SUMMARY OF FY08 EMERGENCY PREPAREDNESS SURVEY

Introduction

A baseline disaster preparedness survey to assess the level of disaster preparedness for the tribal and urban Indian health programs in California was conducted from January 12, 2006 to February 21, 2006, and was completed by 34 Native American Indian Health Ambulatory Health Care Programs (AHCP). Follow-up questionnaires have been implemented in the summer of 2006 and the summer of 2007. The results of the third follow-up questionnaire are described below.

The purposes of these follow-up questionnaires are multifold: a) to identify key vulnerabilities in preparedness for California AHCP; b) to assess any improvements in preparedness for CA AHCP; c) to assess the effectiveness of emergency preparedness activities throughout the year in improving emergency preparedness among CA AHCP. The emergency preparedness activities included training workshops for developing an Emergency Operations Plan, collaboration and training workshops, onsite technical assistance, and online resources available to all clinics. The results of these surveys enabled Indian Health Services (IHS) and the Indian Health Program to identify strengths of each ambulatory health care program in their disaster preparedness and response capabilities. Importantly, the survey identified areas of needed training, technical assistance and resources for each ambulatory health care program to help shape the efforts of IHS, IHP, and NAAEP.

In March and April 2008, the Native American Alliance for Emergency Preparedness held three two-day Collaboration and Partnership for Emergency Preparedness workshops which were conducted at three locations: Southern, Central, and Northern California. A total of 42 individuals, 32 participants (representing 12 organizations) and 10 interagency members, attended the first Southern California workshop held on March 31st and April 1st was hosted by the San Manuel Band of Mission Indians in San Bernardino, CA. The second Central California workshop on April 2nd and April 3rd was held at the Tachi Palace Hotel in Lemoore, CA and was attended by 20 participants (representing 11 organizations) and 9 interagency members. The final workshop in Northern California on April 7th and 8th was hosted by the Sonoma County Indian Health Project in Santa Rosa, CA and was attended by 43 participants (representing 30 organizations) and 12 interagency members.

A third follow-up questionnaire was conducted from June 2008 to August 2008 to capture any changes in disaster preparedness among Indian Health Ambulatory Health Care Programs, and was completed by 33 ambulatory health care programs. Four ambulatory health care programs did not respond and their 2007 questionnaire results were substituted in lieu of the 2008 questionnaire responses due to an inability to complete the questionnaire; this data was included in the analysis and report below for a total of 37 ambulatory health care programs represented. Both the 2008 follow-up survey and comparisons to the 2007 follow-up survey results highlight areas of improvement as well as categories still in need of attention and support. Additional questions regarding memorandum of understanding and surge capacity and tribal resources.

The results of this follow-up survey as well as comparisons with the baseline survey are included in the report below. In addition, the letter that accompanied the questionnaire (Appendix A) and the 2008 Disaster Preparedness Questionnaire (Appendix B) are attached as well as the results for the summer 2008 survey and comparisons to the 2007 survey (Appendix C).

Results

Overall, the majority of ambulatory health care programs are well prepared for an emergency in general:

- Out of 37 ambulatory health care programs, 92% (35 ambulatory health care programs) have a disaster preparedness plan (Q1)
- Are incorporated in a local public health department plan (Q2a: yes=62%)
    - But are not incorporated into a hospital emergency plan (Q2: yes=70%)
- Have reviewed and updated their plans in the last year (Q3: yes=81%)
- Have provisions for patient overflow (Q4: yes=57%)
- Have provisions for tracking or contingency plans for a mass influx of patients (Q5: yes=54%)
- Have a section addressing security issues, including the provision of personnel to secure the site (Q7: yes=54%)
- Have specific personnel assigned to a disaster response team (Q8: yes=68%)
- Have developed specific sections for biological and chemical disasters (Q9: yes=76%)
- Have a pandemic influenza preparedness plan (Q9b: yes=51%)
- Have worked with the county to coordinate planning and response activities (Q10: yes=81%)

- Have been able to conduct annual disaster drills (Q12: yes=68%)
- Has experienced a real event (emergency or disaster) within the last year (Q12a: yes=54%)
- If there is a chemical or infectious outbreak, about half of the ambulatory health care programs have a surveillance system in place (Q14: yes=65%)

However, less than half of the ambulatory health care programs reported having the following:

- Have a Continuity of Operation Plan (Q1a: yes=35%)
- Incorporated into a hospital emergency plan (Q2: yes=35%)
- Have made provisions for vulnerable populations (Q6: yes=49%)
- Have performed a hazard vulnerability analysis (Q11: yes=43%)
- Have participated in a disaster drill with an area tribe (Q12b: yes=11%)
- Have trained or exercised with a local Community Emergency Response Team/Medical Reserve Corps (Q12c: yes=24%)
- Have mass prophylaxis plans (Q13: yes=32%)
- If an overwhelming number of patients must be treated, then half of all ambulatory health care programs are prepared extend regular treatment hours (Q15: yes=49%)
- Would be able to increase operational capacity by:
    - 10% (Q16a: yes=27%)
    - 20% (Q16b: yes=16%)
    - 30% (Q16c: yes=19%)
- Address the ambulatory health care program as a primary site that chemically or biologically contaminated patients may flock to in an emergency (Q17: yes=24%)
    - Biological event (Q17a: yes=14%)
    - Chemical event (Q17b: yes=16%)
    - Radiological event (Q17c: yes=3%)

Rankings for the following needs (1 through 6, in order of priority with 1 being the highest priority) did not change significantly between the 2007 and 2008 Summer Follow-Up Questionnaire Results:

Q47. Rank the following needs as 1 through 6, in order of priority with 1 being the highest priority, for each type of ambulatory health care program:	Summer 2007 Average Rank	Summer 2008 Average Rank
a. Planning and preparedness tools:	Rank 1.8	Rank 1.9
b. Communications:	Rank 2.0	Rank 2.0
c. Supplies:	Rank 2.1	Rank 2.2

Conclusions

Technical assistance in the form of training programs, planning protocols, response equipment or other resources will strengthen the preparedness elements, and enhance the ability of California Indian Health Ambulatory Health Care Programs to respond to a disaster. Given the timeliness of the potential threat for an infectious disease epidemic (H5N1 strain of avian flu, West Nile virus, pandemic influenza), both training and resources for rural ambulatory health care programs is especially vital to a successful response. Indian health ambulatory health care programs should be encouraged to utilize existing resources, such as the California Health Alert Network, as well as to collaborate with neighboring communities and health care centers to incorporate disaster plans. Well-trained and staffed ambulatory health care programs with adequate resources will minimize the overall trauma to the ambulatory health care program personnel, patients, and community in the event of an emergency, natural or man-made.

State of California Department of Health and Human Services
Indian Health Program

California Area Indian Health Services

Native American Alliance for Emergency Preparedness

Summer 2008 Report

Clinic Disaster Preparedness Questionnaire Results

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