

Minutes
DEMHS Region 3
R-ESF 8
Public Health Sub-Committee Meeting
April 11, 2014
North Central District Health Department

Attendees: Bill Turley, John Degnan, Judy Torpey, Carmine Centrella, David Kosciuk, Marge Seiferheld, Allyson Schulz, Rob Miller, Jennifer Kertanis, Steve Huleatt, Chuck Motes, Melissa Marquis, Nicole Hawley, Francine Truglio, Bill Kramer, and Charles Brown.

Welcome- Steve Huleatt welcomed everyone to NCDHD and thanked Bill Turley for hosting.

Approval of Minutes from March 7, 2014- motion to approve was made by Chuck Motes and seconded by Judy Torpey. All in favor.

Regional updates- Steve shared that the Public Health Preparedness Management team from CADH has been meeting. The CDC cooperative agreement for 2014-2015 public health emergency preparedness (PHEP) contract is out. DPH is working on the application which is due to CDC in May. Steve reminded the group that there are two separate funding streams from the federal level for preparedness- the PHEP which is for state and local health, and the HPP (Hospital Preparedness Program) which is for hospitals and MRC/ESAR-VHP. HPP is focusing on building health care coalitions (HCC). The HPP side has taken a 37% cut this upcoming contract year (2014-2015). The PHEP side received an approx. \$200,000 increase, although there are hints at a significant cut in the 2015 President's budget. PHEP capabilities being worked on include medical surge, HCC and fatality management.

Steve also stated that the funding formula may change in the future to a per capita based award. The funding award allocation will range significantly if this formula is followed. It is not currently clear how this will sustain the MDA model if this moves forward.

Steve provided an overview on where we are as a region in terms of capacity and capability from a 20,000 foot level. This served as an intro into the facilitated discussion/SWOT (strength, weakness, opportunity and threat) analysis.

SWOT/Facilitated Discussion-

Charles Brown, from CADH, facilitated a discussion on how we as a region can sustain what we've built and developed in light of funding and personnel challenges.

Charlie began the conversation by asking "Where are we?". Conversation ensued around the public health capabilities that we have been planning for- including mass care, mass distribution and dispensing and community recovery. Carmine suggested we answer "Where are we going".

Topics of discussion included:

- Majority of planning has been surrounding mass dispensing. What's missing?
 - The next 50 days of treatment/prophylaxis

- Not really planning for 48 hours to dispense, but more like 24.
- TARs helped address some additional capabilities and real world events.
 - New plans and guidance will be forthcoming from CDC.
- Regional assets will take approx ½ day to get to us. 1 day for state assets and 3 days for federal assets.
- Attrition at state level and knowledge of plans, responses, etc is a gap.
 - Lack of leadership is an issue from state level. This is a challenge, but how do we get around this?
- We do not have the authority to control anyone regionally. However, we as a region are much stronger collectively than 10 years ago.
 - Regional strengths include: regional communication, response, dedication to participate and assist each other, accomplishments of many products including national PPHR recognition.
- Shift in conversation to where assets reside.
 - Local assets include trailers and people
 - Things that are beyond our regional control- including things with regulations or that need waivers (except MMRS cache).
 - Reminder about how to request resources- local → then regional → state for inter-regional assets →state → federal.
 - Generally we are comfortable getting resources locally and regionally but when state is involved there are significant challenges. This is a challenge that locals need to plan for.
- Suggestion that we “play” together more regionally to identify common solutions to common problems or needs.
 - We need to continue to work together if we are going to support one another should a need arise.
 - This is an opportunity for us. There are varying levels of buy-in within departments regarding the regional concept. Through organized, well-planned exercises we can demonstrate how it works and why it’s important, and how this can spill over into other disciplines.
- Another challenge that we have regionally is that CRCOG and CADH planners are not as involved as previously had been. How do we maintain their presence?
 - Don’t stop- keep the process in place. Utilize some of MMRS \$ to assist.
 - ID those items that MMRS/ESF-8 can do to offset the locals (ie- systems sustainment and material/document development).
 - Leverage the capability we have now to set us up to use resources as effectively as possible.
 - Demonstrate regional capability.
 - Dave Kosciuk asked how we become regional. His analogy is ‘multiple individual boats all tied together during a storm and when the storm is passed, they all each go their own way’. This is what our region looks like.
 - The mission is more important than any one person.
 - Demonstrate the value of the region to communities-
 - Obtain buy-in from communities requires money. This is how some of the successful healthcare coalitions obtain their buy-in.
 - How do we design this?

- Continue having conversations locally about the value of the region and what happens if we lose the capabilities we've developed and gained with regional support.
- Need to define the value of what we have as a region.
 - Are there enough assets locally to help each other? Look to use resource typing to evaluate and measure the personnel assets.
 - Need to continue to remember as a region, we have communications process in place when there is need- use the resource typing to assist in determining the types and numbers of personnel assets available via the region and use the communications process to request those resources.
- Jennifer Kertanis suggested that we have an opportunity to clearly lay out a work plan and develop a road map to get this done. Let's use this approach as **our next steps**...
 - Look at what has been built, what we have, what can we sustain, what we might lose if we can't sustain it, then prioritize and identify the cost to sustain those priorities.
 - Dave suggests that we leverage a few individuals from ESF-8 PH to coordinate with the other subgroups in ESF-8 to discuss their individual findings before developing individual work plans.
 - Looking at the dispensing full scale exercise for budget period 4 and the fact that there will likely be a PHEP cut in BP 4- what can we bolster and leverage now?

Lastly, there was conversation about what the LHDs are doing either in coordination with, or in addition to the state distribution FSE.

- Chatham will be breaking down assets and will simulate dispensing to first responders.
- Hartford will be testing some of their closed PODs and will simulate using Bulkely HS.
- North Central will use Johnson Memorial Hospital as an alternate dispensing site, by dispensing assets to staff.

Hartford Health Department also stated they will be a full scale exercise on June 21st testing their postal and first responder plans. More information to follow.

Next meeting will be May 2nd hosted by Eastern Highlands Health District.