Hospital Preparedness Program (HPP)-Public Health Emergency Preparedness (PHEP) Joint Business Meeting

July 13, 2022

HPP Agenda

1 **National Health Care Situational Awareness**

2 **Update on National Special Pathogen System Progress**

3 **Radiation Surge Planning and Annex**

4 **Administrative Updates**

National Health Care Situational Awareness

Brittney Seiler, MPA
Senior Advisor
National Healthcare Preparedness Programs Branch
HHS ASPR

The Problem – Situational Awareness: What Data and Why

- Health care situational awareness has been a longstanding challenge, with various efforts to target parts of the problem – however – has not been tackled holistically
    - HAvBED
    - OASIS
    - CMS all hazard collection
    - COVID hospital data
    - SANER
    - HPP requirement for EEI development
- National challenge with national impacts
    - All hospitals, all jurisdictions have EEIs, but the individual EEIs, definitions, and systems used to collect them are all different
    - Limited ability to share information
- Situational awareness needs are different:
    - Tactical: Hospitals, medical emergency operations centers, coalitions
    - Operational: State, regional, and jurisdiction load balancing & situational awareness
    - Strategic: Federal understanding of health care challenges, needs, and impacts
- We are at a pivotal moment for addressing these issues
    - COVID highlighted the importance of nationwide alignment, and many groups are invested in tackling
    - These efforts must be coordinated to ensure success

Tactical vs Strategic: Use Cases
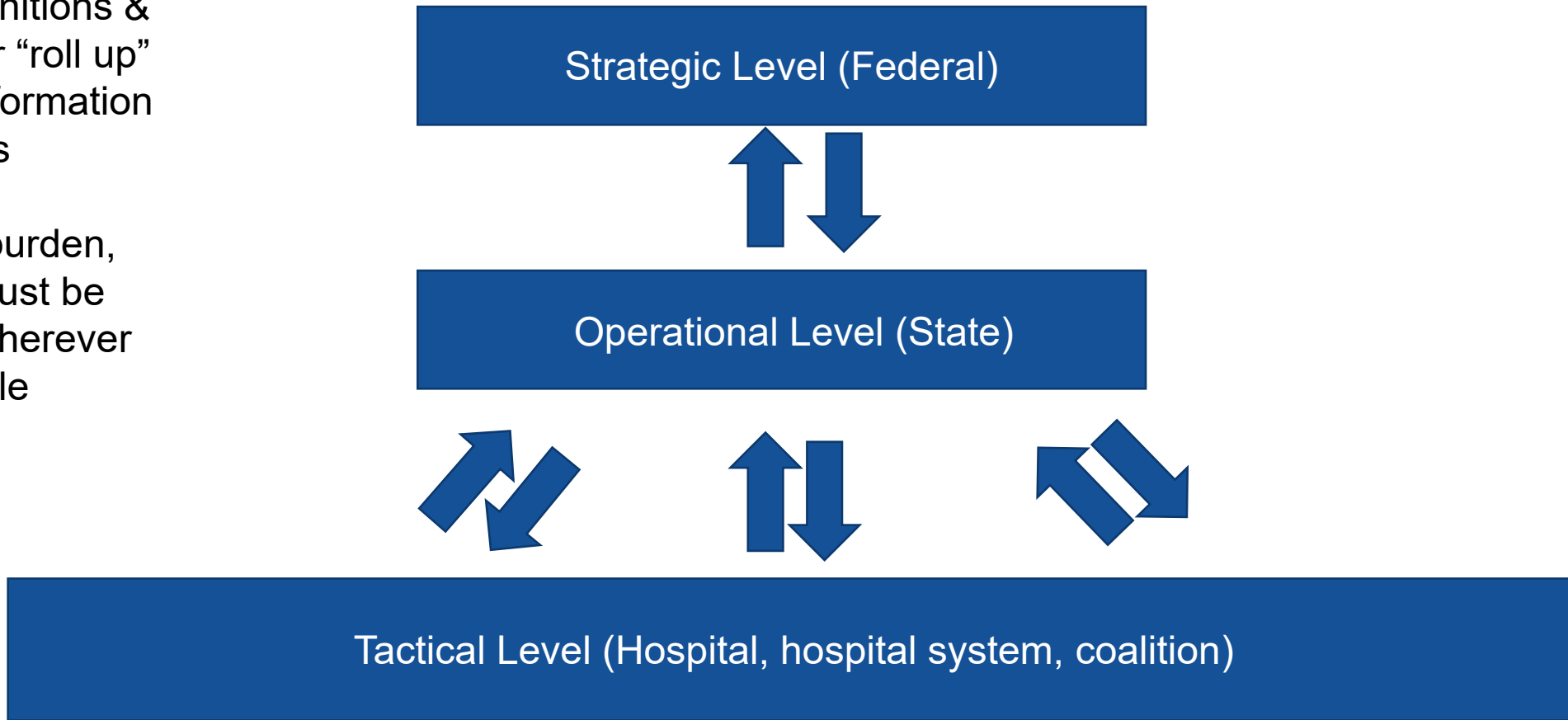
Placing patients to ensure most effective care

Understanding concerns within the area of impact to implement interventions

Situational Awareness Flow

Standard definitions & EEIs allow for "roll up" of different information needs

To reduce burden, systems must be integrated wherever possible

Strategic Level (Federal)

Operational Level (State)

Tactical Level (Hospital, hospital system, coalition)

All Hazards Information Sharing Goals

- Core set of nationwide "standards" for information sharing that drive action, based in clinical and emergency response needs
- Buy-in across all levels of government & private sector, with hospitals, jurisdictions, & technology partners aware of and prepared for the core set while emphasizing flexibility
- Information is timely, shared bi-directionally, easily entered, and minimizes duplicative information collections
- Ease of comparing & sharing data nationally in a protected way

| Identifying Reporting Requirements • EEI alignment • Search & Aggregation Mechanisms | Identifying and Encouraging System Requirements | Developing Information Sharing & Use Agreements |

Effective Path Forward Must Include ALL Partners

- Federally: ASPR, CMS, CDC, ONC, FEMA
- Nationally:
  - State, Tribal, local, territorial, regional
  - Hospital Association
  - Regional Disaster Health Response System
  - Coalition
  - Hospital & health care system
  - Situational awareness vendors
  - EHR vendors
  - HITAC
  - HL7
  - Health Information Exchange
  - Transfer centers, MOCCs

Relevant Connected Initiatives
USCDI+
Data Modernization Initiative
Helios Fyre Accelerator

Moving Forward & Key Questions

A collaborative national effort to address action-driven health care situational awareness.

- EEI alignment & build out
  - Health care facility & system stress
- Definition alignment
- Ensuring we address key questions
  - Does this mean what we think it means? Does it account for key context?
  - "Why do you need to see this information, and what are you going to do with it?"
  - "Who's looking at the data, and why should I trust them?"

Getting Involved & Questions

We need your help to make this successful.

Brittney.Seiler@hhs.gov

202-340-5597

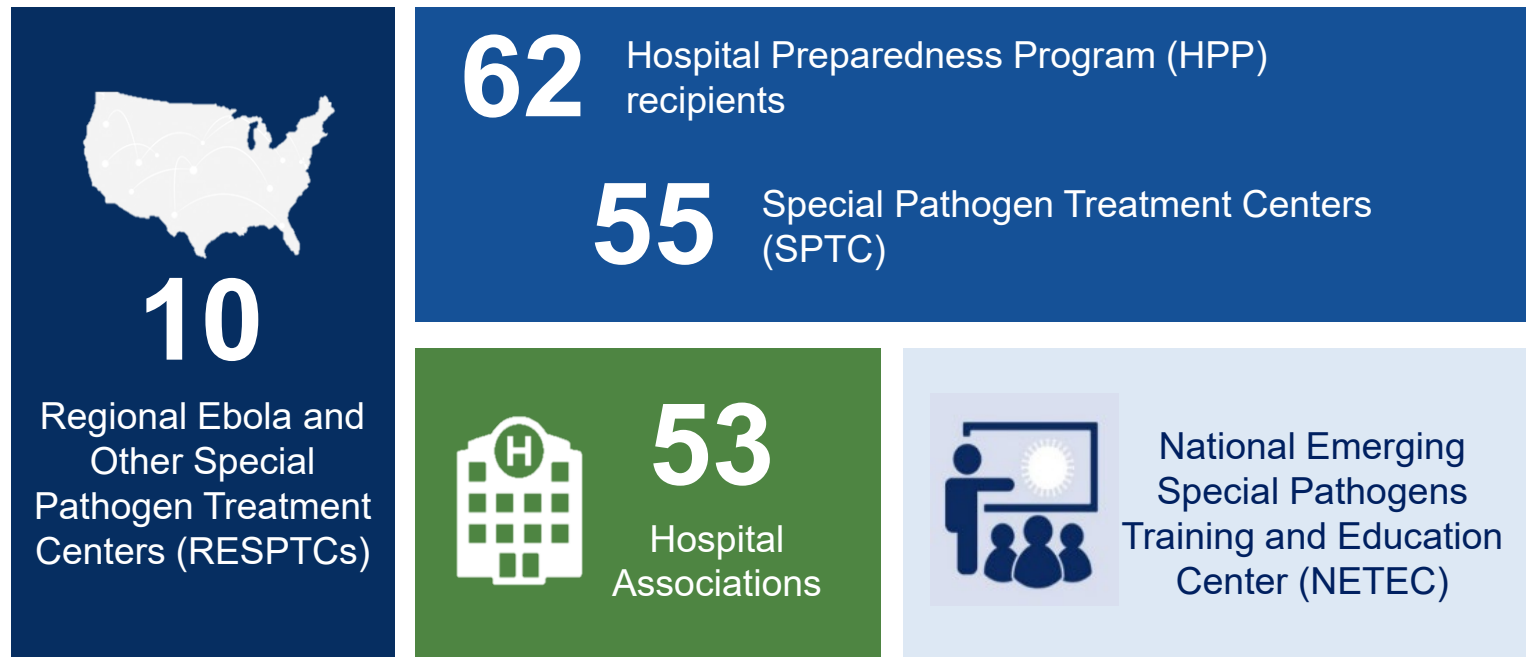# National Special Pathogen System (NSPS) Progress

Dr. Richard C. Hunt
Senior Medical Advisor
National Healthcare Preparedness Programs Branch
HHS ASPR

Background: NSPS Overview

In March 2020, HHS ASPR announced the launch of the NSPS, **a nationwide systems-based network approach** that builds on existing infrastructure and investments in preparing for infectious disease outbreaks (e.g., the Regional Ebola Treatment Network).

10
Regional Ebola and Other Special Pathogen Treatment Centers (RESPTCs)

62 Hospital Preparedness Program (HPP) recipients

55 Special Pathogen Treatment Centers (SPTC)

53 Hospital Associations

National Emerging Special Pathogens Training and Education Center (NETEC)

All four recipients can spend down COVID-19 emergency supplemental funding through 2025. However, while the NETEC and the 10 RESPTCs continued to receive sustained funding at lower levels for continued special pathogen response, the Hospital Associations and the HPP recipients and their Special Pathogen Treatment Centers have not received additional special pathogen response funding since 2020.

History of the NSPS

In Fiscal Year (FY) 2020, ASPR expanded the Regional Ebola Treatment Network (RETN) to include a stronger focus on other special pathogens, including COVID-19, and transformed the RETN to form the National Special Pathogen System (NSPS):

	Regional Ebola Treatment Network	National Special Pathogen System (NSPS)
Recipients	• The National Ebola Training and Education Center (NETEC) • 10 Regional Ebola and Other Special Pathogen Treatment Centers (RESPTCs) • Hospital Preparedness Program (HPP) cooperative agreement recipients and their state and jurisdiction Ebola Treatment Centers • Ebola Assessment Hospitals & frontline health care facilities	• NETEC rebranded as the **National Emerging Special Pathogens Training and Education Center** • 10 **RESPTCs** • HPP cooperative agreement recipients and their 55 state and jurisdiction **Special Pathogen Treatment Centers** (formerly Ebola Treatment Centers) • **Hospital associations** in all 50 states, the District of Columbia, New York City, and Puerto Rico added as a new component
Scope	• Informed by national systems designed to address specific types of clinical care (e.g., the national trauma system) • Leveraged public/private partnerships in order to strengthen health care response capabilities for Ebola and other special pathogens at the local, regional, and national level	• **Formalizes a national system and strategy** for special pathogens, similar to other national systems designed to address specific types of clinical care (e.g., the national trauma system) • Leverages public/private partnerships in order to strengthen health care response capabilities at the local, regional, and national level for **any special pathogen**, including COVID-19

Ebola supplemental funding ended in 2019. Beginning in FY 2020, ASPR received annual appropriations for NETEC and the 10 RESPTCs. Additionally, in FY 2020, ASPR used COVID-19 emergency supplemental funding to fund all components of the NSPS.

COVID-19 Pandemic Response Highlights

The NSPS helped accelerate the nationwide response to COVID-19 and sustain a heightened level of health care preparedness for other public health and medical emergencies. Some NSPS accomplishments included:

NETEC

Participants from all **50** states, the District of Columbia, and four U.S. territories received virtual training

10,000+ COVID-19 webinar participants in FY 2021

RESPTCs

57 Americans returning from Wuhan, China quarantined at the Region 7 RESPTC

NETEC's SPECIAL PATHOGEN RESEARCH NETWORK

Supported the **first clinical COVID-19 drug treatment trial in the U.S.** by enrolling COVID-19 patients at the 10 RESPTCS

HOSPITAL ASSOCATIONS

The Ohio Hospital Association formed the "Ohio **Manufacturing Alliance** To Fight COVID-19" to repurpose manufacturing operations **to produce critical PPE.**

NSPS Integration with the ASPR Health Care Readiness Portfolio

The NSPS is one program within the broader ASPR Health Care Readiness Portfolio, led by the National Healthcare Preparedness Programs Branch (NHPP), that enhances the nation's health care preparedness and response capacity.

Hospital Preparedness Program (HPP)	Regional Disaster Health Response System (RDHRS)	National Special Pathogen System (NSPS)	Workforce Capacity and Capability
A cooperative agreement program that prepares the health care system to save lives during emergencies that exceed the day-to-day capacity of health care and emergency response systems.	A system that builds partnerships to improve medical capacity, care coordination, and promising practices at a regional level.	A tiered, national system that promotes, assesses and assists health care facility infectious disease readiness, educates and trains providers, provides technical assistance, supports research, and enables planning and enacting surge activities.	Activities that develop training and educational opportunities to improve health care readiness, establish guidance for workforce capacity programs, and facilitate peer-to-peer connections and knowledge-sharing.

The portfolio represents a collection of building blocks that form a comprehensive, national system for health care preparedness and response.

Integration with Health Care Delivery Systems of Care for Emergencies and Disasters

The NSPS integrates with other health care delivery systems of care for emergencies and disasters by providing educational resources, training opportunities, regional coordination leadership, and engagement opportunities.

1 EDUCATION AND TRAINING

Provide educational opportunities for health care delivery systems of care and the health care workforce

- In FY 2021, NETEC received **422 requests for technical assistance** from hospitals, EMS, health departments, and long-term care facilities
- **NSPS regularly engages with and provides resources for EMS**, a critical component of the Trauma system

2 REGIONAL COORDINATION

Leverage the regional hub-and-spoke model allows for advanced regional coordination

- In FY 2019, **86 percent of HPP recipients** and their Ebola Treatment Centers (now referred to as SPTCs) **demonstrated operational readiness to move a patient across jurisdictions** by ground or air to a RESPTC – an increase from 76 percent of funding recipients in FY 2018 and from 48 percent in FY 2015
- The Region 10 **RESPTC established a regional coordination group** to share information and collaborate on special pathogen preparedness efforts

3 STAKEHOLDER ENGAGEMENT

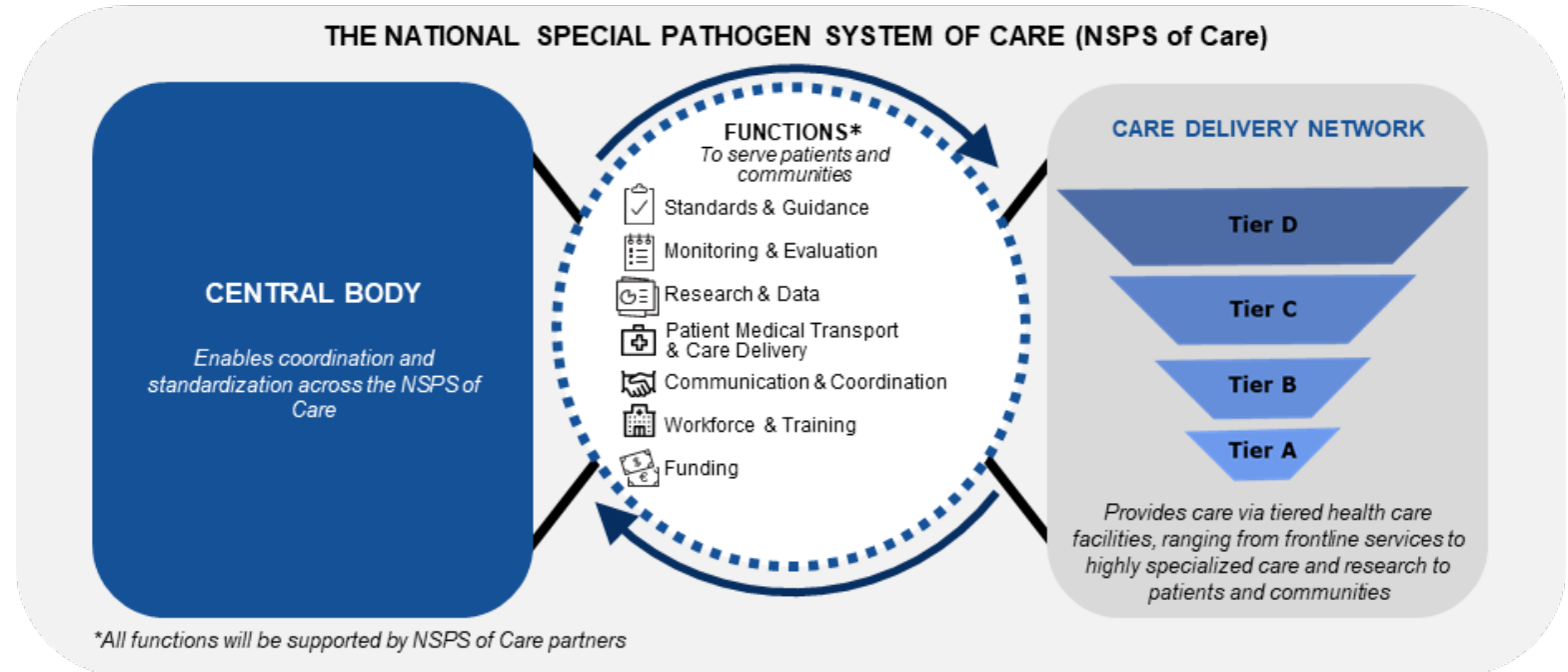**Engage stakeholders to share promising practices and plan for the future**

- NETEC designed the strategy and initiated early implementation with **input from over 100 stakeholders with equities in health care preparedness and response,** including the American College of Surgeons – Committee on Trauma (ACS-COT)

NSPS of Care Strategy

Following the launch of the National Special Pathogen System in March 2020 amid the COVID-19 pandemic, NETEC – in addition to conducting other NSPS activities – developed a [strategy](#) for a national system of special pathogen care.

VISION

To save lives through a sustained, standardized special pathogen system of care that enables health care personnel and administrators to provide agile and high-quality care across the care delivery continuum

THE NATIONAL SPECIAL PATHOGEN SYSTEM OF CARE (NSPS of Care)

CENTRAL BODY

Enables coordination and standardization across the NSPS of Care

FUNCTIONS*
To serve patients and communities
- Standards & Guidance
- Monitoring & Evaluation
- Research & Data
- Patient Medical Transport & Care Delivery
- Communication & Coordination
- Workforce & Training
- Funding

CARE DELIVERY NETWORK
- Tier D
- Tier C
- Tier B
- Tier A

Provides care via tiered health care facilities, ranging from frontline services to highly specialized care and research to patients and communities

*All functions will be supported by NSPS of Care partners

STRATEGY DEVELOPMENT

NETEC designed the NSPS of Care Strategy and initiated early implementation of the strategy with input from over 100 stakeholders with equities in health care preparedness and response.

The Future of the NSPS

The components of the NSPS currently act as foundational, building block components; however, the NSPS is not inclusive of all components of health care delivery, and further effort is needed to reach a true integrated system of care. In the future, NSPS will:

Implement NSPS of Care Strategy

to save lives through a sustained, standardized special pathogen system of care that enables health care personnel and administrators to provide agile and high-quality care across the health care continuum.

Strengthen regional coordination

through the expansion of RESPTCs in FY 2022 to enhance special pathogen clinical care coverage and load balancing efforts.

Enhance health equity

through continued commitments across the ASPR Health Care Readiness Portfolio to enhance equitable patient outcomes.

QUESTIONS?

Radiation Surge Planning & Annex

Angela Krutsinger
FPO & Acting Regional Supervisor
National Healthcare Preparedness Programs Branch
HHS ASPR

Challenges for Radiological Events

- Wide variety of accident and terrorist scenarios involving radiation

- Victims may or may not have physical trauma

- You cannot see or feel the presence of radiation; radiation equipment can measure minute amounts of radioactivity, but can't measure how much radiation an externally exposed individual received

- The public has an inherent fear of radiation (which could include staff); in a radiological incident there could be a large number of unaffected "Worried Well" surging medical facilities

- Federal resources cannot be relied upon and mobilize quickly(assume not available for the first 72 hours)

For full description of characteristics and response priorities, watch radiation series at

https://www.unmc.edu/cce/rdhre/index.html

First Steps in Radiation Planning

- Work with Emergency Management & Other Partners to perform a risk assessment

- Identify what radiological scenarios are of most concern

- Perform a resource gap analysis & identify local resources
  - Facilities equipped to handle radiation victims
  - Availability of radiation detection equipment
  - Subject Matter Experts (SMEs)
  - Decontamination capabilities

Notify Partners and Request Assistance

- Public Health/Radiation Control
- Homeland Security and Emergency Management
- Civil Support Team
- Radiochemistry Laboratory
- Radiation Field Teams HAZMAT Teams
- Department of Transportation
- Hospitals/Healthcare Providers
- Local Partners Fire, EMS, Emergency Management
- Federal Partners –DOE, FRMAC, EPA, NRC, FDA, FEMA
- RITN

Health Care Coalition Radiation Emergency Surge Annex Template

- ASPR has provided a template for developing a Health Care Coalition Radiation Emergency Surge Annex (https://files.asprtracie.hhs.gov/documents/aspr-tracie-hcc-radiation-emergency-surge-annex-template.pdf). This radiation emergency-focused operational annex complements the HCC's Response Plan.
  - It is intended to be a high-level, incident-specific response plan, identifying the experts and specialized resources that exist within the HCC or external to the HCC that are available.

- Each facility is encouraged to develop more detailed policies/procedures that support their individual operations, but that level of detail is not necessary in this annex

Health Care Coalition Radiation Emergency Surge Annex Template

1. Introduction

Section Headers/ Subheadings	Description and Considerations	Sample Resources
1.1 Purpose	This section describes what the Radiological/Nuclear surge annex will address and related HCC goals and objectives. **Sample language:** The annex provides guidance to support a coordinated healthcare response to a radiation emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of HCC member facilities. The annex will outline specific incident response, treatment, and response protocol necessary to properly plan for, manage, and care for patients during a radiological emergency. This Annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans and their annex.	American College of Radiology Disaster Preparedness for Radiology Professionals ASPR TRACIE Major Radiological or Nuclear Incidents: Potential Health and Medical Implications ASPR TRACIE Radiological and Nuclear Topic Collection Centers for Disease Control and Prevention Radiation Emergencies Information for Public Health Professionals Department of Homeland Security Nuclear Radiological Incident Annex Environmental Protection Agency Radiological Emergency Response Planning Federation of American Scientists Federal Radiological Emergency Response Plan (FRERP)
1.2 Scope	This section should include: • Timeframe covered by the plan, • Involved coalition and jurisdictional partners, • General command structure and communication protocols (may refer to base plan), • Definitions of key terms • Any necessary disclaimers about the plan (e.g., not to supersede authorities of the participating entities). This section may also describe elements not addressed in the plan and refer the reader to relevant organizational documents, related considerations, and other annexes such as pediatrics, burn surge, etc.	
1.3 Overview/Background of HCC and Situation	This section should include a general overview of the HCC and the community relative to a **radiation emergency**, including: • Members	

Health Care Coalition Radiation Emergency Surge Annex Outline Example

1. Introduction
1.1 Purpose

1.2 Scope

1.3 Overview/Background of HCC and Situation

1.4 Assumptions

2. Concept of Operations
2.1 Activation

2.2 Notifications

2.3 Roles and Responsibilities

2.4 Logistics
- 2.4.1 Space
- 2.4.2 Staff
- 2.4.3 Supplies

2.5 Operations- Medical Care
- 2.5.1 Triage and Screening
- 2.5.2 Patient Care/Management
- 2.5.3 Treatment
- 2.5.4 Safety and Control Measures
- 2.5.5 Fatality Management
- 2.5.6 Transport
- 2.5.7 Surveillance, Tracking, and Situational Awareness
- 2.5.8 Rehabilitation, Outpatient Follow-Up Services
- 2.5.9 Deactivation and Recovery

2.6 Special Considerations
- 2.6.1 Behavioral Health
- 2.6.2 Pediatric and At-Risk Populations
- 2.6.3 Communications
- 2.6.4 Jurisdictional- Special Considerations

3. Appendices
3.1 Training and Exercises

3.2 Legal Authorities

3.3 Additional Resources/References

Radiation Injury Treatment Network (RITN)

The Radiation Injury Treatment Network (RITN) is a group of voluntary hospitals focused on preparing to respond to a large-scale radiological incident that results in casualties with acute radiation syndrome, that occurs distant to their location.
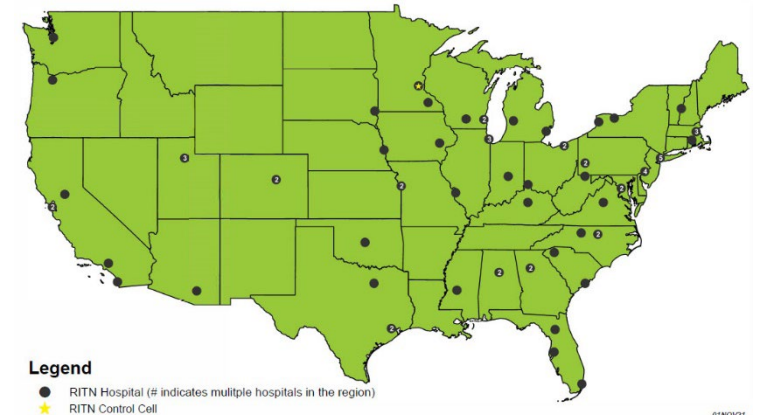
RITN comprises of medical centers with expertise in the management of bone marrow failure.

RITN is preparing to…
- Accept casualties from a distant incident
- Provide supportive care for casualties with marrow toxic injuries
- Provide treatment expertise to practitioners caring for casualties at other locations
- Collect data on casualties treated at their treatment facility
- Facilitate marrow transplantation for the small percentage of casualties who require hematopoietic stem cell transplantation
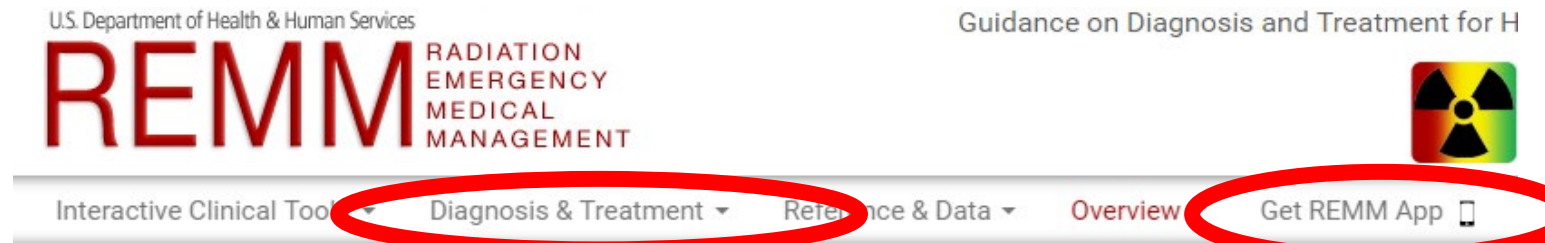

Map of Participating Hospitals

Legend
- RITN Hospital (# indicates mulitple hospitals in the region)
- RITN Control Cell

01NOV21

Radiation Injury Treatment Network (RITN)

www.RITN.net

www.REMM.NLM.gov

Free Resources

http://www.dmphp.org/content/vol5/Supplement_1/index.dtl
http://www.remm.nlm.gov/PlanningGuidanceNuclearDetonation.pdf
http://www.ritn.net/About/

QUESTIONS?

Administrative Updates

Jennifer Hannah
Deputy Director
National Healthcare Preparedness Programs Branch
HHS ASPR

Break

We will resume presentations at 2:05 PM ET.

Division of State and Local Readiness Update

HPP-PHEP Recipient Business Meeting

July 13, 2022

Briefing Agenda

- **PHEP Budget Period 4 Operational Readiness Review (ORR)**

- **Field Assignee Expansion**

- **Workforce Development Promising Practices**

- **Administrative Updates**

PHEP Budget Period 4 Operational Readiness Review (ORR) Update

Kate Noelte, DSLR Deputy Director

Budget Period 3 ORR Feedback

- DSLR plans to send a voluntary survey to all PORTS users to collect feedback about ORR implementation process, training, and guidance

- Users who have entered data in PORTS are encouraged to provide feedback to DSLR on how to improve ORR process going forward

- Survey expected to be available in August

Budget Period 4 Updates

- **PHEP ORR data submission**
  - Reporting will focus on capturing essential capability planning data across all 15 capabilities
  - Data collection will cover an estimated 50 questions versus the approximately 200 questions in the full PHEP ORR
  - ORR forms expected to be available for data input in November 2022.

- **Local health departments will not be required to submit data in Budget Period 4**

Domain / Capability Reporting

- Capability **planning** data collected from each domain will align with **operational** elements captured during Budget Period 3 on Pandemic COVID-19 Incident Response (**RSP**) form

- Parallel data elements designed to
  – Maintain focus on pandemic lessons learned
  – Capture current plans, policies, and procedures used or revised during COVID-19 response

Budget Period 4 Updates

- **PHEP recipient call in August will focus on ORR implementation**

- **Two questions we want your feedback on:**
  - What's the best method for launching PORTS forms?
    - In bulk or in batches?

  - Are there preferred delivery methods for orientation and training sessions?

Field Assignee Program Expansion

Scott Tulloch, Team Lead, DSLR Field Assignee Services Branch

Preparedness Field Assignee (PFA) Program Overview

- Formally established in 2013

- Annually recruit from graduating class of CDC's Public Health Associate Program (PHAP)

- Embed staff with PHEP jurisdictions to provide support across all 15 preparedness and response capabilities

- Since the program's inception, 66 PFAs have served in

  - 30 states
  - 5 large metropolitan areas, and
  - 1 U.S. territory

Charles Futoran, PFA, supporting California's wildfire response, 2018
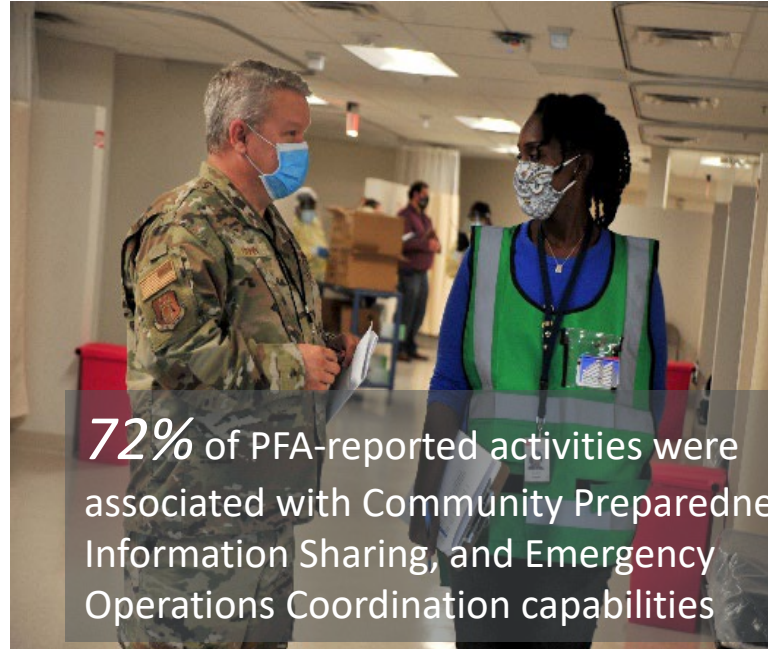
PFA Program Expansion

- Transitioning from term-limited assignments to career-conditional positions

- PFA assignments supported through DSLR core funding

- Enhancing support for PHEP recipients by providing more opportunities to host PFAs

- Developing sustainable program with career advancement opportunities

Erika Cabato, PFA, supporting New York City COVID-19 response, 2020

Program Expansion – 2022

- Currently, 18 staff assigned to 14 states and three large metropolitan areas

- 10 additional staff will join PFA program in October 2022

Chicago

New York City

Washington, DC

Current Jurisdictions with a PFA

New Jurisdictions with a PFA

PFA Contributions

- Enhanced planning, training, and response capacity

- Targeted technical assistance

- Provided workforce development pipeline for CDC HQ positions

67% of reported activities were led or co-led by PFAs

Lindsay Schultz, PFA, supporting Washington, D.C., COVID-19 response, 2020

72% of PFA-reported activities were associated with Community Preparedness, Information Sharing, and Emergency Operations Coordination capabilities

Jennifer Johnson, Senior PFA, supporting Tennessee alternative care site exercise, 2020

46% of PFA-reported activities were associated with Emergency Response/Planning/Exercising

Jennifer Polk, PFA, assisting Georgia with aerial scouting of new COVID-19 testing sites, 2020

PHEP Partner Perspectives

Denise Kern, MPH

Public Health Emergency Preparedness Program Manager

Public Health Preparedness and Response Section

Idaho State Dept of Health and Welfare

Tricia Blocher, MS

Deputy Director

Emergency Preparedness Office

California Department of Public Health

Kathryn Kopania, PFA, assisting Oregon with COVID-19 isolation and quarantine activities, 2020

Workforce Development Promising Practices

Christine Kosmos, *DSLR Director*

Transition of Staff and Other COVID-19 Hiring Processes

Michelle Hale

Preparedness and Response Program Director
Utah Department of Health

Long-Term Workforce Development Planning

JW Randolph, MPH
Director, Office of Strategic Initiatives
Tennessee Department of Health

Paul E. Petersen, PharmD, CEM
Director, Emergency Preparedness Program
Interim Director, Vaccine-Preventable Diseases and Immunization Program
Tennessee Department of Health

Administrative Update

Lisa Walker, Associate Director of Financial Services

Expanded Authority

- **What is Expanded Authority?**
  - The authority to carry over unobligated or unspent balances from one budget period to a subsequent budget period without prior approval
  - **Not to exceed two years** (one-year budget with two-year budget authority)
  - Once funds expire expanded authority is no longer applicable
  - Report use of expanded authority on annual Federal Financial Report (FFR)
  - Revised notice of award (NOA) is not required and will not be issued when expanded authority is applied
  - **Prior approval required if there is a change in scope**

What Constitutes Change in Scope?

- **Changes in overall goals and objectives in approved work plan**
  - Budget change that causes project to change substantially from what was approved (more than $250,000 or 25%)

- **Not a change in scope: Continuing or increasing activities in approved work plan**
  - Adding activities that support goals and activities do not always constitute a change in scope
  - Example: Adding new partner to existing activity is doesn't change scope

Expiration of Funds and How the Payment Management System Works

- **Fund Expiration**
  - PHEP funds expire two years <u>after their award date</u>
  - For example: Budget Period 2 funds were issued on July 1, 2020, and expired on June 30, 2022

- **Payment Management System (PMS)**
  - PMS draws down oldest money first in PHEP accounts to minimize the possibility of lapse in funds
  - Verifying PMS balances regularly can help ensure funds do not lapse

Key Takeaways

- Expanded authority gives you a one-year budget with two-year authority to obligate without prior approval

- Changes in scope require prior approval

- When in doubt, discuss options with PHEP project officers and OGS grants management specialists

- Payment Management System draws down old money first to reduce risk of lapsing funds

New GSA Response Support Services

- CDC and General Services Administration (GSA) have established new procurement program to provide response support services

- New Medical Support and Emergency Response and Preparedness (MSERP) program is available to STLT jurisdictions during federally declared public health emergencies

- MSERP includes separate agreements with five vendors, with more to be added
  - Annual agreements can be renewed; first performance period runs through June 2023
  - Available services vary depending on the declared emergency
  - Procurement timelines contingent upon jurisdiction's internal administrative processes

- GSA is finalizing buying guide, webpage, and templates to assist jurisdictions.

Crisis Response COVID-19 2021 Funding Status

- Current Timeline
  - Performance Period: **July 1, 2021 – June 30, 2023**
  - **September 28, 2023 (90 days after budget period):** Deadline for all eligible expenditures to be liquidated
- No-cost Extension (NCE)
  - Recipients who need additional time to complete activities may request an NCE of up to 12 months
    - Requests should be submitted as an NCE amendment in GrantSolutions no later than Thursday, March 2, 2023
  - CDC will provide specific guidance by the end of July.

Break

We will resume at 3:05 PM ET.

Introduction to Breakout Room Discussion

Breakout Room Discussion Questions

Question 1: Based on your experiences with the COVID-19 pandemic and other recent responses, what challenges or preparedness gaps did you feel your jurisdiction was not prepared for within the public health and healthcare systems?

Question 2: What suggestions do you have for improving coordination and response activities among public health and healthcare system entities? How can CDC and ASPR support improved readiness and response across ESF-8?

Question 3: Looking toward the future, what types of threats do you see on the horizon? What new risks do the public health and healthcare systems need to be ready for?

Breakout Room Instructions

Once prompted, please join the breakout room for your Regions.

Instructions for Joining Breakout Rooms: When the breakout rooms open, find the room that your region is in and click "Join." You will then be added into the breakout room. This might take a few moments. Please see below for Room Assignments:

Room 1: Regions 1 and 2

Room 2: Regions 3 and 4

Room 3: Regions 5 and 6

Room 4: Regions 7 and 8

Room 5: Regions 9 and 10

Breakout Room Discussion Questions

Question 1: Based on your experiences with the COVID-19 pandemic and other recent responses, what challenges or preparedness gaps did you feel your jurisdiction was not prepared for within the public health and healthcare systems?

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Thank you for your participation!