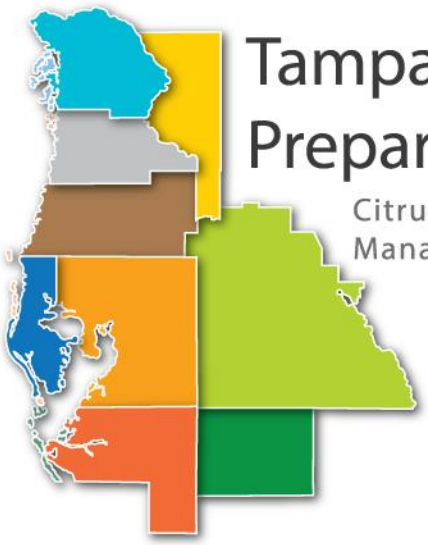

Tampa Bay Health & Medical Preparedness Coalition

Citrus, Hardee, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk & Sumter Counties

Hazard Vulnerability Assessment (HVA) and Gap Analysis

December 2023

December 19th, 2023

Version 1.0

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The CHVA/RGA process, including surveys, spreadsheet, and reports, was modeled after the Arizona Coalition for Healthcare Emergency Response (AzCHER) CHVA/RGA for 2021-22. A special thanks to the AzCHER staff for graciously sharing their work with us.

Executive Summary

Hazard Vulnerability Assessment and Gap Analysis

The Tampa Bay Health & Medical Preparedness Coalition (TBHMPC) conducted its annual Hazard Vulnerability Assessment and Gap Analysis (HVA) to identify the healthcare coalition's most significant risks and gaps. Data collection took place in November & December 2023. This year's process was an extension of the Community Hazard Vulnerability Assessment & Resource Gap Analysis (CHVA/RGA) process that took place in 2022. The CHVA/RGA was an analysis of capacities and capabilities to address a medical surge and was intended to determine resource needs and gaps. The results of the CHVA/RGA last year established a baseline for hazards and gaps in our Coalition region for the post-COVID era. In conjunction with the HVA this year, these processes inform TBHMPC preparedness priorities in planning, training, exercises, and future projects.

The HVA incorporated multiple types of data sources, both objective and subjective, along with lessons learned and perspectives of subject matter experts. These sources included surveys of TBHMPC members and partners on multiple potential hazards and resource gaps, the Region 4 Public Health Risk and Vulnerability Assessment, and the TBHMPC Regional Vulnerability Profile. Data from these sources was analyzed and compared with gaps identified from recent exercises/responses and current challenges in the health care community to develop the top hazard and gap lists for 2023-2024. These were presented to Coalition Leadership for discussion and finalization.

TBHMPC Top 10 Hazards for 2023-2024	
1	Hurricane/Tropical Storm
2	Staffing Shortage
3	Highly/Acute Infectious Disease Outbreak
4	Cyber Attack or IT Failure
5	Severe Weather/Tornado
6	Flooding & Flash Floods
7	Pandemic - Coronavirus
8	Active Assailant/Threat
9	Mass Electrical Failure
10	Mass Casualty (Trauma)

Table 1. TBHMPC Top 10 Community Hazard Vulnerability List for 2023-2024

TBHMPC Top 10 Gaps for 2023-2024	
1	Healthcare Staffing & Retention
2	Evacuation & Shelter Support
3	Communications Planning & Equipment
4	Healthcare Mental Health & Resiliency
5	Infectious Disease Control & Response
6	Mass Casualty Incident Response (including Decontamination)
7	Cyber Security Preparedness
8	Medical Surge Equipment & Supplies
9	Mass Fatality Planning & Response
10	Radiation Incident Planning & Response

Table 2. TBHMPC Top 10 Planning & Resource Gap List for 2023-2024

1.0 Introduction

1.1 Hazard Vulnerability Assessment and Gap Analysis

The goal of the HVA is to identify our Coalition region's most significant risks (including both natural and manmade) that are likely to impact the healthcare sector and partner agencies/organizations that support it. The Tampa Bay Health & Medical Preparedness Coalition administered the HVA to inform coalition priorities for future planning, training, exercise and project activities.

This document represents the TBHMPC's annual Hazard Vulnerability Assessment (HVA) and biannual Jurisdictional Risk Assessment (JRA). The hazards and gaps identified will be used to identify and prioritize operational, training, and exercise goals, which will be integrated into the TBHMPC's annual work plan.

1.2 Community Hazard Vulnerability Assessment (CHVA) and Resource Gap Analysis (RGA)

The CHVA is a systematic approach to identifying the region's most significant risks (including both natural and manmade) that are likely to impact the demand for healthcare services and/or the healthcare system's ability to provide them. The Tampa Bay Health & Medical Preparedness Coalition administered the full CHVA process in 2022, to establish a baseline of hazards for our Coalition region in the post-COVID era, and to inform coalition priorities for future planning, training, exercise and project activities. The CHVA process is a member-engaged internal analysis of capacities and capabilities to address a medical surge and subsequently is intended to determine resource needs and gaps.

The RGA identifies the healthcare system's resources and services that are vital for the continuity of healthcare delivery during and after an emergency. The results are used to identify resources that could be coordinated and shared, as well as identify resource gaps. Both the CHVA and RGA help build a foundation for medical and healthcare readiness by strategizing healthcare coalition functions based on regional risks and needs (U.S. Department of Health and Human Services (HHS), Hospital Preparedness Program (HPP) Cooperative Agreement).

The results of the full CHVA process and the detailed analyses from the Spring 2022 surveys can be found in the original CHVA/RGA report here and the December 2022 update here.

1.3 Planning Assumptions

- There is likely significant overlap between the HVA for the Coalition and the HVA for an individual healthcare organization or jurisdiction, however, these are separate and distinct processes.
- A specific vulnerability may not exist across all Coalition member organizations; however, Coalition members will generally face many of the same hazards.
- The Coalition's HVA is not a replacement for an organization- or facility-specific HVA or resource assessment. The data-gathering survey administered as part of our HVA instructs participants to answer with a regional or healthcare system-wide view, as opposed to a facility or organization-specific one. However, hazards identified on organization-specific HVAs (both facilities and jurisdictions) will inform the perspective of participant organizations, and thus will be integrated into this Coalition HVA.
- The HVA is based upon responses received by participants and is not a comprehensive assessment of all partners. Survey respondents, while invited to complete the surveys via

email, were self-selected based on interest. The data provided by these participants are influenced by their own organizational experience and planning efforts.
- It must be recognized that this data alone cannot represent the Coalition's knowledge of the state of plans, threats, and issues in an area and should only be used as a guide, with local leaders and subject matter experts having significant input into the decisions on priority gaps and actions.
- While there are differences between the CHVA/RGA process and a more standard HVA process, the purposes are largely the same. In this report, the terms HVA and CHVA/RGA are used rather interchangeably, as the term HVA is more commonly recognized.

1.3 Tampa Bay Health & Medical Preparedness Coalition

The Tampa Bay Health and Medical Preparedness Coalition (TBHMPC) is a collaborative network of healthcare organizations, and their respective public and private sector response partners, that serve as a multi-agency coordinating group to enhance healthcare system preparedness, response, recovery, and mitigation activities. The TBHMPC is inclusive of all counties in the Region 4 Domestic Security Task Force (RDSTF 4) – Citrus, Hardee, Hernando, Hillsborough, Pasco, Pinellas, Polk and Sumter – plus Manatee County from RDSTF 6.

As a sub-recipient of the Hospital Preparedness Program (HPP) cooperative agreement, TBHMPC is required to conduct an annual HVA and a biannual JRA by the Administration for Strategic Preparedness and Response (ASPR), a division of the U.S. Department of Health and Human Services. ASPR requires core healthcare coalition capabilities for TBHMPC, which informs the healthcare coalition's purpose and function. The purpose of TBHMPC is to ensure local healthcare partners plan collaboratively for the risks facing their community and identify available local resources, while supporting the health and medical system during response and recovery.

2.0 Methods

2.1 TBHMPC Staff and Advisory Group Responsibilities

Data collection for the HVA was administered Coalition-wide by staff via emails, Board meetings, and county standing committee meetings. Staff disseminated the survey to Coalition member and partner organizations and sent timely reminders during the data collection window. The Preparedness Coordinator was responsible for outlining the process, providing subject matter guidance, developing surveys & vulnerability profile, analyzing data, presenting the data to Coalition leadership, and authoring the final summary report. The Coalition staff and leadership, the Planning Advisory Group, and the Board of Directors served as the regional advisory groups for the HVA, and reviewed and provided input into rankings and conclusions.

2.2 Data Inputs

The HVA incorporated data from four main inputs: the HVA Survey conducted in November 2023, the Region 4 Public Health Risk and Vulnerability Assessment, the Regional Vulnerability Profile, and discussions, analysis, and finalization by Coalition leadership and advisory groups. More details on these inputs are shown in Figure 1 below.

Additional information sources included various multi-disciplinary or association meetings, exercise and event after action reports (AARs). Emergency Management representatives from all nine (9) counties were included in requests for input into the HVA surveys, to allow the integration of critical information from county-level Threat Hazard Identification and Risk Assessments (THIRAs) and jurisdictional hazard assessments.

The HVA survey was sent out via email on November 13th to all Coalition members and partners with responses accepted through December 5th. The HVA process was discussed at the following Coalition meetings: Pinellas on November 3rd, Manatee on November 8th, Hernando on November 9th, Pasco on November 13th, and Hillsborough on November 16th. Preliminary results were discussed at the Board of Directors Meeting on December 8th.

Two formal meetings included review of HVA results – the Quarter 4 Board Meeting on December 8th, 2023 and the TBHMPC Staff Meeting on December 20th, 2023. The Planning Advisory Group and the Board of Directors were sent updated results and the full HVA report on December 19th, with comments due back by December 29th.

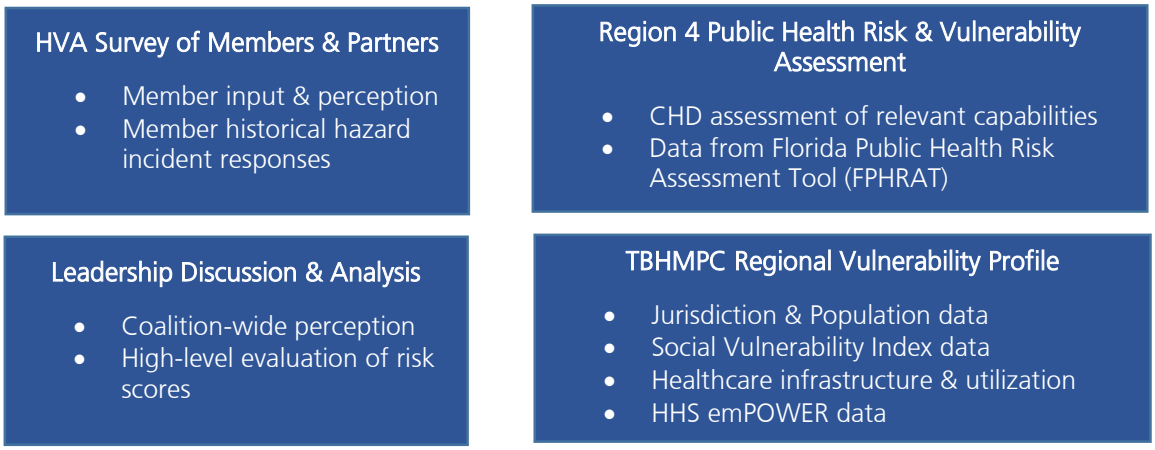


Figure 1. HVA data input graphic, summarizing member/partner input, demographic & vulnerability data, and Planning Advisory Group & Coalition leadership analysis.

2.3 TBHMPC Regional Vulnerability Profile

The TBHMPC Regional Vulnerability Profile provides demographic and jurisdiction information that is important to consider when assessing risks and gaps for the greater Tampa Bay area. This profile can be found in *Appendix 2*. The TBHMPC Regional Vulnerability Profile includes:

- Population and vulnerable demographic statistics for the TBHMPC region
- Healthcare system infrastructure information
- CDC Social Vulnerability Index (SVI) scores and maps for the nine (9) counties within the TBHMPC region
- Department of Health & Human Services (HHS) emPOWER data on Medicare and electrically dependent beneficiaries within the TBHMPC region

2.4 Public Health Risk & Vulnerability Assessment

Every year, the County Health Departments (CHDs) assess the preparedness capabilities and the resources available to prepare for and respond to 38 hazards of public health relevance for Florida. This report is a baseline to prioritize the most important hazards for each region, the status of the capabilities, and the level of resources required for those selected hazards. The information provided by the CHDs is aggregated for each region.

The capability and hazard resource assessments are a critical component of the Florida Public Health Risk Assessment Tool (FPHRAT)[1]. The tool calculates a Risk Assessment Matrix, including hazard risks and residual risks derived from the hazard probability, vulnerability, impacts, and mitigation indexes. The Risk Assessment is the first step for prioritizing hazards, preparedness capabilities and hazard resources.

The 2023 Region 4 Public Health Risk & Vulnerability Assessment can be found in *Appendix 3*.

2.5 HVA Survey of Coalition Members and Partners

Coalition member and partner organizations were asked to complete an online survey ranking the top hazards and gaps identified in the CHVA/RGA and HVA assessment processes that took place in 2022. Respondents were asked to consider these hazards and risks from a region-wide perspective, while also taking into consideration the results of their organization-specific HVAs, and prioritize them based on their knowledge, experience, and sector perspective. There was also an opportunity for participants to suggest any additional significant hazards or gaps that should be considered, and suggest priority rankings for those as well.

The link for the SurveyMonkey survey was distributed via email on November 13th, 2023 and the window for responses was open until December 1st, 2023 (with inputs accepted until December 5th, 2023). Only one response was recorded per member/partner organization. A complete list of survey questions can be found in *Appendix 1: TBHMPC HVA Update Survey*, and a list of participating organizations can be found in *Attachment 1: Participating Organizations*.

2.6 Update Survey Data Analysis

The survey asked organizations to rank hazard vulnerabilities and resource gaps based on their facility/organizational perspective (each having completed their own organizational HVA). Each response was weighted equally and ranked based on the highest number of responses. The survey responses were aggregated and provided to Coalition leadership in a report format.

2.7 Analysis of Updated Survey Data, Vulnerability Assessment and Profiles

The Preparedness Coordinator aggregated data from the HVA Surveys, the TBHMPC Region Vulnerability Profile, and the Public Health Risk & Vulnerability Assessment to develop recommendations for the top ten (10) hazards and the top ten (10) gaps. These recommendations were then presented to Coalition leadership.

3.0 HVA Survey Results

3.1 Participation by Organization Type

The update survey captured responses from 94 organizations, out of 649 member and partner organizations, representing an approximately 14% response rate. Representation from multiple sectors was included, as shown in Table 3 below. Multiple types of organizations were represented, including all core member types.

Coalition Sector Type	Percent	Number
Hospital	18.09%	17
Long Term Care Facility (SNF, ALF, etc.)	35.11%	33
Public Health	7.45%	7
Home Health Agency	11.70%	11

[1] For more information on the FPHRAT, visit https://flphrat.com/MainMenu.

Emergency Management	3.19%	3
EMS/Fire Rescue	5.32%	5
Outpatient/Health Care Clinic	1.06%	1
Hospice	4.26%	4
Community Health Center/Federally Qualified Health Center	2.13%	2
Dialysis/ESRD Facility	1.06%	1
Other	12.77%	12

Table 3. Survey Responses by Organization Type, shown by number and percentage of the total number of responses (94).

3.2 Participation by County

All nine (9) counties within the Coalition region were well represented in the HVA update survey, as shown in Table 4 and Figure 2 below.

County	Percent of Total Survey Participants	Number of Surveys
Citrus	8.51%	8
Hardee	8.51%	8
Hernando	10.64%	10
Hillsborough	27.66%	26
Manatee	15.96%	15
Pasco	12.77%	12
Pinellas	30.85%	29
Polk	17.02%	16
Sumter	10.64%	10
Regional/Multicounty	3.19%	3
Other	10.64%	10

Table 4. Table of participation by county, displaying number and percent of total responses (94)

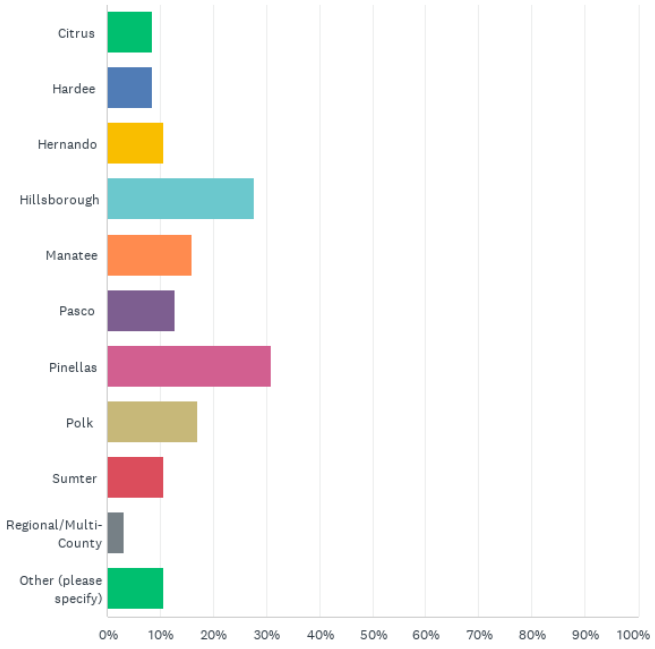


Figure 2. Graph of participation by county, displaying number and percent of total responses (94)

3.3 HVA Results

3.3.1 HVA Survey Results - Hazards

A total of 94 organization representatives rated hazards identified during the HVA, based on risk to the region as whole. Hazards were ranked on a 1-10 scale, with one (1) indicating the highest risk priority and ten (10) indicated the lowest risk priority, among the top 10 hazards previously identified. Note that this list is not a comprehensive assessment of all members or disciplines and does not provide details regarding the unique attributes and risks for individual counties or facilities. The Coalition's HVA is not a replacement for an organization- or facility-specific HVA.

3.3.2 Public Health Risk and Vulnerability Assessment Hazards

In addition to the HVA survey data obtained from Coalition members and partners, TBHMPC also included the Region 4 Public Health Risk and Vulnerability Assessment into the overall hazard vulnerability and resource gap analyses. The complete Assessment document is included as Appendix 3. The top ten (10) hazards in terms of probability, risk, and residual risk from this assessment are displayed below in Figure 3. The top five are hurricane/tropical storm, biological disease outbreak, flood, seasonal influenza, and severe winter storm.

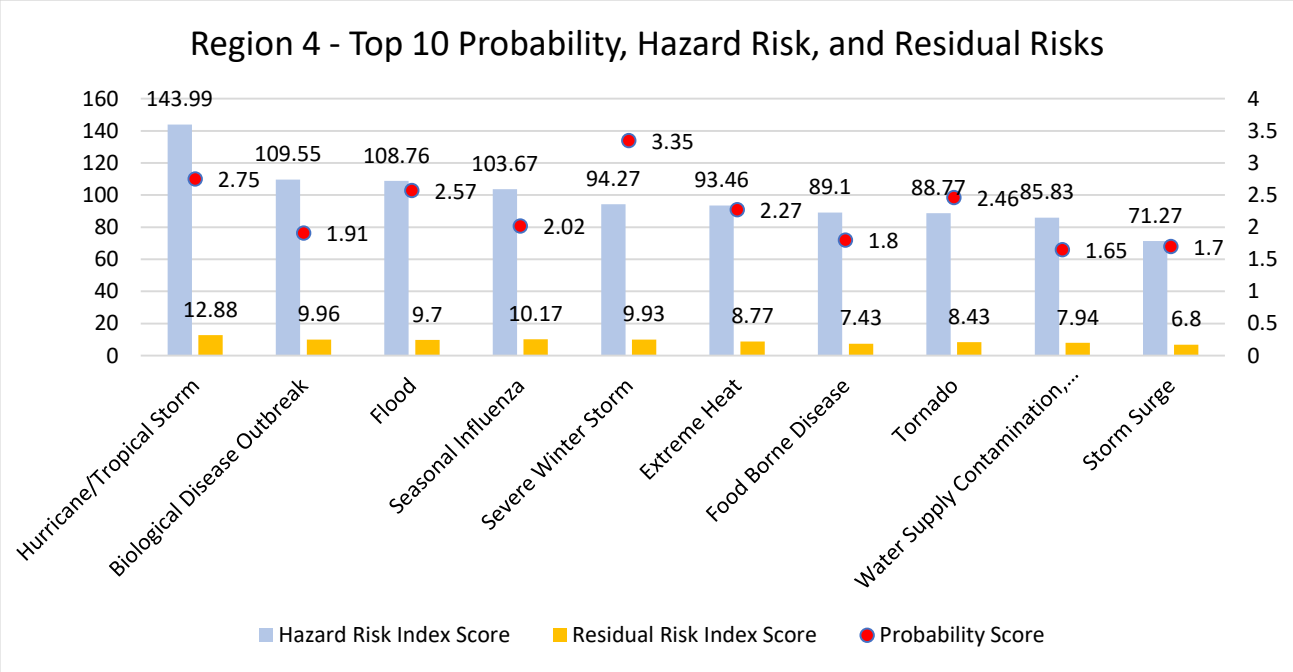


Figure 3. Hazard probability, risk index, and residual risk index for Region 4, from the 2023-2024 Region 4 Public Health Risk and Vulnerability Assessment.

3.3.3 Hazard Ranking Finalization

The data from both sources above was considered in the development of TBHMPC's Top 10 Hazard Vulnerability List for 2023-2024, listed below.

TBHMPC Top 10 Hazards for 2023-2024	
1	Hurricane/Tropical Storm
2	Staffing Shortage
3	Highly/Acute Infectious Disease Outbreak
4	Cyber Attack or IT Failure

5	Severe Weather/Tornado
6	Flooding & Flash Floods
7	Pandemic - Coronavirus
8	Active Assailant/Threat
9	Mass Electrical Failure
10	Mass Casualty (Trauma)

Table 1. TBHMPC Top 10 Community Hazard Vulnerability List for 2023-2024

3.3.4 HVA Survey Results - Gaps

A total of 94 organization representatives ranked regional gaps identified in the 2023-2024 HVA. Gaps were ranked on a 1-10 scale, with one (1) indicating the most significant and ten (10) indicated the least significant, among the top 10 gaps previously identified. There was also an opportunity for respondents to suggest other gaps and their priorities.

3.4.2 Public Health Risk and Vulnerability Assessment Capability & Resource Gaps

The Risk and Vulnerability Assessment includes assessment of resource availability to respond to 38 hazards with public health relevance. Resources are then prioritized based on factors such as risk, impact, frequency, etc. The resulting score (shown in Figure 4 below) is also utilized to calculate a resource gap. The higher the gap value, the larger the gap between the current resource status and a preparedness goal. The resource gap aggregated for each region is described as the average of the resource score in proportion of the hazard risk index for the selected jurisdictions.

The Top 10 Resource Gaps identified in this assessment are related to the following hazards: Hurricane/Tropical Storm, Flood, Seasonal Influenza, Severe Winter Storm, Biological Disease Outbreak, Tornado, Extreme Heat, Storm Surge, Foodborne Disease, and Hailstorm. The resource gap scores for these are shown graphically in Figure 4 below.

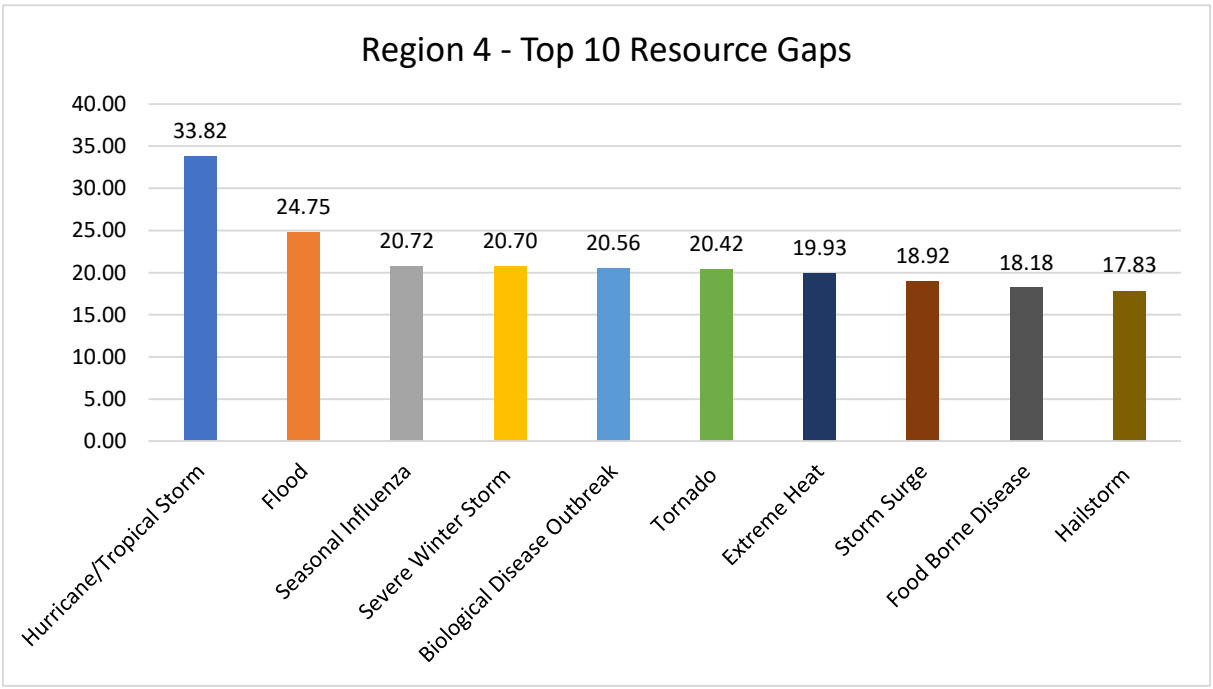


Figure 4. Top 10 Resource Gaps for Region 4 from the 2023-2024 Public Health Risk & Vulnerability Assessment.

3.4.3 Resource Gap Ranking Finalization

The data from both sources was considered in the development of TBHMPC's Top 10 Gaps for 2023-2024, listed below.

TBHMPC Top 10 Gaps for 2023-2024	
1	Healthcare Staffing & Retention
2	Evacuation & Shelter Support
3	Communications Planning & Equipment
4	Healthcare Mental Health & Resiliency
5	Infectious Disease Control & Response
6	Mass Casualty Incident Response (including Decontamination)
7	Cyber Security Preparedness
8	Medical Surge Equipment & Supplies
9	Mass Fatality Planning & Response
10	Radiation Incident Planning & Response

Table 2. TBHMPC Top 10 Planning & Resource Gap List for 2023-2024

3.5 Dissemination of HVA Report

The final version of the 2023 HVA document will be sent out via email to all members and partners by December 31st, 2023. This distribution lists includes all core member types, including health care facilities and agencies, public health agencies, and emergency management organizations. It will also be placed in the member side of the Resource Library of our TBHMPC website, under TBHMPC Plans & Annexes.

Attachment 1. List of Participating Organizations

Participating Organizations
Adventhealth Carrollwood
AdventHealth Connerton
AdventHealth Home Care West Florida Division
AdventHealth North Pinellas
AdventHealth Wauchula
AHCP LLC
Aspire at Bradenton (Former Bay Vue Nursing and Rehab)
Aspire Home Care
Aventura at the Bay
Balance Healthcare
BayCare Behavioral Health
BayCare Health System
Baycare Health System Winter Haven Hospital
BayCare Home Care, Inc.
Bayshore Pointe
Bon Secours Home Health
Bridgewalk on Harden
Brooksville Health Care Center, LLC
Buffalo Crossing Healthcare and Rehabilitation Center
Casa Mora
Centerstone of Florida
Central Dialysis
Citrus County Fire Rescue
City of Clearwater
C-Med Ambulatory Surgery Center
Cornerstone Hospice & Palliative Care
Cypress Cove Care Center
Debilini Inc. dba Visiting Angels
Diamond Ridge Health and Rehab
Don Duval
Empowerme
Encompass Health Rehabilitation Hospital of North Tampa
Encompass Health Rehabilitation Hospital of Largo
Family First Homecare
Florida Department of Health – Hernando County
Florida Department of Health – Polk County
Florida Department of Health - Region 4
Florida Department of Health - Sumter County
Florida Department of Health - Hardee County
Florida Department of Health – Manatee County
Florida Department of Health – Citrus County

Good Shepherd Hospice
Gulfside Healthcare Services
Harbourwood Post-Acute & Rehabilitation Center
HCA Florida Blake Hospital
HCA Florida ChampionsGate Emergency Department
HCA Florida Citrus Hospital
HCA Florida Pasadena Hospital
HCA Florida South Tampa Hospital
Heron East
Heron House
Highland Pines Health and Rehab
Johns Hopkins All Children's Hospital
Lakewood Ranch Medical Center
LifePath Hospice
LifeSpring Home Care of Tampa
LifeStar Living
Marion & Bernard Samson Nursing Center
MASC - Coastal Orthopedics East Surgery Center
Matrix Home Care
MAXIM
Moffitt Cancer Center
Palm Garden of Sun City Center
Pasco County Fire rescue
Pinellas County Emergency Management
Polk County Fire Rescue
Premier Community HealthCare Group, Inc.
Right at Home- Pasco
Riviera Palms Rehabilitation
Rosecastle at Delaney Creek
Safety Harbor Surgery Center
Sand Key Health & Rehabilitation
Senior Connection Center Inc
Solaris HealthCare Plant City
SRI- Beckett Lake
Summit Exercises and Training
Surgcenter of Riverview, LLC DBA West Florida Surgical Suites
Surrey Place Healthcare and Rehabilitation
Tampa Eye Surgery Center
Tampa Family Health Centers
Tampa General Hospital
Tarpon Bayou
Tarpon Springs Fire Rescue
The Colonnade at Carrollwood
The Colonnade at Northdale

The Heron club at Prestancia
The Rohr Home
UF Health The Villages Hospital
Valencia Hills Health and Rehabilitation Center
Victoria Crossing Rehabilitation Center
Village Center Community Development District
Village Veranda
Visiting Nurse Association of Florida
Westminster Suncoast

Attachment 2. List of Acronyms & Abbreviations

List of Acronyms & Abbreviations	
AAR	After Action Report
ACS	Alternate Care Site
ALF	Assisted Living Facility
ASPR	Assistant Secretary for Preparedness and Response
AzCHER	Arizona Coalition for Health & Medical Preparedness
CDC	Centers for Disease Control and Prevention
CHD	County Health Department
CHVA	Community Hazard Vulnerability Assessment
CMS	Center for Medicare and Medicaid Services
COVID or COVID-19	Disease caused by SARS-CoV-2 virus
Decon	Decontamination
ED	Emergency Department
FDOH	Florida Department of Health
FPHRAT	Florida Public Health Risk Assessment Tool
HAN	Health Alert Network
HHS	U.S. Department of Health & Human Services
HPP	Hospital Preparedness Program
HVA	Hazard Vulnerability Assessment or Analysis
JRA	Jurisdictional Risk Assessment
KP	Kaiser Permanente
MCI	Mass Casualty Incident
MCM	Medical Countermeasures
PAG	Planning Advisory Group
POC	Point of Contact
PPE	Personal Protective Equipment
RDSTF	Regional Domestic Security Task Force
RGA	Resource Gap Analysis
SNF	Skilled Nursing Facility
SVI	Social Vulnerability Index
TBHMPC	Tampa Bay Health & Medical Preparedness Coalition
THIRA	Threat Hazard Identification and Risk Assessment

Appendices

- Appendix 1: TBHMPC HVA Update Survey
- Appendix 2: TBHMPC 2023 Regional Vulnerability Profile
- Appendix 3: 2023-2024 Region 4 Public Health Risk and Vulnerability Assessment
- Appendix 4: TBHMPC Summary of Actions to Mitigate Gaps
- Appendix 5: TBHMPC Email to Request CHVA/RGA Input from Members & Partners

Tampa Bay Health & Medical Preparedness Coalition

Citrus, Hardee, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk & Sumter Counties

Tampa Bay Health & Medical Preparedness Coalition HVA Update for 2023-2024

Regional Hazard Vulnerability Assessment & Gap Analysis Survey

Each year, the TBHMPC collects data from our Members and Partners on local and regional risks, hazards, gaps and vulnerabilities to analyze and develop into our Coalition Hazard Vulnerability Assessment & Gap Analysis. This year's survey will build on those from previous years - the in-depth CHVA from 2022 and HVA update completed late last year. Please review and rank the following Top Hazards and Gaps for our region, listed in the order from the 2022-2023 HVA. NOTE: We only need ONE response per organization.

1. Point of Contact Name:

2. Point of Contact Email Address:

3. Organization Name:

4. Organization Type:

- [ ] Hospital
- [ ] EMS/Fire Rescue
- [ ] Long Term Care Facility (SNF, ALF, etc.)
- [ ] Outpatient/Health Care Clinic
- [ ] Home Health Agency
- [ ] Hospice
- [ ] Public Health
- [ ] Community Health Center/FQHC
- [ ] Emergency Management
- [ ] Dialysis/ESRD Facility
- [ ] Other (please specify)

5. Organization County:

- [ ] Citrus
- [ ] Hardee
- [ ] Hernando
- [ ] Hillsborough
- [ ] Manatee
- [ ] Other (please specify)
- [ ] Pasco
- [ ] Pinellas
- [ ] Polk
- [ ] Sumter
- [ ] Regional/Multi-County

6. Please place the below hazards in order from highest risk priority (1) to lowest risk priority (10) for the region. Please provide your ranking based on regional risk, not risk related to your individual organization. If you feel any are not a significant risk, you may choose N/A. (Note: Current order reflects what was determined in December 2022.)

Hurricane/Tropical Storm		☐ N/A - Not a Top Risk
Staffing Shortage		☐ N/A - Not a Top Risk
Pandemic - Coronavirus		☐ N/A - Not a Top Risk
Highly/Acute Infectious Disease Outbreak		☐ N/A - Not a Top Risk
Cyber Attack or IT Failure		☐ N/A - Not a Top Risk
Flooding & Flash Floods		☐ N/A - Not a Top Risk
Mass Electrical Failure		☐ N/A - Not a Top Risk
Mass Casualty (Trauma)		☐ N/A - Not a Top Risk
Active Assailant/Threat		☐ N/A - Not a Top Risk
Radiological Incident (External)		☐ N/A - Not a Top Risk

7. Please list any additional hazards that should be considered in our Top Hazards/Risks and indicate where you think they should fall in the ranking.

8. Place the below Top Gaps in order, from most significant (1) to least significant (10) for our region. Please provide your ranking based on regional gaps, not those related to your individual organization. If you feel any are not a significant gap, you can choose N/A. (Note: Current gap order reflects what was determined in December 2022.)

≡	Healthcare Staffing & Retention	☐ N/A - Not a Top Gap
≡	Evacuation & Shelter Support	☐ N/A - Not a Top Gap
≡	Communications Planning & Equipment	☐ N/A - Not a Top Gap
≡	Healthcare Mental Health & Resiliency	☐ N/A - Not a Top Gap
≡	Infectious Disease Control & Response	☐ N/A - Not a Top Gap
≡	Mass Casualty Incident Response (Including Decon)	☐ N/A - Not a Top Gap
≡	Medical Surge Equipment & Supplies	☐ N/A - Not a Top Gap
≡	Cyber Security Preparedness	☐ N/A - Not a Top Gap
≡	Mass Fatality Planning & Response	☐ N/A - Not a Top Gap
≡	Radiation Incident Planning & Response	☐ N/A - Not a Top Gap

9. Please list any additional gaps that should be considered in our Top Gaps and indicate where you think they should fall in the ranking.

10. Do you have any other input for our Coalition HVA? If so, please describe below.

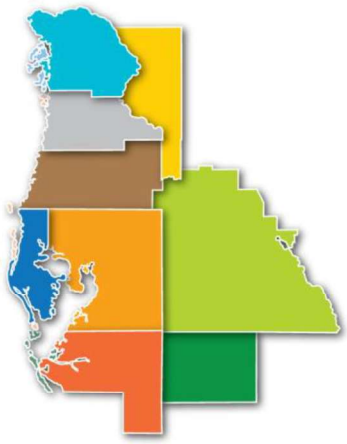
Thanks so much for your input into this year's HVA! We truly appreciate your time and involvement in the Coalition.

Tampa Bay Health & Medical Preparedness Coalition
Regional Vulnerability Profile

December 2023 Update

Jurisdictions

The Tampa Bay Health & Medical Preparedness Coalition region includes the 9 counties of the greater Tampa Bay or West Central Florida area – Citrus, Hardee, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk and Sumter.



Health & Medical System

The health and medical system in the Coalition region contains a wide variety of health care resources and capabilities. It includes metropolitan areas, such as Tampa, St. Petersburg, Clearwater and Lakeland, with more robust healthcare capabilities and specialty facilities, along with more rural areas like Wauchula and Bushnell, where out-of-county travel is required to access specialized healthcare resources. Healthcare referral patterns within the system largely fall with regional boundaries, however those in northern and western counties also interact regularly with Gainesville- and Orlando-centered healthcare systems.

Population and Vulnerable Demographics

Approximately 4,802,017 people live in the Coalition region, which is 21.6% of the state's population[1]. Florida's population is growing, and two of the top 5 counties adding the most population since April 1, 2020 are in our region – Hillsborough (60,767) and Polk (44,973).

During a disaster, individuals with disabilities and others with access and functional needs may require special assistance from the emergency management system. A list of just some of the vulnerable populations that reside in the TBHMPC region are listed below in Table 1.

Vulnerable Populations in TBHPMC Region	
Risk Factors	Number or Percent of Population
Medicare Beneficiaries[2]	1,166,692 (24.3%)
Electrically-Dependent Beneficiaries[3]	45,448 (0.95%)
Population Below Poverty Level	581,835 (12.1%)
Uninsured Population Under Age 65	522,446 (10.9%)
Medically Underserved[4]	357,241
Homeless Population (Estimate)	5,019
Developmentally Disabled Clients	12,285
Clients with Brain/Spinal Cord Injury	125
Seriously Mental Ill Adults (Estimate)	157,089
Medical Foster Care Children	131
Children's Medical Services (CMS) Clients	22,858
Probable Alzheimer's Cases (65+)	126,161

Table 1. Vulnerable populations in the nine (9) counties of the TBHMPC Region, in numbers of individuals and/or percent of population.[5]

Figure 1. Map of Electrically-Dependent Individuals in Coalition Region.[6]

The number of Medicare beneficiaries has increased by over 23,000 in the past year, and the number of electrically-dependent beneficiaries increased by more than 1,100.

Healthcare Infrastructure

The TBHMPC Region has a significant number of healthcare resources and capabilities that make up its healthcare infrastructure. Key facility and organization types are summarized below in Table 2.

Healthcare Resources in TBHPMC Region		
Category	Number of Facilities/Agencies[7]	Number of Beds[8]
Hospitals (Acute Care & Specialty)	67	14,886
Trauma Centers (Levels I & II)	7	
Free-Standing Emergency Depts.[9]	26	
Nursing Homes	176	21,124
Assisted Living Facilities	581	29,017
Ambulatory Surgical Centers	122	
Dialysis/ESRD Facilities	96	
Home Health Agencies	482	
Hospice	12	
EMS Service Providers[8]	61	
Pharmacies[8]	2,002	

Table 2. Total numbers of key healthcare organization types, and number of total beds, in the nine-county TBHMPC Region.

Social Vulnerability Index (SVI)

In preparing for and responding to disasters, a number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerabilities. TBHMPC annually examines the CDC Social Vulnerability Index (SVI) data, to share with members and partners to integrate into their planning efforts. This year's scores, shown below in Table 3, are based on the 2018 data, which is the most recent year available. Individual county maps with more detailed social vulnerability data are included at the end of this profile.

Social Vulnerability Index Scores of TBHPMC Counties[10]		
Counties	Overall SVI Score 0 (lowest risk) – 1 (highest risk)	Level of Vulnerability
Citrus	0.197	Low
Hardee	0.9091	High
Hernando	0.3333	Low to medium
Hillsborough	0.6818	Medium to high
Manatee	0.3636	Low to medium
Pasco	0.4091	Low to medium
Pinellas	0.3485	Low to medium
Polk	0.8788	High
Sumter	0.0152	Low

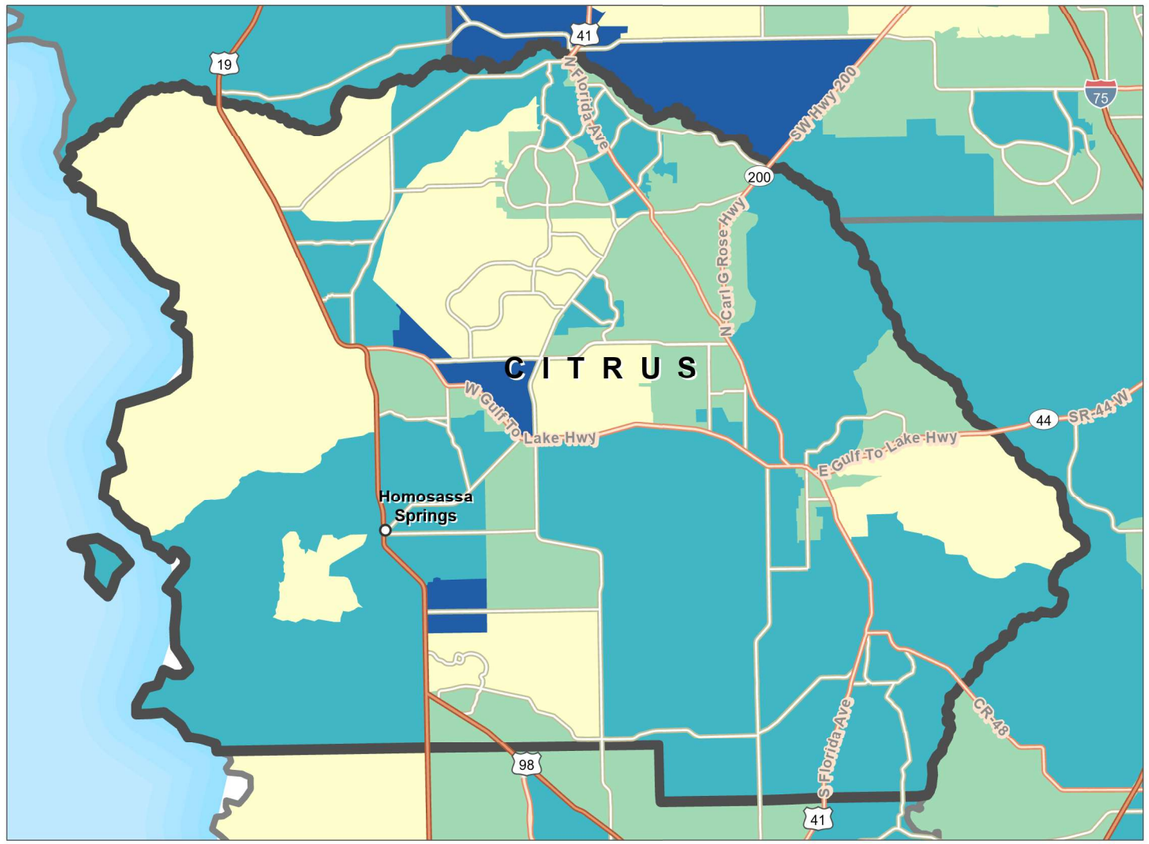
Table 3. CDC's 2020 Social Vulnerability Index scores for counties in the TBHMPC Region.

[1] Econographic News 2023, Volume I. Florida Office of Economic & Demographic Research. Accessed 12/17/23 at http://edr.state.fl.us/Content/population-demographics/reports/index.cfm.
[2] HHS emPOWER data. Accessed 12/17/23 at https://empowerprogram.hhs.gov/empowermap
[3] HHS emPOWER data. Accessed 12/17/23 at https://empowerprogram.hhs.gov/empowermap
[4] 2022 Profiles of Older Floridians, Florida Department of Elder Affairs. Requested and provided from FDEA via email on 12/19/22.
[5] All data in table from Florida Access and Functional Needs Profiles for Region 4 and Manatee, 2021, unless otherwise cited. Accessed on 12/17/23 at https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.AccessAndFunctionalNeeds.
[6] HHS emPOWER data. Accessed 12/17/23 at https://empowerprogram.hhs.gov/empowermap
[7] Data obtained from Agency for Health Care Administration's FloridaHealthFinder.gov. Accessed on 12/17/23 at https://quality.healthfinder.fl.gov/Facility-Provider/
[8] 2022 Profiles of Older Floridians, Florida Department of Elder Affairs. Requested and provided from FDEA via email on 12/19/22.
[9] Information obtained from extensive manual internet search performed 12/17/23. Because no one keeps an official list of these.
[10] Scores obtained from CDC Social Vulnerability Index Interactive Map. Accessed 12/17/23 at https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html. 2020 Prepared County Maps accessed 12/17/23 at https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html.

CDC/ATSDR Social Vulnerability Index 2020

CITRUS COUNTY, FLORIDA

Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

0 1.25 2.5 5 7.5
Miles

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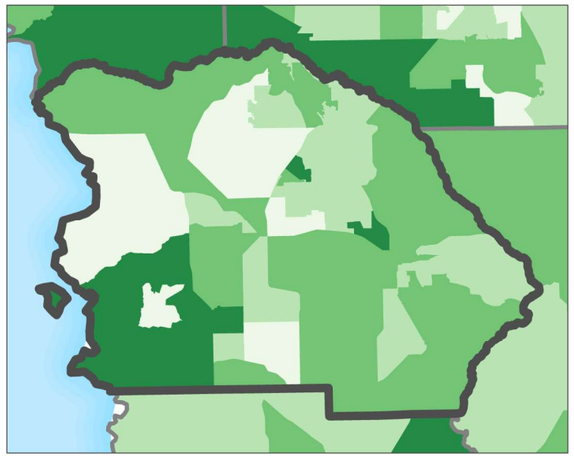
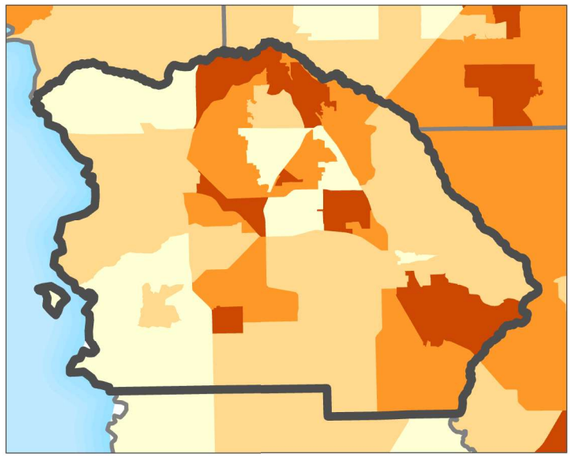
CDC/ATSDR SVI Themes

Socioeconomic Status[5]



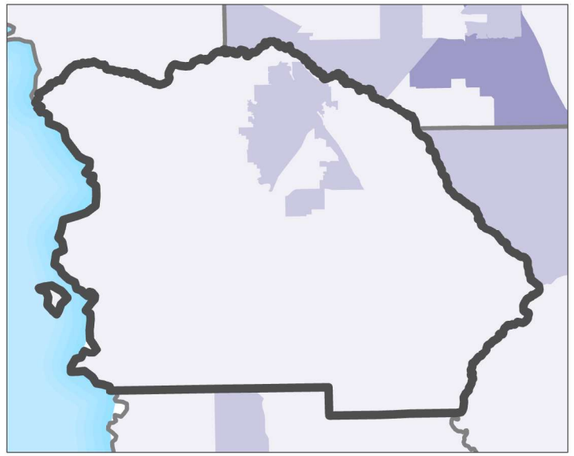
Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Household Characteristics[6]



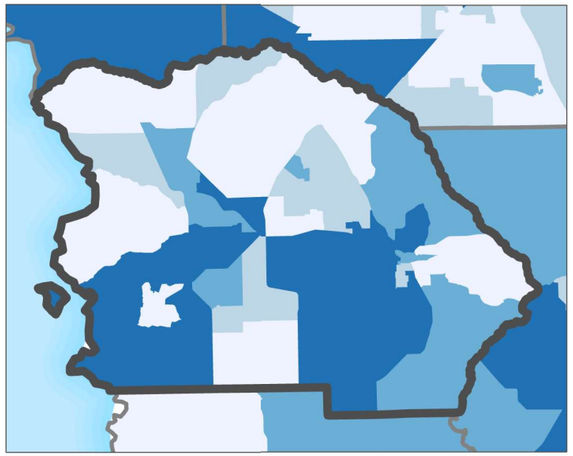
Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Data Sources: [2]CDC/ATSDR/GRASP, U.S. Census Bureau, Esri® StreetMapTM Premium.

Notes: [1]Overall Social Vulnerability: All 16 variables. [3]Census tracts with 0 population. [4]The CDC/ATSDR SVI combines percentile rankings of US Census American Community Survey (ACS) 2016-2020 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 130% Poverty, Unemployed, Housing Costs-to-Income Ratio, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Over, Aged 17 and Younger, Civilian with a Disability, Single-parent Household, English Language Proficiency. [7]Race/Ethnicity: Racial/ethnic Minority. [8]Housing Type/Transportation: Multi-unit, Mobile Homes, Crowding, No Vehicle, Group Quarters.

Projection: NAD 1983 Florida GDL Albers.

References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

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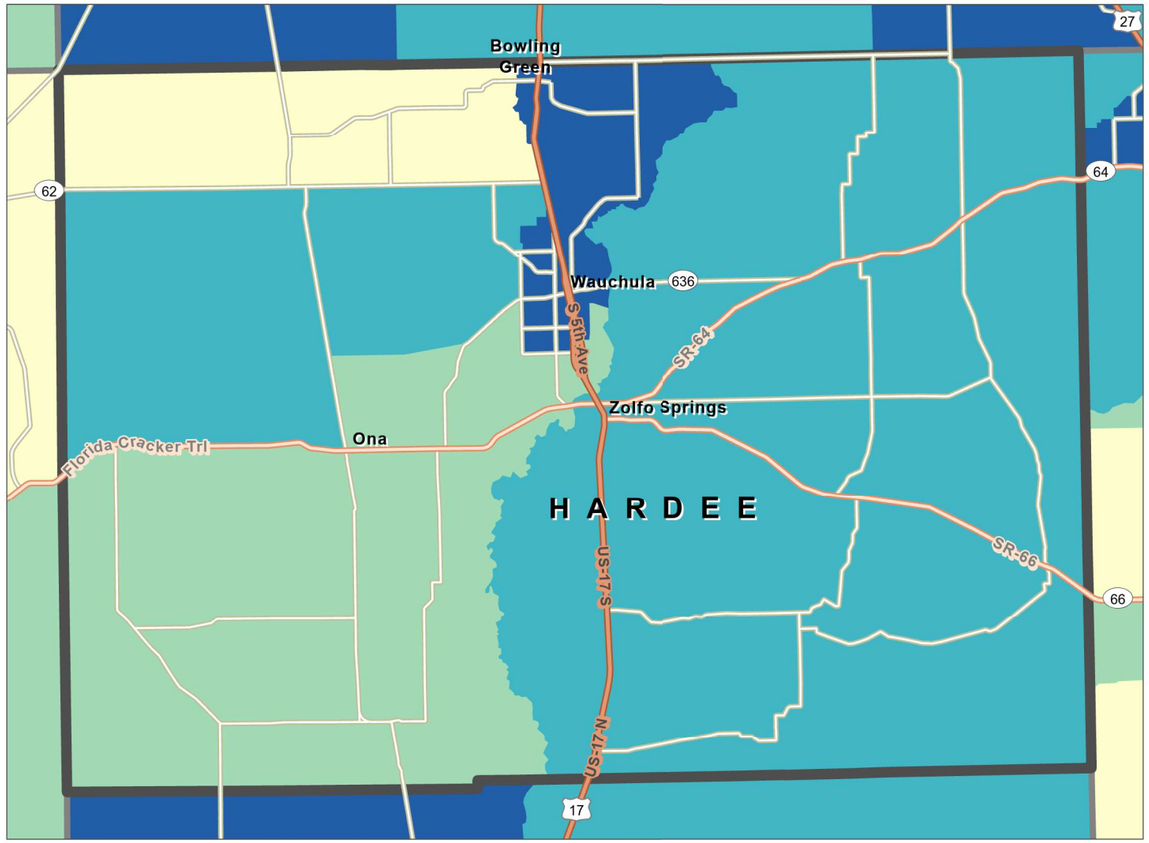
CDC/ATSDR Social Vulnerability Index 2020

HARDEE COUNTY, FLORIDA

Overall Social Vulnerability[1]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Data Unavailable[3]

0 1 2 4 6
Miles

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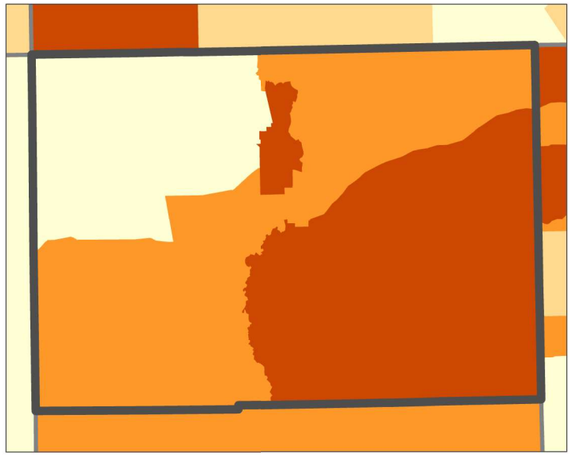
Socioeconomic Status[5]

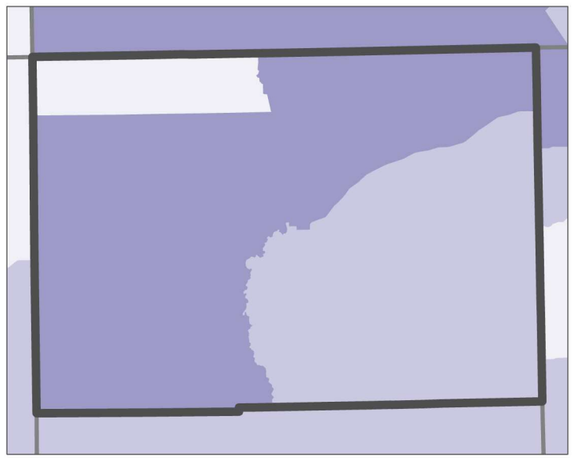
Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Household Characteristics[6]



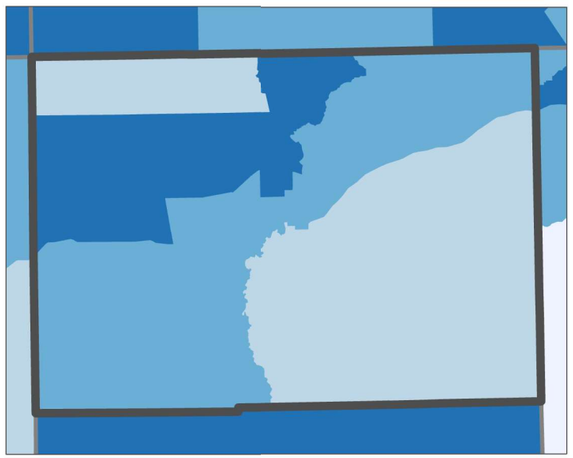
Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Housing Type/Transportation[8]



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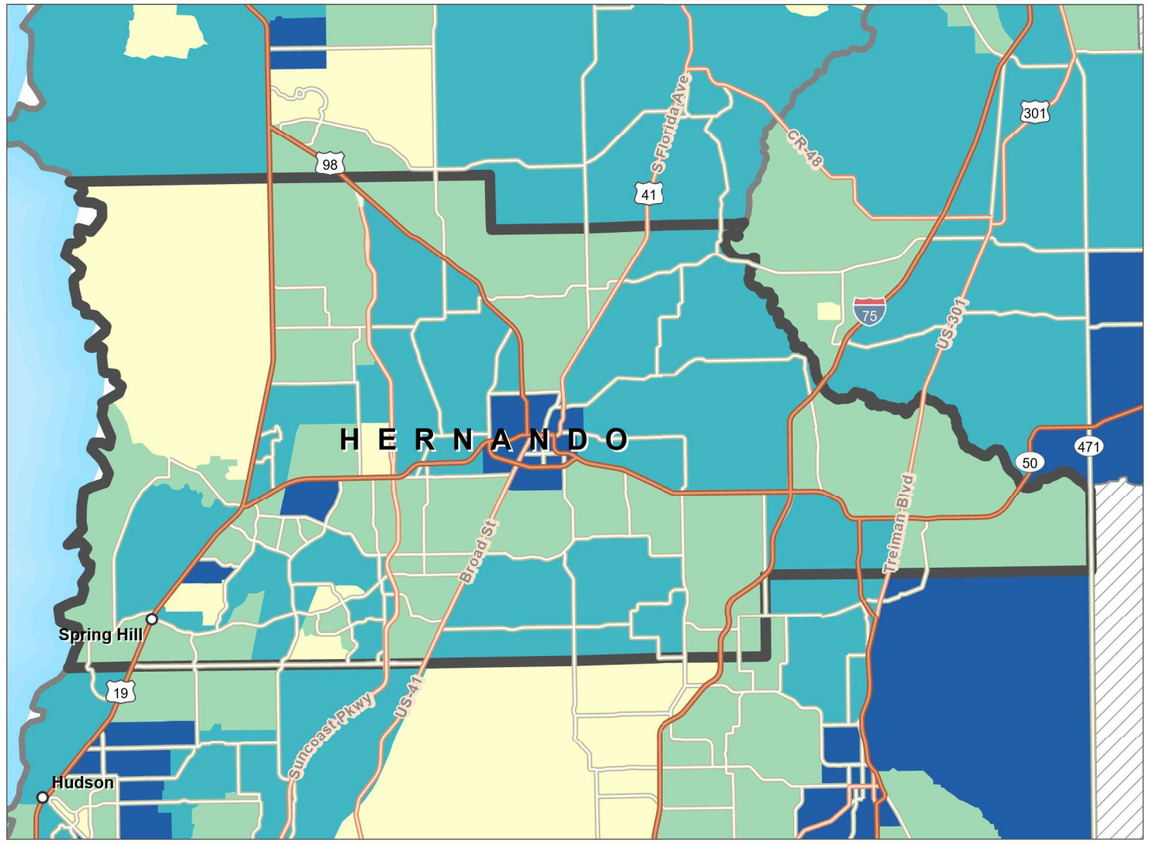
CDC/ATSDR Social Vulnerability Index 2020

HERNANDO COUNTY, FLORIDA

Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

0 1.5 3 6 9
Miles

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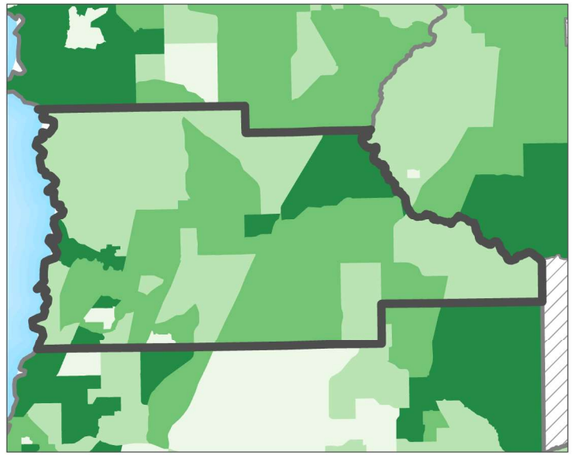
Socioeconomic Status[5]



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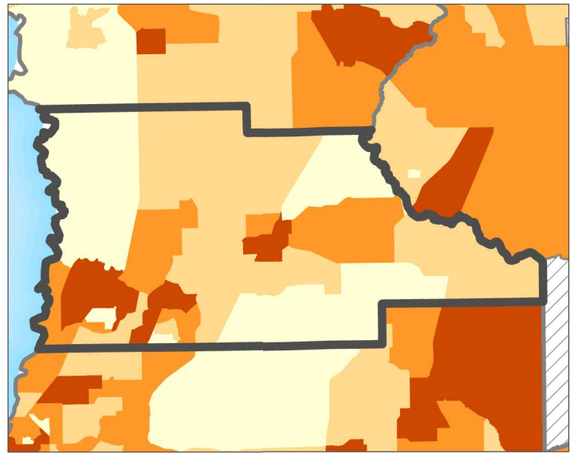
Household Characteristics[6]



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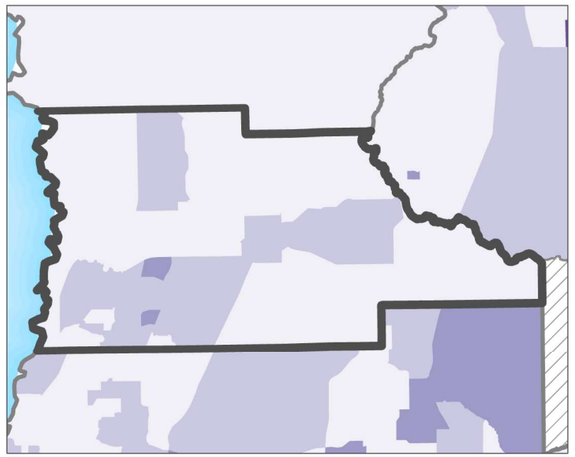
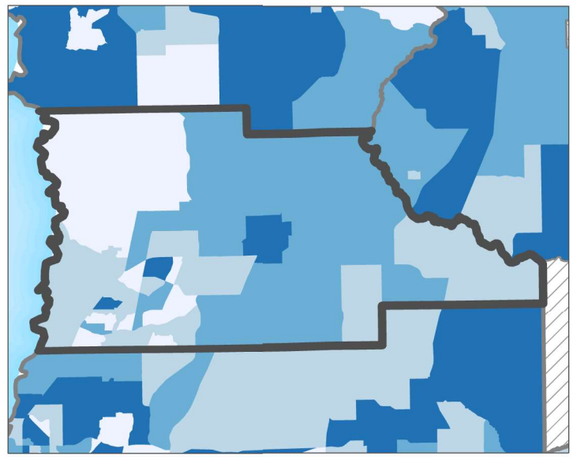
Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



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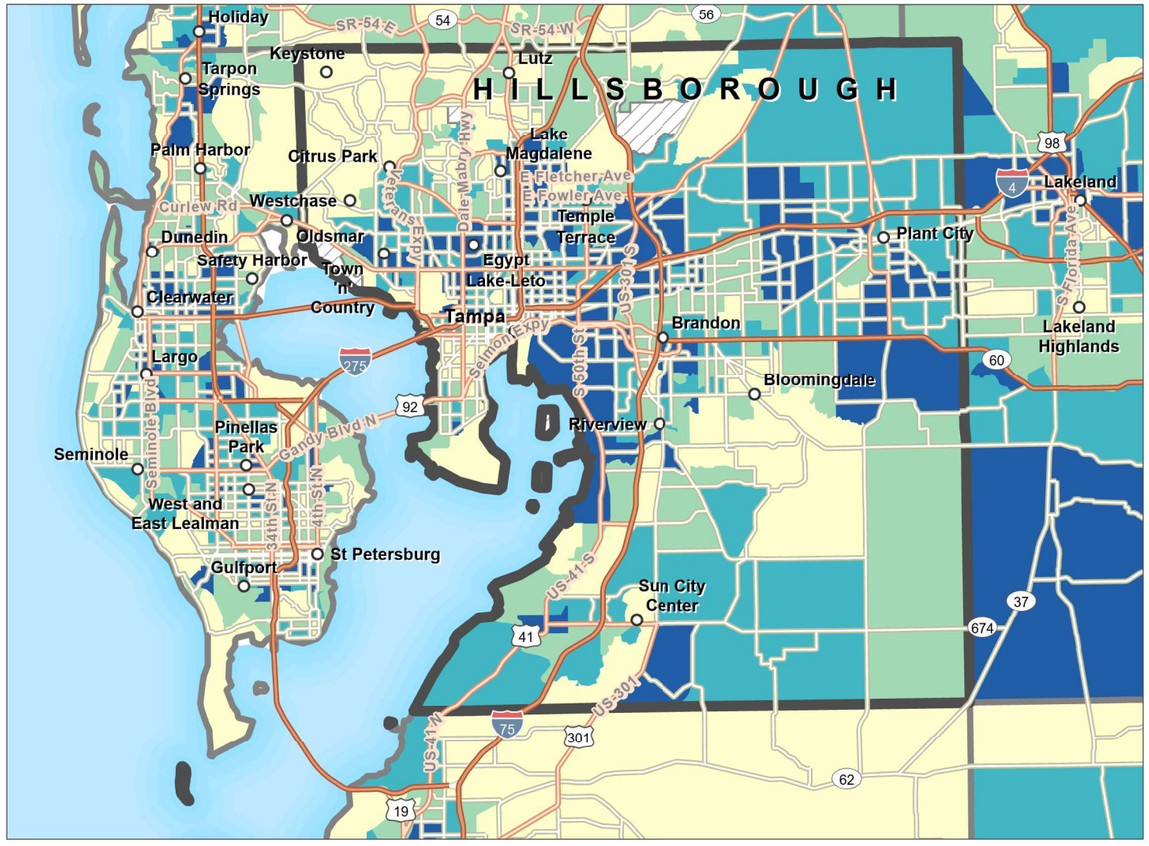
CDC/ATSDR Social Vulnerability Index 2020

HILLSBOROUGH COUNTY, FLORIDA

Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

0 2.25 4.5 9 13.5
Miles

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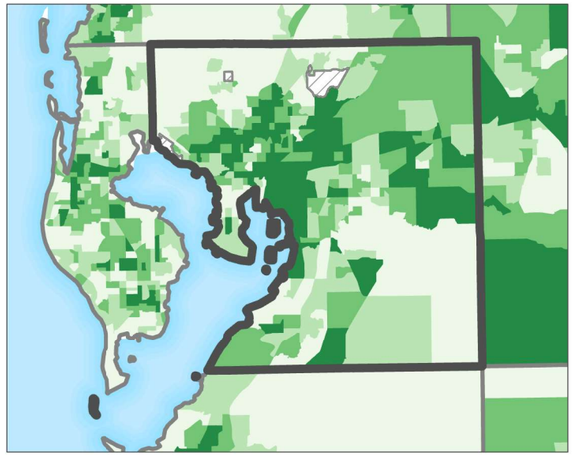
Socioeconomic Status[5]



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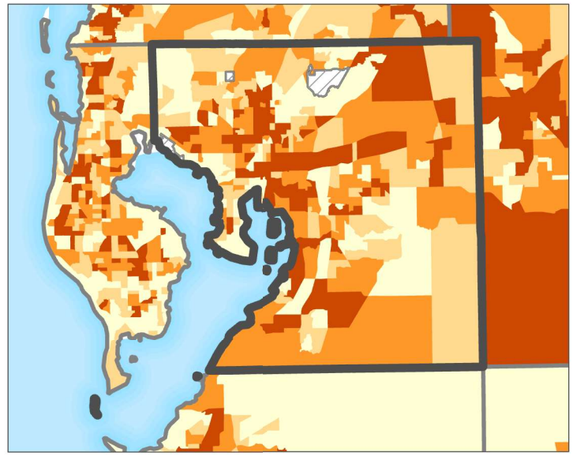
Household Characteristics[6]



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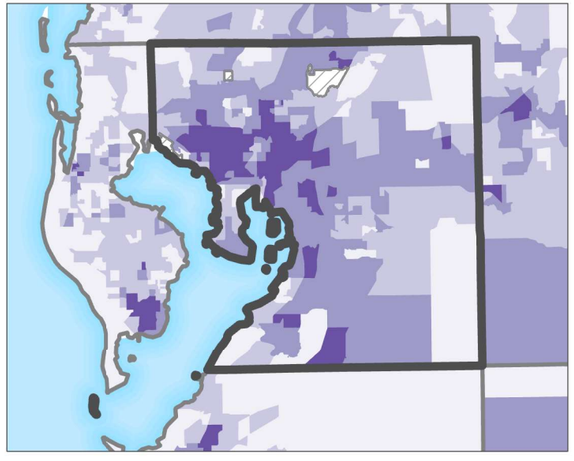
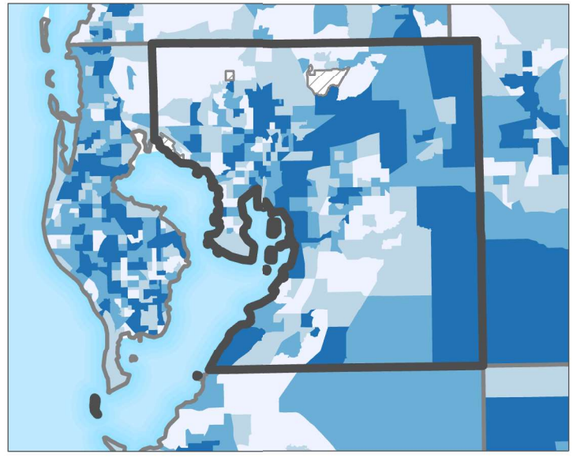
Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Data Sources: [2]CDC/ATSDR/GRASP, U.S. Census Bureau, Esri® StreetMapTM Premium.

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References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
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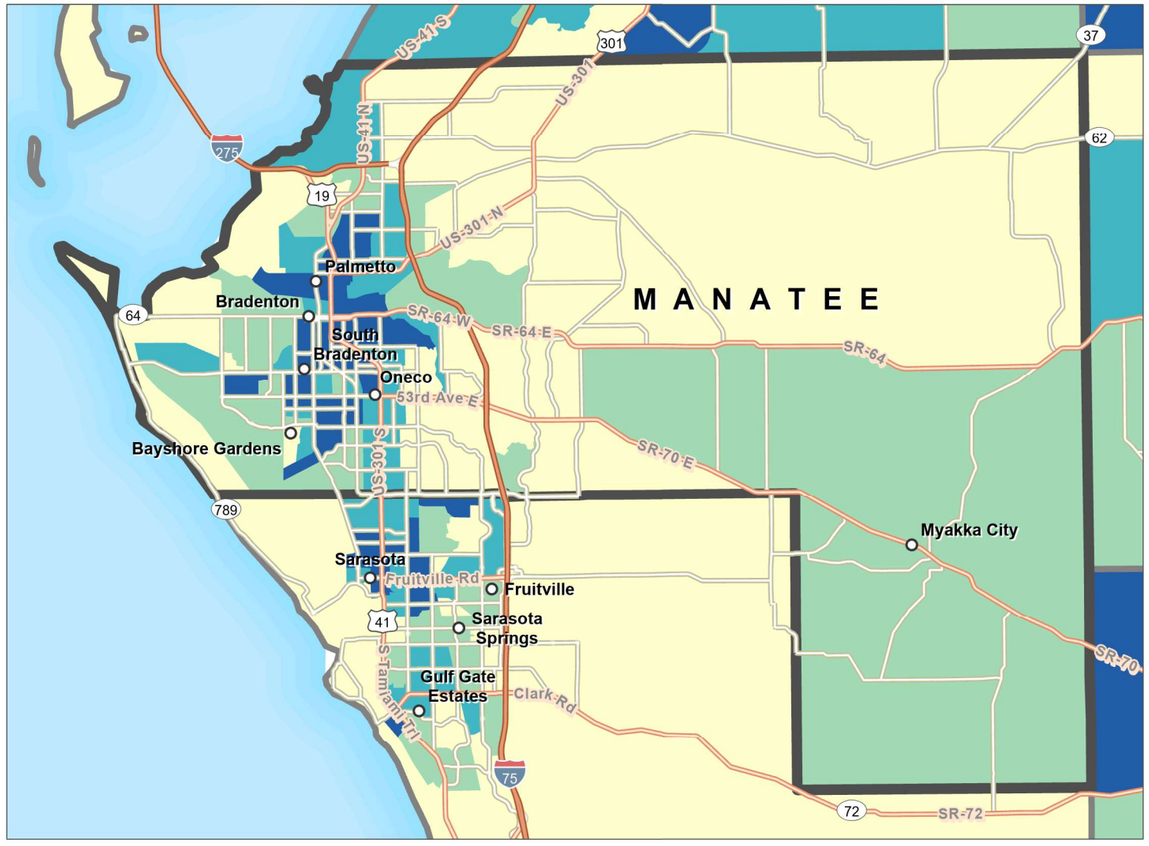
CDC/ATSDR Social Vulnerability Index 2020

MANATEE COUNTY, FLORIDA

Overall Social Vulnerability[1]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Data Unavailable[3]

0 1.5 3 6 9
Miles

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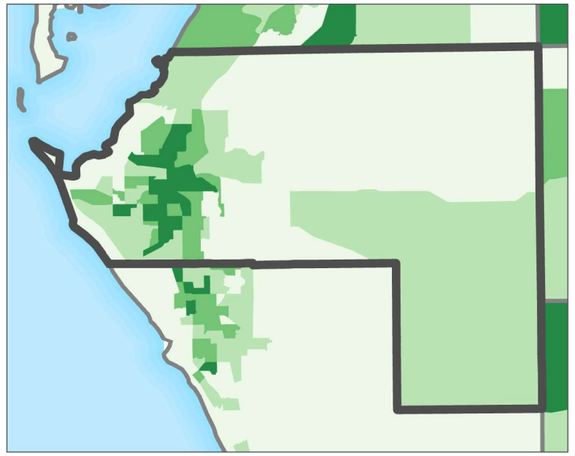
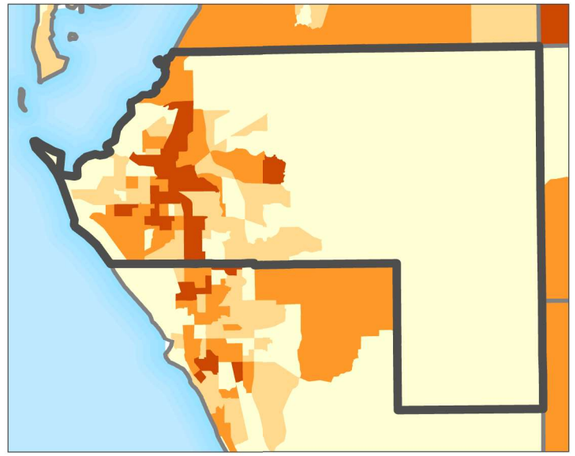
Socioeconomic Status[5]



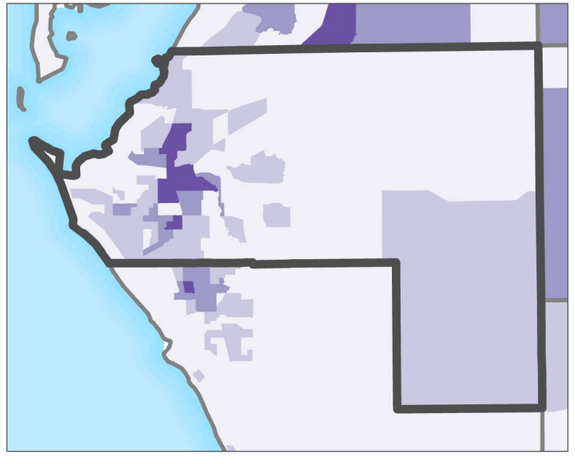
Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Household Characteristics[6]



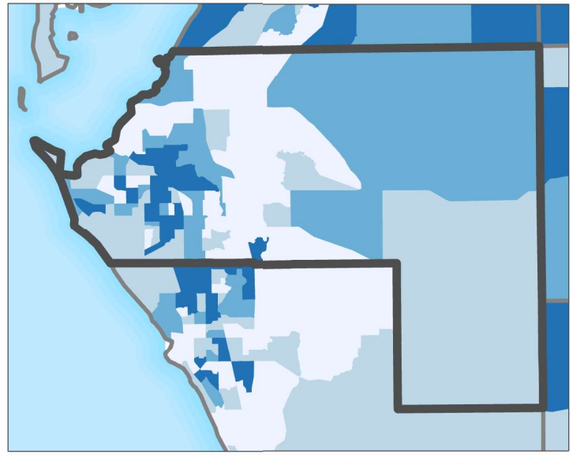
Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Housing Type/Transportation[8]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Data Sources: [2]CDC/ATSDR/GRASP, U.S. Census Bureau, Esri® StreetMapTM Premium.

Notes: [1]Overall Social Vulnerability: All 16 variables. [3]Census tracts with 0 population. [4]The CDC/ATSDR SVI combines percentile rankings of US Census American Community Survey (ACS) 2016-2020 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 130% Poverty, Unemployed, Housing Costs-to-Income Ratio, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Over, Aged 17 and Younger, Civilian with a Disability, Single-parent Household, English Language Proficiency. [7]Race/Ethnicity: Racial/ethnic Minority. [8]Housing Type/Transportation: Multi-unit, Mobile Homes, Crowding, No Vehicle, Group Quarters.

Projection: NAD 1983 Florida GDL Albers.

References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

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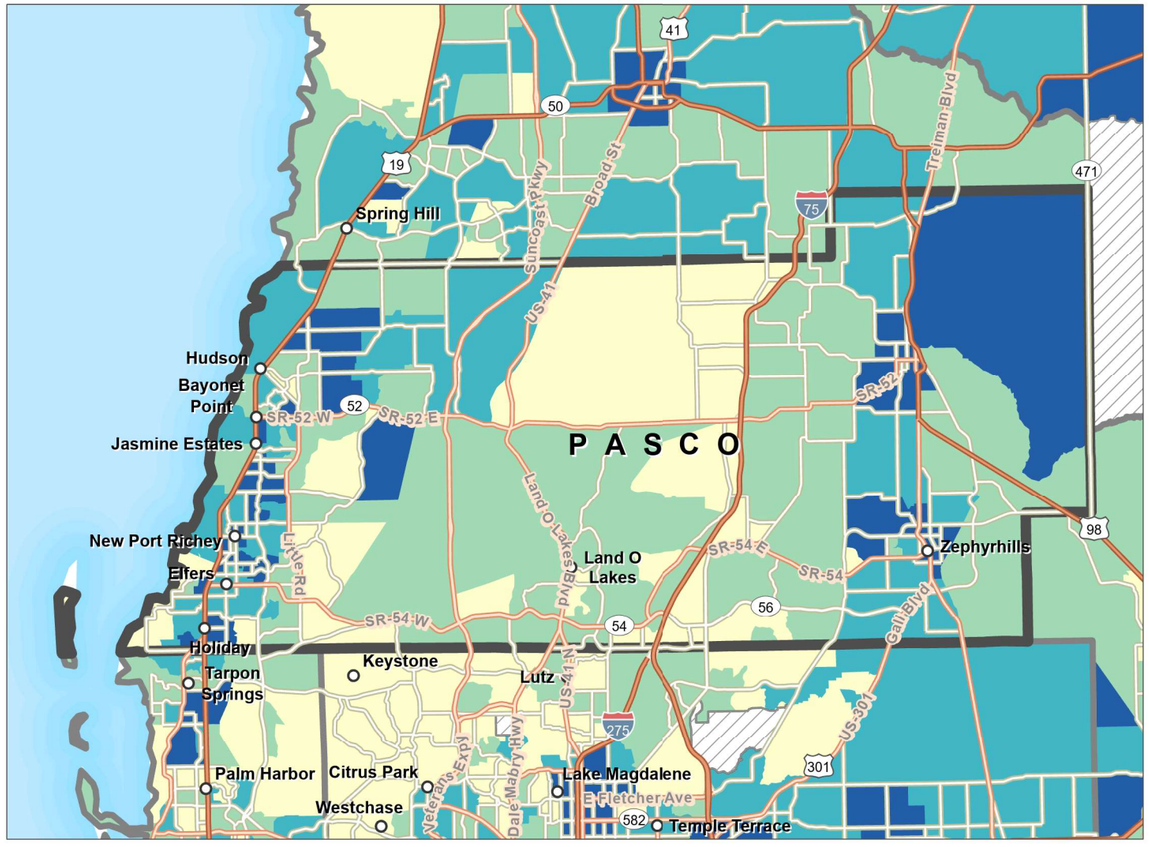
PASCO COUNTY, FLORIDA

Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

0 1.75 3.5 7 10.5
Miles

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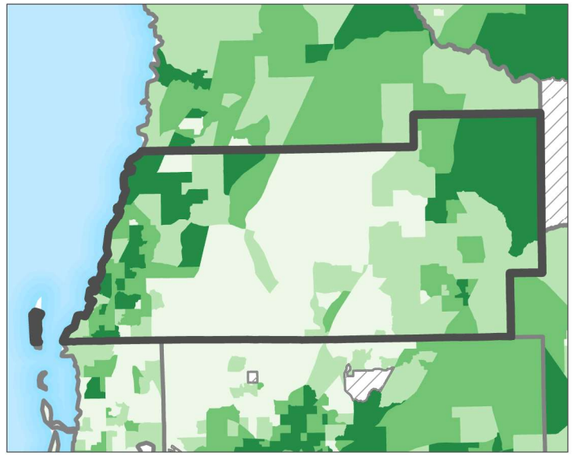
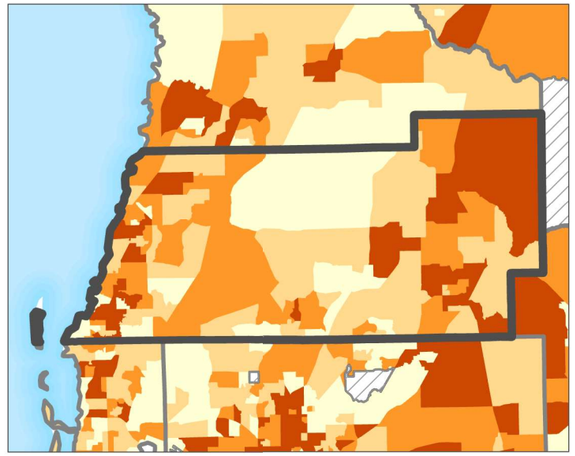
Socioeconomic Status[5]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Household Characteristics[6]



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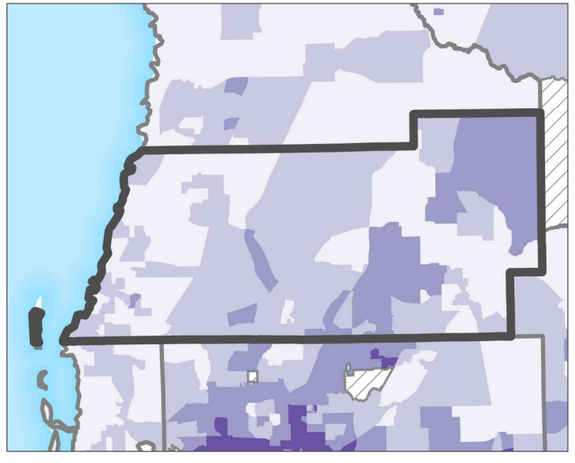
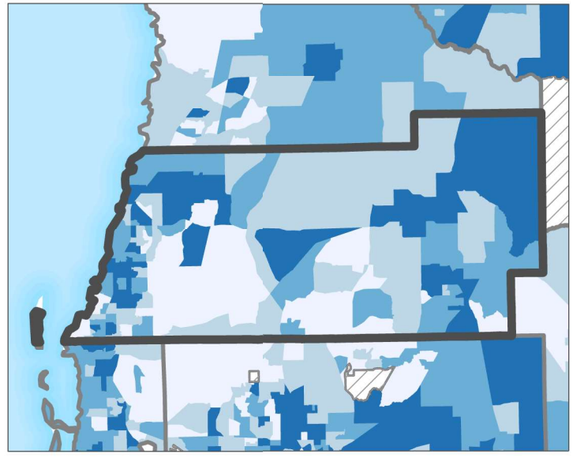
Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Data Sources: [2]CDC/ATSDR/GRASP, U.S. Census Bureau, Esri® StreetMapTM Premium.

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Projection: NAD 1983 Florida GDL Albers.

References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

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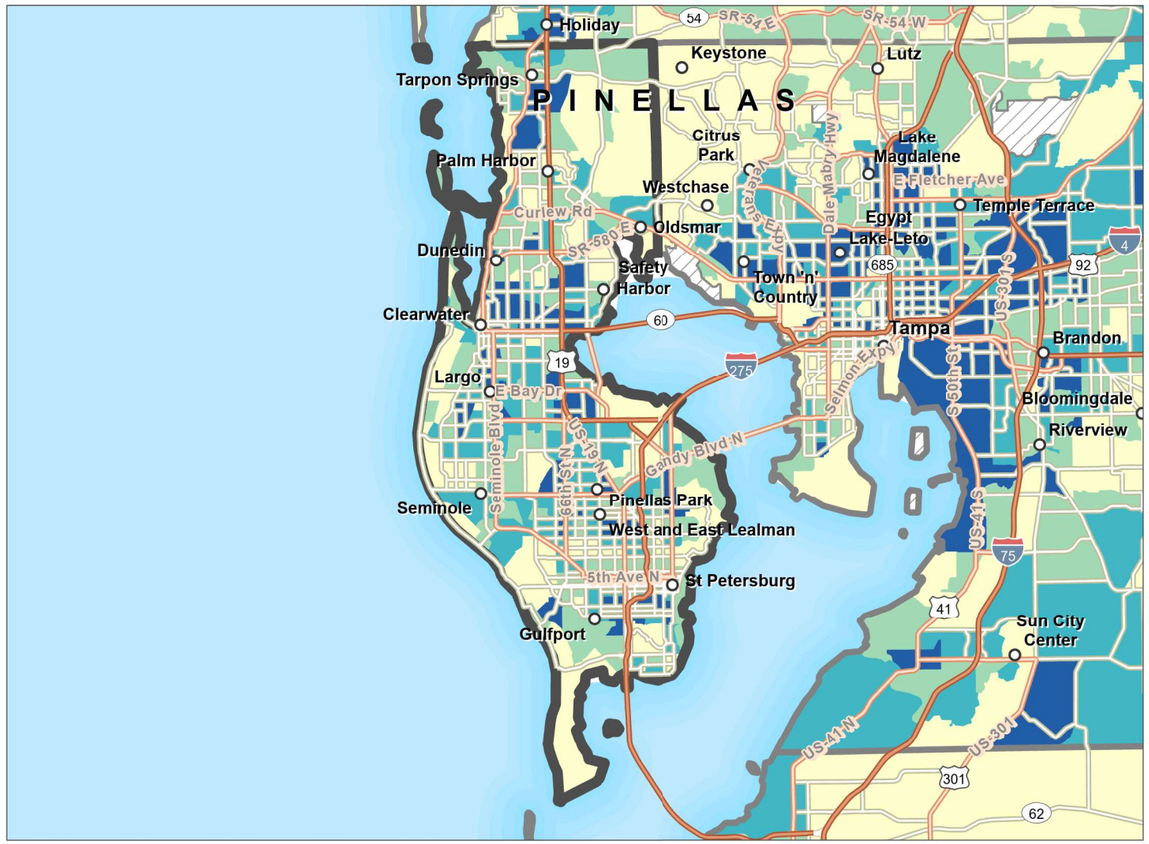
CDC/ATSDR Social Vulnerability Index 2020

PINELLAS COUNTY, FLORIDA

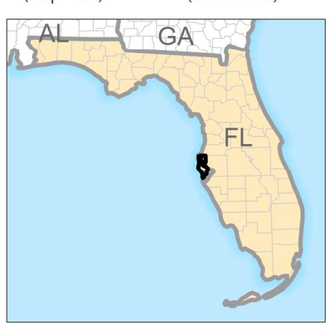
Overall Social Vulnerability[1]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Data Unavailable[3]

0 2 4 8 12
Miles



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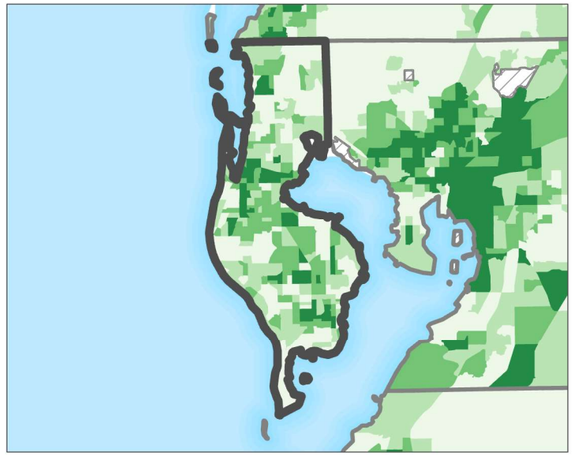
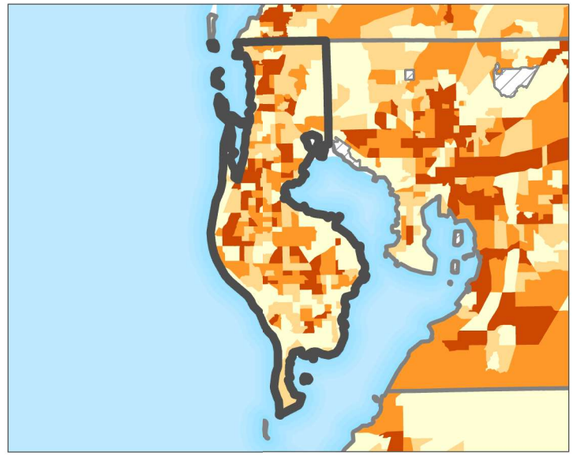
Socioeconomic Status[5]



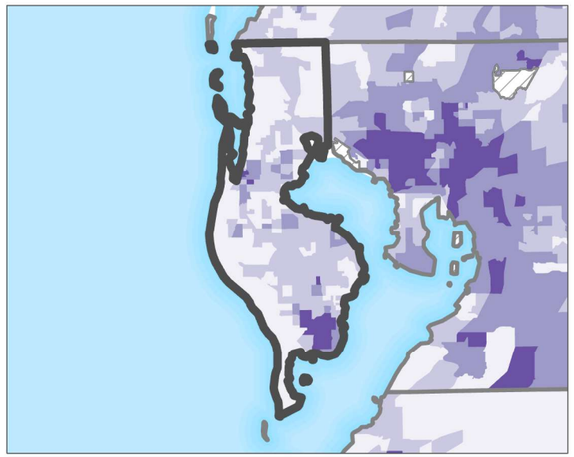
Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Household Characteristics[6]



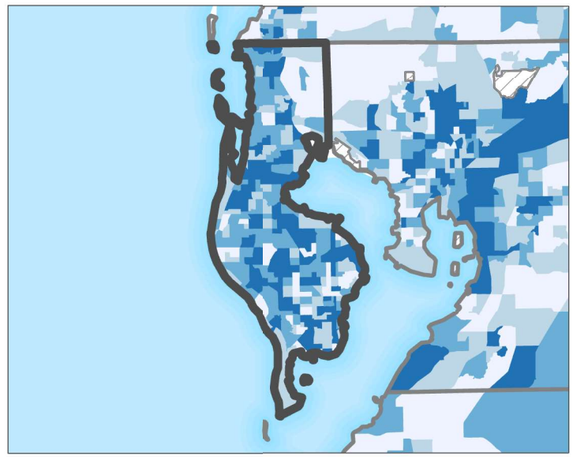
Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Housing Type/Transportation[8]



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Projection: NAD 1983 Florida GDL Albers.

References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

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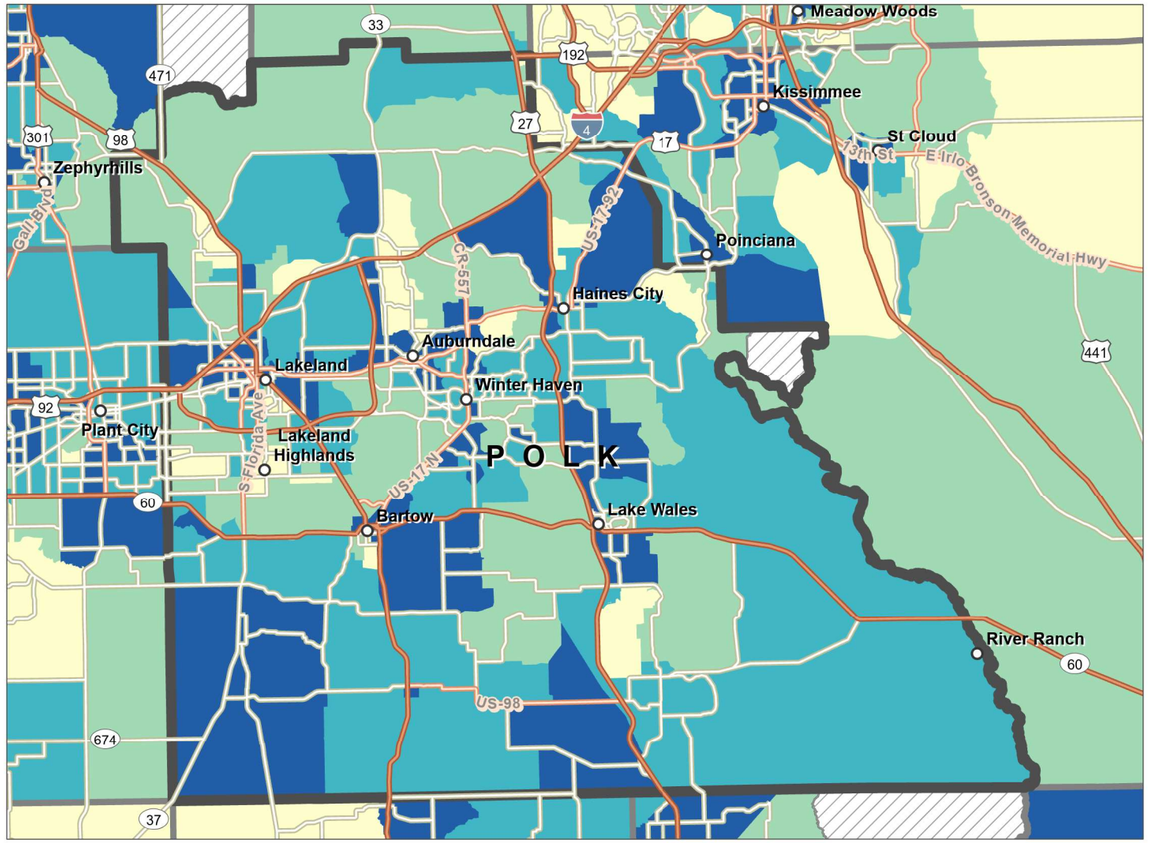
CDC/ATSDR Social Vulnerability Index 2020

POLK COUNTY, FLORIDA

Overall Social Vulnerability[1]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Data Unavailable[3]

0 2.5 5 10 15
Miles

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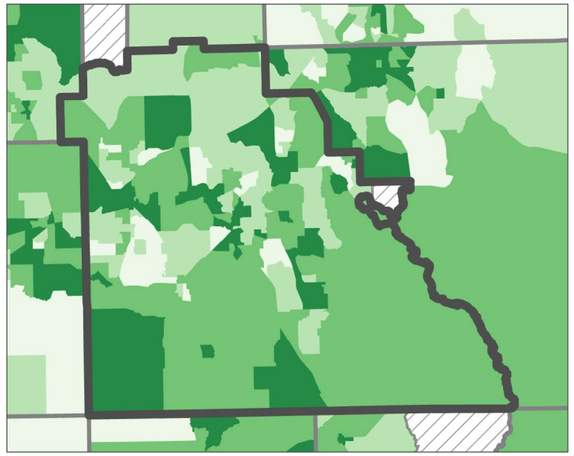
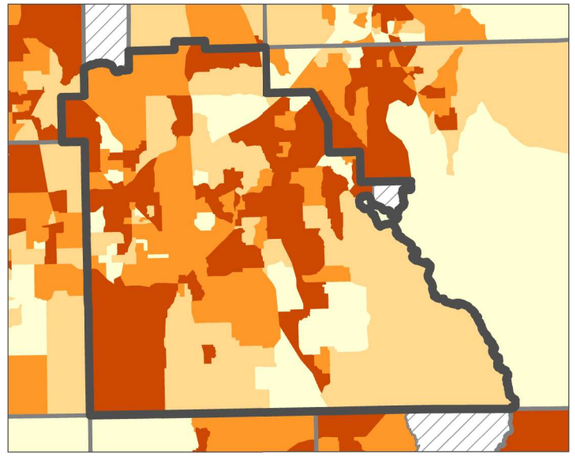
Socioeconomic Status[5]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Household Characteristics[6]



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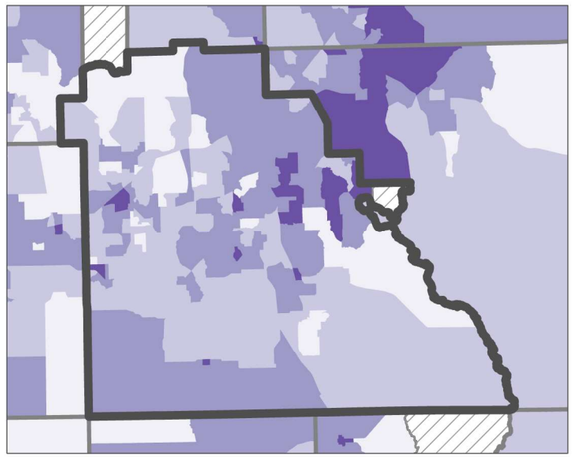
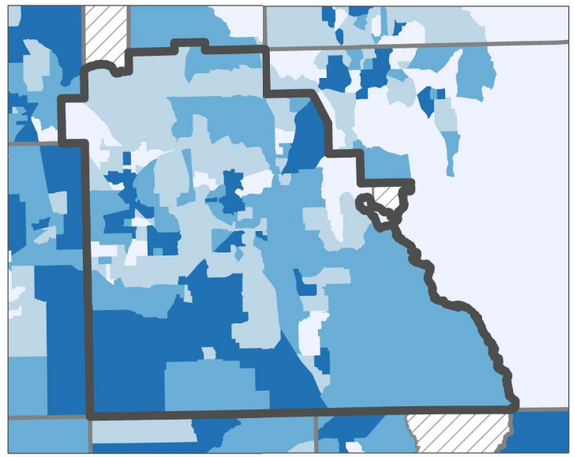
Racial and Ethnic Minority Status[7]



Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Housing Type/Transportation[8]



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References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
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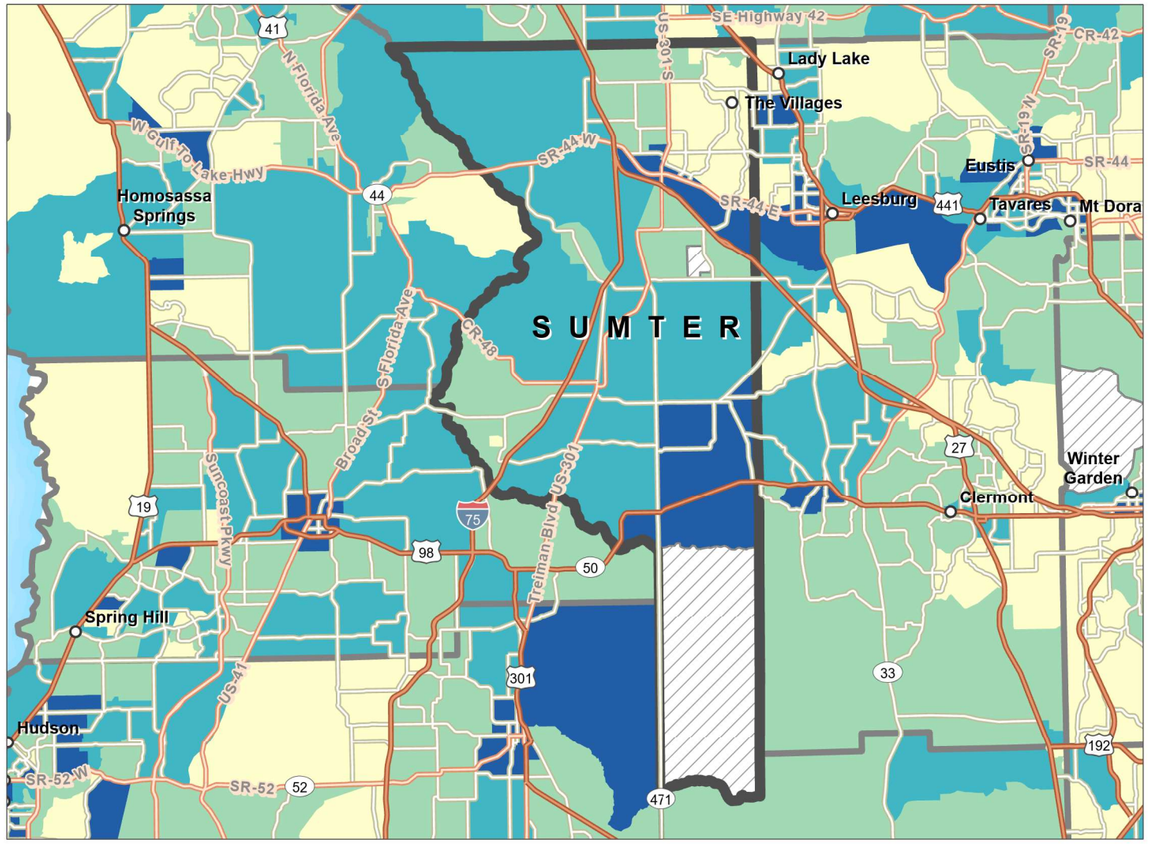
CDC/ATSDR Social Vulnerability Index 2020

SUMTER COUNTY, FLORIDA

Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

0 2.25 4.5 9 13.5
Miles

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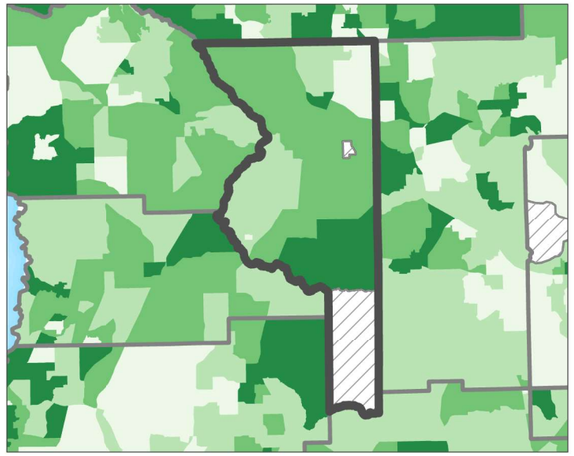
Socioeconomic Status[5]



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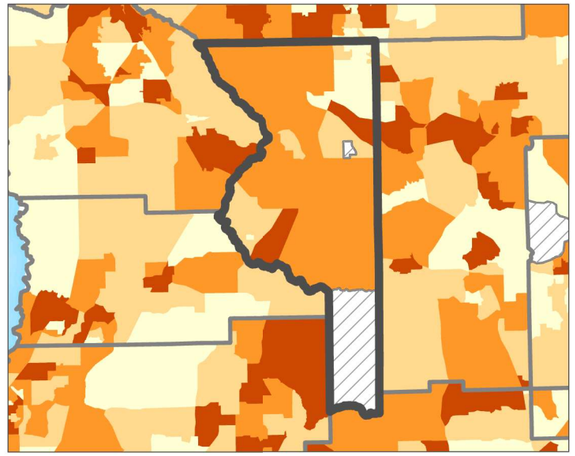
Household Characteristics[6]



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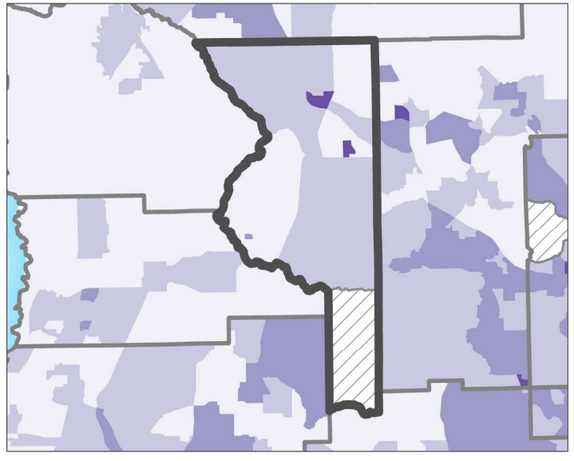
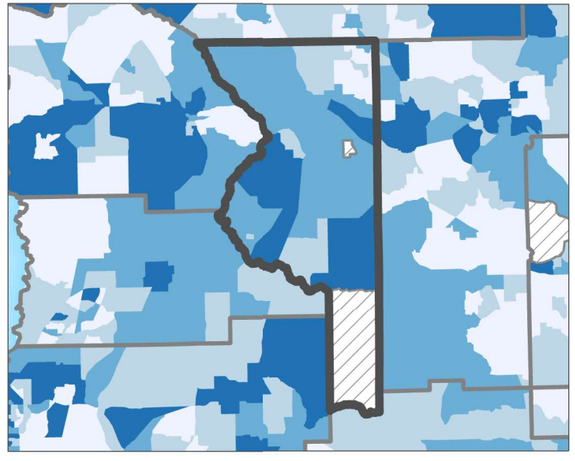
Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



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2. Public Health Preparedness Capability Score 1
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1. Introduction

Every year, the County Health Departments (CHDs) assess the preparedness capabilities and the resources available to prepare for and respond to 38 hazards of public health relevance for Florida. This report is a baseline to prioritize the most important hazards for each region, the status of the capabilities, and the level of resources required for those selected hazards. The information provided by the CHDs is aggregated for each region.

The capability and hazard resource assessments are a critical component of the Florida Public Health Risk Assessment Tool (FPHRAT)[1]. The tool calculates a Risk Assessment Matrix, including hazard risks and residual risks derived from the hazard probability, vulnerability, impacts, and mitigation indexes. The Risk Assessment is the first step for prioritizing hazards, preparedness capabilities and hazard resources.

2. Public Health Preparedness Capability Score

Every year, the CHDs in Region 4 score the ability/capability of the 61 Functions of the 15 CDC Preparedness Capabilities on a scale 1-5. The average of these scores is represented in Table 1.

1. No ability/capability	No progress has been made toward achieving the ability to perform this function. This may be because there has been no activity in this area or because barriers exist.
2. Limited ability/capability	Preliminary efforts and plans are underway for this function. Required activities related to this function are identified and an action plan may be developed. Few, if any, of the tasks associated with this function can be performed.

[1] https://flphrat.com/MainMenu

3. Some ability/capability	Some of the tasks associated with this function can be performed but important program gaps or challenges remain. Remaining program gap areas are identified and a resource plan to fill these gaps is developed, but not yet fully implemented.
4. Significant ability/capability	Most of the tasks associated with this function can be performed, but a few program gaps or challenges remain. These remaining gaps are minor in nature, and there is a resource plan developed to fill these gaps. The ability to perform this function is well established and stable.
5. Full ability/capability	All of the tasks associated with this function can be performed even if continued resources may be required to sustain this level of performance. Evidence is readily available documenting the ability to perform this function.

Table 1. Capability Assessment Score

Capability	Score Average	Function
Community Preparedness	3.63	1. Determine risks to the health of the jurisdiction.
		2. Strengthen community partnerships to support public health preparedness.
		3. Coordinate with partners and share information through community social networks.
		4. Coordinate training and provide guidance to support community involvement with preparedness efforts.
Community Recovery	3.42	1. Identify and monitor community recovery needs.
		2. Support recovery operations for public health and related systems for the community.
		3. Implement corrective actions to mitigate damage from future incidents.
Emergency Operations Coordination	4.05	1. Conduct preliminary assessment to determine the need for activation of public health emergency operations.
		2. Activate public health emergency operations.
		3. Develop and maintain an incident response strategy.
		4. Manage and sustain the public health response.
		5. Demobilize and evaluate public health emergency operations.

Capability	Score Average	Function
Emergency Public Information and Warning	3.78	1. Activate the emergency public information system.
		2. Determine the need for a Joint Information System.
		3. Establish and participate in information system operations.
		4. Establish avenues for public interaction and information exchange.
		5. Issue public information, alerts, warnings, and notifications.
Fatality Management	2.83	1. Determine the public health agency role in fatality management.
		2. Identify and facilitate access to public health resources to support fatality management operations.
		3. Assist in the collection and dissemination of antemortem data.
		4. Support the provision of survivor mental/behavioral health services.
		5. Support fatality processing and storage operations.
Information Sharing	4.04	1. Identify stakeholders that should be incorporated into information flow and define information sharing needs.
		2. Identify and develop guidance, standards, and systems for information exchange.
		3. Exchange information to determine a common operating picture.
Mass Care Coordination	3.72	1. Determine public health role in mass care operations.
		2. Determine mass care health needs of the impacted population.
		3. Coordinate public health, health care, and mental/behavioral health services.
		4. Monitor mass care population health.
Medical Countermeasures Dispensing	3.73	1. Determine medical countermeasure dispensing/administration strategies.
		2. Receive medical countermeasures to be dispensed/administered.
		3. Activate medical countermeasure dispensing/administration operations.
		4. Dispense/administer medical countermeasures to targeted population(s).
		5. Report adverse events.

Capability	Score Average	Function
Medical Material Management and Distribution	3.55	1. Direct and activate medical materiel management and distribution.
		2. Acquire medical materiel from national stockpiles or other supply sources.
		3. Distribute medical materiel.
		4. Monitor medical materiel inventories and medical materiel distribution operations.
		5. Recover medical materiel and demobilize distribution operations.
Medical Surge Capability	3.19	1. Assess the nature and scope of the incident.
		2. Support activation of medical surge.
		3. Support jurisdictional medical surge operations.
		4. Support demobilization of medical surge operations.
Non-Pharmaceutical Interventions	3.19	1. Engage partners and identify factors that impact nonpharmaceutical interventions.
		2. Determine nonpharmaceutical interventions.
		3. Implement nonpharmaceutical interventions.
		4. Monitor nonpharmaceutical interventions.
Public Health Laboratory Testing	2.71	1. Conduct laboratory testing and report results.
		2. Enhance laboratory communications and coordination.
		3. Support training and outreach.
Public Health Surveillance and Epidemiological Investigation	3.94	1. Conduct or support public health surveillance.
		2. Conduct public health and epidemiological investigations.
		3. Recommend, monitor, and analyze mitigation actions.
		4. Improve public health surveillance and epidemiological investigation systems.
Responder Safety and Health	3.42	1. Identify responder safety and health risks.
		2. Identify and support risk-specific responder safety and health training.
		3. Monitor responder safety and health during and after incident response.

Capability	Score Average	Function
Volunteer Management	3.06	1. Recruit, coordinate, and train volunteers.
		2. Notify, organize, assemble, and deploy volunteers.
		3. Conduct or support volunteer safety and health monitoring and surveillance.
		4. Demobilize volunteers.

3. Region 4 Public Health Capability Assessment Risk Weighted and Capability Gap

The FPHRAT utilizes the scores provided by the CHDs in Region 4 and calculates an index for each capability considering its relationship with each hazard and the hazard risk. The status of a capability is proportional to its assessment value. The capability gap represents numerically, the distance from reaching a capability goal. The higher gaps are represented by higher values. The information provided by the CHDs is aggregated for each region.

Figure 1. Capability Assessment Risk Weighted and Capability Gap Average

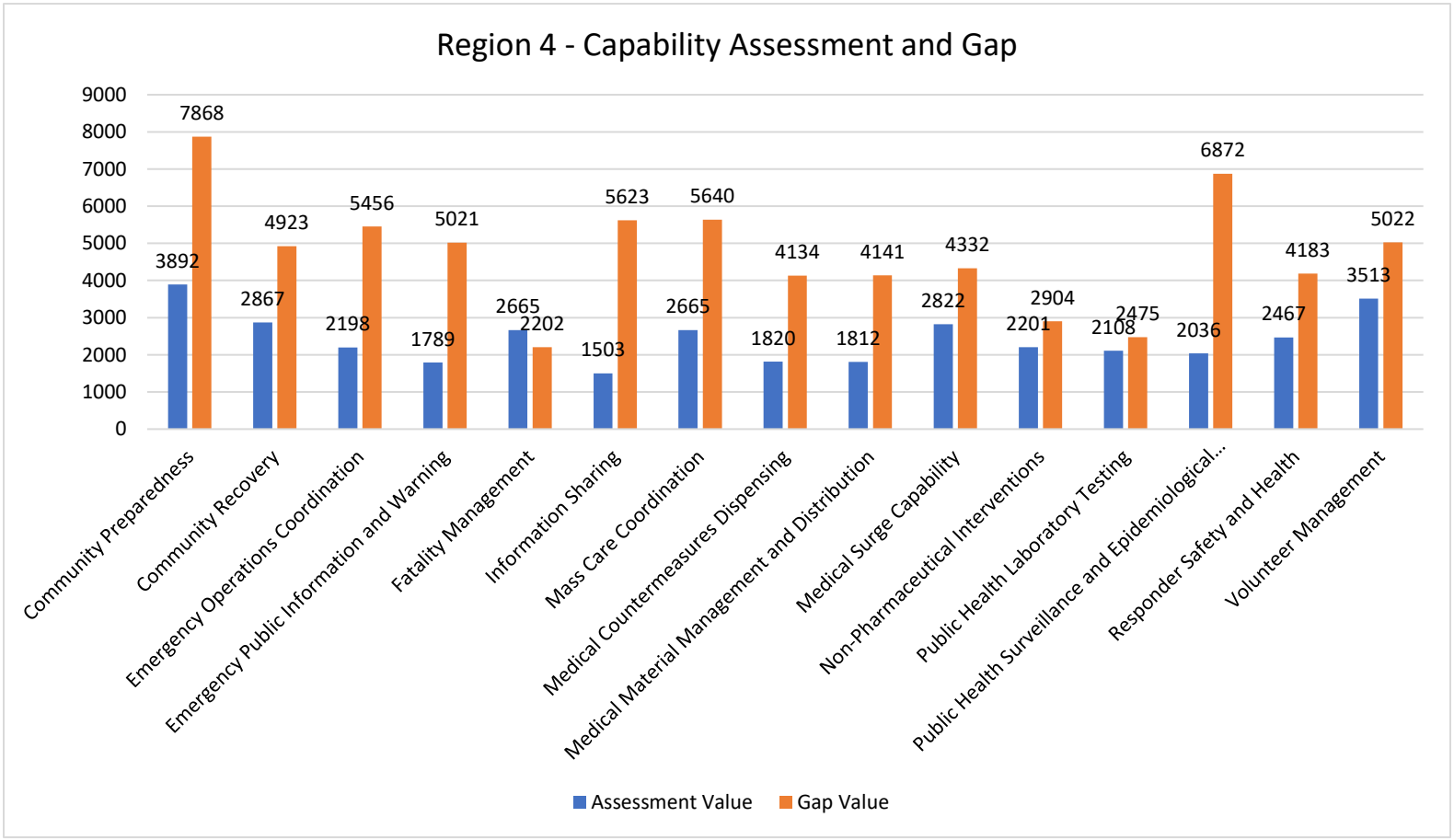


Table 2. Capability Assessment Risk Weighted and Capability Gap

Capability	Assessment Value	Gap Value
Community Preparedness	7868	3892
Community Recovery	4923	2867
Emergency Operations Coordination	5456	2198
Emergency Public Information and Warning	5021	1789
Fatality Management	2202	2665
Information Sharing	5623	1503
Mass Care Coordination	5640	2665
Medical Countermeasures Dispensing	4134	1820
Medical Material Management and Distribution	4141	1812
Medical Surge Capability	4332	2822
Non-Pharmaceutical Interventions	2904	2201
Public Health Laboratory Testing	2475	2108
Public Health Surveillance and Epidemiological Investigation	6872	2036
Responder Safety and Health	4183	2467
Volunteer Management	5022	3513

4. Hazard Resources Assessment and Resource Preparedness Gap

Every year, the CHDs in Region 4 assess the availability of the resources needed for responding to 38 hazards with public health relevance. The resources may include staff, volunteers, equipment, communications systems, etc. The assessment includes a scale as follows:

1. Less than partially in place	0-25% of anticipated needed resources accessible.
2. Partially in place	26-50% of anticipated needed resources accessible.

3. Substantially in place	51-75% of anticipated needed resources accessible.
4. Mostly in place	76-100% of anticipated needed resources accessible.

The resources available to respond to a given hazard are prioritized based on several factors such as risk, impact, frequency, etc. The score is also utilized to calculate a resource gap. The higher the gap value the larger the gap between the current resource status and a preparedness goal.

The resource gap aggregated for each region is described as the average of the resource score in proportion of the hazard risk index for the selected jurisdictions.

Table 3. Hazard Resources Assessment Scores and Gaps

Hazards	Resources Available Score	Preparedness Gap Value
Air Quality (ozone/pollution advisories)	2.38	13.64
Biological Disease Outbreak	2.88	20.56
Biological Terrorism - Communicable (including A - B - C agents)	2.50	11.98
Biological Terrorism - Non-Communicable (including A - B - C agents)	2.38	11.42
Chemical Terrorism	2.00	11.92
Civil Disorder	2.75	9.98
Communications Failure	2.13	9.35
Conventional Terrorism	2.38	8.35
Cyber/Technical Incident	1.88	6.46
Dam failure	1.88	5.63
Drought	2.50	7.29
Earthquake	1.50	7.31
Extreme Cold	2.38	10.12
Extreme Heat	2.88	19.93
Fires - Large-Scale (not Wildfire)	2.63	14.65

Hazards	Resources Available Score	Preparedness Gap Value
Flood	3.13	24.75
Food Borne Disease	3.50	18.18
Hailstorm	1.75	17.83
Hazardous Materials Incident - Fixed Facility	2.75	11.17
Hazardous Materials Incident - Transportation	2.75	10.13
Hurricane/Tropical Storm	3.63	33.82
Lightning	3.00	14.20
Mass Casualty Incidents	2.50	14.70
Mass Population Surge	2.50	8.33
Nuclear Attack	1.50	14.36
Pandemic Influenza	3.13	12.64
Power Failure	2.25	14.40
Radiological Incident - Fixed Facility	1.75	7.29
Radiological Incident - Transportation	1.75	9.00
Radiological Terrorism - (Radiological Dispersal Device)	1.63	8.81
Seasonal Influenza	2.00	20.72
Severe Winter Storm	1.88	20.70
Sewer Failure	2.38	15.70
Storm Surge	2.63	18.92
Tornado	2.75	20.42
Water Supply Contamination - environmental	2.75	16.75
Wildfires	1.63	15.62
Windstorm	2.63	4.15

Figure 2. Hazard Resource Assessment Score

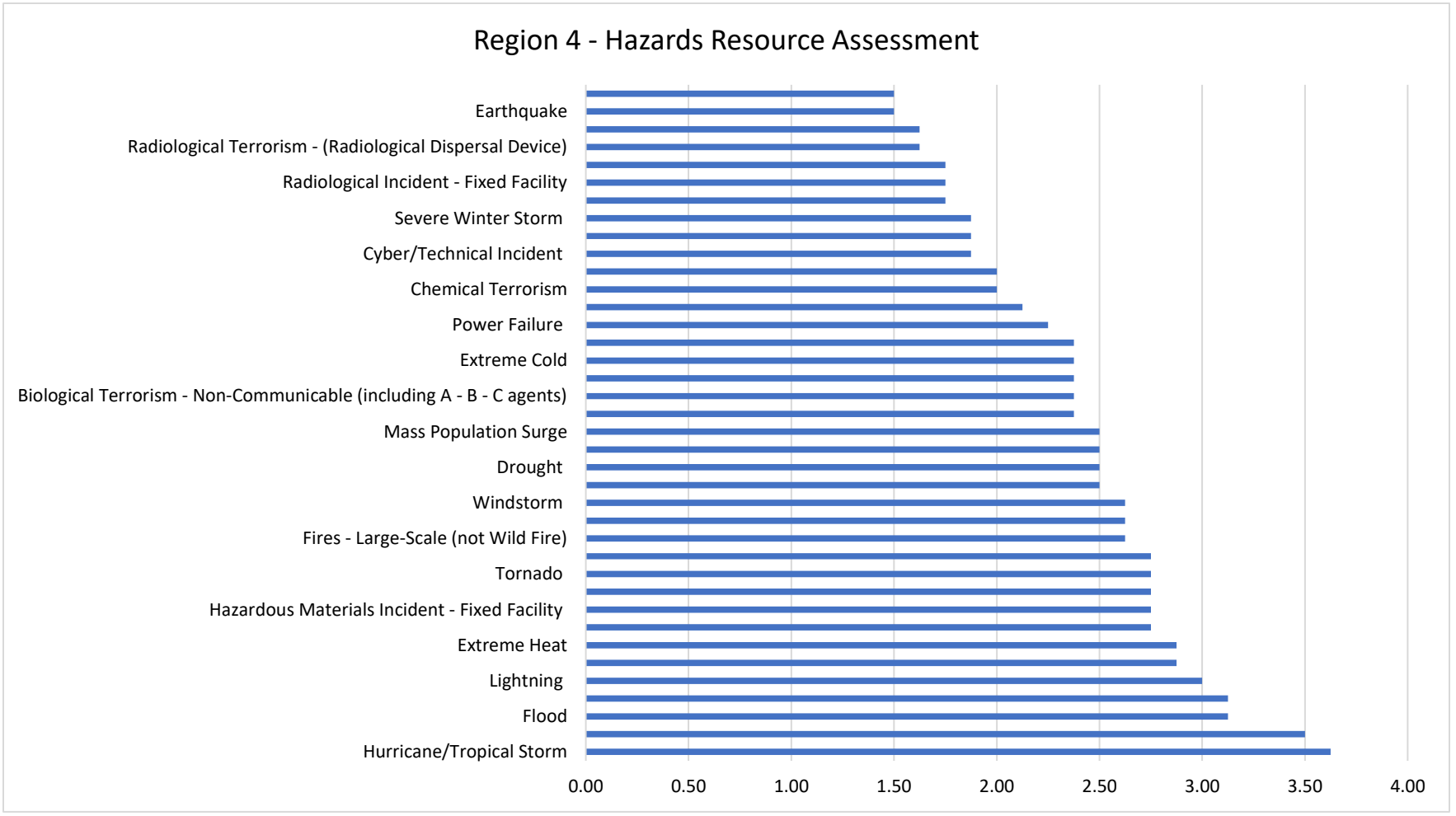
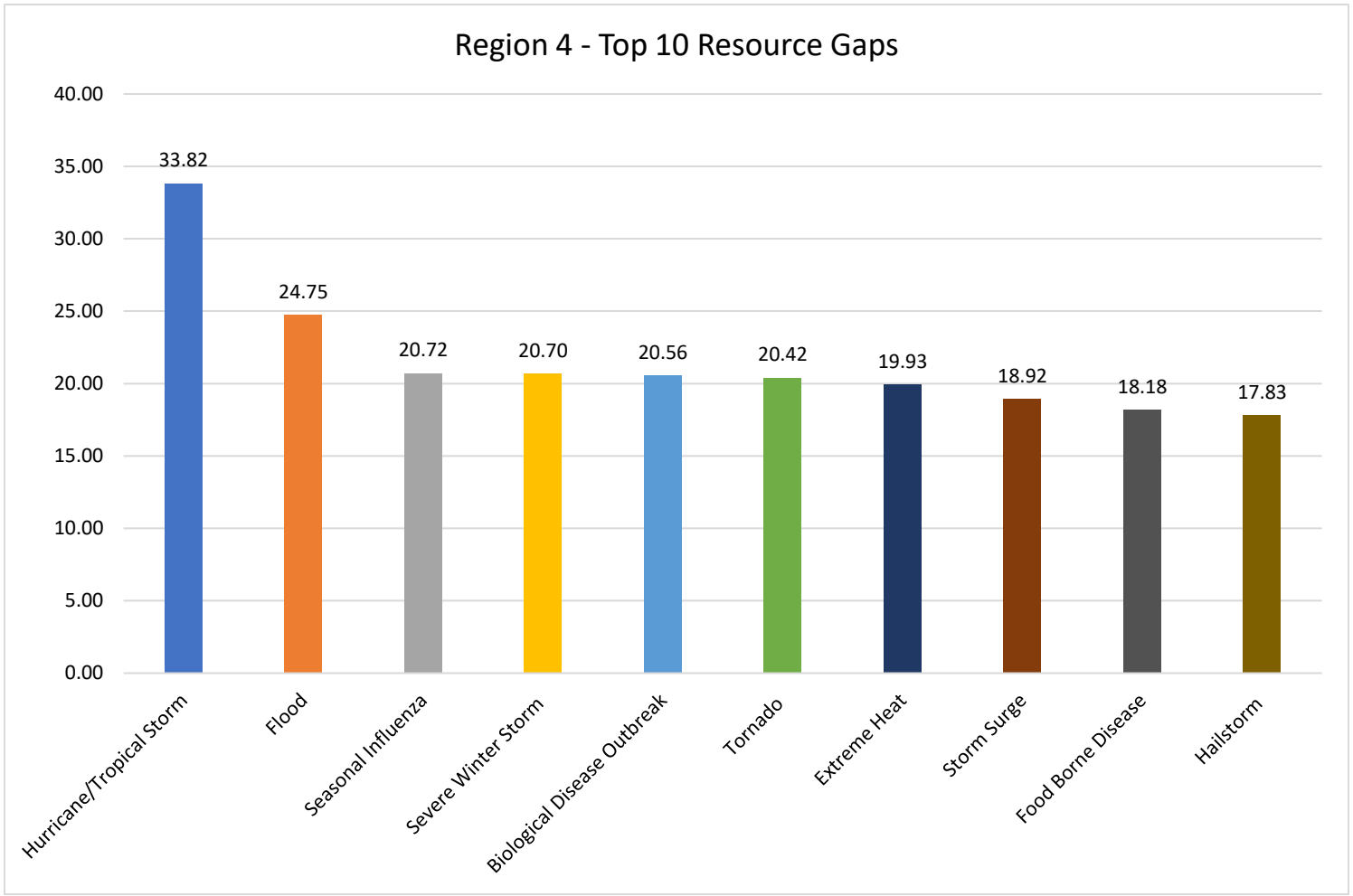


Figure 3. Hazard Resource Preparedness Gaps



5. Region 4 Hazard Probability, Hazard Risk and Residual Risk

The matrix below provides an assessment of the risks for Region 4 with regards to the hazard probability, Hazard Risk and Residual Risk.

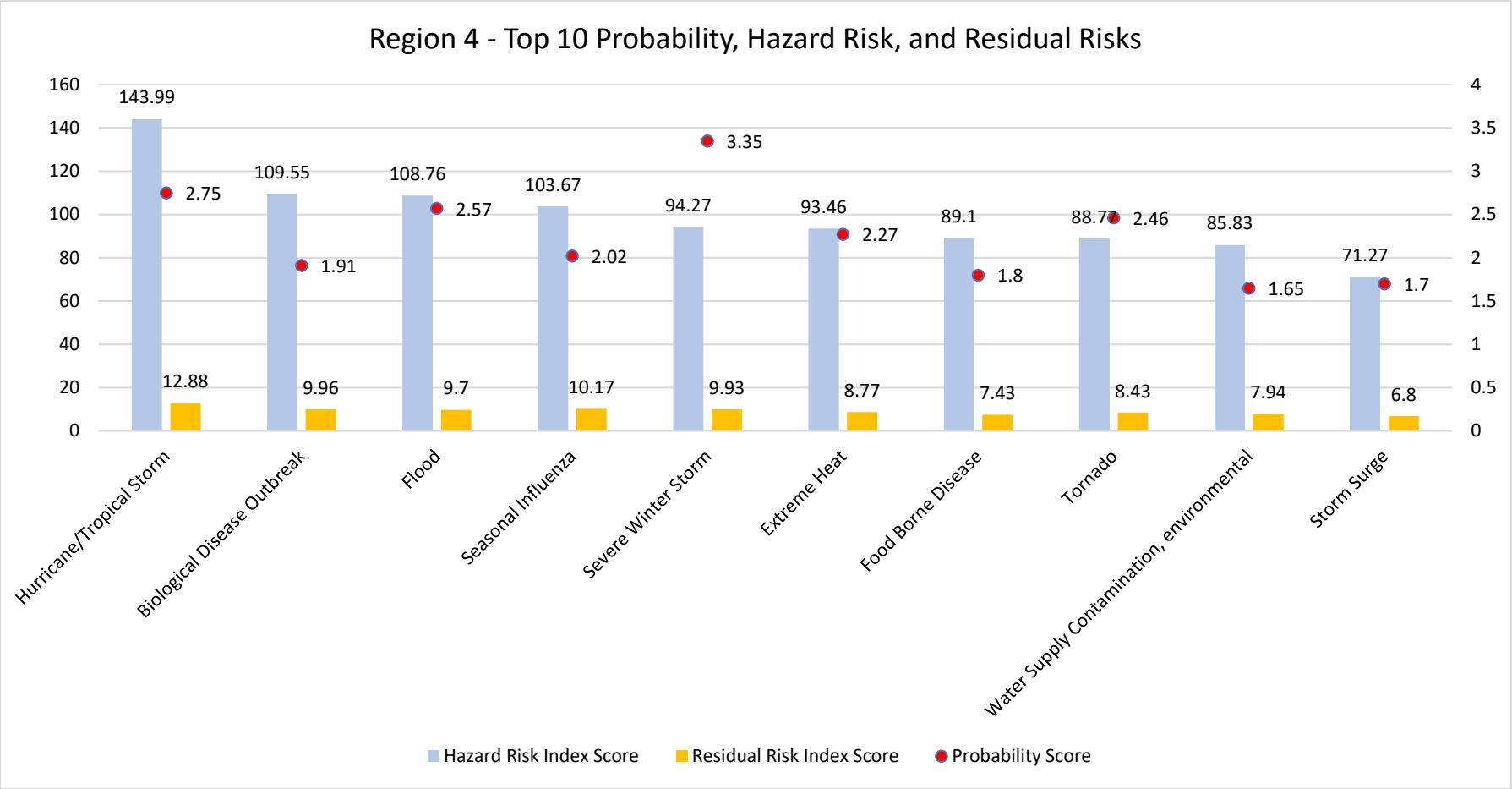
Probability Score: Hazard probability is a quantitative description of the likely occurrence of a particular event represented by the percent chance something will occur. This is also known as likelihood of occurrence.
Hazard Risk Index Score: Index calculated based on the Probability Score, Social Vulnerability Index, Medical Vulnerability Index, Public Health Impact Score, Healthcare Impact Score, and Behavioral Impact Score.
Residual Risk Index: Interaction of the risk with mitigation measures that lessen risks or reduce their impact. The mitigation factors are the Capabilities Index Score, Resources Index Score, Community Resilience Score, Critical Infrastructure and Key Resources

Table 4. Hazard Probability, Hazard Risk and Residual Risk

Hazard	Probability Score	Hazard Risk Index Score	Residual Risk Index Score
Air Quality (ozone/pollution advisories)	1.88	70.91	6.65
Biological Disease Outbreak	1.91	109.55	9.96
Biological Terrorism - Communicable (including A - B - C agents)	1.00	61.70	6.15
Biological Terrorism - Non-Communicable (including A - B - C agents)	1.00	57.39	5.72
Chemical Terrorism	1.38	71.14	7.07
Civil Disorder	1.45	41.07	3.87
Communications Failure	1.61	40.65	4.18
Conventional Terrorism	1.08	36.25	3.65
Cyber/Technical Incident	1.00	26.55	2.77
Dam failure	1.38	32.03	3.29
Drought	1.00	33.03	3.38
Earthquake	1.00	32.15	3.54
Extreme Cold	1.52	43.95	4.43
Extreme Heat	2.27	93.46	8.77

Hazard	Probability Score	Hazard Risk Index Score	Residual Risk Index Score
Fires - Large-Scale (not Wildfire)	1.91	67.2	6.19
Flood	2.57	108.76	9.70
Food Borne Disease	1.80	89.1	7.43
Hailstorm	2.44	70.02	7.55
Hazardous Materials Incident - Fixed Facility	1.57	62.82	5.84
Hazardous Materials Incident - Transportation	1.41	56.93	5.54
Hurricane/Tropical Storm	2.75	143.99	12.88
Lightning	2.08	65.30	6.07
Mass Casualty Incidents	1.75	58.98	5.53
Mass Population Surge	1.15	33.79	3.37
Nuclear Attack	1.00	66.20	7.03
Pandemic Influenza	1.00	62.35	5.76
Power Failure	1.89	61.52	5.95
Radiological Incident, Fixed Facility	1.00	41.68	4.51
Radiological Incident, Transportation	1.19	51.84	5.48
Radiological Terrorism (Radiological Dispersal Device)	1.00	52	5.64
Seasonal Influenza	2.02	103.67	10.17
Severe Winter Storm	3.35	94.27	9.93
Sewer Failure	2.17	70.36	6.59
Storm Surge	1.70	71.27	6.80
Tornado	2.46	88.77	8.43
Water Supply Contamination, environmental	1.65	85.83	7.94
Wildfires	1.83	65.27	7.17
Windstorm	2.36	54.62	5.33

Figure 4. Hazard Probability, Risk Index and Residual Risk Index



Appendix 4.

Tampa Bay Health & Medical Preparedness Coalition
Citrus, Hardee, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk & Sumter Counties

Summary of Actions to Mitigate Gaps

2023-2024 Hazard Vulnerability Assessment and Gap Analysis

Top 10 Resource & Planning Gaps

Healthcare Staffing & Retention

- *Actions Taken*
  - Regional – Support Enhancement of Healthcare Worker Resiliency through Training
- *Actions Planned*
  - Regional – Continue Support Enhancement of Healthcare Worker Resiliency through Establishment of the Mental Health Working Group
  - Regional – Provision of Certified Healthcare Emergency Professional Class – June 2024

Evacuation & Shelter Support Planning

- *Actions Taken*
  - Multiple Counties – Emergency Evacuation/Patient Movement Equipment
  - Multiple Counties – Emergency Lighting
  - Hillsborough – Expansion of Healthcare Facility Hosting Capabilities (Cots)
- *Actions Planned*
  - Multiple Counties – Emergency Evacuation/Patient Movement Equipment (Continuation)
  - Hillsborough – PICU Evacuation Equipment
  - Multiple Counties – Emergency Lighting (Continuation)

Communications Planning & Equipment

- *Actions Taken*
  - Regional – Enhancement of Redundant Amateur Radio Communications
  - Hardee – Plum Case Emergency Communications Capability and Redundancy
  - Hillsborough – Radio Interoperability Projects & Enhancement of Radio Capabilities
  - Regional – Enhancement of Mission Ready Package 15 - Emergency Communications
- *Actions Planned*
  - Hardee – Enhancements to Redundant Communications (EM, EMS, Healthcare Facilities)

Healthcare Mental Health & Resiliency

- *Actions Taken*
  - Regional – Mental Health Trainings Through CDP
  - Regional – Resiliency Trainings in Plugged In Series & Hazards and Healthcare Conference

- *Actions Planned*
    - Regional – Development of Mental Health Working Group to Determine Pathway to Enhance Healthcare Worker Resiliency

Infectious Disease Control & Response

- *Actions Taken*
    - Regional – Infection Prevention and Control Development Webinar Series
    - Regional – Fit Testing Train-the-Trainer Classes
- *Actions Planned*
    - Regional – Fit Testing Train-the-Trainer Classes (Continuation)
    - Polk – Enhancement of Respiratory PPE (PAPRs)
    - Regional – Continued Enhancement of Infectious Disease Support

Mass Casualty Incident Response (including Decontamination)

- *Actions Taken*
    - Regional – Hospital Emergency Response Team Training for Mass Casualty Incidents (HERT)
    - Regional – Advanced HERT and Decontamination Instructor Training
    - Regional – Region-Wide Coalition Mass Casualty Exercise (Outage Odyssey 2023)
    - Regional – Stop the Bleed Training
    - Regional – Hospital Decon Drill (March 2023)
    - Multiple Counties – Enhancement of Decon Capabilities
    - Sumter – Pre-hospital MCI Capability Enhancements
    - Pinellas – MCI Capability Enhancements for Ambubus
- *Actions Planned*
    - Regional – Continue Hospital Emergency Response Team Training for Mass Casualty Incidents (HERT)
    - Multiple Counties – Enhancement of Decon Capabilities
    - Multiple Counties – MCI and Medical Surge Equipment & Supplies
    - Regional – Region-Wide Coalition Mass Casualty Exercise 2024
    - Regional/Statewide – Chemical Surge Annex and Tabletop Exercise

Cyber Security Preparedness

- *Actions Taken*
    - Regional – Cybersecurity Trainings
- *Actions Planned*
    - Regional – Additional Cybersecurity Speakers, Trainings & Exercises

Medical Surge Equipment & Supplies

- *Actions Taken*
    - Regional – Mission Ready Package 16 - Ventilator Cache
    - Regional - Region-Wide Coalition Mass Casualty Exercise (2023 Outage Odyssey)
    - Manatee – Enhancement of EMS Oxygen Capabilities
    - Pasco – Triage and Stabilization Site for Mass Casualty and Surge
    - Regional – Pediatric Surge Tabletop Exercise
- *Actions Planned*
    - Regional – Region-Wide Coalition Mass Casualty Exercise (2024) with Medical Response & Surge Exercise

    - Multiple Counties – Alternate Care Site and Surge Shelters

Mass Fatality Planning & Response

- *Actions Taken*
    - Hernando – Body Bags
    - Pinellas – Portable Morgue for Facility
- *Actions Planned*
    - Hillsborough – Enhancements for Facility Morgue Space

Radiation Incident Planning & Response

- *Actions Taken*
    - Regional – Radiation Surge Annex and Tabletop Exercise
- *Actions Planned*
    - Regional – Follow-Up on Action Items from Radiation Surge Tabletop Exercise

Appendix 5: TBHMPC Email to Request HVA Input from Members & Partners

Gmail

Hunter Zager <hunter.zager@tampabayhmpc.org>

From: Hunter Zager - Tampa Bay Health and Medical Preparedness Coalition <notifications@tbhmpc.readyop.com>
Sent: Monday, November 13, 2023 10:10 AM
Subject: Action Requested: Complete Coalition HVA Survey by December 1st, 2023

It is that time of year again! The Tampa Bay Health & Medical Preparedness Coalition is updating our regional Hazard Vulnerability Assessment & Gap Analysis (HVA), and we need YOUR input. As a valued member/partner of the Coalition, we need to hear your perspective in assessing the hazards that may impact our region and the gaps that we all face.

Here is what we need you to do.

1. Take our survey, linked below. **We need one (1) response per facility/agency**.
2. This survey should take **less than 10 minutes** to complete. Please remember that you are ranking these hazards and gaps based on their impact to the region (not only your individual organization).
3. You have until 5pm on **Friday, December 1st** to complete the survey.

Here is the survey link - https://www.surveymonkey.com/r/TBHMPC2023HVA

Thank you again for your time and participation in our HVA update. If you have any questions, please don't hesitate to reach out to me at Hunter.Zager@TampaBayHMPC.org or (727) 580-2431.

Thanks and have a great week!

Hunter Zager
Preparedness Coordinator
Tampa Bay Health & Medical Preparedness Coalition
727.580.2431 (cell)
Hunter.Zager@TampaBayHMPC.org

Tampa Bay Health & Medical Preparedness Coalition
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