

How Public Health Agencies Use the Public Health Emergency Preparedness Capabilities

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In March 2011, the Centers for Disease Control and Prevention (CDC) published 15 public health preparedness (PHP) capabilities to serve as national PHP standards.¹ The capabilities provided state, tribal, local, and territorial (STLT) public health departments with a framework for organizing their preparedness activities, setting priorities, and dedicating resources to build or sustain the capabilities. Preparedness activities are supported by the Public Health Emergency Preparedness (PHEP) Cooperative Agreement, which provides federal funding to 62 STLT public health departments to develop and maintain their ability to effectively respond to public health threats. Although variations across public health emergency responses have made it difficult to standardize evaluation or assess cost-effectiveness of PHP programs, in general, the development of the capabilities provided awardees a roadmap of recommended functions and tasks that were supported by a variety of required resource elements and closely linked to annual funding guidance.

An online survey was developed in collaboration with the CDC's Office of Public Health Preparedness and Response (now the *Center for Preparedness and Response*) to assess awardee use of the capabilities.² Forty-eight of 62 (77%) STLT PHEP directors completed the survey between September and November 2015. Awardees most frequently used the capabilities for 3 activities: training (57.9%), exercises (55.1%), and evaluation (62.1%). Specifically, more than two-thirds of awardees reported using 4 capabilities in the development of training, exercises, and for evaluating program activities: emergency operations coordination (Capability 3; 77.1%, 79.2%, and 70.8%, respectively), medical countermeasure dispensing (Capability 8; 72.9%, 75.0%, and 68.8%, respectively), medical material management and distribution (Capability 9; 68.8%, 75.0%, and 72.9%, respectively), and volunteer management (Capability 15; 66.7%, 68.8%, and 68.8%, respectively).

Since 2002, more than US \$9 billion in federal funding have been provided by the CDC to STLT health departments for PHP activities, including improving

disease surveillance and laboratory systems and responding to events such as pandemic influenza, Ebola virus disease, and Zika virus. The development of the capabilities in 2011 and their revision in 2018 was an attempt to improve planning and resource allocation, as well as to address the challenges of evaluating the use and value of the funds invested to the nation's ability to prepare for and respond to public health threats. Several 2018 updates directly addressed the 4 capabilities that this study found were most highly used by awardees for training, exercises, and evaluation, including clarifying jurisdictional public health agency lead or support roles based on incident characteristics, updates to vaccine administration and coordination of infectious disease responses, and additional considerations for protecting the safety of emergency responders and volunteers.³ While the 2018 revision of the capabilities reflects lessons learned and feedback from preparedness science, practitioners, and associated federal agencies and professional associations, as well as emerging topics such as pandemic influenza and environmental health, it does so based on a model of "everyday use" in activities like training, exercising, and evaluation.⁴

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