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The Association of Bay Area Health Officials: Advancing Public Health through Regional Networks

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The Association of Bay Area Health Officials (ABAHO) is a regional network of 13 local health jurisdictions in the San Francisco Bay Area. Since the early 1980's the ABAHO network has brought together representatives from Bay Area health departments to address issues ranging from the emergence of the HIV/AIDS epidemic to pandemic influenza preparedness. Utilizing both a health officials committee and a public health preparedness subcommittee, the ABAHO network leverages the expertise and resources of local health departments to advance regional public health and promote communication and collaboration among neighboring counties.

1. BACKGROUND

The Association of Bay Area Health Officials (ABAHO) is a network of local health department representatives from the 13 city and county health departments surrounding the San Francisco Bay Area. Representing a population of over 7 million people¹ and an economy that boasts an annual GDP of \$486 billion², the ABAHO network works to improve collaboration and information-sharing among health jurisdictions that include rural counties such as San Benito, with a population of approximately 55,000, to major urban centers such as the City of Oakland within Alameda County, the City and County of San Francisco (13th largest incorporated city in the U.S.) and the City of San Jose in Santa Clara County (10th largest incorporated city in the U.S.).

Association of Bay Area Health Officials

- Represents 13 local health jurisdictions in CA
- Serves a population of over 7 million
- Established in 1985
- Consists of Health Officials Committee and Public Health Preparedness Subcommittee

Initially formed in the 1980's as an informal network of health officers and health department directors, ABAHO has expanded to include both a health officials committee and a public health preparedness subcommittee with representatives from 13 local health jurisdictions (12 counties and 1 city) in the San Francisco Bay Area. The network has proven to be a valuable resource to health officers in their efforts to align regional health policies and to public health preparedness managers during their response to recent crises such as the 2009 influenza A (H1N1) pandemic.

In addition to supporting local public health efforts in the San Francisco Bay Area, ABAHO has been instrumental in the support of various research and practice efforts of national interest, acting as an advisory group for a range of health organizations and initiatives, including the San Francisco Bay Area Advanced Practice Center, part of a national network funded by the National Association of City and County Health Officials.

2. HISTORY

ABAHO was initially formed in 1985 under the leadership of Dr. David Werdegar, Health Director for the City and County of San Francisco, to tackle issues related to the emerging HIV/AIDS epidemic. Representatives from neighboring Marin, San Mateo, Santa Clara, Santa Cruz, Contra Costa, and Alameda counties joined San Francisco to form the original network. The group brought together the Bay Area's local public health officers and health department directors in order to ensure better coordination among various programs and policies, particularly in regards to the emerging HIV/AIDS epidemic.

“From the standpoint of San Francisco, it would have been important to have surrounding counties share in leadership for provision of specialized health services to HIV infected populations, education of risk groups, education of the general public, and advocacy for policies around public and private response to the epidemic. From the standpoint of neighboring counties, it seemed helpful to have a network to become current with the latest and best science around the virus and its epidemiology, and to create consistent policies for the public health response,”

explains Dr. Robert Melton, a former health officer for Monterey County, which also joined the ABAHO network within a year of its formation.

Subsequently other nearby counties became active participants, including Solano, Sonoma, Napa, San Benito, and the City of Berkeley, one of three city health departments in the state of California. Throughout the late-1980's and into the 1990's, ABAHO continued to support local health officials on a number of issues as their focus expanded beyond the HIV/AIDS epidemic.

By 2005, the issue of public health preparedness, particularly pandemic influenza planning, had become a core issue for the ABAHO membership. It was suggested by Dr. Mitch Katz, director of the San Francisco Department of Public Health, that a pandemic influenza working group be formed to ensure regional coordination for pandemic influenza issues such as guidelines for the use of N95 respirators, vaccine and antiviral prioritization, and isolation and quarantine procedures. Other members agreed and the working group was established, composed of public health emergency managers, health officers, and deputy health officers from the ABAHO jurisdictions.

In 2008, the working group received financial support through a grant from Gilead, a Bay Area pharmaceutical company which developed Oseltamivir, which funded a coordinator position to help administer, document and facilitate the preparedness group's activities. The group developed decision-making and response tools, defined pandemic influenza severity levels, described what the local public health response at certain trigger points would be, and produced guidance documents and position statements on pandemic influenza and other preparedness issues.

These efforts played a key role in guiding the public health response in the Bay Area during the 2009 influenza A (H1N1) pandemic. Many health officers in the Bay Area have cited the accomplishments of the pandemic influenza working group (now called the public health preparedness subcommittee) as crucial to informing the decisions made during the height of the pandemic. Throughout the course of the pandemic health officials met regularly through conference calls to discuss key decisions such as school dismissals, vaccine prioritization, and other mitigation efforts. Understanding what neighboring counties planned to do was important for each health official, especially from a public messaging standpoint.

As Dr. William Walker, Health Officer and Public Health Director for Contra Costa County Health Services explains,

“ABAHO's greatest strength is that the larger public health issues, especially the epidemiologic and infectious disease issues, affect the Bay Area as a shared media market. Having a Bay Area-wide voice is better than having a state-wide voice because there are many similarities in the area; it's not the same as Los Angeles or other counties. Even more beneficial is the face-to-face interaction, it's more intimate than a state-wide group and is easy to get in touch with people during an event and know who you're talking to.”

3. STRUCTURE

ABAHO's health officials committee and public health preparedness subcommittee meet independently and focus on different types of issues. While the preparedness subcommittee focuses on many operational and logistical details related to public health preparedness, the health officials committee has a much broader range of issues under their purview.

The health officials committee has experimented with different organizational structures over time but has found that an informal structure based around a volunteer chairperson has been most effective in promoting the networking and regional policy discussion that is at the core of ABAHO's functions. Dr. Walker serves as the current chair of the health officials committee. The committee meets on a bi-monthly basis and convenes occasional retreats. Conversations with many Bay Area health officers have confirmed the value and impact that this group has had upon decision-making and policy at Bay Area health departments.

Meanwhile, the public health preparedness subcommittee brings together public health emergency planners and health officers from the ABAHO counties to address all-hazards preparedness from a public health perspective. The group meets on a monthly basis and is co-chaired by two of the subcommittee's members, selected on an informal basis. In the fall of 2011, the ABAHO Public Health Preparedness Subcommittee embarked on a strategic planning process. This effort resulted in a new governance structure and a strategic plan with a three-year practical vision that will ensure that the group has maximal impact on the regional coordination of public health preparedness efforts in the San Francisco Bay Area.

Currently, the ABAHO membership consists of the following health jurisdictions:

- Alameda County
- City of Berkeley
- Contra Costa County
- Marin County
- Monterey County
- Napa County
- San Benito County
- San Francisco City & County
- San Mateo County
- Santa Clara County
- Santa Cruz County
- Sonoma County
- Solano County

4. REGIONAL ACTIVITIES AND ACCOMPLISHMENTS

The ABAHO network has engaged in a number of activities and emergency events, testing the Bay Area's ability to coordinate effective regional responses to public health emergencies and related issues. The preparedness subcommittee has collaborated to develop and participate in several preparedness exercises, the most of recent of which, dubbed "Dark Zephyr", included local, state, and federal agencies in a tabletop exercise sponsored by the Department of Health and Human Services, simulating an anthrax attack in the San Francisco Bay Area.

The preparedness subcommittee's focus on pandemic influenza planning and the use of exercises such as Dark Zephyr to test regional response coordination were crucial to managing the 2009 novel H1N1 influenza pandemic. Regular meetings and conference calls between ABAHO representatives allowed local health jurisdictions to monitor the policies being implemented by their neighbors and to apply appropriate interventions based on regional conditions. Issues such as differing vaccine distribution methods and school dismissal policies may have become difficult to manage from a public information standpoint without this collaboration. Members of both committees agree that ongoing communication and relationship-building have been the most valuable aspect of the ABAHO network.

5. BARRIERS TO REGIONAL COLLABORATION

While the ABAHO network has demonstrated great value to the cities and counties that compose its membership, there are always challenges to regional collaboration. Each health jurisdiction has its own unique constituencies and priorities. The size and funding levels of each health agency also differ from one jurisdiction to the next, resulting in a wide range of local capabilities. But while jurisdictions may not always agree on the most appropriate policies, many involved in ABAHO have noted the value of “agreeing to disagree” and understanding their counterparts’ thinking and intentions while they formulate their own positions.

In a time of diminishing resources where public health workers are often asked to do more with less, ABAHO has been challenged by the fact that many of those involved in the committees must balance their commitment to ABAHO with their local responsibilities. Yet while ABAHO often competes for public health employees’ limited time, it has also proven its potential to improve regional collaboration across a number of public health functions that are essential to maintaining public health preparedness, especially when local resources are limited. Instances of shared public health laboratories, data-sharing agreements, and collaborative preparedness exercises are a few examples of the benefits that a regional network can provide to local public health agencies.

ABAHO represents a unique collaborative effort by local health jurisdictions to address shared regional concerns while still maintaining the independence required to address local issues in the most appropriate manner. It provides a model for those local health agencies in the United States who may benefit from increased collaboration with their neighbors. It is well understood that disease pays no respect to political boundaries. By increasing collaboration and communication with one another, local health agencies can avoid duplication of efforts and ensure that scarce resources are allocated in an efficient manner in order to meet today’s public health challenges.

Fig. 1. Map of San Francisco Bay Area Counties



COMPETING INTERESTS

The author(s) declare that they have no competing interests.

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REFERENCES

1. 2009 California Economy Rankings. Center for the Continuing Study of the California Economy. Palo Alto, CA. December 2010. <http://www.ccsce.com/PDF/Numbers-Dec10-CA-Economy-Rankings.pdf>. Retrieved July 22, 2011.
2. "[Census 2010: Table 3A — Total Population by Race \(Hispanic exclusive\) and Hispanic or Latino: 2010](#)" (Excel). [California Department of Finance](#) Retrieved Discussion