Preparedness in 2016: How we’ve gotten here and where we need to go

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Each event has taught us something new about improving preparedness and response.

- 2001: H5N1
- 2002: 9/11 and Anthrax attacks
- 2003: Hurricanes Katrina, Rita, Wilma
- 2004: Haiti Earthquake
- 2005: Deepwater Horizon Oil Spill
- 2006: H1N1
- 2007: Japan Earthquake/Fukushima
- 2008: Hurricanes Ike/Gustav
- 2009: Isaac/and Sandy
- 2010: H7N9
- 2011: H1N1
- 2012: WV Chemical Spill
- 2013: MERS
- 2014: Zika
- 2015: Ebola
- 2016: Flint, MI Water Crisis
- 2011: Sandy Hook Shooting
- 2011: Boston Bombing
- 2011: Oregon Comm. College Shooting

Unique events like H5N1, H1N1, and H7N9 have each taught us something new about improving preparedness and response.
National Health Security Strategy has guided our work and progress

- Building community resilience
- Strengthening situational awareness to support decision-making
- Integrating health, healthcare, and emergency management systems.
Continuing support for healthcare system resilience

- CMS emergency preparedness rule
- HPP and PHEP alignment and integration
- HPP capabilities refresh and new FOA will further strengthen health care coalitions (HCCs)
- Regional hospital system for highly infectious disease will ensure safe care, especially during epidemics of fear
- Behavioral health CONOPS means both physical & behavioral health needs addressed
Reshaping NDMS to be more flexible, capable, and responsive

- Integrated with HPP and MRC for cohesive, lean and flexible on-the-ground capabilities
- Tiered teams and reconfigured caches ensure targeted and timely response, more adaptability
- New fitness standards ensure team members are able to respond and be resilient
Lessons from each outbreak have helped us build a capable MCM response infrastructure

- Capabilities built after H1N1 were leveraged for Ebola and Zika responses
- PHEMCE governance has improved coordination across USG and with partners
- Still more to do
ASPR has also matured as an organization, and has become more resilient.

- Policy and Planning
  - Decision making: Disaster Leadership Group
  - Requirement setting
  - Surge staffing approaches

- Emergency Management
  - Situational Awareness, Fusion
  - Response framework and organization
  - Collaboration with end users in healthcare system
  - NDMS and personnel surge

- BARDA
  - Modeling
  - Delivering on requirements
  - Milestone driven approaches
  - Public/private partnerships
Innovative tools help communities build resilience
“Never let a disaster go to waste”: Incorporating Lessons from Ebola

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Disasters and public health emergencies provides a finite window of opportunity to identify, collect and analyze critical and time-sensitive data and information needed to protect the health and safety of responders, communities and our Nation.
Research is improving preparedness practice

Early Dialysis in Study Group (By Borough, State)

Sources of Medical Surge in ED Patients in NJ During Superstorm Sandy

Study Group (Affected Region 2012) and Comparison Group 2 (Affected Region 2011)

- Bronx
- Brooklyn
- Manhattan
- Queens
- Staten Island
- New Jersey

Source: Kelman et al., AJKD, 2015

Source: Stryckman et al., 2016
Communities have engaged and contributed to resilience in new ways

Team Rubicon during Louisiana Flooding

Islamic Relief USA in Louisiana, and in North Carolina after Matthew

Engaging youth in innovative ways; National Advisory Committee continuing to explore
Some part of the country is always in response: preparedness is just what we do day to day.
States and communities are becoming more resilient

- **Strong Behavioral Health Support** in wake of San Bernardino, CA and Orlando, FL shootings with technical support from other states, federal teams.

- Innovative uses of resources like **EmPOWER data** by states to keep people out of trouble and save lives
  - In Louisiana to anticipate EMS, resource, and recovery needs after unexpected record flooding
  - In California during wildfires to anticipate EMS requests, hospital visits, and needs at local shelters.
This progress continued during Hurricane Matthew

- Affected states were prepared for the storm
  - Good coordination across state health departments
  - HCCs coordinated advanced evacuations of at-risk hospitals
- Federal assets augmented states’ preparedness activities
  - NDMS teams and caches prepositioned
  - States used EmPOWER data to encourage early dialysis, conduct well checks, and guide search and rescue
Flint Water Crisis: A resilient community challenged by government failures at all levels

- A man-made disaster coupled with disinvestment in public health

- First time HHS named lead federal agency for a disaster
  - Response included a Unified Coordination Group grounded in a social determinants model (e.g. EPA, USDA, HUD, DOL, among others)
Zika tested our MCM response, public health and research response infrastructure

- Disinvestment in public health preparedness has consequences—again
  - Funding delays and reprogramming
  - Erosion of vector control capability

- Jumpstarted countermeasure development early, building on previous lessons, but there were no candidates in pipeline

- Utilized science response infrastructure

- HHS again as Lead Federal Agency, supporting Puerto Rico through UCG
Zika also focused preparedness on unexpected issues

- Gaps in contraception access compromise prevention efforts
- Leveraged GIS, modeling, apps, and other tools to support decision making
- Reminder that not expanding Medicaid has consequences
Looking toward the next horizon: enhancing reliance in new ways

- Funding Innovation
  - Need a Public Health Emergency response fund!
  - Move money faster
- Mature role as Lead Federal Agency
- Leverage new technologies and innovation
- Get BARDA to its next horizon while staying true to core mission
- Continue to enhance science preparedness

There are still important threats out there—terrorism, climate change, EIDs—all hazards preparedness remains critical
Health Coverage is Critical to Resilience

Starting November 1, people can sign up for, re-enroll, or change their quality, affordable health insurance plan for 2017 by visiting HealthCare.gov

- Financial Help is Available: About 8 in 10 of the uninsured who are eligible for Marketplace coverage qualify for financial assistance to lower the cost of their monthly premiums.
- Deadlines: December 15 to enroll for coverage starting Jan 1. Final deadline is Jan 31.
- Free, Confidential Help: Get answers to your questions by contacting our trained professionals for free and confidential assistance. Call 1-800-318-2596 or visit LocalHelp.HealthCare.gov.

Please Spread the word:

1. Email your lists. Make sure your audiences know it’s time to sign up.
2. Share info about Open Enrollment in your print materials. Newsletters, programs, receipts...
3. Host an enrollment event. Partner with assistors and navigators in your community.
4. Share Info in your space. Display information in your office, business, or organization about Open Enrollment.
5. Join the conversation online. Every Tweet and Facebook post counts. Use #GetCovered.

For more information about getting involved with our enrollment efforts, email Partnership@cms.hhs.gov
Voting participation is a key measure of resilience.
### Find ASPR Online

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