Working Together Works:
The History and Role of the BTeam in Public Health Emergency Preparedness

Presenters:

Terry Allan, MPH, AOHC BTeam Liaison, BTeam Past Chair

Jared Warner, MEM, REHS, Highland County Health Commissioner, BTeam Chair

Angela DeRolph, MPH, Perry County Health Commissioner, BTeam Past Chair

What is the BTeam?

➢ The Bteam is a Preparedness Committee created by AOHC to negotiate the allocation of federal preparedness funds between ODH and LHDs from the "Public Health Preparedness and Response for Bioterrorism" Program in 1999.

BTeam Mission

➢ Recommend to AOHC Board of Directors the terms of concurrence with Ohio's Public Health Emergency Preparedness (PHEP) cooperative agreement proposal to CDC.

➢ Collaborate with ODH to prioritize public health preparedness capabilities/resource elements/deliverables and determine allocation of PHEP funds.

➢ Advise AOHC, local health departments, and ODH on emerging preparedness and response issues.

BTeam Leadership

Past BTeam Chairs

- Malcolm Adcock
- Jim Adams
- Gene Nixon
- Terry Allan
- Shawn Ray
- Jeff Cooper
- Angela DeRolph

Past BTeam Liaisons

- Boyd Marsh
- Matt Stefanak

Current BTeam Leadership:

- **BTeam Liaison: Terry Allan**
- **BTeam Chair: Jared Warner**
- **BTeam Vice Chair: Greg Kesterman**

BTeam Structure

18-Member AOHC Committee

➢ Includes 2 AOHC members from each of the 8 preparedness regions.

➢ Representation from rural, suburban, and urban LHDs.

➢ Representation from both city and county health districts.

➢ AOHC Executive Director is an ex-officio member

BTeam Appointments

BTeam Members

➢ Members are appointed to a 4-year term by the AOHC President with consent of the AOHC Board of Directors.

BTeam Chair and Vice Chair

➢ Positions are filled by primary AOHC BTeam members appointed by the AOHC Board President, upon recommendation from the BTeam with the consent of the AOHC Board of Directors.

➢ Serve a 2-year term and may be reappointed for a 2nd 2-year term.

BTeam Members

Northeast Region

- Jana Rush - Cuyahoga
- Adam Litke - Lake

Northeast Central Region

- Mike Derr - Holmes
- Chris Barker - Summit

Northwest Region

- Ben Robison - Wood
- Kim Rieman - Putman

Central Region

- Leigh Cannon - Fayette
- Beth Wilson - Columbus City

West Central Region

- Scott Wilford - Preble
- Gabe Jones - Champaign

Southeast Region

- Angela DeRolph - Perry
- Kylie Jones - Guernsey

Southeast Central Region

- Jannelle McManis - Ross
- Courtney Midkiff - Meigs

Southwest Region

- Jared Warner - Highland
- Greg Kesterman - Hamilton

BTeam Meetings

- ➢ **BTeam Leadership – Monthly**
  - ➢ Includes: BTeam Liaison, BTeam Chair and Vice Chair, and Leadership from the ODH Bureau of Health Preparedness (BHP)

- ➢ **BTeam – Monthly**
  - ➢ Includes: BTeam Liaison, BTeam Members, ODH BHP
    - ➢ Followed by a BTeam Member Only Discussion

- ➢ **BTeam, RPHC, ODH BHP – Quarterly**
  - ➢ Includes BTeam, Regional Public Health Coordinators (RPHC), and ODH BHP

- ➢ **BTeam Subcommittee Meetings**
  - ➢ Formed by the BTeam Chair when needed

BTeam Expectations

- ➢ Adhere to the BTeam Bylaws
  - ➢ Formalized in 2016 and recently updated in 2025

- ➢ Attend the BTeam meetings
  - ➢ Review materials ahead of the meeting
  - ➢ Actively participate in the discussions
  - ➢ Develop recommendations for the AOHC Board of Directors or ODH BHP

- ➢ Report Out BTeam Activities During Regional Health Commissioner Meetings
  - ➢ BTeam members are expected to update Health Commissioners/Administrators within their region on the activities and work of the BTeam

BTeam Expectations

- ➢ Share Feedback from Your Region with the BTeam
  - ➢ PHEP grant related questions, concerns, ideas, and etc. should be shared with the BTeam member in your region.
  - ➢ The BTeam member will then share the information with either the BTeam Leadership and/or BTeam Liaison
    - ➢ The information will then either be discussed directly with ODH BHP or taken to the BTeam to discuss and work to provide a resolution

- ➢ Work on Preparedness Projects or Participate in a BTeam Subcommittee
  - ➢ Projects may be at the request of ODH BHP, AOHC Board of Directors, or BTeam Chair

BTeam Expectations

➢ Reach Concurrence
  ➢ "Language in the reauthorization of this program through the PAHPA [Pandemic and All-Hazards Preparedness Act] strengthens the government's commitment to the principle that **preparedness response is a local activity.**
    ➢ Local health departments are to be engaged in and approve both the awardee's preparedness plan and the distribution of funding associated with it."

➢ "Awardees must consult with local public health departments … **to reach consensus, approval, or concurrence on the overall strategies, approaches, and priorities described in their work plans**."

Successful BTeam Recommendations and/or Projects in Recent Years

BTeam Successes 2020-2021

➢ Allow LHDs to resubmit documentation for denied deliverables

➢ Publish calendar of due dates for PHEP deliverables and related milestones

➢ Create a yearly schedule of webinars and technical assistance calls

➢ Finalize versions of planning rubrics and templates at the start of the grant year

➢ Time deliverable due dates to assure adequate cash flow to LHDs

BTeam Successes 2022-2023

➢ Initiate state-local quality improvement project for pandemic response

➢ Clarify expectations for scope of LHD response to radiological incidents

➢ Set standards for effective management of community volunteers

➢ Increase minimum local PHEP allocation to $65,000

BTeam Successes 2023-2024

➢ Focus PHEP work plans on training and exercises to improve our readiness with less emphasis on administrative activities

➢ Step up onboarding and ongoing training for local ERCs and RPHCs

➢ Focus MCM strategies to assure access for populations facing increased risk included surveys, focus groups, and the Statewide Preparedness Summit

➢ Use of carryover funds to sponsor Mis/Dis Information Virtual Training series and an in-person workshop in collaboration with the Harvard School of Public Health

➢ Review of draft Reportable Conditions Rules for Infectious Disease, shared by State Epidemiologist, Kristen Dickerson

BTeam Successes 2024-2025

➢ Support carry-over funding for local MRC units

➢ ODH BHP/ERC focus groups

➢ Participation in the Preparedness Advisory Council

➢ Use of carryover funds to sponsor Cybersecurity Virtual Training series and share available resources

➢ MARCS radio updates and P25 authentication

➢ BTeam participation in the Hazard Vulnerability Risk Assessment

BTeam Successes 2025-2026

➤ Develop a plan to address the PHEP funding cut

➤ Work with ODH BHP to identify which state grant deliverables can be removed from the grant to align with the decreased funding

➤ Provide joint communication between AOHC and ODH BHP statewide regarding funding cut and the removal of grant deliverables

➤ Work with ODH BHP on a process to reinstate PHEP grant deliverables

Current Projects the BTeam is Working on

Current BTeam Projects

- ➤ Prioritization of core capabilities

- ➤ Funding distribution work

- ➤ Communication and advocacy

- ➤ Plan to address potential future funding cuts

- ➤ Workforce retention during program uncertainty

- ➤ Cybersecurity

"Honeycomb"

PUBLIC HEALTH RESPONSE READINESS FRAMEWORK

1 Develop threat-specific approach to augment all-hazards planning, address evolving threats, and support medical countermeasure logistics

2 Enhance partnerships (federal and nongovernmental organizations) to effectively support community preparedness efforts

3 Expand local support to improve jurisdictional readiness to effectively manage public health emergencies

4 Improve administrative and budget preparedness systems to ensure timely access to resources for supporting jurisdictional responses

5 Build workforce capacity to meet jurisdictional surge management needs and support staff recruitment, retention, resilience, and mental health

6 Modernize data collection and systems to improve situational awareness and information sharing with healthcare systems and other partners

7 Strengthen risk communications activities to improve proficiency in disseminating critical public health information and warnings and address mis/disinformation

8 Incorporate health equity practices to enhance preparedness and response support for communities experiencing differences in health status due to structural barriers

9 Advance capacity and capability of public health laboratories to characterize emerging public health threats through testing and surveillance

10 Prioritize community recovery efforts to support health department reconstitution and incorporate lessons learned from public health emergency responses
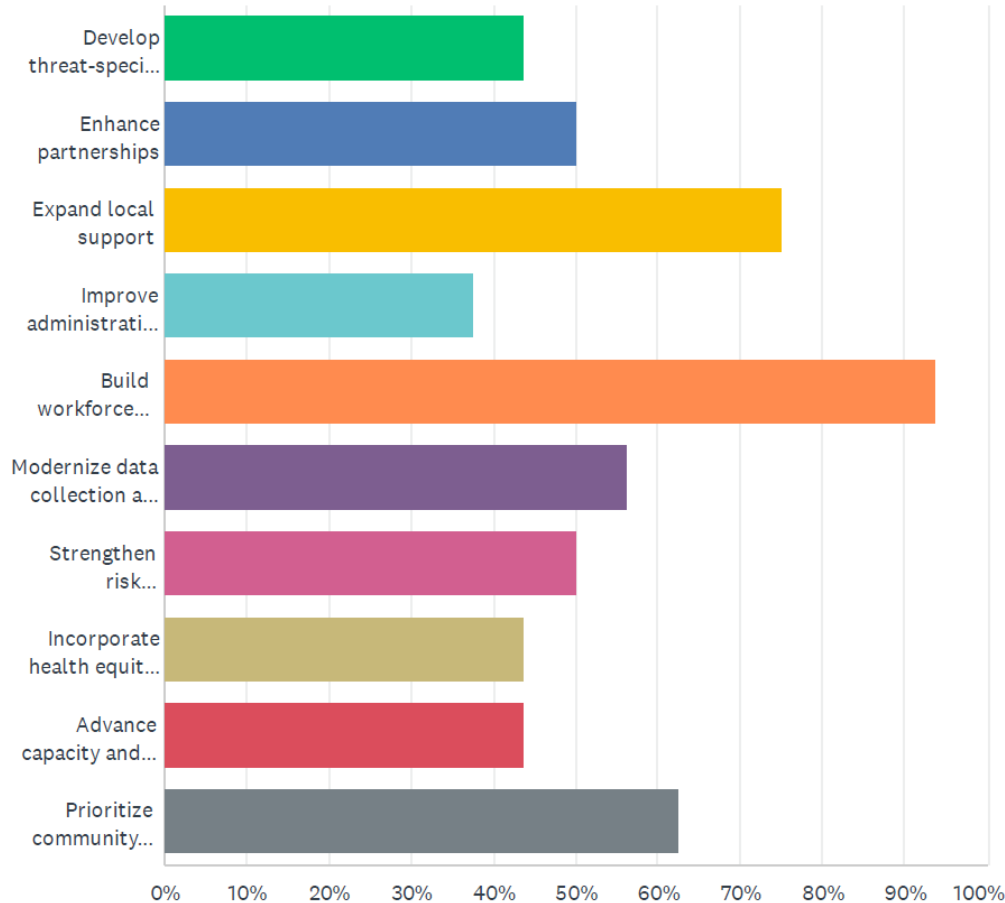
Figure. Public Health Response Readiness Framework. The fiscal years 2024-2028 PHEP program priorities that define excellence in response operations. Abbreviation: PHEP, Public Health Emergency Preparedness.
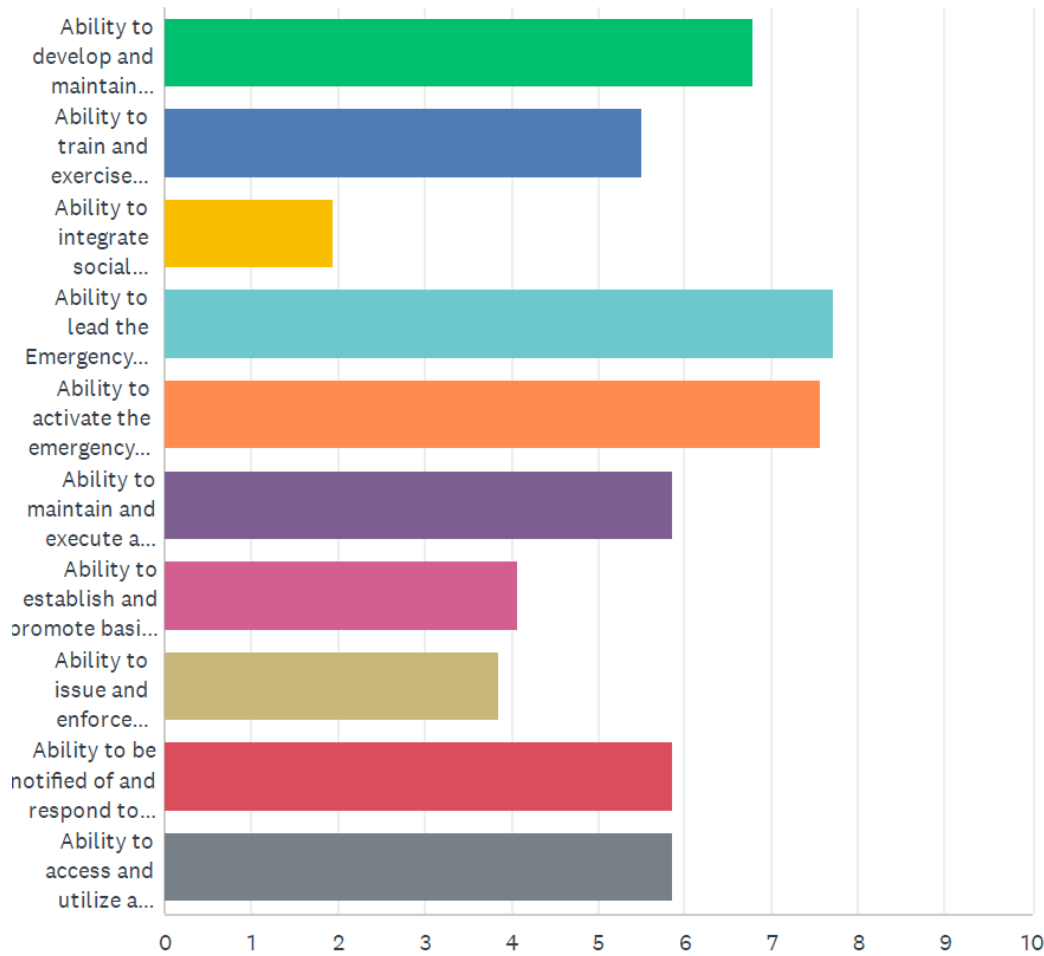
"Honeycomb"

BTeam rankings of the essential local capabilities from the Public Health Response Readiness Framework that would suffer if significant funding cuts occur.

FPHS

The BTeam ranked the order of importance to their LHD of the Emergency Preparedness and Response Foundational Public Health Services
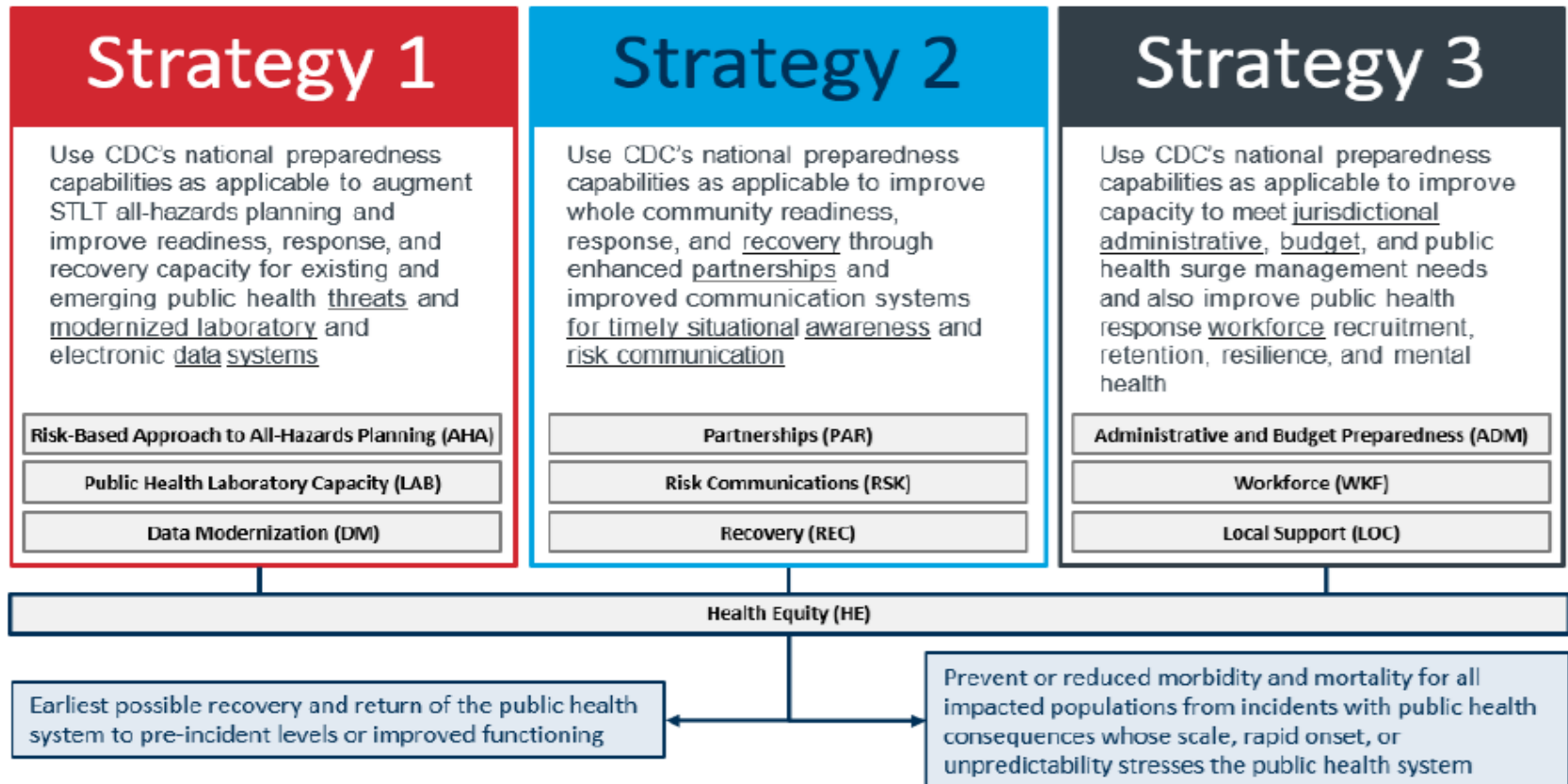
PHEP Logic Model

PHEP Logic Model Strategies and Response Readiness Framework Priorities

Strategy 1

Use CDC's national preparedness capabilities as applicable to augment STLT all-hazards planning and improve readiness, response, and recovery capacity for existing and emerging public health threats and modernized laboratory and electronic data systems

- Risk-Based Approach to All-Hazards Planning (AHA)
- Public Health Laboratory Capacity (LAB)
- Data Modernization (DM)

Strategy 2

Use CDC's national preparedness capabilities as applicable to improve whole community readiness, response, and recovery through enhanced partnerships and improved communication systems for timely situational awareness and risk communication

- Partnerships (PAR)
- Risk Communications (RSK)
- Recovery (REC)

Strategy 3

Use CDC's national preparedness capabilities as applicable to improve capacity to meet jurisdictional administrative, budget, and public health surge management needs and also improve public health response workforce recruitment, retention, resilience, and mental health

- Administrative and Budget Preparedness (ADM)
- Workforce (WKF)
- Local Support (LOC)

Health Equity (HE)

Earliest possible recovery and return of the public health system to pre-incident levels or improved functioning

Prevent or reduced morbidity and mortality for all impacted populations from incidents with public health consequences whose scale, rapid onset, or unpredictability stresses the public health system

PHEP Funding Scenarios

- Tiered Funding Levels
  - Tier 1: 0-10% cut
  - Tier 2: 10-20% cut
  - Tier 3: Greater than 20% cut

- New Funding Formula Considerations
  - Base Funding
  - Population Funding
  - Weighted list of indicators used in the PHEP funding formula

- Additional Funding Considerations
  - CRI
  - Regional

Communication and Advocacy

➢ NACCHO collecting stories and providing guidance on public health preparedness advocacy

➢ AOHC collecting preparedness advocacy stories to share with NACCHO

➢ Sharing of advocacy resources via the AOHC All Member calls, AOHC Public Affairs calls, and in the AOHC Newsletter

➢ Encouragement of AOHC members to advocate for emergency preparedness funding with their elected officials

Cybersecurity

➢ Cybersecurity was identified as a top risk in the Hazard Vulnerability Risk Assessment

➢ Cybersecurity requirements were included in Ohio HB 96

➢ The BTeam and AOHC continue to work to address cybersecurity requirements, provide training and exercising and ensure resources are available to LHDs

➢ Cybersecurity resources can be found on the AOHC website in the "members only" section

Thank You for Attending Our Presentation Today!