CDC COOPERATIVE AGREEMENT
Public Health Emergency Preparedness

4th Annual PHRST 7 Homeland Security and Preparedness Conference
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Charlotte, NC

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A New Normal

Preparedness:

- A Core Public Health Function
- Central Role of States
- All Emergencies Start Local
AFTER THE AIR WAR

October 22, 2001: $3.95

Newsweek

Anthrax

A SPREADING SCARE THE MEDICAL FACTS
What We Have Accomplished

Components of the NC Public Health Preparedness and Response Plan

- Surveillance
- Disease investigation
- Laboratory capacity and response
- Vaccination/prophylaxis
- Quarantine and isolation
- Mass care
- Mass fatality
- Public information
- Command/Control/Communications
What We Have Accomplished

Local Public Health Capacity

- Local BT Planners/Coordinators
- Workforce Development/Training
- Information Technology Upgrades
- Internet Connectivity (HAN) - all LHDs and >110 hospitals
- Response Plans with local partners
What We Have Accomplished

State & Regional Public Health Capacity

- 7 PHRSTs
- 3 Regional Laboratories
- 12 Hospital PH Epidemiologists
- Enhanced surveillance & response systems (MOST, NC DETECT, NC EDSS, OMS, RNAs)
- Workforce Development/Training
- PHTIN Upgrades
NC Public Health Preparedness and Response

- Bioterrorism Coordinator
- CDC
- Law Enforcement: FBI, SBI
- Military Installations
- Academic Institutions
- 85 LHDs
- Medical Facilities
- NC Emergency Management
- State Level Bioterrorism Team
- 7 P.H. Regional Surveillance Teams
Linking of Response Systems

- First Responders
  - Fire/EMS
- Medical & Mental Health Services
- Public Health
- Law Enforcement
- Emergency Management

OAS Public Health Emergency Preparedness
What We Have Accomplished

Examples of Dual Use Capacity

- Hurricane responses in NC
- Hurricane responses outside of NC
- *E. coli* outbreak at NC State Fair
- Legionella outbreak in Western NC
- Smallpox Vaccination Program
- Flu Vaccine Shortage Response
- West Nile Virus - Vectorborne Diseases
- SARS Response Winter 2003
## CDC Grant Funding History

<table>
<thead>
<tr>
<th>Years</th>
<th>Description</th>
<th>Funding</th>
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<tbody>
<tr>
<td>Years 1 &amp; 2</td>
<td>Start up laboratory funding</td>
<td></td>
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<tr>
<td>Year 3</td>
<td></td>
<td>$ 24.2M</td>
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<tr>
<td>Year 4</td>
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<td>$ 26.2M</td>
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<tr>
<td></td>
<td>(Base, $2.8M Smallpox, $1.8M SNS)</td>
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<td>Year 5</td>
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<td>$ 20.5M</td>
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<td>Year 6</td>
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<td>$ 22.9M</td>
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<tr>
<td></td>
<td>(Base, $2.5M Pan Flu)</td>
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<tr>
<td>Year 7</td>
<td></td>
<td>???</td>
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DHHS Reallocation Decision
(why we had less money in BY5)

- Cities Readiness Initiative (-$39M)
- Shift to CDC
  - BioSense (-$11.9M)
  - Quarantine Stations (-$4M)
- Pool available to states
  - Was $864.9M
  - Now $810M (-6.3%)
- Reduced NC base amount (from $5M to $3.9M)
- No SNS or Smallpox Funding
Reduced Federal Appropriations

(why we had less money in BY6 and why we’ll have less money in BY7)
Potential Budget Year 7 Funding

- Reduced Federal Appropriations to CDC
- Anticipate 15% reduction in base funding to all states’ cooperative agreements
- Potential reduced NC base funding from BY6 $20.4M to BY7 $17.3M
Current CDC Grant Structure
Project Period 2
(Budget Years 6-10)

- No Focus Areas
- Outcomes Driven
- Prevent, Detect, Report, Investigate, Control, Recover and Improve
- Provides objectives to be achieved by state, territorial, and priority local public health agencies
CDC Grant Structure
Project Period 2

Performance Metrics

- State and Priority Local Health Departments
- Priority LHDs defined through Metropolitan Statistical Areas (MSAs)
- Reportable to CDC at annual application and through regular progress reports
CDC Grant Structure
Performance Metrics

NC MSAs
Charlotte-Gastonia-Concord, NC-SC

Includes LHDs in the following counties:
- Anson
- Cabarrus
- Gaston
- Mecklenburg
- Union

Additional LHDs:
- Iredell
- Lincoln
CDC Grant Structure
Performance Metrics

NC MSAs

Albemarle Regional Health Services (Currituck Co.) defined as part of Norfolk, VA MSA
CDC Grant Structure
Project Period 2

Performance Metrics
NIMS Compliance

- How many Full-Time Equivalent (FTE) public health employees have emergency response roles specified in their job descriptions?
- How many have been trained in the National Incident Management System (NIMS) within the last 24 months?
In public health emergency response plans, what is the estimated number of volunteers that are needed to support an epidemiologic investigation?

How many are trained for this function?
In public health emergency response plans, what is the estimated number of volunteers that are needed for mass prophylaxis?

How many are trained for this function?
CDC Grant Structure
Project Period 2

Performance Metrics Improvement

- During all drills, exercises, and real events in the last 12 months, what was the average time from the end of the drill, exercise, or real event to completion of the after action report?
- Time to implementation of corrective actions?
- To retest areas requiring retesting?
Potential North Carolina Budget Year 7 Funding

- Anticipate 15% reduction in NC base award
- From $20.4M to $17.3M
Budget Year 7
Funding Priorities

- Complete NC EDSS Project ($2.4M)
- Complete LIMS Project
- 7 PHRST
- 3 Regional Laboratories
- Hospital PHE program
- Maintain Statewide Surveillance Systems (NC DETECT, NCHESS)
- Support LHD Emergency Preparedness Activities through Aid To County Funding
Aid To County Assistance Funding
(Funds that don’t go to every LHD)

- 3 Regional BT Labs
- 7 PHRSTs
- 25 LHDs Internet Connectivity
  (a diminishing program)
Proportional Aid to County Direct Funding (85 LHDs)

Current Allocation Strategy

- Base + proportional share formula
- Share based on:
  - Population (60%)
  - Total area (20%)
  - Land area (20%)
Current LHD funding estimates reflect 15% reduction in federal appropriations in the CDC grant program.
Potential Threat-Based Aid to County Funding Factors

- Military Installations
- Nuclear Power Plants
- International Ports
- International Airports
- State Capital
- State Fairs
- Stadiums and Arenas >10,000 capacity
Pandemic Influenza
Supplemental Funding

- $350M Congressional appropriation
- One-time emergency pandemic influenza funding for states
- Executed through CDC PH Emergency Preparedness Grant program
- Phase I funds $100M
- Phase II funding $250M
Pandemic Influenza Supplemental Funding Phase I

- NC’s share = $2,547,844
- Added to base grant award in BY6
Pandemic Influenza Supplemental Funding Phase I – Local Funding

- LHD funding completed using Request for Proposal format
- Based on LHD Pan Flu Local Assessment and Gap Analysis (from CDC)
- $977,491 in LHD funds requested by NC in application to CDC
- Represents 44 LHD requests
- Funded work must be completed by 8/30/06
Pandemic Influenza
Supplemental Funding
Phase I – NC Priorities

- Local Planning Initiative – UNCCPHP
- Online CD Nurse Avian Flu / Pandemic Influenza Training
- Public Information Campaign
Pandemic Influenza
Supplemental Funding
Phase I – NC Priorities

- Model Planning Curriculum Workshops - Medical Surge Capacity plans for hospitals, LHDs, EMS
- Contingency Planning for EMS systems
- Private provider training
Pandemic Influenza Supplemental Funding
Phase I – NC Priorities

- Regional business and industry pandemic influenza summits
- Regional pandemic influenza summits for response partners (public health, EMS, hospitals, law enforcement, emergency management)
Pandemic Influenza
Supplemental Funding
Phase I – NC Priorities

- Web-based tabletop exercises (similar to Eight Ball) - law enforcement and community health centers
- Additional regional (RAC) web-based exercises
Pandemic Influenza Supplemental Funding Phase I – NC Priorities

- Surge Capacity Upgrades to the NC Immunization Registry
Pandemic Influenza Supplemental Funding
Phase II

- Remaining $250M of $350M Congressional Appropriation
- Anticipated NC Award of $5M if formula based (population)
- Some discussion of competitive and formula based allocations to states
Pandemic Influenza
Supplemental Funding
Phase II

- Anticipate guidance and funding award to follow closely with PH Emergency Preparedness Grant Budget Year 7
CDC COOPERATIVE AGREEMENT
Public Health Emergency Preparedness

THANK YOU