



The Legislature and the Department of Health Have Strengthened Public Health Preparedness

at a glance

The 2005 Legislature improved Florida's overall emergency preparedness and response capabilities by establishing a statutory domestic security organization and structure. As we previously recommended, the Department of Health has developed a comprehensive strategy for medical and healthcare preparations against terrorist acts. The strategy also addresses Florida's healthcare system for naturally occurring emergencies and uses available federal funds to build the state's capabilities. Consistent with OPPAGA's recommendations, the department's Office of Public Health Preparedness established risk-based benchmarks for its preparedness capabilities and regularly reviews state progress in meeting objectives. Finally, the department has recently added the public health threat of pandemic viruses to its preparedness planning. All state government agencies have a continuity of operations plan to ensure government operations will continue during emergencies, and nearly all are developing plans to deal with a pandemic.

Scope

In accordance with state law, this progress report describes actions taken by the Legislature and the Department of Health to address the findings and recommendations of our 2004 report.^{1, 2}

Background

Until the terrorist acts of 2001, the Florida Division of Emergency Management of the Department of Community Affairs was responsible for managing state responses to all emergencies. The division used an "all hazards" structure that was developed to respond to natural disasters such as forest fires, floods, or hurricanes. After the terrorist attacks, the Legislature designated the commissioner of the Florida Department of Law Enforcement as the chief of domestic security for the state, and the department was given responsibility to serve as the lead agency for planning, investigating, and responding to terrorism incidents.³ This designation created a second emergency structure that closely paralleled the "all-hazards" response structure.

In addition, as a result of an anthrax incident in south Florida, the Legislature added terrorism preparedness and response to the Department of Health's public health responsibilities. The department created the Office of Public Health Preparedness to manage these

¹ *Florida's Public Health Preparedness Has Improved; Further Adjustments Needed*, OPPAGA [Report No. 04-75](#), November, 2004.

² Section 11.51(6), *F.S.*

³ Section 943.0311(1), *F.S.*

new activities. The Legislature also directed the Department of Health to seek federal bio-terrorism grant funding and to simultaneously develop and strengthen state capabilities to deal with non-terrorist public healthcare emergencies.⁴

Our 2004 review of Florida's emergency preparedness activities concluded that using separate management structures to respond to natural disasters and domestic security emergencies could cause confusion among state and local entities responding to an emergency. We recommended that the Legislature revise Ch. 943, *Florida Statutes*, to employ a single all-hazards emergency preparedness and response organization for all state emergencies, including terrorism.

We also concluded that the Department of Health's preparedness for terrorist acts was dependent upon federal bio-terrorism funds and it did not have a long range plan to address future needs of state health preparedness when federal funds were reduced. Also, the department had not yet established risk-based capability measures designed to best use federal funds. We recommended that the department establish a strategy for ensuring that the state's most critical health preparedness needs were addressed with the maximum available federal bio-terrorism funds. We also recommended that the Department of Health provide a plan to the Legislature with benchmarks for desired capabilities in critical areas of medical and healthcare preparedness. These desired capabilities would guide the spending of federal bio-terrorism grant funds, as well as strategy options for sustaining preparedness when federal funds were reduced.

Current Status

Consistent with our recommendations, the 2005 Legislature expanded the state's domestic security designations to include a formal structure, organization, and responsibilities for state domestic security. As we recommended, the Department of Health developed and implemented Florida's first public health preparedness strategic plan. The department also developed benchmark capabilities for preparedness and response, including a planning tool for maintaining and upgrading state preparedness.

The Legislature revised the state's domestic security structure. In 2005, the Legislature revised Ch. 943, *Florida Statutes*, to establish state domestic security, structure, organization, and responsibilities. This legislation created the Florida Domestic Security Oversight Council to provide executive direction for state preparedness and response to terrorism, as well as naturally occurring emergencies. This advisory council is responsible for emergency planning and coordination and is composed of representatives from several state agencies, including the Florida Department of Law Enforcement, the Department of Community Affairs (Division of Emergency Management), the Attorney General's Office, the Department of Health, and the Department of Agriculture. In addition, other members are the co-chairs of regional domestic security task forces, as well as representatives of the Florida Fire Chiefs Association, Florida Police Chiefs Association, and the Florida Hospital Association among others. The council and its executive committee of high level state officials are to provide state-level leadership and strategic direction, consolidate domestic security funding sources, and prioritize expenditures for emergency preparedness and response.⁵

⁴ Section 381.0018, *F.S.*

⁵ Section 943.0313(4), *F.S.*, directs that the executive committee consists of Florida's executive director of the Department of Law Enforcement, director of the Division of Emergency Management, Attorney General, Commissioner of Agriculture, Secretary of Health, Commissioner of Education, and State Fire Marshal.

While the statutory revision retained the separate emergency response structure for natural disasters and terrorism, the creation of the Domestic Security Oversight Council was consistent with our recommendations for a single emergency planning and coordination mechanism. The council provides a command structure and designated responsibilities for responding to all emergencies. In addition, the revision established specialized working groups for strategic planning categories such as medical capabilities, communications, and training at the local, regional, and state levels.

The Office of Public Health Preparedness has developed a comprehensive health preparedness strategy. Consistent with our recommendations, the Department of Health’s Office of Public Health Preparedness developed and implemented a public health preparedness strategic plan.⁶ The plan builds upon the state’s experience with natural disasters as well as guidance from the U.S. Department of Homeland Security’s National Response Plan in the critical areas of planning, organization, personnel, equipment, training, and exercises. A significant element in department’s strategy is to prioritize the use of federal bio-terrorism grant funds from the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Department of Homeland Security to strengthen Florida’s medical capabilities for total emergency preparedness and response. The department has purchased such items as personal protective equipment, burn supplies, storable medicines, and communication equipment, and has contracted for personnel such as trainers and medical specialists. The department has applied for and has received the maximum federal grant funding available every year since the terrorist acts of 2001, as shown in Exhibit 1.

**Exhibit 1
Florida Has Received the Maximum Available
Federal Funding for Health Preparedness
(Fiscal Years 2001-06)**

Federal Agency	Grant Amount
Center for Disease Control and Prevention	\$218,264,106
Department of Homeland Security	5,413,750 ¹
Health Services and Resources Administration	110,478,438
Total	\$334,156,294

¹ These funds were available only from Fiscal Years 2004-06.
Source: Florida Department of Health.

The department has set benchmarks and developed a capabilities tool to ensure that its preparedness goals are being met. The Office of Public Health Preparedness has implemented our recommendation to establish risk-based benchmarks for desired capabilities in critical health areas for bio-terrorism preparedness and response. The office uses planning guidance from the U.S. Department of Homeland Security’s Target Capabilities List and has developed the Florida Public Health Preparedness Capabilities Assessment Tool to assess Florida’s readiness capacities at the local, regional, and state levels. The assessment tool uses a cooperative process begun in 2006 in which a team of state health and medical professionals review and assess 18 categories of health and medical-related benchmarks or target capabilities. This process has identified areas that need improvement, for example in surge capability and managing mass casualties, as well as demonstrated the state’s progress in filling gaps in health preparedness areas such as protected community healthcare, interoperable voice and data communication, laboratory response, and training to use personal protective equipment.

Funding is a major factor in sustaining preparedness and response. The department recognizes that federal funding may eventually be reduced and the state will need to rely more heavily on other funding sources for preparedness and response continuity.

⁶ A new public health preparedness strategic plan is currently being completed and will cover years 2007-2010.

Currently, the department is using federal bio-terrorism grant funds for items that will have the greatest long-term benefit and sustainability for emergency response capabilities. These items include personal protective equipment, pharmaceutical and mass casualty caches, decontamination units, ventilators, pediatric triage kits, radios, medicines, laboratory equipment, and forensic equipment.

The department is encouraging state preparedness and response planning and coordination for emerging threats. The department also has made progress in planning and coordinating with federal, state, and private health organizations for emerging threats, such as pandemic influenza, as well as bio-terrorism emergencies.

The department has developed a pandemic influenza plan designed to respond to a severe outbreak. The department has been successful in obtaining \$16.8 million in federal pandemic influenza preparedness funding since 2005, and is actively assisting the Division of Emergency

Management by providing pandemic information to all state agencies and encouraging them to develop their own pandemic response plans as an annex to their continuity of operations plan.⁷

By statute, each state agency was required to develop a continuity of operations plan by the end of Fiscal Year 2002-03 and submit it for review to the Division of Emergency Management.⁸ As of May 2007, all executive agencies have a continuity of operations plan that has been reviewed by the division and is updated at least annually. In addition, most state agencies are preparing, or have completed, a pandemic influenza annex to their continuity of operations plans.⁹

⁷ The continuity of operations plan (COOP) describes how an agency would continue to operate in the event of a major disruptive event, such as a hurricane or a contagion like avian influenza. The plan details which specific functions will need to be continued and the essential positions needed to carry out those functions.

⁸ Section 252.365(c), *F.S.*

⁹ The Department of Citrus reports that it has not yet begun developing a pandemic influenza annex to its continuity of operations plan.

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