# Public Health Emergency Preparedness (PHEP) Program

Protecting America's health, safety, and security to save lives.



# The PHEP program allows our nation to invest in the people, plans, training, and equipment needed to effectively respond to emerging public health threats.

PHEP-Built Capability	Return on PHEP Investment
Staff Capacity	Trained first responders who reduce health effects of death and illnesses during public health emergencies
Public Health Emergency Management Infrastructure	Standardized, scalable response systems that can effectively manage public health responses
Rapid Threat Detection	Quick detection of life-threatening agents, viruses, and other pathogens
Supplies & Logistics	Delivery of life-saving medicines and medical supplies during an emergency
Coordinated Responses	Maximizes effectiveness of responses, use of resources, and the number of lives saved

# **A Lifesaving Investment**

The PHEP program, managed by the Division of State and Local Readiness (DSLR) within the Centers for Disease Control and Prevention, allows our nation to invest in the critical public health resources that contribute to our overall national security. State and local public health departments are uniquely positioned as the first line of defense - as responders, outbreak investigators, and agents of recovery. Investing in public health preparedness before an emergency occurs saves lives.

# The Challenge

Since 9/11, critical federal preparedness funding has declined by 42%. Cuts to PHEP program funding have forced PHEP program recipients to cut specialized positions, staff trainings and exercises, and equipment. A lack of continued, stable, and adequate funding directly diminishes state and local health department capacity to prepare for and respond to emerging threats in the communities they serve.

Improvements in Public Health Preparedness Since 9/11		
PHEP Awardees Who:	Then	Now
Can mobilize staff during an emergency	20%	98%
Have an Incident Command System with pre-assigned roles in place	5%	100%
Include collaboration with healthcare agencies in their preparedness plans	8%	92%
Have sufficient storage and distribution capacity for critical medicines and supplies	0%	98%



# Public Health Emergency Preparedness (PHEP) Program

A Closer Look: State and Local Impact



# Stories from the Field 2019 H1N1 Influenza Pandemic

### **Situation**

The 2009 H1N1 influenza pandemic highlighted a need in Massachusetts for increased laboratory testing and confirmation, disease surveillance and epidemiology capabilities, as well medical countermeasure dispensing.

## Intervention

The Massachusetts Department of Public Health (DPH) used PHEP funds to conduct a full-scale pandemic influenza outbreak exercise over five days, which tested the abilities of state health programs to detect health threats, disseminate information, conduct laboratory testing, and distribute medical countermeasures during a full-scale response.



# **Impact**

Through PHEP program support, Massachusetts DPH was able to successfully test the communications systems they would use in a real event to share information and develop a common operating picture. Two communities that stood up Emergency Dispensing Sites (EDS) identified best practices, such as having a variety of children and adult clothes available to assist in determining what size/weight their family members are if they don't know exactly and having EDS staff that can speak multiple languages so they can immediately assist community members in need of translation. This exercise made the community more prepared to respond to a real event.

# The PHEP Program in Action

Key responses that saved lives due to PHEP program support:

• 2017 Severe Winter Storm

• 2017 Boston Rallies

• 2016 Boston Marathon Bombing

• 2016 Winter Storm Jonas

# **Critical Needs**

The PHEP program supports the following public health and safety functions that are jeopardized when funding is cut.



#### **Biosurveillance**

Ongoing resources are required to ensure that public health lab personnel are regularly trained and exercised, and sufficient staff are available 24/7/365 to test for bio-threat agents, high consequence pathogens, and other public health threats.



# **Community Resilience**

Without effective resources, re-openings of providers and health centers following a disaster will be delayed – putting the health of local residents at risk.



### **Countermeasures & Mitigation**

Sustained funding is needed to support complex exercises to test and continuously improve public health preparedness plans.



#### **Information Management**

A reduction in funds will result in an inability to maintain a constant state of readiness and impact our ability to quickly activate and mobilize our trained response staff.



#### **Incident Management**

Maintaining a permanent state of readiness and surge capacity is essential to ensure communities are ready to respond to any emergency. A reduction in funds will impact our ability to quickly activate preparedness plans and mobilize our trained response staff.



# **Surge Management**

Services that are available regardless of the size of an incident would not be available without ongoing training and support.