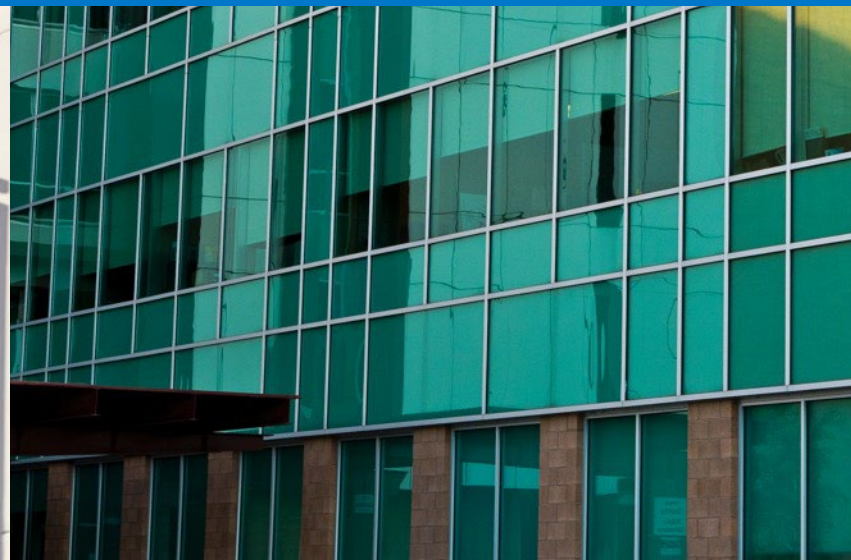




Understanding Past and Current Performances A Local Public Health Department Pima County, Arizona

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On behalf of Pima County residents, we honor the tribal nations who have served as caretakers of this land from time immemorial and respectfully acknowledge the ancestral homelands of the Tohono O'odham Nation and the multi-millennial presence of the Pascua Yaqui tribe within Pima County. Consistent with Pima County's commitment to diversity and inclusion, we strive toward building equal-partner relationships with Arizona's tribal nations.

Local Public Health: A Day in the Life



- MAJOR competing priorities
- Assessing and improving the health of a community
- Coordination and provision of services with healthcare systems, community, businesses, schools, government
- Acute and Chronic Epidemiology Challenges
 - Environmental (Heat/Weather)
 - Outbreaks (predictable and unexpected)
 - Noncommunicable disease
 - Substance Use Disorder
- Direct clinical care
- Workforce and funding
- Data systems
- Emergency Preparedness

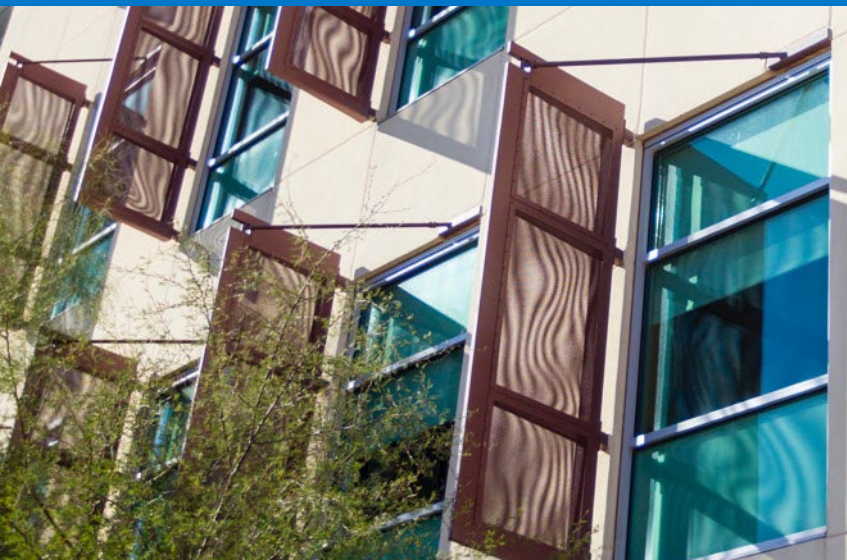
Public Health Emergencies: Lessons Learned

- LOCAL Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for coordinated local assistance in response to a public health and medical disaster, potential or actual incidents and/or during a developing potential health and medical emergency
- There seems to never be enough
 - Prevention
 - Preparation and Training
 - Time
 - People
 - Infrastructure
 - Tools
 - Sleep
 - Compassion
 - Healing



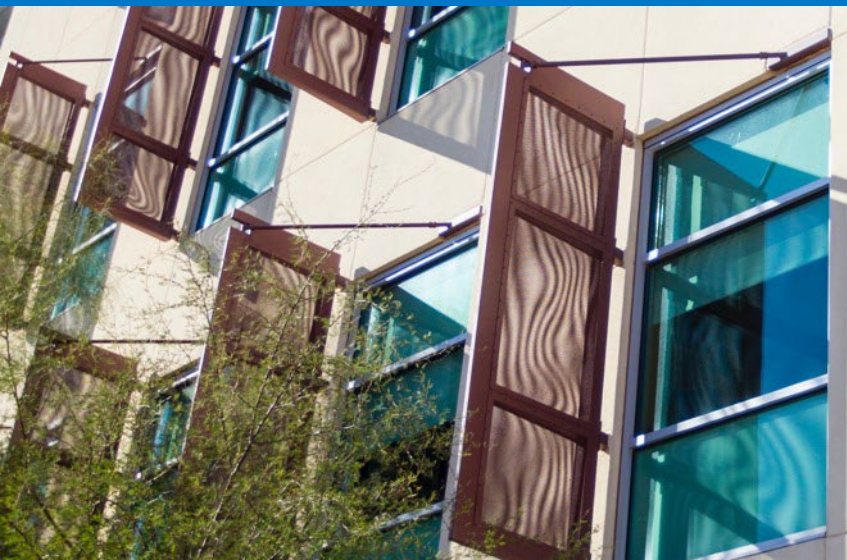
Public Health Emergencies: Lessons Learned

- Understanding the local coordinated role in response within the limitations of structural vulnerabilities and societal inequities – **engage with your ESF 8 local partners** (and their friends including medical reserve corps)
- Value of **trust and engagement** with diverse community partners
 - Know how to ‘call a friend’ AND have them answer the call
- Adequate **communication and communication infrastructure** coordinated between and across communities, local, state and federal resources
- Importance of **robust and agile** software systems and **data systems** that are **interoperable**



Public Health Emergencies: Lessons Learned

- **Ability to adapt** to rapidly changing developments in ever-evolving political and cultural landscape
- **Functioning supply chain and distribution structure**
- Understanding and **knowledge of One Health** to prevent and mitigate public health emergency impact
- Appropriate **epidemiological infrastructure and response**
- **Workforce training and support**– you can't be 'too' prepared
- Prevention, ongoing evaluation and post recovery take **time and commitment**– and sometimes we are too tired



Operations

Example: Creating High Performance Epidemiology Outbreak Teams

- Have a commitment, a target, tools to evaluate, and embed **rapid cycle innovation** in the process
- **Implement and train on goal targets** to promote early/effective action to contain outbreaks and other public health threats (Give me the numbers!)
- Use the tools that you embrace
- Create a **learning public health system** and improve rapid and appropriate response
- Embed **transparent evaluation and assessment**



Transforming lessons learned: create community resilience

- **Institutionalize** the parts of preparedness and response that work: **Ethics, Community Engagement Committees**, data systems that highlight high priorities and vulnerable, rapid stand ups, informal and formal networks, **sleep**
- **Strengthen forward planning capabilities** to support early sentinel awareness, the ability to respond in agile and fluid ways, and a robust supply chain
- Develop **new evaluation and prediction systems** and use these to inform infrastructure readiness for next generation approaches to emergencies, health and wellness



Transforming lessons learned: create community resilience

- Systematically develop **strong healthcare and public health expertise, partnerships** and organizational resiliency to be prepared and ready for disruptions – and know how to share
- **Harness strengths of individuals and multiple community sectors** including tribal partners, businesses, schools, faith communities and the private sector
- **Invest** in communication, data informatics, interoperability and transparency
- **Address the root causes of health and social inequity**
- **Commit to a learning public and clinical healthcare system** with a **shared vision** of healthy and protected communities

