NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

December 20, 2024

Ms. Dawn O'Connell
Assistant Secretary
Administration for Strategic Preparedness and Response
200 Independence Avenue, SW
Washington, DC 20201

RE: Request for Information on the Hospital Preparedness Program Funding Formula {Document Number 2024-28740}

Ms. O'Connell,

On behalf of the National Association of County and City Health Officials (NACCHO), I appreciate the opportunity to submit comments regarding the proposed revisions to the Hospital Preparedness Program (HPP) funding formula. NACCHO represents the over 3,300 local health departments across the country, which are part of, or work closely with, HPP-supported health care coalitions in their region.

Local health departments are on-call 24 hours a day, seven days a week to protect their communities from and respond to all types of public health emergencies. They develop emergency plans, train their workforce, conduct preparedness exercises, and use lessons learned to improve their readiness to respond to a wide range of disasters. In the event of a national public health emergency like the COVID-19 pandemic, natural disasters like Hurricanes Helene and Milton, or accidents like the East Palestine train derailment, local health departments are on the frontlines of protecting communities and coordinating with state and federal partners, as well as local health care entities, on emergency response. NACCHO offers feedback below in response to the request for information.

(1) What, if any, feedback do you have regarding the current datasets? For example, are there any current datasets you recommend retiring? Please specify why and if you would recommend any replacements.

NACCHO would like to highlight the expansion of the vulnerability components of the funding formula to include additional population metrics from the CDC's Social Vulnerability Index (SVI). Previously, vulnerability was primarily defined by health care access in terms of beds and facilities per capita. The addition of the SVI will assist in broadening this definition, but NACCHO encourages the Administration for Strategic Preparedness and Response (ASPR) to consider additional data sets to define access to health care comprehensively.

Additionally, the risk formula uses EM-DAT, a global database of disaster impact to generate consequence scores for events with little U.S. data. NACCHO recommends that ASPR limit data used for consequence scores to data that have been reviewed and validated as relevant to the US threat environment. Many communities across the nation have shifting populations like migrants, seasonal workers, or seasonal visitors. Therefore, ASPR should consider how annual population shifts should impact the formula calculation.

Finally, in reviewing the formula, it is important to note that how the data sources are weighted was not included and without that information, it is difficult to assess the full methodology used to calculate risk.

(2) What, if any, additional datasets would you recommend including in the risk calculation? Please specify the data source and associated risk subcomponent (*i.e.*, threat, vulnerability, consequence). You may recommend adding one of the "potential datasets" included in the tables found at *https://aspr.hhs.gov/ HealthCareReadiness/ HPP/ Pages/ rfi.aspx* and/or suggest new datasets for consideration.

NACCHO supports ASPR's effort to better capture the evolving threat landscape including new and shifting threats due to climate change. The addition of extreme heat and extreme cold events to the funding formula is a first step to better capturing such threats. ASPR should consider additional ways to capture the shifting impacts of extreme weather on communities that were previously considered safe havens from the impacts of extreme weather, as can be seen in the recent impacts of Hurricane Helene in Western North Carolina and Eastern Tennessee. NACCHO recommends that ASPR include EPA's EJScreen, which has a nationally consistent dataset and approach for combining environmental and socioeconomic indicators. Additionally, under-resourced communities may be disproportionately impacted by unanticipated events including terrorism and natural disasters. ASPR should consider how currently included datasets may overlook certain types of communities.

(3) What, if any, additional considerations would you recommend including in the calculation of risk (*e.g.*, threats that are not included in the current datasets)? Please also include datasets that can be used to measure these factors.

Changes in the current formula structure will likely cause some jurisdictions to gain funds and others to see a decrease in funding. While NACCHO appreciates ASPR's goal of refreshing the funding formula to be more reflective of the current threat landscape, HPP is the sole federal funding source for health care system readiness. As ASPR considers changes to the formula, NACCHO respectfully requests ASPR consider efforts to implement any changes with minimal disruption to current recipients. As the nation faces new and emerging threats, HPP needs additional funds with the goal of ensuring that all jurisdictions are able to prepare for and respond to emergencies.

Thank you for the opportunity to provide comments on the proposed revisions to the Hospital Preparedness Program funding formula. Should you have any questions about this response or wish to engage in further discussion, please reach out to Adriane Casalotti, NACCHO's Chief of Government and Public Affairs, at acasalotti@naccho.org.

Sincerely,

Lori Tremmel Freeman, MBA
Chief Executive Officer