



STATEMENT OF POLICY

Support Public Health Preparedness

Mission: The mission of NYSOPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

Vision: Strengthening public health and taking action to make New York the healthiest state.

Problem Statement

Numerous manmade and natural disasters and disease outbreaks have affected New York in the 21st century, including the COVID-19 pandemic, hurricanes, flooding, terrorist attacks (9/11/2001), and infectious disease outbreaks such as Ebola, H1N1 influenza, measles, monkey pox, and polio. Weather-related disasters are likely to worsen due to climate change and impact New York based on its geographic location and topography. Manufacturing and refining facilities, nuclear power plants, and urban and rural agricultural areas of New York are at risk of terrorist attacks. Infectious disease outbreaks are a concern in New York City because it is a port of entry, a destination for tourists, and has a high population density. The public health and health care systems must be prepared for disasters such as climate change and infectious disease threats, as these are likely to continue.

Despite this history of ongoing and accelerating disasters, funding to enable state and local health departments to be prepared to respond has been inadequate and sporadic, as has been dramatically highlighted by the COVID-19 pandemic. The federal government has been a primary provider of public health preparedness funding, which has been critical to developing the current preparedness structure. However, the pattern that has played out since 9/11 is that surges in funding occur after a disaster or outbreak is underway and then soon wane as the disaster subsides. Despite this uneven pattern of preparedness funding, state and local health departments have been able to respond for the most part to disasters and outbreaks that have arisen, albeit with some difficulty and not ideally. Therefore, there is an urgent need for an adequate base of preparedness funding to enable state and local health departments to make more robust, all-hazards preparedness plans, to exercise those plans, to develop ample stockpiles at the state level, and to cross-train staff across public health, medical and other disciplines. Health departments must be integrated into preparedness, response, and recovery planning to facilitate the best use of available resources and improve the quality of public health outcomes.

Position Statement

NYSOPHA, as an advocate for public health in New York State, recognizes the need to be prepared for any emergency (all-hazards planning) that impacts the health, safety, and well-being of the public. NYSOPHA calls for sustained, flexible base funding at the local, state, and federal levels to support the overall public health infrastructure as well as a specific disaster planning and response framework to address

public health preparedness. The long-term effects of high-impact disasters, including their impact on health equity and vulnerable populations, requires a proactive, long-term public health response carried out by a robust public health infrastructure.

NYSPHA specifically recommends:

1. New York State and the federal government must commit adequate and sustained funding to support a robust public health and healthcare preparedness infrastructure, including core preparedness workforce, core laboratory workforce and equipment, public health and health care data modernization, communication systems and information, training materials, and stockpile development and maintenance at the state and federal levels.
2. State and federal funding to address the broad public health and health care infrastructure needs, including workforce recruitment and retention to address personnel shortages, including provisions for student loan forgiveness.
3. Support public health leadership based on evidence-based practices.
4. Since many aspects of response to disasters and outbreaks are carried out at the local level, state and federal funding must be made available to local public health departments that is equitable and sufficient to address local response needs, including flexible sharing of resources between and across regions.
5. Sustained state and federal funding must be made available to train personnel and staff for disaster management and preparedness planning for the effects of natural or man-made disasters, in hospitals, labs, and health care facilities.
6. Sustained funding must be made available for the development of diagnostics and vaccines and for the development and maintenance of stockpiles.
7. Increased communication and collaboration between public health, health care partners, and other broad public health system partners to address pre-disaster preparedness, mitigation efforts, and recovery of communities, including collaboration among all sectors of public and private organizations.
8. New York State and local governments continue to strengthen the legal authorities available to public health to respond effectively to disasters and outbreaks and that no steps be taken to weaken these authorities.
9. The federal, state and local governmental public health agencies develop strong mechanisms to identify and combat misinformation about public health issues.

Justification

Public Health agencies are the first line of defense for a public health crisis. The goal is to ensure the health of the public by being prepared to answer health emergencies and to ensure the safety of the communities they serve. A public health infrastructure is essential in carrying out these goals for the health and economic well-being of the public.

Federal funding is essential in maintaining adequate resources in disaster preparedness and identifying the areas of greatest need for development for the future (Association for the State and Territorial Health Officials, 2022). Federal programs, such as the CDC Public Health Emergency Preparedness (PHEP) provides funding and technical assistance to public health agencies to address preparedness and

response capabilities (CDC, 2022). The ASPR Hospital Preparedness Program (HPP) provides funding and leadership to major metropolitan areas to plan and respond to large-scale emergencies and disasters. HPP brings together health care organizations, hospitals, public health agencies, emergency medical and management services in collaboration to respond to disasters and evaluate each of the organization's readiness capabilities. The goal is to improve patient outcomes during an emergency (Administration for Strategic Preparedness and Response, 2017).

The United States spends approximately \$3.6 trillion each year on health, of which less than three percent is designated for public health and prevention. The CDC is the controlling factor in disseminating federal funds to states and large cities through grant programs. In 2020, the CDC's budget remained slightly above the 2008 fiscal year, adjusting for inflation. The Prevention and Public Health Fund is 50% of what is needed to support public health and prevention due to a redistribution of monies to other programs. The Hospital Preparedness Program, which is the only federal funding that helps regional health care systems prepare for emergencies, has seen its budget cut from \$515 million in 2004 to \$275.5 million in 2020 (Trust for America's Health, 2022).

Sustainable recovery following disasters is not widespread in the United States, partly due to the current reactive disaster recovery model. The disaster response framework consists of recognized phases of emergency management: preparedness, response, and mitigation (Smith & Wenger, 2007). We propose that proactive, sustained, and flexible funding for the preparedness stage would improve response times, post-disaster outcomes, and long-term public health impacts of natural disasters.

In addressing preparedness efforts, a flexible five-step framework can assist in preparing urban and rural areas alike for disasters accounting for financial and economic factors. This includes developing a comprehensive tool for assessing economic vulnerability, identifying the stakeholder's objective functions and algorithms for learning, developing models of the various stakeholders' attributes and strategies, developing a model based on interdependent agents that simulates the information above, and analyzing and interpreting the model's results (Eid & El-adaway, 2017).

The end goal for the statewide disaster response model should be organized to maximize cost-effectiveness and emergency response capabilities (Telford & Cosgrave, 2007). Health departments must be integrated into preparedness, response, and recovery planning to facilitate the best use of available resources to improve the quality of public health outcomes (Rodgers, 2019).

References

- Administration for Strategic Preparedness and Response (ASPR). (2022). Hospital preparedness program. <https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/default.aspx>
- Association for the State and Territorial Health Officials. (ASTHO). (2017, September 1). Preparedness guiding principles. <https://www.astho.org/advocacy/policy-statements/preparedness/>
- Centers for Disease Control and Prevention (CDC). (2022). Center for preparedness and response. <https://www.cdc.gov/cpr/epf/index.htm>
- Eid, M. S., & El-Adaway, I. H. (2017). Sustainable disaster recovery decision-making support tool: Integrating economic vulnerability into the objective functions of the associated

stakeholders. *Journal of Management in Engineering*, 33(2), 04016041. [https://doi.org/10.1061/\(ASCE\)ME.1943-5479.0000487](https://doi.org/10.1061/(ASCE)ME.1943-5479.0000487)

Rodgers, Kim. (2019, November 19). Updated policy statement: local health department preparedness. *National Association of County and City Health Officials. (NACCHO)*.

Smith, G. P., & Wenger, D. (2007). Sustainable disaster recovery: Operationalizing an existing agenda. In *Handbook of disaster research* (pp. 234-257). Springer, New York, NY. https://doi.org/10.1007/978-0-387-32353-4_14

Trust For America's Health. (2022). The impact of chronic underfunding on America's public health system: trends, risks, and recommendation, 2020. <https://www.tfh.org/report-details/publichealthfunding2020/>

Statement of Policy Writing Group: Crissy Dyer-Drobnack, Robert Vietz, Jesus Vasquez, Jamie Zelig, Kavitha Das, Gus Birkhead

Record of Action

8/23/22 – Proposed by NYSPHA Policy and Advocacy Committee (PAC) Policy Workgroup

9/14/22 – Adopted by the PAC

9/28/22 – Approved by NYSPHA Board of Directors