

Executive Summary – PHEP Capacity Survey, July 5, 2011

On April 21, 2011 a request was e-mailed to all county health departments (CHDs) in Florida that receive CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement funding asking them to complete the attached PHEP Funded, Epidemiology Capacity Support Survey and return it to the Bureau of Epidemiology by May 13, 2011. This report provides a summary of the PHEP funded positions, as well as an overall perspective of the epidemiology capacity in the funded counties. To better understand how the PHEP funds support CHD epidemiology programs, the survey questions asking about the number of persons employed in the epidemiology programs were modified this year to clarify whether an employee is 1.0 FTE or any portion there of. This change makes it difficult to compare some of the data collected to last year's summary. Where appropriate, last year's data are included.

Thirty-four of Florida's sixty-seven counties (51%) receive PHEP funding. New county-size designations were established since the 2010 survey was completed. These new designations divide the counties into 4 different categories*, rather than three as previously established. Using the new categories, there are 7/7 (100%) metro counties, 13/15 (86.7%) large counties, 11/16 (68.8%) medium counties and 3/29 (10.3%) small counties that receive PHEP funding. The funded counties account for over 90% (17,065,451) of the population of the state of Florida. Another 24 CHDs receive epidemiology assistance from the CHDs which already receive this PHEP funding, accounting for even greater coverage of the population. This includes two CHD consortiums, one based in Bay County serving the mid-Panhandle region and another that is based in Flagler County, serving the Northeast Florida region. All PHEP funded CHDs passed the Bureau of Epidemiology's measure that was included in the Office of Performance Improvement's 2011 County Performance Snapshot which uses 2010 data.

The PHEP monies currently provide 78.54 FTE positions in thirty-four counties to enhance epidemiology capacity within the health department system. When the survey was completed, there were 3 vacant positions. There are nine Florida Epidemic Intelligence Service (EIS) Program fellows, six of which are funded by PHEP and three by H1N1 funds. Eight of the EIS positions are working in CHDs that receive PHEP funding and one is housed in a CHD that previously shared a PHEP position with an adjacent county. There are 94.92 epidemiology employees who do not receive PHEP funding in these CHDs. The number of non PHEP-funded employees has decreased by approximately 11% since the last survey results were gathered in 2010. Forty-five percent of the total epidemiology employees in these CHDs are supported by PHEP funds. The rate of PHEP-funded epidemiology FTEs is 0.46/ 100,000 population compared to 0.55/ 100,000 population for non-PHEP funded epidemiology FTEs. The rate of PHEP-funded epidemiology employees ranges from 0.20 to 3.61 per 100,000 population representing anywhere from 0.5 FTE to 9 FTEs per CHD. There are 17 CHDs who have a ratio of PHEP-funded employees to non PHEP-funded employees of <1, meaning that there are more non PHEP-funded employees than PHEP-funded employees. There are 15 CHDs that have a ratio of 1 or greater when comparing PHEP-funded to non PHEP-funded employees, meaning that there are more or equal numbers of PHEP-funded

employees. A few of these CHDs have only 1 PHEP-funded employee and no other epidemiology employees. The two CHDs that house a PHEP-funded employee who works for the consortium were not included in this calculation.

Twenty-nine of the funded counties (85%) have epidemiology employees who are members of an Epidemiology Strike-Team and are trained to assist during a natural or man-made disaster; this totals 109 employees who are ready for deployment. There are at least 176 (compared to 188 in the previous survey) staff members in the PHEP-funded counties who are trained on and regularly use the Merlin data surveillance system. At least 173 (compared to 167 in the previous survey) of the epidemiology employees are trained on and use FDENS. These employees read and have contributed to over 340 EpiCom posts. Over 221 hospitals throughout the state have relationships with the PHEP-funded CHD employees. There are over 444 laboratories in these counties. Over 36,700 health care providers in the state can be contacted rapidly in an emergency by the PHEP-funded CHDs.

Eighty-four (compared to 77 in the previous survey) employees use EpiGateway to report ILI data weekly during influenza season. Sixty-nine (compared to 71 in the previous survey) employees use the ESSENCE system to monitor syndromic surveillance in participating hospitals. One hundred fifty-three (161, last survey) employees reported regularly listening to the Bi-weekly Epidemiology Conference Calls. One hundred forty-four (140, last survey) employees listen to Grand Rounds and 122 (138, last survey) listen to their own regions' conference calls. The numbers of employees who have participated in FIRST trainings are 108, IFIRST1 is 112, IFIRST2 is 79 compared to 120, 122, and 87 respectively in the previous year's survey. Fifty-one (47, last survey) employees have taken the Epi-in-Action course. These CHDs have presented to community and medical organizations over 210 times in the grant year. Nearly all PHEP-funded staff members have received epidemiology training and this funding has allowed them to cross-cover while other employees are out of the office.

All counties are tested on their after-hours phone system to ensure that a provider can reach a knowledgeable staff member who can take a reportable disease report. Twenty-nine (23, last survey) of the thirty-four CHDs (85.3%) passed four out of four components of the evening and weekend phone drills for the spring 2011 cycle. Two (5.9%), (5, last survey) of the CHDs passed three of the four components of the phone drill while another 2 (5.9%), (5, last survey) CHDs passed two out of the four components. One CHD (2.9%) passed only 1 component of the spring 2011 drill.

Two new questions were added to the survey this year to capture the CHD's use of newsletters to provide valuable information to the medical community and to identify which CHDs have access to hospital electronic medical records at the health department. Twenty-three (67.6%) CHDs report creating a recurring newsletter. Nine (26.5%) CHDs have access to local hospital electronic medical records that can be accessed from the CHD site.

Current PHEP epidemiology capacity funding has been held level with no loss or increase in CHD positions anticipated for the 201-2012 grant year.

* County size designations changed this year. Refer to http://dohiws/Divisions/Administration/CHD_Info/index.htm for designations and maps.

If you have questions about this document or the data within, please contact Katherine McCombs, Quality Improvement Epidemiologist.