



# *Ready or Not: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism*

Congressional Briefing

April 7, 2021

2:00 – 3:30 PM Eastern



@HealthyAmerica1



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# Audio

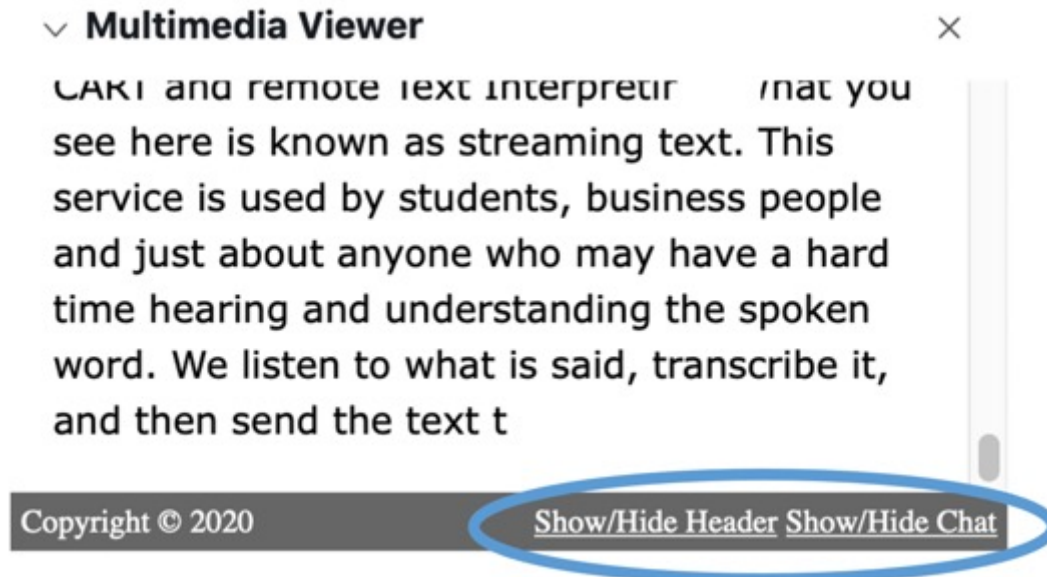
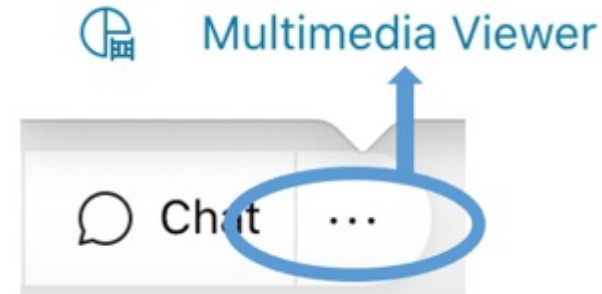
Audio is through your computer speakers or headphones.



# Closed Captioning

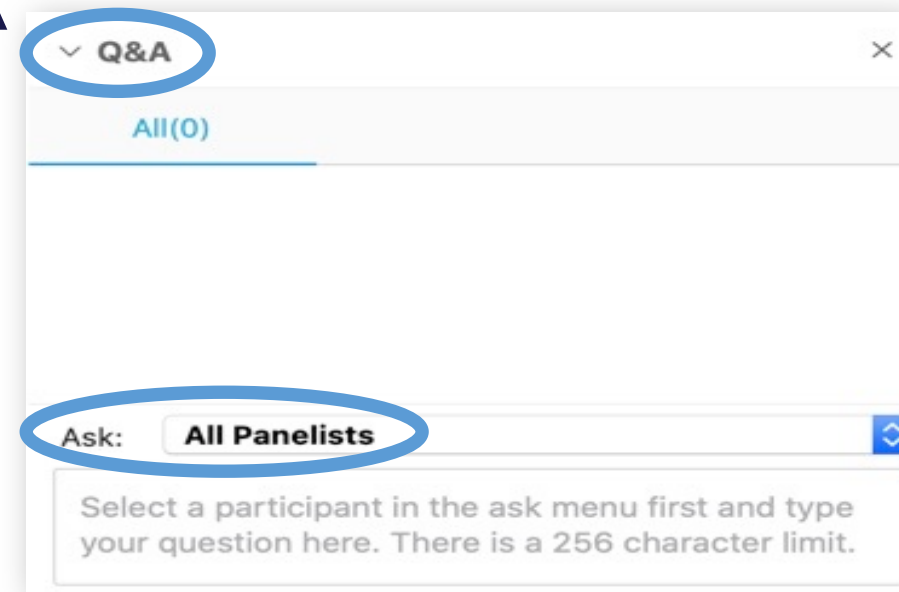
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1. At the bottom of your screen, click to open **Multimedia Viewer**
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# Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the Q&A box
3. Select Ask: All Panelists
4. Hit Enter





# Moderator

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John Auerbach, MBA

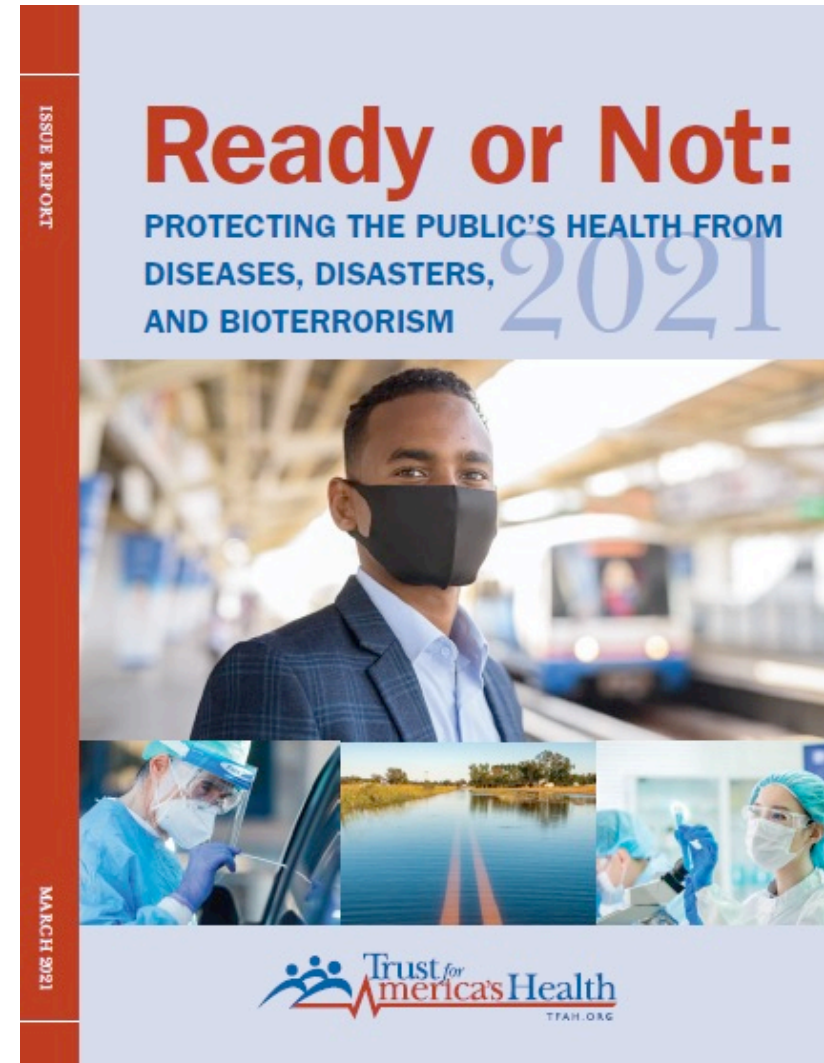
President and CEO  
Trust for America's Health

[tfah.org](https://tfah.org)



# Ready or Not Report 2021

- Examines the country's level of public health emergency preparedness on a state-by-state basis using 10 top-priority indicators
- Highlights the tragic lessons of COVID-19
- A major focus on recommended policy action in seven priority areas



# Ready or Not State-by-State Assessments

**TABLE 2: State Public Health Emergency Preparedness**  
State performance, by scoring tier, 2020

Performance Tier	States	Number of States
High Tier	CO, CT, DC, DE, GA, ID, KS, MA, MD, ME, MS, NC, NE, NM, OK, RI, UT, VA, VT, WA, WI	20 states and DC
Middle Tier	AL, CA, FL, IA, IL, KY, LA, MI, MN, MT, ND, NJ, OR, TN, TX	15 states
Low Tier	AK, AR, AZ, HI, IN, MO, NH, NV, NY, OH, PA, SC, SD, WV, WY	15 states

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# Key State Findings

## Progress

- Most states can expand healthcare in an emergency: 34 states participated in the Nurse Licensure Compact, up from 26 in 2017
- 89% of hospitals participate in a healthcare coalition; 17 states and DC have 100%
- Every state public health laboratory had plans to manage increased testing needs
- Most states are accredited in public health, emergency management, or both



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# Key State Findings

## Gaps

- State and federal public health budgets inadequate
- The seasonal flu vaccination rate rose to 52% during the 2019–2020 season – but still far below the 70% target
- In 2019, only 55 percent of employed state residents, on average, used paid time off, the same as in 2018.
- Only 31% of hospitals, on average, earned a top-quality patient safety grade.





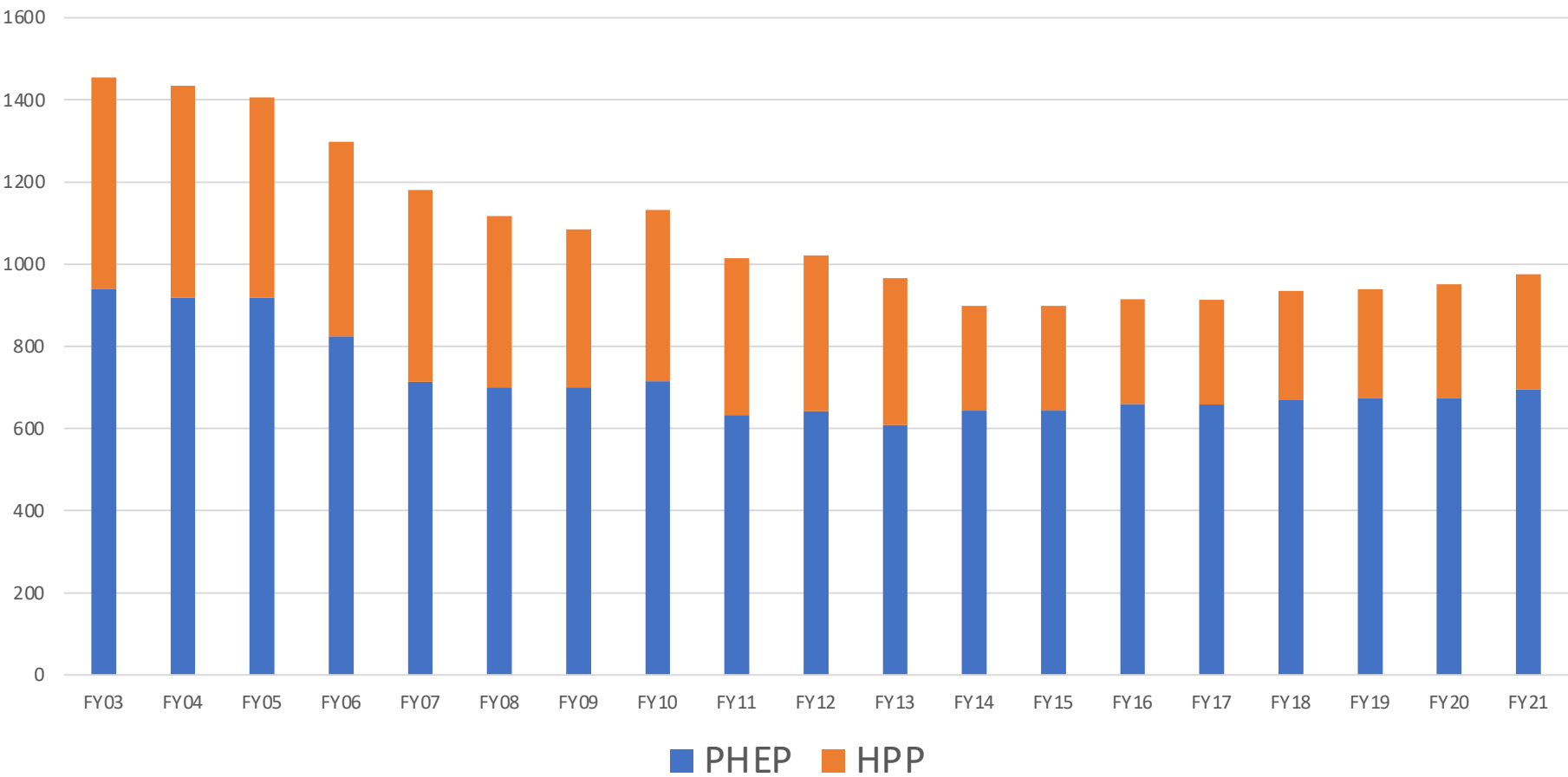
# Lessons of COVID-19

- Equity must be central in public health preparedness and response
- Chronic underfunding of public health has put lives at risk – less healthy populations, archaic public health systems
- Healthcare system not prepared for surge
- Clear and consistent leadership, based in science



# Where Has the Money Gone?


Health Preparedness Funding to States





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# Key Federal Recommendations

- Provide stable, sufficient funding for domestic and global public health security
  - Strengthen policies and systems to prevent and respond to outbreaks and pandemics
  - Build resilient communities and promote health equity generally and in preparedness
  - Ensure effective leadership, coordination, and public health workforce
  - Accelerate development and distribution, including last-mile, of medical countermeasures
  - Strengthen the healthcare system's ability to respond and recover from health emergencies
  - Prepare for environmental threats and extreme weather
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## For More Information

- Report and findings at <https://www.tfah.org/report-details/ready-or-not-2021/>
- Follow TFAH on Twitter @HealthyAmerica1
- Follow TFAH on Facebook @TrustforAmericasHealth
- [info@tfah.org](mailto:info@tfah.org)



# Welcome to Our Panelists



Cameron Webb, MD, JD  
Senior Policy Advisor for  
COVID-19 Equity  
White House COVID-19  
Response  
Team



LaQuandra S. Nesbitt, MD,  
MPH  
Director  
District of Columbia  
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Stephanie Mayfield, MD,  
FCAP  
Director of U.S. COVID-19  
Response Initiative  
Resolve to Save Lives





Cameron Webb, MD, JD  
Senior Policy Advisor for Equity  
White House COVID-19 Response  
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[whitehouse.gov](https://www.whitehouse.gov)





LaQuandra S. Nesbitt, MD, MPH  
Director  
District of Columbia Department of Health

[dchealth.dc.gov](https://dchealth.dc.gov)

# PROTECTING THE PUBLIC'S HEALTH FROM DISEASES, DISASTERS, AND BIOTERRORISM

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Dr. LaQuandra S. Nesbitt

April 7, 2021

# PUBLIC HEALTH EMERGENCY PREPAREDNESS

- DC Health is the lead agency for Emergency Support Function (ESF) #8, Public Health and Medical responses in the District of Columbia.
  - This requires coordination with other ESFs, under the direction of the DC Homeland Security and Emergency Management Agency, across the District to respond to different emergencies and planned events.
- DC Health's Health Emergency Preparedness and Response Administration leads and coordinates the ESF #8 response alongside other subject matter experts (SMEs) in the agency.
- With different SMEs accessible in the department, DC Health's Incident Management Team (IMT) is able to expand and contract based on incident or event.



# PREPARING FOR EMERGING INFECTIOUS DISEASE/DISASTER

- To better prepare for any type of public health emergency, DC Health coordinates across the agency and other District government agencies to exercise, train, and plan for emerging infectious diseases and disasters.
- Each response, especially emerging infectious diseases, brings unique challenges due to
  - Rapidly changing information regarding the event/incident
  - Evolving science related to pathogens/infectious agents
  - Availability of needed resources
- Public health has the capability to train its workforce and key partners on an “All Hazards” approach and to provide just in time training specific to the incident/event.

# TRAINING FOR EMERGING INFECTIOUS DISEASE/DISASTER

- DC Health engages in many different types of trainings and exercises each year including:
  - Federal: pandemic response, hurricane, evacuation
    - Atlantic Fury (2018): Mitigation, Response, and Recovery from Hurricane
    - Validation of timelines for distributing and transferring medical countermeasures (MCM) from the Strategic National Stockpile (SNS) to DC
  - Regional: MCM, Point of Dispensing (POD), hurricane, highly infection disease
    - Capital Fortitude (2019): Aerosolized Anthrax attack in the National Capital Region (NCR), requiring the opening of POD sites
  - Local: healthcare evacuation, MCM, POD, coalition surge test, active shooter, flooding
    - Highly Infection Disease Full Scale Exercise (2018): Response to Ebola Patient Under Investigation
    - DC HMC Operation Civil Disorder (2019): Functional exercise where 2021 Inauguration was interrupted due to civil disorder and there was violence that resulted in injury and death

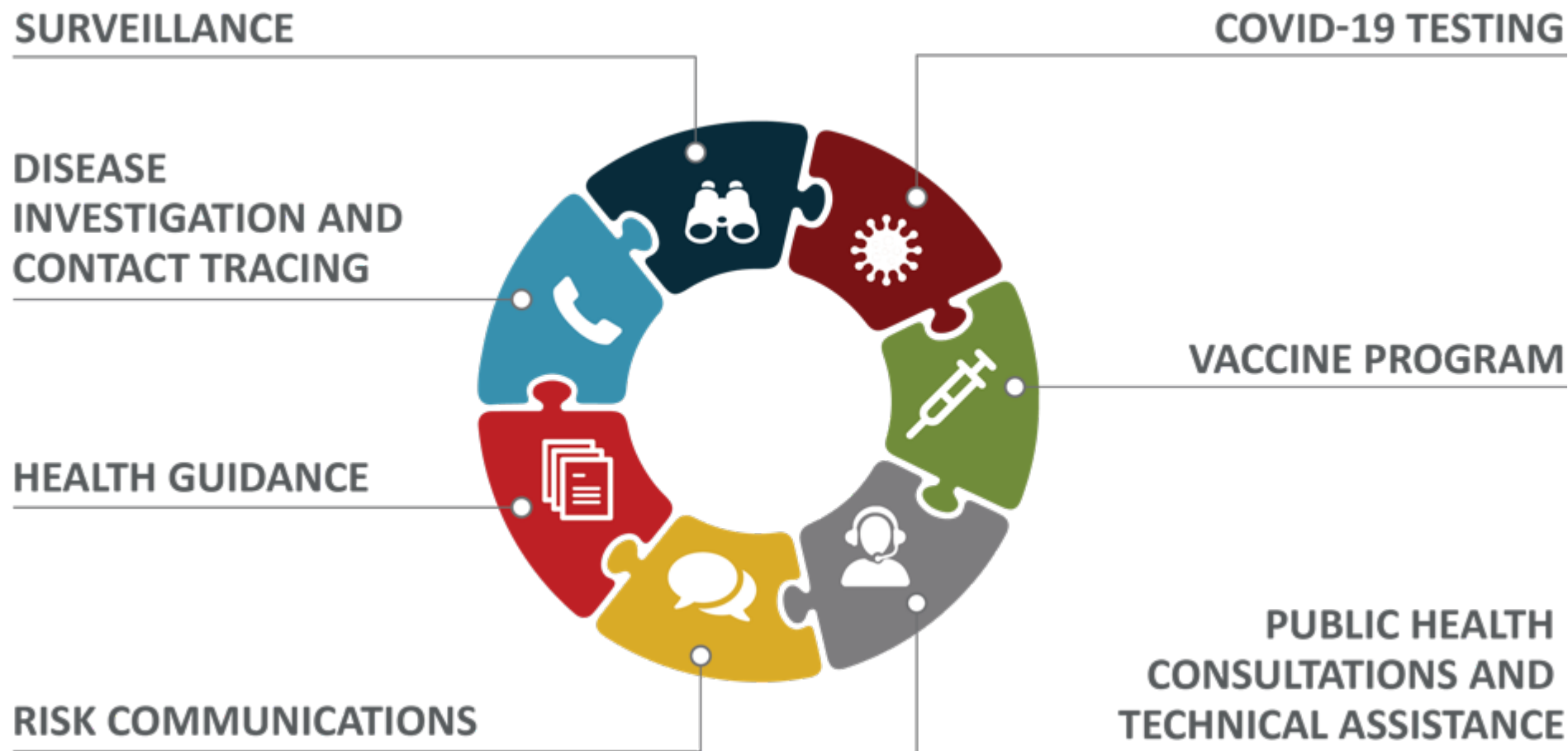
# OUR RESPONSE TO COVID-19

- The District of Columbia is well positioned to respond to emergencies as the host jurisdiction for over 50% of the country's National Special Security Events (NSSE)
  - NSSEs require coordination across all ESF agencies in the District and the National Capitol Region
- In January 2020, DC Health activated its Incident Management Team (IMT) which frequently met early on in the response to:
  - Coordinate messages and fact sheets for the public
  - Share information across the region and with federal entities
  - Develop guidance and protocols
  - Participate in federal and regional situational awareness calls
  - Develop situational reports shared with leadership

# OUR RESPONSE TO COVID-19

- In February 2020, Mayor Muriel Bowser activated the District's Emergency Operation Center (EOC) further requiring an “all of government” and “whole of community” response to the pandemic
  - The DC Health IMT assumed the leadership role for the Health and Medical Branch within the EOC

# PUBLIC HEALTH ROLES DURING THE COVID-19 RESPONSE



# IMPROVING FUTURE PERFORMANCE OF PUBLIC HEALTH SYSTEMS

- After action reports for any incident response or planned event will continue to inform local, state, and national response plans, trainings, messaging and exercises for future incidents.
- Key areas for short and long term investment (human resources and capital) include:
  - Information and Data Systems with a goal of increased interoperability and data sharing
  - Early detection of emerging (or re-emerging) infectious diseases and chemical, biological, radiologic, and nuclear agents through robust local, state, national, and global surveillance systems
  - Workforce development for the public health and healthcare workforce, as distinct sectors with different skills/needs that are leveraged during a public health emergency.
  - Flexible funding streams to allow for expeditious procurement of resources

# DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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dchealth



DC Health

For more information on the District's COVID-19 response, visit [coronavirus.dc.gov](https://coronavirus.dc.gov)



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Stephanie Mayfield, MD, FCAP  
Director of U.S. COVID-19  
Response Initiative  
Resolve to Save Lives

[resolvetosavelives.org](https://resolvetosavelives.org)



# Critical COVID-19 Challenges & Approaches to Strengthening Public Health

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April 7, 2021

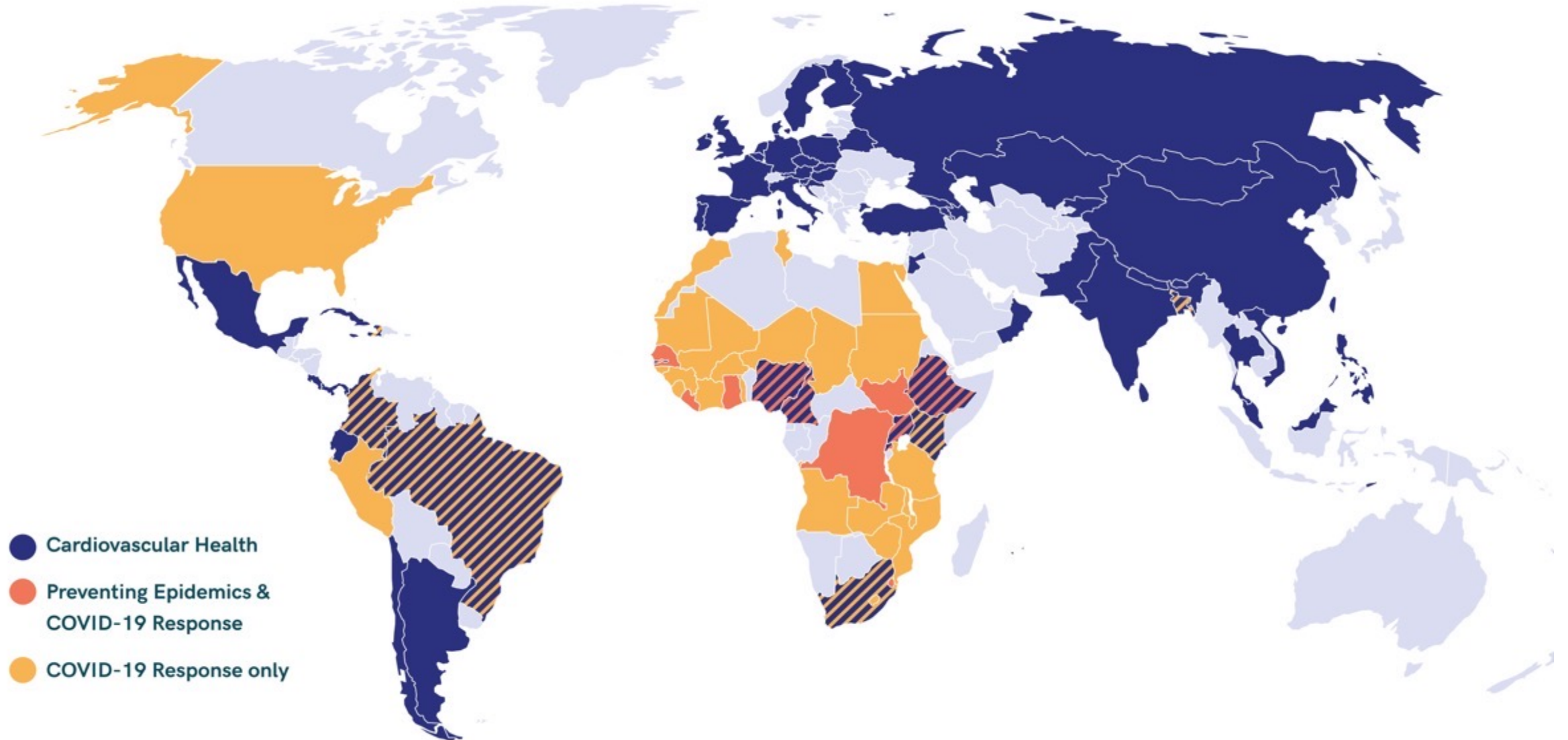
Stephanie Mayfield, M.D., Director

U.S. COVID-19 Response Initiative





# Resolve to Save Lives: Global Activities





# What We Offer

- **Rapid response grants and embedded staff** to accelerate response quickly and effectively
- Expert **public health technical assistance** and program review
- **Communication campaigns and community engagement support**, with priority focus on equity and access for vulnerable populations
- **technology** to facilitate effective and efficient contact tracing
- **Epidemiological support** to focus on key metrics for success and visualize data for transparency and accountability
- Opportunity to **share learnings** across jurisdictions, nationally and globally
- A suite of **digital tools and**

# Creating Alert-level Systems

## National COVID-19 Tracker

"All the News  
That's Fit to Print"

# The New York Times

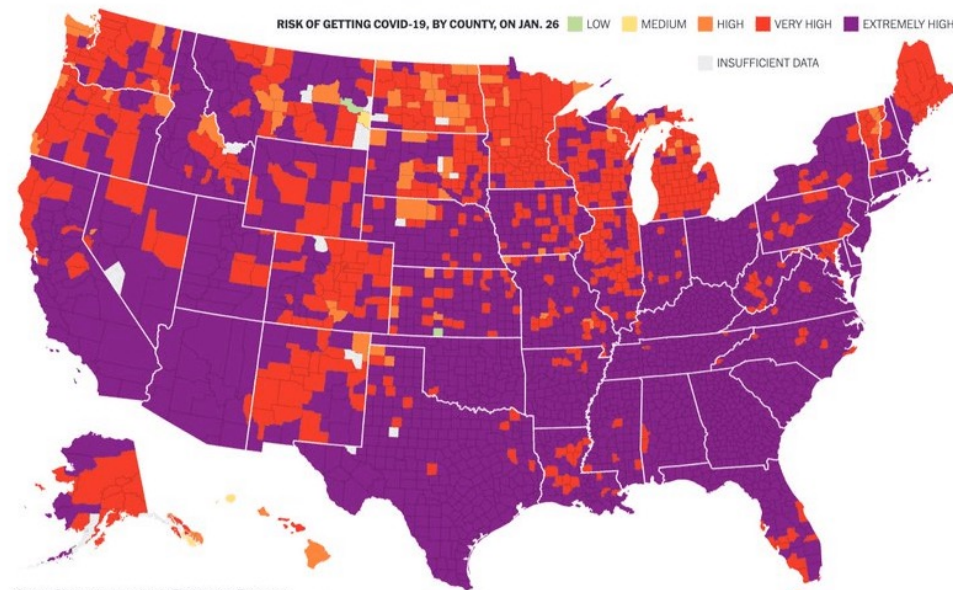
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THURSDAY, JANUARY 28, 2021

### Nearly Everyone Remains at High Risk of Getting Covid-19

People in a great majority of U.S. counties are at very high or extremely high risk of getting the coronavirus, despite cases falling from record levels this month and an accelerating vaccination campaign. A new assessment of risks and how they have changed since September, Page A6.



Source: Risk level assessment by The New York Times and Resolve to Save Lives, based on reported cases and test positivity data.

ELEANOR LUTZ AND CHARLIE SMART/THE NEW YORK TIMES

### U.S. Extremists Pose a Threat, Agency Warns

#### Shift in Policy and Tone After Change at Top

By ZOLAN KANNO-YOUNGS  
and DAVID E. SANGER

WASHINGTON — Warning that the deadly rampage of the Capitol this month may not be an isolated episode, the Department of Homeland Security said publicly for the first time on Wednesday that the United States faced a growing threat from “violent domestic extremists” emboldened by the attack.

The department’s terrorism alert did not name specific groups that might be behind any future attacks, but it made clear that their motivation would include their anger over “the presidential transition, as well as other perceived grievances fueled by false narratives,” a clear reference to the accusations made by President Donald J. Trump and echoed by right-wing groups that the 2020 election was stolen.

“These same drivers to violence will remain through early 2021,” the department said.

The warning contained in a “National Terrorism Advisory

### PRESIDENT’S TEAM OUSTS HOLDOVERS FROM TRUMP ERA

#### A BLITZ OF APPOINTEES

#### Cleaning House and Putting Own Stamp on Government

By DAVID E. SANGER

WASHINGTON — When President Biden swore in a batch of recruits for his new administration in a teleconferenced ceremony late last week, it looked like the country’s biggest Zoom call. In fact, Mr. Biden was installing roughly 1,000 high-level officials in about a quarter of all of the available political appointee jobs in the federal government.

At the same time, a far less visible transition was taking place: the quiet dismissal of holdovers from the Trump administration, who have been asked to clean out their offices immediately, whatever the eventual legal consequences.

If there has been a single defining feature of the first week of the Biden administration, it has been



# Hosting Virtual COVID-19 Response Cafés

- Held monthly, this event addresses jurisdictional requests for an informal communication channel to **share information, learn from others and problem-solve**
- Recent topics covered:
  - “How to Communicate About Vaccines”
  - “Mapping: How Can We Use Geographic Data to Best Inform Local COVID-19 Response?”
  - “Using Data to Inform School Openings and Closures”
  - “Prioritizing Contact Tracing” (during the surge)



# National Collaboration





# State & Local Partnerships





## Current Areas of Focus

1. The need for greater and more sustainable public health funding and transparency
2. Disconnected public health infrastructure
3. Gaps in publicly reported COVID-19 vaccination data
4. COVID-19 vaccine inequity



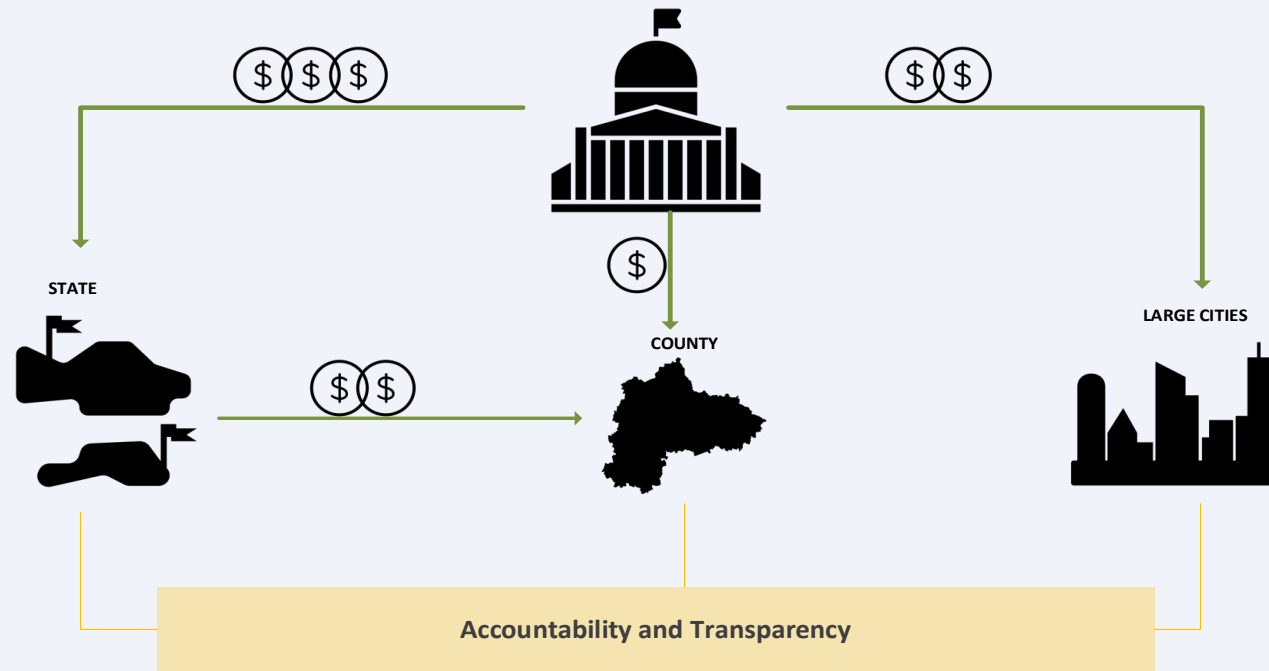
# Advocating for Health Defense Operations Funding

- Help ensure America's long-term health security
- Supplemental funding is a temporary solution
  - Can't build effective and sustained programs with one-time funding
- Future health and economic security best achieved by **permanent budget-cap exemptions** for critical public health functions
- We must stop looking at public health as a “nice to have” – it is our health security and defense to prevent the next pandemic

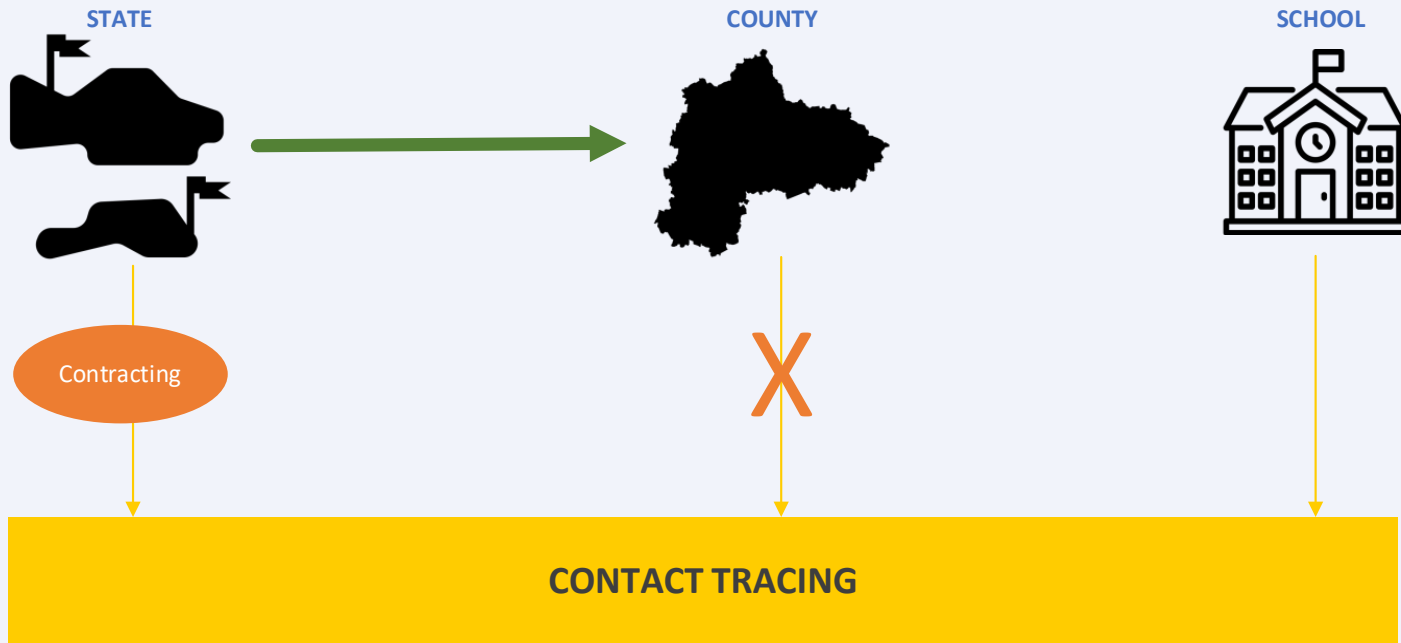
# Disconnect and Lack of Transparency of Federal, State and Local Funding Streams

## Recommendations:

- Make federal response funds publicly traceable down to the local government level
- Include local health department expertise in the development of federal grants and funding



# Disconnect in Jurisdictional Operations



- States have contracted private entities for contact tracing
- Counties have discontinued contact tracing to focus on vaccine delivery
- Schools are managing contact tracing in the absence of public health



# Encouraging Public Health Workforce Integration to Build Resilient Communities

- Public health workforce in:
  1. **Public health departments** including disease intervention specialists, epidemiologists, informatics staff, educators, communicators and more
  2. **Clinical settings** (e.g., patient navigators/CHWs in primary care)
  3. **Community-based organizations**
- Integrate public health workforce across various sectors (e.g., education, transportation) to advance health-in-all policies
- Deploy patient navigators in primary care to connect with patients and improve outcomes by addressing social determinants of health



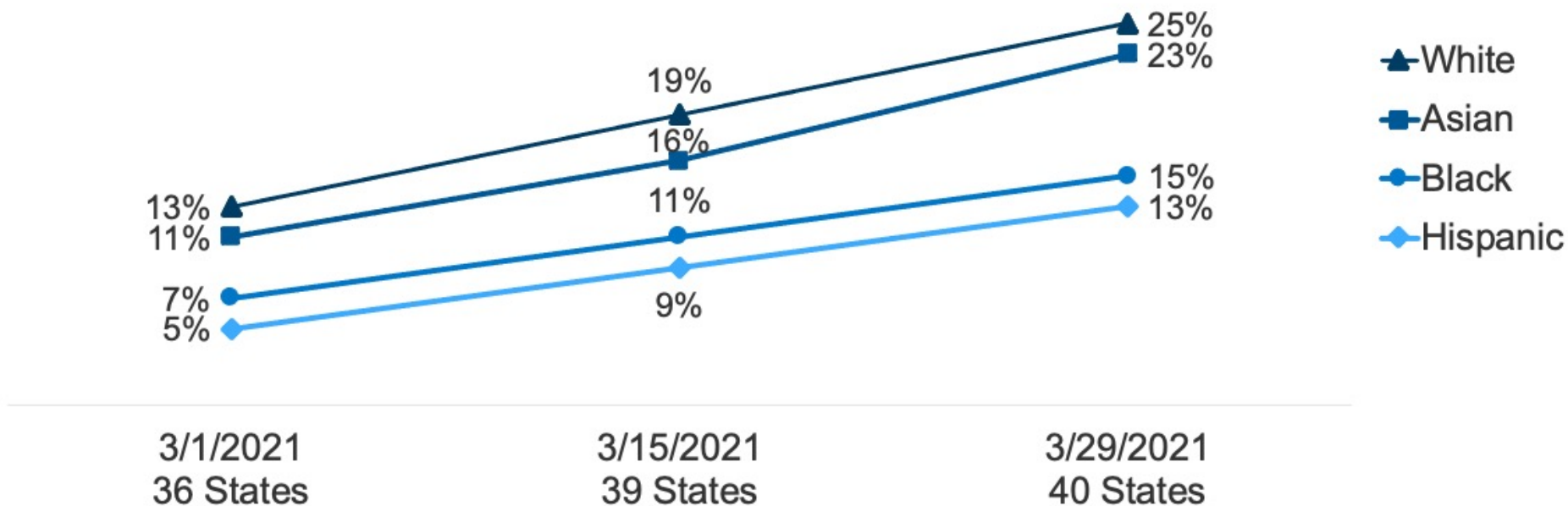
## Recommending 5 Key COVID-19 Vaccine Indicators

1. **Phase:** Current phase of vaccination, including who is eligible to be vaccinated now
2. **Supply:** Percentage of population that could be fully vaccinated with doses distributed
3. **Supply:** Percentage of doses administered
4. **Coverage:** Percentage of population partially vaccinated
5. **Coverage:** Percentage of population fully vaccinated



# Promoting a More Equitable Vaccine Distribution

Percent of Total Population that Has Received a COVID-19 Vaccine by Race/Ethnicity, March 1 to 29, 2021

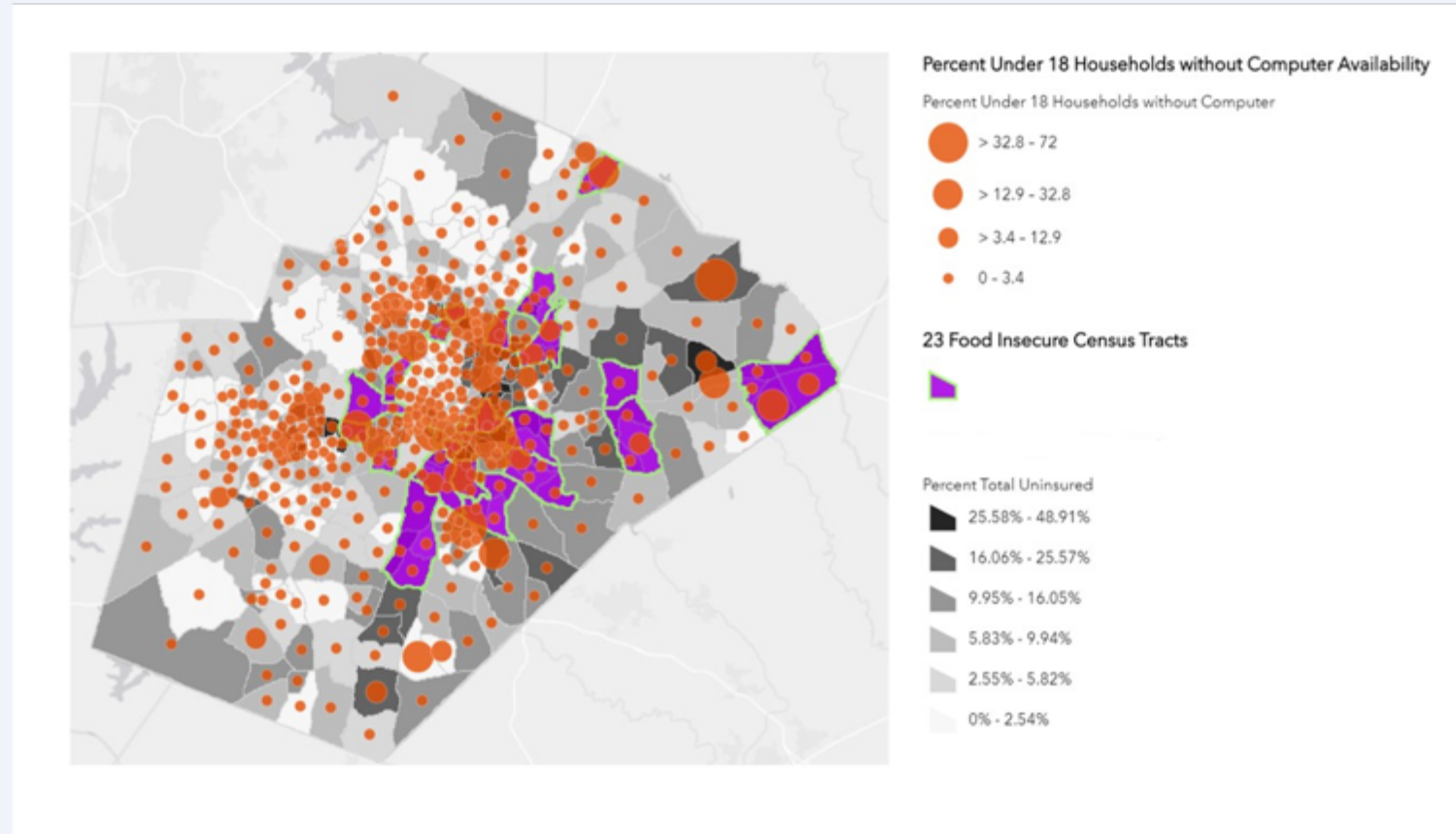


SOURCE: Vaccination data based on KFF analysis of publicly available data on state websites; total population data used to calculate rates based on KFF analysis of 2019 American Community Survey data.



# Vulnerability Mapping

Using GIS and CDC's social vulnerability index





# Advancing the Choose Healthy Life Initiative

- Led by Reverends Calvin O. Butts and Al Sharpton—**addressing the COVID-19 crisis among the Black community**
- Black church ministers, the United Way and community-based organizations **recruiting and training Black Church Public Health Navigators** in more than 50 churches across New York, Newark, Detroit, Atlanta and Washington, DC
- Expanded focus from testing to vaccination; **partnering with health departments to open “pop up” vaccination sites in** New York, Newark and Washington, DC



# Summary: Key Domains to Strengthen Public Health

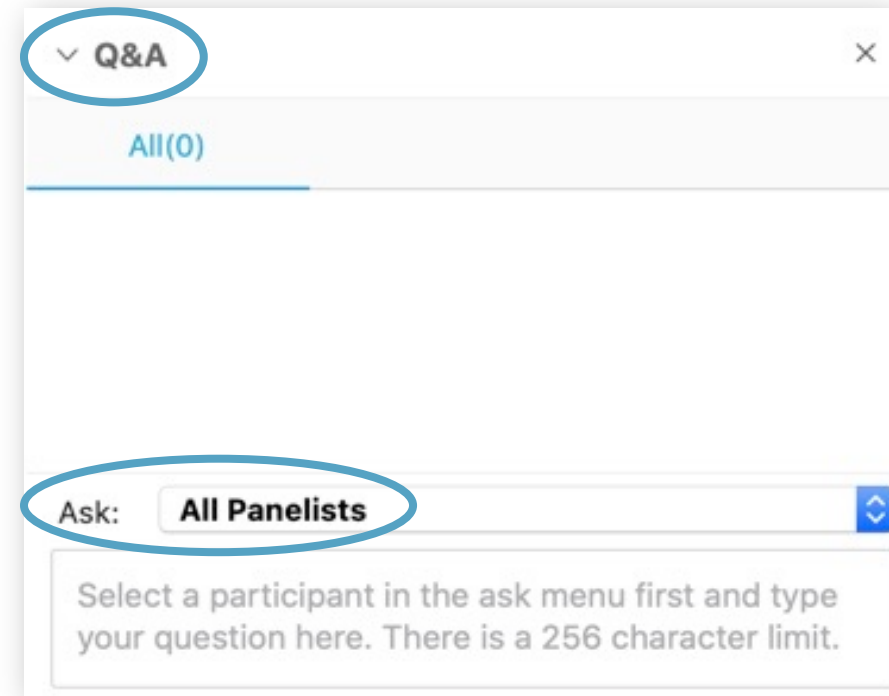
- **Health Defense Operations (HDO) funding** – help ensure America's long-term health security
- **Coordination** – transparency of fund flow and use, optimizing federal/state/city/local roles, correctly positioning and locating COVID-19 support and vaccine services
- **Building resilient communities** – public health, primary care, community-based
- **Data** – real-time, stratified and transparent, leading to changes in policy and practice
- **Vaccine** – equity, equity, equity



**RESOLVETOSAVELIVES.ORG**

# Submit Questions for Our Panelists

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the Q&A box
3. Select Ask: All Panelists
4. Hit Enter

A screenshot of a Q&A panel interface. At the top, there is a header 'Q&A' with a dropdown arrow and a close button 'X'. Below the header, the text 'All(0)' is displayed. The main area is a large white box for typing a question. At the bottom, there is a section labeled 'Ask:' followed by a dropdown menu currently showing 'All Panelists'. Below this menu is a text input field with a placeholder message: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit.'

# Thank You to Our Moderator and Panelists



John Auerbach, MBA  
President and CEO  
Trust for America's Health  
*Moderator*



Cameron Webb, MD, JD  
Senior Policy Advisor for  
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# Thank you!

@HealthyAmerica1 

The recording and slides will be available at [www.tfah.org](http://www.tfah.org)

