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Report No. 04-75

Florida's Public Health Preparedness Has Improved; Further Adjustments Needed

at a glance

The Department of Health's Office of Public Health Preparedness has obtained the maximum allowable amount of federal bio-terrorism funds. These funds have increased the state's ability to respond to any public health emergency, including terrorist activities, disease outbreaks, and natural disasters.

Federal funding for bioterrorism may end by Fiscal Year 2007. The department should work with the state healthcare system to conduct a healthcare/medical risk assessment or set benchmarks to prioritize future expenditures and provide the Legislature with a plan for maximizing remaining federal funds as well as options for possible transition to state funding for essential positions or expenditures.

The Legislature should revise Ch. 943, *Florida Statutes*, which currently provides for a separate emergency response structure for terrorism from that routinely used for all other emergencies. The state all-hazards team is well-trained and experienced and facilitates optimal response from all emergency personnel, including law enforcement, and having two separate response systems in statutes could lead to confusion about what to do during a catastrophic event.

Scope

Pursuant to s. 11.51, *Florida Statutes*, this project was conducted in response to a legislative request to provide information about the status of funding and preparedness for acts of bio-terrorism.

Background

The Legislature has designated the Florida Department of Health responsible for the state's public health system. Historically, the department's activities emphasized identifying, assessing, and controlling the presence and spread of communicable diseases and preparing for and responding to hazardous weather conditions and other public health hazards that could affect the citizens and visitors of the state.

In response to the terrorist attacks of September 2001 and an anthrax incident that followed in south Florida, the department's responsibilities expanded to include terrorism preparedness and response. To address these hazards, the department created the Office of Public Health Preparedness to coordinate related resources, planning, and activities with Florida healthcare organizations.

The Legislature has directed the Department of Health to actively seek federal grants and other forms of assistance to enhance its capabilities.¹ In the past, Florida and the public health departments of other states received some federal grants from the federal Department of Health and Human Services through its Centers for Disease Control and Prevention (CDC) to assist in the prevention, detection, and treatment of certain communicable diseases such as smallpox. However, with the escalation of terrorism threats in the United States and the anthrax incidents, the federal Department of Health and Human Services provided increased bio-terrorism funding to the states to strengthen public health preparedness through its two agencies, the CDC and the Health Resources and Services Administration (HRSA).

The focus of CDC grants continues to be public health preparedness, but now includes preparedness against diseases spread by bio-terrorist actions.² HRSA grants are for upgrading preparedness of hospitals, emergency medical services systems, outpatient facilities, and poison control centers. In addition to addressing bioterrorism, CDC and HRSA grants specifically allow states to enhance their capabilities to deal with non-terrorist, public healthcare emergencies.

Findings

Florida has received and spent the maximum amount of federal bio-terrorism funds available

Florida's Office of Public Health Preparedness is responsible for obtaining and expending federal bio-terrorism grant funds. It has applied for and received the maximum amount of CDC and HRSA funds available each year. Since bio-terrorism funding became available

in federal Fiscal Year 2002-03, Florida has received almost \$120 million, as shown in Exhibit 1. All funds have been spent in the year awarded or approved for carryover to the next fiscal year.

Exhibit 1 Federal Funding for Bioterrorism Preparedness Has Increased

Fiscal Year	CDC	HRSA
2002-03	\$40,581,081	\$ 6,441,669
2003-04	46,997,742	25,775,968
Agency Total	\$87,578,823	\$ 32,217,637
Grand Total	\$119,796,460	

Source: Florida Department of Health.

Receiving and using these grants is a complex process. CDC and HRSA determine each state's potential funding based on formulas that include a base and a per capita amount. To apply for the funding, each state must submit a detailed potential expenditure and fund use plan that meets federal criteria. If CDC and HRSA approve the expenditure plan, funding is awarded to the state. However, the funding is not released to the states until actual expenditures and contracts have been submitted to CDC/HRSA for approval. This application and spending process is complicated due to differences in state and federal fiscal years, budget cycles, and regulations, as well as time constraints and the large number of participants. For example, in 2004, Florida was given only 30 days to submit plans after being notified of the amount of funds available. During this period, numerous advisory groups at the local, regional, and state levels had to reach consensus on proposed healthcare expenditures. The Office of Public Health Preparedness successfully met the deadline and received the maximum amount of funds offered.

While the funding Florida has received in CDC and HRSA grants is substantial, it should be kept in perspective. The \$120 million in federal grants received over the past two years has been spread throughout the entire state health network, which includes state agencies,

¹ Section 381.0018, F.S.

² OPPAGA did not review contracts funded by CDC or HRSA for this report. The CDC Program is a major federal program and is audited for federal compliance by the Florida Auditor General.

67 counties, and hundreds of hospitals and medical facilities. For example, while the grants have provided \$415,496 in funding to Jackson Memorial Hospital in Miami during Fiscal Year 2003-04, this represented only 0.04% of the hospital's \$1.03 billion annual budget.

With the purchase of personnel, plans, equipment, and training, Florida's public healthcare system is now better prepared for emergencies

The CDC and HRSA grant funds have been used to increase the state's ability to respond to any public health emergency, due either to terrorist activities or natural causes. These enhancements, Florida's agency-coordinated approach to emergency preparedness, and its frequent activation of this system due to the need to respond to natural disasters such as the recent hurricanes, place Florida ahead of many states in being prepared for a public health emergency.

As described below, Florida has used the federal funds for personnel, planning, lab capacity, equipment and supplies, and training and exercises. Prior to 2001, as with most states, Florida's emergency response system lacked the plans, equipment, training, and infrastructure to respond to the new challenges posed by terrorism. State, county, and federal disaster preparedness officials we interviewed concurred that the federal funds have enhanced Florida's emergency preparedness for bio-terrorism as well as other public health emergencies.

Florida has spent CDC and HRSA bio-terrorism grant funds in federally designated focus/priority areas. Exhibit 2 describes Florida's expenditures for 2003-04 by these categories. The largest amount of funds has been used to upgrade equipment and supplies, followed by expanding public health preparedness staff, training and exercises, and enhanced lab capacity.

**Exhibit 2
2003-04 Expenditures Have Upgraded Preparedness ¹**

Expenditure Category	Amount
Lab Capacity	\$8,258,957
Lab Capacity—Biological	\$ 7,359,307
Lab Capacity—Chemical	899,650
Training and Exercises	\$11,639,495
Education and Preparedness Training (HRSA)	\$ 5,170,000
Education and Training (CDC)	3,820,852
Risk Communications and Health Information Dissemination	1,787,143
Terrorism Exercises	861,500
Public Health Preparedness Staff	\$19,721,167
Preparedness Planning and Projects	\$ 9,437,437
Surveillance, Epidemiology and Projects	9,377,946
Supervision and Administration	905,784
Equipment and Supplies	\$33,154,091
Regional Surge Capacity and Projects	\$14,075,534
Health Alert Communications and Information Technology	10,694,973
Emergency Medical Services	3,963,150
Strategic National Stockpile	3,620,434
Linkages to Public Health Departments	800,000
Total	\$72,773,710

¹ Personnel in addition to the 172 FTEs have been included in some of the categories in Exhibit 2 through service contracts. Source: Florida Department of Health.

Public health preparedness staff. The Department of Health has used the CDC portion of the federal funds to support 172 FTE positions in its Office of Public Health Preparedness. (See Exhibit 3.) These staff members are assigned to headquarters (33 positions) and the field (139 positions). In Tallahassee, the grant funds all headquarters staff of the office except the director; these employees include supervisory and administrative personnel, CDC and HRSA contract specialists, scientists knowledgeable about biological and chemical emergencies, medical doctors, planners, and systems analysts. Total salary and benefits costs of these 33 headquarters staff members for Fiscal Year 2003-04 was \$3,603,663. ³

³ Personnel cost figures are for FY 2003-04 and include salary, fringe benefits, and indirect costs, but exclude travel and conference expenses.

Exhibit 3 Most Positions Went to Local Entities

Categories	Field	Headquarters
Supervision, Administration		11
Planner, Coordinator	55	
Epidemiologist, Medical	84	6
Systems Analyst, Scientist, Contract Administration		16
Totals	139	33

Source: Florida Department of Health.

At the field level, the department has used the CDC funds to add 139 FTE positions to the county health departments and regional security task forces. These positions include 55 bio-terrorism planners, coordinators, and trainers, and 84 epidemiologists and related medical specialist positions.

The bio-terrorism planners, coordinators, and trainers are placed primarily in the state's 67 county health departments for planning, preparedness, and response initiatives. These staff members have developed written emergency plans for bio-terrorism, chemical, radiological, and conventional explosives attacks, and priority areas in the plans include antibiotic and vaccine treatment of biological exposure, location of medicine resources, and quarantine and decontamination. Each county now has a comprehensive all-hazards response plan that addresses incidents that could occur in a range of locations such as seaports, bus stations, football stadiums, and government offices. The plans also address state and local communications capabilities and their interface with hospitals and other medical entities. For example, the plans address how hospitals will evacuate existing patients in the event of a bioterrorist attack. The cost of the 55 planners was \$3,223,025 for Fiscal Year 2003-04.

The epidemiologists and related medical specialist positions are placed primarily in the county health departments. These staff are scientists that detect, investigate, identify, and manage diseases, as well as alert other participants in the healthcare system to

emerging health concerns. The epidemiologists also provide training in biological and chemical agents, as well as other disease issues, to county health workers, emergency responders, and other healthcare personnel. Prior to this funding, county health departments did not have epidemiologist positions. The cost of the 84 epidemiologists and medical specialists was \$4,536,445 for Fiscal Year 2003-04.

Laboratory capacity. The department also used the federal funds to expand its laboratory capacity. The department's Bureau of Laboratories is charged with the critical scientific testing needed for decision making during public health emergencies. The bureau has five major labs located throughout the state; it has used grant funds to add equipment and 10 employees to analyze, safely maintain, and report on biological specimens, as well as chemical, radiological, and other infectious disease specimens, on a 24-hour basis. The bureau also established a support infrastructure throughout the state that includes hospital labs and more than 165 other labs that can provide microbiology services. The labs and all 67 county health departments are networked into the web-based Merlin health alert network. The personnel added to the labs with bioterrorism funding cost \$772,012 in Fiscal Year 2003-04.

Equipment and supplies. The federal grants have enabled healthcare providers to purchase specialized equipment and supplies to enhance the state's emergency response capabilities. A priority in these purchases has been buying personal protection suits for first responder healthcare workers in the field as well as in the hospitals, and for patients during a biological threat.⁴ Ventilators and portable decontamination systems also have been purchased to respond to either a biological or chemical threat. Other major purchases have included communication equipment such as radios, cell phones, and computers for first

⁴ Personal protection suits are fully-encapsulated with self-contained breathing apparatus.

responders, command centers, emergency medical services, and hospitals; critical pharmaceuticals have also been purchased and stockpiled. Purchase of customized medical kits, specialized equipment, and supplies has enabled the state healthcare system to expand its temporary burn bed capacity from 60 beds in Fiscal Year 2002-03 to 273 beds in Fiscal Year 2003-04, and the system is on track to reach its goal of at least 870 burn beds by 2007. Most recently, the department and the network of healthcare providers have focused on purchasing and disseminating pediatric triage and treatment kits to hospital emergency departments and designing special negative pressure facilities to treat victims of biological agents.

Training and exercises. Finally, the department has used the federal funds to enhance training and conduct exercises to test and refine the state system. The federal funds have been used to train staff of regional centers, county health departments, and public and private hospitals in Florida. Training topics include smallpox education for first responders, laboratory procedures in hospitals and state laboratories, patient transfer, hospital reception, and awareness of physical and psychological effects from blast, explosion, or crushing. This training has been provided through personal presentations, print, and audio and video media.

The department and regional and local health systems are conducting frequent simulations and field exercises throughout the state to test, evaluate, and identify areas needing improvement. These exercises have focused on mass casualties, bioterrorism, and chemical attacks. Some of the specific areas tested by the exercises have included the capability of various radio and other communication packages used by the public health, emergency medical services, fire protection, law enforcement, and other emergency responders; handling contaminated victims and decontamination procedures; emergency medical services response; and coordination

among emergency response participants and hospitals. Participants have reported that these activities have strengthened the capabilities and coordination of the regional and county health organizations. A recent HRSA report noted that these activities have created an environment that fosters interconnectivity, interoperability of equipment, and coordination across disciplines in Florida.

Future needs. Florida's use of the federal funds so far has been focused on upgrading the state's overall emergency responsiveness. Now that Florida's level of preparedness has been raised, we recommend that the Department of Health establish strategic direction to target future efforts. One option for developing this guidance would be for the department to work with the state healthcare system to conduct a comprehensive medical risk assessment to rank possible healthcare threats and provide a basis for prioritizing future needs and expenditures. Risk assessments are successfully used by businesses, the military, and government to inform decision makers. Another option would be for the department to establish standards for measuring the state's preparedness. Such benchmarks would help identify gaps and prioritize the use of resources.

Florida should prepare for future loss of federal funding

The CDC/HRSA cooperative agreement warns that federal funding to the states for bioterrorism may be significantly reduced or ended by Fiscal Year 2007. Since local and state public health preparedness activities are key components of the nation's overall preparedness against terrorism, it seems unlikely that the federal government would withdraw all terrorism preparedness funding to the states. However, it would be prudent to prepare for possible substantial reductions in federal grant funds.

As discussed above, Florida has used CDC and HRSA funding to support personnel, planning, laboratory upgrades, supplies, and training.

The grants currently fund a number of service contracts and the 172 FTE positions throughout the state, including all positions in the Office of Public Health Preparedness (except the director), all county epidemiologists, and planners and coordinators in the county health departments and regional security task forces. While the plans, equipment, and medical supplies that have been obtained through the federal grants would remain if funding were eliminated, some continued funding would be needed to keep plans current, equipment maintained, health personnel trained, and to restock items such as pharmaceuticals that have expiration dates.

The Department of Health is in the process of planning for the potential reduction in federal funds. We recommend that the department, using information from the risk assessment discussed above, provide the Legislature its plan for maximizing remaining federal funds and proposals for possible transition to state funding for any essential positions or expenditures. For example, the department could propose a phased-in reduction of planning staff. The department also could propose to target future funding to stockpile supplies and reusable training materials such as videos and manuals that will provide the most sustainable and reoccurring benefit to the state's bio-terrorism and public health response capabilities.

The Legislature should revisit the state terrorism emergency response structure

As a response to the September 2001 terrorist attacks, the Governor issued Executive Order 01-262 to create Florida's terrorism response structure. This order temporarily put all levels of police and sheriffs under the control of the commissioner of the Florida Department of Law Enforcement (FDLE). The Florida Legislature subsequently revised Ch. 943, *Florida Statutes*, to designate the commissioner as chief of Domestic Security Initiatives and the Department of Law Enforcement as the lead agency for planning, investigation, and response to terrorism. The revised law also

designated the Department of Law Enforcement's seven regions as Regional Domestic Security Task Forces with the department's regional director and a local sheriff as co-chairs.

While this structure created a mechanism to respond to any future terrorist attacks, it constitutes a separate emergency response system than is used for all other hazards facing the state. Using a separate system apart from the one that the state and local governments have routinely and successfully used to respond to other types of emergencies creates a risk that terrorism responses could be hindered by unfamiliarity with different protocols and requirements.

The Division of Emergency Management within the Department of Community Affairs is charged with ensuring that the state is prepared for all hazards—natural, technological, and man-made.⁵ The division oversees the state's emergency preparedness and response for a broad range of events, which have included hurricanes, hazardous material spills, train wrecks, and interstate snipers. The division coordinates the efforts of all federal, state, and local responders so that their planning and response is integrated and systematic. During an event, representatives of all state-level responders report to the state emergency operations center, which coordinates their activities, and work with counterparts at the federal, county, and city levels. This integrated, all-hazards approach promotes response flexibility and allows the system to use the full capability of the various state and local agencies to assist in any emergency. The frequency with which Florida has used this system and the degree of familiarity, cooperation, and integration among state and local agencies makes this structure highly effective.

In contrast, the domestic security structure has never been activated for a real incident. Officials from all major response functions

⁵ Section 252.32, *F.S.*

stated that the all-hazards structure and functions would, in fact, be followed for an actual terrorist emergency. Although currently the various agencies work well together, having two response systems in statutes could lead to confusion about what to do during a catastrophic event. None of the many emergency response officials we contacted believe that Florida needs to maintain a separate emergency response for terrorism. Therefore, we recommend that the Legislature consider revising Ch. 943, *Florida Statutes*, to employ the all-hazards emergency response structure for terrorist events as well.

Conclusions and Recommendations ———

The Department of Health's Office of Public Health Preparedness has obtained the maximum allowable amount of federal bioterrorism funds. The grants have been used to increase the state's ability to respond to all public health emergencies including terrorist activities, disease outbreaks, and natural disasters. The state has used the federal funds to purchase personnel, planning, equipment, supplies, training, and exercises. State, county, and federal disaster preparedness officials report that these expenditures have enhanced Florida's overall healthcare emergency preparedness.

The federal cooperative agreement warns that federal funding for bioterrorism may be significantly reduced or ended by Fiscal Year 2007. Now that the Florida's level of

preparedness has been raised, the state needs to establish strategic direction for future use these funds. We recommend that the Department of Health work with the state healthcare system to conduct a healthcare/medical risk assessment and/or set benchmarks to provide a basis for prioritizing expenditures. The Department of Health, based on information from the risk assessment or benchmarks, should provide the Legislature with a plan for maximizing remaining federal funds as well as options for possible transition to state funding for any essential positions or expenditures.

Chapter 943, *Florida Statutes*, creates a separate structure headed by FDLE to respond to terrorism incidents than the state routinely and successfully uses to respond to other types of emergencies. We recommend that the Legislature revise Ch. 943, *Florida Statutes*, to employ the all-hazards emergency management structure for terrorist events as well.

Agency Response ———

In accordance with the provisions of s. 11.51(5), *Florida Statutes*, a draft of our report was submitted to the secretary of the Department of Health to review and respond.

In his response, the secretary provided a corrective action plan for establishing strategic direction for the future use of federal funds. The secretary's written response can be viewed in its entirety on [page 8](#).



Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary

November 10, 2004

Gary R. VanLandingham, Interim Director
Office of Program Policy Analysis
and Government Accountability
Room 312
111 West Madison Street
Tallahassee, FL 32399-1475

Dear Mr. VanLandingham:

Thank you for the opportunity to respond to the Office of Program Policy Analysis and Government Accountability's [OPPAGA] information brief, *Florida's Public Health Preparedness Has Improved; Further Adjustments Needed*.

Our agency's response and corrective action plan to your findings and recommendations are found in the enclosed document.

We appreciate the opportunity to comment. If you have questions, please contact us.

Sincerely,

/s/

John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary, Department of Health

JOA/mhb
Enclosure

Florida's Public Health Preparedness Has Improved; Further Adjustments Needed

<i>Finding</i>	<i>Recommendation</i>	<i>Management's Response</i>	<i>Corrective Action Plan</i>
Federal funding for bioterrorism may end by Fiscal Year 2007. Now that Florida's level of preparedness has been raised, the state needs to establish strategic direction for future use of these funds.	We recommend that the Department of Health work with the state healthcare system to conduct a healthcare/medical risk assessment and/or set benchmarks to provide a basis for prioritizing expenditures. The Department of Health, based on information from the risk assessment or benchmarks, should provide the Legislature with a plan for maximizing remaining federal funds as well as options for possible transition to state funding for any essential positions or expenditures.	Under Florida Statute 252, and the Florida's Comprehensive Emergency Management Plan, Emergency Support Function 8 Annex, the department is responsible to coordinate and facilitate the state's health and medical preparedness, response, recovery and mitigation activities for events impacting the public's health. Federal funds awarded to the state since 9/11/01 have afforded the health care system an opportunity to enhance our ability to prepare for and respond to such events. Florida has used a facilitated consensus process with the state's health care system partners that has been used to prioritize preparedness spending and leverage federal funding. To date, the priority for these funds has been to establish a minimum standard of preparedness across the state. As these minimum levels of preparedness are achieved, enhanced preparedness in areas at highest risk for events, whether natural or man-made, will be the priority for future spending of federal dollars. In partnership with the, Florida Department of Law Enforcement (FDLE) and the Division of Emergency Management (FDEM), Florida will implement a risk and vulnerability process which will assist with prioritizing funding across the state. The initial step in this process was the completion of the 2003 State Homeland Security Assessment and Strategy program initiated by the U. S. Department of Homeland Security, Office of Domestic Preparedness. The department is a partner with FDLE and FDEM for the implementation of state-sponsored follow-up to this assessment. The Centers for Disease Control and Prevention and the Health Services Resources Administration are engaged in a national effort to establish and implement health and medical performance measures and minimum levels of readiness. As these measures are developed, the department will update and integrate these national standards into Florida's Public Health Preparedness Strategic Plan. The 2004 Public Health Preparedness Strategic Planning Committee is currently engaged in review and update of the existing strategic plan that sets our strategic direction through 2007. This year's plan enhancement seeks to improve the measurability of the outcome and process indicators, as well as to define the interim projects that will move the state towards these objectives.	1) Review and update the 2007 Public Health Preparedness Strategic Plan; 2) Develop cost estimates for implementation of 2007 Public Health Preparedness Strategic Plan and on-going sustainment of minimum levels of readiness. 3) Develop Legislative Budget Requests for recurring state funding for sustaining minimum levels of readiness.

<i>Finding</i>	<i>Recommendation</i>	<i>Management's Response</i>	<i>Corrective Action Plan</i>
The Legislature should revisit the state terrorism emergency response structure.	We recommend that the Legislature revise Chapter 943, Florida Statutes, to employ the all-hazards emergency management structure for terrorist events as well.	This recommendation is directed to the Legislature.	Not applicable.

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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