Communicating the Impact of HPP and PHEP Programs: New York City Approach

Marisa Raphael, MPH
Deputy Commissioner
Office of Emergency Preparedness and Response (OEPR)
NYC Department of Health and Mental Hygiene (DOHMH)
Overview

- Increase in natural disasters/ terrorist risk
- The funding problem
- Lack of understanding
- NYC approach
- Moving forward
Increase in Natural Disasters

Natural catastrophes in North America 1980-2011: Number of events

- Geophysical events
- Meteorological events
- Hydrological events
- Climatological events

Source: Munich Re, NatCatSERVICE
Increase in Terrorist Risk
The Funding Problem
Immediately following September 11th attacks and subsequent Anthrax crisis, government administered several key grant programs:

- **Department of Homeland Security (DHS)**
  - Urban Areas Security Initiative (UASI)
  - State Homeland Security Program (SHSP)
  - Law Enforcement Terrorism Prevention Program (LETPP)
  - Metropolitan Medical Response System (MMRS)
  - Citizen Corps Program (CCP)

- **Department of Health and Human Services (HHS)**
  - Public Health Emergency Preparedness Program (PHEP)
  - Hospital Preparedness Program (HPP)
Decline in funding (2008-2013)

PHEP = ↓ 30%

HPP = ↓ 43%

Lack of Understanding: Policymakers
Lack of Understanding: Policymakers

- Difficult to quantify value and impact of preparedness work
- Challenges to answering the following questions:
  - What has this money bought in terms of preparedness?
  - What is the impact of the cuts to date?
  - What would more money buy?
Lack of Understanding: Public/Media

Grassroots Groups Have Taken Over Sandy Relief

By Neil deMause | November 13, 2012
NYC Approach

- Create materials
- Identify champions
- Face time with policymakers
- Engage communities/other stakeholders
- Engage media
- Develop metrics
Developing Effective Communication Materials

- Juxtapose then versus now
  - What can we do now that we couldn’t do before?
- Connect to community/individual level
  - Ask yourself “who cares”?
- Plain English
Then/Now Presentation

Emergency Preparedness and Response

The Evolution of a Public Health Agency

Marisa Raphael, MPH
Deputy Commissioner
Office of Emergency Preparedness and Response (OEPR)
NYC Department of Health and Mental Hygiene (DOHMH)

Healthcare System Prep/Medical Surge

<table>
<thead>
<tr>
<th>THEN</th>
<th>Facilities vs. System</th>
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<tbody>
<tr>
<td>• Limited facility-level planning or system-wide planning</td>
<td></td>
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<tr>
<td>• Healthcare system not planning with city agencies</td>
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<table>
<thead>
<tr>
<th>NOW</th>
<th>Facilities vs. System</th>
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<tbody>
<tr>
<td>• Emergency Preparedness Coordinators at each hospital</td>
<td></td>
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<tr>
<td>• Include entire healthcare system (facilities and associations)</td>
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<tr>
<td>• Building coalitions (network, geographic and functional)</td>
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<tr>
<td>• Data-driven decision-making</td>
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Scope of Planning

<table>
<thead>
<tr>
<th>THEN</th>
<th>Facilities vs. System</th>
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<tr>
<td>• Limited plans</td>
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<table>
<thead>
<tr>
<th>NOW</th>
<th>Facilities vs. System</th>
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<tr>
<td>• Planning for at-risk populations (pediatrics, dialysis, burn)</td>
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<td>• Share city plans with key healthcare partners</td>
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Citywide Planning/Coordinated Health and Medical Function

<table>
<thead>
<tr>
<th>THEN</th>
<th>Facilities vs. System</th>
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<tr>
<td>• Weak/undefined ESF-8</td>
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<table>
<thead>
<tr>
<th>NOW</th>
<th>Facilities vs. System</th>
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<tr>
<td>• Defined ESF-8 roles</td>
<td></td>
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<tr>
<td>• ESF-8 workgroup meets regularly to address system gaps</td>
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<tr>
<td>• Strong Healthcare Evacuation Center (HEC)</td>
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Patient Tracking

<table>
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<tr>
<th>THEN</th>
<th>Facilities vs. System</th>
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<tr>
<td>• No patient tracking capability</td>
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<table>
<thead>
<tr>
<th>NOW</th>
<th>Facilities vs. System</th>
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</thead>
<tbody>
<tr>
<td>• Systems in place to facilitate family reunification</td>
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Project Impact Stories

Protecting NYC
Preparing for a Safer Future

Detecting Deadly Disease—Before It Kills

The Public Health Lab was critical to the City’s rapid response to Ebola.

New York City’s first Ebola patient arrived at Bellevue Hospital. He was getting sicker.

Having contacts, the media and the public had been alerted to the possible diagnosis. One of the New York City Health Department’s “disease detectives” would start tracking down everyone who had been in contact with him and all of their contacts as well to isolate them,乃至 findings could become of interest. For 21 days, he was under medically controlled circumstances. The next day, the health care provider recognized the fever and initiated the process.

The process had to be confirmed by the Centers for Disease Control and Prevention in Atlanta. Staff placed a duplicate specimen in a sealed outer tube and collected two more before leaving the lab for further testing.

A CDC staff member inspected the box. A Dupont field test was used to determine whether the sample was positive or negative.

When the positive result came back, the patient was isolated in the hospital. A team of health care providers, along with the New York City Department of Health and Mental Hygiene, began the process of decontamination and disinfection.

Impact

- The NYC Health and Hospitals Public Health Lab received 100,000 test kits from the CDC.
- The lab’s staff maintained 24/7 coverage to ensure timely testing.
- The lab’s rapid response was crucial in containing the outbreak.

Critical Need

- Training and equipment. The Public Health Lab personnel were trained in handling specimens and maintaining the necessary equipment.
- Support for health care providers. The lab provided ongoing support to health care providers in the city.
- Overcoming supply chain challenges. The lab faced challenges in obtaining necessary supplies for testing.

A Life-Saving Process in 3 Hours

Each critical step had to be executed by the Department’s Public Health Lab without any mistakes.
NYC Preparedness Trailer
Leave Behind One-Pager

![NYC Health](image)

**Purpose:** Educate and prepare for potential health emergencies.

**Background:**
New York City's experience in recent years has highlighted the need for robust plans to respond to public health emergencies. Following significant events such as the 2001 anthrax attacks and the 2003 SARS outbreak, New York City has implemented a series of measures to enhance its preparedness and response capabilities.

**Six Key Themes:**
1. **Disaster Preparedness:** Establishing a comprehensive framework for planning and response.
2. **Early Detection:** Enhancing surveillance systems to detect outbreaks early.
3. **Communication:** Developing clear, effective communication strategies for the public and stakeholders.
4. **Healthcare System:** Strengthening the health care system to ensure effective response.
5. **Community Engagement:** Mobilizing community support and engagement in response efforts.
6. **Research and Development:** Investing in research to improve response capabilities.

**Response to Emergency:**
The Health Department acts quickly to mitigate the impact of an emergency by:
- **Activation:** Activating the Emergency Operations Center (EOC) to coordinate response efforts.
- **Surveillance:** Enhancing real-time surveillance to detect potential threats.
- **Communication:** Issuing timely updates to the public and stakeholders.
- **Response Management:** Coordinating with local and state health departments to provide coordinated response.

**Healthcare System Preparation:**
While the initial focus is on preparedness, ongoing efforts are essential to ensure that healthcare systems remain robust in the face of unforeseen challenges.

**Conclusion:**
Continued vigilance and proactive planning are crucial to maintaining public health security in New York City.

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NYC Health

[Related Image or Link]
Identifying Champions

August 2, 2013

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

We write to express our concerns regarding federal emergency preparedness response funding, which has fallen dramatically over the last four years. While sympathetic to the current fiscal environment, we urge you to prioritize funding for preparedness programs.

Emergency health preparedness and response initiatives are an essential part of a nation’s disaster response structure. Unfortunately, these initiatives have been greatly diminished over recent years. Funding for the Hospital Preparedness Program and Prepositions and the Response Learning Centers has been reduced by 35% and 85% respectively over the past several years. Such drastic cuts hinder our healthcare system’s ability to deliver effective and timely response to large-scale incidents or public health emergencies.

The Hospital Preparedness Program provides the primary source of funding for nations’ hospitals to prepare for an emergency. As evidenced by recent critical events such as the terror attack in Boston, Hurricane Sandy, and the tornadoes in Moore, OK, crises can happen at any time. It is essential that hospitals, which are on the front lines of any emergency, have adequate preparations and capacity in place to treat a range of seriously injured patients.

The past few years have also witnessed dramatic reductions for Centers for Disease Control and Prevention-funded programs that support preparedness training for state, local, public health agencies and workforce. The Preparedness and Emergency Response Centers, which have trained over 21,000 health providers since 2010, have seen their FY 10 budget reduced to $335m in 2013 and are slated to be zeroed out this year.

America’s national security and economic stability depend on our ability to withstand and recover from disasters and public health emergencies. It is essential that our healthcare system is adequately prepared and our hospitals have the resources they need to respond to such emergencies. We urge you to make these programs a priority and to provide the funding that is necessary to ensure our country’s readiness and resilience.

We look forward to hearing your thoughts and feedback, and welcome the opportunity to discuss this issue.

Sincerely,

[Signatures from Member of Congress]

WILLIAM KEATING
Member of Congress
## Identify the Right Opportunities

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>March 2014</td>
<td>Presented Then/Now to CDC leadership</td>
</tr>
<tr>
<td>May 2014</td>
<td>Presented Then/Now to ASPR leadership</td>
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<tr>
<td>May 2014</td>
<td>Meeting with White House OMB</td>
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<td>March 2015</td>
<td>Blue Ribbon Study Panel testimony</td>
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<td>April 2015</td>
<td>Testimony to Committee of Homeland Security</td>
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<td>October 2015</td>
<td>House Appropriations visit</td>
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<tr>
<td>Upcoming</td>
<td>Washington, DC briefing</td>
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</table>
Engaging Communities and other Stakeholders

- Develop relationships with key community leaders
  - Community Resilience Planning Committee (CRPC)
- Public facing tools
  - Websites
  - Social media
- Healthcare system
Engaging Communities and other Stakeholders
With Persistence and Phone Calls, Defending Against Ebola in New York

By ANDREON HARTOCOLLIS  NOV. 11, 2014

On the 12th floor of a glass tower at the city health department’s headquarters in Long Island City, Queens, workers huddle like telemarketers at banks of 30 computers, doggedly calling one telephone number after another.

Darryl Wong, a French-speaking operator, was trying to reach a West African man who had left New York several days before and had not returned when he said he would.

"Ah, bon," Mr. Wong said patiently to the man’s wife, who answered their phone in the Bronx. "Il est toujours à Maryland." He wheedled a Maryland number out of the woman, and began calling it.

New York City’s defense against the Ebola epidemic — and at least the hypothetical threat that it will percolate through the city’s mass transit system, schools and dense neighborhoods — is this 24-hour-a-day operation now keeping track of almost 300 people, believed to be the largest monitoring effort in the country.
Developing Metrics

- Develop a comprehensive Operational Framework for public health and medical response objectives
  - Define key activities and owners for each objective
- Focus groups to define response metrics
  - Link response metrics to preparedness activities
- Build evaluation plan to test metrics
  - Real time during response
Moving Forward

- PHEP and HPP Impact Statements
- Toolkits for all jurisdictions to use
- Use emergencies to demonstrate capabilities
- Keep meeting with whoever will listen
- Quantify value and impact of work
- Answer the following questions:
  - What has this money bought in terms of preparedness?
  - What is the impact of the cuts to date?
  - What would more money buy?
  - What would response look like without this funding?
In Conclusion...

This is serious! There is power in numbers. We must come together to stand up and fight for this funding.
Questions?