

Priority 3:

Strengthening Collaboration

CDC collaborates with state and local health departments, other federal agencies, the healthcare delivery system (i.e., hospitals, doctors, and other healthcare providers and facilities), and private industry to prepare for and respond to health threats. CDC also works with other countries to help prevent global public health threats from reaching the United States.

Key examples of how CDC collaborates with other federal agencies, private organizations, academic institutions, and national associations include:

- Assistant Secretary for Preparedness and Response: joint administration of the PHEP and Hospital Preparedness Program cooperative agreements
- Federal Emergency Management Agency, Center for Domestic Preparedness: SNS training and medical countermeasure deployment exercises
- American Red Cross: Ready CDC Personal Preparedness Intervention
- National Association City and County Health Officials: enhancing local public health preparedness and response capabilities
- American Academy of Pediatrics: blog contributions and Twitter chat participation
- National Academy of Medicine: conduct SNS review and contribute to Ebola research priorities
- FBI's Criminal Justice Information Services Division: prevent access to select agents by individuals who might intend to misuse them, such as a bioterrorist

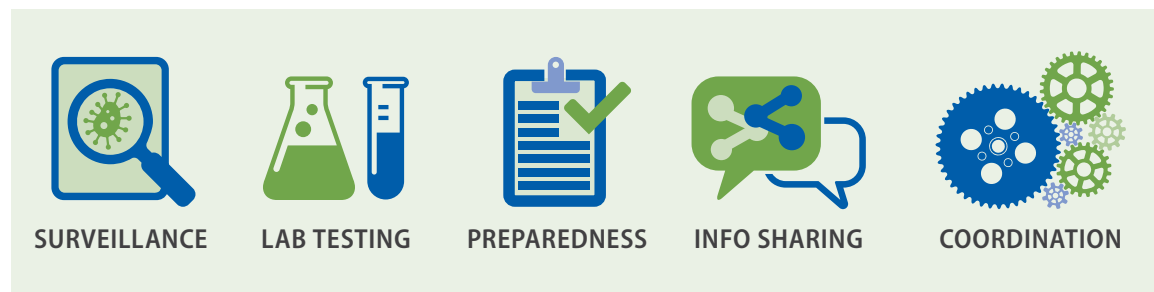
PHEP awardees received \$612 million in annual funds for 2015, the same amount as for 2014.

The PHEP cooperative agreement is a critical collaboration between CDC and state and local public health departments. PHEP awardees protect their communities by implementing a framework of 15 public health preparedness capabilities based on national standards for all-hazards planning.⁶

PHEP awardees can choose how to allocate their funding across the 15 public health preparedness capabilities within their state,

locality, or insular area. Nationally, the five capabilities awardees most frequently funded during 2014 were:

7. Public Health Surveillance and Epidemiological Investigation
8. Public Health Laboratory Testing
9. Community Preparedness
10. Information Sharing
11. Emergency Operations Coordination



⁶ Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011. Accessed on June 13, 2014, at URL http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf. All capabilities are listed in Appendix B.

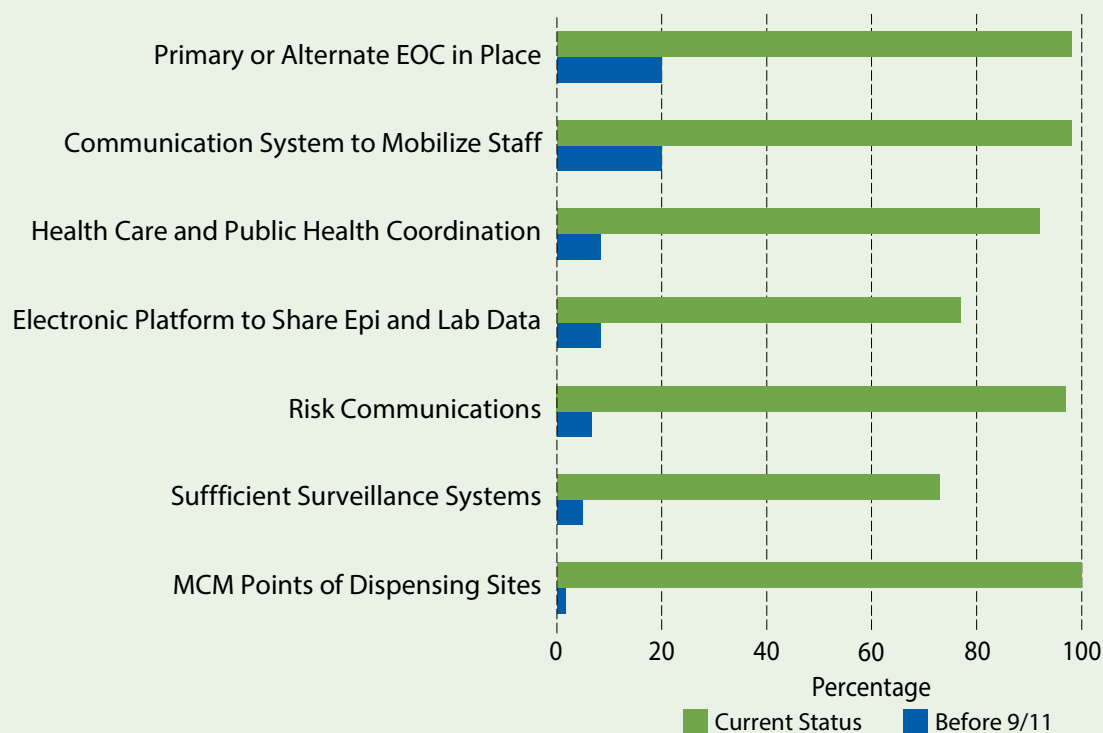
Awardees use annual PHEP funds to build and improve their public health preparedness capabilities. Over the past three years, PHEP awardees reported an above average level of preparedness and maintained or increased capacity in the following seven high-priority public health preparedness capabilities:⁷

- Community Preparedness
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Information Sharing

- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health

Since September 11, 2001, awardees have used PHEP funding to build and improve response systems and infrastructure. Many of the resources states now use to respond to public health emergencies would not exist without PHEP funding.

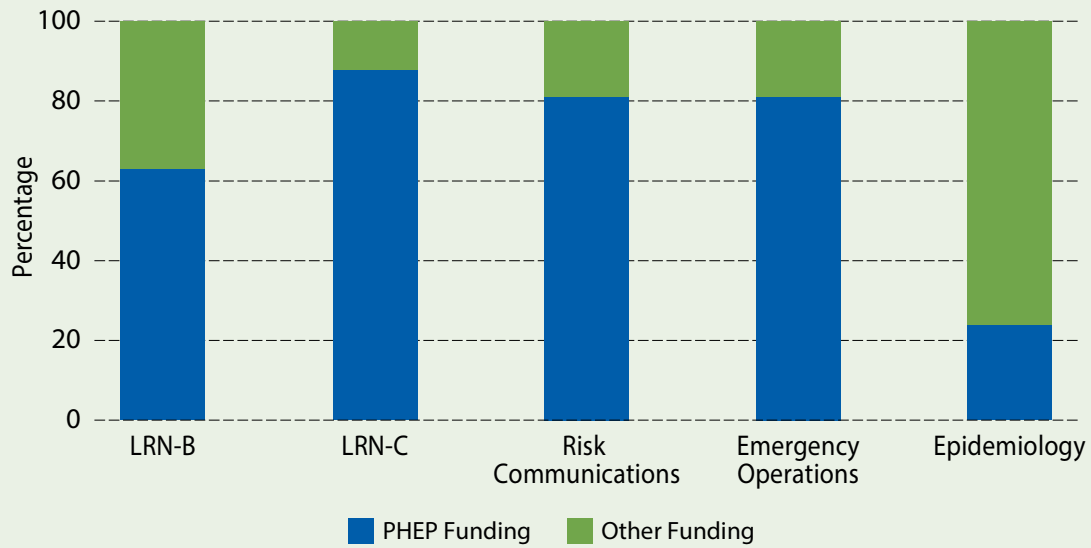
Percentage of PHEP Awardees with Developed Public Health Emergency Response Systems: Before 9/11 and Current Status



Source: CDC, Division of State and Local Readiness, 2015

⁷ CDC prioritizes the 15 public health preparedness capabilities into two tiers. There are eight high-priority capabilities, also referred to as Tier 1, that provide a strong basic foundation for public health preparedness. PHEP awardees are encouraged to develop the Tier 1 capabilities prior to significantly investing in Tier 2 public health preparedness capabilities.

Percentage of Public Health Emergency Response Systems Funded by PHEP vs. Other Funding Sources



Source: CDC, Division of State and Local Readiness, 2015



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