



Congressional Briefing and National Webinar

May 3, 2023

2:00 – 3:00 PM Eastern Time

 @HealthyAmerica1

 tfah.org

ISSUE REPORT

Ready or Not:

PROTECTING THE PUBLIC'S HEALTH FROM
DISEASES, DISASTERS, AND BIOTERRORISM **2023**

*SPECIAL SECTION on the intersection of health equity
and emergency preparedness*



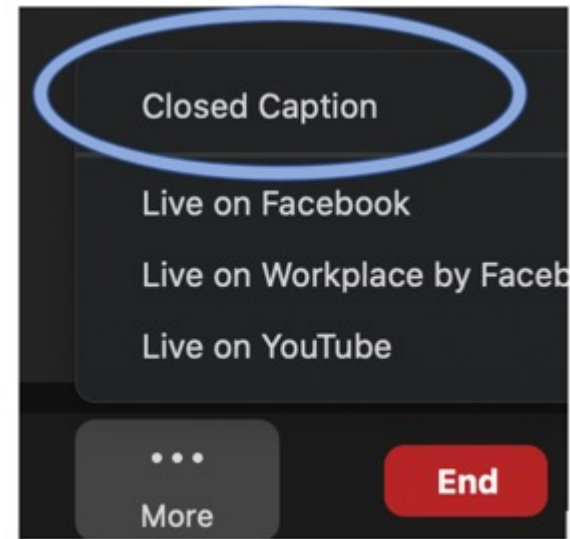
MARCH 2023



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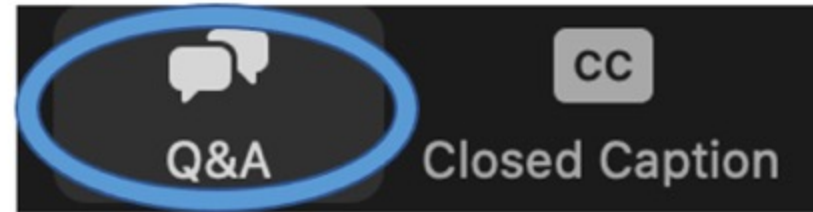
To see real time captioning:

1. At the bottom of your screen, click on **More**
2. Click **Closed Caption**



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. Hit Enter



Moderator



J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America's Health

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Agenda

Welcome and overview of 2023 *Ready or Not* report

Presentations from panelists

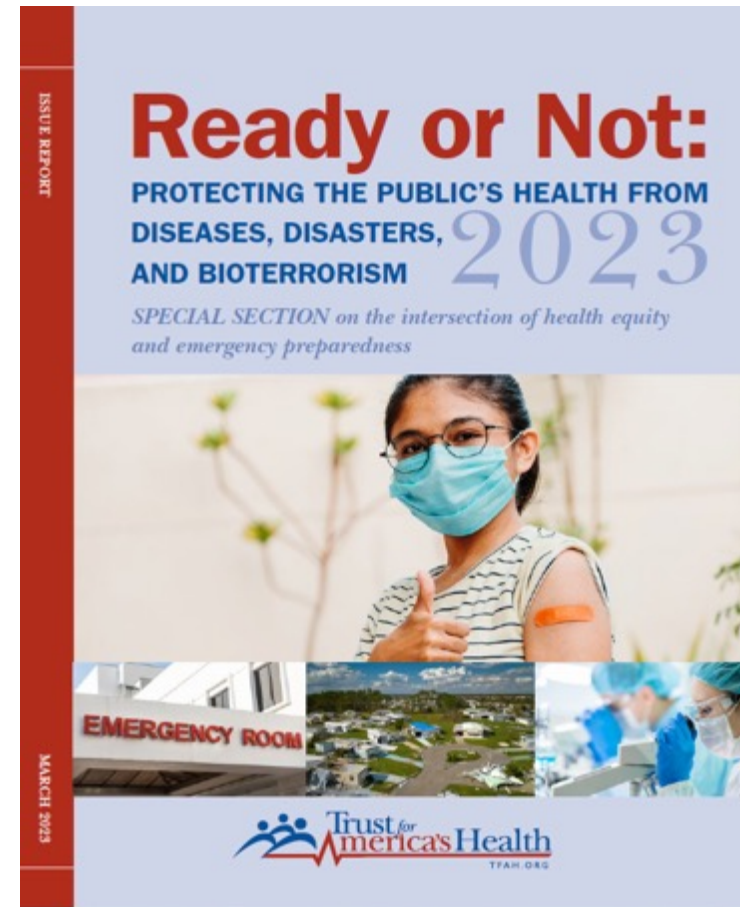
Questions and Answers

Closing

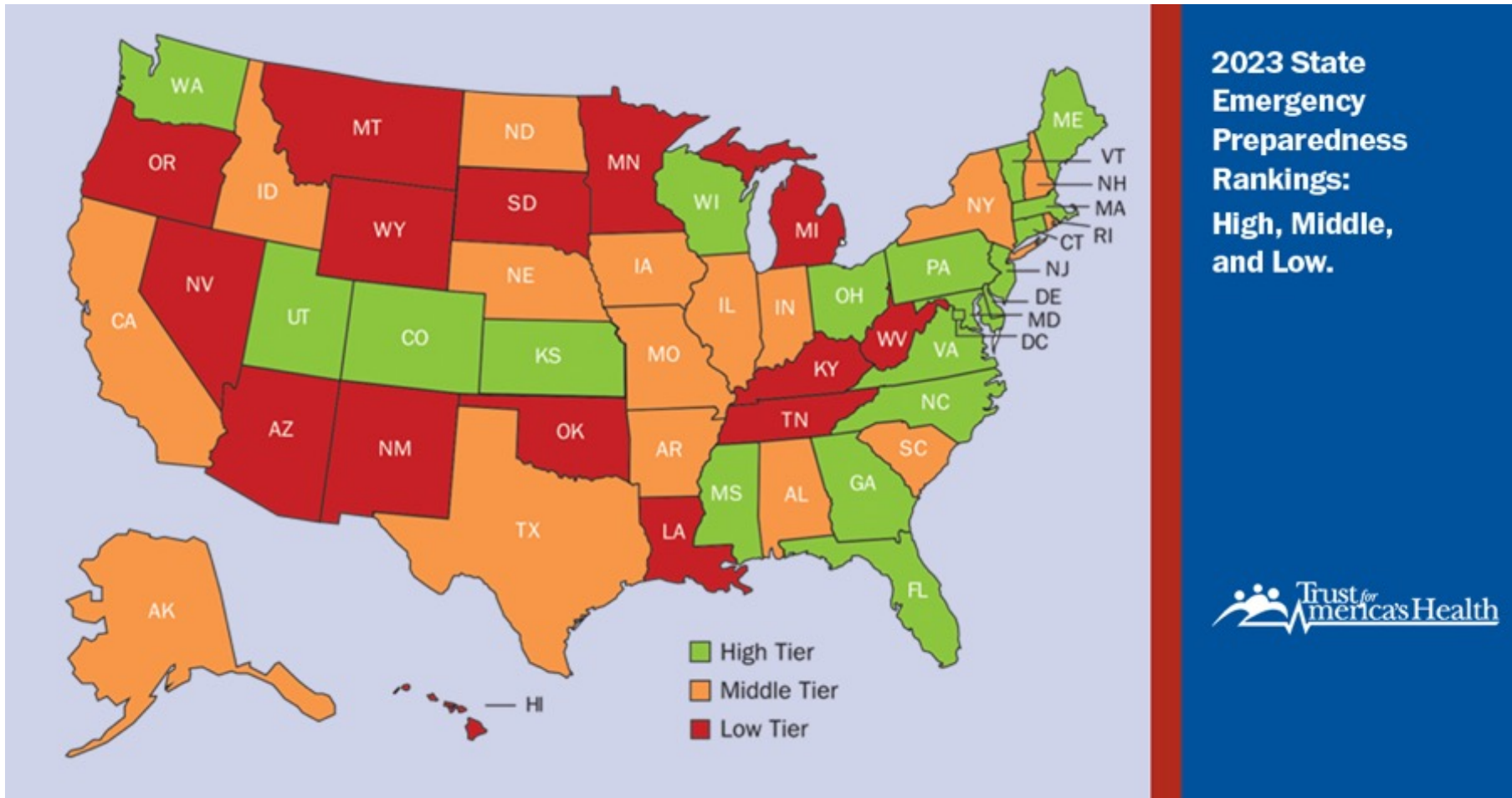


Ready or Not Report 2023

- Examines the country's level of public health emergency preparedness on a state-by-state basis using 10 key indicators
- Highlights the intersection between health equity and emergency preparedness
- Focuses on recommended policy action in seven priority areas



Ready or Not State-by-State Assessments



Key Findings

Progress



- Majority of states have prepared to expand healthcare and public health laboratory capabilities in an emergency.
- Most states are accredited in public health, emergency management, or both.
- New federal investments in public health workforce, infrastructure, data.
- Most residents have access to safe water.



Key Findings

Challenges

- Only about half the U.S. population is served by a comprehensive public health system.
- Too few people vaccinated against seasonal flu.
- The absence of paid sick leave puts people at risk during outbreaks.
- Only 26 percent of hospitals, on average, earned a top-quality patient safety grade.



The Intersection Between Community Resilience, Emergency Preparedness, and Health Equity

- Health inequities worsen during emergencies due to structural barriers, lack of infrastructure, and social and economic disadvantage.
- Strengthening communities and involving them in emergency response planning increases resilience.
- Measuring health equity is complex but critical to addressing disparities and building community resilience.





Policy Recommendations

- Reauthorize PAHPA
 - Reauthorize critical preparedness programs
 - Enable more effective and timely responses through better data collection
 - Advance efficient processes for hiring and temporary reassignment of workers
 - Create Health Defense Operations budget
 - Extend advisory committees on children, individuals with disabilities, and older adults



Policy Recommendations, cont.:

- Invest in public health infrastructure and workforce
- Increase funding for PHEP, HPP
- Ensure access to vaccines without co-pay
- Provide job-protected paid leave
- Support the medical countermeasures enterprise, including against antimicrobial resistance and unknown threats
- Address social determinants that impact resilience, such as transportation and food access



For More Information

- Report and findings at <https://www.tfah.org/report-details/ready-or-not-2023/>
- Follow TFAH on Twitter @HealthyAmerica1
- Contact TFAH at: info@tfah.org



Welcome to Our Panelists



Mysheika W. Roberts, MD, MPH
Health Commissioner
Columbus, Ohio Public Health



Joelle Simpson, MD
Division Chief, Emergency
Medicine and Medical Director
of Emergency Preparedness
Children's National Hospital
Washington, D.C.



Andrew Pickett, MS
Director
Bureau of Emergency
Preparedness & Response
Pennsylvania Department of Health





Mysheika W. Roberts, MD, MPH

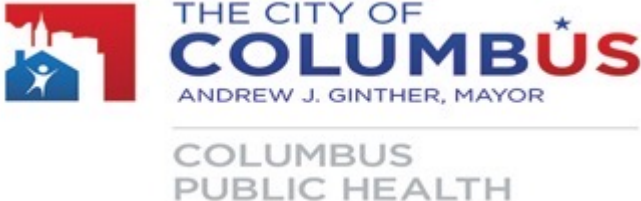
Health Commissioner
Columbus, Ohio Public Health

columbus.gov/publichealth



Columbus Public Health

Mysheika W. Roberts, MD, MPH
Health Commissioner



Public Health Funding Challenges

- “Boom or Bust” funding cycles
- City health departments must wait for dollars to filter down through state governments
- U.S. responds with time-limited, disease-specific emergency dollars, usually after an outbreak occurs
- Federal funding distributed to individual diseases and not core capabilities.

Mpox Outbreak

- Health departments received federal dollars after we responded.
- We had to piece together our response without any additional funding:
 - Vaccination events, pop up clinics
 - Community outreach, education & engagement
 - Staff to give shots and conduct contact tracing
 - Message development & ad placement
 - HC provider & partner education



Measles Outbreak

- 85 confirmed cases
- 36 hospitalizations
- 0 deaths

- 75 cases in Columbus' jurisdiction
- 10 cases in 6 other jurisdictions



MEASLES ALERT 

There is a measles outbreak in central Ohio.

YOU COULD HAVE MEASLES IF:

-  You had contact with someone with measles.
-  You visited an area where someone with measles had been.
-  You have a fever, rash, cough, runny nose or itchy, red, watery eyes.

IF YOU HAVE MEASLES SYMPTOMS, DO NOT ENTER AND CALL US AT



Make sure you are up to date with your measles, mumps and rubella (MMR) vaccine to help prevent the spread of measles. 

 **COLUMBUS PUBLIC HEALTH**
columbus.gov/measles • 614-645-1519

 **FRANKLIN COUNTY PUBLIC HEALTH**
myfcpb.org/measles



Case Demographics

Age range of cases

<1 year old	25
1-2 years old	36
3-5 years old	19
6-17 years old	5
18+ years old	0

Sex

Female	41
Male	44
Unknown sex	0

Measles Outbreak

Vaccination Status

Not vaccinated	80
1 dose vaccine	4
2 doses vaccine	0
Unknown vax status	1



Measles Outbreak

Columbus Public Health's Response

- Education & outreach to at risk groups
- Collaboration & coordination with key partners, including the CDC
- MMR vaccination at the health department and trusted community locations
- Contact tracing & case investigation
- Public dashboard
- Media blitz to raise awareness

No appointment needed

FREE VACCINE CLINIC

MMR • COVID-19 • FLU

Columbus Public Health is offering free MMR (Measles, Mumps and Rubella), COVID-19 and flu vaccines. The MMR vaccine is available for ages 1 year and older. The primary COVID-19 vaccine series is available for ages 6 months and older, and bivalent boosters are available for ages 5 years and older. (You are eligible for a booster two months after a COVID-19 vaccine.) The seasonal flu shot is available for ages 6 months and older.

Masjid IbnuTaymiyah & Islamic Center
2334 Mock Rd., Columbus

Friday, November 18
Noon-4 p.m.

There is a measles outbreak in our community! Protect yourself and your community from measles, mumps and rubella with two doses of the MMR vaccine. Anyone over the age of 1 year old can get their first dose of the MMR vaccine. You need a second dose to be fully protected.

THE CITY OF COLUMBUS
COLUMBUS PUBLIC HEALTH

Questions? Call 614-645-1579.

Recommendations

- Stable funding to strengthen public health and health care systems.
- Funding focused on developing core capacities and systems, not individual budget line items.
- Congress must invest broadly in health, not just restrict funding to specific diseases
- Funds given directly to cities, recognizing different needs of communities of different sizes
- Invest in and support the public health workforce

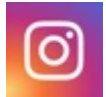
Social Media



Facebook.com/**ColumbusPublicHealth**



Twitter.com/**ColumbusHealth**



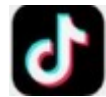
Instagram.com/**columbuspublichealth**



Facebook.com/**DrMysheikaRoberts**



Twitter.com/**DrMRoberts**



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Youtube.com/**columbuspublichealth**



Linkedin.com/**company/Columbus-public-health**

Joelle Simpson, MD

Division Chief, Emergency Medicine and
Medical Director of Emergency Preparedness
Children's National Hospital
Washington, D.C.

childrensnational.org





Children's National.

Ready or Not – The pediatrician's perspective

Joelle N. Simpson MD, MPH
Chief of Emergency Medicine

May 3, 2023

Outline

1. Landscape of pediatric emergency care in the US
2. Review of recent pediatric surge and disaster management
3. Lessons learned and recommendations for the future

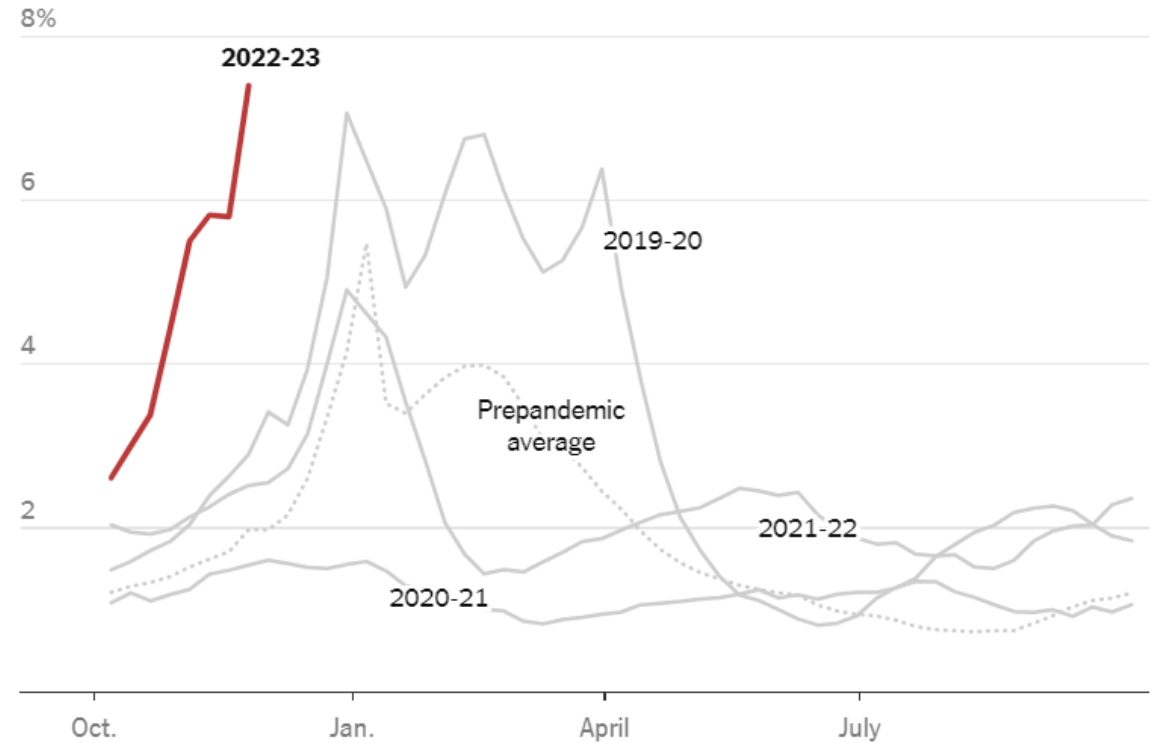
Pediatric Need

- Children (~25% of US population) have **unique healthcare needs**
- **30 million children seek emergency care each year**, most (80%+) in general EDs
- **Persistent disparities** in access to and quality of pediatric emergency care
- **Historical focus on adults** in emergency and disaster readiness

Pediatric Need

- National Pediatric Readiness Project (2013): **<50% of surveyed hospitals** include pediatric-specific needs in disaster plans
- **COVID-19** exposed and exacerbated gaps in pediatric disaster care

Percent of weekly doctor and hospital visits for respiratory illness



Source: Centers for Disease Control and Prevention • Note: The data includes people infected with influenza, R.S.V., the coronavirus and other respiratory viruses but is not a complete measure of the scope of these infections. The most recent weeks of data generally lag while reports come in. The weeks ending Dec. 3 and Dec. 10 are excluded because of this underreporting.

2022 Pediatric respiratory surge

- **RSV + Influenza + COVID** (and others!) “Tripledemic”
- **Decreased Children’s hospital capacity** post COVID
 - Pediatric staffing limitation (nursing, respiratory therapists...)
 - Staff sick calls
 - Mental health / trauma demands
- Community / receiving facilities with **less pediatric capability**
 - Non-profitable pediatric services sacrificed during COVID
 - Decrease in outlying peds specialty service over *many years*
 - Limited peds equipment, limited peds nursing, no inpatient peds service, and tremendous anxiety!

Emergency Department crowding

[Home](#)

[News](#) [Membership](#) [Career Resources](#) [Research](#) [Philanthropy](#) [About the AAP](#)

News Release

American Academy of Pediatrics Offers Guidance on Reducing Crowding in Emergency Departments

[Home](#) / [News Room](#) / American Academy of Pediatrics Offers Guidance on Reducing Crowding in Emergency Departments

Primary aims of the recommendations are improving the quality of care, patient safety, patient experience, and the health of populations, as well as reducing the per capita cost of health care.

For Release:

2/20/2023

National data narrative – the need

- Pediatric evidence-based guidance on care of children in non-pediatric settings
- Rapid operational response
- Broad dissemination capability
- Medication and supply shortage mitigation strategies



Immediate response

National

- Coordinated pediatric focused town halls with federal partners in each HHS region

Regional

- Pediatric bed triage systems between health systems

Local/Hospital

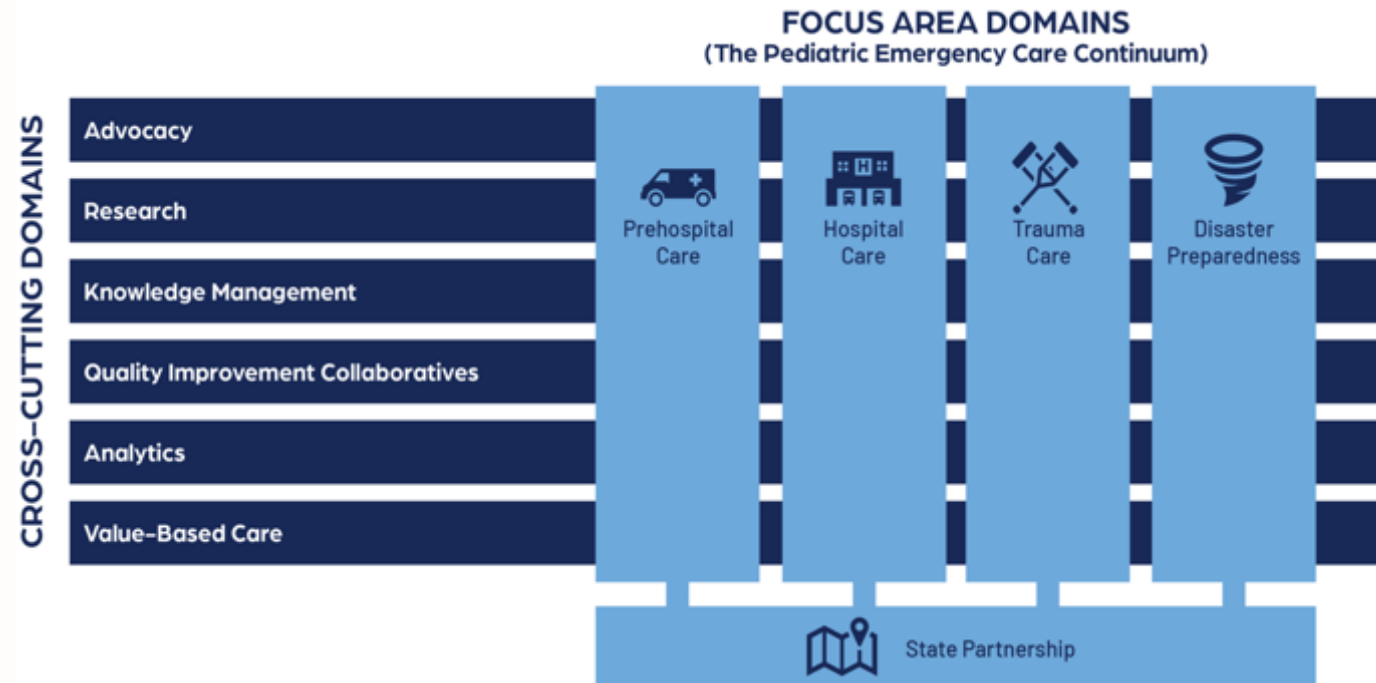
- “contingency care”
- Just-in-time communications, tracking tools
- “left without being seen”

Federal response

- HRSA Emergency Medical Services for Children Innovation and Improvement Center (EIIC)
- 3 ASPR Pediatric Disaster Centers of Excellence
- HRSA Pediatric Pandemic Network (PPN)



EIIC
EMSC Innovation and Improvement Center



Federal response

- HRSA Emergency Medical Services for Children Innovation and Improvement Center (EIIIC)
- **3 ASPR Pediatric Disaster Centers of Excellence**
- HRSA Pediatric Pandemic Network (PPN)



Gulf 7-Pediatric Disaster Network

- Awarded in 2022
- Anchored at Texas Children's Hospital (Houston, TX)
- 7 states/territories: Alabama, Florida, Georgia, Louisiana, Mississippi, Puerto Rico, Texas



Western Regional Alliance for Pediatric Emergency Management (WRAP-EM)

- Awarded in 2019
- Anchored at UCSF Benioff Children's Hospital (Oakland, CA)
- 6 states: Arizona, California, Nevada, Oregon, Utah, Washington

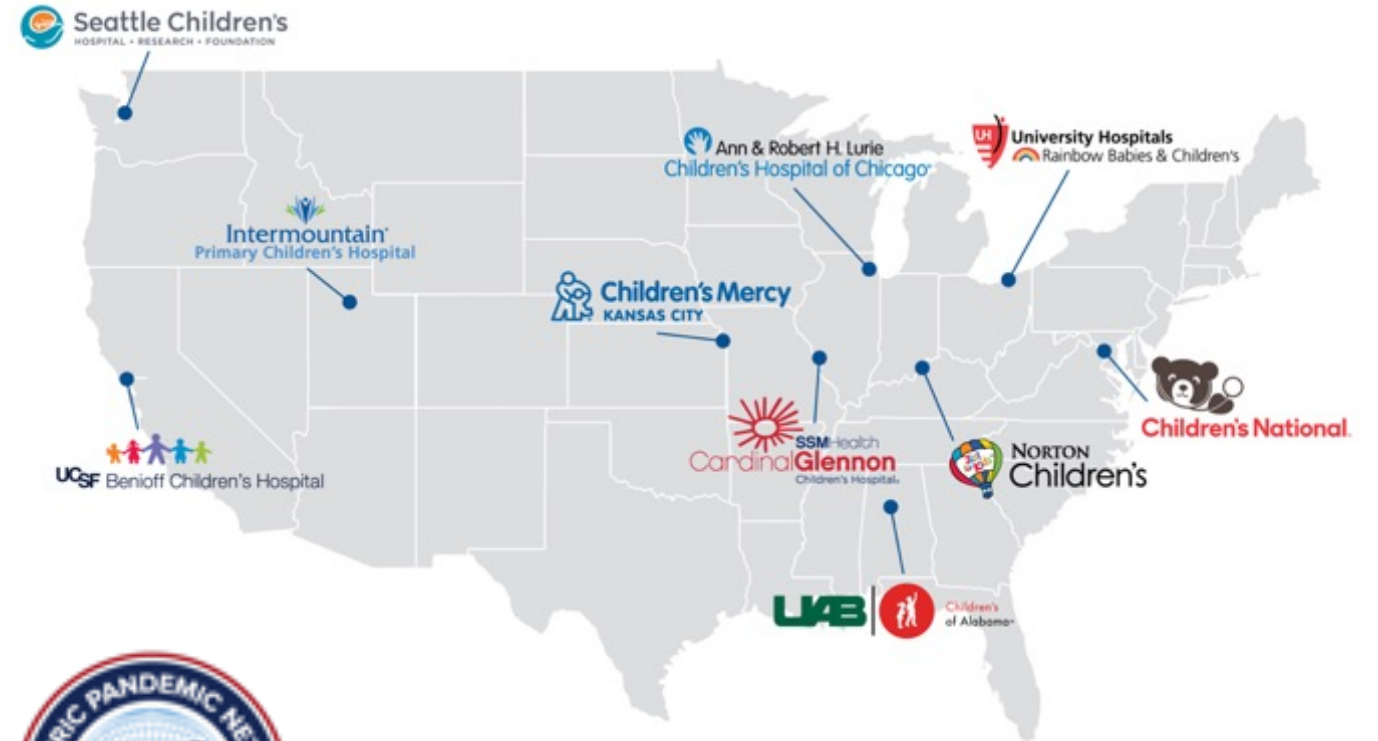


Region V for Kids (formerly EGLPCDR)

- Awarded in 2019
- Anchored at UH Rainbow Babies & Children's Hospital (Cleveland, OH)
- 6 states: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

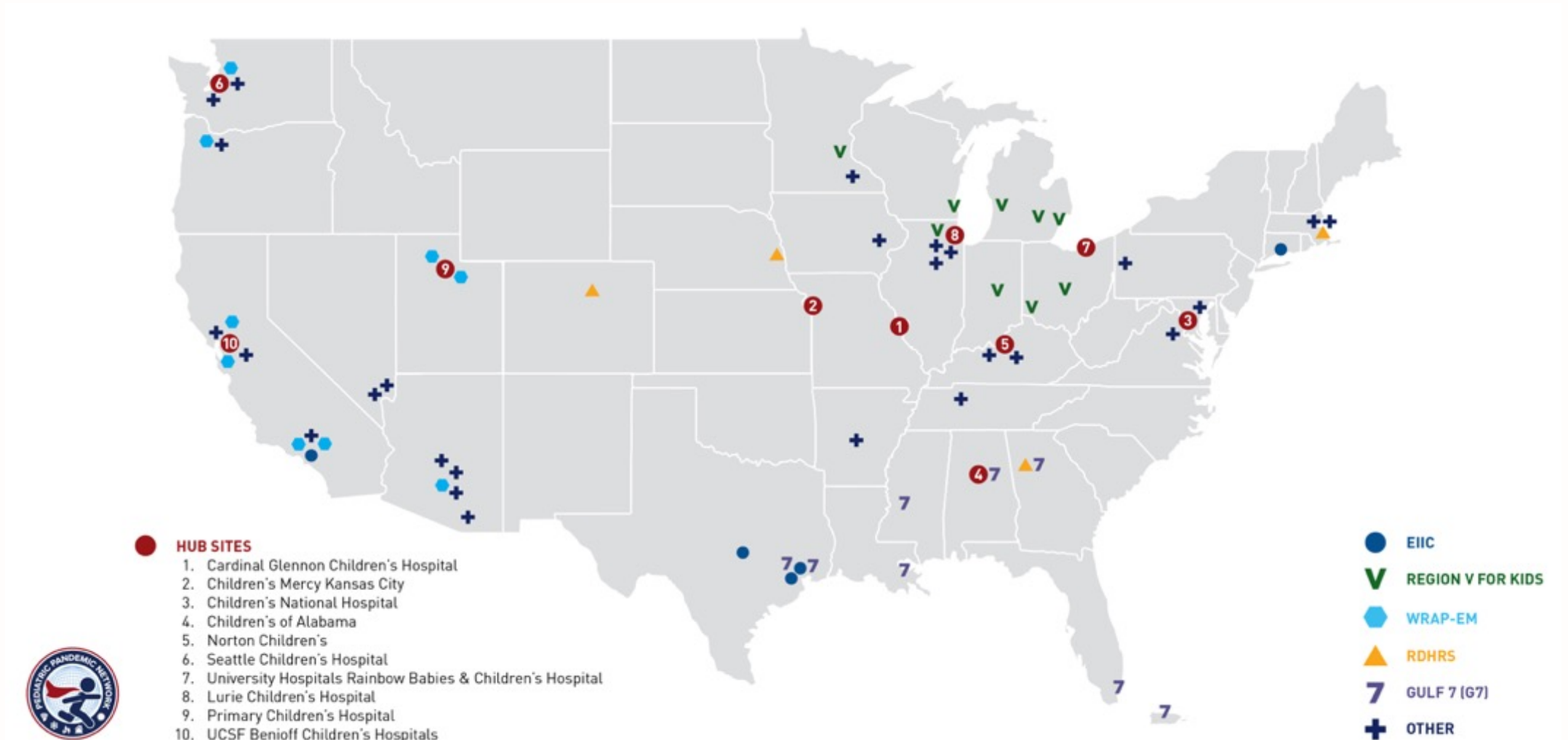
Federal response

- 3 ASPR Pediatric Disaster Centers of Excellence
- HRSA Emergency Medical Services for Children Innovation and Improvement Center (EICC)
- **HRSA Pediatric Pandemic Network (PPN)**



www.pedspandemicnetwork.org

Pediatric Disaster focused Networks across the US



Federal response

National Advisory Committee on Children and Disasters (NACCD)

1. Children's disaster mental health challenges
2. Key lessons from the COVID-19 pandemic
3. Pediatric healthcare surge during respiratory infectious disease epidemics

U.S. Department of Health & Human Services
Administration for Strategic Preparedness and Response

2022-2023 Recommendations from the National Advisory Committee on Children and Disasters (NACCD): The mental health crisis in the aftermath of the COVID-19 pandemic and other lessons learned

January 18, 2023



Recommendations

1. Coordinated national data sources
2. Financial and legal protections to hospitals to create flexibility where it did not previously exist
3. Re-establish and expand pediatric capacity in our communities
 1. Centralized patient coordination
 2. Telemedicine infrastructure
4. Reauthorize the National Advisory Committee on Children and Disasters (NACCD)

Andrew Pickett, MS

Director

Bureau of Emergency Preparedness &
Response

Pennsylvania Department of Health

health.pa.gov



TFAH “Ready or Not” Briefing

Andrew Pickett, MS
Director, Bureau of Emergency
Preparedness & Response

May 3, 2023

Preparedness Mission

The mission of the Pennsylvania Department of Health is to promote healthy behaviors, prevent injury and disease, and to assure the safe delivery of quality health care for all people in Pennsylvania.

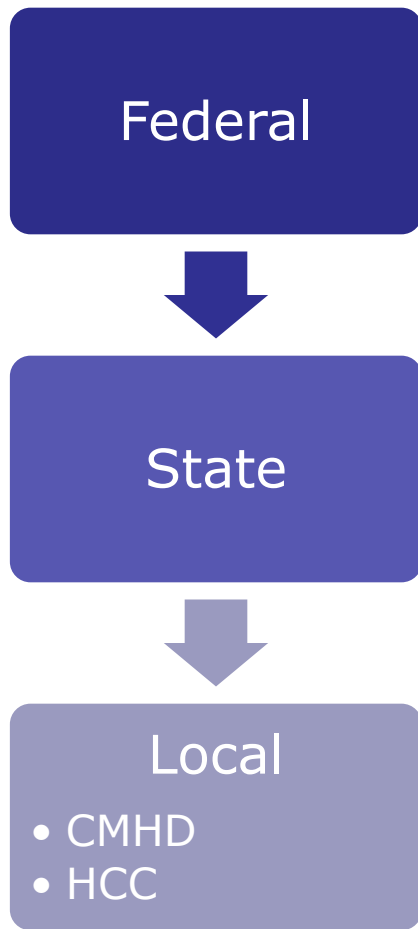
Our preparedness mission

Ensure that the Department and its partners can promote healthy behaviors, prevent injury and disease, and assure the safe delivery of quality health care for all people in Pennsylvania, no matter the circumstances.

An Overview of Pennsylvania

- Approximately 13 million residents (ranked 5th in the nation)
 - 2 major population centers: Philadelphia (~4.2 million) and Pittsburgh (~1.5 million)
 - Also significant rural areas – 3 counties with less than 10,000 residents each
- Diverse economy
 - Business/finance
 - Industry/manufacturing
 - Agriculture
- A “purple” state

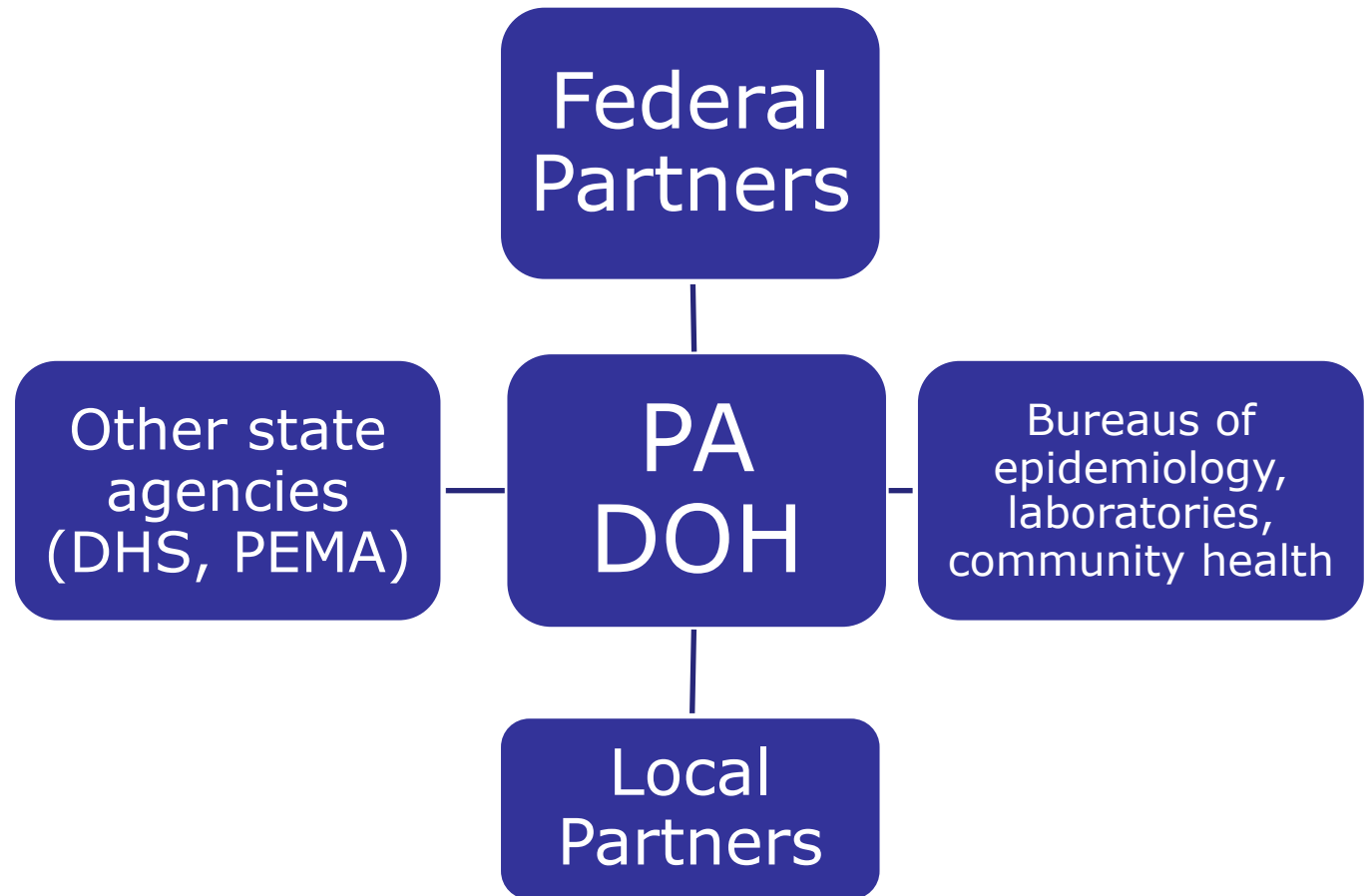
The Health Emergency Preparedness landscape of PA



- State Health Department
- 11 local health jurisdictions (CMHDs)
 - ▣ 7 county health departments
 - ▣ 4 municipal health departments
 - ▣ Remaining 60 counties managed by PA DOH
- 6 Health Care Coalitions (HCCs)
- Other local partners of PA DOH
 - ▣ Medical Reserve Corps units (11, including 9 managed by CMHDs)
 - ▣ State Medical Assistance Team

Preparedness means working up, down, and across

- Working within the agency, supporting and collaborating with other units, such as epidemiology, laboratories, and community health systems (local health)
- Other state agencies support other related aspects of emergency preparedness and response missions



Responses in the last year

State (PA DOH) responses

- COVID-19
- Mpox
- Train derailment
- Healthcare facility infrastructure issues (utilities, etc.)

Local partner responses

- COVID-19
- Mpox
- Healthcare facility infrastructure issues
- Mass casualty incidents
- Special events

▶ The TFAH “Ready or Not” Report

- Not necessarily a “public health” or “health department” assessment, but a “whole of health” assessment
 - 10 discrete points that touch on areas of preparedness
 - Public health
 - Health equity
 - Health care
- One of many assessments that can (and should) be used to identify gaps and areas for improvement across the health sector

Other preparedness assessments

- Federal cooperative agreement capabilities and “capability planning guides” (CDC and ASPR)
- Federal Operational Readiness Review (CDC)
- Project Public Health Ready (NACCHO)
- After Action Reviews from exercises and real-world events

What do these assessments tell us?

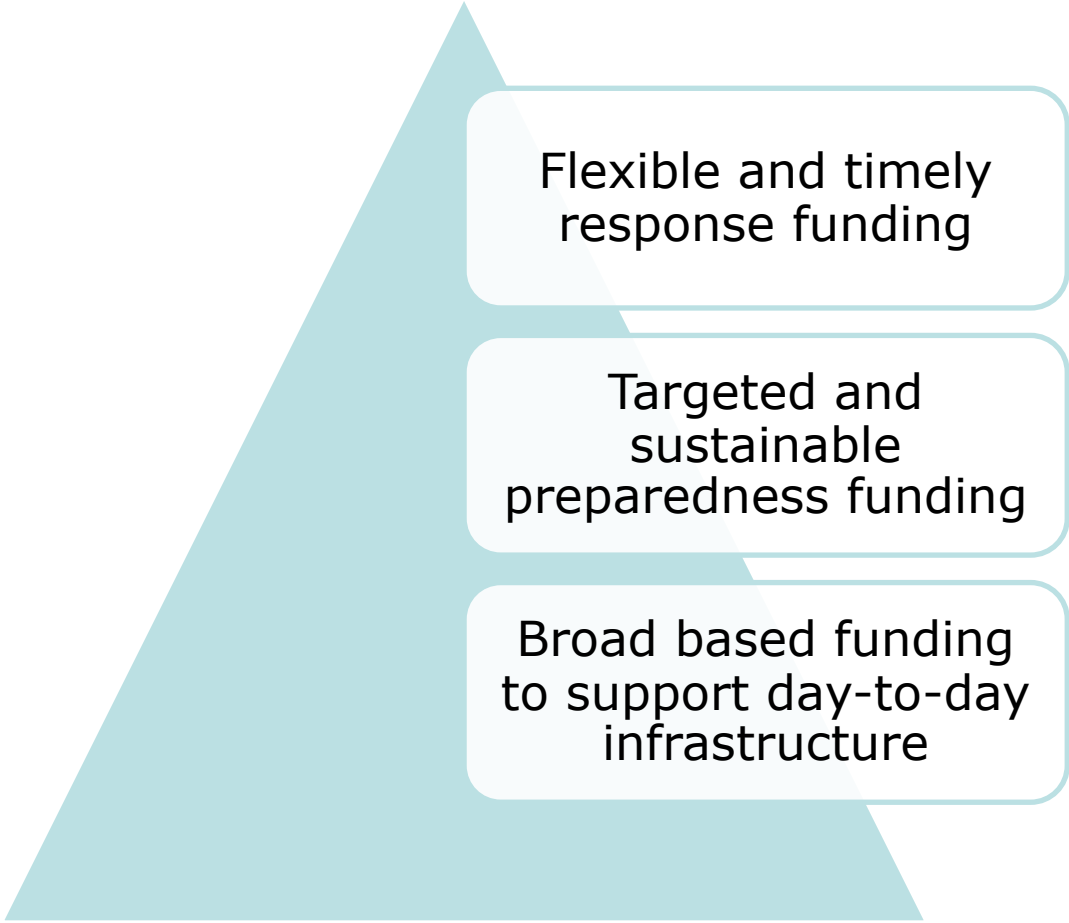
- TFAH “Ready or Not Report”
 - Represents a cross-section of public health, healthcare, and community services at a policy level
 - **Indications:**
 - More work needed to bring together these different groups at a high level
 - Legislative collaboration is required to move the needle on some data points
 - Opportunities exist for better engagement - up, down and across the spectrum

▶ What to these assessments tell us?

- Operational assessments
 - Look at ability to execute a specific response (e.g., COVID) within an agency, jurisdiction, or facility
 - **Indications:**
 - Significant planning and pre-event preparedness has occurred nationwide, thanks to targeted investments in preparedness
 - Operationalization is still a challenge, especially for large or complex events

Where does preparedness need to go?

- Public health and healthcare funding needs to be built on a strong base of operational capability
 - ▣ Too many health departments (and healthcare partners) can barely handle day-to-day operations, let alone the challenges of a response
 - ▣ No one element can replace the other two



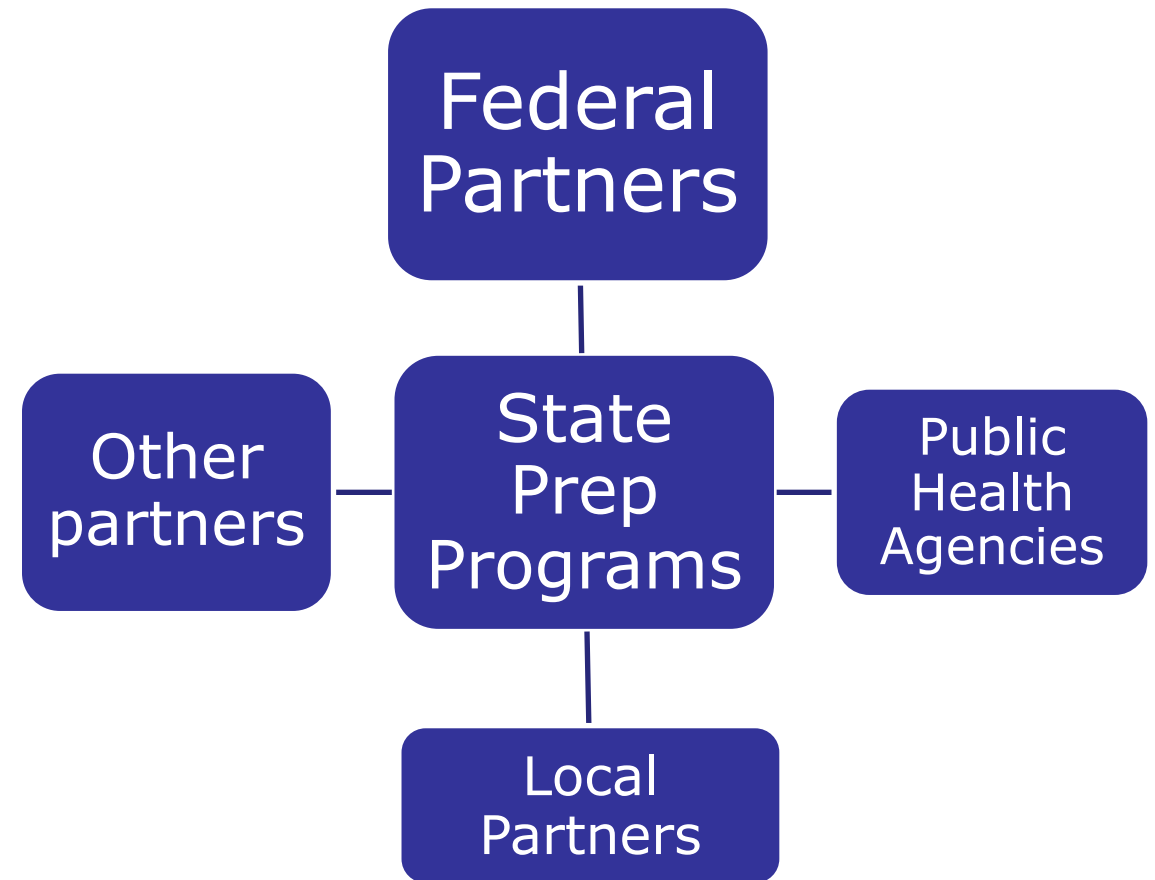
Flexible and timely response funding

Targeted and sustainable preparedness funding

Broad based funding to support day-to-day infrastructure

Where does preparedness need to go?

- The role of state public health is essential as a convener and collaboration with the entire spectrum of public health preparedness
- Federal support to emphasize the Fed-State connection and give states valuable input into the Federal preparedness posture will help create a streamlined system
 - The boxes don't matter – the links between them do!



Submit Questions for Our Panelists



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Thank You to Our Moderator and Panelists



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Thank you!

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The recording and slides will be available at tfah.org

