

Development of 2011-2016 Public Health Emergency Preparedness (PHEP) Program Announcement



Christa-Marie Singleton, MD, MPH

Associate Director for Science
Office of Public Health Preparedness and Response
Centers for Disease Control and Prevention

August 26, 2010



SAFER • HEALTHIER • PEOPLE™



Agenda

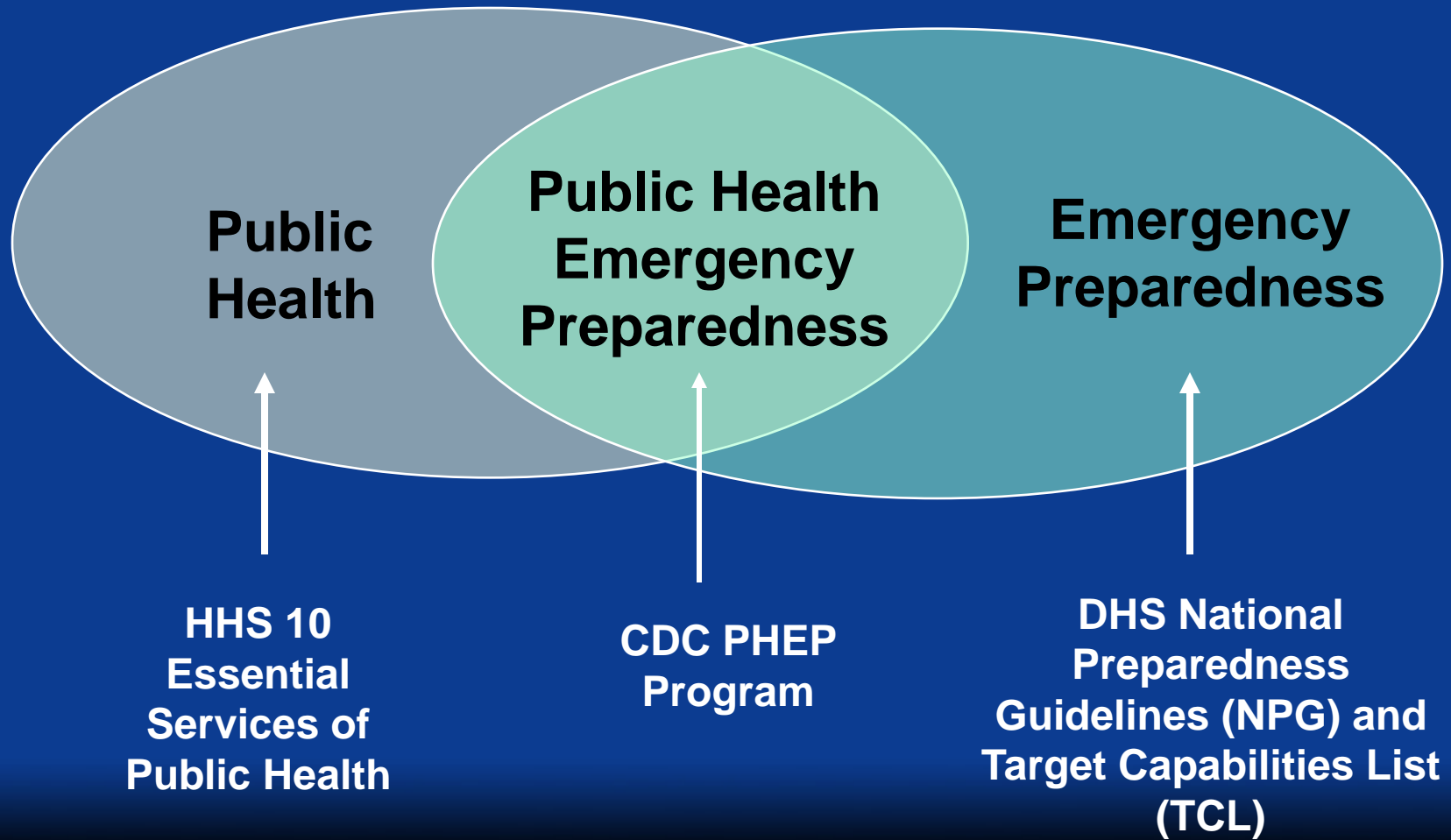
- PHEP Program Overview
- PHEP Capabilities Overview
- Surge Management Topics
- Questions



SAFER • HEALTHIER • PEOPLE™



2011 to 2016 Program Direction



SAFER • HEALTHIER • PEOPLE™



2011 to 2016 Program Direction

Revisions to the cooperative agreement to address and resolve challenges and issues identified during the 2005-2010 cycle

- Develop a more systematic process for subject matter expert (SME) engagement
- Align with the TCL
- Align with the National Health Security Strategy (NHSS)
- Align with the CDC Strategic Preparedness Plan
- More focus on awardee strategic planning
- More focus on formal awardee assessment (HVR and Capabilities)
- More focus on defining functions and demonstration
- More focus on developing and implementing a “change management” process to protect against annual changes to the program



SAFER • HEALTHIER • PEOPLE™



2011-2016 PHEP Program Improvements

Proposed Components of the “Model” Program

Capabilities:

- Adopt a capabilities-based approach
- Identify those capabilities within the Target Capabilities List and the National Health Security Strategy that are most applicable to OR within the control of state and local public health (15)
- Together with CDC and partner SMEs, translate the capability into language that is more specific to state and local public health departments
- Concept of “have” or “have access to” – collaboration with other federal funding programs



SAFER • HEALTHIER • PEOPLE™



PHEP Capabilities Development Process



Homeland Security
Presidential Directives
(HSPD 5,8,21)



Pandemic and All-Hazards
Preparedness Act
(PAHPA)



National Health
Security Strategy
(NHSS)



National Preparedness Guidelines
Target Capabilities List
(TCL)



CDC
Strategic
Goals

**PHEP Capabilities
Selection**

DSLRL Capabilities Work Group
April-August 2009
OPHPR BSC Review September 2009

**Capabilities
Functions & Resources**

CDC & Partner SMEs (e.g. CSTE, APHL)
Capabilities Work Groups
February-October 2010

**Partner
Review and Feedback**

Partner/Awardee Vetting
Late summer and fall 2010

Planning Tool

PHEP Planning Tool
Release Early 2011

PHEP Guidance

PHEP Guidance
Release Spring 2011



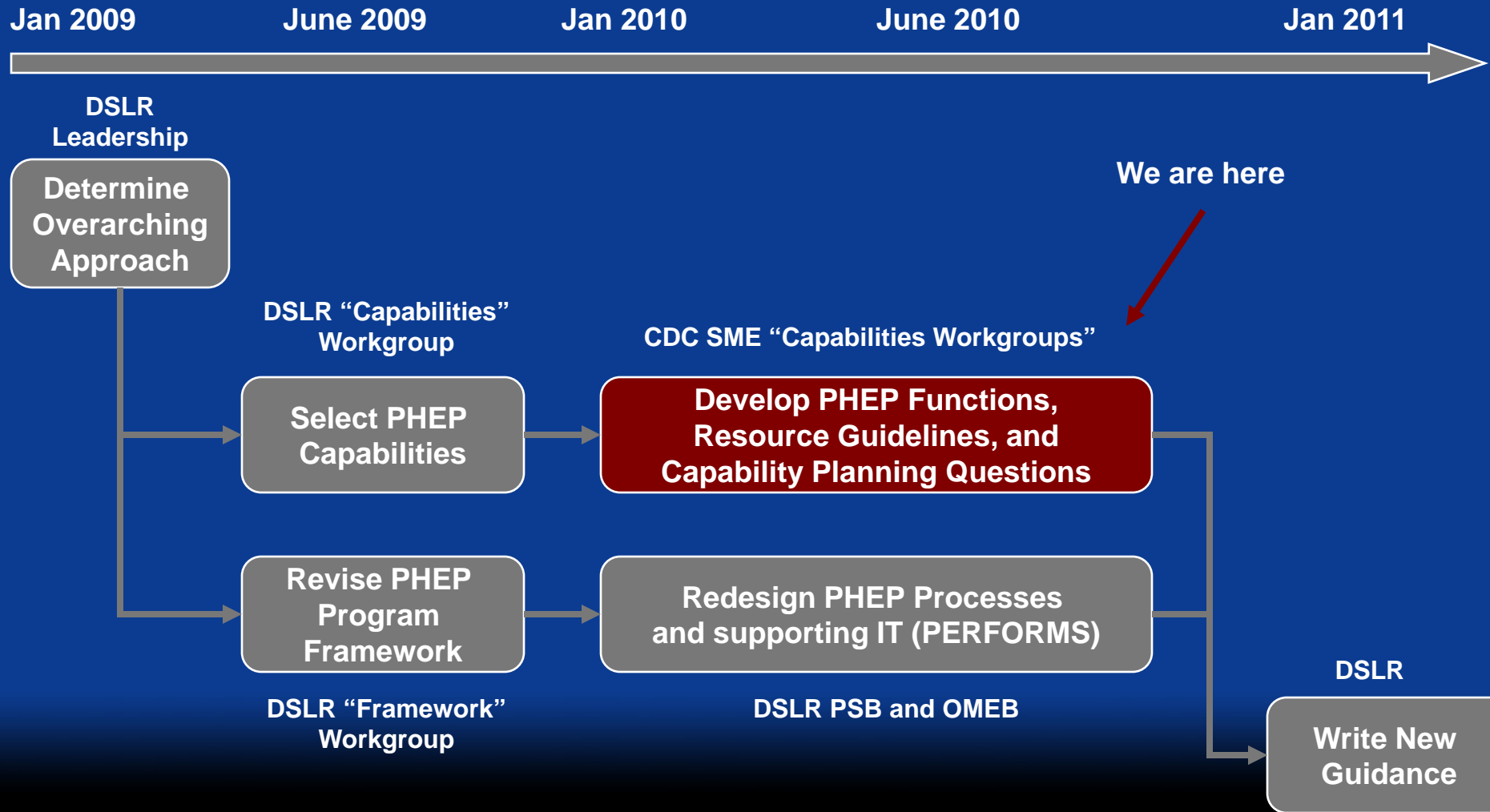
Council of State and Territorial Epidemiologists
Leaders in Applied Public Health Epidemiology



SAFER • HEALTHIER • PEOPLE™



Development Timeline



SAFER • HEALTHIER • PEOPLE™



PHEP Capabilities Overview *

Emergency Management Capabilities

Surge Management
Medical Supplies Management and Distribution
Volunteer Management and Recruitment
Medical Surge
Incident Management
Emergency Operations Coordination

Surveillance & Intervention Capabilities

Countermeasures and Mitigation
Responder Safety and Health
Medical Countermeasure Dispensing
Fatality Management
Non-Pharmaceutical Interventions
Mass Care
Biosurveillance
Public Health Surveillance and Epidemiologic Investigation **
Public Health Laboratory Testing

General Program Capabilities

Information Management
Emergency Public Information and Warning
Information Sharing
Community Resilience
Community Preparedness
Community Recovery

* For alignment purposes, we are using the defined DHS TCL capability names as a baseline, which can sometimes be misleading. Please refer to the Target Capabilities List for detailed definitions for each capability. Also note that the capability names are subject to change based on workgroup feedback.

** The Biosurveillance aspects of “Animal Disease and Emergency Support”, “Food and Agriculture Safety and Defense”, and “Environmental Health” are included in “Public Health Surveillance and Epidemiologic Investigation”

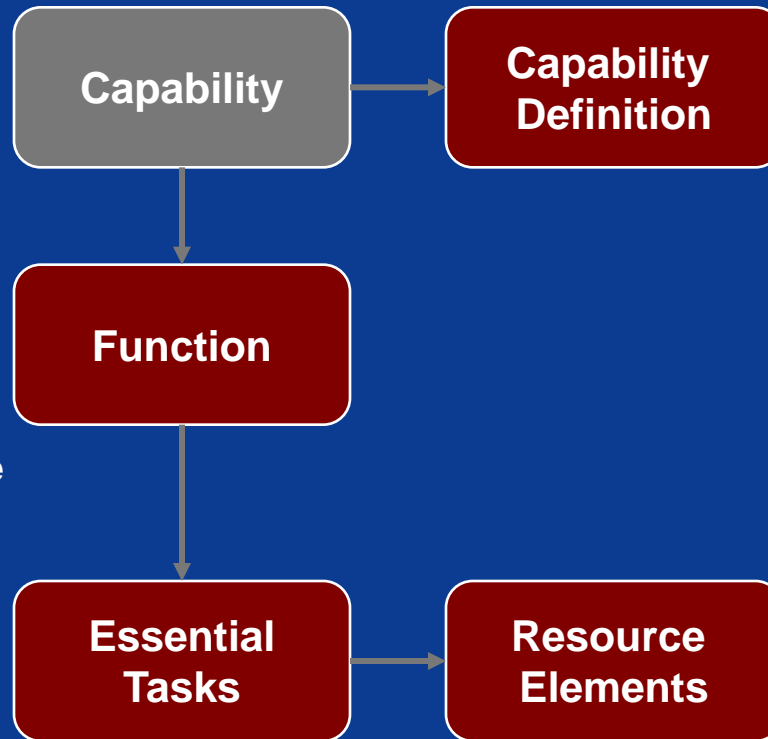


PHEP Capabilities Structure

15 Capabilities

3-5 broad “Functions” per Capability, use existing TCL v3 Target Outcomes, TCL v2 Activities, NHSS Capabilities as a baseline

A number (TBD) of Essential Tasks for completion of each Function



Use existing TCL v2 and v3 definitions as a baseline

Resource Elements include owning or, where applicable, having access to:

1. Plans (includes vulnerable populations, legal authorities)
2. Skills and Training
3. Equipment

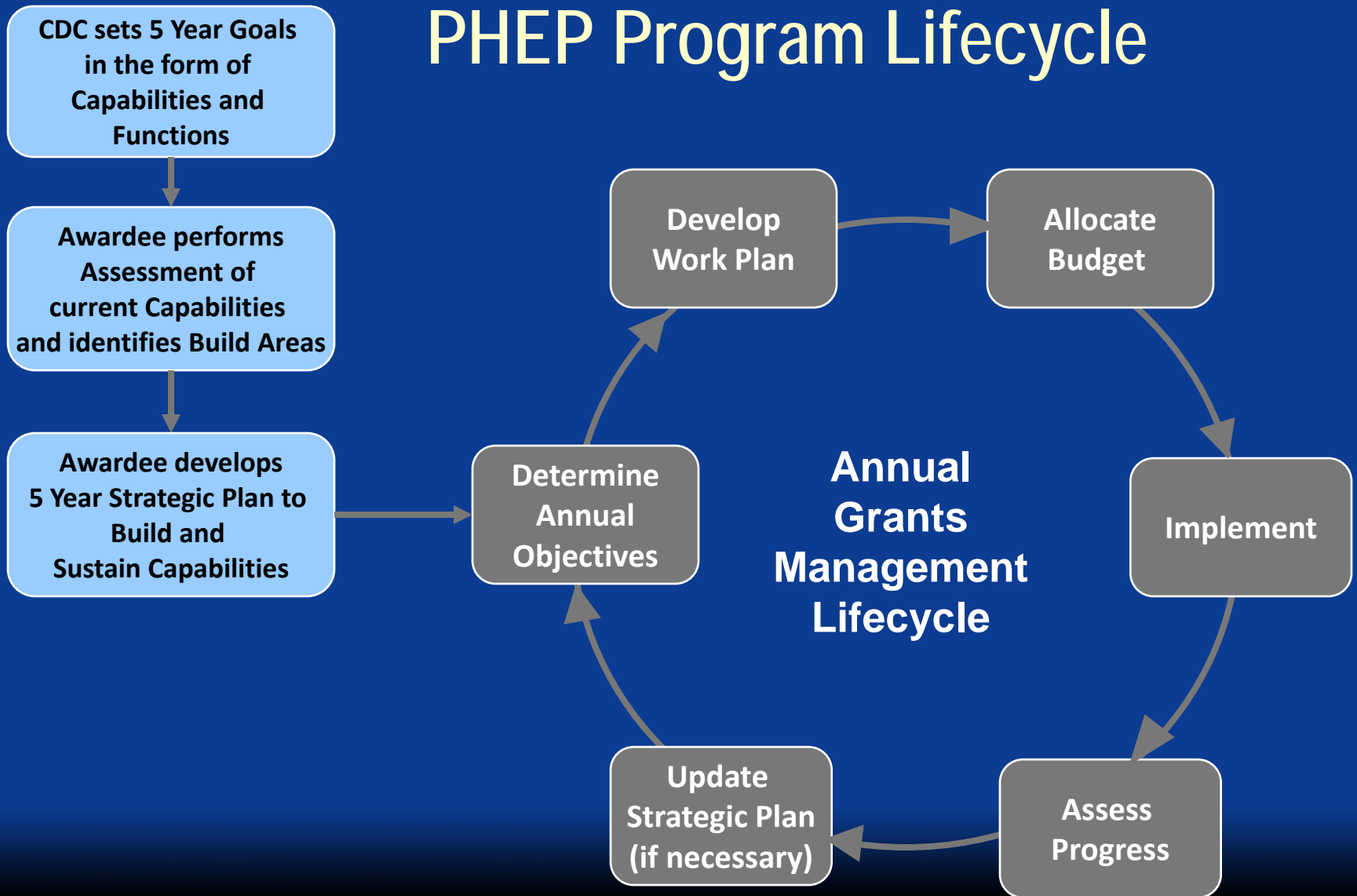
 SME Input Requested



SAFER • HEALTHIER • PEOPLE™



PHEP Program Lifecycle



Workgroup Schedule

		SME Workgroup Activity				
Cluster	Capability	1. Initial Kick off	2. Function Analysis	3. Resource Guidelines Analysis	4. Planning Tool Development	5. Review and Finalize
Biosurveillance	1 Public Health Surveillance and Epidemiologic Investigation	February	→			April
	2 Public Health Laboratory Testing	February	→			April
Community Resilience	3 Community Preparedness	March	→			May
	4 Community Recovery	March	→			May
Incident Management	5 Emergency Operations Coordination	April	→			June
Information Management	6 Emergency Public Information and Warning	May	→			July
	7 Information Sharing	May	→			July
Countermeasures and Mitigation	8 Fatality Management	June	→			August
	9 Mass Care	June	→			August
	10 Medical Countermeasure Dispensing	June	→			August
	11 Non-Pharmaceutical Interventions	June	→			August
	12 Responder Safety and Health	June	→			August
Surge Management	13 Medical Supplies Management and Distribution	August	→			November
	14 Medical Surge	August	→			November
	15 Volunteer Management and Recruitment	August	→			November



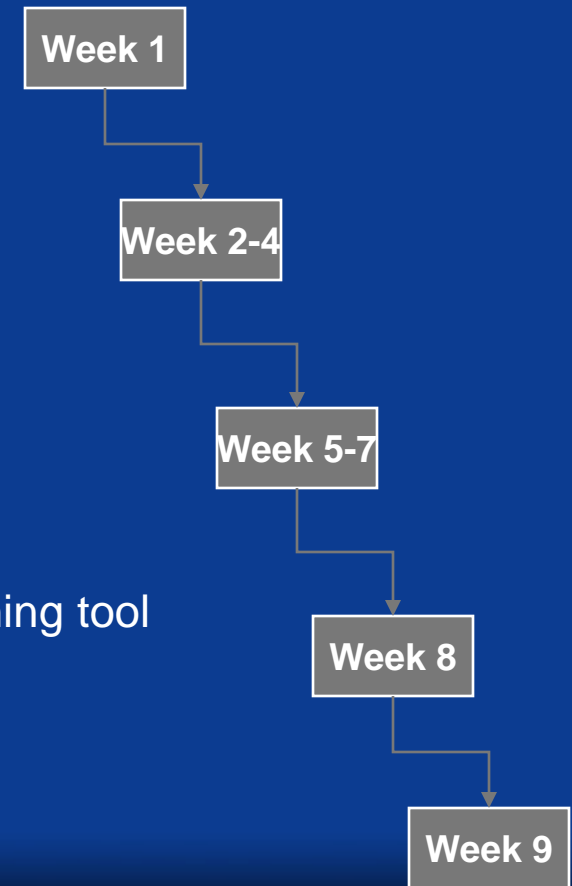
SAFER • HEALTHIER • PEOPLE™



Workgroup Meeting Schedule

Approximately 7-9 Weeks per Workgroup, 7-9 meetings

- **1st Meeting - Workgroup Kick Off**
 - Homework Task – proposed Functions
- **2nd thru 4th Meeting – Functions Analysis**
 - Agree upon scope and definition
 - Review proposed Functions
 - Develop Workgroup Consensus
 - Homework Task – proposed Resource Guidelines
- **5th thru 7th Meeting – Resource Guidelines Analysis**
 - Review proposed Essential Tasks
 - Review proposed Resource Guidelines
 - Develop Workgroup Consensus
 - Homework Task – proposed critical items for planning tool
- **8th Meeting – Planning Tool**
 - Identify Critical Items for Planning Tool
 - Develop Workgroup Consensus
 - Homework Task – Review and finalize Capability
- **9th Meeting – Finalize capability**
 - Develop Workgroup Consensus



NOTE: All meetings will be web enabled

SAFER • HEALTHIER • PEOPLE™



Fatality Management Draft – Under Development

The ability to coordinate with other organizations (e.g. law enforcement, healthcare, emergency management, medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, and storage of remains and personal effects, and ensure mental health services to the survivors of an incident.

Tasks Under Consideration:

1. Determine Role for Public Health in Fatality Management
2. Activate Public Health Fatality Management Operations (***surge support***)
3. Coordinate the Collection and Dissemination of Ante-Mortem Information
4. Participate in Mental Health Services
5. Participate in Fatality Processing and Storage Operations



SAFER • HEALTHIER • PEOPLE™



Mass Care Draft – Under Development

The ability to address the health needs of those impacted by an incident through coordination and support of health services, as needed at a congregate or other locale*, including but not limited to the distribution of medication, consumable medical supplies (e.g. hearing aid batteries, incontinence supplies), or durable medical equipment.

Tasks Under Consideration:

1. determine lead and support roles and responsibilities in providing medical care, health services, and shelter services during a mass care incident.
2. coordinate with partner agencies to complete a facility-specific environmental health and safety assessment to approve shelter opening



SAFER • HEALTHIER • PEOPLE™



Mass Care Draft – Under Development

3. Written agreements or MOUs with health care partners (e.g. private and public providers, Medical Reserve Corps, and ESAR-VHP) to provide care at congregate locations, and to accept patients impacted by the incident.
 - ***Possible resource: Alternate Care Facility Operation Guidance, Disaster Alternate Care Facilities: Selection and Operation, Chapter 4, Agency for Health Care Research and Quality***
4. Assure referral of individuals displaced by the incident to new medical “homes,” including facilitating the transfer of individuals to acute medical facilities, or special needs shelters if they exist within the jurisdiction.



SAFER • HEALTHIER • PEOPLE™



Proposed Surge Capability Definitions

Medical Supplies Management and Distribution

The ability to procure (through purchase or MOU) and maintain pharmaceuticals and medical materials prior to an incident and to transport, distribute, and track these materials during an incident.

Source: TCL v2 definition



SAFER • HEALTHIER • PEOPLE™



Functions Example

At the highest level, what things (Functions) need to occur to manage supplies?

Activate Medical Supplies Management and Distribution



Do we have the right personnel and equipment are they adequately prepared to manage medical supplies?

Establish Security



Do we have security in place to protect our staff and medical resources?

Procure, Repackage, and Distribute



How are we obtaining supplies; through purchasing or MOU? Can we properly package, ship, and track medical supplies from the warehouse to the dispensing site?

Recover Medical Resources



How do we reclaim unused medical supplies?

Demobilize Medical Supplies Management and Distribution



How do we inventory what we have on hand post-incident and return to pre-incident readiness levels?



SAFER • HEALTHIER • PEOPLE™



Proposed Surge Capability Definitions

Medical Surge

The ability to expand the capacity of an existing public health and health care system to provide adequate medical and mental health care during an incident that has severely challenged or exceeded the immediate ability to render necessary health services.

Source: Proposed TCL v3 definition



SAFER • HEALTHIER • PEOPLE™



Functions Example

At the highest level, what things (Functions) need to occur to provide medical surge?

Assess the Nature and Scope of the Incident



What is the incident we are facing and what do we need to be able to respond?

Activate Medical Surge



How do we respond to the needs that were identified during the assessment phase?

Manage Resources for Medical Surge



How do we ensure replenishment of supplies and staff as needed by surge operations?

Sustain Medical Surge Operations



What do we need to do to ensure that operations can continue to meet response needs?

Transition to Recovery



How do we maintain any long term monitoring or other services that may be required?



SAFER • HEALTHIER • PEOPLE™



Proposed Surge Capability Definitions

Volunteer Management and Recruitment

The ability to coordinate the soliciting, rostering, training, and usage of volunteers in support of public health incident management.

Source: TCL v2 definition



SAFER • HEALTHIER • PEOPLE™



Functions Example

At the highest level, what things (Functions) need to occur to manage volunteers?

**Coordinate Volunteer
Registration Operations**



Are we partnered with the right volunteer agencies and organizations? How will spontaneous volunteers be handled?

Activate Volunteer Management



How do we mobilize volunteers? What do we do to accept or find volunteers both in advance of and in response to an incident?

**Organize Volunteers and Assign
Them to Incident Response
Efforts**



Where and how will the volunteers provide assistance in the response? How do we identify volunteers with the skills needed to respond?

Transition to Long-Term Recovery



What are the long-term volunteer needs?

Deactivate Volunteer Management



When and how do we demobilize volunteers?



Key Development Milestones*

- Awardee / partner review: late summer and fall 2010
- PERFORMS / IT development: August 2010: March 2011
- PHEP guidance document development: fall 2010
- PHEP guidance clearance: January – March 2011
- PHEP planning tool released to awardees: early 2011
- Awardee orientation and training: early 2011
- PHEP guidance released to awardees: April 2011
- PHEP funding application deadline: May 2011
- CDC application review and processing of awards: June – July 2011
- New PHEP program announcement takes effect: August 10, 2011

**Dates are tentative and subject to change*



SAFER • HEALTHIER • PEOPLE™



Discussion



SAFER • HEALTHIER • PEOPLE™



Contact Information

Main Mailbox: 2011PHEPCA@CDC.GOV

Christa-Marie Singleton, MD, MPH

Associate Director for Science

Division of State and Local Readiness

Office for Public Health Preparedness and Response

Phone: 404.639.7107

Email: zbi9@cdc.gov

Nikolas Shumock

Deloitte Consulting, LLP

Phone: 404.639.7435

Email: ggz7@cdc.gov



SAFER • HEALTHIER • PEOPLE™

