Federal Strategies for Building a National Emergency Response Platform

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ASTHO Directors of Public Health Preparedness Annual Meeting
October 7, 2014
Agenda

- PHEP Program Data Review
- CDC PHEP Impact Strategy
  - Strategies for Defining the Impact of PHEP Investments
- Strategies for Continued Progress Forward
  - PHEP evaluation framework
  - Technical assistance portal
  - Jurisdictional risk assessment tools
- Late Breaker: Ebola Response
MISSION: To assure the nation's public health system is prepared to respond to and recover from a public health event or emergency.

Through:

- Partnerships with Health and Human Services (HHS) and Department of Homeland Security (DHS)
- Capabilities-based standards for state and local public health
- Funding
- Strategic placement of CDC field staff
- Technical assistance strategies and guidance
- Translation of science into practice
National Emergency Response Platform

PHEP PROGRAM DATA REVIEW
Public Health Preparedness Capabilities

Current Status: Three-year Trend

Public Health Preparedness Capabilities
Current Status: Three-year Trend

- Volunteer Management
- Non-Pharmaceutical Interventions
- Medical Surge
- Responder Safety and Health
- Mass Care
- Community Recovery
- Fatality Management

PHEP CPG: Awardee Reported Changes in Capability Current Status, BP1 to BP3

Source: 2014 and 2012 Capabilities Planning Guide Data

*Net Decrease
PHEP BP3 Work Plan Highlights

- **Build**: 52.3%
- **Sustain**: 38.3%
- **Scale back**: 0.1%
- **No planned activities for this budget period**: 9.4%

No planned activities for this budget period accounts for 9.4% of the PHEP BP3 Work Plan.
## Top 5 Developed Public Health Preparedness Capabilities: BP1, BP2, and BP3

<table>
<thead>
<tr>
<th>BP1</th>
<th>BP2</th>
<th>BP3</th>
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<tbody>
<tr>
<td>Emergency Operations Coordination</td>
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# Top 5 Investments in Public Health Preparedness Capabilities: BP1, BP2, and BP3

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<td>Information Sharing</td>
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Capability-Specific Allocations per PHEP Work Plan, BP1, BP2, and BP3

Public Health Laboratory Testing
PH Surveillance & Epidemiological Investigation
Community Preparedness
Emergency Operations Center
Information Sharing
Medical Countermeasure Dispensing
Medical Materiel Management & Distribution
Emergency Public Information & Warning
Volunteer Management
Community Recovery
Medical Surge
Mass Care
Responder Safety & Health
Fatality Management
Non-Pharmaceutical Interventions

% Allocation of Capability-Specific PHEP Funds

BP3 (~$344.1 M)
BP2 (~$324.9 M)
BP1 (~$274.9 M)
National Emergency Response Platform

CDC PHEP IMPACT STRATEGY
Public Health Emergency Preparedness Timeline

- **1999**: After 9/11, Congress appropriates nearly $1 billion in annual funding to support state and local preparedness and emergency response.
- **2002**: Congress passes the Pandemic and All-Hazards Preparedness Act (PAHPA) (P.L. 109-417), which is later reauthorized in 2013 as the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA).
- **2005**: CDC releases new five-year program announcement and renames it “Public Health Emergency Preparedness (PHEP) Program”.
- **2006**: PHEP focuses on public health preparedness-related roles, capabilities, critical tasks, and outcomes.
- **2006-2009**: In response to the H1N1 influenza pandemic, CDC administers $1.85 billion through the Public Health Emergency Response (PHER) grant.
- **2007**: CDC implements PHEP evaluation framework to identify outputs and outcomes that demonstrate program accountability and improvement.
- **2009-2010**: CDC and ASPR align the PHEP and the Hospital Preparedness Program (HPP) cooperative agreements.
- **2011**: CDC publishes *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, introducing new capabilities-based approach for the PHEP cooperative agreement.
- **2012**: CDC releases new five-year program announcement and renames it “Public Health Emergency Preparedness (PHEP) Program”.
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Public Health Preparedness and Response for Bioterrorism Program established with specific “focus areas”
Public Health Emergency Preparedness (PHEP) Cooperative Agreement Funding

Fiscal Year

2001 & 2002: $1000
2003: $970
2004: $850
2005: $863
2006: $1091
2007: $897
2008: $729
2009: $689
2010: $698
2011: $614
2012: $619
2013: $585
2014: $612

Sources: CDC, OPHP, DSLR

*Totals include the following: PHEP Base Funding, Cities Readiness Initiative, Chemical Laboratory Capacity, Early Warning Infectious Disease Surveillance (EWIDS), Real-Time Disease Detection, Risk Funding, Smallpox, Pan Flu Supplement - Phase I, Pan Flu Supplement - Phase II, and Pan Flu Supplement - Phase III Funding. The FY2008 totals include $24 million for pandemic influenza preparedness projects that were from a different funding opportunity announcement.*
Impacts of the Public Health Emergency Preparedness Program

1. Established national capability standards for state and local public health preparedness programs
   - Development of key, foundational capability standards for the nation’s public health system
   - Annual awardee self-assessment of current preparedness status to identify key strengths, gaps, and challenges
   - Nearly 90% of awardees state that public health preparedness capabilities are important to their jurisdictions’ planning and response activities
Public Health Preparedness Standards

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surv and Epi Investigation
14. Responder Safety and Health
15. Volunteer Management
Impacts of the Public Health Emergency Preparedness Program

2. Improvement in national public health preparedness capability development

- Capabilities Planning Guide data trends: show improvement in public health preparedness capabilities across the nation

- Medical Countermeasure Operational Readiness Review: measures a jurisdiction’s ability to execute a large-scale medical countermeasure mission

- Pandemic Influenza Operational Assessment: evaluates state and local readiness for pandemic influenza response; identifies gaps prior to an outbreak
Public Health Preparedness Capabilities

Tier 1 Public Health Preparedness Capabilities: Three Year Trends

- Emergency Operations Coordination
- Medical Materials Management & Distribution
- Emergency Public Information and Warning
- Medical Countermeasure Dispensing
- Public Health Laboratory Testing
- Public Health Surveill and Epi
- Information Sharing
- Community Preparedness
- Responder Safety and Health

 FY12 FY13 FY14 FY15 (Target)
3. Awardee satisfaction and confidence in CDC:
   - 2012 and 2013: More than 95% of awardees indicate that CDC has taken the program in the right direction
Impacts of the Public Health Emergency Preparedness Program

4. Federal policy improvements post H1N1 response

- Administrative preparedness initiative:
  - Documented improvements in federal, state, and local administrative systems
    - Reduced time to procure and execute emergency contracts
    - Expedited hiring
    - Improved legal authorities

- CDC: New expedited emergency funding mechanism for state and local response during a public health emergency

- New Pandemic and All-Hazards Preparedness Reauthorization Act authority to temporarily reassign HHS-funded state and local personnel during a public health emergency
97% of awardees have expedited process for receiving emergency funds.

92% of awardees have expedited processes and mechanisms in place to reduce the cycle time for contracting and/or procurement of necessary goods and services.

- For procurement of necessary goods and services, the average cycle time is 30.4 days in non-emergency circumstances and 5.6 days in emergency circumstances.
- For contracting for necessary goods and services, the average cycle time is 57.3 days in non-emergency circumstances and 14.1 days in emergency circumstances.

81% of awardees have emergency authorities and mechanisms in place to reduce the cycle time for hiring and/or reassignment of staff (workforce surge).
5. Addressing state and local workforce gaps

- Strategic placement of CDC field assignees to help address key state/local workforce gaps

- 65 CDC field assignees in 41 locations within 36 jurisdictions
  - CEFOs (Career Epidemiology Field Officers)
  - PHAs (Public Health Advisors)
  - PFAs (Preparedness Field Assignees)
  - Medical Countermeasure Field Assignees
Division of State and Local Readiness
Field Staff Assignments
as of July 2014

# of Personnel = 65
# of Locations = 41

CEFO = 32
PHA = 7
MCM = 8
PFA = 18
Growth in Field Staff Placements

Increased Placement of Preparedness Field Staff

- Career Epi Field Officers
- Preparedness Field Assignees
- Medical Countermeasures Field Staff
- Public Health Advisors

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Number of Field Staff</th>
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<tbody>
<tr>
<td>FY11</td>
<td>5</td>
</tr>
<tr>
<td>FY12</td>
<td>18</td>
</tr>
<tr>
<td>FY13</td>
<td>28</td>
</tr>
<tr>
<td>FY14</td>
<td>64</td>
</tr>
<tr>
<td>FY15 Target</td>
<td>72</td>
</tr>
<tr>
<td>FY18 Target</td>
<td>74</td>
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Impacts of the Public Health Emergency Preparedness Program

6. Translation of science into practice

- Technical assistance work groups developing capability portfolios to share information, useful practices with awardees
- Leading development of science evaluation strategy to validate National Health Security Preparedness Index and identify gaps
- PHEP impact assessment underway to quantify how PHEP funding has contributed to the development of key public health capabilities
- Implementing multilayered evaluation strategy including but not limited to performance measures
- Intramural research contracts studying community resilience after a disaster
Moving Forward: 10-year Goals
10-year Goals

- A prepared and capable public health system
- Achievement of the 15 public health preparedness capabilities
  - To what extent? Sufficient to meet the jurisdiction’s specific needs
- A **sustainable** public health preparedness system
- An **integrated** preparedness system at state and local levels
  - Integrating public health, emergency management, and healthcare preparedness and response systems
10-year Goals

- Reduction of the risks and hazards that threaten our communities and the public health systems within those communities

- Mitigating morbidity and mortality associated with public health emergencies

- Demonstrating value each and every day

- Assuring that the nation’s public health system does not return to its pre-9/11 state
PHEP Impact Project

- More to come tomorrow

- Goals: Develop a clear vision for the impact of the PHEP and HPP programs

- Impact needs to be quantifiable and easily understood

- Answers the question: Are communities safer and better prepared and how do we know?
State and local capability development is not the “end state”

Full capability development = a robust state/local Public Health Emergency Response Platform

- EOC development
- Lab capability; detection, notification, reporting
- Epi and surveillance
- Risk communication
- ICS structures
- Plans, staffing, volunteer management
PHEP Impact Project

- **Measurement and evaluation is done to “test the system/test the platform”**
  - Epi drills for detection and reporting
  - Lab: proficiency testing
  - Risk communications: ability to push out messages and test behavior change due to messaging
  - Ability to rapidly convene trained staff

- **Three scenarios for assessing capability**
  - MCM: large-scale MCM event (pandemic influenza and anthrax)
  - Jurisdictionally defined threat/hazard
National Emergency Response Platform

STRATEGIES FOR CONTINUED PROGRESS
DSLR Core Program Components

- Strengthen State and Local Operational Readiness
- Translate Science into Practice
- Evidence-based Decision-making
- Strategic Alignment with Federal Partners
- Strategic Alignment of DSLR’s Resources to Our Mission
- Strategic Placement of CDC Field Staff
- Improve IT Solutions at All Levels of Government
Strategies

- Technical assistance strategy
- Jurisdictional risk assessment tools
- PHEP and HPP impact strategies – more to come tomorrow
Technical Assistance
PHEP BP3 Technical Assistance Requests by Capability

Number of Capability-specific TA Requests (n=145)

<table>
<thead>
<tr>
<th>Capability</th>
<th>% Capability-specific TA Requests by Awardees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Countermeasure Dispensing</td>
<td>16.6%</td>
</tr>
<tr>
<td>Medical Materiel Management &amp; Distribution</td>
<td>15.9%</td>
</tr>
<tr>
<td>Public Health Laboratory Testing</td>
<td>15.2%</td>
</tr>
<tr>
<td>Information Sharing</td>
<td>6.9%</td>
</tr>
<tr>
<td>Public Health Surveillance &amp; Epidemiologic Intelligence</td>
<td>6.2%</td>
</tr>
<tr>
<td>Non-Pharmaceutical Interventions</td>
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<td>Emergency Public Information and Warning</td>
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<td>6.2%</td>
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<tr>
<td>Mass Care</td>
<td>4.1%</td>
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<td>Fatality Management</td>
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<td>Emergency Operations Coordination</td>
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<tr>
<td>Medical Surge</td>
<td>2.8%</td>
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<td>Volunteer Management</td>
<td>2.1%</td>
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<td>Responder Safety and Health</td>
<td>2.1%</td>
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<tr>
<td>Community Recovery</td>
<td>1.4%</td>
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Data Source: BP2 Application Data.
Public Health Preparedness Capabilities Portfolios

- Developing electronic resources for project officers and awardees grouped by capabilities

- Initial focus on
  - Community Preparedness
  - Information Sharing
  - Medical Materiel Management and Distribution
  - Public Health Laboratory Testing
  - Public Health Surveillance and Epidemiological Investigations
  - Grants Administration and Management
Technical Assistance Resource Portal Vision

- **Capability Portfolios**
  - Portfolio Resources (by capability)

- **Multimedia**
  - Training Links
  - Webinars
  - Training Materials

- **Peer to Peer**
  - Peer to Peer Learning
  - Discussion Boards
  - Forums

- **Project Officer Portal**
  - Discussion Boards
  - Training Materials
  - Resource Sharing
Jurisdictional Risk Assessment Tools
Late Breaker: Ebola Preparedness and Response

- More to come tomorrow

- International efforts are focused on developing in-country public health and healthcare systems
  - Development of a public health emergency response platform

- Domestic updates:
  - Medical waste
  - Recruitment of hospitals for medical evacuation
  - Role of state and local public health in assuring readiness and compliance
  - How are PHEP and HPP directors working to assure readiness?
One More Thing......
One More Thing......

- Congratulations to Chris Newlon!
For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.