



NEW JERSEY HEALTHCARE COALITIONS

National Healthcare Coalition Preparedness Conference (NHCPC) 2024

Compendium of Presentations and Associated Materials Categorized as *Health Equity and Coalition Diversity*

Please contact our team at RHCC@NJHA.com should you have questions or if you encounter any difficulties accessing these presentations.



NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Visions of Progress: Sustainable Strategies for Emergency Preparedness & Resilience

DECEMBER 10-12, 2024 | ROSEN SHINGLE CREEK | ORLANDO, FLORIDA



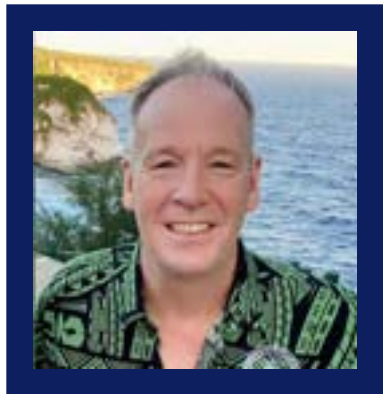
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A Regional Approach to Addressing Specialty Gaps

Commonwealth of the Northern Mariana Islands Healthcare Coalition



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Overview

- Where is the Commonwealth of the Northern Mariana Islands (CNMI)?
- CNMI HCC History and Governance
- CNMI HCC Preparedness & Response Capabilities
 - Workforce Training and Development
 - Patient Movement and Distribution
 - Workforce Training and Development



Where is the Northern Mariana Islands?



Distance (miles):
Saipan - Guam - 136 mi
Saipan - Tinian - 14.2 mi
Saipan - Rota - 79.4 mi

Distance (miles):
Saipan - Honolulu, HI - 3,704 mi
Guam - Honolulu, HI - 3,799 mi

Flight Time:

Saipan – Guam – 30 mins | Saipan – Rota – 30 mins | Saipan – Tinian – 15 mins | Guam – Hawaii – 8 hrs

CNMI Healthcare Coalition (HCC)

Mission

- To discuss issues of importance of our healthcare organization.
- To establish priorities for strategic planning; to approve policies, plans, or other products of the HCC.
- To identify gaps and define priorities that build disaster response capacity to serve the community and DAFN populations, address Health Disparities and Equity.
- To develop a surge patient tracking and transport process, a process for coordinating patient surge across the healthcare system, and finalization of draft plans for government-authorized alternate care sites.

Healthcare Coalition Objectives

Strengthen and Improve:

- Incident Management and Coordination
- Information Management
- Patient Movement and Distribution
- Workforce
- Resources
- Operational Continuity
- Specialty Care
- Community Intergration



CNMI Healthcare Coalition Core Members

Core Members

- **Esther L. Muña,**
CHCC Chief Executive Officer
- **Warren F. Villagomez**
CHCC Chief Preparedness & Response Officer
- **Dr. Marty Rohringer,**
CHCC Deputy Chief Medical Officer
- **Heather S. Pangelinan**
CHCC Director of Public Health Services
- **Reyna M. Saures**
CHCC Community Guidance Center Director
- **Vanessa Quitugua**
RHC Resident Director
- **Kieth Nabors**
THC Resident Director
- **Franklin R. Babauta**
HSEMA Special Assistant
- **Daniel R. Suel**
DFEMS EMS/EMSC Director
DFEMS-EMS Director



General Members

- **John M. Tagabuel**
EHDP Director
- **Anthony I. Macaranas**
DPS Commissioner
- **Juan Diego Rebueng**
CPA Assistant Chief of Police
- **Francisco M. Rabauliman**
DCCA Secretary
- **Pamela C. Sablan**
CDD Executive Director
- **Susan Satur**
CLI Executive Director
- **Lawrence F. Camacho**
PSS Commissioner
- **Others**

Notable Disasters

- Natural Disasters: Typhoons
 - Soulder (2015)
 - Super Typhoon Yutu / Mangkut (2018)
 - Mawar (2023)
 - Bolaven (2023)
- COVID-19 Pandemic





Preparedness & Response Capabilities

- National Incident Management System
- CNMI State Emergency Operations Center
- Information Management
- Patient Movement and Distribution
- Workforce Training and Development



Medical Aspects of the CNMI Healthcare Coalition

- **Medical Director of the CNMI Healthcare Coalition**
 - Coordinate and share medical resources across key entities to ensure comprehensive healthcare coverage throughout the Commonwealth.
 - Manage resources for Commonwealth Healthcare Corporation (CHCC) and its satellite clinics,
 - Rota Health Center and Tinian Health Center
 - Collaborate with the EMS division of the Department of Fire and Emergency Medical Services (DFEMS) on Saipan, Tinian, and Rota.

Movement of Patients and Medical Staff in a Disaster / Mass Casualty Event

Saipan Island

- In all cases the patients are routinely transferred by ground ambulance to the only hospital in Saipan. There is no helicopter service, medevac or otherwise, available to assist in transporting patients from scene to the hospital.
- In many cases, those with minor injuries will travel by private vehicle as EMS will preferentially take more serious cases based on on-site triage; or they will have to wait on scene for ambulance availability.
- On-call medical staff are called in to hospital after an unforeseen disaster (e.g. Plane crash) or in advance of a foreseen disaster (e.g. Approaching serious typhoon).



Movement of Patients and Medical Staff in a Disaster / Mass Casualty Event

Tinian Island

- Patients are commonly transported to Tinian Health Center (THC) for secondary triage as any serious cases need to be transferred to Saipan for treatment. This health center does not have a fully equipped emergency department level of care.
- Transfers to Saipan are largely done with chartered fixed wing aircraft that have no medical equipment on board (after transfer to the airport by EMS).
- It is impractical to send medical staff to support THC because it does not have inpatient services nor any advanced diagnostic equipment.



Movement of Patients and Medical Staff in a Disaster / Mass Casualty Event

Rota Island

- Patients are commonly transported to Rota Health Center (RHC) for secondary triage as any serious cases need to be transferred to Saipan or Guam for treatment. This health center does not have fully equipped emergency department level of care.
- Transfers to Saipan are largely be done with chartered fixed wing aircraft that have no medical equipment on board (after transfer to the airport by EMS).
- Transfers to Guam are usually done through the Coast Guard on rotary aircraft which have some monitoring medical equipment.
- It is impractical to send medical staff to support RHC because it does not have inpatient services nor any



CNMI DEPARTMENT OF FIRE & EMS

- ❖ Emergency Service
- ❖ Fire Prevention/Arson Investigation
- ❖ Logistics/Supplies
- ❖ Administration
- ❖ Office of EMS



CNMI FIRE SERVICE

- Saipan 110 Personnel
- Tinian 22 Personnel
- Rota 27 Personnel



CNMI DEPARTMENT OF FIRE AND EMS ROLES IN DISASTERS

- Collaborate with other emergency response agencies
- Coordinate type of response
- Provide support for non-traditional fire service operations
- Communicate needs of responders



EMERGENCY SERVICE

- Fire Suppression
- EMS/Rescue
- HazMat
- Wildland Fire
- 911 System



SUPPORT SERVICE

- Fire Prevention/Arson Investigation
- Logistics
- Office Of EMS



CHALLENGES FACED WHEN AID IS NEEDED ON TINIAN AND ROTA BEFORE, DURING AND AFTER DISASTER

1. Personnel and Equipment Deployment Capabilities/Possibilities
2. Which Island(s) Requesting (Note: response time difference ex: via sea or air.)
3. Personnel Burnout/Rest Period (Note: Explain factors with limited personnel availability)

SOLUTION TO THE CHALLENGES

1. Personnel and Equipment Deployment:

- Personnel/equipment deployed to augment Emergency Services or to assist with other non-fire tradition operations

2. Which island requesting:

- Island of Tinian is about 45 minutes via sea vessel
- Island of Rota is about 45 minutes via air vessel or 4 hours by sea

3. Personnel Burnout/Rest Period:

- Personnel rotation from Saipan

FUTURE PLAN SUPPORTING THE CNMI HEALTH COALITION

- Coordinate with CNMI office of EMS to provide EMT's when the hospital emergency room reaches its patient surge capacity
- Coordinated efforts by the fire department, office of ems and the hospital to assign emt's at the health clinic on the islands of tinian and rota



Achievements and Success Stories

- Established strong HCC Partnership and collaboration with Local, Jurisdictional, Regional, and DoD partners.
- Enhanced HCC partners knowledge and skills through RITN & CBRNE TTX.
- Medical providers enhanced skills and knowledge in pediatric surge VTTX.
- June was proclaimed as the CNMI Medical Reserve Corps (MRC) month by the CNMI Governor Arnold I. Palacios
- Chemical Surge VTTX in collaboration with USAPI, HHS, ASPR partners.



Challenges within the Islands

Addressing Staffing Shortfalls

- Utilizing Medical Reserve Corps (MRC) volunteers

Transporting resources between islands promptly

- Identify other resources; (i.e DPS/CPA/Customs & Biosecurity/DFEMS sea vessels)



Workforce Trainings and Developments











2024 Pacific Islands CBRNE Workshop



Chemical Surge Tabletop Exercise TTX



Triennial Airport Disaster Drill



Pediatric Surge Virtual Tabletop Exercise



HazMat Training

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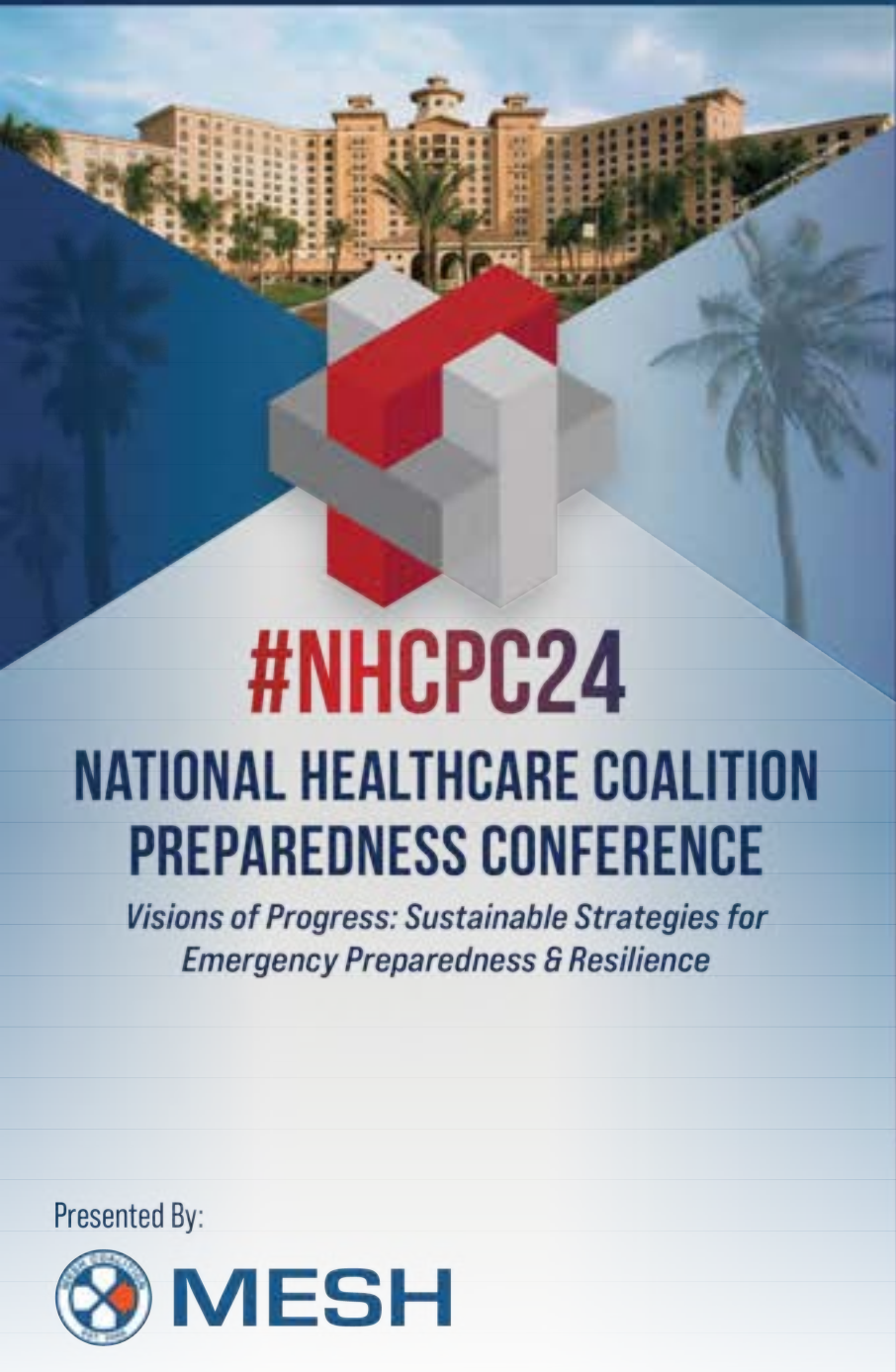
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Better Together: Working with Healthcare Coalition Partners to Promote Health Equity

Juli Sommers, NMHealth-BHEM
John Hodges, NMHealth-BHEM



Presented By:



What is Health Equity?

- The CDC defines Health Equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health”. This requires ongoing efforts to:
 - Address historical and contemporary injustices
 - Overcome economic, social, and other obstacles to health and health care
 - Eliminate preventable health disparities
 - Work with Tribal Communities and other underserved communities.



Operationalizing Health Equity at the Federal Level

- **US Dept of HHS Office for Civil Rights (OCR):**
Advances health equity through rule-making and enforcement critical to health equity
- **Office of Health Equity (OHE):**
Advises on health disparity, health equity, minority and population health
Provides technical assistance
Partners with others to raise awareness
- **Center for Disease Control and Prevention (CDC):**
Access and Functional Needs Toolkit
Communication Planning, Integrating Partners, Worksheets and Templates



Operationalizing Health Equity at the Federal Level

HHS Requirements for At-Risk Individuals

Section 2802 of the Public Health Service Act (PHSA) requires taking into account the *access and*

- *functional needs* of at-risk individuals, including public health and medical needs, in the event of a
- public health emergency.

Section 2814 of the PHSA establishes the following eight requirements as they are related to

- addressing the access and functional needs of at-risk individuals:
 1. Monitor emerging issues
 2. Oversee implementation of preparedness goals
 3. Assist federal agencies in preparedness activities
 4. Provide guidance on preparedness and response strategies and capabilities
 5. Ensure the strategic national stockpile addresses the needs of at-risk populations
 6. Develop curriculum for public health and medical response training
 7. Disseminate and update best practices
 8. Ensure communication addresses the needs of at-risk populations

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Operationalizing Health Equity at the Federal Level

The Administration for Strategic Preparedness and Response (ASPR) identifies opportunities to help healthcare partners advance health equity through Hospital Preparedness Program cooperative agreements:

- Medical Reserve Corp
- emPOWER program
- National Advisory Committees
- Technical Assistance Center and ASPR TRACIE
- Capacity-Building Toolkit (NACCHO and ASTHO)

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Operationalizing Health Equity at the Federal Level

CMS Equity Framework

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



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Operationalizing Health Equity at the Federal Level

Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

Priority 5: Increase All Forms of Accessibility to Health Care Services and Coverage



Operationalizing Health Equity

Recognizing functional needs (usually six categories: seeing, hearing, mobility, communication, cognition, and self-care)

Utilizing CMIST Framework to allow all people to be treated inclusively within disaster planning



CMIST Framework



Children



People who live in institutional settings



Older Adults



Pregnant Women



People with Disabilities



People with Chronic Conditions



People with Pharmacological Dependency



People with Limited Access to Transportation



Limited English Proficiency and Non-English Speakers



People of Low Socioeconomic Status



Individuals Experiencing Homelessness



Urban Health Inequity

- Over 55% of the world's population live in urban areas and this is set to rise to 68% by 2050.
- Almost 40% of urban dwellers have no access to safely managed sanitation services and many lack access to adequate drinking water.
- An estimated 91% of people in urban areas breathe polluted air.
- Poorly designed urban transport systems create a range of threats including road traffic injuries, air and noise pollution, and barriers to safe physical activity – all leading to higher levels of noncommunicable disease and injuries.
- Continued urbanization is expected to lead to cities becoming epicenters of disease transmission, including vector-borne diseases.

• Source: WHO 10.29.2021



Urban Health Inequity

The rising noncommunicable disease burden, the persistent threat of infectious disease outbreaks, and an increased risk of violence and injuries are key public health concerns in urban areas. This triple threat includes:

- Noncommunicable diseases
- Injuries (including road traffic injury) and interpersonal violence
- Infectious diseases

(Source: WHO 10.29.2021)

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Rural Health Inequity

Rural areas experience high rates of Health Inequity due to:

- Access to healthcare and public health services
- Socioeconomic status
- Health-related behaviors
- Chronic conditions
- Geographic distances
- Infrastructure limitations
- Provider shortages



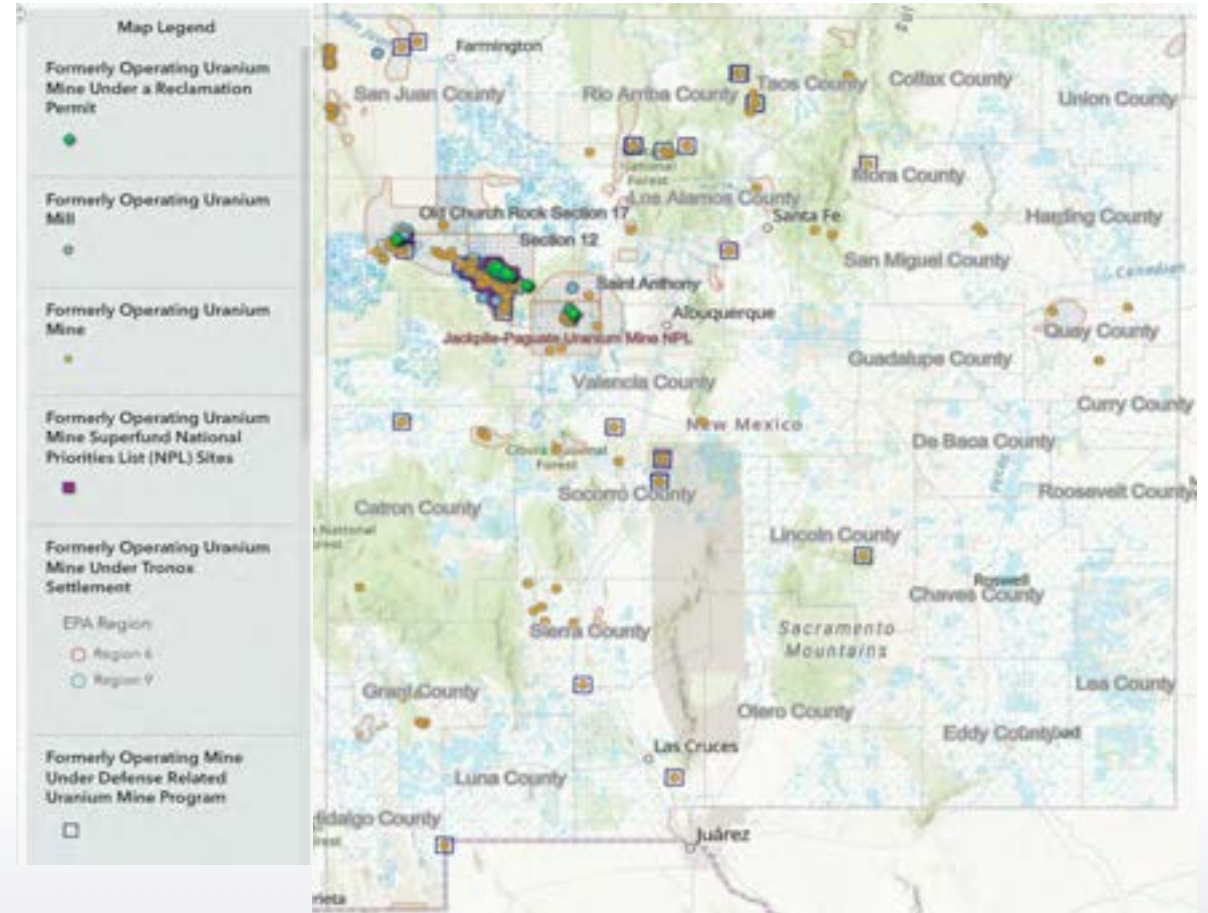
Tribal Health Inequity

- New Mexico has 19 Pueblos, and 4 tribes. Some are very small some have large territories.
- Distance to healthcare
- Lack of critical infrastructure
- Poverty
- Lack of reliable transportation
- Substance abuse
- Exposure to toxins/radiation
- Administrative barriers



Abandoned Uranium Mines/Mills in NM

- 200+ Abandoned Mines
- 8 Abandoned Mills
- 2nd Largest Release of Radioactive Materials in the US in Church Rock, NM in 1979
- RECA
- <https://www.epa.gov/navajo-nation-uranium-cleanup/abandoned-mines-cleanup-additional-documents/>



Health Equity and Emergency Management

According to the United Nations (UN, 2015), a key priority for emergency management is to "strengthen the design and implementation of inclusive policies and social safety-net mechanisms, including through community involvement, integrated with livelihood enhancement programmes, and access to basic services to find durable solutions in the post-disaster phase and to empower and assist people disproportionately affected by disasters"

- The Institute for Diversity and Inclusion in Emergency Management (I-DIEM) identified five areas of inclusive emergency management that will help strengthen preparedness plans:
- community development
- building trust
- inclusive communication practices,
- evaluation and maintenance of inclusion
- building inclusive emergency management from within



What Does Health Equity Mean To A Healthcare Coalition?

Healthcare Coalitions play a primary role in healthcare delivery.

Therefore, HCC Regions should play a primary role in Health Equity as well.

How do we do this?



What can be done at the Healthcare Coalition Level?

- Encourage Coalition Members to engage with the affected populations by including them in planning, training, and exercises.
- Use tools available pertaining to health equity.
- Federal Partners
- State's Office of Health Equity
- Use of HHS emPOWER data
- CDC/ATSDR Social Vulnerability Index data
- CDC Public Health Risk Assessment
- CASPER



Use of emPOWER Data: An Example

- RV Park in rural New Mexico
- Roughly 90 RV spaces occupied at any given time
- Has been affected by a flash flood in the past



CDC/ATSDR Social Vulnerability Index

The CDC/ATSDR SVI uses U.S. Census data to determine the social vulnerability of every census tract. The SVI ranks each tract on 16 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes:

- Socioeconomic Status
- Household Characteristics
- Racial and Ethnic Minority Status
- Housing Type/Transportation

https://www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html

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Public Health Risk Assessment Tool (PHRA)

- NM DOH/BHEM receives funding from CDC's PHEP grant
- Grant requirement: Jurisdictional Risk Assessment (JRA) every 5 years
- Last JRA completed: 2015 PHRA
- No JRA done during COVID-19 pandemic
- 2024 PHRA: Expanded on previous risk assessment



Community Assessment for Public Health Emergency Response (CASPER)

- A rapid needs assessment providing household-level information to public health leaders and emergency managers. Can provide accurate and timely data for decision makers through precise analysis and interpretation.
- Can help public health and emergency managers:
- Initiate public health action
- Identify information gaps
- Facilitate disaster planning, response, and recovery activities
- Allocate resources
- Collect and assess new or changing needs in the community



Resources

- CDC Social Vulnerability Index: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
- HHS emPOWER: <https://empowerprogram.hhs.gov/>
- <https://www.edu-links.org/learning/guiding-principles-disability-inclusive-education>
- I-DIEM (Institute for Diversity and Inclusion in Emergency) i-diem.org
- OCR 14076: <https://www.whitehouse.gov/briefing-room/presidential-actions/2022/07/08/executive-order-on-protecting-access-to-reproductive-healthcare-services>
- OCR 13985: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-forunderserved-communities-through-the-federal-government>
- OCR 14091: <https://www.whitehouse.gov/briefing-room/presidential-actions/023/02/16/executive-order-on-furtheradvancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government> (includes OCR's definition of HE)
- OCR 14110: <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/10/30/executiveorder-on-the-safe-secure-and-trustworthy-development-and-use-of-artificial-intelligence>



Resources

- [ACL.gov](#)
- [NACCHO.org](#)
 - [Capacity-Building Toolkit for Including Aging & Disability Networks in Emergency Planning](#)
 - [Accessible Emergency Preparedness Videos](#)
 - [Ready Now Toolkit](#)—an emergency preparedness training program for people with disabilities
 - [Training Video: Emergency Planning for People with Access and Functional Needs](#)
 - [Presentation Slides](#)—Improving Equity During MCM Responses: Five Special Populations
 - [Preparedness Actions to Promote Economic Resilience and Recovery](#)
 - [Social Vulnerability Index](#)
 - [Fact Sheet: How Can LGBTQ+ Youth Navigate COVID19?](#)
 - [Native LGBTQ/Two-Spirit Toolkit](#)
 - [Planning for Unaccompanied Minors in Shelter Operations](#)
- [CDC.gov Access and Functional Needs Toolkit](#)
- [CASPER\(Community Assessment for Public Health Emergency Response\)](#)
- [FEMA.gov “whole community approach”](#)
- [ASTHO](#)
- [HHS/OCR https://www.hhs.gov/ocr](https://www.hhs.gov/ocr)

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QUESTIONS?????

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Thank you!

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Diversity and Empowerment

A new model for coalition partnerships



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**NATIONAL HEALTHCARE COALITION
PREPAREDNESS CONFERENCE**

*Visions of Progress: Sustainable Strategies for
Emergency Preparedness & Resilience*

Presented By:



MESH

Greg Santa Maria, DHSc, MA, NR-P

Objectives

- Understand the changing demographics in the US
- Recognize common gaps in inclusion
- Understand the need for diverse initiatives
- Discuss create approaches to partnerships
- Modify existing process to empower underserved communities



Important Note

This is not a political presentation. This presentation is designed to expand awareness that as the demographics in the United States continue to change, so must our partnerships, focus, and initiatives. There are many unidentified partners out there. Its our job to find out who they are.

We must be able to embrace change to enhance the reach of our work.



Special thanks

Mountain Plains RDHRS



Color and Culture: We are all alike, right?

I don't see color

=

I don't see culture or ethnicity

=

We are all the same

=

I am missing a great opportunity



Because I don't see color

- I don't have to think about race
- I'm not comfortable talking about race
- I am asking for credit for not being racist
- Because I am not racist, I really must take no action
- If I don't mention race, I won't fall into a situation where I am being called a racist

- Brownlee, 2022

Avoiding that which is uncomfortable

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You're likely not racist

- We know the world from only our perspective
- We have preconceived notions based on our experiences
- We may not know the struggles of others

Therefore

- We may assume that what we do benefits all

ILL EXPLAIN WHY I AM TALKING ABOUT THIS IN A MINUTE



Why that commentary mattered

- Because
 - We know the world from only our perspective, we may assume that what we do benefits all
- We may be missing a big chunk of our constituency and their needs

Does your membership fully represent your demographics?



IF YOUR PLANNING TABLE LOOKS LIKE THIS..



AND YOUR COMMUNITY LOOKS LIKE THIS..

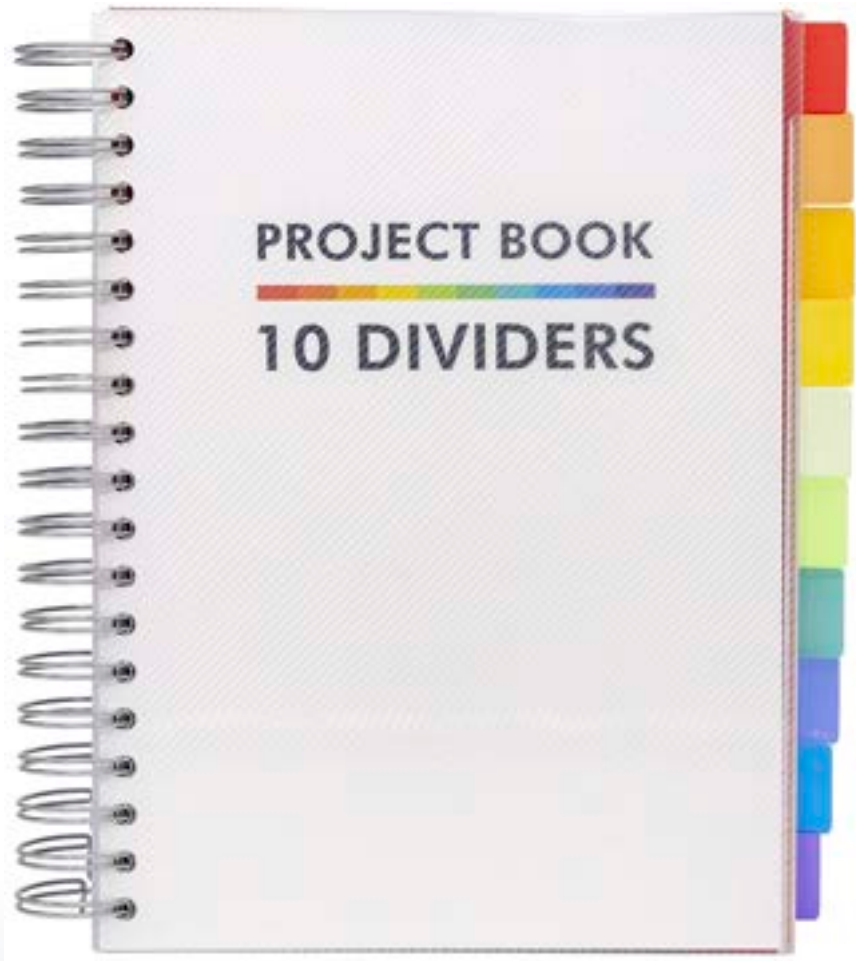


YOU MAY HAVE SOME WORK TO DO

Point to ponder

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Left-handed people clap your hands on the four now.....

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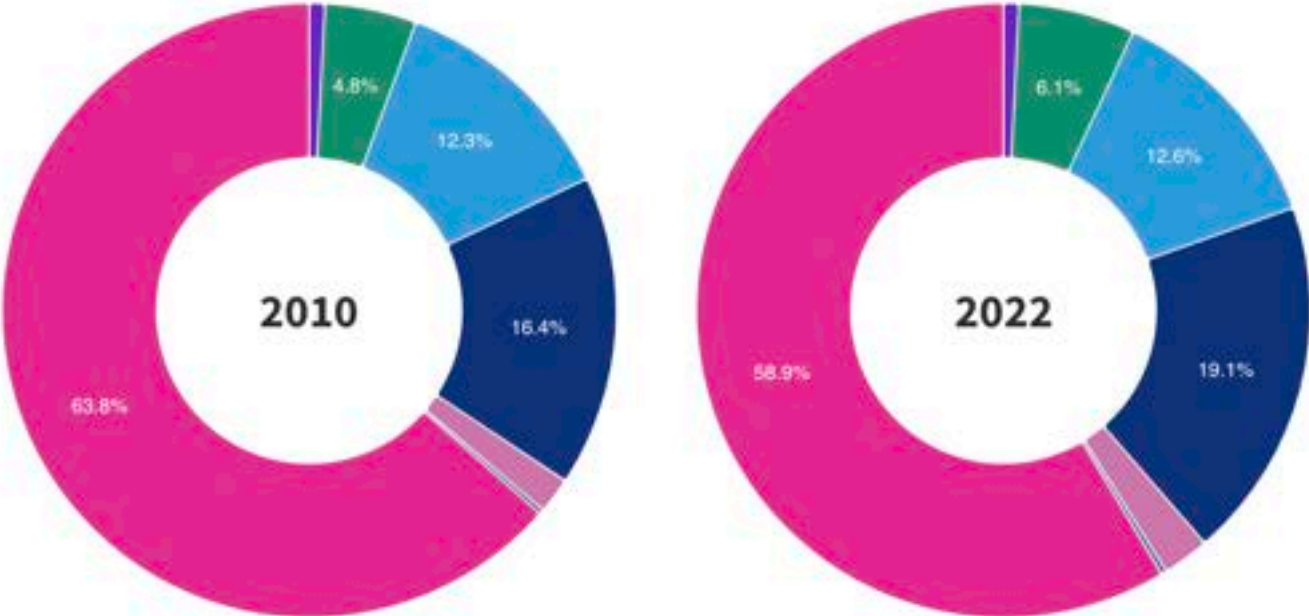
How has the racial and ethnic makeup of the US changed?

In 2022, the US was more diverse than it was in 2010. In 2022, the **white (non-Hispanic)** group made up 58.9% of the population compared with 63.8% in 2010.

Between 2010 and 2022, the share of the population that is **Hispanic/Latino** grew the most, increasing 2.7 percentage points to 19.1%. The **white (non-Hispanic)** population had the largest decrease dropping 4.9 percentage points to 58.9%.

Racial makeup of the US

Hide Hispanic ethnicity



- American Indian/Alaska Native (non-Hispanic)
- Asian (non-Hispanic)
- Black (non-Hispanic)
- Hispanic/Latino
- Multiracial (non-Hispanic)
- Native Hawaiian and Other Pacific Islander (non-Hispanic)
- White (non-Hispanic)

Source: [Census Bureau](#)

SHARE THIS



- News cycle and delivery has changed
- Your tribe determines where you go for news
- Information disparity is prevalent
- If I don't speak English, or I am culturally isolated, I don't have access to information
- Isolation creates disconnect
- Disconnect creates disparity
- Disparity stresses the response system

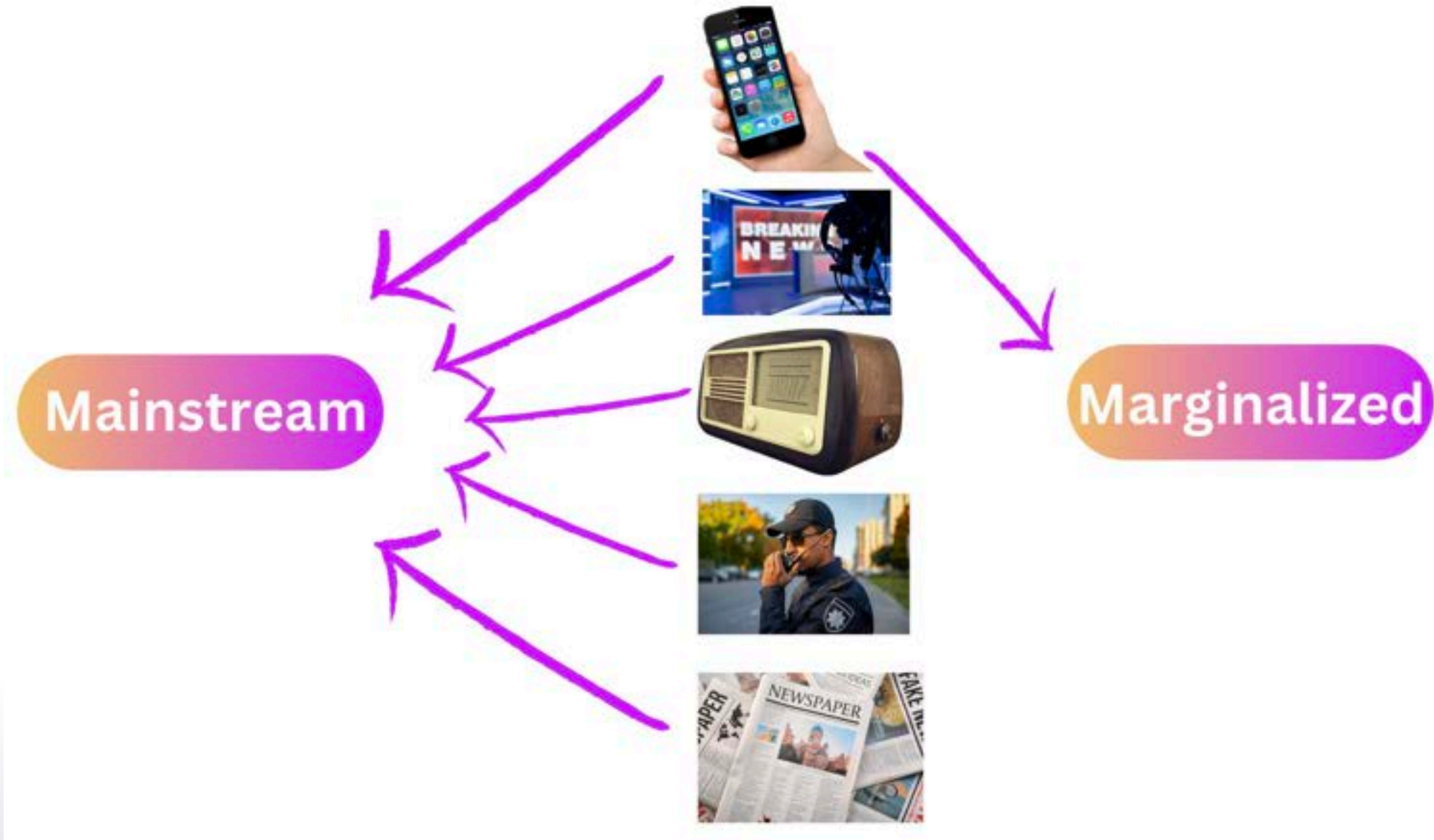




If we're so diverse: The tribes of New York City

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Information access

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Underserved and Marginalized Populations

Groups that encounter lack of services

Based on

Economic barriers

Cultural (ethnic) barriers

Linguistic barriers

Numerous terms

Marginalized

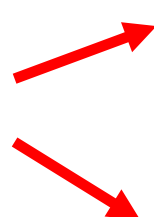
Underserved

Tell me one that you know or use

communities most
impacted by disaster



10:1



- July 12-16, 1995 (106 degrees on 7/13)
- 739 fatalities
- Fatalities followed "poverty map"
- Black residents died at a higher rate than Hispanic residents
 - Substandard housing and social isolation
- Hispanic communities had very low death rates
 - Higher population density and more social cohesion
- Elderly white males died at higher rates than white females
 - Women were more socially engaged

Source: Klinenberg, Eric (2002). *Heat Wave: A Social Autopsy of Disaster in Chicago*. Chicago, IL: Chicago University Press. [ISBN 0-226-44322-1](#).





AP Associated Press AP - Tue Aug 30, 11:31 AM ET

A young man walks through chest deep flood water after looting a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did extensive damage when it

Email Photo Print Photo

RECOMMEND THIS PHOTO - Recommended Photos Recommend It Average (130 votes) ★★★★★ ★★★★★



AFP

3:47 AM ET

Two residents wade through chest-deep water after finding bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana. (AFP/Getty Images/Chris Graythen)

Email Photo Print Photo

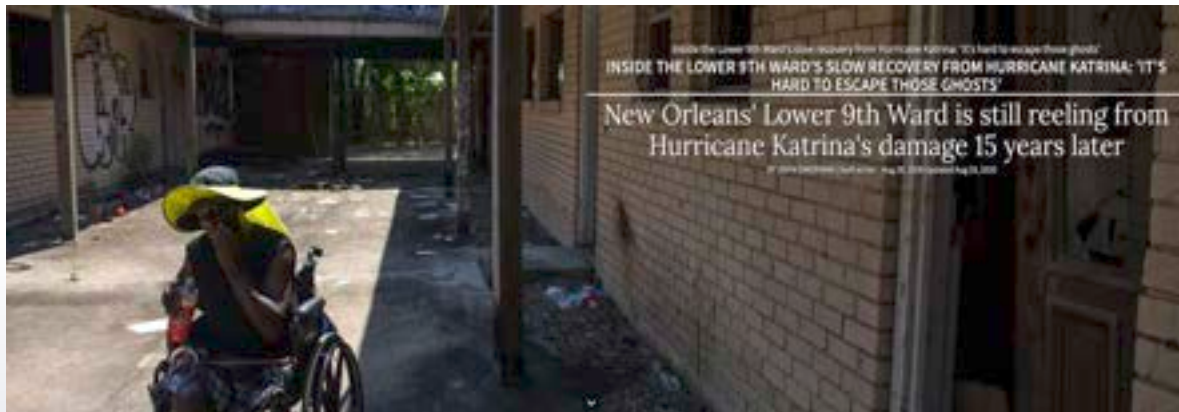
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LOOTING VS. FINDING

RELATED



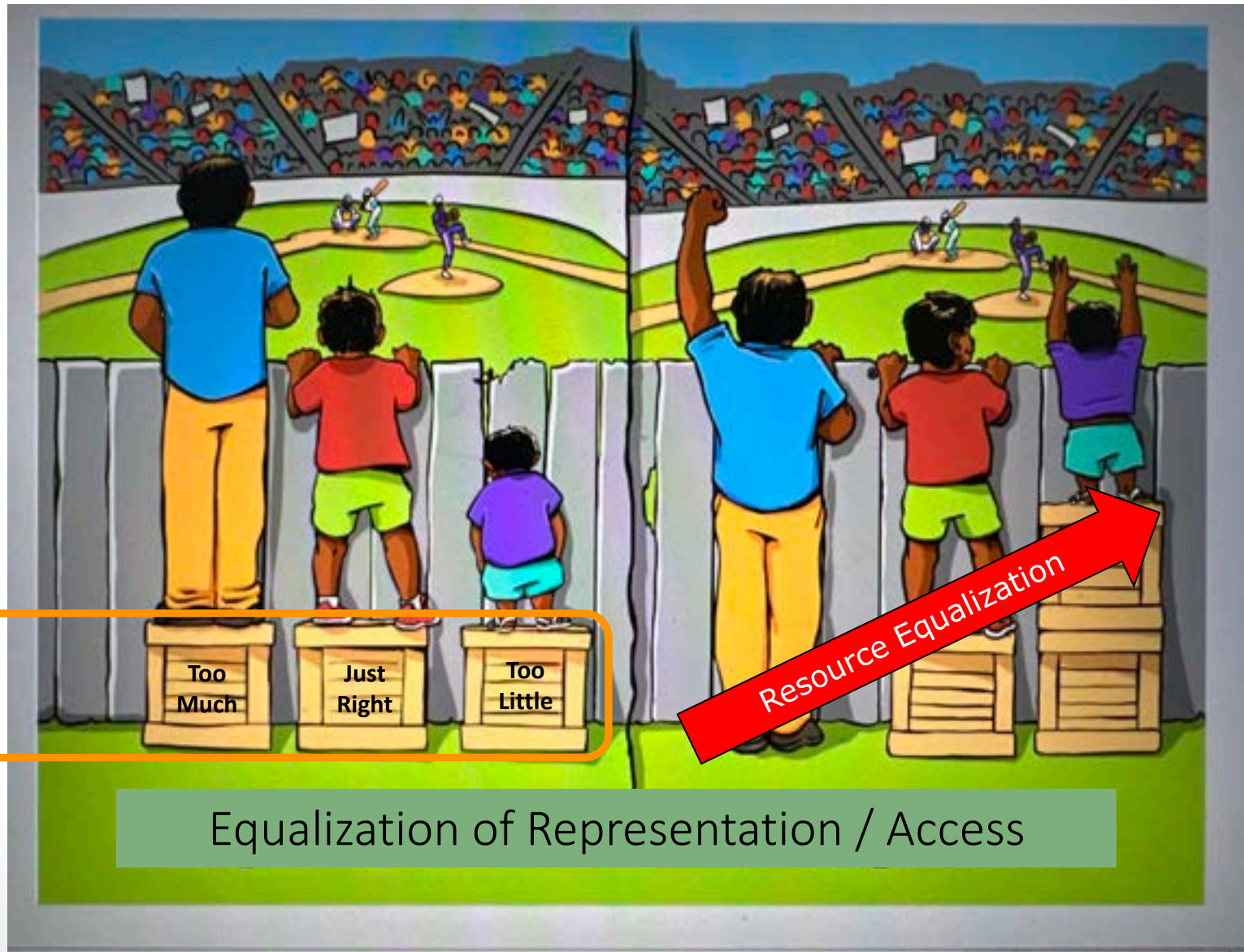
The Lower Ninth Ward in New Orleans after Hurricane Katrina caused the levees to fail and the city was flooded. September 8, 2005. (Staff photo by Kathy Anderson, The Times-Picayune)



Preparedness failure example

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One set of resources

Resource Equalization

Equalization of Representation / Access

Original Image Credit: "Interaction Institute for Social Change | Artist: Angus Maguire



Mainstream



Marginalized
Underserved
Under-represented

Expand people and perspectives
Modify practices
Include voices and visions

Achieve Equality



Bringing it to life

SPDHCC Diversity in Disaster Partnership!

DIVERSITY

Empowering Underserved and Vulnerable Communities to be Disaster Resilient

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CHALLENGES

- Language barriers
- Isolation
- Trust
- Lack of communication pathways
- Lack of comprehensive partnerships
- Gaps in knowledge and awareness
- Lack of representation
- Politics

BENEFITS

- Development of multi-lingual resources
- Reduced isolation in disaster
- Relationships build trust
- Enhanced communication pathways
- Access to subject matter experts in disaster preparedness
- Training and education to reduce knowledge gaps
- Resilient communities





Some native americans once told me...

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How does it come together?

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The dream cloud: Partners

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Morning Session

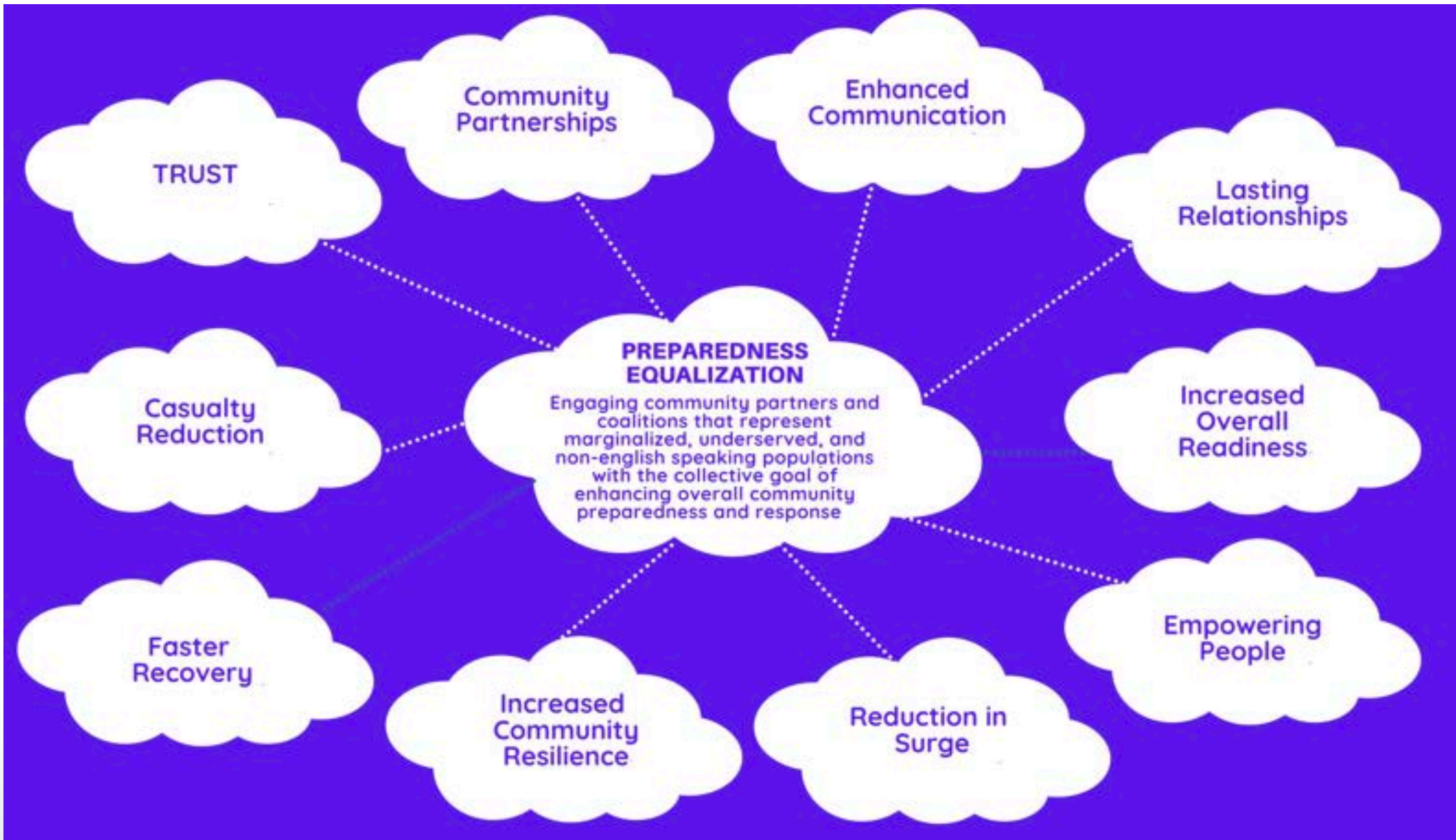
- Introductions
- Orientation to the DID project objectives
- 20-minute presentations by partners
 - Who they serve
 - What they do
 - What they do in crisis

Afternoon Session

- Open discussion on disaster response
- Determine collective process for disaster / crisis communication
- Identification of communication pathways
- Determination of next steps

- Ultimate goal of regular inclusion in coalition T&E plan
- Partners in exercise





The dream cloud: Potential outcome

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WHAT NOW?

- Totally up to you: You can:
 - Maintain that everyone is the same and argue that this whole thing is unnecessary
 - Consider the facts and data presented and process
 - Bring this back to your coalition, community, etc, and have the hard discussions
 - Steal all this info and apply it
 - Contact me and maybe we can try and change the world a little at a time



THANK YOU

Questions??

Greg.SantaMaria@SouthDakotaHCC.org

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Enhancing Equitable Preparedness and Response

Leveraging Community Health Centers Capabilities

Taina Lopez

Jean Paul Roggiero



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**NATIONAL HEALTHCARE COALITION
PREPAREDNESS CONFERENCE**

*Visions of Progress: Sustainable Strategies for
Emergency Preparedness & Resilience*

Presented By:



MESH

Learning Objectives

1. Define and understand the role and structure of Community Health Centers (CHCs)/HC as local, non-profit, community-owned health care providers serving underserved populations.
2. Identify the various populations CHCs serve, including low-income individuals, racial and ethnic minorities, rural communities, and those facing barriers to healthcare access.
3. Analyze how CHCs promote health equity through culturally competent care and addressing social determinants of health.
4. Outline opportunities and recommendations to build engagement across CHCs and Healthcare Coalitions (HCCs)



What is a Health Center?

Local clinics which treat medical, dental, mental health, substance use, and other health care needs

All health centers:

- Community-based and led in part by patients
- Focus on meeting the needs of the people and areas they serve
- Full range of care: doctors, dentists, therapists, social workers, eye doctors, obstetricians/gynecologists, pediatricians, case managers, and other medical staff.
- Adjustable fees

Many health centers:

- Offer care in multiple languages.
- Can help with transportation.
- Have on-site pharmacies that provide discounted prescription drugs.

AMERICA'S HEALTH CENTERS
AUGUST 2024

Community Health Centers are nonprofit, **patient-governed** organizations that provide high-quality, **comprehensive primary health care** to America's **medically underserved communities**, serving **all patients** regardless of income or insurance status.

Nearly 1,500 Community Health Center grantees and Look-Alikes provided care at over 16,000 locations across the country in 2023.

In 2023, health centers **served a record-breaking number of patients!**

Nearly **32.5M patients**

meaning that **1 in 10 people** are health center patients

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Who are Key CHC Stakeholders?

Health Resources & Services Administration (HRSA/BPHC):

- fund 1,400 health center to provide affordable, accessible high quality primary care to underserved

National Association of Community Health Centers (NACHC):

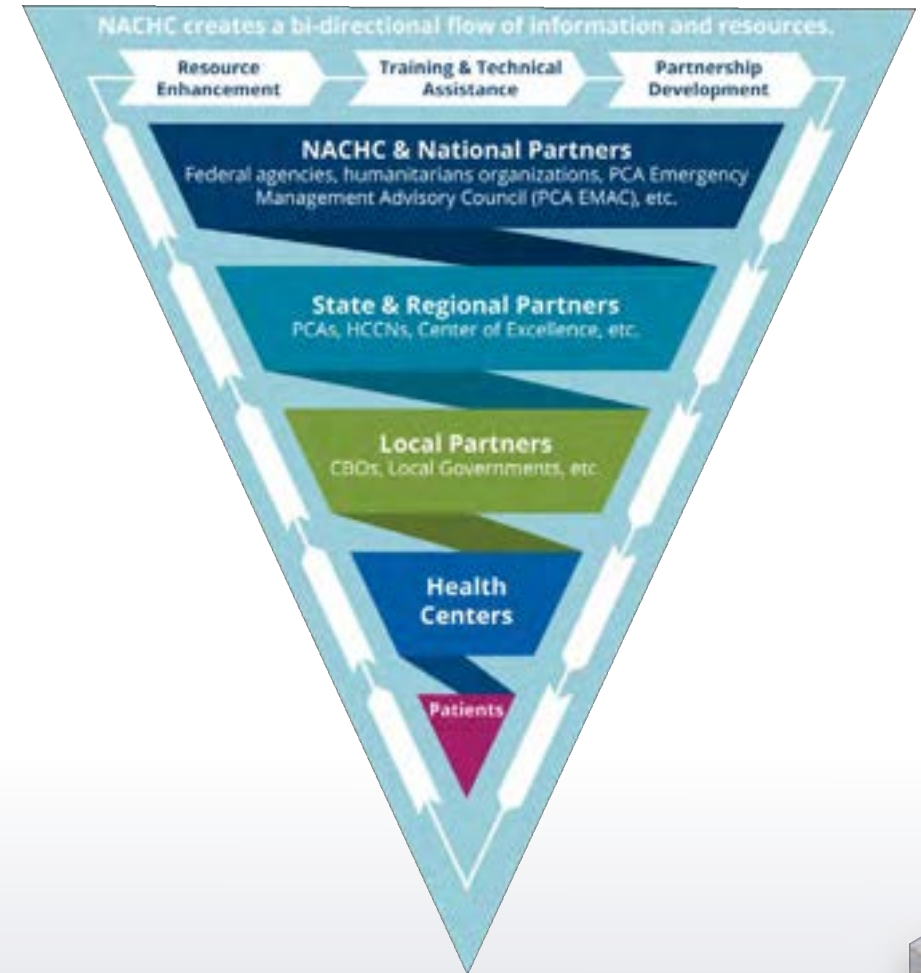
- promote efficient, high-quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient-centered for all.
- HRSA funded National Training and Technical Assistance Partner.

Primary Care Associations (PCA):

- State/Regional nonprofit.
- work with health centers to best meet the needs of communities' health centers serve.
- Enhance emergency preparedness and response

Other Local/ State/Regional Partners

NACHC's Emergency Preparedness Strategy



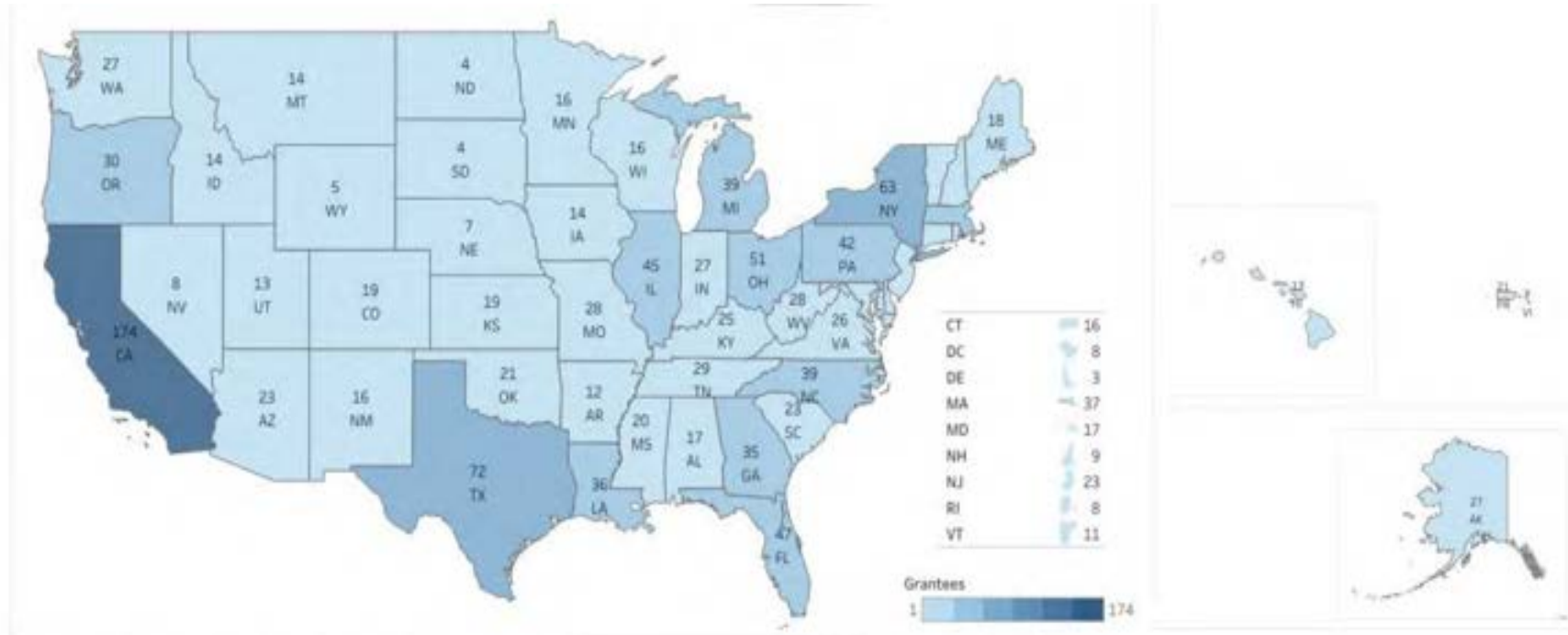
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Where are Health Centers?

Health Centers in all 50 states

- ✓ In American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, US Virgin Islands, Freely Associated States of (Micronesia, Marshall Islands and Republic of Palau)
- ✓ Approximately 1,370 Federally Funded Community Health Centers (FQHC)
- ✓ Approximately 15,000 delivery sites



Notes: National figure includes health centers in every state and territory. Some territories are not shown in the map above.

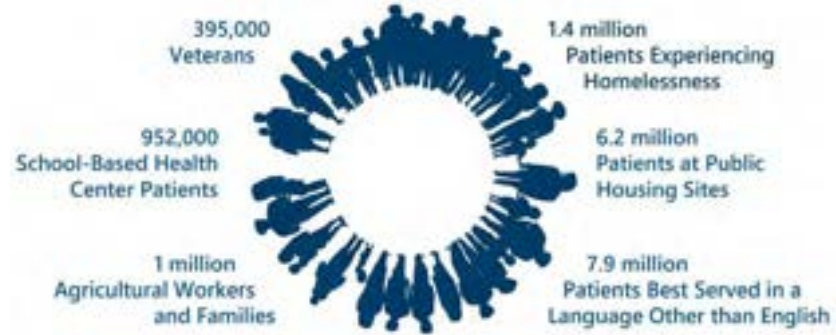
Source: 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

RESOURCE: <https://findahealthcenter.hrsa.gov/>

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Who do Health Centers Serve?



32.5M people served (1 in 10)

400K Veterans

1.4M Homeless People

8.8M Children

3.5M Elderly Patients

  1 in 7 rural residents

  1 in 5 uninsured

  1 in 3 people living in poverty

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Health Centers are Rooted in Health Equity

From the Civil Rights Movement to the Covid-19 Response

Health Centers founded in our country's Civil Right's Movement for equality social, and economic justice.

- focused on health of underserved people
- empowering people to actively involved in their needs and community



Dr. H. Jack Geiger and Dr. John Hatch during construction of the Delta Health Center



Columbia Point Health Center in the Dorchester neighborhood of Boston

Health Centers were part of the broad pandemic response, fighting the virus in hard-to-reach communities and among the most vulnerable including communities of color, the elderly, homeless and agricultural workers. They has tested, vaccinated, diverted non-acute cases from overwhelmed hospitals, connected affected patients with housing food and other critical services.



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Health Centers are Drivers of Health Equity

- ✓ CHCs' are trusted Community Partners
- ✓ Community-Centered and Patient-Directed
- ✓ Culturally and Linguistic Competent Care
- ✓ Address Social Drivers of Health
- ✓ Comprehensive, Holistic Care



Harry and Jeanette Weinberg Dental & Wellness Clinic

The integration of dental services with mental health counseling allowed for immediate, in-house mental health support, addressing cultural and logistical barriers. Through this model,

HEALTH CENTER RESPONSE TO PATIENTS' SOCIAL NEEDS

Direct patient surveys are another method Valley-Wide has used to understand needs and develop solutions. In 2018, Valley-Wide asked patients at each of its clinics about their transportation needs using simple paper surveys. From the responses received (N=1,220), an analysis indicated that 17% of patients had missed an appointment due to lack of transportation, and 32% did not have reliable access to a vehicle. Over the next year, Valley-Wide developed a business plan to create its own transportation program, which now provides free transportation to the community for SDOH-related trips.



HEALTH CENTER RESPONSE TO PATIENTS' SOCIAL NEEDS



Operating hours run from 7:30 to 11:00 every Saturday, spanning from June through October.

When the town of Smithville, Mississippi was devastated by an EF-5 tornado in 2011, the community lost access to its only local grocery store, the Piggly Wiggly. This loss left residents facing significant challenges, particularly in accessing affordable, healthy food options, which was especially critical for individuals living with metabolic syndrome, diabetes, and hypertension. Despite efforts, the store was never rebuilt, and subsequent attempts to recruit another grocery store were unsuccessful. It wasn't until 2017 when ACCESS, with support from Catholic Charities, opened a farmer's market known as Farmacy, providing locals with a much-needed source of fresh fruits and vegetables. ACCESS

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What do Health Centers do in an Emergency?



Hurricane Katrina (2005)



Zika Virus Outbreak (2016)



Hurricane Maria (2017)



California Wildfires (2018-2020)



COVID-19 Pandemic
(2020-2022)



East Palestine Train Derailment
(2023)



Maui/Lahaina Wildfire
(2023)

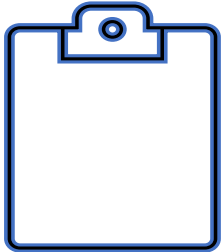


Hurricane Helene (2024)

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Insights to Health Center and Healthcare Coalitions Relationships: EM Survey



- 2022 NACHC Survey
- CHC, PCAs, HCCs participated
- Goal of strengthening the relationships between these entities, and informing future needs

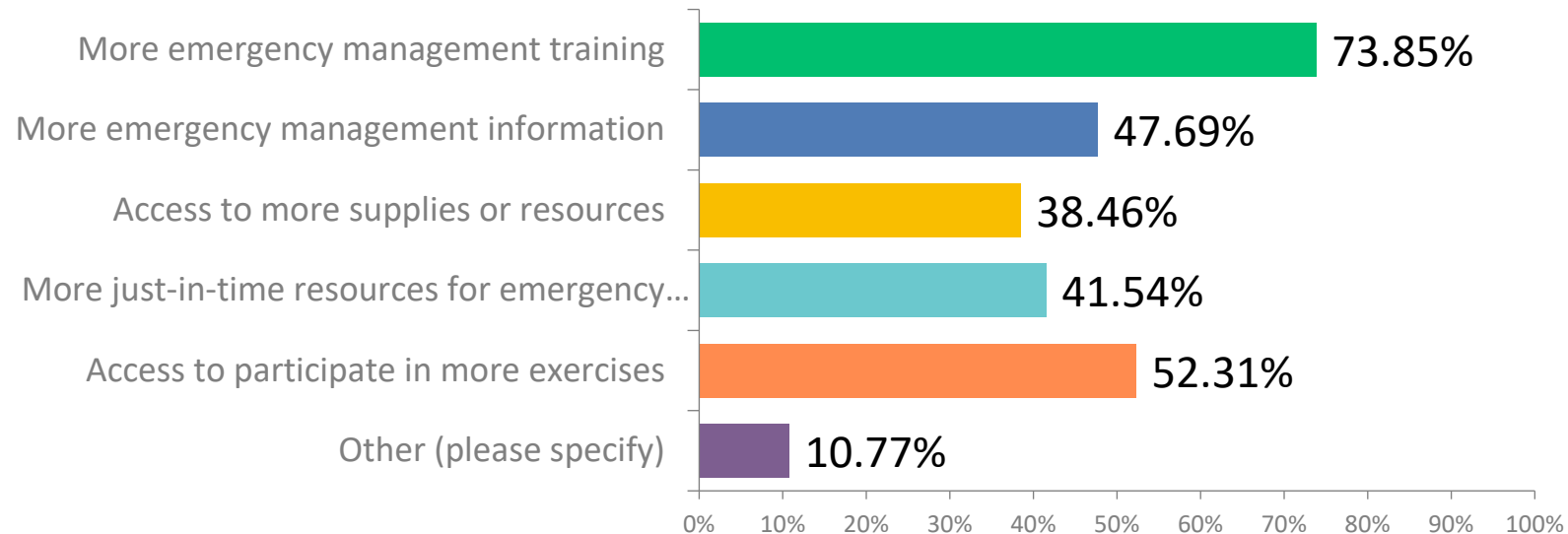
Primary Care Associations	Health Centers	Health Care Coalitions
Interview based	Electronic Survey Tool	Interviews based
N=12	n=66 (>50% serve mix of demographics)	N=9 HCCs (7 states)



Survey: Health Center needs during an Emergency

- ✓ 12% of facilities felt completely prepared
- ✓ **63% felt somewhat prepared**
- ✓ **14% were neutral**
- ✓ **11% felt unprepared**

SUGGESTED IMPROVEMENTS IN PREPAREDNESS



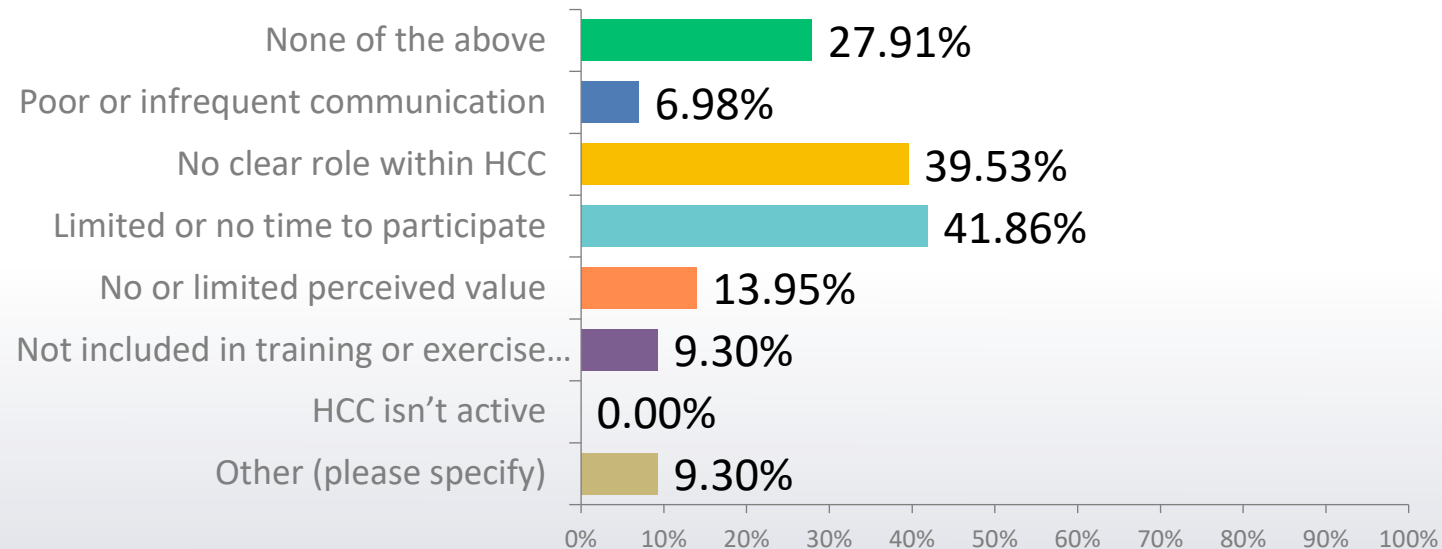
Survey: Challenges from CHC in HCC Engagement

Awareness: 70 % of CHCs were aware of local HCC

Engagement:

- Receive information from them (82.98%)
- Participate in meetings (72.34%)
- Participate in exercises (55.32%)
- Serve in leadership (10.64%)

CHALLENGES IN HCC ENGAGEMENT



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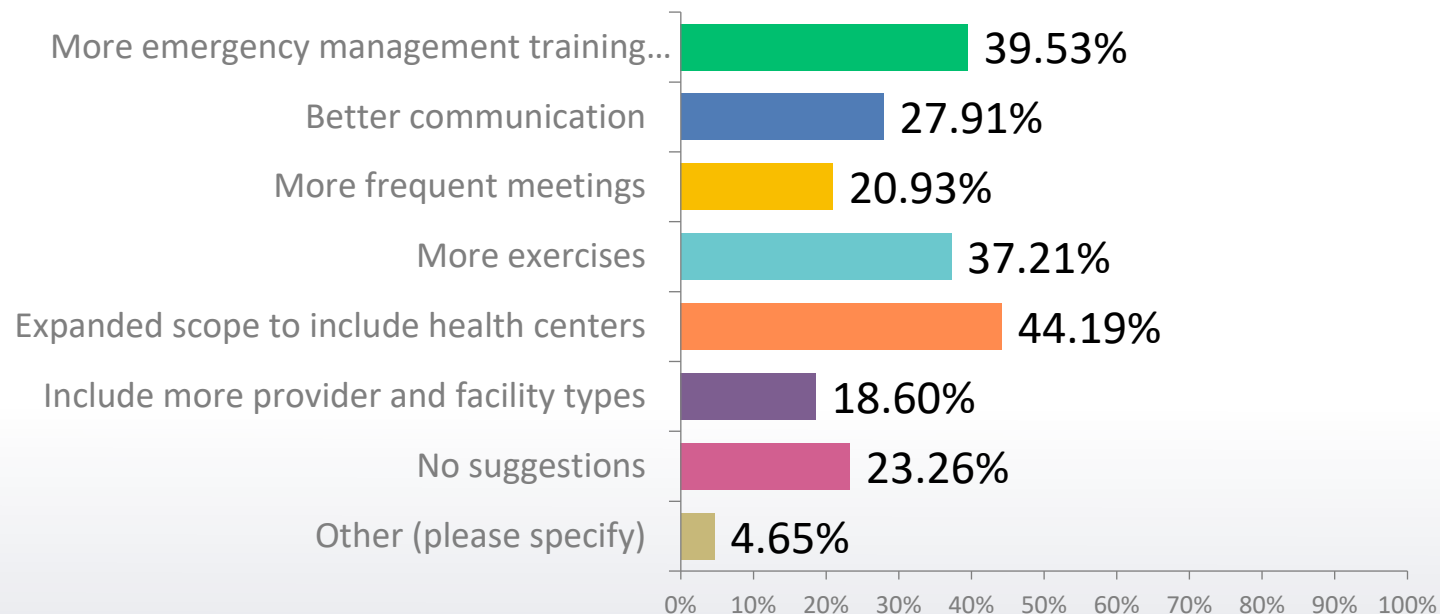


Survey: Opportunities to Improve Engagement

Key Insights:

- Almost half (44%) of Health Centers believe HCCs should broaden their work integrate Health Centers
- 40% believe more emergency management training opportunities would be helpful

OPPORTUNITIES TO IMPROVE ENGAGEMENT



HCC Interviews

Many HCC lacked health center involvement

Challenges to limited participation:

- Perceived lack of applicability to health centers
- limited ability to conduct outreach /HCC limited time and funding
- HCC not be aware of Health Centers
- Geographic barriers/Large regions make attending in-person meetings difficult

Opportunities for collaboration

- Health centers welcomed: their crucial role in healthcare preparedness was recognized
- Targeted sub-committees and training resources
- Primary Care Associations (PCAs) can serve as a liaison
- Most HCCs noted an increase in engagement = support for health centers during Covid
- Training Support: HCCs held training events specifically for health centers



About Healthcare Network

For more than 45 years, Healthcare Network has distinguished itself by providing primary health care to men, women and children of all ages, helping the disenfranchised, underinsured, and uninsured of our communities, as well as those with resources who recognize the quality and comprehensiveness of care available.



Mission: To provide quality healthcare accessible to everyone in our community



Vision: We strive for a community where every person has access to appropriate healthcare

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Children's Care



**Family
Convenient Care**



Family Care



Women's Care



Senior Care



**Behavioral
Health**



Dental Care



Pharmacy



**Specialty
Services**



**Primary Care
Addiction
Treatment**

About Healthcare Network

Patients: 49,018

Visits: 174,323

Male: 42%

Female: 58%

Poverty Level: 21% below 100% poverty level

Insurance Status

Uninsured: 15%

Private Insurance / ACA: 20%

Medicaid: 60%

Medicare: 5%

- **Age**

- Children 61%

- Adults: 34%

- Seniors: 5%

- **Ethnicity**

- Hispanic / Latino/a, or Spanish: 65%

- Not Hispanic, Latino: 31%

- Unreported: 4%

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Locations

📍 HCN AT MARION E. FETHER



📍 HCN FAMILY CARE AT ITECH



📍 HCN AT FLORIDA STATE UNIVERSITY, COLLEGE OF MEDICINE



📍 HCN FAMILY CARE NORTH



📍 HCN AT NICHOLS COMMUNITY HEALTH CENTER



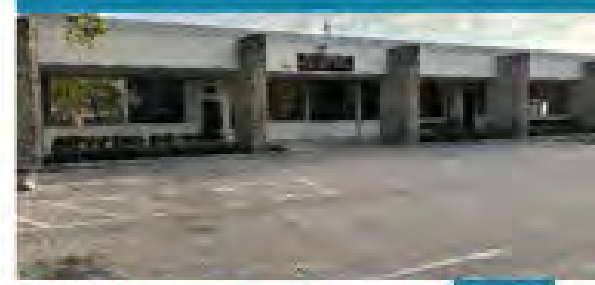
📍 HCN NICHOLS PEDIATRIC AT YMCA OF COLLIER COUNTY



📍 HCN DENTAL CARE EAST



📍 HCN AT CORDERO PEDIATRICS



📍 HCN CHILDREN'S CARE EAST



📍 HCN CHILDREN'S CARE NORTH



📍 HEALTHCARE NETWORK AT VETERANS PARK

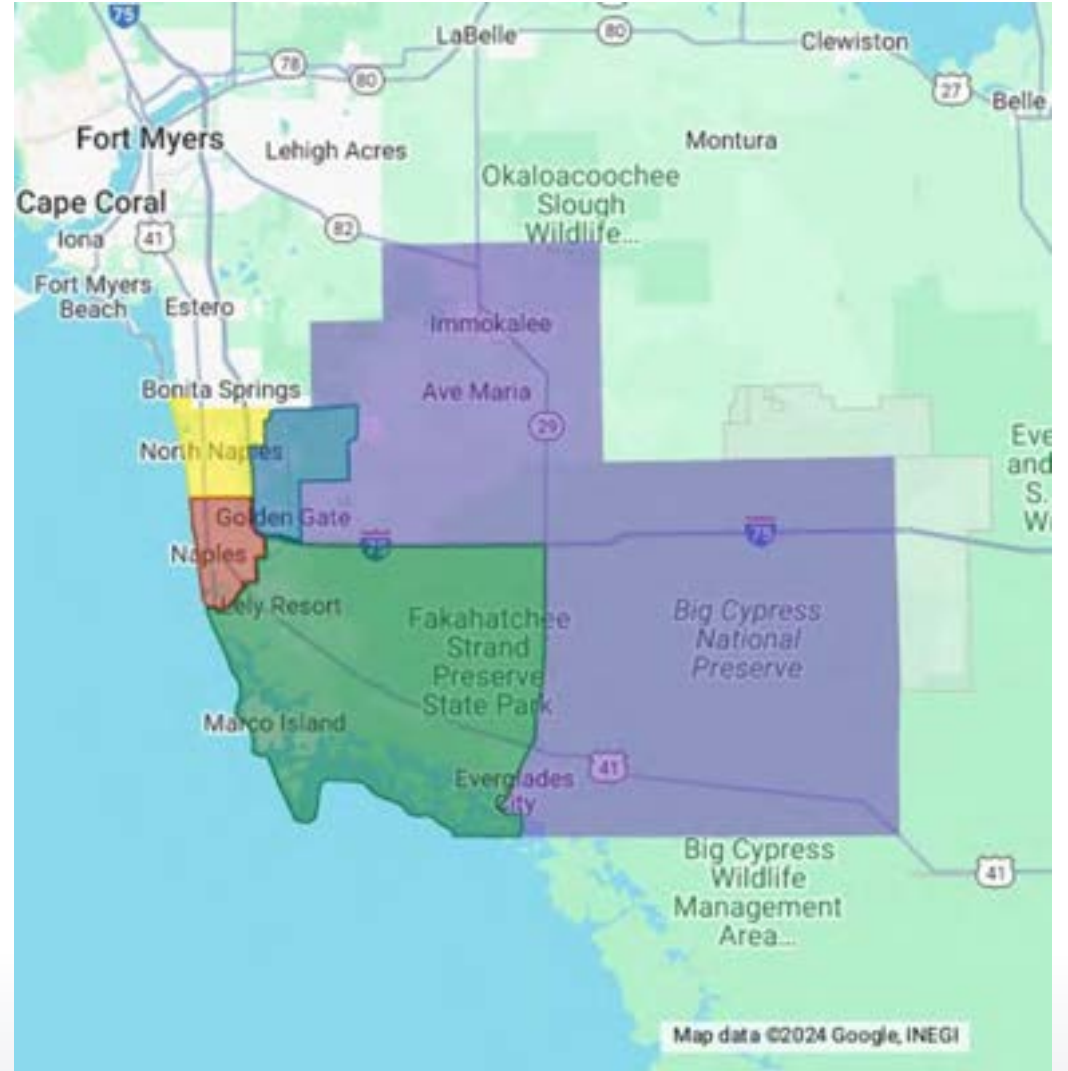


📍 HCN FRIENDSHIP HEALTH



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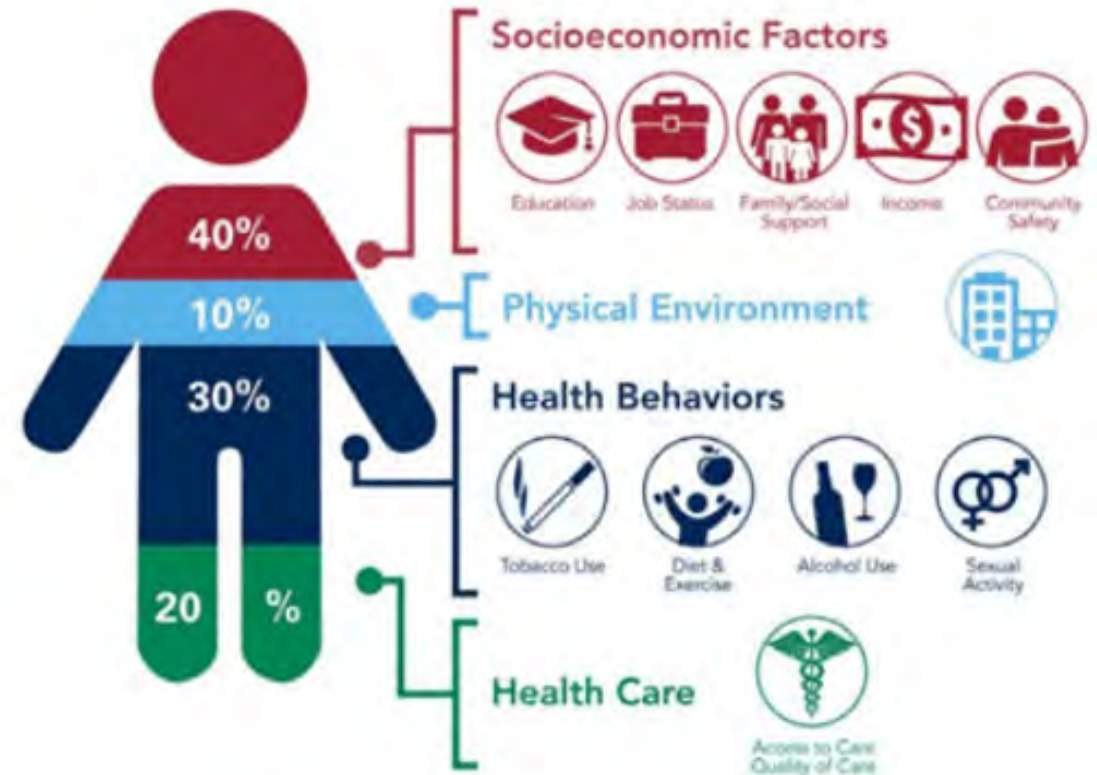


What are Social Drivers of Health?

Social drivers of health (SDOH) are the conditions in which people are born, grow, live, play, work, and age.

These conditions are shaped by the distribution of money, power, and resources.

They collectively impact the quality of life and health disparities among different communities.



Source: American Hospital Association – Addressing Social Determinants of Health, 2018



Social Drivers of Health

Socioeconomic Stability	Physical Environment	Health Behaviors	Healthcare
Level of education	Housing Quality	Tobacco / Alcohol use	Access / Provider availability
Language	Neighborhood Safety	Exercise	Quality of care
Income / Employment	Access to Green Spaces	Sexual activity	Insurance coverage / copays
Family / Social Support	Transportation	Access to healthy food	Health literacy



How CHCs address SDOH

CHCs help reduced health disparities and promote equitable health outcomes for all community members. Below are some examples on how some CHCs are addressing SDOHs:

Income

Sliding Fee Scales: Provide sliding fee scales based on patients' income, making healthcare services more affordable.

Employment Support: Offer job training programs and employment support services to help patients improve their financial stability.

Education

Health Education: Provide health education programs to improve health literacy and empower patients to make informed health decisions.

Partnerships with Schools: Collaborate with local schools and educational institutions to help promote health education and preventive care among students and their families.

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How CHCs address SDOH

Housing

Housing Assistance: Partner with local housing authorities and organizations to provide housing assistance and support for patients experiencing homelessness or housing instability.

Safe Living Conditions: Advocate for safe and healthy living conditions by addressing environmental hazards in patients' homes.

Transportation

Transportation Services: Provide transportation services or partner with local transit agencies to ensure patients can access healthcare services.

Mobile Clinics: Operate mobile clinics to bring healthcare services directly to underserved communities, reducing transportation barriers.



CHCs role(s) during an emergency

CHCs play a crucial role during emergencies by:

- **Providing Essential Medical Services:** Offering immediate medical care to those affected, including treatment for injuries and illnesses.
- **Acting as Surge Capacity:** Supporting local hospitals by handling overflow patients and reducing the burden on emergency rooms.
- **Offering Mental Health Support:** Providing counseling and mental health services to help individuals cope with the stress and trauma of emergencies.
- **Distributing Resources:** Serving as distribution points for vaccines, medications, care packages, and other essential supplies.
- **Public Education:** Educating the community about emergency preparedness and response strategies.

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CHCs Emergency Preparedness Rule

The Centers for Medicare & Medicaid Services (CMS) established comprehensive emergency preparedness rules for health centers in 2016 to ensure they are adequately prepared for various emergencies



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CHCs Emergency Preparedness Rule

1. Emergency Plan

CHCs must develop and maintain an emergency plan based on a risk assessment. This plan should address a wide range of potential emergencies, including natural disasters, pandemics, and man-made events.

2. Policies and Procedures

CHCs are required to implement policies and procedures that support the execution of the emergency plan. These should cover aspects such as:

- Evacuation and shelter-in-place protocols
- Patient tracking and family reunification
- Continuity of operations, including backup systems for power and communication

3. Communication Plan

A robust communication plan must be in place to ensure effective coordination during an emergency. This includes:

- Contact information for staff, patients, and emergency services
- Methods for sharing information with local, state, and federal emergency management agencies
- Procedures for communicating with patients and their families

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CHCs Emergency Preparedness Rule

4. Communication Plan

A robust communication plan must be in place to ensure effective coordination during an emergency. This includes:

- Contact information for staff, patients, and emergency services
- Methods for sharing information with local, state, and federal emergency management agencies
- Procedures for communicating with patients and their families

5. Training and Testing

Must conduct regular training and testing to ensure staff are familiar with emergency procedures. This includes:

- Annual training programs for all staff
- Regular drills and exercises to test the emergency plan
- Evaluations and updates to the plan based on drill outcomes and real-world events

These requirements help ensure that CHCs are prepared to protect the health and safety of their patients and staff during emergencies.

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CHCs Emergency Preparedness Rule

5. Coordination with Local Authorities

Must coordinate with local, state, tribal, and federal emergency preparedness officials to ensure an integrated response during emergencies.

These requirements help ensure that health centers are prepared to protect the health and safety of their patients and staff during emergencies.



Case Study

Hurricane Ian – Category 4 with “Catastrophic” Storm Surge



28 Sep 2022 17:20Z NOAA/NESDIS/STAR GOES-East GEOCOLOR

Case Study - Healthcare Network

During hurricane Ian Collier County DOH lost all their tetanus vaccines and they tapped on HCN to go to the most impacted communities and vaccinate folks as needed.

- Coordinated tetanus events with DOH-Collier to prevent potential infections associated with disaster clean-up.
- Community health workers (CHWs) canvassed impacted areas and provided situational awareness of impacted area.
- CHWs distributed care packages (food, beverage, toiletries, etc.) and followed up with “at risk” patients.



Case Study - Healthcare Network (Cont.)

- Mobilize mobile units with CMO and clinical outreach staff to do minor wound care.
- Behavioral health provided mental health support to the community and staff alike.
- Provided culturally and linguistically appropriate care to the communities ensuring they received the necessary medical attention and support.



Healthcare Network & SWFL Coalition

Southwest Florida Healthcare Coalition mission is to develop healthcare emergency preparedness response and recovery capabilities through collaboration, training, and planning



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Healthcare Network & SWFL Coalition

Southwest Florida Healthcare Coalition mission is to develop healthcare emergency preparedness response and recovery capabilities through collaboration, training, and planning.

Healthcare Network's role as a member of SWFLHCC is to:

- Provide input on the gaps and needs for the local area and community.
- Participate in communication tests and activities of the Coalition that are necessary to improve preparedness in the region.
- Have access to benefits such as training, exercises, and funding opportunities.



CHCs alignment of efforts in Emergency Management

Participating in healthcare coalitions offers several benefits for community health centers, including:

- 1. Improved Data Sharing and Analysis:** Coalitions facilitate better data sharing, which can lead to more informed decision-making and improved outcomes during throughout the emergency management cycle.
- 2. Increased Emergency Response Capacity:** Coalitions can enhance the ability to respond to emergencies by pooling resources and coordinating efforts.
- 3. Efficient Resource Use:** By collaborating with other healthcare providers, CHCs can share resources, reducing costs and avoiding duplication of services.
- 4. Enhanced Population Health Management:** Working together allows for a more comprehensive approach to managing the health of the community, addressing broader health issues more effectively post disaster.



CHCs alignment of efforts in Emergency Management

CHCs can often face challenges when participating in healthcare coalitions, including:

- 1. Resource Limitations:** Many CHCs operate with limited financial and human resources, making it difficult to allocate time and staff to coalition activities.
- 2. Workforce Shortages:** CHCs frequently experience shortages of physicians, nurses, and mental health professionals, which can hinder their ability to engage fully in coalition efforts.
- 3. Coordination and Communication:** Effective participation in coalitions requires strong coordination and communication among diverse members. CHCs may struggle with this due to varying priorities and operational styles.
- 4. Community Trust and Engagement:** Building and maintaining trust with the community is crucial. CHCs must ensure that coalition activities align with community needs and perspectives to avoid feelings of neglect or mistrust.



Actionable Steps for Health Centers

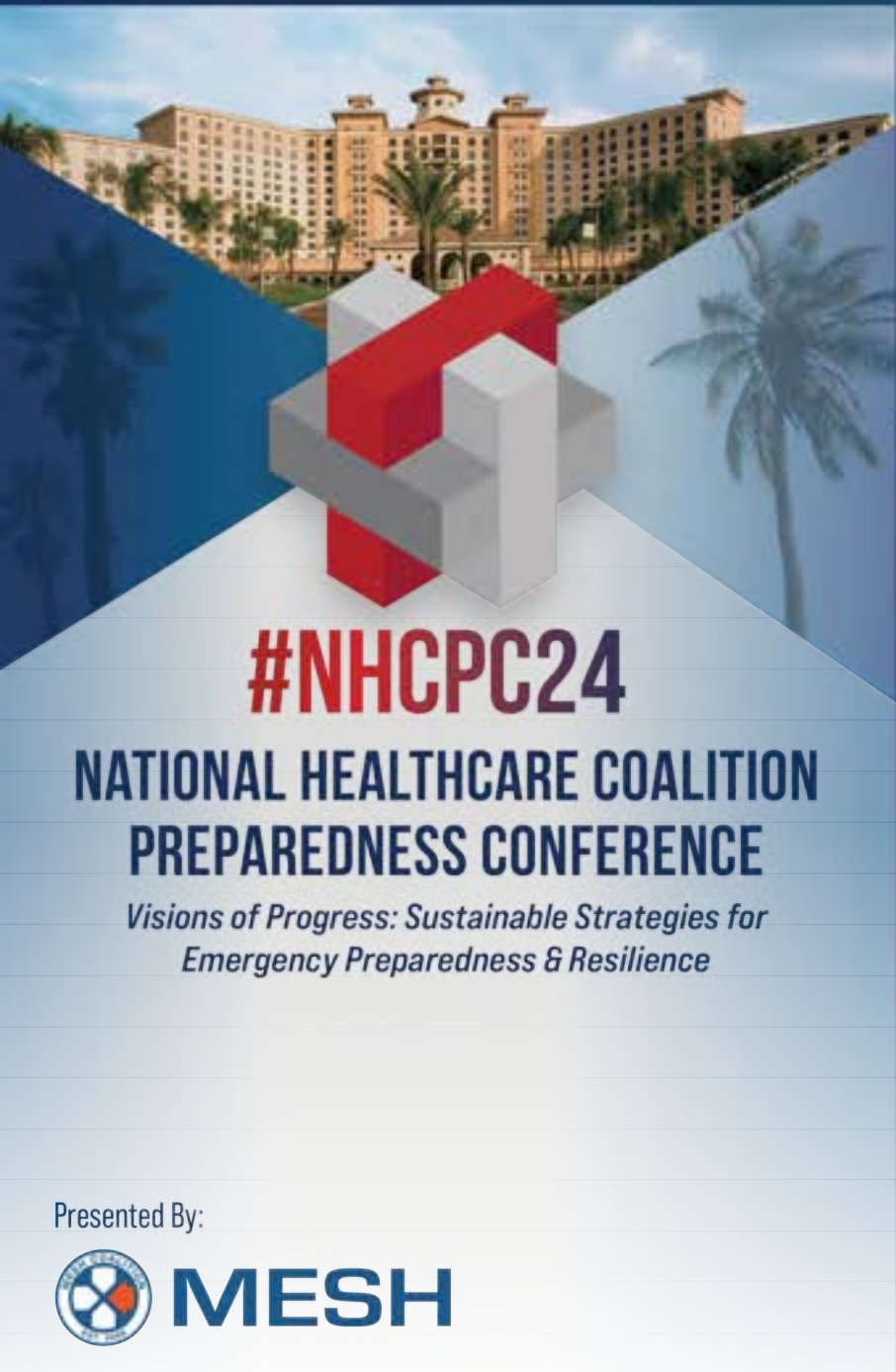
1. Leverage virtual participation
2. Collaborate with coalitions to find mutual benefit and synergies
3. Encourage coalitions to prioritize outreach to health centers
4. Implement mechanisms for regular feedback and continuous improvement of collaboration efforts
5. Collaborate on public education campaigns to raise awareness
6. Ensure that health center leadership/PCA is actively involved in collaboration efforts.
7. Participate in coalition exercises
8. **Understand your Healthcare Coalition, the capabilities they provide and how to leverage this!**



Actionable Steps for Healthcare Coalitions

1. Align the goals of CHCs with those of healthcare coalitions
2. Hold regular meetings and maintain open lines of communication
3. Implement mechanisms for regular feedback and continuous improvement. Conduct after-action reviews
4. Involve CHC in HCC leadership, committee role on HCC
5. Consider involving PCA as a conduit/liaison
6. Have CHCs participate in exercises in a meaningful way
7. Ensure equity is a cornerstone of your HCC work.
8. **Understand your health centers, the community they serve and what they can bring to the table!**





Enhancing Measles Response through Coalition Engagement

Catherine Blaser and Jennifer Wheeler

Introductions

- Catherine Blaser, MPH, RN, PHN, ACRN, CIC
Epidemiology Public Health Nurse Supervisor
Public Health Services, Epidemiology and Immunizations Services Branch
County of San Diego Health & Human Services Agency
- Jennifer Wheeler
Health Planning and Program Specialist
Public Health Services, Public Health Preparedness and Response Branch
County of San Diego Health & Human Services Agency



Content Credit

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Rady Children’s Hospital
- Ron Hudnet, CHSP
Emergency Manager, Corporate
Scripps Health

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Disclosures

No relevant financial relationships to disclose.



Agenda

1. Background
2. Measles Response Activities
3. Measles Tabletop & Coalition Engagement
4. Strategies for Success
5. Tool Development
6. Opportunities



Background: County of San Diego



3.3 million residents, 35 million visitors annually

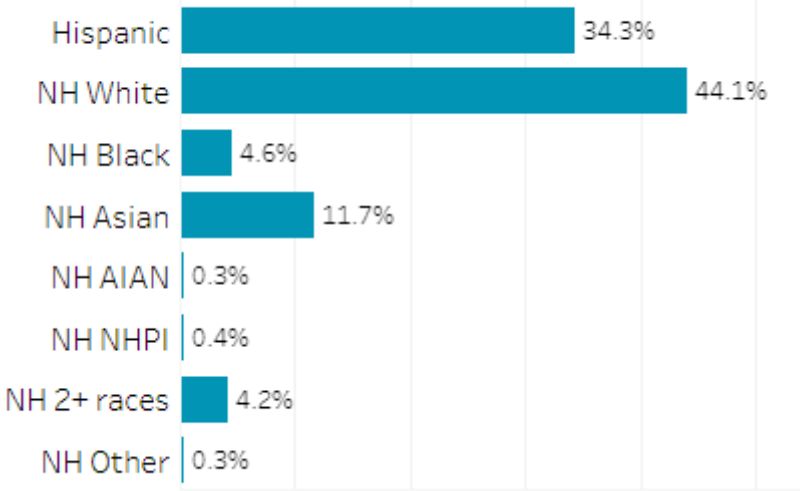
- 2nd most populous county in California, 5th most populous in the U.S.
- Urban, Rural, Coastal, Mountains, Desert
- 4,300 square miles, 70 of these coastal
- 65 miles north/south, 86 miles east/west
- County-run system with 18 cities & unincorporated area
- World's busiest border crossing
- Tribal and military communities

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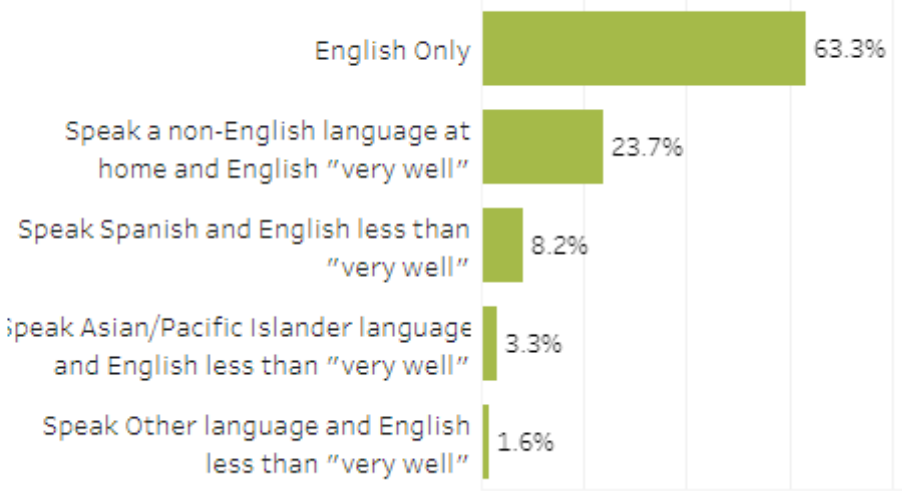


Background: County of San Diego

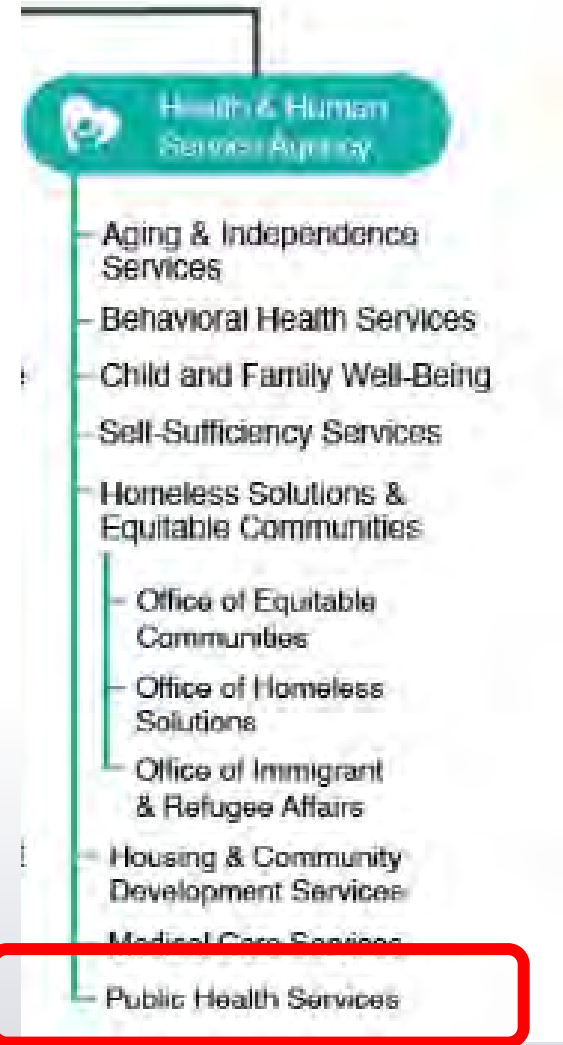
Race/Ethnicity



Language Spoken



Background: County of San Diego



- California Children's Services
- Epidemiology & Immunizations Services
- HIV/STD & Hepatitis
- Maternal, Child & Family Health Services
- Tuberculosis Control & Refugee Health
- Public Health Preparedness & Response

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Background: Epidemiology and Immunizations Services Branch

EISB Mission: To protect community health, prevent communicable diseases, and provide a record of vital life events.



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Background: County of San Diego

- **Public Health Preparedness and Response**

- Improve public health, medical, and health care system capabilities by building and maintaining partnerships and systems to:
 - Prevent or reduce morbidity and mortality from unplanned events/emergencies
 - Achieve early recovery
- PPHR fosters preparedness within communities by supporting health and medical system response through readiness activities:
 - Supports county efforts to respond to public health threats and events
 - Promotes preparedness



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Background: County of San Diego

- Medical and Health Operational Area Coordinator Program
 - 24/7 Duty Officer for Health and Medical System
 - Coordinates with Emergency Medical Services Duty Officers
 - Bridges information and resources through region and State of California
 - Activates Medical Operations Center



Background: County of San Diego

MEDICAL OPERATIONS CENTER (MOC)

The Public Health (PH) Department Operation Center (DOC) is commonly known as the “Medical Operations Center” (MOC). The PH DOC [MOC] is responsible for the coordination of:

- Disaster medical operations:
 - Hospital evacuations, medical system functionality and capacity
 - Maintains communication with region and state agencies
- Procurement and allocations of medical resources.
- Transportation of casualties and medical resources.
- Hospital and clinic information exchange.



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Background: Healthcare Coalition

San Diego Healthcare Disaster Coalition (SDHDC)

Who We Are:

- The San Diego Health Care Disaster Coalition (SDHDC) has been in place since early 2002.
- During this time, it has more than tripled in membership
- Primary mission of building a regional organization to promote engagement, coordination, communication and situational awareness between community partners and private and public sectors prior to, during and after an incident/disaster.
- The SDHDC is a multidisciplinary partnership that consists of a collaborative network of healthcare organizations, and their respective public and private sectors.
- The coalition meets State and Federal guidelines as it relates to health care coalitions.



Background: Healthcare Coalition

San Diego Healthcare Disaster Coalition (SDHDC) : 313 members, 85 members from hospitals

- In compliance with ASPR-HPP guidance the SDHDC includes the following Core Members:
 - Acute Care In-patient Hospitals
 - Emergency Medical Services
 - Hospital Association
 - Office of Emergency Management
 - Public Health Services
- Other members may include:
 - Ambulatory Surgery Centers
 - American Red Cross
 - ARES
 - Behavioral Health Representative (County and NGO or private or County funded)
 - Blood Bank
 - Business Entities
 - Department of Environmental Health
 - Department of Social Services
 - Dialysis
 - Federal and State Partners
 - Fire
 - Home Health Agencies
 - Hospices
 - Infectious Disease, Epidemiology (County, Hospital)
 - Law Enforcement
 - Long Term Care Providers/Facilities
 - Military
 - Non-Profit Organizations
 - Outpatient providers including health care centers and community clinics
 - Pharmacy
 - Polinsky Center or other Pediatric entities (YMCA-child care facilities)
 - San Diego County Dispatch
 - Skilled Nursing Facilities
 - Tribal Entities



Background: Healthcare Coalition

San Diego Healthcare Disaster Coalition (SDHDC)

What We Do?

The primary purpose of the SDHDC is to engage the entire healthcare and disaster community to work together toward emergency/disaster preparedness, response, and recovery. It accomplishes this through the following efforts:

- Promoting quality in the delivery of disaster patient/victim care services by assessing the level of healthcare preparedness, identifying gaps, and making recommendations on activities to address gaps.
- Supporting the needs of healthcare organizations while ensuring the on-going needs of the community are met.
- Developing and implementing effective practices including planning, education, and evaluation as they relate to emergency preparedness.



Background: Healthcare Coalition

San Diego Healthcare Disaster Coalition (SDHDC)

What We Do?

The primary purpose of the SDHDC is to engage the entire healthcare and disaster community to work together toward emergency/disaster preparedness, response, and recovery. It accomplishes this through the following efforts:

- Serving in an advisory capacity to the County Health Officer and Public Health Emergency Preparedness (PHEP) program by providing recommendations on county policies and procedures.
- Aligning with the National Response Framework Annex process: Emergency Support Function 8 (Public Health and Medical Services), the State of California Emergency Plan: Emergency Function 8 Public Health and Medical Annex and the California Department of Public Health Emergency Operations Manual process at the local level in accordance with NIMS and SEMS.



Background: Measles

- Acute, febrile rash illness caused by the rubeola virus.
- Transmitted by the direct contact with infectious droplets or airborne route.
- 2 doses of the MMR vaccine provide the best protection.
- Measles is highly contagious:
 - 90% of susceptible contacts will develop illness.
 - R_0 is estimated to be 12-18 in a susceptible population.
- Measles cases require a coordinated and robust public health response.

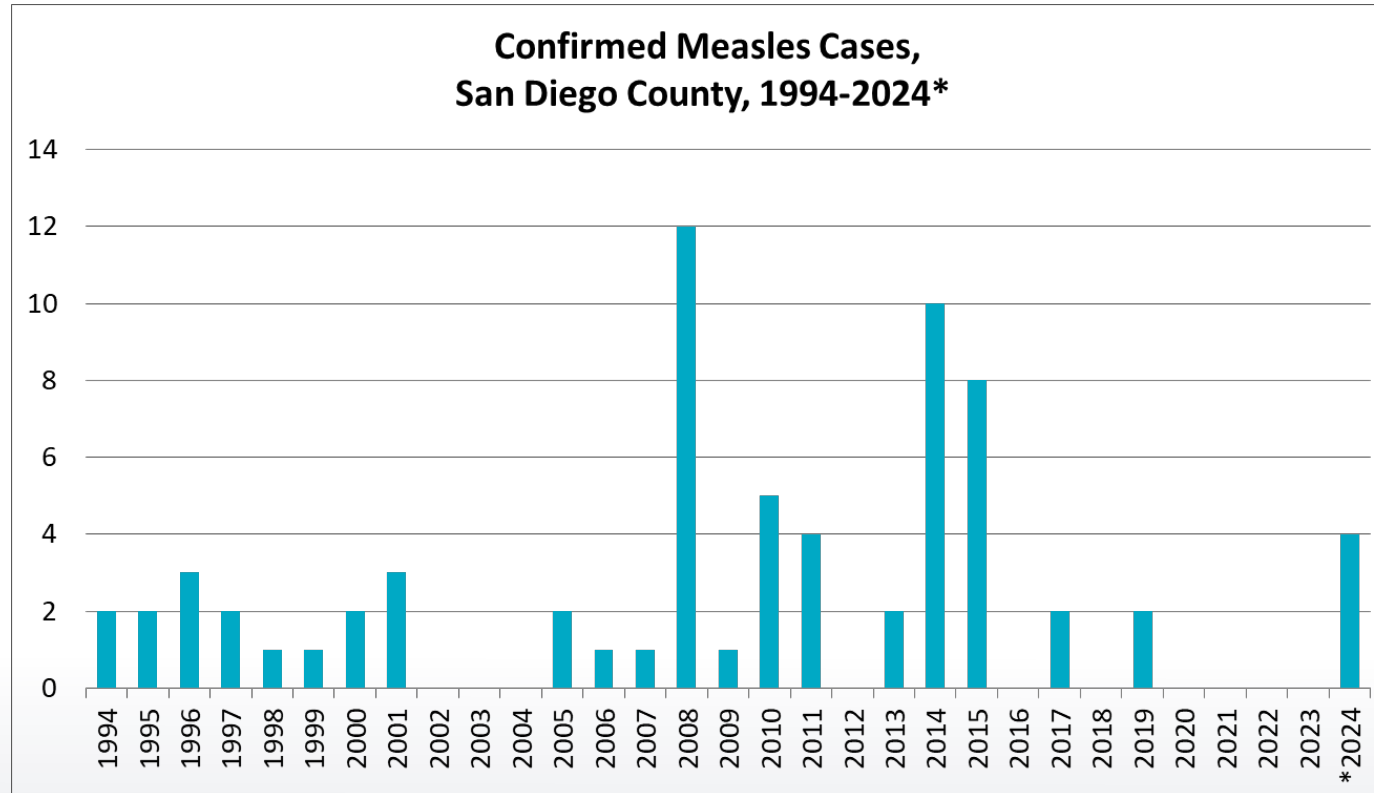


Children need 2 doses of MMR vaccines:

12-15 months old	1st dose
4-6 years old	2nd dose



Background: Measles in San Diego



Background: Measles in San Diego

- No cases since 2019
- Jan 2024 exposures, Feb 2024 response
- Abstract submitted
- 3 more unrelated cases
 - Unvaccinated (3 of 4)
 - Not due to vaccine hesitancy
 - International travel
 - Hospitalized, multiple healthcare encounters



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Background: Measles in San Diego

- Jan 2024 exposures, Feb 2024 response
 - Ped clinic & hospital
 - Concurrent monitoring of exposures on flight to LA
 - Simultaneous LA and Long Beach response
- March – Clinic & ED, hospital admission, 3 grocery store exposures, sports park, 2 restaurants, large religious service
- May – Clinic, ED, admission
- Aug – 2 different hospital admissions and pediatric ED



Background: Measles in San Diego

	<u>1st Case</u> February 2024	<u>2nd Case</u> March 2024	<u>3rd Case</u> May 2024	<u>4th Case</u> August 2024
Contacts*	295	490	105	475
MMR PEP	13	7	10	8
IG PEP (IM/IV)	15 (12/3)	0	4 (4/0)	20 (20/0)
IgG Testing	24	53	3	34

* Contacts traced by EISB team; Employees exposed at healthcare facilities were managed by the facility where exposures happened.

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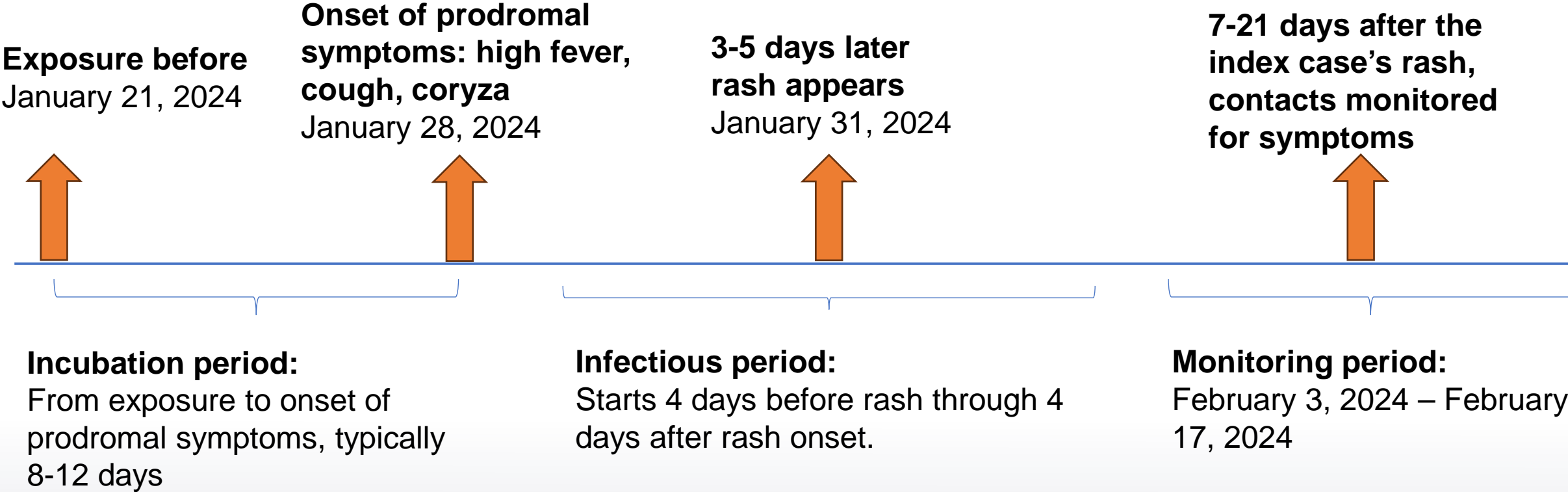


Measles Response

- Goals:
 - Reach all exposed individuals prior to incubation period to determine immunity:
 - Vaccine registry (CAIR) or medical records
 - IgG testing if documentation not available
 - Assist with needed public health activities:
 - Post Exposure Prophylaxis (PEP) - MMR and IG
 - Monitor contacts for measles symptoms



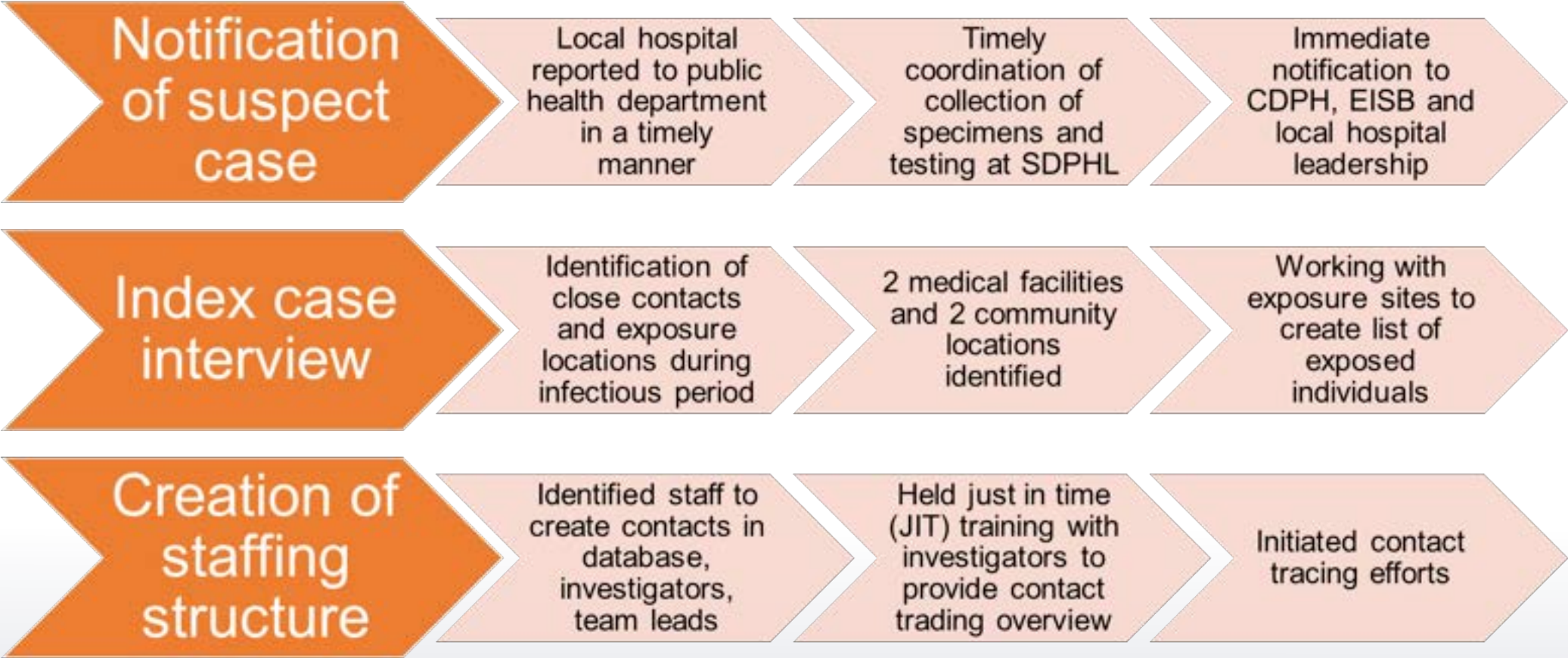
Measles Response



All contacts and exposure locations identified for this time frame
January 27, 2024 – February 4, 2024



Measles Response



Measles Response

Identification of Exposure Sites

- Needed an estimate of the number of individuals exposed and staffing needs
- Collaboration amongst community partners to assist with tracing efforts

Determination of Immunity

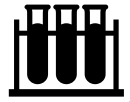
- High or low risk contacts
- Next steps if unable to determine immunity
- Quarantine vs. exclusion

Prioritization of Contact Tracing Efforts

- Those who would need to start on quarantine/exclusion first
- Those still eligible for post-exposure prophylaxis (PEP)
- Those needing titers (IgG) drawn



Measles Response



Supply Planning



Staff Coordination



Event Planning



Testing Coordination



Blood – Rubella IgM & IgG



Throat or NP Swabs - PCR



Urine - PCR



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Measles Response

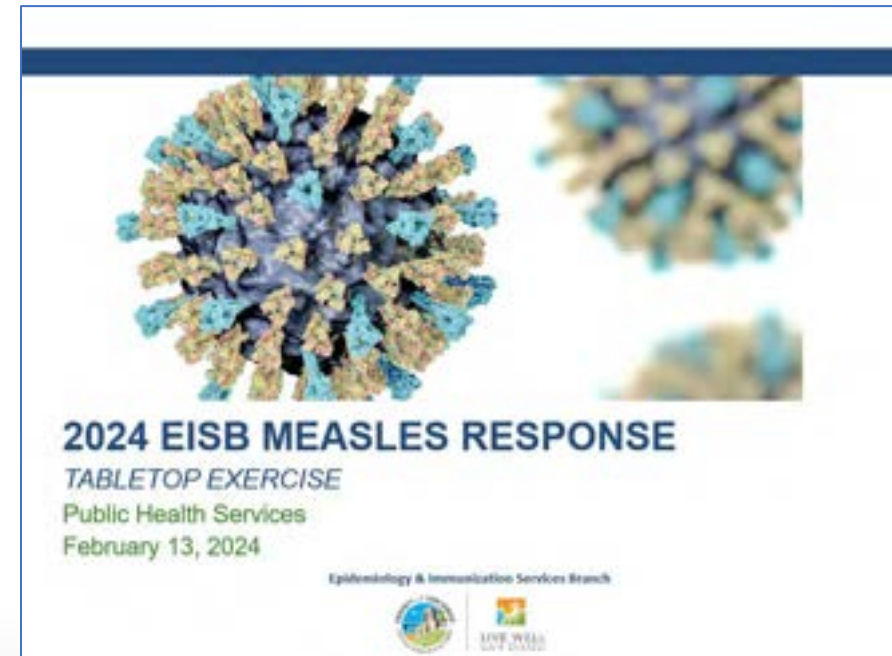


Measles Tabletop Exercise

- Preplanned Measles TTX 2/13/24 concurrent with initial response
 - Discussion of timely injects & rapid integration of new solutions
 - Surge staff planning
 - Inclusivity in messaging and accessing services for AFN community
 - Prompt aggregation of findings

Capabilities

- Capability 1: Community Preparedness
- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 13: Public Health Surveillance and Epidemiological Investigation

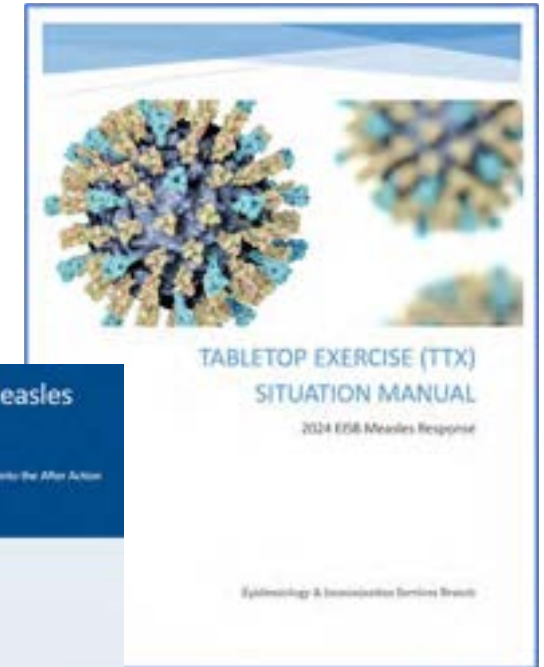


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Measles Tabletop Exercise

- Brought up old plans to review/consolidate
 - Surge Plan
 - MCM Plan
 - Infectious Disease Plan
- Exercise AAR
 - Participant Feedback Form
 - Exercise Evaluation Guides
 - Hot Wash Notes



Participant Feedback Form: PHS EISB Measles Response TableTop Exercise (TTX)

Thank you for participating. Please complete this form so your feedback can be incorporated into the After Action Report and Improvement Plan.

* Required

Part I: General Participant Information

Please enter your responses in the form field or check box after the appropriate section.

1. Name: *

2. Branch and Unit: *

3. Position/Title: *

4. Role: *

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TTX and Coalition Meetings



TTX findings communicated with San Diego Healthcare Disaster Coalition



Measles updates and education continued at subsequent meetings



Coalition reaches a broader audience than normal communication methods


VISITING ANOTHER COUNTRY? PROTECT YOUR FAMILY.
THINK MEASLES.
Measles is widespread in places like Europe, Africa, Asia, India, and the Philippines.



BEFORE YOU TRAVEL
Tell your doctor where you are traveling. Babies and children may need measles protection at a younger age than usual.

AFTER YOU TRAVEL
Call your doctor if anyone gets a fever and rash within 3 weeks of returning from your trip. Describe where you traveled.

☑ Talk with your doctor if you are planning an international trip.
For more information go to www.cdc.gov/travel.

 **HHS** |  **LIVE WELL** | Adapted from a flyer 2006 (MS) from the California Department of Public Health.

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TTX and Coalition Meetings

- Monthly Public Health Officer Reports including time for questions and answers for all Health and Medical topics
- CAHAN issued to coalition and healthcare community members

Measles

- 1 year old unvaccinated child traveled to Iraq and contracted measles
- Resulted in 300 exposures
- County Immunization Unit providing PEP
- Do not wait for laboratory confirmation before reporting a suspect case.
 - Notify the County Immunization Program **immediately** about any suspect cases during office hours by calling (858) 565-2800 (press 5 at the prompt) Monday-Friday 8AM-5PM and (858) 565-5255 after hours and on weekends.
- Avoid sending patients to a reference lab for testing unless isolation precautions can be taken.
 - For patients presenting ≤ 7 days of rash onset, PCR testing of a throat swab and urine through the SDPHL is recommended and preferred over serology.
 - DO NOT send specimens directly to the SDPHL or to the CDPH laboratory without consulting the County Immunization Program.
- Patients are up-to-date with all immunizations, including MMR.

SANDIEGOCOUNTY.GOV/HHSA



To: **County of San Diego Participants**
Date: **February 5, 2024**
From: **Public Health Services**
Health Advisory: **First Measles Case in San Diego County, since 2019**

Key Message

- An infant who had not previously received a MMR vaccination, but returned from overseas and had an unvaccinated laboratory-confirmed measles. The case may have exposed others at locations on dates and times listed below.
- Los Angeles County has also reported its first measles case for 2024 on February 1, 2024. That case was also returning from overseas travel. See [this link](#) for an latest update(s). Linkage to the infant case in San Diego County.
- All patients with fever and rash should be screened at the point of entry to a healthcare facility. Providers should immediately institute airborne precautions on patients suspected of measles to prevent healthcare-associated exposures.
- Measles should be considered when individuals present with an acute febrile illness and maculopapular rash.
- Providers should immediately report any suspect measles case to the County Immunization Program. Do not wait for laboratory confirmation.
- Recommended vaccination goals by international travel include one dose of MMR for infants from 9 to 12 months of age, and two doses of least 28 days apart for those over 12 months of age.

- County Measles website

[Measles 2024 \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/health-services/public-health/communicable-diseases/measles)

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TTX and Coalition Meetings

Measles

- State and National increase in travel related measles.
- Fever, rash, cough, coryza, conjunctivitis.
- Immunize US residents older than 6 months of age without evidence of immunity who plans to travel internationally with MMR.
- Ensure pediatric immunizations are up to date including MMR.
- Local CAHAN
- Immediately report any suspected measles cases to the County Immunization Program during office hours by calling (866) 358-2966 (press 5 at the prompt) Monday-Friday 8AM-5PM and (858) 565-5255 after hours and on weekends.
- [Measles 2024](https://www.sandiegocounty.gov)
[\[sandiegocounty.gov\]](https://www.sandiegocounty.gov)



- Sample Messaging
- Contact Information always included
- Up to minute guidance shared with entire Coalition

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TTX and Coalition Meetings

Information from State and National shared including links with Coalition

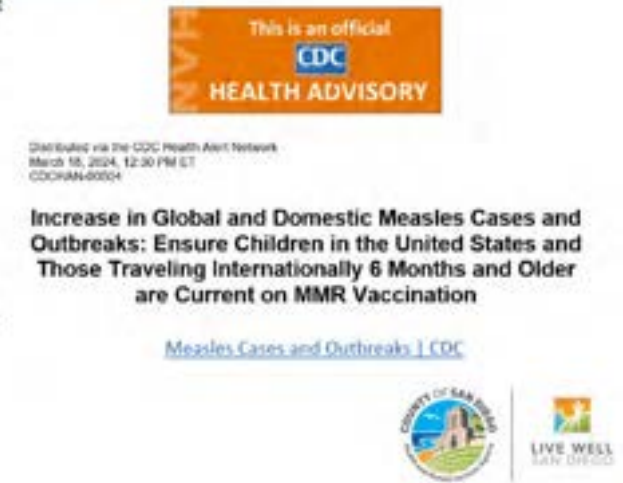
CDPH Measles Health Advisory

- CDPH Health Advisory on 3/14/24
- Immediately mask suspected measles patients.
- Suspected measles patients should be airborne precautions.
- Immediately place suspected measles patients in respiratory isolation.



CDC Measles Health Alert

- One person infected with measles can infect 9 out of 10 unvaccinated individuals with whom they come in close contact.
- From January 1 to March 14, 2024, CDC has been notified of 58 confirmed U.S. [cases of measles](#) across 17 jurisdictions.
- Among the 58 cases reported in 2024, 54 (93%) were linked to international travel.
- Most cases reported in 2024 have been among children aged 12 months and older who had not received measles-mumps-rubella (MMR) vaccine.
- All U.S. residents traveling internationally, regardless of destination, should be current on their MMR vaccinations.
- Healthcare providers should ensure children are current on routine immunizations, including MMR.



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TTX and Coalition Meetings

Communicating with the Coalition can assist in Amplification of Important Messages to Public and Providers

Measles

San Diego County reports 1 pediatric case (2/24) and 1 adult case (3/24).

Ensure pediatric immunizations are up to date including MMR.

Ensure MMR is part of vaccination consideration prior to international travel.

Suspected cases should be masked and placed in airborne isolation.

2nd released 4/1/24

- Immediately report any suspected measles cases to the County Immunization Program during office hours by calling (866) 358-2966 (press 5 at the prompt) Monday-Friday 8AM-5PM and (858) 565-5255 after hours and on weekends.

- [Measles 2024 \(sandiegocounty.gov\)](https://www.sandiegocounty.gov)



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Healthcare System Collaboration



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Healthcare System Collaboration

- How the LHJ can support Coalition members
 - Build a resilient community
 - Communication
 - To the public
 - Within facilities
 - Education
 - Partnership in both preparedness and response
 - Remember the pre-hospital providers
 - Exercise in collaboration



Questions for Response Partners

- Describe measles responses for your healthcare system
- What was your experience working with the local health department
- How did being a Coalition member help the responses
- How could the Coalition have helped (and how can it help in the future) with these or other communicable disease responses
- Lessons learned/suggestions for other facilities and systems (clinic, hospital)
- Anything else you would like to share



Questions for Response Partners



- Describe measles responses for your healthcare system
 - Between HID incidents
 - Updated response plans with current information
 - Infection Control & Facilities included in planning process
- What was your experience working with the local health department
 - Better understanding of LHD operations off-hours = updated call response with internal alert and contact tree alignment with LHJ Duty staff
- How did being a Coalition member help the responses
 - Contacts at fingertips, and resources in e.g. other hospitals, colleagues

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Questions for Response Partners



- How could the Coalition have helped (and how can it help in the future) with these or other communicable disease responses
 - Coalition committee formed and response improved through County & healthcare facilities
 - Guidance and equipment
- Lessons learned/suggestions for other facilities and systems (clinic, hospital)
 - Review your HID plans; reach out to colleagues in other systems and learn from their different planning strategies & experiences



Questions for Response Partners

- Describe measles responses for your healthcare system
 - 2/3 classic presentation, 1 atypical
 - Symptom and travel screening on entry
 - Quick connection with IPs and LHJ
 - Something missed each time
- What was your experience working with the local health department
 - Communication improved internally and with PH
 - Clear delegation of responsibility
 - Improved workflow each time



Questions for Response Partners

- How did being a Coalition member help the responses
 - Relationships
- What are priorities for these responses
 - Identify patients & staff at risk from exposure, evaluate risk
 - Identify patients needing PEP
 - Assess immune status of in-patients; coordinate testing/interview
 - Assess isolation needs
 - Communicate with patients, families, internal/external partners and MDs
 - Manage exposed patients days 21-28 with system flag



Questions for Response Partners

- Lessons learned/suggestions for other facilities and systems (clinic, hospital)
 - PEP education to families re: IGIM volume
 - Earlier assessment of in-patients and their family support system
 - Isolation capacity; plan and contingency plan
 - Improve internal communications with families and in-patient MDs
 - Educate staff on importance and accuracy of 3Is; use EHR tools
 - Improve vaccination record-keeping of MDs and travelers
 - Evaluate policies on testing 'source parents' (families in isolation with child)
 - Shared tracking document with Public Health
 - Have LHJ add in their communications that response is a coordinated effort



Pathway to Success: Collaboration

- Widespread VPD immunization coverage
- Expertise from other Coalition members
- Out-of-jurisdiction transfers
- ICS
- Contracted response partners

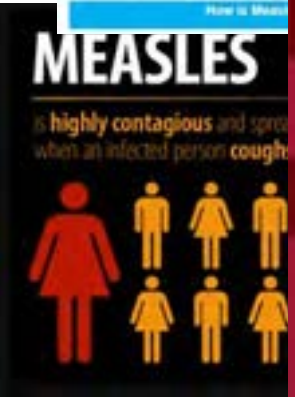
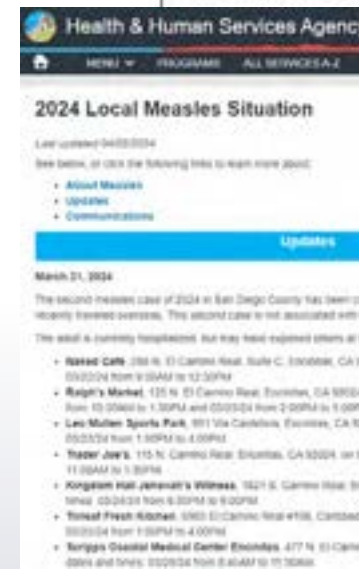
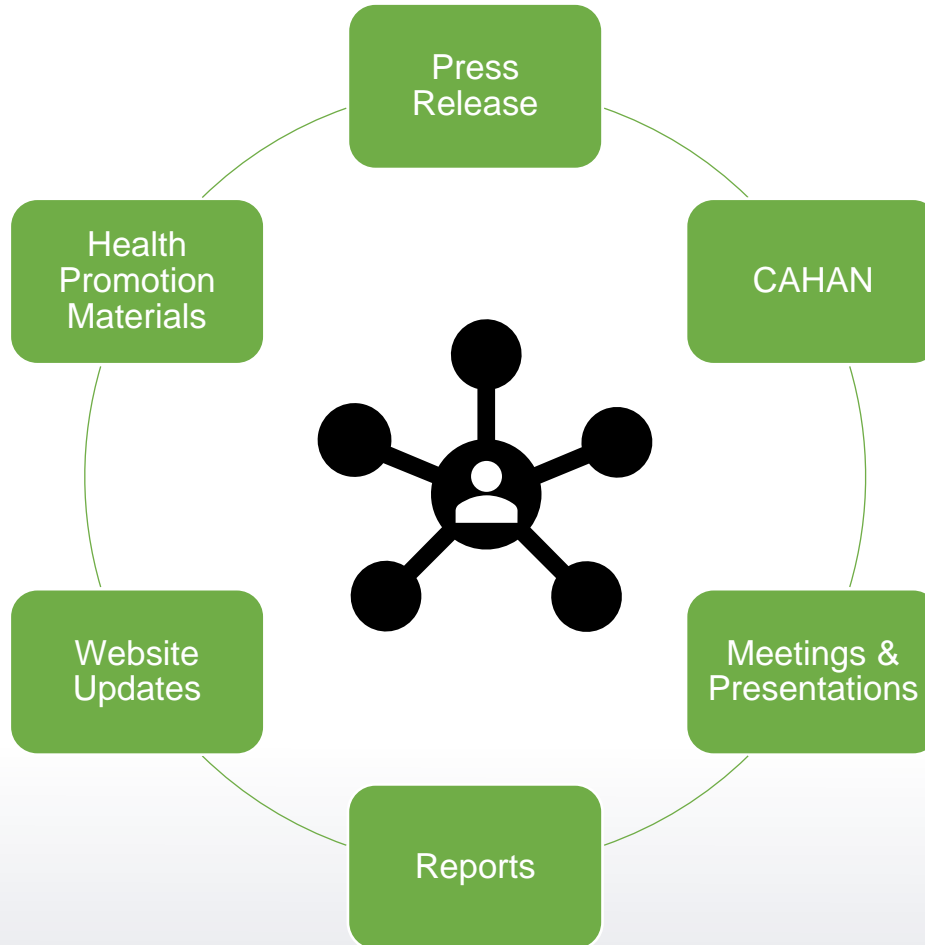


Pathway to Success: Facility level

- Healthcare exposure/contact lists
- Ventilation and access design improvements and awareness
- Infection Preventionists
- Occupational health and safety capacity and handling of staff exposures
- Reporting and consultation



Pathway to Success: Communication



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Tool Development

- Surge staffing algorithm
- Epi Duty Officer checklists
- WebCMR Measles Just-in-Time Training
- Contact Tracing Checklists
- Q&A document



Tool development : Contact Tracing Tracking Report

Measles Contact Investigation Summary

Date and Time of Query: 2/15/2024 7:23:36 AM

Date Range of Query: 1/28/2024 - 2/15/2024

Associated with Case Numbers: 18733946

	Number	Percent
Total Contacts Created and Registered	295	
Interviewed	258	87.5%
First attempt pending	4	1.4%
At least one attempt made but no interview	33	11.2%
Contact Investigations by Process Status		
Clearance Testing	3	1.0%
Open	2	0.7%
Ready to Close	1	0.3%
Under Investigation	289	98.0%
Contact Investigations by Investigator		

Record of Immunity	Yes	No	Unknown	Missing	Not Applicable
Ever received the measles vaccine	245	19	18	10	3
Public Health Actions	Yes	No	Unknown	Missing	Not Applicable
Blood Drawn	23	238	2	29	3
Number with IgG Results available	19				
Number with results still pending	4				
Received PEP	29	229	4	30	3
If Received PEP, what type?					
IMIG Received	12				
IVIG Received	3				
MMR Received	13				
Missing	1				
Quarantine Recommended	43	225	1	23	3
Number on quarantine	25				
Number released from quarantine	17				
Exclusion From Work Recommended	40	213	1	38	3

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Conclusion

- Successful responses are a collective achievement
- Communication internally & externally is critical

NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Visions of Progress: Sustainable Strategies for Emergency Preparedness & Resilience

- Learn from and adapt available resources
- Preparedness sets the stage for resilience

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References

- [Measles \(Rubeola\) | Measles \(Rubeola\) | CDC](#)
- [Measles 2024 \(sandiegocounty.gov\)](#)
- [Home \(sdhdc.org\)](#)
- [The basic reproduction number \(R0\) of measles: a systematic review - The Lancet Infectious Diseases](#)
- San Diego Healthcare Disaster Coalition partners Rady Children's Hospital and Scripps Health
- County of San Diego Immunizations Program



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**NATIONAL HEALTHCARE COALITION
PREPAREDNESS CONFERENCE**
*Visions of Progress: Sustainable Strategies for
Emergency Preparedness & Resilience*

Presented By:



MESH



Sam Lashley
Warning Coordination Meteorologist
National Weather Service
Indianapolis, Indiana

William Ulrich
Warning Coordination Meteorologist
National Weather Service
Orlando, Florida



NWS Indianapolis and MESH Partnership



The MESH Coalition has been a WRN Ambassador since 2021

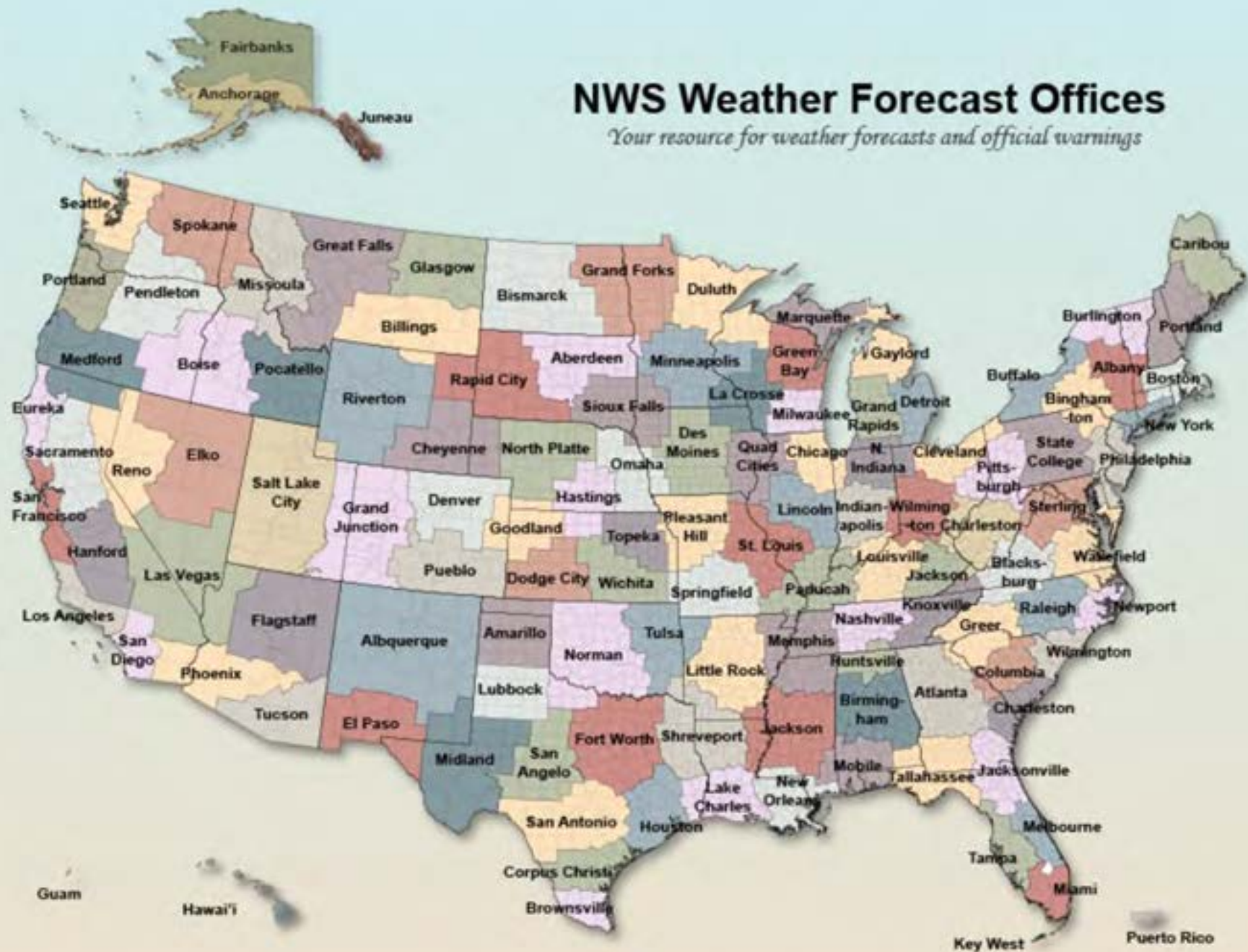
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NWS Weather Forecast Offices

Your resource for weather forecasts and official warnings



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What We Do

The National Weather Service provides weather, water, and climate data, forecasts, warnings, and impact-based decision support services (IDSS) for the protection of life and property and enhancement of the national economy.

Severe, winter and flood watches and warnings

Decision Support Services for emergency managers

Heat and cold alerts

General Public forecasts

Aviation, fire weather and marine forecasts

River forecasts and warnings

Climate outlooks, data and trends

Support for Underserved and Vulnerable Populations (UVPs)

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NWS Has a Plan for Underserved and Vulnerable Populations (UVPs)



Transform our Agency to meet current and future needs of society

Ensure the National Weather Service remains indispensable and a global leader in equitable weather, water, and climate services to build a Weather-Ready and Climate-Ready Nation.

- 3.1 **Enable** and **Empower** NWS personnel to provide weather, water, and climate services to decision makers anytime and anywhere (eye to eye objective).
- 3.2 **Adapt** the NWS operating model and staffing strategies to better align resources with shifting partner needs, workplace flexibility, and increased demand for Impact-based Decision Support Services (IDSS) at every level.
- 3.3 **Build** expertise and tools to increase our capacity to understand, interpret, and communicate risk-based/probabilistic information to drive probabilistic IDSS.
- 3.4 **Accelerate** transition from product and service development to deployment with rapid prototyping, operations proving grounds, and testbeds.
- 3.5 **Streamline** agency governance and change management processes to accelerate decision-making, enable organizational adaptability, maximize investment value, and link strategy to execution.



- 3.6 **Deliver** actionable inland and coastal water resource and inundation information across all time scales to address the growing risk of flooding, drought, and low water flow as well as immediate and long-range water management and planning.
- 3.7 **Reduce** or **Eliminate** low-priority, low-use, and obsolete products and services to enable resources to be reallocated to new, innovative, sustainable, and high-impact products and services.
- 3.8 **Understand** and **Apply** the best social, behavioral, and economic sciences to clearly communicate information with communities in multiple languages and deliver equitable service for those historically underserved and socially vulnerable to attain the desired response to high impact events.
- 3.9 **Expand** public-private industry partnerships that fast-track weather Enterprise innovations and technology, strengthen relationships, promote equitable service, leverage outreach to vulnerable communities, and share best practices to focus on continuous improvements.





Weather Impacts Becoming More Significant

U.S. 2023 Billion-Dollar Weather and Climate Disasters



This map denotes the approximate location for each of the 28 separate billion-dollar weather and climate disasters that impacted the United States in 2023.

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Impact-Based Decision Support Services (IDSS)

Giving Decision Makers the Weather Information They Need



Exercises and Planning



Hazardous Plume Guidance



Remote DSS



SEOC Activation



Translating Weather Products for UVPs



Onsite DSS

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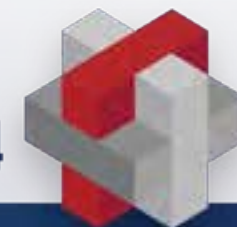




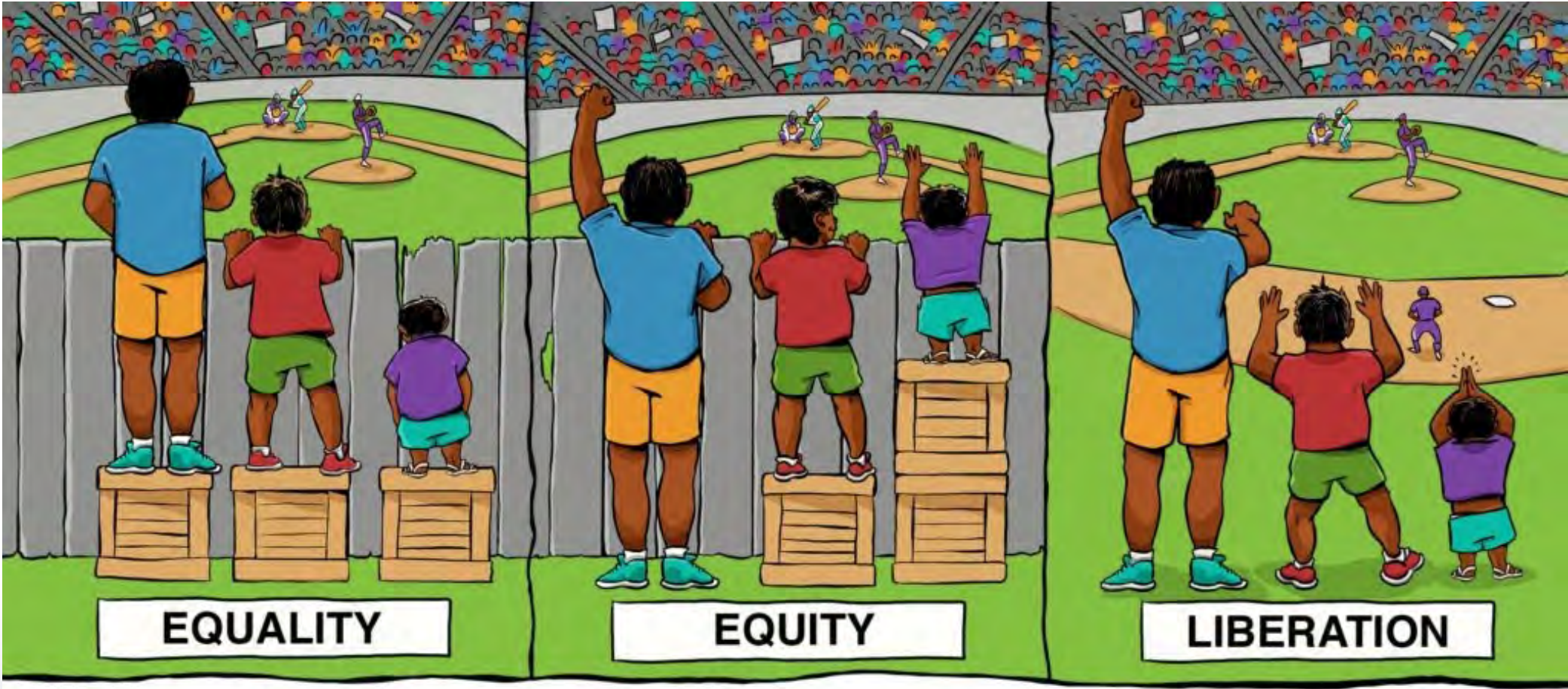
National Weather Service Equitable Weather Messaging and Community Engagement with Underserved and Vulnerable Populations



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Equality vs. Equity



the4thbox.com



Interaction Institute
for Social Change

Original illustration
by Angus Maguire

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Underserved and Vulnerable Populations

Groups that have limited or no access to resources or that are otherwise disenfranchised. These groups may include people who are **socioeconomically disadvantaged** ; people with **limited English proficiency** ; **geographically isolated** or **educationally disenfranchised** people; **people of color** as well as those of **ethnic and national origin minorities** ; **women and children** ; **individuals with disabilities** and others with access and functional needs; and **seniors** .

FEMA.gov Glossary Section: NDRF - National Disaster Recovery Framework



By the *Numbers*

1.25 million people in the U.S. experienced sheltered homelessness at some point in 2020 (USICH)

25.7 million people in the U.S. had limited English proficiency in 2021 (KFF)

37.9 million people in the U.S. were living in poverty in 2022 (ACS)

42.5 million people in the U.S. had a disability in 2021 (ACS)

The mortality rate associated with extreme weather is **1.87x higher** among Black people and **7.34x higher** among Indigenous people (Sharpe & Wolkin, 2021)





A Weather-Ready Nation for All? The Demographics of Severe Weather Understanding, Reception, and Response

“It is crucial that severe weather risk communication is received, appropriately interpreted, and trusted by all communities—especially the most vulnerable. Past research has not explained how different racial and socioeconomic groups receive, understand, and act upon NWS forecasts and warnings. This study finds that racial and socioeconomic groups receive, understand, trust, and act upon severe weather information differently. Risk communication strategies should be adjusted to eliminate barriers that keep important, lifesaving information from vulnerable populations.”

(Smith et al., 2023)



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NWS Objectives



- ❖ Connect and build trust with our community
- ❖ Hear their feedback on our current informational products
- ❖ Learn how hazardous weather affects the operations and constituents of various organizations
- ❖ Find gaps in communication
- ❖ Brainstorm solutions and develop shared goals
- ❖ Inviting diverse perspectives → Saving more lives!

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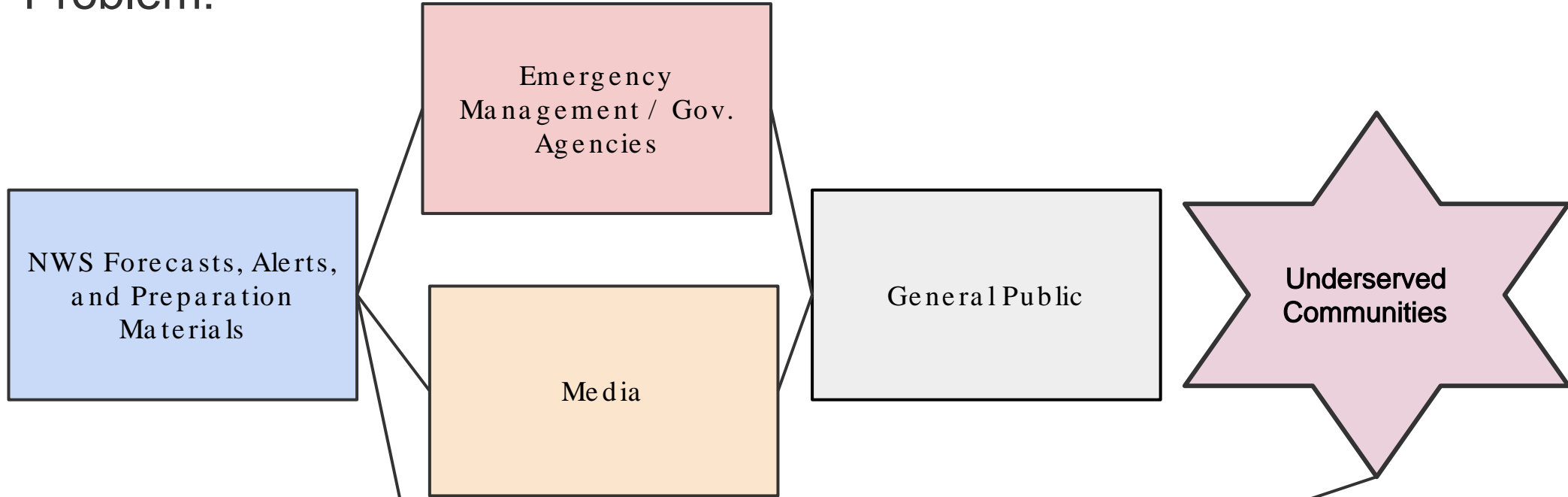




Engaging Underserved



Problem:



Solution:



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Engaging Underserved

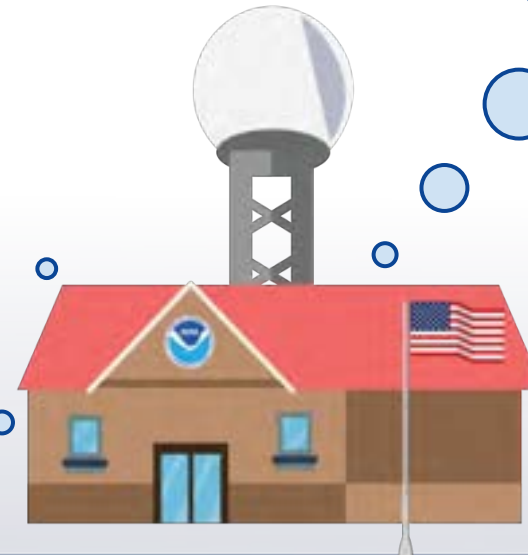


Service Equity Team (SET) Conferences

Hold an annual conference, create a Service Equity Team, and put more boots on the ground

Meet with individual groups & hold conferences for specific communities

Empower community organizations with weather information to be force multipliers



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Takeaways from NWS Indianapolis First Service Equity Team Conference

- ❖ HUGE step towards achieving service equity
- ❖ Many new connections made and many more to come
- ❖ Leaving a lasting impact with tangible resources
- ❖ Making underserved communities feel seen and respected through inclusion
- ❖ Shorter, more topic focused annual conferences
- ❖ **Heat was the number 1 concern for UVPs**



a better way



Center for Visionary Solutions

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Most dangerous weather event types in 2023

➤ Weather event types causing the most **deaths** in 2023:

1. Heat
294 deaths



2. Wildfire
105 deaths



3. Tornado
91 deaths



➤ Weather event types causing the most **injuries** in 2023:

1. Heat
1,862 injuries



2. Tornado
955 injuries



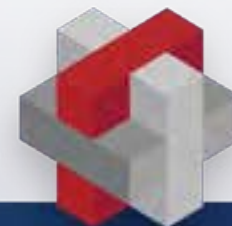
3. Winter weather
230 injuries



Source: National Oceanic and Atmospheric Administration - National Centers for Environmental Information. Downloaded on June 25, 2024 from <https://www.ncei.noaa.gov/stormevents/ftp.jsp> and <https://www.ncei.noaa.gov/billions/events> and <https://www.ncei.noaa.gov/access/billions/events>.

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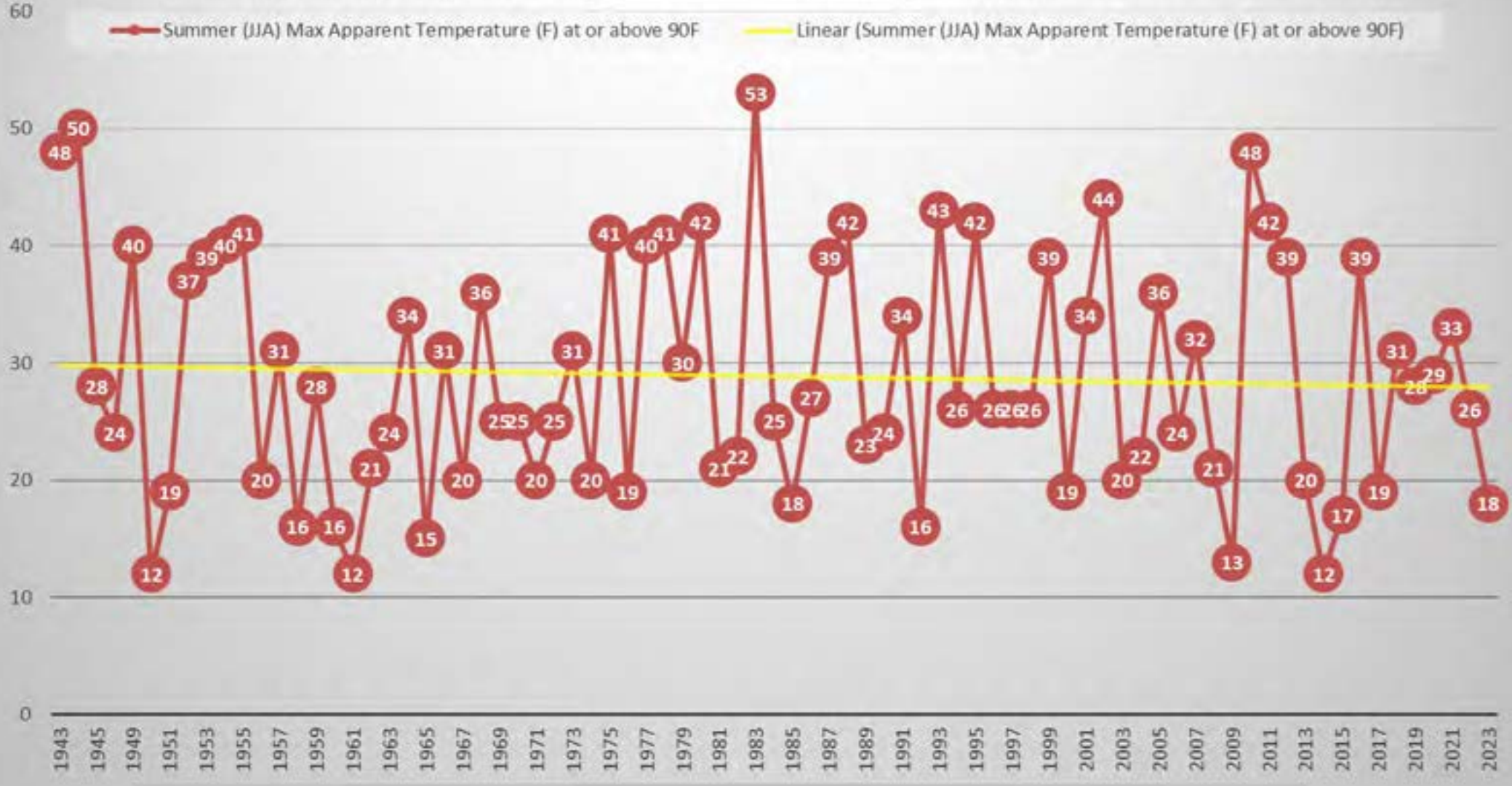


Summer Heat

- Excessive heat is the **number one** weather-related cause of death in the United States each year.
- NWS Offices play a critical role in **heat messaging**:
 - Public products (Heat Advisory, Excessive Heat Warning)
 - Decision Support to partner agencies
- Since 1991, heat products have been primarily guided by fixed threshold values of the **NWS Heat Index**
 - Are there better metrics we can use?
 - Can we better guide our decision making with health impact data?



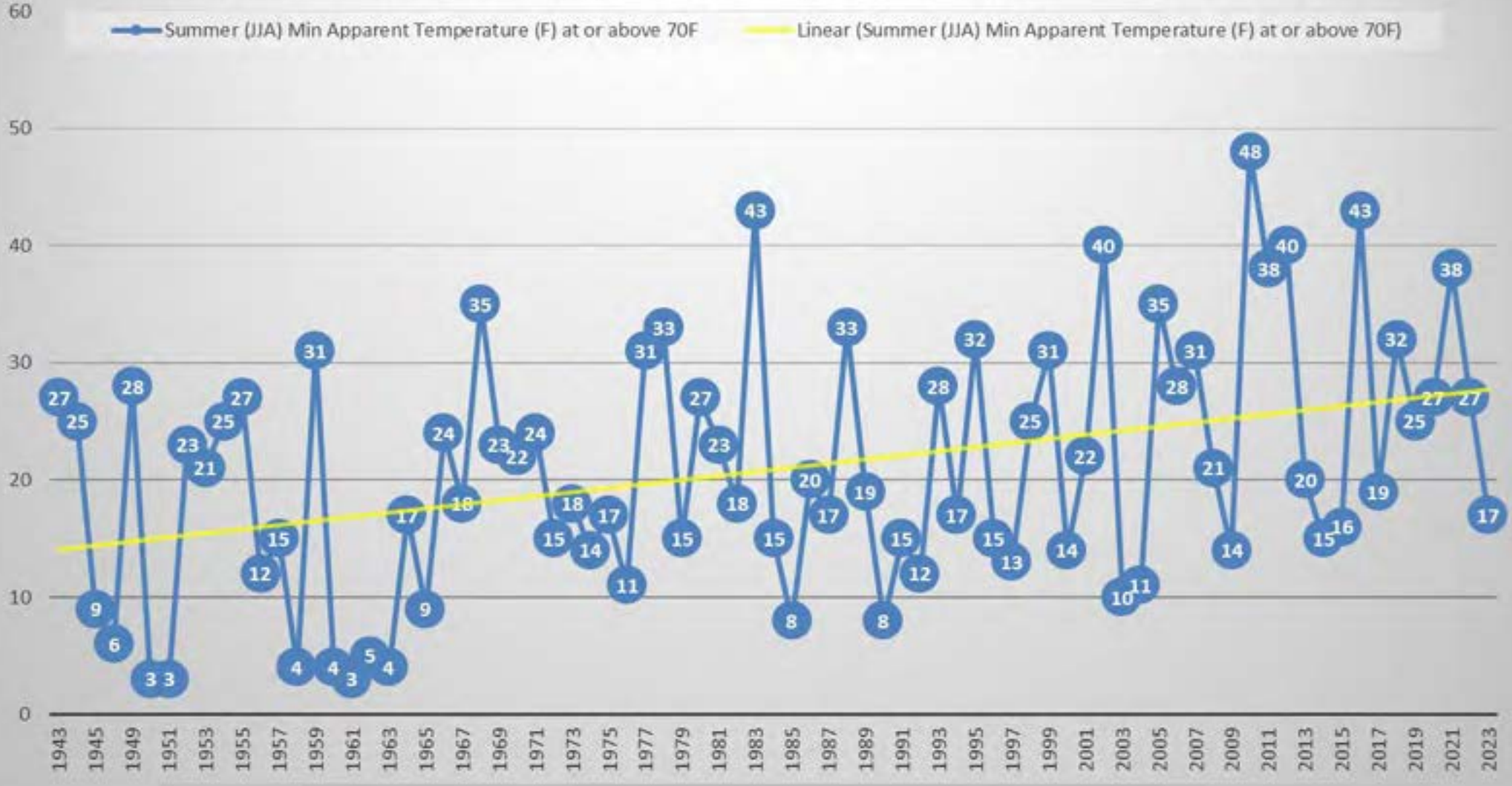
Summer (JJA) Max Apparent Temperature (F) at or above 90F



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Summer (JJA) Min Apparent Temperature (F) at or above 70F



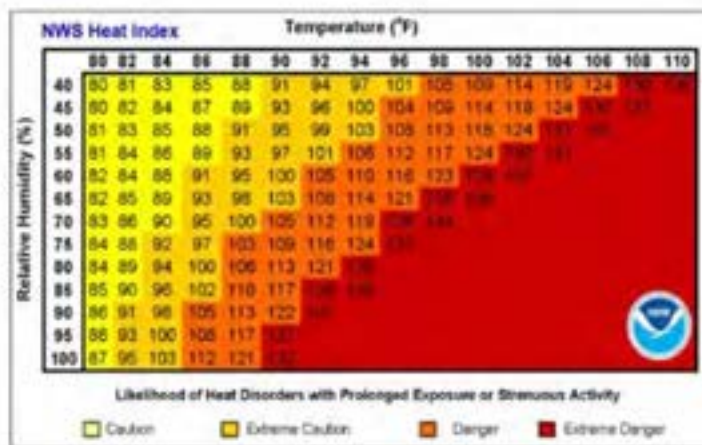
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The Current State of NWS Heat Messaging



- NWS heat products are based on fixed local thresholds of the Heat Index (HI) and/or temperature.
- HI was initially developed in 1991 based off of initial Apparent Temperature model from the early 1970s.
- **HI Pros:** easy to calculate from NWS observations, understandable to the public
- **HI Cons: Many assumptions!**
 - Constant wind of 5 knots (~6 mph)
 - Taken in the shade
 - No solar radiation parameters



Wet Bulb Globe Temperature (WBGT)

More Representative than Heat Index

WBGT / RISK	IMPACTS	ACTIONS
80-85 F / Low	Body stressed after 45 minutes	Take at least 15 minutes of breaks each hour if working or exercising in direct sunlight, Stay hydrated.
85-88 F / Moderate	Body stressed after 30 minutes. HEAT CRAMPS likely (painful contraction of muscles, weakness)	Take at least 30 minutes of breaks each hour if working or exercising in direct sunlight. Drink ½ to 1 quart of water per hour.
88-90 F / High	Body stressed after 20 minutes. HEAT EXHAUSTION likely (dizziness, nausea, vomiting, headache, fainting, disorientation, weakness)	Take at least 40 minutes of breaks each hour if working or exercising in direct sunlight. Reduce work, exercise intensity. Drink up to 1 quart of water per hour.
> 90 F / Extreme	Body stressed after 15 minutes. HEAT STROKE likely (extremely high body temp, confusion, convulsions, unconsciousness, death)	Take at least 45 minutes of breaks each hour if working or exercising in direct sunlight. Suspend all strenuous outdoor activities. Drink at least 1 quart of water per hour.

Adapted from U.S Army and OSHA guidelines and recommendations

- Tied to specific impacts & recommendations.
- Takes more factors into account than NWS HI
- Colored categories can be advantageous to message and interpret.



NWS Heat Risk Tool

<https://www.wpc.ncep.noaa.gov/heatrisk/>

- NWS HeatRisk is an experimental color-numeric-based index that provides a forecast risk of heat-related impacts over a 24-hour period
- HeatRisk takes into consideration:
 - How unusual the heat is for the time of the year
 - The duration of the heat including both daytime and nighttime temperatures
 - If those temperatures pose an elevated risk of heat-related impacts based on data from the CDC
- This index is supplementary to official NWS heat products and is meant to provide risk guidance for those decision makers and heat-sensitive populations who need to take actions at levels that may be below current NWS heat product levels.

Heat Sensitive Groups

- The elderly and the very young
- Those on certain medications and/or those with preexisting conditions which make them more sensitive to heat (your doctor can let you know if this is you)
- Those working outdoors - especially new workers, temporary workers, or those returning to work after a week or more off
- Those exercising or doing strenuous activities outdoors during the heat of the day - especially those not used to the level of heat expected, those who are not drinking enough fluids, or those new to that type of activity
- Those without a reliable source of cooling and/or hydration
- Those not acclimated to the level of heat expected - especially those who are new to a much warmer climate

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NWS Heat Risk Tool

<https://www.wpc.ncep.noaa.gov/heatrisk/>

NWS HeatRisk

Identifying Potential Heat Risks in the Seven Day Forecast

Mon 5/20	Tue 5/21	Wed 5/22	Thu 5/23	Fri 5/24	Sat 5/25	Sun 5/26
-------------	---------------------	-------------	-------------	-------------	-------------	-------------

Click map for potential heat risks and NWS forecast for a location.

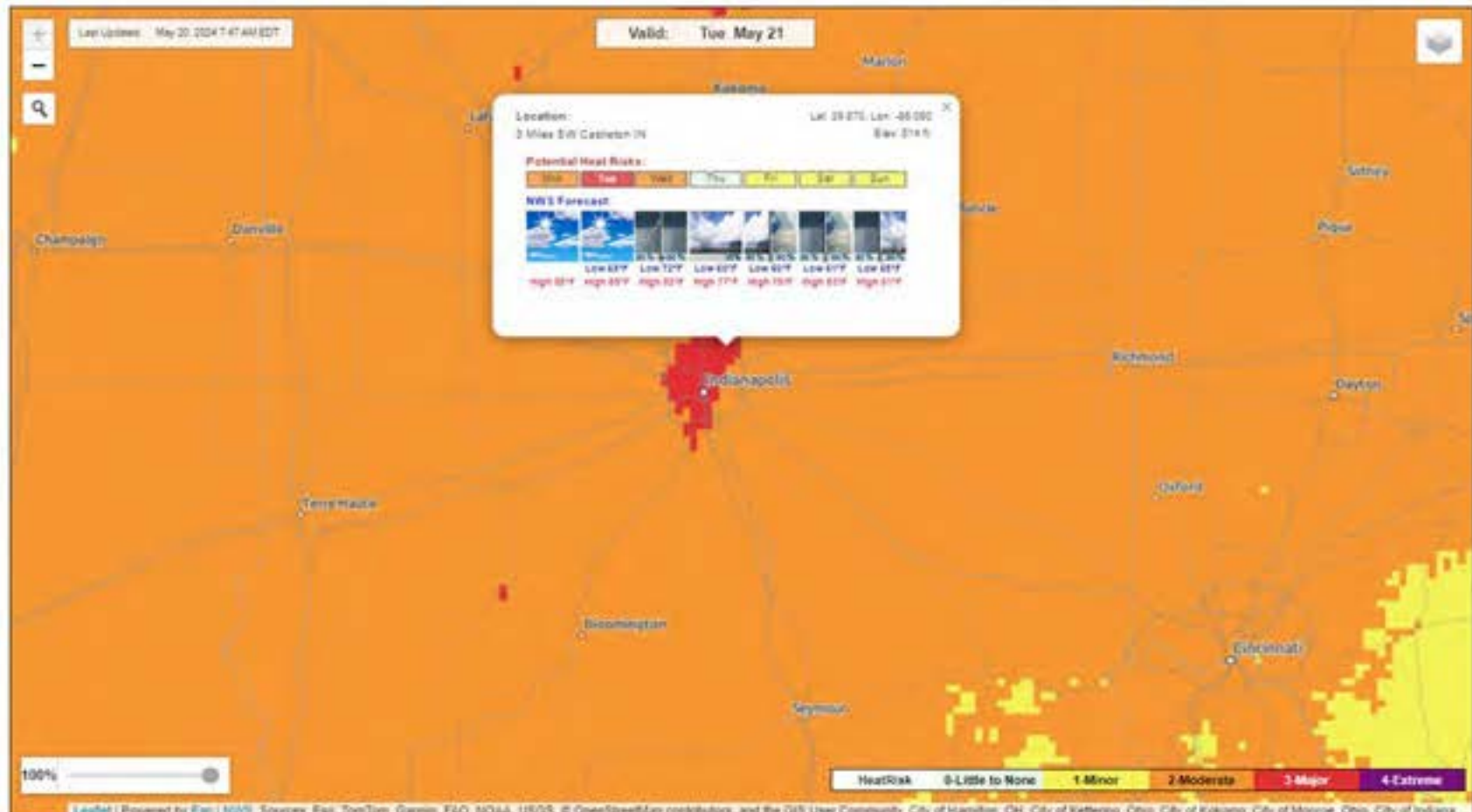
The NWS HeatRisk is an experimental color-numeric-based index that provides a forecast risk of heat-related impacts to occur over a 24-hour period. HeatRisk takes into consideration:

- How unusual the heat is for the time of the year
- The duration of the heat including both daytime and nighttime temperatures
- If those temperatures pose an elevated risk of heat-related impacts based on data from the CDC

This index is supplementary to official NWS heat products and is meant to provide risk guidance for those decision makers and heat-sensitive populations who need to take actions at levels that may be below current NWS heat product levels.

Category	Risk of Heat-Related Impacts
Green 0	Little to no risk from expected heat.
Yellow 1	Minor - This level of heat affects primarily those individuals extremely sensitive to heat, especially when outdoors without effective cooling and/or adequate hydration.
Orange 2	Moderate - This level of heat affects most individuals sensitive to heat, especially those without effective cooling and/or adequate hydration. Impacts possible in some health systems and in heat-sensitive industries.
Red 3	Major - This level of heat affects anyone without effective cooling and/or adequate hydration. Impacts likely in some health systems, heat sensitive industries and infrastructure.
Magenta 4	Extreme - This level of rare and/or long-duration extreme heat with little to no overnight relief affects anyone without effective cooling and/or adequate hydration. Impacts likely in most health systems, heat sensitive industries and infrastructure.

[Comments?](#) [Questions?](#) [Please Contact Us](#)





What is Heat Risk?

May 20, 2024

1:49 PM

Unseasonably hot and humid conditions may impact sensitive and vulnerable groups Tuesday

Heat Risk Tool

The NWS HeatRisk is an experimental color-numeric based index that provides a forecast risk of heat-related impacts to occur over a 24-hour period. HeatRisk takes into consideration:

- How unusual the heat is for the time of year
- Duration of the heat including both daytime and nighttime temperatures
- If those temperatures pose an elevated risk of heat-related impacts based on data from the CDC

Safety Tips



Hydrate
drink before you are thirsty



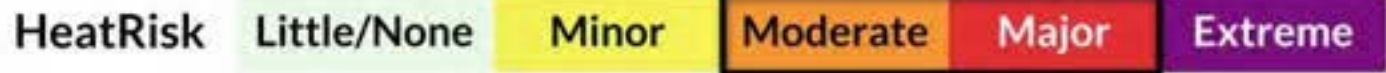
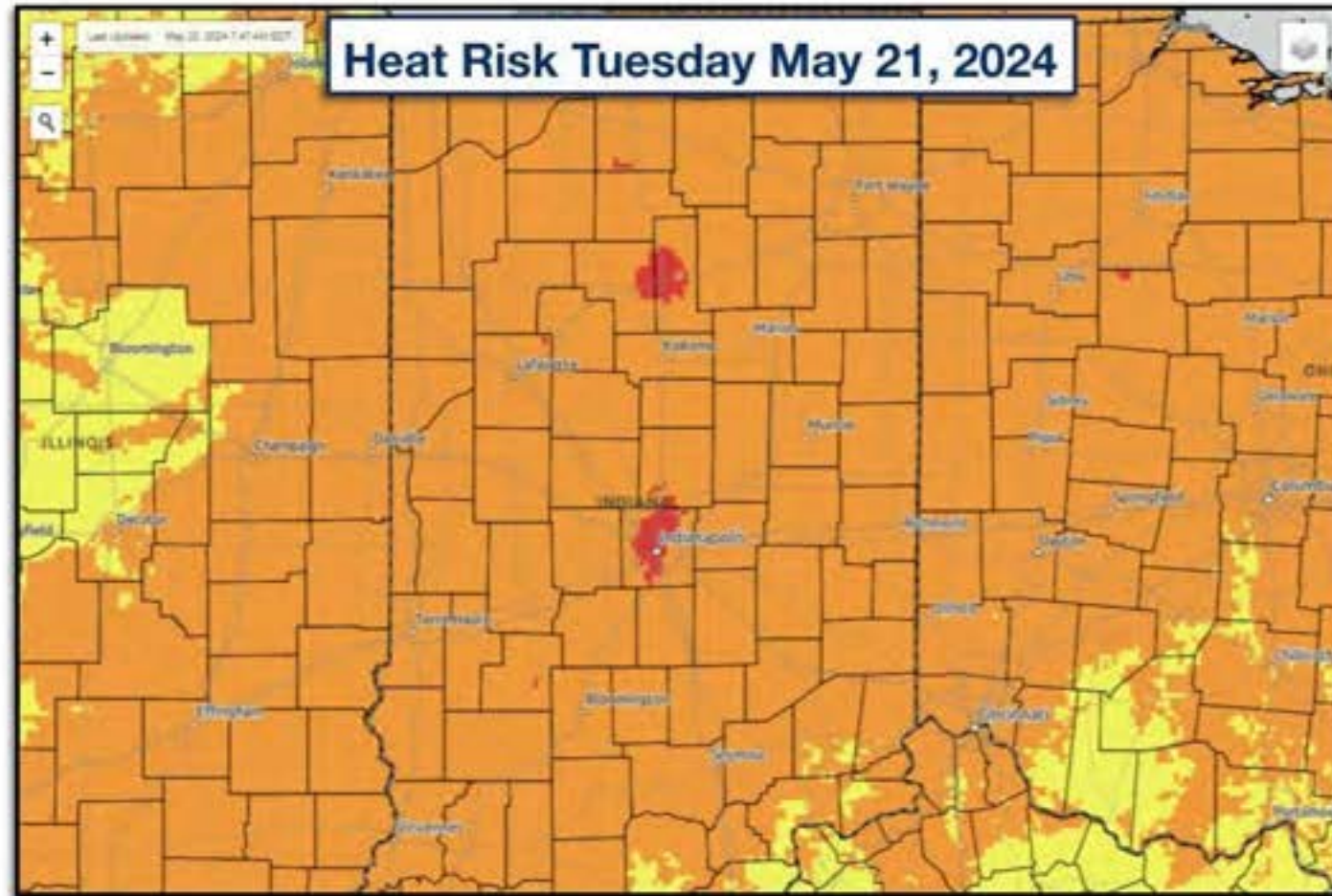
Wear Light Clothing
lightweight and light colored



Take Frequent Breaks
in air conditioning or shade



Shift Outdoor Activities
away from 10am to 4pm



Moderate Heat Risk Today

Unseasonably Hot and Humid Conditions Expected

extreme

major

moderate

MODERATE risk of heat-related illness for those sensitive to heat without protective action

minor

little/none

Heat Risk



→ High Temps: upper 80s to near 90°

→ Low Temps: upper 60s to near 70°



All of Central Indiana



Hydrate

drink before you are thirsty



Avoid Outdoor Activities

between 10am and 8pm



Wear Light Clothing

lightweight and light colored



Stay in Air Conditioning

especially during the day



National Weather Service · Indianapolis, IN

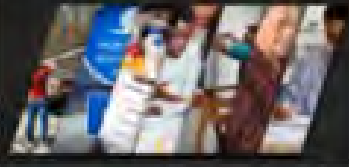
weather.gov/ind

Updated: Tue May 21, 2024 5:03 AM

Websites and Tools for Decision Makers

#NHCPC24



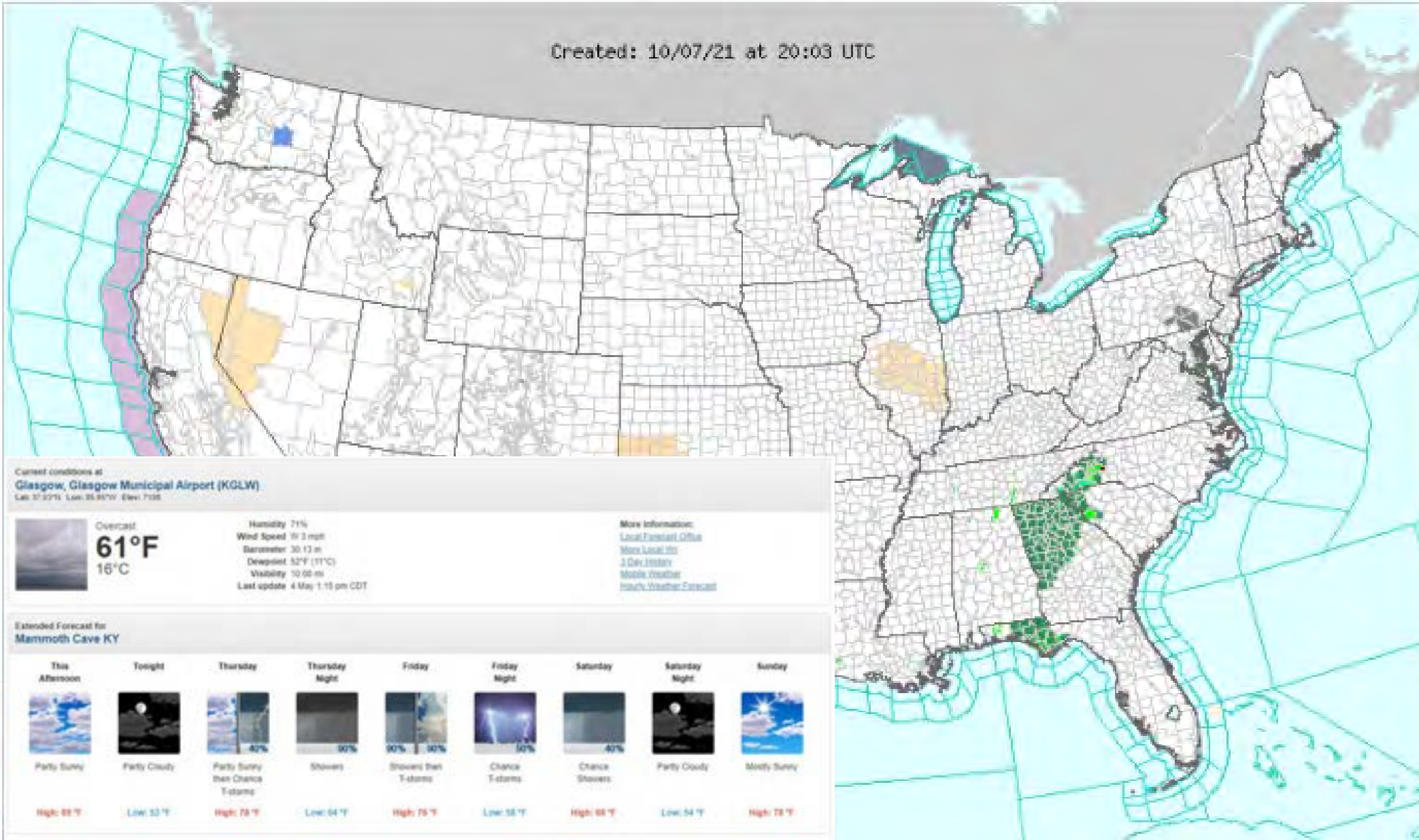


Customize Your Weather.gov

Enter Your City, ST or ZIP Code

 Remember Me[Privacy Policy](#)

Created: 10/07/21 at 20:03 UTC



Prototype IDSS Point Forecasts

✓ Enter latitude / longitude location like this: 43.44, -90.75

Search Map...

<http://weather.gov/forecastpoints>

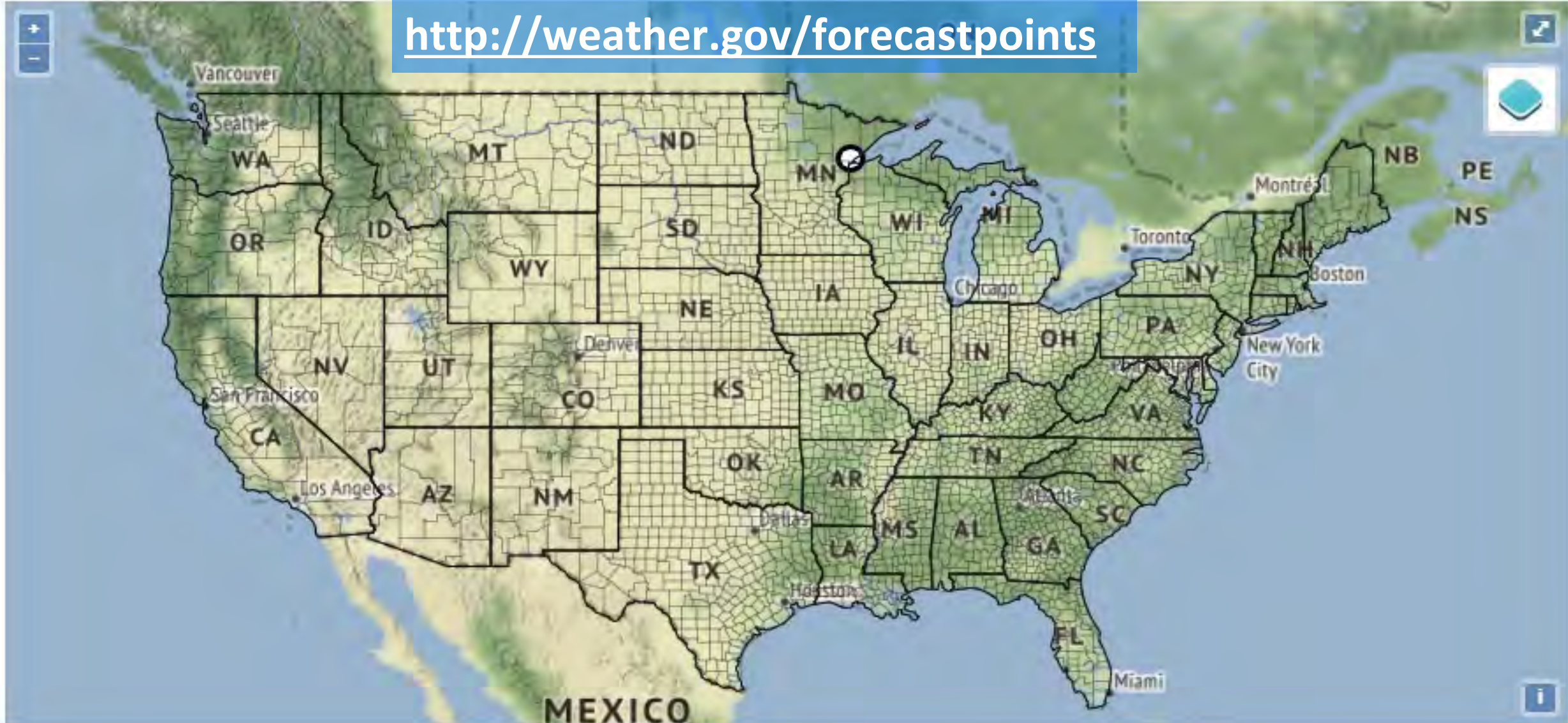


Table updated: 1115 am EDT Thu. 5/23/2024 (Last Update: 34 minutes ago)

[Click for Text Forecast](#)

[IND Forecast Discussion](#)

2 miles W of Indianapolis city (balance), IN

Weekly Summary

	Thu May 23	Fri May 24	Sat May 25	Sun May 26	Mon May 27	Tue May 28	Wed May 29
Max Temp, °F	80	84	83	80	73	74	73
Min Temp, °F	70	64	67	64	62	58	58
Max Heat Index, °F	80	86	82	83	72	73	73
Max Wind, mph	7	9	7	10	13	13	12
Min Wind, mph	3	2	2	3	7	6	6
Max Wind Gust, mph	9	15	13	18	23	23	20
Max Prob. of Precip., %	27	63	63	80	77	44	24
Max Prob. of Thunder, %	27	52	45	54	54	25	21
Max Dew Point, °F	63	66	65	68	67	56	54
Min Dew Point, °F	53	62	57	56	56	54	52
Max RH, %	76	97	93	84	97	90	86
Min RH, %	46	53	41	67	57	51	48
Max Cloud Cover, %	67	57	71	79	66	50	31
Min Cloud Cover, %	23	33	12	36	29	23	16

Outlooks

Severe Thunderstorm

	Day 1	Day 2	Day 3
Severe Thunderstorm	Not Expected	Slight	Non-Severe Thunderstorms

Excessive Rainfall

Excessive Rainfall	Not Expected	Not Expected	Not Expected
--------------------	--------------	--------------	--------------

<http://weather.gov/forecastpoints>

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Hourly Table

Day of week:	Thursday 5/23											Friday 5/24					
Time:	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	12AM	1AM	2AM	3AM
Weather:																	
Temperature (°F):	72	74	76	77	78	78	80	78	78	78	75	72	70	69	68	67	66
Heat Index, °F:	72	74	76	77	78	78	80	78	78	78	75	72	70	69	68	67	66
Wind Speed (mph):	7	7	7	7	7	6	6	6	5	5	5	3	3	3	2	2	2
Wind Gust (mph):	9	9	9	9	8	8	8	7	7	7	7	6	6	6	6	6	6
Wind Direction (°):	90	110	140	160	170	190	200	210	230	240	220	190	170	170	160	150	150
Wind Direction:	←	↙	↘	↗	↑	↗	↗	↗	↗	↗	↗	↑	↑	↑	↖	↖	↖
Prob. of Precip. (%):	25	19	19	27	27	25	21	21	21	6	4	2	2	1	1	0	0
Prob. of Thunder (%):	6	6	6	27	27	25	21	21	21	6	4	2	2	1	1	0	0
Precip. Amount (in.):	0.00		0.00					0.00									
Snow (in.):	0.0		0.0					0.0									
Ice (in.):	0.00		0.00					0.00									
Dew Point (°F):	53	53	54	55	56	57	58	58	59	60	63	63	62	62	63	62	63
RH (%):	50	49	47	46	46	48	48	49	51	55	66	73	76	78	84	84	90
Sky Cover (%):	61	67	59	60	50	46	54	57	60	45	31	27	23	28	33	36	39

✖ Configure Plot Order

✖ Configure Plot Look

<http://weather.gov/forecastpoints>

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National Weather Service Safety Tips

[Weather.gov](#) > Safety

Safety
National Program



[Air Quality](#)



[Beach Hazards](#)



[Cold](#)



[Drought Safety](#)



[Floods](#)



[Fog](#)



[Heat](#)



[Hurricanes](#)



[Lightning](#)



[Rip Currents](#)



[Safe Boating](#)



[Space Weather](#)



[Sun \(Ultraviolet Radiation\)](#)



[Thunderstorms](#)



[Tornado](#)



[Tsunamis](#)



[Wildfire](#)



[Wind](#)



[Winter Weather](#)

<https://www.weather.gov/safety/>

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Heat Safety Tips and Resources

Weather.gov > Alerts > Heat Safety Tips and Resources

Safety

National Program

Heat Safety

Heat Watch vs.
Warning

Heat Forecast
Tools

During a Heat
Wave

Heat Related
Illnesses



Heat Safety Resources

Heat Safety

Heat.gov

Children, Pets and Vehicles

Seasonal Safety Campaign

Ultraviolet (UV) Safety

Games and Activities for Kids

Survivor Stories

Education and Outreach

Links and Partners

Heat is one of the leading weather-related killers in the United States, resulting in over one thousand fatalities each year, per the CDC. Heat can be very taxing on the body, check out the [heat related illnesses](#) that can occur with even a short period of exposure. Everyone can be vulnerable to heat, but some more so than others. According to [The Impacts Of Climate Change On Human Health in The United States: A Scientific Assessment](#) the following groups are particularly vulnerable to heat, check in with friends and relatives who fall in one of these populations, especially if they don't have air conditioning.

Share Your Story

- **Young children and infants** are particularly vulnerable to heat-related illness and death, as their bodies are less able to adapt to heat than are adults.
- **Older adults**, particularly those with pre-existing diseases, take certain medications, are living alone or with limited mobility who are exposed to extreme heat can experience multiple adverse effects.
- **People with chronic medical conditions** are more likely to have a serious health problem during a heat wave than healthy people.
- **Pregnant women are also at higher risk.** Extreme heat events have been associated with adverse birth outcomes such as low birth weight, preterm birth, and infant mortality, as well as congenital cataracts.

It is **NEVER** safe to leave a child, disabled person or pet locked in a car, even in the winter. If you have a toddler in your household, lock your cars, even in your own driveway. Kids play in cars or wander outside and get into a car and can die in 10 minutes! **A reported 33 children died in hot cars in 2022. To see the latest information for 2023, go to this link.** Deaths routinely are reported as early as April and tragedies continue into December in southern states.

NWS Safety information on Children, Pets and Vehicles: Find out more about how cars can heat up quickly when left in the sun. Information and resources in both English and Spanish from the [National Highway Traffic Safety Administration](#).

This website is designed to prepare you for excessive heat events, describe what to do [during an excessive heat wave](#), and inform you about the [health dangers of heat](#). You also will find [educational materials](#) and fun [games and activities to help educate children](#) about the dangers of heat. [Spanish language outreach materials](#) are also available.

If you, or someone you know, have been a victim of excessive heat, please share your story as others have [here](#) so we can prevent others from becoming a heat victim. When you write, please note that NWS has permission to use your story and, if possible, let us know the town and state you were in and the year the event took place.

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Seguridad Meteorológica (Weather Safety)

Weather.gov > Weather-Ready Nation > Seguridad Meteorológica (Weather Safety)

Weather-Ready Nation
National Program

Weather Hazards Safety Campaigns Ambassador Education Collaboration News & Events International About

SEGURIDAD CONTRA TORNADOS PARA PATRONOS



Identifique los Lugares para Refugio: Utilice habitaciones interiores pequeñas o pasillos en el nivel más bajo (lejos de ventanas y puertas).



Asegure Responsabilidades: Desarrolle un plan de respuesta de emergencias, un listado para asignar roles, y tome en cuenta a todas las personas en el lugar de trabajo.



Gráficas Informativas (Infographics)



Invierno
(Winter)



huracanes
(Hurricanes)



Fuegos Forestales
(Wildfires)



Inundaciones
(Floods)



Calor
(Heat)



Tornados
(Tornado)

Planes para las Redes Sociales (Social Media Plans)



Primavera
(Spring)



Verano
(Summer)



Otoño
(Fall)



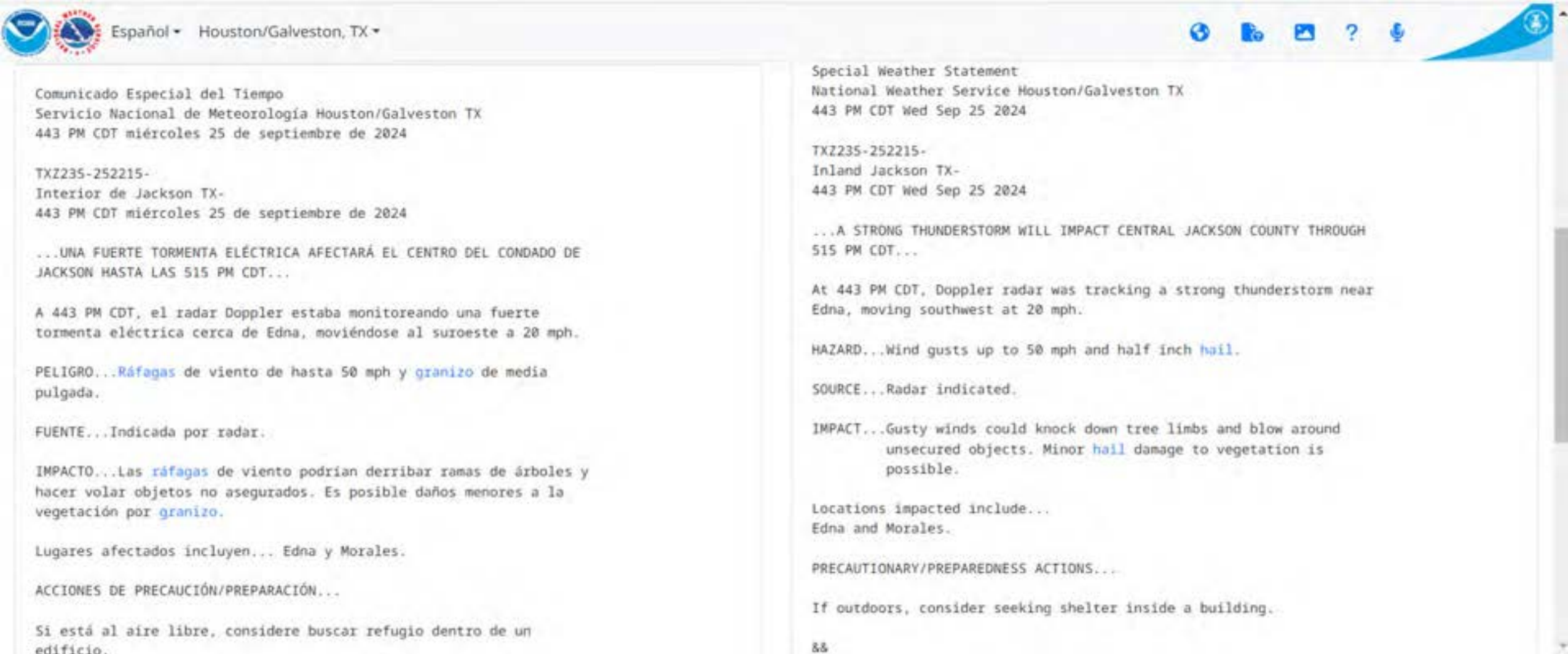
Invierno
(Winter)

<https://www.weather.gov/wrn/spanish>

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NWS Product Translations



Español ▾ Houston/Galveston, TX ▾

Comunicado Especial del Tiempo
Servicio Nacional de Meteorología Houston/Galveston TX
443 PM CDT miércoles 25 de septiembre de 2024

TXZ235-252215-
Interior de Jackson TX-
443 PM CDT miércoles 25 de septiembre de 2024

...UNA FUERTE TORMENTA ELÉCTRICA AFECTARÁ EL CENTRO DEL CONDADO DE JACKSON HASTA LAS 515 PM CDT...

A 443 PM CDT, el radar Doppler estaba monitoreando una fuerte tormenta eléctrica cerca de Edna, moviéndose al suroeste a 20 mph.

PELIGRO...**Ráfagas** de viento de hasta 50 mph y **granizo** de media pulgada.

FUENTE...Indicada por radar.

IMPACTO...Las **ráfagas** de viento podrían derribar ramas de árboles y hacer volar objetos no asegurados. Es posible daños menores a la vegetación por **granizo**.

Lugares afectados incluyen... Edna y Morales.

ACCIONES DE PRECAUCIÓN/PREPARACIÓN...

Si está al aire libre, considere buscar refugio dentro de un edificio.

Special Weather Statement
National Weather Service Houston/Galveston TX
443 PM CDT Wed Sep 25 2024

TXZ235-252215-
Inland Jackson TX-
443 PM CDT Wed Sep 25 2024

...A STRONG THUNDERSTORM WILL IMPACT CENTRAL JACKSON COUNTY THROUGH 515 PM CDT...

At 443 PM CDT, Doppler radar was tracking a strong thunderstorm near Edna, moving southwest at 20 mph.

HAZARD...Wind gusts up to 50 mph and half inch **hail**.

SOURCE...Radar indicated.

IMPACT...Gusty winds could knock down tree limbs and blow around unsecured objects. Minor **hail** damage to vegetation is possible.

Locations impacted include...
Edna and Morales.

PRECAUTIONARY/PREPAREDNESS ACTIONS...

If outdoors, consider seeking shelter inside a building.

&&

<https://www.weather.gov/translate/>

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Lightning Safety Toolkits for Preparedness



Outdoor Venue
[Interactive Form](#) | [Download & Fill \(Word Doc\)](#)



Golf Facility
[Interactive Form](#) | [Download & Fill \(Word Doc\)](#)



Wilderness Area
[Interactive Form](#) | [Download & Fill \(Word Doc\)](#)



Community
[Interactive Form](#) | [Download & Fill \(Word Doc\)](#)



Lifeguard and Beach Patrol
[Interactive Form](#) | [Download & Fill \(Word Doc\)](#)



Boating and Sailing
[Interactive Form](#) | [Download & Fill \(Word Doc\)](#)



Lightning Resources

For the Media

Myths and Facts

Teachers

Kids and Teens

Toolkits for Organizations, Venues

Multimedia

Lightning Photos

Information, Brochures

International, Links, Partners

www.weather.gov/safety/lightning

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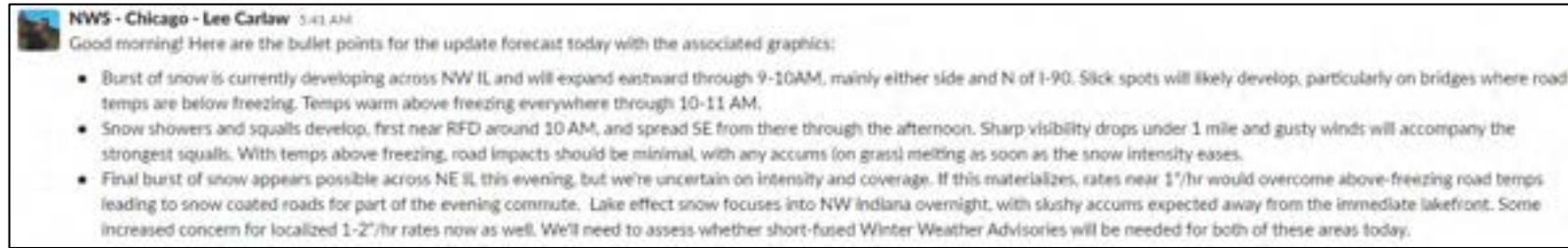


NWS Chat for Emergency Managers

- **Situational awareness tool tailored for:**

- Emergency managers
- Other public safety officials
- News media
- Skywarn Net Control Operators

- **Provides a direct, two way operational communication link with NWS meteorologists for information exchange during hazardous weather events**



The Slack platform also facilitates sharing of photos and videos for ground truth!



<https://partnerservices.nws.noaa.gov/registration/>

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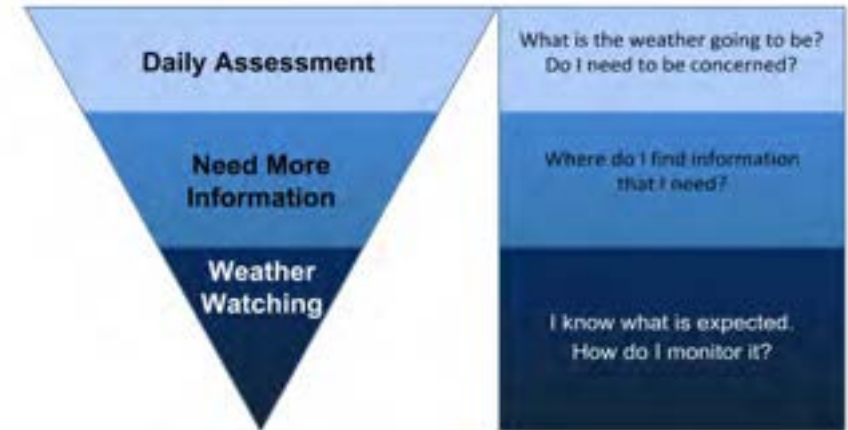




Event Ready / Weather Watcher Exercise

- **HSEEP Exercise Training**
 - EMA, healthcare safety managers, school officials, public safety, parks dept, DOT, law and fire, etc
- Learn about event-specific thresholds and weather decisions
- How to compute evacuation times and when to implement action plans
- Tools and resources to make decisions
- Currently only available from certain NWS offices

Weather Evaluation Concept



#NHCPC24





Graphical Forecasts and Decision Support Services (DSS) Packets

Coastal & Marine Hazards Today
Tuesday, October 22, 2024



⚠️ A High Risk of rip currents and very rough surf at area beaches

Northeast winds 15-20 mph with gusts up to 30 mph 

A Small Craft Advisory remains in effect across the adjacent Atlantic waters 

Residents and visitors are strongly urged to stay out of the surf.

WEATHER FORECAST OFFICE
Melbourne, Florida
Visit weather.gov/melbourne

“Graphiccasts” issued when needed


- Updated every couple hours
- Details on current event, timing, duration, amounts over next few hours

DSS Packets Issued for More Impactful Storms









- Updated about every 12 hours
- Details on timing, duration, amounts for overall event

High Confidence in Severe Weather June 18, 2021 5:40 PM
Lower Confidence on Timing and Exact Location of Most Intense Storms

Overview
A few strong to severe thunderstorms have already occurred across northeastern portions of central Indiana. Additional thunderstorms are likely to develop this evening across central Indiana as a strong cap gradually weakens, with all hazards possible, but damaging winds are the highest threat this evening, with heavy rain and flooding becoming the primary threat overnight.



Severe Threats

	Tornado	
	Hail	
	Wind	
	Flooding	

Potential for swaths of >70 mph winds

General Thunder
Marginal
Slight
Enhanced
Moderate
High

NATIONAL WEATHER SERVICE
Indianapolis, Indiana

Emailed to Core Partners and also available on local NWS Websites

www.weather.gov/yyy

#NHCPC24



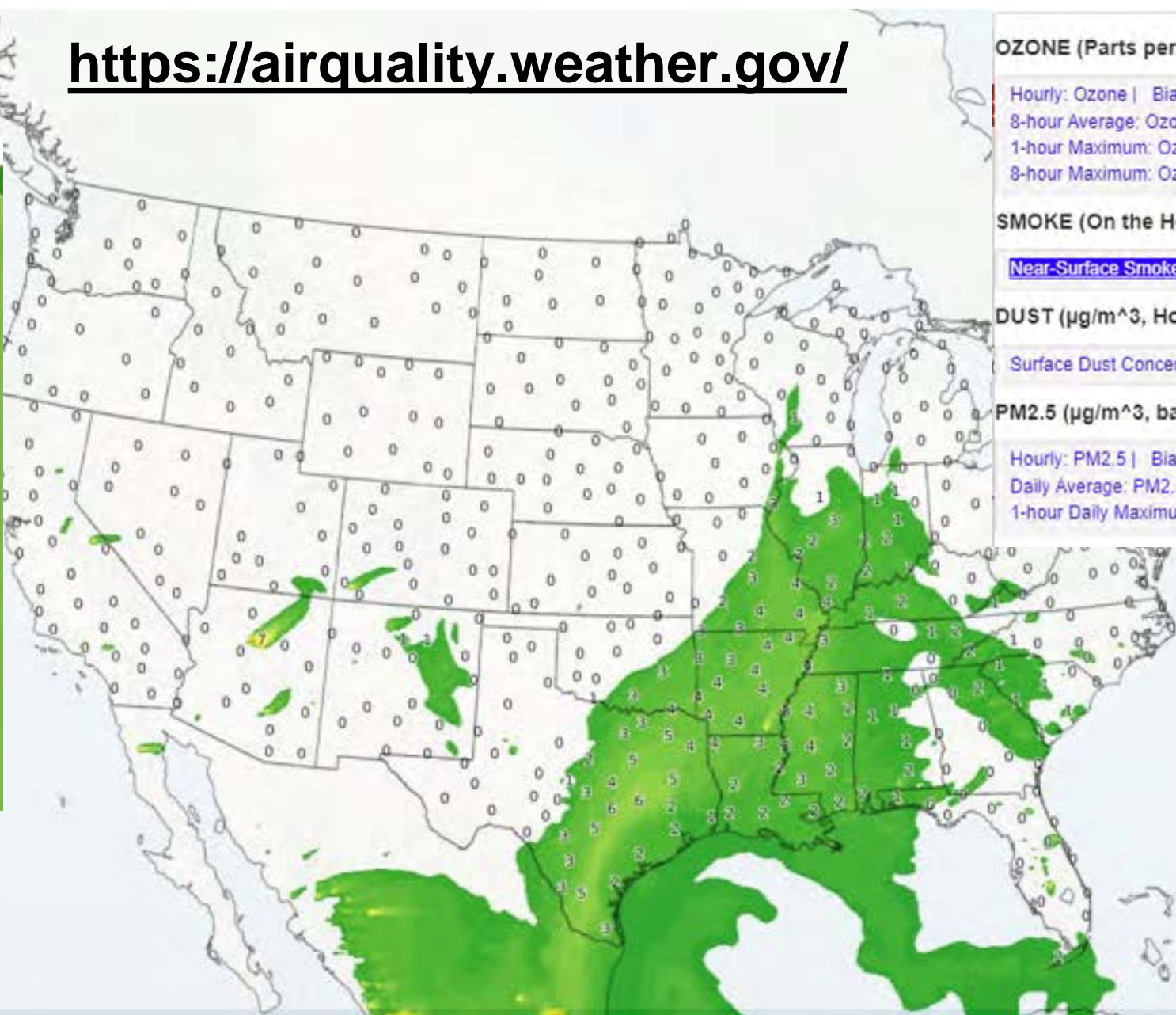


Near-Surface Smoke ($\mu\text{g}/\text{m}^3$)

<https://airquality.weather.gov/>

Hourly: Bias-corrected Ozone (PPB)

Thu																							
11	12	13	14	15	16	17	18																
--- F008 --- F008 --- F010 --- F012																							
Fri																							
19	20	21	22	23	00	01	02																
--- F014 --- F016 --- F018 --- F020																							
03 04 05 06 07 08 09 10																							
--- F022 --- F024 --- F026 --- F028																							
11 12 13 14 15 16 17 18																							
--- F030 --- F032 --- F034 --- F036																							
Sat																							
19	20	21	22	23	00	01	02																
--- F038 --- F040 --- F042 --- F044																							
03 04 05 06 07 08 09 10																							
--- F046 --- F048 --- F050 --- F052																							
11 12 13 14 15 16 17 18																							
--- F054 --- F056 --- F058 --- F060																							
Sun																							
19	20	21	22	23	00	01	02																
--- F062 --- F064 --- F066 --- F068																							
03 04 05 06																							
--- F070 --- F072																							



OZONE (Parts per Billion (PPB), based on Hourly Averaged Values)

- Hourly: Ozone | Bias-corrected Ozone |
- 8-hour Average: Ozone | Bias-corrected Ozone |
- 1-hour Maximum: Ozone | Bias-corrected Ozone |
- 8-hour Maximum: Ozone | Bias-corrected Ozone |

SMOKE (On the Hour, Instantaneous Values)

- Near-Surface Smoke ($\mu\text{g}/\text{m}^3$)** | Column-Integrated Smoke (mg/m^2) |

DUST ($\mu\text{g}/\text{m}^3$, Hourly Averaged Values)

- Surface Dust Concentration | Lowest 5-km Dust Concentration |

PM2.5 ($\mu\text{g}/\text{m}^3$, based on Hourly Averaged Values)

- Hourly: PM2.5 | Bias-corrected PM2.5 |
- Daily Average: PM2.5 | Bias-corrected PM2.5 |
- 1-hour Daily Maximum: PM2.5 | Bias-corrected PM2.5 |

#NHCPC24





Heat & Health Tracker

Home

*****NEW HEAT AND HEALTH INDEX***** - Click on the "Heat and Health Index" (HHI) in the left navigation menu to access the HHI and learn more about the intersection of heat and health.

Heat poses significant and increasing risks to public health across the United States. Use this dashboard to explore your community's heat exposure, related health outcomes, and assets that can protect people during heat events.

[Search for location here](#)

Enter zip or county here



Home

Heat and Health Index

About the Data

Resources

Search

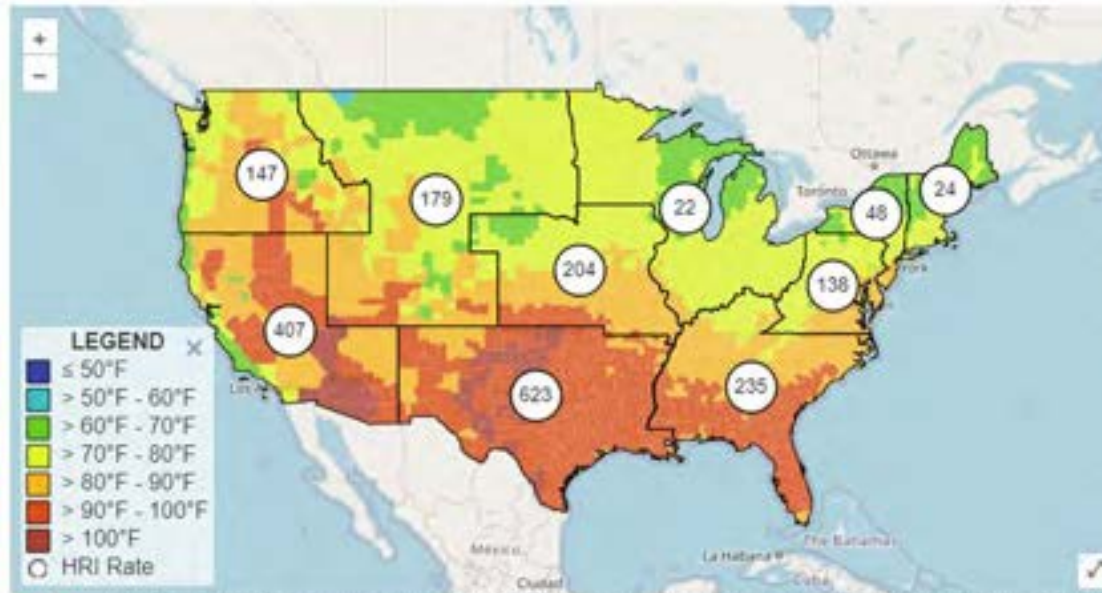
Contact Us

Daily Heat-Related Illness

Weekly Heat-Related Illness

Heat and Worker Health

Choose a date
6/8/2024



About the Data

The Heat-Related illness and Temperature map shows the rate of emergency department (ED) visits associated with heat-related illness (HRI) per 100,000 ED visits by region (as defined by the U.S. Department of Health and Human Services) for the selected day using data available through the [National Syndromic Surveillance Program](#). The colors on the map show the average maximum temperature by county for the same day and year, using data from the National Center for Environmental Information. Note, the HRI data is updated daily and may adjust to become more accurate as more data comes in.

[\(more info\)](#)



This icon indicates that extremely high rates of heat-related illness were detected in the region. Extremely high rates of heat-related illness are defined as exceeding the 95th percentile based on data from 2018-2023.



Daily Rates of Heat Related Emergency Department Visits by HHS Region

<https://ephtracking.cdc.gov/Applications/heatTracker/>

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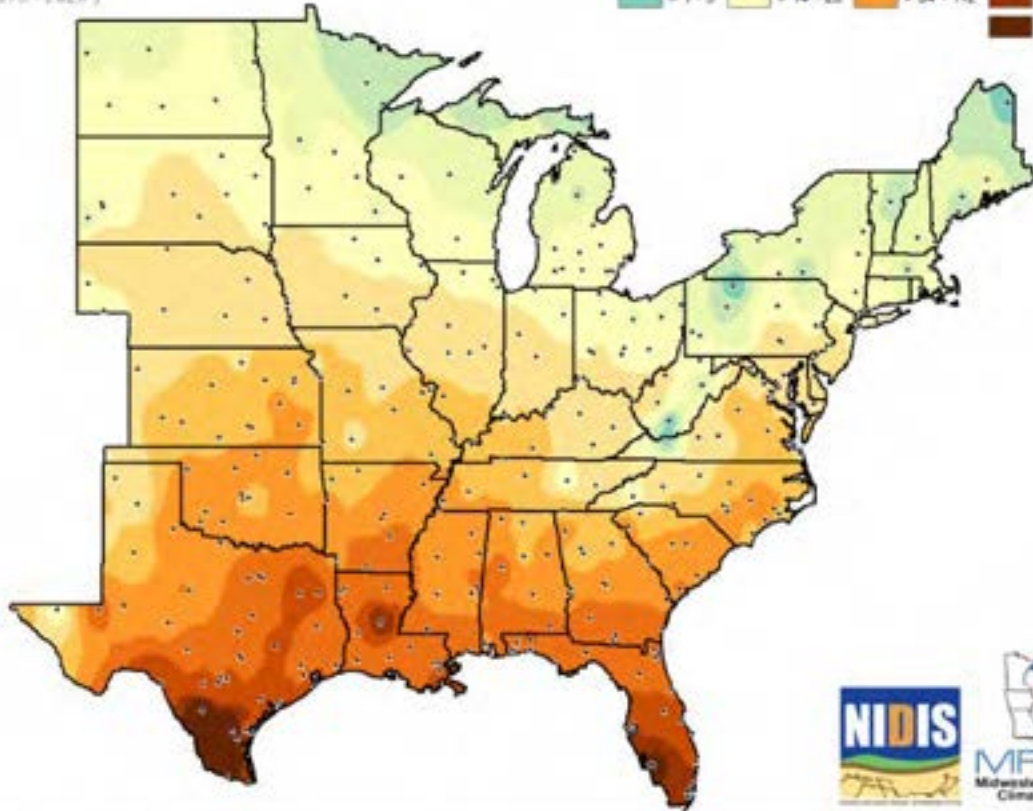
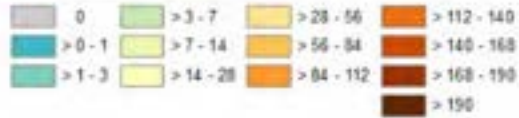


Calendar year totals for the eastern half of the United States

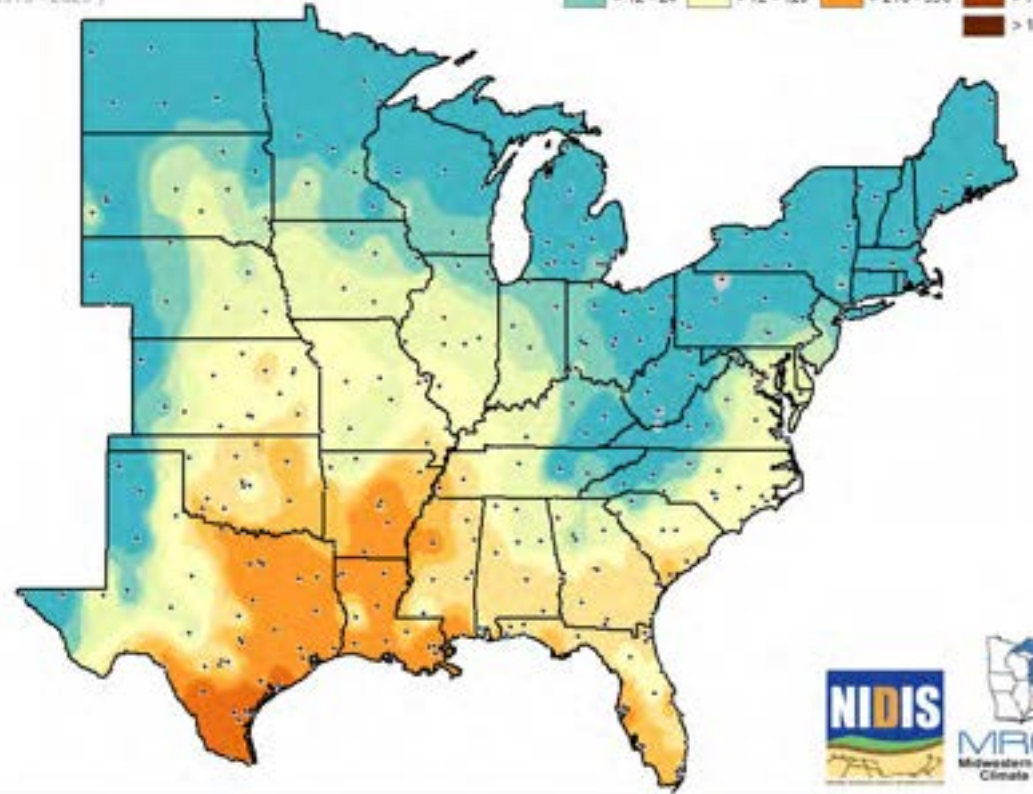
[Average Number of Days](#) | [Days with 3 or More Hours](#) | [Average Number of Hours](#)

AVERAGE NUMBER OF DAYS (roll mouse over degrees): [90°](#) | [95°](#) | [100°](#) | [105°](#) | [110°](#)

Annual Average # of Days with ≥ 1 Hour at Heat Index $\geq 90^\circ\text{F}$ (1973 - 2023)



Annual Average # of Hours with Heat Index $\geq 100^\circ\text{F}$ (1973 - 2023)

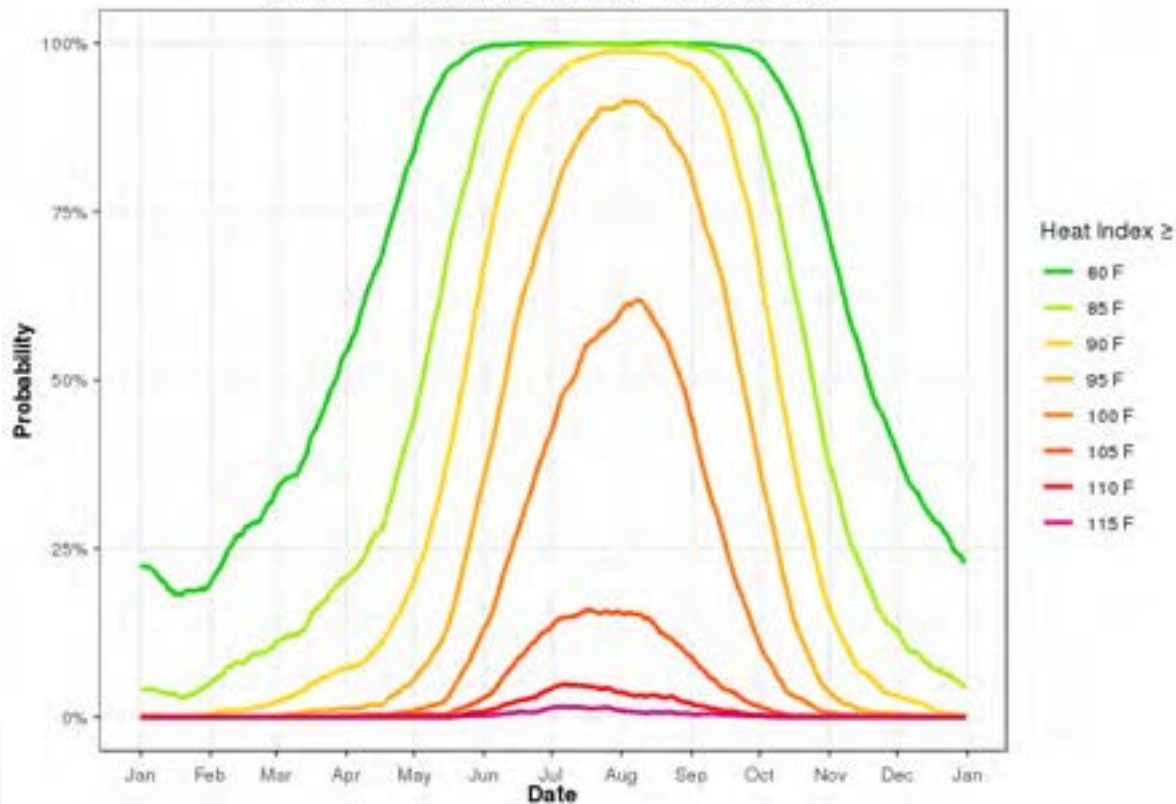


<https://mrcc.purdue.edu/clim/heatindex#>

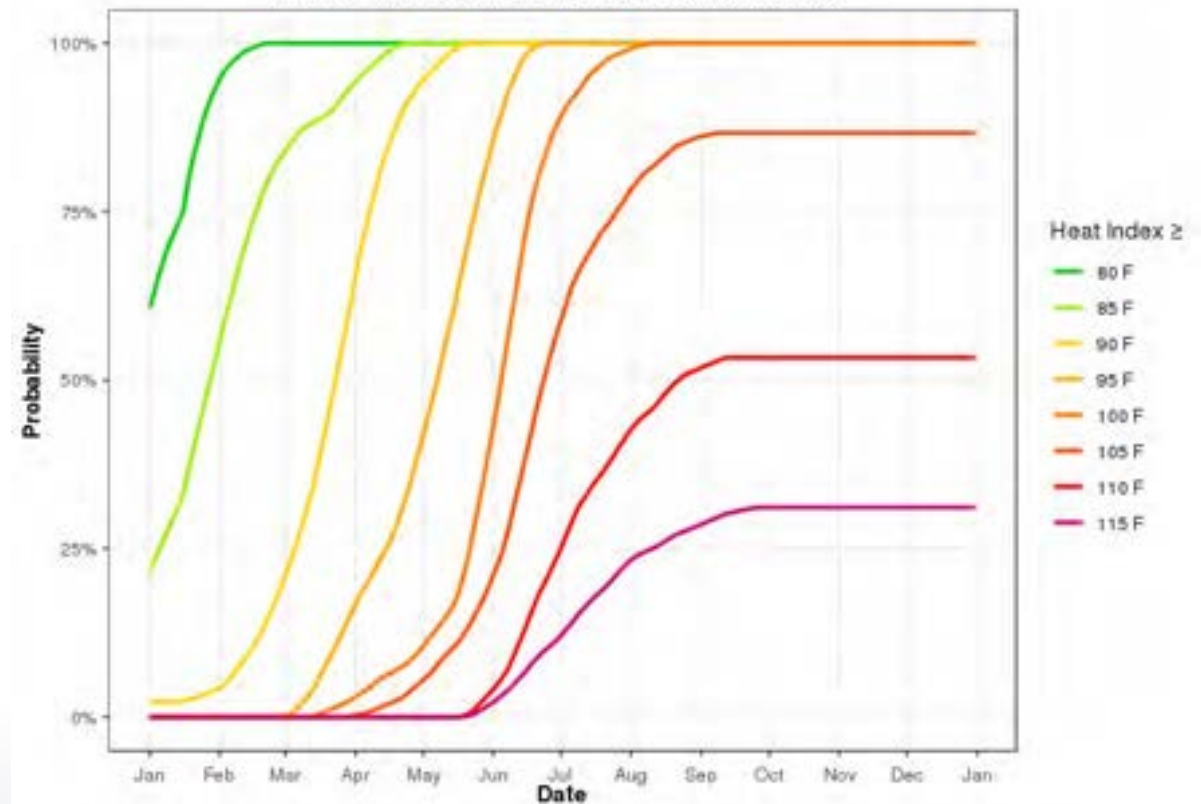
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Heat Index Probability
KMLB - MELBOURNE INTL AP, FL, 1974 to 2023



Heat Index Probability Before Date
KMLB - MELBOURNE INTL AP, FL, 1974 to 2023



<https://mrcc.purdue.edu/clim/heatindex#>

#NHCPC24



Heat Index Climatology: Average Number of Days with ≥ 3 hrs for

INDIANAPOLIS INTL AP

Heat Index \geq	80°F	85°F	90°F	95°F	100°F	105°F	110°F	115°F
Calendar Year	83.5	50.2	26	11	3.7	0.9	0.2	0
January	0	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0	0
March	0.1	0	0	0	0	0	0	0
April	1.2	0	0	0	0	0	0	0
May	7	2.5	0.5	0	0	0	0	0
June	17.1	10.6	4.9	1.6	0.3	0.1	0	0
July	24.3	17.3	10.4	5.3	2.1	0.6	0.1	0
August	21.6	14	7.7	3.4	1.2	0.3	0	0
September	10.5	5.6	2.4	0.6	0	0	0	0
October	1.6	0.3	0	0	0	0	0	0
November	0	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0	0

Note: Annual averages may not match the sum of monthly averages due to rounding.

Data Time Period: 1973 to 2023





HEAT.gov

National Integrated Heat Health Information System

News & Events ▾ Learn ▾ Urban Heat Islands ▾ Centers of Excellence ▾ Tools Planning & Preparing Funding Opportunities About

Key Messages: Early season heatwave to impact parts of Texas and Louisiana into early next week.

Welcome to HEAT.gov

Heat related illnesses and death are largely preventable with proper planning, education, and action. Heat.gov serves as the premier source of heat and health information for the nation to reduce the health, economic, and infrastructural impacts of extreme heat.

Heat.gov is the web portal for the National Integrated Heat Health Information System (NIHHS)

News

Announcing the NIHHS Centers of Excellence for Community Heat Resilience

Announcing the 2024 Urban Heat Island Mapping Communities

Watch the Recordings of the NIHHS National Meeting

NWS and CDC Launch Experimental HeatRisk Tool

CDC Releases New Clinical Guidance on Heat and Health



Tools & Information



Who is at Risk to Extreme Heat



Climate and Health Outlook

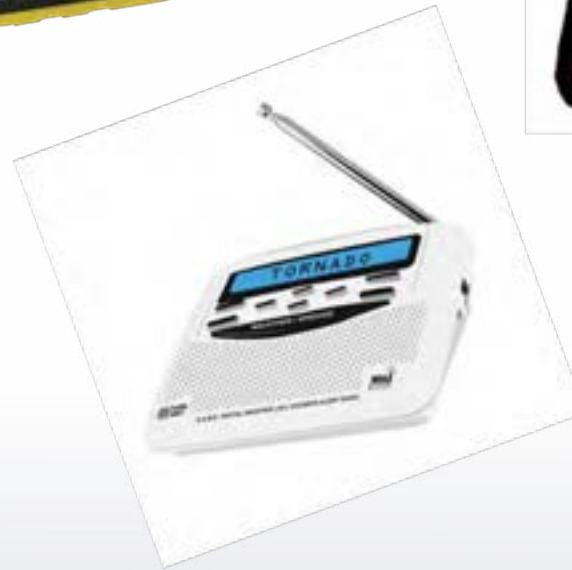
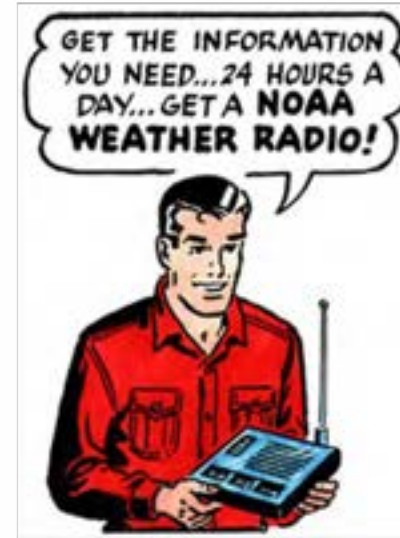
<https://www.heat.gov/>

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NOAA All Hazards Weather Radio



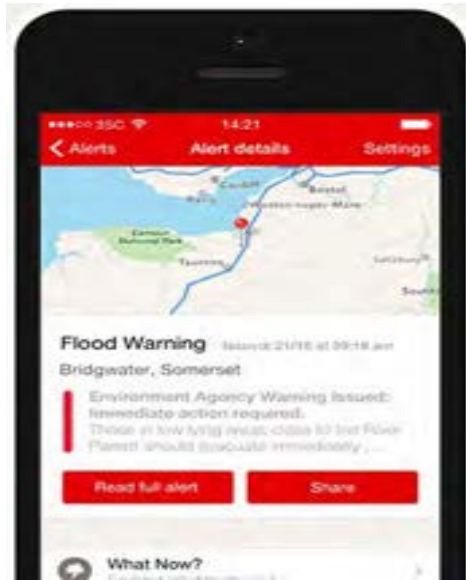
<https://www.weather.gov/nwr/>

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Have Multiple Ways to Stay Informed



<http://redcross.org/>



<https://www.fema.gov/>



Local Media and Apps



<https://www.ready.gov/alerts>

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NWS StormReady Program

Overview

- Communication and safety skills needed to save lives
- Help strengthen local safety programs

StormReady Benefits

- Opportunity to review and improve your hazardous weather plans
- Engage with NWS meteorologists
- Certificate and formal recognition
- Qualify for rate reductions in the National Flood Insurance Program (NFIP)



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NWS Weather-Ready Nation Ambassadors

Overview

- Formally recognizes NOAA partners who are improving the nation's readiness, responsiveness, and resilience against extreme weather, water, and climate events

WRN Ambassador Benefits

- Emails about seasonal outlooks, weather safety campaigns, engagement opportunities, and others
- Certificate of Recognition
- Being recognized at our WRN Ambassador appreciation wall
- A chance to be recognized as a WRN Ambassador of Excellence



Sign up here:

www.weather.gov/wrn/amb-tou



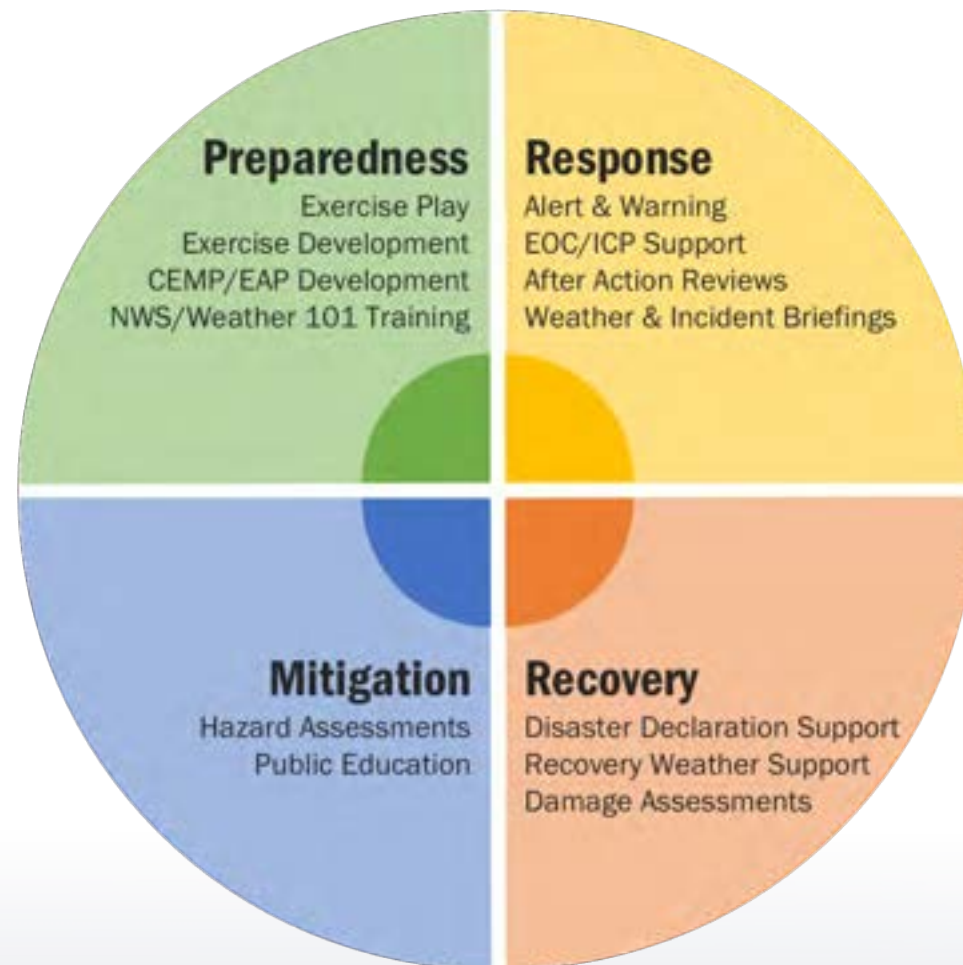
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Collaboration Opportunities

- Listening sessions / develop relationships with NWS staff
- Remote / On-site weather support
- Exercise Development and Play
- Service Equity Team (SET) discussions
- Identify key weather thresholds in your area
 - Biggest weather threats
 - Critical decisions due to weather



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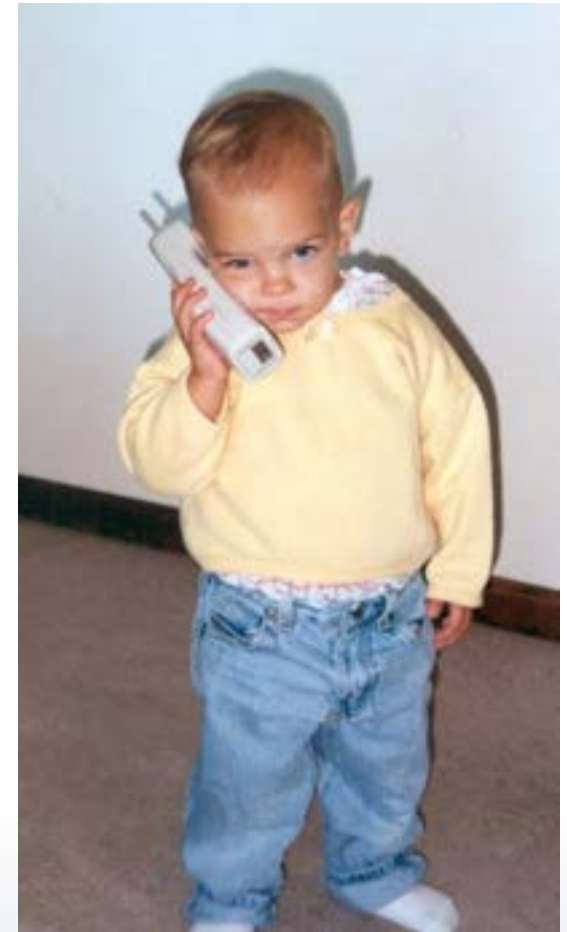




How to Contact Your Local NWS Office

- Call your local NWS office direct line
- Follow your local office on Social Media
 - Twitter and Facebook
 - @NWSIndianapolis
 - @NWSMelbourne
- NWSChat 2.0 / Slack - Register for an account if eligible
- Email
 - nws.indianapolis@noaa.gov
 - sr-mlb.webmaster@noaa.gov

 - sam.lashley@noaa.gov
 - william.ulrich@noaa.gov



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Online Weather Resources for NWS Partners

September 2024

National Weather Service Indianapolis

<https://www.weather.gov/ind/> (lot, iwx, iln, lmk, pah)

Event Weather Decision Support Request Form

<https://www.weather.gov/ind/eventsupport> (lot, iwx, iln, lmk, pah)

Experimental NWS Text Alerts

<https://inws.ncep.noaa.gov/>

NWS Chat 2.0/Slack

<https://partnerservices.nws.noaa.gov/>

Hazardous Weather Outlook

<https://www.weather.gov/erh/ghwo?wfo=ind> (lot, iwx, iln, lmk, pah)

River and Hydro Related Products

<https://water.noaa.gov/?wfo=IND> (LOT, IWX, ILN, LMK, PAH)

Winter Weather Probability Forecasts and Graphics

<https://www.weather.gov/ind/winter>

Prototype IDSS Point Forecasts for Events

<http://weather.gov/forecastpoints>

NWS National Digital Forecast Database (NDFD)

<https://digital.weather.gov/>

NWS Event Ready/Weather Watcher Support Page

<https://www.weather.gov/crh/eventready?sid=ind> (lot, iwx, iln, lmk, pah)

Daily Indiana Weather Briefing Page and Weather Stories

<https://www.weather.gov/ind/INwxbrief>

Climate and NowData

<https://www.weather.gov/wrh/climate>

<https://www.weather.gov/wrh/climate?wfo=ind> (lot, iwx, iln, lmk, pah)

FEMA and Red Cross (Find Apps in your phone app store)

<https://www.fema.gov/>

<https://www.redcross.org/about-us>

<https://www.ready.gov/alerts>



NWS Safety and Preparedness Resources, including social media graphics
<https://www.weather.gov/safety/>
<https://www.weather.gov/safetycampaign> (includes social media graphics by season)
https://www.weather.gov/owlie/publication_brochures

NWS Education and Outreach Resources
<https://www.weather.gov/education/>

NWS Indianapolis YouTube Weather Videos
<https://www.youtube.com/@NWSIndianapolis>

NWS Lightning Safety Toolkit for Different Venues
<https://www.weather.gov/safety/lightning>

NOAA All-Hazards Weather Radio (NWR)
<https://www.weather.gov/ind/nwr>

Weather Ready Nation Ambassador and StormReady Programs
<https://www.weather.gov/wrn/> and <https://www.weather.gov/stormready/>

NWS Language Translation
<https://www.weather.gov/wrn/spanish> and <https://www.weather.gov/translate>

Other Useful Websites:

National Oceanic and Atmospheric Administration
<https://www.noaa.gov/>

NWS Air Quality Forecast Guidance
<https://airquality.weather.gov/>

MPING - Citizen Science Volunteer Weather Reporting
<https://mping.nssl.noaa.gov/>

Community Collaborative Rain, Hail and Snow Network
<https://www.cocorahs.org/>

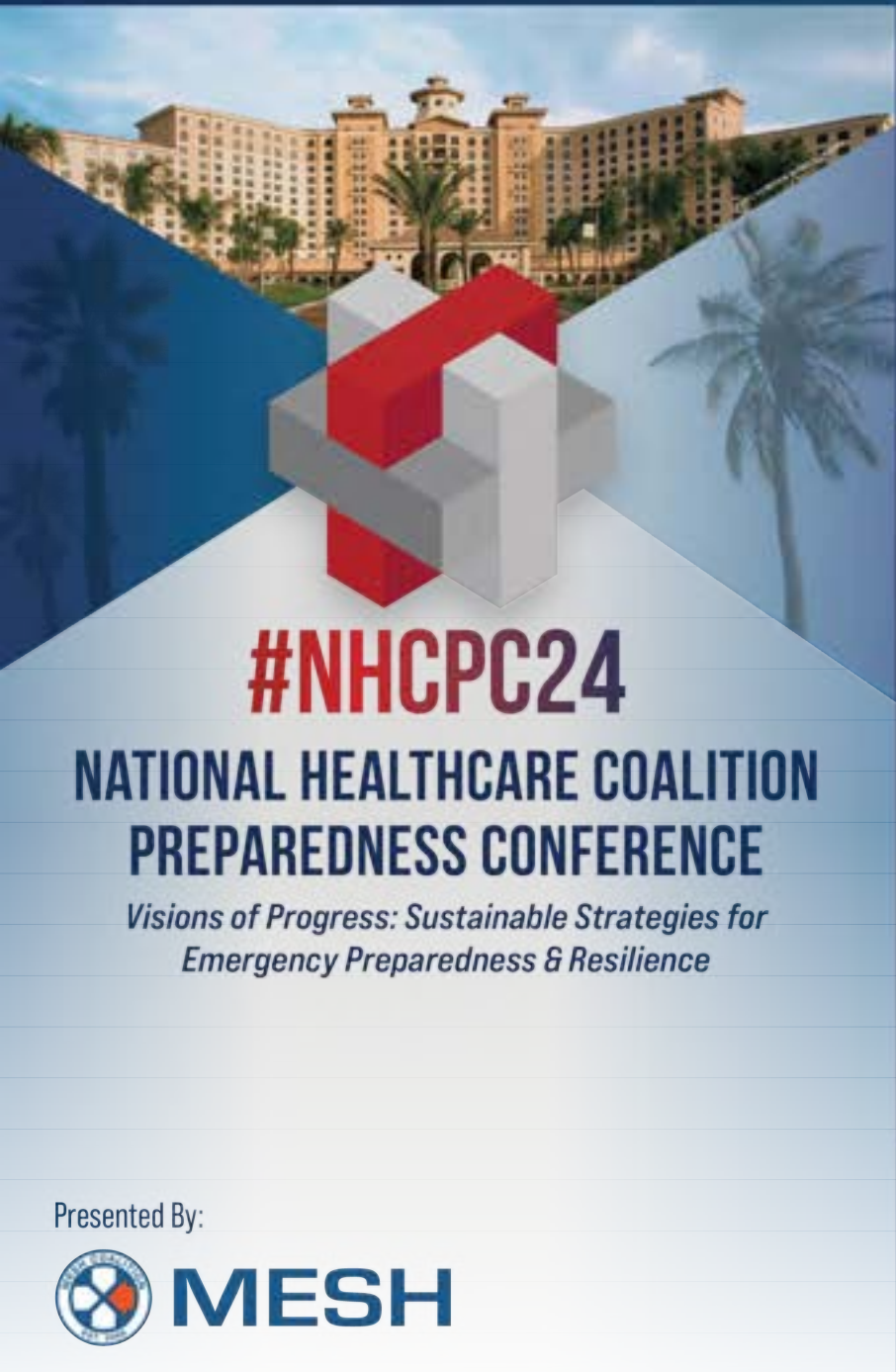
Indiana State Climate Office
<https://ag.purdue.edu/indiana-state-climate/>

Midwest Regional Climate Center
<https://mrcc.purdue.edu/>

College of Dupage Satellite, Radar and Model Data
<https://weather.cod.edu/satrad/>

For additional information, contact:
Sam Lashley - Sam.Lashley@noaa.gov





Strengthening Coalition Diversity for Disaster Preparedness

Connie Harig RN, BSN
Brenan Mitchell RN,

Presented By:



Agenda

- Introduction
- Establishing Foundations for Collaboration
- The Evolution of CMS17 Group
- Tangible Impact of Collaborative Efforts
- Real-life Examples of Successes and Challenges
- Communication Programs and Information Flow
- Perspectives from CMS17 Partners
- Conclusion
- Q&A
- Contact Information



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- Emergency Preparedness Rule



<https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness/emergency-preparedness-rule>

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Emergency Preparedness Rule

- On September 8, 2016, CMS published the EP Requirements Final Rule. Health care providers affected by this rule were to be compliant one year after the effective date, on **November 15, 2017**.
- **Purpose:** To establish EP requirements to ensure adequate planning for disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems.
 - Requirements apply to all **17 provider** and supplier types.
 - Each provider will have its own set of Emergency Preparedness regulations.
 - Must be in compliance to participate in the Medicare or Medicaid program.



Evolution of facility integration into healthcare coalitions

- Does the EP Final Rule require membership in a Healthcare Coalition?
- NO! *“While collaboration with healthcare coalitions is encouraged, it is not a requirement.”*
- Although not required, Appendix Z of SOM mentions Coalitions 21 times!
- *“Facilities should actively engage with their **healthcare coalitions**, associations, accrediting organizations and other stakeholders during the onset of any wide-spread emergency.”*
- *“Facilities may rely on a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and **regional health care coalitions** or in conjunction with conducting its own facility-based assessment.”*



If not required, why are Healthcare Coalitions mentioned so many times in Appendix Z of the State Operations Manual?

- What Does AI say?
- “Because they are multiagency coordinating groups that support and integrate with ESF-8 activities in jurisdictional incident command systems (ICS).”
- “HCCs are collaborative networks of healthcare organizations and their respective public and private sector response partners that assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. HCCs help health care facilities to plan, organize, equip, train, exercise, and evaluate the health care system preparedness in their regions.”
- “HCCs are useful for all phases of Comprehensive Emergency Management, but their primary mission should be to support healthcare organizations during emergency response and recovery. HCCs provide timely information and may support coordination during a public health emergency.”



What's the simple answer?



**We are Together
stronger!**

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Establishing Foundations for Collaboration

- Regional Healthcare Coordinators (RHC)
- Regional Vulnerable Population Coordinators (VPC)



Healthcare Coordinators

- Coalitions in Tennessee are aligned with the 8 EMS Regions. They work on planning, organizing, equipping, training, exercising and evaluating healthcare system preparedness.
- Larger cities may have their own “Municipal Healthcare Coordinators”
- Prior to adding the CMS17 group, the two Healthcare Coordinators for the East TN region covered 19 hospitals.
- After the addition of the CMS17 group, there were over **200** different facilities who joined the Healthcare Coalition.



Vulnerable Populations Coordinators

- With the large influx of members to the Healthcare Coalition, Tennessee added Vulnerable Populations Coordinators to each region to assist the Healthcare Coordinators in managing the CMS17 facilities....among other duties.



Vulnerable Populations Coordinators

- The introduction of VPCs represents a significant step forward in enhancing emergency preparedness and response efforts, particularly for those facilities who are most at risk during disasters.
- Facilities, including **Long-term care, Assisted Living, Dialysis, Home Health, Hospice, Outpatient Surgery, Behavioral Health, and Outpatient Clinics** often face unique challenges and barriers during emergencies.
- The role of VPCs is to address these challenges by coordinating targeted outreach, support, and resources to ensure the safety and well-being of vulnerable healthcare facility members.



Why is a coalition partnership important?

- Resource Sharing
- Coordination and Collaboration
- Expertise and Knowledge Sharing
- Enhanced Community Engagement
- Political and Institutional Support

By working together, diverse stakeholders can better prepare for and respond to emergencies, ultimately saving lives and minimizing the impact of disasters on affected communities.

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The Evolution of CMS17 Group

Transformation into a Robust Cooperative Partnership

Healthcare Coalition: A resource

- **2017**, as CMS was putting out the "Final Rule" for Emergency Preparedness. KETHC was planning and coordinating how to incorporate the new 17 partner group before the CMS – 17 group knew what was happening
- **2018**, KETHC held a healthcare track at the Emergency Management Agencies of TN (EMAT) Conference. It was designed to introduce the CMS – 17 groups to EP, HVA, TTX and Functional exercise and how to write and ARR. It was also designed to get the EMA officers introduced to the CMS – 17 groups.
 - *This training helped to provide the needed understanding for the CMS – 17 groups to fulfill the CMS requirements within the final rule*
 - *Another of the most helpful thing during this training was to know what all of the "acronyms" stood for!!!!*



Healthcare Coalition: A Resource

- **2019**, Requirement change in the Manikins used for CPR training within American Heart Association (AHA)
 - *KETHC approved purchasing CPR Manikins for the HCC members to use in training and recertification of CPR within their teams*
 - *The Full-Scale Exercise (The Great Shake) that included the CMS – 17 groups into the hospital surge and evacuation exercise*
- **2020**, COVID – 19 Pandemic
 - *The CMS – 17 groups were included in the supply distribution of gloves, masks, and other PPE that became hard to get (even for their Corporate suppliers)*



Tangible Impact of Collaborative Efforts

The KETHC collaborates closely with the CMS17 group to enhance emergency preparedness efforts.



Acquisition of Response Equipment

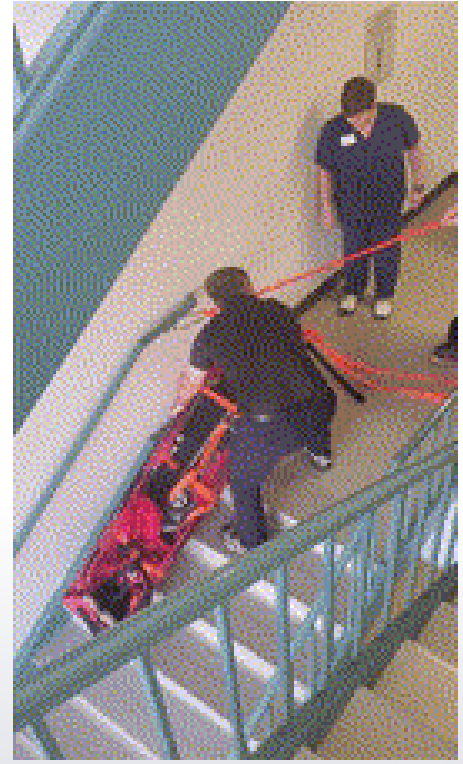
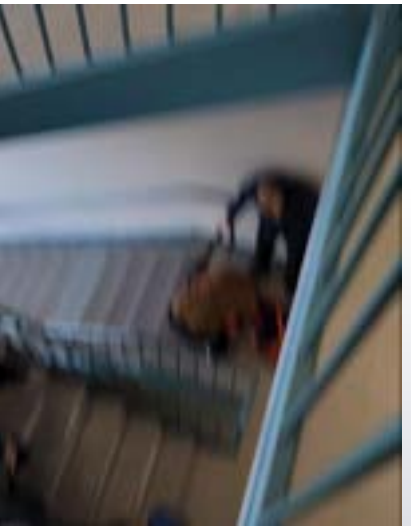
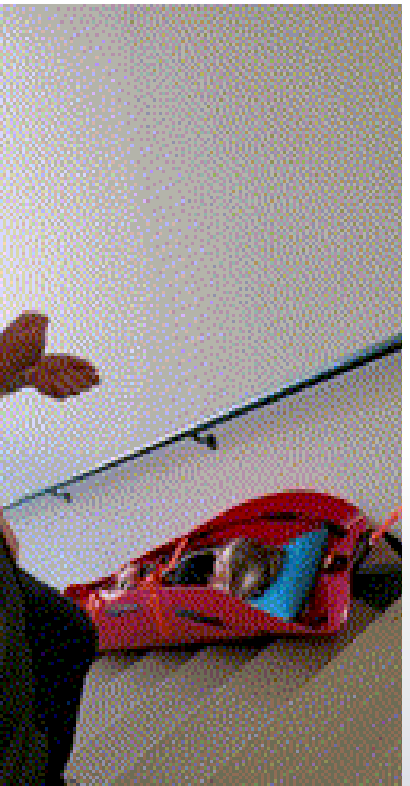


[Harmon
Speaks:
Emergency
Mobility
Equipment
Trailer on
YouTube](#)

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Training Sessions



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Emergency Quick Reference Guides



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Tailored Emergency Kits



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Communication Programs



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Success Stories



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KETHC ReadyOp Facility Status Form

[TRIAGE FORM](#)
[PATIENT TRACKING](#)
[Main Dashboard](#)
[ReadyOp How To](#)
[Roster](#)
[Files](#)
[Forms](#)
[Tracking](#)
[Dispatch](#)
[Logbook](#)
[East Regional Health](#)
[Knox County Hospitals](#)
[Long-Term/Assisted Living](#)
[KETHC](#)
[EMS Region 2](#)

[Aircraft Tracking](#)
[Weather Tracking](#)
[Parkwest Medical Center](#)
[KEMA](#)
[Warehouse](#)
[Knox County](#)

[Forms](#)
[Entries](#)
Show Archived:
Actions
New Entry

ID	Facility/Organization	Structure	Power	Water Supply	Communications	HVAC
<input type="checkbox"/>	7709 Westmoreland Hosp.	Partially-Functional	On-Generator	Normal Operation	Partially-Functional	Normal-Op
<input type="checkbox"/>	7748 Tennessee Valley E.	Partially-Functional	On-Generator	Normal Operation	Partially-Functional	Limited-Op
<input type="checkbox"/>	7743 Beverly Park Place	Partially-Functional	On-Generator	No Water	Partially-Functional	Limited-Op
<input type="checkbox"/>	7840 NHC Healthcare, F.	Partially-Functional	On-Generator	Normal Operation	Partially-Functional	Limited-Op
<input type="checkbox"/>	42016 Arbor Terrace of Kn.	Fully-Functional	On-Generator	Normal Operation	Partially-Functional	No-HVAC
<input type="checkbox"/>	7849 Children's West Ctr	Partially-Functional	On-Generator	No Water	Fully-Functional	Normal-Op
<input type="checkbox"/>	42016 Westmoreland Hosp.	Fully-Functional	On-Generator	Normal Operation	Fully-Functional	Normal-Op
<input type="checkbox"/>	7786 Auburn-Care Home	Partially-Functional	On-Generator	Normal Operation	Fully-Functional	Limited-Op
<input type="checkbox"/>	7707 Princeton Medical	Non-Functional H.C.	On-Generator	No Water	None	No-HVAC
<input type="checkbox"/>	7872 Governors of Oak	Partially-Functional	On-Generator	Normal Operation	Partially-Functional	Limited-Op
<input type="checkbox"/>	7764 Princeton Kidney C.	Partially-Functional	On-Generator	Normal Operation	Partially-Functional	Normal-Op
<input type="checkbox"/>	7710 Signature HealthC	Partially-Functional	On-Generator	Normal Operation	Partially-Functional	Normal-Op
<input type="checkbox"/>	7714 The Eye Surgery C.	Partially-Functional	On-Generator	No Water	Partially-Functional	No-HVAC
<input type="checkbox"/>	7712 The Eye Surgery C.	Partially-Functional	On-Generator	No Water	None	No-HVAC
<input type="checkbox"/>	7718 PCET Surgery Ctr	Partially-Functional	On-Generator	No Water	Partially-Functional	No-HVAC
<input type="checkbox"/>	7720 NHC Ferragel Hosp.	Partially-Functional	On-Generator	Normal Operation	Fully-Functional	Limited-Op
<input type="checkbox"/>	7736 Holston Health Care	Partially-Functional	On-Generator	Normal Operation	Fully-Functional	Normal-Op
<input type="checkbox"/>	7734 Knoxville Orthoped.	Partially-Functional	On-Generator	Normal Operation	Fully-Functional	Normal-Op
<input type="checkbox"/>	7730 Stewart Memorial Tr.	Partially-Functional	On-Generator	Normal Operation	Fully-Functional	Limited-Op
<input type="checkbox"/>	7860 Life Care Center of	Fully-Functional	On-Generator	Normal Operation	Fully-Functional	Limited-Op

KETHC Facility Status Update Form - Detailed
 For providing information only. Resource request must be sent to RHC,ERC, or County EMA/EOC.

Facility Type
 Click here for drop down list **If Other**

Facility/Organization Name
 Spell out name - no acronyms please.

Date **Time** **Organization GPS / Location**
 or

Primary Contact
 First Last **Primary Contact Email**

Primary Contact Phone Number

Secondary Contact Information

Secondary Contact First Last **Secondary Contact Email**

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JANUARY 8, 2024

Fire in assisted living facility resulted in the evacuation of residents.

The ReadyOp system was utilized for quick response and identification of bed availability of local facilities. Fortunately, one of the Hillcrest communities assisted in housing 25 of the displaced residents.



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KETHC ReadyOp Bed Availability Form


[TRIAGE FORM](#)
[PATIENT TRACKING](#)
[Main Dashboard](#)
[ReadyOp How To](#)
[Roster](#)
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[Aircraft Tracking](#)
[Weather Tracking](#)
[Parkwest Medical Center](#)
[KEMA](#)
[Warehouse](#)
[Knox County](#)

Forms | Entries | Show Archived: | Actions

ID	Facility Name	Available STAFFED B	Available Beds if staff	Submitted By	Last Updated
<input type="checkbox"/>	17546 Sevierville Health C...	10	Same	Jessica Stewart	2024-01-09 11:00 EST
<input type="checkbox"/>	17547 Terrabella of Morris...	2	2	Rebecca Mills	2024-01-09 10:47 EST
<input type="checkbox"/>	17543 Life care of Blount ...	0	0	Kenneth Bearman	2024-01-09 09:15 EST
<input type="checkbox"/>	17534 TerraBella Athens	5 Assisted Living an...	9	Rebecca Mills	2024-01-08 18:22 EST
<input type="checkbox"/>	17530 Jefferson City Healt...	7	7	Gina Harris	2024-01-08 16:04 EST
<input type="checkbox"/>	17529 NHC Farragut	0	0	Andrew Smith	2024-01-08 14:13 EST
<input type="checkbox"/>	17528 Ridgeview Terrace ...	0	26	Jennifer Henderson	2024-01-08 13:40 EST
<input type="checkbox"/>	17527 Life Care Center of ...	5	10	Craig Green	2024-01-08 13:06 EST
<input type="checkbox"/>	17526 Tristy Hills	0	0	Holly Smart	2024-01-08 12:31 EST
<input type="checkbox"/>	17524 Tennova Newport C...	3	16	Rachel Ward	2024-01-08 11:29 EST
<input type="checkbox"/>	17523 Arbor terrace of kn...	0	0	Amber Blankenship	2024-01-08 11:24 EST
<input type="checkbox"/>	17522 Sevierville Health a...	4	10	Don French	2024-01-08 11:06 EST
<input type="checkbox"/>	17521 The Heritage Center	20	50	Shelley Morgan	2024-01-08 11:05 EST
<input type="checkbox"/>	17520 Signature HealthC...	4	12	Sara Wallace	2024-01-08 10:35 EST
<input type="checkbox"/>	17519 Soddy-Daisy Healt...	113	134	Ray Allen	2024-01-08 10:34 EST
<input type="checkbox"/>	17517 Serene Manor Medi...	67	12	Rita Griffin	2024-01-08 10:29 EST
<input type="checkbox"/>	17516 Holston Health Care	10	10	Bill Fox	2024-01-08 10:23 EST
<input type="checkbox"/>	17514 Open Arms Care	0	0	Nikki Byrd	2024-01-08 10:15 EST
<input type="checkbox"/>	17513 The Pointe at Lifes...	1	0	Liam McClish	2024-01-08 10:14 EST
<input type="checkbox"/>	17512 The Nursing Center...	0	0	Kevin Brown	2024-01-08 10:12 EST
<input type="checkbox"/>	17511 Life Care Center of ...	0	10	Juan P Miranda	2024-01-08 10:11 EST

Submitted by the contact Jessica Stewart (9529) - 2024-01-09 11:00 EST



LTC Emergent Bed Availability

Please complete and submit this form ASAP

Name: Email:

Facility Name:

Please confirm the current number of beds you have immediately available.

Available STAFFED Beds: Available Beds if staff are provided:

Post a comment:

No file chosen

Clear Filters | 31 entries

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January 2024 Winter Storm & Dialysis Transportation

#NHCPC24





The January 2024 winter storm brought seven consecutive days of at least 4 inches of snow on the ground. Depending on location within the region, snowfall ranged from a mere dusting to a substantial 10+ inches. This disrupted public services in many areas. Despite efforts to prioritize public safety, healthcare, and essential services, the absence of reliable public transportation posed significant challenges for dialysis patients, highlighting the importance of coordinated disaster response plan.

#NHCPC24



Healthcare Coalition: A Resource



- 2024, January Winter Storm that halted most all day-to-day operations with-in the KETHC 16 county area
 - *Anywhere from 2-14 inches of snow and ice fell within a 3-day period, making it impossible for travel in some of these area's*
 - *Dialysis patients who require treatment 3 times weekly were unable to get to their clinics for their treatments*
 - *KETHC reached out to the CMS –17 Dialysis partners and local transportation providers via ZOOM to brainstorm and collaborate on how to manage this "potential" crisis*
 - *It was through this collaboration, our dialysis patients were transported to and from their clinics safely to obtain their treatment – Again, Thank YOU Jingle Jeepers!!*
 - *There were some patients who did have to go emergently to the hospital for treatment, and there were a few who expired due to inability to get to their treatment*
 - *I believe through the partnership with KETHC more of our patients survived than would have from this storm*

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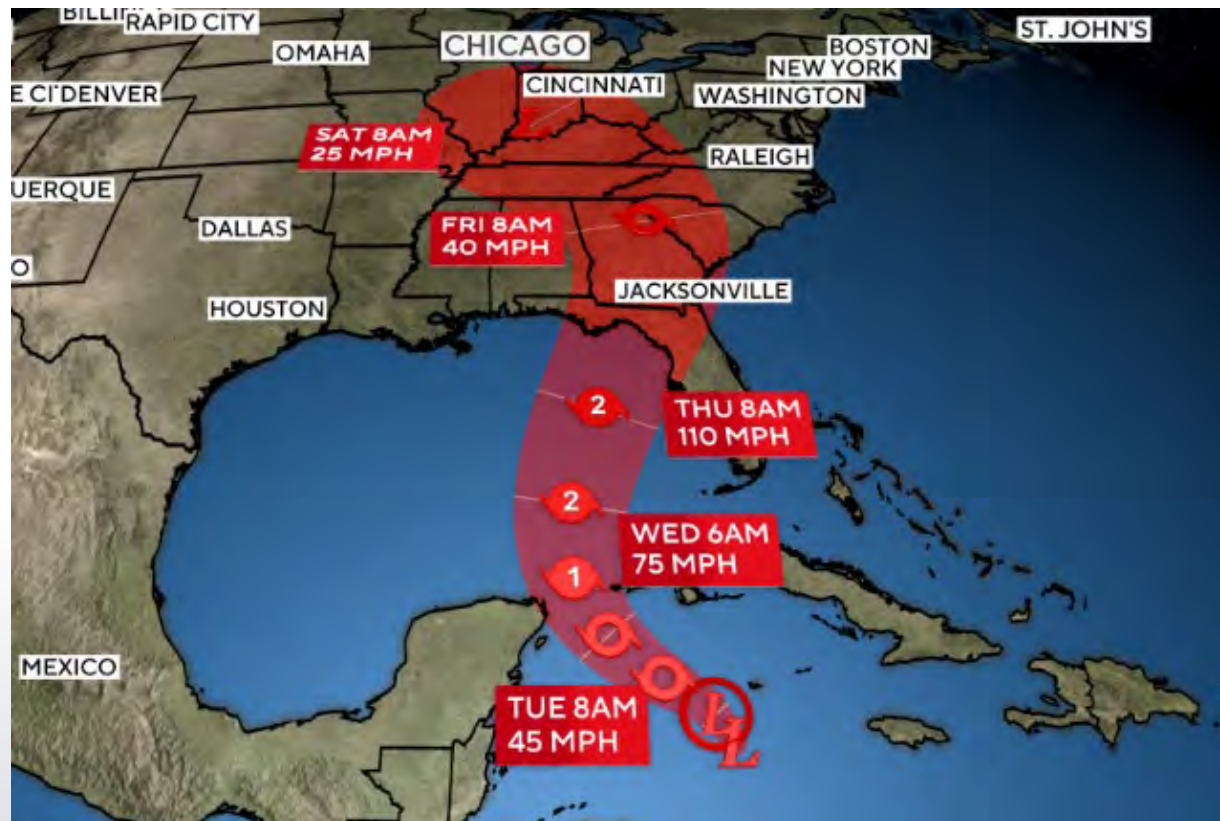
Healthcare Coalition: Barriers and Success

- CMS – 17 Integration within KETHC
 - *KETHC, Hospitals, EMA, EMS ... how do we "Dialysis" fit?*
 - *"Ready Ops" has been utilized and integrated within the regional area to communicate where needed supplies and emergency help can be prioritized*
 - *Emergency Supplies have been provided to all Dialysis providers, i.e. Emergency back-packs with hard hat, caution tape, head lamp, etc... & Emergency Quick reference charts for all the clinics*
 - *Since the involvement with KETHC over the last 8 years, the local dialysis community has been provided the opportunity to collaborate with each other on how best KETHC can help our dialysis patients*



Hurricane Helene

- Sept. 25, 2024 – KETHC host a virtual meeting with Dialysis clinics, transportation providers, and regional Emergency Management Agencies to discuss concerns amid potential severe weather.



#NHCPC24



Hurricane Helene

- Sept. 27 KETHC began receiving emergency notifications.



Hurricane Helene

- KETHC sent Facility Status Report to all member facilities in and around Newport.

KETHC **Facility Status-Basic**
Facility SitRep Form

Form ID: 1059; Submission ID: 30557
Report Date: 10/22/2024 @ 13:48 EDT

Facility Type
Long-term care/Nursing Home

Facility Name
Tennova Newport Convalescent Center

Name		Phone Number
First	Last	
Rachel	Ward	

Date	Time	GPS / Location
9/27/2024	04:45 PM	35.9651401, -83.1826804 @ 2024-09-27 16:53:22 EDT

Current Status

Normal operating procedures

Emergency Operation Plan Activated but no assistance needed

Emergency Operation Plan Activated- Assistance needed

Facility closed

Unable to evaluate

Comments

We have prepared for a power failure. Sheltering in place. We should be safe from flooding. We have enough food and water for the weekend.

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Hurricane Helene

- Due to reports of extended water outage, local hospital and LTC facility began preparing for possible evacuation.
- KETHC assisted several facilities with locating water tankers to supply their facility.
- No facilities were evacuated due to water outage and even outpatient facilities were able to continue to provide care.
- Three outpatient facilities were added as KETHC members during this event.



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Healthcare Coalition: Moving Forward

Our relationship with KETHC, although "forced" by CMS Final Rule, is a blessing in disguise

We are all a part of the healthcare community and have areas of expertise to share

KETCH is a conduit to receiving and sharing that information

#NHCPC24



Knox East TN Healthcare Coalition CMS - 17

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Work: (865)850-2884
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connie.harig@dcinc.org
<https://www.dciinc.org/location/knoxville>

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