FACT SHEET

CDC Makes Preparedness a Priority

May 19, 2006

Background

Preparedness from disasters, both natural and man-made, is a major priority for the CDC. Since the inception of CDC's Public Health Emergency Preparedness program, closely monitoring programmatic progress at the state and local levels has been at the heart of our efforts. As the program has matured, so too has CDC's sophistication in developing performance measures. Our knowledge base is growing and we are getting better at knowing **what** to measure and **how** to measure it. Greater program maturity has also allowed CDC to transition from focusing on basic building blocks, such as preparedness plans, to measuring actual performance capability that is demonstrable. CDC now has sufficient building blocks in place to facilitate an integrated, comprehensive approach when evaluating response capability.

We Have Data

- Since the establishment of critical benchmarks in 2002, we have collected performance data from funding recipients every six months.
- In 2002, critical benchmarks were established using the best expert opinion available at the time. Critical benchmarks have been refined over time as the program has matured.
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- In 2005, the Coordinating Office of Terrorism Preparedness and Emergency Response (COTPER) Division of State and Local Readiness (DSLR) moved to a more sophisticated evaluation structure using CDC's 9 agency-wide preparedness goals and 34 performance measures with quantitative metrics and performance targets.
- The new structure moves CDC from a focus area approach of independent activities to an integrated format that reflects the necessity of an integrated comprehensive emergency response capability.

    1. The 34 performance measures within this new structure were introduced in the 2005 cooperative agreement guidance.
    2. Baseline data were obtained on the 34 measures as part of the application process.
    3. Additional measure refinement is continuing to ensure data collection is feasible and that each measure is a reliable, stable indicator of the performance area being measured. This included field testing in February 2006.

Progress Has Been Made

Lab Capacity

- Prior to 1999, state and local public health laboratory capacity in the United States was on the decline. Most labs were not capable of rapid molecular testing for biological threat agents, which is crucial for early threat containment. Today, the picture is very different.

- Rapid molecular testing as well as Category A and B threat agent testing capability has increased significantly as public health labs have updated their equipment and methods. For example, the ability to test for anthrax, ricin and plague has notably increased in just one year, from 2004 to 2005:

Agent	2004	2005	Increase
Anthrax	84 labs	95 labs	9 labs
Ricin	51 labs	71 labs	10 labs
Plague	83 labs	93 labs	10 labs

- The number of Bio-Safety Level 3 Labs has increased to over 139 in 2005 – up from only 69 in 2001.
- There has been significant growth in the number of labs participating in the Laboratory Response Network (LRN). There are now 150 biological LRN reference labs with at least one in every state. In 2001, there were only 91 participating labs.
- Chemical lab capacity has increased as well. Today, there are 62 state, territorial, and metropolitan public health laboratories that are members of the chemical component of the LRN.

Progress of States and Funded Cities

- 100% report they have detailed public health response plans. This type of planning didn't exist before 2001.
- 94% report they have exercised their response plan in the last 12 months.
- 98% report they develop after-action reports on real outbreaks to determine lessons learned to improve future responses.
- 100% of states report they have plans in place for receiving and distributing SNS assets.
- 100% report they have protocols to activate their emergency response systems 24/7/365.
- 98% report they have established Incident Command Structures as recommended in the National Incident Management System.
- 100% report having 24/7/365 capacity to investigate urgent disease reports.
- 98% report having designated facilities to receive, store, and distribute contents of the Strategic National Stockpile.
- 98% report having crisis and risk communication plans in place.

Advances in Evaluation and Accountability

- Previously CDC relied on self-reported data and project officer site visits to monitor and assess progress. Today, CDC is moving to a third-party evaluation program that will include extensive on-site assessments to verify self-reported data.
- Exercise guidance and evaluation tools are being developed to test performance measure achievement and to ensure exercise standardization and consistency across all projects.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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