COMMUNITY RESILIENCE ACTIVITY

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Division of Strategic National Stockpile
The SNS is a national repository of critical medicines and medical supplies established to protect the American public if there is a public health emergency severe enough to cause local supplies to run out.

Mission

To prepare and support partners and provide the right resources at the right time to secure the nation’s health.
Strategic National Stockpile

- Program created in 1999
- $6+ billion portfolio of antibiotics, medical supplies, antidotes, antitoxins, antivirals, vaccines, and other pharmaceuticals
- Network of strategically located repositories
SNS Countermeasures

Based on Category A Threat Agents

- Smallpox
- Anthrax
- Botulism
- Plague
- Tularemia
- Viral Hemorrhagic Fevers

Changes directed by Biomedical Advanced Research and Development Authority (BARDA)
SNS Countermeasures

- **Pharmaceuticals**
  - Radiation Countermeasures
  - Antibiotics (Oral and IV)
  - Nerve Agent Antidotes
  - Vaccines and Antitoxins
  - Antivirals

- **Medical Supplies**
  - IV Administration
  - Airway Management
  - Wound Care
  - Burn & Blast Care
SNS Countermeasures

Federal Medical Stations
Temporary non-acute medical care facilities. A single FMS contains a cache of medical supplies, equipment, and beds to accommodate up to 250 people for three days.
Strategic National Stockpile Partnerships

Federal Partnerships

• Department of Health and Human Services
• Department of Defense
• Department of Homeland Security
• Department of Justice
• Food and Drug Administration
Strategic National Stockpile Partnerships

Private Partners

- Materiel storage and maintenance by commercial vendors
- Rapid movement to an event by commercial carriers
Partnerships are Essential

- Federal
- State
- Local
- Private Sector
The vision for health security is built on a foundation of community resilience. Communities help build resilience by implementing policies and practices and creating a culture of preparedness in which response to emergencies is not the exception but the norm.
Medical Countermeasure Dispensing

Our unique planning challenge
Public Points of Dispensing
Cornerstone of POD Planning

HIGH SCHOOL GYMNASIUM
Modalities of Dispensing

Alternate modalities to complement PODs (Push)

- Pre-deployed caches

- Mobile PODs

- **Closed PODS**
Response Challenges

Time
For aerosolized Anthrax, the response timeframe to dispense medical countermeasures is 48 hours.

Staff
Staff shortages are projected due to the potential size of the affected population and the timeframe available to respond.
Current DSNS Organizational Structure

Division of Strategic National Stockpile

- Associate Director for Science
- Response Branch
- Logistics Branch

Community Resilience Activity

Program Planning & Analysis Branch
CRA Mission & Vision

Our Mission

- Promote, facilitate, and build partnerships that strengthen community resiliency in response to emergencies requiring medical countermeasure distribution and dispensing.

Our Vision

- Build resilient communities one partner at a time
Strategic National Stockpile Community Resilience Activity

- CRA serves as the point of contact for federal agencies, non-governmental organizations, and partners for initiatives and issues relating to the contents, management, deployment, and use of SNS assets.

- CRA staff develops and implements innovative strategies and solutions to reduce the burden of medical countermeasure (MCM) distribution and dispensing on state and local public health agencies.
Strategic National Stockpile Community Resilience Activity

- CRA collaborates with DSLR to promote and encourage awardees of CDC’s Public Health Emergency Preparedness Cooperative Agreement to pilot and implement private-public partnerships and initiatives to enhance MCM distribution and dispensing capabilities

Capability #8 - Medical Countermeasure Dispensing
Capability #9 - Medical Materiel Management and Distribution
Private Sector Partnerships
CRA’s Primary Goal

- Conduct outreach to private sector organizations
  
  • Champion efforts for state/local public health preparedness planning for MCM distribution and dispensing
  • Identify potential private sector partners interested in becoming public health point-of-dispensing (POD) partners
  • Educate potential partners on public health MCM preparedness efforts
  • Facilitate pilot projects to develop and demonstrate a standardized model for a partner or sector nationwide.
  • Build MCM Alliance
Building Resilience

Partners with Public Health to develop MCM preparedness plans

MCMs to the entire community

DSNS delivers MCMs to State Public Health

State distributes to Local Public Health

Local Public Health handles dispensing MCMs in points of dispensing sites

Building resilience communities – one partner at a time!
Building Resilience

CRA facilitates community partnerships to protect the health of the American people during public health emergencies.

Local Public Health and CRA partner with local organizations

MCM Planning and Operations

Resources for the community

Medical assets for your organization
MCM Alliance

Collaborative workgroup of public and private sector MCM partners

Public Health and Healthcare Community Partnerships
Two-Fold Pathways to Resilience

MCM Alliance

Projects
Promote private-public partnerships and project collaboration to enhance MCM dispensing capabilities

Dispensing
Promote partner-specific dispensing and planning
CRA Closed POD Pilot Phases

Phase 1
- Getting to Know You
  - Roles & Responsibilities
  - Set Clear Expectations
  - Determine Timeline

Phase 2
- Agreements
  - MOUs
  - Provider Agreements
  - Review & Approval

Phase 3
- Tactical Planning
  - Plan Development
  - Site Surveys

Phase 4
- Testing
  - Training Key Staff
  - Exercise
  - Lessons Learned

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Private Sector Partnerships

- Obtain agreements for participation in pilot project
  - Phased approach to pilots
- Coordinate with our key partners
  - DSLR – Program Services Consultants
  - State public health officials
  - Local public health officials
- Provide oversight and technical assistance throughout pilot
Promote and Support Intergovernmental Activities Related to MCM Distribution and Dispensing

- Facilitate intergovernmental partnerships to support local public health MCM distribution and dispensing
  - Federal closed PODs
  - Work with Regional General Services Administration offices
- Increase collaborative opportunities with federal partners to support MCM dispensing initiatives with state and local public health
Federal Interagency Concept of Operations for Rapid Medical Countermeasure Dispensing

- Rapid mobilization of federal workers to assist local authorities
  - Federal personnel and materiel to augment staff at community dispensing operations
  - Volunteer federal employees in impacted areas who could assist with local dispensing plans (primarily staffing local PODs).
Federal Rapid Response Planning Concepts (Continued)

- Federal closed PODs
- Transitioning closed federal PODs to open, public PODs
- Reduce burden on public health MCM dispensing system by encouraging broad federal agency participation as closed PODs in coordination with local public health authorities
Executive Order 13527, Federal Rapid Response

- **Executive Order 13527** December 30, 2009 Establishing Federal Capability for the Timely Provision of Medical Countermeasures Following a Biological Attack
- The Executive Order seeks to establish Federal policy to mitigate illness and prevent death; sustain critical infrastructure; *and complement and supplement* State, local, territorial, and tribal government’s medical countermeasures distribution capacity.
“Targeted solutions for vulnerable populations require community-based expertise” – Michael Loehr (Seattle, King County Public Health)
Faith Based and Community Organizations

- **Faith Based Organizations**
  - CRA is actively conducting outreach to the faith-based community to include houses of worship and faith-based service organizations to gain support for local jurisdiction engagement in MCM dispensing efforts.

- **Community Organizations**
  - CRA is actively piloting a program to dispense to home bound populations via Meals on Wheels.
Questions?

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.