Regional Centers for Public Health Preparedness and Response (PHPR)

Recent public health emergencies have underscored the need for a more robust and resilient U.S. public health system. As State, territorial, local, and tribal (STLT) jurisdictions navigate constantly evolving threats, tailored approaches to preparedness and response are essential. To address this challenge, in September 2024, in response to Section 2231 42 U.S.C. 247d-6 of the Consolidated Appropriations Act, 2023, CDC's Office of Readiness and Response's (ORR) Division of Readiness and Response Science (DRRS) established a network of regional centers by awarding 10 five-year cooperative agreements to one institution in each U.S. Department of Health and Human Services (HHS) region (see Table 1).

A total of **\$9,054,230** was awarded to the **10 institutions** for year 1 of a five-year cooperative agreement, subject to available funding. By promoting adoption of evidence-based strategies and interventions, regional centers will address STLT jurisdictional challenges and enhance their ability to meet the needs of the communities they serve.

Each center is working with representatives in their communities to develop five-year regional workplans that focus on preparedness and response needs across topical focus areas. For each focus area, existing or new strategies or interventions that have been shown to work will be implemented across communities in the region.



Each center will

- ✓ Identify or develop strategies or interventions to meet annual objectives in the regional workplan.
- Establish relationships with health departments and community-based partners to pilot strategies or interventions.
- ✓ Pilot and evaluate strategies and interventions with communities in each region.
- Bundle strategies or interventions and train public health, community, and emergency response professionals as appropriate.



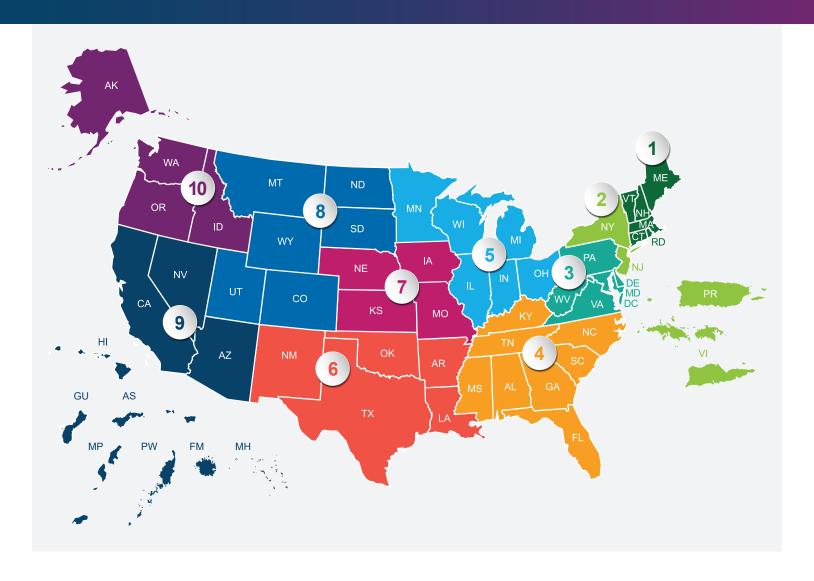
Centers may

- Conduct short assessments or hold listening sessions with community members to appropriately identify gaps in emergency preparedness and response in their communities.
- Host communities of practice to support development of their priority areas.
- Bundle interventions or trainings in playbooks, tool kits, or other translation documents and disseminate them as appropriate.



Centers may not

- X Serve as a general training, technical assistance, or other service resource to health departments or other entities.
- X Focus on personal or professional interests of center staff unless they are reflected in the five-year regional workplan.



Regional Centers for Public Health Preparedness and Response

Region	Awarded institution
HHS Region 1 (CT, ME, MA, NH, RI, VT)	Harvard University
HHS Region 2 (NJ, NY, PR, VI)	Columbia University
HHS Region 3 (DE, DC, MD, PA, VA, WV)	Johns Hopkins University
HHS Region 4 (AL, FL, GA, KY, MS, NC, SC, TN)	The University of North Carolina at Chapel Hill
HHS Region 5 (IL, IN, MI, MN, OH, WI)	University of Minnesota
HHS Region 6 (AR, LA, NM, OK, TX)	Tulane University
HHS Region 7 (IA, KS, MO, NB)	University of Nebraska Medical Center
HHS Region 8 (CO, MT, ND, SD, UT, WY)	University of Utah
HHS Region 9 (AZ, CA, HI, NV, Pacific Territories: American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Palau, Republic of the Marshall Islands)	University of California San Francisco
HHS Region 10 (AK, ID, OR, WA)	University of Washington

