Public Health Emergency Preparedness and Response Capabilities

National Standards for State, Local, Tribal, and Territorial Public Health

Using the Capability Standards for Strategic Planning

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State, local, tribal, and territorial public health agencies exist within a landscape of diverse governance, organizational structures, legal authorities, partnerships, stakeholders, risks, demographics, and resources that influence jurisdiction-to-jurisdiction public health emergency preparedness priorities. The 2018 Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health describes the components necessary to advance jurisdictional public health preparedness and response capacity.

The capability standards serve as a state, local, tribal, and territorial resource to assess, build, and sustain jurisdictional public health agency preparedness and response capacity by further defining the jurisdictional public health agency ESF #8 role while guiding program improvement initiatives to address preparedness and response planning gaps. Additionally, state, local, tribal, and territorial public health agencies must remain aware of new and emerging public health threats. From Capability 1: Community Preparedness to Capability 15: Volunteer Management, jurisdictional public health agencies must be adaptable when responding to public health threats and emergencies within the context of their communities and in alignment with incident characteristics.

Public Health Emergency Preparedness and Response Capabilities Planning Model

The following Public Health Emergency Preparedness and Response Planning Model updates the planning roadmap described in the 2011 Public Health Preparedness Capabilities: National Standards for State and Local Planning. It outlines a process jurisdictional public health agencies can follow to identify public health emergency preparedness and response program development priorities. Consistent with the U.S. Department of Homeland Security (DHS) Preparedness Cycle, the following diagram illustrates a three-phase approach to identify priorities and implement jurisdictional emergency preparedness planning and response initiatives.
**Phase 1: Assess Current State**

**Step 1a: Assess Organizational Roles and Responsibilities**

The first step in the assessment phase is to determine which organizational entities within the jurisdiction are responsible for each domain, capability standard, and applicable capability resource elements. Organizational entities may include allied state agencies, such as emergency management, partner organizations, other jurisdictional public health agencies, health care coalitions, community-based partners, and other jurisdictional stakeholders.

**Step 1b: Assess Resource Elements**

Each capability function includes a list of capability resource elements from three categories: preparedness, skills and training, and equipment and technology. To assess current capability, jurisdictions should review all resource elements (with emphasis on priority resource elements) and determine the extent of their availability within the jurisdiction. Public health agencies are not expected to be independently responsible for all capability resource elements, as the ability to achieve the capability standards relies heavily on partnerships.

Successfully attaining capability resource elements is defined as the ability to demonstrate that a jurisdictional public health agency either has (on hand or within existing plans and documents) or has access to (partner agency or organization has the jurisdictional authority or responsibility for the resource and evidence exists that agreements regarding roles and responsibilities are in place) the resource element. Strategies that address challenges and barriers for fully attaining capability resource elements should help inform jurisdictional planning, training, and exercise initiatives.
Step 1c: Assess Performance

The ability to achieve capability functions should be reviewed through jurisdictional demonstrations of performance and other types of evaluation. Examples of performance demonstrations may include using CDC-defined performance measures, measuring jurisdictional effectiveness when delivering “everyday” core public health agency mandates, as relevant, implementing jurisdictional training and exercise programs, and implementing formal after-action processes, including developing and completing corrective action plans.

Phase 2: Determine Strategies and Activities

Step 2a: Identify and Review Jurisdictional Inputs

In addition to assessing and reviewing capability resource elements, jurisdictions should review supplementary information sources to help identify jurisdictional needs and gaps. Supplementary information sources may include:

- Existing data from jurisdictional hazard vulnerability analyses (jurisdictional risk assessment findings)
- Jurisdictional intelligence data, such as fusion center data or information obtained from intelligence reports or briefings
- Jurisdictional emergency management response plans, such as scenario-based plans
- Funding considerations, such as guidance or funding requirements from related federal preparedness programs
- Current public health strategic plans or strategic priorities
- Previous state and local accreditation or recognition efforts, such as Project Public Health Ready and Public Health Accreditation Board standards
- Jurisdictional results or action plans resulting from CDC operational readiness reviews
- After-action reports and corrective action plans

Step 2b: Prioritize Domains and Capabilities

The definitions described within the capability standards are broad. Jurisdictional public health agencies are not expected to simultaneously and completely address all identified issues, gaps, and needs across all capabilities in the short term. Instead, jurisdictions should periodically reprioritize the capability standards they pursue based on regularly updated jurisdictional inputs, including risk assessment findings.

Equally important, resource elements described within each capability function are not representative of all potential resource types or the quantities that may be required. Therefore, identifying the need for additional prioritization criteria when assessing individual capability resource elements is critical for public health agencies because resources that are not specifically stated in the capability standards may be necessary to achieve capability tasks.

Step 2c: Develop Short-term and Long-term Goals

For the purposes of this planning model, short-term goals are defined as one-year goals, and long-term goals are defined as two- to five-year goals. Jurisdictional public health agencies should review the various inputs described in step 2a, analyze their priorities based on the prioritization criteria described in step 2b, and determine a set of short-term and long-term capability development goals.
Goals for capability development should align with capability definitions, capability functions, capability tasks, and capability resource elements. For example, short-term goals may include building a particular set of tasks within a capability function by ensuring the presence of all priority resource elements, while a long-term goal would be to demonstrate performance and ultimately sustain all capability functions.

**Phase 3: Develop Plans**

**Step 3a: Plan Organizational Initiatives**

Jurisdictional public health agencies should establish concrete organizational initiatives and plan activities to achieve short- and long-term goals. For the purposes of this planning model, an assumption is made that activities specifically relate to individual capability domains, capability definitions, capability functions, capability tasks, and capability resource elements. However, in practice, jurisdictional public health agencies may group related activities to address multiple capability standards within any single project or program development initiative.

**Step 3b: Plan Capacity Building and Sustain Activities**

Generally, jurisdictional public health agencies build, sustain, or potentially scale back organizational initiatives based on the most recent assessment of needs, gaps, priorities, and goals. For build-and-sustain scenarios, jurisdictional public health agencies should pursue formal and informal partnerships where necessary based on the projected type(s) of support required. Guidance provided to local jurisdictional public health agencies should ideally describe development priorities for capability standards and capability functions. For scale-back scenarios, jurisdictional public health agencies should clearly identify specific conditions, such as strategic, budgetary, and risk assessments that influence the need to scale back efforts.

Jurisdictional public health agencies also should identify and prioritize technical assistance needed, from CDC or other sources, when developing the capability standards. Technical assistance needs may relate to the development of specific capability functions and capability resource elements, such as developing or modifying plans or processes, training personnel, or building or investing in new equipment and technology.

**Step 3c: Plan Capacity Evaluations and Demonstrations**

Demonstrating and evaluating strategies and activities are generally a later step in the capability development process. Jurisdictional public health agencies can demonstrate the capability standards by participating in various levels of exercises, planned events, and real incidents. CDC strongly encourages jurisdictional public health agencies to leverage routine public health activities, as applicable, to exercise and evaluate the capability standards. Exercises, events, or incidents should be documented and after-action reports and corrective action plans should be developed and implemented.