Association of State and Territorial Health Officials

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December 6, 2018

RADM Stephen C. Redd, MD
Director, Center for Preparedness and Response
Centers for Disease Control and Prevention
CLFT Bldg. 21, Rm. 6001
Atlanta, GA 30329

Dear Dr. Redd,

Thank you for your long-standing support to ASTHO and our Preparedness Program. Your personal participation in, and contribution to such recent ASTHO events as our Leader-to Leader Roundtable, Policy Summit, Pandemic Influenza Symposium, and Annual Meeting; and the Directors of Public Health Preparedness Annual Meeting illustrate this valued partnership with you and so many others from the CDC Center for Preparedness and Response (CPR). Together we have accomplished much and can accomplish so much more in the future. CPR has regularly used ASTHO to provide important and timely input and guidance on policy, strategy, and tactical preparedness and response matters on a wide variety of issues. CDC has also graciously and generously served as our primary and most reliable source of preparedness funding for many years. It is in this spirit that I write to you today asking for the opportunity to meet with you regarding the current status of our preparedness portfolio and our concern for the future. Please allow me to elaborate.

ASTHO values our collaboration with CDC and is proud of the work we have accomplished through our cooperative agreement. Our shared vision and mission make an ongoing partnership essential as we work to continue to improve the nation’s readiness for public health emergencies. As we begin the first year of our current five-year cooperative agreement, we are constrained by a significant reduction in our CDC funding. Specifically, our base preparedness project award for support to states was reduced by 47% from the previous year. In addition, several of our response-specific emergency supplemental awards (e.g., Ebola, Zika and the legacy projects from H1N1) have now expired. This is quite problematic to us as it will significantly impact our capacity and ability to provide the needed and requested services to CDC and our members given the ever-expanding domestic and global threat matrix.

As a result, we will be limited in our ability to support CDC and our members beyond the most fundamental activities. Absent additional continuation funding, we will have little to no bandwidth to provide the requisite portfolio of services.

To give you a sense of this impact, I would like to share with you a partial list of important projects and activities that we are currently unable to initiate or will need to be seriously curtailed that we believe are important to ASTHO and CDC:

- **Assistance to CDC during an emergency response.** ASTHO has been a consistent and significant partner in supporting CDC’s responses to major public health events since the 2009-2010 H1N1 pandemic. While

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resources required for a robust emergency response are not routinely included in base CIO funding, reserves available from previous years and funding through reprogramming of activities, have allowed us to immediately and fully participate while anticipating emergency supplemental funding for longer term response sustainment. This has allowed ASTHO to send LNOs to CDC, conduct rapid scans of current activities and needs in the field, and convene expert panels to review pre-decisional guidance documents, among many other activities. While ASTHO would never fail to heed the call of an emergency response, reductions in capacity will limit the range and duration of that response and, in the long term, the capabilities of future responses.

- **PHEP Program Reviews**. As the primary connection to the jurisdictional preparedness directors, ASTHO is both most familiar and best situated to participate in activities such as the current ORR review, PHEP Impacts and the recent Capabilities update. ASTHO values our convening role and staff participation in these activities and are fearful that resource constraints will limit future participation.
- **Peer assessments**. In 2017, working with ASPR, ASTHO helped design a process and began conducting peer assessments of high visibility/impact healthcare coalition-centered emergency responses starting with the Orlando Pulse Night Club shooting. In 2018, as part of the October Las Vegas country concert mass shooting, we expanded the scope of our peer reviews to include the public health response using our CDC funding. We believe that activities of this type show great promise as a means to enhance the public health evidence base beyond the lessons learned gleaned from traditional After-action Reviews and will be important to improve the practice of future responses.
- **Leadership development program**. ASTHO is an essential partner in the proposed CDC Leadership Development Program. As currently conceived, the program targets preparedness directors, but we believe that it could also be an important tool for State and Territorial Health Officials (S/THO) and Senior Deputies. As we understand it, the program includes a needs assessment and compilation of evidence-based practices, two areas that ASTHO is uniquely qualified to conduct.
- **S/THO crisis leadership**: A key element of ASTHO's current strategic plan is leadership development. ASTHO is addressing this issue through the creation of the ASTHO Leadership Institute (ALI). ALI recognizes that essential to the successful tenure of any S/THO is their ability to address the inevitable emergency response they are likely to face. Additional funding would allow us to enhance the crisis leadership curriculum at ALI. The potential level of turnover of State Health Officials anticipated this coming year due to the outcome of recent gubernatorial races clearly raise the import of this activity.
- **ASTHO Capacity Building/Technical Assistance (CB/TA) framework:** One of ASTHO's 2018-2021 strategic priorities is to improve public health through capacity building, technical assistance, and thought leadership. To meet this priority, ASTHO has defined and enhanced capacity building and technical assistance (CB/TA) categories that have been most effective in addressing the capacity needs of state and territorial health officials

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(S/THOs) and their agency staff, and are rooted in adult learning principles. This framework has allowed ASTHO to standardize our approach to engage with S/THOs and their staff and allow ASTHO to systematically deliver, track, monitor, and evaluate our CB/TA activities and regularly solicit feedback on delivery and value for continuous quality improvement. Using this framework, real-time CB/TA requests can be responded to using the subject matter expertise and experience of ASTHO staff, federal and academic partners, affiliates, and our member base to provide virtual as well as in-the-field peer-to-peer assistance, for example. Resources are needed to enhance these activities.

- **On-going and "Stand-Ready" CDC Mission Support.** CDC has many programs that impact ASTHO's members. These programs enhance their abilities to prepared for and respond to emergencies. ASTHO welcomes the opportunity and feels it has a critical role to play by being actively involved in support of CDC and our members by promoting the CDC research agenda, identifying and promoting best practices, and serving as a linkage between our members, federal agencies and partner associations. Below are two very recent requests we received from CPR which illustrate this ongoing need to respond to requests, but not previously included in work plans:
  - **NOA Improvement process:** DSLR requested our assistance with a quality improvement project on the PHEP application and awards process, primarily to identify and quantify issues causing restrictions and/or errors in Notices of Awards. This project would also follow-up on cooperative agreement issues identified during the ASTHO Directors of Public Health Preparedness meeting in October.
  - **EMAC Workgroup:** DSLR requested our assistance convening and leading a workgroup to increase state health agency engagement with their state's Emergency Management Assistance Compact activities. This activity would include education, training, deployment information, and development of mission ready packages.

Unfortunately, without additional resources we will be forced to seriously curtail and even discontinue capacity building/technical assistance support to our members. The current reduction of funding for our cooperative agreement comes at a particularly difficult time for ASTHO since we are also experiencing funding reductions from both ASPR and DHS. We recently executed a reduction in force that has reduced our preparedness staff by 50% over the past 18 months. This leaves us with very limited capacity to respond to future disasters and other public health emergencies and to contribute to discussion and implementation of key health security policies and strategies on the horizon and long term will lead to the degradation of ASTHO preparedness capability. In order for us to provide continued support and assistance to CDC commensurate with current demands that will also benefit our members and the practice community as a whole, we would like to discuss with you the possibility of reinstating level funding ($425,000 from last year).

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We thank you very much for considering our request to meet to discuss this in more detail and to explore potential solutions. Meanwhile, please feel free to reach out to me, Jim Blumenstock, or Gerrit Bakker, should you have any questions or require additional detail.

Again, thank you for your partnership and I look forward to our next contact.

Sincerely,

Michael Fraser, PhD MS CAE FCPP
Chief Executive Officer

C: Christine Kosmos
Harald Pietz
Todd Talbert
Jose' Montero
Gayle Weaver
Jim Blumenstock
Gerrit Bakker
Carolyn Mullen