PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



NATIONAL

\$611.750.000 FY 14 FUNDING

A critical source of funding for state, local, and territorial public health departments, PHEP supports the National Response Framework through the development of emergency-ready public health departments that are flexible and adaptable. The PHEP program annually provides vital resources to ensure local communities can respond effectively to infectious disease outbreaks, natural disasters, and chemical, biological, radiological, or nuclear events. Many resources states now use to respond to public health emergencies would not exist without PHEP support.

Since 2002, the PHEP program has provided funding to public health departments across the nation to develop and advance their capacity to effectively respond to a range of public health threats. Most recently, PHEP funding provided \$616 million to state, local, and territorial public health departments. A large

portion of PHEP funds supports staff on the ground who assist with preparedness and response activities. In the last decade, the PHEP program has supported over 4,000+ doctors, nurses, and emergency response specialists serving in more than 8,000 state and local public health emergency operations center activations.

CDC assists PHEP awardees by sharing technical expertise, best practices, and lessons learned, along with providing tools and resources needed to identify and address gaps and advance preparedness capabilities. By working side by side with PHEP awardees, CDC helps ensure that state, local, and territorial public health departments meet or exceed established standards for public health preparedness capabilities.

For more information about the PHEP Program, visit www.cdc.gov/phpr/map.htm.

CDC identified 15 public health preparedness capabilities critical to public health preparedness.

NATIONAL TOP PHEP CAPABILITY INVESTMENTS

(excludes funding for sub-awardee contracts)

- ► Public Health Laboratory Testing—31%
- ▶ Public Health Surveillance & Epidemiological Investigation—28%
- ► Community Preparednes—21%
- ► Emergency Operation Coordination—11%
- ► Information Sharing—10%

For a complete list of all 15 public health preparedness capabilities, visit www.cdc.gov/phpr/capabilities/index.htm.

Through the PHEP program, states, territories, and localities are required to develop emergency plans covering children, pregnant women, and other vulnerable populations.

Older adults, and people with certain chronic conditions may require specialized medications, equipment, and other assistance.

National Data:

- ▶ 36% of households with children
- ▶ 4% of respondents who know they are pregnant
- ▶ 19% of respondents 65 or older
- ▶ 10% of respondents who reported having diabetes
- ▶ 21% of respondents who reported a condition that limits activities
- ▶ 9% of respondents who reported a health problem that required the use of specialized equipment

Jurisdictional risk assessments (JRA) help to determine public health, medical, and mental/behavioral risks that may impact systems and services.

Nationally, 84% of PHEP awardees completed a JRA within the last five years.

NATIONAL

PHEP-funded field staff who support preparedness and response rea	adiness.		
Field Staff	2015-2016		
Total number of PHEP-funded field staff		100	
Rapid sharing of information between partners about available resonance money and lives when every second matters.	urces, such a	s hospital be	eds, can
Information Sharing		2015	
National percentage of responses by partners to information requests within requested timeframe in an emergency or exercise		93%	
In an emergency, it is critical that staff can meet quickly to plan for, health response.	lead, and ma	anage a publi	ic
Emergency Operations Coordination	2013	2014	2015
National average number of minutes for public health staff with incident management lead roles to report for immediate duty	39	29	33
National percentage of territories that conducted call down drills to document the ability to contact responders to activate the emergency operations coordination center		100%	86%
Timely and effective communication between lab and epidemiologic in a public health emergency.	c staff can re	duce death a	and injuries
Public Health Laboratory Testing		2015	
National percentage of communication drill between state laboratory and epidemiological staff completed by target time		Drill 1: 92% Drill 2: 96%	
Laboratory Response Network biological (LRN-B) and PulseNet labs potential biological health threats to minimize disease outbreaks. Current number of LRN-B public health labs: 90	s rapidly ider	ntify and not	ify CDC of
Public Health Laboratory Testing: LRN-B	2013	2014	2015
National proportion of LRN-B proficiency tests passed	82/94	240/249	100/105
Public Health Laboratory Testing: PulseNet	2013	2014	2015
National percentage of <i>E. coli</i> -positive tests analyzed and uploaded into PulseNet national database within 4 working days	91% (Target: 90%)	96% (Target: 90%)	96% (Target: 90%)
National percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within 4 working days	90% (Target: 90%)	93% (Target: 90%)	94% (Target: 90%)
LRN chemical (LRN-C) labs rapidly identify exposures to toxic chemiminimize further human exposures. Current number and level of LRN-C Labs: 10 (Level 1), 34 (Level 2), 13		gnosis, and	
	2013	2014	2015
Public Health Laboratory Testing: LRN-C			2015
Public Health Laboratory Testing: LRN-C National proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs	8/9	8/9	8/9
National proportion of core chemical agent detection methods		8/9	



