Health Center Preparedness and Response Forum

Session 4 April 16, 2025

WORKFORCE SUPPORTS

Housekeeping

- All participants are muted on entry
- Use the Q&A to ask a question during the session
- This webinar is being recorded
- Materials will be emailed to participants within one week
- We love your feedback please fill out the evaluation after the session!

National Training and Technical Assistance Partners (NTTAPs)























NTTAP Facilitators



Kyraneshia Coleman, MPA
Program Director
MHP Salud
Kyraneshia.coleman@mhpsalud.org



Smruti Shah, MPH
Deputy Director
Health Outreach Partners
smruti@outreach-partners.org

Agenda

- Welcome and Introductions
- Staff Competencies Framework
 - Anne Hasselmann
- Project HOPE
 - Harley Jones
- Community Health of South Florida, Inc.
 - Eunice Hines
- Q&A
- Audience Engagement
- NTTAP Resources
- Evaluation & Close

Presenter



Anne Hasselmann, MPH
Principal
ARH Health Consulting LLC
Health Care and Public Health Emergency Preparedness
Consulting

Supporting Health Center Staff
Through Training: All-Hazards
Emergency Preparedness and
Response Competencies

Anne Hasselmann, MPH

April 16, 2025

Health Center Preparedness and Response Forum – Workforce Supports



Prepared Staff=Prepared Health Centers

- Health centers must ensure that their patients receive quality care during and after an emergency or disaster.
 - This is part of their mission and is required by federal and state regulations.
- Having a plan is not enough!
- As staff gain emergency management knowledge, health centers build their emergency and disaster response capabilities.





Training is a Critical Element of Staff Support

- Risks to staff increase during emergencies.
- Preparedness can help staff gain some control over how they will be affected by the risks that are most likely to occur.
- TRAINING and EXERCISES prepare staff to respond more efficiently and effectively by knowing what the plans are and what they need to do.
- Staff support is enhanced by training that includes talking with staff about personal preparedness plans, identifying stress responses, and self-care.





Why Emergency Management Competencies?

• In an environment of competing obligations for staff training, competencies help focus emergency management-related learning activities to cover the most essential information and use time efficiently.

*Patient care
*Day-to-Day Tasks



*Job-focused Training
*Compliance Training
*Preparedness Training
*Exercises



All-Hazards Core Competencies for CHCs



Goal:

Improve health center emergency and All health center staff achieve a disaster preparedness, response and recovery so they may continue to care for their patients and support integrated community healthcare response.

Outcome:

- basic level of competency to perform assigned response and
- recovery roles across disciplines and skill levels to support their CHC and the larger community.

All-Hazards Emergency Preparedness and Response Competencies

v. 4, 2022



#1

Demonstrate knowledge of the basic principles of emergency management.

Basics of Emergency Management



#2

Demonstrate knowledge of one's expected role(s) in organizational response plans activated during a disaster or public health emergency.

Roles & Expectations in an Emergency



Principles of Communication



Demonstrate knowledge of general communications principles, and organization-specific communications policies and procedures to be implemented during a disaster or public health emergency.

Staff Risk Reduction & Stress Management



Demonstrate knowledge of personal health and safety measures that can be implemented in a disaster or public health emergency.

Maintain Patient Well-being



Demonstrate knowledge of how one's organization will support the physical and mental health of its patients before, during, and after a disaster or public health emergency.

All Hazards Emergency Preparedness and Response Competencies for Health Center Staff: Training Curriculum

- NNCC is developing a 5-module curriculum designed to enhance workforce readiness among health center staff to respond to various hazards effectively, based on the *All-Hazards Competencies*.
- Each course in the 5-part series will include an asynchronous online module for learners, as well as Facilitation Guides for in-person learning sessions at health centers where staff will discuss specific aspects of their health center's emergency plans.
- A 4-part learning series is planned for this Spring. (See "Resources" for more info!)



Resources

- NNCC All Hazards Competencies Final PDF
- <u>Learning Collaborative Link (starts 4/29)</u>:

https://nurseledcare.phmc.org/training/item/1787:training-to-readiness-advancing-emergency-preparedness-across-health-centers-part-one.html

For more information:

Jillian Bird, MSN, RN

Director of Training and Technical Assistance

National Nurse-Led Care Consortium

jbird@phmc.org



Presenter



Harley Jones, MA
Director of Domestic Programs
Project HOPE
HJones@projecthope.org



About Project HOPE

Healing people. Transforming lives.

Project HOPE is a global health and humanitarian nonprofit organization that responds to the world's greatest health crises. We provide the tools and training local health care workers need to save lives across the globe. We fight disease, respond to disasters, and focus on improving access to health care for women, children, and those with the greatest needs.

Our Vision

We envision a world where everyone has access to the health care, they need to reach life's full potential through a strong global community of health care workers.

Our Mission

Project HOPE places power in the hands of local health care workers to save lives across the globe.



How We Work

Healing people. Transforming lives.

Project HOPE is building a strong global community of health care workers who practice innovative solutions in their communities and then pass them on to others.

- We provide health workers with the skills and support they need to save lives
- We form partnerships to implement lasting solutions
- We scale up evidence-based solutions in the field
- We use our global network and technical expertise to bring about long-term change

Our Program Focus Areas

- Disasters and Health Crises
- Pandemic Preparedness and Response
- Infectious and Noncommunicable Diseases
- Maternal, Neonatal, and Child Health
- Health Policy



Key components of Disaster Preparedness for your Clinic and Workforce

- Risk assessment and planning
 - Identifying potential hazards and vulnerabilities
 - Assessing vulnerabilities and developing strategies
- Emergency response plan
 - Develop a plan with and for the staff you are trying to support
 - Assign roles and responsibilities to clinic staff
 - Review and update plans every 2 years
- Communication strategies
 - Internal and external and highlight strategies for ensuring clear and timely communication.
 - CMS Requirements
 - Coordinate patient care in the facility, across providers, and with state and local health departments and FEMA
 - Must include reporting mechanisms with authorities
 - Internal and External Stakeholders
- Resource Management
 - How will the clinic manage resources during disasters
 - Stockpiling essential supplies, ensuring continuity of care, and collaborating with other organizations for resource-sharing
- Training and Exercising
 - Discussion based trainings like seminars, workshops, and table-top exercises
 - Drills, exercises, external drills and scenarios



procedures

- Workshops, seminars, trainings
- **Tabletop exercises**

Community education initiatives

- Community outreach efforts
- Patient education including planning, preparedness, medications and supplies
- Public messaging efforts

Regular drills and exercises

- Holding regular drills aimed at practicing your clinic's emergency response plan
- Topic specific; live action
- Community led drills and exercises

CHW Training Needs

Trust building

Assessments

Communication and leadership

CPR

Disaster

Prevention

Disasters

Emergency

Management

Food and Housing

Surveying

CHW Training Needs

Mental Health First Aid, Anxiety Management

Hurricane Helene – Western North

Carolina, 2024

Type of Disaster: Extreme flooding and wind

Impacted Populations:

Low-income, elderly, rural communities, non-English speakers, unhoused individuals, agricultural workers

Vulnerabilities During and After Flooding:

Limited access to transportation, healthcare, communication, language barriers and limited disaster preparedness

Role of Community Health Centers (CHCs):

- Many CHCs closed during disaster
- CHC staff redeployed to shelters and hospitals
- Provided surge care post-disaster

Role of Community Health Workers (CHWs):

- Reached isolated populations through mobile outreach
- Sourced resources from partners and disaster-relief groups

Key Challenges:

- Limited infrastructure for mobile operations (laptops, connectivity)
- CHC closures disrupted care for existing patients



Los Angeles Wildfires, 2025

Type of Disaster: Wildfire

Impacted Populations: Elderly, unhoused individuals, people with compromised respiratory systems, outdoor workers, hospitality and domestic workers, children

Vulnerabilities During and After Fires:

- •Exposure to smoke and poor air quality (e.g., need for inhalers, masks, air purifiers)
- •Displacement leading to increased unhoused populations (e.g., encampments)
- Limited ability to relocate or shelter safely during fires

Role of Community Health Centers (CHCs):

•Mobilized services at community gathering points: donation sites, food pantries, pet care areas, reentry checkpoints

Role of Community Health Workers (CHWs):

•Collaborated with partners to expand care (e.g., mobile vision and dental services alongside primary care)

Key Challenges:

•Large metro area required extensive coordination and inter- agency partnerships for resource allocation



Emergency Preparedness, Response, and Recovery Resources for Health Centers

HRSA Emergency Preparedness & Continuity of Operations resources

Disaster Behavioral Health Resources

<u>FEMA – Free Disaster Training</u>







Tips for Disaster Responders:

Proposition of the desires and show which is extended in the case of the case

Introduction

Stress prevention and management begin long before you are called upon to respond to an observed or personal stress prevention and management skells that you can learn and practice before you are used upon to respond, as well as approaches you can apply to manage stress during your deployment. You can also download using your deployment, You can also download using your deployment. You can also download using your deployment. You can also download proposed you can apply to manage stress and passed you can apply to manage stress proposed to the present of the proposed of the proposed p

Stress Prevention and Management

PREPARING FOR YOUR DISASTER ASSIGNMENT
The ideal time for taking actions to prevent stress
and to strengthen your stress management skills
is batter your disaster assignment. Responder
stress can be diminished by practicing for the
disaster role, developing a personal toolkt of
stress management skills, and preparing yourself
and your loved ones.

Practice for the Know Your Job

 Train hard and know your job wall. You will perform at peak capacity, with more confidence and less stress, if you know you are as ready as you you have.

SIX DOMAINS OF PREPAREDNESS

The Public Health Emergency Preparedness

Program works to advance six main areas of preparedness so state and local public health systems are better prepared for emergencies that impact the public's health.



Community Resilience:

Preparing for and recovering from emergencies



Incident management:

Coordinating an effective response



Information Management:

Making sure people have information to take action



Countermeasures and Mitigation: Getting medicines and supplies

where they are needed



Surge Management:

Expanding medical services to handie large events



Biosurveillance:

Investigating and identifying health threats

www.cdc.gov/cpr/readiness



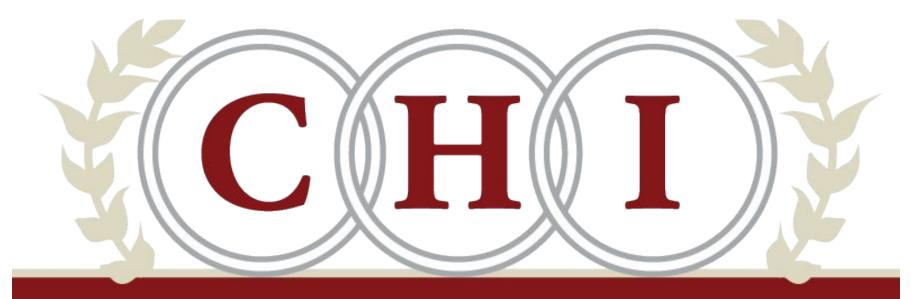


Presenter



Eunice N. Hines, MPH, CCHW, CHC
Director for Migrant Health Services & Outreach
Community Health of South Florida, Inc.

ENHines@chisouthfl.org



COMMUNITY HEALTH of South Florida, Inc.

- 12 Community Health Centers
 - (9) Miami-Dade
 - (3) Monroe County
- Over 58 school-based clinics
- 2 Mobile Units



Case Scenario: U.S. 1's 18-Mile Stretch Fire since March 18, 2025.

<u>U.S. 1's 18-Mile Stretch reopens,</u> <u>Card Sound Road still closed because</u> <u>of brush fire</u>



Continuity of Operations Plan (COOP)

CHI Healthcare facilities are geographically located in South Miami-Dade and Monroe Counties, Florida. Areas subject to natural disasters, such as hurricanes, tropical storms, Turkey Point (Electrical Plant) and flooding, as well as man-made disasters.

CHI is considered the First Time responder in the South End of the County and may be called upon to provide emergency patient care in the event of a disaster or a major accident which occurs within CHI's service area. It is the responsibility of the President & CEO or his designee to initiate implementation of the CHI Continuity of Operations Plan (COOP).

This COOP is done in coordination with the Miami-Dade County, Monroe County, and State of Florida Governmental Emergency Management Agencies.

This Plan covers all CHI sites and business locations. The Environment of Care Committee also serves to review all Emergency Management Procedures, the COOP and related protocols for the organization.

Provides guidance for implementation of emergency procedures prior to a declared or imminent incident and immediately after a disaster, in order to ensure optimal medical care for patients while maintaining the safety of CHI employees and security of its facilities and equipment.



What are the Challenges?

Inability for labs to pick up specimens on time

Challenges in getting staff to travel for Outreach Events

Polluted Environment

Patients and staff worried about losing their home

Patients unable to get transportation to center for their medical appointments

Fires affecting Power lines

Road Closed: Not being able to leave or enter the Islands



ACTIONS

WHAT DID WE DO



Assess all scheduled patients that are driving in the Island to seek care

Change them to be telehealth Send a message to MyChart, Solutions Reach to all patients in Monroe County



Assess all patients that are scheduled for lab work

Reschedule the lab work.Do home visits. Residents may not leave their home due to the pollution and the lack of transportation



Assess all community events

Consider the date and time of the events



Assess what staff drives into
the island for collaboration of
community events, and who
is scheduled to the centers to perform
patient care

Reduce transportation to and from the island rm

WHAT WAS THE OUTCOME

Community Emergency Response Team including Outreach Activities • A team of volunteers and staff on Outreach Workers that collaborate with other designated individuals trained in basic response skills, that go door to door, assess & identify those in need of assistance after a disaster

Identify Shelters

• For families and their pets.

Community Health Center

 CHI to provide medical, behavioral health services with pharmacy, labs, urgent care and crisis unit and addresses needs and linkage, including Outreach activities.

Americares

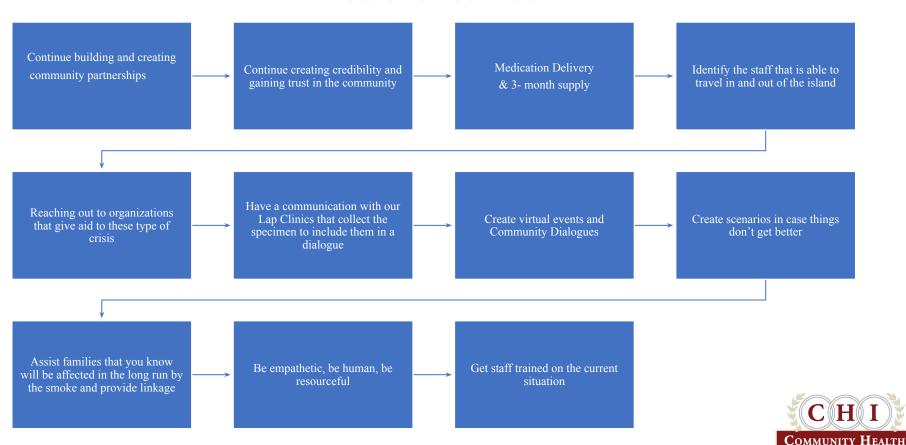
- https://usprogram.americares.org
- Provides supplies and medication FREE to organizations during natural disaster events.

Department of Health Resources & Education

- Education and Linkage
- CHI Outreach Activities

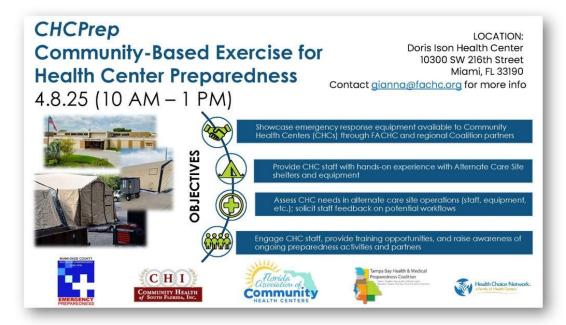


Lessons Learned



of South Florida, Inc.

Resources







Q&A

Resources





Including CHWs in Emergency Preparedness and Response Tipsheet

Preparación para la Emergencia Centros de salud y Trabajadores comunitarios de la salud Tipsheet

Mentimeter Exercise

Evaluation

Please take the time to complete the evaluation and help us improve this activity for future sessions.

THANK YOU! Stay Tuned for Details on Our Next Series!

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards totaling \$847,285 with 0% financed with non-government sources, \$678,959 with 0% financed with non-government sources and \$550,000 with 0% financed with non-government sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.