Center for Preparedness and Response



Building and Sustaining State and Local Preparedness and Response Capabilities

National Association of Counties Presentation

December 2, 2021

Today's Agenda

- Background: CDC Support for Building Strong Public Health Emergency
 Management Programs within State and Local Public Health
- CDC Support for Local Public Health Preparedness and Response
 - Public Health Emergency Preparedness (PHEP) Program
 - Public Health Crisis Response Program
- Discussion

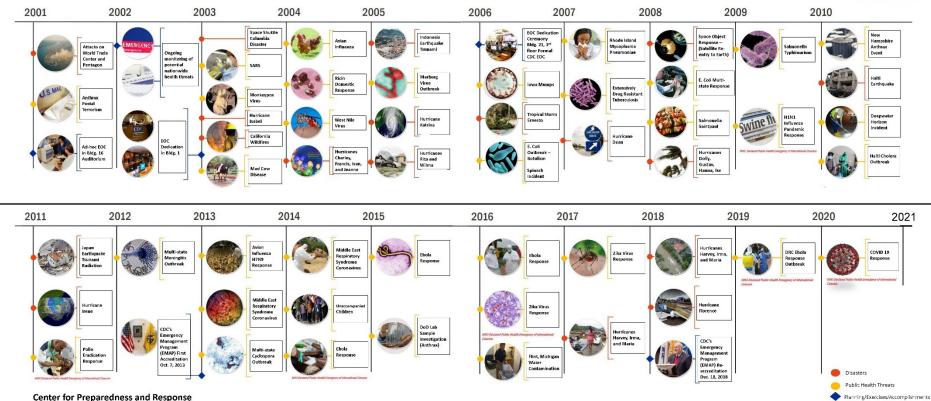


CDC Support of Local Public Health Preparedness



When America Calls, CDC is Ready





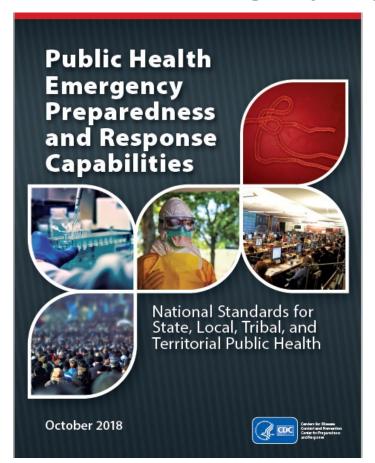
Division of State and Local Readiness (DSLR) and the Public Health Emergency Preparedness (PHEP) Program

 To assure the nation's public health system is prepared to respond to and recover from a public health event or emergency.

 To assist state, local, and territorial health departments in developing strong, response-ready public health emergency management capabilities.

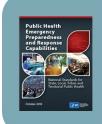


Public Health Emergency Preparedness and Response Capabilities



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

CDC Program Operations to Improve State and Local Readiness



Public Health
Preparedness
Capabilities:
National Standards



Threat Specific Planning



Public Health Workforce Training





CDC Investments in State and Local Response Readiness

- Since 9/11, CDC Investments Have Built:
 - Strong public health emergency management programs nationwide
 - State public health emergency operation centers
 - Additional capability within state/local public health labs for rapidly detecting biological and chemical threats
 - Additional epi/surveillance capability (staff) including CDC field staff (CEFOs)



CDC Investments in State and Local Response Readiness

- Since 9/11, CDC Investments Have Built:
 - Electronic disease reporting systems
 - Capability to rapidly dispense large volumes of MCMs to the public
 - Medical/PPE caches at the state/local level
 - Logistics, transportation and warehousing capability



CDC Investments in State and Local Response Readiness

- Since 9/11, CDC Investments Have Built:
 - Secure comms systems for rapidly pushing out health alert messages to the public and first responders
 - Trained, response-ready workforce and exercise programs
 - Plans for MCM distro, Sheltering, Recovery,
 Mass Fatalities, Respiratory Protection, etc.
 - Systems for training, credentialing and activating volunteer responders



Public Health Emergency Preparedness (PHEP) Cooperative Agreement Funding¹



Sources: CDC, OPHPR, DSLR

'Annual totals include PHEP Base Funding plus one or more of the following: Cities Readiness Initiative, Chemical Laboratory Capacity, Early Warning Infection Disease Surveillance (EWIDS), Real-Time Disease Detection, Risk Funding, Smallpox, Pandemic Influenza Supplement - Phase I, Pandemic Influenza Supplement - Phase II, Pandemic Influenza Supplement - Phase III and Ebola Supplemental Funding.

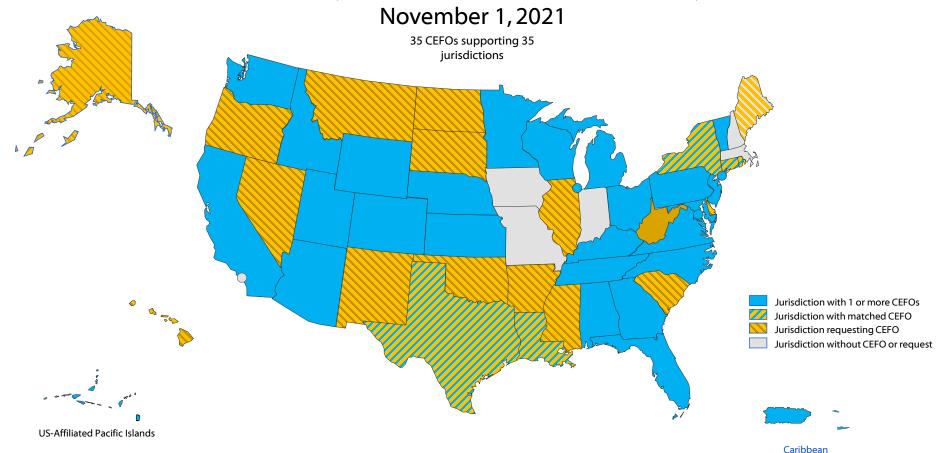
*Asterisk denotes increase in PHEP awards due to emergency supplemental funding (2003 for smallpox; 2006, 2007, and 2008 for pandemic influenza; and 2015 for Ebola). The FY2008 total includes \$24 million for pandemic influenza preparedness projects that were from a different, competitive funding opportunity announcement.



FY 2021 PHEP Funding Increase Supports Local Jurisdictions

- FY 2021 appropriation: \$695 million, increase of \$20 million over FY 2020 enacted budget
- Additional funding directly impacts state, local, and territorial (SLT) health departments:
 - Increased funding to 72 large metropolitan statistical areas (MSA) at least one in MSA in every state – through the PHEP program's Cities Readiness Initiative (CRI)
 - Assigning 56 CDC-funded senior epidemiologists (Career Epidemiology Field Officers or CEFOs) to support every SLT health department directly funded by PHEP

Career Epidemiology Field Officer Recruitment By Jurisdiction





CDC Support of Local Public Health Response

American Rescue Plan: CDC Awards Funds for Local Public Health Response

 CDC awarded \$2 billion in supplemental funding from the American Rescue Plan Act (May 2021) using the CDC public health crisis response funding mechanism



American Rescue Plan: CDC Awards Funds for Local Public Health Response

Goal of funding:

 Establish, train, and sustain state, tribal, local, and territorial public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including schoolbased health programs.



American Rescue Plan: CDC Awards Funds for Local Public Health Response

- Support K-12 school health programs: ~25% of funding
- Support local and communitybased hiring: ~40% of remaining funds
- Bolster administrative/grants management activities
- Access to General Services
 Administration (GSA) COVID-19
 contract mechanism



General Services Administration (GSA) Support for COVID-19 Response

- GSA developed COVID-19 response support package that enables jurisdictional health departments to enter into contracts with vendors for surge staffing and other needs.
 - GSA created similar mechanism for FEMA for alternate care sites.
- GSA's market research identified more than 120 vendors that could provide COVID-19 support services
 - Vendors cover all regions of the country, territories, and freely associated states.
- Scope of services include medical and other personnel, equipment, wrap-around services, contact tracing, and logistical support.



Discussion

Thank You

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

