Impact of the Redirection of Public Health Emergency Preparedness (PHEP) Funding from State and Local Health Departments to Support National Zika Response

May 2016

The National Association of County and City Health Officials, the Association of State and Territorial Health Officials, the Council of State and Territorial Epidemiologists, and the Association of Public Health Laboratories partnered to conduct an impact assessment survey on recent cuts to Public Health and Emergency Preparedness (PHEP) grants. Congress has not passed emergency supplemental funding for Zika, and as a result the Centers for Disease Control and Prevention will be redirecting $44.25 million of PHEP funds away from local and state health departments to support the national Zika response. As a result, state and local health departments are losing the resources they need to effectively respond to Zika and other emergencies at the community level. The coordinating organizations released the following two complementary reports describing the impact of redirected PHEP funds.

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

[REPORT]
May 2016

Impact Assessment: Reprogramming of PHEP Funds for Zika Response

Overview

In April 2016, the National Association of County and City Health Officials (NACCHO), in coordination with the Association of State and Territorial Health Officials (ASTHO), the Association of Public Health Laboratories (APHL), and the Council of State and Territorial Epidemiologists (CSTE), assessed the potential impacts associated with a shift of Public Health Emergency Preparedness (PHEP) funds away from local and state health departments in order to support the national Zika response. In an effort to determine how this recent redirection of the $44.25 million PHEP grants may affect the capacity of local health departments (LHDs), NACCHO surveyed 1,792 of its LHD members. The survey aimed to better understand how LHDs would be capable of responding to Zika and other current or potential community needs and emergencies in the face of future funding cuts.

NACCHO, ASTHO, APHL, and CSTE seek to effectively assess the net programmatic impact resulting from the redirection of PHEP funds. NACCHO also administered questions to assess LHD resources and activities being directed toward Zika preparedness and response efforts in their communities. Survey findings will be used to provide accurate information and technical assistance to NACCHO's LHD members and partners. Additionally, NACCHO will use this data to educate and communicate with stakeholders about the importance and impact of federal funding for preparedness and response activities at the state and local levels; and advocate for sustained investments over time to maintain preparedness capabilities in the public health system.

Methods/Response Rate

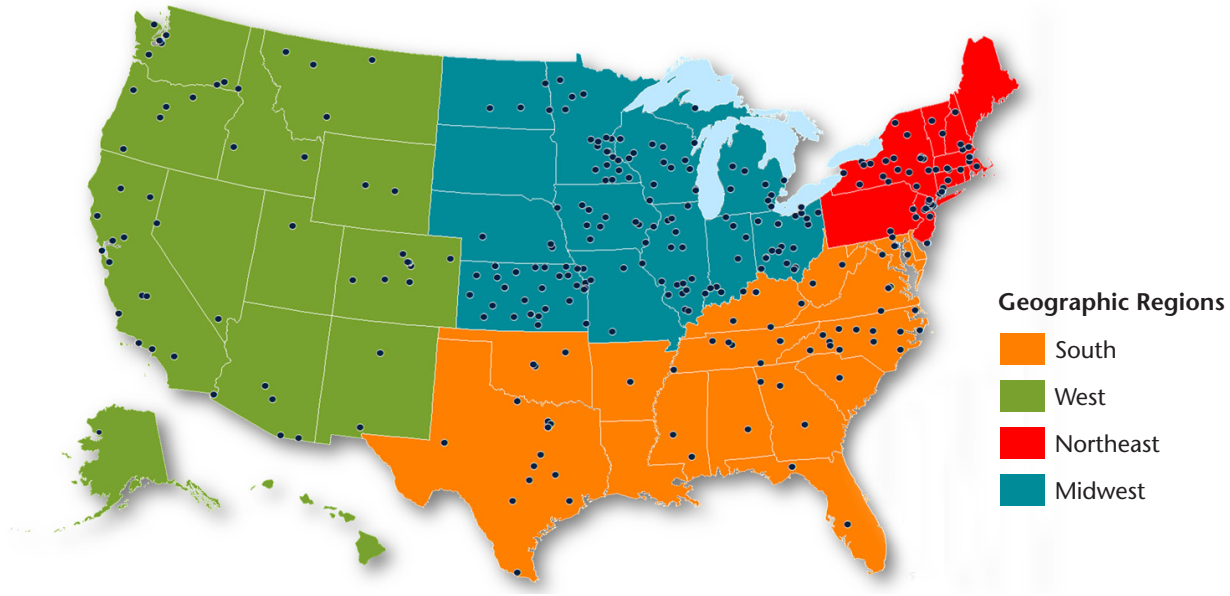
NACCHO developed and executed an electronic quantitative and qualitative survey instrument that was sent to 1,792 emergency preparedness coordinators working at LHDs selected as part of a random sample designed to provide national estimates. A total of 349 surveys were completed in-full (19.5% response rate). Qualitative data was analyzed for all submitted surveys, including those completed only partially. NACCHO staff analyzed the findings using SPSS version 22.0 software. All qualitative data was reviewed and coded by NACCHO staff using an open-coding method. This report provides a brief summary of both the qualitative and quantitative results of the survey and highlights key themes. A full list of data tables and selected quotes from these survey findings can be found in the appendix.

Overall Summary Statistics

Nearly 94% of survey respondents reported receiving PHEP funding.

- Detailed geographic demographics for survey respondents are illustrated in Figure 1.
- By region, the majority of respondents represented LHDs in the Midwest (42.4%), followed by the South (26.9%), the West (15.8%), and the Northeast (14.9%).

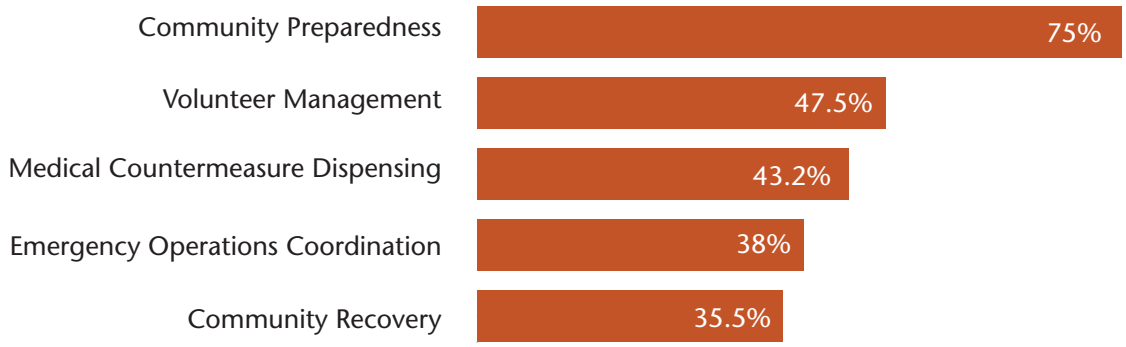
FIGURE 1: SURVEY RESPONDENTS BY REGION



Public Health Preparedness Capabilities Most Negatively Affected

The capabilities most negatively impacted varied by region; however, "Community Preparedness" was reported as the most affected area across all locations (Figure 2).

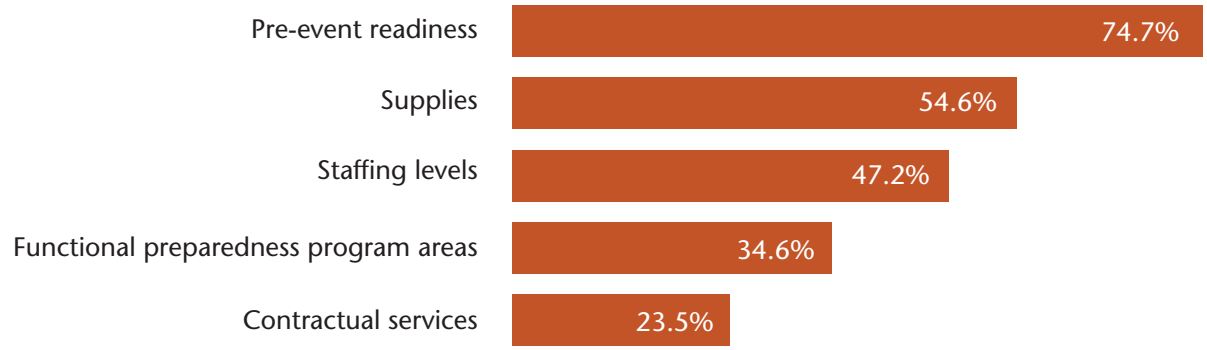
FIGURE 2: PUBLIC HEALTH PREPAREDNESS CAPABILITIES MOST NEGATIVELY AFFECTED BY PHEP FUNDING REPROGRAMMING



Activities and Areas Likely to be Impacted by the Funding Reduction

LHD respondents were asked to select from a list all of the areas that would be negatively impacted by the redirection of PHEP funding (Figure 3). Pre-event readiness refers to planning activities, trainings, exercises, volunteer recruitment, participation in coalitions and workgroups, etc. Functional preparedness program areas refers to surveillance, epidemiological activities, vector control, clinical services, lab services, environmental health functions, etc.

FIGURE 3: AREAS MOST NEGATIVELY IMPACTED BY PHEP FUNDING REPROGRAMMING



Survey respondents described the following patterns as a result of activities deferred, modified, or stopped due to the redirection of PHEP funding:

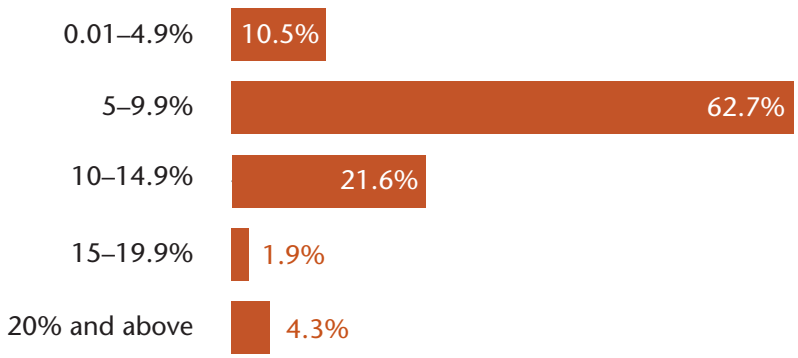
- Even though these and other reductions in funding have occurred over several years, there have not been corresponding changes to LHD staff workload and expectations.
- For many LHDs, the impacts of the funding cuts are immediate and include staff loss, the inability to purchase necessary supplies, and the elimination of programs, particularly those related to community outreach.
- The full impact of the funding cuts will not be realized until an emergency occurs. LHD staff and their communities will be less prepared because of reduced training exercise opportunities. Essential supplies such as medications may not be available, leaving responders and community members at risk. In addition, the Medical Reserve Corps (MRC) and other volunteer programs, which are often vital in emergency response situations, will cease to exist without dedicated funding.

Within the most impacted public health preparedness capabilities, changes to the following activities were most frequently mentioned:

- Community Preparedness (74.7%) comprised of staffing and staff training, planning development and training exercises, and communications and community engagement;
- Volunteer Management (47.5%) comprised of recruitment and management of volunteers and MRC program sustainability;
- Medical Countermeasures Dispensing (43.2%) comprised of staffing and supplies;
- Emergency Operations Coordination (38%) comprised of staffing and planning development and exercises; and
- Community Recovery (35.5%) comprised of staffing, supplies, and community engagement.

> *"[D]ecreasing our funding is leaving us, as well as many other PHEP agencies, in a very vulnerable position. How can we respond adequately when we only have limited or no money for supplies, training, exercises, or personnel?"*

FIGURE 4: ANTICIPATED CUTS OF PHEP FUNDS TO LOCAL HEALTH DEPARTMENTS



Cuts to Local Health Departments

Survey respondents anticipated the following limitations for their LHD's preparedness program as a direct result of the redirection of PHEP funding:

- Difficulty meeting preparedness goals and deliverables.
- Reduced ability to respond to, recover from, and provide mass care in an emergency.

In addition, many respondents expressed concern that this redistribution of funds threatens the sustainability of preparedness programs and sets a dangerous precedent.

Survey respondents expressed varying levels of certainty about what percentage of their PHEP funds would be cut:

- 44.5% of LHDs did not know what percentage of their PHEP funds would be cut.
- 51.7% of LHDs predicted at least some funding decreases, jointly estimating an average 8.5% in cuts.

Figure 4 provides a detailed breakdown of anticipated PHEP fund cuts.

Respondents also varied in how they evaluated the impact of the cuts on their jurisdiction's ability to prepare for and respond to Zika:

- 32.3% indicated they did not know the impact of the funding cuts on the preparedness and response efforts within their jurisdictions.
- 13.4% stated that there would be a "significant impact" as a result of losing PHEP funds.
- 36.6% stated that there would be at least "some impact."
- 17.7% stated that there would be "no impact."

Staffing Actions

Survey respondents identified the following impacts on staffing at their LHD as a result of the cuts to PHEP funding:

- The largest contingent (37%) predicted losing up to one full-time equivalent (FTE) positions.
- A smaller yet substantial group (21.9%) predicted losing one to two FTE positions.
- A small number of health departments (5.5%) predicted losing two or more FTE positions.

> *"We will fail. Our emergency manager is a 20-hour-per-week position. PHEP has a .4 FTE as a lead. We will fail for certain."*

> *Public health depends on grants to sustain activities. If grants are cut that activity goes away. I can't imagine anyone thinking that funding for preparation, mitigation, response, and recovery to a public health emergency can be cut. This puts our entire population at risk.*

Survey respondents also reported the following implications as a result of the potential staffing reductions identified above:

- 33.0% stated staff would be reassigned to other programs or activities within the LHD.
- 17.0% indicated staff would be laid off.
- 12.3% noted there would be a hiring freeze.
- Less than 10% noted vacant positions would be cut, temporary employees would be hired, and staff would be furloughed.
- 27.8% indicated they did not know how the funding cuts would impact staffing levels.
- 16% noted there would be no impact on staffing levels as a result of funding cuts.

Equipment Procurement

Survey respondents varied in their predictions about whether their LHDs would defer or cancel the procurement of major equipment (e.g., computers) as a result of PHEP funding reductions:

- The majority of respondents were either uncertain (32.9%) or did not think there would be a negative impact regarding equipment resources (46.1%).
- However, a smaller yet substantial group (21%) indicated a likelihood of deferrals or cancellations as a potential negative impact of losing PHEP funds.

Preliminary Observations

As a result of this survey, several overarching themes emerged regarding how PHEP funding reductions may directly impact the capacity of LHDs:

- The cuts will decrease LHDs' ability to plan and respond to emergencies, likely placing an increased burden on other funding sources (e.g., other state funds).
- Many LHDs expressed the need for an all-hazards response and shared the concern that the cuts will result in a reduction in staff and supplies.
- Survey respondents expressed they are continually expected to do the same (or more) work with fewer resources. Respondents described concern this is reflective of a larger trend in funding cuts, which makes every decrease even more impactful.
- Respondents thought the role preparedness plays in saving lives is undervalued. Decreasing PHEP funding or directing it towards Zika results in a diminished capability to respond and poses a threat to communities. Respondents reiterated the redirection of funds sets a dangerous precedent for the future.

In addition to identifying general impacts tied to redirected PHEP funding, NACCHO also wanted to better understand the type of resources and processes LHDs currently allocate in local Zika efforts and how these may be affected in the face of future funding cuts. To gather this information, NACCHO included survey questions assessing LHD current and planned budgetary usage and activities directed specifically toward Zika preparedness and response efforts in their communities.

Allocation of Budget for Zika Activities

The majority of respondents (46%) did not know how much of their health department's FY 2015 budget from all funding sources had been spent on Zika this year:

- 29.8% stated no money had been spent;
- 19.0% stated between 0%-10% of the budget had been spent on Zika; and
- 4.7% stated more than 10% of the budget had been spent on Zika.

More than a third of respondents (36.5%) reported that none of their FY 2015 PHEP funding was spent on Zika:

- 19.8% stated between 0-10% of their PHEP funds had been spent on Zika;
- 6.6% stated over 10% of their PHEP funds had been spent on Zika; and
- 37.1% stated they did not know how much of their PHEP funds had been spent on Zika.

Forty-four percent of respondents reported that staff resources are currently being allocated towards the LHD Zika response. See Table 1 for the breakdown of staff resources being allocated to Zika response.

TABLE 1: ESTIMATED FULL-TIME EQUIVALENT (FTE) STAFF THAT ARE CURRENTLY BEING ALLOCATED TOWARDS LHD ZIKA RESPONSE (N=342)

Number of FTE Staff	N	Percentage
0	88	25.7
0.01–0.99	86	25.1
1.00–1.99	42	12.3
2.00+	22	6.4
Unknown	104	30.4

Zika Response Activities

Respondents were asked to report on the types of Zika activities (operational coordination, risk communication, healthcare preparedness, epidemiology, laboratory testing, and vector control) their LHDs have completed or will complete in the future. A brief overview of the response activities is listed below.

Operational Coordination

- 81.7% of LHDs have completed some type of operational coordination activity to-date; 83.7% plan to do so in the future.
- The most commonly cited operational coordination activities done to-date include communicating/coordinating with state health departments (68.5%), internal stakeholders (61.0%), external stakeholders (55.3%), and environmental health stakeholders (46.4%).

Risk Communication

- 68.2% of LHDs have done some type of risk communication activity to-date; 86.2% plan to do so in the future.
- The most commonly cited risk communication activities done to-date include conducting education outreach to the general public (47.0%) and to women and their partners (39.3%), responding to media requests (35.8%), and developing educational materials for the general public (34.7%).

Healthcare Preparedness

- 59.3% of LHDs have done some type of healthcare preparedness activity to-date; 72.2% plan to do so in the future.
- The most commonly cited healthcare preparedness activities done to-date include disseminating health alerts (50.1%), conducting education/outreach (35.0%), developing guidance (23.8%), and developing educational materials (16.0%).

Epidemiology, Laboratory Testing, and Vector Control

- 50.7% of LHDs have done some type of epidemiology, laboratory testing, or vector control activity to-date; 75.6% plan to do so in the future.
- The most commonly cited epidemiology, laboratory testing, or vector control activities done to-date include conducting investigations of potential Zika cases (28.9%), communicating/coordinating with mosquito control services (27.2%), conducting human surveillance (24.9%), and coordinating laboratory testing for potential Zika cases (24.1%).

Effect on Local Zika Response

The majority of survey respondents identified a linkage between their LHD's ability to lead effective Zika preparedness and response efforts and decreased PHEP funding. Respondents cited the following concerns:

- A decrease in staffing, MRC unit, or volunteer sustainability;
- A reduction in opportunities to provide staff trainings as well as plan and conduct exercises; and
- An inability to conduct surveillance or epidemiologic investigations.

Summary

Uncertainty remains about how these PHEP funding cuts might impact local health departments across the country. However, many critical insights have emerged from the survey responses.

First, over half of LHDs (55%) surveyed reported knowing how and if PHEP funds would be affected within their agency. This group indicated they would likely experience at least some reductions in funding, with an estimated 66.9% predicting a 1–10% cut and another 25.8% expecting reductions larger than 10%. Second, nearly half of LHDs respondents expected a decrease in staffing capacity as a result of cuts, with LHDs predicting the high possibility of staffing cuts, hiring freezes, furloughs, and the reassignment/reduction of staffing duties.

Finally, and perhaps most important, approximately 50% of LHD respondents expected the PHEP funding cuts to have some or significant impact on their LHD jurisdiction's Zika preparedness and response, as well

as other emergency efforts. Together, these factors result in an alarming decrease in resources available at the local level. Such reductions diminish the capacity of LHDs to prepare and respond to Zika and other emerging threats. This is particularly problematic due to the critical nature of sustainable preparedness funding for LHD use in preparedness and response efforts to effectively protect people in their communities.

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The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

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Impact Assessment Report: Reprogramming PHEP Funds for Zika Response

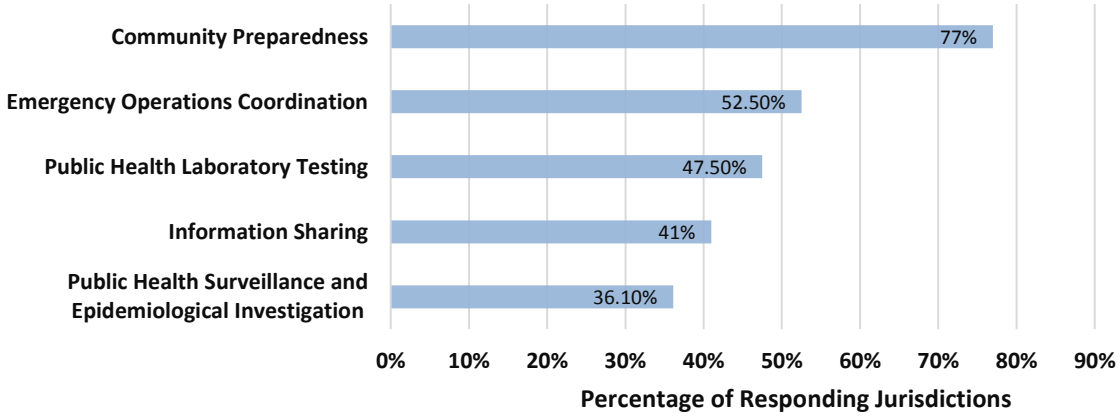
The Association of State and Territorial Health Officials (ASTHO), in collaboration with the Association of Public Health Laboratories (APHL) and the Council of State and Territorial Epidemiologists (CSTE), and in coordination with the National Association of County and City Health Officials (NACCHO), queried state and territorial health officials to assess the expected impact of the recent reprogramming of $44.25 million from CDC's Budget Period (BP) 5 Public Health Emergency Preparedness (PHEP) funds for Zika preparedness and response. Specifically, all participating organizations are attempting to assess the net programmatic impact anticipated as a result of this decision. The results will be used to provide accurate information and technical assistance to ASTHO's members and partners. In addition, the results will be used to educate and communicate with all stakeholders.

The survey was fielded between April 8, 2016 and April 15, 2016 to all 62 PHEP awardees, which include 50 states, four metropolitan areas, and eight U.S. territories and freely-associated states. The survey was completed by representatives from 61 jurisdictions for a total response rate of 98.4 percent. A corresponding survey of local health officials was conducted by NACCHO during the same time period.[1] A summary of the assessment results is below.

Public Health Preparedness Capabilities that Will Be Most Negatively Affected

Respondents were asked to indicate the five public health preparedness capabilities most negatively affected by this funding cut. Figure 1 displays the five capabilities most frequently identified as those most negatively affected by the PHEP funding reprogramming.

Figure 1. Public Health Preparedness Capabilities Most Negatively Affected by PHEP Funding Reprogramming



Areas and Activities Likely to be Affected by the Reduction

Respondents were asked to indicate which areas are likely to be impacted by this PHEP funding reduction:

[1] One directly-funded health agency official received and completed both ASTHO and NACCHO's surveys, and the responses are represented in both summary reports.

- 88.5 percent of responding jurisdictions noted that pre-event readiness activities (e.g. planning activities, trainings, exercises, volunteer recruitment, coalition/workgroup participation, etc.) will likely be affected.
- 72.1 percent of responding jurisdictions expected that functional preparedness program areas (e.g. surveillance, epidemiological activities, vector control, clinical services, lab services, environmental health functions, etc.) would be affected.
- A majority of responding jurisdictions also reported that contractual services (68.9%), supplies (59.0%), and staffing levels (57.4%) are likely to be affected. A few respondents also noted that IT infrastructure development or maintenance would be affected or that impacts would be greater if they did not have access to alternative funds.

The survey also requested that respondents describe in detail specific activities that will be deferred, modified, stopped or not started, etc. in their jurisdictions and the possible or probable consequences with regard to health protection, security, and impact on citizens. Respondents often identified the preparedness area or capability associated with the activity modification. Within the most affected public health preparedness capabilities, changes to the following activities were most frequently mentioned:

- Community Preparedness
    - Training and training exercises
    - Coordination and partnerships
    - Planning development and exercises
- Emergency Operations Coordination
    - Staffing
    - Equipment purchase and maintenance
    - Planning development and exercises
- Public Health Laboratory Testing
    - Equipment purchase and maintenance
    - Staffing
    - Training and training exercises
- Information Sharing
    - Equipment purchase and maintenance
    - Communication and information-sharing
- Public Health Surveillance and Epidemiological Investigation
    - Staffing
    - Disease surveillance and epidemiology activities

Overall, the activities or functional areas most likely to be directly affected by the funding reprogramming include:

- Training and training exercises
- Staffing
- Planning development and exercises
- Equipment purchase and maintenance
- Coordination and partnerships

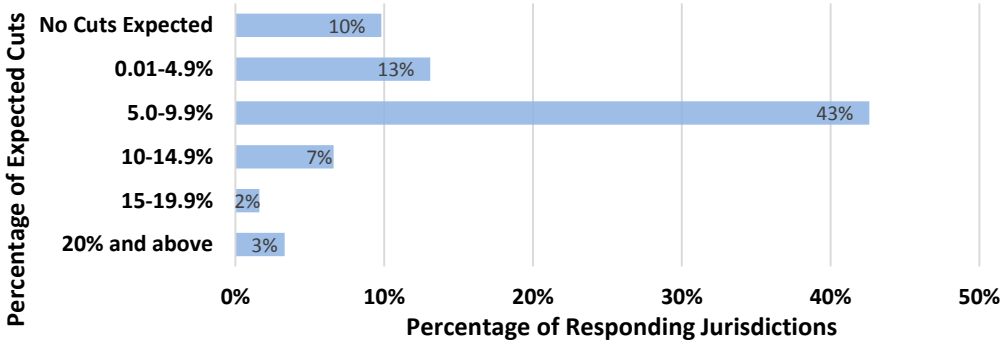
Other activities and functional areas frequently mentioned were communication and information-sharing, purchase and maintenance of supplies, community outreach and public engagement, and general capacity.

Additionally, numerous respondents noted their plans to redistribute funds or staff in order to accommodate the funding cut.

Cuts to Local Health Departments

The survey asked state, territorial, and directly-funded city health agency representatives to estimate the percentage of PHEP funds provided to local health departments within their jurisdictions that will be cut.[2] (Directly funded-city respondents predicted their own agency's anticipated cut.) Of those to whom this question applied and who were able to answer at this time, responding jurisdictions reported a 7.63 percent average cut to local health departments. A total of 34 jurisdictions anticipate a cut between 0.01 and 9.9 percent. Figure 2 outlines the percentage of jurisdictions expecting various levels of cuts to local health departments.

Figure 2. Anticipated Cuts of PHEP Funds to Local Health Departments



Ability to Lead a Response

When asked to describe any impacts of the reprogramming on their agency's ability to lead a response, 86.2 percent of responding jurisdictions reported expected or potential effects. Of these, 28.0 percent noted an expected impact to overall response and recovery capacity. Respondents who expected negative impacts due to the reprogramming identified that these would result from diminished capacity in the following domains:

- Training (30.0%)
- Staffing (24.0%)
- Planning and related exercises (24.0%)
- Coordination and partnerships (20.0%)

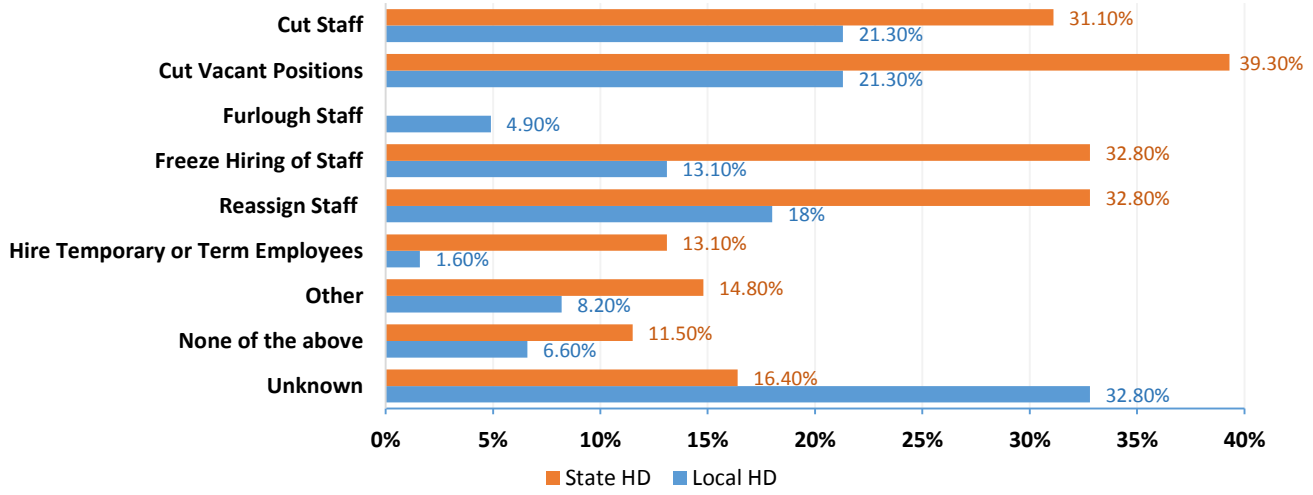
Staffing Actions

At the state health department level, more than 30 percent of responding jurisdictions expect that PHEP reprogramming will cause staff cuts, vacant position cuts, freezing the hiring of new staff, or assigning staff to other programs or activities. Some respondents also anticipated hiring temporary or term employees, and others were unsure of their staffing actions at the time of the survey or didn't expect staffing to be affected. Three jurisdictions also identified anticipated or confirmed cuts to contract positions.

[2] A corresponding survey released by NACCHO was fielded directly to local health departments and inquired about the anticipated cuts to the PHEP funding they receive from their respective state or territorial health agency. Note that this information was preliminary given the short turnaround for the re-budgeting on the part of the states; there may not have been sufficient time for the state and territorial health departments to fully examine, communicate, and vet this potential impact with their local partners. Any discrepancy between the two reports warrants further exploration.

Within their respective jurisdictions' local health departments, respondents most frequently expected cuts to staff, cuts to vacant positions, or reassignment of staff to other programs or activities.[3] Figure 3 outlines the staffing actions anticipated by responding jurisdictions in their state and local health departments as a result of the PHEP funding cut.

Figure 3. Expected Staffing Actions - State and Local Health Departments



Jurisdictions expecting cuts to staff or vacant positions were asked to estimate the number of full-time equivalents (FTEs) to be reduced at the state and local levels. Figure 4 presents the predicted FTE reductions.

Figure 4. Expected Reductions in FTEs by Size of Jurisdiction

Size of Jurisdiction[4]	State Health Department	Local Health Departments[5]
Small	Average: 0.78 Range: 0-2	Average: 1.67 Range: 0-3
Medium	Average: 3.15 Range: 0-7	Average: 1.16 Range: 0-5.1
Large	Average: 4.82 Range: 0-28	Average: 11.37 Range: 1-30

[3] This survey question asked state, territorial, and directly-funded city health agency representatives to estimate the expected staffing actions to take place in local health departments within their jurisdictions. The corresponding survey released by NACCHO was fielded directly to local health departments and captured respondents' expected staffing cuts for their own agencies.

[4] "Small" jurisdictions have fewer than 2.5 million residents and include AK, CNMI, DE, FSM, GU, HI, ID, ME, MT, ND, NE, NH, NM, PW, RI, RMI, SD, USVI, VT, WV, and WY. "Medium" jurisdictions have populations between 2.5 and 6.5 million and are AL, AR, CO, CT, IA, KS, KY, LA, MD, MN, MO, MS, NV, OK, OR, PR, SC, TN, UT, and WI. "Large" jurisdictions have more than 6.5 million residents and include AZ, CA, FL, GA, IL, IN, MA, MI, NC, NJ, NY, OH, PA, TX, VA, and WA.

[5] The numbers in the last column represent estimates of total FTE reductions in all local health departments across states and territories as estimated by state and territorial health respondents. Responses from directly funded cities were excluded from this analysis for compatibility because the numbers they reported refer to a single local health department.

In total, responding jurisdictions anticipate a reduction of 200.88 FTEs: 98.75 at the state level and 102.13 in local health agencies.

Concerns about Sustainability of Local Health Department Preparedness Programs

Sustaining local public health department preparedness programs or services as a result of PHEP reprogramming is a concern of 84.2 percent of responding jurisdictions. Of these, 56.3 percent indicated concerns about reduced local preparedness capacity or infrastructure overall and 29.2 percent noted the impact of staffing-related actions or reductions on sustainability. Additional themes among the responses include fear of additional cuts or unreliable funding, including concerns about the inability to plan under such circumstances; concerns about impacts on partnerships and local-level coordination; and comments that local health departments were already operating with insufficient funding.

Effect on Equipment Procurement

According to 42.6 percent of responding jurisdictions, the reduction will result in the deferral or cancellation of major equipment procurement plans. Of these, 65.4 percent specified an effect on laboratory equipment procurement, 26.9 percent cited an influence on IT or telecommunications equipment, and 15.4 percent raised impacts on procurement of health care surge resources. Respondents also mentioned deferred or canceled public health Emergency Operations Center (EOC) improvements.

Preliminary Overall Assessments

Respondents were asked to further provide any other preliminary assessments or professional opinions in order to best describe the impact of this reprogramming of PHEP funds. Jurisdictions most frequently noted that as a result of the funding decision they will be unable to maintain their core preparedness capability (24.6%) or that their preparedness infrastructure will be negatively affected (21.3%), with many jurisdictions highlighting the impact of these on readiness to respond to emerging threats. Another important factor is that some responding jurisdictions specifically identified that repurposing PHEP funding would inadvertently have a negative impact on Zika preparedness and response, and others also explained that the cuts will have long-term and continuing effects on their jurisdiction's preparedness. Survey respondents made the following comments on the survey:

> *"Over the last 10 years, in response to funding cuts, the state and LHDs [local health departments] have been able to maintain capabilities by reducing capacity. Now with this latest reduction, we are losing [public health preparedness] capabilities and our LHDs will no longer be able to fully respond to every public health emergency that may arise. […] This reduction in funding will have long term, cascading effects on [our jurisdiction]'s emergency preparedness capability and capacity. The state's level of preparedness will erode."*
>
> *"We have used the PHEP funds building response foundations on both the local and state levels. Without the funding to maintain, sustain, update, and continue to develop our ability to respond, we are not as sharp, as well prepared, to respond as needed. […] Without this funding we are not as prepared for the next attack on our homeland, or for next natural disaster, or next pandemic, or the next public health threat."*
>
> *"PHEP funds provide the core support for public health preparedness and response functions at the state level. When a significant amount of funds are removed for one year, there is no additional state funding source that will 'patch' that loss. Therefore, states must often choose to make staff reductions that permanently decrease preparedness and response capacity, even when the funding shortfall is identified as a one-time reduction."*

When offering professional assessments of the reprogramming, some respondents indicated their opinions that taking money from states for this purpose is counterproductive from a readiness perspective. Some noted that their agencies were able to avoid or mitigate negative impacts on overall preparedness through use of other funds, such as Ebola or carryover, and some indicated a fear of additional or sustained cuts or that this reprogramming may be a harbinger of declining support.

> *"The states are the frontline of response to Zika and all other emerging infectious diseases. Taking money from the states to supplement federal activities is counterproductive. The states actually need more funding to help with response/mitigation activities."*

> *"The practice of taking already limited and critical preparedness funding from state and local jurisdictions, many of whom this represents the only funding they get, is an extremely dangerous precedent. […] As this funding diminishes, […] our ability to be pro-active decreases, requiring us to become more and more reactive. This approach will ultimately be far more expensive than the alternative."*

> *"[Our agency] is concerned that this unprecedented action could set future precedent (i.e., regular practice to raid preparedness funds every time there is a public health emergency). We are also concerned that it could serve to drive base PHEP funding to a new lower floor for the next PHEP Cooperative Agreement five-year cycle. This is particularly concerning at a time when the frequency, duration and severity of intentional and unintentional emergencies are increasing. This is not the time to reduce capability at the front lines of public health emergency response."*

Additional comments addressed the negative impact of the cut on state and local partnerships as well as perceptions of inefficiency, inconsistency, or unfairness due to practical aspects of the reprogramming: the time and energy required to comply with the cut and redistribution requirements, simultaneous reductions of other federal preparedness funding streams, disproportionate reductions across jurisdictions, and inconsistencies in the allowed use of PHEP funds (e.g., vector control and surveillance).

> *"[…] The…decision…to reprogram these funds near the end of the grant application process greatly strained our relationship with many of our response partners and local health departments since a significant amount of planning and budgeting had already occurred with them. […] [S]uch a momentous decision has [an impact] on the broader public health emergency preparedness infrastructure at the local and state level."*

> *"This reprogramming of funds…will not lower expectations across all our jurisdictional partners and stakeholders, our Executives and elected officials that WE will be the ones to prepare for and respond to Zika or any other outbreaks or other public health emergencies that affect our jurisdictions or the homeland."*

Finally, a number of respondents offered suggestions based on their professional assessment of the reprogramming:

> *"[…] It would make more sense to place unspent PHEP funds into a public health emergency preparedness response fund to be used with congressional approval for a declared public health emergency."*

> *"This approach again demonstrates the need for a standing emergency response fund for HHS."*

Effect on Zika Response

Nearly two-thirds (60.7%) of respondents reported that the cuts will have some or significant impact on Zika preparedness and response efforts. Of these, jurisdictions most frequently described anticipated impacts to Zika preparedness and response in the following categories:

- Surveillance and epidemiology, including vector surveillance (27.0%)
- Laboratory testing and activities (24.3%)
- Public communication and education (21.6%)

Additional aspects of Zika preparedness and response that will be affected included staffing, training, supplies and equipment, coordination and partnerships, and planning. Multiple respondents (18.9%) also described the impact of the funding cut on overall preparedness infrastructure and the resulting impact on Zika preparedness and response:

> *"PHEP funding serves as the foundation for [our state's] public health response to all hazards. It helps build and sustain the critical infrastructure for public health preparedness. Any reduction in PHEP funding is a reduction in the state's ability to effectively respond to all public health emergencies, including Zika."*

> *"From a logistical and administrative perspective, decreasing PHEP base grant funding and then awarding those same funds through a Zika supplemental or special funding opportunity announcement creates delays in being able to utilize funding quickly and efficiently."*

> *"Zika response in our jurisdiction requires an increase in our baseline activity. This would be difficult with level funding, but is made exponentially more difficult when coupled with a funding reduction. The exact impacts of this have yet to be seen, but these cuts will negatively impact our ability to advance Zika preparedness and response."*

> *"The PHEP funding in [our state] is the resource we have for providing a Zika and any other novel communicable disease response. By reducing this funding you are reducing our ability to respond to a Zika event in [our state]."*

Summary

This report offers a preliminary impact assessment of the PHEP funding reprogramming for Zika preparedness and response on states, territories, and directly-funded cities. Although much uncertainty remains, the survey results provide a lens into the decisions and challenges health agencies face as they seek to ensure public health preparedness.

The survey data indicate that this funding decision is likely to have an appreciable impact on state and territorial preparedness, recognizing that it will impact different jurisdictions in different ways. 77 percent of responding jurisdictions expect a negative effect on community preparedness, and 86 percent anticipate an impact to their jurisdiction's ability to lead a response to a public health emergency or disaster. Jurisdictions noted consequences to public health preparedness infrastructure: 74 percent of respondents expected staffing actions to result from the reprogramming, including staff cuts, vacant position cuts, freezing the hiring of new staff, or assigning staff to other programs or activities. In total, responding jurisdictions anticipate a reduction of over 200 FTEs at the state and local levels combined. 84 percent have concerns about the sustainability of local public health preparedness programs or services following the funding cut. Additionally, 60 percent of

survey respondents reported that the cuts will have an impact on Zika preparedness and response efforts in their jurisdiction.

PHEP funding has allowed state and territorial health agencies to build and maintain specific capacity and capabilities required for an all-hazards approach to public health preparedness. The survey results indicate that, no matter how necessary it may be to reprogram a portion of the PHEP funds for a specific emergency, it will have consequences regarding the overall preparedness and response posture of our nation's public health system.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