ASPR Health Care Readiness Cooperative Agreements All-Recipient Webinar Transcript
May 24, 2023
Call Transcript

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Wassef, Megan: I will now pass it over to Jennifer Hannah, who will open today's call.

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Jennifer Hannah: Thank you, Megan, and good afternoon, everyone. Thank you all for joining us today. I am Jennifer Hannah, the Director of ASPR's Office of Health Care Readiness. Before I hand it over to our first presenter, I would like to provide a brief overview of what we will cover today. Next slide, please.

Today's meeting will focus on the intersection of health care, health equity, and climate change, and we have some great speakers lined up for you. First, I will begin by providing a few updates relating to ASPR's Health Care Readiness Programs. Then, Kristen Finne, the Director of the HHS emPOWER Program will provide an overview of the emPOWER Program. Next, Commander Roberto Garza, Acting Director for the Division of Recovery Operations, within ASPR's Office of Community Mitigation and Recovery, will present on the Office's efforts to support equitable recovery in communities impacted by disasters. Afterwards, Joe McCannon, a Senior Advisor for the HHS's Office of Climate Change and Health Equity, will discuss the intersection of health care, health equity, and climate change and what the Office is currently doing in that realm. Finally, we will leave some time at the end for general questions from the audience. Next slide.

I'd like to start today's webinar with a few updates on ASPR's Health Care Readiness Programs. Next slide, please.

As you might remember, last time we met, we discussed ASPR's updated organizational structure. Under the updated organizational structure, the National Healthcare Preparedness Programs was elevated from a branch to an office and renamed the Office of Health Care Readiness. This is an exciting elevation within ASPR's organizational structure and is a result of the growing emphasis on the importance of health care readiness. We've heard concerns that HPP or other programs may be going away with this new org structure. This is not the case. In fact, our name change and elevation to an office, results in more attention and focus on our programs. This is a good thing! On the screen, you see the ASPR's new org chart to the left and on the right you see the Office of Health Care Readiness in more detail. We've broken down our major capabilities as well as our programs and activities. As you can see, there have been no major changes to our programs and activities. Rest assured, our partners will continue to be our priority and we look forward to growing our partnerships with all of you. Next Slide.

As many of you know, HHS ASPR is currently updating the Health Care Preparedness and Response Capabilities to reflect insights learned from recent disasters and now we are at a point where we are soliciting your feedback and input as part of our pre-decisional review. We know many of you participated in the discussion leading up to the development of the pre-decisional draft, and now we welcome your review and feedback. We are accepting comments until Friday, June 9th. You can view the pre-decisional review draft and access the Online Comment Matrix to submit your comments using the links we will share in the chat. We are looking for comments or proposed changes on the following: if there is a missing element in the

document that is critical to saving lives and ensuring health care continues to function; if there is something in the document that is factually incorrect and needs to be removed or updated; or if you have a proposed additional link to a publicly available resource to support implementation of any of the listed activities. We have also developed FAQs that provide additional background and clarifications on both the document and on this pre-decisional review process. Next Slide.

As a reminder, the updated capabilities provide more specificity around what the entire health care delivery system can do to save lives and continue to function in advance of, during, and after a response. The updated capabilities also prioritize equity in all activities, with the goal of ensuring access to consistent levels of care in underserved and historically marginalized communities and at-risk individuals. Thank you in advance for your ongoing engagement to ensure the capabilities are relevant and applicable to health care and emergency response partners. I will now pass it over to Kristen Finne to provide an overview of the HHS emPOWER program.

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Kristen Finne: Thank you, Jennifer. I'm thrilled to be here. I'm the Director of the HHS emPOWER program. I'm here to give you a brief overview about this program, resource tools and informational platforms that we've developed for you, and some recent changes to the program that can hopefully help your work as you go forward om addressing the needs of at-risk community members in your localities.

The HHS emPOWER program has been in the existence for now a decade. It's hard to believe we came into fruition in 2013 in response to advances in technology that were leveraging the ability for individuals, particularly those that have chronic illnesses and disabilities, to live independently in their community, and also the advances of health care service delivery into community-based and home-based models of care, as well. And while these individuals do okay daily, the challenges that we've seen, progressively starting following Hurricane Sandy, is that these individuals get quickly disconnected from their health care services, such as dialysis and oxygen tank services that are delivered to their home, as well as those that rely on certain types of life maintaining and assistive equipment, such as ventilators, concentrators, and such. Those individuals rapidly are thrust into life-threatening situations, many of them rapidly overwhelm 911 or go to emergency departments, overwhelm EMS, and also shelters too. So what we did was we partnered with the Centers for Medicare and Medicaid services, particularly the Medicare program as that's a Federal health insurance program; and we did was we actually mined their data. We do this on a monthly basis to understand the total number of Medicare beneficiaries that currently have claims for four types of health care services, as well as also 14 different types of life maintaining assistive equipment as well as cardiac and clinical devices. In order to make sure that we were protecting those individuals and understanding the needs of those individuals, what we did was we translated them. We wanted to make sure that we had readily meaningful, consumable, and actual data, and we wanted to translate them into the right data, right tool, right person, right time. This was based on the levels of responsibility and the roles that people have, whether they're just a community participant that wants to help out or volunteer, all the way up to an official or a partner at the local public health or the state public health, that are going to basically be doing more detailed scenario planning. What we have developed, over this past decade, is a suite of tools. It is publicly available is the HHS emPOWER map. You can go to that map and you can actually see the total number of electricity dependents, as well as also new at-risk combinations that we just rolled out recently.

For those that have their own GIS application, we don't want you to have to go to our map, but instead, take that data and add it as a data layer in your own map and be able to use it with your other data layers. And we'll talk a little bit more about that because we just changed that URL and we're going to have you re-sign up for that. And then we also created emPOWER AI, which is for those that need voice activated services and want to use Amazon Alexa Skill or Google Virtual Assistant for responders that were having trouble with some of the internet connectivity. We've created the capability that you can ask it and it can tell you the answers from the emPOWER map for you. For those that are at the state public health and also local public health authorities and health care coalitions, we produce monthly, more expanded, detailed deidentified, meaning protect all privacy information so none of it's in there, that emergency planning data set that actually goes out. And you can use that for more detailed scenario planning and activities. And that data set can be shared with anybody who is working on emergency preparedness, response, recovery, and mitigation activities in their communities, on planning and such, and also in response. And then, in the event of an imminent or current disaster. Only statutory authorized public health authorities at state and in limited cases at a county level, those public health authorities that meet HIPPA requirements, can request an individual level data set to support lifesaving outreach or activities that in case that it's the break glass capability that we have. Now also important to note is that we have online training that's available through the TRAIN website. And it has all of this information. Information such as detailed job aids and resources and informational fact sheets; really everything from stories from the field and an interactive map of how it's being used to reflect the great work of individuals across the country. We have created, and we rolled out it out during 2021, basically at the same time as the COVID vaccination campaign started, the HHS emPOWER program platform. It's a website, it’s readily accessible. You can actually go to it. You can find detailed job aids and resources so that you can have it in a just in time and be able to use all these tools. That was something that everybody had requested, and we put that out into play, and we were able to roll it out. Unfortunately, fairly enough. It wasn't, as heard, given the COVID response. And we understand that we just want to bring that out. Next slide.

So just a quick snapshot, the total number of Medicare beneficiaries that are included in this population are 4.3 million. And it's also important when we're talking about equity is about 32% of them are what's called dual eligible. They're enrolled and also eligible into a state Medicaid program which indicates that, due to their chronic condition, their disability, or their socioeconomic status, they qualify for that program in addition to their Medicare program. Those individuals are commonly understood and known to be high-risk. So we do get a snapshot. While we don't have all Medicaid, we do have a pretty good snapshot of the highest risk in that group. This includes 14 different types of equipment. It also includes health care services that include oxygen tank, dialysis in a facility, home health services, and at home hospice services as well. Next slide.

Most recently, what I talked about is that we've actually made some updates. Based on feedback from health care coalitions and hospital executives through numerous different disasters, many have asked about our ability to bring out that health care service data that we haven't been able to publish publicly yet, based on different CMS requirements for bidding and such. So what we were able to do in response to requests was respond to many people saying we would like to know permutations of those that are electricity dependent and also health care dependent. So what we created is five new data categories, which is an individual who is on dialysis, who also has dependencies on DME, the same thing for oxygen tank and DME, home

health and DME, and at home hospice. And then we also provide for any individual that could have one or more health care services and also DME, so that we were not double counting those individuals, and you know exactly what the number is. Next slide.

Also important to note is that the HHS emPOWER REST service has changed. We've gone to the cloud. Our partners in GeoHealth have transition and are in the process of flipping over their system. So this rest service is now live. The old one is going to be turned off. So we do encourage you, please, very soon and quickly click on that link. We have a job aid readily available to you that can tell you literally how to do it in a matter of a minute. It takes three clicks and you're done. So that way you can continue to get all of this data into your own GIS applications. Next slide.

So how emPOWER has helped, whether it's from the public map all the way up to individual outreach and disasters. Over these past years we've had an incredible litany of different types of disasters that have impacted localities across our nation and in our territories. And this data has actually been able to help in a host of different ways, whether it's from preparedness, planning, looking at “what we should have in our medical caches?” and “are we including the types of equipment that might be highest risk in need?” all the way to “are we able to deploy out and help leverage with our urban search and rescues as we're going through those communities to also identify areas that might have higher risk of electricity dependent individuals with DME and or oxygen tank services?” An example of this is in Tennessee and they looked to do that outreach on the Gatlinburg Wildfire, years back. We've also used it in severe winter storms in rural areas of Wyoming, where they actually use this data and a rural area, because cooperatives are going down after multiple blizzards, and they did outreach to those individuals that are electricity and oxygen dependent. We actually also have supported, at the Federal level, myself included. I went through the whole process in support of the U.S. Virgin Islands, and we use this data to also support dialysis evacuations for individuals after their health care was destroyed both from dialysis facilities to their hospitals on the island of Saint Thomas and later, also, issues in Saint Croix. So there's been a whole scale of ways in which this data has supported. And we continue to monitor and learn. We do want to encourage anybody who's used this data and has great stories to tell us, please send it to us at empower@hhs.gov. We welcome the opportunity. We're happy to have a conversation with you. Everything you provide is also vetted with you, but we want feature all the great work that you guys are doing nationwide next slide.

As we're talking about climate change and resources and information. EmPOWER has also had the opportunity to participate in the Million Hearts Climate Change and Cardiovascular Disease, Collaborative Webinar. There’s a host of numbers of different webinars talking about the interface between health, particularly for cardiovascular disease, and impacts of extreme heat and other climate change factors. I encourage you to check them out. They're great tools and resources, and they're really great to share with your state and local and other community partners, too. They're informative and they explain the different factors and how there's tools and resources available. The same thing goes for the National Integrated Heat Health Information System. They had a national meeting, but they also have a website, and I encourage you to check out that website. It talks about all the different factors about heat, and I'm sure more will be discussed later. Next slide.

And just a parting memory and note, please I encourage you to go and check out the HHS emPOWER program platform. This is created for all of you in response to your request. It took

us a while to get there, but we finally got the funding, and we were able to roll it out in January 2021. So this information has readily accessible information. It has job aids and fact sheets that you can readily use. And also it has an emPOWER in action tab that actually gives an interactive map and it has detailed stories from the field that actually tell you how it was applied, partners that used it in together with public health, and the actions and lessons learned that they did. Additionally, we have online trainings. One most recently added was for DME and also reconnecting individuals that are electricity or other DME dependent from Medicare beneficiaries and how to do that in the disaster. I encourage you to check out the training tab. And you'll see really great online training, it's free as well as job aids that you can hand out in shelters for responders as well as for beneficiaries too. Next slide.

And here's just a sample of that interactive map that you can check out. Next slide. And also this is just a sampling of the fact sheets and a detailed job aid, so you have a reference to those as well. Thanks so much. Next slide.

Here's our resources, and we're able to be readily accessible. As I noted before, we have an email that you can contact us with any questions. It's empower@hhs.gov. And I'm happy to also take any quick questions if we have a few minutes left.

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Jennifer Hannah: Thank you, Kristen, and we are opening up the calls for anyone that may have questions, and just as a reminder, you can enter those questions into the chat, or you can raise your hand and ask your question, live as well. Kristen, Would you mind restating how often the data is refreshed for the emPOWER map, please?

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Kristen Finne Absolutely. It's updated on a monthly basis. It’s a pretty seamless process. And what you'll wind up finding is that it's usually updated about the second week of each month, and that’s usually when we also push out those de identified data sets as well. And I’m happy to share our slides and make sure you're able to provide them to your coalition partners.

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Jennifer Hannah: Kristen, are there any things that are around the corner, or you can speak to? I know it’s not necessarily on the slide about the future of emPOWER, I mean. You've done some great work and had some great development, especially of some new tools and resources that are available. It's incredible to see how it has grown from literally just a map on a page to this expansion. But certainly, if there's any updates or things that are that are coming.

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Kristen Finne: So one of the other things we did, and I didn’t include it on the slide for time, is that starting in 2018, we were a bit slowed down by COVID, but we offered to state public health authorities and their state counterpart Medicaid agencies that wanted to participate. We actually have a free voluntary pilot that is helping state Medicaid agencies actually generate that Medicaid and child health insurance data that is most highly available in the state operated systems. Because, unfortunately, at the Federal level, we’re just not quite there yet. We're getting there, but we're not quite there with the best timely information that you can rely on that with Medicare. But what we did was we actually launched a program. So where we couldn't do it

for you, what we wanted to do was teach you how to do it. So what we have actually come up with this detailed instructions and capabilities to actually explain to the Medicaid side of the house, how to actually replicate the emPOWER algorithms, the libraries, and the templates, to be able to self-generate, mining their own state operated Medicaid and child health insurance data, to create those complementary datasets within their own state. That data, then in turn can actually be used to help provide information, not only for older adults, but for those on Medicare and those that are disabled and qualify in. How about that Medicaid data provides more information on other disabled adults that we don't capture with Medicare, but also pediatric patients, which I think is really critical for preparing and responding to the needs in their communities. So we've had a number of different states that have participated and have completed it. North Carolina has completed it. More recently, Oregon has. And they most recently have used this data in number of their wildfire responses when they had catastrophic wildfires at a historic level, sadly, in 2020, and in more recent years as well. So this provided not only from the Federal data program, what we provide, Medicare, but also them having their complementary State Medicaid and Childhood Insurance Program data. They had a more complete understanding of the ages and brackets of those that are high risk and such. So I encourage people to check that out. There's more information about that on our website. And also we are looking to see other partners that might be interested in this. Our hope is in the future we might be able to expand emPOWER to do this when the Federal data is also more timely and accurate. And we're able to build that in. So that's one of the things I have on my you know, future look, and also looking and expanding this to other types of at-risk populations, and where we might be able to partner with other agencies across the Federal Government, to bring in more information and be able to provide that for you. So that way you have a one stop shop, and you have ways in which to get different types of information and such. And we've also been doing a lot of work with Census to help them expand on how they can operationalize their data a little bit, too. Great data that they get for the census. So lots more to come. And we just keep treading along. Thanks, Jennifer.

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Jennifer Hannah: Thanks for that, Kristen, and it looks like someone is else is singing your praises here. It says “emPOWER is awesome!” And there is a note here about emPOWER taking over the collecting of provider level EEI data during disasters. It says “kidding, just kind of sort of.” But please continue doing the great work that you are doing, Kristen. Thank you. So again, of course, thank you to Kristen for taking the time to be with us today. I will now pass it over to Commander Roberto Garza to provide an overview of the Office of Community Mitigation and Recovery and their equitable recovery efforts. Commander Garza.

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Commander Roberto Garza: Good afternoon. I wanted to make sure I'm coming in, well. It’s a great privilege to be on this call. I want to start by saying something really quick. I don't know if you can hear this, but I live in the city of Annapolis, Maryland, which is home to the Naval Academy, as many of you know, and this week is what's called commissioning week, which is a week where the fourth-year midshipmen from the Naval Academy graduate. And right now is the Blue Angel fly over. So every two minutes, you might hear a sound, because the jets are right above me. It’s very special. So thank you again for this opportunity. I love to talk about recovery. If we can go to the next slide.

I'd love to share sort of what we do at ASPR and in the Federal Government. So the way to maybe paint the contrast is that there's the national response framework, the NRF, and then the national disaster recovery framework, or NDRF. The response framework has been around for significantly longer than the NDRF. The response framework has been around since I believe the mid-90s. So it's a very established function. You have the 15 ESFs. And many of you aware that ASPR and HHS lead the public health and medical- ESF#8. So the NDRF is a little bit younger than that, but we've exhibited quite a bit of growth in the last few years. The key bullet in this slide here is that the framework and our operational doctrine is that recovery is federally supported, but there's primacy at the state at the sort of the sovereign level, be it state tribe or territory government. So we're there at the invitation of the of the state, tribe, or territory government and we're there to support where there are unmet recovery needs. Next slide, please.

There are, as opposed to this 15 ESFs, the emergency support functions. There's only 6 RSFs, so they're combined a little different. Ours is the health and social services, that fourth one from left to right. Health and social services recovery support function. It's a coordinated, and if you can go to the next slide you'll see sort of the listing of the coordinating agency.

So it's coordinated by HHS, but specifically it is coordinated by the Administration for Strategic Preparedness and Response, within our office. So I'm the Acting Director for Recovery Operations under the Office of Community Mitigation and Recovery. So, these are what we call the sort of the subordinate agency, and if you go to the next slide, you'll see that we have quite a bit of what we call primary agencies.

We want to support health and social services recovery, but our role here is to sort of work collaboratively with the operational divisions within HHS, CDC, SAMHSA, HRSA, or CMS, and also we have quite a great partnership with the Department of Education as well as other departments. Next slide, please.

So, as I was saying, earlier, Recovery has experienced quite a bit of growth in terms of our activations thus far. And in this fiscal year at ASPR, we've experienced a 300% increase in the number of presidentially declared disasters for which ESF has been activated by FEMA as compared to previous years. And these are sort of factors to give you an understanding of how we're evolving and how recovery is becoming sort of an important feature of federal support for approximately two-thirds of our activations. For example, our supportive locally is impacted by events or a hurricane – so absolutely, we're in Florida, supporting Hurricane Ian, or there was Hurricane Ida in Louisiana. Now, I'm looking at Typhoon Mawar out in Guam, I'm sure we'll be activated for that. But many of our responses, our recovery admissions are really related to sort of those direct line wins to winter events, to wildfires across the nation.

So, and this is sort of interesting, too, for those of you that sort of have experience with the Federal support from the ESF-8, from the public or the medical perspective, and the thing is that ASPR can do about half or more than half of our activations and not have a significant support from HHS on the response side. So, what does that mean?

That means that the jurisdiction was able to sort of experience that tornado, experience the hurricane, experience the wildfire, and they were able to manage that response by themselves. Perhaps they received support from contiguous states or tribes or territories but how did they manage that a local level? They did not receive significant ESF8 support, but they do need help for recovery.

And most of the missions, and this sort of where we get to some of that equity piece. Most of our mission support localities with that high index in the city social vulnerability index. So, these are communities that are especially vulnerable to experiencing significant and long-term disaster costs or disaster-exacerbated impacts. It's really sort of why our work is important because we are there to support these communities, and everybody in a community impacted by a hurricane, by a wildfire by a straight-line storm a tornado. Everybody's impacted in the community. But it's those individuals within the community that were especially vulnerable. Those folks, especially those that that might be in the emPOWER map, from the LGBTQ+ communities to children and the elderly. Those individuals and communities that are especially vulnerable are going to be most impacted by the disaster. But we're going to be there to support them. Next slide, please.

So, we have what we call five core mission areas that we support: that's behavioral health, education, healthcare, human services and public health, and environmental health. And we strongly believe that there's four cross cutting principles across each of these five core missions. So, that's an integration of older adults, individuals with access and functional needs, children and youth, climate resilience, and equity. Our doctrinal approach within our recovery support function is that we see ourselves as really high-level coordinators with what we want to bring in.

Let's say that there is a healthcare system impact, right? We don't want to duplicate a state jurisdiction that has a connectivity tissue to an HPP grant or a connectivity issue to a CMS authority. We don't want to duplicate that in the field. We want to invite those subject matter experts to bring that. For example, we're going to use FEMA funds that we get through activation, and we want to bring those strategy matters to the field and have them. Yes, you know there's always a chain of command in the field when you have a responsive recovery effort, but we also want them to have that strong line of connection to their home office, because we want to be there as quickly as possible. Establish that direct line of connection after a disaster if you will there's a loss of connectivity to the, to the, to sort of that. Get that technical assistance at the Federal level. We want to re-establish that, and really move out of the way to have to sort of support the quick re-establishment of that technical assistance that usually happens on the blue sky. So, you know, it's sort of reductive here, but it's really what we want to do. We want to come in. We want to bring in the right subject matter experts. We want to identify what are the areas of interest for when we don't want to bring in the subject matter experts to a locality or a jurisdiction that is not of interest to them. So even if there is an issue, if out of 15 issues, if they [subject matter experts] want support and 5 of them, we want to identify the Federal subject matter experts and help bring into the field to for those small, quick interactions to that assessment to develop those courses of action and transition to that steady state support.

So, capacity building. So, when we're in the field one way, once we identify issues of interest to the jurisdiction, we can support via capacity building and coalition building. Sometimes the right experts to support a jurisdiction are not federal experts, but rather peer to peer. We want to identify other states and localities that are doing things extremely well. Bring them to the table to make that connection step out. We can always connect with subject matter experts for technical assistance, as well as skill training. So they come in assess interventions and step out for the steady state.

So that's my name [on the slide]. Of course, happy to answer any questions you might have, but at some point, if you find yourself, your jurisdiction is impacted by a significant event it's likely

that that we're going to be activated and be there to support you. The typical recovery mission lasts 3 to 6 times per 10 months. So, we're there and we might be brought in if there's a significant HPP issue, or a significant application or an issue of your interest, we might bring in a federal expert to speak to the coalitions and others to get them to get that quick technical assistance. Thank you so much for the opportunity, and I'll be happy to take any questions.

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Jennifer Hannah: Thank you, Commander Garza. If again, if anyone has any questions just a reminder that you can certainly enter that into the chat, or you can raise your hand, and you are welcome to ask your question, live. Just a quick question for you, Commander, could you tell us what is the trigger that initiates support from your office? I know you've mentioned that they're supported by you know, by FEMA funding. But what is it that? What is the trigger, or are the triggers that would initiate that support? That would, you know, move your office into the beginning to provide that technical assistance and be on ground.

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Roberto Garza: Absolutely. Yeah. The trigger is really that signal from the sovereign and the sovereign leadership at the tribe, state, or territory. So usually, you know, we have a presidentially declared disaster that only comes at the request of the sovereign leader to the president, and the President declares a disaster. Then there's a response effort. If post response, there's significant equities issues that require support from the health and social services across those five core mission areas, that signal for recovery support would bring us in the field. “And are you able to provide, in the absence of that, virtual support for technical assistance.” You know the ten HHS regions, we see ourselves again as a coordinator. So, if we were, for example, from an HPP perspective, we were in the field either on a mission or just in a sort of regular meeting, or steady state meeting with some regional partners, if we heard of an HPP sort-of situation, and somebody from your office wasn't on the call, our role really would be to make that connection, right? We don't want to speak for you. We want to support your steady state relationship you have with them and be that sort of single service window.

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Jennifer Hannah: Great! Thank you. I don't want to hog all the time for folks for questions. So again, if anyone has a has a question, please enter it into the chat, or raise your hand so that you can ask the question live. So, I'm not seeing any questions right now, but certainly want to thank you, Commander Garza, for taking the time to share this very important information that your office is doing, and we look forward to continuing our partnership and continue to engage your office. I envy you a little bit about the blue angels, one of my favorites. Yes, please take photos. But again, just thank you so much. So, I will now pass it over to our final presenter, Joseph McCannon, to discuss how HHS is addressing climate change and advancing health equity.

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Joe McCannon: Thank you, Jennifer. And I am just gonna share my screen here, hopefully this works. And everybody can see my screen? Please let me know if you can't. Thank you. And it's a pleasure to be here with you all today. I appreciate the chance to speak with you in part, because I'm looking forward to hearing your questions and your feedback because I got some

exciting information to share that I think might be quite relevant and timely for many of your organizations. So, I want to make sure that I get to do that and really talk about the work that our office is doing currently.

But before I do that, I do just want to kind of set the scene a little bit on why we're here, both on why we are here having this conversation today, and why we are here as an Office of Climate Change and Health Equity (OCCHE), a new entity within HHS. And you know, the answer to that question is not one I really need to belabor with this audience on. But it's just simply the fact that climate change is an urgent crisis. The greatest threat to global public health, according to a consensus statement of more than 200 medical journals in the fall of 2021, and that manifests itself through a whole variety of catastrophic events, highly intense storms, and hurricanes, wildfires, flood, extreme heat, all of these catastrophic events, plus pandemic and chronic disease exacerbation. So, I'm talking about cardiovascular disease. I'm talking about asthma and pulmonary disease. I'm talking about vector-borne illness, waterborne illness, mental health issues. Climate change is an exacerbator and a creator of so many problems with such far-reaching impacts. And on top of that for the health sector, it has major impacts on infrastructure. And you know, this is just data on the one-billion-dollar disasters in a country in the last forty plus years, and what we can see is that the increase in what this means for health care facilities, is disruptions in operations, major costs, major delays in providing the types of care that they want to provide. So that's all kind of at the at the heart of why we're here as an office.

In addition, though, we're here because, just like every other public health crisis in this country, there are certain vulnerable populations for reasons of long-time, discrimination, under-investment, and disenfranchisement. There are certain groups and communities that are at a distinct disadvantage and will be disproportionately harmed. And that's certainly true when it comes to climate change. We know that there are certain groups that are in geographic locations where they're gonna be at a disadvantage, groups that have pre-existing infrastructure challenges, health issues, all of these things that are going to put them at a disadvantage on top of the fact that they're dealing with ongoing forms of discrimination in their communities. And so, this all is kind of the backdrop against which our office was formed. It's not to say, of course, that there hasn't been lots of critical work going on related to climate change at the Department of Health and Human Services over the last few decades. So, the NIH and the National Institute of Environmental Health Sciences have done important research, the CDC through the Climate and Health Program has done important work on the local and regional level, and of course, ASPR has led the medical response to a number of crises that are climate related. So, you know, there certainly has been a significant effort within HHS, but what the Biden Administration did in creating our office in January of 2021, is it said that there should be a purposeful entity within the Department of Health and Human Services to help this entire vast organization to both understand the threats associated with climate change to the health of the people that we serve, and understand potential responses and to really make sure that every operating division within HHS, whether it's CDC, CMS, FDA, NIH, HRSA, SAMHSA, ACF or ASPR making sure that everyone is together and as ready as possible for the changes that are coming as a result of climate change.

Our office was called for in January of 2021 through this executive order 1408, Tackling the Climate Crisis at Home and Abroad. It was established in August of 2021. So, we're approaching our second birthday here and we're situated within the Office of the Assistant

Secretary for Health. Admiral Rachel Levine, who is a great proponent of this work, and has been a great supporter of our work as we get set up.

We have a very bold vision as an office, which is that in the next 5 to 7 years, what we hope to do is make sure that communities and the health care organizations that serve them are transformed, such that every community and care provider and every geography is prepared for disruptive and chronic climate impacts and its most vulnerable populations such that health care institutions like the organizations that many of you represent are prepared for long term operation in the face of catastrophe, so that there aren't disruptions in operations of the kind that we see too often in in the face of intense storms and other crises and such that every hospital and health system in the United States is acknowledging its own contribution to climate change and is actually tackling a reduction of emissions and specifically scope one emissions. These are direct onsite emissions. Scope two emissions, emissions associated with energy purchase from the grid, and scope three emissions associated with the supply chain, which is where the majority of emissions are for the health sector. So, you know. We know that the US health sector is responsible for 8.5% of all carbon emissions in the country. And so, it needs to stand up and lead on taking action there.

So, our job again is to get all the HHS operating divisions galvanized to take action to address this. How do we do that? It's a very tall order. We're a very small office, and the short answer is, we do it through others. So, we work through partners and other organizations that have more leverage than we do to be able to take more effective action. We start with communities, the communities at greatest risk to understand their gaps and challenges not unlike the exercises that Commander Gaza was describing. Really understanding local challenges and risks, using that to inform our agenda, and then we work with other government agencies like EPA, like NOAA, like the Department of Energy, to make sure that we are leveraging their programs, that we're collaborating with one another, that they understand the health impacts of new programs that they're introducing.

We work with federal health systems. So, we have a learning network of federal health systems, including the Veterans Health Administration, the Indian Health Service, the Defense Health Agency, and we come together to work on decarbonization and resilience together. We work also with other nations' health systems. So, we have an exchange going on right now with the National Health Service in England to try to align our procurement standards as much as possible to simplify that for suppliers to simplify our expectations around emissions reduction so that work will be more straightforward. And they're like they're more likely to engage on it.

We also work with the private sector through something called the National Academy of Medicine Climate Collaborative. This is a collection of private sector leaders, large corporate entities, pharmaceutical companies, suppliers, large associations, and government entities all coming together to set common goals and identify barriers to address together. And then, above all, we work again through HHS operating divisions, through the major operating divisions to make sure that they're introducing programs and make sure that they're introduced integrating climate considerations into all their existing programming as well.

The way we've started that work within HHS is by setting and making clear commitments to what we want to accomplish as a department that started at the United Nations Climate Conference in 2021, committing the Department of Health and Human Services to developing a low carbon and a resilient health system and this was an important statement, and 50 other

countries joined the US in making that commitment a few months later. The HHS, for the first time, had a introduced a specific strategy, a specific aim in its overall strategy focused on addressing the environmental factors and climate change specifically. And then, shortly after that, the Administration introduced Executive Order 1457 which requires all federal facilities, including federal health systems to reduce their emissions roughly 50% between 2030 and 2032, and to get to net zero by 2050. So that was an ambitious set of statements. But as soon as we made those statements, of course, we realized that we very urgently need to make sure that we are engaging the private sector as well. And so, we launched something called the White House HHS Health Sector Climate Pledge, which invited private sector organizations to match the Biden Administration's commitments to both resilience and decarbonization. So, the organizations that have signed that pledge have committed to reducing emissions by 50% by 2030 and getting to net zero by 2050. They've committed to executive leadership on climate, resilience, and emissions, reduction and to conducting inventories of their scope three or supply chain-oriented emissions, and they've committed to develop climate resilience plans that focus specifically on the needs of a vulnerable population.

So, this is a voluntary initiative. But it's already engaged over 115 organizations across the country, representing over 850 private sector hospitals representing 20 academic medical centers. If you combine the commitments of government facilities and these private sector facilities. That's about 15% of all the facilities in the country that have signed on. So, we're sort of approaching a tipping point. We have seven Fortune 500 organizations that represent suppliers, pharmaceutical companies, insurers. It's really been a terrific and exciting response.

That being said, you know, we realize that you can't stop there with commitments, because commitments are just that, they're just words. We need to actually support the sector in doing this transformative work required to become more resilient and to make investments in emissions reduction as well. So, we introduced last summer a compendium of federal resources, basically a scan of all the Federal resources that are available for the health sector to tap into work on addressing climate change. We launched something called the Climate and Health Outlook. This is a monthly outlook that basically forecasts the major climate related threats to health in the country every month, and you know we're hoping that facilities and frontline providers will use it increasingly to address challenges, anticipate challenges. It also includes federal resources that can be used to ameliorate those challenges, and then we have something called the sustainable resilient health care facilities toolkit. And this is a toolkit that already exists and is currently being updated that really focuses on helping organizations understand climate-related exposures and then develop plans for action that are reactive.

And we're aligning this as much as possible with ASPR products like risk so it's all great. There's a lot of resources that's there already. A lot of wonderful tools, not just from HHS, but from other agencies like FEMA and DOE, and EPA and many others. So, you know, there's a lot going on, and we had some good momentum going last summer, and then the Inflation Reduction Act was signed, and our view really is that the Inflation Reduction Act is going to dwarf them in terms of its impact and its importance and the opportunities that it creates. It's this unprecedented legislation, and for many of us in health care, we focused initially on the parts related to Medicare, Part D and expanding Affordable Care Act subsidies. But the vast majority of dollars in this legislation are focused on addressing climate change. It's the largest, most historic piece of climate change legislation, certainly, in the history of this country. And what it

offers is a series of tax credits and grants and loans and technical assistance programs that will allow all types of organizations to take action to address climate change.

And so, what we've done is we launched over the Earth Day week something called the Health Sector Resources Hub, and it collects a lot of information on that compendium that I already mentioned to you, a webinar series that that introduces tools and resources that I'll say more about in a moment. A great resource, a referral guide for those who are at the front lines of care for the federal resources that they can use to help patients and families, particularly in the summer season, with threats of extreme heat, you know. So, there are resources for subsidizing energy and accessing government supports that that we hope you'll share, and that providers will tap into. But the real anchor of what we introduced to something called the Quick Finder for leveraging the IRA for the health sector. It's basically a digest of all the opportunities that are available to take action that are facilitated by the IRA, and you can use the QR code here to get that. But it's also accessible at a link that we're gonna drop in the chat, and it gives background on climate change and health equity and the relationship of the two. But it really centers on the investments and actions that are facilitated by the IRA, particularly tax incentives and grants.

And it actually names the IRA programs that are relevant. So, it goes from, you know, hundreds of options. If you were to read the full legislation, you know, down to somewhere on the order of 15 to 20 that we think are going to be really relevant to healthcare organizations. and it gives case examples. And we'll be adding to those case examples as well of how those funds can actually be used. And these are some of the types of investments that can be made. Investments in onsite renewable energy generation energy efficient building improvements, transportation that is more efficient and sustainable, building resilience and community resilience. So major dollars there, and then funds to decarbonize the supply chain as well.

So, there's lots and lots available here, and you know what we want to encourage you all to do is to take advantage of our webinar series, which has already begun. But every session is recorded, and you can get that at this resource up that'll be dropped in the chat. And these sessions really kind of walk through in some detail with each of our partner agencies, the specific opportunities. So, for example, in a few weeks we have a session with EPA on their decarbonization opportunities. There's a really important session, I think, on June 20th, with Treasury to talk about the tax incentives and tax credits that are available. So, we strongly encourage organizations to tune in and tap into those resources. So, I'm going to wrap up there.

I'll just do so by saying, I think there are lots of potential areas for collaboration and areas where we'd like to collaborate with many of you. I'll particularly point out for state hospital associations or other regional groups that might be on the line, we have done sessions with hospital associations to introduce our office, but also introduce specifically the pledge opportunity. And these resources and those have been quite successful. We did one recently with the Connecticut Hospital Association. It led to organizations signing on to the pledge and being able to kind of tap into this community of learning around all of these federal resources, the IRA resources, all of these tools and support. So, if you'd like to do something like that. I'm going to put my email address in the chat, and we can certainly do something at a regional level for your constituents to help them take advantage of these great resources and supports.

We're also always on the lookout for case examples. So, if you have some that you'd like to share we'd love to hear how you've been working on resilience and facility hardening, or how you've been working on sustainability and equally, we'd love to hear. You know, data you have

on cost savings associated with the work. We know that there's been great efficiency that's been achieved through building sustainability projects, for instance. And you know, that's the kind of data that's great for us to be able to share as well. At the end of the day we don't succeed if we don't help organizations go from being aware of these opportunities through the IRA to actually applying successfully and implementing the work. So, we're willing to help on the mechanics of that application process as well. You know, in a general economical way so that organizations can tap into to these opportunities. So, you know, I'll finished where I started and say, thank you for the opportunity to be with you, and really would be delighted if you would like to tap into some of these resources and opportunities. Thank you.

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Jennifer Hannah: Now, thank you, Joe. Really appreciate the great presentation, and certainly don't want to miss out on anyone being able to ask you any questions. So, if anyone has a question, please feel free to drop it in the chat, or please raise your hand, and you can ask your question, live. I started writing down questions, Joe, and then you answered all of the all the questions that I had. So, great presentation!

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Joe McCannon: Just gonna drop my email into the chat. And if you want to sign up for our listserv, or any of our supports that I mentioned, or be in touch. please, please do reach out and take advantage of those things.

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Jennifer Hannah: Thank you for it for that as well. I'm not seeing any questions in the chat up. I know we are very close to the top of the hour. Also, if anyone has any general questions, this is your opportunity to ask those. Let's see here. I have a question that just came in. "Are there any updates on the Hospital Association end of year reporting and CAAMP access?" Oh, that was a question directly to me, but I'll answer it for everyone. Folks are asking about the Hospital Association Cooperative Agreement, and if your report and CAAMP access I know that our evaluation team is working on that, and we will be announcing some dates related to the Hospital Association end of year report in CAAMP. We will certainly document this question, and we'll follow up.

There are two questions here regarding any potential impacts for the for HPP, that's the Hospital Preparedness Program cooperative agreement if an agreement is not reached regarding the debt ceiling. I'll answer that one first. Regarding that, ASPR will announce or provide notification if there are any specific impacts related to the debt ceiling, issue regarding an agreement.

And then the second question was, "When should we expect our final BP5 budgets?" We're hoping to get those out to you as soon as possible and definitely before the awards are announced. Any other questions, I know we're a minute over?

"Can you confirm this semiannual financial report that was no longer required after October 2021 as there were filings in the PMS for it?" Kathy, let me follow up with ASPR Grants Management. I believe that it is no longer required, but I do want to out to get a response from them, but we will certainly follow up. But it's my understanding that it is no longer required, but we will certainly follow up.

Again. I just want to take a moment, a very brief moment, to thank our phenomenal speakers today. I think with any one of them we certainly could have filled an entire hour. So, you just got really kind of a quick preview of really the tremendous work that all of them are doing. So, thanks to Joe, Kristen, and to Roberto, I really appreciate you all taking time out of your days to be with us, to present and to respond to questions. And just so you know, all 3 of these folks have provided their information. So, if you have any specific questions, please feel free to reach out to them and I'm certain that they will connect you with any resources and be able to respond to any questions that you that you might have. But in addition to thanking our presenters I want to thank everyone for joining today's call for listening intently, and then also to our speakers being able to answer the questions that I had, and hopefully those for some of the same questions that some of you may have had.

As a reminder for everyone. We always invite you to share your stories regarding how you are using ASPR funding to make a positive impact on your communities. If you have a story to share, please fill out our stories from the field submission form or reach out to your field project officer. In some instances where you may not have a field project officer, a member of our team will drop the story from the field submission form link in the chat for easy reference. We look forward to hearing about the great work that you are doing. We know you are doing great work and, on that note, thank you for everything you're doing. We know that you are working extremely hard every day. Not only do we thank you, but certainly I think that the nation who is on the receiving end, or the end users of the work that you are doing, thank you as well.

With that, I think we are going to end today's meeting. And I want to just wish everyone a great day. Thank you, again, for joining!