



2021

ANNUAL REPORT



Division of State and Local Readiness



Centers for Disease
Control and Prevention
Center for Preparedness
and Response

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LETTER FROM THE DIRECTOR



DSLR Director Christine Kosmos

Building communities that are prepared to prevent, respond to, and rapidly recover from inevitable public health threats is a critical step in protecting our nation's public health. The Division of State and Local Readiness (DSLR) plays a leading role in enhancing preparedness by funding state, local, and territorial public health systems through the Public Health Emergency Preparedness (PHEP) cooperative agreement program.

The PHEP program helps public health departments nationwide build stronger, more protected communities capable of responding to a full spectrum of public health threats. The PHEP program also provides technical expertise through assignment of field-based staff; standards for developing priority preparedness capabilities; readiness reviews to identify and address gaps; and assistance conducting training and exercises. Ongoing PHEP program support protects our communities by helping public health departments maintain their readiness for current and emerging threats.

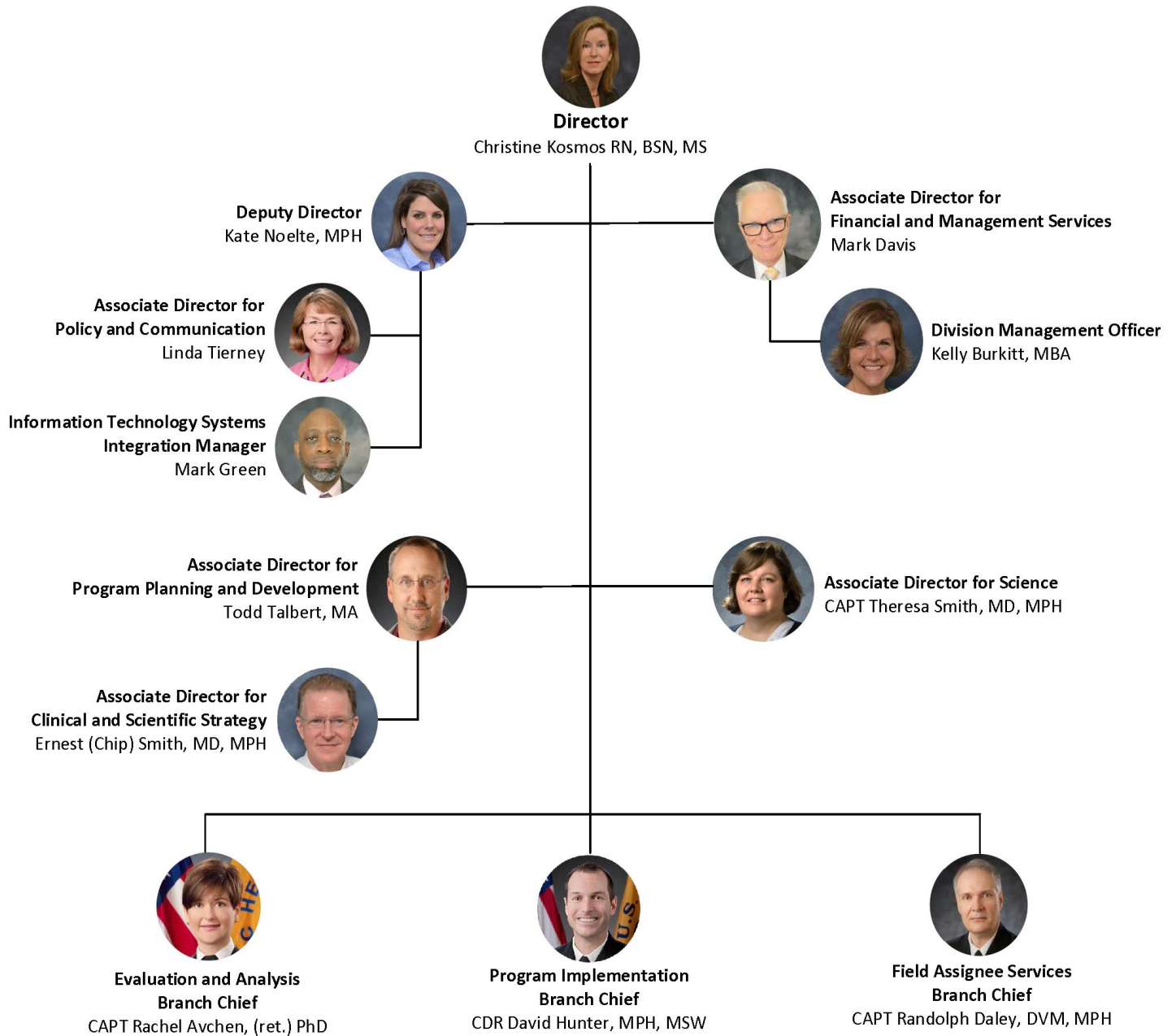
The current COVID-19 pandemic has clearly illustrated that our public health emergency management systems have not been built to the scale needed to effectively respond to catastrophic national events, including multiple simultaneous events. DSLR is reviewing its preparedness and response strategies through this lens and is actively addressing lessons learned to continue to advance public health readiness nationwide. Our Next Generation of PHEP project, new national Career Epidemiology Field Officer (CEFO) network, and PHEP COVID-19 evaluation strategy are just a few examples of DSLR initiatives to ensure the PHEP program is meeting the demands of a new era of public health preparedness and response.

We are also standing up teams that will champion diversity, equity, and inclusion in every aspect of our work. We seek to ensure that our program serves everyone in every community effectively.

A handwritten signature in black ink, which appears to read "Christine Kosmos". Below the signature, there is a faint, illegible stamp or text.

WHO WE ARE

CDC plays a pivotal role in ensuring that public health systems nationwide are prepared for public health emergencies because of its unique abilities to respond to infectious, occupational, or environmental incidents that affect the public's health. CDC's Center for Preparedness and Response (CPR) works with partners across the United States and the world to address public health crises and protect health 24/7. The Division of State and Local Readiness (DSLRL), which is one of three CPR divisions, coordinates and connects public health preparedness and response planners throughout the country.



As of December 2021

OUR MISSION AND OUR VISION

DSLRL provides funding, guidance, program support, and technical assistance to support public health preparedness planning and response. Since 2002, DSLRL has administered [CDC's Public Health Emergency Preparedness \(PHEP\) cooperative agreement](#), CDC's largest domestic grant program. The PHEP program is a critical source of funding and guidance for 62 state, local, and territorial public health departments. The PHEP program helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events.

There are 62 PHEP cooperative agreement funding recipients:

- All 50 states
- Four major metropolitan areas (Chicago, Los Angeles County, New York City, and Washington, D.C.)
- Eight U.S. territories and freely associated states (American Samoa, Federated States of Micronesia, Guam, Northern Mariana Islands, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and U.S. Virgin Islands)

In addition to preparedness funding awarded through the PHEP cooperative agreement, DSLRL manages CDC's Public Health Crisis Response cooperative agreement. Established in October 2017, the Public Health Crisis Response cooperative agreement is a novel funding mechanism that enables CDC to rapidly award funds to jurisdictional public health agencies in the event of a public health emergency. For instance, in March 2020, DSLRL worked with CDC's Office of Grants Services to award nearly \$570 million in supplemental COVID-29 funding to 65 jurisdictions in just 10 days, well within the 30-day window required by Congress.

DSLRL Mission

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

DSLRL Vision

To be a proactive, credible, and trusted public health partner within the national response system, committed to strengthening all-hazards preparedness among our collaborators, recipients, and the public.

More information can be found by visiting [DSLRL's Intranet page](#).



PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM

The PHEP program is a comprehensive and complex program that supports [CDC's Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#). The standards cover 15 program areas incorporating 200 unique functions that DSLR supports through direct technical assistance to recipients and, when needed, in consultation with subject matter experts from across the agency. The standards serve as a vital framework for state, local, tribal, and territorial preparedness programs as they plan, operationalize, and evaluate their ability to prepare for, respond to, and recover from public health emergencies. PHEP recipients develop and implement capability-based work plans and use their PHEP funding to build and sustain their public health preparedness and response capacity.

DSLR assesses PHEP recipient progress across all 15 capabilities and their related strategies, activities, and outcomes as described in the PHEP notice of funding opportunity. CDC measures PHEP programmatic performance using a variety of methods, including process measures, performance measures, and an operational readiness review (ORR) evaluation process.

Since the events of 9/11, state, local, and territorial health departments have made great strides in building strong public health emergency response platforms. PHEP jurisdictions report that today, as a result of the resources provided by CDC's PHEP program, they are significantly more capable of conducting emergency response activities.

PHEP PROGRAM BY THE NUMBERS

Today, the PHEP cooperative agreement is one of the largest CDC programs that funds, all 50 states, four localities, and eight U.S. territories and freely associated states.

In fiscal year 2020,



CDC awarded a total of **\$622,850,000**



to its **62** PHEP recipients.



Of that amount, **42.4%** (\$264,345,764) was allocated specifically to local health departments.

In fiscal year 2021,



CDC awarded **\$638 million** to PHEP recipients.

Today, PHEP investments continue to support and sustain vital preparedness and response capabilities. For example, PHEP funding supports:



- About 90% of state and local public health laboratory activities, primarily those conducted by the Laboratory Response Networks for biological and chemical threats, or LRN-B and LRN-C.
- More than 2,400 state, local, and territorial preparedness and response employees.

Why It Matters

PHEP FUNDING HELPS WILMINGTON RESIDENTS MANAGE HISTORIC FLOODING

In September 2021, historic flooding caused by Tropical Depression Ida impacted numerous regions along the Brandywine Creek Basin, which runs from southeastern Pennsylvania to western Delaware. The incoming rainfall caused basin waters to rise, creating a flood that resulted in significant damage in Wilmington, Delaware. First responders conducted water rescues of more than 200 people. Once initial emergency rescues had been completed, the Delaware health department quickly activated its emergency preparedness and response plans.

As part of the response, the health department put into action its mass care plan, which was developed with the support of PHEP funding. This plan outlines activities to support evacuees, including activating community shelters and opening the state's disaster recovery center. This center supported 375 impacted residents, representing 200 households, connecting them to multiple agency and community partners. Health department staff also addressed immediate issues, such as food, safety, shelter, and behavioral health needs. They worked with other state agencies to locate alternative housing for residents who had to evacuate their homes and were fearful of COVID-19 risks at community shelters.

Prior to the COVID-19 pandemic, Delaware's preparedness planning team had been working extensively to update the state's disaster recovery plan. When the pandemic hit, the team shifted its focus from planning to response, using the Wilmington flooding incident to test the state's updated plan, which is based on functions outlined in the CDC preparedness and response capabilities. The plan successfully enabled the state and impacted communities to rapidly respond to this historic event. Despite the rarity of this level of flooding, the state's preparedness team was able to quickly mobilize emergency response resources because of the state's continuous preparedness planning supported by PHEP funding and guidance. Over the course of the flood, no lives were lost, and no significant injuries were reported.

CRISIS RESPONSE COOPERATIVE AGREEMENT PROGRAM

DSLRL manages CDC's Public Health Crisis Response cooperative agreement. This funding mechanism increases the speed at which CDC can award funds to state, local, tribal, and territorial public health agencies in the event of a public health emergency through the establishment of an "approved but unfunded" (ABU) list of response funding recipients.

Previous experience has demonstrated the immense impact that initial funding and immediate response can have in mitigating negative health outcomes. Immediate response funding, coupled with the infrastructure built through the PHEP program, enables jurisdictions to accelerate their response and use their emergency supplemental funding more effectively.

DSLRL has activated the crisis response funding mechanism several times since it was established in 2017. To date, the crisis response cooperative agreement has been used to award supplemental funding for the following activities.

- 2021: \$2 billion to support COVID-19 workforce development activities
- 2020: ~\$755 million to support COVID-19 pandemic response activities
- 2018: \$155 million to fight the opioid overdose epidemic
- 2018: \$64.5 million for 2017 Hurricanes Harvey, Irma, and Maria recovery efforts

The \$2 billion in COVID-19 response funding awarded in May 2021 is intended to support public health workforce development, including school nurses. Recipients will use the funding to hire sufficient personnel to meet jurisdictional response needs for the COVID-19 pandemic, prioritizing hard-to-reach communities and focusing efforts on diversity, equity, and inclusion in hiring and recruiting workers from the local communities they serve. CDC worked with the General Services Administration (GSA) to develop a contract mechanism which allows STLT jurisdictions to quickly procure staff and other services to support their response from a pre-screened list of potential vendors.

This cooperative agreement also supports preparedness and response activities in tribal communities. The Cherokee Nation was the first eligible tribal nation to apply for crisis response funding, receiving \$750,000 in 2020. They are using the funding to cover salaries and benefits of public health professionals, purchase testing and diagnostic equipment to increase COVID-19 testing efficiency, and purchase ventilators for the community. In 2021, the Nation received \$1,256,722 in funding to support its COVID-19 public health workforce development needs.

CRISIS RESPONSE COOPERATIVE AGREEMENT BY THE NUMBERS

During the March 15, 2020, to March 31, 2021, performance period for the initial COVID-19 funding \$754,965,044 was awarded to 50 states, eight territories, six localities, and one tribal nation.

91%

of recipients received no-cost extensions to complete activities no later than March 2022

98%

of reported activities are on track or complete across all domains

100%

of jurisdictions submitted community intervention plan summaries

Why It Matters

With the support of Public Health Crisis Response COVID-19 funding, Minnesota has made great strides in strengthening responder safety and resiliency. In 2020, the state developed a First Responder Toolkit in collaboration with the University of Minnesota. This resource includes checklists and resources for responders to monitor, assess, and address burnout, secondary trauma, and compassion fatigue. Mayo Clinics across the United States incorporated the toolkit's Psychological First Aid training in its mandatory staff training.

In addition, Minnesota established the Wellness MN website to share self-care resources at the individual, team, and organizational leadership levels for COVID-19 responders across all sectors. In collaboration with the Minnesota School Safety Center and the Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center, the state health department supported a training on "Resiliency Strategies for Educators: Techniques for Self-Care and Peer Support" for approximately 60 sites across the state.

Leveraging preparedness capabilities built through the PHEP program, Minnesota used its volunteer management tool, "MN Responds," to assign volunteers to assist with the response in local communities. To relieve responder stress, burnout, and fatigue across the response, Minnesota preparedness staff trained other state employees in incident command structure principles, enabling additional staff to participate in response activities.

Strides were also made to enhance diversity, equity, and inclusion, as they integrated staff from its at-risk populations and cultural, faith, and disability branches across the response structure to ensure the needs of vulnerable populations were addressed.



RECIPIENT SUPPORT

DSLRL supports recipients through annual program guidance and ongoing technical assistance. DSLRL's program guidance helps recipients strengthen their public health emergency preparedness capabilities and response strategies, enabling them to more effectively address a range of public health threats. DSLRL guidance and subject matter expertise focus on a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action. DSLRL coordinates with subject matter experts across the agency to ensure recipients have access to current, evidence-based practices for responding to a variety of threats. PHEP recipients submit technical assistance needs via DSLRL's Online Technical Resource and Assistance Center (On-TRAC), a secure, user-friendly platform. On-TRAC also offers tools and resources to support the PHEP program's capabilities-based framework; answers to frequently asked questions; and a forum for peer-to-peer exchanges.

In addition to connecting with recipients via On-TRAC, DSLRL hosts a monthly series of "PHEP Connects" webinars to share knowledge on critical emergency preparedness and response topics. Recent topics covered include pandemic influenza response tactics, best practices for engaging communities during a crisis, responder safety and health issues, and medical countermeasure (MCM) planning. Between July 1, 2019, and June 30, 2021, more than 2,500 participants have participated in 23 PHEP Connects sessions.

Throughout the COVID-19 pandemic, DSLRL has continued to search for ways to improve assistance to its recipients. Though site visits were paused during the pandemic, DSLRL continued to provide strong virtual support to its recipients. One initiative involves tracking project officer and other staff hours dedicated to recipient engagement to better identify areas that may require additional support.

RECIPIENT SUPPORT BY THE NUMBERS



234,385

234,385 deployment hours of staff to provide response support (1,493 average per staff member) between July 2019 and June 2021



1,260

1,260 hours spent on TA, program assistance, and training with recipients



2,633

2,633 participants of DSLRL-sponsored webinars between July 2019 and June 2021



55

55 technical assistance (TA) requests addressed between July 2019 and June 2021



51

Published 51 issues of DSLRL Friday Update newsletter for 2,000+ STLT partners



800+

More than 800 On-TRAC visitors per month reviewed resources and tools

Why It Matters

Peer-to-peer information sharing can be an effective way to disseminate promising preparedness and response practices. DSLRL's monthly PHEP Connects webinar series offers state, local, and territorial preparedness planners an opportunity to share knowledge and experiences regarding critical preparedness and response topics. The July 2021 PHEP Connects webinar featured a Michigan case study illustrating how involving state behavioral health staff in the initial planning of the COVID-19 disaster response enabled the state to appropriately address the mental health needs of its residents during the pandemic. Michigan presenters described how the state has incorporated behavioral health into its emergency response organizational structure as a result of the strong collaborative relationship between the state's preparedness program and its disaster behavioral health team.

As with other states, Michigan had noted how the COVID-19 pandemic exacerbated mental health issues in healthcare workers and other responders, older adults, children, and families. Recognizing these challenges, Michigan used its coordinated public health emergency response structure, along with new strategies, to address the COVID-19 pandemic behavioral health challenges.

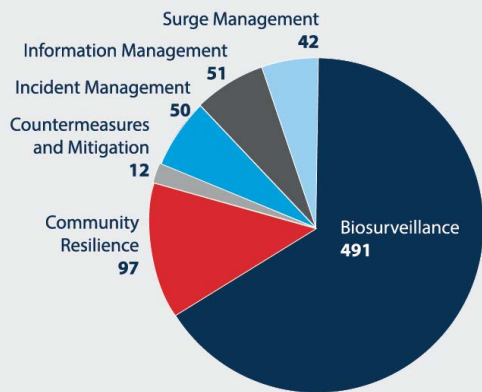
Webinar presenters described a variety of strategies the state used to provide emotional support to those experiencing distress related to the COVID-19 pandemic. Strategies included a new "Stay Well" crisis counseling, training, and outreach program, a multimedia outreach campaign, webinars, and virtual support groups serving 10 different vulnerable populations, including first responders, front line workers, and K-12 educators. The state also leveraged its community partnerships to reach specific populations.

Through the PHEP Connects webinar platform, Michigan was able to share its experiences, challenges, lessons learned, and solutions with fellow PHEP recipients. In turn, the webinar participants now have tools and other resources they can adapt to meet similar needs in their own jurisdictions.

EMERGENCY PREPAREDNESS FIELD STAFF

CDC strengthens the public health preparedness of health departments through the assignment of field-based staff.

2019 CEFO Activities by Public Health Preparedness and Response Domains



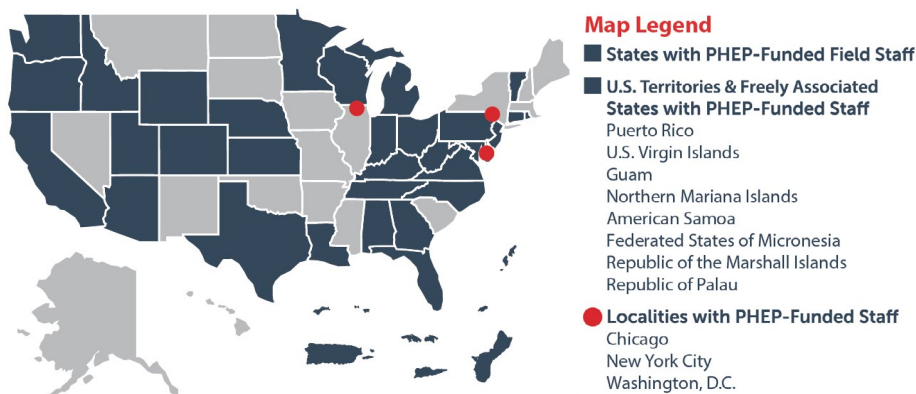
Career Epidemiology Field Officers (CEFOs) are CDC epidemiologists with experience in surveillance, epidemiology, preparedness, research, training, and policy development. Their mission is to strengthen state, tribal, local, and territorial epidemiology capacity for public health preparedness and response.

Preparedness Field Assignees (PFAs) are CDC employees assigned to serve three years in state and local public health departments to continue developing their preparedness experience.

FIELD STAFF BY THE NUMBERS

- As of December 2021, 57 PHEP-funded field staff (39 CEFOs and 18 PFAs) serve as critical preparedness and response assets for 41 state, territorial, and large local health departments.
- In fiscal year 2021, CEFOs and PFAs spent 98,490 hours supporting COVID-19 response activities ranging from leading emergency operations to conducting contact tracing and outbreak investigations
- PHEP-funded field staff authored 43 publication articles in fiscal year 2021, including 24 in peer-reviewed journals and 19 MMWRs
- Established in 2012 as training program for CDC’s PHAP graduates, the PFA program has onboarded 66 PFAs since the program’s inception

ASSIGNMENTS OF PHEP-FUNDED FIELD STAFF



Why It Matters

In early- to mid-2019, state and local public health departments began identifying cases of a new respiratory disease. Investigations by these entities, CDC, and the Food and Drug Administration revealed that this disease was widespread and had serious health consequences. Data from state and national sources identified a strong correlation with the use of e-cigarettes and other vaping devices containing tetrahydrocannabinol (THC) and vitamin E acetate. These data sources identified a strong link between the use of these products from informal and illicit sources and e-cigarette, or vaping, associated lung injury (EVALI) cases. Cases tapered off after the number of new cases peaked in September 2019. This is believed to be related to three main factors: the rapid public health response which increased public awareness of the disease and causes, removal of vitamin E acetate from some products, and actions by law enforcement.

Most CEFOs participated in the nationwide 2019 EVALI response in addition to their more routine responsibilities in their assigned jurisdictions. For instance, CAPT Aaron Fleischauer served as the incident manager for the EVALI response in North Carolina where he provided overall state coordination. He also served on the Council of State and Territorial Epidemiologists’ (CSTE) national leadership team that provided coordination and guidance among participating states and CDC. CAPT Fleischauer, along with LCDR Jason Wilken, CEFO in California, and Ms. Livia Navon, CEFO in Illinois, worked through CSTE to request a more comprehensive federal response and were instrumental in initiating CDC’s incident management response.



PARTNERSHIPS


To enhance state, tribal, local, and territorial response efforts, DSLR has established partnerships with several professional organizations in the fields of public health, emergency management, and response. While maintaining ongoing collaborations with key federal partners such as Federal Emergency Management Agency (FEMA) and Assistant Secretary for Preparedness and Response (ASPR), DSLR engages with national professional organizations to supplement preparedness and response initiatives in the field. To enhance public health laboratory testing, DSLR provides funding to the Association of Public Health Laboratories (APHL) to support requirements set by the National Center for Environmental Health's Division of Laboratory Sciences for the Laboratory Response Network for Chemical Threats (LRN-C).

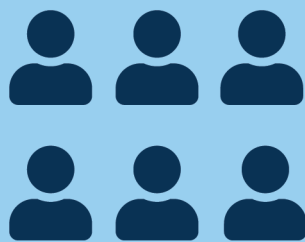
In addition, DSLR allocates funding to partners through CDC's Center for State, Tribal, Local and Territorial Support (CSTLTS). This funding supports DSLR projects with the Association of State and Territorial Health Officials (ASTHO), the Council of State and Territorial Epidemiologists (CSTE), the National Association of County and City Health Officials (NACCHO), and the Pacific Island Health Officers Association (PIHOA). These relationships provide CDC with invaluable support and situational awareness during public health emergency responses.

DSLR funding enables the National Emergency Management Association (NEMA) to manage, support, and contribute to a joint policy work group with ASTHO and the Governors Homeland Security Advisors Council to coordinate preparedness issues among state emergency managers, public health directors and homeland security advisors.

For many years, DSLR has supported CDC's collaborative partnership with NACCHO in Project Public Health Ready (PPHR). This is an 18-month training and recognition program developed to help local health departments (LHDs) improve their public health and emergency preparedness capabilities. The program uses a continuous quality improvement model that helps LHDs implement an ongoing self-development preparedness cycle. The project currently recognizes more than 525 jurisdictions located in 29 states that have met program requirements since 2004. Approximately 25 additional local agencies are expected to participate in the next PPHR training, and upon completion of the necessary criteria, will be recognized as Project Public Health Ready for a period of five years.

PARTNERSHIPS BY THE NUMBERS

\$13M




DSLR awarded approximately \$13 million to six partners in fiscal years 2019, 2020, and 2021 to support preparedness and response efforts in the field.

Why It Matters

In the midst of a pandemic, logistical challenges can make it very difficult to provide communities with the resources they need in a timely manner. In addition to logistical barriers, these resources usually come with significant costs. This is particularly relevant in areas like the U.S.-Affiliated Pacific Islands (USAPI), which have limited capacity and resources to rapidly respond to a public health emergency like the COVID-19 pandemic.

Fortunately, organizations like the Pacific Island Health Officer Association (PIHOA) have successfully managed response activities with support from DSLR and the Department of Interior Tribal Access Program (DOI TAP). During the COVID-19 response, DOI specifically assisted with procurement and shipment of GX SARS-CoV-2 testing kits and associated equipment, as well as installation, validation kits, and reference controls. However, timely distribution of the testing kits to local health departments in the USAPI required additional resources. Through its partnership agreement with PIHOA, DSLR funded the costs to ship more than 300,000 COVID-19 testing kits from the Honolulu airport to 10 USAPI local health departments, ensuring COVID-19 testing could occur in those areas.



OPERATIONAL READINESS REVIEW (ORR)

CDC's ORR is a rigorous, evidence-based assessment used to evaluate PHEP program planning and operational functions. The overall evaluation strategy is guided by the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. CDC established the capability standards in 2011 and released updated standards in 2018.

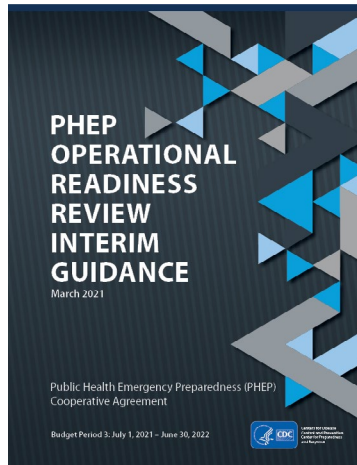
DSLRL uses the ORR evaluation to identify strengths and challenges facing preparedness programs as well as recognize areas for improvement and technical assistance. All 62 PHEP recipients and more than 400 Cities Readiness Initiative (CRI) local planning jurisdictions participate in the ORR process. State recipients are responsible for ensuring statewide planning and operational function via the ORR as well as monitoring, tracking, and conducting local ORRs within their states.

The CRI program, managed by DSLRL, is designed to enhance preparedness in the nation's largest population centers, where nearly 60% of the population resides, to effectively respond to large public health emergencies needing life-saving medicines and medical supplies. The CRI project includes a total of 72 cities and metropolitan statistical areas (MSAs) with at least one CRI city in every state. CDC provides the 50 states and four directly funded localities with CRI funding to ensure the directly funded localities and specific local planning jurisdictions within the states have medical countermeasure (MCM) distribution and dispensing plans in place and can effectively execute those plans in response to public health emergencies.

In fiscal year 2019, the first year of the current PHEP five-year performance period, MCM planning evolved as CDC subject matter experts, state and local preparedness directors, and other national experts agreed that jurisdictions should more broadly incorporate emerging infectious disease (EID) scenarios into their MCM planning. For the 2019-2024 performance period CDC requires all PHEP recipients and local CRI planning jurisdictions to ensure elements of planning and operational readiness for the intentional release of a Category A agent, such as anthrax, and an EID, such as pandemic influenza.

In March 2021, CDC released the PHEP ORR interim guidance to help recipients begin planning for the expanded evaluation process. The PHEP ORR interim guidance outlines the associated reporting requirements and evaluation criteria for three distinctive sections: descriptive and demographic, planning, and operations.

CDC has modified its PHEP ORR implementation approach and reporting requirements for 2021-2022 (PHEP Budget Period 3) to focus on capturing COVID-19 pandemic response data. Data collection will be significantly reduced, and recipients can use their COVID-19 response activities to demonstrate operational elements and meet program requirements. CDC also has suspended state evaluation of CRI local planning jurisdictions.



Why It Matters

Preliminary results from the 2017-2019 ORR evaluations indicated some recipient plans for MCM allocation and distribution were not sufficiently accounting for cold chain management of certain MCM products. Recognizing this was a critical preparedness gap, DSLRL partnered with the Strategic National Stockpile to provide technical assistance on medical logistics to PHEP jurisdictions. Collaboratively, the two groups developed cold chain training for jurisdictions and delivered the training in a variety of settings, include a PHEP Connects webinar, a series of regional meetings, an in-person training course, and written cold chain management resources posted on DSLRL's Online Technical Resource and Assistance Center (On-TRAC). This training proved to be invaluable, as just two years later, jurisdictions were faced with critical cold chain management requirements for the COVID-19 pandemic vaccines.

ORR BY THE NUMBERS

CDC completed ORR assessments for all, **50 states**, Puerto Rico, and four directly funded localities from July 2017 to June 2019.

The 50 states conducted **420** local CRI assessments from July 2017 to June 2019.

Due to the burden imposed by the COVID-19 pandemic, CDC paused ORR assessments in 2020 and 2021. See the "Where We Are Going" section for more information on DSLRL's PHEP COVID-19 evaluation strategy.

Next Generation of PHEP Project



DSLRL is advancing public health emergency preparedness based on lessons learned from the COVID-19 response and other recent events, modernizing the PHEP program to better respond to future public health threats and responses. This initiative targets both “quick wins” and longer-term projects. DSLRL completed nine short-term improvements in 2021 to streamline program operations and to address programmatic requirements. Among the improvements were clarifications to PHEP match and maintaining state funding requirements during large responses and development of strategies for expanding CDC’s preparedness field staff. More recently, DSLRL began exploring improvement opportunities for the PHEP program related to health equity, tribal support, data modernization, and radiological threat response.

DSLRL is actively seeking input from CDC senior leaders, PHEP recipients, national partner organizations, and other stakeholders on how to move forward with PHEP improvements. In response to the feedback received to date, DSLRL will focus on the following seven strategic priorities to strengthen state, tribal, local, and territorial (STLT) preparedness, and improve response capabilities.

STRATEGIC PRIORITIES

1	Modernize data collection, reporting systems, and data use	5	Expand CDC preparedness field staff nationwide and support workforce development
2	Improve partnership coordination and collaboration at all levels	6	Increase focus on health equity
3	Expand and provide targeted support to local jurisdictions to increase their preparedness and response capacity	7	Enhance DSLRL’s support for CDC emergency response functions
4	Strengthen DSLRL’s scientific expertise for translation into practice		

DSLRL expects these improvements will have far-reaching implications. Findings and recommendations may impact CDC’s preparedness and response capability standards, the 2024-2029 PHEP notice of funding opportunity and subsequent continuation guidance requirements, and funding strategies in some areas.

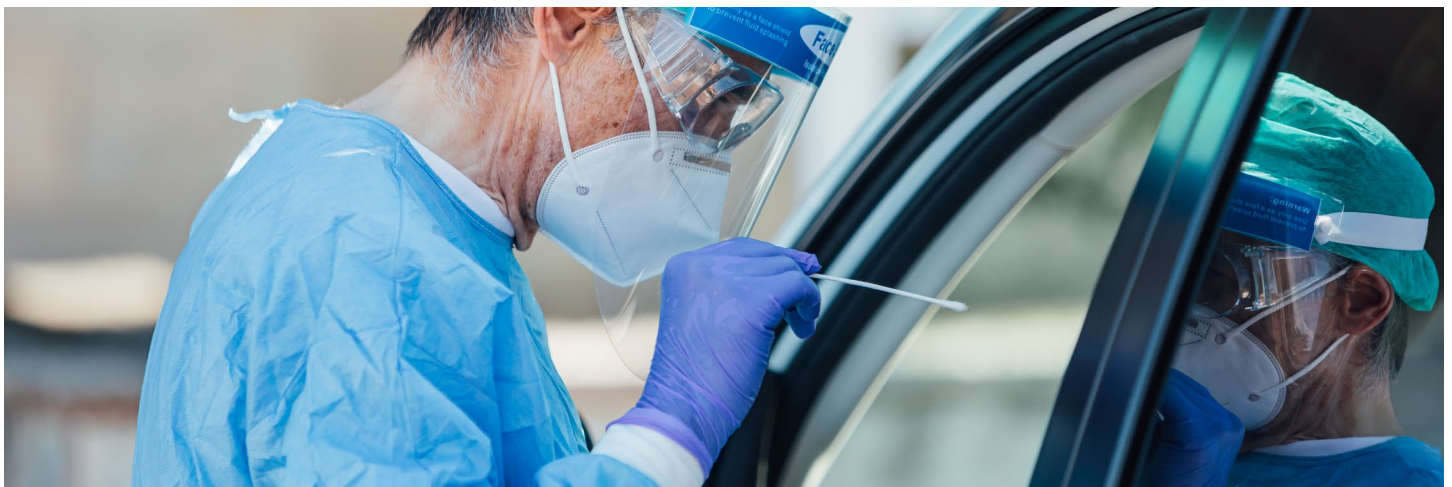
Enhanced CPR Field Staff Program



The COVID-19 response and other public health emergencies demonstrated that having trained and dedicated CDC field staff is critical to enhance jurisdictional response capacity and to assure bidirectional communication with CDC. To enhance this effort, CDC is expanding the CEFO Program to establish a national CEFO network. On July 1, 2021, CDC began providing centralized CEFO funding to support one CEFO in each PHEP-funded state or locality, in addition to the two regional CEFOs who currently support the Pacific and the Caribbean territories.

When fully implemented, the national network will include 56 CEFOs directly funded by CDC. To date, 10 new health departments now have CEFOs: Colorado, Connecticut, Kansas, Ohio, Rhode Island, Texas, Utah, Vermont, Washington D.C., and Wisconsin. As of December 2021, 39 CEFOs are supporting 41 jurisdictions. CDC will continue to assist the remaining jurisdictions that are waiting on CEFOs or have yet to apply.

DSLRL Strategies for Evaluating PHEP Operational Readiness during COVID-19



In developing and refining its PHEP ORR implementation strategies, DSLR recognized that the COVID-19 pandemic presented a unique opportunity to conduct a national evaluation of PHEP operational readiness. DSLR's goal is to effectively assess what has been learned and to identify critical gaps that must be addressed during the recovery phase of the COVID-19 pandemic. DSLR has modified PHEP ORR requirements to include new measures designed to collect data about each PHEP jurisdiction's ability to respond to an actual pandemic in each of the domains described in the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health.

Recognizing that the pandemic response is still ongoing, DSLR has extended ORR reporting deadlines to October 2022 and expects to have the results of this national evaluation ready in early 2023. This approach will allow recipients to continue focusing on the COVID-19 response, while also informing DSLR technical assistance strategies, the Next Generation of PHEP, future response strategies, and policy priorities.

Striving for Diversity, Equity, Inclusion, and Accessibility



On June 25, 2021, President Biden signed an executive order (EO) outlining new directives for all federal agencies to promote and improve diversity, equity, inclusion, (DEI) and accessibility. This EO touches on aspects of federal employment including recruitment and hiring, training, leadership development, and employee pay and benefits. In light of public health gaps highlighted by the COVID-19 pandemic, the Biden Administration has also emphasized the need to prioritize and advance health equity.

CPR and DSLR have been working since 2020 to address DEI and accessibility goals and objectives. These efforts have continued in 2021, gaining momentum in several areas:

- **Inclusion Diversity Equity Alliance (IDEA)**
Representatives from each CPR division and the CPR Office of the Director work together to identify and address barriers to diversity, equity, inclusion, and belonging.
- **Justice and Equity Team (JET)**
DSLRL staff advocate for the same principles as IDEA at the DSLR-level.
- **Cultivate, Optimize, Reinforce, Enhance (CORE)**
Representatives from each CPR division and the CPR Office of the Director each advance a health equity topic area. DSLR will strive to advance health equity in the U.S.-affiliated Pacific Islands by establishing the Pacific Island Equity Through Epidemiology Program, an advanced training program to strengthen regional emergency preparedness, jurisdictional surveillance capabilities, and data-driven health interventions and services.

DSLRL also searches for opportunities to advance DEI and accessibility in its funding requirements. When DSLRL activated the Cooperative Agreement for Emergency Response: Public Health Crisis Response in May 2021, DSLRL required recipients to establish and report on their own DEI and accessibility metrics. Examples include:

- Number of people hired through community-based organizations and other diversity-focused organizations with brief description of populations they serve.
- Number of employees receiving relevant training.
- Establishment of a health equity team to focus on hiring a workforce that represents the diversity in the communities being served.

UPCOMING INITIATIVES

- Advancing preparedness planning and operational response for all communities including planning for populations at risk for disproportional impact during a public health emergency.
- Improving public health emergency response capability in Native American nations that have organized public health departments
- Assessing and identifying concrete steps to further advance health equity in public health preparedness via the 2024-2029 PHEP notice of funding opportunity and Next Generation of PHEP project.
- Providing technical assistance to PHEP recipients to support the inclusion of health equity into PHEP-funded activities.

DEI is not only a priority internally for DSLRL but is also a priority for the recipients CDC funds and the greater community the recipients serve.

