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CDC Division of State and Local Readiness

June, 2013
Background

- The history of the collaboration between public health and emergency management
- Identifying social vulnerability
- CIKR
Segment Objectives

- Highlight the history of the CDC Public Health Emergency Preparedness Cooperative Agreement (PHEP) and the capability-based approach implemented in 2011
- Communicate the relationship of preparedness capabilities to preparedness and response
- Describe the current status of PHEP program alignment with the HHS/ASPR Hospital Preparedness Program and the DHS/FEMA Homeland Security Grant Program (HSGP)
- Identify synergies between a CDC/PHEP funded risk-based pilot project and the HSGP Threat Hazard Identification Risk Assessment (THIRA) initiative
Public Health Emergency Preparedness Cooperative Agreement
Division of State and Local Readiness

Public Health Emergency Preparedness (PHEP) Cooperative Agreement

- Strengthens national preparedness through state/local interface
- 62 participating public health departments (state, local, territorial)
- Funding guidance and technical assistance
- Preparedness science and measurement
- 15 public health preparedness capabilities
Public Health Emergency Preparedness Cooperative Agreement

- Started in 1999 as a $40 million bioterrorism competitive grant
- 2013: formula-based all-hazards preparedness program
  - $9 billion as of FY 2012 in Congressional investments
  - $619 million in FY 2012 funding
  - $580 million in FY 2013 funding (provisional)
    - Carve-out funding for the Cities Readiness Initiative
    - Carve-out funding for Level – I chemical laboratory capacity
- Based upon capability-based planning standards
  - Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011
# National Public Health Preparedness Standards

<table>
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<tr>
<th>Number</th>
<th>Description</th>
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**Public Health Preparedness Capabilities:**

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Medical Surge
- Non-Pharmaceutical Interventions
- Public Health Laboratory Testing
- Public Health Surv and Epi Investigation
- Responder Safety and Health
- Volunteer Management
All Response is Local
West, Texas Explosion

Public Health Preparedness Capabilities

Fatality Management
Community Preparedness
Medical Surge
Boston Marathon Explosion

Public Health Preparedness Capabilities

- Community Preparedness
- Emergency Operations
- Public Info/Warning
- Information Sharing
- Medical Surge
- Public Health Surveillance
- Responder Safety
- Volunteer Management
Hurricane Sandy

Public Health Preparedness Capabilities

- Community Preparedness
- Emergency Operations
- Information Sharing
- Medical Surge
- Responder Safety

- Community Recovery
- Public Info/Warning
- Mass Care
- Public Health Surveillance
- Volunteer Management
Federal Preparedness Alignment
Federal Preparedness Alignment

- **Alignment with ASPR/Hospital Preparedness Program**
  - In second year
  - Single application and funding award
  - Joint site visits
  - Joint measures/synergistic capabilities

- **Alignment with FEMA**
  - Recently initiated
  - Reciprocal grant/cooperative agreement language
  - Capability crosswalk
  - Risk Assessment (THIRA)
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States must ensure SPRs reflect THIRA targets...activities and input from...emergency management agency partners, such as the public health department, the health care sector...(pg14)

CDC’s 15 public health preparedness capabilities and ASPR’s eight healthcare preparedness capabilities serve as operational components for...NPG core capabilities... (pg. 45)

States and Urban Areas must coordinate among...Federal partners, national initiatives and grant programs to identify opportunities to leverage resources when implementing their preparedness programs. (pg. 47)
Common Language in Respective Funding Opportunity Announcements – HPP/PHEP

- Public health department and the healthcare sector awardees must actively participate in FEMA’s annual State Preparedness Report (SPR)…a self-assessment of preparedness capabilities in comparison with capabilities established in the state THIRA (pg. 5)

- HPP and PHEP awardees must coordinate activities with their emergency management and homeland security counterparts (pg. 6)

- Budget Period 2 will focus on collaboration with the U.S. Department of Homeland Security’s (DHS) Federal Emergency Management Agency (FEMA) and other federal emergency preparedness programs.
Linking HHS Capabilities with Core Capabilities

- Draft crosswalk of PHEP/HPP capabilities with the FEMA 31 Core Capabilities
  - Jurisdictional approach encouraged to identify capability associations and relationship
    - Qualitative relationship – dependent upon “jurisdictional lens”
    - Recommend partnership with state public health agency and local EMA
    - State public health partnership with state EMA also recommended
# Core Capabilities List

## PREVENT
- Planning
- Public Information and Warning
- Operational Coordination
- Forensics and Attribution
- Intelligence and Information Sharing
- Interdiction and Disruption
- Screening, Search, and Detection
- Physical Protective Measures
- Risk Management for Protection Programs and Activities
- Screening, Search, and Detection
- Supply Chain Integrity and Security

## PROTECT
- Planning
- Public Information and Warning
- Operational Coordination
- Access Control and Identity Verification
- Cybersecurity
- Intelligence and Information Sharing
- Interdiction and Disruption

## MITIGATE
- Planning
- Public Information and Warning
- Operational Coordination
- Community Resilience
- Long-Term Vulnerability Reduction
- Risk and Disaster Resilience Assessment
- Threats and Hazard Identification

## RESPOND
- Planning
- Public Information and Warning
- Operational Coordination
- Critical Transportation
- Environmental Response / Health and Safety
- Fatality Management Services
- Infrastructure Systems
- Mass Care Services
- Mass Search and Rescue Operations
- On-Scene Security and Protection
- Operational Communications
- Public and Private Services and Resources
- Public Health and Medical Services
- Situational Assessment

## RECOVER
- Planning
- Public Information and Warning
- Operational Coordination
- Economic Recovery
- Health and Social Services
- Housing
- Infrastructure Systems
- Natural and Cultural Resources
# PHEP/HPP Capability Crosswalk

## PREVENT
- Planning
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Unofficial Working Draft
CDC Risk-Based Pilot Project

- **Project purpose**
  - Provide risk-based funding for select jurisdictions to promote accelerated development of risk reduction strategies that mitigate the public health risks associated with higher population areas

- **Project goals**
  - Bring to scale resources, processes and findings that inform risk reduction strategies and advance planning
  - Public health and medical/behavioral health risk reduction models and interventions
  - Promising practices and approaches that can inform the larger HPP/PHEP awardee community
  - Integrate findings that contribute to jurisdictional all-hazards risk reduction.
CDC Risk-Based Pilot Project

- $10 Million – 10 Metropolitan Statistical Areas (MSA)
  - Boston; Chicago; Dallas/Fort Worth/Arlington; Houston; State of New Jersey; Los Angeles/Long Beach; New York City; Philadelphia; San Francisco Bay; and National Capital Region (Washington D.C.)
  - Eighteen awardees received funding

- Nine RBF Pilot Projects
  - New Jersey participating with NYC MSA and Philadelphia MSA

- Project concludes in August, 2013
  - Evaluation plan developed; distillation of findings will be available in the fall
RBF Projects - geographic areas covered

- San Francisco Bay Area MSA
- Los Angeles/Long Beach MSA
- Dallas/Fort Worth MSA
- Houston MSA
- Chicago MSA
- Boston MSA
- NYC MSA
- New Jersey State
- Philadelphia MSA
- National Capital Region
Potential Associations

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<tr>
<th>THIRA</th>
<th>PHEP Planning Model (2011)</th>
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<tr>
<td>Identify the Threats and Hazards of Concern</td>
<td>Review Jurisdictional Inputs</td>
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<tr>
<td>Give Threats and Hazards Context</td>
<td>Assess Organizational Roles and Responsibilities</td>
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<td>Assess Resource Elements</td>
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<tr>
<td>Examine the Core Capabilities Using the Threats and Hazards</td>
<td>Assess Performance</td>
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<td>Prioritize Capabilities and Functions</td>
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<tr>
<td>Set Capability Targets</td>
<td>Develop Short-term and Long-Term Goals</td>
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<td>Plan Organizational Initiatives</td>
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<td>Plan Capacity Building/Sustain Activities</td>
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<tr>
<td>Apply the Results</td>
<td>Plan Capability</td>
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<td>Evaluations/Demonstrations</td>
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So What?

- **Risk Pilot Project supports PPD-8**
  - Directly supports whole of community planning
  - Potentially will strengthen state THIRA findings through increased emphasis on social vulnerability data

- **Enhances operational partnerships between public health, healthcare systems and emergency management**
  - Facilitates comprehensive operational response planning
  - Provides a common point of operational interface between public health, healthcare systems and emergency management
  - Contributes to the requirement to complete a comprehensive state THIRA
Go Forth and Prosper:
How the Public Health-Emergency Management Partnership Worked in the West Explosion Response
A look at McLennan County

Population: ~235,000
  City of Waco – 127,018
  City of West – 2,831
Located between Dallas and Austin
IH35 runs through the middle
West, TX located ~15 miles north of Waco
How West is Unique

Strong Czech heritage
Tight-knit community
Fiercely independent
Agrarian based economy
Located on a major interstate
Incorporated municipality within McLennan County
Serviced by Waco-McLennan County Public Health
Outside of OEM jurisdiction
The Explosion

First fire alarm:  7:30pm
Explosion:   7:50pm
Nursing home and apartment complex located across the street
12 first responders killed in initial response
350 homes damaged – 142 of those were destroyed
Key Partnerships

**Waco-McLennan County OEM** - Assumed IC role in West response

Heart of Texas Regional Advisory Council – Hosts the Regional Healthcare Coalition

DSHS Region 7

MHMR – Local Mental Health Authority

Local VOADs
Yes, it’s important!

Because:

- Helps you better understand your role.
- Helps you understand the role of other agencies.
- Familiarizes you with local resources.
In Real Life!

How we benefited

Gave us credibility
Outside agencies utilized our services and trusted our input.

Created mutual trust
Emergency Management did not micro-manage our response.
Emergency Management trusted us to know our role.
Other Lessons Learned

You can’t anticipate every need, but you can understand the capabilities of your organization and those of your partners.

Having a working knowledge of your assets will allow you to utilize them effectively.

Don’t self deploy!
Waco-McLennan County Public Health District

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Questions?

Thank you for participating today. Please take the webinar survey!