

## ASPR TRACIE Technical Assistance Request

**Request Receipt Date (by ASPR TRACIE):** 23 February 2017

**Response Date:** 28 February 2017; updated 23 January 2017; updated 13 April 2021

**Type of TA Request:** Standard

### Request:

The requestor asked if ASPR TRACIE had examples and resources for Hospital Preparedness Program (HPP) healthcare coalition (HCC) funding models.

### Response:

The ASPR TRACIE team reviewed existing Topic Collections for materials on HCC funding models; namely, the [Coalition Models and Functions Topic Collection](#). We also searched for other resources online. Unfortunately there weren't any resources that strictly focused on a HCC funding model. However, several of them did address this topic. Those resources are listed below. Section I provides materials addressing HCC funding, and Section II includes additional relevant materials that may be helpful to your work.

We would also like to provide you with the redacted technical assistance request that ASPR TRACIE completed related to [Healthcare Coalition Membership Dues](#). The requestor asked if ASPR TRACIE had information on HCCs that charge membership dues to participate and we reached out to multiple members of the ASPR TRACIE Subject Matter Expert Cadre for feedback. This may be helpful to you if you are reviewing various ways for your HCC to receive funding. Please note you will need to sign in to the Information Exchange to access this. If you would like assistance in accessing the Information Exchange or this specific document please contact the [ASPR TRACIE Assistance Center](#).

Finally, you may also wish to listen to the recording of a webinar ASPR TRACIE conducted in November 2016 on the "[Strategic Development for Building Operational Healthcare Coalitions](#)." You will need to enter your name and email address to access the recording. During this webinar, three HCCs presented on their unique coalition structures and described their experiences and how they incorporated best practices when formalizing operational capabilities in the strategic development of their coalitions.

## I. Resources Addressing HCC Funding

Agency for Healthcare Research and Quality. (2009). [Strengthening Regional Emergency Planning Alliances](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This report summarizes challenges and successes related to regional public health and medical response planning by Region IV's Unified Planning Coalition (UPC) and the Mid-America Alliance (MAA) in Regions VII/VIII. Information sharing resource

inventories, coalition representation and coordination, and geographic boundary considerations are discussed. Note: Regionalized resources and funding is discussed on page 14.

Lee, J., Cleare, T.W., and Russell, M. (2010). [Establishing a Healthcare Emergency Response Coalition](#). Government Institutes.

This is the only book that has been published to date describing the evolution of a hospital coalition, and describes in detail, the development of the Palm Beach Health Emergency Response Coalition (HERC). The various ways to receive funding is also addressed.

Maldin, B., Lam, C., Franco, C., et al. (2007). [Regional Approaches to Hospital Preparedness](#). *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*. 5(1): 43-54.

The authors interviewed 13 public health or hospital representatives from across the country to identify key ingredients for building successful regional partnerships for healthcare preparedness. Critical challenges, and policy and practical recommendations for their development and sustainability are discussed. Funding is touched upon throughout the article.

McElwee, J.A. (2012). [Taking A Regional Healthcare Coalition Approach To Mitigating Surge Capacity Needs Of Mass Casualty Or Pandemic Events](#). Naval Postgraduate School Thesis.

This report provides a detailed analysis of healthcare coalition development, comparing and contrasting a number of different coalition models. It uses a case study methodology to provide qualitative analysis of three different healthcare coalitions, focused on governance, level of participation, and funding. Note: Funding is addressed beginning on page 48. A table displaying a comparison of funding sources is also provided in Appendix C on page 73.

Sonoma County, California. (2014). [Sonoma County Healthcare Coalition Governance](#).

This governance document may be used by other coalitions as a model for developing their own governance documents. It outlines the structure and process used by Sonoma County Healthcare Coalition to develop cooperative disaster capacities. It includes sections on membership, meetings, steering committee, subcommittees, and funding and staffing. Sonoma County (CA) has a population of near 500,000.

Various Authors. (n.d.). [Healthcare Coalitions](#). National Association of County and City Health Officials and the Association of State and Territorial Health Officials. (Accessed 2/28/2016.)

This series of presentations provides an overview of healthcare coalition models and functions from Utah (including rural/frontier coalitions), Michigan, Washington

(Northwest Healthcare Response Network), Palm Beach County (FL), Texas, and Pennsylvania. The presenters are national leaders in healthcare coalition activities.

## II. Other Resources

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (n.d.). [From Hospitals to Healthcare Coalitions: Transforming Health Preparedness and Response in Our Communities](#). (Accessed 2/28/2016.)

This report provides an overview of the Hospital Preparedness Program (HPP), shares profiles of grant awardees, and includes a chapter on the future of HPP.

Various Authors. (2013). [Healthcare Coalition Development](#). Florida Department of Health, Governor's Hurricane Conference.

This presentation reviews federal expectations of coalitions; basic coalition frameworks; structures and roles of coalitions in Florida; and lessons learned from coalitions planning, exercising, and responding together. It also includes a series of questions for planners to consider with regard to administration; partnership building; defining core planning teams; defining members; and challenges and barriers for consideration.