

**CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.**

The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.<sup>2</sup>

1. Public Health Surveillance and Epidemiological Investigation
2. Emergency Operations Coordination
3. Community Preparedness
4. Non-Pharmaceutical Interventions
5. Medical Countermeasure Dispensing/Medical Material Management and Distribution

**Public health agencies deploy resources and personnel to address public health needs arising from emergencies.**

The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty <sup>10</sup>	60	—	60
Prepared an after-action report and improvement plan following a real or simulated response <sup>10</sup>	Yes	—	Yes

**Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.**

In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan <sup>11</sup>	Yes
Received legal authority to spend emergency funds <sup>11</sup>	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs) <sup>11</sup>	Yes

**CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities.**

CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided <sup>12</sup>	\$358,428
CDC preparedness field staff <sup>13, 14, 15</sup>	—
CDC Emergency Management Program activities <sup>16</sup>	—
Public health personnel who received CDC Strategic National Stockpile training <sup>17</sup>	83

**States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).**

The technical assistance review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Island TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale) <sup>10</sup>	63	69	50

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.