

## Research Brief

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# Services Provided by Regional Preparedness and Response Teams in North Carolina and Virginia

## Background

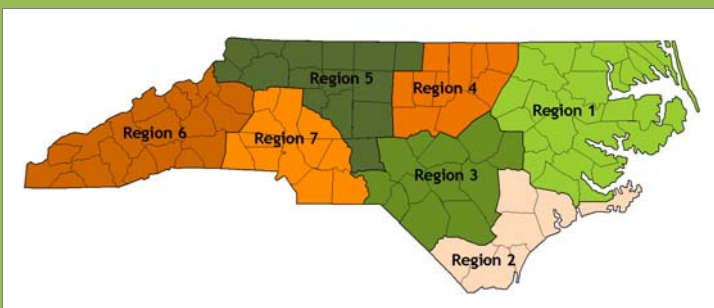
In many states, regional preparedness and response teams provide services to a designated group of local health departments or districts (LHDs) with the aim of enhancing local capacity and improving coordination of preparedness and response efforts across jurisdictions. Regions are staffed by a variety of public health practitioners (e.g., planners, epidemiologists, trainers) and collectively represent a sizeable investment of federal public health emergency preparedness (PHEP) funds.

Both North Carolina and Virginia have regional preparedness teams. North Carolina is a decentralized state in which regional teams are employed by a LHD and work collaboratively with the state health department and other LHDs in their region. Virginia is a centralized state where regional teams and the LHDs they support are under the control of the state health department.

## Methods

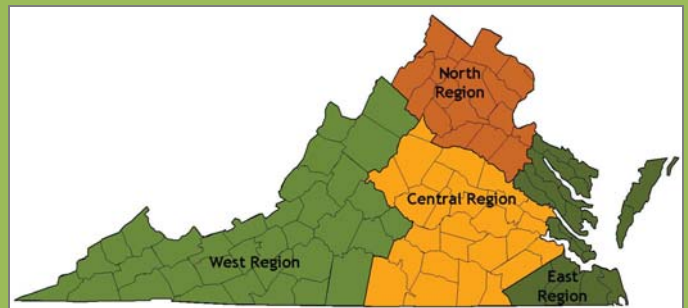
The study focused on documenting services regional preparedness teams provide to LHDs in North Carolina and Virginia. Web surveys of regional team “customers” and interview/focus group data were state-specific and focused on the services provided by each state’s teams.

### North Carolina Preparedness Regions



*In North Carolina, the research team partnered with the Office of Public Health Preparedness & Response at the North Carolina Division of Public Health (NCDPH) to survey preparedness coordinators based at LHDs in 2009.*

### Virginia Preparedness Regions



*In Virginia, researchers partnered with the Office of Emergency Preparedness & Response at the Virginia Department of Health (VDH) to survey LHD management teams comprised of health directors, nurse managers, business managers, environmental health managers, epidemiologists, and planners in 2011.*

## Results

Response rates: 98% of preparedness coordinators completed the North Carolina survey; 100% of LHD management teams completed the Virginia survey.

North Carolina has 7 Public Health Regional Surveillance Teams (PHRST) that provide services to an average of 12 LHDs (range, 7-12). PHRST composition varied at the time of the study; teams were originally designed to include a physician/epidemiologist, industrial hygienist, nurse/epidemiologist, and administrative support technician. Virginia has 4 Emergency Preparedness and Response (EP&R) regional teams. Each team supports an average of 8 LHDs (range, 8 – 10). All teams have a planner, epidemiologist, trainer, and public information office; some teams have additional staff.

### Summary of Services Provides by Regional Preparedness and Response Teams in North Carolina (2009) and Virginia (2011)

| Type of Service                              | North Carolina   | Virginia  |
|--|--|---|
| <b>Communication and Liaison</b>             | Serve as liaison between LHDs and NCDPH; facilitate relationships with response partners; hold regular meetings of preparedness coordinators in the region | Serve as liaison to local, regional, state, and federal preparedness partners; represent VDH on regional preparedness issues; provide public and media relations assistance |
| <b>Exercises</b>                             | Provide guidance; conduct regional exercises; assist with development of after-action reports/ improvement plans; assist with plan implementation          | Participate in state, regional, and local exercises and evaluate lessons learns; make improvements  |
| <b>Epidemiology and Surveillance</b>         | Promote use of and access to the North Carolina Health Alert Network and share alerts; assist with outbreak investigations                                 | Provide assistance with outbreak investigations; help districts understand disease reporting requirements and use of surveillance systems                                   |
| <b>Planning</b>                              | Assist with development of Strategic National Stockpile and isolation and quarantine plans   | Not addressed by survey   |
| <b>Training</b>                              | Provide preparedness and response training; provide information about training opportunities   | Provide preparedness and response training; communicate statewide training objectives   |
| <b>Consultation and Technical Assistance</b> | Provide technical assistance related to industrial hygiene   | Coordinate and facilitate technical assistance; provide consultation and technical assistance on public health response to unusual cases of disease                         |
| <b>Event response</b>                        | Interpret local, state, national guidance; facilitate communication  | Coordinate multi-district response efforts  |

## Discussion

Regional teams in North Carolina and Virginia provide similar services to LHDs in their respective states. Variation in services reflects different needs and priorities in each state. Variation may also result from the different time frames in which each state was surveyed.

In both North Carolina and Virginia, state health department staff are using (or have used) the results of the study for strategic planning purposes.

- Based in part on the 2009 North Carolina survey results, the North Carolina Division of Public Health has restructured the regions and team composition of its Public Health Regional Surveillance Teams. Teams now focus less on providing epidemiology and surveillance assistance, and place more emphasis on training, planning, and exercise assistance.
- The Virginia Department of Health is currently using the results of 2011 survey of its Emergency Preparedness and Response regional teams for strategic planning.

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