

North Dakota Uses PHEP and HPP Funds to Transform Public Health and Healthcare Preparedness Capabilities

The North Dakota Department of Health’s Emergency Preparedness and Response Section (EPR) is no stranger to responding to public health emergencies. Since 2001, North Dakota has endured 22 Presidentially-declared weather-related disasters and emergencies—all while responding to other public health threats, such as communicable disease and foodborne illness outbreaks.⁵ The demand for EPR response to emergencies has remained constant over the years, but with the help of PHEP and HPP funding and CDC and ASPR guidance, EPR’s ability to respond has improved significantly.



⁵ Upon request from a state or insular area’s Governor, the President may declare that a major disaster or emergency exists, which activates Federal programs to assist in the response and recovery effort.

Prior to receiving PHEP and HPP funding, North Dakota's EPR lacked comprehensive response plans and communication, transportation, shelter, and medical resources to provide adequate care for North Dakota's citizens during an emergency. North Dakota's response to the Grand Forks flood of 1997 highlighted these shortcomings. Hospitals were unaware of the severity of the flood and did not have effective evacuation plans. Appropriate care was not available for citizens with pre-existing medical conditions. Communication systems did not have the needed bandwidth.



The infusion of PHEP and HPP funds in 2001 significantly improved North Dakota's emergency preparedness and response capabilities. EPR overhauled its planning and response framework, with a strong emphasis on system design (such as communication, transportation, and accountability systems). Public health and healthcare were integrated, along with state and local public health and emergency response organizations. EPR standardized and simplified

“We would not have the communication, transportation, shelter, and medical resources needed to treat our citizens without PHEP and HPP funding. Continued funding is needed to maintain our infrastructure, systems, and skills to successfully respond to future public health emergencies.”

Tim Wiedrich, EPR Section Chief

processes across the state and acquired significant resources, such as medical supplies and evacuation vehicles to accommodate vulnerable populations. The state developed plans to help EPR respond to multiple types of emergencies and trained staff to support responses.

By 2009, North Dakota had the necessary infrastructure, resources, and skills to better respond to public health emergencies. The new systems were tested when the Red River flooded in Fargo, which was further complicated by a simultaneous, massive snowstorm. EPR successfully evacuated over 1,600 people from medical facilities to locations across four states. On the heels of this disaster, North Dakota was hit with the H1N1 influenza outbreak. Tim Wiedrich, EPR Section Chief, stated, “These simultaneous responses crystallized the overlap of resources and systems needed for multiple types of emergencies.” North Dakota is now better prepared to respond to and recover from public health emergencies. Wiedrich credits PHEP and HPP funding and guidance with these improved outcomes.