CDC Public Health Crisis Cooperative Agreement (CoAg)
Hurricane Funding National Webinar

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Agenda

- Introduction to the Crisis Cooperative Agreement for Hurricane Response

- Financial Management Requirements and Exceptions

- Public Health Functions

- Research Electronic Data Capture (REDCap) System

- Next Steps

- Comments/Questions

Crisis Cooperative Agreement for Hurricane Response

- February 9, 2018: Congress approved and the president signed into law a bill that appropriated $200 million to the CDC to remain available until September 30, 2020.

- Supplemental funding can be used for response, recovery, preparation, mitigation, and other expenses directly related to the consequences of Hurricanes Harvey, Irma, and Maria.

- CDC has activated our Crisis CoAg to award a portion of the funds to impacted jurisdictions in accordance with this bill.

Crisis Cooperative Agreement for Hurricane Response, Cont.

- CDC's Public Health Crisis Response Cooperative Agreement, is a novel funding mechanism to support emergency response. It will enable CDC to award funds to state, local, tribal, and territorial public health agencies in the event of a public health emergency.

- CDC published the first notice of the crisis cooperative agreement for this new mechanism on October 11, 2017, with an application deadline of December 11, 2017.

- 64 jurisdiction applications received (50 states, 8 territories, and 6 directly funded localities- Washington, D.C., Los Angeles County, Philadelphia, Houston, Chicago, and New York City).

- All 64 jurisdictions were approved and placed on an approved but unfunded (ABU) list until funding became available for events, such as the 2017 hurricanes.

Crisis Cooperative Agreement

Public Health Functions

Epidemiology and Laboratory

Vaccines/Immunizations

Environmental Health and Non-infectious Disease

Occupational Health and Safety

Injury and Violence Prevention

Vector Borne Disease Prevention

Health Communications

Public Health Emergency Response

Domains

Strengthen Incident Management for Response

Strengthen Jurisdictional Recovery

Strengthen Biosurveillance

Strengthen Information Management

Strengthen Countermeasures and Mitigation

Strengthen Surge Management

Financial Management Requirements and Exceptions

Terrance W. Perry, MPM - Office of Grants Services

Financial Management Requirements and Exceptions

- First time using the crisis cooperative agreement; expect possible refinements

- One time funding; funds must be spent/expended within the two-year performance period

- Align budgets and work plans with respective domains/focus areas

- Previously incurred costs and activities that will be reimbursed or funded by another Federal source (e.g., FEMA) should not be included

- Anticipate ongoing oversight/monitoring by HHS and an OIG audit at the end of the performance period

Epidemiology and Laboratory

CDR Satish K. Pillai, MD, MPH – National Center for Emerging and Zoonotic Infectious Diseases

Epidemiology and Laboratory

- Provide support related to restoring and strengthening epidemiologic and laboratory surveillance capabilities for foodborne, waterborne, enteric, zoonotic and respiratory infectious diseases, including work supporting:

    - Skilled personnel needs

    - Lab surge capacity, lab equipment, reagents, maintenance agreements, and lab quality management systems/activities

    - Information technology to improve surveillance data collection, analysis and management

- Deployment of infection control experts to address potential issues in healthcare facilities following flooding

Vaccine/Immunizations

Anita Patel, PharmD, MS – National Center for Immunization and Respiratory Diseases

Vaccine/Immunization Activities

- Improve Immunization/Vaccine Delivery
  - Improvements to vaccine delivery
  - Enhancements of Registries
  - Vaccine supply
- Examples: maintaining ability for vaccine-specific cold chain during loss of power, procuring supplies and infrastructure needed for mass vaccination clinics for emergency response, and improvements in the ability to assess vaccination coverage, rapid identification of high risk persons requiring vaccine

Environmental Health and Non-infectious Disease

CAPT Renee H. Funk, DVM, MPH, MBA – National Center for Environmental Health

Environmental Health

- Environmental Health Assessments
  - Environmental Health Services for Impacted Communities
  - Environmental Health Hazard Assessments and Planning for Land Use/Reuse of Early Care and Education (ECE) Facilities and other at risk sites

- Capacity Building for Environmental Health Services
  - Community Assessments for Public Health Emergency Response (CASPERs) to Assess Changing needs of Communities Affected by

Environmental Health Cont.

- Monitoring the Health Impact of Affected Communities
  - Improving disaster related death registry processes to improve death count accuracy
  - Post-disaster Carbon Monoxide Poisoning Surveillance
  - Children with Asthma: Post-Hurricane Burden and Risk Factors

Occupational Health and Safety

CAPT Lisa Delaney, MS, CIH– National Institute for Occupational Safety and Health (NIOSH)

Occupational Health and Safety

- Emergency Responder Health Monitoring and Surveillance™ (ERHMS™)

- Surveillance for Occupational Injuries and Illnesses

- Worker Health and Safety Training

- Occupational Health Assessments

Injury and Violence Prevention – Focus on Preventing Suicidal Behavior

Joni Young, MS – National Center for Injury Prevention and Control (NCIPC)

Injury and Violence Prevention

- Providing expanded suicide prevention services to support affected victims:

  – Conduct training (i.e., provides training for community members to identify and refer persons at risk)

  – Conduct outreach programs sending teams to focus on persons in isolated underserved areas.

  – Work with health department to implement key programs from CDC's suicide prevention technical package.

Vector Borne Disease Prevention

Sue N. Visser, MS, DrPH – National Center for Emerging and Zoonotic Infectious Diseases

Vector Borne Disease Prevention

- Deploying field assignees to support impacted jurisdictions

- Support enhanced mosquito surveillance (damage to surveillance or low capacity to begin with)

- Implementation of traditional vector control strategies (larvicide/insecticide)

- Supporting novel/innovative vector control activities to prevent blooms of mosquitos/evaluation of impact(non-research activities)

Health Communications

Heather Bair-Brake, DVM, MS-National Center for Environmental Health

Health Communications

- Include communications in budget

- Monies can be directed towards your communications departments, or

- Utilize our communications contract

- CDC will have a project coordinator act as a liaison and support your communications project

Public Health Emergency Response

Jim Crockett, MPA – Division of State and Local Readiness

Public Health Emergency Response

- Reimbursement for pre-award costs for public health expenses associated with hurricane response activities

- Costs linked to crisis cooperative agreement project management

Research Electronic Data Capture (REDCap) System

Noelle Anderson, MPH – Division of State and Local Readiness

Research Electronic Data Capture (REDCap) System

- CDC will use the Research Electronic Data Capture (also referred to as REDCap) software to manage the public health crisis cooperative agreement, workflow, and reporting for this project.

- CDC will host a series of trainings in the next few weeks.

  - Please designate a representative from your health department, who will be responsible for entering work plans and budgets into REDCap.
  - Send representative names and email addresses to DSLRCrisisCoag@cdc.gov. We will inform these designee(s) of future trainings and work with them to gain access to the system

What Are the Next Steps for Your Jurisdiction?

- The CDC Crisis CoAg team will send out supplemental guidance.

- Not all health departments will have all activities available to them. Health departments should check their project folders in REDCap and revise their work plans and budgets for CDC review and consideration.

Comments/Questions

THANK YOU!

Please send additional questions to DSLRCrisisCoAg@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348   www.cdc.gov

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.