Advancing Public Health Emergency Preparedness and Response Readiness

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ASTHO Directors of Public Health Preparedness Annual Meeting
October 17, 2018
Discussion Topics

- Mission: Operational Readiness
  - Conceptual Timeline
  - Preparedness and Response Capabilities
  - PHEP Notice of Funding Opportunity
  - Medical Countermeasure (MCM) Risk-based Approach

- Evaluation and Metrics
  - Operational Readiness Review (ORR) Expansion
  - Medical Countermeasure Operational Readiness Review Early Data

- Resources for Improving Readiness
  - Field Support
  - Technical Assistance
PHEP Notice of Funding Opportunity (NOFO) Intent: 2019-2024

- Assure operational readiness
  - MCM readiness by 2022
  - Proposed: Tier 1 capabilities by 2024
  - Threat-specific readiness
- Maintain alignment with Hospital Preparedness Program (HPP)
- Right-size territorial programmatic requirements
- Focus on at-risk/vulnerable populations, especially children
2018 Public Health Emergency Preparedness and Response Capabilities

National Standards for State, Local, Tribal, and Territorial Public Health

- October 2018
Update Objectives

- **Strengthen** cross-cutting and intersecting program areas
- **Simplify and streamline language** without loss of meaning
- **Emphasize planning and operational readiness**
- **Update content** in resource elements, tasks, and definitions, as needed
- **Update introduction** to set the context of capabilities and their use
2017-2018 Capabilities Update Initiative

How were the updates made?

3 Phases used to draft, review, and finalize the updated capabilities

19 Work groups conducted detailed reviews of the capabilities

350+ CDC experts and partners provided feedback on the revised capabilities
What's new in the capabilities?

- Expands strategies that plan for disproportionately impacted populations
- Accounts for public health consequences of environmental hazards in emergencies
- Incorporates considerations for maintaining chemical laboratory capacity
- Modernizes information technology and data security measures

- Expands medical countermeasure strategies to include vaccination
- Promotes social media use to keep communities safe and alert
- Strengthens responder safety and control measures
Capability 6: Information Sharing

Summary of Changes

- Increases alignment with National Strategy for Biosurveillance and CDC Surveillance Strategy
- Emphasizes need to implement data security and cybersecurity protocols
- Promotes adherence to certified electronic health records (EHR) technologies and standards
- Strengthens information sharing to decrease reporting time and increase collaboration through use of electronic information systems, such as electronic death registration (EDR), electronic laboratory reporting (ELR), and syndromic surveillance systems
- References need for inventory data exchange depending on medical countermeasure type
- Encourages information sharing with fusion centers and intelligence
Capability 13: Public Health Surveillance and Epidemiological Investigation

Summary of Changes

- Increases alignment with National Strategy for Biosurveillance and CDC Surveillance Strategy
- Includes immediate notifications concerning public health emergencies of concern identified on National Notifiable Diseases Surveillance System (NNDSS) list
- Strengthens surveillance systems for persons in isolation or quarantine and persons placed under monitoring and movement protocols
- Emphasizes syndromic surveillance and situational awareness of healthcare utilization systems
- Improves surveillance and epidemiological information sharing by incorporating informatics/surveillance modernization initiatives
- Expands data sources and types for collecting and using surveillance data, including poison control centers, fusion centers, and hazardous materials
Mission: Operational Readiness
Operational Readiness Conceptual Timeline

Current MCM ORR includes pandemic influenza

MCM ORR includes 15 capabilities

Established for MCM

Proposed: Established for Tier 1 capabilities

*July to June budget period
2019-2024 MCM Risk-based Approach

- Maintain plans for both intentional release of anthrax and pandemic influenza scenarios
- Demonstrate baseline operational capacity for both scenarios
- Demonstrate full operational readiness for one scenario based on risk
- PHEP recipients operationally ready to execute their MCM missions on or before 2022
### 16 Higher Risk Metropolitan Statistical Areas

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<td>Miami-Fort Lauderdale-West Palm Beach, FL</td>
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<td>Philadelphia-Camden-Wilmington, PA-NJ-DE</td>
<td>Washington-Arlington-Alexandria, DC-VA-MD</td>
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Evaluation and Metrics
Operational Readiness Review Expansion Initiative

- Expanding Operational Readiness Review (ORR) to cover all 15 public health emergency preparedness and response capabilities to:
  - Create one tool to assess PHEP recipient planning and operational strengths, areas of improvement, and technical assistance needs across all capabilities
  - Accurately assess program standards across jurisdictions
  - Provide meaningful data to demonstrate program impact
  - Provide an accurate picture of public health preparedness to respond across the nation
ORR Expansion Work Groups

- Work groups are organized by public health domains and focus on individual capabilities
- Six work groups began meeting in August, and three additional work groups will launch in early 2019
- Current participants include representatives from all 10 regions, six national partners, and other CDC program offices
- Feedback on existing and new ORR evaluation elements
- ORR expansion is currently scheduled to be implemented in July 2020
Assessment of State and Local MCM Operational Readiness

- Purpose: Assess, evaluate, and improve state and local operational readiness for a large MCM response

- Goal: 50 states and four directly funded cities must achieve a status score of “established” and therefore be operationally ready on or before 2022
  - Operational readiness is demonstrated through exercises or real incidents
  - Must show yearly progress and meet work plan deliverables
POD Staffing: DSLR Interventions and Results

- Regional MCM staff working with jurisdictions to identify solutions including:
  - Revise POD and POD staffing strategy
  - Amend jurisdictional job descriptions to include responsibility for emergency response
  - Consider mega PODs and POD consolidation
  - Increase number of closed PODs
  - Personnel staffing contracts to support POD staffing
POD Staffing: DSLR Interventions and Results

- Proposed federal staffing solutions:
  - Participating in ASPR “Last Mile” staffing working group intended to support state, local, tribal, and territorial (SLTT) jurisdictions with federal staffing solutions
  - Establish U.S. Public Health Service MCM strike teams
Distribution Planning
MCM ORR 2017-2018 (as of 7.2.2018)

Plans for allocation and distribution **distinctively collected** for chain of custody, cold chain, delivery locations, delivery schedule, transportation method, and transportation routes

- **Sufficient**: all 6 elements met
- **Insufficient**: <6 elements met

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Data Source: States, distribution planning form
## Distribution Planning

**MCM ORR 2017-2018 (as of 7.2.2018)**

Plans for allocation and distribution **distinctively collected** for chain of custody, cold chain, delivery locations, delivery schedule, transportation method, and transportation routes

- **Sufficient:** all 6 elements met
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**Data Source:** States, distribution planning form
## Receipt, Stage, Store (RSS) Warehousing

**MCM ORR 2017-2018** (as of 7.2.2018)

- **Detailed RSS site survey** collected for each state RSS validated by the U.S. Marshal
  - **Sufficient:** >2 RSS sites validated
  - **Insufficient:** <2 RSS sites validated

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*Data Source: State, RSS site survey form*
RSS Security
MCM ORR 2017-2018  (as of 7.2.2018)
Plans for RSS security *distinctively collected* for security lead, evacuation plans, physical security of exterior, physical security of interior, and security breach plans

- Sufficient: all 5 elements met  
- Insufficient: <5 elements met

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Data Source: States, distribution planning form
MCM Distribution: DSLR Interventions and Results

- Encourage jurisdictions to develop partnerships or memorandums of understanding (MOUs) with professional warehousing and logistics companies

- Partner with the Strategic National Stockpile (SNS) to provide technical assistance on medical logistics to state, local, tribal, and territorial jurisdictions
  - SNS tabletop exercise meetings with higher risk cities
  - SNS will deliver to more than one RSS site
MCM Distribution: DSLR Interventions and Results

- Developed cold chain training for state, local, tribal, and territorial jurisdictions
  - DSLR monthly webinar devoted to cold chain management
  - Anniston POD training course
  - Posted cold chain management resources for planners on DSLR’s Online Technical Resource and Assistance Center (On-TRAC)
MCM Distribution: DSLR Interventions and Results

- Regional meetings and webinars with MCM planners
  - Content includes cold chain, inventory management, SNS request process
  - Completed Regions 1, 3 and 4; others scheduled in October and November

- Continue to encourage jurisdictions to engage the U.S. Marshal Service for security planning
Next Steps

- DSLR MCM team tracks jurisdictional progress on achieving target goal of operational readiness
  - MCM ORR site visit report identifies strengths and gaps; technical assistance action plan is developed
  - Quarterly review of progress on meeting deliverables
- Finalize ORR tool for territories
- MCM field staff provide technical assistance and support ORRs of local CRI jurisdictions
- Expand MCM field staff to cover all HHS regions
Achieving “Established” Status
Resources for Improving Readiness
2017 PHEP Program Funded Field Staff

Map Legend:
- Red: Locations with PHEP-funded field staff
- Gray: Locations with no PHEP-funded field staff

Additional PHEP-Funded U.S. Territories:
- American Samoa
- Federated States of Micronesia
- Puerto Rico
- Republic of the Marshall Islands
- Guam
- Northern Marianas Island
- Republic of Palau
- U.S. Virgin Islands

Learn more: www.cdc.gov/phpr/readiness
Career Epidemiology Field Officer (CEFO) program provides direct connection to CDC expertise, resources, and technical assistance.

CEFOs also play critical response roles during emergencies.

Funded through PHEP direct assistance (DA)
  - 10% of a CEFO’s cost is funded directly by CDC and is used to support the CEFO’s role as a national response asset
  - Under some circumstances, CEFO assignments may be co-funded with other CDC programs

Currently, 34 CEFOs support 30 jurisdictions.

Scope of work varies depending on jurisdictional needs and capabilities.
Field Support: PFA Program

- Currently, 16 Preparedness Field Assignees (PFAs) support 15 state, local, and territorial jurisdictions
- Junior public health advisors who help strengthen public health preparedness capabilities
- Funded 100% by CDC for two- to three-year assignments

Senior PFA – New Program
- Mid-level public health advisor funded through PHEP DA similar to PHEP public health advisors in Program Services Branch
Field Support: Regional MCM Specialists

- Regional MCM specialists provide frontline support and technical assistance across spectrum of MCM-related capabilities
  - Assist with planning, training, and exercising activities
  - Enhance regional collaborative efforts among state partners
  - Integrate emergency management, law enforcement, and private sector businesses in public health emergency preparedness, response, and recovery planning;
  - Facilitate community partnerships to expand closed points of dispensing networks, mass vaccination capacity, and MCM distribution resources
Technical Assistance

David Hunter, M.P.H., M.S.W.
Technical Assistance Overview

- DSLR provides technical assistance (TA) to PHEP recipients to assist with program improvement.
- TA includes but is not limited to:
  - Project officer day-to-day assistance
  - Resources, guidance, and tools
  - Training: capability-focused courses and exercises, in-person and virtual
  - Subject matter expertise
Analysis of Technical Assistance Needs

Reviewed various data sources to develop evidence-based approach

To determine usefulness of data for PHEP program planning

To identify findings that may guide resource utilization
Methods: Data Sources

- PERFORMS grant application data
  - Two budget periods (BP)
    - Fiscal year 2017 (BP1) and fiscal year 2018 (BP1 Supplement)
  - PHEP-only requests (excluded HPP)
  - Recipient-identified TA descriptions
  - Duplicate records filtered
Methods: Data Sources (cont.)

- On-TRAC
  - Recipient requests for TA
    - July 1, 2017 – Sept. 25, 2018
- Literature review (2018)
  - Pubmed, SCOPUS, Ovid, and Google Scholar
  - Key search terms – combination of emergency preparedness, training, and public health departments
  - Research articles and professional organization* reports

*National Association of County and City Health Officials (NACCHO)
PHEP Recipient TA Needs Requested by Budget Period

Total TA Needs
N=341

FY17
n=174

FY18
n=167

Unduplicated TA Needs
N=119

FY17
n=62

FY18
n=57
TA Needs by PHEP Domain by Budget Period

- **Countermeasures & Mitigation**: 76 (BP1) - 72 (BP1 Supplement)
- **Surge Management**: 36 (BP1) - 32 (BP1 Supplement)
- **Community Resilience**: 24 (BP1) - 20 (BP1 Supplement)
- **Biosurveillance**: 22 (BP1) - 22 (BP1 Supplement)
- **Information Management**: 14 (BP1) - 8 (BP1 Supplement)
- **Incident Management**: 6 (BP1) - 9 (BP1 Supplement)

Red bars represent BP1 (FY17) with a total of 174 needs, while the grey bars represent BP1 Supplement (FY18) with a total of 167 needs.
TA Needs by Capability by Budget Period

1. Community Preparedness 12 10
2. Community Recovery 12 10
3. Emergency Operations Coordination 6 9
4. Emergency Public Information and Warning 7 4
5. Fatality Management 9 8
6. Information Sharing 7 4
7. Mass Care 9 8
8. Medical Countermeasure Dispensing 18 19
9. Medical Materiel Management & Distribution 18 19
10. Medical Surge 9 8
11. Non-Pharmaceutical Interventions 18 19
13. Public Health Surveillance & Epidemiologic... 11 11
14. Responder Safety and Health 18 19
15. Volunteer Management 9 8

BP1 (FY17) n=174
BP1 Supplement (FY18) n=167
CDC Categorization of TA Support/Action by Budget Period – Unduplicated (N=119)

**FY17**
- Training: 14
- Resource Sharing: 10
- Subject Matter Expert Guidance: 36
- Ill-defined: 2
  - Total: 62

**FY18**
- Training: 14
- Resource Sharing: 15
- Subject Matter Expert Guidance: 28
  - Total: 57

**Combined**
- Training: 28
- Resource Sharing: 25
- Subject Matter Expert Guidance: 64
- Ill-defined: 2
  - Total: 119
Next Steps

- Discuss results with input from other DSLR units
  - Put findings into context of data limitations
  - Factor in programmatic decision making and resource prioritization
- Factor in other influences
  - Remain cognizant of program requirements and performance measurements that can influence recipient TA needs
  - Be flexible regarding changes related to SNS transition
- Seek recipient and partner input
On-TRAC by the Numbers

Summary of On-TRAC data as of October 16, 2018

- Since November 2017, DSLR has responded to more than 240 TA requests
- The largest percentages of TA requests by type include:
  - 28% - SNS Formulary
  - 21% - PHEP Planning Guidance
  - 15% - Systems and Tools
  - 11% - Public Health Preparedness Capabilities
On-TRAC by the Numbers

- Most active regions include:
  - Region 5: 51%
  - Region 4: 17%
- Resource Center contains more than 500 resources, indexed by capability
- There have been 3,067 On-TRAC visits in the past 90 days
  - 1,462 unique visits
  - “Hot Topics” has been the most viewed page during that time
  - “Technical Assistance Requests” and “Resource Library” are next
Upcoming Events Timeline

Event Details

Title: MCM Ops Course
Location: CDP
Start Time: 10/17/2018
End Time: 10/17/2018
Description:
This five-day in-person course is offered for federal, state, local, tribal, and territorial medical countermeasure planners and officials involved in the receipt and management of Strategic National Stockpile (SNS) assets during a public health emergency. The course addresses SNS operational concepts, state warehouse/receiving site operations and developing or enhancing plans for medical countermeasure (MCM) supply chain operations at state and local level; demonstrations and hands-on activities with SNS supplies and a broad array of materiel is incorporated; discussions and activities include writing effective plans, cold chain considerations, bulk asset receiving, volunteer management, functions and staff roles, public information and communications and dispensing and vaccination site design and management considerations to enhance efficiencies and operational effectiveness. CDC does not currently offer continuing education credits for this course.

Federal Emergency Management Agency’s (FEMA) Center for Domestic Preparedness (CDP) in Anniston, Alabama hosts this course onsite, and FEMA pays travel expenses for students (except federal employees). Course description, registration procedures, and prerequisites are listed at https://cdp.dhs.gov.

Please note that the course is still listed as Strategic National Stockpile Preparedness Course on the CDP website. Courses are made available on the first days of February, May, August and November for the following quarter. Look for course code “SNS” in this link - https://cdp.dhs.gov/training/schedule for dates and to register

Category: Training
All Day Event: Yes

https://www.cdc.gov/phpr/readiness/on-trac.htm
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<td>2011-2015 American Communities Survey 5-year Estimates</td>
<td>Use this information to assess the past characteristics of your community to better plan for the future. The survey generates data that help determine how federal and state funds are distributed each year.</td>
<td><a href="https://www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes.html">https://www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes.html</a></td>
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<td>DISLIR’s Capability Building Branch’s community planning resources</td>
<td>The following resource are intended for use by a community to develop, modify, and assess its healthcare system preparedness plans.</td>
<td><a href="https://www.cdc.gov/phpr/readiness/healthcare/communities.htm">https://www.cdc.gov/phpr/readiness/healthcare/communities.htm</a></td>
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<td>1</td>
<td>Prevention and Control of Seasonal Influenza with Vaccines</td>
<td>An MMWR outlining a set of recommendations of the advisory committee on immunization practices.</td>
<td><a href="https://www.cdc.gov/mmwr/volumes/65/wr/rr6506a1.htm">https://www.cdc.gov/mmwr/volumes/65/wr/rr6506a1.htm</a></td>
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<td>1</td>
<td>Community Planning Framework for Healthcare Preparedness</td>
<td>A Framework designed to provide community planners with a tool to enhance existing community plans for medical surge or to develop new plans from the beginning.</td>
<td><a href="https://www.cdc.gov/phpr/readiness/healthcare/documents/CPF-Package.pdf">https://www.cdc.gov/phpr/readiness/healthcare/documents/CPF-Package.pdf</a></td>
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<td>1</td>
<td>CDC Community Assessment for Public Health Emergency Response (CASPER) Toolkit</td>
<td>The CASPER toolkit assists personnel from any local, state, regional, or federal office in conducting a rapid needs assessment to determine the health status, basic needs, or knowledge, attitudes, and practices of a community in a quick and low-cost manner. CASPER can be used in both a disaster and non-disaster setting.</td>
<td><a href="https://www.cdc.gov/nceh/hbc/disaster/casper/default.htm">https://www.cdc.gov/nceh/hbc/disaster/casper/default.htm</a></td>
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<td>1</td>
<td>National Standards for Culturally and Linguistically Appropriate Health and Health Care Services</td>
<td>The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.</td>
<td><a href="https://www.thinculturalhealth.bhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf">https://www.thinculturalhealth.bhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf</a></td>
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Highlights research regarding mass vaccination programs, pandemic influenza preparedness, training during public health emergencies, and education of elderly patients
Call for Papers: 2019 AJPH Supplement

Community Preparedness for Public Health Emergencies

- Deadline to submit manuscripts to AJPH: January 14, 2019

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