

Public Health Preparedness Planning for Vulnerable and At-Risk Populations

Preliminary Results from the *Vulnerable and At-Risk Populations Resource Guide*

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Background

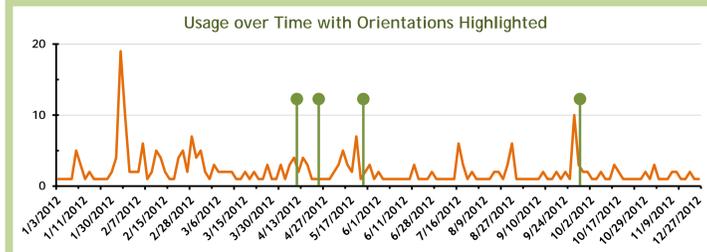
In support of recent preparedness policy and planning aimed at reaching at-risk populations, the North Carolina Preparedness and Emergency Response Research Center (NCPERRC) at the UNC Gillings School of Global Public Health developed and implemented an online Vulnerable and At-Risk Populations Resource Guide. First introduced in North Carolina, the Guide is a planning aid tailored to each local health departments' (LHDs') specific interests and needs.



Based on individual responses to a short series of questions, LHDs receive a custom list of resources with accompanying jurisdictional maps to aid in preparedness planning for vulnerable and at-risk populations, as well as building and maintaining partnerships.

North Carolina Case Study

Initially, the *Guide* was developed for North Carolina LHDs and implemented throughout the state's 4 preparedness regions in January 2012. NCPERRC conducted a series of regional orientations to the Guide between April and September. Additionally, LHDs were informed about the *Guide* via professional listserv announcements, practice conferences and meetings, as well as research briefs, and verbal communications.



Collection of Usage Data

In total, 67% (57 of 85) of local health departments accessed the *Guide*. The majority of *Guide users* completed the *Guide* in less than 5 minutes.

Findings

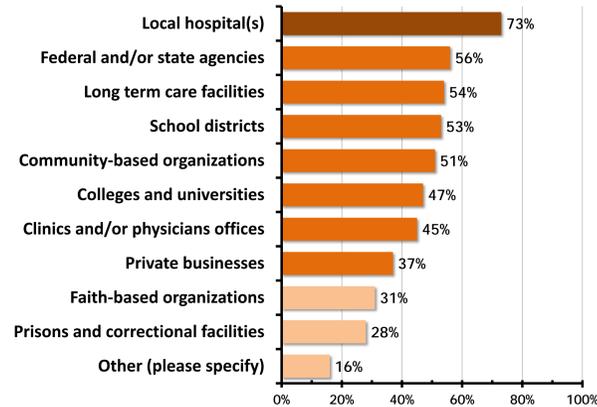
Users of the *Guide* represent a range of departments and positions within them, including:

- Public Information Officers
- Emergency Managers
- Health Educator
- Environmental Health Specialist
- Preparedness Coordinators
- CD Nurse/Nurse Supervisor

Success of at-risk populations planning largely depend on the strength of partnerships with members of these populations and the groups that serve them. More than 3/4 (77.3%) of departments reported their department discussed at-risk populations to some degree.

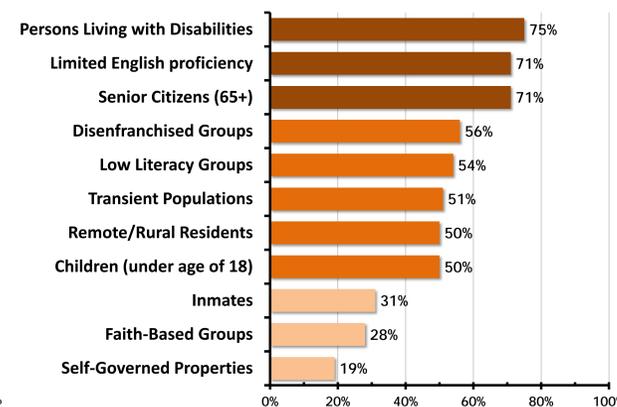
Building Partnerships

Which of the following types of organizations have you previously partnered with?



Vulnerable Populations Planning

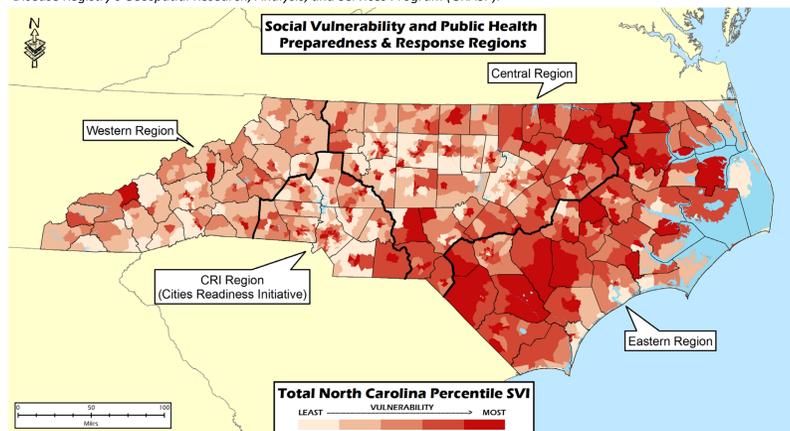
Which of the following at-risk populations would your department be most concerned about?



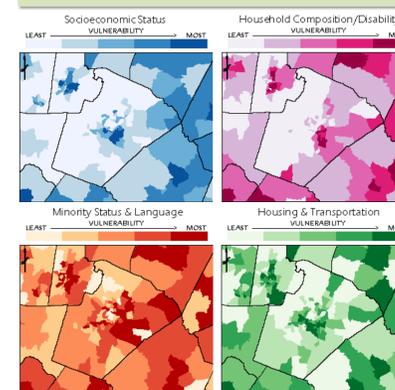
Regional & Population Variation

The *Guide* incorporates the *Social Vulnerability Index for Disaster Management (SVI)*, which ranks census tracts according to the level of vulnerability relative to census tracts across the state, to help preparedness coordinators identify their most vulnerable populations. SVI divides 15 census variables across 4 domains. Combined, they provide a summary of overall social vulnerability in a total percentile ranking.

SVI originated from CDC's National Center for Environmental Health, Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), and the Agency for Toxic Substances and Disease Registry's Geospatial Research, Analysis, and Services Program (GRASP).



SVI Domains



Barriers & Challenges

Results identified several key internal and external barriers and concerns associated with planning for at-risk populations.

Top Internal Challenges

What do you think are some of the reasons why your health department may not have fully discussed at-risk populations?

- Haven't gotten that far into the planning process
- Did not know how to begin this process
- Difficult to assess

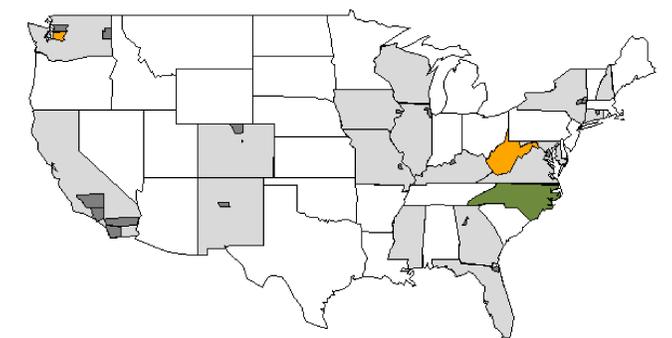
Top External Barriers

What are your concerns related to establishing and maintaining partnerships with stakeholder groups in your community?

- Lack of resources to train for preparedness
- Lack of funding to reimburse agencies after an event
- High turnover of staff

Next Steps

To date, the *Guide* has been accessed by 50+ departments from 17 other states. Current expansion includes partnerships with West Virginia and Seattle/King County. Current evaluation efforts are now focused on the *Guide's* impact on local public health preparedness for vulnerable and at-risk populations.



Acknowledgements

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