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:

**PUBLIC HEALTH PREPAREDNESS CAPABILITIES CHALLENGES AND OPPORTUNITIES**

**PUBLIC HEALTH PREPAREDNESS CAPABILITIES**

Community Preparedness
Community Recovery
Emergency Operations
Emergency Public Information and Warning
Fatality Management
Information Sharing
Mass Care
Medical Countermeasure Dispensing
Medical Materiel Management and Distribution
Medical Surge
Non-Pharmaceutical Interventions
Public Health Laboratory Testing
Public Health Surveillance and Epidemiologic Investigation
Responder Health and Safety
Volunteer Management

**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.
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.

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%).

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.