

# Public Health and Health Care Preparedness Strategic Programmatic Plan, 2018-2022

## Introduction

This document summarizes the four-year Strategic Programmatic Plan of the Center for Emergency Preparedness and Response (CEPR). The Strategic Programmatic Plan identifies priority areas for MDH, health care coalitions, and local and tribal health departments, to target and focus our collective preparedness efforts. With the increasing complexity and frequency of public health and health care emergencies, this plan provides a roadmap that helps us adjust direction quickly when needed.

## Background

The **vision** of CEPR is that all Minnesota communities are resilient and prepared to rapidly respond to and recover from emergencies that threaten the health of the public.

The **mission** of CEPR is to coordinate public health and health care preparedness, response, and recovery work across the state of Minnesota in order to achieve our vision of resilient communities. CEPR coordinates with partners at the state, regional, and local levels and provides support and the big picture perspective needed to shift people, supplies, and equipment to areas of highest need.

To this end, MDH delivers critical state-level services, like surveillance, and public health laboratory testing, needed to quickly detect and mitigate threats to the public's health. In addition, MDH provides local partners with tools needed to respond effectively (e.g., talking points, press releases).

In 2017, new guidance was released for the Health Care Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) program. Funded through the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC), the Notice of Funding Opportunity rolled out a new structure, requirements, and expectations for public health and health care emergency preparedness programs.

CEPR spent the past year implementing the new approach and aligning it to our work in Minnesota. Independent strategic planning sessions were held with local and tribal health departments (LHD/THD) and health care coalitions (HCCs) to gather input on strengths and opportunities for growth in Minnesota. Partner input, coupled with program-specific requirements, provided guidance to map out a path to complete the work at the state, regional, and local levels and identify opportunities to further align between PHEP and HPP.

## Partner input

Engagement with state, regional, and local partners for both PHEP and HPP resulted in the identification of strengths, opportunities for action for preparedness in Minnesota. The bullets below highlight some opportunities for action. A World Café process in fall of 2016 gathered local public health input on PHEP. While HPP input came from strategic planning sessions at regional health care coalition meetings, also in 2016.

### PHEP

- Addressing health equity issues in emergency preparedness;
- Increasing opportunities for local public health to exercise jointly with MDH;
- Clarifying state, regional and local roles;
- Continued work on challenging communication issues;
- Identifying platforms for sharing materials and resources; and
- Increasing staff capacity for outreach, and working with cultural groups.

### HPP

- Explore statewide training opportunities for effective public information practices;
- Explore behavioral health opportunities;
- Increase and enhance partnership engagement between Emergency Medical Services and Health Care Coalitions (HCCs);
- Explore opportunities for collaboration with long-term care in light of Centers for Medicare and Medicaid Services (CMS) enhanced regulations; and
- Increase partnership engagement and enhancement opportunities between Homeland Security and Emergency Management (HSEM) and HCCs.

## Strengths, gaps and priority projects

The CDC and ASPR organize the work of emergency preparedness and response according to six domains. The table on page 3 highlights some strengths and areas for improvement (gaps) in Minnesota by domain area, and provides a few example activities for each domain. The full strategic programmatic plan provides a comprehensive list of MDH priorities and activities. To obtain the full plan, contact the MDH Center for Emergency Preparedness and Response.

STRATEGIC PROGRAMMATIC PLAN FACT SHEET

**Table 1: Strengths, gaps and example activities by domain**

Domain	Strengths	Gaps	Example activities
<b>Domain 1: Community resilience</b> Preparing communities to withstand and recover from public health incidents.	<ul style="list-style-type: none"> <li>Established partnerships</li> <li>Robust regional health care coalitions</li> </ul>	<ul style="list-style-type: none"> <li>Uniform preparedness for access and functional needs</li> <li>Building relationships with non-traditional partners</li> </ul>	<ul style="list-style-type: none"> <li>Operational readiness reviews (PHEP; Years 2 – 5))</li> <li>L/THD plan for needs of children in all-hazards situations (PHEP; Year 4)</li> </ul>
<b>Domain 2: Incident management</b> Coordinating and managing responses	<ul style="list-style-type: none"> <li>Established plans</li> <li>Incident responses &amp; exercises</li> </ul>	<ul style="list-style-type: none"> <li>Train new staff in branch/group/unit response positions</li> <li>Unknown status of local administrative/fiscal preparedness planning</li> </ul>	<ul style="list-style-type: none"> <li>All-hazards plans assessment with HCCs (HPP; Year 4)</li> <li>Exercise webinar for L/THDs (PHEP; Year 2)</li> <li>Joint full-scale exercise (HPP/PHEP; Years 3 or 4)</li> </ul>
<b>Domain 3: Information management</b> Making sure people have information to take action.	<ul style="list-style-type: none"> <li>Strong partnerships</li> <li>Experience working with diverse populations during responses</li> <li>Virtual Joint Information Center (JIC)</li> </ul>	<ul style="list-style-type: none"> <li>Additional training needed for public information officers</li> <li>Message development</li> <li>Dissemination within limited English proficiency (LEP) populations</li> </ul>	<ul style="list-style-type: none"> <li>Inter-coalition communication exercise (HPP; Year 5)</li> <li>MN specific Crisis and Emergency Risk Communication (CERC) training for L/TPH (PHEP; Year 2)</li> </ul>
<b>Domain 4: Countermeasures &amp; mitigation</b> Protecting the public and responders	<ul style="list-style-type: none"> <li>New plans and partnerships in place to receive/stage/store materiel and facilitate closed points of dispensing (PODs) planning</li> </ul>	<ul style="list-style-type: none"> <li>Operationalizing and exercising newly revised and updated plans (e.g. mass dispensing plan)</li> </ul>	<ul style="list-style-type: none"> <li>Supply chain integrity plan assessment (HPP; Year 5)</li> <li>Develop exercise-in-a-box to demonstrate activation of essential services within jurisdictions (PHEP; Year 3)</li> </ul>
<b>Domain 5: Surge management</b> Working together to sustain communities during extraordinary situations	<ul style="list-style-type: none"> <li>Robust roster of volunteers</li> <li>Special units for behavioral health, medical surge and disaster mortuary responses</li> <li>Strong statewide plans for burn, high consequence infectious disease and crisis care situations</li> </ul>	<ul style="list-style-type: none"> <li>Defining public health’s support roles in fatality management/mass care/medical surge</li> </ul>	<ul style="list-style-type: none"> <li>Burn center/surge facilities training and exercises (HPP; Year 2)</li> <li>Identify PHEP medical surge priorities for L/THDs (PHEP; Year 2)</li> </ul>
<b>Domain 6: Biosurveillance</b> Constant surveillance, rapid detection and investigations	<ul style="list-style-type: none"> <li>Strong and established public health laboratory and epi surveillance</li> </ul>	<ul style="list-style-type: none"> <li>Continuity of operations plan (COOP) for the public health laboratory</li> <li>Additional Incident Command System (ICS) training for staff in branch/group/unit response positions</li> </ul>	<ul style="list-style-type: none"> <li>Develop comprehensive COOP plan for public health lab (HPP/PHEP; Year 2)</li> <li>Develop standard procedures/training for transport of samples to public health lab (HPP/PHEP; Year 2)</li> </ul>

Center for Emergency Preparedness and Response  
 Minnesota Department of Health  
 P.O. Box 64975  
 St. Paul, MN 55164-0975  
 651-201-5700

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