

PROJECT PUBLIC HEALTH READY

Re-Recognition

Goals and Measures

[Insert Applicant Name and State]



PROJECT PUBLIC HEALTH READY

▶ Table of Contents

▶ Table of Contents	1
▶ Introduction.....	3
Program Overview	3
Application Scoring	6
Recognition Outcomes	8
Application Requirements	9
Key Resources.....	10
▶ Application Guidelines	11
▶ Document Checklist	Error! Bookmark not defined.
▶ Executive Summary	13
Required Elements of the Executive Summary	13
Formatting and Length.....	15
Helpful Tips.....	16
▶ Re-Recognition Crosswalk	17
Goal I: Engage with the Whole Community to prepare for public health emergency response and recovery.	20
Goal II: Conduct all-hazards planning for emergency response.....	42
Goal III: Maintain plans, processes, and procedures for investigating and mitigating public health threats.	75
Goal IV: Maintain plans, processes, and systems for recovering from emergencies.	80
Goal V: Prepare the public health workforce for response and recovery operations.....	86
Goal VI: Conduct continuous quality improvement of preparedness, response, and recovery plans, processes, and systems.....	91

- ▶ Re- Recognition Narrative Questions 99
- ▶ PPHR Glossary..... 106
- ▶ Acknowledgments 112

Introduction

Thank you for your interest in joining the National Association of County and City Health Officials' (NACCHO) Project Public Health Ready (PPHR) program! We are thrilled to see your dedication to advancing public health preparedness. As you prepare your application, please ensure it meets all the requirements outlined in the Application Requirements Section.

NACCHO is here to support you every step of the way on your PPHR journey. For guidance, start with the Applicant Rulebook, and if any questions remain, don't hesitate to reach out to us at pphr@naccho.org. Together, we can strengthen preparedness and build healthier, safer communities!

Program Overview

PPHR is a nationally recognized, competency-based training and recognition program designed to enhance the public health emergency preparedness capabilities of local health departments (LHDs) and regional health departments. The goal of PPHR is to ensure that LHDs are fully integrated into the broader emergency response community and equipped to respond effectively to any public health emergency. The program also fosters collaboration with state and federal partners, community response organizations, and internal health department teams, encouraging stronger partnerships and a unified approach to preparedness.

PPHR was established in 2002 through a cooperative agreement between NACCHO and the Centers for Disease Control (CDC). Originally launched as a workforce development initiative, PPHR evolved to support bioterrorism planning in the wake of emerging threats and eventually became an all-hazards preparedness program designed to strengthen LHD readiness for a wide range of public health emergencies. PPHR is guided by the Preparedness Planning, Outcomes, and Measures (PPOM) Workgroup, which is an external advisory committee composed of LHD staff from across the country. This dedicated group plays a key role in shaping the program's direction and ongoing development.

Alignment with National Practices and Standards

Since their inception, the PPHR Goals and Measures have been developed and revised to remain aligned with federal initiatives and national-level public health preparedness and emergency management practices and standards. The goals and measures in this application reflect the concepts and components of the following:

- Public Health Emergency Preparedness (PHEP) Notice of Funding Opportunity (NOFO) FY 2024-2028, February 2028
- Developing and Maintaining Emergency Operations Plans Comprehensive Preparedness Guide (CPG) 101 Version 3.0, September 2021
- Homeland Security Exercise and Evaluation Program (HSEEP) Doctrine, January 2020
- National Incident Management System (NIMS), Third Edition, October 2017
- Public Health Emergency Preparedness and Response Capabilities National Standards for State, Local, Tribal, and Territorial Public Health, January 2019
- Public Health Accreditation Board (PHAB) Standards & Measures for Initial Accreditation Version 2022, February 2020

PPHR Goals and Measures

The PPHR Goals and Measures are nationally recognized standards that guide and evaluate local public health preparedness. They are designed to help LHDs and regional LHDs assess and enhance the quality of their preparedness planning and response efforts.

Crosswalk Structure

PPHR is organized into four components: goals, measures, criteria elements, and guidance. Each of the six PPHR goals represent a distinct public health emergency preparedness function. These goals are supported by specific measures that outline what is required to meet each goal. Within each measure, criteria elements define the specific documentation or evidence applicants must provide to demonstrate compliance.

To assist both applicants and National Reviewers, detailed guidance is included alongside each criteria element. This guidance serves to:

- Clarify the intent for the criteria elements.
- Describe acceptable forms of documentation.
- Account for differences in local planning structure.
- Provide additional details to interpret and meet requirements.

Re-Recognition Goals and Measures

The Re-Recognition Application is comprised of six goals and 17 measures:

- **Goal I:** Engage with the Whole Community to prepare for public health emergency response and recovery.

- **Measure 1.1** Identify and analyze the public health consequences of known risks facing the jurisdiction and potential disproportionate effects or impacts on individuals within the jurisdiction.
- **Measure 1.2** Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.
- **Measure 1.3** Develop, document, and maintain multi-year public health preparedness priorities.
- **Measure 1.4** Develop and implement processes to protect the public health workforce before, during, and after a response.
- **Goal II:** Conduct all-hazards planning for emergency response.
 - **Measure 2.1** Maintain an all-hazards response plan.
 - **Measure 2.2** Maintain procedures for an all-hazards response relative to activation, staffing, and operations.
 - **Measure 2.3** Maintain procedures and systems for supporting internal response communications.
 - **Measure 2.4** Maintain mechanisms to increase public health surge capacity.
 - **Measure 2.5** Maintain information-sharing plans and systems for supporting communication with response partners.
 - **Measure 2.6** Maintain risk communications/public information communication plans and systems.
 - **Measure 2.7** Maintain plans for implementing the applicant's additional all-hazards roles and responsibilities.
- **Goal III:** Maintain plans, processes, and procedures for investigating and mitigating public health threats.
 - **Measure 3.1** Maintain plans, processes, and systems to distribute, dispense, and administer medical countermeasures.
- **Goal IV:** Maintain plans, processes, and systems for recovering from emergencies.
 - **Measure 4.1** Ensure continuity of public health services.
 - **Measure 4.2** Support community recovery needs.
- **Goal V:** Prepare the public health workforce for response and recovery operations.
 - **Measure 5.1** Provide training for response personnel.
- **Goal VI:** Conduct continuous quality improvement of preparedness, response, and recovery plans, processes, and systems.
 - **Measure 6.1A** Learning and improvement through an exercise.
 - **Measure 6.1B** Learning and improvement through a real event.
- **Narrative Questions:** Re-recognition applicants complete a response to narrative questions describing insights into their efforts to improve the quality of their response plans, processes, or systems since their previous recognition date.

Goals and Measures Across Application Types

The PPHR Goals and Measures are organized into three distinct application types, each tailored to a specific audience. While all applications align with the CDC public health emergency capabilities, each version is nuanced and reflective of the needs of its intended audiences.

- **Initial Recognition Application:** This application is open to LHDs, tribal health departments, and regional health departments that do not currently hold PPHR recognition and act as a primary response agency (PRA) during a disaster or emergency. The first-time application is comprised of 269 individual criteria elements used to evaluate evidence demonstrating how the applicant will respond to emergencies and how the response will be staffed and managed.
- **Re-Recognition Application:** The re-recognition application is open every five years to LHDs, tribal health departments, and regional health departments that are currently PPHR-recognized. This application contains a sub-set of the criteria within the initial recognition, primarily criteria that have changed since the applicant last achieved PPHR recognition and additional continuous quality improvement requirements not included in the initial application.
- **Support Response Agency (SRA) Application:** The SRA application is specifically developed for agencies whose response role is to support the response efforts of local-level "boots-on-the-ground" agencies. The criteria within the SRA application are uniquely developed to evaluate evidence demonstrating how the SRA will support PRAs.

Application Scoring

Each submitted PPHR application is reviewed and scored by a team of trained National Reviewers who assess the extent to which the applicant meets the program's established goals and measures. Reviewers evaluate the documentation provided for each element and assigns one of three scores – **Met**, **Partially Met**, or **Not Met** – based on how well the documentation demonstrates compliance with the intent and requirements of the criteria. This scoring process is designed to be objective, transparent, and supportive of continuous improvement. Feedback provided for each score helps applicants understand strengths in their submission and identify areas for enhancement, ensuring a consistent and fair review experience across all applicants.

A score of **Met** indicates:

- The applicant has fully demonstrated compliance with the intent and requirements of the criteria element.
- All required components of the criteria element are addressed comprehensively and appropriately.

- Documentation is complete, relevant, clearly organized, and sufficient to demonstrate that the element is operationalized or implemented as intended.
- Documentation provided is specific, consistent, and does not require inference or assumptions by the reviewer.
- If the applicant is not the lead agency for a criteria element, the agency has addressed the requirements outlined in Application Guideline #1: Lead Agency.

A score of **Partially Met** Indicates:

- The applicant has demonstrated partial compliance with the criteria element but has not yet fully met the intent or requirements.
- Some components of the criteria element are clearly addressed, but others are missing, underdeveloped, outdated, or require clarification or additional documentation.
- The documentation may be relevant but lacks sufficient depth, clarity or consistency to confirm full implementation.
- Reviewers will specify which portion of the criteria element must be revised, strengthened, or supplemented to achieve a “Met” score.
- If documentation is unavailable, incomplete, or in draft at the time of submission, the agency must address the requirements outlined in Application Guidelines #1 or #2, if applicable.

A score of **Not Met** indicates:

- The applicant has not demonstrated sufficient progress or documentation to satisfy the criteria element.
- The documentation submitted is largely incomplete, irrelevant, missing, or does not demonstrate understanding or implementation of the criteria.
- Information is vague, outdated, overly general, or requires significant inference to interpret.
- Evidence does not support the operationalization of the element or is entirely absent.
- Hyperlinks or referenced materials are inaccessible, broken, or misdirected, preventing reviewers from accessing required information.
- The applicant has not addressed any of the requirements of the Application Guidelines #1 or #2, if applicable.

Recognition Outcomes

An applicant's level of PPHR Recognition is determined using a point-based scoring system, which evaluates performance across tiered criteria elements. Scores are calculated to assess whether the applicant meets the minimum requirements for each PPHR goal necessary to attain a specific recognition level. These may be subject to change.

- **PPHR Recognized with Honors:** An application received a minimum score of 90% of available points in each PPHR goal.
- **PPHR Recognized:** An application received a minimum score of 75% of available points in each PPHR goal.
- **Not Recognized:** An applicant received a score of less than 75% of available points in any one of the six PPHR goals.

Re-Recognition

Recognition status is valid for five years and allows applicants to participate in the re-recognition process. Pursuing re-recognition is an important driver for continuous quality improvement in the preparedness capabilities and capacities demonstrated during the initial recognition. Agencies are invited to participate in re-recognition during the year their recognition status expires.

More information is available on the PPHR website.

Updated Goals and Measures Summary

The previous versions of the First-Time Recognition Criteria (Version 10.0) and Re-Recognition Criteria (Version 5.0) were last updated in September 2019, just prior to the onset of the COVID-19 pandemic. The widespread impacts of recent public health incidents– and the sustained emergency response they require at all levels of government – have fundamentally reshaped the practice of public health emergency preparedness and response.

In addition to these shifts, feedback from applicants and National Reviewers highlighted the need for clearer, more flexible, and less administratively burdensome guidance. In response, NACCHO conducted a comprehensive revision process to modernize and strengthen the program's core expectations.

The result of this effort is the release of the Initial Recognition Goals and Measures (Version 11.0) and Re-Recognition Goals and Measures (Version 6.0), which represent a significant evolution of the PPHR program's expectations. These updated goals and measures aim to:

- Reflect best practices for evaluating local public health preparedness programs.

- Clearly define how applicants can demonstrate compliance and how reviewers can assess fulfillment.
- Align with current CDC PHEP capabilities and PHAB standards.
- Incorporate updated emergency management practices and framework.
- Integrate key lessons learned from recent major public health events.
- Provide flexibility to reflect diverse local and state organizational structures.

The updates to the PPHR Goals and Measures reflect a comprehensive structural and content revision aimed at aligning with evolving public health preparedness standards and modern emergency management practices. These updates include a reorganization of goals, measures, and criteria elements, as well as a more streamlined presentation that improves usability for applicants and reviewers. The Applicant Rulebook contains additional information regarding updates to PPHR Goals and Measures.

Application Requirements

This application contains specific sections that must be completed for an application to be considered complete. A complete initial recognition application must include all of the following requirements:

- **Document Checklist:** Applicants must complete the document checklist by providing one hyperlink to each item in the Document Checklist section of this application.
- **Executive Summary:** Applicants must include an executive summary to provide background information on the agency, its jurisdiction, and its approach to public health preparedness. Specific requirements that must be addressed are listed in the Executive Summary section of this application.
- **Crosswalk:** The crosswalk directs PPHR National Reviewers to the appropriate evidence documents in the application that fulfill the requirements of each PPHR Goal and Measure. The crosswalk is formatted with columns with the headings “Hyperlink(s)” and “Comments.” The Criteria Crosswalk must meet the following requirements:
 - **Evidence:** The application must include supporting evidence and documentation (e.g., all-hazards plans, public health annexes, emergency response plans) demonstrating fulfillment of all criteria elements within the criteria crosswalk. Applicants should not reference entire sections of documents or large ranges of pages and should cite the strongest evidence first. Additional guidance can be found in the Application Guidelines section of this application and the Applicant Rulebook. Applicants must include the precise location within their plans or supporting documentation that supports each criteria element. If support for criteria element appears in multiple locations, include multiple page number references.

- **Hyperlinks Column:** Applicants must include the precise location of evidence cited within their plans or supporting documentation that supports each criteria element. If evidence for a criteria element appears in multiple locations, include hyperlinks to each applicable location. Do not hyperlink to entire sections of documents or large ranges of pages. All hyperlinks in the criteria crosswalk must be functional and lead to the correct location of the cited evidence. Guidance and detailed instructions for hyperlinks can be found in the Applicant Rulebook.
- **Comments Column:** Applicants may include an explanation for criteria elements that were not addressed (note: this may still result in a score of “Not Met”) or any explanation that would assist a National Reviewer in understanding the plans and procedures for that jurisdiction. Comments should not include additional information that needs to be in the plan or application. Additional information and guidance about not fully addressed criteria elements can be found in the Applicant Rulebook.
- **Narrative Questions:** Response describing insights into an applicant’s efforts to improve the quality of their response plans, processes, or systems since their previous recognition date.

Key Resources

Resources are available to support the completion of your application, including:

- **Application Guidelines:** This section contains guidelines regarding the requirements for and evaluation of evidence.
- **PPHR Glossary:** The PPHR glossary contains definitions for terms and their acronyms used within this application.
- **Applicant Rulebook:** The Applicant Rulebook contains a full explanation of the application process, guidelines, additional descriptions of PPHR criteria, and instructions for documenting, submitting, and hyperlinking evidence.

▶ Application Guidelines

There are two Application Guidelines regarding the requirements for, and evaluation of, an application's evidence. Prior to developing and selecting evidence for your application, review the Application Guidelines to identify which apply to your evidence. If used, all requirements of each guideline must be addressed.

Application Guideline #1: Lead Agency

If you are not the lead agency for the activities described in a particular criteria element, you must provide a description, in the comments section or a hyperlinked document, that includes the following:

- Identification and description of the lead agency.
- Description of any support roles of the applicant for the criteria element.
- Provide a description of how the applicant coordinates the completion of its support roles and responsibilities with the lead agency (if an applicant has a support role or responsibility).
- An example of how this collaboration has worked in the past and how it is exercised or addressed in your Multi-Year Integrated Preparedness Plan (MYIPP).
- If applicable, a description of the authority or documentation formalizing the relationship with the lead agency (e.g., mutual aid agreements, contracts, regulatory obligations).

This guideline must be followed for each individual criteria element for which you are not the lead agency.

Application Guideline #2: Unavailable Documentation

If there is a criteria element that your agency has not yet addressed, or if documentation is not yet available, you must provide a description, in the comments section or a hyperlinked document, that includes the following:

- Explanation of why the specific item has not been addressed or it is why still in draft format.
- Steps/milestones of a plan to address the item.
- Timeline for steps/milestones.
- Listing of partners and description of their responsibilities to address the item.

Successfully meeting the requirements of this guideline will result in a max score of “Partially Met.” Applicants cannot receive a score of “Met” using this guideline.

▶ Executive Summary

An Executive Summary is a required component of every PPHR application. This summary should offer a concise yet comprehensive overview of your agency, your jurisdiction, and your public health preparedness framework. The summary also sets the stage for reviewers by contextualizing your evidence and demonstrating how your agency meets all six PPHR Goals.

NACCHO recommends completing the Executive Summary after finalizing your application and crosswalk. Following this structure will help ensure the summary includes all required information and maximizes clarity and coherence. This begins your application. Use the Document Checklist to hyperlink your completed Executive Summary.

Required Elements of the Executive Summary

Each section below must be addressed. Please use this format and guidance to structure the Executive Summary:

1. Introduction

- Describe your agency's approach to participating in the PPHR process.
- Share your agency's mission, vision, and values related to public health and emergency preparedness.
- Briefly explain your motivation for applying or reapplying and your desired outcomes from participating in the PPHR recognition program.

2. Jurisdictional Overview

- Population served (total number and notable trends or changes in recent years).
- Geography and topography of the area (e.g., rural, urban, coastal, mountainous).
- Unique features that influence emergency planning:
 - Key infrastructure (e.g., ports, hospitals, airports).
 - Proximity to Tribal Nations, military installations, or international borders.
 - Natural hazards (e.g., hurricanes, floods, wildfires).
- Demographic profile, including:

- Population density, age distribution, income level/poverty rate.
- Vulnerable or underserved populations and known health disparities.
- Any recent events or challenges that have shaped preparedness (e.g., major public health emergencies, natural disasters, or leadership transitions).

3. Agency Overview and Organizational Structure

- Describe your agency's governance model and legal authority (e.g., decentralized, home-rule, Dillon's Rule, state-run).
- Organizational chart highlights:
 - Preparedness roles and leadership.
 - Number and type of departments/divisions (e.g., epidemiology, environmental health).
 - Number of physical office locations or service regions (especially for regional applicants).
 - Your agency's role within the larger emergency response system at the local, regional, or state level.
- Clarify roles and responsibilities during an emergency, including Incident Command System (ICS) integration, and any statutory or Memorandum of Agreement (MOA)/Memorandum of Understanding (MOU)-based duties.

4. Workforce Profile

- Total number of agency employees, including the breakdown by department, region (if applicable), and full-time/part-time status.
- Preparedness-specific staffing, detailing:
 - Number of preparedness full-time equivalents.
 - Types of staff involved in preparedness (e.g., planners, coordinators, public information officers, epidemiologists).
- Describe any key workforce strengths or limitations that impact preparedness efforts (e.g., bilingual staff, public health nurse shortages).

5. Partnerships and Coordination

- Describe the agency's multi-sectoral coordination strategy, including:
 - Local and regional partners (e.g., hospitals, emergency management, first responders).
 - State-level coordination and alignment with PHEP capabilities and goals.

- Federal or academic partnerships, if applicable.
- Highlight how community engagement and collaboration with community-based organizations (CBOs), Tribal Nations, or the private sector informs planning and response.
- Describe formal partnerships (e.g., MOUs, workgroups, coalitions) that advance preparedness goals.

6. Integration of PPHR Criteria and Continuous Improvement

- Explain how your agency's programs and operations align with each of the six PPHR Goals:
 - **Goal I:** Engage with the Whole Community to prepare for public health emergency response and recovery.
 - **Goal II:** Conduct all-hazards planning for emergency response.
 - **Goal III:** Maintain plans, processes, and procedures for investigating and mitigating public health threats.
 - **Goal IV:** Maintain plans, processes, and systems for recovering from emergencies.
 - **Goal V:** Prepare the public health workforce for response and recovery operations.
 - **Goal VI:** Conduct continuous quality improvement of preparedness, response, and recovery plans, processes, and systems.
- Discuss how your agency integrates data, exercises, after-action reports, and real-world events into the evaluation and revision of plans and procedures.
- Highlight any key initiatives or innovations that demonstrate sustained improvement and alignment with national preparedness standards.
- Describe how your agency uses evaluation findings (from drills, exercises, responses, etc.) to revise policies, plans, and procedures.

Formatting and Length

- Limit your Executive Summary to 3–6 pages, single-spaced.
- Use section headers that align with this outline.
- Use plain language and avoid acronyms unless defined.

Helpful Tips

Helpful tips to develop the Executive Summary include:

- Write your summary with reviewers in mind—assume they are unfamiliar with your jurisdiction and agency.
- Provide context to help reviewers understand your unique challenges, resources, and successes.
- If reapplying, note key improvements or changes since your last application.
- Use the Executive Summary to demonstrate organizational maturity, leadership commitment, and community collaboration.

▶ Document Checklist

For an application to be considered complete, it must include a link to each of the required documents identified in the Document Checklist below. Although the document checklist is ungraded (i.e., it does not receive a score of Met, Partially Met, or Not Met), National Reviewers utilize the required documents to familiarize themselves with the applicant agency, its jurisdiction, and approaches to public health preparedness. Documents with alternate titles to those specified in the checklist may be provided as indicated. Use the comments column to indicate if the required document has an alternate title.

The document checklist does not exhaustively identify all the evidence that will be submitted within the criteria crosswalk.

Required Document	Link(s)	Comments
1. Executive Summary. The executive summary describes how the applicant addresses all six PPHR Goals, information about its jurisdiction, organizational structure, employee demographics, and coordination with partners.		
2. Risk Assessment. The risk assessment must have been completed within three years of the PPHR application submission date. The risk assessment may be a stand-alone document, a component within the applicant's response plan, within a Jurisdictional Risk Assessment (JRA)/Threat and Hazard Identification and Risk Assessment (THIRA), or the Local Hazard Mitigation Plan (LHMP). See Measure 1.1 for more information.		
3. MYIPP. The MYIPP must have been completed or last updated within three years. If your agency does not utilize the Integrated Preparedness Cycle, provide your multi-year training and exercise plan (MYTEP) or workforce development plan. See Measure 1.3 for more information.		
4. All-Hazards Response Plan. The plan must include a date demonstrating its development or last revision occurred within one year of the PPHR application submission date. The all-hazards response plan may be a stand-alone document or a component of a larger jurisdictional plan; it may be referred to by varying names, including Emergency Operations Plan (EOP), Comprehensive Emergency Response Plan, Departmental Operations Plan, or included as an Emergency Support Functional annex to a jurisdiction's EOP. See Measure 2.1 for more information.		

Required Document	Link(s)	Comments
<p>5. Continuity of Operations Plan (COOP). The plan must include the date of its development or most recent revision. This date should demonstrate development or revision occurred no more than one year before the PPHR application submission date. The COOP may be a stand-alone document or a component of a larger jurisdictional plan as long as it outlines how the applicant will perform and deliver its essential functions if an incident disrupts normal operations. See Measure 5.1 for more information.</p>		
<p>6. Training and Exercise Schedule. The training and exercise schedule must include the date of its development or most recent revision. This date should demonstrate development or revision occurred no more than one year before the PPHR application submission date. The training and exercise schedule may be a standalone document or component of a MYIPP as long as it identifies the training and exercise opportunities for its response personnel related to the knowledge, skills, and abilities needed to perform key preparedness response and recovery tasks. See Measure 5.1 for more information.</p>		
<p>7. After-Action Report (AAR) and Improvement Plan (IP). The AAR/IP can be for an exercise or real incident response that must have taken place within two years of the PPHR application submission date. If submitting for an exercise, it must be for a full-scale or functional exercise. See Measures 6.1A and 6.1B for more information.</p>		

▶ Re-Recognition Crosswalk

The Re-Recognition Crosswalk is used by PPHR applicants to provide evidence for each of the six PPHR Goals. The table below depicts a breakdown of the general components of the crosswalk. You will begin hyperlinking evidence into your own crosswalk below.

Goal: Each of the six PPHR goals represent a distinct public health emergency preparedness function. Measure: Outline of what is required to meet the goal.		Required Evidence: Identifies the type of evidence required.	
Criteria Element	Guidance	Hyperlink	Comments
1. Criteria elements define the specific documentation or evidence applicants must provide to demonstrate compliance:	Guidance supports applicants and National Reviewers by: <ul style="list-style-type: none"> • Clarifying the intent for the criteria elements. • Describing acceptable forms of documentation. • Accounting for differences in local planning structure. • Providing additional details to interpret and meet requirements. 	Applicants must include links to the precise location within their plans or supporting documentation that supports each criteria element. If support for a criteria element appears in multiple locations, include multiple page number references.	Applicants may include an explanation for criteria elements that were not addressed (note: this may still result in a score of “Not Met”) or any explanation that would assist a National Reviewer in understanding the plans and procedures for that jurisdiction.
a. Sub-elements further define specific requirements for criteria elements.			

Goal I: Engage with the Whole Community to prepare for public health emergency response and recovery.

As championed by the CDC and consistent with FEMA’s whole-community approach to preparedness, LHDs should actively work with and engage community leaders outside of public health. Strong collaboration with partners from healthcare, emergency management, and community-based organizations will improve emergency response outcomes. Community leaders keenly understand their community’s needs and capabilities and are valuable stakeholders who can support the preparedness planning process. Engaging with partners that represent the Whole Community in the planning process can lead to a deeper understanding of the unique and diverse needs of a population, its demographics, values, norms, community structures, networks, and relationships that ultimately enable the identification of health and safety needs and the feasibility of proposed courses of action. Civic leaders and representatives of community-based, nonprofit, faith-based, humanitarian, and human services organizations are indispensable in developing response plans that reflect the community with valid assumptions about public needs, capabilities, resources, and reactions.

Goal I consists of the following measures:

- **Measure 1.1** Identify and analyze the public health consequences of known risks facing the jurisdiction and potential disproportionate effects or impacts on individuals within the jurisdiction.
- **Measure 1.2** Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.
- **Measure 1.3** Develop, document, and maintain multi-year public health preparedness priorities.
- **Measure 1.4** Develop and implement processes to protect the public health workforce before, during, and after a response.

Measure 1.1

Identify and analyze the public health consequences of known risks facing the jurisdiction and potential disproportionate effects or impacts on individuals within the jurisdiction.

Understanding the risks and public health consequences facing a jurisdiction provides the foundation for a health department's preparedness efforts by answering the questions of what it needs to prepare for and what level of capability is needed to be prepared. The analysis of the jurisdiction's risk provides the context needed for developing response plans and establishing preparedness priorities. Additionally, pivotal to focusing and shaping response efforts and processes, the information gleaned through the risk analysis can identify disproportional impacts of risk on populations within the jurisdiction.

The criteria elements within this measure focus on an applicant's completion of a public health risk assessment. As described in the CDC PHEPR Capabilities, determining risks to the health of the jurisdiction is defined as identifying "potential jurisdictional public health, health care, mental/behavioral health, and environmental health hazards, vulnerabilities, and risks, and assess the human impact because of interruption of public health, health care human services, mental/behavioral health and environmental health services and supporting infrastructure."

Goal I Measure 1.1 Identify and analyze the public health consequences of known risks facing the jurisdiction and potential disproportionate effects or impacts on individuals within the jurisdiction.		Required Evidence: One Risk Assessment	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Risk assessment/hazard analysis that reflects the whole community and:	The risk assessment/hazard analysis must have been completed within three years of the PPHR application submission date. The risk assessment may be a stand-alone document, a component within the applicant's response plan, within a Jurisdictional Risk Assessment (JRA)/Threat and Hazard Identification and Risk Assessment (THIRA), or the Local Hazard Mitigation Plan (LHMP) as long as criteria elements (a.-c.) are addressed.		
a. Identifies the hazards and risks facing the jurisdiction.	Intends to identify the hazards that pose a significant risk to the jurisdiction that would result in a need to activate emergency response plans (e.g., natural disasters, terrorism, technological failures). Documentation may include screenshots from visualization tools that depict hazards and risks facing the jurisdiction.		
b. Contains an analysis of public health implications/impacts from the risks/hazards facing the jurisdiction.	Hazards and risks can produce direct injuries, disease outbreaks, environmental exposures, and indirect impacts such as disturbed healthcare services, food and water scarcity, and degraded sanitation systems. Evidence for this element should contain the applicants' analysis of the risks and hazards identified in criteria element (a.) to determine public health implications.		

Goal I Measure 1.1 Identify and analyze the public health consequences of known risks facing the jurisdiction and potential disproportionate effects or impacts on individuals within the jurisdiction. **Required Evidence:** One Risk Assessment

Criteria Element 1	Guidance	Hyperlink	Comments
c. Identifies individuals and communities that would be/have been disproportionately impacted by the hazards/risks facing the jurisdiction.	Identify the populations that, when compared with others in the same jurisdiction, are projected to be disproportionately impacted by the public health consequences of the hazards and risks identified in (a.) due to a population’s health disparities, access needs, or functional needs. These should be the same as those identified in the Executive Summary.		

Goal I Measure 1.1 Identify and analyze the public health consequences of known risks facing the jurisdiction and potential disproportionate effects or impacts on individuals within the jurisdiction. **Required Evidence:** One Procedure or Set of Procedures for Developing Risk Assessments

Criteria Element 2	Guidance	Hyperlink	Comments
2. Procedure(s) for the development and maintenance of the risk assessment/hazard analysis that provides evidence of each of the following was identified:	Intends to ensure the applicant has established and documented process(es) used to develop and update the risk assessment/hazard analysis in Measure 1.1. Additionally, this criteria element intends to ensure that the applicant’s partners are informed of the completion of the risk assessment/hazard analysis process, which may include reviewing partner plans, obtaining targeted input from partners, or reviewing external data sources. No specific risk assessment/hazard analysis process is prescribed. However, the process must include obtaining feedback from stakeholders representing those who have been/likely would be disproportionately impacted, as identified in Measure 1.1 Criteria Element (1c.).		

Goal I Measure 1.1 Identify and analyze the public health consequences of known risks facing the jurisdiction and potential disproportionate effects or impacts on individuals within the jurisdiction.		Required Evidence: One Procedure or Set of Procedures for Developing Risk Assessments	
Criteria Element 2	Guidance	Hyperlink	Comments
a. Jurisdictional risks/hazards.	Intends to ensure the applicant is able to identify potential risks/hazards facing the jurisdiction. Procedures for determining jurisdictional risk/hazards may include, but are not limited to, participating in or reviewing local emergency management lead THIRAs, LHMPs, or State-provided resources for identifying risks or consulting with jurisdictional partners and stakeholders.		
b. Public health implications.	The analysis of public health implications can be informed by State Health Department-led risk assessments, Health Care Coalition (HCC) Hazard and Vulnerability Assessments (HVAs), past incident AARs, data sources including the Social Vulnerability Index (SVI) and Population-Level Analysis and Community Estimates (PLACES), and/or consultation with jurisdictional partners and stakeholders.		
c. Those who have been/likely would be disproportionately impacted by the hazards/risks facing the jurisdiction.	Describe the processes used to complete Measure 1.1 Criteria Element (1c.). Evidence should demonstrate how the applicant determined that the identified populations have or will likely be disproportionately impacted by the jurisdiction’s hazards. Examples of potential processes may include, but are not limited to, obtaining subject matter expert (SME) input from CBOs, reviewing past incident AARs/IPs, and data analysis.		

Measure 1.2

Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.

Across the U.S., communities experience a diverse set of threats, hazards, and events. The size, frequency, complexity, and scope of the incidents vary, but all involve a range of personnel and organizations to coordinate efforts to save lives and stabilize the incident. A health department's relationships with Whole Community partners and stakeholders are pivotal in enabling public health preparedness, response, and recovery.

Although NIMS defines a common, interoperable approach to sharing resources, coordinating and managing incidents, and communicating information, developing and maintaining relationships prior to an incident is critical to its successful utilization.

Relationships with partners and stakeholders representing the Whole Community enable health departments to have a more informed, shared understanding of community risk, needs, and capabilities. In building relationships and learning more about the complexity of a community, interdependencies that may be sources of hidden vulnerability are revealed. Developing relationships with whole community partners and stakeholders will lighten the load during response and recovery efforts through the identification and engagement of partners with existing processes and resources that can address access and service gaps, no matter the scale of response or recovery efforts.

Throughout the PPHR Goals and Measures, and in alignment with the CDC PHEPR Capabilities Guide, the terms partners and stakeholders refer to the diverse array of groups and individuals that public health agencies should engage to support the preparedness and response needs of the Whole Community.

Goal I Measure 1.2 Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.		Required Evidence: List of CBO Partners	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Plan or procedure that contains a list of CBOs and non-traditional partners that serve individuals and communities that are disproportionately impacted by the hazards/risks facing the jurisdiction that the applicant has relationships with that includes:	Intends to ensure that the applicant has identified and developed relationships with CBOs and non-traditional partners that can inform or support the applicant's public health preparedness, response, or recovery activities. The CBOs and non-traditional partners may include those engaged by divisions from across the health department (i.e., immunization, maternal and child health, chronic disease prevention) that could be leveraged to support public health preparedness, response, or recovery. Relationships may be formal (documented in MOUs or approved plans) or informal (ad hoc participation in training, exercising, real-world responses, or other health department initiatives). This criteria element may be contained within an applicant response plan/annexes, MOUs, strategic plans, health improvement plans, integrated preparedness plans, job aids, or stand-alone documents. The list should identify partners by name. A specific document type is not required; however, the evidence submitted must address criteria elements (a.-b.).		

Goal I Measure 1.2 Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.		Required Evidence: List of CBO Partners	
Criteria Element 1	Guidance	Hyperlink	Comments
a. Populations served and services provided.	Documenting the populations served is intended to support the applicant's response and recovery efforts during events that have disproportionate impacts on individuals and communities. Documenting the services provided is intended to support potential response operations by identifying existing resources and processes within a community that can be used to address public health access and service gaps.		
b. Role in public health preparedness, response, or recovery.	Indicates that an applicant has documented the known or anticipated roles of CBOs in public health preparedness, response, or recovery.		

Goal I Measure 1.2 Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.		Required Evidence: Two Examples of CBO Engagement	
Criteria Element 2	Guidance	Hyperlink	Comments
2. Two examples of engagement with a CBO.	Intends to demonstrate that the applicant has conducted and will continue to conduct engagement activities with CBOs related to the CBO’s role in supporting public health preparedness, response, or recovery. Engagement with CBOs can include, but is not limited to, participation in exercises, training, plan development/validation workshops, real-world responses, assessments, and direct community preparedness initiatives. The documentation provided must clearly demonstrate that the engagement activity was/is related to the CBO’s role in supporting public health preparedness, response, or recovery. One example must demonstrate previous engagement, and the other example must demonstrate planned engagement.		

Goal I Measure 1.2 Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.		Required Evidence: Description of Healthcare Preparedness Role	
Criteria Element 3	Guidance	Hyperlink	Comments
3. Plan or procedure that provides evidence of the applicant’s role in healthcare sector preparedness.	Based on state and local structures, examples of potential applicant roles in healthcare sector preparedness include administration of the Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grant, management of or participation in the HCC, participation or facilitation of joint exercises, plan and procedure development, or provision of guidance to prepare for or respond to public health threats. There is not a specific type of document required to fulfill this criteria element; potential documentation demonstrating fulfillment of this criteria could include healthcare coalition governance, applicant response plans/procedures, integrated preparedness plans, jurisdictional emergency management plans, or stand-alone documentation.		

Goal I Measure 1.2 Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.		Required Evidence: List of Healthcare/Medical Partners	
Criteria Element 4	Guidance	Hyperlink	Comments
4. Plan or procedure that contains a list of healthcare/medical organizations with which the applicant has established relationships that includes:	Relationships may be formal (e.g., documented in MOUS or approved plans) or informal (e.g., ad hoc participation in training, exercises, real-world responses, or other health department initiatives). Evidence demonstrating fulfillment of this criteria element may be contained within an applicant’s response plan/annexes, HCC response plans, MOUs, job aids, or stand-alone documents. The list should identify partners by name. A specific document type is not required; however, the evidence submitted must address criteria elements (a.-c.).		
a. Type of health care/medical services provided.	Identify the type(s) of health care/medical services regularly provided by the organization.		
b. Response/recovery role.	Identify the organization's known or anticipated response role(s) during the response to or recovery from an incident. Response roles may include a continuation of services identified in criteria element (a.) or new roles (e.g., EMS and dialysis providers administering vaccines).		
c. Support provided by the applicant during response and recovery.	Specifically addresses what support is provided by the applicant to health care/medical organizations within its jurisdiction.		

Goal I Measure 1.2 Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.		Required Evidence: Two Examples of Healthcare Sector Engagement	
Criteria Element 5	Guidance	Hyperlink	Comments
5. Examples of engagement with the healthcare sector.	Intends to demonstrate that the applicant has conducted and will continue to conduct engagement activities with healthcare organizations related to public health preparedness, response, or recovery. Engagement with healthcare organizations can include, but is not limited to, participation in exercises, training, plan development/validation workshops, real-world responses, or risk assessments. The documentation provided must clearly demonstrate that the engagement activity was/is related to the healthcare organizations' role in supporting public health preparedness, response, or recovery. One example must demonstrate previous engagement, and the other example must demonstrate planned engagement.		

Goal I Measure 1.2 Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.		Required Evidence: List of Emergency Management and First Responder Partners	
Criteria Element 6	Guidance	Hyperlink	Comments
6. Plan or procedure that contains a list of emergency management and first responder agencies the LHD has established relationships with including:	Intends to demonstrate that the applicant has identified and developed relationships with emergency management and first responder agencies located within the applicant's jurisdiction. Relationships may be formal (documented in MOUs or approved plans) or informal (ad hoc participation in training, exercises, real-world responses, or assessments). Evidence demonstrating fulfillment of this criteria element may be contained within an applicant's response plan/annexes, partner response plans, MOUs, job aids, or stand-alone documents. The list should identify partners by name. A specific document type is not required; however, the evidence submitted must address criteria elements (a.) and (b.).		
a. Role in public health preparedness, response, and recovery.	Identify the organization's known or anticipated response role(s) during the response to or recovery from an incident.		
b. Support provided by the applicant during response and recovery.	Intends to specifically address what support is provided by the applicant's emergency management and first responder agencies within its jurisdiction. Examples of support may include, but are not limited to, staffing operations center positions, public health risk communications, and health and safety analysis.		

Goal I Measure 1.2 Establish and maintain relationships with jurisdictional partners and stakeholders that represent the Whole Community.		Required Evidence: Two Examples of Emergency Management and First Responders	
Criteria Element 7	Guidance	Hyperlink	Comments
7. Examples of engagement with emergency management and first responder agencies.	Intends to demonstrate that the applicant has conducted and will continue to conduct engagement activities with the emergency management and first responder agencies related to their roles in public health preparedness, response, or recovery. Engagement with emergency management and first responder agencies can include, but is not limited to, participation in exercises, training, plan development/validation workshops, real-world responses, or risk assessments. One example must demonstrate previous engagement, and the other example must demonstrate planned engagement. The documentation provided must clearly demonstrate that the engagement activity was/is related to the organization's role in supporting public health preparedness, response, or recovery.		

Measure 1.3

Develop, document, and maintain multi-year public health preparedness priorities.

A health department's preparedness efforts should be prioritized to reflect its unique risks, community, structures, and resources. The development of multi-year preparedness priorities, identified with Whole Community stakeholders and based on relevant threats, hazards, and risks, is the initial component of the integrated preparedness cycle. Recognized by the CDC as a means to improve response and recovery readiness of health jurisdictions, and identified in FEMA's HSEEP doctrine, the Integrated Preparedness Cycle of planning, organizing/equipping, training, exercising, and evaluating/improving is a continuous process that ensures the regular examination of ever-changing threats, hazards, and risks. Through the use of the Integrated Preparedness Cycle, applicants can understand the breadth of preparedness activities that impact their organization and implement a deliberate approach to multi-year preparedness activity planning.

Goal I Measure 1.3 Develop, document, and maintain multi-year public health preparedness priorities.		Required Evidence: Multi-Year Preparedness Plan	
Criteria Element 1	Guidance	Hyperlink	Comments
<p>1. The LHD's MYIPP or alternate plan(s) that contain the agency's multi-year preparedness priorities that address, at a minimum:</p>	<p>The MYIPP or alternate plan(s) must have been completed within or last updated within three years of the PPHR application submission date. Applicants that do not utilize the Integrated Preparedness Cycle may submit an alternate plan(s) other than an MYIPP to satisfy this criteria including but not limited to a Multi-Year Training and Exercise Plan, Workforce Development Plan, or Strategic Plan as long as it includes multi-year preparedness priorities for the applicant and addressed criteria elements (a.-d.).</p> <p>Document should describe how the agency prepares for the vulnerabilities described in the hazard analysis results (Measure 1.1) by documenting the applicant's multi-year preparedness priorities. In alignment with PHEP Cooperative Agreement requirements and as described in HSEEP doctrine, the MYIPP is a document for combining planning, organizing/equipping, training, exercising, and evaluating/improving efforts that support establishing preparedness priorities. A regional/jurisdictional MYIPP can fulfill this requirement if it includes preparedness priorities for the applicant and addresses criteria elements (a.-d.) Note: the training of the applicant's workforce is further addressed in Measure 5.1.</p>		
<p>a. Building or strengthening specific capabilities.</p>	<p>Capabilities may refer to either the CDC's Public Health Emergency Preparedness and Response Capabilities or the Core Capabilities described in FEMA doctrine.</p>		

Goal I Measure 1.3 Develop, document, and maintain multi-year public health preparedness priorities.		Required Evidence: Multi-Year Preparedness Plan	
Criteria Element 1	Guidance	Hyperlink	Comments
b. The development, updating, or validation of response plans or annexes.	Evidence must be specific to plans or annexes that the applicant has primary responsibility for development or implementation.		
c. Training opportunities for partners identified in Measures 1.2 on public health preparedness, response, or recovery topics.	Specific to training opportunities for the applicant’s partners. Measure 5.1 addresses training opportunities for the applicant’s staff.		
d. Exercises with partner organizations/agencies, including coordination between the LHD and partner organizations.	Include a description of the type of future exercise(s) that will take place, expected applicant participants, and partner organizations. Exercises should include anticipated participation in a jurisdiction-wide exercise based on the NIMS, involving responders from multiple disciplines or jurisdictions, an exercise involving the state health department and medical partners, and anticipated participation in exercises/drills testing the health alert messaging system, notifying applicant response staff, dispensing medical countermeasures (MCMs), and coordinating with CBOs.		

Goal I Measure 1.3 Develop, document, and maintain multi-year public health preparedness priorities.		Required Evidence: Procedures for Developing an MYIPP	
Criteria Element 2	Guidance	Hyperlink	Comments
2. Procedures demonstrating the method used for establishing the applicant's multi-year preparedness priorities that, at a minimum, include consideration of:	Intends to ensure that the applicant has and utilizes a documented method for establishing its multi-year preparedness priorities, an example of which is the Integrated Preparedness Planning Workshop (IPPW). An IPPW is a meeting during which HSEEP-specified activities are conducted to identify and set preparedness priorities to develop a multi-year schedule of preparedness activities. Alternate processes, other than an IPPW, may be used to satisfy this criteria including but not limited to those used to produce a Multi-Year Training and Exercise Plan, Workforce Development Plan, or Training and Needs Assessment, as long as criteria elements (a.–d.) are considered. Examples of documents that could fulfill this requirement include read-ahead materials, meeting agendas, presentations, and participant guides.		
a. Threats and hazards.	Evidence should demonstrate how jurisdictional threats and hazards identified in Measure 1.1 are used to inform/reflect the establishment of the applicants' multi-year preparedness priorities.		
b. Areas for improvement.	Areas for improvement may include, but are not limited to, real-world incident corrective actions, exercise corrective actions, identified and/or perceived areas for improvement, validating training efforts, and newly acquired resources.		

Goal I Measure 1.3 Develop, document, and maintain multi-year public health preparedness priorities.		Required Evidence: Procedures for Developing an MYIPP	
Criteria Element 2	Guidance	Hyperlink	Comments
c. External sources and requirements.	External sources and requirements may include industry reports, state or national preparedness reports, homeland security strategies, accreditation requirements, local, state, and federal regulations, and grant or funding-specific requirements.		

Goal I Measure 1.3 Develop, document, and maintain multi-year public health preparedness priorities.		Required Evidence: Four Examples of Obtaining Input	
Criteria Element 3	Guidance	Hyperlink	Comments
3. Examples of obtaining input on the establishment of the applicant's multi-year preparedness priorities.	Intends to ensure the applicant's multi-year preparedness priorities have been informed by the programs across the applicant's organization, healthcare sector partners, emergency management/first responder agencies, and CBOs. Examples of documentation demonstrating obtaining input include meeting sign-in sheets showing organizational affiliation, meeting minutes, email exchanges, and questionnaire results.		

Measure 1.4

Develop and implement processes to protect the public health workforce before, during, and after a response.

The conditions and experiences that could be faced while responding to incidents necessitate that health departments have processes in place to protect their workforce. Addressing worker safety and health before, during, and after an event helps ensure that only qualified, trained, and properly equipped personnel are deployed. In addition to supporting the resilience and mental health of responders, measures taken to protect the workforce also contribute to retaining the applicant agency's existing workforce capacity.

Goal I Measure 1.4 Develop and implement processes to protect the public health workforce before, during, and after a response.		Required Evidence: One Procedure or Set of Procedures	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Procedure(s) describing how the applicant assesses and mitigates responders' health and safety risks before, during, and after an event that includes:	Limited to protecting responders under the applicant's direction. Evidence demonstrating fulfillment of this criteria element may be contained within an applicant's response plan/annexes, MOUs, job aids, protocols, or stand-alone documents.		
a. Recommendations for personal protective equipment.	Personal protective equipment (PPE) recommendations should reflect the applicant's role in responding to events impacting its jurisdiction.		
b. Fit testing.	Intended to ensure procedures are in place for conducting fit testing of the applicants' personnel who are required to, or would be expected to, use an N95 while performing their response role.		
c. Readiness screenings.	Intended to ensure procedures are in place for determining the eligibility of the applicants' personnel for filling a response role reflective of the nature of the response role and potential risks facing responders. Eligibility could include, but is not limited to, the screening of medical health, immunization status, credentials, physical fitness, mental/behavioral health, and criminal records.		
d. Monitoring of responder exposure, injury, and intervention/treatment.	Monitoring may include, but is not limited to, assessing actions, practices, and trends that contribute to responders' incident-related physical injuries and environmental exposure.		

Goal I Measure 1.4 Develop and implement processes to protect the public health workforce before, during, and after a response.		Required Evidence: One Procedure or Set of Procedures	
Criteria Element 2	Guidance	Hyperlink	Comments
2. Procedure(s) for assessing and reducing mental/behavioral health impacts within the response workforce, including:	Limited to protecting responders under the applicant's direction. Evidence demonstrating fulfillment of this criteria element may be contained within an applicant's response plan/annexes, MOUs, job aids, protocols, or stand-alone documents.		
a. Pre-incident behavioral health training.	This element is specific to the provision of trainings intended to reduce behavioral health impacts on responders.		
b. Identifying available mental and behavioral health services prior to, during, and after a response.	Evidence may include, but is not limited to, mental and behavioral health services obtained through employee assistance programs, mental health providers, critical incident stress debriefings, and peer support groups.		
c. Monitoring the behavioral health impacts on staff during and after an incident.			
d. Managing responder workload.			

Goal II: Conduct all-hazards planning for emergency response.

FEMA's CPG 101, Version 3.0, states, "Planning is a foundational element of the National Preparedness System that provides a methodical way to consider the lifecycle of a potential crisis, determine required capabilities, establish roles and responsibilities, and select effective ways to achieve desired response outcomes." When a health department conducts emergency response planning, it should take an all-hazards approach, considering the potential hazards and threats to identify the essential common tasks implemented when responding to any hazard.

Goal II consists of the following measures:

- **Measure 2.1** Maintain an all-hazards response plan.
- **Measure 2.2** Maintain procedures for an all-hazards response relative to activation, staffing, and operations.
- **Measure 2.3** Maintain procedures and systems for supporting internal response communications.
- **Measure 2.4** Maintain mechanisms to increase public health surge capacity.
- **Measure 2.5** Maintain information-sharing plans and systems for supporting communication with response partners.
- **Measure 2.6** Maintain risk communications/public information communication plans and systems.
- **Measure 2.7** Maintain plans for implementing the applicant's additional all-hazards roles and responsibilities.

Measure 2.1

Maintain an all-hazards response plan.

An all-hazards response plan describes the health department's actions when responding to an event.

A health department's all-hazards response plan communicates to those with operational responsibilities what to do and why, while instructing those outside the jurisdiction how to provide support and what to expect during a response. Instead of developing unique plans for every type of hazard or threat, all-hazards response plans address common operational functions used when responding to the varied hazards that can impact a jurisdiction.

Varied names may be used when referring to an applicant's all-hazards response plan, including EOP, Comprehensive Emergency Management Plan, and Departmental Operations Plan. All-hazards response plans may also be included as an Emergency Support Function annex to a jurisdiction's EOP. For the purposes of PPHR criteria, the term all-hazards response plan refers to the applicant's plan, regardless of its name, that fulfills the criteria requirements of this, and corresponding measures.

Goal II Measure 2.1 Maintain an all-hazards response plan.		Required Evidence: All-Hazards Response Plan	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Approved all-hazards response plan that includes:	The all-hazards response plan may be a stand-alone document or a component of a larger jurisdictional plan; it may be referred to by varying names, including Emergency Operations Plan (EOP), Comprehensive Emergency Response Plan, Departmental Operations Plan, or included as an Emergency Support Functional annex to a jurisdiction's EOP. For the purposes of PPHR criteria, the term all-hazards response plan refers to the applicant's plan, regardless of its name, that fulfills the criteria requirements of this, and corresponding measures. The submitted plan and its annexes must include a date demonstrating that they were reviewed or revised within one year of the application submission.		
a. Table of contents.	The table of contents should be logically ordered, and the major sections and subsections of the plan should be clearly identified to facilitate navigation.		
b. Description/rationale for the plan structure.	The plan's organization is consistent with the local/state emergency management agency's response plans and complies with NIMS.		
c. Authority for the plan's creation and implementation.	This element is specific to describing the authority for the plan creation; authority for implementation is addressed in a separate measure. Examples of the authority for the creation of the plan may be stipulated in, but are not limited to, state or local code/legislation, directives, or other jurisdiction or state plans.		

Goal II Measure 2.1 Maintain an all-hazards response plan.		Required Evidence: All-Hazards Response Plan	
Criteria Element 1	Guidance	Hyperlink	Comments
d. Purpose and scope.	The purpose provides a general statement of the plan's purpose, setting the foundation for the rest of the plan. The plan should explicitly state the response, entities, and geographic areas to which the plan applies.		
e. The plan identifies neighboring jurisdictions and healthcare stakeholders.	Identify all neighboring jurisdictions and, if applicable, tribal and international borders and military installations within the locality. The plan identifies healthcare stakeholders (coalitions, hospitals, emergency medical services, clinics, and community health centers) within the locality. This may be accomplished by embedded links to GIS resources, attached maps, tables, or lists.		
f. Description of local risks/hazards, their public health implications, and disproportionate impacts on individuals and communities.	Summarize/document the major findings of the public health risks assessment; describe the situations for which the plan was developed, and draw conclusions from the hazard analysis regarding threats faced by the jurisdiction and unique jurisdictional characteristics/vulnerabilities that may affect a public health response. Evidence demonstrating fulfillment may be similar to that provided for Measure 1.1.		
g. Public health response roles that are respective of local risks.	Identify the applicant's primary and secondary response roles that could be presented as a bulleted list, table, or matrix.		

Goal II Measure 2.1 Maintain an all-hazards response plan.		Required Evidence: All-Hazards Response Plan	
Criteria Element 1	Guidance	Hyperlink	Comments
h. Partner roles and responsibilities.	Identify the primary and secondary support roles of the local/regional/state health departments, local partners, and federal partner agencies in areas including the following: command and control, community resilience, incident management, information management, countermeasures and mitigation, surge management, and bio-surveillance. Partner roles and responsibilities may be presented as a bulleted list, table, or matrix.		
i. Description of how the agency will address the needs of the whole community during a response.	Describe/summarize how the applicant will address the needs of individuals and communities at greatest risk for disproportionate impacts (identified in Measure 1.1 Criteria Element 1.c) during an all-hazards response.		
j. Overview of the activation process.	Provide an overview of the process(es) for activation of the plan and identify who has the authority for the plan’s activation. The overview may include a summary of the activation procedures addressed in Measure 2.2.		
k. Emergency/Department Operations Center (EOC/DOC) structure the applicant utilizes for public health response.	At a minimum, the operations center structure should include the following roles/positions or their equivalent: Incident Commander, Finance/Administration Section Chief, Logistics Section Chief, Operations Section Chief, Planning Section Chief, Public Information Officer, Safety Officer, and Data Liaison.		

Goal II Measure 2.1 Maintain an all-hazards response plan.		Required Evidence: All-Hazards Response Plan	
Criteria Element 1	Guidance	Hyperlink	Comments
l. Integrating public health emergency operations.	Evidence should describe how the applicant integrates its emergency response operations with the jurisdiction’s emergency management agency. Include a table or diagram illustrating the integration of the agency’s EOC/DOC structure (criteria element [k.]) with the jurisdiction’s emergency management structure. Examples of integration structures could include, but are not limited to, ICS, Unified Command Structure, or multi-agency Coordination System.		
m. Description of the plan review, update, approval, and dissemination process.	Include a description of the planning process and planning team composition used to develop the All-Hazards Response Plan.		
n. The plan identifies the locations where copies are kept and provides evidence of how all staff are informed of the plans' locations.	The plan location may be physical or digital.		

Measure 2.2

Maintain procedures for an all-hazards response relative to activation, staffing, and operations.

Procedural documents support the health department in implementing its responsibilities contained in its all-hazards response plan. As identified in FEMA guidance, the term “procedures” refers to the common types of procedural documents, including overviews, standard operating procedures, standard operation guides, field operations guides, handbooks, and job aids, that support the completion of roles and responsibilities contained in operational-level plans that typically only describe what needs to be accomplished but not how. This measure is intended to ensure that the applicant has the procedures needed for its staff to implement an all-hazards response.

Goal II Measure 2.2 Maintain procedures for an all-hazards response relative to activation, staffing, and operations.		Required Evidence: All-hazards Response Activation Procedures	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Procedure(s) for the activation of a public health all-hazards response that includes:	Intends to ensure the applicant has the procedure(s) needed to activate the operations center positions it utilizes for its all-hazards public health response.		
a. Incident recognition.	Evidence should address how the applicant is made aware of incidents that may require activation of a public health response.		
b. Incident assessment.	Include the initial assessment of anticipated and potential public health impacts, including identification of those who are at greatest risk for disproportionate impacts to their health.		
c. Activation levels based on triggers.	Evidence could be a flow diagram, list, or narrative, as long as it describes the triggers for activation. Include the identification of the necessary roles to be filled during a response operation to any hazard.		
d. Activation authority and responsibility.	Identify under whose authority the actions will take place and who can authorize activation.		
e. Response actions that will take place.	Response actions refer to the known and defined actions that the applicant will/would likely take as part of its activation of a public health all-hazards response.		
f. Function and responsibilities of each operations center position.	Include a list, table, or other documentation identifying the necessary roles to be filled during a response operation to any hazard. This element is intended to reflect potential variations in ICS structures, functions, and responsibilities of each operations center position filled by the applicant.		

Goal II Measure 2.2 Maintain procedures for an all-hazards response relative to activation, staffing, and operations.		Required Evidence: All-hazards Response Activation Procedures	
Criteria Element 1	Guidance	Hyperlink	Comments
g. Process for filling operations center positions.	Identify the party or parties responsible for the mobilization of staff. The applicant must describe the process for filling/staffing the operations center positions. Also include a roster of the primary, secondary, and tertiary positions or community resources to cover the command and general leadership roles during a response operation based on NIMS or a process for filling the positions. If staffing resources impact fulfillment of this criteria, identify any roles that will be filled by one position and use the comment to describe the staffing impact on primary, secondary, and tertiary staffing.		
h. Identification of which positions are responsible for identifying and mitigating disproportionate impacts during response.	Responsibility can be assigned to a single ICS position or multiple ICS positions. Evidence may include job action sheets, position checklists, or stand-alone procedures.		

Goal II Measure 2.2 Maintain procedures for an all-hazards response relative to activation, staffing, and Operations.		Required Evidence: Procedures for IAP Development	
Criteria Element 2	Guidance	Hyperlink	Comments
2. Procedures for the development of incident action plans (IAPs) that include:	Intends to ensure that the applicant has developed procedures for producing action plans during an activation. IAPs are typically produced using the “Planning P” (Operational Period Planning Cycle) concept and are comprised of ICS forms or their equivalent, as described in the sub-elements below. Documentation may refer to the development of EOC/DOC action plans. The procedures must be specific to the production of plans used by the applicant during a response.		
a. Incident overview.	Intends to provide basic information about the incident situation and resources, and it is typically documented on ICS form 201 or 202.		
b. Operational period objectives.	Operational period objectives are clear, concise statements for managing incident response. They may include a SMART (Specific, Measurable, Action-oriented, Realistic, Time-Bound) model or similar approach and are typically documented on ICS form 201 or 202.		
c. Response strategies and tactics.	Response strategies and tactics are developed using ICS form 215 and typically documented on ICS form 201.		
d. Organization assignment list.	Organizational assignments refer to currently active ICS/operation center units/positions currently activated and the names of personnel filling the position, typically documented on ICS forms 201 and 203.		

Goal II Measure 2.2 Maintain procedures for an all-hazards response relative to activation, staffing, and Operations.		Required Evidence: Procedures for IAP Development	
Criteria Element 2	Guidance	Hyperlink	Comments
e. Health and safety plan.	The development of a health and safety plan should reflect the applicants' response roles to hazards and threats facing the jurisdiction, typically produced with ICS form 215A. The health and safety plan may be documented in ICS forms 201, 206, or 208.		
f. Communication plan.	The communications plan contains contact information for the personnel assigned to a response position, which is typically documented on ICS form 205 or 205A.		

Goal II Measure 2.2 Maintain procedures for an all-hazard response relative to activation, staffing, and operations.		Required Evidence: All-hazards Administrative Procedures	
Criteria Element 3	Guidance	Hyperlink	Comments
3. Administrative procedures that support incident response operations that address:	This criteria element is focused on administrative and logistical functions that support the applicant’s all-hazards response. Surge-related administrative procedures are addressed separately under Measure 2.4.		
a. Declaring a public health emergency.	Procedures should reflect local and state governance for declaring public health emergencies. If an applicant has the authority to declare local public health emergencies, procedures should reflect that authority. If a regional or state entity has the sole authority to declare a public health emergency for the applicant’s jurisdiction, procedures should address the applicant’s coordination with that entity.		
b. Liability protection for staff during response.	Evidence can include but is not limited to referencing local or state codes/legislation.		
c. Personnel and material management and tracking.	Material management and tracking procedures refer to those used during an all-hazards response and may or may not be the same procedures used for Measure 3.4 Criteria Element 2 related to medical material management.		
d. Documenting response actions.	Response actions may utilize electronic systems or be paper-based. ICS form 214 is an example of a form used for documenting response actions.		
e. Job aid or job action sheets for each all-hazards position identified in Measure 2.1 Criteria Element 1.f.	The job action sheets must outline the role’s responsibilities, who the role reports to, and the positions supervised.		

Goal II Measure 2.2 Maintain procedures for an all-hazard response relative to activation, staffing, and operations.		Required Evidence: All-hazards Administrative Procedures	
Criteria Element 3	Guidance	Hyperlink	Comments
f. Coordinating and communicating with legal counsel.	Coordination with legal counsel may occur through the jurisdictional EOC if the legal counsel is positioned with the jurisdiction's EOC.		

Measure 2.3

Maintain procedures and systems for supporting internal response communications.

Communication with a health department's response personnel is critical for initiating an incident response. This measure is focused on the procedures and systems used by the department for communicating with positions activated during a response.

Goal II Measure 2.3 Maintain procedures and systems for supporting internal response communications.		Required Evidence: Internal Non-responder Notification Procedure	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Procedure for sharing situational awareness to non-activated positions.	The procedure should reflect information shared with positions that do not have a primary response role. Examples of information shared with non-activated positions could include, but are not limited to, the potential or lack thereof for filling surge roles, continuity of operations considerations, and how to handle questions from the public or partners related to the incident.		

Measure 2.4

Maintain mechanisms to increase public health surge capacity.

The scale and scope of incidents can create a surge in demand and need for public health services that exceed the capacity of a health department. This measure is focused on the administrative preparedness processes that modify, accelerate, or streamline fiscal, legal, and administrative authorities and practices governing funding, procurement, contracting, and hiring during an emergency to support public health response and recovery efforts. Surge in the healthcare system is addressed with a separate Measure (Measure 2.7).

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: Procedure for Assessing Public Health Surge	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Procedures for assessing public health surge that include:			
a. Indicators that a surge event has occurred and will likely exceed the agency's capacity.	Evidence could be a flow diagram, list, or narrative, as long as it describes clear indications for when a surge event may exceed the agency's capacity.		
b. Job descriptions of roles/functions that would need surge support.			
c. Anticipated equipment and supply needs during a surge.			

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: Procedure for Increased Surge Personnel	
Criteria Element 2	Guidance	Hyperlink	Comments
2. Procedures for increasing personnel to support public health surge response that include:	Intends to ensure access to processes for managing and expanding the workforce. Mobilization refers to how the agency incorporates staff, without a primary response role, into response activities during an emergency operation. Sources of personnel could include reassignment of applicant staff not filling a primary response role, mutual aid, contracting/temporary hires, and volunteers.		

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: Procedure for Increased Surge Personnel	
Criteria Element 2	Guidance	Hyperlink	Comments
a. Sources of surge personnel.			
b. Accessing/mobilizing.			
c. Demobilizing.			

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: Procedure for Obtaining Surge Equipment and Supplies	
Criteria Element 3	Guidance	Hyperlink	Comments
3. Procedure for obtaining supplies and equipment during a surge event.	Applies to situations in which routine means of procurement are insufficient and includes procurement through existing mutual aid channels, MOUs, mutual aid agreements (MAAs), and resource-sharing agreements and descriptions. The procedure must describe the sources of, and processes for, accessing/procuring equipment/supplies. Procurement of countermeasures, therapeutics, and medical material is addressed in Measure 3.4.		

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: Expedited Fiscal Procedures	
Criteria Element 4	Guidance	Hyperlink	Comments
4. Procedure for expedited processes used during a response for accepting, allocating, and spending state/federal funds.			

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: Procedure for Expedited Contract Development	
Criteria Element 5	Guidance	Hyperlink	Comments
5. Procedure for developing and maintaining contracts and agreements used to support the applicant's response to a public health surge event.	Applies to enacting contracts and agreements prior to and/or during a public health surge event. If another entity completes the development and maintenance of contracts and agreements, provide documentation that identifies the responsible entity and how the applicant coordinates with the responsible entity to develop and maintain contracts. Examples of documentation include applicant plans, procedures, job action sheets, and MOUs.		

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: List of Active Agreements	
Criteria Element 6	Guidance	Hyperlink	Comments
6. Plan or procedure that contains a list of active agreements for personnel, equipment, supplies, services, and infrastructure that identify the entities, goods or services provided, activation process, and active date.	Agreements could include those developed by another entity as long as the applicant can utilize them to access the goods or services contained within them.		

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: Inventory of Surge Equipment and Supplies	
Criteria Element 7	Guidance	Hyperlink	Comments
7. Plan or procedure that contains an inventory/list of surge equipment and supplies maintained by the applicant.	There is no prescribed type or quantity of surge equipment and supplies; this criteria element intends to ensure the equipment and supplies maintained by the applicant are documented and accessible to its response personnel.		

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: Procedures for Volunteer Management	
Criteria Element 8	Guidance	Hyperlink	Comments
8. Procedures and systems respective to the applicant's role in public health and healthcare volunteer management that describe:	Procedures should be respective to the applicant's role in volunteer management.		

Goal II Measure 2.4 Maintain mechanisms to increase public health surge capacity.		Required Evidence: Procedures for Volunteer Management	
Criteria Element 8	Guidance	Hyperlink	Comments
a. Process for volunteer recruitment, engagement, retention, and credentialing.	Address whether public health or healthcare volunteer management is the responsibility of another entity (e.g., Medical Reserve Corps units) and the applicant's involvement in the state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) implementation.		
b. Legal or liability protection for volunteers.	Evidence for this element may be the same provided for Measure 2.2 Criteria Element 3.d.		
c. Volunteer activation.	Describe how volunteers are notified of an activation, information shared upon activation, roles volunteers could fill, how they are incorporated into response activities, how volunteer safety and health risks are identified and monitored, and any potential variations for spontaneous and out-of-state volunteers.		
d. Volunteer demobilization.	Describe how volunteers are demobilized or released from an incident including any transfer of duties/tasks, incident debriefing, and how mental/behavioral health needs are monitored post-incident.		

Measure 2.5

Maintain information-sharing plans and systems for supporting communication with response partners.

A health department must maintain the ability to conduct a multijurisdictional and multidisciplinary exchange of health-related information in preparation for and in response to events or incidents of public health significance. This measure is specifically focused on sharing information between the health department and its response partners; internal communication and communication with the public are addressed in separate measures.

Goal II Measure 2.5 Maintain information-sharing plans and systems for supporting communication with response partners. **Required Evidence:** Procedures for Partner Messages and Alerts

Criteria Element 1	Guidance	Hyperlink	Comments
1. Procedures for the development of messages and alerts that include coordination of message development with partners.	Applies to information sharing with response partners. Internal communication and communication with the public are addressed under separate measures.		

Goal II Measure 2.5 Maintain information-sharing plans and systems for supporting communication with response partners. **Required Evidence:** Procedure for Responding to Partner Information Request

Criteria Element 2	Guidance	Hyperlink	Comments
2. Procedure that describes the streamlined process for responding to partner agency information requests during a public health response.	Specifically applies to situations where organizations and partners have an increased need to request information from the applicant.		

Goal II Measure 2.5 Maintain information-sharing plans and systems for supporting communication with response partners. **Required Evidence:** Procedure for Addressing Mis/Dis-Information

Criteria Element 3	Guidance	Hyperlink	Comments
3. Procedure for addressing misinformation and disinformation among response partners during a public health response.			

Measure 2.6

Maintain risk communications/public information communication plans and systems.

During an emergency, providing health-related information with the right message, at the right time, and from the right person can save lives and help people make the best possible decisions for their health. This measure focuses on a health department's ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

Goal II Measure 2.6 Maintain risk communications/public information communication plans and systems.		Required Evidence: Plan or Procedure for Developing Public Risk Communication Messages	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Plan or procedure for developing risk communication messages that address:	This measure and its criteria elements focus on communication with the public. Other measures address internal and partner communication. This criteria element focuses on developing risk communications messages that are within the purview of the applicants for all-hazards response.		
a. Considerations for message content reflective of the individuals and communities that would be/have been disproportionately impacted by the hazards/risks facing the jurisdiction.			
b. Coordination with partners.			

Goal II Measure 2.6 Maintain risk communications/public information communication plans and systems.		Required Evidence: Procedures for Disseminating Public Risk Communication Messages	
Criteria Element 2	Guidance	Hyperlink	Comments
2. Procedures for disseminating public messaging that include:	Intends to ensure the applicant has procedures to support disseminating messages addressed in Measure 2.6 Criteria Element 1. Procedures must include means of message dissemination for reaching individuals who are or would be disproportionately impacted during a public health event.		
a. Methods.	Methods could include news media (print, radio, television), social media, advertisements, podcasts, videos, posters, partner amplification, etc.		
b. Coordination with partners.			
c. Reaching individuals who are disproportionately impacted during a public health event.			

Goal II Measure 2.6 Maintain risk communications/public information communication plans and systems.		Required Evidence: Procedures for Addressing Public Mis/Disinformation	
Criteria Element 3	Guidance	Hyperlink	Comments
3. Procedures for addressing public misinformation and disinformation during a public health response.	Procedures should include how the applicant monitors public misinformation and disinformation during a public health response.		

Goal II Measure 2.6 Maintain risk communications/public information communication plans and systems.		Required Evidence: Procedure for Responding to Public Inquiries	
Criteria Element 4	Guidance	Hyperlink	Comments
4. Procedures for responding to increased inquiries from the public during a public health emergency that includes monitoring and managing.			

Goal II Measure 2.6 Maintain risk communications/public information communication plans and systems.		Required Evidence: List of Public Information Partners	
Criteria Element 5	Guidance	Hyperlink	Comments
5. Procedures that contain contact lists of the applicant's partners for developing and or disseminating public messages that include:			
a. Partner agency Public Information Officers.			
b. CBO partners.			
c. Media.			
d. Public messaging roles.	Potential public messaging roles include providing specific content or feedback to support the development of public messages, informing the approaches to message dissemination, and participating in message dissemination.		

Goal II Measure 2.6 Maintain risk communications/public information communication plans and systems.		Required Evidence: List of Public Information Partners	
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Criteria Element 5	Guidance	Hyperlink	Comments
e. A description of how the contact list is maintained.			

Goal II Measure 2.6 Maintain risk communications/public information communication plans and systems.		Required Evidence: Two Examples of Alerts/Messages	
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Criteria Element 6	Guidance	Hyperlink	Comments
6. Examples of public alerts/messages.	<p>The application contains examples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, coordinated messages) issued within the last two years, including the following information:</p> <ul style="list-style-type: none"> • Who the information was provided to. • When the information was provided. • Why the information was provided. • Reflects Whole Community considerations. 		

Measure 2.7

Maintain plans for implementing the applicant's additional all-hazards roles and responsibilities.

Due to the varying organizational and governing structures across states and local jurisdictions, health departments may have all-hazards roles and responsibilities. This measure is intended to ensure that applicants maintain plans for implementing any additional all-hazards roles and responsibilities related to mass care, mass fatality management, behavioral health, environmental health, and medical surge.

Goal II Measure 2.7 Maintain plans for implementing the applicant’s additional all-hazards roles and responsibilities.		Required Evidence: Mass Care Plan or Procedures	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Plan or procedures respective to the applicant's role in mass care that identify and address roles and responsibilities for:	Plans and procedures are required only for the response actions which are the applicant’s responsibility. For response actions (a.-g.) that are not the applicant’s responsibility, utilize the comments section to identify the lead agency, describe any support roles and responsibilities of the applicant, and if applicable, describe how the applicant coordinates its supporting role with the lead agency based on Application Guideline #1.		
a. Pre-identifying shelter sites.			
b. Establishing shelters.			
c. Operating shelters.			
d. Repatriation.			
e. Accommodations for sheltering individuals disproportionately impacted by the hazards/risks facing the jurisdiction.			
f. Conducting environmental health and safety evaluations of congregate locations.			

Goal II Measure 2.7 Maintain plans for implementing the applicant’s additional all-hazards roles and responsibilities.		Required Evidence: Mass Care Plan or Procedures	
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Criteria Element 1	Guidance	Hyperlink	Comments
g. Conducting and responding to human health surveillance at congregate locations.			

Goal II Measure 2.7 Maintain plans for implementing the applicant’s additional all-hazards roles and responsibilities.		Required Evidence: Mass Fatality Plan or Procedures	
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Criteria Element 2	Guidance	Hyperlink	Comments
2. Plan or procedures respective to the applicant's role in mass fatality management that identify response partners that the applicant coordinates with during mass fatality operations, and address roles and responsibilities for:	Plans and procedures are required only for the response actions which are the applicant’s responsibility. For response actions (a.-c.), that are not the applicant’s responsibility, utilize the comments section to identify the lead agency, describe any support roles and responsibilities of the applicant, and if applicable, describe how the applicant coordinates its supporting role with the lead agency based on Application Guideline #1.		
a. Processing and storing decedents.			
b. Issuing death certificates.			
c. Issuing burial permits.			

Goal II Measure 2.7 Maintain plans for implementing the applicant’s additional all-hazards roles and responsibilities.		Required Evidence: Behavioral Health Plan or Procedures	
Criteria Element 3	Guidance	Hyperlink	Comments
3. Plan and procedures respective to the applicant's role in behavioral health that include:	Plan and procedures are required only for the roles that are the applicant’s responsibility. If (a.), or (b.), is not the applicant’s responsibility, utilize the comments section to identify the lead agency, describe any support roles and responsibilities of the applicant, and if applicable, describe how the applicant coordinates its supporting role with the lead agency based on Application Guideline #1.		
a. Coordinating with partners to respond to population-wide mental/behavioral health needs.			
b. Provision of mental health/psychological first aid will be used to address immediate post-disaster mental/behavioral health needs.			

Goal II Measure 2.7 Maintain plans for implementing the applicant’s additional all-hazards roles and responsibilities.		Required Evidence: Medical Surge Plans or Procedures	
Criteria Element 4	Guidance	Hyperlink	Comments
4. Maintain plans and procedures for supporting medical system surge respective to the applicant’s role that include:	Plans and procedures are required only for the response actions which are the applicant’s responsibility. For response actions (a.-c.) that are not the applicant’s responsibility, utilize the comments section to identify the lead agency, describe any support roles and responsibilities of the applicant, and if applicable, describe how the applicant coordinates its supporting role with the lead agency based on Application Guideline #1.		
a. Coordination of the jurisdiction’s medical/health system response during a medical/healthcare surge.	May include, as applicable, responsibilities related to multiagency coordination or ESF8 roles. Include a description of response functions coordinated between the applicant and the jurisdiction's medical and health system partners. Examples of coordinated response actions include assessing health sector capacity, aligning health sector infection prevention measures, balancing patient load across hospitals, and informing the implementation of public health interventions to reduce healthcare surge.		
b. Access to therapeutics and medical countermeasures.			
c. Medical material management.			

Goal III: Maintain plans, processes, and procedures for investigating and mitigating public health threats.

The varied landscape of public health mandates and structures across the U.S. and within states results in varying local-level responsibilities and subsequent processes for investing in and mitigating public health threats. Health departments should be prepared with plans, processes, and systems for implementing their responsibilities for investing in and mitigating public health threats.

Goal III consists of the following measure:

- **Measure 3.1** Maintain plans, processes, and systems to distribute, dispense, and administer medical countermeasures.

Measure 3.1

Maintain plans, processes, and systems to distribute, dispense, and administer medical countermeasures.

Medical countermeasure (MCM) dispensing and administration is the ability to provide MCMs to specific populations to prevent, mitigate, or treat the adverse health effects of a public health incident. MCMs are FDA-regulated products that can include biological products, vaccines, blood products, and antibodies; drugs, antimicrobials, or antivirals; and devices, diagnostic tests to identify threats, personal protective equipment, and ventilators. The measure assesses an applicant's plans and procedures for distributing and administering MCMs within its jurisdiction.

Goal III Measure 3.1 Maintain plans, processes, and systems to distribute, dispense, and administer medical countermeasures.		Required Evidence: MCM Plan or Set of Procedures	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Maintain a MCM plan or set of procedures that include:	The MCM plan or procedures must address staff roles and responsibilities, what response actions will occur, when they will occur, and under whose authority they will occur.		
a. A description of the process and applicant’s responsibilities for requesting, receiving, distributing, administering, and demobilizing MCM assets.	Describe how these processes integrate into the state Strategic National Stockpile plan.		
b. Security processes relative to the applicant’s role in 1.a.			
c. Identification of who is legally authorized to dispense during declared and undeclared disasters.	Evidence should identify the role or job title of the individual(s) legally authorized to dispense.		
d. Access to facilities for dispensing MCMs.			
e. Point of dispensing patient flow diagram for a dispensing site.	The diagram should be for an actual pod site and include labels for each station.		

Goal III Measure 3.1 Maintain plans, processes, and systems to distribute, dispense, and administer medical countermeasures.		Required Evidence: MCM Plan or Set of Procedures	
Criteria Element 1	Guidance	Hyperlink	Comments
f. A description of the process or system for tracking the vaccination or prophylaxis status of public health responders and the public.	Include a description of the process for monitoring adverse reactions.		
g. Strategies that reflect whole community considerations.			
h. Process for the provision of prophylaxis to essential personnel.	Include a definition of who is determined to be essential personnel who will receive prophylaxis before the general public.		
i. Procurement of local supplies of MCMs.			

Goal III Measure 3.1 Maintain plans, processes, and systems to distribute, dispense, and administer medical countermeasures.		Required Evidence: Procedures for Managing Medical Materials	
Criteria Element 2	Guidance	Hyperlink	Comments
2. Procedures for medical material management that address:	Procedures should be respective of the applicant's responsibilities for medical material management.		
a. Tracking and inventory management.			
b. Storage.			
c. Transportation.			

Goal III Measure 3.1 Maintain plans, processes, and systems to distribute, dispense, and administer medical countermeasures.		Required Evidence: Procedures for Managing Medical Materials	
Criteria Element 2	Guidance	Hyperlink	Comments
d. Recovery.			
e. Disposal.			

Goal IV: Maintain plans, processes, and systems for recovering from emergencies.

“Recovery encompasses activities necessary to assist communities affected by an incident to recover effectively.” Health departments can be critical in improving communities’ resiliency after public health threats and disasters. LHDs should be prepared with plans, processes, and systems for implementing their responsibilities for investing in and mitigating public health threats.

Goal IV consists of the following measures:

- **Measure 4.1** Ensure continuity of public health services.
- **Measure 4.2** Support community recovery needs.

Measure 4.1

Ensure continuity of public health services.

The same risks that require a health department response could also impact the ongoing operations of a health department. Natural hazards can impact the utility and transportation systems that support a health department's everyday service delivery. To prepare for the impacts of risk on the health department operations, the measure is intended to ensure that health departments maintain a COOP that outlines how they will perform and deliver essential functions if an incident disrupts normal operations.

Goal IV Measure 4.1: Ensure continuity of public health services.		Required Evidence: One COOP Plan	
Criteria Element 1	Guidance	Hyperlink	Comments
1. A COOP that includes:	The COOP may be a stand-alone document or a component of a larger jurisdictional plan as long as it outlines how the applicant will perform and deliver its essential functions if an incident disrupts normal operations. The COOP plan should include a description of the staff roles and responsibilities, identifying what and when COOP-related response actions will be implemented, and under whose authority they will be implemented. The plan must include a date demonstrating its development or last revision occurred within one year of the PPHR application submission date.		
a. Prioritized functions that must be sustained.			
b. Analysis of impacts from suspending services.			
c. Lines of succession.	Lines of succession should correlate with prioritized functions identified in Measure 4.1 Criteria Element 1a.		
d. Alternate locations or location requirements for performing prioritized functions.			
e. Identification of functions that can be sustained with remote technologies.			

Measure 4.2

Support community recovery needs.

In comparison to response during which actions are quickly taken to address immediate life safety and meet basic human needs, recovery is focused on the restoration of infrastructure and systems for meeting the interim and long-term needs of a community. This measure is intended to ensure that applicants have procedures for implementing their community recovery roles.

Goal IV Measure 4.2: Support community recovery needs.		Required Evidence: Recovery Plan or Procedures	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Plan or procedures for implementing the applicant's recovery role.	Recovery roles could include identifying and assessing recovery needs and assets, providing/rebuilding essential health, medical, and mental/behavioral health services, and collaborating with partners, including community organizations, emergency management, and healthcare organizations.		

Goal IV Measure 4.2: Support community recovery needs.		Required Evidence: Recovery Transition Plan or Procedure	
Criteria Element 2	Guidance	Hyperlink	Comments
2. Plan or procedure describing the applicant's transition process from response to short- and long-term recovery.	Intends to ensure the applicant has procedures to support the demobilization of response operations and, when needed, transition into short- and long-term recovery.		

Goal V: Prepare the public health workforce for response and recovery operations.

The public health workforce must be prepared to carry out its expected response and recovery roles. Training the public health workforce on topics related to properties derived from assessments of jurisdiction risk and needs provides the knowledge, skills, and abilities needed to perform key response and recovery roles.

Goal V consists of the following measure:

- **Measure 5.1** Provide training for response personnel.

Goal V Measure 5.1 Provide training for response personnel.		Required Evidence: Training and Exercise Schedule	
Criteria Element 1	Guidance	Hyperlink	Comments
1. Training and exercise schedule for the applicant's response staff that identifies:	The training and exercise schedule must include a date that demonstrates the development, or last revision that occurred within one year of the PPHR application submission date. The training and exercise schedule may be a standalone document or a component of a MYIPP or alternate plan used in Measure 1.3 as long as it identifies the training and exercise opportunities for the LHD's response personnel related to the knowledge, skills, and abilities needed to perform key preparedness response and recovery tasks.		
a. Priority training topics, objectives, and competencies addressed by each training.	Identify the rationale for prioritizing the topics, which could include the MYIPP process (Measure 1.3), results of a workforce development plan, or training needs assessment. The training schedule may refer to a period of time within hire or assignment upon designation as having a response role. This includes training based on jurisdictional capacity and federal requirements, appropriate NIMS and ICS training for the public health workforce, and principles of risk communication for key spokespersons for the applicant.		
b. Training participants.	Participants may be listed by name, position, or program.		

Goal V Measure 5.1 Provide training for response personnel.		Required Evidence: Training and Exercise Schedule	
Criteria Element 1	Guidance	Hyperlink	Comments
c. Potential training providers.	Examples of potential training providers may include, but are not limited to, FEMA in-person or web-based independent study, state or local emergency management agency, third-party vendors/entities, or the applicant’s own staff.		
d. Exercise opportunities for the applicant’s response staff.	The exercise schedule may refer to quarters. The training and exercise schedule may be a standalone document or a component of an MYIPP or alternate plan used in Measure 1.3 as long as it identifies the applicant’s participants. Participants may be listed by name, position, or program.		

Goal V Measure 5.1 Provide training for response personnel.		Required Evidence: One Example	
Criteria Element 2	Guidance	Hyperlink	Comments
2. An example of a previous training opportunity for response staff that addressed a prioritized training topic.	Documentation can include a presentation, training syllabus, handout, or evaluation materials. Training topics should correlate with those identified as priorities in Measure 5.1 Criteria Element 1a.		

Goal V Measure 5.1 Provide training for response personnel.		Required Evidence: JITT Procedure or Set of Procedures	
Criteria Element 3	Guidance	Hyperlink	Comments
3. Just-in-time-training (JITT) procedures that describe:	JITT refers to a training approach of delivering brief, narrowly focused training on an as needed basis in response to an immediate need typically less than one hour long.		
a. When JITT would be provided.			
b. Potential audiences.	The potential audience for JITT could include those supporting surge operations identified in Measure 2.4.		
c. Training topics.	At a minimum, training topic must include surge epidemiological tasks, medical countermeasure dispensing procedures, use of NIMS during as response, and public information processes.		
d. Applicant position(s) that could conduct JITT.			

Goal V Measure 5.1 Provide training for response personnel.		Required Evidence: Four Examples of JITT Materials	
Criteria Element 4	Guidance	Hyperlink	Comments
4. Examples of JITT materials that address the applicants:	Documentation should include a presentation, training syllabus, handout, or evaluation materials.		
a. Surge epidemiological tasks.	The JITT materials should address the surge tasks identified in Measure 2.4.		

Goal V Measure 5.1 Provide training for response personnel.		Required Evidence: Four Examples of JITT Materials	
Criteria Element 4	Guidance	Hyperlink	Comments
b. Medical countermeasure dispensing procedures.			
c. Use of NIMS during a response.			
d. Public information processes.			

Goal VI: Conduct continuous quality improvement of preparedness, response, and recovery plans, processes, and systems.

Analyzing exercises and responses to real events is vital for health departments to assess and identify improvements in their preparedness, response, and recovery plans, processes, and systems. The HSEEP Integrated Preparedness Cycle can support the adequate preparation of future exercises and capture the improvement priorities identified through past exercises.

Goal VI consists of the following measures:

- **Measure 6.1A** Learning and improvement through an exercise.

OR

- **Measure 6.1B** Learning and improvement through a real event.

Measure 6.1 A

Learning and improvement through an exercise.

Participation in exercises and responses to real events can provide an invaluable learning experience to familiarize health department personnel with roles and responsibilities; foster meaningful interaction and communication across jurisdictions/organizations; assess and validate plans, policies, procedures, and capabilities; and identify strengths and areas for improvement.

Applicants are required to complete either:

- **Measure 6.1A** Learning and improvement through an exercise.

OR

- Measure 6.1B Learning and improvement through a real event.

Goal VI Measure 6.1 A Learning and improvement through an exercise.		Required Evidence: One Exercise AAR/IP	
Criteria Element 1	Guidance	Hyperlink	Comments
1. An exercise AAR/IP that includes:	The AAR/IP can be for either a full-scale or functional exercise that must have taken place within two years of the PPHR application submission date. An applicant only needs to provide documentation for either Measure 6.1A or 6.1B.		
a. Corrective actions derived from discussion at the after-action meeting (AAM).	The AAM must have occurred no later than 90 days after the exercise's completion.		
b. An overview of the exercise.	The overview identifies the exercise's purpose, capabilities, and objectives.		
c. A list of participating organizations.	In addition to participating organizations, identify the applicant's programs/units that participated.		

Goal VI Measure 6.1 A Learning and improvement through an exercise.		Required Evidence: One Exercise AAR/IP	
Criteria Element 1	Guidance	Hyperlink	Comments
d. An analysis of capabilities and objectives tested.	<p>Must identify strengths and areas for improvement for each capability as listed under the appropriate objectives, according to the following definitions:</p> <ul style="list-style-type: none"> • Strength: A “strength” is an observed action, behavior, procedure, or practice that is worthy of special notice and recognition. • Area for Improvement: “Areas for improvement” include areas where the evaluator observed that a necessary procedure was not performed or that an activity was performed but with notable problems. The documentation for each area for improvement must include, at a minimum, an observation statement, reference(s), and analysis. 		
e. An improvement plan.	<p>The improvement plan that includes recommendations and tasks that explicitly describe, at a minimum, the following:</p> <ul style="list-style-type: none"> • Capability. • Issue/area for improvement. • Corrective action. • Primary responsible organization. • Organization point of contact. • Anticipated start date and completion dates. 		

Measure 6.1 B

Learning and improvement through a real event.

Participation in exercises and responses to real events can provide an invaluable learning experience to familiarize health department personnel with roles and responsibilities; foster meaningful interaction and communication across jurisdictions/organizations; assess and validate plans, policies, procedures, and capabilities; and identify strengths and areas for improvement.

Applicants are required to complete either:

- Measure 6.1A Learning and improvement through an exercise.

OR

- **Measure 6.1B** Learning and improvement through a real event.

Goal VI Measure 6.1 B Learning and improvement through a real event.		Required Evidence: One Incident Response AAR/IP	
Criteria Element 1	Guidance	Hyperlink	Comments
1. An event AAR/IP that includes:	The AAR/IP submitted for a real-world incident must have taken place within two years of the PPHR application submission date and span two operational periods. An applicant only needs to provide documentation for either Measure 6.1A or 6.1B.		
a. Recommendations and corrective actions derived from discussion at an AAM.	The AAM must have taken place no later than 120 days after completion of the response.		
b. An overview of the incident.			
c. A list of participating organizations.	In addition to participating organizations, identify the applicant’s programs/units that participated.		
d. Analysis of response objectives/activities.	This analysis must identify strengths and areas for improvement for each objective or category of response activities according to the following definitions: <ul style="list-style-type: none"> • Strength: A “strength” is an observed action, behavior, procedure, or practice that is worthy of special notice and recognition. • Area for Improvement: “Areas for improvement” include areas where the evaluator observed that a necessary procedure was not performed or that an activity was performed but with notable problems. 		

Goal VI Measure 6.1 B Learning and improvement through a real event.		Required Evidence: One Incident Response AAR/IP	
Criteria Element 1	Guidance	Hyperlink	Comments
e. An improvement plan.	<p>For element (e.), the improvement plan that includes recommendations and tasks that explicitly describe, at a minimum, the following:</p> <ul style="list-style-type: none"> • Capability. • Issue/area for improvement. • Corrective action. • Primary responsible organization. • Organization point of contact. • Anticipated start date and completion dates. 		

Goal VI Measure 6.1 B Learning and improvement through a real event.		Required Evidence: Two IAPs	
Criteria Element 2	Guidance	Hyperlink	Comments
2. IAPs from real events lasting more than two operational periods and include:	The IAPs must be specific to the applicant’s response to an incident that includes mobilizing their staff to accomplish medical health objectives.		
a. Dates of the incident.			
b. Name of the incident.			
c. Operational period.			
d. Objectives.			
e. List of applicant staff activated in the response and partner organizations.			
f. Safety messages.			

Goal VI Measure 6.1 B Learning and improvement through a real event.		Required Evidence: Two IAPs	
Criteria Element 2	Guidance	Hyperlink	Comments
g. Identification of who prepared and approved the IAP.			

► Re- Recognition Narrative Questions

As risks evolve, new partners become involved, and lessons are learned; health departments are encouraged to enhance their preparedness efforts continuously. This narrative section is intended to capture meaningful improvements made since the agency's last recognition. Responses should clearly and concisely describe these enhancements.

For questions related to changes in plans or response documents, applicants should focus on significant updates that have enhanced the agency's planning and response capabilities. Editorial or minor changes should not be included.

Applicants should enter their full written response—or provide a hyperlink to the complete response—in the designated “Narrative Response” field. If the question specifically requests example documentation, separate hyperlinks should be included in the corresponding “Hyperlink(s) Example” field.

Narrative Question 1	Hyperlink	Comment
<p>Describe the maintenance of the all-hazards response plan since your previous recognition date by addressing:</p> <ol style="list-style-type: none"> a. The reason the plan review/update process was initiated. b. How stakeholders were involved in the plan review, update, and approval. c. How plan revisions were validated. d. How stakeholders were informed of changes made in the revised plan. e. Dates the review started and was completed. 		

Guidance: This question is intended to ensure that the applicant has utilized a collaborative process maintaining their all-hazards response plan as described in FEMA planning guidance.

- For (a.), reasons could include reaching the specified review period for the plan, completing a major exercise or responding to a real event, or changing policy or guidance.
- For (b.), identify the internal and external stakeholders and their roles in the plan maintenance.
- For (c.), plan validation could include plan review meetings, validation workshops, and exercises.

Narrative Question 2	Hyperlink	Comment
<p>Describe a significant revision made to your all-hazards response plan since your previous recognition date that addresses:</p> <ol style="list-style-type: none"> a. The prompt for the revision. b. What the revision or addition was. c. How the change improved your agency's ability to respond. d. Stakeholders involved in the revision. e. Completion date. f. Any applicable national guidance documents informing the revision. g. How the change improved your agency's ability to respond. <p>Provide a hyperlink to the plan's record of change.</p> <p>Provide a hyperlink(s) to where the change was made in the plan.</p>		

Guidance: This narrative question is intended to address significant additions and revisions to the content or processes in the all-hazards response plan since the date of PPHR recognition or most recent re-recognition.

- For (a.), describe how the needed change was identified. Examples of activities that would prompt significant changes include evaluations of event responses or full-scale or functional exercises, updated federal guidance, updated risk assessments, and major changes in agency structure, policy, programming, or staffing. They do not include editorial changes or updates that do not alter the nature of the agency's planning and response activities.
- For (f.), examples include CDC Public Health Emergency Preparedness and Response capabilities, FEMA Comprehensive Preparedness Guides, and FEMA Homeland Security Exercise Evaluation Program doctrine.

Narrative Question 3	Hyperlink	Comment
<p>Describe changes in your agency’s training and exercise priorities for response personnel since your last PPHR application submission and address:</p> <ul style="list-style-type: none">a. What training priorities have changed.b. Why the change in training priorities occurred.c. What exercise priorities have changed.d. Why the change in exercise priorities occurred.		

Guidance:

- For (b.) and (d.), examples of why the change was made could include change in the workforce, attrition, training opportunities, use of the HSEEP integrated planning process, new risks assessment, insights from real-world events/exercises, and new preparedness partners; or, if any of the priority areas have remained the same, provide an explanation as to why.

Narrative Question 4	Hyperlink	Comment
<p>Describe changes in your risk assessment since your last PPHR application that resulted in the identification of needed changes to your agency’s plans, procedures, or processes, in your description address:</p> <ol style="list-style-type: none">What changed in your risk assessment.How the change was identified.What was the resulting change(s) identified for your agency’s plans, procedures, or processes.How the change to your agency’s plans, procedures, or processes will address (a.)Date the risk assessment was completed.		

Guidance:

- For (b.), examples include using a new risk assessment process, involving new partners, and providing new supporting data.

Narrative Question 5	Hyperlink	Comment
<p>Describe how your agency's staffing assigned preparedness responsibilities have changed since your last PPHR application and address:</p> <ul style="list-style-type: none">a. What this change is.b. When the change occurred.c. Why the change occurred.d. How the change has impacted your agency's ability to prepare for emergencies.		

Guidance:

- For (d.), response could include impacts to your agency's ability to plan, conduct, and evaluate HSEEP-aligned exercises, develop/revise plans and procedures, and access training for response and surge personnel.

Narrative Question 6	Hyperlink	Comment
<p>Describe a procedure that was developed or revised since your last PPHR application intended to reduce the disproportionate health impacts of hazards and risks on individuals and communities within your agencies within your jurisdiction, in your response address:</p> <ol style="list-style-type: none"> a. What the new or revised procedure is. b. How the need for the new or revised procedure was identified. c. How the procedure is expected to reduce the disproportionate health impacts of hazards and risks on individuals and communities within your agencies within your jurisdiction. d. What stakeholders informed the development or would be involved in the implementation of the new/revised procedure. e. When the procedure was developed or revised. 		

Guidance:

- For (b.), examples of activities that would prompt significant changes include evaluations of event responses or full-scale or functional exercises, updated federal guidance, updated risk assessments, and major changes in agency structure, policy, programming, or staffing. They do not include editorial changes or updates that do not alter the nature of the agency’s planning and response activities.
- For (d.), stakeholders could be from CBOs that serve individuals and communities that are disproportionately impacted by the hazards/risks facing the jurisdiction.

▶ PPHR Glossary

Term	Meaning
Administrative Preparedness	The process of ensuring that fiscal, administrative, and legal authorities and practices governing funding, procurement, contracting, hiring, and other critical processes are adaptable, accelerated, and effectively managed to support emergency preparedness and response.
After-Action Report and Improvement Plan (AAR/IP)	A structured evaluation tool that documents observations from exercises or real-world incidents and outlines specific corrective actions to improve response capabilities. The AAR captures key findings, while the IP assigns responsibilities and deadlines for implementing improvements.
All-Hazards	An approach to emergency management that prepares for a broad range of potential disasters, whether natural or man-made, rather than focusing on specific threats. This method ensures flexibility and adaptability in response efforts by emphasizing common preparedness and response functions across different hazard types.
Applicant	An applicant is a local, tribal, or regional health department seeking PPHR recognition. They submit comprehensive documentation demonstrating their preparedness capabilities. Their goal is to prove they meet national standards for public health emergency response and recovery.
Community-Based Organization (CBO)	A nonprofit or local organization that plays a role in public health preparedness, response, and recovery, often engaging with vulnerable populations.
Comprehensive Preparedness Guide (CPG)	A FEMA-developed guide (such as CPG 101, Version 3.0) that provides standardized emergency planning methodologies, ensuring alignment with national response frameworks
Continuity of Operations Plan (COOP)	A plan ensuring that an organization can maintain its essential functions during a disruption, such as a natural disaster, cybersecurity incident, or pandemic.
Continuous Quality Improvement (CQI)	A systematic process used by organizations to evaluate and enhance emergency preparedness efforts through regular review, training, and improvement strategies.

Term	Meaning
Criteria Element	A criteria element identifies the specific documentation or evidence that applicants must provide to demonstrate fulfillment of a measure. These elements are the most granular level of the criteria and provide the specific items that National Reviewers will evaluate. They are proof that the measure is being met.
Department Operations Center (DOC)	A designated facility within an agency responsible for coordinating and managing response efforts during an emergency.
Disinformation	False or misleading information intentionally spread to deceive or manipulate public perception, particularly during emergencies.
Disproportionately Impacted Individuals and Communities	Populations that experience greater challenges during disasters due to health, socioeconomic, or access-related disparities.
Emergency Operations Center (EOC)	A centralized command facility where response efforts are coordinated, including communication, logistics, and decision-making.
Emergency Operations Plan (EOP)	A document that outlines how an organization or jurisdiction will respond to emergencies, detailing roles, responsibilities, and coordination mechanisms.
Exposure (In regard to an environmental condition or toxic substance)	Contact with an environmental hazard, toxic substance, or pathogen that can lead to health risks.
Full-Scale Exercise (FSE)	A comprehensive emergency exercise that replicates real-world conditions, involving multiple agencies and full deployment of personnel and resources.
Functional Exercise	A scenario-based drill that tests specific emergency response functions in a controlled environment without full-scale mobilization.
Goal	A goal represents a distinct and broad public health preparedness function. It outlines a major area of focus for emergency readiness and recovery, such as community engagement or all-hazards planning. Goals are the overarching objectives that applicants must demonstrate they are meeting.
Hazards	Potential threats, including natural, biological, technological, and human-caused incidents that can impact public health and safety.
Health Equity	The principle of ensuring that all individuals have fair access to health resources and services before, during, and after emergencies.

Term	Meaning
Homeland Security Exercise Evaluation Program (HSEEP)	A national standard for designing, conducting, and evaluating emergency preparedness exercises.
Incident Action Plan (IAP)	A document developed during an emergency to outline objectives, resource allocations, and response strategies for a specific operational period.
Incident Command System (ICS)	A standardized emergency management structure used to coordinate response efforts across agencies and jurisdictions.
Isolation	The practice of separating individuals who are infected with a contagious disease from those who are not, to prevent further spread.
Job Action Sheet	A document that provides personnel with role-specific tasks and responsibilities during an emergency response.
Just In Time Training (JITT)	Short, targeted training delivered immediately before or during an emergency to ensure personnel are prepared for specific tasks.
Local Health Department	A public health agency serving a city, county, or region, responsible for emergency preparedness and response efforts.
Mass Care (Sheltering)	The provision of emergency shelter, food, and medical care to individuals displaced by a disaster.
Measure	A specific, actionable requirement used to evaluate an organization's emergency preparedness capabilities.
Medical Countermeasure (MCM)	Medications, vaccines, and other interventions used to protect public health during an emergency.
Medical/Health Surge	The ability of healthcare and public health systems to handle a sudden influx of patients during an emergency.
Misinformation	Incorrect or misleading information shared unintentionally, often due to misunderstanding or lack of verification.
Multi-Year Integrated Preparedness Plan (MYIPP)	A long-term strategic document that outlines preparedness priorities and training plans.
National Association of County and City Health Officials (NACCHO)	A national organization that represents local health departments, supporting them through policy development, advocacy, and emergency preparedness initiatives.

Term	Meaning
National Incident Management System (NIMS)	A standardized approach to incident management that enables a coordinated response across different agencies and jurisdictions. It establishes a common language and structure for responding to emergencies.
National Reviewer	A public health professional who evaluates applications for preparedness programs, ensuring they meet national standards. Reviewers analyze applications, discuss findings in review meetings, and provide feedback.
Non-pharmaceutical intervention (NPI)	Actions taken to slow the spread of illness or mitigate the effects of a public health emergency without the use of pharmaceuticals, such as social distancing, quarantine, and isolation.
Objectives	Specific, measurable actions outlined in an Incident Action Plan (IAP) that guide response efforts during an operational period.
Operational Period	A defined timeframe, typically ranging from a few hours to 24 hours, during which specific emergency response objectives are planned and executed.
Primary Response Agency (PRA)	The lead agency responsible for directly responding to an emergency, coordinating efforts, and managing resources.
Public Health Accreditation Board (PHAB)	The national organization that sets accreditation standards for public health agencies, ensuring they meet performance and preparedness benchmarks.
Public Health Emergency Preparedness (PHEP)	The coordinated effort by public health agencies to prepare for, respond to, and recover from health emergencies, ensuring that communities remain resilient.
Project Public Health Ready (PPHR)	PPHR is a national program designed to assess and improve the public health preparedness of local health departments (LHDs), tribal health departments, and regional health departments. It establishes nationally recognized standards for local public health preparedness and provides recognition to agencies that demonstrate they meet these preparedness standards.
Public Health Surge	The expansion of public health capacity to manage an increase in demand for medical and emergency services during a crisis.
Quarantine	The restriction of movement for individuals who may have been exposed to a contagious disease but are not yet symptomatic, to prevent potential spread.

Term	Meaning
Response Phases	<p>In the context of the preparedness cycle (mitigation, preparedness, response, and recovery), "response phases" refer to the distinct, sequential actions taken during and immediately following a disaster or emergency. These phases are the operational core of the "response" portion of the cycle, focusing on immediate action to save lives, protect property, and minimize the impact of the event.</p> <p>Preparedness: The proactive planning, training, and resource allocation conducted before an emergency occurs to ensure an effective response and recovery.</p> <p>Mitigation: Actions taken to prevent or reduce the impact of disasters and public health emergencies.</p> <p>Response: Immediate actions taken to address an emergency, protect public health, and prevent further harm.</p> <p>Recovery: The process of restoring public health, healthcare, and community functions after an emergency or disaster.</p>
Responder	A trained individual responsible for carrying out emergency response activities, including public health personnel, first responders, and healthcare workers.
Review Form	A document used by National Reviewers to evaluate applications from LHDs seeking initial PPHR recognition, standardizing the review process. It outlines the specific criteria, measures, and elements that applicants must meet to demonstrate their preparedness capabilities and contains instructions for the reviewers and scoring rubrics.
PPHR National Review Meeting	A scheduled gathering where National Reviewers convene to collaboratively assess PPHR applications. During this meeting, reviewers discuss their individual evaluations, compare scores and comments, and work to reach a consensus on the final evaluation of each application. The primary purpose is to ensure consistency and fairness in the application review process, leading to a unified evaluation.
Risks	The probability and potential impact of hazards that could affect public health and safety
Situational Awareness	The ability to collect, process, and analyze real-time information to understand and respond effectively to an evolving emergency.
Support Response Agency (SRA)	An agency that provides assistance and resources to a Primary Response Agency (PRA) but does not take the lead in incident management.
Surge Capacity	The ability of public health and healthcare systems to rapidly expand services to meet increased demand during emergencies.

Term	Meaning
Surveillance	The systematic collection and analysis of health data to detect and respond to public health threats.
Training and Exercise Plan	A strategic document outlining an organization's planned training activities and emergency exercises to enhance preparedness and response capabilities.
Whole Community	An emergency management approach that includes all sectors of society in planning, response, and recovery efforts.

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