



Communication Toolkit

Promoting the Impact and Importance
of the Public Health Emergency
Preparedness Program

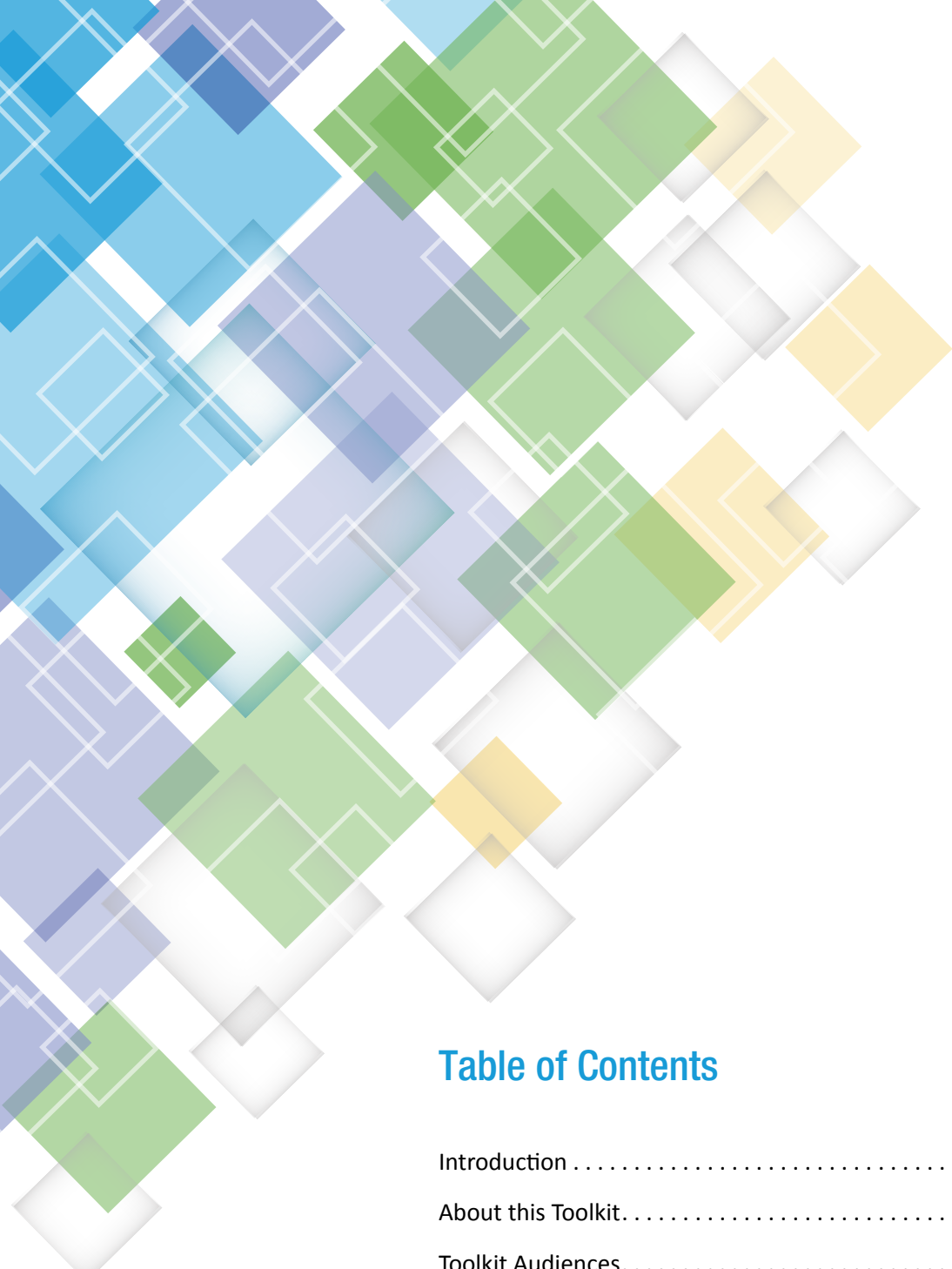


Table of Contents

Introduction	1
About this Toolkit	1
Toolkit Audiences	2
Key Accomplishments of the PHEP Program since 9/11	3
Suggested Talking Points	5
Communication Tools for PHEP Awardees	9
Other PHEP Communication Resources	12
Feedback	12

Acknowledgments

This project and report was supported by CDC through the following cooperative agreement: 3U38OT000161-03S2.



Introduction

Whether natural, accidental, or intentional, public health threats are always present and can lead to public health emergencies. Public health departments and communities that are prepared to prevent, respond to, and rapidly recover from public health threats are critical to protecting and securing the nation's public health.

CDC plays a pivotal role in ensuring that state and local public health systems are prepared for any public health emergency. The agency provides critical funding and technical assistance for state, local, and territorial public health departments through the Public Health Emergency Preparedness cooperative agreement program (PHEP program).

Following the September 2001 terrorist attacks and later anthrax events, Congress appropriated funding to CDC to expand its support of state and local public health preparedness nationwide. Although these programs have made great progress since then, state and local public health departments and their respective preparedness programs and communities face many challenges. Federal funds for preparedness have been steadily declining: since 9/11, PHEP funding has decreased more than 42 percent. This makes it difficult for states to sustain the significant, measurable advances they have made in public health preparedness since 2001.

The public health preparedness community must speak with one voice to raise awareness about the preparedness accomplishments that the PHEP program and its dedicated champions have achieved over the past 15 years. Together, we can continue the important work of building stronger, more prepared communities.

About this Toolkit

ASTHO developed this communication toolkit for PHEP awardees, champions, and others interested in advancing PHEP program awareness. ASTHO hopes to amplify the public health preparedness community's voice in order to educate leaders and public health stakeholders about the PHEP accomplishments that keep our communities protected and prepared.

Please use this toolkit and the accompanying template messages and communication products to educate the target audiences listed below about the importance of the PHEP program. If you have feedback or suggestions for improving this toolkit, please contact Heather Misner, ASTHO's director of preparedness and clinical outreach.

Toolkit Audiences

This Communication Toolkit was created to help the groups listed below educate target audiences about the PHEP program and its impact on building more prepared communities to save lives.

Although each audience will have its own perspectives and objectives, PHEP education champions can help carry messages related to the PHEP program with a clear, consistent, and amplifying voice. Suggested PHEP champions include, but are not limited to:

- State, local, and territorial preparedness directors and their staff.
- State, local, and territorial health officials.
- Staff and senior leadership from key national partner organizations, including:
 - » Association of Public Health Laboratories
 - » ASTHO
 - » Council of State and Territorial Epidemiologists
 - » NACCHO

The messages and template communication products provided in this toolkit are intended to be used by PHEP education champions listed above to reach the following audiences:

- Primary audiences:
 - » Local and state policymakers.
 - » National congressional staff and policymakers.
- Secondary audiences:
 - » State and local public health department staff.



Key Accomplishments of the PHEP Program since 9/11

What is PHEP?

The Division of State and Local Readiness in CDC's Office of Public Health Preparedness and Response administers funds for preparedness activities to 62 state, local, and territorial public health systems through the Public Health Emergency Preparedness (PHEP) cooperative agreement program. Awardees include state health departments, select large U.S. cities, and eight U.S. territories and freely associated states.

Through the PHEP program, CDC helps public health departments strengthen their abilities to respond to all types of public health threats, from Ebola to Zika, and build more resilient communities. CDC plays a pivotal role in ensuring that state and local public health systems are prepared for public health emergencies because of its unique ability to respond to a wide range of threats that affect the public's health, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events.

The following key accomplishment statements are intended to summarize what the PHEP program has achieved since 9/11. These statements are intended to help form a framework that PHEP education champions can use, alongside national or community-specific data, success stories, and graphics or images, to engage potential partners and target audiences.

PHEP Saves Lives Every Day

Since September 11, 2001, the PHEP program has saved lives by building and maintaining a nationwide public health emergency management system that enables communities to rapidly respond to public health threats. As is listed in CDC's [2016 National Snapshot of Public Health Preparedness](#), the PHEP program:

- **Establishes** state and local public health emergency management expertise and trains first responders to mitigate the health effects of life-threatening emergencies in their community.
 - » The PHEP program funds nearly 4,000 full- and part-time public health preparedness personnel across the country, including nurses, laboratorians, epidemiologists, IT specialists, planners, trainers, educators, and communications specialists.
- **Institutes** public health emergency management structures in all 50 states and select local and territorial public health departments capable of leading or supporting public health responses.
 - » Funding provided through the PHEP cooperative agreement has supported more than 8,000 state and local public health emergency operations center activations since 2005.
- **Sustains** a nationwide system capable of rapidly distributing and dispensing lifesaving medications and emergency medical supplies to the public.
 - » All 50 states, four directly funded localities, and eight territories and freely associated states funded by the PHEP cooperative agreement have plans for receiving, staging, storing, distributing, and dispensing medical assets from CDC's Strategic National Stockpile.
 - » In 2014 alone, 1,992 federal, state, territorial, and local emergency responders were trained in Strategic National Stockpile assets and capabilities thanks to PHEP funds.



- **Maintains** nationwide laboratory and epidemiologic surveillance systems that can quickly detect and identify public health threats.
 - » PHEP funds more than 150 laboratories within the Laboratory Response Network (LRN) in 50 states and three localities (Los Angeles County, New York City, and Washington, D.C.).
 - » PHEP-funded LRN laboratories can perform standardized tests yielding reliable results within hours. Because approximately 90 percent of the U.S. population lives within 100 miles of an LRN laboratory, fast test results can quickly identify local disease outbreaks.
 - » The PHEP program has built nationwide public health laboratory capacity to rapidly detect select agents in environmental samples and clinical specimens. These laboratories also perform year-round surveillance to detect influenza and other respiratory viruses, food-borne pathogens, and other organisms that may be associated with public health emergencies.
- **Strengthens** the ability of U.S. communities to prepare for, withstand, and recover from public health threats.
 - » PHEP funding protects communities by using a capabilities-based approach to assist state, local, and territorial health departments with their all-hazards planning, safeguarding individuals where you live and work.
- **Integrates** public health in emergency responses and, in collaboration with partners, leads and coordinates with the public health and healthcare sectors.
 - » During the 2014-15 domestic Ebola response, PHEP funding allowed public health departments to collaborate with healthcare systems and other unique partners such as waste management and public works departments to plan for possible cases of Ebola in their jurisdictions.

Suggested Talking Points

PHEP awardees and champions can use the following talking points to help guide their discussions with target audiences. The single overarching communication objective of the discussion should be to educate audiences about the PHEP program, the program's key accomplishments to date, and how sustaining preparedness funding helps keep our communities healthy and safe.

Tips!

- Do not read these talking points to your audiences word for word; rather, review them ahead of time and be prepared to share examples specific to your community.
- Choose the talking points that make the most sense to you and your community.

What is the PHEP cooperative agreement?

- CDC provides critical funding and capacity-building assistance through the Public Health Emergency Preparedness program to 62 state, local, and territorial public health departments in order to build and sustain response-ready public health departments nationwide.
- All emergency responses begin at the local level, and the PHEP program helps our public health departments build stronger, more protected communities capable of responding to public health threats like terrorist attacks, infectious disease outbreaks, and natural disasters.

If you had more funding through the PHEP cooperative agreement, what could you do that you aren't able to do now?

- **Additional funds would allow us to** [Describe how you would use additional PHEP cooperative agreement funds to keep your community safe, and see examples below.]:
 - » Improve vulnerable population preparedness planning.
 - » Rebuild capability lost with past funding cuts.
 - There is already a major shortage of trained public health workers and funded positions, particularly for individuals with subject matter expertise, making it more difficult to effectively respond during public health emergencies.
 - » Fill surge capacity gap.
 - A large-scale event, such as the 9/11 attacks or influenza pandemics, stretches the day-to-day public health and healthcare system beyond normal capabilities. Building the surge capacity necessary to respond to a large-scale event requires planning to identify, build, and sustain adequate operational plans, facilities, equipment, supplies, and trained staff.

If you went through a funding cut, what preparedness activities would you no longer be able to support?

- [Describe the impact of previous funding cuts in your community, and see examples below.]
 - » [Describe the number of staff directly lost and the activities that were impacted. What *can't* you do now?]
 - » Describe and provide numbers related to reduced equipment and supplies.
 - » Describe eliminated preparedness activities (e.g., exercises).

The federal government has supported funding for the PHEP cooperative agreement for approximately 15 years. Why are we not done?

- Police, fire, emergency medical services, and military services are constant, life-saving investments. Similarly, public health preparedness protects our communities and saves lives every day.
- Preparedness requires sustainability, training, and planning for current and future emerging threats.

What has PHEP cooperative agreement funding been used for?

- Public health departments nationwide have used PHEP funding to make vital investments needed to support effective public health responses to emergencies. These investments have funded preparedness and response plan development, training and exercises, supplies and equipment, and skilled and experienced personnel.
- See the key accomplishment statements in the *PHEP Communication Toolkit* for more information.

Were we “prepared” to respond to Ebola (emerging infectious diseases)?

- Because of PHEP, all-hazard response plans, plans for distributing medical countermeasures, and nationwide laboratory and epidemiologic surveillance systems are in place to predict, rapidly detect, and identify threats (through a network of more than 100 labs in 14 states).
- During the Ebola response, our preparedness efforts through PHEP laid the groundwork in preparation for Ebola, PHEP resources and guidance led state and local public health departments to establish active monitoring procedures only 10 days after the time of the announcement. From October 2014 through September 20, 2015, PHEP awardees actively monitored more than 26,000 travelers from countries in West Africa with widespread Ebola cases. The PHEP program also developed information-sharing protocols to screen travelers at major airports for Ebola and began rapid and appropriate state and local public health actions, such as controlled movement, isolation, quarantine, or public health orders, effectively protecting our local communities.
- Despite dramatic cuts to preparedness funding over the past 10 years, we were able to [insert community-specific data.]
 - » Answer [insert number] informational calls
 - » Monitor [insert number] cases at risk of Ebola exposure

Why do we need supplemental funding for specific diseases and events such as Ebola or Zika?

- The PHEP cooperative agreement funding is primarily for preparedness. Funding can only be used for response activities in limited instances.
- PHEP cooperative agreement funding has decreased nearly 42 percent since 9/11, which puts the preparedness infrastructure we've built at risk.
- According to Trust for America's Health's [Outbreaks](#) report, states and localities depend on annual PHEP funding to hire and train specialized personnel, purchase and maintain laboratory equipment, build and sustain IT and electronic disease surveillance systems, and develop, test, and improve response plans. Inadequate or fluctuating funding leaves gaps in our ability to detect, diagnose, investigate, and prevent emerging infectious diseases.
- Supplemental funds help support response activities, but do not provide the *sustained* support needed to ensure a ready public health workforce.
- Not all Ebola Supplemental funding is the same, and not all funding was meant to be all-hazards. Ebola supplemental funding was provided to the state health department via three main sources:
 - » PHEP Supplemental - \$145 million
 - » Epidemiology and Laboratory Capacity (ELC) Supplemental - \$106 million
 - » Hospital Preparedness Program (HPP) Supplemental - \$194.5 million

While the PHEP funding was intended for preparedness planning and coordination with the healthcare sector, it could be argued that any funding for preparedness planning could be all-hazards. The ELC funding, however was not intended to be all-hazards funding. This funding was intended to specifically focus on healthcare associated infection (HAI) control assessments and response along with laboratory biosafety, and biosecurity. Repurposing funding from the ELC supplement to combat Zika Virus will leave infection control gaps identified during the Ebola response unfilled. The HPP award was for Ebola health care system preparedness and response and the development of a regional Ebola treatment strategy. These funds are highly specific to Ebola and highly pathogenic infections.



- The national capacity for arboviral surveillance and control has eroded and requires supplemental funding to rebuild capacity. The national arboviral infrastructure built during the era of West Nile Virus funding has eroded, with several states reporting that they lacked the capacity for field-based surveillance and mosquito control staff. The redirection of federal funds following the West Nile Virus outbreak led to a decrease in vector control activities at the state level, similarly the redirection of Ebola funds aimed at preventing HAIs may lead to an erosion of the progress that has been made with the healthcare community.
- Unspent funds are not uncommitted funds and therefore may not actually be available for redirection. While it may appear that states have not officially spent their Ebola supplemental funding, the funding was intended to be for multi-year projects. States have developed workplans and staffing plans based upon a multi-year spend down of the funding. Many of the unspent funds are actually committed to pay for staff time, upcoming contracts, and activities.

- The geographical distribution of risk, and therefore funding needs, are not the same in Zika as they were with the Ebola Response. Funding provided by the PHEP supplemental included a base allotment plus an allocation percentage based on the volume of travelers from Ebola-infected countries. For example Pennsylvania, Ohio, and New York City received some of the largest amounts of funding. In the Zika response, the insular jurisdictions and southern most states are at the highest risk for local transmission. Due to the differences in funding levels, not all states and insular jurisdictions have the ability to reroute their funding to Zika.

What are other agencies' responsibilities in these situations? "I thought that FEMA or the Department of Homeland Security did that?"

- Public health emergency preparedness and response efforts seek to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote healthy behaviors, and assure the quality and accessibility of health services before, during and after an event.
- CDC and the PHEP program's work in preparedness supports the Department of Homeland Security, which has overall authority for emergency response activities as identified in the [National Response Framework](#).
- In the wake of a disaster, FEMA plays a critical role in meeting the needs of affected populations in the United States by providing assistance to individuals and families soon after an event.
- Because all responses are initially local events, public health departments play an extremely important role in public health emergency preparedness and response.
- The PHEP program provides public health departments with resources and guidance to help strengthen preparedness at state, local, tribal, and territorial levels.
- Many preparedness activities occur on a daily basis, such as monitoring for real or potential public health emergency threats. These and other types of activities can be expanded or scaled up to respond to public health emergencies, such as terrorist attacks and pandemic influenza, to save lives.

Communication Tools for PHEP Awardees

Summary Key Messages

Because your time with a policymaker may be limited, the following key message formats can help you develop a PHEP program “elevator speech.”

- The PHEP program helps build stronger, more protected communities to protect the health of our communities.
- [Insert your health department, agency, or organization] relies on funding from the PHEP program to [insert preparedness activities directly funded through the PHEP program].
- We have successfully advanced preparedness through the PHEP program by [insert examples of your specific PHEP program success and how it positively impacts your community].
- Because of PHEP program funding cuts over the last decade, our community has lost [insert number of positions, programs, and activities lost], resulting in [insert the impact to people in your community].

PHEP funding has been cut 42 percent since 9/11. The cuts weaken our ability to prepare for, withstand, and recover from public health threats. Please restore this critical funding.

Sample Discussion Questions

The following sample discussion questions may be used to continue the PHEP program discussion with policymakers.

- Do you have any specific public health preparedness priorities?
- Would you be interested in a site visit to [insert your health department or agency] to see firsthand how the PHEP program is helping our community?
- What additional information can I provide on any of the topics we have discussed?

Tips!

- Follow up any discussion with a thank you email reiterating your discussion and include any printed materials that you provided during the meeting as attachments for easy distribution and reprinting.
- Reach out to your contact periodically with PHEP program updates and any relevant media stories.

Materials for Targeted Audiences

Sample E-Mail and Letter for Partner Organizations and Associations

Dear [Insert colleague name],

The terrorist attacks on September 11, 2001 and subsequent anthrax attacks exposed several deficiencies in the U.S. public health infrastructure and highlighted our vulnerability to weapons of mass destruction at the local, state, and federal levels. In June 2002, Congress passed the Public Health Security and Bioterrorism Response Act, which included the Public Health Emergency Preparedness (PHEP) cooperative agreement—the only federal funding that supports public health preparedness activities within health departments to help backfill these gaps.

Although initial investments following the 2001 attacks made significant improvements to the United States' preparedness infrastructure, local, state, and federal preparedness budgets have dropped more than 42 percent since 9/11, and continue to undermine our nation's preparedness advancements.

By speaking with one voice, we can collectively increase awareness of how important the PHEP program is to build stronger, more protected communities. To help our PHEP community speak with a clear, consistent, and amplifying voice, ASTHO launched an annual "Speak with One Voice" initiative and developed several resources.

How you can support the initiative:

- Invite colleagues and members to download the PHEP Communication Toolkit at <https://pheapacts.com/>.
- Share the sample messages and communication products with your networks.

Together, we can speak with one voice to move public health emergency preparedness forward!

Sincerely,

[Name and contact information]

Sample Social Media Messages

Please share the following PHEP social media messages, and also share relevant posts from [CDC's Facebook page](#) or the Twitter handle [@CDCEmergency](#).

Remember to use **#PHEPImpact** in all of your posts.

Sample Tweets



- We're strongest when we stand together. Stand with us to raise #PHEPImpact awareness by sharing #preparedness resources: <https://pheapimpacts.com/>.
- Help us recognize the importance of public health #preparedness by sharing #PHEPImpact resources: <https://pheapimpacts.com/>.

Sample Facebook Posts



- The PHEP program helps our country's communities prepare for, withstand, and recover from public health threats, saving lives every day. Help us speak with one voice and raise awareness of **#PHEPImpact** by sharing our initiative resources: <https://pheapimpacts.com/>.
- Community #preparedness cannot be achieved alone. Together, we can help build **#PHEPImpact** awareness and share the important role it plays protecting our communities.
- The **#PHEPImpact** initiative aims to raise awareness of the accomplishments the program has made since #September11 to build more protected communities and save lives. Why is the PHEP program important to you?

Other PHEP Communication Resources

The following sample communication products aim to send a strong, consistent message about what the PHEP program is and why it's important. They can be found at <https://pheapimpacts.com>.

- Success Story Template
 - » Other Resources
 - CDC's Storytelling Template
 - CDC's Success Story Made Easier Tool
 - CDC's Workbook "Impact and Value: Telling Your Program's Story"
- PHEP educational presentation slide deck (*Coming soon!*)
- PHEP Impacts Fact Sheet

These communication products can be adapted to incorporate community-specific data, success stories, and images.

PHEP Impact Website

<https://pheapimpacts.com/>

Feedback

Please contact [Heather Misner](#), ASTHO's director of preparedness and clinical outreach, with feedback about this toolkit. Please let us know if you found this toolkit useful, and share your supporting data, success stories, and resources to help others speak with one voice about why the PHEP program is a critical component of building stronger, more protected communities.



Association of State and Territorial Health Officials
2231 Crystal Drive, Suite 450
Arlington, VA 22202

202-371-9090 tel | 202-371-9797 fax
www.astho.org



Sample Success Story Template

Your State or City Seal Here

You can remove the header above by clicking on it and hitting "delete!"

Insert Graphic Element Here
(Stock image that represents the event described, other program logo, etc).

Otherwise, delete this box and center your state logo.

The Public Health Emergency Preparedness (PHEP) program integrates public health in emergency responses and, in collaboration with partners, leads and coordinates the public health and health care sectors. (Choose from one of the six impact statements that best describes the achievements in your story)

Placeholder for Story

Share your great story here!

Placeholder for facts and figures.

Share some very specific data points here (numbers of people trained, numbers of jobs affected, statistics on disaster mitigation, etc).



Sample Success Story Template



Insert Graphic Element Here
(Stock image that represents
the event described, other
program logo, etc).
Otherwise, delete this box
and center your state logo.

The Public Health Emergency Preparedness (PHEP) program integrates public health in emergency responses and, in collaboration with partners, leads and coordinates the public health and health care sectors.

From June to September 2015, the Washington State Department of Health's Office of Emergency Preparedness and Response faced the worst wildfire season in the history of the state. Low snowpack during the winter and severe to extreme droughts throughout the state in the summer created the ideal dry conditions for the rapid spread of wildfires, both in the east where wildfires are part of the ecosystem and in the west where they are less common. The 2015 wildfire season killed three U.S. Forest Service firefighters, injured dozens, destroyed over 300 homes, and burned over 1.1 million acres.

Faced with consequences ranging from environmental health impacts to medical facility evacuations, the Washington State Department of Health (WADOH) quickly adapted its response plans. Implementing emergency capabilities built with funding from the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness (PHEP) cooperative agreement program allowed WADOH to mitigate the effects on public health, behavioral health, and the healthcare sector.

"The [HPP] and PHEP program built the foundation upon which we could engage such a diverse, nontraditional group of partners and lead a coordinated, statewide response. We have information management systems, policy level exercises, tools that aid in information collection, documentation and decision making, and a process for managing and fulfilling requests for assistance from our partners. None of that existed prior to the PHEP program," said Michael Loehr, Chief of Emergency Preparedness and Response, Washington State Department of Health.

- Using HPP and PHEP funding, WADOH proactively trained four Type 3 Incident Management Teams. Each team member received over 200 hours of training, and each is required to participate in quarterly drills. Most had already gained significant experience responding to multiple disasters during 2014. The WADOH Incident Management Team responded to this wildfire incident for three weeks.
- Power outages, road closures, and evacuation orders affected WIC services. WADOH ensured the continuation of these services in impacted areas by developing contingency plans during the response to provide services directly from the state level when needed.

What is PHEP?

CDC's Office of Public Health Preparedness and Response, Division of State and Local Readiness, administers funds for preparedness activities to 62 state, local, and territorial public health systems through the Public Health Emergency Preparedness (PHEP) cooperative agreement program. Awardees include state health departments along with select large cities across America and eight U.S. territories and freely associated states. Through the PHEP program, CDC helps public health departments strengthen their abilities to respond to all types of public health threats from Ebola to Zika and build more resilient communities. CDC plays a pivotal role in ensuring that state and local public health systems are prepared for public health emergencies because of its unique abilities to respond to a wide range of threats including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events that affect the public's health.

Key Accomplishments of the PHEP Program

Since September 11, 2001, the PHEP program has saved lives by building and maintaining a nationwide public health emergency management system that enables communities to rapidly respond to public health threats. The PHEP program:

- Integrates public health in emergency responses and, in collaboration with partners, leads and coordinates the public health and health care sectors.
- Institutes public health emergency management structures in all 50 states and select local and territorial public health departments capable of leading or supporting public health responses.
- Sustains a nationwide system capable of rapidly distributing and dispensing lifesaving medications and emergency medical supplies to the public.
- Maintains nationwide laboratory and epidemiologic surveillance systems capable of faster detection and identification of public health threats.
- Strengthens the ability of our nation's communities to prepare for, withstand, and recover from public health threats.
- Establishes state and local public health emergency management expertise and trains first responders so that they are capable of mitigating the health effects of life-threatening emergencies in their community.

Key Messages

- Public health threats are always present. Whether caused by natural, accidental, or intentional means, these threats can lead to the onset of public health incidents.
- Building communities that are prepared to prevent, respond to, and rapidly recover from public health threats is a critical step to protect and secure our nation's public health.
- The September 11 attacks in 2001, the 2009 H1N1 influenza pandemic, and the Ebola and Zika outbreaks underscore the importance of communities being prepared for potential threats.
- Because of its unique abilities to respond to infectious, occupational, or environmental incidents, the Centers for Disease Control and Prevention (CDC) plays a pivotal role in ensuring that state, local, and territorial public health systems are prepared for these and other public health incidents.
- CDC's Office of Public Health Preparedness and Response, Division of State and Local Readiness, provides state, local, and territorial public health departments with funding and capacity-building assistance through the Public Health Emergency Preparedness (PHEP) cooperative agreement program.
- Through the PHEP program, CDC helps our public health departments build stronger, more protected communities capable of responding to any public health threat such as infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events.
- Public health emergency preparedness is the process of collaborating, planning, training, responding, and evaluating to ensure that people and communities are protected when events occur that threaten public health and safety.