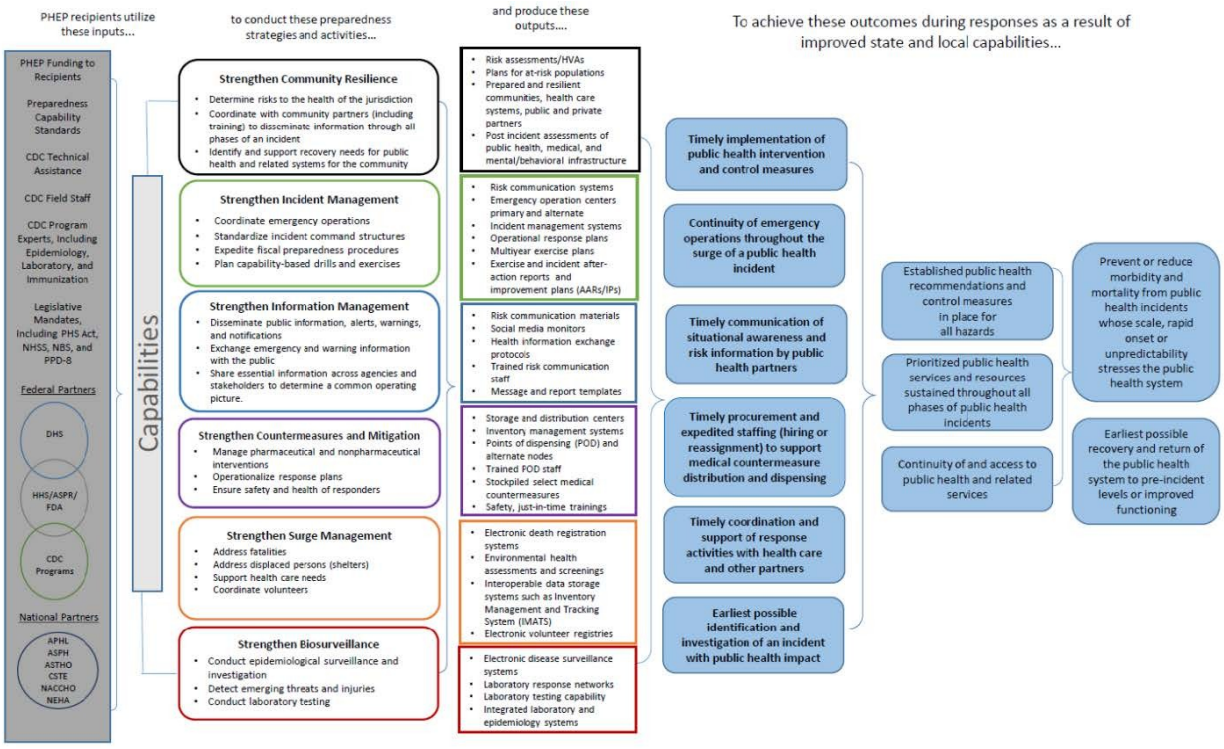
PHEP recipients utilize these inputs...
to conduct these preparedness strategies and activities...
and produce these outputs....
To achieve these outcomes during responses as a result of improved state and local capabilities...
PHEP Funding to Recipients
Preparedness Capability Standards
CDC Technical Assistance
CDC Field Staff
CDC Program Experts, Including Epidemiology, Laboratory, and Immunization
Legislative Mandates, Including PHS Act, NHSS, NBS, and PPD-B
Federal Partners
DHS
HHS/ASPR/ FDA
CDC Programs
National Partners
APHL
ASPH
ASTHO
CSTE
NACCHO
NEHA
Capabilities
Strengthen Community Resilience
Determine risks to the health of the jurisdiction
Coordinate with community partners (including training) to disseminate information through all phases of an incident
Identify and support recovery needs for public health and related systems for the community
Strengthen Incident Management
Coordinate emergency operations
Standardize incident command structures
Expedite fiscal preparedness procedures
Plan capability-based drills and exercises
Strengthen Information Management
Disseminate public information, alerts, warnings, and notifications
Exchange emergency and warning information with the public
Share essential information across agencies and stakeholders to determine a common operating picture.
Strengthen Countermeasures and Mitigation
Manage pharmaceutical and nonpharmaceutical interventions
Operationalize response plans
Ensure safety and health of responders
Strengthen Surge Management
Address fatalities
Address displaced persons (shelters)
Support health care needs
Coordinate volunteers
Strengthen Biosurveillance
Conduct epidemiological surveillance and investigation
Detect emerging threats and injuries
Conduct laboratory testing
Risk assessments/HVAs
Plans for at-risk populations
Prepared and resilient communities, health care systems, public and private partners
Post incident assessments of public health, medical, and mental/behavioral infrastructure
Risk communication systems
Emergency operation centers primary and alternate
Incident management systems
Operational response plans
Multiyear exercise plans
Exercise and incident after-action reports and improvement plans (AARs/IPs)
Risk communication materials
Social media monitors
Health information exchange protocols
Trained risk communication staff
Message and report templates
Storage and distribution centers
Inventory management systems
Points of dispensing (POD) and alternate nodes
Trained POD staff
Stockpiled select medical countermeasures
Safety, just-in-time trainings
Electronic death registration systems
Environmental health assessments and screenings
Interoperable data storage systems such as Inventory Management and Tracking System (IMATS)
Electronic volunteer registries
Electronic disease surveillance systems
Laboratory response networks
Laboratory testing capability
Integrated laboratory and epidemiology systems
Timely implementation of public health intervention and control measures
Continuity of emergency operations throughout the surge of a public health incident
Timely communication of situational awareness and risk information by public health partners
Timely procurement and expedited staffing (hiring or reassignment) to support medical countermeasure distribution and dispensing
Timely coordination and support of response activities with health care and other partners
Earliest possible identification and investigation of an incident with public health impact
Established public health recommendations and control measures in place for all hazards
Prioritized public health services and resources sustained throughout all phases of public health incidents
Continuity of and access to public health and related services
Prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset or unpredictability stresses the public health system
Earliest possible recovery and return of the public health system to pre-incident levels or improved functioning