

PUBLIC HEALTH PREPAREDNESS CAPABILITIES

CHALLENGES AND OPPORTUNITIES

BACKGROUND

The Centers for Disease Control and Prevention (CDC) developed **15 public health preparedness (PHP) capabilities** to help state and local health departments prepare for public health emergencies, such as infectious disease outbreaks or severe weather events.

Originally published in March 2011, [CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning](#) includes a guide for state and local public health systems to assess their needs, plan their priorities, and develop their capabilities and resources.

To support these preparedness activities, CDC's Office of Public Health Preparedness and Response provides [Public Health Emergency Preparedness \(PHEP\) cooperative agreements](#) to 62 awardees. The PHEP grants require that PHEP awardees consider the 15 PHP capabilities in their planning and monitoring.



Avar Consulting, Inc., and RTI International have partnered to study how to improve the operational efficiency and effectiveness of the PHP capabilities among these PHEP awardees and aim to understand:

How and to what extent

PHEP awardees use the PHP capabilities and perceive them to be effective standards?

Which structural and contextual factors

explain variation in awardees' perception, use, and evaluation of the capabilities?

METHODS

The Avar Team conducted a survey and follow-up focus group with PHEP awardees to understand whether grantees view the 15 PHP capabilities and their related documentation as valid, appropriate, and useful. The survey captured the extent to which awardees use the capabilities for monitoring and evaluation, as well as for planning, training, and exercising. The focus group captured more in-depth views and opinions about leadership roles, as well as gaps and areas of improvement for the capabilities.

SURVEY



48 Preparedness Directors out of 62 PHEP awardees completed the survey.

77%

The online survey included 4 sections related to the content validity and utility of the PHEP Capabilities and the PHEP awardees' structural capacity and leadership.

FOCUS GROUP



8 Preparedness Directors

were purposively sampled from 62 PHEP awardees to ensure a range of health department size and structure.

A trained moderator used a semi-structured guide in one 90-minute virtual focus group using a web conference platform.



Centers for Disease Control and Prevention
Office of Public Health Preparedness and Response

KEY FINDINGS

Awardees view the capabilities as valid and effective. But they struggle to implement some capabilities given public health's limited scope and authority.

- Capabilities that fall into the traditional public health role were ranked as most important, most useful, and most likely to be led by health departments.
- Awardees report that functions related to mental, behavioral, and medical health frequently fall outside PHEP responsibilities, jurisdictional authority, and technical expertise.
- Awardees noted that capabilities such as mass care, fatality management, community recovery, and medical surge are often the responsibilities of other agencies or sectors.
- Awardees indicated that increase training or technical assistance would not necessarily improve their ability to undertake these capabilities as it is a scope issue rather than an issue of staff competence.

A culture of leadership and partnerships are critical to PHP, and capabilities vary dependent on structural characteristics.

- Health departments with a greater culture of leadership and more partnerships report higher levels of administrative preparedness, are more likely to take the lead role in most capabilities, and more frequently report most capabilities as "extremely important."
- Decentralized or mixed health departments report being more effective in administrative preparedness, while centralized health departments and those serving large populations report more deficiencies.

Awardees agree that the capabilities are useful as guidance to improve planning and coordination.

- Awardees most frequently use the capabilities for training, exercises, and evaluation, a finding supported by published literature and survey data.
- Awardees in decentralized health departments use capabilities when issuing guidance and monitoring local health department subcontracts.
- Awardees in centralized health departments use the capabilities to plan and develop objectives for the year.
- Most states use the capabilities to select focus areas, develop workplans and benchmarks, conduct baseline assessments, and develop partnerships.

Awardees want clear direction on how to measure progress toward achieving a capability.

- Awardees stressed that written plans are not necessarily the best demonstration of completing a capability. Other outcomes or demonstration requirements would be helpful.

Most awardees feel that 15 capabilities were more than enough, but some suggested additional domains.

- Awardees recommended adding domains in: 1) environmental health (68.8% of survey respondents); all hazards planning (58.3%); mental/behavioral health (52.1%); and 4) exercises, evaluation, and quality improvement (54.2%).

"One of the biggest frustrations is that the things we are being asked to perform are far beyond the control of our group."

"[The capabilities] give us something to anchor on and shoot for. When I started in 2002, we were all going in different directions. This helps give us direction."

"One of the challenges is that there's not clear guidance on what it means to complete a capability. What does it look like when we complete one?"

RECOMMENDATIONS

- Given diminishing preparedness resources, **prioritize a set of core public health capabilities**, followed by extended capabilities.
- **Identify and address technical assistance needs** of awardees based on their structural characteristics. For instance, provide leadership development and partnership facilitation to help centralized health departments overcome deficiencies in PHP.
- **Create an updated crosswalk** of all capabilities related to PHP (e.g., Homeland Security Grant Program guidelines), to help various sectors understand their roles and how they align.
- **Provide awardees with clear benchmarks** for measuring progress toward achieving the capabilities beyond written plans submitted to CDC.
- **Identify ways in which the capabilities are used** so that updates are the most useful to jurisdictions. Avoid altering the capabilities too drastically, which could hinder measurement of progress over time.

CONCLUSION

Awardees view the capabilities as very valuable and use them for a wide variety of activities from planning to evaluation. Although they agree that individual capabilities could be prioritized to focus limited resources, they agree for the most part that a major revision to the capabilities is not needed, especially since continuity helps them track progress over time.