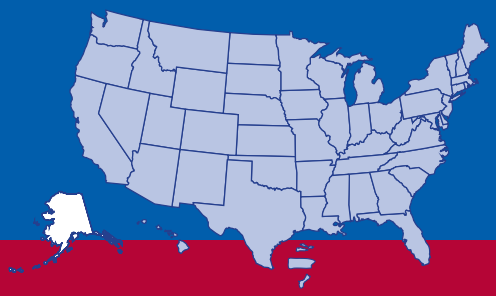
PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



ALASKA

PHEP Then

In response to the deadly events of September 11, 2001, and the subsequent anthrax attacks, Congress established a new program to help health departments across the nation prepare for emergencies. Since then CDC's Public Health Emergency Preparedness (PHEP) program has partnered with state, local, and territorial public health departments to prepare for, withstand, and recover from potentially devastating public health emergencies.

Every year since, the PHEP program has provided vital resources to ensure communities can effectively respond to infectious disease outbreaks, natural disasters, and chemical, biological, radiological, or nuclear events.

PHEP Now

In 2018, PHEP provided $620 million across public health departments to improve response readiness. Funds are also used to support epidemiologists (disease detectives), lab staff, planners, and other preparedness staff on the ground.

In the future, CDC will continue supporting PHEP recipients by sharing technical expertise, best practices, and lessons learned, along with tools and resources to identify and address gaps.

Learn More

For more information about the PHEP Program, visit www.cdc.gov/cpr/map.htm.

AT A GLANCE

In Alaska

- **0.7 million residents**
- **54%** reside in Cities Readiness Initiative metropolitan statistical areas (CRI MSA). A federally funded program, CRI helps cities effectively respond to large-scale public health emergencies requiring life-saving medications and medical supplies.
- **1** local public health departments

Frequent Public Health Emergencies

- Opioid Response
- Mental Health Resource Requests
- Natural Events (earthquake, volcano eruption)

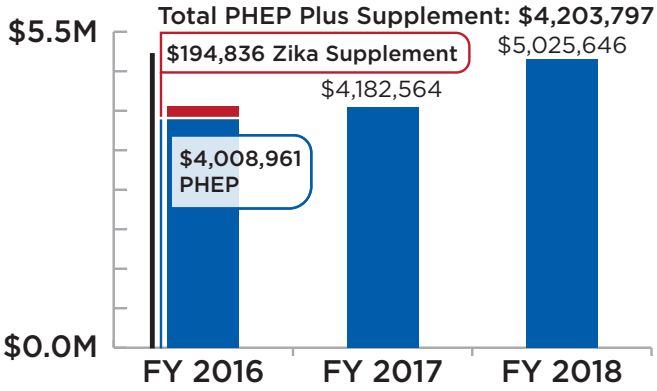
Key Emergency Operations Center Activations

- 2017: Kenai Peninsula Storm
- 2018: Earthquake and Tsunami Warning

PHEP funds programs and activities that build and strengthen the nation's preparedness for public health emergencies.

Preparedness and Response Funding Snapshot

FY 2018 PHEP $5,025,646
Base Plus Population $5,000,000
Cities Readiness Initiative $25,646
Level 1 Chemical Lab $—



Centers for Disease Control and Prevention
Center for Preparedness and Response

ALASKA

PHEP IN ACTION–SUPPORTING TRIBAL EMERGENCY PREPAREDNESS IN RURAL ALASKA

There are 229 Federally Recognized Tribes in Alaska; the majority of those Tribes live in highly remote communities. Supporting those communities in health preparedness and response is critical. PHEP funded staff at the Alaska Native Tribal Health Consortium developed a Tribal Health Emergency Preparedness Assessment, using a holistic approach to evaluation and training. They worked with regional hospital systems to evaluate readiness and delivered training to Tribal leaders and community health aides. They also worked with executive leadership to improve Emergency Operation Plans. With PHEP's support, emergency preparedness capacity increased within the Alaska Tribal Health System and with Tribal leadership.

Photo Courtesy of Alaska Department of Health and Human Services

CDC Identified 15 public health preparedness capabilities critical to public health preparedness.

2018 ALASKA TOP PHEP CAPABILITY INVESTMENTS

1. Public Health Laboratory Testing
2. Medical Countermeasure Dispensing
3. Medical Surge
4. Community Preparedness
5. Emergency Operations Coordination

For a complete list of all 15 public health preparedness capabilities, visit https://www.cdc.gov/cpr/readiness/capabilities.htm.

Medical Countermeasure Readiness: Ensuring that medicine and supplies get to those who need them most during an emergency.

KEY STRENGTH	KEY CHALLENGE
Strong community partnerships, including the Alaska Native Tribal Health Consortium, working closely together to support a medical countermeasures distribution and dispensing response	Efficient deployment of resources to isolated communities due to extreme weather and a very limited road system statewide

States, territories, and localities are required to develop emergency plans covering children, pregnant women, and other vulnerable populations.

Population	2017
Households included children	41%
Respondents who know they are pregnant	6%
Respondents 65 or older	14%
Respondents who reported having diabetes	7%
Respondents who reported a condition that limits activities	18%
Respondents who reported a health problem that required the use of specialized equipment	8%

PHEP funds support staff who have expertise in many different areas.

PHEP-Funded Staff	2017
CDC Field Staff	2
Educators	2
Epidemiologists	1
Health Professionals	3
Laboratorians	4
Other Staff	4

ALASKA

PHEP PROGRAM—KEY PERFORMANCE MEASURE RESULTS

In an emergency, it is critical that staff can meet quickly to plan for, lead, and manage a public health response. Public health staff serve as Incident Commanders, Public Information Officers, Planning Section Chiefs, Operations Section Chiefs, and other response roles.

Emergency Operations Coordination	2015	2016	2017
Number of minutes for public health staff with incident management lead roles to report for immediate duty	N/A	14	54

Timely and effective communication between lab and epidemiologic staff can reduce death and injuries in a public health emergency.

Public Health Laboratory Testing	2017
Results of communication drills between laboratory and epidemiological staff completed within 45 minutes	Drill 1: Completed drill in time Drill 2: Completed drill in time

Laboratory Response Network biological (LRN-B) and PulseNet labs rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks. CDC manages the LRN-B, a group of public health labs with testing capabilities to detect and confirm biological health threats. CDC also manages PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to identify outbreak sources.

Current number of LRN-B public health labs: 1

Public Health Laboratory Testing: LRN-B	2015	2016	2017
Proportion of LRN-B proficiency tests passed	2 / 2	2 / 2	2 / 2
Public Health Laboratory Testing: PulseNet	**2015**	**2016**	**2017**
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within four working days	100% (target: 90%)	N/A	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within four working days	N/A	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposures to toxic chemicals, aid diagnoses, and minimize further human exposures. CDC manages the LRN-C, a group of labs with testing capabilities to detect and confirm chemical health threats. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities.

Current number and level of LRN-C Labs: 1 (Level 2)

Public Health Laboratory Testing: LRN-C	2015	2016	2017
Proportion of core chemical agent detection methods demonstrated by Level 1 or Level 2 labs	9 / 9	9 / 9	9 / 9
Number of additional chemical agent detection methods demonstrated by Level 1 or Level 2 labs	0	0	0
Result of LRN exercise to collect, package, and ship samples	Passed	Passed	Passed

For more information on
CDC's Public Health Emergency Preparedness Program, visit
www.cdc.gov/cpr/map.htm

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