JOINT POLICY WORK GROUP

Meeting Summary
San Francisco, CA
Wednesday, November 30, 2022

Chairs:
Dr. Alexia Harrist (ASTHO) and Director Andrew Phelps (NEMA)

Agenda

- The NEW ASPR: Administration for Strategic Preparedness and Response
- The CDC Outlook
- Data Modernization
- Group Discussion: Organizational Culture Shifts
- Preparedness for Rural America
- Group Discussion: Policy Drivers
- Border Safety and Health Security Brief
- Wrap Up/Action Items

Opening with a welcome and introductions around the room.

The New ASPR: Administration for Strategic Preparedness and Response, Jonathan Greene, Deputy Assistant Secretary, Office of Operations and Resources
HHS is undergoing a massive organizational shift to better align services that fit the need. More details will be published in the beginning of the new year, but one of those shifts that has already been announced was the remaking of ASPR. The redesign looks to provide an alignment with preparedness and response activities as the administration looks to continue the operations within the Secretary's operating center. The Secretary looks to span the responsibilities across the executive leadership team. The concern is not necessarily the next pandemic, but to build a sustainable foundation for the next 10 years. Keeping in mind that to organize and operate a national system often does not align in a universal way, highlighting the need to understand the nature of each locality. Partnerships, especially with the CDC, will be paramount in the success. One of the ways that may assist is to right size annual appropriations to allow the administration to have a yearly budget as opposed to living off supplemental funding. Hiring and onboarding has been an epic challenge. The goal is to design a program that brings in and maintains talent; and ultimately create a system that can be helpful for the future that focuses on all-hazards of the twenty first century.

The CDC Outlook, Dr. Henry Walke, Director, Center for Preparedness and Response, CDC
Dr. Walke envisions a CDC that is more integrated and better connected to state, locals, private sector, and the federal family. As the CDC completes their internal organizational design assessment and how each agent plays a role, the future looks to find more opportunities to link with emergency management and homeland security. Especially in partnerships as they could benefit from state and local input.

Internally, the CDC workforce will be expected to be a responder. In responding to the next event in the smoothest way possible, the federal family must tighten up in communications within each agency (ASPR, FEMA) to avoid duplicating activities and providing a little more ease on the states. The CDC is a piece of the larger public health system, but through partnerships can ensure everyone is connected. The power is in the state and local levels to make sure the funds are truly found and establish those network relationships to decide how to better execute exercises and the public health workforce to ensure the readiness of these systems. The layer of health equity must also be maintained at the highest standard to ensure we continue to meet the mark as the CDC is data-focused for funding opportunities. Most impacts are shining within the grass roots. For example, the CDC liaisons program was successful in the effort to place more federal employees at the state level to help fill capacity. One of the challenges in the workforce is the long term and how to make the decisions to ensure success down the road, often a nostalgic embrace and tendence to falter back to the way things were seeps in. There is an urgency that we must do things now, losing time and are unable to get to the point where we can change the systems which is necessary, realizing the importance of the short-term decisions.

Data Modernization, Dr. Anne Zink, Chief Medical Officer, Alaska Department of Health & Social Services, Division of Public Health and ASTHO President
We have the ability and the tools to handle data differently; and should be taking advantage of that to advance public health data as a Nation. Data modernization matters to the decision makers that need quick and reliable information. The status of those systems prove they are aging; have the inability to handle high data volume; lack common standards in terminology and operability; and creates policy and legal concerns. Congressional appropriations have provided a sprinkle of funds to thwart this problem, but the investment need is at a larger scale when thinking in a future tense. Healthcare Information and Management Systems Society proposed a $37B, 10-year investment to elevate the system to a more modern approach. A fierce recommendation in an industry that lacks technology resources and the people to tackle them.

ASTHO created a strategy. To advance sustainable public health data modernization, they look to advocacy for flexible funding solutions to help advance it over the longer terms. They look to develop and deploy a roadmap for guidance. Utilize private-public partnerships to cultivate innovation that fosters leading edge solutions. And increase the workforce to include heath informatics. Through this strategy, ASTHO created recommendations for public health agencies that guide their people, planning and implementation, and the operating environment for data modernization implementation. Providing the solutions that are more efficient, agile, and adaptable than manual outdated processes. The game changer is within the long term, but those perceptive will see the game needs changed. [Resource provided: 11-30-2022 Data Modernization Presentation_ZinkASTHO]

Group Discussion: Organizational Culture Shift
States are also shifting in organizational structures as they look to find ways to embed in their culture more sustainable avenues in servicing their publics as well as retention of the talent on their teams. Oregon and Maryland Governor and legislature pulled emergency management under the Governor's direct report for emergency management. Such ties help elevate the mission of public service. Also, matching the responsibility to the agency and having the process on paper and practiced in exercise worked well to when a response occurred. Some agencies incorporate incentives for job satisfaction, workforce development, and mental health breaks as aspects to include as a benefit.

Preparedness for Rural America, Dr. Cathy Slemp, Former Commissioner and Health Officer with the West Virginia Department of Health and Human Resources, Bureau for Public Health

46 million U.S. residents are rural. Copewell systems dynamic model helps define community resilience into three parts: Community functioning – ability of the community to deliver basic goods and services to its residents. Resistance – Factors that lesson or increase the impacts of an event on the community, as in the drain of community resources. Recovery – Factors that facilitate a speedy return to or replenishment of community functioning.

People and communities grow from acknowledging and building on their strengths, setting a vision, and collaborating to activate it. It is important to know that people will utilize their own services and resources to help, like sewing masks for their community that is in desperate need of PPE. These communities have an inherent self-reliance so when they do ask for help, you understand they truly need it. There are significant preparedness challenges in rural communities. Often are larger system issues that may compound and impact both everyday functioning and disaster resiliency (examples are broadband/internet access, healthcare access, transportation, and the workforce). Strengthening and using rapid decision support processes for elected officials and more effectively coordinating communications across sectors would support more cohesive responses for rural communities. Tennessee and Illinois had a battle rhythm during COVID where PH/EM/HS would meet every two weeks to help inform their Governor and executive leadership on the status of their state. Providing a great platform to express concerns, work together for innovative solutions, provide follow up, and help inform on the overall response.

Where federal and state policy changes can make a difference:

- Consistent, stable, disease agnostic, predictable, and sufficient funding
- Workforce Development: Loan repayment, training and hiring initiatives
- Policies, programs, best practices, funding that build on the resources of and foster strong linkages with community-based / community led organizations and trusted local entities.
- Building the economic stability of families, assuring nurturing environments for children, addressing equity.

Building on or restoring social capital and cohesion, rebuilding trust in each other, in government, and in society more broadly is critical in all roles. [Resource provided: 11-30-2022 Rural Preparedness Presentation_Slemp]

Group Discussion: Policy Drivers

The group tackled multiple policy forming discussions throughout the meeting, carefully bucketed in topics (no particular order). The goal is to build nimble systems that provide states the regional autonomy they require and yet the consistency needed to address common functions.

Grant funding and flexibility: Where and how to streamline grant funding opportunities to better align for preparedness and response across the industries. Address the inflexibilities and learn where the disconnect between the funders and the receivers of funds are to help address future outcomes of disasters. Ensure equity is of top of mind as those communities prove dire need. Providing feedback when asking for grant funding is too late (learning lessons from the recent cyber NOFO) but could there be a way to recommend more efficient and cohesive timelines within preparedness, building infrastructure and mitigation, and response funding across federal agencies. Potentially could pull in policy where exercises are featured across all disciplines. And is there a way to better connect prevention measures to response needs to avoid compound disasters (a disaster within the disaster). Are there recommendations to bring to DOD/HHS/ASPR/CDC/DHS/FEMA to all work better, together?

State Stockpiling and the Role of the SNS: What is the role of states in procuring resources versus a national picture and collaboration? How can we better coordinate among federal and state services to maintain the SNS and State Stockpiles? Is it a beneficial opportunity for FEMA and the CDC to team up on guidance with expired resources? Could this also be paired with the Medical Reserve Corps and the need for more people? Capturing the idea as the overall need for medical resources and people during a disaster/emergency as well as a clearer defining roles in the authorities of those services.

Authorities. Disaster response authority starts with the Stafford Act as far as a national emergency declaration. Is there a need for modification in the definition of disaster through that act?

Equity. Did states that took a priority of equity versus a priority of economy produce a better outcome of response to the COVID pandemic? There are still blocks in policy for the equity lens, both federally and state, how best could the group glean those to create recommendations.

Data Modernization. The data collecting infrastructure and process is archaic for public health data tracking. Standardization within the terminology and operability so that systems can speak with systems are also a need. In taking ASTHO's recommendations, how do we modernize it and are there policies that need recommendation of changes to get to the finish line?

Border Safety and Health Security Brief, Heather Chew, State and Local Public Health Adviser, DHS and Dr. Iván Zapata, Global Health Security Advisor, DHS
The Office of Health Security has also undergone a shift in their organization to allow them to be more in sync with the efforts of responsibility and may combine those efforts when and if necessary. Dr. Zapata and Ms. Chew work under the Health, Food, and Agriculture Resilience Directorate. The idea is for Border Health Security to add strategic planning with response. They also are initiating 'qualitative planning' by listening to concerns to improve policy.

As the increase of mass migration breaks records monthly, the massive movement is impacting both maritime (Florida) and the Southwest border. The flow of the maritime mass migration is also impacting the territories of Virgin Islands and Puerto Rico. The Annex Q of the Operation Vigilant Sentry (OVS) is in effect as the public health and medical emergency tie in to where the state and local support is most at need. A report will be coming out near the end of the year that will be shared with the group. At the southwest border, Title 42 will be lifted on December 21. At this point, only cities that have volunteered to be involved in preparation calls are stakeholders brought in for situational awareness discussions that may help in planning efforts. There is not a nationwide effort at this time for planning for the policy that will be lifted, and the migration surge DHS and the States are predicting. [Resource provided: 11-30-2022 DHS Office of Health Security Org Chart]

Wrap/Action Items

- The work group Chairs look to leverage the meeting discussions to create recommendations. As the list of topics are prioritized, virtual meetings will be scheduled among the work group members for further discussion and decisions on action-oriented recommendations to provide to federal partners. Recommended for the next meeting to be in the District of Columbia, to have access to federal partners to share and/or further discuss the recommendations.

The work group adjourned. A huge gratitude to Dr. Harrist, Director Phelps, and the Speakers.

Speaker Bios

Jonathan Greene, Deputy Assistant Secretary, Office of Operations and Resources, ASPR, HHS
Jonathan Greene is Deputy Assistant Secretary of the Office of Operations and Resources (OOR) within the Administration for Strategic Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS). His responsibilities include oversight and management of national programs designed to prepare for, respond to, and recover from 21st century health security threats. OOR consists of two offices, Emergency Management and Medical Operations (EMMO) and Resource Management (ORM). Major programs within OOR include the Strategic National Stockpile (SNS), the National Disaster Medical System (NDMS), the Hospital Preparedness Program (HPP), and the Medical Reserve Corps (MRC). Additionally, OOR manages the ASPR regional offices in the states and territories and houses ASPR's Recovery Division.

Prior to his work with HHS, Mr. Greene served as Deputy Assistant Secretary for Operational Medicine and Health Support within the newly formed United States Department of Homeland Security Office of Countering Weapons of Mass Destruction (CWMD) as well as Deputy Assistant Secretary and Deputy Director of the DHS Office of Health Affairs, a predecessor to CWMD where his work was focused on bio-detection, bio-surveillance, as well as chemical defense and food and agriculture security.

Before joining federal service in 2008, Mr. Greene spent over 20 years serving in public safety response and preparedness roles at the local level. His career includes line and executive level positions with fire service, law enforcement and emergency medical service agencies. He has provided leadership to some of the country's most progressive and innovative EMS systems including several high-performance EMS operations in major U.S. cities.

Mr. Greene received his appointment to the Federal Senior Executive Service in 2013. He holds a Bachelor of Science degree from Charter Oak State College and attended the University of Connecticut Graduate School as well as Keene State College in New Hampshire. More recently, he attended Harvard University's National Preparedness Leadership Initiative and received a certificate in public leadership from the Brookings Institution / Washington University at St. Louis. Mr. Greene is a graduate of the Connecticut Municipal Police Academy and has maintained licensure as a paramedic in that state since 1990.

Heather Chew, MPH, State and Local Public Health Advisor, Office of Health Security, DHS
Heather Chew joined the U.S. Department of Homeland Security in 2009 and currently serves as the State and Local Public Health Advisor for the Office of Health Security (OHS). In this role, Ms. Chew supports state and local public health and homeland security stakeholders in building information sharing partnerships to enhance preparedness for addressing health security threats.

Ms. Chew has served in several detailee and liaison positions, including the Office of Intelligence and Analysis (I&A) at DHS, the Office of National Drug Control Policy (ONDCP) in the White House Executive Office of the President (EOP), and the Administration of Strategic Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS).

Prior to joining DHS, Ms. Chew served as epidemiologist at the Maryland Department of Health supporting public health preparedness and response activities. Ms. Chew completed her BS in Biochemistry at Indiana University and MPH in Epidemiology of Microbial Diseases at Yale University.

Cathy Slemp, MD, MPH, Deepa Consulting and Former Commissioner and State Health Officer with the West Virginia Department of Health and Human Resources, Bureau for Public Health
Dr. Cathy Slemp currently enjoys her own public health consulting practice with current projects primarily focusing on community resiliency and leadership development. From 2018 to 2020, Dr. Slemp served as Commissioner and State Health Officer with the West Virginia Department of Health and Human Resources, Bureau for Public Health overseeing the full scope of the state's public health activities and partnerships as well as launching the state's response to COVID19. Similarly, she served from 2002-2011 as West Virginia's State Health Officer, then overseeing immunization programs, outbreak and disease control programs, emergency preparedness and response efforts, and agency quality improvement activities. Concurrently, she served as the state's Emergency Preparedness Director, founding and directing preparedness programs, managing multi-million-dollar grants, and leading public health agency responses, including the 2009 influenza pandemic, floods, hurricane Katrina, 9/11 and other emergencies. Prior to these roles, she was the founding director of the state's Division of Infectious Disease Epidemiology and epidemiologist for the WV Cancer Registry. Throughout her career, Dr. Slemp has worked closely with public health agencies, health care facilities, and cross-sector partners to build both epidemiology and emergency preparedness infrastructure within communities. Prior to her medical and public health career, she trained as a family practitioner and volunteered internationally in community development.

Dr. Slemp has and continues to serve on numerous boards, advisory committees, workgroups, and projects in a variety of leadership positions. In 2008-09 she chaired ASTHO's Directors of Public Health Preparedness. Currently, she serves on the CDC's Board of Scientific Counselors, Center for Preparedness and Response, co-chairing their Polio Containment Working Group. She recently served on the National Biodefense Science Board for the US Department of Health and Human Services. Locally, she presents on a variety of topics to community groups and works with initiatives to advance community health, development, and resiliency.

Dr. Slemp is board certified in both Public Health / Preventive Medicine and in Family Practice. She undertook her medical training at Duke University, her preventive medicine residency and MPH at Johns Hopkins' Bloomberg School of Public Health, and her family practice residency at St. Margaret Memorial Hospital in Pittsburgh, PA. She holds a bachelor's degree from Princeton University and has undertaken leadership training through both the Southeast and National Public Health Leadership Institutes. She and her husband live in West Virginia and are the proud parents of two recent college students as well as caregivers for several older relatives they are excited to have nearby.

Henry Walke, MD, MPH, Director, Center for Preparedness and Response (CPR)
In this role, Dr. Walke supports CPR's three Divisions and the Office of the Director to prepare for, respond to, and improve performance in domestic and global public health emergencies. CPR enhances CDC, state, and local health department preparedness and response capacity; ensures lifesaving research with select agents, toxins, and poliovirus is conducted safely and securely; and develops scientific principles, tools, and the next generation of public health preparedness professionals and leaders.

Most recently, Dr. Walke served as incident manager of CDC's COVID-19 response from July 2020 through September 2021, and as a chief CDC spokesperson. Under his leadership, the COVID-19 response published 8 scientific briefs and over 600 articles in the "Morbidity and Mortality Weekly Report" and the scientific literature. Over 9,000 CDC employees were involved in the response during his tenure there.

Prior to joining CPR, Dr. Walke served as director of the Division of Preparedness and Emerging Infections in the National Center for Emerging and Zoonotic Infectious Diseases and before that he was chief of the Bacterial Special Pathogens Branch in the Division of High-Consequence Pathogens and Pathology. In those roles, Dr. Walke collaborated across CDC and with national and international partners to address preparedness and response issues for bioterrorism, emerging infections, and other infectious disease emergencies. In previous roles at CDC, Dr. Walke helped expand the Field Epidemiology and Laboratory Training Program, especially in Asia and the Americas. He joined CDC in 2001 as a medical officer based in Amman, Jordan, leading a Field Epidemiology Training Program and working with Jordan's Ministry of Health to strengthen its infectious and non-communicable disease surveillance and reporting systems.

Dr. Walke has worked extensively on CDC's anthrax preparedness efforts, co-chairing the HHS Anthrax Integrated Program Team and taking on co-chair duties for CDC's Anthrax Coordination Unit, which supports the agency's preparedness and response strategy for an anthrax incident. He also played prominent roles in multiple CDC emergency responses, including serving as the EOC's incident manager or deputy incident manager for the Zika, Ebola, and COVID-19 responses and contributing to several hurricane responses (Harvey, Irma, Maria, and Florence), the anthrax Department of Defense incident, and a *Burkholderia pseudomallei* incident in nonhuman primates.

Dr. Walke earned undergraduate and medical degrees (with honors) from the University of North Carolina at Chapel Hill, and an MPH from Johns Hopkins School of Hygiene and Public Health. He has been board-certified in family medicine and preventive medicine, has coauthored about 55 scientific publications, and has received numerous awards for public health achievements. His professional interests include preparedness and emergency response; surveillance and epidemiology; global health; and supporting the creation of diverse, inclusive work environments that facilitate cooperation and productivity.

Iván Zapata, Global Health Security Advisor, Office of Health Security, DHS

Dr. Iván A. Zapata joined the U.S. Department of Homeland Security (DHS) in 2011 and currently serves as the Global Health Security Advisor for the Office of Health Security (OHS). In this role, Dr. Zapata manages the department's global and border health security portfolios.

During his tenure at OHS, Dr. Zapata has also managed the DHS Medical Countermeasures Program (MCM), geared to ensure the DHS workforce has adequate guidance and medication in the event of a biological attack (i.e. Anthrax) or a natural occurring event (i.e. Influenza Pandemic) and has co-developed the Department's Emergency Medical Services Austere Medicine protocols designed for DHS law enforcement officers operating in remote areas.

Prior to joining DHS, Dr. Zapata worked for the Office of Preparedness and Response at the Maryland Department of Health. During that time, he served as the Health Systems Surge Program Lead and managed statewide public health preparedness planning and response activities for the Pandemic Influenza, Hospital Preparedness, and Local Public Health Preparedness programs.

Dr. Zapata received his doctorate in Public Health from Morgan State University in Baltimore, Maryland; and his Master degree in Healthcare Management & Policy, an Advanced Graduate Certificate in Community Health and a Bachelor of Arts in Medical Sociology from the State University of New York at Stony Brook, NY. Additionally, he has been a Certified Health Education Specialist (CHES) since 2007.

Anne Zink, Chief Medical Officer, Alaska Department of Health & Social Services, Division of Public Health
Dr. Anne Zink grew up in Colorado and moved through her training from College in Philadelphia to Medical School at Stanford and then Residency at University at Utah. As a mountaineering guide she had fallen in love with Alaska and after residency in Emergency Medicine became lucky enough to call Alaska home. Not only does she love people and the place, but also the medicine where the communities can engage provides, patients, and policies to make people healthier.

Dr. Zink had the honor of becoming the State of Alaska Chief Medical Officer in July 2019. She and her team lead Alaska from the first repatriation flight to today through the COVID pandemic. She is president of ASTHO, the Association of State and Territorial Health Officers starting in September 2022. She has special interest using informatics and information to bring together public health and health care to improve the health of the people we all serve with always putting a focus on putting the patient first.

Co-Chairs

ASTHO Co-Chair
Alexia (Ali) Harrist, MD, PhD., State Health Officer and State Epidemiologist at the Wyoming Department of Health, Public Health Division
Dr. Ali Harrist is the State Health Officer and State Epidemiologist at the Wyoming Department of Health, Public Health Division. Prior to joining the Wyoming Department of Health as the State Epidemiologist, Dr. Harrist was a Medical Officer in the Division of Tuberculosis Elimination at the Centers for Disease Control and Prevention in Atlanta, Georgia. Before that, she served as an Epidemic Intelligence Service (EIS) Officer at the Centers for Disease Control and Prevention, assigned to the Wyoming Department of Health. As an EIS Officer she responded to the Ebola outbreak in Sierra Leone and the Zika outbreak in Brazil.
Dr. Harrist is a 2013 graduate of the Boston Combined Residency Program in Pediatrics and is a board-certified pediatrician and a Fellow of the American Academy of Pediatrics. She earned her medical degree and PhD in Neuroscience from the University of Pennsylvania.

GHSAC Co-Chair
Walter "Pete" Landon, Director, Governor's Office of Homeland Security and Deputy Chief of Staff
Walter F. "Pete" Landon was appointed as the Director of the Maryland Governor's Office of Homeland Security in June of 2015. Pete serves as Governor Hogan's Homeland Security Advisor and has been a member of NGA's GHSAC since his appointment. Pete currently serves as an Ex-Officio Member Governor's Emergency Management Council, member of the Maryland Criminal Justice Information Advisory Board, Maryland Cybersecurity Council, Maryland Integrated Map Executive Committee, Council on Open Data and the Statewide Interoperability Radio Control Board. Pete has been a member of the NEMA-ASTHO-GHSAC since 2016 and currently a tri-Chair of the Joint Policy Work Group. Additionally, Pete is a member of the National Governor's Association Governor's Homeland Security Advisor Council since 2015 and is member of the Executive Committee of that Council currently serving as Vice Chairperson.

Pete was also given the additional assignment as a Deputy Chief of Staff for Governor Larry Hogan in September of 2017. As a member of the governor's senior leadership team, his added responsibilities include oversight of the Public Safety portfolio that includes the Maryland Department of Public Safety and Correctional Services, Maryland Emergency Management Agency, Maryland Military Department

(National Guard), Maryland State Police, Opioid Operations Command Center, Maryland Center for School Safety and the Governor's Office of Crime Control and Prevention. The Maryland Department of Veterans Affairs was added to the portfolio in November 2020.

Prior to being assigned as Governor Hogan's Homeland Security Advisor, Pete served almost 30 years in the Maryland State Police retiring as a Lieutenant Colonel, June 1, 2015. Pete was born in Pittsburgh, Pennsylvania, moved and attended Beaconsfield High School, Beaconsfield, Quebec, Canada. Returning to the US, Pete graduated from Chesapeake College with an A.A., (law enforcement), and Towson University, with a B.S. (criminal justice & liberal arts). Both schools are in Maryland. Pete is married with 3 children.

NEMA Co-Chair

Andrew Phelps, Director, Oregon Office of Emergency Management

Andrew Phelps has had the privilege of leading the Oregon Office of Emergency Management since 2015. In addition to managing the state's 9-1-1 program and preparedness, recovery and mitigation grant programs, OEM maintains comprehensive planning, training, exercise, and outreach programs to help Oregon mitigate against, prepare for, respond to, and recover from emergencies and disasters.

Andrew has held leadership positions with state, local and non-profit emergency management and response organizations in New York and New Mexico. Andrew holds degrees from the City University of New York and the Naval Postgraduate School in Monterey, California.