Congressional Briefing and National Webinar

May 3, 2023
2:00 – 3:00 PM Eastern Time

@HealthyAmerica1
tfah.org
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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

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Moderator

J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America’s Health
tfah.org
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

2023 State Emergency Preparedness Rankings: High, Middle, and Low.
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
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
Columbus Public Health

Measles Outbreak

- 85 confirmed cases
- 36 hospitalizations
- 0 deaths

- 75 cases in Columbus’ jurisdiction
- 10 cases in 6 other jurisdictions
Measles Outbreak

Case Demographics

<table>
<thead>
<tr>
<th>Age range of cases</th>
<th>Sex</th>
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<tbody>
<tr>
<td>&lt;1 year old</td>
<td>Female</td>
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<tr>
<td>1-2 years old</td>
<td>Male</td>
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<tr>
<td>3-5 years old</td>
<td>Unknown sex</td>
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<tr>
<td>6-17 years old</td>
<td></td>
</tr>
<tr>
<td>18+ years old</td>
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# Measles Outbreak

## Vaccination Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Not vaccinated</td>
<td>80</td>
</tr>
<tr>
<td>1 dose vaccine</td>
<td>4</td>
</tr>
<tr>
<td>2 doses vaccine</td>
<td>0</td>
</tr>
<tr>
<td>Unknown vax status</td>
<td>1</td>
</tr>
</tbody>
</table>
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
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
TikTok.com/@ColumbusPublicHealth
Youtube.com/columbuspublichealth
Linkedin.com/company/Columbus-public-health
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

![Graph showing 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!
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)
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www.pedspandemicnetwork.org
Pediatric Disaster focused Networks across the US

HUB SITES
1. Cardinal Glennon Children's Hospital
2. Children's Mercy Kansas City
3. Children’s National Hospital
4. Children's of Alabama
5. Norton Children's
6. Seattle Children's Hospital
7. University Hospitals Rainbow Babies & Children’s Hospital
8. Lurie Children's Hospital
9. Primary Children's Hospital
10. UCSF Benioff Children's Hospitals
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
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 2 major population centers: Philadelphia (~4.2 million) and Pittsburgh (~1.5 million)
  ² Also significant rural areas – 3 counties with less than 10,000 residents each

• Diverse economy
  ² Business/finance
  ² Industry/manufacturing
  ² Agriculture

• A “purple” state
• State Health Department
• 11 local health jurisdictions (CMHHDs)
  - 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 CMHHDs)
  - 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
Where does preparedness need to go?

- The role of state public health is essential as a conveners 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!

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Pennsylvania Department of Health
Submit Questions for Our Panelists

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Thank You to Our Moderator and Panelists

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Thank you!
@HealthyAmerica1
The recording and slides will be available at tfah.org