

On November 12, 2015, TFAH submitted the following comments on proposed Health People 2020 Objectives:

<https://www.healthypeople.gov/2020/proposed-objective-landing-page/preparedness>

PREP-16 Increase the percentage of Medical Reserve Corps units who participate in preparedness and public health activities

PREP-17

Increase the number of preparedness and public health activities in which Medical Reserve Corps (MRC) units participate

We support inclusion of proposed measures Prep-16 and Prep-17 and their subparts, as MRC units are a key component of the nation's community resilience by augmenting local public health preparedness capacity. However, the President's FY2016 budget proposed cutting Medical Reserve Corps (MRC) funding by nearly \$3 million of its \$9 million budget. MRC units need funding to organize, train, and respond to disasters. The program needs sustained funding to achieve these proposed measures.

PREP-18 (Developmental) Increase the membership and diversity of HPP-funded Healthcare Coalitions that are engaged in collaborative emergency preparedness planning and response

PREP-18.1 (Developmental) Increase the overall membership of HPP-funded Healthcare Coalitions

PREP-18.2 (Developmental) Increase the diversity of HPP-funded Healthcare Coalitions' membership by provider type

While increasing the membership and diversity of HPP healthcare coalitions would be helpful, the sheer number and type of facilities participating in an individual healthcare coalition cannot be the sole measure of success of the program. A large, diverse coalition could be less effective than a small, focused coalition without proper direction and evaluation from the Office of the Assistant Secretary for Preparedness and Response (ASPR). The program must be evaluated by its ability to improve preparedness and resilience of the healthcare system. In 2012, the established National Guidance for Healthcare System Preparedness that includes eight capabilities, with nearly 30 functions and over 110 subparts that direct the coalition to have specific plans, equipment or skills.¹ Any one of these could provide ideas for measures of effective coalitions. For example, measures could include increasing the percentage of states that have crisis standards of care; increasing the percentage of healthcare coalitions that participate in emergency operations coordination in their region; or increasing the percentage of coalition members that have developed and implemented healthcare recovery and continuity of operations

plans. These capabilities should not just be suggestions, but measures of coalition effectiveness. If the goal of HPP grants is to achieve specific capabilities of health system preparedness, these capabilities should be measured, tracked over time, and areas of weakness should be targeted for improvement. Healthy People 2020 should consider working with ASPR to determine at least one key measure for each of the eight healthcare preparedness capabilities that have been defined by HHS: healthcare system preparedness, healthcare system recovery, emergency operations coordination, fatality management, information sharing, medical surge, responder safety and health, and volunteer management.

With nearly 500 coalitions nationwide, some states have one coalition, while others have dozens. HPP should conduct a comprehensive review as to what constitutes an effective healthcare coalition. The national program should establish a minimum set of capabilities – not just membership or geographic coverage – that constitutes a healthcare coalition. The national program should provide additional guidance and technical assistance to ensure best practices are disseminated and achieved. Coalitions that are consistently unable to meet these minimum standards with federal assistance should be merged with a nearby coalition.

HPP allocations have decreased by nearly \$270 million from FY2003 to FY2014. Meager funds in the program are not enough to ensure all healthcare coalitions are achieving the capabilities defined in the grant guidance. Sustained funding is needed to help achieve nationwide health system preparedness.

ⁱ U.S. Department of Health and Human Services. *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness*, Jan 2012.

<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>