



## Letter to the Editor

acknowledged by the study participants that funding is influential to how trainings are prioritized.

As a result of our current preparedness paradigm, public health preparedness trainings have a tendency to “happen to” public health personnel rather than being driven by locally identified needs. Our analysis of the response to Superstorm Sandy suggests that the problem is not simply that available trainings don’t meet local needs. In many instances, they do. However, we offer that the paucity of end user input into federal emergency response trainings has resulted in an incomplete set of curricula for local health departments.

Realigning preparedness funding to simultaneously fund needs assessments and training development could foster more locally based programs. Figure 1 represents a proposed restructuring of the current preparedness funding paradigm to create a two-part training funding source to ensure dedicated resources for local needs assessments. More locally relevant trainings and other experiential learning opportunities for public health staff will be critical to properly prepare public health staff to perform to their full potential in the midst of uncertainty.

## About the Authors

National Center for Disaster Preparedness, Earth Institute, Columbia University, New York, New York (Mr Schlegelmilch, Ms Gutnik, Dr Chandler); and Yale New Haven Health System Center for Emergency Preparedness and Disaster Response, New Haven, Connecticut (Ms Frye).

Correspondence and reprint requests to Jeff Schlegelmilch, MPH, MBA, Deputy Director, National Center for Disaster Preparedness, Earth Institute, Columbia University, 215 West 125th Street, Suite 303, New York, NY 10027 (e-mail: js4645@columbia.edu).

## Funding

The research described in this project was funded under CDC funded Cooperative Agreement number 1U01TP00589-01. The views and recommendations expressed in this article are solely those of the authors.

## REFERENCES

1. Andrews DH, Goodson LA. A comparative analysis of models of instructional design. *Journal of Instructional Development*. 1980;3(4):2-16.
2. US Department of Homeland Security. National Preparedness Goal. FEMA website. <https://www.fema.gov/national-preparedness-goal>. Last updated October 2, 2015. Accessed April 16, 2016.
3. Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response. Public Health Preparedness Capabilities: National Standards for State and Local Planning. [http://www.cdc.gov/phpr/capabilities/dslr\\_capabilities\\_july.pdf](http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf). Published March 2011. Accessed April 16, 2016.
4. US Department of Health and Human Services. Instructions for Preparing an Annual Performance Report and Continuation Funding Application. Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements Assistant. <http://www.cdc.gov/phpr/documents/hpp-phep-bp4-continuation-guidance-508-v4.pdf>. Published 2015. Accessed April 16, 2016.
5. US Department of Homeland Security. National Incident Management System. FEMA website. <http://www.fema.gov/national-incident-management-system>. Last updated April 12, 2016. Accessed April 16, 2016.