Partner Planning Sheet (PPS)

Definition

The PPS synthesizes information about how each reported partner supports public health preparedness and response. Strong, fully engaged community (jurisdictional) partners are critical for public health preparedness. Public and private partners are often perceived as trusted sources and support preparedness by working with the health department to provide input and mitigate identified health risks for the communities they serve. Partners also help identify community roles and responsibilities and coordinate the delivery of essential health services to strengthen community resilience as early as possible before, during, and after a public health emergency. Jurisdictions can leverage partner insights to develop and disseminate information that address the needs of at-risk populations that may be disproportionately impacted by the incident or event.

Element	Data Entry Guidance	Significance
PPS1.a-h *Partner Detail* *a. Partner name and type* *b. Access and functional needs group represented* *c. Preparedness phase of partner engagement (pre-incident, response, recovery)* *d. Participation in jurisdictional risk assessment (JRA)* *e. Communication support (public information and warning)* *f. Exchange of information between partners (information sharing)* *g. Participation in training* *h. Participation in exercises or incidents/events*	Submit partners that support public health preparedness, response, or recovery activities. Identified partners may support risk-mitigation, coordinate delivery of public health messages and services, and improve emergency operation and preparedness services for their communities. **Capability 1, Function 2:** Strengthen community partnerships to support public health preparedness. **Capability 1, Function 3:** Coordinate with partners and share information through community social networks. **Capability 1, Function 4:** Coordinate training and provide guidance to support community involvement. **Capability 2, Function 2:** Support recovery operations for public health and related systems for the community. **Capability 4, Function 3:** Establish and participate in information system operations. **Capability 4, Function 5:** Issue public information alerts, warnings, and notifications. **Capability 5, Function 2:** Identify and facilitate access to public health resources to support fatality management. **Capability 6, Function 1:** Identify stakeholders. **Capability 7, Function 1:** Determine public health role in mass care operations.	Engaging community partners that work with at-risk populations is essential for preparedness planning. The 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), Public Law No. 116-22 requires the health and medical needs of all individuals, including at-risk populations, be protected. The Americans with Disabilities Act (ADA) also protects people with disabilities and prohibits discrimination. Updated in 2008, the ADA Amendments Act (ADAAA) mandates that individuals with access and functional needs be included in all disaster plans developed for a community under Title II. PAHPAIA defines at-risk individuals as children, pregnant women, older adults, individuals with disabilities, or others who may have access or functional needs in the event of a public health emergency, as determined by the Secretary of Health and Human Services. See Integrating People with Access and Functional Needs into Disaster Preparedness Planning for States and Local Governments, HHS 2020.

Reviewer Guidance	Documentation	Submission Frequency
PPS1.a Evidence must document the partner name and type. Verify evidence describes the partner type accurately. **PPS1.b** Not all partners are engaged with AFN populations. However, for partners that represent those populations, evidence must document which AFN populations are represented using the CMIST framework. CMIST is an acronym for Communication; Maintaining Health; Independence; Support, Safety, and Self-Determination; and Transportation. Examples of partners using CMIST include groups that work with older adults; children and youth; people with chronic illnesses and disabilities; people experiencing homelessness and transportation instability; and people with language barriers. Note: Partners identified for information sharing between government agencies (see PPS1.f) may not represent AFN stakeholders. May indicate N/A for these partners. See also PAR3.a for additional guidance. **PPS1.c** Not all partners are engaged during all stages of an incident, nor in all roles. Evidence must define the responsibilities of each partner and describe when the partner is involved based on the phases of preparedness (pre-incident planning, response, and recovery). If partners are identified that do not participate in all phases of response, probe the jurisdiction for clarity about any additional partners that may complement the missing phase of representation. Credit is still given for the engaged partner if evidence documents involvement in the selected phase(s). **PPS1.d** Public health JRAs must be conducted once every five years. A collaborative and flexible risk assessment includes input from HCCs and other health care organizations, as well as other community partners and stakeholders. Evidence must substantiate that indicated partners were involved and at minimum include partners from HCCs or other health care organizations. See also CAP1.1.	At minimum, partner documentation must indicate both parties (health department and partner) acknowledge roles and responsibilities of the engagement. There is no required format to present evidence of partner engagement, but evidence must demonstrate ongoing engagement with each identified partner. Examples of Acceptable Evidence • After-action report (AAR) or other exercise planning document with partner named in exercise participant list at minimum; identified role in exercise including any role in exercise planning is preferred. • Partner planning worksheet/matrix. • **PPS1.e** At least two examples (required) of participation by partners in the JRA or equivalent that represent populations likely to be disproportionality impacted by an incident/event. • Sign in logs demonstrating participation in various meetings. • Written agreements with agencies/ stakeholders; signatory pages; letters of acknowledgement; memoranda of understanding/agreement (MOUs/MOAs), etc.	At a minimum, review annually and update as necessary.

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PPS1.e Review level of coordination with partner to develop and disseminate information with respective populations. Effective message development and dissemination requires active participation by key partners. Partners may be used to leverage community networks to provide input or respond to information prior to, during, or after an incident. Crosswalk evidence with relevant ORR operational submissions. **PPS1.f** Review documentation for partner's ability to exchange health-related information and situational awareness among federal, state, local, territorial, and tribal levels of government and the private sector. This must include routine sharing of information, as well as issuing of public health alerts across any levels of government in preparation for, and in response to, events or incidents of public health significance. Credit for *joint functional exercise with emergency management and HCC* must demonstrate some level of information exchange. See Section 3: Operations, PAR3. **PPS1.g-h** Community preparedness stipulates training and participation in exercises, incidents, and events help solidify roles, increase knowledge, and support community involvement in preparedness efforts. Evidence must substantiate that partners involved in response and recovery are actively engaged in training and exercises. Crosswalk evidence with ORR operational submissions.		