

Office of Public Health Preparedness and Response Division of State and Local Readiness

Role in Public Health Preparedness and Response

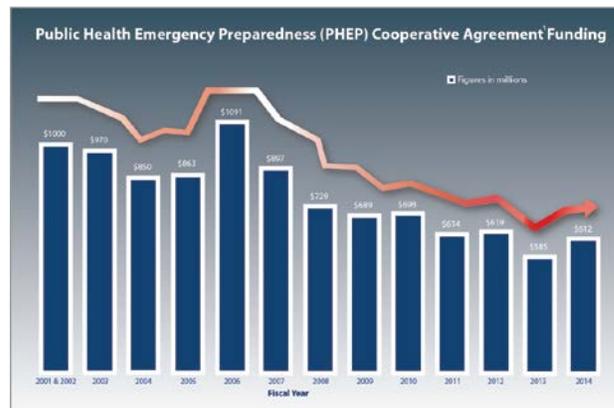
The Division of State and Local Readiness (DSLRL) manages CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement, which supports preparedness activities nationwide in state, local, and territorial public health departments.

Supporting State and Local Health Departments

The PHEP cooperative agreement is a critical source of funding for state and local health departments to build and strengthen their abilities to respond effectively to public health emergencies. PHEP-funded activities are designed to support the National Response Framework and are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

The 2012-2017 PHEP cooperative agreement focuses on CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning, which establishes national standards for public health preparedness capability-based planning. The national standards align with other national preparedness directives, including the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), the National Health Security Strategy (NHSS), and the Presidential Policy Directive 8: National Preparedness (PPD-8).

Funding. CDC's PHEP cooperative agreement awards approximately \$600 million annually to 62 awardees, which include 50 states, four metropolitan areas (Chicago, Los Angeles County, New York City, and Washington, D.C.) and eight U.S. territories and freely associated states (American Samoa, Guam, U.S. Virgin Islands, Northern Mariana Islands, Puerto Rico, Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau). In fiscal year 2014, CDC will award \$611,750,000 in PHEP funding.



*Totals include the following: PHEP Base Funding, Cities Readiness Initiative, Chemical Laboratory Capacity, Early Warning Infectious Disease Surveillance (EWIDS), Real-Time Disease Detection, Risk Funding, Smallpox, Pan Flu Supplement - Phase I, Pan Flu Supplement - Phase II, Pan Flu Supplement - Phase III Funding. The FY2008 totals include \$24 million for pandemic influenza preparedness projects that were from a different funding opportunity announcement.
Source: CDC, OPHPR, DSLR

Pandemic Influenza Preparedness and Response. In response to the 2009 H1N1 influenza pandemic, DSLR administered \$1.4 billion through the Public Health Emergency Response (PHER) grant to assess pandemic response capabilities and identify gaps in vaccination, antiviral drug distribution/dispensing, community mitigation, and laboratory, epidemiology, and surveillance activities. Funds were also used to provide additional resources for mass vaccination planning and implementation and to support the implementation of the 2009 H1N1 vaccination campaign.



Accomplishments

With support from the PHEP cooperative agreement, public health departments have made progress in developing response plans, implementing a formalized incident command structure, and conducting exercises. Additionally, they can better detect and investigate diseases because of improvements in the public health workforce, data collection, and reporting systems, as well as increased laboratory capacity.

- All awardees have assessed their current level of preparedness across the 15 public health preparedness capabilities and have developed plans for building and sustaining capabilities.
- All states and localities have plans for receiving, distributing, and dispensing medical assets.
- Biological laboratories improved their abilities to rapidly identify certain disease-causing bacteria and send reports to CDC.
- LRN chemical laboratories increased their abilities to rapidly detect and quantify chemical agents. The average total number of methods successfully demonstrated by advanced LRN laboratories to rapidly detect chemical agents during proficiency testing rose from 6.7 methods in 2009 to 8.9 methods in 2010.
- LRN's most advanced chemical laboratories dramatically reduced the amount of time needed to process and report on samples during the LRN Surge Capacity Exercise from 98 hrs to 56 hrs.
- All states have public health emergency response plans and crisis and emergency risk communications plans in place, including pandemic influenza preparedness plans.
- All states have systems in place 24/7 to receive and investigate urgent disease reports and to activate the public health emergency response system.
- Exceeded the HHS Priority Goal for Preparedness target disease reports and to activate the public health emergency response system.



Strategic Planning. CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning defines 15 public health preparedness capabilities designed to accelerate state and local preparedness planning and assist state and local health departments in identifying gaps in preparedness, determining specific jurisdictional priorities, and developing plans for building and sustaining capabilities. The capabilities also help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions and, ultimately, assure safer, more resilient, and better prepared communities. The Public Health Preparedness Capabilities: National Standards for State and Local Planning is available at www.cdc.gov/phpr/capabilities.

Technical Assistance. DSLR coordinates technical assistance from subject matters experts across CDC to help public health departments develop critical public health preparedness capabilities. The technical assistance includes sharing CDC public health expertise, identifying promising practices, providing guidance for exercises and medical countermeasure planning, and developing performance goals.

Program Accountability and Collaboration

CDC is committed to publicly reporting the progress that PHEP awardees have made in public health preparedness and to developing capability-based performance measures to help monitor the nation's ability to prepare for and respond to public health emergencies. See CDC's report, 2013-2014 National Snapshot of Public Health Preparedness, which presents available data that demonstrates trends and documents progress in preparedness activities occurring at state and local health departments across the nation. The report features national data as well as individual fact sheets with data on activities occurring in the 50 states, four directly funded localities, and eight territories and freely associated states supported by CDC's PHEP cooperative agreement.

CDC, the U.S. Department of Health and Human Services' Assistant Secretary for Preparedness and Response (ASPR), and public health partners continue to work together to better define and measure national public health preparedness. The purpose of this collaboration is to ensure that federal funds are invested wisely so that our nation is ready to prevent, mitigate, and respond to all types of public health emergencies. As a result of this initiative, ASPR and CDC aligned the preparedness cooperative agreements administered by each agency. In 2012, the ASPR Hospital Preparedness Program (HPP) and the CDC PHEP program issued one single funding opportunity announcement for a five-year project period designed to better coordinate public health and healthcare preparedness guidance and improve program effectiveness. The two agencies continue to work together to improve preparedness planning and optimize preparedness investments.

For more information about CDC's emergency preparedness and response activities, go to www.cdc.gov/phpr.