May 19, 2014

Dr. Nicole Lurie, MD, MSPH
Assistant Secretary for Preparedness & Response
Department of Health and Human Services
Washington, DC 20201

Re: Trust for America's Health Comments on the *National Health Security Strategy 2015-2018 Public Comment Draft*

Dear Dr. Lurie:

On behalf of Trust for America's Health (TFAH), I am pleased to present you with our comments on the draft *National Health Security Strategy 2015-2018* (NHSS) and implementation plan (IP). Trust for America's Health is a nonprofit, nonpartisan public health organization dedicated to improving the health of all Americans by making disease prevention a national priority.

We applaud the office of the Assistant Secretary for Preparedness and Response (ASPR) for the transparency and opportunity for public engagement throughout the development of the draft NHSS. We are very supportive of each of the five strategic objectives and many of the notional activities within the document. We especially appreciate the emphasis on both natural and manmade incidents, as preparedness for emerging infections and natural disasters will help create a population that is more resilient to manmade attacks.

Our comments below aim to strengthen the clarity, focus and feasibility of the NHSS.

Strategic Objective 1 – Build and Sustain Health Resilience
Priority 1.2 – Enhance coordination of health and human services through partnerships and other sustained relationships.
P. 28, lines 669-681.

This strategic objective includes a discussion of areas that fall outside of the Department of Health and Human Services' (HHS) and ASPR's domains, such as housing and transportation. **The implementation plan should delineate how ASPR will engage with agencies within HHS (such as the Administration for Children and Families, which administers nutrition programs that may be disrupted during a disaster) as well as other federal agencies (such as Housing and Urban Development, which administers housing programs that contribute to resilient communities), to ensure coordination of services.**

Strategic Objective 1 – Build and Sustain Health Resilience
Priority 1.3: Build a culture of resilience by promoting physical and behavioral *691* ***health; leveraging day-to-day health and community systems to support health*** *692* ***resilience; and increasing access to information and training to empower*** *693* ***individuals to assist their communities following incidents.***
Pages 28-29 lines 691-711

TFAH strongly supports the focus on building and sustaining community health resiliency before a disaster strikes, and particularly the need to partner in the community and work together toward this goal. Promoting physical and behavioral health in a community requires partnerships between the health care system, human and social services, community organizations and other stakeholders, including non-traditional partners such as the faith and business communities. TFAH encourages the inclusion of notional activities that engage additional stakeholders beyond human service providers and neighborhood associations. For example, hospitals can be engaged in improving physical and behavioral health in their communities via their community benefit functions.

Strategic Objective 2 – Plan for and Implement Effective Countermeasures
Priority 2.1 – Develop decision-making frameworks and coordinated processes that consider both MCMs and NPIs when determining the best approaches to reducing adverse health effects of particular incidents of concern.
Priority 2.2 – Refine PHEMCE processes to improve nonfederal stakeholder collaboration.
P. 30-32, lines 730-784

For Priorities 2.1 and 2.2, ASPR and other stakeholders must consider how they will communicate their decisions about development of medical countermeasures (MCM), and dispensing and allocation of scarce products. During the H1N1 outbreak, confusion and anger emerged as each state used different distribution models to allocate vaccine. HHS must improve communication with the public before and during disasters to ensure clarity on MCM decisions. **The implementation plan should include activities that help public health officials improve communication of science and complex policy decisions to the public.**

In addition, federal MCM strategy has usually assumed there will be more demand for MCM during an event than supply of product. This proved true early in the H1N1 pandemic when vaccine was not widely available, but demand declined significantly by the time vaccine became plentiful.[1] Further, the NHSS does not acknowledge recent trends in hesitancy, misinformation and mistrust about vaccines. Because pockets of the population are increasingly distrustful of routine vaccines, this hesitancy could carry over when a new product is introduced during an event, placing the entire population at risk. **The implementation plan should include activities to improve understanding of and increase demand for MCMs among the public before and during an event.**

Strategic Objective 4 - Create and Sustain Integrated, Scalable Public Health, Health Care, and Emergency Management Systems Supported by a Highly Competent Workforce.
Priority 4.1 - Define and strengthen health care coalitions and regional planning alliances across all incident phases
P. 39-40, lines 1030-1051

[1] Harris KM, Maurer J, Kellermann A. "Influenza vaccine—safe, effective, and mistrusted." *New England Journal of Medicine* 2010;363:2183–5.

TFAH is very supportive of this strategic objective and priority. However, while the NHSS places a high priority on health system preparedness, we are concerned that the significant cuts to the Hospital Preparedness Program (HPP) will present a serious challenge to reaching this objective. HPP is the main federal program to spur systemic disaster preparedness at the facility and healthcare coalition level. We fear that achieving the priorities within this strategic objective will be impossible without a sustained federal investment and leadership.

We also support the development of metrics of coalition performance as described in Activity 4.1.1 as a means to strengthen existing healthcare coalitions. These metrics should be used to establish a baseline definition of a fully-functioning healthcare coalition within the HPP. Under current structures, states may allocate funds to as many healthcare coalitions as they deem appropriate. **Given the reduction in funds, ASPR should communicate to grantees and the public the minimum standards a healthcare coalition must meet to be qualified under the program and provide oversight and technical assistance to ensure coalitions are meeting those standards and states are subgranting funds appropriately.**

> ***Priority 4.3 – Strengthen competency-based health security-related workforce training.***
> ***Priority 4.4 – Ensure that sufficient numbers of trained workers and volunteers with appropriate qualifications and competencies are available when needed.***
> ***P. 41, lines 1073-1098.***

TFAH is very supportive of the vision to support the overall foundational capabilities that contribute to America's health security, particularly around workforce. An area of vulnerability of the public health system is a lack of training and availability of workers skilled in health information technology (HIT) and health informatics. **We hope the implementation plan will include activities to improve recruiting, training and retention of a workforce skilled in HIT for routine and emergency public health situations.**

> ***Strategic Objective 5 – Strengthen Global Health Security***
> ***Priority 5.3 – Improve capabilities to prevent the global spread of public health threats and diseases by promoting the development of biosafety and biosecurity systems, frameworks for food and drug safety, and mechanisms to address weaknesses in the medical supply chain.***
> ***P. 44, lines 1198-1200.***

TFAH applauds inclusion of an activity devoted to antibiotic resistance. We believe there should be additional federal activities within the final NHSS related to this critical issue. The proposed activity 5.3.1 mentions international organizations and partner countries, but the U.S. government has only taken initial steps to address antibiotic resistance within our borders. **TFAH recommends several domestic activities that should be led by HHS and federal partners, including: fully implementing the 2012 Public Health Action Plan to Combat Antimicrobial Resistance, tracking patterns of resistance, drastically reducing misuse of**

antibiotics in agriculture and measuring the impact of recent federal guidance on agricultural use, and implementing an interagency strategy to reduce overprescribing.[2]

Implementation Management
P. 46-49, lines 1232-1354

We are supportive of many of the notional activities contained within the draft implementation plan. We look forward to seeing a much more detailed implementation plan akin to the May 2012 Implementation Plan.[3] **The final implementation plan document should delineate who will lead each activity, identifying nonfederal stakeholders and federal partners for each task, and defining benchmarks and measures of success as progress is evaluated, as required by the Pandemic and All-Hazards Preparedness Reauthorization Act (p. 49).** We support inclusion in the draft of a plan to track stakeholder progress (p. 47). **The implementation plan should also describe how ASPR will engage stakeholders for each relevant activity, especially when grant requirements are not attached.**

Thank you again for the opportunity to comment on the draft NHSS. We look forward to working with you to ensure effective implementation of the priorities outlined in the document. If you have any questions, please contact Dara Lieberman, Senior Government Relations Manager, at 202-223-9870 ext. 20 or dlieberman@tfah.org.

Sincerely,

Jeffrey Levi, PhD
Executive Director

cc: Ali Khan, MD, MPH, Director, CDC Office of Public Health Preparedness and Response
Lisa Kaplowitz, MD, MSHA, Deputy Assistant Secretary for Policy, Office of the Assistant Secretary for Preparedness and Response
Ed Gabriel, MPA, EMT-P, CEM, CBCP, Principal Deputy Assistant Secretary for Preparedness and Response

[2] Trust for America's Health, *Outbreaks: Protecting Americans from Infectious Diseases*. 2013. P. 61. http://healthyamericans.org/assets/files/TFAH2013OutbreaksRpt14.pdf

[3] U.S. Department of Health and Human Services. *Implementation Plan for the National Health Security Strategy of the United States of America*, May 2012. http://www.phe.gov/Preparedness/planning/authority/nhss/ip/Documents/nhss-ip.pdf