordination? ESF-8 Lead? Liaison? PIO?)
- What does filling this role successfully look like?
- What information should public health be prepared to bring to the EOC during a response? (Healthcare capacity, number of disease cases, epidemiological information)
What are the barriers and limitations to the data public health can bring (reporting delays, HIPPA)

Volunteer Management:

- Who runs the MRC in our community?
- How would we request volunteers during an emergency?
- What is needed to activated volunteers? (Mission number? Just in Time Trainings?) Who is responsible for these?

Coordination:

- Do our teams know each other? If not, should they?
- Should we have regular meetings on the books to share information and coordinate?
- Are there spaces that it would be helpful for us to show up in, that we are not in currently?



SUGGESTED NEXT STEPS

- Readings:
 - Read your county Comprehensive Emergency Management Plan (CEMP)
 - Read your county ESF-8 Plan
 - Read your Local Health Jurisdiction Emergency Operations Plan
- Set up Meet to Learns:
 - Between PHEPR and Emergency Management leadership
 - Between PHEPR/EM Public Information Officers
- Take trainings:
 - LHJ - ICS 191, IS 100, 200, 700, 800, ICS 300, AWR-922-W
 - EM - MGT-403-V, CDC TRAIN - Overview of Public Health Emergency Preparedness & Response

CONTACT INFORMATION



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