

# Exercising to Ensure Administrative Emergency Preparedness

CDC's response to the 2009 H1N1 influenza pandemic was complex, multifaceted, and long term, lasting more than a year. In addition to CDC's epidemiological and public health surveillance work for H1N1 influenza, CDC distributed \$1.4 billion in Public Health Emergency Response (PHER) grant funds to 62 state, local, and territorial health departments to assist in their response efforts.

CDC issued PHER funding to awardees in four phases, a process that federal, state, and local agencies found difficult and inefficient. Many state health departments encountered hurdles such as:

- Complex funding cycles
- Burdensome legal requirements
- Inefficient procurement and allocation methods
- Difficulties working with local health departments to meet federal funding timeframes
- Problems with contracting and hiring

Upon concluding its formal response to the H1N1 influenza pandemic in June 2010, CDC partnered with ASPR, the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO) to identify administrative preparedness successes, challenges, and promising practices.

**Administrative preparedness**, a term coined during the H1N1 influenza response, is the process of ensuring that fiscal and administrative authorities and practices (e.g., funding, procurement, contracting, hiring, and legal capabilities) used in public health emergency response and recovery are effectively managed throughout all levels of government. Administrative functions are the foundation of emergency response.



Partners implemented several strategies to address challenges. CDC developed a public health emergency response funding mechanism to streamline the funding process. In addition, ASPR and CDC required HPP and PHEP awardees to develop administrative operating procedures and emergency response plans, report administrative preparedness gaps, and develop administrative preparedness improvement plans.

CDC also worked with ASTHO and NACCHO to develop solutions, promising practices, and models that state and local public health departments can use to expedite the administrative preparedness process. ASTHO conducted a focus group of selected states to find out if and how selected practices would work in their states. NACCHO developed assessment tools to assist HPP and PHEP awardees in developing administrative preparedness processes.

In May 2014, HHS held an administrative preparedness tabletop exercise to examine processes associated with receiving and disbursing funds during a public health emergency. This was the first HHS exercise for administrative functions. More than 45 planners and staff from across HHS gathered to assess these processes, including representatives from budget and finance, contracts and grants, program, and operations.

State and local health departments now incorporate administrative and fiscal processes into emergency response plans. These processes include emergency procurement, contracting, and hiring and must define how they differ from normal operations. HPP and PHEP awardees are required to establish procedures for efficiently allocating emergency funds to local health departments. Awardees must also develop reporting and monitoring methods to ensure accountability.

Together, CDC, ASPR, other federal and national partners, and state and local health departments continue to address administrative preparedness gaps. These efforts help ensure that the necessary administrative and fiscal procedures will be in place and resources will be provided efficiently to aid in response and recovery during future public health emergencies.