

## Public Health and Pharmacy Partnerships Profile: *Bureau, Putnam and Marshall County Health Departments, Illinois*



### INTRODUCTION

The Bureau, Putnam and Marshall County Health Departments serve just under 55,000 persons in North Central Illinois. Each department is a separate entity with its own Board of Health and local office but staff is all employed by the Bureau County Health Department and shared, by contract, among the three agencies. With 6,000 residents, Putnam County is the least populated of the 102 counties in Illinois. Combined, the three departments serve persons living in a 1445 square mile area. The Illinois River cuts through all three rural counties. The population is 95% white, the median age is 44 (compared to the U.S. median of 38) and, over 18% of the residents are over the age of 65. The median household income is \$50,913 (compared to \$54,149 for the U.S.). The health departments administer two Medical Reserve Corps and partner with the two hospitals in the service area, three county Emergency Management Agencies, several fire, EMS and law enforcement agencies/providers, citizen groups and other emergency service providers. The departments receive regional and state support from the Illinois Department of Public Health.

### NEED FOR PHARMACY PARTNERSHIP

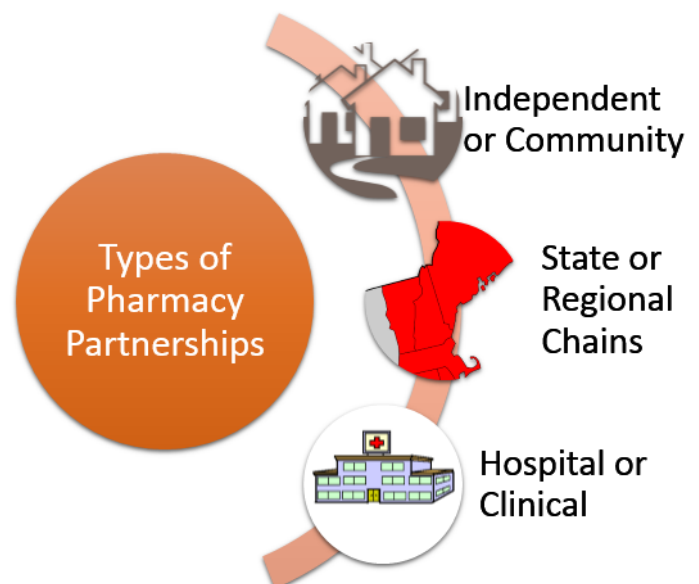
“To achieve more efficient, coordinated, and reliable public health emergency response, the National Association of County and City Health Officials (NACCHO) encourages local health departments and pharmacy partners to engage and coordinate in emergency planning, preparedness, response, and recovery efforts.” NACCHO Policy Statement 14-3. Bureau, Putnam & Marshall County Health Departments have followed this advice. The partnerships have resulted in better form planning,

utilization, and review and have improved movement through open points of dispensing (PODs). By creating cooperative distribution sites, the pharmacies will also reduce strain on health department resources when immunizations are required beyond normal levels but short of pandemics what is needed during pandemics.

### LEVEL OF PLANNING WITH PHARMACIES

#### Planning Milestones:

- Drafted memoranda of understanding (MOUs) to formalize partnerships with pharmacies
- Incorporated pharmacists into discussion-based exercises
- Incorporated pharmacists into functional or full-scale exercises
- Targeted pharmacies and/or pharmacists for inclusion in emergency preparedness volunteer agencies
- Partnered with pharmacies during real-world responses











## APPROACH TO PLANNING

Bureau, Putnam & Marshall Health Departments have strong working relationships with three pharmacists in particular. Two of these were recruited onto their local county's Board of Health and through those roles built increasing relationships with the emergency response and planning process, including joining the Medical Reserve Corps serving their county and then becoming involved in assisting staff with planning medical countermeasures, medical material management, medical care and mass care in particular. Eventually, they progressed into participating in drills and exercises, assisting with document review, patient screening and providing advice to other participants.

The third pharmacist became involved because of her role as hospital pharmacist for one of our hospitals. She and her hospital stepped up to manage the Narcan distribution to meet an MRC Challenge grant to train law enforcement and provide the officers with Narcan.

## PHARMACY PREPAREDNESS FUNCTIONS

-  Provide staff to support health department response functions
-  Provide public health information
-  Mass dispense MCMs to the public (i.e. public POD)
-  Provide logistical or distribution support
-  Administer vaccines or antivirals in a pandemic
-  Provide surveillance information on over-the-counter medications
-  Provide surveillance information on prescription medications
-  Prescription drug take-back, Narcan distribution, and volunteers for substance abuse prevention group

## OVERCOMING CHALLENGES

We are three rural counties in North Central Illinois. There is one Walmart Pharmacy and no other national pharmacy chains located in our service area. Our pharmacies are regional or locally owned. A primary issue in our partnerships is pharmacist time for participation in planning and exercises. We have been very fortunate to find one pharmacist partner in each of two of our counties and have established a relationship with a hospital pharmacy in the third. In two of our counties,

pharmacists have agreed to serve on the local Board of Health. It is really from the relationship there that they each became involved with one of our two MRC units and one of them became active in our substance abuse coalition. That grew into supplying expertise and participating in open POD planning and exercises.

## LESSONS LEARNED

Recruiting the right pharmacists to Boards of Health opened many doors for us. Their personal involvement and their relationship with professional peers helped to bring pharmacists into active roles in prevention and response partnerships.

These partnerships have improved our planning for open PODs and distribution sites. They have also assisted us in training by providing explanation of medical information and practices necessary to better enable non-medical persons to participate in the processing and handling of medicine and related supplies.

Our pharmacists also provide professional ears and eyes in the community to alert us to trends in over the counter and prescription drug use that may be indicative of situations that require monitoring or action by public health.

Finally, our partner pharmacists play an important role in our opioid crisis response efforts by active participating in our prescription drug take back program and our Naloxone training and distribution efforts.

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## Public Health and Pharmacy Partnerships Profile: *Michigan Pharmacists Association*



### INTRODUCTION

Michigan Pharmacists Association (MPA) has been working closely with state, regional, and local emergency preparedness partners since 2003. Through a contract with Michigan Department of Health and Human Services' Bureau of EMS, Trauma and Preparedness Division of Emergency Preparedness Response, MPA provides a pharmacist to serve as its Emergency Preparedness Coordinator (EPC). The EPC works on a variety of projects that relate to how pharmacy integrates into preparedness efforts. The EPC supports the efforts of Michigan's eight preparedness regions, which in turn cover Michigan's entire population of 9.9 million people. Michigan's population is geographically and culturally diverse. The Detroit metropolitan area houses approximately half of the population in about 1,300 square miles. The rest of the population is distributed between several smaller cities (including Lansing, Grand Rapids, Traverse City and Flint) and the roughly 95,000 square miles of largely rural areas. Michigan's Upper Peninsula (UP) is particularly rural and often experiences very severe winter weather. MPA's EPC consults with other health personnel in the state to plan pharmacy response efforts and promotes pharmacy professional involvement in activities to increase knowledge, competency and preparation so there is a volunteer force ready when called upon in an emergency situation.

### NEED FOR PHARMACY PARTNERSHIP

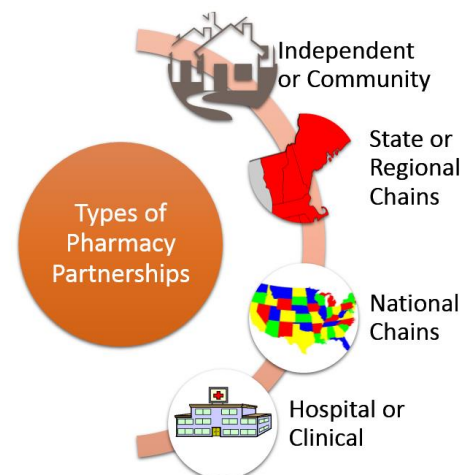
Should an emergency, such as a bioterrorism event, natural disaster or infectious disease outbreak, occur in Michigan, hundreds of pharmacy professionals would be needed to dispense medications from the Strategic National Stockpile (SNS) to protect the public and save lives. Pharmacy

professionals can be important assets for dispensing medications at a community-based dispensing site away from the "hot zone" of an event and participating in mass vaccination efforts in the event of a pandemic. Given the rural nature of Michigan, pharmacies are sometimes the only access point to healthcare for remote patients, and pharmacists are trusted providers of healthcare information. Utilizing pharmacists to help disseminate public health information can increase the number of people who receive the information.

### LEVEL OF PLANNING WITH PHARMACIES

#### Planning Milestones:









- Partnered with pharmacies during real-world responses
- Targeted pharmacies and/or pharmacists for inclusion in emergency preparedness volunteer agencies
- Collected key emergency points of contact for communicating with pharmacy representatives
- Incorporated and documented pharmacies as response partners in preparedness plans
- Drafted memorandum of understanding (MOUs) to formalize partnerships with pharmacies



## APPROACH TO PLANNING

MPA takes several approaches to planning. Since Michigan preparedness efforts are largely organized by regions, the EPC works closely with state and regional partners to ensure pharmacy is included in response plans when appropriate. The EPC works within each region with pharmacy preparedness specialists in each of the hospitals and often serves as a co-chair of the region's pharmacy subcommittee. On the community side, MPA and the state have created a Community Pharmacy All-Hazards Approach to emergency preparedness. This project includes recruiting pharmacies that are willing to participate in their local community's response to an emergency and connecting those pharmacies with local health department and emergency resource partners. This project is ongoing and next steps include determining processes for engaging local pharmacies during an emergency situation and creating educational materials for front line pharmacists and pharmacy technicians who would be called upon to assist.

## PHARMACY PREPAREDNESS FUNCTIONS

-  Provide staff to support health department response functions
-  Provide public health information
-  Provide MCMs for mass care/shelter events
-  Mass dispense MCMs to the public (i.e. public POD)
-  Dispense MCMs to staff and their families (i.e. Closed POD)
-  Provide logistical or distribution support
-  Administer vaccines or antivirals in a pandemic
-  Provide surveillance information on routine and emergency vaccinations

## OVERCOMING CHALLENGES

One challenge facing local health departments and pharmacies is communication between the right people at the right time to make implementation of a response successful. One strategy Michigan has utilized for over thirteen years is having a contracted Pharmacy Emergency Preparedness Coordinator through MPA work directly with the state health department to facilitate communication. We have recruited pharmacies who have proactively agreed to be involved in preparation and response efforts. Our Community

Pharmacy Partners list is available 24-7 on MPA's website. We actively recruit pharmacists to enroll in Michigan's Volunteer Registry. The strong partnership between MPA and the state allowed us to collaborate and implement a pharmacy-based blood lead level testing program in response to the Flint Water Contamination incident. The pharmacies were connected to the local health department for education and training to ensure that the messages about lead contamination and lead testing results were being provided in a consistent manner. Challenges to workflow, payment, training and coordination were handled by a commitment to working together.

## LESSONS LEARNED

Utilizing the state pharmacy association as a common point of contact for and access to pharmacies is applicable in any state. Even if funding for a contract position is not available, many pharmacists are actively engaged in their communities and willing to volunteer time for public health efforts. Identifying those key pharmacist champions is critical and can be done via networking and creating dialogue. Taking an all hazards approach (as we have done in Michigan) allows pharmacies to plan for engagement in efforts beyond simply drug dispensing or vaccination. Identifying key points of contact at the pharmacies and local health departments and having that information available to other parties (e.g., through a website) can streamline the communication process. Including pharmacists in different types of exercises such as community point of dispensing scenarios or alternate care site situations is valuable for both the pharmacist gaining experience and the team performing the exercise. Pharmacists have a unique perspective as a member of the healthcare team, are adept problem solvers and can provide valuable insights into increasing process efficiency. Pharmacist involvement in planning up front to create processes before an incident occurs is critical for effective response efforts.

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## Public Health and Pharmacy Partnerships Profile: *New York City Department of Health and Mental Hygiene, New York*



### INTRODUCTION

The New York City Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and well-being of all New Yorkers. The Department develops and implements robust public health education activities and policy recommendations, enforces health regulations and provides limited direct health services. DOHMH is one of the largest public health agencies in the world, serving 8 million New Yorkers from diverse ethnic, cultural and economic backgrounds. After more than 200 years of leadership in the field, DOHMH is also one of our nation's oldest public health agencies. DOHMH's Office of Emergency Preparedness and Response (OEPR) works with NYC's complex healthcare systems to strengthen emergency preparedness, including developing emergency plans. Here are some numbers (approximate) of healthcare facilities in NYC: 2,055 independent pharmacies, 666 chain pharmacies, 57 hospitals, 183 nursing homes, 400+ primary care centers, 183 nursing homes, 76 adult care facilities, 50 urgent care centers and 137 community health centers.

### NEED FOR PHARMACY PARTNERSHIP

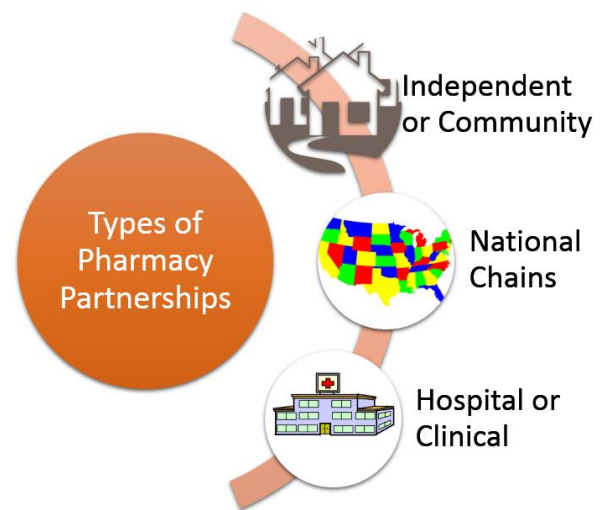
In 2012 OEPR had no formal system to contact pharmacies during Hurricane Sandy. NYC pharmacies, were affected, by flooding and power outages significantly reducing services offered. As a result, many patients had difficulty accessing critical medications in the weeks and months after the storm. Hurricane Sandy prompted greater scrutiny of pharmacies' preparedness and the lack of pre-event support from OEPR. Although OEPR created partnerships with hospitals and healthcare centers in preparing for disasters, similar partnerships did not exist with pharmacies. Following Hurricane Sandy, OEPR prioritized the

need to include community pharmacies in preparedness planning to support access to critical medication throughout an emergency.

### LEVEL OF PLANNING WITH PHARMACIES

#### Planning Milestones:

- Held preparedness planning meetings with pharmacies in jurisdiction
- Collected key emergency points of contact for contacting pharmacy representatives
- Defined the role of pharmacies in pre-disaster preparedness activities
- Defined the role of pharmacies in response and/or recovery activities.



### APPROACH TO PLANNING

- Developed a searchable pharmacy facility database consisting of 2,600 geocoded NYC pharmacies
- Partnered with the NYS Board of Pharmacy to receive monthly NYC pharmacy update reports
- Met with representatives from: the NYS Board of Pharmacy, NYC Pharmacists Society, Pharmacist Society of the State of New York and several major pharmacy chains

- ❑ Created an online application, the Public Health Emergency Response Network Pharmacy Program (PHERN PP), that allows NYC pharmacies to quickly register and provide OEPR with pharmacy contact and other service information. As of March 2017, 1,145 NYC pharmacies have registered.
- ❑ Focused outreach efforts on independent pharmacies located in NYC Hurricane Evacuation Zones 1 and 2 (pharmacies most vulnerable to flooding)

## PHARMACY PREPAREDNESS FUNCTIONS



Provide staff to support health department response functions



Provide public health information



Provide MCMs for mass care/shelter events



Administer vaccines or antivirals in a pandemic

## OVERCOMING CHALLENGES

Although OEPR created a searchable pharmacy facility database of approximately 2,600 NYC pharmacies, creating an effective plan to reach out to this large number was a significant challenge. Direct mailings to independent pharmacies asking them to join the PHERN PP produced little results (approximately 67 pharmacies signed up). During the Summer 2016 OEPR decided to change its marketing approach by conducting personal field visits to independent pharmacies in Hurricane Evacuation Zones 1 and 2 (pharmacies most vulnerable to flooding). These field visits have resulted in impressive enrollment numbers since its commencement (approximately 400 independent have signed up since July 2016). Based on this upward trend, OEPR will continue conducting personal field visits to independent pharmacies in Hurricane Evacuation Zones 3 and 4 and revisit those outstanding pharmacies in Hurricane Evacuation Zones 1 and 2 who did not enroll during OEPR's first visit. In addition, in late 2106 several major pharmacy chains provided their information to the PHERN PP (approximately 619 stores).

## LESSONS LEARNED

In order for OEPR to create a dynamic partnership with NYC pharmacies, OEPR needed to know the basic pharmacy landscape in NYC. After analyzing data from the NYS Board of Pharmacy, OEPR discovered that most of the pharmacies in NYC are independents (approximately 76%) compared to chain pharmacies (approximately 24%). Further analysis highlighted that 91% of the pharmacies in high-poverty areas were independently owned and 84% of the pharmacies were independently owned in areas with high percentages of Black and Latino populations.

A key challenge with this data was that the NYS Board of Pharmacy data does not include contact information. This lack of important information prompted OEPR to create a registration site (PHERN PP Registration Site) where pharmacies can provide their contact information. This information will be used to provide pharmacies with important information before, during and after an emergency. This knowledge of the footprint of pharmacies in NYC has largely informed our strategy in terms of how to approach pharmacies, the roles they play, and prioritizing certain partnerships based on neighborhood needs.

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## Public Health and Pharmacy Partnerships Profile: *Philadelphia Department of Public Health (PDPH), Pennsylvania*



### INTRODUCTION

The City of Philadelphia, also known as the “City of Brotherly Love (and Sisterly Affection)”, is the second largest city on the east coast and fifth largest in the nation with 1.5 million residents. The city’s poverty rate is 25.8 percent however, among the country’s 10 largest cities, Philadelphia has the highest deep poverty rate (those living at half the poverty line, or around 200,000 people).

The mission of PDPH is the protection of the health of all Philadelphians and promotion of an environment that allows us to lead healthy lives. PDPH provides services, sets policies, and enforces laws that support the dignity of every man, woman and child in Philadelphia. PDPH has programs in preparedness, disease control, chronic disease prevention and control, epidemiology, environmental health, investigation of deaths, family planning, laboratory testing, and primary health care.

PDPH is the lead agency in response to natural disasters, terrorism and infectious disease outbreaks. Public health emergency response plans are developed through a collaborative process involving multiple local, regional, state, and federal emergency and administrative response partners.

### NEED FOR PHARMACY PARTNERSHIP

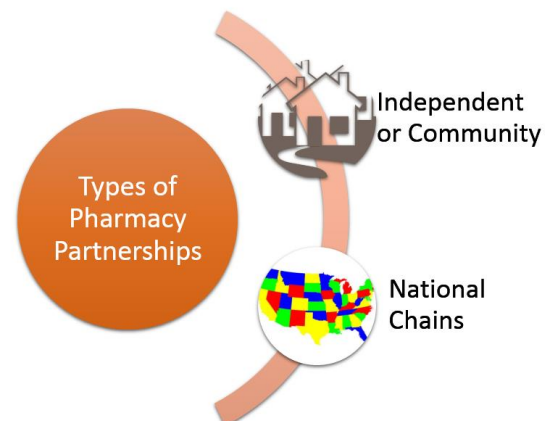
The role of the pharmacist as a public health professional and as a clinician has been undervalued and underutilized in emergency planning. When PDPH examined maps that demonstrated the proximity of retail pharmacies to our high priority shelter sites, we found that some shelter sites had as many as 10 pharmacies within a

1-mile radius, each with an obvious investment in the health of its local community. Initially, our goal was to engage those pharmacies in providing emergency medication refills for shelterees in need. We have since encompassed pharmacists in our Medical Reserve Corps (MRC) volunteer outreach, recognizing that their training and skills are a match for the many roles MRC volunteers can play in an emergency response, including distribution of public information, as well as support to mass shelters, medical field tents and mass dispensing operations.

### LEVEL OF PLANNING WITH PHARMACIES

#### Planning Milestones:

- Targeted pharmacies and/or pharmacists for inclusion in emergency preparedness volunteer agencies
- Partnered with pharmacies during real-world responses
- Examined pharmacy scope of practice and other regulatory policies in our jurisdiction
- Collected key emergency points of contact for contacting of pharmacy representatives
- Formalized and signed memoranda of understand (MOUs) with independent pharmacies in our jurisdiction



## APPROACH TO PLANNING

We took part in a disaster planning meeting/workshop of Pennsylvania's state-wide pharmacy association, attended by representatives of both local and national pharmacies, as well as schools of pharmacy. That was a fortunate place to start building relationships. The networking that occurred from that event led to valuable contacts at the local level and the realization that pharmacists are an untapped resource in emergency preparedness planning. Of particular value, was the relationship that was created with a local school of pharmacy. Not only did we provide a first look at disaster preparedness and the role of pharmacists to 150 second year students (i.e. future pharmacists), but we also presented a program to the school's Alumni Association (i.e. current pharmacists). We expect to recreate these presentations yearly. These seemingly small steps have led to a mutual respect and recognition between PDPH and the pharmacy community that we hope to grow.

## PHARMACY PREPAREDNESS FUNCTIONS



Provide staff to support health department response functions



Provide public health information



Provide MCMs for mass care/shelter events



Provide logistical or distribution support



Administer vaccines or antivirals in a pandemic

## OVERCOMING CHALLENGES

When working with national chains, it is difficult to obtain a signed MOU, even if the document is general. The independent pharmacies are much more comfortable in that respect as there is no legal hierarchy that prevents them from signing a MOU document.

Despite that, there is a verbal commitment and an understanding that pharmacists in any retail operation, whether national or independent, will come to the aid of a mass care/mass medication operation, if contacted. Functions that they have

stated willingness to perform include providing emergency medication refills at mass shelters, whether or not there is a declared emergency, and supplementing our small local cache of antibiotics for a rapidly operationalized first responder POD, prior to the delivery of SNS assets.

Our collaboration is based on a professional "handshake" that acknowledges that support of our community is a shared mission and both the local pharmacy and the local health department can participate in a coordinated response.

## LESSONS LEARNED

We have been most successful in establishing relationships through personal networking, down to the level of the individual pharmacist in a retail operation or a pharmacy student. We recognized that pharmacists have a unique expertise to offer and have been undervalued or even ignored as a clinical resource. Our outreach has included attending pharmacy workshops and meetings to describe the work of public health preparedness and the role that pharmacists can play, presenting to students at a local school of pharmacy on how pharmacists can participate in disaster response, inviting pharmacists and pharmacy students to join the MRC, and engaging pharmacy partners in planning during a real world event (e.g. the Democratic National Convention). We offer pharmacy continuing education credits for all of our educational programming, along with traditionally offered CEUs for doctors, nurses and social workers. We believe that these outreach activities will build a foundation for future collaborations.

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## Public Health and Pharmacy Partnerships Profile: *Ramsey County, Minnesota*



### INTRODUCTION

Ramsey County sits within the seven county metro region of Minnesota, with over 500,000 of Minnesota's estimated 5.45 million residents residing within its borders. Ramsey County contains 19 cities, and covers 207 square miles. The county population is diverse, with people of color making up about 33% of the population, further breaking down to 11.7% Asian, 11% African American and 7.2% of Latino or Hispanic ancestry. Minnesota is a designated refugee resettlement area, with 1 in 5 of the state's new immigrants designated as refugees or asylum-seekers fleeing persecution. Ramsey County Public Health works to protect and improve the health of people and the environment in Ramsey County. The Ramsey County Public Health Department is one of the 87 county public health departments within the state of Minnesota. Members of the Ramsey County Public Health staff participate and work with hundreds of coalitions and agencies within the county to address the public's health issues. Sources: 2013 Ramsey County Community Health Assessment, Minnesota Department of Health (MDH)

### NEED FOR PHARMACY PARTNERSHIP

The greatest threats for a county-wide public health emergency include a large scale infectious disease outbreak or act of bioterrorism. Minnesota Board of Pharmacy statistics for 2016 lists 3,700 pharmacists within the seven county metro region, and about 5,000 pharmacy technicians. There are 420 community pharmacies within the seven

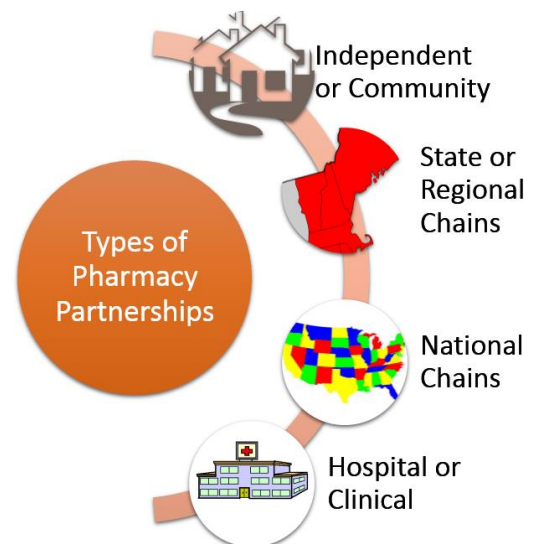
county metro region, and 21 hospital pharmacies (8 located within Ramsey County). With vaccination training and expertise in medication delivery, pharmacists are a large pool of potentially untapped resources.

Sources: 2013 Ramsey County Community Health Assessment, Minnesota Board of Pharmacy

### LEVEL OF PLANNING WITH PHARMACIES

#### Planning Milestones:

- At a state level MDH has been involved since 2004 with pharmacists as vaccinators, ensuring quality delivery of vaccines.
- MDH has engaged pharmacists in all practice settings to help on advisory groups to increase immunization rates.
- In 2015 MDH convened a Pandemic and Pharmacy Planning Group.
- Within Ramsey County, pharmacists serve in the Medical Reserve Corp.



## APPROACH TO PLANNING

Minnesota Department of Health has partnered with pharmacists directly, and also coordinates and works with the state pharmacy associations, the Minnesota Board of Pharmacy, and key contacts in hospital and retail pharmacy. Partnerships start with champions both within public health and pharmacy that recognize we all play a role in protecting and keeping the population healthy. At a county level the MRC has put out calls for members of different practice communities to participate in advisory groups within the MRC.

## PHARMACY PREPAREDNESS FUNCTIONS



Provide staff to support health department response functions



Provide public health information



Administer vaccines or antivirals in a pandemic



Provide surveillance information on routine and emergency vaccinations

## OVERCOMING CHALLENGES

A big barrier is finding the right members of public health and pharmacy to become champions by making initial connections, and then maintaining communication. A large part of the initial dialog in Minnesota was understanding each party's skill sets and role in health care, and how strengths can be leveraged to improve public health with partnership. Advisory groups and workgroups are helpful for initially gathering information, along with other creative uses of established venues. MDH has partnered with the Minnesota Board of Pharmacy (BOP) during public health emergencies to send information to all pharmacists in the state. Although the BOP will not share their database, they will disseminate information MDH provides for public health purposes.

## LESSONS LEARNED

No matter the size of your jurisdiction, partnership starts with building relationships. Identifying targets for initial contact can be as easy as walking into your local pharmacy or contacting an employee of the local public health department. At a state level, state pharmacy associations are a great resource, and can often identify key members with immunization and public health interests. Colleges of Pharmacy are also starting to offer dual degrees in Pharmacy and a Master's in Public Health if both programs are offered within the University, giving public health departments a great platform for building early awareness and partnership opportunities into practice. State and local health department vaccine liaisons are a great target for initial contact for pharmacists already vaccinating, and offer a wealth of resources and information. Public Health is a responsibility we all share and partnerships will only strengthen positive outcomes.

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## Public Health and Pharmacy Partnerships Profile: *Public Health - Seattle & King County, Washington*



### INTRODUCTION

King County Washington is the 14<sup>th</sup> most populous county in the US, with 1.93 million people. King County represents 28.6% of Washington State's population and includes Seattle and 38 other incorporated cities. Home to the most diverse zip code and the most diverse school district in the nation, immigrants and refugees from all over the world, including Asia, the Horn of Africa, Central America, and the former Soviet Union, reside in King County. One out of every five residents (over 420,000 adults and children) now lives below 200% of the federal poverty level, and almost 13% of the population, or 244,000 people, are without insurance.

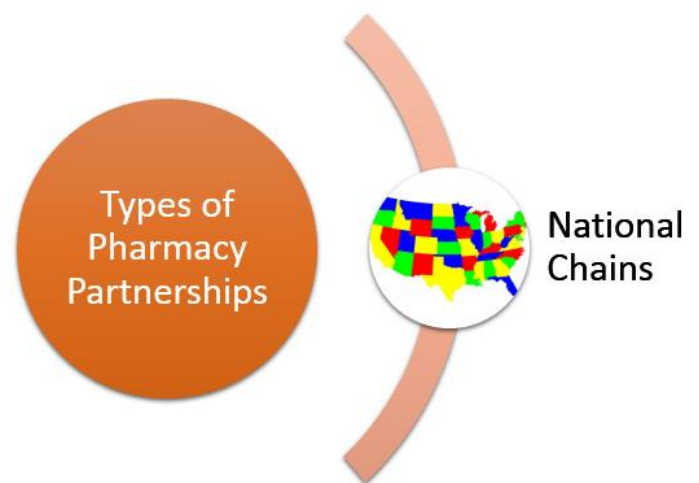
Public Health – Seattle & King County (PHSKC) created the Preparedness Section in 2002 to enhance local preparedness for a bioterror event. Since that time, our mission and vision has expanded to promote and ensure the health and safety of the whole community through innovative and collaborative approaches that lead to a community resilient to the health impacts of disasters. PHSKC has been recognized as a national leader in public health preparedness planning and has developed and shared tools and model practices to enhance public health preparedness nationwide.

### NEED FOR PHARMACY PARTNERSHIP

Independent and retail chain pharmacies are a trusted source of healthcare in our communities. 93% of Americans live within five miles of a pharmacy, and on average, adults in the United States visit a standalone pharmacy or store with a pharmacy 1.9 times a week. Pharmacies' scope of essential services, including providing medications

and administering routine vaccinations to the general public, are now so pervasive that Public Health would be short-sighted not to leverage these existing systems and infrastructure during a communicable disease outbreak or bioterror attack. One of Public Health's biggest challenges during such an incident is its inability to scale systems and pull together enough resources to meet the operational and logistical needs of carrying out a mass dispensing or vaccination campaign. Pharmacies have immense technical knowledge and skills and can rapidly mobilize staff and other resources to support and supplement Public Health's own emergency response efforts.

### LEVEL OF PLANNING WITH PHARMACIES



### Planning Milestones:

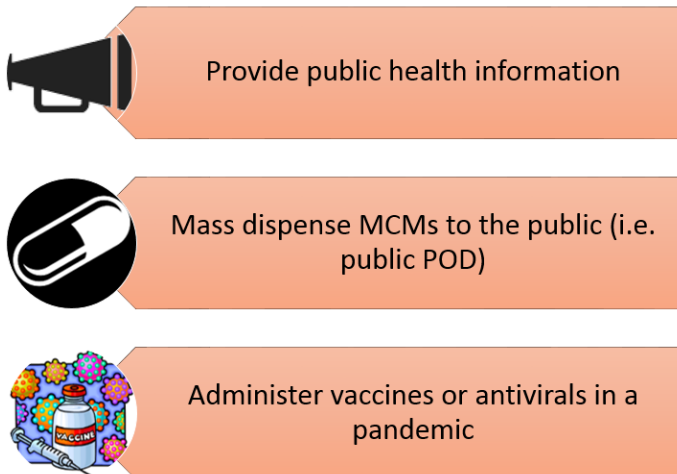
- Defined the role of pharmacies in response and/or recovery activities
- Engaged pharmacies to learn about their ability to continue operating in a disaster, communities they serve, and ability to deliver services in languages other than English.

- Developed specific operational protocols for handling issues such as administration fees, emergency prescription payment/reimbursement, requesting medications from pharmacies, and/or insurance issues
- Formalized and signed MOUs with chain pharmacies in our jurisdiction
- Incorporated pharmacies into functional or full-scale exercises in our jurisdiction

## APPROACH TO PLANNING

We began engaging with pharmacies about a decade ago for pandemic flu response planning. Following the H1N1 Response in 2009, we started taking a harder look at how Public Health and pharmacies can better integrate emergency response planning and operations. We held a planning summit in 2010 with local and state officials as well as pharmacy leaders that examined the lessons learned from H1N1 and the current state of our mass dispensing and vaccination mechanisms and strategies. We folded this emergency planning work into broader discussions on how Public Health could work with pharmacies to improve the health of our communities. We held similar planning summits in 2011 and 2014. Meanwhile, real world events like seasonal flu responses afforded us opportunities to make good on our discussions by coordinating actions and ultimately strengthening our relationships.

## PHARMACY PREPAREDNESS FUNCTIONS



## OVERCOMING CHALLENGES

Initial barriers to working with pharmacies included a lack of formal relationships, different partnership expectations, vague response roles, and unclear communication channels. To address these challenges, we brought pharmacies and pharmacists together for planning summits, partnered with them during day-to-day communicable disease responses like measles outbreaks, and initiated a pharmacy advisory council. In 2012, Washington State leveraged the progress made in Seattle & King County and in other regions to establish a statewide Memorandum of Understanding between pharmacies and Washington's 36 health jurisdictions. This agreement resolved many of our initial barriers, but it took more than five years to get us to that point. Building trust and establishing solid foundations with leaders in the pharmacy community took a major investment in time.

## LESSONS LEARNED

Jurisdictions in the early phases of pharmacy engagement should first examine current response plans and identify areas for pharmacy involvement. Create a list of defined roles for pharmacies in an "ideal" response operation. To help create this list, draw upon any activities currently underway, including day-to-day communicable disease responses, and look for any existing relationships that stems from this work. Consider leveraging these relationships and obtaining buy-in from other stakeholders. With roles, expectations, and existing relationships better defined, meet with the local or state board of pharmacy or pharmacy association and describe your current capabilities, and identify some areas where pharmacies could assist in a response. Brainstorm together what obstacles might emerge and draft a work plan. Jurisdictions further along in pharmacy engagement should select one chain or on site as a pilot and drill down into the details of how the partnership can be operationalized.

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## Public Health and Pharmacy Partnerships Profile: *Ventura County Public Health, California*



### INTRODUCTION

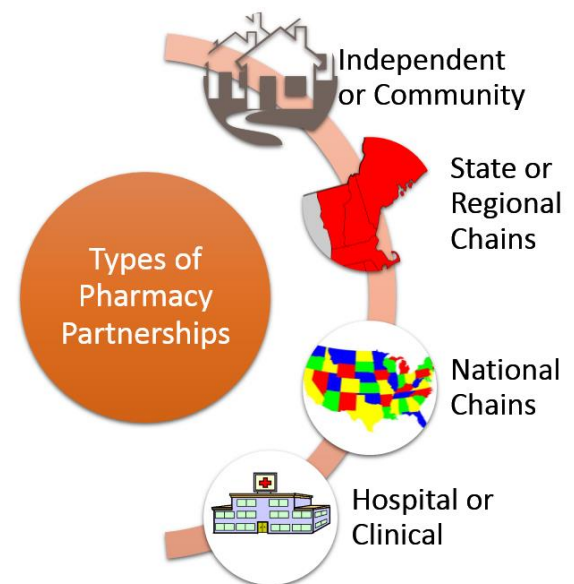
Ventura County Public Health and Emergency Medical Services Agency has a mission to “To support environments that protect and promote the health and well-being of everyone in Ventura County”. Our mission articulates the purpose of our department; it is our roadmap to protect the health and safety of the 844,000 citizens of Ventura County. We are blessed to be nestled on the coast of California between Malibu and Santa Barbara in the southern region of the state. Ventura California is known for amongst many things agriculture and our major crops include strawberries and lemons as this is the case we have a large migrant population though our median income is twice the national average. Ventura County has a great working relationship with our state and Federal partners in addressing many of our collective preparedness planning and response initiatives.

### NEED FOR PHARMACY PARTNERSHIP

Ventura County Public Health developed partnerships with local pharmaceutical providers to bolster our collective efforts to protect our populations during events of significance. This defined need to build partnerships was born of the observation of a focus group that we as a county health department were not going to be able to sufficiently address the need to vaccination the entire population with our existing staff. The outreach and focus group facilitated by our health officer led to the observation that building relationships with professionals in the industry would be critical to our success in the face of the daunting task of vaccination within a shortened period. Further, the throughput indicators developed by RAND Corporation and defined by the modeling required us to revamp our basic plans and consider all modalities including partnerships and closed Points of Dispensing (PODs) with

operational area corporate entities that had the medical infrastructure. It was our developed hypothesis that providing our response partners with vital information that is actionable would allow all partners including smaller pharmacies to assist in our collective efforts to save the population. It was observed that by enabling with real-time information related to supply chain would be beneficial to the larger group. Additionally, the changes in the Centers for Medicare and Medicaid services (CMS) requirements that now require applicable providers have emergency plans in place and infer that participation in local health care coalitions is of critical value to partners in the medical countermeasures (MCMs) conversation.

### LEVEL OF PLANNING WITH PHARMACIES



### Planning Milestones:

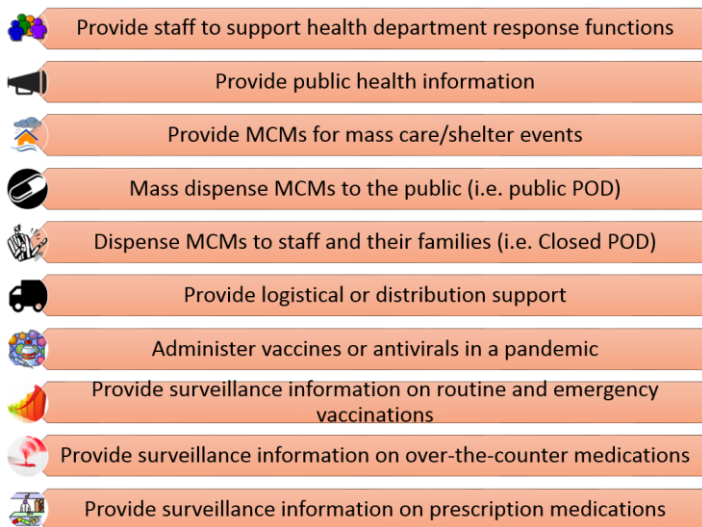
- Initial Rollout of Pharmacy Planning in 2005
- Establishment of Memoranda of Understanding (MOUs) with local area pharmacies for dispensing and surveillance related activity in 2009

- ❑ Development of pharmacy closed POD plans for MCM dispensing in 2009
- ❑ Formation of strategic partnerships with local medical and health partners to provide surveillance data on usage of defined medications during events of significance

## APPROACH TO PLANNING

The Ventura County Public Health Department has a long history and culture of inclusion in emergency planning initiatives. The grass roots approach engaged in integrating pharmacies into our contingency planning process began well before the H1N1 incident and continued to this day. The utility of having all of the operational area pharmacies on a call roster is beneficial to the core functions of our health department. Showing our pharmacy partners the benefit of participating in our developed healthcare coalition has also proven to add value to more fully integrate them into the response within our community before, during, and after incidents of significance.

## PHARMACY PREPAREDNESS FUNCTIONS



## OVERCOMING CHALLENGES

Ventura County Public Health Department had a variety of challenges in our pursuit of integrating pharmacies. The biggest was where to start and at what level. The local pharmacy management wanted to assist the health department but required authorization to proceed. The local private pharmacies wanted to participate, but the stated obstacle was related to how they were going to be compensated during an actual event. In both cases it was not enough to describe the accommodations of a disaster declaration as they wanted a clean path to reimbursement that they could pre-sign.

The solution is found in a combination of talking to the right people and clearly defining the limitation of our ability to extend any financial obligation beyond verbal contracts. The one successful path that led to increases in our healthcare coalition were born of MOUs and a charter and bylaws that were inclusive and enabled them to see the benefit of participating in our coalition efforts. Another challenge was related to the number of volunteers that we could leverage to run our Public Health PODs; we found that developing a mission for our local Medical Reserve Corps (MRC) that includes local pharmacies is instrumental in large scale POD events and has proved very useful in recruiting additional volunteers in our MRC.

## LESSONS LEARNED

The pursuit of integration of our pharmacy partners has filled a gap in our local efforts to include all response entities in the medical and health arena. The following were lessons learned related to pharmacies. Always engage at the highest level possible when establishing a relationship. Corporate pharmacies have phone numbers and contact information on their websites. Persistence is key in building relationships. Local pharmacies have associations that are a treasure trove of contact information and connections that proved to be crucial in engaging this busy segment of our jurisdiction. Small store owners all know or know of each other; leverage this relationship to build on to response capacity. Memorandums of Understanding are a great way of establishing connections. Inclusion of all critical partners in healthcare coalitions proves invaluable when developing a MCM plan that is successful. Ventura County strives to continue to involve additional partners in our healthcare coalition pharmacy subcommittee into the future as this alone creates the required resilience during incidents of significance.

## FOR MORE INFORMATION, PLEASE CONTACT:

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