Public Health Emergency Preparedness Across the U.S.

2018 NACCHO’s Preparedness Profile

The Preparedness Profile gathers information about preparedness trends and emerging issues at local health departments. In January 2018, a representative sample of preparedness coordinators in the United States were surveyed.

The Workforce

Investments must be prioritized for training & workforce development opportunities targeted to different skill levels.

There is a variety of skill levels within the field, with 55% of preparedness coordinators having at least 6 years of experience.

38% of coordinators spend all of their time on job duties related to preparedness.

Preparedness Activities

National, state, and local organizations must work together to clarify the role of public health in addressing 21st century health security threats.

42% of local health departments report not conducting preparedness activities related to terrorist threats.

47% of local health departments do not address cybersecurity in preparedness planning and training activities.

56% of local health departments report their preparedness efforts do not include climate adaptation.

Access the full report at www.naccho.org/2018prepprofile. For more information, email NACCHO’s Preparedness Team at preparedness@naccho.org or visit www.naccho.org/programs/public-health-preparedness.
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**PREPAREDNESS PLANNING**

Increased funding to build sustainable preparedness capacity & capability at the local level will help address emerging public health threats.

- 89% not fully prepared to address opioid abuse
- 78% not fully prepared to address active shooter incidents

Many local health departments are not fully prepared for new and concerning public health threats, including opioid abuse and active shooter incidents.

**ADMINISTRATIVE PREPAREDNESS**

National partners must work together to create a legal & operational landscape that allows for efficient administrative preparedness.

- 55% of local health departments do not have a formal mechanism in place for receiving and using emergency funding.
- Barriers to administrative preparedness include a lack of capacity (like funding and staffing) and lack of available tools and resources.

Administrative Preparedness is the process of ensuring that the fiscal, legal, and administrative authorities/practices that govern funding, procurement, contracting, and hiring are appropriately integrated into all stages of emergency preparedness/response.


**PARTNERSHIPS**

National partners must explore additional avenues for enhancing engagement between public health & other sectors that play a key role in preparedness, response, and recovery.

- Preparedness coordinators develop strong partnerships with local and state government agencies (e.g., public safety, emergency management, and environmental health) and hospitals.
- Weaker relationships are reported with behavioral and mental health organizations, local businesses, intelligence and security agencies, and pharmacies.