NJACCHO Report – CDC Capabilities Assessment 2024

The New Jersey Association of County and City Health Officials (NJACCHO) is working with Local Health Departments (LHDs) to assess and identify certain capabilities and gaps relating to emergency preparedness. This summary report provides themes and an overview of responses. Full results for each Capability are also available for review.

Methods:

Surveys based on the CDC Preparedness and Response Capabilities for the following areas were created in December 2023 and January 2024. Surveys were available from January 24, 2024 to February 14, 2024.

- Capability 1 – Community Preparedness
- Capability 4 – Emergency Public Information and Warning
- Capability 6 – Information Sharing
- Capability 13 – Public Health Surveillance and Epidemiological Investigations

Surveys were promoted through various avenues including NJACCHO Forum, Board of Director's meeting, Healthcare Coalition meeting, as well as emails to all 103 Health Department Health Officers.

Analysis and results will be shared with to Membership at future meeting.

Results:

CDC Capability 1 - Community preparedness, which is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term.

For our first survey, there were 39 responses (including 1 test response). Responses were primarily broken evenly between Municipal Health Departments (44%) and County/ Lincs agencies (46%), then Regional Departments (8%). While only 39 responses were received, this survey did cover 511 municipalities with the percentage ranges of responses per Population being similar, covering from 13% to 21%.

The capability looked at four functions. Each of the functions revealed that the responding agencies felt the functions were "weighted" important to critical and most Local Health Departments (LHDs) expressed that they possessed some ability to perform (90%).

1. *Function 1 - Determine risks to the health of the jurisdiction,* funding (53%) followed by training (47%) were the primary challenges expressed. While almost all felt they possessed at least some ability to perform the task, a majority indicated gaps still exist in conducting the assessment (51%) and knowledge of services supporting stakeholders (55%) could provide. Primary resource most requested was trained staff to perform risk assessments (68%).

2. *Function 2 - Strengthen community partnerships to support public health preparedness* echoed similar responses regarding importance and funding (48%) for additional trained staff (56%). All tasks suggested in this function indicated needed work in the development of procedures and plans to coordinate (43%), integrate (46%) and detail how community/faith-based partners would provide support (57%).

3. *Function 3 - Coordinate with partners and share information through community social networks,* replies were the same in levels of importance and repeated need for funding (48%) for trained (37%) staff. LHDs expressed that gaps continue for these tasks pertaining to procedures for engagement strategies (52%) and keeping important information current as well as culturally appropriate (41%).

4. *Function 4 - Coordinate training and provide guidance to support community involvement with preparedness efforts.* For this function, LHDs added the need for supporting infrastructure (40%) in addition for funding (48%) for trained (44%) staff as primary challenges or barriers. Each task revealed almost half of the Agencies felt there are gaps in leveraging existing trainings (44%) for their community partners, while ensuring awareness for populations at risk (41%). There was a strong need to develop preparedness procedures to guide supporting services to enable them to serve their populations (56%).

CDC Capability 4 - Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

For this survey, there were 23 responses (includes 1 test response). Responses were primarily County/Lincs Agencies (57%), followed by Municipal Health Departments (35%) and Regional Departments (4). The responses covered 341 municipalities. The percentage of responses per Population were similar ranging from 13% to 26%.

This Capability looked at five functions. For each of the functions, the LHDs responded the importance ranged moderate to critical and almost all (95%) possessed some or better "ability" to perform them.

1. *Function 1 - Activate the emergency public information system.* For challenges and barriers, some LHDs stated no challenges (30%), while others shared lack funding (30%) and trained (30%) staff as their concerns. A review of potential gaps revealed none (45%) for some agencies and Public Information Officer (PIO) training for others (40%). Help in developing key message templates in risk communication (40%) were identified as well as NIMS (40%) and CERC (40%) training for PIO staff.

2. *Function 2 - Determine the need for a Joint Information System*. Agencies felt that lack of Subject Matter Experts (SME) (35%) as well as funding (35%) were the main challenges. For Gaps in the ability for perform identified tasks, those responding identified the needed resources included knowledge on how to request and obtain

addition communication resources (47%), procedures on Joint Information Center (JIC) activation (42%) and a support matrix on how to scale the JIC during an incident (53%).

3. *Function 3 - Establish and participate in information system operations.* The chief barrier expressed again was lack of trained staff (40%). Rumor control was identified as a significant concern (60%). To combat this, the ability to track and monitor the media (65%), having a trained PIO (35%) with develop procedures (35%) on how to provide public information.

4. *Function 4 - Establish avenues for public interaction and information exchange*. Training (41%) was the primary barrier for responding LHDs. All Tasks revealed the LHDs felt there were gaps, with strongest concern for at risk populations who may be disproportionately impacted during an incident (55%). Needed resources to support the function focused on procedures for developing and using call centers (43%) with Nurse triage lines (47%) and the development of message guidelines (42%) on how to manage, monitor and use social media effectively (42%).

5. *Function 5 - Issue public information, alerts, warnings, and notifications*. Funding (33%) and training (33%) are the biggest challenges. LHDs also shared concerns for translation to other languages and some canned information is outdated (33%). Gaps for the identified tasks pertained to sharing the approved messages via redundant systems and ensure message is in all appropriate languages, culturally diverse and can reach access and functional individuals (50%). Needed resources include trained personnel to distribute messages, procedures to reach rural and disproportionate populations and ensuring documented information will help these populations (47%).

CDC Capability 6 - Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

For this survey, there were 19 responses (includes 1 test response). Responses were primarily County/Lincs Agencies (58%), followed by Municipal Health Departments (32%) and Regional Departments (5%). The responses covered 252 municipalities. The percentage of responses per Population were similar ranging from 11% to 20%.

This Capability looked at three functions. For each of the functions, the LHDs responded the importance ranged moderate to high and most possessed some or better "ability" to perform them.

1. *Function 1 - Identify stakeholders that should be incorporated into information flow and define information sharing needs*. Agencies shared trained personal as largest barriers

(56%) for this task. Funding (39%) and administrative barriers (33%) were shared as well. Gaps were identified in the task and responding LHDs felt development of rosters to identify stakeholders (50%), create procedures to review and update public health directories (50%) and perform regular updates and backups of information systems (50%).

2. *Function 2 - Identify and develop guidance, standards, and systems for information exchange.* Responding LHDs again stated funding (39%) for trained (39%) staff was the biggest challenge. Access to SMEs was the next barrier (33%). Gaps exist in each of the tasks with largest concern pertaining to legal and policy issues (61%) with sharing and keeping data (61%). Resources needs include trained staff in legal aspects of sharing information (74%), security procedures for data exchange as well as identifying triggers (63%) for when to share with stakeholders and when written agreements are required for data exchange (58%).

3. Function 3 - *Exchange information to determine a common operating picture.* Largest barriers include lack of trained (53%) personnel and supporting infrastructure (47%) followed by funding (41%) and SMEs (41%). Again, all tasks revealed gaps. Resources to aid LHDs include development of Information Sharing and Access Agreements (ISAA) (59%) and procedure to allow information exchange with intelligence (59%) and jurisdictional health care entities (53%).

CDC Capability 13 - Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.

For this survey, there were 17 responses (includes 1 test response). Responses were primarily County/Lincs Agencies (53%), followed by Municipal Health Departments (35%) and Regional Departments (6%). The responses covered 233 municipalities. The percentage of responses per Population were similar ranging from 12% to 18%.
This Capability looked at four functions. For each of the functions, the LHDs responded the importance ranged moderate to critical and most possessed some or better “ability” to perform them.

1. *Function 1 - Conduct or support public health surveillance.* Agencies identified funding (41%) for trained (35%) personnel as the biggest challenge. While all tasks shared gaps, the ability to maintain and improve surveillance systems showed the largest gap (47%). LHDs felt legal procedures to support information exchange with community partners (41%) and access to a system which could analyze and share data across multiple disciplines (42%) would aid the most.

2. *Function 2 - Conduct public health and epidemiological investigations.* Most LHDs express no challenges (31%) to perform task while some identified lack of funds (25%) to hire and train (25%) staff. While a majority stated no gaps identified (53%), written agreements to allow joint investigations and information sharing (53%) were requested.

3. *Function 3 - Recommend, monitor, and analyze mitigation actions*. Lack of funding (29%) to hire and train (29%) staff were the largest challenges. The task with the biggest gap was an ability to monitor and assess public health interventions (50%). Procedures and instruments which allow LHDs to track mitigation actions, monitor performance and share documented outcomes was the most identified resource (65%).

4. *Function 4 - Improve public health surveillance and epidemiological investigation systems.* Lack of funding (38%) to hire and train (31%) staff was shared as the largest challenge. LHDs felt each task equally had gaps. Resource most requested after development of procedures (50%), was system to track implementation and the impact of corrective actions in accordance with an After-Action Report and Improvement Plan (AAR/IP) (56%).