

CDC's Public Health Emergency Preparedness (PHEP) Cooperative Agreement Performance Measures

Quick Reference Fact Sheets Community Preparedness



CDC has contracted with John Snow, Inc., to develop and implement technical assistance and training materials for CDC's Public Health Emergency Preparedness (PHEP) Performance Measures under Reference #HCG-2008-53920

Performance Measure Quick Reference

Overview of Community Preparedness Performance Measures

The Community Preparedness **capability**:

The ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents.

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

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

There are four (4) performance measures associated with Community Preparedness (CP) capability. The chart below demonstrates the relationship between the performance measures and the CP capability.

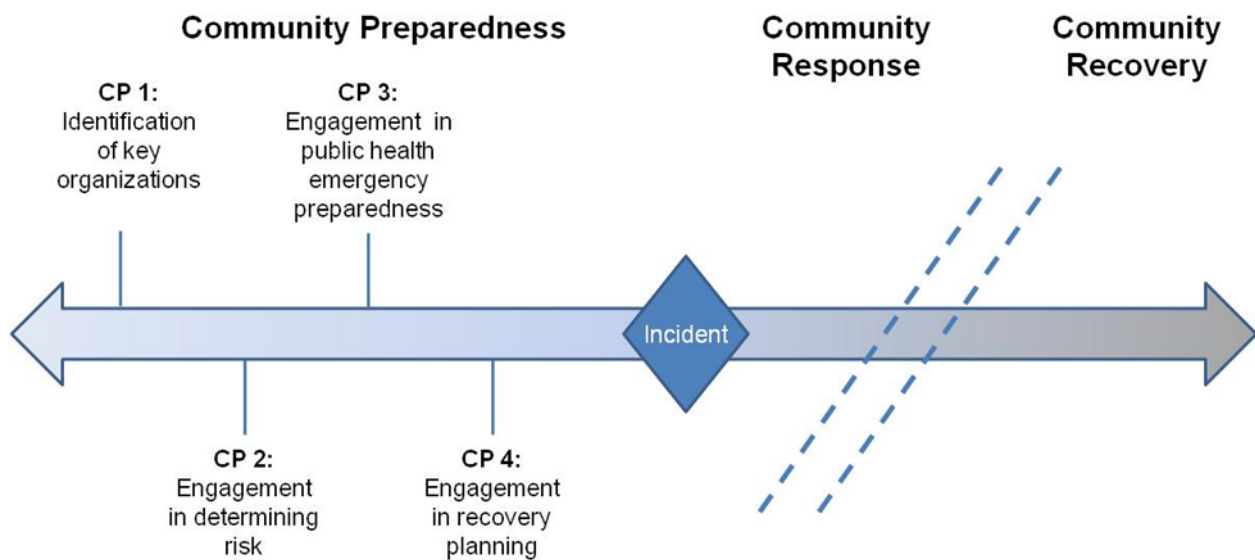
Capability	Function	Performance Measure(s)	Purpose of Performance Measures
Community Preparedness	1. Determine risks to the health of the jurisdiction	CP Engagement in determining risk	Program accountability
	2. Build community partnerships to support health preparedness	CP: Identification of key organizations	Program accountability
		CP: Engagement in recovery planning	Program accountability
	3. Engage with community organizations to foster public health, medical, and mental/behavioral health social networks	At present there are no CDC-defined performance measures for this function	
	4. Coordinate training or guidance to ensure community engagement in preparedness efforts	CP: Engagement in public health emergency preparedness	Program improvement

Performance Measure Quick Reference

Overview of Community Preparedness Performance Measures

PHEP Performance measure	Definition	Submission Timeline	Requires data collection from a sample of local health departments
CP – Identification of key organizations	Median number of community sectors in which LHDs identified key organizations to participate in public health, medical, and/or mental/behavioral health-related emergency preparedness efforts.	Annually	Yes
CP – Community engagement in risk identification	Median number of community sectors that LHDs engaged in using hazards and vulnerabilities assessment (HVA) data to determine local hazards, vulnerabilities, and risks that may impact public health, medical, and/or mental/behavioral health systems and services.	Annually	Yes
CP – Community engagement in public health preparedness activities	Proportion of key organizations that LHDs engaged in a significant public health emergency preparedness activity.	Annually	Yes
CP – Community engagement in recovery planning	Median number of community sectors that LHDs engaged in developing and/or reviewing a community recovery plan related to the restoration and recovery of public health, medical, and/or mental/behavioral health systems and services.	Annually	Yes

Figure 1. Performance measures along the spectrum of Community Resilience



Performance Measure Quick Reference

CP: Identification of Key Organizations:

Median number of community sectors in which LHDs identified key organizations to participate in public health, medical, and/or mental/behavioral health-related emergency preparedness efforts.

Reporting Criteria

1. Self-report data submitted **annually**.
2. All PHEP awardees are required to report.
3. Reported for a pre-selected sample of local health departments.

Performance Measure

Median number of community sectors in which local health departments (LHDs) identified key organizations to participate in public health, medical, and/or mental/behavioral health-related emergency preparedness efforts

Measurement Specifications

When the numbers of community sectors engaged by each participating LHD are arranged from highest to lowest [maximum is 11, minimum is zero], the median is the midpoint number where half of the LHDs engaged a number of sectors at or above the midpoint and the other half of the LHDs engaged a number of sectors at or below it.

Reported Data Elements

1. Number of LHDs reporting from the pre-selected sample
2. Total number of key organizations, across all 11 community sectors, identified by LHDs.
3. Number of key organizations, by community sector, identified by LHDs.
4. Number of key organizations that represent multiple community sectors.
5. What additional key organizations did LHDs identify that do not fit within any of the 11 specified community sectors?
 - 5a. Briefly describe the type of key organizations and the populations they serve.
6. Briefly describe the successes cited by LHDs in terms of identifying key organizations.
7. Briefly describe any barriers or challenges cited by LHDs in terms of identifying key organizations.

Key Terms

Median: A statistical term used to identify a number that, in a sample of numbers arranged from highest value to lowest (or lowest to highest), divides the higher half of that array of numbers from the lower half (i.e. the midpoint). If there is an odd number of items in the sample, the middle number is the median. If there is an even number of items, the median is the mean or average of the two middle numbers.

Local health department (LHD): Units of organization within a State as denoted within the National Association of County & City Health Officials (NACCHO), Directory of Local Health Departments (also referred to as the LHD Index). For those localities, territories and States that have no units of organization referenced within NACCHO's Directory of Local Health Departments, the term "local health department" should be defined by the awardee health department consistent with its routine and typical means of determining the sub-units or sub-regions (geographic or otherwise) of their jurisdiction.

Key organization: An entity, group, agency, club, business, or professional association, as well as an individual service provider that the LHD deems critical in terms of one or more of the following criteria. The entity: 1) provides health and human services (e.g., food, shelter/housing, social services, mental/behavioral) to vulnerable or at-risk populations in the context of a significant disaster or public health emergency; 2) is an essential vehicle for community outreach, information dissemination, or other similar communications with vulnerable and hard-to-reach populations, as well as the general public, during response or recovery following an incident; and 3) is or would be an essential primary partner in a jurisdiction-wide disaster or public health emergency response in terms of resource sharing, provision of goods or services, surge capacity, representation in the Incident Management Structure (e.g., the Emergency Operations Center) or other type of formal integration into a LHD's response to a public health emergency. Key organizations are often characterized as: 1) having a significant "footprint" or service area in a community; 2) high-volume or throughput in terms of goods or services provided; 3) serving hard-to-reach, vulnerable, or at-risk populations; 4) historically significant institutions, or key figures/icons, within a community, often with significant influence within one or more cultural or affinity groups (e.g., community leaders); and/or 5) providers of narrow or unique, but critical, services to the community (e.g., media outlets, hospitals). Key organizations do not need to be physically located in the LHD's area, but must be willing and able to engage in planning for and providing services to that area in the event of a public health emergency. The total numbers of key organizations are less important than the quality of organizations. Key organizations may represent more than one sector. Representatives of the key organizations should be in a position to commit their organization and/or its resources to local community preparedness and recovery efforts.

Public health, medical, and mental/behavioral health: One or more systems of public and private agencies, and their associated programs, that function to provide services to ensure the overall physical and mental well-being of the community-at-large.

CP: Identification of Key Organizations:

- **Public health** is concerned with the health of the community as a whole. The mission of public health is to “fulfill society's interest in assuring conditions in which people can be healthy.” The three core public health functions are: assessment, policy and assurance.
- **Medical** or health care is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other relevant areas of care. It refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health.
- **Mental/behavioral health** refers to “a broad array of activities directly or indirectly related to the mental well-being. It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.” In the National Standards, this is an overarching term used to encompass behavioral, psychosocial, substance abuse, and psychological health.

Community Sectors: For the purposes of these performance measures, this refers to segments of a community within which different types of organizations operate. The 11 sectors of interest as specified in the National Standards are listed below.

- **Businesses:** For-profit organizations that engage in commerce (e.g., businesses that are actively involved in and are committed to improving their communities, large employers, key suppliers of goods, utility services such as electricity, water, and sanitation if they are for-profit organizations.)
- **Community Leadership:** Leaders in policy-making and decision-making, including elected officials, leaders of non-governmental organizations (e.g., American Red Cross, United Way, Salvation Army), and other community organizations (e.g., U.S. National Council on Disability, Lion's Club, Rotary Club, Kiwanis Club, and the Junior League).
- **Cultural and Faith-based Groups and Organizations:** Organizations that represent the various religious and cultural traditions of a community (e.g., directors of cultural centers, elected officials of cultural and faith-based groups, and leaders of interfaith councils or similar entities (e.g., National Interfaith Alliance)).
- **Education and Childcare Settings:** Public and private educational organizations including universities and colleges, school systems, individual schools, institutions serving children with special needs, Head Start programs, and private childcare facilities for young children. Leaders from these organizations make decisions and set policy.
- **Emergency Management:** Federal, State and non-governmental organizations in the area of emergency management, homeland security, and first responders. Examples include the local emergency management agency, relevant tribal entities involved in emergency services or emergency management, the state emergency management agency, federal entities such as Federal Emergency Management Agency (FEMA) and other components of the Department of Homeland Security, the

Medical Reserve Corps (MRC), Citizen Corps groups, Community Emergency Response Teams (CERTs) and others. This sector also includes traditional first responder groups including fire, police, and emergency medical services, as well as local Public Works agencies and non-profit utility companies (e.g., city/county utilities, energy, water, and sanitation) and tribal utility authorities that may respond to an incident and/or provide services critical for an effective response plan.

- **Health Care:** Organizations including private facilities, public hospitals and outpatient clinics, university/academic medical schools and programs, Department of Veterans' Affairs (VA) hospitals and clinics, Indian Health Services facilities, community health centers, non-profit healthcare service providers, and private practice settings.
- **Housing and Sheltering:** Organizations that offer and/or provide references or referrals for temporary residence to individuals who are without permanent housing (e.g., state-level housing/shelter departments, homeless shelters, non-profit housing providers, tribal housing authorities, American Red Cross, etc.). This sector may also include residential facilities for the elderly (e.g., nursing homes and assisted living centers), special needs individuals, and other vulnerable populations (e.g., domestic violence shelters, recovery or “halfway” homes for substance abusers, etc.).
- **Media:** Organizations representing information channels and outlets such as print, radio, television, and the Internet. This sector also includes local means of communication (e.g., local and tribal newsletters and related publications, social networking sites, and listservs).
- **Mental/Behavioral Health:** Organizations in the public or private sector that provide services related to supporting or enhancing the emotional/mental/behavioral well-being of individuals, families, and communities including State and local mental health authorities, community mental health facilities, VA hospitals and clinics, and the mental/behavioral health units of organizations including hospitals, Indian Health Services facilities, private practices and academic institutions.
- **Social Services:** Organizations providing a range of services to vulnerable populations. Services may include medication assistance, assistance with accessing medical care and technology, transportation to needed services, nutrition/food assistance, and case management services. This sector also includes child welfare organizations and non-residential agencies, such as referral agencies and entities that serve individuals with developmental disabilities.
- **Senior Services:** This sector includes governmental and non-governmental service providers such as nursing homes, assisted living facilities, adult daycare programs targeting primarily seniors, offices of the AARP, State Office of Aging or its equivalent, local Area Agencies on Aging that administer various Titles under the Federal Older Americans Act of 1965 and its amendments.

Performance Measure Quick Reference

CP: Community Engagement in Risk Identification

Median number of community sectors that LHDs engaged in using hazards, and vulnerabilities assessment (HVA) data to determine local hazards, vulnerabilities, and risks that may impact public health, medical, and/or mental/behavioral health systems and services

Reporting Criteria

1. Self-report data submitted **annually**.
2. All PHEP awardees are required to report.
3. Reported for a pre-selected sample of local health departments.

Performance Measure

Median number of community sectors that LHDs engaged in using hazards, and vulnerabilities assessment (HVA) data to determine local hazards, vulnerabilities, and risks that may impact public health, medical, and/or mental/behavioral health systems and services

Measurement Specifications

When the numbers of community sectors that each LHD engaged to determine local hazards, vulnerabilities, and risks are arranged from highest to lowest [maximum is 11, minimum is zero], the median is the midpoint number where half of the LHDs engaged a number of sectors at or above the midpoint and the other half of the LHDs engaged a number of sectors at or below it.

Helpful Hints:

This measure is only to include those individuals and organizations (e.g., agency, club, business, or professional association) representing much or all of an entire sector, deemed essential in providing input and feedback related to local hazards, vulnerabilities, and risks that may impact public health, medical and/or mental/behavioral health systems and services.

LHDs may either conduct their own HVA or review HVA data collected by other agencies (e.g., the State public health agency, State or local emergency management agency, and FEMA). Additionally, during a BP in which an HVA is not conducted for the local jurisdiction, the LHD should review the hazards, vulnerabilities, and risks previously identified (e.g., in a prior budget period) to determine if they are still relevant, and update their local community preparedness and recovery plans as needed.

Reported Data Elements

1. Number of LHDs reporting from the pre-selected sample
2. Total number of key organizations, across all 11 community sectors, engaged in determining the local hazards, vulnerabilities, and risks that may impact public health, medical, and/or mental/behavioral health systems and services.
3. Number of key organizations, by community sector, engaged in determining the local hazards, vulnerabilities, and risks that may impact public health, medical and/or mental/behavioral health systems and services.
4. Range of community sectors engaged by the sample of LHDs reporting data for this measure.
5. Number of LHDs that engaged all 11 community sectors in using HVA data to determine local hazards, vulnerabilities, and risks that may impact public health, medical, and/or mental/behavioral health systems and services.
6. Type of HVA data that LHDs used to determine local hazards, vulnerabilities, and risks that may impact public health, medical, and/or mental/behavioral health systems and services.
 - a. Number of LHDs that conducted their own local HVA.
 - b. Number of LHDs that reviewed HVA data conducted by the State health department.
 - c. Number of LHDs that reviewed HVA data conducted by the local, State, or federal emergency management agency;
 - d. Number of LHDs that reviewed HVA data from more than one source/agency (e.g. local emergency management and the State health department)
7. Briefly describe successes cited by LHDs in terms of engaging key organizations in using HVA data to determine local hazards, vulnerabilities, and risks.
8. Briefly describe any barriers or challenges cited by LHDs in terms of engaging key organizations in using HVA data to determine local hazards, vulnerabilities, and risks.

Key Terms

Median: A statistical term used to identify a number that, in a sample of numbers arranged from highest value to lowest (or lowest to highest), divides the higher half of that array of numbers from the lower half (i.e. the midpoint). If there is an odd number of items in the sample, the middle number is the median. If there is an even number of items, the median is the mean or average of the two middle numbers.

Local health department (LHD): Units of organization within a State as denoted within the National Association of County & City Health Officials (NACCHO), Directory of Local Health Departments (also referred to as the LHD Index). For those localities, territories and States that have no units of organization referenced within NACCHO's Directory of Local Health Departments, the term "local health department" should be defined by the awardee health department consistent with its routine and typical means of determining the sub-units or sub-regions (geographic or otherwise) of their jurisdiction.

Community Sector: See CP: Community Engagement in Risk Identification.

Public health, medical and/or mental/behavioral health: See CP: Community Engagement in Risk Identification.

Hazard and vulnerabilities assessment (HVA): refers to any assessment of hazards, vulnerabilities, and risks. For additional information regarding HVA, refer to the National Standards document, or for an example, refer to the UCLA Center for Public Health and Disaster Hazard Risk Assessment Instrument.

Engaged in using HVA data to determine local hazards, vulnerabilities, and risks. Key organizations, representing all 11 community sectors, should provide verbal or written input to the LHD for determining the hazards, vulnerabilities, and risks relevant to public health, medical, and/or mental/behavioral health systems and services within the LHDs may engage their key organizations in a variety of ways depending on the source of the HVA data.

- If the LHD conducted their own local HVA, this may involve (but is not limited to) the following:
 - Providing information or input during the risk assessment process via meetings, interviews, or surveys.
 - Participating, as a member of a strategic advisory council (SAC), Local Emergency Planning Committee (LEPC), community consortia, or planning body to design a risk assessment, review risk assessment data, and/or identify hazards, vulnerabilities, and risks.
 - Participation in reviewing and discussing risk

assessment data to identify hazards, vulnerabilities, and risks at in-person meetings, by phone, or via the Web or e-mail.

- Voting to identify risks (or in support of identified risks); voting is sponsored by the local public health agency, SAC, community consortia, or planning body, and may occur at in-person meetings, or by paper, phone, Web, or e-mail.
- Reviewing and acknowledging agreement with the identified hazards, vulnerabilities, and risks.
- If the LHD reviewed HVA data conducted by one or more agency (e.g., State health department; local, state or federal emergency management agency), this may involve (but is not limited to) the following:
 - Participating, as a member of a SAC, LEPC, community consortium, or other type of planning body to secure and/or review risk assessment data and/or to identify hazards, vulnerabilities, and risks.
 - Providing information or input that informs the review of previously identified hazards, vulnerabilities, and risks for the current BP.
 - Participation in reviewing and discussing current or previously collected HVA data to identify hazards, vulnerabilities, and risks via in-person meetings, paper, phone, the Web or e-mail.
 - Voting to identify risks (or in support of identified risks)—currently or as identified in a previous BP. Voting is sponsored by the LHD, SAC, community consortia, or planning body, and may occur at in-person meetings, or by hard copy or electronic survey.
 - Reviewing and acknowledging agreement with the identified hazards, vulnerabilities, and risks (current or previously identified/reprioritized) for the BP.

This measure is meant to capture meaningful, bona fide participation by community sector representatives. Marginal or non-meaningful participation does not count towards this performance measure. This measure excludes individuals that do not participate or those who participate marginally in a manner that is not meaningful, as well as those who do not provide explicit input or feedback on risks to public health, medical and/or mental/behavioral health systems or services (e.g., members of the media who show up to observe for the sole purpose of reporting).

Performance Measure Quick Reference

CP: Community Engagement in Public Health Emergency Preparedness Activities

Proportion of key organizations that LHDs engaged in a significant public health emergency preparedness activity

Reporting Criteria

1. Self-report data submitted **annually**.
2. All PHEP awardees are required to report.
3. Reported for a pre-selected sample of local health departments.

Performance Measure

Proportion of key organizations that LHDs engaged in a significant public health emergency preparedness activity.

Measurement Specifications

Numerator: Number of key organizations that LHDs engaged in one or more of the following significant public health emergency preparedness activities:

- Development of key organizations' emergency operations or response plans related to public health, medical, and/or mental/behavioral health
- Exercises containing objectives or challenges (e.g. injects) related to public health, medical, and/or mental/behavioral health.
- Competency-based training related to public health, medical, and/or mental/behavioral health emergency preparedness and response

Denominator: Total number of key organizations identified by LHDs (as specified in data element 2 for CP: Community Engagement in Risk Identification)

Helpful Hints

- This process measure is intended, over time, to demonstrate program improvement at the local level by assessing the depth of key organizations (across the 11 community sectors identified in the National Standards) engaged by LHDs in significant emergency preparedness activities related to public health, medical, and/or mental/behavioral health.
- The intent of this measure is for awardee health departments to capture information about LHDs' involvement with their key organizations in meaningful activities that build their overall capacity to plan for and/or respond to incidents that impact their public health, medical, and/or mental/behavioral health systems and services. These activities help the LHD and key

Helpful Hints (cont.)

organizations think through the ways in which they can restore the infrastructure and services as quickly as possible and identify potential gaps in their existing plans. These activities also help to ensure that key organizations understand their roles and responsibilities as well as protocols and procedures for responding to and recovering from an incident.

Reported Data Elements

1. Number of LHDs reporting from the pre-selected sample.
2. Total number of key organizations, across all 11 community sectors, that LHDs engaged in at least one significant emergency preparedness activity related to public health, medical, and/or mental/behavioral health.
3. Number of key organizations, by community sector, that participated in more than one significant preparedness activity related to public health, medical, and/or mental/behavioral health.
4. Range of community sectors that participated in a significant preparedness activity related to public health, medical, and/or mental/behavioral health, across reporting LHD jurisdictions
5. Number of LHDs for which all 11 community sectors participated in a significant preparedness activity related to public health, medical, and/or mental/behavioral health.
6. Briefly describe successes cited by LHDs in terms of engaging key organizations in significant preparedness activity related to public health, medical, and/or mental/behavioral health.
7. Briefly describe any barriers or challenges cited by LHDs in terms of engaging key organizations in significant preparedness activity related to public health, medical, and/or mental/behavioral health.

CP: Community Engagement in Public Health Emergency Preparedness Activities

Key Terms

Local health department (LHD): Units of organization within a State as denoted within the National Association of County & City Health Officials (NACCHO), Directory of Local Health Departments (also referred to as the LHD Index). For those localities, territories and States that have no units of organization referenced within NACCHO's Directory of Local Health Departments, the term "local health department" should be defined by the awardee health department consistent with its routine and typical means of determining the sub-units or sub-regions (geographic or otherwise) of their jurisdiction.

Key organization: An entity, group, agency, club, business, or professional association, as well as an individual service provider that the LHD deems critical in terms of one or more of the following criteria. The entity: 1) provides health and human services (e.g., food, shelter/housing, social services, mental/behavioral) to vulnerable or at-risk populations in the context of a significant disaster or public health emergency; 2) is an essential vehicle for community outreach, information dissemination, or other similar communications with vulnerable and hard-to-reach populations, as well as the general public, during response or recovery following an incident; and 3) is or would be an essential primary partner in a jurisdiction-wide disaster or public health emergency response in terms of resource sharing, provision of goods or services, surge capacity, representation in the Incident Management Structure (e.g., the Emergency Operations Center) or other type of formal integration into a LHD's response to a public health emergency. Key organizations are often characterized as: 1) having a significant "footprint" or service area in a community; 2) high-volume or throughput in terms of goods or services provided; 3) serving hard-to-reach, vulnerable, or at-risk populations; 4) historically significant institutions, or key figures/icons, within a community, often with significant influence within one or more cultural or affinity groups (e.g., community leaders); and/or 5) providers of narrow or unique, but critical, services to the community (e.g., media outlets, hospitals). Key organizations do not need to be physically located in the LHD's area, but must be willing and able to engage in planning for and providing services to that area in the event of a public health emergency. The total numbers of key organizations are less important than the quality of organizations. Key organizations may represent more than one sector. Representatives of the key organizations should be in a position to commit their organization and/or its resources to local community preparedness and recovery efforts.

Significant public health emergency preparedness activities: Endeavors that provide key organizations with the capacity to plan for and/or respond to an incident. For this performance measure, these activities are defined as:

- Development of key organizations' emergency operations or response plans related to public health, medical, and/or mental/behavioral health
- Exercises containing objectives or challenges (e.g. injects) related to public health, medical, and/or mental/behavioral health.
- Competency-based training related to public health, medical, and/or mental/behavioral health emergency preparedness and response

Emergency operations and response plans: Written plans that identify key organizations policies, procedures, and organizational structure for implementation during and following an incident. Continuity of Operations Plans (COOP) are also within scope for this element.

Competency-based training: This type of training entails the provision of standardized instructions/guidance related to disaster prevention, preparedness, response, and recovery role(s) in accordance with established national, State, and local health security and public health policies, laws, and systems. Examples of competency-based training programs include, but are not limited to, NIMS (and related) training, Hospital Incident Command System (HICS) training, the National Disaster Life Support Program; the American Academy of Pediatrics disaster medicine curriculum; and National and State Voluntary Organizations Active in Disaster planning documents. Additional information on Competency-based training is available through the Preparedness and Emergency Response Learning Centers from CDC Information on the Public Health Preparedness and Response Core Competency Model is available through the Association of Schools of Public Health.

Performance Measure Quick Reference

CP: Community Engagement in Recovery Planning

Median number of community sectors that LHDs engaged in developing and/or reviewing a community recovery plan related to the restoration and recovery of public health, medical, and/or mental/behavioral health systems and services

Reporting Criteria

1. Self-report data submitted **annually**.
2. All PHEP awardees are required to report.
3. Reported for a pre-selected sample of local health

Performance Measure

Median number of community sectors that LHDs engaged in developing and/or reviewing a community recovery plan related to the restoration and recovery of public health, medical, and/or mental/behavioral health systems and services

Measurement Specifications

When the numbers of community sectors that each LHD engaged in developing and/or reviewing their community recovery plan are arranged from highest to lowest [maximum is 11, minimum is zero], the median is the midpoint number where half of the LHDs engaged a number of sectors at or above the midpoint and the other half of the LHDs engaged a number of sectors at or below it.

Helpful Hints:

- This measure is meant to capture meaningful, bona fide participation by community sector representatives. Marginal or non-meaningful participation does not to count towards this performance measure. This measure excludes individuals that do not participate or those who participate marginally in a manner that is not meaningful, as well as those who do not provide explicit input or feedback on risks to public health, medical and/or mental/behavioral health systems or services (e.g., members of the media who show up to observe for the sole purpose of reporting).

Reported Data Elements

1. Number of LHDs reporting from the pre-selected sample.
2. Total number of key organizations, across the 11 community sectors, that LHDs engaged in developing and/or reviewing a community recovery plan related to the restoration and recovery of public health, medical, and/or mental/behavioral health systems and services.
3. Number of key organizations, by the 11 community sectors, that LHDs engaged in developing and/or reviewing a community recovery plan related to the restoration and recovery of public health, medical, and/or mental/behavioral health systems and services.
4. Range of community sectors that were engaged in developing and/or reviewing a community recovery plan.
5. Number of LHDs for which all 11 community sectors were engaged in developing and/or reviewing a community recovery plan.
6. Briefly describe successes cited by LHDs in terms of engaging key organizations in developing and/or reviewing a community recovery plan.
7. Briefly describe any barriers or challenges cited by LHDs in terms of engaging key organizations in developing and/or reviewing a community recovery plan.

Key Terms

Median: A statistical term used to identify a number that, in a sample of numbers arranged from highest value to lowest (or lowest to highest), divides the higher half of that array of numbers from the lower half (i.e. the midpoint). If there is an odd number of items in the sample, the middle number is the median. If there is an even number of items, the median is the mean or average of the two middle numbers.

Local health department (LHD): Units of organization within a State as denoted within the National Association of County & City Health Officials (NACCHO), Directory of Local Health Departments (also referred to as the LHD Index). For those localities, territories and States that have no units of organization referenced within NACCHO's Directory of Local Health Departments, the term "local health department" should be defined by the awardee health department consistent with its routine and typical means of determining the sub-units or sub-regions (geographic or otherwise) of their jurisdiction.

Community Sector: See CP: Community Engagement in Risk Identification.

Public health, medical, and mental/behavioral health: One or more systems of public and private agencies, and their associated programs, that function to provide services to ensure the overall physical and mental well-being of the community-at-large.

- **Public health** is concerned with the health of the community as a whole. The mission of public health is to "fulfill society's interest in assuring conditions in which people can be healthy." The three core public health functions are: assessment, policy and assurance.
- **Medical** or health care is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other relevant areas of care. It refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health.
- **Mental/behavioral health** refers to "a broad array of activities directly or indirectly related to the mental well-being. It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders." In the National Standards, this is an overarching term used to encompass behavioral, psychosocial, substance abuse, and psychological health.

Community recovery plan A written, all-hazards or hazard-specific plan that documents the roles and responsibilities for all key organizations (including the LHD) and the policies and processes for each organization to follow for each phase of a health threat that impacts public health, medical, and/or mental/behavioral health systems and services. The review of a community recovery plan should occur annually (if the plan was previously developed), and should be refined as deemed necessary by the LHD and key organizations.

Engaged in developing and/or reviewing a community recovery plan: Key organizations, across all 11 community sectors should be involved in developing and/or revisiting the LHD's (or local emergency management agency's) community recovery plan. Engagement in this activity may occur in various ways, including, but not limited to:

- Providing information or input to the LHD for the development or review of the community recovery plan.
- Participating, as a member of a strategic advisory council (SAC), Local Emergency Planning Committee (LEPC), community consortia, or planning body to develop, review, and/or update the community recovery plan.
- Participation in reviewing and discussing the community recovery plan at in-person meetings, by paper, phone, or via the Web or e-mail.
- Voting in support of a community recovery plan; voting is sponsored by the local public health agency, SAC, community consortia, or planning body, and may occur at in-person meetings, by paper or phone, or via the Web or e-mail.
- Reviewing and acknowledging agreement with a community recovery plan.