

Evolution of Public Health Emergency Preparedness



The Evolution of Preparedness – A Call to Action

This is a unique time for public health preparedness. The response to an unprecedented pandemic coincides with the 20th anniversary of the Public Health Emergency Preparedness (PHEP) program. The confluence presents a singular opportunity to examine how the preparedness community can learn from past response efforts and better position communities to meet the challenges that lay ahead. A new report by National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) gives voice to our members on the evolution of PHEP and offers a framework to guide future action. A concerted effort at all levels will be necessary to implement changes that will bring about more ready and resilient communities.

Background

With emergency preparedness and public health readiness brought to the forefront in response to the emergence of COVID-19, the Centers for Disease Control and Prevention (CDC) Division of State and Local Readiness launched an internal effort in 2021 to reimagine and advance the next generation of public health emergency, preparedness, response, and recovery capabilities. Concurrent to this effort, CDC jointly tasked NACCHO and ASTHO with evaluating current PHEP program areas and proposing forward-looking recommendations to inform the evolution of PHEP. Together, NACCHO and ASTHO aimed to provide consideration statements to advance the concept of a federally supported, state managed, and locally executed public health emergency preparedness, response, and recovery, informed by experiences and lessons learned from the COVID-19 pandemic.



Below is a summary of a joint report completed by NACCHO and ASTHO for the CDC. It summarizes work with members from both organizations with the goal of evolving and enhancing the PHEP field. Collective action in these areas will prepare the nation to respond to future emergencies more effectively and efficiently. NACCHO hopes you will use these findings to initiate dialogue in your community and take action to advance implementation.

How Members Shaped the Report

NACCHO and ASTHO were tasked with the development of specific, actionable statements meant to drive action and consideration by those responsible for that statement. These are the views of our members in guiding future action.

To begin development of consideration statements, NACCHO and ASTHO conducted a workshop during the 2021 Preparedness Summit to identify potential topics and themes. During the workshop, preparedness directors and staff from multiple states, territories, counties, and cities across the United States identified more than 200 unique topics

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for informing the next generation of PHEP. Following the workshop, eight overall themes were determined to best encompass the topics (see Table 1).

Over a series of engagements held between April and December 2021, NACCHO recruited a workgroup consisting of 40 local health department PHEP Coordinators to produce consideration statements across these themes. Monthly meetings were held to draft, review, and refine statements with input from NACCHO's broader membership via the Virtual Communities (VC) platform.

| Table 1. Informing the Evolution of PHEP Project Themes | | Total # of Joint NACCHO/ASTHO Consideration Statements | Total # of Independent NACCHO Consideration Statements |
|--|---|---|---|
| Administrative Preparedness | Including finance, business operations, grant administration, legal and regulatory | 5 | 5 |
| Coordination & Partnerships | Including risk communication and improved coordination systems between federal, state, and local partners | 6 | 5 |
| Data Modernization | Including data management and integration | 2 | 6 |
| Plans, Planning, & Exercise | Including emergency plans, state and local exercise programs and requirements | 3 | 12 |
| Notice of Funding Opportunity & State, Local, Tribal, Territorial Capacity | Including PHEP and Hospital Preparedness Program (HPP) Alignment | 5 | 18 |
| Quality Improvement | Including the use of a deliberate and defined improvement processes | 7 | 6 |
| Workforce Development | Including development, capacity building, training, shortages, and staff retention and sustainability | 8 | 0 |
| Whole of Public Health Preparedness Framework | Including role of public health and others in emergencies, politics, roles, and flexibility | 3 | 11 |
| Total Consideration Statements | | 39 | 63 |



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Summary of Significant Consideration Statements by Theme

What follows are the key themes and prioritized consideration statements from NACCHO's workgroup members.

Administrative Preparedness including finance, business operations, grant administration, legal and regulatory:

- A new PHEP administrative preparedness capability is proposed to address the burden of funding and staffing challenges experienced at state and local levels during emergencies. This requires state and local agencies to develop and maintain administrative preparedness plans, and include plans for emergency procurement, hiring, and contracting. The new capability should also allow for flexibility in funding streams during emergencies to support workforce development, response and surge staffing, and supply and resource procurement for a rapid and effective response.
- This includes the standardization of an administrative preparedness definition with additional support resources needed for implementing a new capability and emphasizes more flexible grant and position description language to allow for rapid emergency staffing pivots.
- Adoption is dependent on state and local hiring procedures researching and understanding the complexity of these administrative systems. Further, the administrative workforce of some state and local governmental organizations may not recognize their role in PHEP, nor currently make use of PHEP funding, and may resist participation in planning, training, and exercising required under an administrative preparedness capability.



Coordination & Partnerships including risk communication and improved coordination systems between federal, state, and local partners:

- Expanded integration of public health into emergency management plans, resources, trainings, and funding streams at federal, state, and local levels is suggested. There should also be a clear delineation of roles and responsibilities between sectors during public health emergencies.
- The delineation of roles and responsibilities should be included in a national training plan developed at the federal level and provided to local health departments with appropriate funding streams to support implementation. Providing frameworks and funding for comprehensive public health emergency preparedness and response training and education that clarifies roles and responsibilities across actors at all levels will result in more effective and efficient responses.
- Collaborative efforts between national agencies and associations can assist in clearly defining public health responsibilities in lead and supporting roles during emergencies at federal, state, and local levels for a more coordinated response. However, relationships across sectors may be affected by staff turnover or leadership buy in. While this may be carried out locally in some places, state level action will be needed to compel widespread change.



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Data Modernization including data management and integration:

- Identification of existing and novel information technology and information sources should be considered to address interoperability challenges, unite systems, and support efforts to collaboratively modernize public health data to improve streamlining and integration for timely reporting and sharing across systems at all levels to allow for timely decision making and interventions.
- Additionally, systems should be more inclusive of local public health and better support local needs, including expanding data-sharing capabilities at all levels, streamlining data processes for emergency response, and utilizing local data specialists to develop local capacity and to allow for timely and data-driven decision making.
- Some local health departments (e.g., rural/frontier) have limited infrastructure, funding, staff, and capacity for this change. Their unique needs should be considered with any related action. Health Information Exchanges (HIEs) are regulated at the federal and state level with varying information security standards. It is difficult to prescribe an architecture that abides by regulation in every locality across the nation while maintaining utility but identifying key needs at the local level would help with implementation within each state.



Plans, Planning, & Exercise including emergency plans, state, and local exercise programs and requirements:

- Expansion of public health preparedness and response training and education pathways at the federal level is proposed, as well as adapting requirements for local exercise plans to include more activities focused on public health and flexibility in funding to conduct exercises.
- Creation of a national public health planning strategy is suggested with better coordination between public health and emergency management at the federal level for better coordinated response, with flexibility at the local level for training and exercise planning, design, implementation, and deliverable requirements to meet local needs. Furthermore, expanding exercise content to encompass all hazards scenarios and integrate environmental health assessments into PHEP exercise content will increase workforce preparedness.
- A national commitment on behalf of locals and states in public health training is needed. Existing trainings should be reviewed for adaptation, scaling, and if no longer relevant, abandonment. This requires the engagement with academic institutions to ensure coordination of trainings for the public health workforce pipeline.



Notice of Funding Opportunity & State, Local, Tribal, Territorial Capacity including PHEP and HPP Alignment:

- Improvements are suggested to coordination, provision of clear guidelines, flexibility for funding, and allowable or indirect costs during an emergency, including the ability to pivot funding to assist with administrative capabilities during an emergency, such as workforce development and resource procurement for a timely and effective response.
- Additional suggestions are provided for improving funding transparency, aligning funding requirements with PHEP capabilities, clarity of funding guidelines, streamlining funding processes, and the inclusion of local health departments in discussions to



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ensure funding is being provided to address all-hazards scenarios and identified local needs.

- Cross-walking and streamlining federal grant programs, some of which may be outside the purview/authority of the CDC, may require multilevel coordination and agreement across numerous federal programs and entities, as well as legislative changes to enact. Strong federal leadership and coordination amongst states and localities will be needed to make this critical change.

Quality Improvement including the use of deliberate and defined improvement processes:

- Collaborative evaluation and updating of PHEP capabilities are suggested to maintain feasibility and relevance, including providing a platform for public health professionals to share lessons learned from COVID-19. Lessons learned should also be used to support the development of enhanced public health preparedness training and education to rebuild a sustainable workforce.
- This suggestion includes encouraging local health departments to use third-party evaluators to conduct after action reports (AARs) to increase objectivity, and to strengthen, standardize, and maintain programs (e.g., Project Public Health Ready (PPHR)) that support development and improvement planning for locals. With changing emergencies and continually dynamic threats, ensuring quality improvement programs such as PPHR and Public Health Accreditation Board (PHAB) are current can help facilitate more aligned response actions to the needs.
- AARs have the potential to generate a tremendous amount of knowledge. If more easily accessible, jurisdictions conducting the review can use the insight generated from AARs to modify their approaches. Other local and state jurisdictions can learn from those with similar circumstances (e.g., jurisdiction, hazards, resources, politics). Secure platforms will support the sharing of these lessons learned between public health agencies.
- With changing emergencies and continually dynamic threats, ensuring quality improvement programs such as PPHR and PHAB are current can help facilitate more aligned response actions to the needs. PHAB, PPHR, and Operational Readiness Review (ORR) are governed by separate bodies, and their mutual buy-in is the first step in aligning efforts.



Workforce Development including development, capacity building, training, shortages, and staff retention and sustainability:

- Expansion of workforce funding should be considered as well as public health preparedness and response training and education pathways at the federal level, including adapting requirements for local exercise plans to include PHEP capabilities and national incident management system (NIMS) certification and recertification training. These recommendations would support sustained workforce knowledge and preparedness for public health emergencies.
- During and following crises and disasters, preparedness and/or response staff can suffer both immediate and long-term negative effects, which can result in workforce attrition and loss of essential capabilities, leaving states and local communities less resilient. Updating and reassessing models for national trainings would require substantial staffing and funding resources allocated by the federal government. Certification requirements also place costs at the local and state level by taking staff away from their work to attend and complete trainings, maintain compliance with staffing requirements, and other maintenance requirements of certification programs. Staff turnover can also



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have negative impacts on training costs and knowledge maintenance within organizations. Nevertheless, the investment is critical to ensure a robust public health response system, which will support effective responses, thereby reducing morbidity and mortality in future emergencies.

Whole of Public Health Preparedness Framework including the role of public health and others in emergencies, politics, roles, and flexibility:

- Cohesive collaboration at the federal level is proposed to clearly define and guide public health preparedness knowledge, planning, training and exercising, and coordination at all levels, including defining roles and responsibilities across all sectors involved for a cohesive and effective emergency response.
- Additionally, support should be provided to regularly review and revise the capabilities to avoid stagnation, further integrate public health preparedness into the emergency management system at all levels, and support increased incorporation of public health preparedness into overall public health academic curriculum, with training on the PHEP capabilities and the role of public health in the broader emergency management system.
- Even with well-defined roles, without ongoing communication and engagement during “blue sky” times, as well as exercises to test responsibilities, there still may not be clarity during an emergency. Therefore, a commitment to rehearse and refine response roles is critical to ready communities for effective response.



How You Can Use This Report

A concerted effort by all stakeholders to advance these considerations will result in more ready and resilient communities which are better equipped to respond to the next public health emergency. Using your own lessons learned from COVID-19 response, we hope that you:

- Talk within your own state and local community to determine how to implement some of these considerations in your own systems.
- Provide feedback to NACCHO through participation in a workgroup or by emailing preparedness@naccho.org and including “PHEP Evolution” in the Subject Line.

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NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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