

## Iowa's Bioterrorism Program

Iowa Department of Public Health  
Division of Epidemiology, EMS and  
Disaster Operations

Mary J. Jones, Director

## Division of Epidemiology, EMS and Disaster Operations

- Bureau of Emergency Medical Services  
Ray Jones, Chief
- Center for Acute Disease Epidemiology  
Dr. Cort Lohff, Chief
- Center for Disaster Operations and  
Response  
Tom Bowe, Chief

## Background

- Established shortly following 9/11/01
- Federal grant guidance (CDC & HRSA)  
received in March 2002
- Grant teams\* assembled in March 2002
- Application for federal funds submitted  
in April 2002 (4-6 week timetable)
- Required approval by Governor and Homeland  
Security Advisor
- Letter of Award received in June 2002:  
11.5 million from CDC (public health)  
1.3 million from HRSA (hospitals/EMS)

Grant Team Representation and Schedule Handout

## Background

- Iowa's first **Public Health Congress\*** held  
June 18-19, 2002 to determine allocation of  
local public health funds and the building of  
planning regions (98 of 99 counties attended)
- Formalized the **Iowa Health Disaster  
Council (IHDC)** and respective  
subcommittees
- Set educational meeting schedules for  
regional workshops to commence August  
2002

Public Health Congress Delegate Handout

## Program Mission

- To provide an effective and sustainable  
program of public health and healthcare  
disaster/terrorism services across  
organizational boundaries that are fully  
integrated into Iowa's Homeland Security and  
Emergency Plan.
- ***"Promote and Protect the Health of Iowans"***

## Iowa Health Disaster Council (IHDC)

- The purpose of the IHDC\* is to serve as  
an information-sharing venue for public  
health and healthcare bioterrorism  
preparedness and response activities  
and to provide program oversight.
- There are five subcommittees that  
report to the IHDC

IHDC Membership Handout

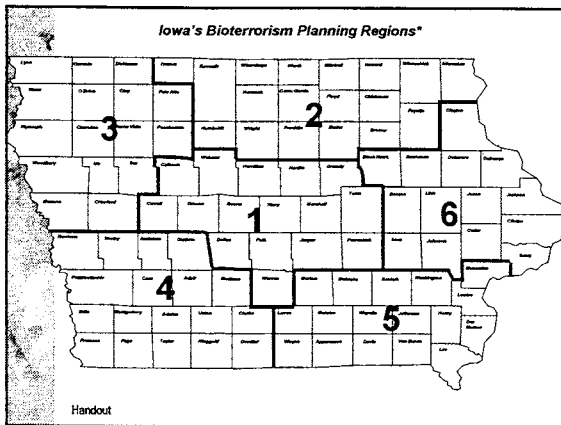
## Subcommittees\*

- CDC Subcommittee – Tom Hart
- HRSA Subcommittee – Dr. Tom Evans and Dr. Claudia Corwin
- NPS Subcommittee – Dr. Carolyn Beverly
- IA-DMAT Subcommittee – Dr. David Stillely
- HAN & Disease Reporting Subcommittee – Keith Erickson, Ralph Wilmoth, Ron Osterholm

Subcommittee Membership Handout

## Bioterrorism Planning Regions

- Both CDC and HRSA grants require planning on a regional basis
- The IHDC, by way of recommendation from the subcommittees, divided the state into 6 regions, patterned after the Iowa Emergency Management Association regions.
- Regions are for planning purposes only.

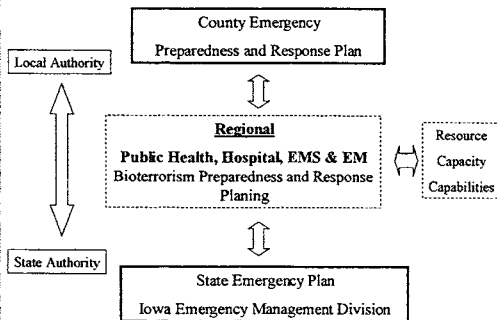


## Regional Steering Committees\*

- Each region has 2 steering committees
- 1 for CDC (public health) and 1 for HRSA (hospitals & EMS)
- Multidisciplinary membership
- Each committee elected a coordinator and fiscal agent
- Each committee has representation on IHDC subcommittees and grant teams
- Responsibility of regional steering committee membership to disseminate information at local level

Regional Steering Committee Representation Handout

## Role of Regional Planning



## Why Regional Planning?

- Required by grants
- Opportunity to identify resource, preparedness and response capacities and capabilities from multiple disciplines
- Brings together multiple preparedness and response partners (build partnerships)
- Builds upon existing county emergency response infrastructure, while ensuring integration into state EMD and Homeland Security emergency plans and strategies

## CDC Grant Purpose

- To upgrade local and state public health preparedness for, and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.
- There are 6 focus areas that require development of preparedness and response plans.

## CDC Focus Areas\*

- **A** – Preparedness/Planning, Assessment and Response
- **B** – Surveillance and Epidemiology Capacity
- **C** – Laboratory Capacity – Biological Agents
- **E** – Health Alert Network/Communication and Information Technology
- **F** – Risk Communication and Health Information
- **G** – Education and Training

Focus Area Summary Handout

## CDC Grant Requirements\*

- **Critical Benchmarks** – must be implemented prior to submission of application (14)
- **Critical Capacities** – must be implemented prior to end of agreement period (August 2003) – (16)
- **Activities** – outlined in guidance that should be addressed to implement critical capacities prior to end of agreement period (August 2003) – (97)

CDC Benchmark, Capacities, Activities Handout

## CDC Funding

- **Total award for Iowa = \$11.5 million**
  - **\$5.5 million to counties & regions\***
    - 2.2 million to county boards of health
    - 1.7 million to public health regions
    - 1.6 million redirected back to state by public health congress
  - **\$6.0 million to state\***
    - 4.1 million to IDPH
    - 1.5 million to University Hygienic Laboratory
    - \$334,166 to Emergency Management Division

CDC Funding Summary and Breakdown Handouts

## CDC Goals

- **CDC Year 1: August 2002 – August 2003**
  - build a structure and process for the strategic leadership, direction, coordination, and management of the program
  - complete comprehensive needs assessment
  - establish planning regions, steering committees and governance
  - develop state, regional and county plans meeting critical capacities/activities by focus area
  - begin to exercise plans
  - begin implementation
- **CDC Years 2 - 5: Operationalize the plans**

## HRSA Grant Purpose

- To upgrade the nation's hospitals, EMS systems and collaborating entities to prepare for and respond to bioterrorism.
- There are two phases of the cooperative agreement.

## Phase 1 & Phase 2

- Phase 1 focus is on plans to complete a comprehensive needs assessment, establish medical direction and staffing for the program, develop a preparedness planning process and begin initial implementation.
- Phase 2 focus is on the development and implementation of regional hospital and EMS bioterrorism preparedness and response plans.

## HRSA Grant Requirements

- **Critical Benchmarks\*** – must be addressed in the application
  1. Program medical director and coordinator
  2. Establish hospital preparedness planning committee
  3. Develop regional hospital plans
- **Priority Planning**
  - 1<sup>st</sup> = medications, vaccines, PPE, decontamination, isolation, communications, and drills
  - 2<sup>nd</sup> = personnel, training, and patient transfer, infrastructure and legislation

HRSA Critical Capacities and Benchmarks Handout

## HRSA Funding

- **Total award for Iowa was \$1.3 million**
- Divided into two phases for this grant period
  - **Phase 1** = \$276,735
    - \$132,823 to hospitals
    - \$143,912 to state
  - **Phase 2** = \$1,106,940
    - \$139,127 to each region = \$834,762
    - \$161,485 to state

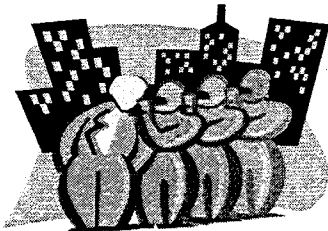
HRSA Funding Summary and Breakdown Handout

## HRSA Grant Goals

- **First priority:** medications, vaccines, personal protection equipment, quarantine, decontamination, communication, and exercises
- **Second priority:** personnel, training, and patient transfer, infrastructure, legislation
- **Overall:** system development, sustenance, build upon existing emergency response infrastructure

## Local, Regional and State Activities

- See handout



## Combined Funding

- Cooperation between EMD and DPH on funding for local, regional, state bioterrorism, disaster preparedness, and homeland security.
- See handout

### Division Contacts

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### Further Information

- Further information on the bioterrorism preparedness program can be found on the Iowa Department of Public Health website
- [www.idph.state.ia.us](http://www.idph.state.ia.us)

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