DEPARTMENT OF HEALTH

RESPONSE SUSTAINABILITY ANNUAL REPORT

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

12/19/2025

Response Sustainability Annual Report

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Executive Summary

For FY24 and FY25, the state invested in public health emergency preparedness (Sec. 145A.135 MN Statutes), Statutory language: Line 239.27-240.12, Appropriation language: Line 810.26) to increase emergency response capabilities at the state, local, and tribal levels. They also invested in the sustainment of a critical health care supplies warehouse, the transition and demobilization of COVID-19 response activities to existing programs within MDH, archiving of COVID-19 response documents, and integration of lessons learned into response and recovery plans and annexes. Significant progress continues to be made across the state in developing and maintaining a response ready workforce, revising and improving plans, engaging communities in preparedness planning, and strengthening partnerships across agencies. The COVID-19 response is demobilized, and COVID-19 documents are archived. Warehouse operations continue to be scaled back, with the current focus on sustaining a critical care supply warehouse for health care operations during emergency responses.

MDH revised and modernized their response structure to build a stronger and deeper response workforce. They continued to train staff in Incident Command and MDH response plans. The Emergency Preparedness and Response (EPR) Division's Data Work Group created a Data Management Plan, which outlined next steps in development of standardized processes and procedures for routine and response data needs. MDH EPR continues to support community health boards and Tribal health through guidance, material development, training, and technical assistance.

MDH EPR contracted with the Local Public Health Association (LPHA), who used the funding to provide support to community health boards in becoming response ready. They held statewide conferences, offered six leadership-specific trainings, fostered information and resource sharing across community health boards, and provided skill development focused learning opportunities. Training at LPHA meetings focused on communications and message framing. They developed a toolkit to fill resource gaps in community health boards' preparedness work. The toolkits contain factsheets, communications resources, staff onboarding tools, and regional best practices.

Grants ($8,400,00 annually) were distributed to community health boards and Tribal health. This report details the significant contribution of this funding to governmental public health's readiness to respond. One community health board shared a comment expressed by many, *"Thanks to this grant, our staff is better prepared, our community is more resilient, and we have built a stronger foundation for future emergency response efforts."* Another community health board said, *"The RSG [grant] has proven to be an invaluable asset to our public health team and has given many staff the boost they needed to continue to serve the community."*

Progress occurred in strengthening workforce capacity, partner and community engagement, and building internal readiness through plan and collaborative agreement updates. Community health boards and Tribal health built their workforce by hiring, contracting, and increasing current staff time spent on emergency preparedness, response, and recovery. They trained more staff in critical response and recovery skills. Community health boards and Tribal health intensified efforts to strengthen and build new and existing relationships. Several foundational aspects of response and recovery have also been addressed, including updated plans, maintenance of contact lists, and methods to improve communications. These actions have resulted in significant advancement toward a response ready public health system in Minnesota.

Introduction

Purpose and Overview

The funding from the Public Health Emergency Preparedness and Response Grant (Sec. 145A.135 MN Statutes) afforded state, local public health, and Tribal health with opportunities build and strengthen relationships and their capacity and infrastructure to support a response ready workforce, critical care resources, and updated and improved plans. The Minnesota Department of Health (MDH), community health boards, and Tribal health used exercises and responses to identify gaps and areas for improvement to direct planning, exercises, and community engagement efforts.

MDH continued to focus on fundamentally critically important actions. The COVID-19 response was demobilized, the work was archived, and lessons learned and corrective actions have been incorporated into plans, training, and response structures. MDH regularly evaluates the critical health care supplies warehouse to ensure it meets current and potential future needs during emergencies.

The MDH Emergency Preparedness and Response (EPR) Division reviewed recent response After Action Reports and determined a new approach for implementing ICS was needed. This new approach consists of core managerial Incident Command Structure (ICS) positions that are immediately activated at the start of a response. The individuals in these positions are receiving significant training to enable them to rapidly establish the ICS response structure. In addition, more depth has been built into each position with each team receiving thorough role-specific training. The EPR Data Management Work Group assessed current data needs, approaches, and practices and created an EPR Data Management Plan that recommended developing standardized policies, procedures, checklists, algorithms, and providing staff with training. This increases staff capacity to understand and manage data surge needs that inform decision making about response actions. Ongoing analysis of quantitative and qualitative public health emergency preparedness data provides EPR and MDH leadership with useful information, which helps inform priority-setting decisions and directions for actions. Reports are generated to share data with community health boards and Tribal health, which they also can use to set local priorities and identify where to spend limited staff time and resources.

MDH and Local Public Health Association (LPHA) worked together to provide learning opportunities and leadership development support to local public health and Tribal Health Departments. Initiatives included jointly hosted conferences, e.g., Minnesota Partners in Public Health: Transforming systems together for a healthy Minnesota. LPHA provided leadership cohorts that helped train the significant numbers of new public health directors, ultimately offering three twenty person cohorts. MDH and LPHA also coordinated development of public health emergency preparedness training materials including fact sheets, two videos focused on public health and emergency preparedness, a public health 101 slide deck, and three toolkits supporting public health emergency preparedness efforts: social media, new employees, and Artificial Intelligence. Over the two years, LPHA offered more than 25 trainings on topics ranging from communications, mental health, leadership, risk management, and data to support public health emergency preparedness, response, and recovery.

Funding Distribution

MDH Emergency Preparedness and Response (EPR) Division worked with the Public Health Emergency Preparedness (PHEP) Oversight Work Group to adopt principles specific to the response sustainability funding, which included agreement on a funding formula. The PHEP Oversight Work Group is a standing committee of the State Community Health Services Advisory Committee (SCHSAC) and serves in an advisory capacity, making recommendations to SCHSAC who in turn, provide recommendations to the Commissioner of Health. The principles MDH and the Work Group agreed upon included:

- Each community health board needed to have a minimum of .5 FTE dedicated to public health emergency preparedness and response (EPR) to strengthen capacity.
- Grant duties were to be aligned with national standards and public health EPR.
- Multi-county community health boards should ensure that all counties have access to staff dedicated to EPR.
    - The formula includes a multi-county component to assure each local public health (LPH) director has a relationship with their local Emergency Manager.

Whole community planning was an integral part of the funding discussion. While the CDC Public Health Emergency Preparedness (PHEP) Grant funding to community health boards has long included a Social Vulnerability Index (SVI) component, its application varied across MDH programs. MDH EPR and Public Health Practice (PHP) agreed to both adopt SVI as a metric and ensured consistency in the way SVI is calculated and applied, particularly as it relates to city and multi-county community health boards. SCHSAC approved the PHEP Oversight Work Group's recommended funding formula and forwarded it to the Commissioner of Health (see Table 1):

- $75,000 base + population + multi-county + Social Vulnerability Index (SVI)

Table 1: Response Sustainability Funding community health boards distribution formula

Funding Component	Amount	Total
Base for 51 community health boards	$75,000	$3,825,000

+

Funding Component	Amount (after base)	Total
Population	77%	$2,887,500
Multi-County Addition	13%	$487,500
SVI (highest per community health board)	10%	$375,000

Tribal Nation Funding

A collaborative approach was used to determine the funding distribution for the Tribal Nations. The MDH EPR division and MDH Office of American Indian Health discussed options that would provide Tribal health with sufficient funding to make investments in public health emergency preparedness. A review of the historic Tribal

grant spending amounts was also completed. Based on these conversations and the spending review, the Tribal Nations were allocated $75,000 each, as shown in Table 2. Seven of the 11 Tribal Nations opted to accept Response Sustainability Funds.

Table 2: Tribal Nation Funding

Funding Component	Amount	Total
Base for 11 Tribal Nations	$75,000	$825,000

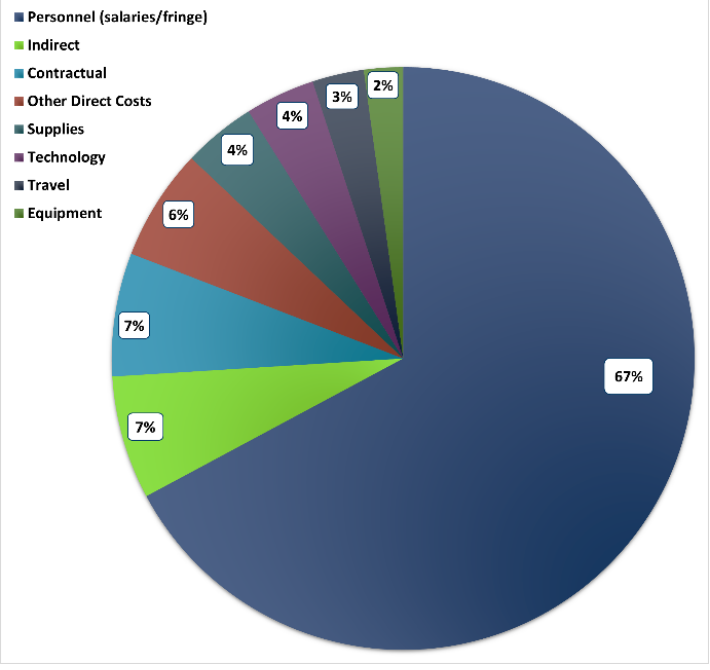
Grantee Expenditures

Grantees used grant funds in a variety of ways at the local level, with the majority of the funds allocated to personnel expenses (Table 3). As shown in Figure 1, 67% of the expended funds were allocated to personnel costs, covering salaries and fringe benefits. This substantial investment in staffing is crucial for ensuring the sustainability of ongoing and dedicated planning, response, and recovery efforts. The remaining funds were expended in supplies, equipment, technology, travel, contractual, indirect, and other direct costs that support the overall grant initiatives.

Table 3: Total community health board / Tribal health expenditures by budget category

Budget Category	Expenditures
Personnel (salaries/fringe)	$8,032,715
Supplies	$484,062
Equipment	$259,253
Technology	$462,789
Travel	$342,147
Contractual	$818,000
Other Direct Costs	$741,933
Indirect	$818,487
Total	**$11,959,386**

Figure 1: Percent of community health boards / Tribal health expenditures by category



Accomplishments and Impacts

Community health boards and Tribal health made significant progress in several areas to increase their readiness to respond. Their accomplishments are shared in the remainder of this report. A final section shares the many impacts these funds have made to the work community health boards are doing, in their own words.

Several community health boards summed up the impact of the RSG funds, echoed by many others, by saying:

> *Oftentimes people can let preparedness fall by the wayside because we only have so much time in the day, and it doesn't get spent on the 'what if'. RSG has allowed us to shift this narrative and to work within our community to increase all of our ability to be prepared for, respond to, and recover from whatever disasters may come our way…To be able to put our best foot forward, or to drive with both hands on the wheel vs. just figuring it out when the time comes or only having one hand on the wheel when something does happen, like we are so accustomed to in a rural area. The dedicated staff time to prioritize this work will pay off dividends in the future…it encourages the day-to-day work…leveraging partnerships, and relationships to meet the needs of our community.*

> *…This funding has had meaningful and measurable impact on our public health emergency preparedness…These investments have created a stronger, more connected, and more capable emergency response system. By building staff capacity, supporting regional collaboration, updating key infrastructure, and investing in targeted training, this funding has directly contributed to a more prepared and resilient [County].*

> *RSG has made a lasting impact by advancing workforce development, building community partnerships, enhancing equitable response capabilities, and fostering long-term resilience across our jurisdiction.*

Community health boards' accomplishments

Workforce Capacity

All 51 community health boards built their workforce capacity, using the funding to expand and maintain positions, add key positions to better engage communities, improve communication, and increase efforts to create more equitable response and recovery plans. Community health boards began the biennium with 74 FTEs working on public health emergency preparedness and grew this to 108 FTEs by June 30, 2025 (Figure 2), reporting a total of 397 staff funded by RSG. During this period, 21.5 FTEs were newly hired, and existing community health board staff positions were increased by 18 FTEs using RSG funding. Table 4 provides an overview of staffing capacity increases from the beginning to the end of the biennium. The most notable increases in positions or expansion of current staff time were seen in emergency preparedness coordinators, health educators/planners, agency leadership, and nurses. A few community health boards continued to experience difficulties in increasing their staffing. These difficulties included local elected officials not allowing hiring, low salaries, no qualified applicants, staff turnover, and human resource management delays.

Community health boards said the RSG funds allowed them to dedicate additional staff and time to public health emergency preparedness work. One community health board doubled their EP staff from one FTE to two. Another community health board was able to restructure their department to increase their abilities to better serve their communities by adding a Population Health manager, Community Resilience supervisor and specialist, and an Outreach Coordinator. A community health board that replaced a *"20-year veteran EP Coordinator"* found the RSG funds allowed them to fully dedicate an FTE to emergency preparedness and shift *"special projects like nuisances and community health assessment work to new planners".* Many community health boards indicated the funds had allowed them to develop or strengthen their relationships with emergency managers because staff now had the time and ability to focus on this important partnership. Several community health boards who were not allowed to hire new staff were able to increase their workforce capacity by contracting for training, plan writing, exercise design and conduct, and other critical public health emergency preparedness work. Many community health boards were able to dedicate staff to prioritizing, coordinating, operationalizing, and tracking internal staff training plans, which improved their agency's ability to prepare, respond, and recover. Most community health boards said simply that that RSG funds provided staff with dedicated time needed to expand the scope of their preparedness work, especially with community, and dive deeper into public health emergency preparedness work in ways they simply have not been able to do previously due to limited federal funds.

Community health boards shared some additional insights into the impact of the RSG funds due to their ability to increase their staff capacity.

> *As a result of our ability to have a full-time dedicated preparedness staff member, County leadership saw a need across the whole of Community Services for all staff to have a level of emergency preparedness…I was able to help facilitate the requirement of an emergency preparedness goal for ALL staff in community services over the next year.*

> *A major success was the creation, approval, and hiring of a dedicated [public health] emergency preparedness position. This addition enhances our team's capacity to manage and coordinate preparedness activities.*

Figure 2: FTEs funded to do Public Health Emergency Preparedness work

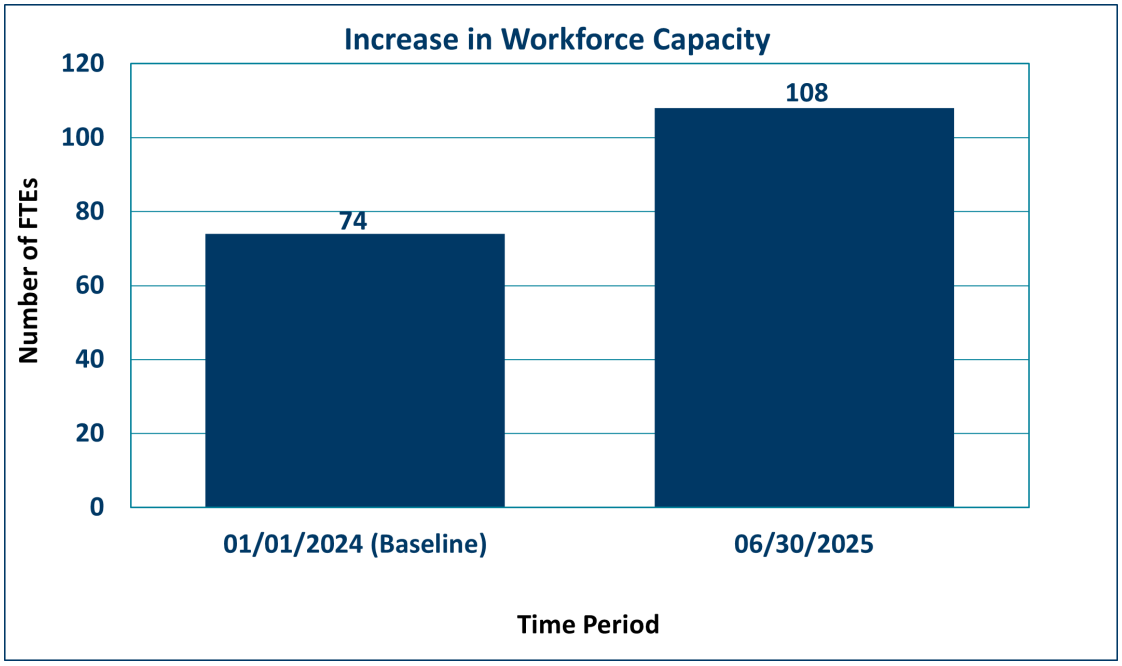


Table 4: Community health boards Public Health Emergency Preparedness FTEs

Position	Baseline FTE 01/01/2024	FTE 06/30/25
Emergency Preparedness Coordinator	29	35
Planners	14	17
Agency leadership	10	16
Nurses	5	13
Health educator/Health promotion	3	8
Communication specialists	1	4
Community health worker	1	3
Case Aid	<1	2
Social services staff	1	2
Administrative office support	2	1
Other	7*	7**
Total	**74**	**108**

*Other: *Senior Program Specialist, School Health Specialist, Program Support Specialist, Emergency Management Specialist, Program Specialist (1), Epidemiologist (1), Behavioral Health Staff (1), Environmental Health (1), Finance (1), Information technology and data system staff (1)*

**Other: *Dietician (3), Program specialist (2), Emergency Manager Specialist (1), School Health Specialist (1), WIC Coordinator (1), Family Home Educator (1), Epidemiologist (1), Behavioral Health Staff (1), Environmental Health (1), Finance (1), Information technology and data system staff (1)*

Sustainability

Collaborative Agreements

MOUs, MOAs, and/or Mutual Aid Agreements

During disaster response, one method to rapidly obtain additional help and resources is to pre-establish collaborative agreements with other agencies, governmental jurisdictions, and others. These agreements may be memoranda of understanding (MOUs), memoranda of agreement (MOAs), or mutual aid agreements. Each has a different legal definition, and the type of agreement executed depends upon the type of assistance that may be requested. As can be seen in Figure 3, community health boards developed 47 agreements, revised 107 agreements, and reviewed 153 agreements during the two-year biennium. These collaborative agreements were with many organizations, as can be seen in Figure 4. Many community health boards focused on developing and updating agreements with schools. Several community health boards worked on collaborative agreements with community agencies and businesses. A few community health boards worked on regional collaborative agreements while other community health boards worked with other jurisdictions. In some cases, multi-county, multi-agency community health boards worked on collaborative agreements within their community health board to ensure they can more efficiently work together during a response. One community health board cited an agreement with their county agricultural society as one of their three biggest successes.

Figure 3: Completed MOUs, MOAs, Mutual Aid agreements

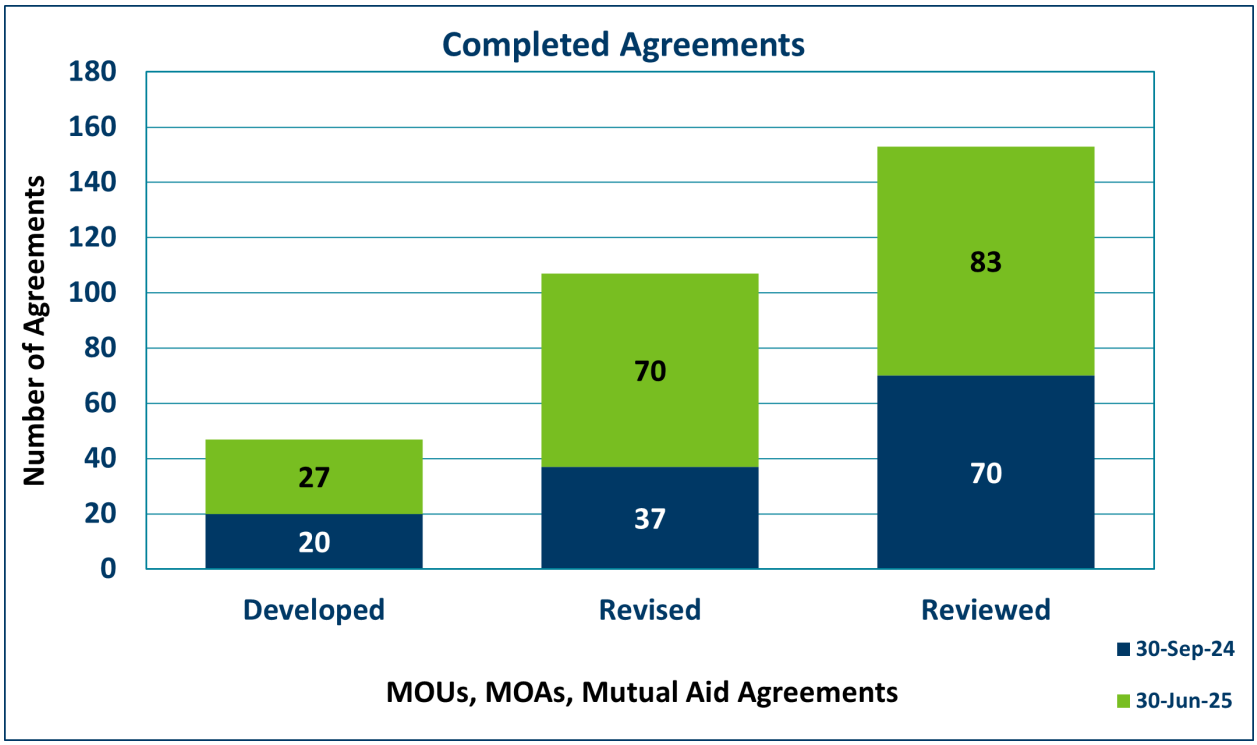
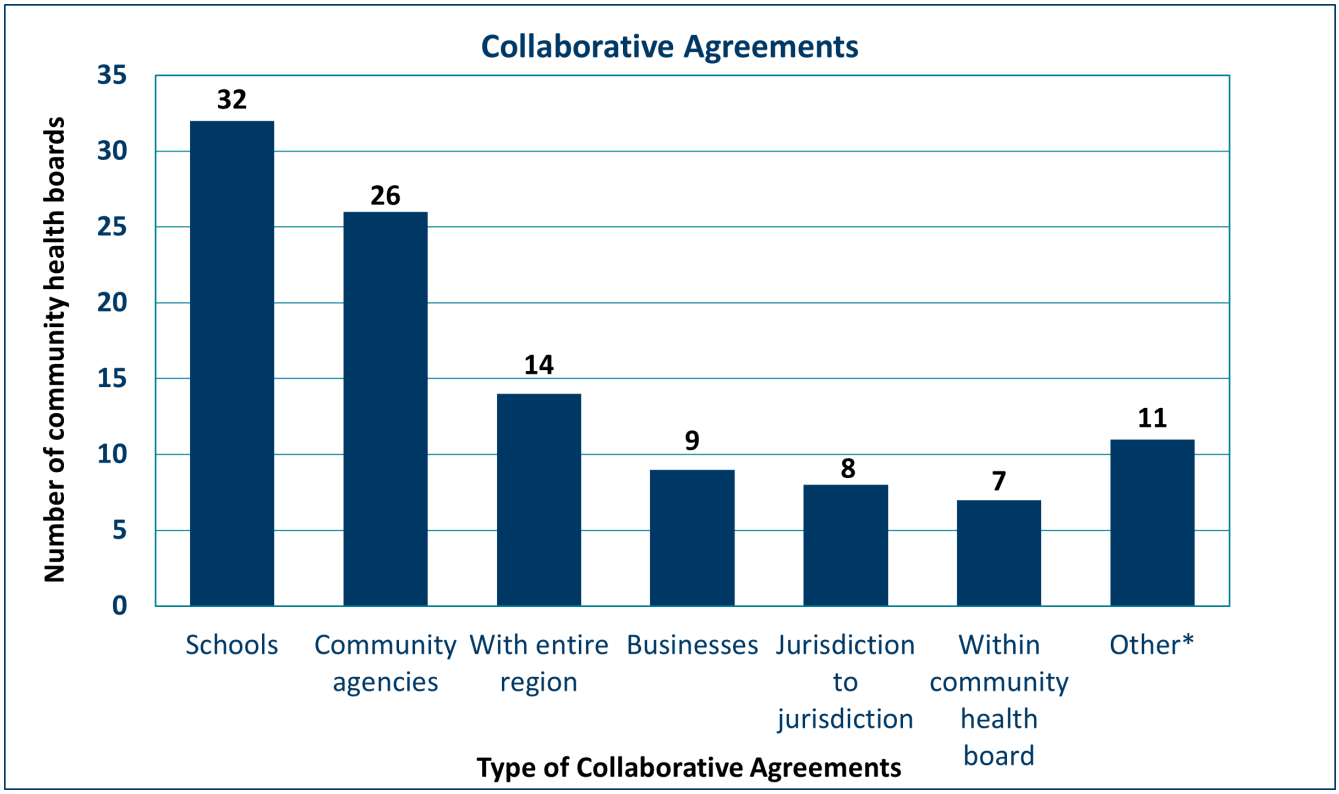


Figure 4: Partners Engaged in Collaborative Agreements by Community health boards



*Other: *Health care coalition (4), American Red Cross (2), City (2), County Emergency Management and PIO (1), Hospital (1), Mental Health (1)*

Community health boards described how the RSG funding has made a difference in their abilities to ensure they have agreements in place for future responses.

> *RSG funds supported the development and formalization of new Memoranda of Understanding (MOUs) with key community partners. These agreements solidify roles and expectations before a crisis occurs, laying the groundwork for a more coordinated and effective response during emergencies.*

> *[Multi-county community health board] CHB continued working on updating Memorandums of Understanding (MOUs) with local schools for Point of Dispensing (POD) sites. Several updated agreements have now been finalized, with a few still in progress. We've been coordinating closely with school staff and local emergency management to confirm key logistics like site access, traffic flow, and available resources. In addition to POD planning, we're also developing a new regional Reunification MOU in collaboration with schools, emergency management, and Camp Ripley. This agreement will help clarify roles, responsibilities, and potential locations for family reunification following a large-scale emergency.*

Contact lists

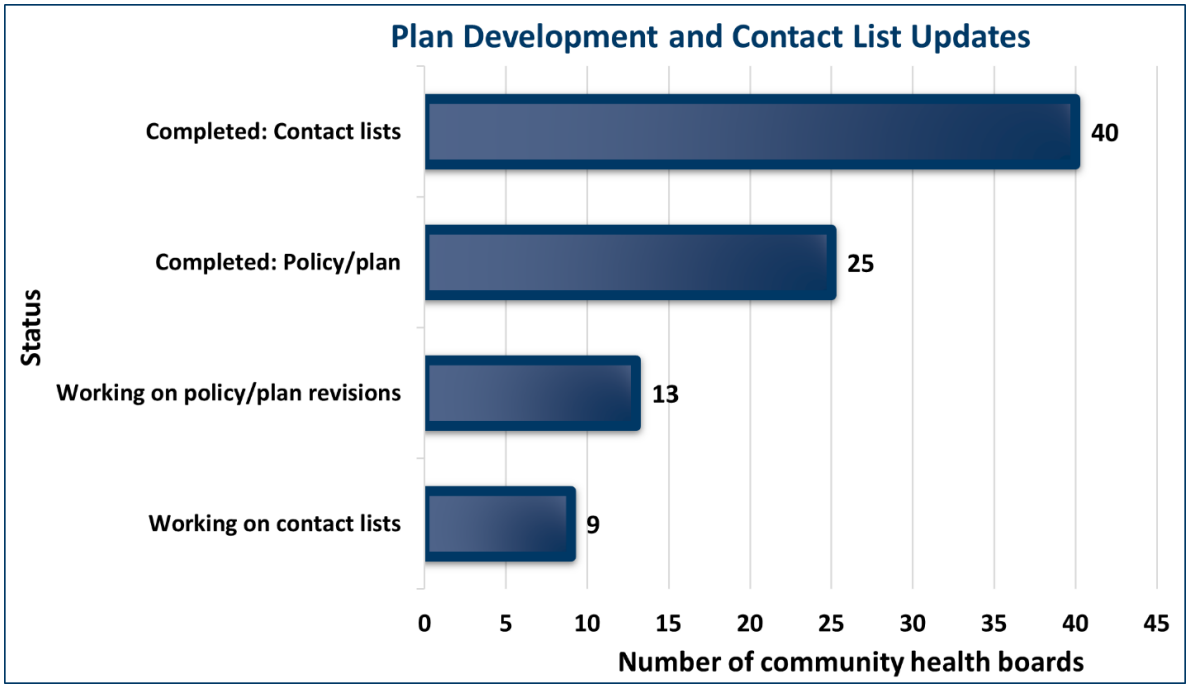
Information sharing during a disaster is critical in managing effective, coordinated responses, yet this is often hindered by out-of-date contact lists. The most frequently cited gap identified in after-action reports is out-of-

date contact lists, resulting in communication gaps and lack of situational awareness. About half the community health boards had a policy or process in plan for updating their contact lists, which is one strategy to reduce an out-of-date contact list during a response or exercise. During this biennium, community health boards developed or updated processes they use to ensure their lists are maintained and ready for the next disaster response (Figures 5 and 6). Forty of the 51 community health boards updated their contact lists while 25 community health boards completed a process or policy plan for contact list updates. Several community health boards continue to work on their contact lists and plans citing staff turnover or vacancies for the delay.

Figure 5: Process in Place for Updating Contact Lists

Baseline: January 1, 2024

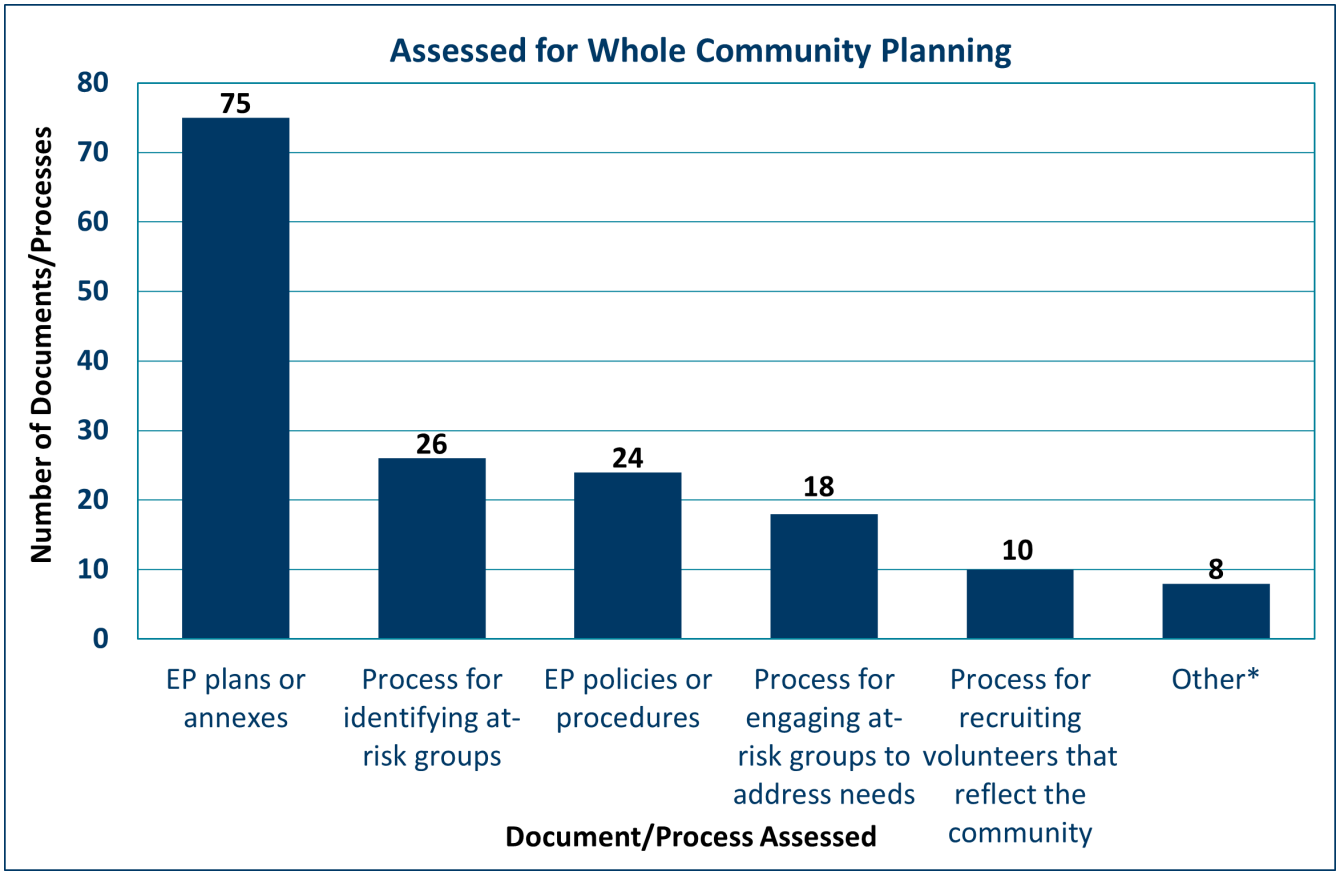
Figure 6: Status of Plans and Contact List Updates, Oct 1, 2024–Jun 30, 2025



Whole Community Planning in disaster response

Factors that impact daily living and create inequities are exacerbated during disasters. To address this, community health boards collectively assessed 161 plans, policies, and procedures using a Whole Community Planning perspective (Figure 7), including 75 plans, 24 emergency preparedness plans and policies, 26 processes for identifying at-risk populations, 18 processes for engaging at-risk populations, and 10 processes focused on recruiting volunteers that reflect communities. Three community health boards noted they had worked together and with community partners to develop a Whole Community framework to be used with all new and existing plans to ensure they meet the needs of all residents.

Figure 7: Documents and Processes assessed for Whole Community Planning



*Other: *Worked with MDH regional networks and EPR staff (4), Contractors (2), Multiple other methods used (1), Preparedness Whole Community Planning Resources (1)*

Community health boards implemented strategies that improved relationships and readiness with many different groups within their jurisdictions. These strategies included revising their plans, creating agency teams, using GIS to determine access of sites to dispense medications or vaccines, completing training, conducting exercises, developing relationships with specific groups, working with communities to become better prepared through personal preparedness, and culturally specific message development, among other activities. One community health board noted assessing the plans, policies, and procedures and approaching their work using the Whole Community approach resulted in improved resource allocation, increased community resilience to

handle public health emergencies, and increases effectiveness of response efforts. Community health boards shared examples of the work they have been able to do because of the RSG funds.

> *We…used social media to share Code Red emergency alert information. As a result, an apartment manager at a building serving residents with multiple social determinants of health barriers (such as limited finances, housing insecurity, and transportation challenges) printed the flyer and shared it with everyone in the building, helping extend our reach to a highly vulnerable population.*

> *We held a mass vaccination clinic at a large dairy facility where many of the employees spoke Spanish. We treated this as a full-scale exercise where we offered COVID-19, Influenza and Tdap vaccinations. This not only allowed our staff to practice incident command, but it was a way to continue to build relationships with our community members who often utilize us for other services, such as WIC. We provided several contracted interpreters who followed clients all the way through the clinic and before leaving, each client was also given education on emergency preparedness…*

Community health boards Elected Duties

While all 51 community health boards addressed the preparedness and response functions described above, those with greater capacity and funding were able to take on additional work, focused on specific areas of public health emergency preparedness, response, and recovery work. These areas helped build community health boards capacity to respond more effectively and efficiently. Community health boards could elect to add these options at any time during the biennium. The next part of this report describes their work efforts in these important areas of public health emergency preparedness.

Working across public health agencies

Thirty-six community health boards, an increase of two community health boards in the second year of the biennium, focused on working across their agency's public health programs to increase overall agency capacity. Table 5 provides a snapshot of the major public health program areas that participated in presentations, trainings, or exercises about public health emergency preparedness, response, and recovery. Building internal capacity and understanding of public health's role in emergency response and recovery provides a larger base of workforce to draw upon as well as increasing staff capabilities. Communicable disease control, communications, maternal, child, and family health, and SHIP were the most frequently programs by the community health boards. Figure 8 describes the types of activities employed to help increase staff awareness and capacity. The community health boards focused on providing emergency preparedness training, regular communication, presentations about emergency preparedness, and education.

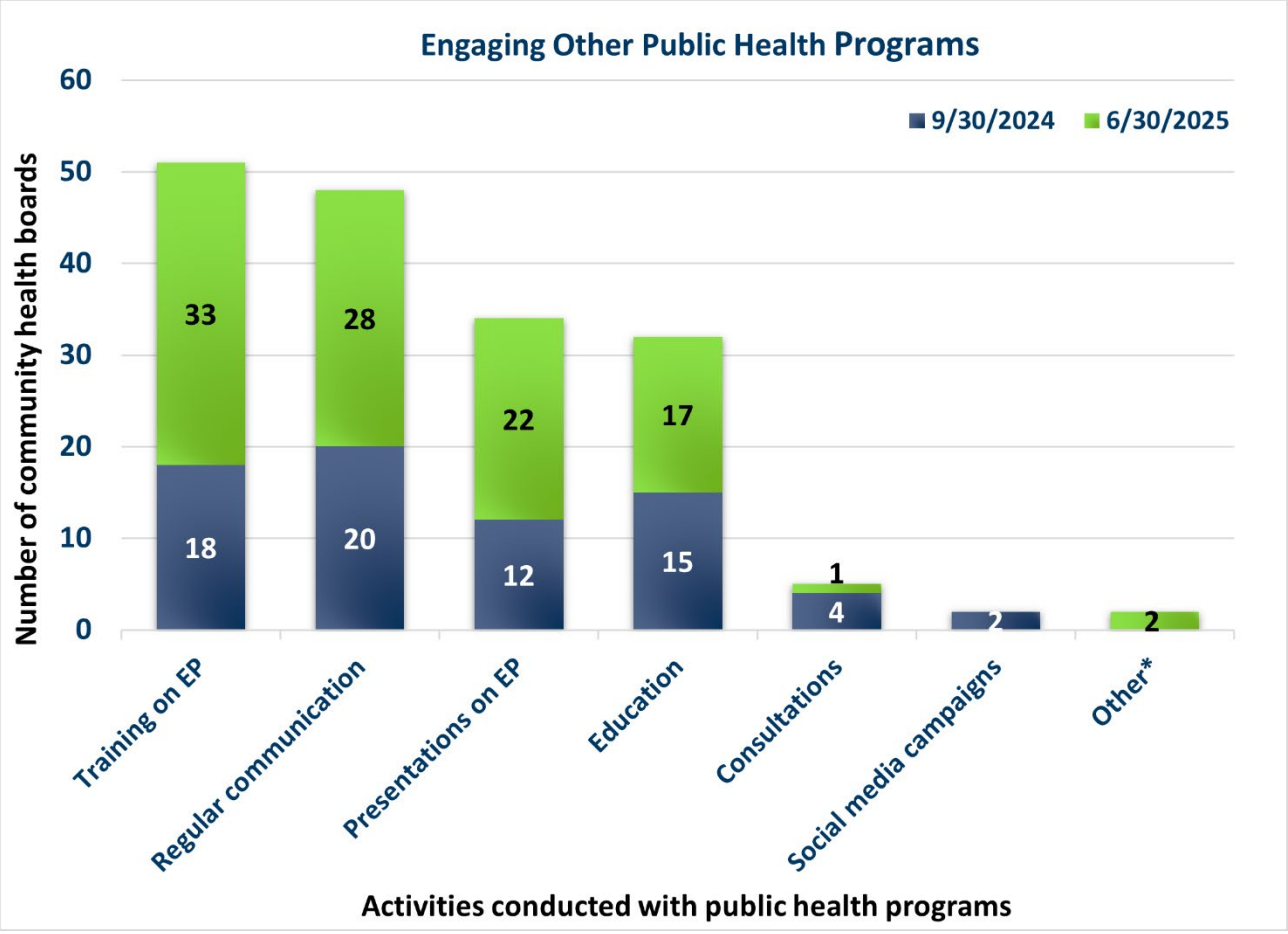
Table 5: Public Health programs engaged

Program	June 30, 2025
Communicable disease control	30
Communications	28
Maternal, Child, and Family Health	26

Program	June 30, 2025
SHIP	22
Family Home Visiting	20
Community Partnership Development	19
Chronic disease and injury prevention	18
Whole Community Planning	17
Environmental Public Health	10
School Health	9
Senior Services	1
Other*	6

*Other: *Home and Community Based Services (2), AmeriCorps Program (1), Health Education/Case Management (1), Substance Use Prevention (1), HHS Waivers Program (1)*

Figure 8: Internal collaboration across public health program areas



*Other: *Marketing and branding for volunteers*

The 36 community health boards working on this activity recognized the benefits of being able to broaden their public health emergency preparedness work within their agency.

> *[County] Public Health continues to believe strongly that ongoing emergency preparedness workforce capacity and capability building of ALL local public health staff within our agency is paramount to our ability to safely and effectively respond to a public health disaster and to support our partners when it is needed. Because of the RSG grant, we have been able to broaden and strengthen our EP education at each of our all-staff meetings on several topics…New staff who are hired also go through ICS 100, 200 & 700 & Psychological First Aid training, regardless of what their role is within the agency. We have also taken the opportunity to send two of our staff members to Psychological First Aid-Train the Trainer education. With this training, our agency now has the capability to provide PFA training to any new staff that joins our agency as well as provide it to any interested community partners.*

> *RSG Funds allowed for the creating of a Communications and Preparedness team in the [County] Public Health department. The team leverages cross departmental community engagement work as an opportunity to advance the understanding of PHEPR; and is advancing department wide ICS training.*

Emergency Preparedness training

Forty community health boards, an increase of six community health boards from the first year, focused on developing a response ready workforce by providing emergency preparedness training. Staff turnover and lessons learned during recent responses highlighted the need for incident command system (ICS) training, topic specific courses, sharing of best practices, and basic public health practice knowledge. The Response Sustainability funds supported the professional development of community health boards' public health professionals, with the vast majority of training focused on Incident Command System (ICS) training, followed by Mental and Behavioral Health, Shelter training (and family assistance and family reunification centers), Communications, and Whole Community Planning training. An increasing number of community health boards provided Point of Dispensing (POD) training. The RSG funds provided the funding for the community health boards to beginning addressing these gaps. Table 6 provides an overview of the 306 trainings attended by community health board staff.

Table 6: Emergency Preparedness trainings completed by community health boards

For a list of courses included in the categories listed in the table, see Appendix A

Training Categories	n 09/30/2024	n 06/30/2025
Incident Command System (ICS) Trainings	103	125
Mental and Behavioral Health	25	30
Shelter trainings/Family Assistance and Reunification Centers	11	28
Community Engagement and Emergency Preparedness, Response, and Recovery	8	27

Training Categories	n 09/30/2024	n 06/30/2025
Emergency Preparedness Conferences	6	25
Communications	34	20
Whole Community Planning	22	20
Point of Dispensing (POD) training	4	16
Leadership/Policy Making	1	5
Disaster-specific (e.g., radiological, nuclear, explosives)	0	4
Other	7*	6**
Total	**221**	**306**

*Other: *HAZMAT (2), Emergency plan development (2), University of Minnesota: Crafting a compelling data story, Enhancing response and recovery in rural communities, Outbreak at Water's Edge (Epidemiological investigation)*
**Other: *Outbreak at Water's Edge (4), HAZMAT (1), Cybersecurity and Risk Management (1)*

The 40 community health boards selecting this activity shared how they have been able to improve their readiness to respond by training staff in incident command, response plans, mental/behavioral health and disasters, facilitation and interviewing techniques, ability to create and conduct exercises, and many other key skills. As one community health board stated, "*To have several of us more involved in training makes me think how much stronger we will be to have more people other than just [one person] to guide our team when the next event or pandemic happens."* Additional community health boards shared how they prepared their public health departments to be ready to respond.

> *The [community health board] CHB conducted a staff training and discussion-based exercise focused on Point of Dispensing (POD) operations, which helped build understanding of POD roles and procedures across multiple public health programs. This exercise served as both a preparedness capability-building activity and a practical engagement opportunity, reinforcing ICS concepts and surge response logistics.*

> *Preparedness funding supported an all-staff American Red Cross shelter training in June 2025, ensuring our entire [multi]-county Community Health Board (CHB) team is trained, equipped, and ready to assist with shelter operations in future disasters. The training featured realistic scenarios ranging from large-scale community responses to small, localized events. This hands-on approach helped increase staff confidence, comfort, and readiness by giving them a clearer understanding of what to expect and how to respond in various sheltering situations. In addition to building staff skills, this training also strengthened our working relationships with key Red Cross partners in the region.*

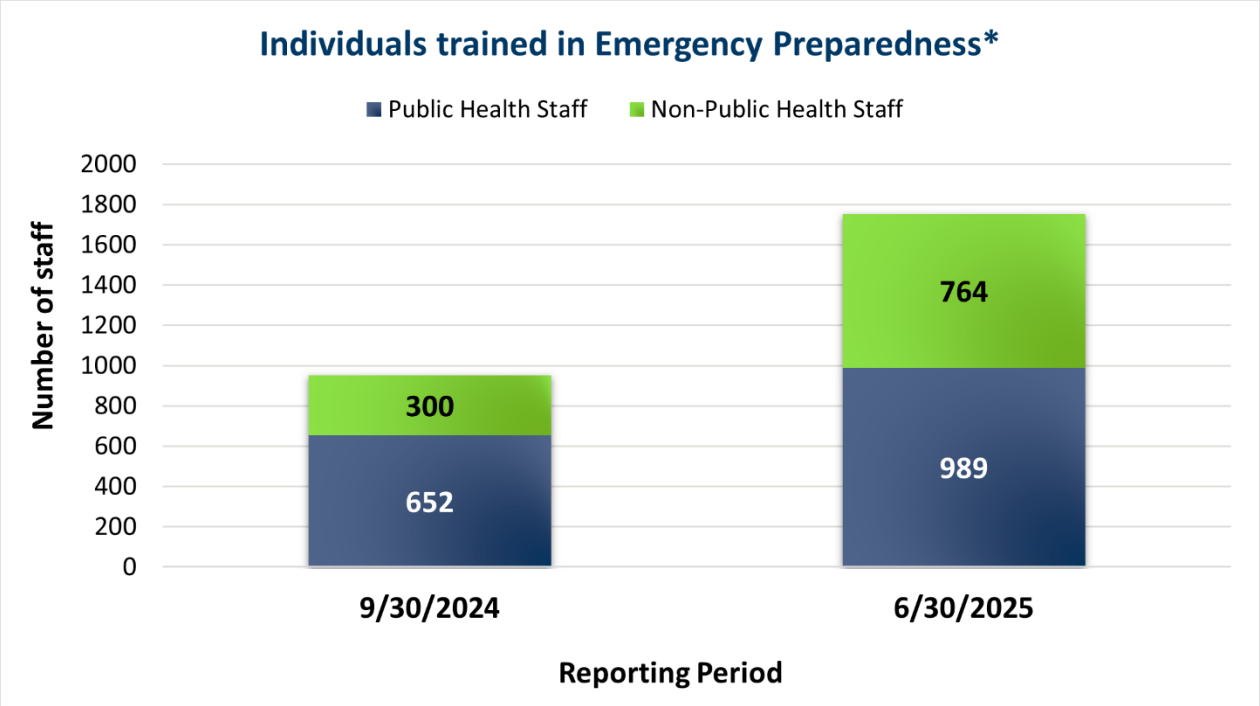
> *[Due to staff training] Staff are more confident and ready to respond and implement best practices to local responses because of dedicated RSG funds.*

> *We prioritized meeting with each public health unit individually to train on Incident Command System (ICS) this year, which helped staff better understand how they would support the county in an emergency response situation and eased fears by allowing staff a platform to ask open and honest questions. Following the unit meetings and a department-wide ICS activity…our*

performance measures for resiliency increased by 8% to 81% (up from 73% last year). This is the first time staff have self-reported resiliency above 75% since 2017.

Figure 9 indicates the number of individuals participating in trainings. Note that individuals may have taken multiple trainings.

Figure 9: Emergency Preparedness Training



**Represents individuals who likely completed multiple trainings.*

Training with Partners

The community health boards know that having knowledgeable and skilled partners is also critical in a response. To help support and promote jurisdiction-wide readiness, many community health boards emphasized training opportunities, joint events, and activities that included their partners. One common activity many community health boards and partners engaged in focused on Family Assistance Center (FAC) training, exercises, and plan development. Other training and exercise topics included shelters, communications, resource management, and basic ICS training. These trainings used scenarios based on their risk assessments and most frequently focused on severe weather, infectious disease, and train derailments.

> *[County] Public Health has provided preparedness training and education to 104 different partners from topics surrounding basic preparedness planning and building a kit, developing and hosting a countywide severe weather tabletop exercise with partner input into objectives, and more advanced planning surrounding partnering with American Red Cross for family assistance center spiritual supports. These funds are assisting to provide a more robust trained workforce, and training across response disciplines.*

[Community health board] Health Department staff participated in ICS trainings alongside colleagues from other city departments, strengthening internal response structures and promoting interdepartmental alignment during emergencies.

One key sustainability success was the planning and delivery of a Family Assistance Center (FAC) training in coordination with the [County] Human Services Director. This initiative included developing planning materials…and a resource binder to support consistent implementation across our [multi]-county service area. The last FAC training in our [community health board] CHB was held approximately 7-8 years ago, with only one Public Health staff member in attendance…Recognizing the shared responsibility for FAC operations and aligning with current efforts by County Emergency Managers around school planning and reunification, our team…successfully trained eight additional Public Health staff. This effort supported critical cross-training across all…of our agency's offices and increased staff knowledge and confidence in supporting FAC operations…This work was made possible through RSG-supported funding, which allowed us to …dedicate time to planning, collaboration, training, and follow-up with staff.

Unique relationship: Training with Emergency Management

Community health boards and emergency management have a special relationship in many jurisdictions. They rely on each other to prepare for, respond to, and recover from responses. Many work together to develop and update plans, MOUs/MOAs/Mutual Aid Agreements. They design and conduct exercises together. They frequently organize and attend trainings that benefit their whole jurisdiction. In some jurisdictions, emergency management relies on public health to provide staffing support to the emergency operations center or serve key roles such as Planning Chief. Many community health boards, emergency managers, and in many cases, Human Services departments, worked together to offer FAC training and development of their FAC plans. Community health boards shared some of their joint efforts with their emergency management partners below.

[County] PH staff supported Emergency Management wildfire response by activating and managing the Emergency Operations Center, while EM was requested to be at the Incident Command Post.

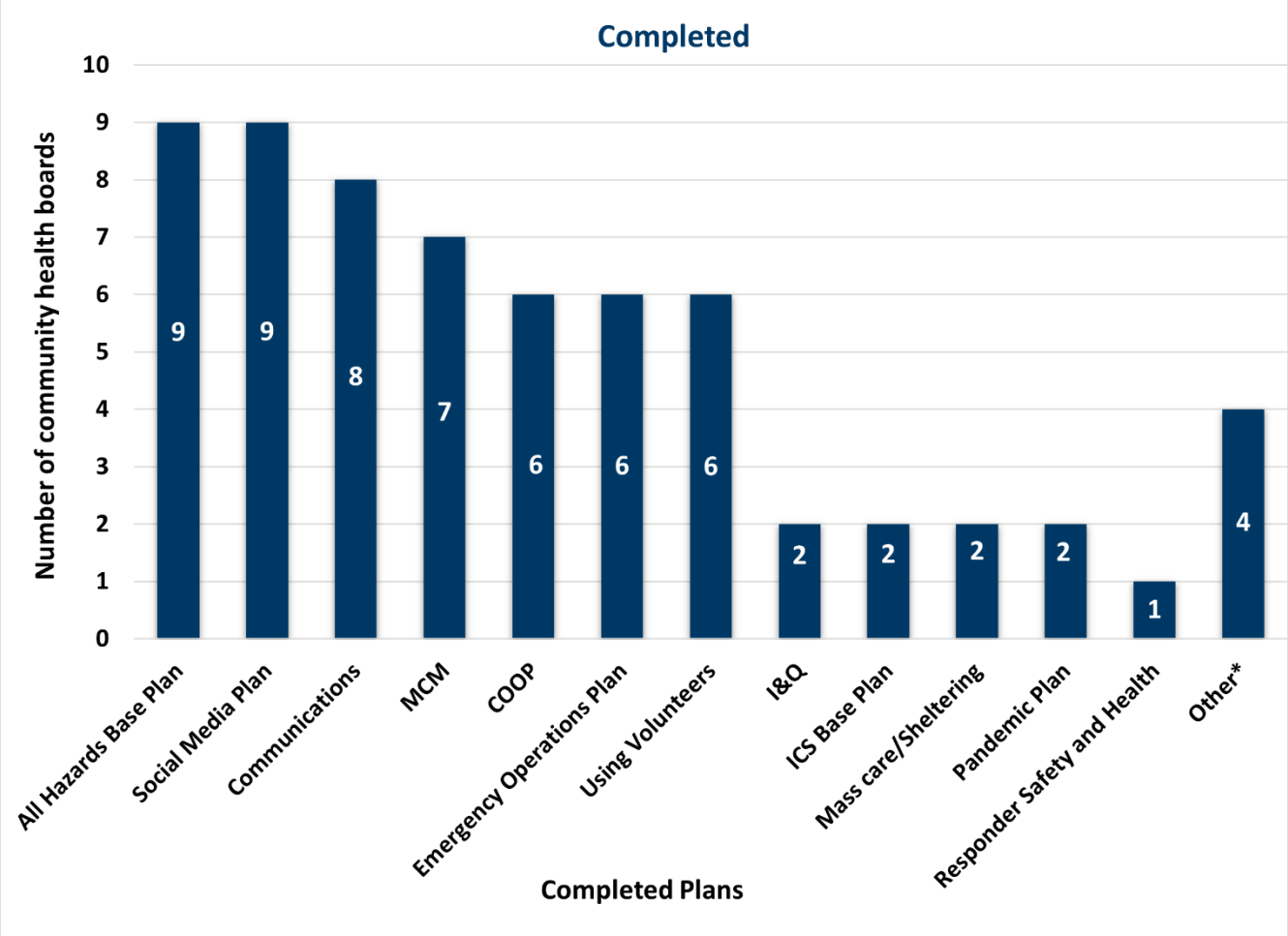
[County] Public Health has strengthened its relationship with [County] Emergency Management by contracting with the Emergency Management Specialist to support public health emergency preparedness duties and projects. This partnership has led to a better understanding of where EM & EP duties overlap and how we can improve our working relationship to support emergency preparedness, response, recovery, and resiliency in the community. We are beginning to improve the coordination of plans, MOUs/MOAs, trainings, volunteer management, community outreach, and other shared aspects of both departments.

All counties [in a multi-county community health board] participated with their Emergency Managers in a facilitator-led tabletop exercise related to both a weather related and infectious disease event. Almost 30 people attended and rated the event as very supportive to building community and partner relationships as well as using new learned skills.

Public Health Emergency Preparedness plans and annexes

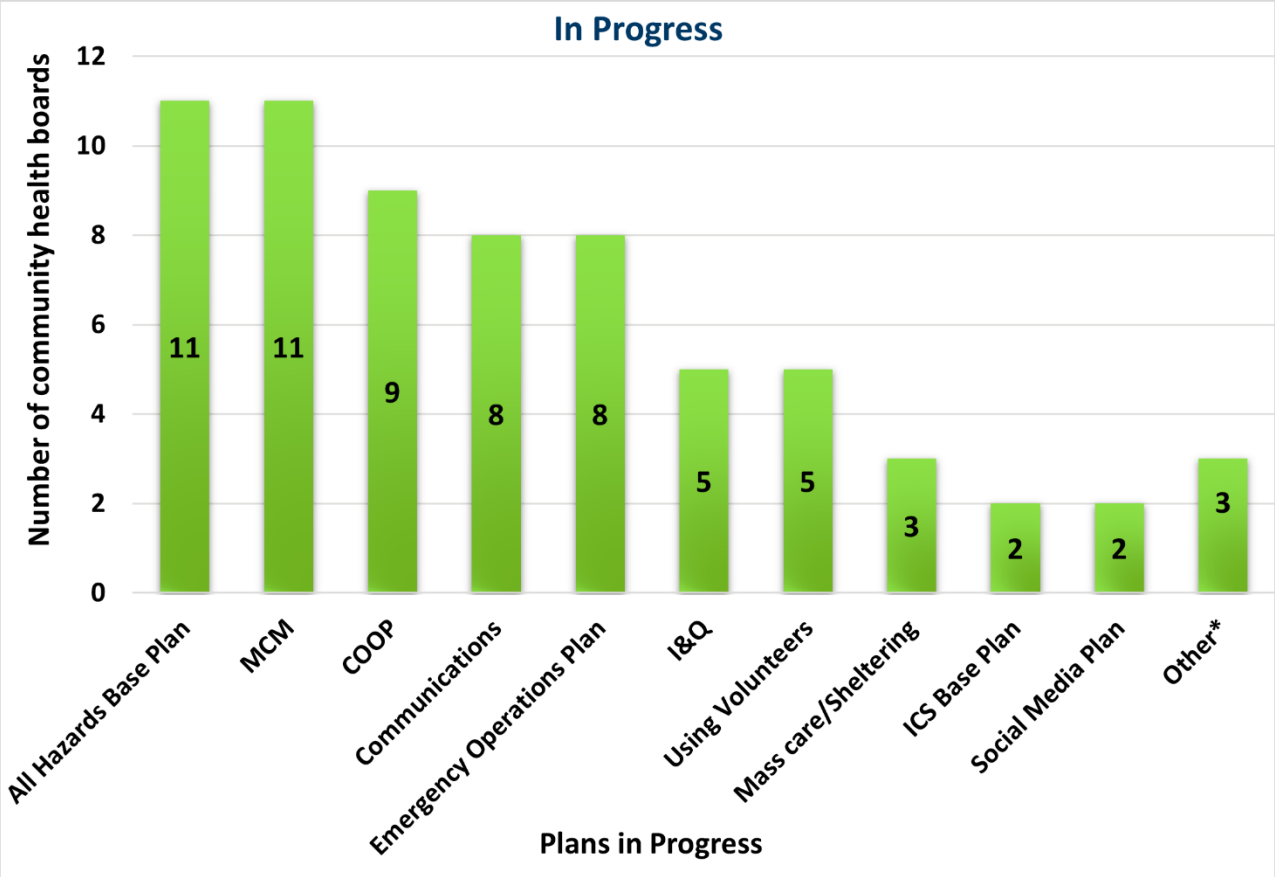
Community health boards updated their public health emergency preparedness policies, plans, and procedures throughout the biennium. Thirty community health boards, an increase of five community health boards in the second year, incorporated results from after action reports and addressed gaps and reframed plans to reduce inefficiencies and enhance actions that proved effective. Several community health boards used their Whole Community Planning assessment results to strengthen their efforts aimed at ensuring whole community planning response activities. Twenty-five community health boards finished development or updating of at least one plan, and many were able to work on additional plans. Figure 10 provides an overview of the completed community health board response plans, policies, and procedures. Figure 11 indicates community health boards ongoing work to improve their plans, with many working on improving multiple plans. One community health board said they ensured all public health staff have access to their plans and files.

Figure 10: Completed policies, plans, and procedures



*Other: *Notification and Activation (1), HAN (1), Respiratory Protection Annex which includes the TB assessment (1), Extreme Heat Event Plan (1)*

Figure 11: Continued work on policies, plans, and procedures, June 30, 2025



*Other: *Family Assistance Center Plan (2), Access and Functional Needs (1)*

The 30 community health boards who worked on their plans described the progress they made on developing and revising their response plans.

> *Enhanced collaboration with the county EM to go over plans together to help look for possible gaps in plans and Access and Functional Needs (AFN).*

> *With the new Public Health Emergency Preparedness Coordinator hired with RSG funds, [County] Public Health has been able to update multiple preparedness plans at once…*

> *Significant progress was made in separating out content from existing MCM plans into a base plan that better aligns with the priorities outlined in the capabilities document, and functional annexes focused on prophylaxis vs. vaccination, disease specific attachments, and site-based operations references.*

> *[Community health board - CHB] has been able to focus on a key area of concern for the county's preparedness efforts-mass care. Our emergency manager has long been concerned about how we would staff and operate a shelter during the critical period between an incident occurring and the arrival and setup of American Red Cross shelter operations. Thanks to RSG funding, we've been able to meet with the Red Cross to identify gaps in our current plan and explore sustainable staffing solutions for shelter operations. Public health staff also attended a shelter seminar*

hosted by [a neighboring] County, where they learned how that county effectively utilizes public health personnel to staff shelters. Building on that knowledge, we are now hosting a training with the Red Cross later in July to officially train public health staff and other potential shelter workers in Red Cross [shelter] procedures. This training will help ensure a smooth and efficient transition of shelter operations to the Red Cross. Once trained, we'll continue developing and refining our Mass Care plan.

Technology for Public Health Emergency Preparedness

Software and platforms can aid response work, yet outdated technology and lack of technology can also hinder it. Twenty-eight community health boards recognized a need to examine their current software and platforms due to challenges they encountered during responses. These challenges included technology issues that prevented them from efficiently doing work, quickly obtaining information, or rapidly being able to share information. Using the Response Sustainability Grant, several community health boards identified options to address these technology gaps, including assuring staff knew how to use software and platforms (n=11), purchasing software (n=12) and implementing a new platform (n=12). Twenty-three community health boards continued to research their options, while nine were initiating purchases. Figure 12 shares the strategies community health boards elected to move forward to address technology gaps. The majority of community health boards purchased software to facilitate collaborative work and their ability to share. Other purchases included gaining access to GIS and the jurisdiction's SharePoint site, warning systems, data visualization software, Smartsheet, and Microsoft Teams (Table 7).

Figure 12: Methods community health boards used to address technology gaps

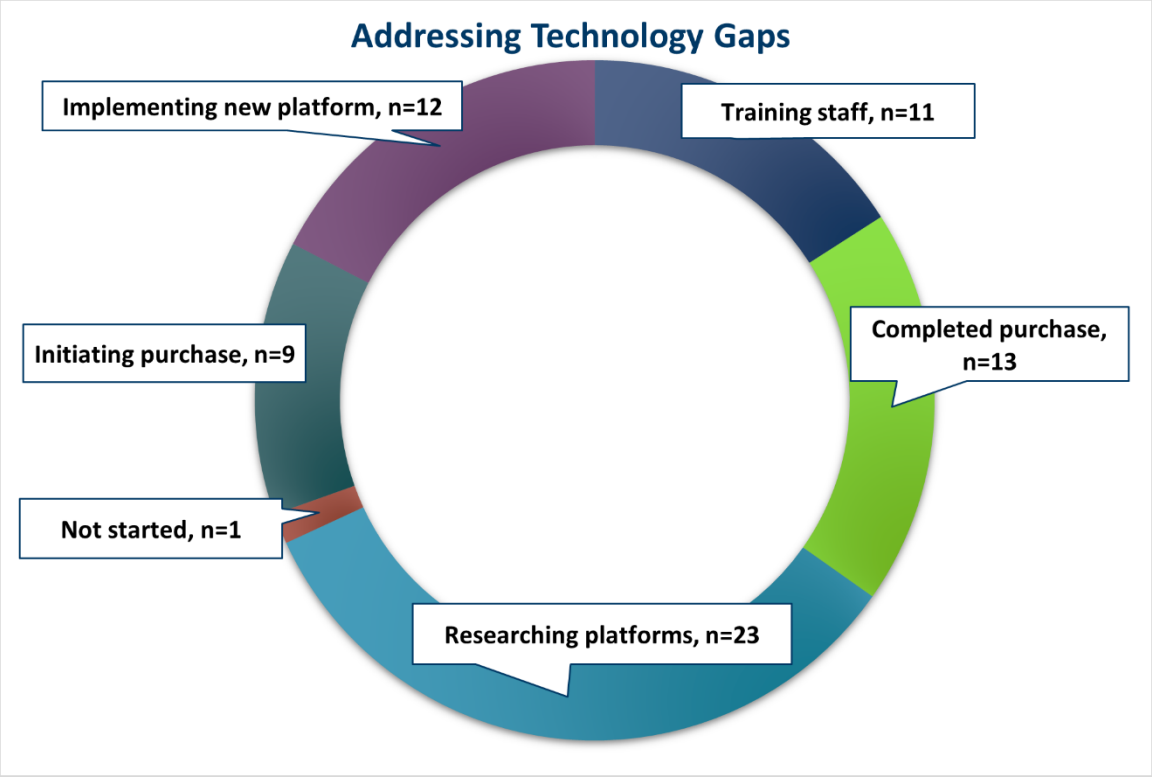


Table 7: Technology software and platforms acquired

Software/Platform	Percent (n) Total
Software for collaborative working and sharing	14% (n=4)
Access to GIS	4% (n=1)
Access to your own SharePoint	4% (n=1)
Microsoft Teams	4% (n=1)
Smartsheet	4% (n=1)
Software for collecting and visualizing data	4% (n=1)
Warning systems	4% (n=1)
Other	57% (n=16)*
No software/platform purchased	36% (n=10)

Community health boards described the importance of having the RSG funding to implement advanced technology to improve their ability to work across their counties efficiently for preparedness, response, and recovery. Ten community health boards addressed technology gaps by training staff or gaining access to software their jurisdiction already owned. Many community health boards purchased software, platforms, or equipment.

> *[County] purchased WebEOC that provides a centralized platform for real-time information sharing, decision-making, and coordination among participating response agencies and organizations. [Public health preparedness program] will leverage WebEOC's capability to enhance coordination, increase efficiency, and create a more unified and effective public health emergency response strategy to meet the needs of the people [County] serves.*

We are leveraging funding to purchase GIS software and partnering with a local company to support key program initiatives, including mapping key community resources and developing a vulnerable population registry. This registry will help us better identify and assist at-risk individuals who may require additional support during emergencies or disasters.

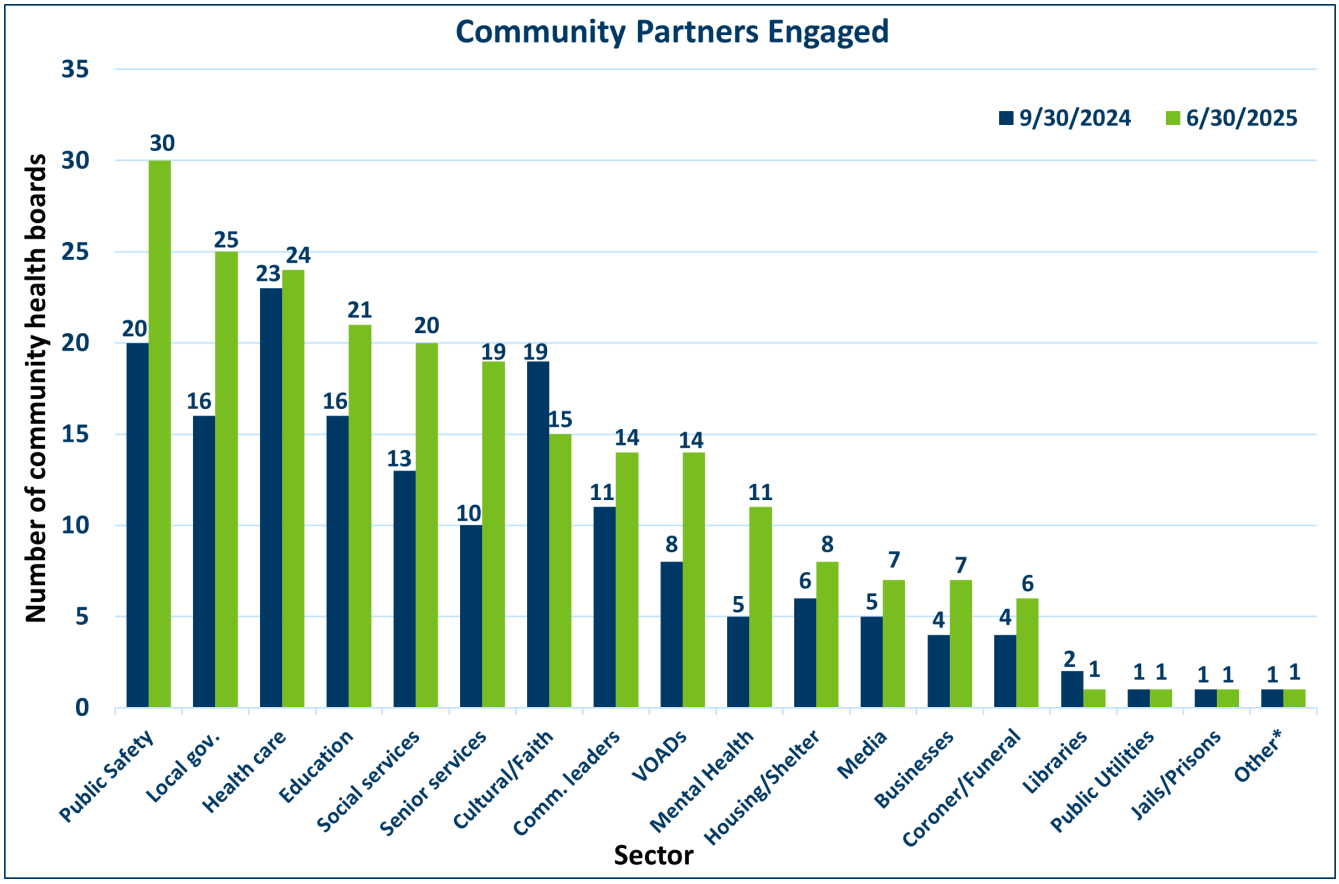
We purchased translation devices to aid in making our plans more accessible for non-English speaking residents, blind and hard of hearing residents.

Partnership Development

Well-established relationships are critical to an effective response, yet it is a significant amount of work to establish and strengthen relationships with organizations and community groups. Thirty-five community health boards, an increase of eight community health boards in the second year, elected to use Response Sustainability funding to concentrate efforts on developing or expanding 311 relationships with community partners during the biennium. On average, each community health board averaged over nine new or expanded partnerships. Two community health boards did not develop new partnerships instead they expanded already established partnerships (Figure 13). Public safety and emergency management, local government, health care,

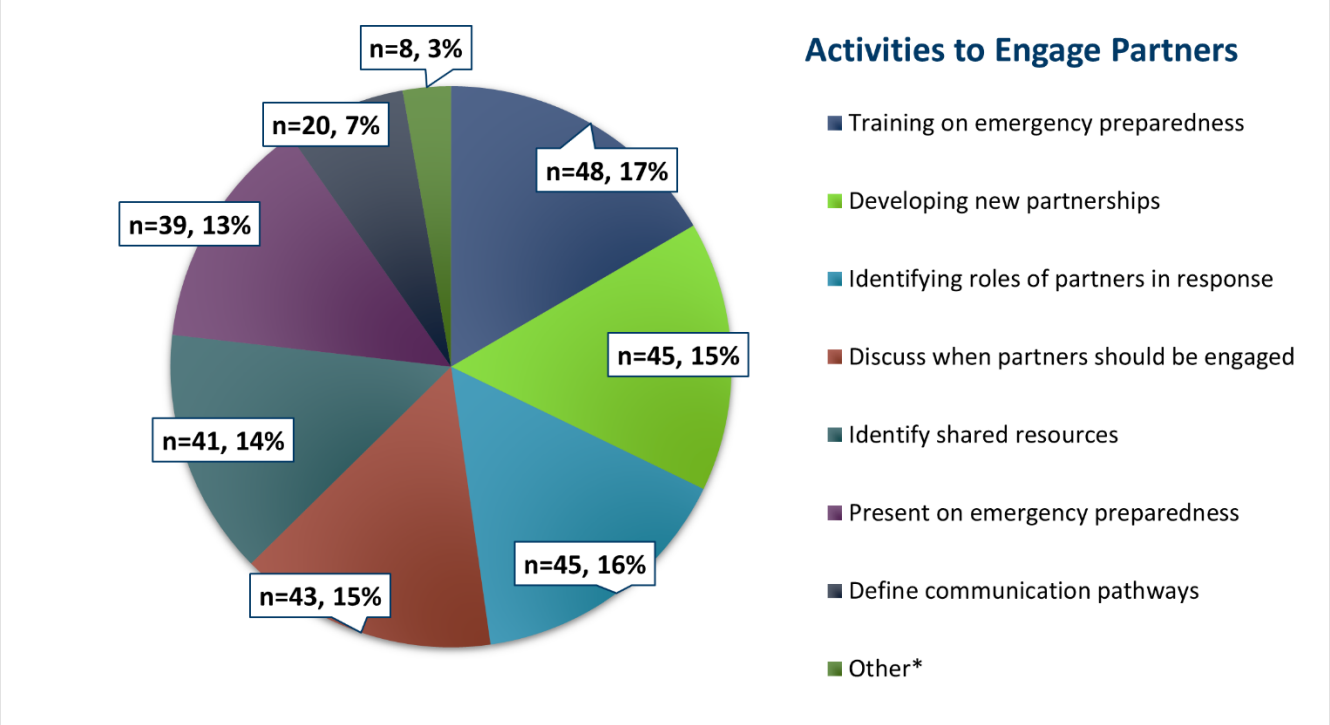
education, and childcare settings, social services, long-term care and other senior focused services, and cultural and faith-based groups were the most frequently identified sectors for engagement activities, as can be seen in Figure 14. Community health boards also engaged with community leadership, volunteers, mental/behavioral health entities, and more. Activities community health boards used to engage partners included providing emergency preparedness trainings (17%), developing new partnerships (15%), identifying response roles (16%), discussing when to engage partners (15%), and identifying shared resources (14%). Many community health boards participated in multi-sector exercises, finding them to be very effective methods in facilitating conversations and examining roles and responsibilities each partner has during preparedness, response, and recovery. Several community health boards have revived coalitions or advisory councils and some created new ones, e.g., a school safety coalition, to facilitate cross-sector conversations, develop plans and policies, and exercise together.

Figure 13: Community health boards developed or expanded relationships with community partner sectors



*Other: *Cross Borders (2)*

Figure 14: Activities conducted to engage community partner sectors



*Other: *Created a preparedness survey for community members (2), Re-organized and coordinated the PHEP Advisory committee meeting (2), Develop EP Educational Campaign (1), Developed emergency preparedness materials for schools (1), Activities with senior leadership (1), Participation in external entities' exercises (1)*

The 35 community health boards working on this activity described the benefits they experienced in partnering with others in their communities to prepare and respond to incidents.

One community health board stated, "*Leaning on community connections in emergent times is vital as well as developing trust within communities. People respond to people and entities they trust, and that starts with a presence in the community.*"

Other community health boards shared their experiences in developing partnerships and the activities used to engage with each other.

> *We are proud of the number of new community relationships and partnerships we have built since the start of this funding. Our new FTE capacity has allowed us to dedicate time we previously didn't have for relationship and partnership building. The sheer number of organizations we engaged with EP this year is something we would not have been able to achieve without RSG.*

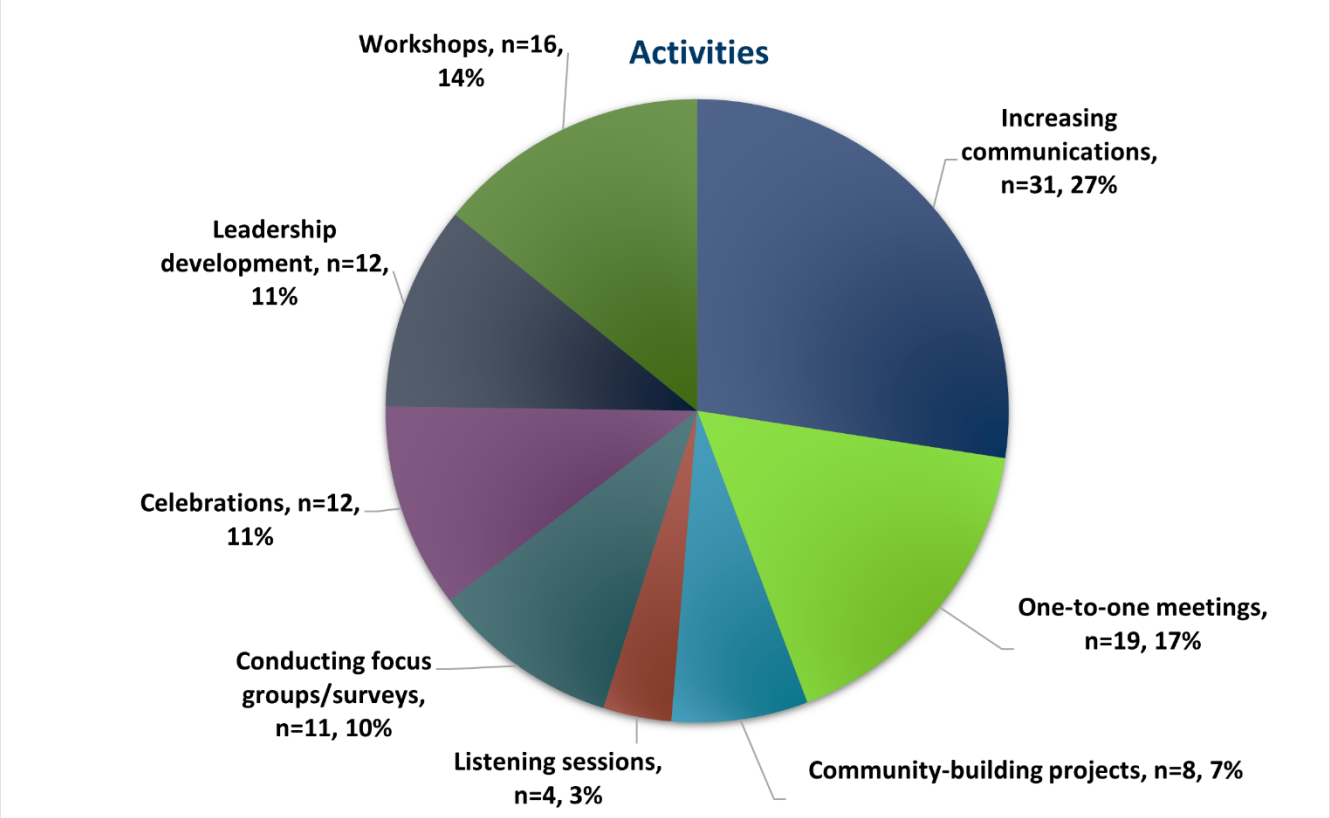
RSG funding enabled public health to engage county leadership and emergency management in a tabletop exercise, generating increased interest and collaboration. The funds now support biannual leadership emergency preparedness and response (EPR) meetings and have enhanced participation in preparedness trainings and activities.

With RSG support, public health conducted direct outreach to dairy farms in response to Avian Influenza risks. This newly established partnership strengthens the foundation for future One Health initiatives and zoonotic disease preparedness.
Because of RSG funds, we were able to open up new partnerships with a large community behavior[al] health organization and the local Council on Aging. With these funds, we reached out to these entities [and] discussed how we could work together within a disaster…

Community Engagement

Thirty-two community health boards, an increase of 12 community health boards in the second year, focused on working authentically with community groups and organizations to further develop and sustain relationships. They based their engagement approaches (Figure 15), on the types of communities in their jurisdictions. This included increasing communications (27%), one-on-one meetings (17%), holding workshops (14%), developing leaders (11%), participating in community celebrations (11%), and conducting listening sessions and focus groups (10%). Community health boards worked with homeless shelters, elderly groups, faith-based communities, and many other groups and organizations within their communities.

Figure 15: Community engagement activities



The 32 community health boards working on this activity felt strongly that building relationships is a critical component to their response readiness. They shared how they were able to strengthen this component of their preparedness and response work.

Through community conversations held by our agency, it was shown that faith-based communities are considered a safe place for many of our residents. We were able to dedicate staff time to meeting one-on-one with our area faith-based communities to discuss how they can assist during disasters (Ex. spiritual care, checking on congregation members who may be homebound or considered "shut ins", serve as a trusted source of information). During these meetings, we…assist[ed] in developing emergency plans for congregations who are interested in creating one. This has been done in partnership with our emergency managers as well.

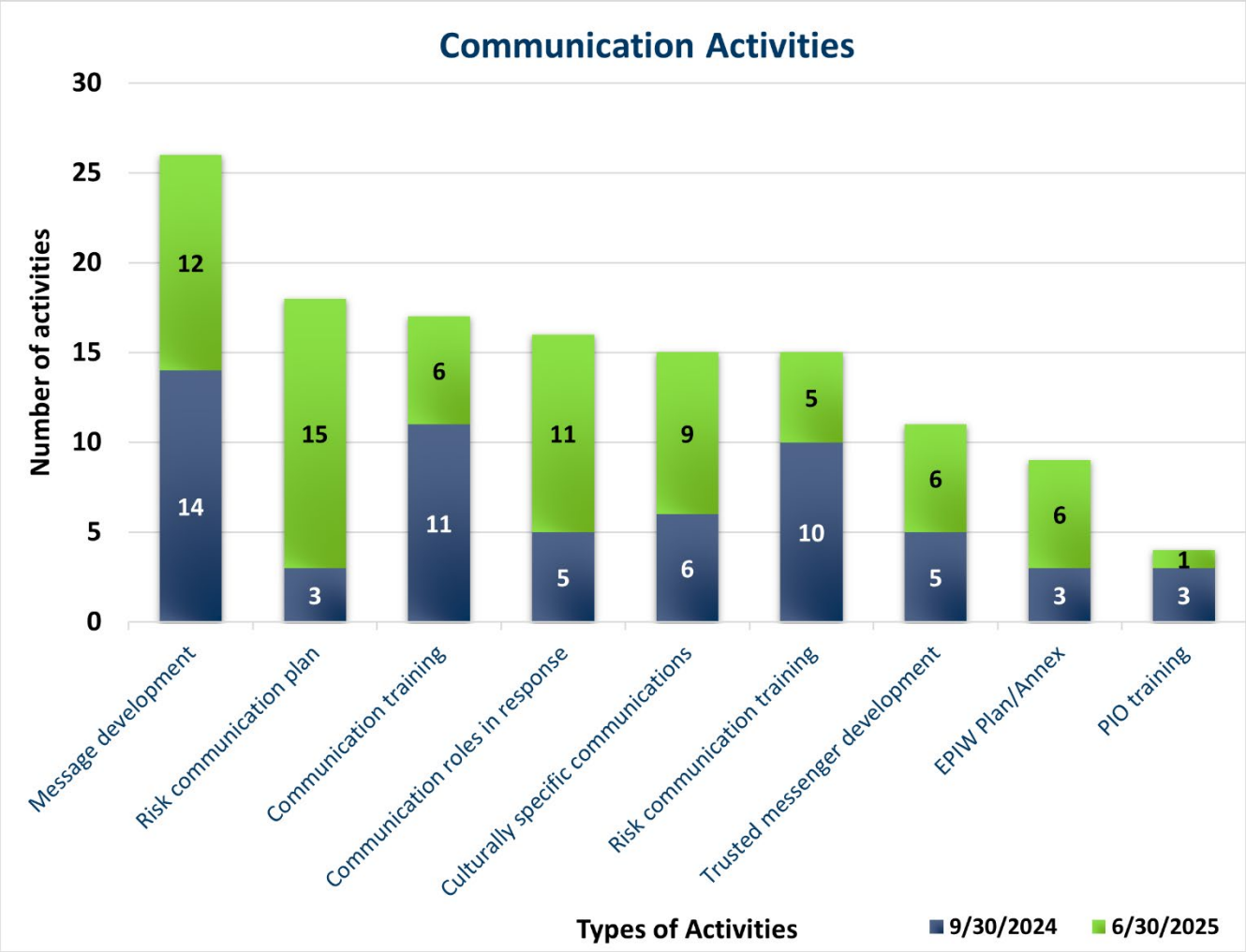
We used RSG funds to train staff in [Technology of Participation] ToP facilitation methods. This training has allowed staff to hone meeting facilitation skills to increase effectiveness of coalition work. I used this method in a meeting with community stakeholders. My goal was to define community preparedness as a group, with our sector specific priorities and values in mind. This was part of a larger strategy to gain community buy-in by including them in the process of defining community preparedness.

We spent some time at the homeless shelter, educating on go-kits, power outages, MN 511. Residents were engaged and participated in a group discussion. We also went to the [city] community center, where we did emergency preparedness Jeopardy with the 55+ community who attended.

Communication

Communication during a response is often identified as a major area for improvement in after action reports. During disasters, effective and timely communication can be the key to a well-coordinated, efficiently run response. Twenty-four community health boards, an increase of five community health boards in the second year, addressed communication challenges by working on communication plans (n=15), message development (n=12), identifying communication roles during responses (n=11), and delving into culturally specific communication projects (n=9). Many community health boards attended PIO and risk communication training while others worked on trusted messenger projects. Trusted messengers are individuals or organizations that are respected and have influence within a community. They are often effective in helping convey messages and have been increasing in use for public health emergency preparedness communication strategies. Many community health boards were able to increase the number of staff attending the Crisis & Emergency Risk Communication (CERC) workshops offered by MDH. Figure 16 provides a summary of the community health boards communication achievements.

Figure 16: Improving emergency response communications



The 24 community health boards selecting Communications as an additional duty recognized the progress they made in improving readiness, plan development and revisions, role definitions, collaboration, pre-incident message development, and emphasizing Whole Community Planning in messaging.

> *Through this funding, we have been able to send our communication specialist to trainings…dedicated to emergency preparedness communications, including the safe use of Artificial Intelligence. Our communications team has also been able to dedicate time in creating PIO messages/templates that can be used quickly during a response. Our contracted staff have translated messages about topics like Weather "Watch vs. Warning", Extreme Heat/Cold, EP Kit supply lists, and local resources available have been created and shared amongst our communities, partners, and across social media.*

A major advancement during this period was the merging of our agency's general communications plan with our risk communication plan. This integration resulted in a single, comprehensive Communications Plan that reflects current guidance and clearly defines internal, external, and risk communication standards. The plan is now being strengthened to align with

Public Health Accreditation Board (PHAB) standards, positioning us well for both accreditation and emergency readiness.

We worked with our IT colleagues in January 2025 to create an info-line ready to go for public health emergencies and incorporated this addition in our Risk Communications Annex. We made progress reviving our city/county Crisis Communications Coalition. We held our first meeting…where we focused on roles/responsibilities between the city and county PIO teams and discussed information sharing to maintain situational awareness.

Creating a Preparedness and Communications joint team has allowed for robust collaboration. The department now has capacity to address emerging communications needs (measles case in the county, for example) and to support ongoing communication to high risk or Access and Functional Needs (AFN) groups on routine public health issues in an effort to establish trust and partnership leading to more effective crisis/Public Health Emergency response.

Tribal health Accomplishments

Seven of the 11 Tribal Nations in Minnesota elected to accept RSG funding in FY24 and FY25. These Tribal health (TH) departments worked on tribal specific strategies to increase their capacity for emergency preparedness, response, and recovery. They participated in regular meetings with MDH EPR staff that allowed for regular information exchange between MDH and Tribal health. These meetings also provided a platform for the THs to share ideas, resources, and troubleshoot challenges together. MDH EPR dedicated .5 FTE of a current Public Health Preparedness Consultant (PHPC) position specifically to support Tribal health. This position coordinated Tribal health specific monthly meetings, training opportunities, updates from emergency management, and efforts with the MDH Office of American Indian Health (OAIH). This PHPC ensured there were TH breakout sessions and lunch roundtables at statewide conferences and supported work group sessions and opportunities for sharing between Tribal health emergency preparedness coordinators. Additional support included delivering technical assistance for workplan development and 1:1 calls to discuss progress and challenges.

Both Tribal health and community health boards had a set of required duties and a set of elective duties they could select based on capacity, tribal/jurisdictional needs, and interests. The Tribal health progress report begins with their required set of duties followed by the elective duties some Tribal health selected.

Workforce Capacity

Tribal health increased their capacity by hiring and expanding current staff's time to work on public health emergency preparedness, from 2.4 FTE to 7.3 FTE. They focused on increasing capacity in these positions: emergency preparedness coordinators, agency leadership, health educators, nurses, and emergency management.

One Tribal health shared,

> *This is the most staff employed/funded under PHEP and RSG monies which will allow us to coordinate with Emergency Management.*

Sustainability

Collaboration with other Tribal Health Departments

The Tribal health EP coordinators collaborated with other tribes to enhance their capacity to prepare, respond, and recover. These activities allowed Tribal health to share methods and approaches that had worked well in one Tribal Nation that could be used to move readiness further forward in another Tribal Nation. For example, one EP coordinator discussed an All-Hazards Response and Recovery Plan, and two others asked for a copy of the plan to assist them in getting their plans developed. Tribal health staff attended Tribal-specific meetings, roundtables, conference break-out sessions, and training opportunities where they could interact and discuss strategies, share ideas, and provide encouragement.

> *Tribal EM is taking a more active role in TH [Public Health] Emergency Preparedness.*

Updating Contact Lists and developing policies or processes

Tribal health EP coordinators worked on updating their contact lists to ensure they could rapidly share critical information with key partners. Each Tribal health accepting RSG funds began development of a policy, plan or process that describes how contact lists are routinely updated. Some Tribal health noted difficulties in adding staff, increasing staff time, and staff turnover that impacted their progress.

Whole Community Planning

Tribal health reviewed their plans, policies, and processes from a Whole Community Planning perspective. This assessment was intended to help identify access and functional needs of at-risk individuals that may not have been considered. Several Tribal health, that accepted RSG funding, reviewed their public health emergency preparedness plan, policies, and procedures. Others reviewed their processes for identifying and engaging at-risk groups.

Tribal health Elected Duties

Tribal health had the option to select additional duties based on their Tribal needs and interests.

Working across public health programs

Two Tribal health elected to work across their public health programs to increase understanding and readiness to respond including communicable disease and control, Tribal health services, elderly-focused services/programs, chronic disease and injury, communications, maternal and child health, family home visiting, school health, and food distribution. Activities they used to engage the other public health programs included conducting trainings on emergency preparedness, establishing regular communications, and providing presentations on emergency preparedness.

Training on public health emergency preparedness

Five Tribal health elected to focus on training their staff and key partners in their Tribal Nations. Over the two-year period, 92 Tribal health public health staff and 304 non-public health Tribal staff received training in emergency preparedness. One Tribal health reported significant progress in training staff on ICS and Nuclear Emergency Response. Another Tribal health incorporated public health emergency preparedness training into its onboarding process, while a third Tribal health trained more than 80 people on their emergency planning, mitigation, and response processes. Several Tribal health focused on incident command system (ICS) training. Specialized training completed included emPOWER, sheltering and family assistance centers, Community and Emergency Risk Communication (CERC), Psychological First Aid, and Equity in Disasters.

> *Focus on training and education through workshops and conferences. The information has helped provide a stronger foundation of understanding EP work and components for success.*

> *All staff in Community Health Services Department completed ICS courses 100, 200 & 700. This is being implemented with all new staff hired as well.*

Review public health emergency preparedness policies, plans, and procedures.

Four Tribal health elected to work on their public health emergency preparedness policies, plans, and procedures. The plans Tribal health reviewed included their Emergency Operations Plan, All-Hazards and ICS Base Plans, Communications and Social Media Plans, Continuity of Operations Plan (COOP), and Medical Countermeasures Plan.

Tribal health shared these impacts of the RSG funding:

> *Our current plan was written by an entity that was not a native person. The new staff hired are native from the community and this will address the accessibility gaps and also provide cultural guidance when updating the plan.*

> *As a tribal nation, [the Tribe]'s values are to take care of the elders and those disabled…*

> *Activities and planning are focused on all clients in the jurisdiction [Tribe]. Works closely with EM for ensuring preparation for emergencies.*

> *[Whole Community Planning] approach is used for every event or exercise and is embedded within the scenarios.*

Expand use of technology platforms

Four Tribal health identified technology needs as a factor in their ability to become better prepared to respond and recover. After researching their options, they completed their purchase and trained staff on its use, which is a crucial component.

Develop and expand relationships with community partners.

Two Tribal health worked across their Tribal Nations and with county government to become better prepared. Social services, education and childcare settings, and public safety and emergency management were the primary partnerships strengthened. Health care, long-term care, and mental/behavioral health programs were additional partners that Tribal health engaged with to build capacity. With all their partners, Tribal health discussed resource sharing, clarified roles, defined communication pathways, and increased understanding of Tribal sovereignty and Tribal public health authorities.

Tribal health shared the successes they experienced with the use of the RSG funds:

> *Collaboration is strong among local agencies, especially EMs and [community health boards] CHBs.*

> *I have met with the [School] district to discuss the plan for relocation of students in the event of a nuclear incident. We discussed the importance of communication and keep me informed on any changes with public health/emergency preparedness policies and procedures relating to the students from the community. I have met with the leadership at the Senior Living Center located on Tribal Lands, The Tinta Wita. I have done fit testing with the staff and education of AED and sheltering. We discussed their plan for relocation of residents in the event of a Nuclear or other accidents requiring evacuation of the facility. Worked with various NGOs on emergency response plans and how they can be of assistance if needed. Discussed some issues on culture and sovereignty so they have a better understanding of the Community's needs. Worked with the State Fire Marshal on various projects, including fire safety for the community, creating a program for installation of smoke and CO detectors, introducing the [City] Fire Department Explorers program to high school students, and response plans for evacuation of members with access and functional needs.*

> *Work was progressing on increasing the capacity of the whole tribe with respect to continuity of operations during a disaster and awareness of the emergency operations plan for [Tribe].*

Community outreach and engagement

Three Tribal health worked on increasing their community's understanding and importance of being ready for a public health emergency. Interactions occurred at Tribal health fairs, Tribal celebrations, Powwows, community-building and health events, and Enrollee Days. Tribal health also increased communications out to the community, held listening sessions, one-to-one meetings, a workshop, and offered leadership development.

One Tribal health shared,

> *Outreach is done at community health fairs, newspaper articles, other tabling events.*

Communication

One Tribal health worked on communications. They created a risk communication plan, improvements in their response communication processes, and developed trusted messengers. Trusted messengers are individuals or organizations that are respected and have influence within a community. They are often effective in helping convey messages and have been increasing in use for public health emergency preparedness communication strategies.

Additional community health boards Impact Stories

These additional stories from the community health boards continue to share the impact of the Response Sustainability Funds. Reaching every corner of their communities and every cube in their public health departments, they have worked to improve their preparedness to respond and recover from all types of incidents. They have emphasized the importance of working across their departments with all public health programs and working throughout their communities to build resilience so more people and organizations are ready for the next response. Many focused on encouraging individuals and groups to create their own response kits and helped people think about what they need to be ready when something happens. These stories reflect their pride in their accomplishments in creating a response ready governmental public health system that is inclusive of their partners and communities. As one community health board shared, "*The impact that RSG funds have had on my ability to prepare for, respond to, and recover from emergencies, has given me a greater confidence in responding to emergencies. Confidence means feeling prepared, capable, and calm when facing unexpected situations".*

Workforce Capacity

Working across Public Health agency programs

Training our team members on their proposed ICS duties. Securing trauma-informed training for our agency for the Fall 2025. Training my teammates on the basics of PHEP, ICS, EAS, and COOP, personalizing duties and phone trees for specific positions.

…[RSG funds] support all staff training on behavioral health topics, exploring sheltering resources, ICS, Communication.

Able to provide and attend additional trainings for EPR Coordinators, HHS staff, and community members to increase awareness and strengthen skills around EPR such as: OUR, ICS 400, Reunification Trainings, CPR, Psych First Aid. Also allowed EPR staff to participate in additional exercises.

More time and flexibility to work on projects with other teams, such as Child and Teen Checkups, and think of creative ways to incorporate emergency preparedness information into existing community channels.
[County] participated in Planning & Finance Training.

With support from the emergency preparedness grant, our team was able to significantly enhance our capacity to respond to public health emergencies in [County]…[through] trainings, which improved our knowledge in areas such as incident command, mass dispensing, and community coordination… We also engaged our staff in a full-scale PODS (Points of Dispensing) training…which gave us a hands-on opportunity to practice large-scale emergency response in a simulated environment. This exercise helped us identify areas for improvement and increased staff confidence in executing a real-world response.

I have gotten several opportunities to present to and plan interactive activities with the agency as a whole- this includes our Human Services (HS) staff…We've provided education and training around COOP planning, working through essential and support functions as an agency; discussing what family assistance centers and shelters are and that HS is mandated to respond. This support from the top down has opened doors for select HS staff to learn more about their requirements for sheltering and FAC, so we can work together to get their insight and offer short bouts of training during their unit meetings to increase staff capacity.

Emergency Preparedness training

RSG funding has supported Motivational Interviewing training for all professionals within [County] public health. These funds have also supported numerous other training and exercise opportunities for all of our staff in addition to our PHEP Coordinator.

Sent seven staff to "Using ICS in a Local Public Health Response" in Wright County in November. This is the most staff we've been able to send to an EP training at one time.

We have established a dedicated PHEP workgroup within the department to improve structure and accountability.

We've engaged new members in PHDRAG (Public Health Disaster Response Advisory Group). We've been actively participating in community events like Safe City Nights to distribute the magnets we purchased, spread awareness about emergency preparedness, and demonstrate our strong collaboration between the city and county Emergency Management teams.

[County] Public Health is collaborating with [County] Emergency Management and the Sheriff's office Community Paramedic [program] to provide a presentation on the "File of Life" and emergency preparedness for seniors and their families.

Public Health and Emergency Management began co-planning an exercise focused on our top hazard, wildfire. Leading up to the exercise, several planning sessions were held including tabletop exercises focused on discussion based simulated disasters…meetings with Emergency Management (EM) and the Health & Human Services (HHS) planner, fostering stronger partnerships and improved coordination during emergencies…this training replicated mass care services during disasters. [County], along with the many neighboring agencies that participated, are better equipped to respond to sheltering needs in the community as a result of this event. [County] Emergency Management and Public Health Emergency Preparedness intend to continue this partnership, enhancing the resiliency and preparedness of the County.

Mass Fatalities for Rural Areas training in [County] involved many partners including public health, health care, police, fire, EMS, emergency management, and volunteers.

[County] partnered with the American Red Cross to conduct a highly successful shelter management training and exercise in the region.

The ability to use funds to attend trainings like [Technology of Participation] ToP Facilitators training and to contract with All Clear to also teach me how to write/plan exercises alongside them as they were building our [department]-wide TB exercise has tremendously increased my capacity and ability to work in the community and to move people to action for EPR priorities.

[County] Public Health staff participated in three internal exercises, one full-scale community exercise, a volunteer workshop, Motivational Interviewing training, and equity training about generational culture.

The RSG enabled [County] Public Health to conduct comprehensive ongoing training for staff. These trainings covered a wide range of topics, from infectious disease outbreaks to natural disasters. As a result, the staff reported that they felt more confident and prepared to handle public health emergencies.

The Response Sustainability Grant (RSG) has significantly strengthened our county's public health emergency preparedness capabilities. Through this critical funding, five staff members were able to attend specialized emergency preparedness trainings - opportunities that would have otherwise been financially out of reach. These trainings enhanced our team's knowledge, confidence, and operational readiness.

[Community health board (CHB)] contracted with Paramount Planning to provide EOC Training for County Administration staff. We were able to complete virtual training to prepare for our tabletop exercise.

We began a partnership with Emergency Management and local schools to meet and plan around school preparedness. Through several meetings, we had robust discussions, learned about resources, and participated in a tabletop exercise about how jurisdictions would work through a bus crash.

Whole Community Planning

In April 2025 the department hosted a workshop to address the impact of [weather] on various Access & Functional Needs groups. The workshop brought together various public health staff and partners, including community health workers to successfully contribute to the update of the Environmental Annex.

Hosted a Latinas Provider Network meeting featuring Emergency Preparedness and volunteer recruitment.

Evaluating public health emergency plans, policies, procedures, and activities from a health equity perspective is crucial for ensuring that all communities receive fair and effective support during public health emergencies. [County] Public Health conducted equity impact assessments to evaluate how plans, policies, and procedures will affect all [County] communities. This proactive approach ensures that potential negative impacts are identified and mitigated before document implementation. Successes that resulted from this activity include:

- *Improved Resource Allocation: Evaluations will lead to more equitable distribution of resources, ensuring that vulnerable populations receive the support they need during public health emergencies.*
- *Increased Community Resilience: By focusing on health equity, [County] Public Health has been able to build stronger, more resilient communities that are better prepared to handle public health emergencies.*

- *Evaluating public health emergency plans from a health equity perspective not only ensures fairness but also enhances the overall effectiveness of emergency responses, leading to healthier and more resilient communities.*

An…assessment was conducted on the Medical Countermeasure Base Plan and found to be adequate in addressing populations identified to be at-risk (e.g. unaccompanied minors, limited mobility, transportation and assess limitations, ESL/interpreters, incarcerated, and homebound). Over the years, [County] Public Health has strived to build relationships amongst our culturally diverse populations. Through staff education, we have become more knowledgeable in equity vs. equality and have a better awareness of including this in our day-to-day work. Because of this, we have focused some of our EP grant work on creating educational documents, resources, and social media posts in languages commonly used in our region - specifically Spanish and Chuukese. We have been able to contract with trusted translators to complete this work for us. We have also been able to research and connect with partners who offer resources for individuals with sensory disorders.

Staff from the…counties reviewed their pan flu plans using the Health Equity Assessment Tool. It sparked good conversations…

Participated in the multi-region MRSE exercise alongside [several] Health Care Coalitions. Emphasized public health considerations for individuals with access and functional needs (AFN), including addressing limited transportation options, language barriers, and emotional distress during a healthcare surge response.

As part of our ongoing commitment to advancing health equity, we evaluated our plans, policies, procedures, and activities using the assessment tool provided by MDH. This process allowed us to identify gaps and opportunities for improvement through an equity lens. Key findings were documented and incorporated into our corrective action tracker to guide future planning and program development. However, progress on implementing some of the recommended actions has been limited due to ongoing challenges related to staffing capacity and resource constraints. Despite these barriers, the assessment has provided a valuable foundation for continued equity-focused improvements.

We are focusing on connecting with our large, Micronesian community. Since one of the primary barriers is the many different languages spoken among Micronesians in our County, we are concentrating on becoming present and active with students in our high school. I have paired with student navigators to become a supportive presence for Micronesian students and their families. We have also increased our social media and communication presence in the community as a bridge to reach our entire county. We make weekly posts on our social media pages, as well as write a monthly column on public health topics in the [city] Daily News. We also did two podcast episodes…on PHEP and Infectious Diseases.

Sustainability

Public Health Emergency Preparedness plans and annexes

We are in the process of writing our EPR plan which includes a section on "caring for our communities"…

Technology

Purchased Pocketalk translation devices to quickly and effectively address language barriers during emergency response, improving equitable communication with non-English-speaking populations. Subscribed to ArcLET, a communication platform tailored specifically for local public health agencies, to support streamlined, real-time messaging during emergencies and routine preparedness updates.

Partnership Development

The Response Sustainability funds have been extremely helpful in having the time to develop connections, whether that be through meetings, outreach, showing up to important events, or speaking with different leaders and groups of people to spark different ideas. This is especially important work in emergency response, as often times an emergent situation requires one to pivot.

[RSG funding] …has also given members of our [community health board (CHB)] the ability to join advisory groups and community coalitions that focus on preparedness, response, recovery, and the safety and well-being of all ages of population within our counties. Emergencies that impact our communities do not all look alike, being able to create and sustain community and regional relationships in rural Minnesota will ensure that we will be prepared to help each other.

With the increased funding made possible by the RSG funds we were able to host a regional training for not only public health staff, but also health care staff, social services, emergency management, law enforcement, community partners, and corporate leadership. This training consisted of a Family Assistance Center Tabletop Exercise as well as multiple 'Run-Hide-Fight' training opportunities. This would not have been possible without the addition of these funds.

Community Engagement

Through RSG, our department has expanded its workforce capacity in ways that directly support community engagement, cross-cutting collaboration, and equity-centered planning. Highlights of this expanded capacity include:

- *Youth & Senior Engagement & Education - In partnership with our SHIP Community Liaison, RSG-supported staff delivered interactive presentations on Public Health 101, Emergency Preparedness Basics, and Healthy Behaviors to children attending summer camps. These sessions introduced core public health concepts in age-appropriate, memorable ways, fostering early awareness of preparedness and wellness. The resilience team, in coordination with our outreach coordinator, attended tabling events at the…Senior Center and the…Community Center in an effort to share information on health department programs and resources to senior members of community.*
- *Citywide Preparedness Coordination - Health Department staff participated in ICS trainings alongside colleagues from other…departments, strengthening internal response structures and promoting interdepartmental alignment during emergencies.*
- *Cross-Departmental Door Knocking Campaign - The Public Health Resilience Team collaborated with the Sustainability from Public Works and the Office of Racial Equity, Inclusion, and Belonging to conduct door-to-door outreach. This effort helped connect residents with programs aimed at improving home energy efficiency, reinforcing the link between environmental sustainability, financial stability, and public health outcomes.*

- *Community Tabling & Outreach - Staff participated in community events across [cities] to share information about public health programming, with a focus on engaging youth and older adults. These efforts improved visibility, built trust, and enhanced connections with priority populations.*
- *Equity in Planning - In collaboration with the Minnesota Management and Budget Office (MMB), our team contributed to the development of a department-wide Whole Community Planning framework. This tool will be applied to the creation of future plans and the review of current ones, ensuring that equity remains central to our work.*

Communication

[County] sent a postcard to 15,000 households in the county to increase community preparedness. Information included information on preparing for wildfires, flooding, and poor air quality. Messages also included how to sign up for local emergency alert system, how to protect your well, and a checklist to make a personal preparedness kit.

Communication capacity was significantly strengthened through a facilitated tabletop exercise focused on communications. One communication challenge we continue to work on is ensuring shared language and understanding around roles and responsibilities during emergencies, especially in rapidly evolving situations involving risk communication. This exercise clarified roles and the process for ensuring unified, approved, and appropriate communications in an emergency. The investments made through RSG funding and the collaboration those activities entailed has strengthened [County's] ability to communicate effectively during emergencies.

Community Health Educators have used RSG funds for development and sharing of EPR messaging to the public through newsletters, social media posts, and more.

Risk Communications continues to be a focus within our [community health board (CHB)]. Ensuring that we all understand our individual relationships with the people that would be part of the EOC and even the PIO is imperative to a successful response. Establishing and maintaining to relationships and skills will ensure appropriate and timely communication within our community.

[County] continues working with the National Weather Service to provide EAS messages appropriate for the Plain and Amish communities in our area. Amish community members were also invited to participate in Storm Spotter Training. We have been drafting and practicing message maps for various disasters.*

*Message maps are used to lay out communication to be used during an emergency response. They are helpful in ensuring messages reach people at the right time in the right format in understandable language.

Appendix A:

Complete list of completed emergency preparedness trainings

Training	Includes the following:	n 09/30/2024	n 06/30/2025
Incident Command System (ICS) Trainings	➢ IS-100.c Introduction to the Incident Command System ➢ IS-700.b Introduction to the National Incident Management System (NIMS) ➢ IS-200.c Basic Incident Command System for Initial Response ➢ ICS-400 Advanced Incident Command System for Complex Incidents ➢ ICS-300 Intermediate ICS Expanding Incidents ➢ Incident Command 101/Overview ➢ Role-specific ICS training ➢ Includes: ➢ IS-42 Social Media in Emergency Management ➢ IS-242 Effective Communication ➢ IS-29 Basic Public Information Officer ➢ IS-1300 Introduction to Continuity of Operations ➢ IS-10 Animals in Disasters: Awareness and Preparedness ➢ IS-244 Developing and Managing Volunteers ➢ IS-120.a An Introduction to Exercises (FEMA has discontinued) ➢ IS-139 Exercise Design ➢ IS-102 Preparing for Federal Disaster Operations, FEMA Response Partners ➢ Disaster in Franklin County	103	125
Mental and Behavioral Health	➢ Psychological First Aid ➢ Skills for Psychological Recovery ➢ Trauma-informed Care	25	30
Shelter trainings/Family Assistance and Reunification Centers		11	28
Community Engagement and Emergency Preparedness, Response, and Recovery		8	27
Emergency Preparedness Conferences		6	25
Communications	➢ Risk Communication training ➢ Public Information Officer training ➢ Crisis and Emergency Risk Communications ➢ Tactical Communications	34	20
Equity	➢ emPOWER	22	20

Training	Includes the following:	n 09/30/2024	n 06/30/2025
	➢ Equity in Disasters		
Point of Dispensing (POD) training		4	16
Leadership/Policy Making		1	5
Disaster-specific (e.g., radiological, nuclear, explosives)		0	4
Other	➢ HAZMAT ➢ Emergency Plan Development ➢ University of Minnesota: Crafting a compelling data story, Enhancing response and recovery in rural communities ➢ Outbreak at Water's Edge (Epidemiological investigation) ➢ Cybersecurity and Risk Management	7	6
Total		221	306