

Research Brief

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Preparedness Capacity Survey Custom Reports: Usage by Local Health Departments

In each of the past three years (2009-2012), all 85 North Carolina local health departments (LHDs) and 247 LHDs from 39 other states (matched comparison group) have been invited to participate in the Local Health Department Preparedness Capacity Survey (PCAS). Overall, 75% of these LHDs responded to survey questions on key preparedness and response capacities. Responding LHDs received a customized report summarizing their responses and comparing their responses to a matched peer group. The customized reports are intended to help LHDs identify opportunities to enhance public health preparedness and response capabilities through activities such as public health agency accreditation, performance measurement, and quality improvement.

To understand how LHDs have used the custom PCAS reports, the research staff created and sent a six-question survey to 70 LHDs that had been early responders to the 2012 PCAS survey and had responded in 2010 and 2011. (See Figure 1 on page 2.) Thirty-nine LHDs completed the brief survey between January 28th and February 8th, 2013, for a response rate of 56%.

The results of the usage survey offer insights for the recipients of the 2012 PCAS custom reports on how their peers have used the PCAS custom reports.

Comments from Respondents Who Used the Report:

“It helps to measure what other counties are struggling with or doing really well. We use this as a benchmark to measure our preparedness program and resources.”

“Our agency shared the report with our current emergency management director and has led to continued collaboration efforts. This report had a direct effort to improve preparedness activities throughout the entire county.”

“It [matched peer group information] was utilized when setting preparedness goals for upcoming grant years”

“Keep the document in eyesight and look at it often because it is full of great information”

“It's very important to understand the entire report so as to be able to implement change where necessary. The P-CAS report is a very useful tool and can aid in communication with your local emergency management director.”

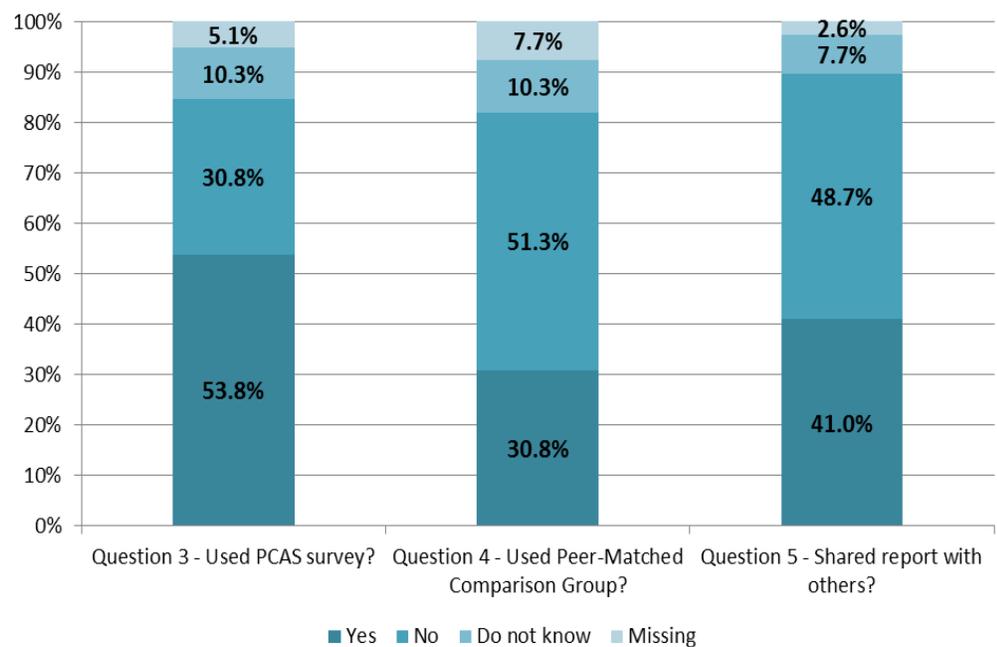
Key results from LHDs on the use of custom reports:

- Overall, 54% of responding LHDs used the PCAS reports. The majority of those who used the report said they used it to compare their LHD to others, for strategic planning (e.g., benchmarking, setting preparedness grant goals, etc.), staff training, and for dissemination to Boards of Health and other partners. Twenty-three percent of LHDs used the report as a quality improvement tool and open-ended survey responses indicated that the custom report aided LHDs in the accreditation process.
- Responses indicated that report sharing was a common practice among LHDs with 41% sharing PCAS results. Fifty percent of these shared it with Emergency Management (EM) or first responders and 31% shared the PCAS results only with staff in their agency. LHDs also shared the reports with hospital emergency management, local law enforcement, health departments from adjacent jurisdictions, and attendees of Strategic National Stockpile meetings. One LHD reported that their Preparedness and Response Internal Epidemiology Team reviewed and used the report.
- Specific uses for the matched peer group information were similar to usage of the report in general (i.e., comparison to other LHDs, preparedness planning). However, while 54% of LHDs used the PCAS reports in general, only 31% used the matched peer group information.
- Several respondents suggested the report would be more useful to them if “best practices” resources were added to the custom reports. Other respondents requested that more of the custom report information be bulleted. LHDs also recommended report sharing with EM and the creation of regional workgroups to develop preparedness strategies.

Conclusion:

Most LHDs used the report to identify and prioritize areas for improvement and many shared the report both internally and with a variety of external organization. The usage survey results enable LHDs to learn from other LHDs’ use of the custom reports. The results of the usage survey are made available to participating LHDs through a website link in the customized reports. The layout of the custom reports has also been modified to improve ease of use.

Figure 1. Selected Items from PCAS Usage Survey



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