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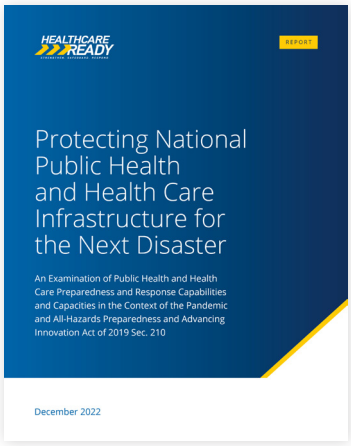
JANUARY 2023 BRIEF

Report to Congress: Protecting National Public Health and Health Care Infrastructure for the Next Disaster

Recommendations to the U.S. Department of Health and Human Services to Prepare Public Health and Health Care for Disasters and Emergencies

Background

Section 210 of the *Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019* (PAHPAIA) calls for a "study regarding the public health preparedness and response capabilities and medical surge capacities of hospitals, long-term care facilities, and other health care facilities to prepare for, and respond to, public health emergencies, including natural disasters." This report was prepared by Healthcare Ready, a nonprofit organization that works to ensure patient access to health care in times of disaster and disease outbreaks, under a cooperative agreement with the Administration for Strategic Preparedness and Response (ASPR).



This brief summarizes the findings of this study (see the full report and its executive summary here), highlighting recommendations relevant to leaders across the U.S. Department of Health and Human Services (HHS).

Scope of this Report

Initially launched in 2019, this report includes lessons learned from the COVID-19 pandemic and prior public health emergencies. As outlined in the National Response Framework and made starkly more apparent through the nation's response to the pandemic—achieving national preparedness requires a "whole community" approach with extensive coordination and collaboration across government and private sector entities (including for-profit businesses, nonprofit, and voluntary organizations), as well as a range of sectors that undergird the delivery of health care and public health services.

Recognizing the complex and interwoven preparedness and response landscape that exists at local, state, and national levels across public health and health care, this report emphasizes benchmarks and standards associated with preparedness and response programs and activities authorized by the Public Health Service Act, and how they have advanced the nation's operational readiness and ability to respond to disasters of all types.

Specifically, this report centers on public health and health care preparedness and response capabilities with benchmarks or standards that are related to relevant programs and activities in Section 210 of PAHPAIA, including:

- HHS ASPR Hospital Preparedness Program Cooperative Agreements (HPP), which provide funding to 62 health departments in all 50 states, territories, freely associated states, and four metropolitan areas to support the health care delivery system through health care coalitions.
- Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Cooperative Agreements, which provide funding and technical support to help 62 state, local, and territorial health departments prepare for and respond to emerging threats, natural disasters, and mass casualty events.
- Regional Disaster Health Response System demonstration pilots (RDHRS), comprised of four regional pilot projects to date that are established by ASPR cooperative agreements, these pilots aim to "establish a network of state-level clinical response assets as well as interstate regional assets to create a more coherent, comprehensive, and capable health care disaster response system."

Recipients of ASPR HPP and CDC Public Health Emergency Preparedness Cooperative Agreements (the two primary sources of federal funding supporting state, local, and territorial preparedness and response capabilities for public health or health care entities) are required to report performance data in accordance with programmatic requirements. Though requested, neither individual nor aggregated performance measure data were available for this report. Absent these data, this report focuses on progress that has been made by recipients and sub-recipients in meeting preparedness and response capabilities to provide a qualitative analysis of the operational advancements that have been made in preparedness and response through these cooperative agreements.

While federal programs or initiatives that are intended to support mitigation or recovery from disasters are beyond the scope of this report, they are referenced and acknowledged as critical components to achieving aspirational public health and health care preparedness and response capabilities. Data sources for this study include a literature review, semi-structured informational discussions, and focus groups. Information was collected between March and December 2021.

Opportunities to Enhance Progress in Preparedness and Response

This report finds that federal cooperative agreements have improved the nation's overall posture for preparedness and response, but further investments and improvements are needed if we are to achieve more equitable health outcomes for all Americans during and after public health emergencies and other disasters.

Advancements In Preparedness and Response Capabilities

There is significant evidence showing success of health care coalitions established via HPP toward improving bidirectional information sharing, intersectoral communication, and resource management during disasters, among many other accomplishments. CDC Public Health Emergency Preparedness Cooperative Agreement recipients have also demonstrated rising progress across key elements of a developed public health emergency response system, including establishing emergency operations centers, health care and public health coordination, enhanced risk communications, improved biosurveillance, strengthened laboratory capacity, and more coordinated incident and information management capabilities.

Regional programs to advance preparedness have aided in advancing medical surge capacity for multi-jurisdictional events via rapid information sharing, and operationalizing alternate care sites by leveraging telemedicine in disaster response.

In addition to the progress achieved via HPP, CDC Public Health Emergency Preparedness Cooperative Agreements, and regional initiatives, other overarching areas of progress in public health and health care preparedness and response include the establishment of a health care and public health sector partnership infrastructure and provision of technical assistance, training, and other resources.

Opportunities to Enhance Progress

Further strategic investments are necessary to continue to foster and accelerate equitable improvements in national preparedness and response, and to address long-standing barriers that may otherwise continue to constrain medical surge capacity. These opportunities include:

- Increasing federal funding to support local and regional preparedness, as well as dedicated funding for response.
- Developing a cohesive, national strategy to improve coordination and collaboration across jurisdictions.
- Clarifying and communicating the roles and responsibilities of preparedness and response stakeholders, especially for large-scale events.
- Providing greater investments (e.g., support for workforce training, retention programs) to address current public health workforce shortages and challenges.
- Enhancing focus and funding that supports community engagement prior to emergencies.
- Ensuring greater consistency in how public health, health care, and emergency management define and apply an equity lens in disaster planning.
- Enhancing support for response and recovery for regions and communities disproportionately impacted by repeated disasters.
- Supporting enhancements in data modernization across health care and public health.

Recommendations to Strengthen Preparedness and Response Capabilities

This report provides recommendations to Congress and federal agencies across four thematic areas of improvement, centered on opportunities to strengthen preparedness and response capabilities and medical surge capacities in public health and across health care.

Four Thematic Areas of Recommendations to HHS and Congress

- **Improve communication and coordination** across public and private sectors, federal agencies involved in health care preparedness and response (e.g., ASPR, CDC, Food and Drug Administration [FDA]), federally funded programs and/or offices, and levels (i.e., between federal and state or regional recipients), including by defining roles and responsibilities across agencies and programs, improving bidirectional information sharing, and strengthening partnerships across agencies and sectors.
- **Strengthen accountability** by setting targets for all program goals, and benchmarks for all standards, and ensure monitoring and evaluation of progress, with transparent reporting of results.
- **Strengthen efforts to apply an equity lens** to public health and health care preparedness and response via community engagement; addressing health-related social needs; and research and data collection to identify individuals with access and functional needs, to understand drivers that put them at higher risk, and to inform efforts to increase capacity to meet their needs.
- **Increase funding** for federal preparedness and response, to strengthen our nation's preparedness and response capabilities, help to achieve better outcomes after disasters, and contribute to ensuring our nation's health security against future threats.

Recommendations to HHS

The following are recommendations from this study that pertain to HHS as a Department, CDC and ASPR as operating agencies, and leaders of ASPR HPP and CDC Public Health Emergency Preparedness Cooperative Agreements. Further information about each of these recommendations can be found in the report. Relevant section numbers are noted after each recommendation.

Recommendations to HHS

- Encourage discussions across stakeholders (including but not limited to federal agencies, state, local, territorial and tribal governments, and/or private sector actors) to help clarify incident management roles, responsibilities, and authorities for large-scale events. (4.6; 5.5; 6.6)
- Consider existing mechanisms and channels that can be leveraged for long-term care and other facilities to improve planning and coordination around evacuation. (6.5; 6.6)
- Identify and track vulnerable geographies based on regional assessments (e.g., support data collection and tracking for the availability and closure of hospitals and other health care facilities to examine trends on health care infrastructure access, especially for rural or historically medically underserved areas). (6.5; 6.6)
- Require the Government Accountability Office (GAO) to investigate how key offices adhere to requirements to include populations with access and functional needs in emergency planning. (7.1, 7.4)
- Require federal agencies to coordinate and build a network that increases expertise on areas necessary for community resilience. (e.g., Substance Abuse and Mental Health Services Administration [SAMHSA] expertise on behavioral health can be leveraged to weave mental health into all steps of emergency management cycle; FEMA expertise on logistics and resource management can be leverag ed to help state/local agencies understand how to work across sectors toward resilience). (6.5)
- Invest in and support the development of deployable health personnel via the National Disaster Medical System and Medical Reserve Corps. (6.6)

Recommendations to ASPR

- Build on the private sector engagement strategies and tactics deployed during COVID-19 and create more opportunities to seek input from and collaboration with private sector stakeholders in medical countermeasure procurement and distribution. (5.4, 5.5)
- Develop clear standards and benchmarks for addressing the needs of individuals with access and functional needs in emergencies. (4.6; 7.5)

HPP Cooperative Agreement Recommendations to ASPR

- Level-set on the roles and responsibilities of stakeholders for future medical countermeasure distribution strategies and communicate how health care coalitions (HCCs)—and other stakeholders—should work with the Strategic National Stockpile for future events. (5.4, 5.5)
- Proactively seek annual input from recipients/sub-recipients on HPP program requirements, performance measures, and benchmarks around information-sharing practices and challenges. (4.4; 4.5; 4.6; 6.6)
- Proactively seek input and buy-in from the broader health care sector (e.g., increased input from hospital systems and varying levels of leadership; increased input from physicians, community-based health centers, dialysis facilities, home health providers) in the development of HPP requirements, including performance measures and corresponding targets/benchmarks, to drive stronger private sector engagement in program activities. (4.4; 4.6; 6.5; 6.6)
- Identify, track, and continue to implement new strategies that incentivize stronger engagement in HCCs by current and prospective members. (4.5; 4.6; 6.6)
- Develop performance measures to allow HPP to collect data on engagement quality between health care coalitions and ASPR to better understand where gaps remain in ASPR's capacity to support preparedness and response efforts, including information sharing and communication. (4.6)
- Strengthen relationships between ASPR Regional Emergency Coordinators and/or HPP Field Project Officers and HCC leads, recipients, and sub-recipients to fill the gap between regional and federal communications and information sharing. (4.5; 4.6)
- Require HPP recipients and sub-recipients to approach their work through an equity lens (including the addition of goals and targets related to individuals with access and functional needs) to ensure they are meeting the needs of the communities who are at higher risk of experiencing disparate health outcomes during an emergency. (4.4; 4.6)
- Add a benchmark to assess whether HCC response plans apply an equity lens. (4.4; 4.6)

Recommendations to CDC

- Clarify incident management roles, responsibilities, and authorities of CDC and recipients of cooperative agreements and establish accountability mechanisms to ensure roles and responsibilities are being met. (5.4; 5.5)
- Support the flow of bidirectional information sharing across federal, state, local, tribal, and territorial (FSLTT) public health, private sector, and other stakeholders to ensure more informed and cohesive preparedness and response efforts, including the flow of information to state and local public health departments, particularly tribal and territorial health departments, by: identifying a liaison within federal agencies to speak to all public health departments; and ensuring state health departments are providing sufficient information to local health departments (e.g., situational awareness, technical guidance, demographics data). (5.4; 5.5)
- Build on the private sector engagement strategies and tactics deployed during COVID-19 and create more opportunities to seek input from and collaboration with private sector stakeholders in medical countermeasure procurement and distribution. (5.4; 5.5)

> *"Private stakeholders need to be at the strategic table to make sure the strategy is doable, right? And it's not that they need to sit there all the time. But there needs to be some strong input into the strategy and the implementation plan from those who actually have to execute on the same…If we're going to actually be all hands in all hazards, you have to have the private sector at the table. And that is very much missing… control and command is federal public speakers to state public speakers."*

Provide technical training for state and local agencies to help them leverage existing data to analyze, understand, and address the needs of populations with access and functional needs in their jurisdictions. (5.4; 5.5)

- Support and encourage FSLTT public health agencies to expand proactive and sustainable community engagement, including the application of an equity lens in preparedness and response work. (5.4; 5.5)

> *"I think at the end of the day…it comes down to relationships and having trusted people in the community who can tell us what's going on and can be conduits of information to groups that public health might not have a strong connection to…[We] have an equity liaison in our emergency management structure or health and medical area command. So we had that prior to COVID and then it just got built out. We also established a group, a Pandemic and Racism Advisory Committee…I think we always have felt that it's important to hear from the community, but we have not always been successful in figuring out the mechanisms to do that. So in COVID, we established some more official mechanisms to do that."*

Public Health Emergency Preparedness Cooperative Agreement Recommendations to CDC

- Develop benchmarks and standards to assess recipients' progress toward strengthening information management systems and procedures. The benchmarks should require recipients to conduct an after-action report of a scenario that tests their emergency public information warning systems and information-sharing plans with external stakeholders. (5.4; 5.5)

"So, from the coalition standpoint, we actually hired an exercise and training coordinator just last year. But what we really do with our exercise and training coordinator is that they'll look for office information after an event and we put it together in an after-action report and we actually try to use the information, learn from the after-action report to plan for other trainings and exercises moving forward. A lot of our coalition has a program where our active members can actually apply for funding based on lessons learned or a gap that they've identified through their after-action report so that we can assist them in overcoming that gap."

- Encourage recipients to more frequently identify and proactively engage private sector health care, community partners, and other stakeholders as part of preparedness exercises, such as testing their surge plans, to identify opportunities for improvement. (5.4; 5.5; 6.5; 6.6)
- Develop programmatic benchmarks and targets for:
  - Incident management—Performance measures should require recipients to articulate how they will work with neighboring jurisdictions during a widespread disaster or public health emergency within all-hazards preparedness and response plans, and require that these plans be tested with neighboring jurisdictions. (5.4; 5.5)
  - Coordination of health care needs during a medical surge event—such benchmarks should seek to measure how recipients coordinate with partners to address public health and health care needs during a medical surge event either during an exercise scenario or a real-world event. (5.4; 5.5; 6.5; 6.6)
- Require recipients to utilize an equity lens in their preparedness and response work and add benchmarks to the programmatic requirements to ensure recipients employ an equity lens in response plans. (5.4; 5.5)
- Enhance and expand existing funding for data modernization and public health laboratories through CDC Public Health Emergency Preparedness Cooperative Agreements to strengthen biosurveillance and epidemiologic capabilities. Develop benchmarks and targets for the program to assess how these efforts are strengthening biosurveillance activities. (5.4; 5.5)

Recommendations to HHS for Future Study

During informational discussions with recipients and sub-recipients of federal funding and subject matter experts, several participants spoke to challenges that are not specific to the current goals of the cooperative agreements discussed in this report. While these areas are beyond the scope of study in this report, overcoming challenges in these areas is critical to national health and security; thus, recommendations for HHS's consideration for future studies are below.

- Increase visibility of performance measure data from programs such as CDC Public Health Emergency Preparedness Cooperative Agreement and ASPR HPP for government and non-government stakeholders, including cooperative agreement recipients and sub-recipients, research-focused groups, and other federal agencies or offices within HHS.
- ASPR should explore how RDHRS and other regional demonstration site learnings can be applied and replicated in other areas to ensure that lessons learned from pilot sites are amplified.
- ASPR should add mechanisms and requirements to monitor and report the amount of funding each HCC receives via the HPP Cooperative Agreement to ensure any increase in funding available via the HPP Cooperative Agreement leads to adequate resourcing support for regional health care delivery systems, in addition to meeting HPP Cooperative Agreement-specific requirements (performance measures) that advance system preparedness.

The Impact of a Strong Preparedness and Response System

This report makes straightforward recommendations for Congress and federal agencies to ensure that our nation is as prepared as possible for the next disaster or emergency. These recommendations are based on an evaluation of current preparedness and response programs and activities authorized by the Public Health Service Act and amended by the Pandemic and All-Hazards Preparedness Act (PAHPA), the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), and PAHPAIA, which together form a foundation for health care and public health preparedness. Progress toward these recommendations will further strengthen our preparedness and response system, help to achieve better outcomes after disasters and contribute to ensuring our national security. Implementation of the recommendations in this report will help to build public will for a strong preparedness system, create more effective and efficient preparedness systems and, importantly, help us meet the needs of all Americans—especially populations that are at greater risk of being disproportionately affected by disasters.

Healthcare Ready leverages relationships with government, nonprofit, and medical supply chains to build and enhance the resiliency of communities before, during, and after disasters.

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