

PHPS State & Local Field Assignment "Bioterrorism Planning & Preparedness"

Part I: Agency and Supervisor Information

Time Period: October 2008 through October 2010

Agency Name & Address: Prince George's County Health Department, Division of Epidemiology & Disease Control, 1701 McCormick Drive, Landover, MD 20774

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Part II: Statement of Need

Program Management and Public Health Problem to be Addressed by the Prevention Specialist. The possibility of an act of bioterrorism in Prince George's County (PGC) or its immediate vicinity is considerably higher than other places in the U.S. given its geographic location bordering the Nation's Capital on the east and its close proximity to military and intelligence installations such as Andrews Air Force Base, the Naval Research Laboratory, the Pentagon and the National Security Agency (NSA), among others. In the fall of 2004, PGC was home to the first cases of anthrax in the Washington Metropolitan Region. The Health Department (HD) responded to this act of bioterrorism by investigating 96 suspected cases of Anthrax. Two cases were confirmed and both persons died. The HD also established clinics and provided prophylactic antibiotics to 329 PGC residents who had possible exposure to anthrax. A hotline was quickly established in collaboration with the Office of Emergency Management (OEM) to respond to anthrax inquiries from the public.

Over the last three years, the PGC Health Department has made major accomplishments in bioterrorism preparedness, much of this is due to the extremely valuable and timely assignment of a Public Health Prevention Specialist to the Health Department for two years (2008–2010) who focused on planning for implementation. However, there is still an immense amount of work that needs to be done and the plan is yet to be carried-out. Involvement and leadership in this active process would provide an ideal training ground for a PHPS Field Assignment as it will allow participation in all phases of the process, from county-level planning, program development, implementation and staff training, to high levels of collaboration with other County, State, and Federal Agencies who share responsibility, and perhaps even to work under a bioterrorism emergency, should one occur in the region of the Nation's capital.

Scope of the Assignment. The Prince George's County Health Department solicits the assignment of a Prevention Specialist (PS) specifically to serve in the nucleus of the Health Department Bioterrorism Preparedness Team. The assignment proposed by the HD is the participation of the PS as a member of a multidisciplinary team that will be implementing all aspects of disaster preparedness including collaborations with neighboring health departments, Fire/Emergency Medical Systems, State and Federal emergency management and emergency response agencies. Some aspects of the preparedness effort will be assigned to the PS and he/she will have complete responsibility for planning, executing and managing those assignments.

Priority Populations. The priority populations for this project are the 816,791 Prince George's County residents as well as neighboring jurisdictions. Since an act of bioterrorism has the potential of a mass casualty incident or pandemic disease, it will most likely affect our neighboring counties in Maryland as well as the four million residents of the Washington Metropolitan Region. These populations are served by county and State health departments and emergency response agencies. Coordinated response plans with these jurisdictions are already in place.

Key Partners. Bioterrorism and disaster preparedness must be coordinated with key Federal, State and County agencies such as:

- Maryland Department of Health and Mental Hygiene (MDHMH) Office of Public Health Preparedness and Response is the lead agency in Maryland and provides general guidelines for all aspects of public health preparedness and response.
- Maryland Emergency Management Agency (MEMA) coordinates the State response to any major emergency or disaster.

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- Maryland Institute for Emergency Medical Systems (MIEMS) coordinates Maryland’s EMS Systems.
- Prince George’s County Office of Emergency Preparedness, Fire/EMS and Police
- Montgomery County Health Department.
- Metropolitan Washington Council of Governments (COG), comprised of 17 local governments surrounding the nation’s capital, plus members of the Virginia and Maryland legislatures, the U.S. Senate and the U.S. House of Representatives.
- Hospitals, Emergency Rooms (ER), and Infection Control Practitioners (ICPs).
- FoodNet, the “Foodborne Disease Active Surveillance Network”.
- American Red Cross.
- Community Organizations.

Part III: Assignment Description

Description of the PS Activities. The Bioterrorism Preparedness Team (BPT) will be a multidisciplinary group composed of two environmental health staff, two Disease Control Specialists (DCS) and two nurses. The PS and the senior DCS will be the team leaders.

The BPT will have a broad range of functions including all aspects of disaster planning and preparedness, collaboration with neighboring jurisdiction health departments, other County agencies, County first responders (Fire, Police, and EMS), State and Federal emergency management and emergency response agencies and many other activities identified during the previous two year planning stage.

In the last two years the HD has made major progress in bioterrorism and disaster preparedness. Nevertheless there is still much work that needs to be done. The areas of responsibility will be tailored according to the PS interests and background. The level of responsibility and autonomy of the PS can be tailored to the comfort level of the PS. At the beginning of the assignment, the PS will probably need close supervision, guidance and support, but attainment of a high level of responsibility and autonomy is expected. After a few months of familiarization with the county, the State and other agencies the PS should be able to work with HD staff and participate fully on the Bioterrorism Preparedness Team. The PS will be expected to assume full responsibility for an aspect(s) of the Bioterrorism Preparedness Team’s function, depending on their interest. The Assignment Description is explained in detail below in the subsequent text and in a summary table at the end of this section.

Health Department Orientation. The first aspect of the PS assignment will be familiarization with the personnel and function of the Prince George’s County Health Department. This will include the general activities of the HD as well as specialized aspects such as disaster and bioterrorism preparedness. In order to be successful in planning, designing and implementing a bioterrorism plan, the PS will need a well-grounded background in Environmental Health, Communicable Diseases, and Surveillance.

To help the PS acquire this background knowledge a series of trainings and site visits with County and State agencies have been planned. The PS will spend at least two weeks with the Environmental Health Division. The PS will learn all aspects of food management, distribution and shipping at warehouses and retail stores. Site visits with HD inspectors to facilities located in the County (food warehouses and supermarkets) will be part of the training

The PS will also spend at least two weeks with the Communicable Diseases and Surveillance Program. This is the program that receives and investigates all reportable communicable diseases other than STDs, TB and AIDS. The program has 12 knowledgeable and experienced staff members who manage more than 1,000 communicable disease reports a year. In order to monitor a surveillance system capable of early detection of a bioterrorist act, it is crucial to understand the disease reporting system already in place. The PS will have the opportunity to participate in all the stages of the surveillance process including: the reporting of communicable diseases by hospitals, ICPs and the medical community to the HD; confirmation of the report by the HD; patient education and contact investigation; administration of prophylaxis when necessary; reporting to the State via the Maryland Electronic Reporting Surveillance system (MERS) and State reporting to CDC. Participation in the County surveillance data analysis (statistics, trend analysis and graphs) is encouraged. To acquire communicable disease investigative skills the PS should participate in individual case and outbreak investigations.

Familiarization with Partner Organizations. Our key partners (see part II) are well aware of the broad scope of activities and accomplishments of the previously assigned Prevention Specialist. The new PS will spend time visiting these organizations and becoming familiar with the on-going collaborations and planning.

Assessment of Health Department Bioterrorism Preparedness. The PS will assess the present status of the county planning

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process as it pertains to bioterrorism. This assessment should include an evaluation of the level of planning accomplished so far by the HD, ascertain the current level of staff training and an evaluation of the collaboration established with other agencies. This will be followed by development of an inventory of what is needed to enable the County to respond quickly and adequately in the case of a bioterrorist attack.

The PS will not work in isolation, but as part of the collaborative Bioterrorism Preparedness Team. Prince George's County Health Department has been preparing for the challenge of a bioterrorist act since 1999. The HD bioterrorism planning, policymaking and related tasks are decided by this group. Some of the work already undertaken by the group has been: development of the County Emergency Response Plan; the County National Pharmaceutical Stockpile plan; the Mass Prophylaxis Plan; the smallpox pre- and post- event plans; HD participation in the National Top-Off exercise (Prince George's was one of the five sites in the US); NPS exercise developing and implementing a basic disaster preparedness training for HD staff; development of an Incident Command System (ICS) for the HD and strategic planning for future needs. This group will provide support, technical assistance and guidance to the PS. After the PS attains sufficient expertise in this project, he/she will bring new ideas and tasks for consideration by the HD group. The PS will have access to all HD staff and resources needed for the successful implementation of this project. The HD will also facilitate contacts with other agencies and area health departments as needed to develop collaboration.

Following is a list of disaster preparedness needs identified by the HD. This is not an exhaustive list, and encourages new suggestions from the PS initial assessment.

Disaster Plan. Implementation of the Health Department Disaster/Bioterrorism Response plan. This plan has been developed in concert with the County, the State of Maryland and other agencies and is coordinated with their response plans. It details plans to contain and control disease outbreaks through mass immunization and/or prophylaxis of health care workers and the community as well as a protocol to collect and transport specimens to the laboratory. The plan is the blue-print that describes the roles and responsibilities of the HD. The next step is to develop operational modules for quick implementation of the plan in specific situations (e.g., anthrax, smallpox, plague attack). These modules will describe the step by step action to be taken by the HD, personnel responsible, necessary materials, and how to contact other key agencies involved.

Communications. Development of a Crisis Telephone Hotline System for communications with hospitals and health care providers. Development of a Mass Fax Broadcast System, email or secure web-based system to alert the medical community and the public. Maintain information sheets on specific agents for dissemination to first responders, health care providers, the media, the public, elected officials and government agencies. Development of a system to communicate with hospitals and the medical community both providing updates on a regular basis and in case of an emergency.

Surveillance. Monitoring and analyzing surveillance data for the rapid identification of a bioterrorism act. The County's hospitals and the HD participate in a State-wide syndromic surveillance system for quick detection of a bioterrorist act or unusual disease occurrence. DHMH is in the process of selecting and purchasing a new surveillance system for the state. When that system is in place, the HD will be responsible for monitoring and analyzing the County data and developing a method to monitor key indicators.

Collaborations. Development of a Memorandum of Understanding (MOU) and lines of communication between the Health Department and EMS, Public Health Laboratories, Hospital (ICPs, ER), County schools, Red Cross and other State and Federal agencies as needed. Develop MOU with non-clinical volunteers such as retirees, community groups, social and fraternal organizations and churches to provide non-clinical support.

Training. Planning and implementation of training for HD staff and the medical community. The HD Bioterrorism Committee has a subcommittee working on training for HD essential personnel on appropriate bioterrorist attack response. So far family preparedness training has been conducted for staff. Other needed trainings have been identified, such as trainings for the different classes of work within the HD (i.e., data entry, counselors, nurses, physicians), as well as training for ICPs, emergency room personnel, sentinel schools and physicians. The PS does not need to provide the training herself/himself, unless she/he wants to, but would identify expert speakers or other available training. The Washington/Metropolitan area has many experts and training resources available.

Drills and Exercises. Design and implementation of training exercises. The HD plans and systems (emergency communications) should be exercised regularly and corrected accordingly. Plan and execute bioterrorist drills and exercises for HD staff and other collaborating agencies. Evaluate the exercises and modify the disaster plans as needed.

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General Public Information Campaign. Development of a mass education and risk communication campaign to inform and prepare the media and general public on bioterrorism and disaster issues. This task requires developing contacts with community leaders and organizations. The HD will work through these partners to prepare the community by developing brochures, providing presentations to community groups, and developing media campaigns (including TV spots, internet, and newspapers).

Homebound Populations. Development and implementation of a plan to provide mass prophylaxis or immunizations to homebound, institutionalized and homeless populations. Develop a list of institutions in the County, establish relationships with agency decision-makers, and collaborate in developing an integrated preparedness and response plan. Develop a registry or mechanism to identify homebound individuals in the County.

Committee Participation. There are numerous committees requiring the participation of Bioterrorism staff (e.g., COG, OEP Task Force, State Planning and Advisory Groups, Maryland Bioterrorism Forum, Hospital WMD Preparedness Coalition). Staff will be assigned to these committees according to expertise and interest. All BPT members will participate in the HD Bioterrorism Planning Committee. The PS will co-chair the HD Committee.

Managing Grant Funding and Reporting Requirements. If the PS would like to acquire expertise in this area of project management, he/she could work with the Administrator and the Division Director in managing the financial and administrative aspects of the HD Bioterrorism grant. The tasks listed above have been identified by the HD, but there is flexibility in the assignment as HD needs are evaluated and as world events unfold. The PS can modify or add new tasks to this list after conducting a needs assessment for the HD, and in order to meet PHPS required competencies. The scope of the PS's activities will be defined through discussion with the primary and secondary supervisors, and the Bioterrorism Committee.

Education and Training Opportunities. The HD is committed to providing a valuable and enriching professional experience for the PS, with challenging work experiences and opportunities to develop a wide range of skills. During the two-year stay the PS will acquire experience in communicable disease and outbreak investigations, and monitoring and analyzing surveillance data for the rapid identification of a bioterrorism act. Other opportunities include developing health needs assessments, writing plans and protocols, writing Memoranda of Understanding with other organizations, collaborating with a variety of agencies and health departments, making presentations to professional and community groups, and designing an evaluation component for the HD plan. The PS will have access to regularly scheduled HD trainings focused on computer software (e.g., Power Point, Access, and Word) and professional/managerial skills (e.g., stress and time management, working with difficult people, performance appraisal). Schedules for these trainings are published monthly. The PS could also attend DHMH (State planned conferences), Bioterrorism Preparedness trainings, Communicable Diseases yearly trainings and updates on TB, STDs, HIV/AIDS, outbreak investigations, surveillance and other topics of interest. The Washington Metropolitan area offers a broad range of conference and training opportunities in public health, weapons of mass destruction, and general emergency preparedness. The problem is not a lack of training opportunity, but rather which ones to attend. The PS will be notified and encouraged to attend these training opportunities. The HD will also pay for at least one national conference a year, selected by the PS. Site visits will be scheduled with all our key collaborative partnership agencies (see part II).

Hands-on Work Experience. Bioterrorism planning is a multidisciplinary effort. The PS will need to interact directly with a wide range of groups within and outside the HD. Within the HD the Division of Epidemiology and Disease Control, Environmental Health and the Nurses Affairs Committee have taken the leadership in disaster planning. HD efforts need to be coordinated with County public safety agencies (e.g., police, EMS, fire, hazmat unit, Office of Emergency Management). County efforts need to be coordinated with regional, State and Federal organizations, with whom the HD already has an excellent working relationship. The PS will interact with all these organizations at a high level, communicating directly with Division Chiefs and Directors. The PS will represent the HD in interactions with partner agencies. The HD will facilitate the PS's collaboration with these partners.

The HD works closely with Montgomery County, a neighboring Maryland county, the District of Columbia and northern Virginia HDs. Collaboration with these counties is direct, and is also as part of multi-jurisdictional committees such as COG, the National Capital Region NPS Task Force, Hospital Emergency Preparedness Coalition, and the Maryland Regional Bioterrorism Preparedness Coordinators Forum. The HD works closely with the State HD (DHMH), other public health agencies, the County Medical Society, County hospitals and medical providers. All HD bioterrorism planning and implementation is coordinated with these agencies. Continued collaboration and integration must be maintained in order to ensure sound bioterrorism and public health disaster plans.

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Part III. Assignment Description

Major Activities [see details in text]	Performance Requirements	Level of Responsibility	General Timeline	Dedicated Resources
HD orientation. General HD and bioterrorism planning activities orientation. Working in the Division of Environmental Health (EH) and Communicable Diseases (CD).		member	First month (September)	HE and CD staff
Visit partner organizations. Visit and get acquainted with the staff from the key partners described in Part II: Statement of need.		Team member	First 2 months (September & October)	HD and key partners staff
Assessment of HD preparedness. Review HD bioterrorism planning; develop an inventory of future activities needed for quick & adequate response.	Team	Analyst	October and November	Principal and secondary supervisor, HD staff as needed
The PS will select from, and participate in, the following projects according to his/her interest and experience. The PS will have flexibility in participating in other projects as needs are identified, and in order to meet his/her performance requirements.				
1. Disaster Plan: Analyze the HD Disaster/Bioterrorism Response Plan. Develop operational modules for quick implementation of the plan.	3, 8, 11	Manager, lead staff person	First year	HD staff as needed The HD received a BT grant, funds are available. Equipment as needed
2. Communications: Crisis Telephone Hotline System for communications with hospitals and health care providers. A Mass Fax Broadcast System, email or secure web-based system to alert the medical community and the public. Maintain information sheets on specific agents for dissemination to first responders, health care providers, the media, the public, elected officials and government agencies.	7, 8, 9, 11	Manager, lead staff person	First six months	HD PIO and other staff as needed. Funding, BT grant. A sophisticated phone system is been purchased. A Mass Fax machine is available now
3. Surveillance: Participate and monitor PGHD part of a State-wide surveillance system for quick detection of a bioterrorist act or unusual disease occurrence. Develop a method to monitor key indicators.	1, 2, 5, 8	Manager, lead staff person	Continuing for the two years assignment	Communicable diseases and surveillance staff as needed Funding, BT grant Computers, hardware connections available
4. Collaboration: Develop MOU's and communication between the Health Department and local, State and Federal agencies, and non-clinical volunteers willing to work in an emergency.	6, 7, 8, 9	Manager, lead staff person	Continuing for the two years assignment	County Office of Law staff. HD staff as needed Funding, BT grant. Computers and word processing software

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Major Activities [see details in text]	Performance Requirements	Level of Responsibility	General Timeline	Dedicated Resources
5. Training: Of HD and medical community. Developing and implementing trainings necessary for the HD's different classes of work on appropriate bioterrorist attack response. Training for ICPs, emergency room personnel, sentinel schools and physicians.	2, 3, 5, 7, 8	Manager, lead staff person	Continuing for the two years assignment	HD training committee HD Planning Office Funding, BT grant Computers and word processing software. HD Graphic Artist staff
6. Drills & Exercises: Plan and execute bioterrorist drills and exercises for Health Department staff and other collaborating agencies. Evaluate the exercises and modify the disaster plans as needed.	3, 5, 9	Manager, lead staff person	Continuing for the two years assignment	Fire, Police, OEP and HD staff Funding, BT grant Required equipment available
7. General public information campaign. Developing a mass communication campaign to educate and prepared the general public on bioterrorism and disaster issues. This task requires developing contacts with community leader and organizations and work through them to prepare the community by developing brochures and provide presentations to community groups and developing media campaigns (including TV spots, internet, and newspapers).	7, 9, 10, 11	Manager, lead staff person	Continuing for the two years assignment	HD PIO and staff as necessary HD Planning Office HD Graphic Artist staff Funding, BT grant Required equipment available
8. Homebound populations. Develop and implement a plan to provide mass prophylaxis or immunizations to homebound, institutionalized and homeless populations. Develop a list of institutions in the County. Develop a registry or mechanism to identify homebound individuals in the County.	2, 3, 7, 8, 9, 11	Manager, lead staff person	First year	HD, fire and police staff as necessary. Funding, BT grant Required equipment available
9. Committee participation. There are numerous committees requiring the participation of Bioterrorism staff (e.g. COG, OEP task force, State Planning and Advisory). Staff will be assigned to these committees according expertise and interest. Everybody attends the HD Bioterrorism Planning Committee.	8, 10	Team member	Continuing for the two years assignment	Funding, BT grant Required equipment available
10. Managing grant funding and reporting requirements. If the PS would like to acquire expertise in this area of project management, he/she could work with the Administrator and the Division Director in managing the financial and administrative aspect of the HD Bioterrorism grant.	1, 3	Team member/ coordinator	Continuing for the two years assignment or as time allows.	Primary supervisor, administrator Funding, BT grant Computers and appropriate software is available.

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The relationships with partner agencies have been key to the successes in bioterrorism planning that the HD has enjoyed to date. New partnerships need to be forged, with the academic community (e.g. University of Maryland) and yet other County agencies (e.g. Prince George's County School System, nursing homes) in order to further bioterrorism and public health emergency preparedness efforts. The PS will have the important role of fostering and maintaining these essential relationships, and serve as a HD liaison to the community. The HD has provided the community with basic information about bioterrorism and County bioterrorism preparedness efforts by providing brochures, press releases and presentations. This is an area of identified need - much more remains to be done. The relationship of the HD with community organizations, city Mayors and municipalities already exists through the many other services the HD provides to the community. It would be easy for the PS to use already-established contacts to implement an educational and preparedness campaign throughout the County.

Overall Goal. The activities described in the identified needs section (Part III), represent the HD goals for Bioterrorism and Disaster Preparedness. Completion of these would indicate that the County has attained the desired level of preparedness and also met the CDC requirements as part of the federal funding received for Bioterrorism Preparedness.

Other Health Issues. Prince George's County is one of the largest counties in Maryland and also has the highest level of morbidity in the state after Baltimore City. The HD has many other public health challenges and a wide range of programs. The PS will have the opportunity to work with other program in the HD if she/he desires to acquire experience in other areas of public health.

Part IV: Organizational Structure

Organizational Location of Assignment . The PS will be working at the largest County Health Department in Maryland, led by the Health Officer. The Health Department has six Divisions: Addictions and Mental Health, Administration, Adult and Geriatric Health, Environmental Health, Epidemiology and Disease Control, and Maternal and Child Health. The PS will be working under the supervision of the Director of the Division of Epidemiology and Disease Control. The Division of Epidemiology and Disease Control has 115 staff persons and is organized in four programs: TB, STD, HIV/AIDS and Communicable and Vector-Borne Disease Control and Surveillance. The work location will be the Health Department Headquarters building, located in Largo, Maryland, less than twenty miles from the White House and the Smithsonian Institutions in Washington, DC. The Health Officer, Division Directors and other key staff such as the Biostatistician, Epidemiologists, Planning staff, and the Public Information Specialist are also housed in this building, facilitating daily interaction with the PS. The Division of Environmental Health is located across the street from the Headquarters Building. The HD has opened a new building in the Cheverly area. This new building is five miles from the Largo location and is across from the County's largest hospital. The Communicable Diseases Program is located in this building.

Organizational Workplace Setting and Support. The Health Department will provide a fully equipped office in the headquarters building, a computer with CD-ROM, sound card and speakers connected to a LAN system with access to Internet, e-mail and GIS. Secretarial and administrative support and all modern office equipment including laptop computers, LCD projector and broadcast fax machine are available. The PS will find the HD staff to be friendly and helpful. All staff collaborates with and helps each other professionally. They are also extremely warm and open. Birthdays, major events and accomplishments are celebrated as a group. Each Division also has an all-day spring picnic/retreat. The supervisors and HD staff understand that a successful relocation and introduction to the area is an important part of the overall success of this project. Both supervisors and HD staff are willing to help the PS in finding adequate housing, services and general orientation to the area. The PS will also have access to any HD staff she/he needs for help, guidance or assistance. This includes requests for data, statistics, editing, typing, travel preparation and general orientation.

Development and Training Opportunities Available. The Washington/Baltimore area presents many opportunities for training through such organizations as the Maryland Emergency Management Agency, Johns Hopkins University, the Armed Forces, University of Maryland Department of Emergency Health Services, and State and Federal agencies. The Health Department will facilitate the PS's attendance at a wide range of local conferences and will pay for at least one national conference per year, such as APHA or other conference of the PS's choice.

PS Support. Outside Resources: The PS will be working with the most experienced, top-level experts in County, State and other agencies. The Washington/Metropolitan area probably has the best bioterrorism/disaster resources available in the United States. Most of the contacts and collaboration are already established, facilitating the PS's start-up on this project. It has been the HD's experience that the local experts and agencies are available and eager to cooperate. Collaborating agencies have been described in Part II.

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Internal Resources: Most of the internal resources have been described. The PS will find a wide array of expertise in needs assessment, health planning, public information, evaluation, designing, implementing and managing projects in the HD. The PS will have complete access to all these experts.

The PS will have the support of the HD bioterrorism committee and the newly formed BPT. The HD has on staff a health planner, a biostatistician, a PIO, experienced physicians, DCSs and public health nurses. The HD has received substantial awards from DHMH for bioterrorism preparedness.

Part V: Supervision

Primary Supervisor. The primary supervisor has more than ten years of experience supervising, training and mentoring staff. She has a Masters in Public Health in Epidemiology. For the last seven years she has been the Director of the Division of Epidemiology and Disease Control. The Division provides clinical services, contact follow-up and investigations and prevention interventions in the County. The Division has 115 professional and support staff persons including Physicians, Physician Assistants, Nurses, Disease Control Specialist, Social Workers, Data Entry and Clerical.

Working in Communicable Diseases in Prince George's County is very challenging; the County has the second highest morbidity after Baltimore City in the State. In this position Ms. Lawrence has hired many new staff. She enjoys teaching and mentoring new staff and is patient and methodical in her approach to training.

In her previous job Ms. Lawrence worked in the State of Maryland's AIDS Administration. In that position Ms. Lawrence managed statewide projects that required the hiring, training and mentoring of staff. Team work has always been the key to the successful completion of projects. Several of the projects she managed involved working with AIDS surveillance so she acquired strong skills and knowledge of surveillance systems.

While in Puerto Rico she worked closely with EIS officers and with CDC assignees. There she acquired first hand experience in disaster work. Ms. Lawrence was in Puerto Rico in 1989 during Hurricane Hugo. During the first week after the hurricane most of the Island did not have electricity or running water and there were over 10,000 people in shelters. One of the major epidemiological tasks was to develop and implement a rapid surveillance system for all the shelters. Ms. Lawrence participated in the planning and implementation and acted as the chief epidemiologist in charge of surveillance in the San Juan Metropolitan area. Since telephone communication was not available, teams of three people visited each of the shelters daily. Ms. Lawrence had five teams reporting to her. The HD investigated any report of disease from the shelters; coordinated the distribution of food and water supplies and identified solutions to general sanitation problems. The HD also coordinated efforts with other agencies to provide services to the shelters such as cleanup, spraying for insects and provision of supplies.

She also had the opportunity to work in the investigation of high prevalence and conversions of tuberculin skin tests among the employees of Medicine and AIDS wards in the largest hospital in San Juan. Ms. Lawrence planned, executed and directed a three-stage research study that required the skin testing of 1400 hospital employees. This was a collaborative effort between the HD, the hospital, two EIS officers and the CDC.

Secondary Supervisor. The secondary supervisor has more than ten years of experience supervising and mentoring staff. She graduated from George Mason University with a Bachelors Degree in Education. For the last ten years Ms. Crankfield has supervised the Communicable Disease Investigation Unit for the Health Department. This group conducts all County outbreak investigations and provides investigation/follow-up for zoonotic and communicable diseases. Currently she is the Assistant Director of the Division of Epidemiology and Disease Control.

She has extensive management experience and has an in-depth understanding and appreciation for performance management, staff development, programmatic quality assurance and quality control.

She is a seasoned professional in supervising and mentoring staff and combines task and relationship leadership skills and style in a delicate balance making her productive, organized, motivated and results oriented. During her tenure with the Communicable and Vector-Borne Disease Control Program she acquired extensive expertise in such areas as, zoonotic and communicable disease prevention and investigations, education, counseling, coaching, mentoring, training and supervising staff responding to communicable disease emergencies.

She has coordinated large scale outbreak investigations such as meningitis in local universities, Hepatitis A in restaurants and gastro-intestinal diseases in schools which required mass immunizations, prophylaxis administration and institution of control

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measures. She has designed and implemented a variety of standards and systems for disease investigations and outbreak containment. She is a team leader who has implemented a system of individual development succession plans.

Supervisors Work Plan. The primary and secondary supervisors are readily available on a daily basis and both maintain an open-door policy. Weekly meetings with the PS will also be scheduled. Guidance on the PS's assignments and review of their progress will be provided at these meetings.