**Capability 1: Community Preparedness**

**Definition:** Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to

- Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness
- Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health
- Identify at-risk individuals with access and functional needs that may be disproportionately impacted by an incident or event
- Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community’s health and address the access and functional needs of at-risk individuals
- Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors
- Convene or participate with community partners to identify and implement additional ways to strengthen community resilience
- Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster

**Functions:** This capability consists of the ability to perform the functions listed below.

- **Function 1:** Determine risks to the health of the jurisdiction
- **Function 2:** Strengthen community partnerships to support public health preparedness
- **Function 3:** Coordinate with partners and share information through community social networks
- **Function 4:** Coordinate training and provide guidance to support community involvement with preparedness efforts

**Summary of Changes:** The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Defines at-risk individuals as people with access and functional needs that may be disproportionately impacted by an incident or event, and provides parameters to identify those populations
- Highlights Americans with Disabilities Act (ADA) requirements in jurisdictional public health preparedness and response plans
- Accentuates the importance of community partnerships, including tribes and native-serving organizations in public health preparedness and response activities
- Promotes integration of community partners to support restoration of community networks and social connectedness to improve community resilience
For the purposes of Capability 1, partners and stakeholders may include the following: all parts of the whole community such as individuals, businesses, nonprofits, community and faith-based organizations, and all levels of government.

Specific partners and stakeholders may include:
- animal services and agencies
- childcare organizations
- chronic disease programs
- communicable disease programs
- community coalitions
- emergency management agencies
- emergency medical services (EMS)
- environmental health agencies
- fire and rescue departments
- groups representing and serving populations with access and functional needs
- health care coalitions
- health care organizations (private and community-based)
- health care systems and providers
- health care associated infection control programs
- housing and sheltering authorities
- human services providers
- immunization programs
- jurisdictional strategic advisory councils
- law enforcement
- media organizations
- mental/behavioral health providers
- public health preparedness programs
- schools and education agencies
- social services
- state office of aging or its equivalent
- surveillance programs
- volunteer organizations

Function 1: Determine risks to the health of the jurisdiction

Function Definition: Identify potential jurisdictional public health, health care, mental/behavioral health, and environmental health hazards, vulnerabilities, and risks, and assess the human impact because of interruption of public health, health care, human services, mental/behavioral health, and environmental health services and supporting infrastructure.

Tasks

Task 1: Conduct a public health jurisdictional risk assessment. Identify and prioritize jurisdictional risks, risk-reduction strategies, and risk-mitigation efforts in coordination with community partners and stakeholders.

Task 2: Support jurisdictional partners and stakeholders to identify services to reduce and mitigate identified jurisdictional public health risks. Support community partners and stakeholders to identify public health, health care, human services, mental/behavioral health, and environmental health services capable of supporting public health risk-reduction strategies and mitigation efforts.

Preparedness Resource Elements

P1: (Priority) Procedures in place to identify at-risk populations that may be disproportionately impacted by incidents or events. At-risk populations include individuals with access and functional needs, such as needs related to communication, maintaining health, independence, support, safety, self-determination, and transportation (CMIST), as defined in the CMIST framework. At-risk populations may include individuals who...
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- Are at higher risk of severe complications from infectious diseases, such as pandemic influenza, for example, older adults, pregnant women, children, and people with pre-existing chronic medical conditions, such as diabetes or heart disease
- Have limitations that interfere with the receipt of and response to information, such as individuals who may not be able to hear, see, understand, or act on safety information
- Rely on personal care assistance to manage or maintain health
- Function independently if they have durable medical equipment or other assistive devices, service animals, or personal assistance service providers
- Find it difficult to cope in a new environment, such as those with autism, dementia, or intense anxiety
- Have transportation needs, including those who use public transit or accessible vehicles, such as lift-equipped or vehicles suitable for transporting individuals who use oxygen tanks

P2: (Priority) Jurisdictional risk assessments, which may include

- Identification of potential hazards, such as geographic and physical hazards, vulnerabilities, risks related to population characteristics, such as population density and demographics, and other risks in the community with the potential to adversely impact public health and related health care, human services, mental/behavioral health, and environmental health systems
- A definition of risk, including a risk formula
- The relation between identified risks to human impact and the interruption of public health, health care, human, mental/behavioral health, and environmental health services, noting that certain responses may affect basic functions of society, including physical damage to infrastructure or a reduction in the critical workforce
- Estimate of plausibility or probability of risks and hazards for the jurisdiction, such as the likelihood of natural disasters based on historical precedence
- Size and characteristics of the jurisdiction’s population
  - Identification or location of populations with access and functional needs
  - Identification of populations with limited language proficiency (language isolation) and limited access to communication channels to receive timely and effective public health information
  - Information on vulnerabilities based on socioeconomic status, education, culture, and other factors
  - Locations or mapping of populations using information sources, including geographic information systems (GIS), the Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index, HHS emPOWER data, and other sources
  - Data on the size and type of animal populations within the jurisdiction

Jurisdictional risk assessments may be conducted using information, which may include

- Consultation with subject matter experts from jurisdictional partners and stakeholders
- Data that help prioritize jurisdictional hazards and public health vulnerabilities, including historical data from emergency management risk assessment(s), public health programs, relevant scenarios or models, community engagements, GIS, and other supplementary sources
- Identification of factors that influence community resilience
- Estimated impact on public health, environmental health, and health care system functioning, for example, the potential loss or disruption of essential services, such as water, sanitation, vector control, electricity, or other utilities, or the interruption of public health, human services, environmental health, or health care infrastructure and services
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**P3:** Written agreements, such as contracts or memoranda of understanding (MOUs), with applicable stakeholders within the jurisdiction or in neighboring jurisdictions to provide access to health care, human services, mental/behavioral health, and environmental health services, as necessary.

**Skills and Training Resource Elements**

**S/T1:** Personnel trained to locate or map at-risk populations using GIS, social vulnerability indexes, and other community assets, such as partnerships with human services and other safety net services to integrate aggregate data or client and consumer lists.

**S/T2:** Personnel familiar with methods and principles for developing and administering jurisdictional risk assessments.


**Equipment and Technology Resource Elements**

**E/T1:** Public health agency may coordinate with other governmental agencies for example, emergency management agencies or academic institutions, such as schools of public health or geography departments, as needed, for access to GIS systems.

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**Function 2: Strengthen community partnerships to support public health preparedness**

**Function Definition:** Identify and engage public and private community partners to

- Assist with informing jurisdictional risk assessments, mitigating identified health hazards, and controlling risks
- Integrate all-hazards emergency plans with identified community roles and responsibilities related to the provision of public health, health care, human services, mental/behavioral health, and environmental health services
- Define Emergency Support Function (ESF) #8 public health roles at the state, local, tribal, or territorial level
- Implement additional activities to strengthen community resilience

**Tasks**

**Task 1:** Engage community partners and other stakeholders to support risk-mitigation. Define and implement strategies for ongoing collaboration with community partners and stakeholders capable of providing services to mitigate pre-identified general and incident-specific public health hazards and controlling risks for targeted populations.

**Task 2:** Coordinate the delivery of essential public health services. Partner with organizations responsible for essential health care and human services to ensure those services are provided as early as possible during the response, recovery, and return of the public health system after the incident or event.
Task 3: **Incorporate partner feedback to continuously improve emergency operations plans.** Establish and implement continuous quality improvement methods, including formal after-action processes, to collect and incorporate feedback from community and faith-based partners into emergency operations plans.

Task 4: **Engage trusted community spokespersons to deliver public health messages.** Collaborate with community partners and stakeholders to develop, test, and disseminate timely public health messaging to targeted populations through trusted representatives or spokespersons.

**Preparedness Resource Elements**

P1: *(Priority)* Procedures in place to coordinate relationships with community partners and stakeholders.

P2: *(Priority)* Procedures in place to register health care personnel, such as physicians, nurses, and allied health professionals from community, faith-based, and professional organizations in the Medical Reserve Corps (MRC) or state Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) programs to support health services. *(See Capability 15: Volunteer Management)*

P3: Procedures in place to integrate community and faith-based partner roles and responsibilities for each stage of a public health incident or event.

P4: Procedures and venues in place to discuss and provide guidance on public health hazard policies and plans of action with community partners and other stakeholders. Venues may include town hall meetings, community gatherings, conferences, and other social engagements.

P5: *(Priority)* Stand-alone plans, annexes, or other documentation, developed with input from jurisdictional partners, to indicate how the public health agency will assist with activities, which may include

- Continuity of operations for public health, health care, human, mental/behavioral health, and environmental health services within the community, including vaccination and dispensing services using a variety of provider types and settings, such as pharmacies, doctors’ offices, school-located vaccination clinics, occupational health or worksite clinics, point-of-dispensing sites, and other traditional and non-traditional locations, during and after an incident. Particular attention should be placed on accessibility of health and human services for at-risk individuals with access and functional needs who may be disproportionately impacted by a public health incident or event, including displaced populations.

- Support to address concerns and needs of populations not directly impacted by a particular incident, but concerned about the possibility of adverse health effects. Support services may include
  - Health care
  - Relocation services
  - Sheltering
  - Caregiving
  - Family reunification
  - Other standard services

- Collaboration with community partners to assess and plan for the access and functional needs of at-risk individuals who may be disproportionally impacted by an incident
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- Childcare coordination with education and childcare sectors as well as systems that routinely serve children, such as child welfare, foster care, childcare or Head Start, runaway and youth homelessness, and juvenile justice agencies
- Support for animal services and pet care, as applicable
- Psychological first aid and other relevant mental/behavioral health services
- Communication services, which may include interpreter services for populations with limited English proficiency, methods to reach populations with limited access to public health messaging, or methods to alert and communicate with people with hearing, vision, speech, cognitive, and other disabilities

P6: Procedures in place to identify jurisdictional public health agency ESF #8 lead or support roles and functions based on incident characteristics, legal authorities, and existing mandates. (See Capability 3: Emergency Operations Coordination)

Skills and Training Resource Elements

S/T1: Personnel able to demonstrate the skills and competencies in Domain 3: Plan for and Improve Practice, within the Public Health Preparedness and Response Core Competency Model.

Function 3: Coordinate with partners and share information through community social networks

Function Definition: Engage with community organizations to foster social connections that ensure the availability and community awareness of public health, health care, human, mental/behavioral health, and environmental health services in response to an incident.

Tasks

Task 1: Engage with community partners and stakeholders to coordinate preparedness efforts. Coordinate with community partners to ensure they understand how to access and connect their stakeholders and populations they serve to public health resources during an incident.

Task 2: Provide opportunities for community health services to participate in jurisdictional public health emergency preparedness activities. Engage public health, health care, human services, mental/behavioral health, and environmental health organizations that provide essential health services to the community in the development, implementation, and review of jurisdictional public health emergency preparedness efforts.

Task 3: Leverage community networks to disseminate information during an incident. Use local businesses, community and faith-based organizations, radio and other broadcast media, social media, text messaging, and other channels, as applicable, in communication networks to disseminate timely, relevant, accessible, and culturally appropriate information throughout the whole community during an incident.

Preparedness Resource Elements

P1: Procedures and problem-solving strategies in place to ensure access to public health, health care, human, mental/behavioral health, and environmental health services and to identify and engage community partners and stakeholders to support the restoration of community networks and social connectedness (social cohesion).
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**P2:** Procedures in place to define and continuously update community-specific, information-sharing needs within jurisdictions.

*(See Capability 6: Information Sharing)*

**P3:** Culturally and socially appropriate health services needed to support identified jurisdictional risks and associated hazards.

*(See Capability 4: Emergency Public Information and Warning)*

**Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts**

**Function Definition:** Provide public health preparedness and response training and guidance to community partners and other stakeholders in order to address risks including, but not limited to, those identified in the jurisdictional risk assessment.

**Tasks**

**Task 1:** Leverage existing disaster preparedness and response trainings and educational programs to build community resilience. Coordinate with community partners and stakeholders to implement existing training and educational programs that incorporate community-based approaches to preparedness and recovery.

**Task 2:** Promote training and guidance for community partners. Promote training initiatives for community partners and other stakeholders within public health, health care, human services, mental/behavioral health, and environmental health sectors.

**Task 3:** Provide guidance to groups representing at-risk populations. Promote training and education of community partners and stakeholders to support preparedness and recovery for populations that may be disproportionately impacted by an incident or event based on the jurisdiction's identified risks and increase awareness of and access to services that may be needed during and after the incident.

**Preparedness Resource Elements**

**P1:** *(Priority)* Procedures in place to inform child service providers, such as schools, pediatricians, and children's mental health of and encourage their participation in jurisdictional strategies for addressing children's needs. Procedures may include

- Approaches to support family reunification
- Care for children whose caregivers are deceased, ill, injured, missing, quarantined, or otherwise incapacitated for lengthy periods of time
- Approaches to help children with access and functional needs
- Approaches to strengthen parents’ and caregivers’ coping skills
- Support for positive mental/behavioral health outcomes in children affected by the incident
- Approaches to help children and adults understand the incident

**P2:** Procedures in place to provide guidance and training programs, such as FEMA, CDC, and jurisdictional training to partners serving populations that rely on support services, such as HIV/AIDS treatment, substance abuse treatment, and dialysis that may not be accessible during or after an incident.
**P3: (Priority)** Procedures in place to build and sustain volunteer opportunities for community residents to support jurisdictional emergency responders and community safety efforts year-round, such as coordination with the MRC.

*(See Capability 15: Volunteer Management)*

**Skills and Training Resource Elements**

**S/T1:** Emergency responders, citizen volunteers, and other community residents trained in standardized and competency-based disaster education and training programs, such as the National Disaster Life Support Program and National and State Voluntary Organizations Active in Disaster (VOAD) planning documents.

**S/T2** MRC volunteers and procedures to ensure coordination with existing community emergency response teams (CERTs) or Citizen Corps or support for the state ESAR-VHP program.

*(See Capability 15: Volunteer Management)*