

# Key Initiatives

## Pandemic and All Hazards Preparedness Reauthorization Act of 2013

Yale New Haven Health System Center for Emergency Preparedness and Disaster Response

The Yale New Haven Health System Center for Emergency Preparedness and Disaster Response (YNHHS-CEPDR) has reviewed the [Pandemic and All-Hazards Preparedness Reauthorization Act of 2013](#) and has identified the following key initiatives as stated in the Act:

1. There is a new emphasis on at-risk populations. Throughout the act, there are many references to the inclusion of this population into training and exercises, everyday preparedness activities (p. 3), and planning. Specifically identified are children (p. 16), individuals with disabilities (p. 2), and other at-risk populations (p. 16). Also outlined is DMAT response to these populations.

### Potential Solutions / YNHHS-CEPDR Experience

Using the **Whole Community** approach ensures that planning takes place for all populations within the community (not just a specific geographical area). YNHHS-CEPDR has become the SMEs in the area of planning for at risk populations through the Planning for Unique Needs of People with Medical Dependencies course. YNHHS-CEPDR's staff includes numerous clinical personnel, a DMAT Commander, and emergency management experts.



2. The Act specifically discusses the need for training and exercises to take place to test the preparedness of public health (p. 4). Key areas for exercises include

countermeasure distribution, medical surge events without notice (p. 2), multi-agency exercises (p. 4), and at-risk populations (p. 15).

### Potential Solutions / YNHHS-CEPDR Experience

Using a multi-state approach, large-scale exercises can be carried out and influence the most amount of stakeholders. Testing different aspects in different areas of the country (e.g., distribution, surveillance, and emergency risk communications) allows for the capturing of best practices that can be shared nationally. Another aspect that needs to be exercised more frequently is the integration of federal agencies into state and local responses. YNHHS-CEPDR's experience with the DoD project and holding large-scale exercises would be of value to this program.

3. Significant importance is placed on modernizing communications (p. 3), situational awareness (p. 17), and biosurveillance (p. 17). All of this is essential to "early detection and prompt ongoing tracking of health events, and overall situational awareness of disease activity," (p. 19).

### Potential Solutions / YNHHS-CEPDR Experience

Web-based programs allow for large-scale reporting and data collection. Another potential solution is the integration of public health and epidemiology into fusion centers which would allow for information sharing and analysis across health, law

enforcement, and other entities. YNHHS-CEPDR's experience with developing the proposed National Operational Epidemiological Modeling Process as well as Medical Intelligence courses, puts it in the unique position to advise on these issues.

4. Development of metrics (p. 16) and identifying gaps (p. 4) are also highlighted within this act. Measureable objectives and outcomes are specifically discussed which will inform the numerous reporting requirements that ASPR has (p. 12). It should be noted that the Act states that funds are contingent on achieving benchmarks (p. 15).

#### **Potential Solutions / YNHHS-CEPDR Experience**

Development of metrics allows for quantitative and qualitative data that can be used to measure preparedness, formulating a cost-benefit analysis to measure the success of grant funding, and for developing reports. Also, using an approach similar to that of the "State Preparedness Report" that is required by FEMA, will allow for a yearly assessment of state's preparedness based on objectives. YNHHS-CEPDR, together with its partners (e.g., Rand) has significant experience in developing metrics, as well as collecting and analyzing data. YNHHS-CEPDR also is one of the only organizations to develop Regional and Local Capabilities Assessments (e.g., Connecticut, New York, and New Jersey).

5. Further alignments with other federal agencies, (specifically DHS and FEMA) are clearly stated in the document. This includes alignment with funding (p. 4), integration of agencies in planning (p. 9), as well as measurable outcomes consistent with the National Response Framework and National Preparedness Goals (p. 14). This

will help to minimize duplication of effort among multiple agencies (p. 17).

#### **Potential Solutions / YNHHS-CEPDR Experience**

Collaboration among partner response agencies is critical to the success of any good response program.

Alignment of objectives, plans, and procedures ensures less duplication of effort and over allocation of resources. YNHHS-CEPDR is experienced with coalition building and relationship development. Our experts can analyze multiple data sources and highlight the potential gaps, identify potential intersections, as well as highlight duplicative efforts.



6. Importance was put on countermeasures. This included acquiring of countermeasures, distribution (p. 8), testing (p. 32), and coordination with other federal and state agencies (p. 19 and continuing).

#### **Potential Solutions / YNHHS-CEPDR Experience**

Countermeasure identification, storage, and distribution have long been issues with pandemics and public health preparedness. Through good training and exercises, this area can be strengthened. YNHHS-CEPDR's expertise in training and curricula development as well as exercise development and execution can help to solidify these processes through nationwide instruction and education.

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