



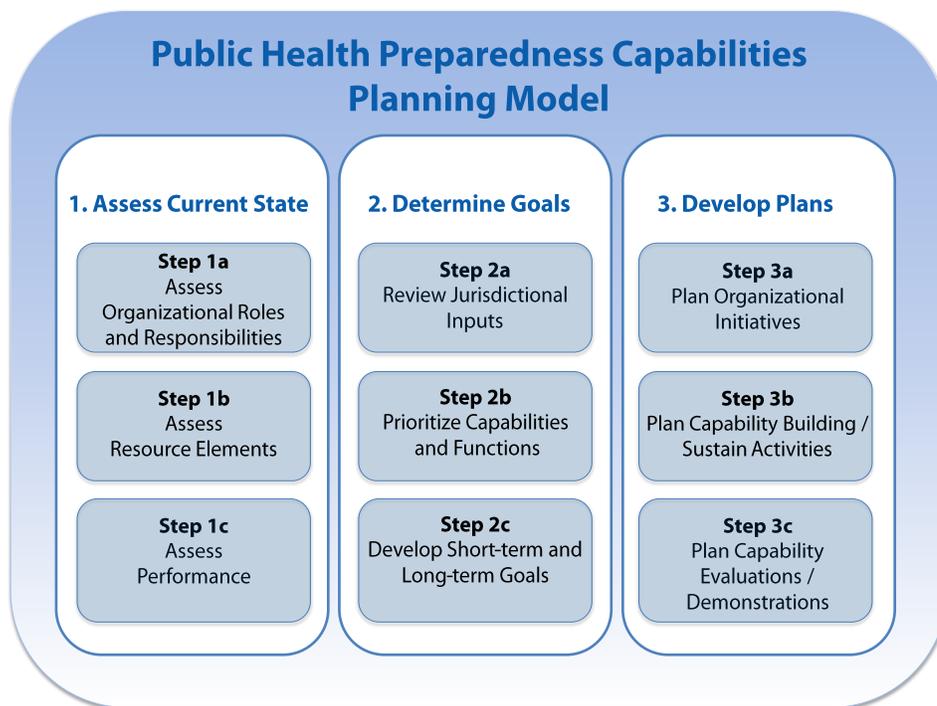
CDC's National Standards for State and Local Planning provides a description of the capabilities needed for achieving state and local public health preparedness. The content is intended to serve as a planning resource that state and local public health preparedness staff can use to assess their jurisdictional preparedness.

CDC is making these national standards for public health preparedness available to the nation's public health system to support their planning efforts. Jurisdictions also are encouraged to use other tools and local-level input in their planning processes, such as existing jurisdictional strategic plans, data from current hazard and vulnerability assessments, and results from After Action Reports/Improvement Plans.

Public Health Preparedness Capabilities Planning Model

To assist jurisdictions in using the capabilities for planning, CDC has developed a Public Health Preparedness Capabilities Planning Model. The model describes a high-level planning process that state and local public health departments may wish to follow to help determine their preparedness priorities and plan their preparedness activities. This planning model fits into the planning phase of the U.S. Department of Homeland Security Preparedness Cycle.

The Public Health Preparedness Capabilities Planning Model is not intended to be a prescriptive methodology, but rather it is intended to describe a series of suggested activities for preparedness planning. The diagram below depicts the model's three main phases and associated steps.



The following are descriptions for the suggested steps to complete each of the three phases.

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 capability and function. These entities may include state agencies, partner organizations, local and tribal health departments, and others. For instance, in some jurisdictions the coroner/medical examiner traditionally takes a lead role in fatality management activities; public health should, therefore, seek this partner when identifying what role public health contributes to this capability.

Step 1b: Assess Resource Elements

Each function within the capabilities includes a list of priority and recommended resource elements, divided into three categories: Planning, Skills and Training, and Equipment and Technology. These are the resources that CDC and subject matter experts have determined are the most critical for being able to build and maintain the associated capabilities. To assess public health's current capability, it is necessary to review the resource elements (particularly the priority resource elements) to determine the extent that these elements exist in the jurisdiction. Not all public health agencies are expected to own each resource element; jurisdictions are encouraged to partner with both internal and external jurisdictional partners to assure access to resources as needed. Jurisdictions are encouraged to first self-assess their ability to address the prioritized resource elements of each capability followed by their ability to demonstrate the functions and tasks within each capability. Successfully addressing prioritized resource elements is defined as a public health agency either has the ability to demonstrate that they have (within their own existing plans or other written documents) or have access to (partner agency has the jurisdictional responsibility for this element in their plans and evidence exists that there is a formal agreement between the public health agency and this partner regarding roles and responsibilities for this item) the resource element.

For each resource element, if not fully present as described in the capability definitions, any challenges or barriers to the full attainment of that resource element should be noted.

In addition, CDC has crosswalked the resource element content with the Project Public Health Ready (PPHR) 2011 criteria and the Public Health Accreditation Board (PHAB) measures (July 2009 beta test version) – these appear in the Endnotes section where applicable. Jurisdictions which have or are pursuing PPHR or PHAB certification may be able to use this information to further facilitate their assessments.

The resource elements described for each function are not intended to be an exhaustive list of all possible types of resources required; nor do they give any indication of quantity of resources required (e.g., number of staff). Therefore, it is critical that in addition to assessing the defined resource elements, each jurisdiction notes the presence or absence of any other critical resources needed to meet its needs and any challenges or barriers.

Step 1c: Assess Performance

After completing the resource element assessment, the next suggested step is to assess the performance of each capability and function, and whether or not it meets the jurisdiction's needs. Performance demonstration and evaluation may be collected via activities to address CDC-defined performance measures or documented exercises or real incident activities.

Phase 2: Determine Goals

Step 2a: Review Jurisdictional Inputs

After assessing the jurisdiction's current level resource elements and performance, the next step is to identify needs and gaps. In addition to the resource element assessment from the previous phase, there are a number of additional inputs which can be used, including (but not limited to) the following:

- Existing data from jurisdictional hazards and vulnerability analyses
- Emergency management plans
- Funding considerations (e.g., guidance or funding requirements from related federal preparedness programs)
- Previous strategic plans or planning efforts
- Previous state and local accreditation efforts
- CDC's Strategic National Stockpile Technical Assistance Review results
- After Action Reports/Improvement Plans
- Previous performance measure results

See Capability 1: Community Preparedness priority resource element requirements for additional detail on this topic.

Step 2b: Prioritize Capabilities and Functions

The capability definitions are broad; no jurisdiction is expected to be able to address all issues, gaps, and needs across all capabilities in the immediate short term. Therefore, jurisdictions should choose the order of the capabilities they decide to pursue based upon their jurisdictional risk assessments (*see Capability 1: Community Preparedness for additional or supporting detail on the requirements for this risk assessment*), but are strongly advised to ensure that they first are able to demonstrate capabilities within the following domains:

- Biosurveillance
- Community resilience
- Countermeasures and mitigation
- Incident management
- Information management

Other prioritization criteria may include the following:

- Missing/incomplete priority resource elements
- Performance/ability is substantially lower than needed
- Risks and threats to the public health, medical, and mental/behavioral health system
- Ability to close gaps and develop capability is greatest
- Evidence-based practice

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

This planning model defines short-term goals: one year, and long-term goals: two years to five years. Jurisdictions 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 (one year) and long-term (two years to five years) goals.

For the purposes of this model, all goals should refer to the capabilities, functions, and resource elements. For example, a short-term goal may be to fully build a particular function within a capability, including ensuring the presence of all priority resource elements. Long-term goals would be to build (individually or via partnerships), demonstrate performance, and, ultimately, sustain all capabilities and functions.

Phase 3: Develop Plans



Step 3a: Plan Organizational Initiatives

After determining the short-term and long-term goals, the next step is to engage in concrete initiatives and activity planning, particularly for the short-term goals. While in practice jurisdictions may group together related activities to address multiple functions or capabilities within the scope of one project or initiative, for the purposes of this planning model all activities are viewed as related to individual capabilities, functions, and resource elements.

Step 3b: Plan Capacity Building/Sustain Activities

For each capability and function, jurisdictions generally will be either building, sustaining, or, perhaps, scaling back the capability and/or function, depending on the needs, gaps, priorities, and goals that have been identified. For build and sustain scenarios, jurisdictions are encouraged to pursue partnerships and memoranda of understanding with other agencies, partners, and jurisdictions. For scale-back scenarios, jurisdictions should identify the challenges and barriers causing them to scale back their efforts.

States should consider what types of support are required by their local and tribal health departments and plan assistance or contracts accordingly. Support provided to local health departments should ideally describe which capabilities and functions are intended to be addressed.

Jurisdictions should also determine any technical assistance needs they might have, whether from CDC or other sources. Technical assistance may be needed to address challenges, barriers, or other needs.

For the purposes of this planning model, activities and technical assistance needs will, in general, relate to specific functions and resource elements (i.e., developing or modifying plans or processes, training staff, or building/buying equipment and technology).

Step 3c: Plan Capability Evaluations/Demonstrations

The final step in the planning process is to develop plans for demonstrating and evaluating the capabilities and functions, especially those that have been newly developed. Demonstrations of capabilities can be through many different means such as exercises, planned events, and real incidents. Jurisdictions are strongly encouraged to use routine public health activities to demonstrate and evaluate their capabilities. Documentation of the exercise, event, or incident, and the use of quality improvement-focused After Action Reports/Improvement Plans is a vital part of this process. For those capabilities and functions where CDC-defined performance measures have been developed, jurisdictions are encouraged to collect data for those measures.