

Priority 3: Strengthening Collaboration



Did You Know?

PHPR collaborates with ASPR and the Department of Transportation, including the National Highway Traffic Safety Administration Office, to improve pre-hospital emergency services during medical surge and crisis conditions.

Ensuring the nation is prepared to respond to public health emergencies cannot be accomplished by CDC alone. Collaboration 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 is essential to preparing for and responding to health threats. CDC also works with other countries to help prevent global public health threats from reaching the U.S.

A critical collaboration between CDC and state and local public health departments to enhance public health preparedness and response capabilities is the PHEP cooperative agreement. This collaboration ensures that states and localities across the country are following the same guidance and recommended practices to improve their abilities to prevent, prepare for, and respond to emergencies.

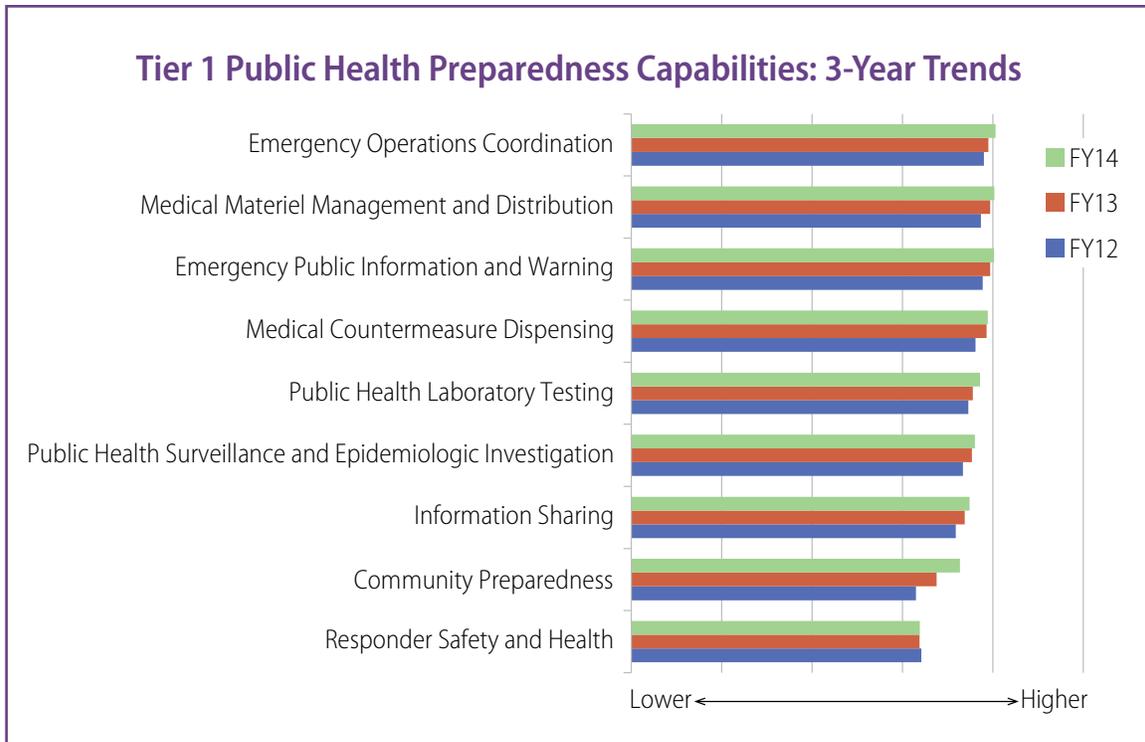
PHEP awardees can choose how to allocate their funding across the 15 public health preparedness capabilities within their state, locality, or insular area. Nationally, the five capabilities with the largest PHEP investments during 2013 were:

- Public Health Surveillance and Epidemiologic Investigation
- Public Health Laboratory Testing
- Community Preparedness
- Information Sharing
- Emergency Operations Coordination

Awardees use annual PHEP funds to build and improve their public health preparedness capabilities. Over the past 3 years PHEP awardees have reported a high level of preparedness in the Tier 1 PHEP capabilities, as demonstrated in the following chart on the next page.⁷

At the federal level, CDC partners with ASPR to align administrative and programmatic aspects, such as the capabilities framework, of the HPP and PHEP cooperative agreements. HPP supports the development of a comprehensive national preparedness and response healthcare system that is scalable and coordinated to meet local, state, and national needs through leadership, funding, evaluation, and technical

⁷Tier 1 capabilities provide the foundation for public health preparedness.



assistance. The cooperative agreement alignment strengthens the nation’s ability to respond to major health events and connects public health and healthcare during emergencies.

In July 2014, ASPR and CDC together awarded more than \$840 million in HPP and PHEP funds to continue improving preparedness and health outcomes for a wide range of public health threats across the country. The close alignment of the two preparedness programs not only improves efficiency in grant administration, but also fosters enhanced coordination between the nation’s public health and healthcare systems at the federal, state, and local levels. Such program coordination supports whole community planning to improve national preparedness efforts.

CDC also facilitates partnerships with other federal agencies and the private sector to expand available community resources for a public health response. Specifically, CDC’s Community Resilience Activity (CRA) serves as point of contact for federal agencies, non-governmental organizations, and private-sector partners for medical countermeasure distribution and dispensing planning. CRA develops strategies and solutions to reduce the distribution and dispensing burden on state and local public health agencies.

CDC established effective partnerships with other countries to promote emergency preparedness and response globally and to protect the U.S. from international health threats. PHEP’s EMP provided critical assistance and support to two countries—Uganda and Vietnam—that are developing EOC capabilities and their own emergency management programs. Staff from Uganda and Vietnam also received training on EOC operations and planning. This training was followed by two exercises in 3 months.

Additionally, CDC created a fellowship program during which international fellows participate in a series of meetings, observations, site visits, and other activities to improve their knowledge of public health emergency management. The program—Public Health Emergency Management Fellowship—builds public health

emergency management capacity among members of the international public health community who work in preparedness and response. The first 6 month cycle began in March 2013, and included five participants from Kenya, China, and Korea. Fellows from China applied skills learned through this program by serving as liaisons to China for the CDC's H7N9 influenza response.



Wisconsin public health officials use PHEP funding to strengthen partnerships with emergency management, law enforcement, emergency medical services, and other key response partners. These relationships have resulted in more unified and coordinated responses to public health emergencies.



Did You Know?

PHEP established partnerships with two major national retailers to identify and plan for opportunities to support local medical countermeasure dispensing plans through their stores. This would reduce the burden on public health department dispensing locations during an emergency requiring widespread medical countermeasure distribution.



Government and Community Organizations Band Together to Build Resilience

A unique partnership between CDC, the Georgia Department of Public Health, Cobb and Douglas County Public Health Departments, and the Transfiguration Catholic Church has resulted in a closed point of dispensing (POD), which will help keep the community safer in the event of a public health emergency. CDC's Community Resilience Activity (CRA) facilitates partnerships between State and local public health departments and community-based organizations to dispense needed Federal resources (such as medication) in the event of an emergency. Community organizations that participate in this program are called closed PODs, such as the one created at the Transfiguration Catholic Church in metro Atlanta.

Closed PODs serve their organizations' populations to relieve some of the medical countermeasure dispensing burden on open PODs run by local public health departments during a public health emergency. Closed PODs can quickly provide resources to the populations they serve in a familiar and comfortable environment. Other examples of community organizations with closed PODs include large retail corporations, hotel chains, and academic institutions.

Donna McNulty, a critical care nurse and Transfiguration Catholic Church volunteer is leading the church's efforts to become a closed POD location. McNulty said, "When CDC first approached me about making our church a closed POD location, I honestly had no idea what a closed POD was! I did tons of research and through that I was able to determine what would work for our parish. From that, we developed our closed POD plan."

Church members formed a closed POD team under McNulty's leadership to develop the plan in 2013. "We have a parish of 15,000 which means we would be dispensing medicine to about 4,500 parish households and we needed a plan to account for all of our members," said McNulty.

McNulty realized that for a 48 hour period the church would need over 800 volunteers to support a response. She was skeptical that she could recruit this many church members to volunteer, but she currently has over 1,300 volunteers! This partnership is serving as a model for other faith-based and community organizations around metro Atlanta and across the country.

By fostering relationships throughout the community, CDC is helping state and local partners strengthen their response capabilities. Collaboration between Federal, State, local and community partners help ensure that Federal resources are successfully dispensed to the affected population during an emergency.

Collaborating to Focus on Priority Risks in Southern California

High-population, high-threat urban areas face unique public health emergency risks. Recognizing this, PHPR awarded 10 major urban areas, including Los Angeles (L.A.) County, additional PHEP funds for a risk-based initiative—an all-hazards public health risk reduction pilot project. The goal of this project was to promote and accelerate the development of strategies and methodologies that lead to health hazard assessment and planning in order to mitigate the public health risks associated with higher population areas.

L.A. County's 10 million residents live in 88 cities spread across a little over 4,000 square miles of urban, suburban, and remote rural communities. It is also extremely diverse with 36% of the county's population born outside of the United States, over 200 different languages spoken, and more than half of residents speaking a language other than English at home. In addition, 17% of the population lives below the poverty level, and approximately 60,000 people are homeless.

The risk-based initiative involved the four public health departments (L.A. and Orange Counties, Long Beach, and Pasadena) that made up the Los Angeles-Long Beach-Anaheim (SoCal) metropolitan statistical area (MSA). The SoCal MSA Planning Collaborative worked extensively to:

- assess and prioritize its risks across government, communities, health care, businesses, responders, schools, and volunteer agencies and
- jointly plan how best to mitigate those hazards to protect southern California's diverse population.

Using the risk-based initiative funds, the SoCal MSA developed the Health Hazard Assessment and Prioritization (hHAP) tool to conduct a whole-community, public health focused assessment of 62 potential hazards facing southern California. The hHAP tool was built using an existing Kaiser Permanente tool and was designed to be flexible, adaptive, and applicable to any other health jurisdiction. It creates risk scores by multiplying probability, health severity, and health system impacts, adjusted by agency and community resources. This assessment is to improve public health readiness, response, and recovery plans and PHEP capability development for prioritized risks.

Using the hHAP tool, L.A. County narrowed the 62 health hazards to a priority list of 20 that they will be completing hazard-specific plans for over the next 5 years. Inspired by FEMA's Whole Community Planning focus, the County will be using this prioritized list to engage and partner with stakeholder agencies and organizations from across the community to develop readiness, response, and recovery plans and systems to improve the County's emergency capabilities. Using hHAP, in conjunction with existing all-hazards plans, will help ensure Southern California is prepared to respond to and recover from its highest risks, ultimately preventing disease and saving lives.



Looking Forward

Public health threats are constantly changing and safeguarding America's health and security is more important than ever. CDC remains committed to maximizing the impact of every dollar entrusted to the agency by improving health security and protecting people.

CDC ensures program performance by measuring preparedness using the public health preparedness capabilities and the National Health Security Preparedness Index (NHSPI™). The NHSPI™ was developed through a cooperative agreement between CDC and the Association of State and Territorial Health Officials (ASTHO). ASTHO worked with CDC and over 40 stakeholder partners from the preparedness community to develop the NHSPI™.

The NHSPI™ is an annual measure of health security and preparedness at the national and state levels. It provides the best available evidence to date on the current health emergency preparedness levels. The NHSPI™ is a resource to:

- Get a more complete picture of health emergency preparedness nationwide,
- Make more informed decisions on the best use of health security preparedness resources,
- Show progress and assess changes in preparedness levels over time,
- Identify strengths and gaps in health security preparedness, and
- Aid continuous quality improvement.

The second iteration of the NHSPI™ improves and expands the assessment of national and state preparedness. In 2014, the NHSPI™ grew to include more and stronger measures in the areas of Healthcare, Environmental, and Occupational Health. Version 2.0 was released in December 2014. Check out your state's results and see ideas for using the data at www.nhspi.org.

