EXECUTIVE SUMMARY

Public health threats are always present. Whether caused by natural, accidental, or intentional means, these threats can lead to the onset of public health incidents. Being prepared to prevent, respond to, and rapidly recover from public health threats is critical for protecting and securing our nation's public health.

The 2009 H1N1 influenza pandemic underscored the importance of communities being prepared for potential threats. Because of its unique abilities to respond to infectious, occupational, or environmental incidents, the Centers for Disease Control and Prevention (CDC) plays a pivotal role in ensuring that state and local public health systems are prepared for these and other public health incidents. CDC provides funding and technical assistance for state, local, and territorial public health departments through the Public Health Emergency Preparedness (PHEP) cooperative agreement. PHEP cooperative agreement funding provides approximately $700 million annually to 50 states, four localities, and eight U.S. territories and freely associated states for building and strengthening their abilities to respond to public health incidents.

Evolving Threats and Strengthening the Public Health System

Public health departments have made progress since 2001, as demonstrated in CDC's state preparedness reports (http://www.cdc.gov/phpr/reportingonreadiness.htm). However, state and local public health departments continue to face multiple challenges, including an ever-evolving list of public health threats. Regardless of the threat, an effective public health response begins with an effective public health system with robust systems in place to conduct routine public health activities. In other words, strong state and local public health systems are the cornerstone of an effective public health response.

Today, public health systems and their respective preparedness programs face many challenges. Federal funds for preparedness have been declining, causing state and local planners to express concerns over their ability to sustain the real and measurable advances made in public health preparedness since September 11, 2001, when Congress appropriated funding to CDC to expand its support nationwide of state and local public health preparedness. State and local planners likely will need to make difficult choices about how to prioritize and ensure that federal dollars are directed to priority areas within their jurisdictions.

Defining National Standards for State and Local Planning

In response to these challenges and in preparation for a new five-year PHEP cooperative agreement that takes effect in August 2011, CDC implemented a systematic process for defining a set of public health preparedness capabilities to assist state and local health departments with their strategic planning. The resulting body of work, *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, hereafter referred to as public health preparedness capabilities, creates national standards for public health preparedness capability-based planning and will assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining capabilities. These standards are designed to accelerate state and local preparedness planning, provide guidance and recommendations for preparedness planning, and, ultimately, assure safer, more resilient, and better prepared communities.

Public health preparedness capabilities. CDC identified the following 15 public health preparedness capabilities (shown in their corresponding domains) as the basis for state and local public health preparedness:

Biosurveillance
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation

Community Resilience
- Community Preparedness
- Community Recovery

Countermeasures and Mitigation
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Non-Pharmaceutical Interventions
- Responder Safety and Health

Incident Management
- Emergency Operations Coordination

Information Management
- Emergency Public Information and Warning
- Information Sharing

Surge Management
- Fatality Management
- Mass Care
- Medical Surge
- Volunteer Management

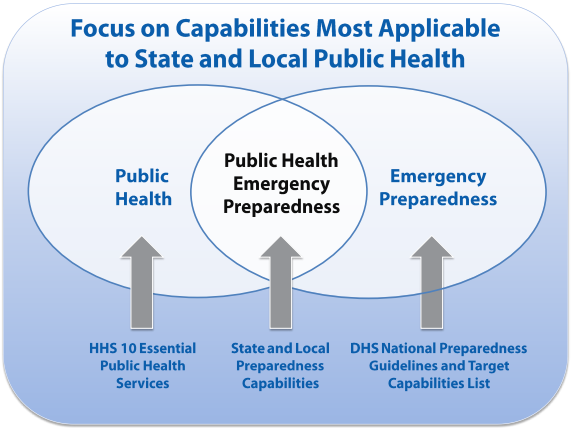
These domains highlight significant dependencies between certain capabilities. A jurisdiction should choose the order of the capabilities it decides to pursue based upon their jurisdictional risk assessment *(see Capability 1: Community Preparedness for additional or supporting detail on the requirements 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

To identify the public health aspects for each capability, CDC used the names and definitions from the U.S. Department of Homeland Security (DHS) Target Capabilities List, content from the Pandemic and All-Hazards Preparedness Act (PAHPA), and capabilities from the National Health Security Strategy (NHSS) as a baseline. As part of this process, the biosurveillance aspects of animal disease and emergency support, food and agriculture safety and defense, and environmental health were incorporated into the public health surveillance and epidemiological investigation capability. In addition, the detection of chemical, biological, radiological, nuclear, and explosive agents were incorporated into the laboratory testing capability. Important cross-cutting preparedness topics such as legal preparedness, vulnerable or at-risk populations, and radiological/nuclear preparedness are addressed in several of the 15 capabilities.

Aligning across national programs. The Pandemic and All-Hazards Preparedness Act (PAHPA) specifies the need to maintain consistency with certain other national programs, specifically the NHSS preparedness goals. PAHPA also directs that the NHSS be consistent with the DHS National Preparedness Guidelines, a major component of which is the Target Capabilities List. The National Preparedness Guidelines represent a standard for preparedness based on establishing national priorities through a capabilities-based planning process.

In addition to aligning with the National Preparedness Guidelines, CDC determined that the public health preparedness capabilities should be aligned with the 10 Essential Public Health Services model developed by the U.S. Department of Health and Human Services (HHS). CDC conducted a mapping process which determined that several of the public health preparedness capabilities aligned with multiple essential public health services. Thus, the state and local preparedness capabilities align with both the DHS target capabilities and the HHS 10 Essential Public Health Services, with a focus on public health capabilities critical to preparedness (see figure at right). The public health preparedness capabilities defined by CDC also directly align with 21 of the NHSS capabilities.



Everyday use. The public health preparedness capabilities now represent a national public health standard for state and local preparedness that better prepares state and local health departments for responding to public health emergencies and incidents and supports the accomplishment of the10 Essential Public Health Services. Each of the public health preparedness capabilities identifies priority resource elements that are relevant to both routine public health activities and essential public health services. While demonstrations of capabilities can be achieved through different means (e.g., exercises, planned events, and real incidents), jurisdictions are encouraged to use routine public health activities to demonstrate and evaluate their public health preparedness capabilities.

A systematic approach. The content of each public health preparedness capability is based on evidence-informed documents, applicable preparedness literature, and subject matter expertise gathered from across the federal government and the state and local practice community.

In developing this document, CDC reviewed key legislative and executive directives to identify state and local public health preparedness priorities. These include the following:

- Pandemic and All-Hazards Preparedness Act (PAHPA), which authorizes state and local preparedness funding
- U.S. Department of Homeland Security (DHS) Homeland Security Presidential Directives 5, 8, and 21
- National Health Security Strategy (NHSS)

CDC also reviewed relevant preparedness documents from national partners such as the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO), and third-party organizations including Trust for America's Health and RAND Corporation.

The methodology for selecting the capabilities was peer reviewed by the Board of Scientific Counselors for CDC's Office of Public Health Preparedness and Response. The Board deemed that the methodological approach and the capabilities as presented were within the scope of state and local preparedness.

Engaging stakeholders. Numerous stakeholders were involved in developing the 15 public health preparedness capabilities. Stakeholders included approximately 200 subject matter experts from CDC and other federal agencies and professional organizations. Federal agencies actively involved in the process included the HHS Office of the Assistant Secretary for Preparedness and Response, DHS Federal Emergency Management Agency and Office of Health Affairs, and the U.S. Department of Transportation's National Highway Traffic Safety Administration. CDC also worked with national associations including the American Hospital Association, the Association of Public Health Laboratories, the Council of State and Territorial Epidemiologists, the National Emergency Management Association, and the National Public Health Information Coalition. In addition, CDC collaborated with national partners such as the ASTHO and NACCHO to engage the state and local practice community.

This collaborative process began in January 2010 when CDC representatives and other subject matter experts began working together to develop the public health preparedness capabilities. Over the next year, CDC held weekly subject matter expert capability working groups to develop recommendations for the scope of the selected capabilities, capability functions, and resource elements for each capability. Their work was extensively vetted with many key stakeholders throughout the process.

Moving Forward

State and local public health departments are first responders for public health incidents, and CDC remains committed to strengthening their preparedness. CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* will assist public health departments in developing annual and long-term preparedness plans to guide their preparedness strategies and investments. These standards will be refined over time as emerging evidence becomes available to advance our preparedness knowledge.

About this Document: How the Public Health Preparedness Capabilities Are Organized

The public health preparedness capabilities are numbered and presented alphabetically in this document.

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

A Guide for Strategic Planning

The 15 capability sections in this document are intended to serve as national standards that state and local public health departments can use to advance their preparedness planning.

Each capability includes a definition of the capability and list of the associated functions, performance measures, tasks, and resource considerations.

- The **Capability Definition** defines the capability as it applies to state, local, tribal, and territorial public health.
- The **Function** describes the critical elements that need to occur to achieve the capability.
- The **Performance Measure(s)** lists the CDC-defined performance measures (if any) associated with a function.
- The **Tasks** describes the steps that need to occur to complete the functions.
- The **Resource Elements** section lists the resources a jurisdiction needs to have or have access to (via an arrangement with a partner organization, memoranda of understanding, etc.) to successfully perform a function and the associated tasks. CDC categorizes the Resources into three categories: 1. Planning, 2. Skills and Training, and 3. Equipment and Technology. CDC further defines some Resources Elements as "Priority." Priority elements are considered to be the most critical of the Resource Elements and as "minimum standards" for state and local preparedness. The remaining Resource Elements are recommended or suggested activities for consideration by jurisdictions.

  Resource Elements:

  Planning: Elements that should be included in existing operational plans, standard operating procedures and/or emergency operations plans. This may include language on suggested legal authorities and at-risk populations.
  Skills and Training: The baseline competencies and skills necessary for personnel and teams to possess to competently deliver a capability.
  Equipment and Technology: The equipment that a jurisdiction should have in their possession (or have access to), and the equipment should be in sufficient quantities to adequately achieve the capability within the jurisdiction.

Note: As a first step, jurisdictions are encouraged to self-assess their ability to address the prioritized planning resource elements of each capability followed by an assessment of their ability to demonstrate the functions and tasks within each capability. CDC has defined successful accomplishment of prioritized resource elements as the following: a public health agency has either the ability to have (within their own existing plans or other written documents) or has 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.

Jurisdictions are not required to submit plans to CDC but should have plans available for review upon request.