A GOVERNORS GUIDE TO
Public Health Preparedness

EXECUTIVE SUMMARY

B Beginning on their first day in office, governors must prepare for emergencies of all types. Along with providing for the public's safety, governors must also think about protecting the public's health. Although the types of hazards that affect states and territories vary widely, almost all carry a public health consequence that must be specifically and intentionally addressed.

This guide serves as a primer on public health emergency preparedness for governors and their staff. It details current strategies, available resources and existing partnerships to aid Governors in continuing to strengthen their state or territory's cooperative network for emergency response and provide their states with a safe and healthy future.

While infectious diseases like COVID-19, Mpox, Zika and Ebola present an obvious danger to public health, it is important to recognize that natural and human-made disasters create similar threats. Earthquakes, heat waves, flooding and terrorist attacks can all cause cascading interruptions in the availability of medication, shelter, sanitation, and access to medical care, thereby eroding community health. Consider the power outages created by wildfire disasters: while the outages may not have posed a direct risk to the health of the general public, they endangered those dependent on dialysis facilities and electrically powered medical devices. Major disasters can also contribute to short- and long-term mental and behavioral health risks, including depression, anxiety disorders and even suicide.

As these risks continue to increase, it is vital for Governors, homeland security advisors, emergency managers and public health officials to work together to integrate public health considerations into all aspects of their comprehensive approach to preparedness, response, and recovery.

INTRODUCTION TO PUBLIC HEALTH EMERGENCY PREPAREDNESS

Public health emergency preparedness is a technical discipline that often requires subject matter expertise for proper interpretation and execution. This roadmap gives nonmedical practitioners, such as governors and homeland security advisors, the foundational knowledge they need to engage with their public health counterparts so that they can develop meaningful partnerships, cooperative plans, and complementary policies.

What Is Public Health Emergency Preparedness?

Public health emergency preparedness (PHEP) is the discipline focused on preventing, protecting against, effectively responding to, and recovering from health emergencies, particularly where the scale or unpredictability threatens to overwhelm day-to-day capabilities.

During their term, Governors will face a variety of different events that will almost certainly carry an impact to public health. Everything from natural disasters to communicable diseases to acts of mass violence, carry short-term and long-term impacts to public health. That is why it is important for Governors offices, public health, emergency management teams, homeland security officials and others to work together proactively to prepare for and respond to public health threats. Collaboration and coordination from the onset can have a significant impact in reducing the impact of these threats and saving lives.

The next public health emergency states and territories face may not look like previous emergencies. While it is vitally important to incorporate lessons learned from past incidents, it is also essential to continue to plan and prepare for other types of public health threats. Doing this effectively requires having a wide aperture to identify new and emerging threats. Not only does this include traditional public health threats but also ensuring that other new and emerging threats are looked at through a public health lens to identify potential impacts. There are a number of ways that states and territories are doing this work, including through syndromic surveillance and disease detection, integration of public health into the homeland security apparatus, collaboration between public health and fusion centers, and generally taking a One Health approach that recognizes the interconnected nature of public health.

Public health emergencies and issues have increasingly been viewed through a One Health approach which recognizes the health of people is closely connected to the health of animals and the environment. For instance, drought or flooding can negatively impact food security, and some diseases in animals have the potential to spread to humans. The One Health approach evaluates upstream concerns to understand and mitigate downstream community impacts. It can help prevent outbreaks of zoonotic disease in animals and people, improve food safety and security, and reduce antimicrobial-resistant infections, among others.[1]

By bringing together experts from public health (Health Departments), homeland security (emergency management, law enforcement organizations and fusion centers), and environmental agencies (Departments of the

Key Response Personnel

- **Governors' Offices**
- **State Health Officials**
- **Public Health Emergency Preparedness (PHEP) Directors**
- **Epidemiologists**
- **Emergency Managers**
- **Agricultural Officials**
- **Local Health Departments**
- **Healthcare Coalitions**
- **First Responders**
- **National Guard**
- **Laboratorians**
- **Other health and healthcare personnel**

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[1] https://www.cdc.gov/onehealth/basics/index.html#:~:text=One%20Health%20is%20a%20collaborative,plants%2C%20and%20their%20shared%20environment.

Environment or Agriculture), among others, states and territories can better analyze and mitigate potential public health threats through increased integration and collaboration. Through close coordination, this One Health approach can help to better identify and mitigate potential threats and their impacts to achieve the best health outcomes for people, animals, and plants in a shared environment.

States and territories have varying public health structures and infrastructure depending on the needs of their communities and the laws and authorities in their jurisdictions. Some areas are largely centralized with local health departments primarily working for or under the authority of the state health agency. In other areas, public health may be largely decentralized with local health officials working for the localities, or a mix of the two. Jurisdictions may also have Healthcare Coalitions and other working groups or task forces in place to facilitate a multijurisdictional response within the state. For instance, Utah has developed a Public Health and Medical Logistics section under its Emergency Operations Plan that includes a *Utah Health Emergency Response Team*, which brings together about 75 healthcare professionals, paraprofessionals, and other support personnel[2]. Other states have similar models integrating their public health and emergency management components.

Common capabilities have been established to support readiness and response efforts regardless of structure. These can be used across sectors and across jurisdictions to support collective preparedness efforts.

Public Health Emergency Preparedness and Response Capabilities

The National Standards for State, Local, Tribal, and Territorial Public Health established by CDC define 15 public health emergency preparedness and response capabilities to serve as national standards for public health preparedness planning. The document provides a foundation for state, local and territorial preparedness programs and provides a measurable target for government officials to consider as they develop their preparedness programs. The capabilities are underpinned by an "everyday use" model which is designed to develop day-to-day activities that can be surged during an emergency. Many of the 15 capabilities outlined by CDC have natural synergies with the 32 core capabilities defined by the Federal Emergency Management Agency's (FEMA) as part of the National Preparedness Goal. The overlap of these two standards mandates that public health officials, emergency managers, and homeland security advisors coordinate to deconflict roles and responsibilities, reduce duplication, and maximize organizational efficiencies.

TABLE 1: Complementary Federal Emergency Management Agency and Centers for Disease Control and Prevention Capabilities	
FEMA CORE CAPABILITIES[3]	**CDC CAPABILITIES**[4]
Public information and warning	Emergency public information and warning
Mass care services	Mass care
Public health, health care and emergency medical services	Medical surge
On-scene security, protection and law enforcement	Responder safety and health
Situational assessment	Information sharing
Community resilience	Community recovery
Operational coordination	Emergency operations coordination

CDC = Centers for Disease Control and Prevention; FEMA = Federal Emergency Management Agency.

[2] https://dhhs.utah.gov/opr/response-resources/public-health-and-medical-logistics/
[3] https://www.fema.gov/emergency-managers/national-preparedness/mission-core-capabilities
[4] https://www.cdc.gov/orr/readiness/fb_2018_15capabilities.html

Public Health Infrastructure

One key to meeting these capabilities is the public health infrastructure within the state or territory. This includes the people, services, and systems that protect and promote public health both during day-to-day activities as well as during a public health emergency. Strong public health infrastructure not only supports resiliency to a public health emergency, but it can also improve long-term community health outcomes.

A robust public health workforce will also continue to play a key role in mitigating the impact of public health threats. Retaining, and growing the capabilities of the public health workforce is critical to ensuring that states and territories are prepared to fully respond to a public health emergency.

Regularly assessing existing infrastructure, engaging in exercises, and conducting after-action reviews can aid in identifying potential areas for additional collaboration or where public health infrastructure improvements may increase long-term resiliency and readiness. The COVID-19 pandemic stressed existing public health infrastructure and pointed to areas that needed strengthening and modernization.

Many states and territories have been taking steps to enhance their public health infrastructure including by increasing the robustness of scalable systems, resources and tools that can be used day-to-day and expedite an emergency response. To support efforts to enhance public health infrastructure, the CDC initiated a Public Health Infrastructure grant program in 2022 that awarded more than $3 billion.

Strategies for Strengthening Public Health Infrastructure

Investing in Public Health Infrastructure can help to meet Governor's priorities not only as it relates to equitable community health outcomes but also in fostering an environment that supports more resilient communities, a strong workforce and economic development, among others. Below are examples of efforts states and territories are taking to improve Public Health Infrastructure, including within broader infrastructure investments:

▸ **Ensuring Data Systems are Scalable to Meeting Changing Demands** – Public health data is an important factor in resource allocation and identifying emerging trends. As states and territories continue to assess ways to leverage technology to store, assess, visualize, and share data, looking to ensure systems are scalable to meet needs for future public health emergencies can increase resiliency. Building in cybersecurity and privacy considerations are also key to technological success.

▸ **Reviewing Regulatory Standards**- Reducing barriers to entry while improving the quality of care by reassessing regulation ranging from telehealth covered services to education requirements for medical certifications.

▸ **Investing in Rural, Isolated and Underserved Communities** – As states and territories continue to make infrastructure investments, there are continued efforts to increase access to services in remote and underserved communities. This includes working with community leaders to identify and address gaps, such as expanding broadband that will also increase access to telehealth services, as well as expanding and incentivizing medical services in high need areas, among others.

▸ **Strengthening the Workforce** - Bolstering the public health and healthcare workforce, including in emergency preparedness and response, across private and public sectors, is critical to successfully navigating future public health emergencies. Some states and territories have facilitated this through actions like providing location-based pay, scholarships during residency/training, and repaying education loans. Given the increase in concurrent emergencies, some states and territories are also looking to reinforce and expand the capabilities of their existing workforces, including cross-training, re-aligning tasks and required qualifications, upskilling existing staff as well as re-envisioning succession planning.

EMERGENCY DECLARATIONS FOR PUBLIC HEALTH INCIDENTS

Both the federal government and many states have authority to declare a public health emergency. It is important to understand the nuances of public health emergency declarations and how they affect government operations in contrast to the other types of emergency declarations common to homeland security and emergency management officials.

Some states have laws that specifically allow for the declaration of a public health emergency, while Governors in other states may utilize a standard declaration of emergency to mobilize a response to a public health incident. As with natural or man-made disasters, declaring a public health emergency operationalizes resources and legal authorities not otherwise available. The language of emergency declarations varies widely from state to state, so it will be important for Governors to work with their teams to understand the legal tools at their disposal, how they differ, and what powers are made available by each.

Emergency Declarations and Executive Actions

In many jurisdictions, public health emergencies and disaster declarations can be declared concurrently for incidents, including natural disasters, that have significant impacts to public health.

Governors and their advisors may consider orders, declarations and actions to:

▸ **Activate the state emergency response plans and mutual aid agreements.**

▸ **Activate state emergency operations center and incident command systems.**

▸ **Provide authority to expend funds and deploy personnel, equipment, supplies, and stockpiles.**

▸ **Activate statutory immunities and liability protections for those involved in response activities.**

▸ **Suspend and waive rules and regulations (and statutes, if allowed).**

▸ **Outline applicable response or public mitigation actions.**

▸ **Streamline state administrative procedures, such as procurement requirements.** [6]

The COVID-19 Pandemic also saw states and local jurisdictions review and, in some cases, change the authorities[5] the executive and legislative branches have to respond to public health emergencies. It will be important for Governors to continually assess the tools they have at their disposal to respond to future public health emergencies.

Governors are also sometimes not alone in having the authority to declare a public health emergency. In some states, public health agency directors also have the authority to declare such an emergency. Although in some instances for consistency of public communication it may be important for a Governor to issue an executive order or other public statement directing the public health agency director to declare an emergency. Regardless of where this authority resides or which type of declaration is made, it is essential that officials from public health, emergency management, and homeland security collaborate towards a coordinated response effort.

Finally, public health emergency declarations should not only be used to address well-defined public health events like infectious disease outbreaks. In fact, many public health emergencies are declared as part of larger disasters which have public health implications, such as floods and wildfires. Hurricanes Katrina, Gustav, Isaac, Dorian, Harvey, Maria, Michael, and Ian all saw public health emergencies declared concurrent to their overarching disaster declaration.

[5] https://ngaorg1-my.sharepoint.com/:b:/g/personal/ngabox_nga_org/EZFgN9umcvdPuHmNcj47QNABs2Hs4ODSA1lI-gCXeicA3Q?e=YePkP7

[6] https://legacy.astho.org/uploadedFiles/Programs/Preparedness/Public_Health_Emergency_Law/Emergency_Authority_and_Immunity_Toolkit/04-EmergDecAuthorities%20FS%20Final%203-12.pdf

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Pandemic and All Hazards Preparedness Act

The Pandemic and All Hazards Preparedness Act (PAHPA) serves as a major legislative vehicle for federal authorities and funding related to public health emergency preparedness. PAHPA is typically required to be reauthorized by Congress every 5 years, the latest reauthorization was in 2019: Pandemic and All Hazards Preparedness and Advancing Innovation (PAHPAI) Act. Signed into law in 2006, PAHPA brought a diverse group of stakeholders to the table to advance national health security. It also increased funding and grant opportunities, including the PHEP Cooperative Agreement and the Hospital Preparedness Program (HPP), which provides grant funding to both public and private health assets to prepare for emergencies and disasters. Notably, the bill, recognizing the significance of the intersection between public health and emergency management, also established the Office of the Assistant Secretary for Preparedness and Response (ASPR) in the U.S. Department of Health and Human Services (HHS). In March 2013, Congress also passed the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), which also recognizes the role of the U.S. Food and Drug Administration (FDA) in public health emergencies and preparedness, bolstering FDA's mission to support the development and accessibility of drugs, vaccines and medical countermeasure (MCM) devices.

CDC's PHEP Cooperative Agreement

In 1999, the Centers for Disease Control and Prevention (CDC) began supporting state and local bioterrorism preparedness by providing $40 million to 50 states, four major metropolitan areas and eight territories. Following the terrorist and anthrax attacks of 2001, that program evolved into what is now known as the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. CDC continues to manage the PHEP program to provide annual funding to 62 state, local and territorial public health departments. In addition, CDC works with HHS/ASPR to ensure state, tribal, local and territorial health department access to the strategic national stockpile (SNS) for medical countermeasures (MCMs), lifesaving medicines and medical supplies that can be used to diagnose, prevent, protect, or treat chemical, biological, radiological, or nuclear threats.

The PHEP cooperative agreement is a critical source of funding for state, local, and territorial public health departments. Since 2002, the PHEP cooperative agreement has provided assistance to public health departments across the nation. This 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. Preparedness activities funded by the PHEP cooperative agreement specifically target the development of emergency-ready public health departments that are flexible and adaptable.

The Public Health Response Readiness Framework, listed below, was established to help guide the future of the PHEP program. Like other preparedness grants, PHEP focuses on preparedness activities, but differs in its focus, aiming to bolster the overarching emergency readiness capabilities of public health departments.

Public Health Response Readiness Framework

This Framework outlines program priorities that jurisdictions can strive for to improve and excel in public health emergency response operations.

- Develop threat-specific approach
- Enhance partnerships
- Expand local support
- Improve administrative and budget preparedness
- Build workforce capacity
- Incorporate health equity practices
- Modernize data collection and reporting systems
- Strengthen risk communications activities
- Advance capacity and capability of public health laboratories
- Prioritize community recovery efforts

The Homeland Security Grant Program

Broader homeland security and preparedness funds may also be used to prepare and enhance readiness for public health emergencies. For many state and territory homeland security and emergency management officials, the Homeland Security Grant Program (HSGP) is a fundamental source of resources to develop protection, prevention, mitigation, response, and recovery capabilities within their jurisdictions. While the HSGP program does not provide specific funding for public health preparedness, it does provide support for homeland security preparedness capabilities more generally. HSGP consists of three grant programs:

- **State Homeland Security Program;**
- **Urban Areas Security Initiative; and**
- **Operation Stonegarden.**

HOMELAND SECURITY GRANT PROGRAM

1. State Homeland Security Program
2. Urban Areas Security Initiative
3. Operation Stonegarden
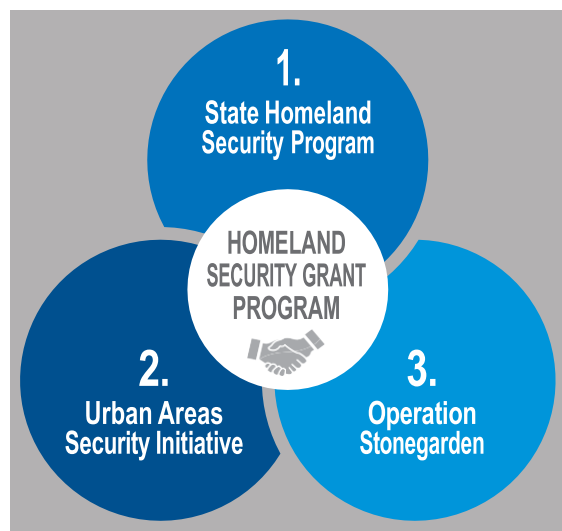
Each grant program has a distinct mission, but all serve the greater purpose of advancing the National Preparedness System by supporting the creation and sustainment of the core capabilities necessary to achieve a secure and resilient country.

Collaborating and strategizing across sectors can help to ensure that these funds can be used to holistically strengthen the state's emergency preparedness and response capabilities.

Case Studies

WEATHER EMERGENCIES

Significant weather emergencies have downstream public health impacts. For instance, once the water recedes after a hurricane, the threat of mold, electrical shortages, and contaminated drinking water, to name a few, can result in public health impacts. These incidents often require fully coordinated government responses across all emergency support functions, including public health.

In response to significant weather impacts, funding can be provided through mechanisms such as the Stafford Act and CDC Public Health Crisis Response, and Congress can also utilize other tools such as supplemental appropriations, that can support surge needs that state and local officials require to combat the associated public health aspects of a natural disaster.[7]

Hurricane, or other natural disaster, response activities may be eligible for PHEP funding. States should consult their principal investigator (PI) for the Cooperative Agreement for Emergency Response: Public Health Crisis Response.

Strategic National Stockpile

The Strategic National Stockpile is the country's largest stockpile of lifesaving pharmaceuticals and medical supplies, held for use in a public health emergency if local supplies run out. The stockpile is designed for a scalable response and has sufficient supply to respond to multiple large-scale public health emergencies occurring simultaneously. State, local, tribal and territorial health departments and responders can request assistance from the stockpile to support their response efforts if their own resources are depleted. The Strategic National Stockpile is housed in the Administration for Strategic Preparedness and Response (ASPR) in the U.S. Department of Health and Human Services.

CDC and ASPR continue to partner on the Strategic National Stockpile to ensure that its resources are readily available to states by:

- Conducting routine quality assurance on all products in the stockpile.
- Ensuring that the Strategic National Stockpile holdings are based on the latest scientific data and threat levels.
- Maintaining the ability to transport items during a public health emergency.

7 https://crsreports.congress.gov/product/pdf/R/R47207

COMMUNICABLE DISEASES

In instances of communicable disease outbreaks where public health may serve as the lead response agency, cross-sector collaboration with emergency management and other applicable agencies may aid in a more effective response. While the size and scale of the global COVID-19 pandemic clearly necessitated a whole-of-community response, collaboration is often needed to address smaller scale communicable disease outbreaks. One example is the 2015-2016 Zika virus outbreak. Infected pregnant persons could experience adverse pregnancy outcomes including loss of pregnancy or brain abnormalities, such as microcephaly. In impacted states, public health often worked with agricultural officials to reduce infected mosquito populations, emergency management to coordinate response and others to address the outbreak.

The federal government, including the CDC, can also support state and local governments in responding to the spread of communicable diseases. Depending on the type of incident, this may include leveraging the national strategic stockpile, providing expertise, and providing funding. For instance, during the Zika virus public health emergency, CDC awarded nearly $184 million in funding to 53 states, cities and territories to protect Americans against the rising threat. During the funding-distribution process, CDC undertook a risk assessment to identify which areas had vulnerable populations that carried a greater risk of local transmission.

CDC also developed the following programs to distribute Zika-specific funds to state, local and territorial agencies:

- Vector-Borne Disease Regional Centers of Excellence: $40 million.
- Public Health Emergency Preparedness and Response Zika Activities: $25 million.
- Zika Birth Defects Surveillance: $8 million.

Centers for Disease Control and Prevention Notice of Funding Opportunity for Public Health Crisis Response

An important component of the funding model the Public Health Emergency Preparedness (PHEP) Cooperative Agreement provides is the Public Health Crisis Response (PHCR) cooperative agreement. The Cooperative Agreement is a funding vehicle that quickly empowers the Centers for Disease Control and Prevention (CDC) to rapidly distribute and award funds to state, local and tribal authorities when a public health emergency is taking place. Key examples of the CDC Division of State and Local Readiness' rapid deployment of funding available through this PHEP mechanism and states' flexibility to use those resources they see fit can be seen in the disbursements for opioids, hurricanes, and communicable disease public health events. Recently, CDC used this agreement to provide more than $45 million to support states and cities in responding to the Mpox virus. As part of that, **Virginia** received almost $1 million to support the state's response, which included more than 6,000 individuals being vaccinated. [7,8,9]

States, local, and territorial governments had authority to determine how best to use the Zika-related funding to meet their needs. Options included investigations into possible outbreaks of Zika virus, coordination of a comprehensive, intergovernmental response, and identification of individuals infected with the virus and connecting them with treatment services.

[8] https://www.cdc.gov/orr/readiness/funding/mpox.htm
[9] https://www.cdc.gov/orr/epf/virginia.htm
[10] https://www.13newsnow.com/article/news/health/monkeypox/gov-youngkin-speaks-on-expand-monkeypox-vaccine/291-d4fca19e-fe63-449e-9d9f-1e314f6c1439

OTHER PUBLIC HEALTH CRISES

When communities face other large-scale community crises, such as has been seen with the opioid crisis, collaboration across sectors has often been vital to effective response. For instances such as increased drug overdoses, these partnerships may feature public and behavioral health, law enforcement and homeland security, as well as community partners who can help support harm reduction and a continuum of care.

The federal government can also support state and local governments in their response efforts. The increase in opioid overdoses has become a public health emergency in many locations in the United States as fentanyl has increased in availability. Many states are taking a multi-faceted approach to address this issue, and NGA has developed recommendations for Governors on addressing opioid overdoses.

Public health emergency preparedness efforts and funding can play an important role even in more long-term incidents such as this. While CDC has issued specific funding to states to support overdose prevention and response efforts, PHEP funding has also allowed states to put in place tools and resources that can be used to address overdoses as well as future emergencies.

For instance, **Illinois** received $3.6 million in funding in 2018 through the PHEP Cooperative Agreement: Public Health Crisis Response (Opioid Crisis CoAg) to implement a number of initiatives including strengthening bio surveillance, improving use of prescription drug monitoring programs, and increasing linkages to care, among others.[11]

Opioid prevention activities may be eligible for PHEP funding. States should consult their principal investigator (PI) for the Cooperative Agreement for Emergency Response: Public Health Crisis Response.

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[11] https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/010919docdc-opioid-crisis-coag-summary.pdf

RESOURCES

National Governors Association:

Virtual Resource Center for Public Health Emergency Preparedness:
https://www.nga.org/ph-emergency-prep-toolkit

Governor's Guide to Homeland Security (An Update):
https://www.nga.org/center/publications/hsps-publications/governors-guide-to-homeland-security

Association of State and Territorial Health Officials:

Emergency Authority & Immunity Toolkit:

https://www.astho.org/advocacy/state-health-policy/legal-preparedness-series/emergency-authority-immunity-toolkit/

Emergency Declarations and Authorities:

https://legacy.astho.org/uploadedFiles/Programs/Preparedness/Public_Health_Emergency_Law/Emergency_Authority_and_Immunity_Toolkit/04-EmergDecAuthorities%20FS%20Final%203-12.pdf

HHS Launches National Ebola Training and Education Center:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6532632/

Legal Preparedness Series:
https://www.astho.org/Legal-Preparedness-Series

Public Health Emergency Planning Toolkit:
https://www.astho.org/globalassets/report/public-health-toolkit-for-inclusive-emergency-managment-planning.pdf

CDC:

Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health:
https://www.cdc.gov/orr/readiness/capabilities/index.htm Public Health Emergency

Preparedness (PHEP) Cooperative Agreement:
https://www.cdc.gov/cpr/readiness/phep.htm

Public Health Crisis Response Funding
https://www.cdc.gov/orr/readiness/funding/index.htm

Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters (Second Edition: 2022):
https://www.cdc.gov/disasters/hurricanes/preparedness_and_messaging.html

Anthrax Information for Healthcare Professionals:
https://www.cdc.gov/anthrax/specificgroups/health-care-providers/index.html

Public Health Surveillance During a Disaster:
https://www.cdc.gov/nceh/hsb/disaster/surveillance.htm

Community Assessment for Public Health Emergency Response (CASPER):
https://www.cdc.gov/nceh/hsb/disaster/casper/default.htm

Caring for Children in a Disaster:
https://www.cdc.gov/childrenindisasters/index.html

Planning for an Emergency: Strategies for Identifying for Engaging At-Risk Groups:
https://www.cdc.gov/nceh/hsb/disaster/atriskguidance.pdf

Initial Actions to Integrate Public Health Preparedness Into Other Statewide Preparedness Efforts

ACTION STEP 1 — Communicate

Meet with the public health department and other relevant agencies (e.g. emergency management) to collaborate on existing plans, share expectations and ensure clarity in response activities. Also, identify in other emergency operations and response planning where additional attention to public health preparedness may be needed:

EXAMPLES:
- Natural-disaster response.
- Temporary displacement of populations.
- Severe energy or critical infrastructure emergency.
- Emerging threats.

ACTION STEP 2 — Coordinate

Support communications processes and protocols between departments:

- Consider establishing cadence for regular meetings with public health and other preparedness counterparts.
- Ensure priorities are aligned with regard to emergency preparedness and response, thereby reducing redundancies and miscommunications while identifying opportunities for support and cooperation.
- Identify opportunities for collaboration and coordination between preparedness and response funding streams (i.e., HSGP/PHEP) within the legal authorities of both programs.
- Support joint exercises between departments that include or address public health scenarios.
- Reinforce relationships with federal agencies.

ACTION STEP 3 — Executive Action & Authorities

Regularly review state or territory's authority to declare public health emergencies, as well as the authorities of the public health department, during such an event:

- Ensure legal advisors are familiar with and exercise the internal processes of issuing an emergency declaration and related actions.
- Ensure response agencies understand their delegated authorities under an emergency declaration, public health considerations and how operations may need to be adjusted during an incident.
- Ensure there is a clear process in place to share challenges during an emergency, particularly those that may require an executive order to address.
- Review the emergency declarations for your state and determine whether the language or framework requires updating to provide for a more integrated approach to public health and homeland security.
- Consider developing a joint legislative/executive branch commission to review and propose revisions to executive authorities if they do not meet current needs.

ACTION STEP 4 — Engage

Support efforts to expand education and build trust on public health preparedness, including resources available to support state and local entities:

- Support efforts to educate the public about public health and public health emergency preparedness.
- Work with community leaders, particularly in remote and underserved areas, to identify and champion local needs.
- Consider ways to educate and leverage private partners and key industries in support of public health emergencies.
- Leverage resources included from CDC, ASPR and HHS, identified in the guide.