

# A GOVERNORS GUIDE TO Public Health Preparedness



# EXECUTIVE SUMMARY

**B**eginning on their first day in office, governors must prepare for emergencies of all types and, along with providing for the public's safety, governors must also think about protecting the public's health. Although the types of hazards that affect states vary widely, almost all carry a public health consequence that must be specifically and intentionally addressed by formally-trained specialists. The opioid epidemic has precipitated a hepatitis A outbreak, catastrophic hurricanes have caused widespread post-traumatic stress, and persistent wildfires have aggravated asthmatics across the American West. As these linkages become more well understood, governors must strive to better incorporate the discipline of public health into their emergency preparedness and response strategies.

While infectious diseases like Zika and Ebola present an obvious danger to public health, it is important to recognize that natural and human-made disasters create similar threats. Earthquakes, heat waves, flooding and terrorist attacks can cause cascading interruptions in the availability of medication, shelter, sanitation and access to medical care, thereby eroding community health. Consider the power outages created by the 2019 wildfire crisis in California: while the outages may not have posed a direct risk to the health of the general public, they endangered those dependent on dialysis facilities and electrically powered medical devices. Major disasters can also cause short- and long-term mental and behavioral health risks, including the proliferation of depression, anxiety disorders and even suicide. Because of these risks, governors, homeland security advisors and emergency managers must integrate public health considerations into their comprehensive approach to preparedness, response, and recovery.

For many government officials and emergency responders, public health preparedness may be an unfamiliar or technically challenging area. This guide serves as a primer on the subject, detailing current strategies, available resources and existing partnerships that may help policymakers bridge the gap between the disciplines of public safety and public health. By doing so, governors can develop a stronger cooperative network for emergency response and provide their states with a safe and healthy future.

# INTRODUCTION AND BACKGROUND

Public health preparedness is a technical discipline that often requires subject matter expertise for proper interpretation and execution. This roadmap gives nonmedical practitioners, such as governors and homeland security advisors, the foundational knowledge they need to engage with their public health counterparts so that they can develop meaningful partnerships, cooperative plans and complementary policies.

## Existing Public Health Preparedness Statutes

A pillar of public health preparedness is the Pandemic and All Hazards Preparedness Act (PAHPA). Signed into law in 2006, PAHPA brought a diverse group of stakeholders to the table to advance national health security. It also increased funding and grant opportunities, including the Public Health Emergency Preparedness (PHEP) Cooperative Agreement and the Hospital Preparedness Program (HPP) which grant funding to both public and private health assets to prepare for emergencies and disasters. Notably, the bill, recognizing the significance of the intersection between public health and emergency management, also established the Office of the Assistant Secretary for Preparedness and Response (ASPR) in the U.S. Department of Health and Human Services (HHS). In March 2013, Congress also passed the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), which primarily reauthorizes the portions of the Public Health Services Act and the Federal Food, Drug, and Cosmetic Act that authorize activities related to health security and preparedness. PAHPRA recognizes the role of the U.S. Food and Drug Administration (FDA) in public health emergencies and preparedness, bolstering FDA's mission to support the development and accessibility of drugs, vaccines and medical countermeasure (MCM) devices.

In 2019, the Pandemic and All Hazards Preparedness and Advancing Innovation Act amended the PAHPA to enhance the authority of federal departments and agencies engaging in public health preparedness and emergency response activities. It also reauthorized many of the grant and resource programs in the original PAHPA and authorized new public health and medical preparedness programs for regional health care preparedness and military-civilian partnerships.



# PUBLIC HEALTH EMERGENCY PREPAREDNESS

In 1999, the Centers for Disease Control and Prevention (CDC) began supporting state and local bioterrorism preparedness by providing \$40 million to 50 states, four major metropolitan areas and eight territories. Following the terrorist and anthrax attacks of 2001, that program evolved into what is now known as the PHEP Cooperative Agreement. The PHEP program provides funding to state, local and territorial public health departments. Currently, there are 62 recurring PHEP awardees.

## CDC Division of State and Local Readiness

CDC's Division of State and Local Readiness (DSLRL) manages the PHEP Cooperative Agreement, which supports preparedness activities in state, local and territorial health departments. In addition, DSLRL works to ensure access for state, local and tribal health departments to MCMs, lifesaving medicines and medical supplies that can be used to diagnose, prevent, protect or treat chemical, biological radiological, or nuclear threats.

## The Homeland Security Grant Program and PHEP

For many state homeland security and emergency management officials, the Homeland Security Grant Program (HSGP) is a fundamental source of resources to develop protection, prevention, response, and recovery capabilities within their jurisdictions. HSGP consists of three grant programs:

- **State Homeland Security Program;**
- **Urban Areas Security Initiative; and**
- **Operation Stonegarden.**

Each grant program has a distinct mission, but all serve the greater purpose of advancing the National Preparedness System by supporting the creation and sustainment of the core capabilities necessary to achieve a secure and resilient country.



## Technical Assistance

A critical aspect of the cooperative agreement is the guidance and technical assistance (TA) that the Centers for Disease Control and Prevention (CDC) provide to state and local public health departments. Public Health Emergency Preparedness TA is specific, performance-driven expertise provided to states and localities on an array of preparedness topics. To streamline the TA process, CDC created the Online Technical Resource and Assistance Center (On-TRAC), which simplifies and secures requests and features expanded peer-to-peer exchanges.

These peer-to-peer exchanges, facilitated through On-TRAC, enable users to connect with public health subject matter experts to receive emergency preparedness TA, access critical resources for emergency preparedness and strengthen user networks and partnerships by building networks of seasoned public health officials.



While the HSGP program provides for homeland security capabilities more generally, it does not provide for public health preparedness more specifically. The PHEP Cooperative Agreement, administered by CDC, provides that resource. Like the HGSP, PHEP focuses on preparedness activities, but differs in its focus, aiming to bolster the emergency readiness capabilities of public health departments. A notable difference between the two programs is that the three specialized HSGP grants also have a mandated local funding “passthrough” requirement; PHEP does not. Note the following changes for the 2019–2024 PHEP Cooperative Agreement:

#### **NOTE THE FOLLOWING CHANGES FOR THE 2019–2024 PHEP COOPERATIVE AGREEMENT:**



**Whole community planning:** Promote planning for all populations.



**Tribal engagement and planning:** Replace submission of tribal letters with descriptions of how recipients plan to work with these populations.



**Emphasis on homeland security exercises and the evaluation program preparedness cycle:** Promote the adaptation of this methodology, and ensure that education and training opportunities are available to address gaps in capabilities.



**New exercise requirements:** Continuity of operations and administrative preparedness plans must be tested during a tabletop exercise at least once during the period of performance (PoP).

For more information about the PHEP Cooperative Agreement and the changes implemented for the 2019–2024 PoP, review the [2019–2024 Public Health Emergency Preparedness \(PHEP\) Notice of Funding Opportunity: Fast Facts](#).

## **Public Health Emergency Preparedness and Response Capabilities**

In 2011, CDC created the “National Standards for State, Local, Tribal, and Territorial Public Health.” It defined 15 public health emergency preparedness and response capabilities to serve as national standards for public health preparedness planning. The document provides a framework for state, local and territorial preparedness programs and provides a measurable target for government officials to consider as they develop their preparedness programs. CDC updated the capabilities in 2018 to highlight the resources necessary to support routine public health operations and activities essential to public health services. The capabilities framework is underpinned by an “everyday use” model which is designed to develop day-to-day activities that can be surged during an emergency. Many of the 15 capabilities outlined by CDC have natural synergies with the 32 core capabilities defined by the Federal Emergency Management Agency’s (FEMA) as part of the National Preparedness Goal. The overlap of these two standards mandates that public health officials, emergency managers, and homeland security advisors coordinate to deconflict roles and responsibilities, reduce duplication, and maximize organizational efficiencies.

Table 1 provides an example of existing synergies.

**TABLE 1: Complementary Federal Emergency Management Agency and Centers for Disease Control and Prevention Capabilities**

| FEMA CORE CAPABILITIES                                    | CDC CAPABILITIES                         |
|---|--|
| Public information and warning                            | Emergency public information and warning |
| Mass care services  | Mass care                                |
| Public health, health care and emergency medical services | Medical surge                            |
| On-scene security, protection and law enforcement         | Responder safety and health              |
| Situational assessment                                    | Information sharing                      |
| Community resilience                                      | Community recovery                       |
| Operational coordination                                  | Emergency operations coordination        |

CDC = Centers for Disease Control and Prevention; FEMA = Federal Emergency Management Agency.

## Case Studies

### OPIOIDS



CDC received an increase in appropriations to address the opioid epidemic and ramp up prevention efforts across the country.

In particular, PHEP funding was increased to combat opioid-related public health emergencies in various state, local and tribal jurisdictions.

As of August 2018, CDC has awarded \$155 million to states and territories to assist their fight against the opioid epidemic, with funding particularly targeted at scaling up prevention and response efforts.

In an effort to reduce deaths, **Kentucky** used PHEP funding to partner with the Kentucky Pharmaceutical Association and deployed a mobile pharmacy in their commonwealth. The Kentucky health department uses this mobile pharmacy to partner with county health departments in training residents to identify opioid overdoses and properly administer naloxone. In one year, the mobile pharmacy conducted 20 training events, and nearly 1,000 communities received life-saving naloxone kits as well as training on how to administer the drug.

Opioid prevention activities may be eligible for PHEP funding. States should consult their principal investigator (PI) for the CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response.

### Centers for Disease Control and Prevention Notice of Funding Opportunity for Public Health Crisis Response

An important component of the funding model the Public Health Emergency Preparedness (PHEP) Cooperative Agreement provides is the Cooperative Agreement for Emergency Response: Public Health Crisis Response (CDC-RFA-TP18-1802.) The Cooperative Agreement is a funding vehicle that quickly empowers the Centers for Disease Control and Prevention (CDC) to rapidly distribute and award funds to state, local and tribal authorities when a public health emergency is taking place. Key examples of the CDC Division of State and Local Readiness' rapid deployment of funding available through this PHEP mechanism and states' flexibility to use those resources they see fit can be seen in the disbursements for opioids, hurricanes and Zika virus-related public health events.

## HURRICANES



In February 2018, Congress approved the Bipartisan Budget Act of 2018, which incorporated an appropriation of \$200 million to CDC for hurricane preparedness, response, and recovery activities. This funding also supports the surge needs that state and local officials require to combat the public health aspects of a hurricane emergency. As of July 2018, CDC has awarded close to \$64.5 million in funding to nine jurisdictions.

PHEP funds can also be used to mitigate the cascading effects of disaster, as demonstrated by **North Carolina** in the wake of Hurricane Florence. Health department officials, with the support of PHEP funding, issued urgent messages on flood safety, mold risk, and generator-related dangers through radio frequencies and social media. They also used the grant to staff emergency operations centers, provide environmental inspections at shelters and provide public health surveillance for post-flood disease outbreaks. In addition to these preventative actions, PHEP resources, in coordination with additional resources provided by the Emergency Management Assistance Compact (EMAC), were used to evacuate 250 critical patients from shelters, treat 1,000 patients in field hospitals and accept 169 public health practitioners from other states to support the emergency response to Hurricane Florence.

Hurricane response activities may be eligible for PHEP funding. States should consult their principal investigator (PI) for the CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response.

## ZIKA VIRUS



During the Zika virus public health emergency, CDC awarded nearly \$184 million in funding to 53 states, cities and territories to protect Americans against the rising threat. During the funding-distribution process, CDC undertook a risk assessment to identify which areas had vulnerable populations that carried a greater risk of local transmission.

States, local, and territorial governments had authority to determine how best to use the Zika-related funding to meet their needs. Options included investigations into possible outbreaks of Zika virus, coordination of a comprehensive, intergovernmental response, and identification of individuals infected with the virus and connecting them with treatment services.

## Strategic National Stockpile

The Strategic National Stockpile is the country's largest stockpile of lifesaving pharmaceuticals and medical supplies, held for use in a public health emergency if local supplies run out. The stockpile is designed for a scalable response and has sufficient supply to respond to multiple large-scale public health emergencies occurring simultaneously. State, local, tribal and territorial health departments and responders can request assistance from the stockpile to support their response efforts if their own resources are depleted. The Strategic National Stockpile was previously housed at the Centers for Disease Control and Prevention (CDC) offices. In October 2018, it was relocated to the Office of the Assistant Secretary for Preparedness and Response (ASPR) in the U.S. Department of Health and Human Services. CDC and ASPR continue to partner on the Strategic National Stockpile to ensure that its resources are readily available to states by:

- ▶ Conducting routine quality assurance on all products in the stockpile.
- ▶ Ensuring that the Strategic National Stockpile holdings are based on the latest scientific data and threat levels.
- ▶ Maintaining the ability to transport items during a public health emergency.

CDC also developed the following programs to distribute Zika-specific funds to state, local and territorial agencies:

- **Vector-Borne Disease Regional Centers of Excellence:** \$40 million.
- **Public Health Emergency Preparedness and Response Zika Activities:** \$25 million.
- **Zika Birth Defects Surveillance:** \$8 million.

## Operational Readiness Review

The Operational Readiness Review (ORR) is an evidence-based assessment administered by the Centers for Disease Control and Prevention (CDC) that evaluates state, local and territorial planning and operational activities. In its current form, the ORR focuses on the jurisdiction's ability to execute a large-scale response to an event that requires medical countermeasures (MCMs). The ORR identifies the strengths and challenges of a jurisdiction and highlights areas where it could adopt new best practices to strengthen its capabilities. CDC has developed the ORR System Guides to provide instructions to jurisdictions about how to apply for the ORR assessment, where state Public Health Emergency Preparedness (PHEP) directors have the ultimate responsibility for completing the ORR. In 2020, the ORR will expand its focus beyond MCMs to address all 15 PHEP Response Capabilities.

# EMERGENCY DECLARATIONS FOR PUBLIC HEALTH INCIDENTS

Both the federal government and states have authority to declare a public health emergency. It is important to understand the nuances of public health emergency declarations and how they affect government operations in contrast to the other types of emergency declarations state homeland security and emergency management officials may issue.

Only 34 states have laws that allow specifically for the declaration of a public health emergency. As with natural or man-made disasters, declaring a public health emergency operationalizes resources and legal authorities not otherwise available. The language of emergency declarations varies widely from state to state; it is important that governors understand the types of emergency

declarations they may make, how they differ and what powers are made available by each. Governors that do not have the ability to declare a public health emergency may be able to use their standard emergency/disaster declaration to address the needs of a public health incident. Governors are sometimes not alone in having the authority to declare a public health emergency. In some states, public health agency directors also have the authority to declare such an emergency, like the power vested in some homeland security advisors. Regardless of where this authority resides or which type of declaration is made, it is essential that officials from public health, emergency management, and homeland security collaborate towards a coordinated response effort.

Finally, public health emergency declarations should not only be used to address well-defined public health events like infectious disease outbreaks. In fact, many public health emergencies are declared as part of larger disaster which have public health implications, such as floods and wildfires. Hurricanes Katrina, Gustav, Isaac, Dorian, Harvey, and Maria all saw public health emergencies declared concurrent to their overarching disaster declaration.



## Declared Emergency

- ▶ **Activation of state emergency response plan and mutual aid agreements.**
- ▶ **Activation of state emergency operation centers and incident command system.**
- ▶ **Authority to use resources, personnel, supplies and stockpiles.**
- ▶ **Activation of immunities and liability protections.**
- ▶ **Suspension of rule waivers and regulations.**
- ▶ **Streamlined administrative processes.**



## RESOURCES

### **National Governors Association:**

Virtual Resource Center for Public Health Emergency Preparedness:

<https://www.nga.org/ph-emergency-prep-toolkit>

Governor's Guide to Homeland Security (An Update):

<https://www.nga.org/center/publications/hsp-publications/governors-guide-to-homeland-security>

### **Association of State and Territorial Health Officials:**

Partnering for Public Health Improvement: How State Health Departments and Public Health Institutes Collaborate to Assess System Performance:

<https://www.astho.org/performancestandards/partnering-for-public-health>

Success and Challenges in Community Health Improvement: Stories From Early Collaborations:

<https://www.astho.org/Successes-and-Challenges-in-Community-Health-Improvement-Issue-Brief>

Emergency Declarations and Authorities:

<http://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Authority-and-Immunity-Toolkit/Emergency-Declarations-and-Authorities-Fact-Sheet>

HHS Launches National Ebola Training and Education Center:

<https://wayback.archive-it.org/3926/20170128072122/https://www.hhs.gov/about/news/2015/07/01/hhs-launches-national-ebola-training-and-education-center.html>

Legal Preparedness Series:

<https://www.astho.org/Legal-Preparedness-Series>

Volunteer Management and the National Health Security Preparedness Index:

<https://www.astho.org/Preparedness/NHSPI-and-Volunteer-Management>

Mission Ready Package (MPR) Project:

[https://www.astho.org/Preparedness/MPR\\_Project\\_Factsheet](https://www.astho.org/Preparedness/MPR_Project_Factsheet)

### **CDC:**

Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health:

<https://www.cdc.gov/cpr/readiness/capabilities.htm>

Public Health Emergency Preparedness (PHEP) Cooperative Agreement:

<https://www.cdc.gov/cpr/readiness/phep.htm>

Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters:

[https://www.cdc.gov/cpr/readiness/hurricane\\_messages.htm](https://www.cdc.gov/cpr/readiness/hurricane_messages.htm)

Anthrax Healthcare Providers:

<https://www.cdc.gov/anthrax/specificgroups/health-care-providers/index.html>

Public Health Surveillance During a Disaster:

<https://www.cdc.gov/nceh/hsb/disaster/surveillance.htm>

Community Assessment for Public Health Emergency Response (CASPER):

<https://www.cdc.gov/nceh/hsb/disaster/casper/default.htm>

Caring for Children in a Disaster:

<https://www.cdc.gov/childrenindisasters/index.html>

Planning for an Emergency: Strategies for Identifying for Engaging At-Risk Groups:

<https://www.cdc.gov/nceh/hsb/disaster/atriskguidance.pdf>

# Initial Actions That State Homeland Security Officials Can Take to Integrate Public Health Preparedness Into Their Work

## ACTION STEP 1 – Scope

Identify areas in your emergency operations and response planning where attention to public health preparedness may be necessary. Also, identify the scenarios in which the department of public health can act as a lead or support agency:

### EXAMPLES:

- Natural-disaster response.
- Temporary displacement of populations.
- Severe energy or critical infrastructure emergency.
- Emerging infectious disease.

## ACTION STEP 2 – Coordinate & Communicate

Define the communications processes and protocols between your department or agency and your public health department (or other entity with health management authority):

- Set up formal, regular meetings with your public health counterpart.
- Align your department's priorities with the public health department's priorities with regard to emergency preparedness and response, thereby reducing redundancies and miscommunications while identifying opportunities for support and cooperation.
- Identify opportunities for collaboration and coordination between preparedness and response funding streams (i.e., HSGP/PHEP) within the legal authorities of both programs.
- Plan and execute joint exercises between departments that address public health scenarios.
- Begin to build relations with federal agencies in conjunction with your public health partner agency.

## ACTION STEP 3 – Educate

Educate yourself and your leadership team on public health preparedness, including resources available to support state and local entities:

- Resources included from CDC, ASPR and HHS, linked in the roadmap.
- Technical assistance (TA) from the National Governors Association (NGA); examples of past TA for public health.
- Overview of available federal grants.
- Applicable “Promising Practices” from the NGA Virtual Resource Center.

## ACTION STEP 4 – Executive Action & Authorities

Understand your governor's authority to declare public health emergencies and the role and responsibilities of your department or agency as well as those of the public health department during such an event:

- If these roles are not well defined, meet with your counterpart in the public health department and the governor's health policy adviser to clarify responsibilities for key tasks.
- Review the emergency declarations for your state, and determine whether the language or framework requires updating to provide for a more integrated approach to public health and homeland security.
- Share your expectations for how these declarations will affect operations with your team. Help team members understand the public health considerations in the response work your department or agency may be involved in.

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