



**SCHOOL OF PUBLIC HEALTH**  
UNIVERSITY AT ALBANY State University of New York

University at Albany  
Center for Public Health Preparedness

## Grand Rounds Series

**May 10, 2007**

## Integrating Community Health Centers in Community Response

### Speakers

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### Evaluation

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Nursing Contact Hours,  
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### Call-In

**Phone: 800-452-0662**

**Fax: 518-426-0696**

## Presentation Overview

- Potential roles of health centers and PCAs in emergency response
- Examples of CCHC- CDHS collaboration
- Key Collaboration Lessons Learned

## CA CCHCs at a Glance

- Community Clinics and Health Centers (CCHCs) provide primary health services to everyone regardless of their ability to pay
- Non-profit providers
- 790 CCHC sites which provided 11.2 million patient visits\*

Cont.

\* 2005 OSHPD Annual Utilization Report

## CA CCHCs at a Glance

- Cont.
- There are over 4,100 CCHC medical staff that include doctors, nurses, dentists, pharmacists, mental health providers\*
- 48 % of 3.6 million CCHC patients are limited English proficient\*

\* 2005 OSHPD Annual Utilization Report

## CA CCHCs Patients a Glance

- Of the 3.6 million CCHCs patients:
  - 52% are Latino,
  - 32% Caucasian
  - 7% are Asian Pacific Islander,
  - 7% African American,
  - 2% Native American
- 82% are below 200% Federal Poverty Level
- 1 million uninsured patients
- 65% female 35% male patients

## The Need to Plan Ahead

- CCHCs serve the most vulnerable patients
- Risks based on demographics and region
- Business continuity planning leads to recovery
- Build relationships with hospitals, public health and EMS

## FQHC Emergency Management Mandate

- Federally Qualified Health Centers (FQHCs) will soon be required to adhere to BPHC standards:
  - Develop an Emergency Management Plan
  - NIMS compliance
  - Redundant communication systems
  - Financial Recovery measures
  - Plan with disaster planning partners

## CA CCHCs' Disaster Response



Loma Prieta Earthquake - 1989  
 So. California Firestorms - 2003  
 Hurricane Katrina - 2005

## CHC, Inc. Mission Statement



Community Health Center, Inc. is a private, non-profit agency providing primary health care and social services. Its quality health care services are available to all, and particularly to those who cannot gain access to such services elsewhere. The Community Health Center takes leadership in promoting interagency cooperation. It is based on consumer control and is committed to ensuring human rights and respecting human dignity; as such, it strives to be a voice and vehicle for social change.

## CHC Inc. Services



Health Care Services:      Ages: ALL

- Medicine
- Dentistry
- Behavioral Health



Locations:  
 Primary care offices, schools, and shelters

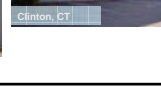
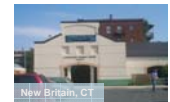
Specialties: OB, HIV/AIDS, and chronic diseases



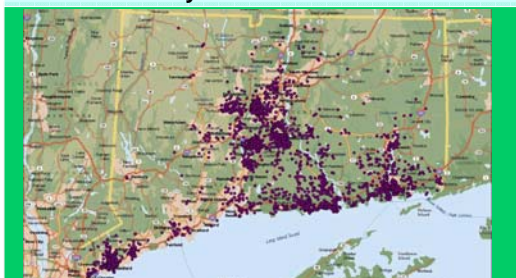
Other Services:

- Eligibility Assistance and Outreach
- Language Line interpretation Services
- Domestic Violence Services
- Vinnie's Jump & Jive (Community Dance Studio)

## We Are In Your Community



- 70,000 patients consider CHC as their "healthcare home"
- ¼ million uninsured or underinsured visits annually



## Patient Demographics, 2006

200% or less of poverty	41,048	89%
Uninsured	11,666	25%
Medicaid Coverage	27,096	59%
Under 15	16,279	35%
over 65	2,749	6%
Racial or Minority	28,465	62%



### **Limitations**

- **CHC, Inc. is the largest primary care safety net provider to the uninsured and underserved**
- **Roughly 29% of its funding come from public and private grants**
- **CHC, Inc. has limited preparedness funding for personnel and materials**

### **CCHC Emergency Management Roles**

- **Surge Capacity: additional staff needed to treat large influx of patients post-event**
  - **Medical Personnel**
    - **Provide medical/dental/mental health staff for off-site services such as hospitals**
    - **Provide disease and/or condition surveillance**
    - **Provide care in CCHC setting**

### **CCHC Emergency Management Roles**

- **Offer Medical Facilities**
  - **Alternate Care Sites or dispatch mobile medical vans**
  - **Serve as Points of Distribution (POD) sites**
- **Provide culturally competent, linguistically able provider/support staff**
- **Decontamination in rural settings**
- **Plan w/ regional/local disaster preparedness and response teams**

### **CPCA- CDHS Collaboration**

- **All Hazards and Pandemic Influenza Planning**
- **Alternate Care Site Planning Effort**
- **Health Care Surge Planning Collaborative Design Project**
- **Health Care Resource Typing Project**

### **CPCA CDHS Collaboration**

- **Statewide Exercise Planning Cmte**
- **ESAR-VHP Registry**
- **Influenza Sentinel Provider Registry**
- **Clinic Emergency Preparedness Project**

### **Potential Pandemic Influenza Impact on CCHCs**

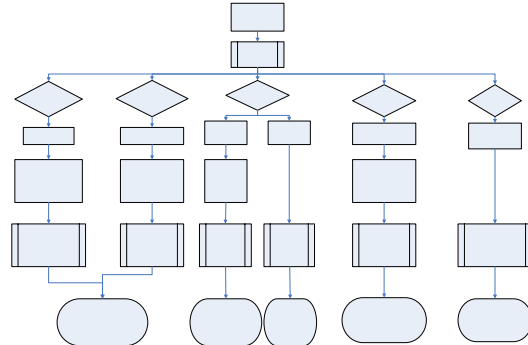
- **Pandemic Influenza will impact 30-50% of health care workforce**
- **CCHCs will be asked to serve to:**
  - **Distribute pharmaceuticals/vaccines/antivirals/supplies**

Cont.

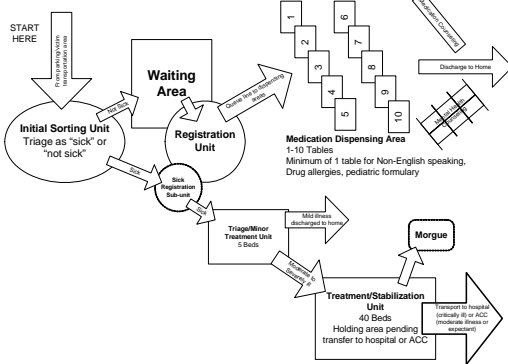
## Potential Pandemic Influenza Impact on CCHCs

- Cont.
- CCHCs will be asked to serve to:
  - Alternate Care Sites 24/7 operation
  - Triage sites for patients to higher or lower levels of care
  - Mental health services
- California will distribute \$78 million of Alternate Care Site supplies

## California Proposed Alternate Care Site Schematic



## Neighborhood Emergency Help Center Process Flow Diagram



## CHC, Inc. Strengths



- Statewide – 8 locations
- Varied programs
- Innovative
  - Electronic Health Records
  - Language line
  - Video conference system
  - Automated call message system
  - State of the art equipment
  - Staffed by the best
- No longer Primary Care but Specialists in Chronic Care

## CHC, Inc. Experience



- Initial JCAHO accreditation: Developed safety committee and incorporated activities as routine.
- Integrated plan into operations utilizing seasonal staff to oversee.
- TOPOFF 3 Exercise – big ramp up and BIG commitment. Made agency priority for 2-3 weeks.



## Role for Community Health Centers

- Development of comprehensive all-hazards emergency plan
- Connection with on-going efforts at community and regional levels
- MOUs with other providers, hospitals, vendors
- Drills – provide care within scope throughout emergencies

### **Role in Planning**

- Coordinate with local emergency officials, agencies and healthcare providers
- Support community wide response
- MOUs with hospitals to help with patient overflow
- Triage
- First Responders
- Inform and educate clients & community

### **Role in Detection**

- Assessment of acute illnesses
- Participate in CT DPH update system
- Provide clinicians with CDC and health department standards for detection, diagnosis and treatment of biological agents

Cont.

### **Role in Detection**

Cont.

- All clinic staff have emergency disaster response training and responsibilities
- Emergency Plan contains emergency procedures for fire, HAZMAT and other emergencies
- All staff receive annual training and participate in table top and/or functional drills

### **Role in Response**

- Life Safety – protect life and care for injured
  - Contain hazards to facilitate protection of life
  - Protect critical infrastructure, facilities, vital records and other data
  - Resume delivery of care ASAP
  - Support overall community response
  - Restore essential services/utilities
  - Provide accurate and timely crisis public info.

### **Role in Response**

Cont.

- Access for special populations who are our patients
- Behavior Health for patients and staff through Behavior Health Disaster Plan

### **Recovery From Emergencies**

- Establish employee support system and referrals to assistant programs as needed
- Accounting for disaster related expenses
- Return to normal operation ASAP

### **Role in Pandemic Flu**

- Provide critical health information to patients and neighborhood
- Identification of illness
- Treatment site
- Immunization site

### **Limitations**

- Human resources
  - With designated staff could do more drills and more on-going activity

### **Local Partnerships**

- Hospitals, schools, school-based health centers, Chamber of Commerce, local businesses, vendors, health department
- MOUs ensure cooperation when the need arises
- Representation on emergency preparedness committees locally (city, school), and regionally
- Cooperation during drills and activities

### **Key Steps**

- Assess local hazards: Hazard Vulnerability Analysis
- Identify emergency response roles: Define emergency response roles, Assign staff to roles, Train
- Develop solid all-hazards comprehensive emergency plan – Train

Cont.

### **Key Steps**

Cont.

- Annual training, update of plan, drills
- Reach out to partners: Introduced ourselves and presented them with a copy of our completed Emergency Plan
- Active participation in local, state and/or regional planning committees

### **Health Care Surge Planning Collaborative Design Process**

- Standards of practice during an emergency
- Liability of health care facilities and licensed healthcare professionals
- Reimbursement of care provided during an emergency
- Operating alternate care sites
- Healthcare Surge capacity operating plans

<b>CPCA Emergency Management Projects</b>
<ul style="list-style-type: none"> <li>• Developed detailed CCHC-specific EOP</li> <li>• Represent CCHCs at state disaster planning table</li> <li>• Secured \$18 million of equipment, supplies, and training since 02</li> <li>• Impact the Governor's Pandemic Influenza Planning Process</li> <li>• PCA Technical Assistance</li> </ul>

<b>CPCA Emergency Management Projects</b>
<ul style="list-style-type: none"> <li>• Clinic Emergency Preparedness Task Force</li> <li>• Clinic Emergency Response Flip Charts</li> <li>• Input on the BPHC PIN re: health center emergency preparedness expectations</li> <li>• Clinic Emergency Preparedness Help Desk library</li> <li>• CA CCHC Disaster Readiness Survey</li> </ul>

<b>CCHC Emergency Preparedness Challenges</b>
<ul style="list-style-type: none"> <li>• Securing future equipment will be more difficult with HRSA grant</li> <li>• Meeting new BPHC emergency preparedness standards without additional BPHC resources</li> <li>• CCHC Executive Director buy-in on value of emergency preparedness planning</li> </ul>

<b>CPCA Collaboration Lesson Learned</b>
<ul style="list-style-type: none"> <li>• Educate</li> <li>• Advocate</li> <li>• Outreach to traditional and non-traditional partners</li> <li>• Secure Leadership Buy-in</li> <li>• Secure resources</li> <li>• Determine mutual goals and objectives</li> </ul>

<b>Contact</b>
<p>Nora O'Brien, Senior Regional Advocate California Primary Care Association</p> <p><a href="http://www.cPCA.org/resources/cepp">www.cPCA.org/resources/cepp</a></p> <p>916 440-8170 ext 232 nobrien@cPCA.org</p>

<b>Contact</b>
<p>Jane Hylan, Director School Based Health Services Community Health Center, Inc.</p> <p><a href="http://www.chc1.com">www.chc1.com</a></p> <p>860-575-3071 HylanJ@chc1.com</p>

## Resources

- [www.ready.gov](http://www.ready.gov)
- [www.fema.gov](http://www.fema.gov)
- [www.hhs.gov/pandemicflu/plan](http://www.hhs.gov/pandemicflu/plan)
- [www.pandemicflu.gov](http://www.pandemicflu.gov)
- [www.dhs.gov/index.shtm](http://www.dhs.gov/index.shtm)
- [www.bt.cdc.gov](http://www.bt.cdc.gov)
- [www.opusa.org](http://www.opusa.org)
- [www.directrelief.org](http://www.directrelief.org)

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