PHEP Resources to Strengthen Response Readiness

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13th Annual DPHP Meeting
October 25, 2017
PHEP Program Resources

- PHEP Cooperative Agreement Funding
- National Standards and Capabilities
- Information Sharing
- Evidence-Based Guidance
- State and Local Technical Assistance
- Public Health Workforce Training
- Response Assistance for Public Health Emergencies
- Operational Readiness Evaluation
Updating the Public Health Emergency Preparedness Capability Standards
# Public Health Preparedness Capabilities: Revisiting the Premise

## What the capabilities are vs. What they are NOT

<table>
<thead>
<tr>
<th>What the capabilities are</th>
<th>What they are NOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>National standards for public health emergency preparedness and response</td>
<td>NOT specific NOFO guidance</td>
</tr>
<tr>
<td>Road map, direction-setting framework</td>
<td>NOT a destination or end point</td>
</tr>
<tr>
<td>Recommendation of “what to do”</td>
<td>NOT “how to do it” in every instance</td>
</tr>
<tr>
<td>Considerations to help jurisdictions coordinate their ESF-8 role</td>
<td>NOT necessarily prescriptive</td>
</tr>
<tr>
<td>Includes content that may relate to measurement</td>
<td>NOT performance measures</td>
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</tbody>
</table>
### Overview of Capability Refinement

Since the 2011 release of the *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, public health emergency management programs have evolved.

#### Lessons Learned
- Public health promising practices; technology; new threats; updated science; Ebola, Zika, hurricanes, and other responses

#### Operational Readiness
- Public health systems continue to plan with a greater emphasis on operational demonstration

#### Evolving Priorities
- Alignment with National Preparedness Goal, healthcare preparedness and response capabilities, national strategies/priorities (e.g., National Health Security Preparedness Index, Public Health Accreditation Board) and other public health initiatives

**Desired outcome:** Updated capability standards that account for state and local input, current public health practice, operational readiness, and other public health emergency preparedness and response priorities
Capability Revisions Overview

No Changes in Structure

The 15 capabilities will be retained, and tier 1 will remain tier 1. Edits are primarily focused on tasks and resource elements but also include some changes to functions and a potential title change for Capability 8.
Capability Revisions Overview

Focus of Capability Refinements

• Update Executive Summary to describe purpose and operational use of the capabilities (logic model)

• Simplify and streamline language without loss of meaning
  - Replace passive tense with active tense
  - Change “written plans should” to more descriptive terms
  - Maintain concepts related to “have and have access to…”

• Update with current guidance, standards, and suggested resources

• Improve cross-cutting and intersecting program areas such as environmental health, vulnerable populations, tribal populations, and pandemic influenza

• Update resource elements and tasks, as needed

• New language in some instances
Capability Refinement Initiative

**Inputs**

Identified need to refine the capabilities:

- Assessment of Public Health Preparedness Capabilities Report
- PHEP Program Review
- 2017 NACCHO Preparedness Summit Feedback
- Staff Survey (internal staff feedback)

**Three-Phase Refinement Approach**

DSLR is engaging internal and external SMEs to collect feedback and refine the capabilities.

<table>
<thead>
<tr>
<th>Phase 1: Subject Matter Experts Input and Draft Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collected SME input from cross-functional work groups to inform capability refinements</td>
</tr>
<tr>
<td>• Adjudicated SME input and developed initial drafts through several iterations with SMEs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 2: Draft Review and Vetting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Completed:</strong></td>
</tr>
<tr>
<td>• Reviewed with CDC SMEs</td>
</tr>
<tr>
<td>• Distributed drafts to partners</td>
</tr>
<tr>
<td><strong>Ongoing:</strong></td>
</tr>
<tr>
<td>• Finalizing capabilities based on incoming partner feedback</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 3: Clearance &amp; Finalization</th>
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<tbody>
<tr>
<td>• Submit to CDC clearance</td>
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<tr>
<td>• Design and publish final document</td>
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<tr>
<td>• Disseminate capabilities and facilitate program integration</td>
</tr>
</tbody>
</table>

**Complete**

**In Progress**

**Coming Up**
Development and Review

CDC and Federal SME Collaboration

- Input from 150+ SMEs
- 15 capability work groups
- Cross-cutting work groups:
  - Environmental health
  - Pandemic influenza
  - Tribal populations
  - Vulnerable populations

External Partner Coordination

- Select national partner organizations are soliciting additional feedback from state and local representatives

Work Group Participants

<table>
<thead>
<tr>
<th>CIO</th>
<th>CIO</th>
<th>CIO / Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATSDR</td>
<td>ONDIEH</td>
<td>OPHSS</td>
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<tr>
<td>CDC OD/OMHHE</td>
<td>OD</td>
<td>CSELS</td>
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<tr>
<td>CGH</td>
<td>NCBDDDD</td>
<td>NCHS</td>
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<td>NIOSH</td>
<td>NCCDPHP</td>
<td>OSSAM</td>
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<tr>
<td>OID</td>
<td>NCEH</td>
<td>OSTLTS</td>
</tr>
<tr>
<td>NCEZID</td>
<td>NCIPC</td>
<td>HHS/ASPR</td>
</tr>
<tr>
<td>NCHHSTP</td>
<td>OPHPR</td>
<td>DHS/FEMA</td>
</tr>
<tr>
<td>NCIRD</td>
<td>OD</td>
<td></td>
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<td>DEO</td>
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<td>DSLR</td>
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<td></td>
<td>DSLS</td>
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</tbody>
</table>

Participating Partners

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association of State and Territorial Health Officials (ASTHO)</td>
</tr>
<tr>
<td>National Association of County and City Health Officials (NACCHO)</td>
</tr>
<tr>
<td>Council of State and Territorial Epidemiologists (CSTE)</td>
</tr>
<tr>
<td>Association of Public Health Laboratories (APHL)</td>
</tr>
<tr>
<td>National Emergency Management Association (NEMA)</td>
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</tbody>
</table>
### Example of Refined Capability: Substantive Change

#### Capability 3: Emergency Operations Coordination

The current and revised language below provide an example of major revisions made in DSLR’s internal review process.

<table>
<thead>
<tr>
<th>Current Language</th>
<th>Revised Language</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 2:</strong> At the time of an incident and as applicable during an incident, determine whether public health has a lead role, a supporting role, or no role. These roles are defined as follows:</td>
<td><strong>Task 2:</strong> Determine the public health preparedness and response role: Identify if public health will have a primary response role, a supporting role, or no role as based on projected incident impacts.</td>
</tr>
<tr>
<td>− Lead role: public health has primary responsibility to establish event or incident objectives and response strategies and to task other supporting agencies (e.g., outbreaks of measles, seasonal influenza)</td>
<td></td>
</tr>
<tr>
<td>− Supporting role: public health may be tasked by lead agency (e.g., oil spills, earthquakes, wild fires, hurricanes)</td>
<td></td>
</tr>
<tr>
<td>− No role: there is no public health implication</td>
<td></td>
</tr>
</tbody>
</table>
Example of Refined Capability: Substantive Change

Capability 8: Medical Countermeasures Dispensing *and Administration*

The Capability 8 title was updated to account for *vaccine administration*. The current and revised language below provide an example of how this change was implemented throughout the capability.

<table>
<thead>
<tr>
<th>Current Language</th>
<th>Revised Language</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 2:</strong> Request additional medical countermeasures from private, jurisdictional, and/or federal partners using established procedures, according to incident needs.</td>
<td><strong>Task 2:</strong> Request or obtain medical countermeasures: Establish procedures for dispensing or administration sites to request and obtain additional medical countermeasures from jurisdictional, federal, and/or other partners.</td>
</tr>
<tr>
<td><strong>Task 3:</strong> Identify and notify any intermediary distribution sites based on the needs of the incident, if applicable.</td>
<td><strong>Task 3:</strong> Receive medical countermeasures: Ensure ability of all participating dispensing and administration sites to receive medical countermeasures according to logistics, infrastructure, and security protocols.</td>
</tr>
</tbody>
</table>
Example of Refined Capability: Dynamic Change

Capability 6: Information Sharing

The current and revised language below provide an example of revisions made to update the capabilities with more “evergreen” language.

**Current Language**

**E1:** Have or have access to electronic systems capable of handling routine day-to-day information data transmission as well as emergency notification and situational awareness. When conveying personal health information or syndromic surveillance information the system should meet the following standards:91

− Applicable patient privacy-related laws and standards, including state or territorial laws, and Health Insurance Portability and Accountability, Health Information Technology for Economic and Clinical Health, National Institute of Standards and Technology, and the Office of the National Coordinator standards such as:
  − Federal standards and specifications, (e.g. messaging guides) when applicable92 (For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)
  − (Continued)

**Revised Language**

**E/T1:** Electronic systems capable of handling routine day-to-day information data transmission as well as emergency notification and situational awareness, meeting the following standards:91

− Applicable patient privacy-related laws and standards, such as:
  − Encrypted data during transit according to jurisdictional and, if available, national standards93,94
  − (Continued)
On-TRAC Upgrades: Improving Access to Technical Assistance and Resources
On-TRAC Homepage

On-TRAC, the Online Technical Resource and Assistance Center was created to support state and local public health departments in successfully planning, training, and responding to public health emergencies.

The Assistance Center is where you can receive technical assistance and support from CDC staff as well as your peers from around the nation. The Assistance Center includes a Peer-to-Peer Information Exchange, Regional WorkSpaces, and the ability to access the Frequently Asked Questions (FAQ) library. If your question is not answered in the FAQ Library then you can request technical assistance from our CDC Subject Matter Experts.

The Resource Center has been developed to improve the way in which you access resources to support public health emergency response.
**Assistance Center Page**

**On-TRAC**

Online Technical Resource and Assistance Center

**Assistance Center > Home**

If you require assistance navigating On-TRAC, please email: dsirtechassist@cdc.gov

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**Roadside Assistance**

CDC Subject Matter Experts (SMEs) are available to support your technical assistance requests through the "Roadside Assistance" section. From this page, you can submit requests for assistance on a range of topics.

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**Peer-to-Peer Information Exchange**

The Peer-to-Peer Information Exchange allows you to receive assistance and share information with your peers from across the United States and its territories. Participate in conversations about pending and actual public health threats, share plans, and other materials, and discuss promising practices and other information in a secure environment.

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**Regional Workspaces**

In addition to the national Peer-to-Peer Information Exchange, regional workspaces have been provided. These workspaces are based upon the FEMA regions and are optional but can assist you in networking with other public health staff in your region.
Roadside Assistance Page

From this page, you can submit requests for technical assistance (TA) on a range of topics, such as:

- Navigating On-TRAC
- Requesting support from a CDC subject matter expert (subject to CDC approval)
- Identify resources to support planning, training, or exercise efforts

Before submitting a technical assistance request, we ask that you **FIRST** check the Frequently Asked Questions section provided in the menu on your left labeled "FAQs". The Frequently Asked Questions section can be accessed by clicking on the link provided below.

**Go to Frequently Asked Questions (FAQs)**

If you have a question that is not answered here or you are requesting a different form of technical support THEN submit a technical assistance request to us by clicking on the link below.

**Submit a Technical Assistance (TA) Request**

All technical assistance requests will be automatically routed to the appropriate CDC Subject Matter Experts (SMEs).
On-TRAC Search Page
Search Page

Search Everything in On-Trac
Focused Search Categories

Search a Site

• **CDC Provided**
  o Resource Center
  o Assistance Center

• **Peer Provided**
  o Regional Workspace
Search Page

Focused Search Categories

Search Specific Library
- CDC Provided
  - Resource Library
  - Training Opportunities
  - FAQ
- Peer Provided
  - Peer 2 Peer

Specific Search
Additional On-TRAC Advantages

- Users maintain communications with PHEP specialists
- Peer 2 Peer exchange platforms maintained
- Usage reports will be generated
  - Characterize TA requests
  - Identify TA gaps
  - Develop data-driven improvements
- Flexible and allows for continuous improvements, based on user feedback
Career Epidemiology Field Officer (CEFO) Program

- Created in 2002 in response to events of 9/11/2001

- Mission — strengthen nationwide epidemiologic capacity for public health preparedness and response

- CEFO
  - Mid-level to senior CDC epidemiologist assigned a health department
  - Funded through CDC’s Public Health Emergency Preparedness (PHEP) Cooperative Agreement
  - Can serve as a state, territorial, local, or nationwide emergency response asset
CEFO Activities

- Strengthening state and local surveillance systems
- Conducting outbreak investigations and response
- Developing response plans for public health emergencies
- Building partnerships for emergency preparedness
- Serving as liaisons to response teams
- Leading portions of state’s planning and response activities for pandemic influenza
- Leading or participating in emergency response exercises
- Providing expertise on the design, implementation, and analysis of epidemiologic studies
36 CEFOs are assigned to 30 jurisdictions
PFA Program Overview

- PFA Program was formed in January 2014
- PFAs are funded by DSLR
- PFAs are graduates of the CDC Public Health Associate Program (PHAP)
- Initially a three-year term-limited program
- Increased level of responsibility each year
- PFAs support state and local capacity while gaining valuable knowledge, skills, and experience to bring back to CDC in the future
PFA Assignee Host Site Locations

- A total of 25 PFAs in 17 states and three large metropolitan areas
- Hired four new PFAs that began with DSLR in October 2017
- In July 2017, transitioned DSLR field staff to PFA Program
- Of new PFAs:
  - Placed assignees in two new PHEP jurisdictions (Alabama and Georgia)
  - Filled three vacant positions in Arizona, Minnesota, and Pennsylvania
Principal Capabilities Addressed in PFA-Reported Activities, January – June 2017 (N=225)
PFA-supported local responses and planned events, 2017

- Northern California Wildfires (CA)
  - CalMAT Earthquake Exercise (CA)

- Natural Disaster
  - Avalanches, landslides, and flooding associated with heavy snowfall (Boise, ID)

- Planned Events
  - NCAA Final Four Music Festival
  - Palo Verde Nuclear Generating Station Full Scale Exercise
  - Zika Response Opioid Epidemic (Phoenix, AZ)

- Disease Outbreaks
  - Mumps outbreak response at LSU (Baton Rouge, LA)

- Bio/Chem/WMD
  - PFA support for Zika Response and SCTF (Atlanta, GA)

- Drive Thru POD Exercise (Hartford, CT)

- Planned Events
  - Presidential Inauguration Women’s March on Washington
  - 2017 Presidential Address to Congress (Washington, DC)

- Natural Disaster
  - Tropical Storm Sandy

- Disease Outbreaks
  - Zika Response

- Planned Events
  - CalMAT Earthquake Exercise (CA)
Host Site Impact Evaluation – Preliminary Results

- Conducted in February 2017
- Surveyed a representative sample of PFA host agencies
- Received 100% response rate
- Both qualitative and quantitative data
- Assess the value, skills, and contributions of PFAs to host agencies
Host Site Impact Evaluation – Preliminary Results (Cont.)

Key Themes

- PFAs fill state-level personnel/programmatic gaps
- PFAs play a critical role within state health departments – their absence would impact the state’s ability to adequately address public health preparedness capabilities
- Mutually beneficial for both PFA and host site supervisors
- PFA Program expansion is encouraged and necessary to better support state agencies
Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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.