

Building a Public Health System That is Prepared Every Day

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The events of September 11, 2001, and the subsequent anthrax attacks prompted Congress to appropriate funding to the states to ensure the public health system is prepared to respond to public health threats and emergencies including bioterrorism. However, the public health system improvements occurring across Montana as a result of this funding are helping to ensure a system that is more responsive to our citizens in normal times, not just during rare or emergency events.

In February 2002, the State of Montana, through the Department of Public Health and Human Services (DPHHS), received substantial funding from the Centers for Disease Control and Prevention for public health emergency preparedness and response. Over the past 18 months, funding, training and technical assistance have been made available to every local and tribal and public health agency. Public health agencies across the state have developed substantial expertise, resources and capacities in the areas of:

- controlling communicable disease,
- enhanced public health laboratory services,
- communicating health information, and
- planning for public health emergencies.

Controlling Communicable Disease

The DPHHS has provided funding to local and tribal public health agencies to strengthen communicable disease surveillance and epidemiology activities. Local agencies have created and/or improved their written disease surveillance, investigation and response protocols and procedures. In addition, local agencies have acquired the necessary communications equipment to receive and evaluate urgent disease reports 24 hours per day, 7 days per week. For the first time, the DPHHS is testing Montana hospital emergency room data and information from over-the-counter pharmaceutical sales for use in early detection of disease outbreaks to potentially prevent unnecessary cases and even deaths.

Montana's enhanced communicable disease surveillance and epidemiology system is being fully utilized with this season's West Nile Virus outbreak. System improvements have allowed state and local staff to quickly receive and assess disease reports, and provide information back to health care providers and policymakers. Health care providers can then promptly provide necessary follow up care to patients, while broad-based disease prevention and control messages are provided to the public. The system will continue to be regularly tested and improved, but the DPHHS is optimistic that it will perform well again during the upcoming pertussis (whooping cough) and flu seasons.

Enhanced Public Health

Laboratory Services

Until this funding arrived, the Montana Public Health Laboratory (MTPHL) had seen no major renovations since 1955. Over the past 18 months, however, the MTPHL has undergone significant remodeling, allowing laboratory staff to more efficiently and effectively respond to current public health threats, and ensure the lab is capable of detecting potential bioterrorist events. This remodeling involved upgrading a portion of the facility to a bio-safety level 3, installing laboratory security systems and an emergency generator, adding real-time polymerase chain reaction (PCR) testing and upgrading instrumentation.

This enhanced laboratory capacity has allowed the MTPHL to perform additional testing procedures and to improve existing ones. Just last summer, Montana specimens were sent out-of-state to be tested for West Nile Virus. Test results were typically not received for three to six weeks. This year, the MTPHL was able to quickly establish West Nile Virus testing five days per week and report results daily. Montana's new bio-safety level three capabilities are now serving all Montana hospitals with tuberculosis testing that meets national criteria and standards.

Communicating Health Information

The public health emergency preparedness and response funding has allowed the DPHHS to develop an effective communications system among public health agencies and other emergency response partners. The system, called the Health Alert Network, utilizes high-speed Internet access and e-mail to transmit public health messages. In addition, broadcast fax capabilities, and wireless and cellular phones are in place and can be used as a means of redundant communications during an emergency.

State, local and tribal public health agencies have created call-down lists of emergency contacts, databases of media and other communication channels to quickly disseminate emergency public health information. In addition, they have compiled and developed print and electronic resource materials on a variety of public health topics.

The Health Alert Network has allowed public health professionals, health care providers and emergency response personnel to be better-connected everyday and to share public health information during non-emergencies, as well as supporting emergency communication. Public health agencies can use this technology on a day-to-day basis to more-effectively manage public health programs, such as childhood immunizations and maternal and child health programs. The health communication skills that Montana's public health professionals have developed through the preparedness effort can be used routinely to provide information about everyday community health issues from preventing and controlling diabetes to air quality reports during forest fire season.

Public Health Emergency Preparedness Planning and Training

Montana's state, local and tribal health departments have written and tested basic all-hazards public health emergency preparedness and response plans. These plans were completed in collaboration with a variety of partners, including response personnel, law enforcement, hospitals and health care providers. Public health staff have received training in basic emergency response and incident command structures, equipping them to be critical players when responding to local public health emergencies. In addition, recognizing that public health emergencies do not honor jurisdictional boundaries, public health agency leaders have met to discuss sharing of resources and assets during public health emergencies.