CAPABILITY 1: Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents.[1] By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following:

- **Support the development of public health, medical, and mental/behavioral health systems that support recovery**
- **Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents**
- **Promote awareness of and access to medical and mental/behavioral health [2] resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals**
- **Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community**
- **Identify those populations that may be at higher risk for adverse health outcomes**
- **Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane)**

This capability consists of the ability to perform the following functions:

Function 1: Determine risks to the health of the jurisdiction
Function 2: Build community partnerships to support health preparedness
Function 3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

Function 1: Determine risks to the health of the jurisdiction

Identify the potential hazards, vulnerabilities, and risks in the community that relate to the jurisdiction's public health, medical, and mental/behavioral health systems, the relationship of those risks to human impact,[3] interruption of public health, medical, and mental/behavioral health services, and the impact of those risks on the jurisdiction's public health, medical, and mental/behavioral health infrastructure.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: Utilize jurisdictional risk assessment to identify, with emergency management and community and faith-based partners, the public health, medical, and mental/behavioral health services for which the jurisdiction needs to have access to mitigate identified disaster health risks.

Task 2: Utilize jurisdictional risk assessment to identify, with emergency management and community and faith-based partners, the public health, medical, and mental/behavioral health services within the jurisdiction that currently support the mitigation of identified disaster health risks.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Function 1: Determine risks to the health of the jurisdiction

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: ***(Priority)*** Written plans should include policies and procedures to identify populations with the following:

- Health vulnerabilities such as poor health status
- Limited access to neighborhood health resources (e.g., disabled, elderly, pregnant women and infants, individuals with other acute medical conditions, individuals with chronic diseases, underinsured persons, persons without health insurance)
- Reduced ability to hear, speak, understand, or remember
- Reduced ability to move or walk independently or respond quickly to directions during an emergency
- Populations with health vulnerabilities that may be caused or exacerbated by chemical, biological, or radiological exposure

These procedures and plans should include the identification of these groups through the following elements:

- Review/access to existing health department data sets
- Existing chronic disease programs/maternal child health programs, community profiles
- Utilizing the efforts of the jurisdiction strategic advisory council
- Community coalitions to assist in determining the community's risks[4, 5]

P2: ***(Priority)*** Written plans should include a jurisdictional risk assessment, utilizing an all-hazards approach with the input and assistance of the following elements:

- Public health and non–public health subject matter experts (e.g., emergency management, state radiation control programs/radiological subject matter experts (http://www.crcpd.org/Map/RCPmap.htm))
- Existing inputs from emergency management risk assessment data, health department programs, community engagements, and other applicable sources, that identify and prioritize jurisdictional hazards and health vulnerabilities

This jurisdictional risk assessment should identify the following elements:

- Potential hazards, vulnerabilities, and risks in the community related to the public health, medical, and mental/behavioral health systems
- The relationship of these risks to human impact, interruption of public health, medical, and mental/behavioral health services
- The impact of those risks on public health, medical, and mental/behavioral health infrastructure[6]

Jurisdictional risk assessment must include at a minimum the following elements:

- A definition of risk
- Use of Geospatial Informational System or other mechanism to map locations of at-risk populations
- Evidence of community involvement in determining areas for risk assessment or hazard mitigation
- Assessment of potential loss or disruption of essential services such as clean water, sanitation, or the interruption of healthcare services, public health agency infrastructure

Suggested resource

- Hazard Risk Assessment Instrument, University of California, Los Angeles, Center for Public Health and Disaster: http://www.cphd.ucla.edu/hrai.html

P3: Written plans, as a stand-alone plan, annex, or via other documentation, developed with input from jurisdictional partners[7, 8] should indicate how the health department will assist with the following elements:

- Assurance of community public health, medical, mental/behavioral health services in an incident, with particular attention to assure access to health services to populations and areas of low economic resources and displaced populations[9,10]
- Addressing the concerns and needs of populations not directly impacted by a particular incident but concerned about the possibility of adverse health effects

Function 1: Determine risks to the health of the jurisdiction

Resource Elements *(continued)*

PLANNING (P)

- Family reunification assistance and patient tracking for family members impacted by the incident
- Providing for the functional needs of at-risk individuals for adverse health outcomes with social services or other lead agencies (e.g., disabled persons, low-income populations needing medication assistance, medical transportation, or assistance in accessing sub-specialty medical technology and medical care)
- Child care
- Pet services and pet care
- Psychological first aid and other relevant mental/behavioral health services[11]

Suggested resources

- CDC Radiation Emergencies website: http://emergency.cdc.gov/radiation/
- Planning Guidance for Responding to a Nuclear Detonation, Second Edition, June 2010: http://hps.org/hsc/documents/Planning_Guidance_for_Response_to_a_Nuclear_Detonation-2nd_Edition_FINAL.pdf
- Listening Session on At-Risk Individuals in Pandemic Influenza and Other Scenarios: After Action Report, U.S. Health and Human Services, Assistant Secretary for Preparedness and Response Office for At-Risk Individuals, Behavioral Health, and Human Services Coordination: http://www.phe.gov/Preparedness/planning/abc/Documents/abc_listening_session.pdf
- Preparedness Tools and Resources for Disabled Populations: http://www.disability.gov/emergency_preparedness

P4: Written plans should include memoranda of understanding or other letters of agreement with community health centers, non-profit community agencies, hospitals, and private providers within the jurisdiction or with neighboring jurisdictions, if applicable, who are willing to or who can provide access to medical and mental/behavioral health services during and after an incident.[12,13]

SKILLS AND TRAINING (S)

S1: Have or have access to services of persons with expertise in Geospatial Informational Systems to assist in locating/mapping locations of at-risk populations. These Geospatial Informational System services may be found within other governmental agencies (e.g., emergency management) or within academic settings (e.g., schools of public health).

Function 2: Build community partnerships to support health preparedness

Identify and engage with public and private community partners who can do the following:

- Assist with the mitigation of identified health risks
- Be integrated into the jurisdiction's all-hazards emergency plans with defined community roles and responsibilities related to the provision of public health, medical, and mental/behavioral health as directed under the Emergency Support Function #8 definition at the state or local level

Tasks

This function consists of the ability to perform the following tasks:

Task 1: Identify community sector groups to be engaged for partnership based upon the jurisdictional risk assessment.

Function 2: Build community partnerships to support health preparedness

Tasks *(continued)*

Task 2: Create and implement strategies for ongoing engagement with community partners who may be able to provide services to mitigate identified public health threats or incidents (concept of "strategic advisory council" or joint collaborative).

Task 3: Utilize community and faith-based partnerships as well as collaborations with any agencies primarily responsible for providing direct health-related services to help assure the community's ability to deliver public health, medical, and mental/behavioral health services in both short and long term settings during and after an incident.

Task 4: Utilize a continuous quality improvement process to incorporate feedback from community and faith-based partners into jurisdictional emergency operations plans.

Task 5: Identify community leaders that can act as trusted spokespersons to deliver public health messages.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: ***(Priority)*** Written plans should include a policy and process to participate in existing (e.g., led by emergency management) or new partnerships representing at least the following 11 community sectors:[14] business; community leadership; cultural and faith-based groups and organizations; emergency management; healthcare; social services; housing and sheltering; media; mental/behavioral health; state office of aging or its equivalent; education and childcare settings.[15,16]

P2: ***(Priority)*** Written plans should include a protocol to encourage or promote medical personnel (e.g., physicians, nurses, allied health professionals) from community and faith-based organizations and professional organizations to register and participate with community Medical Reserve Corps or state Emergency Systems for Advance Registration of Volunteer Health Professionals programs to support health services during and after an incident.[17,18,19] *(For additional or supporting detail, see Capability 15: Volunteer Management)*

P3: Written plans should include documentation of community and faith-based partners' roles and responsibilities for each phase of the health threat.

P4: Written plans should include a process to provide mechanisms (e.g., town hall meetings, websites) to discuss public health hazard policies and plans of action with community partners.[20]

P5: Written plans should include strategies to support the provision of community health services during multiple types of hazard scenarios (also known as robustness) in order to support the identified risks in the jurisdiction.[21]

P6: Written plans should include a process to provide guidance to community and faith-based partners to support development of these groups' emergency operations plans/response operations.

SKILLS AND TRAINING (S)

S1: Mid-level public health staff participating in community preparedness activities should be able to demonstrate the "Plan For and Improve Practice" domain within the core competencies in Public Health Preparedness and Response Core Competency Model.

Suggested resource

- Association of Schools of Public Health Preparedness Competencies:
  http://www.asph.org/userfiles/PreparednessCompetencyModelWorkforce-Version1.0.pdf
  For further information on competency content and locations offering this training, see:
  http://emergency.cdc.gov/cdcpreparedness/training/

Function 3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks

Engage with community organizations to foster social connections[22] that assure public health, medical and mental/behavioral health services in a community before, during, and after an incident.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: Ensure that community constituency groups understand how to connect to public health to participate in public health and community partner preparedness efforts.

Task 2: Ensure that public health, medical, and mental/behavioral health service agencies that provide essential health services to the community are connected to jurisdictional public health preparedness plans and efforts.[23]

Task 3: Create jurisdictional networks (e.g., local businesses, community and faith-based organizations, ethnic radio/media, and, if used by the jurisdiction, social networking sites) for public health, medical, and mental/behavioral health information dissemination before, during, and after the incident. *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning)*

Note: Tasks 1 through 3 apply to all jurisdictions; states are expected to ensure attainment by their local communities.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

PLANNING (P)

P1: Written plans should include a process for community engagement in problem solving strategy sessions to identify how the short-term or permanent relocation of health-related supplies and other services can support the direct restoration of a sense of community and social connectedness in terms of public health, medical, and mental/behavioral health services.[24]

P2: Written plans should include a protocol to identify health services needed to support identified disaster risks and ensure these services are culturally and socially competent.[25]

Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

Coordinate with emergency management, community organizations, businesses, and other partners to provide public health preparedness and response training or guidance to community partners for the specific risks identified in the jurisdictional risk assessment.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: Integrate information on resilience, specifically the need for community-derived approaches to support the provision of public health, medical, and mental/behavioral health services during and after an incident, into existing training and educational programs related to crisis and disaster preparedness and response.

Task 2: Promote training to community partners that may have a supporting role to public health, medical, and mental/behavioral health sectors (e.g., education, child care, juvenile justice, child welfare, and congregate childcare settings).

Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

Tasks *(continued)*

Task 3: Provide guidance to community partners, particularly groups representing the functional needs of at-risk populations, to assist them in educating their own constituency groups regarding plans for addressing preparedness for and recovery from the jurisdiction's identified risks and for access to health services that may apply to the incident.

Note: Tasks 1 through 3 apply to all jurisdictions; states are expected to ensure attainment by their local communities.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: ***(Priority)*** Written plans should include documentation that public health has participated in jurisdictional approaches to address how children's medical and mental/behavioral healthcare will be addressed in all-hazard situations, including but not limited to the following elements:

- Approaches to support family reunification
- Care for children whose caregivers may be killed, ill, injured, missing, quarantined, or otherwise incapacitated for lengthy periods of time
- Increasing parents' and caregivers' coping skills
- Supporting positive mental/behavioral health outcomes in children affected by the incident
- Providing the opportunity to understand the incident[26]

Suggested resources

- Kids Dealing with Disasters: http://www.oumedicine.com/body.cfm?id=3745
- National Commission on Children and Disasters: 2010 Report to the President and Congress: http://www.ahrq.gov/prep/nccdreport/nccdreport.pdf
- Post-Katrina Emergency Management Reform Act of 2006: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s3721is.txt.pdf

P2: ***(Priority)*** Written plans should include a process and procedures to build and sustain volunteer opportunities for residents to participate with local emergency responders and community safety efforts year round (e.g., Medical Reserve Corps). *(For additional or supporting detail, see Capability 15: Volunteer Management)*

SKILLS AND TRAINING (S)

S1: Identify, recommend, or develop standardized and competency-based disaster education and training programs (such as the National Disaster Life Support Program, the American Academy of Pediatrics disaster medicine curriculum, National and State Voluntary Organizations Active in Disaster planning documents) for emergency responders, citizen volunteers, and other community residents.

S2: Have or have access to at least one Medical Reserve Corps and coordinate with existing Community Emergency Response Teams/Citizen Corps. *(For additional or supporting detail, see Capability 15: Volunteer Management)*