



June 9, 2023

The U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) is currently updating the [Health Care Preparedness and Response Capabilities](#) to reflect insights learned from recent disasters. The capabilities provide information on what the entire health care delivery system can do to save lives and continue to function in advance of, during, and after a response. In its role leading the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies, HHS ASPR uses the capabilities to provide strategic guidance on health care readiness activities. HHS ASPR intends for audiences to use the capabilities as a reference to know what is needed to improve health care readiness; guide development of plans, training, and exercises; and connect partners to resources and toolkits.

Below, Advocates for Community Health (ACH) submitted recommendations via the Online Comment Matrix at <https://www.surveymonkey.com/r/QWFPDNN>.

**Requested Information:**

1. First Name of Point of Contact: Amanda
2. Last name of Point of Contact: Pears Kelly
3. Organization: Advocates for Community Health
4. Please select the option that applies: I am submitting feedback representing multiple reviewers from my organization.
5. Email address: [apearskelly@advocatesforcommunityhealth.org](mailto:apearskelly@advocatesforcommunityhealth.org)

For each comment, the following is submitted:

- Section of the Document
  - Introduction
  - Capability 1: Incident Management and Coordination
  - Capability 2: Information Management
  - Capability 3: Patient Movement and Distribution
  - Capability 4: Workforce
  - Capability 5: Resources
  - Capability 6: Operational Continuity
  - Capability 7: Specialty Care
  - Capability 8: Community Integration
- Objective/activity number or heading name
  - Examples: 1.2.2, Desired Outcome, Scope
- Page Number
- Line Number
- Category of Feedback:



- CRITICAL: There is a missing element that is critical to saving lives and ensuring health care continues to function
- SUBSTANTIVE: Addresses information that is factually incorrect, incomplete, or misleading and needs to be updated or removed
- RESOURCE ADDITION: Provides links to additional publicly available resources to support implementation of the corresponding activity
- Proposed revision and any related notes
  - Free text to provide comments



**Table 1: Submitted ACH Recommendations**

Location	Proposed Revision or Notes	Category of Feedback
<b>Introduction, Page 6, Figure 1: Mitigating Surge</b>	Include Federally Qualified Health Centers/Community Health Centers (FQHCs/CHCs) as an independent bubble, or under the Community Care bubble as a key entity. Additional arrows could be drawn between the FQHCs/CHCs bubble and other bubbles in the graph to indicate key actions to mitigate surge that FQHCs/CHCs can assist with.	Substantive
<b>Introduction, Page 7, Line 12</b>	Include FQHCs/CHCs as an ASPR partner. ASPR TRACIE has previously looked at the role of FQHCs/CHCs in disaster management and healthcare preparedness.	Substantive
<b>Introduction, Page 7, Line 12</b>	Include the ASPR TRACIE resource, which has looked at the role of FQHCs/CHCs in disaster management and healthcare preparedness. We suggest including all resources <a href="#">LINKED HERE</a>	Resource Addition
<b>Introduction, Capability Structure, Page 10, Description of Level Table</b>	Include provider associations, patient advocacy groups, and Primary Care Associations under “community care” capability structure or in an appropriate glossary.	Substantive
<b>Introduction, Capability Structure, Page 10, Description of Level Table</b>	Include FQHCs/CHCs as non-hospital healthcare facilities. We recommend this be listed explicitly rather than simply in a glossary since CHCs know their community best and already act as trusted partners across stakeholders. This is the highest priority comment since capabilities are organized by level throughout the document rather than by explicitly referring to a facility type by name. By including FQHCs/CHCs as non-hospital healthcare facilities, all objectives that list non-hospital healthcare facility as a level will also include FQHCs/CHCs in their activities and implementation (if applicable).	Critical
<b>Capability 3, Page 34, Objective 3.4.2</b>	Modify the bullet, “When possible, route callers to urgent care centers, home health care, and telemedicine support when ambulance transport is not required” to include FQHCs/CHCs	Substantive
<b>Capability 3, Page 34, Objective 3.4.3</b>	Modify the bullet, “Develop strategies to transport patients to facilities that do not traditionally receive ambulance patients (e.g., clinics, urgent care, surgery centers, dialysis centers, and	Substantive



	alternate care sites) by establishing surge protocols, regulatory relief, and reimbursement strategies” to include FQHCs/CHCs	
<b>Capability 8</b>	General comment: Overall, given the focus of this objective on community integration, and the key role that CHCs/FQHCs have played in providing community-based health and ensuring community representation in healthcare decisions, this section could benefit from inclusions of CHCs/FQHCs throughout – especially in the initial overarching description that precedes the objective tables.	Substantive
<b>Page 76, Objective 8.1.1</b>	Modify the bullet, “Use data tools to help identify at-risk groups and areas by assessing community socioeconomic and demographic characteristics (e.g., the HHS emPOWER map; the Census Advanced Health Data Tools Hub)” to include HRSA’s Uniform Data System and FQHC data as recommended tools and data. FQHCs often screen for SDOH and understand baseline community needs. Include <a href="#">UDS</a> as a resource.	Resource Addition
<b>Page 78, Objective 8.1.3</b>	<p>Modify the bullet, “Assess available community health care resources, as well as gaps and dependencies across patient care services (e.g., dialysis). Resources include, but are not limited to, clinical outpatient services, home health agencies, medical and non-medical transportation systems, and private sector assets for emergency operations” to include FQHCs/CHCs.</p> <p>Modify the bullet, “Understand and support preparedness activities of community-based health care services (e.g., ambulatory care, LTC, home care, dialysis, DME providers, medical transportation)” to include FQHCs/CHCs.</p>	Substantive
<b>Page 80, Objective 8.2.1</b>	Develop a sub-activity section specific to FQHCs/CHCs that states how FQHCs/CHCs can support disaster response.	Substantive