

## Tribal Partners BP2 Year End Report

### PHEP Year End Report for Tribal Health Partners

**In this unprecedented year of response to COVID-19, we wanted to take an opportunity to evaluate the successes as well as challenges within the PHEP preparedness program. Please take a few minutes to respond to the questions below.**

\* 1. Name of Tribe

\* 2. Name of person completing this report

\* 3. Email address of person completing this report

\* 4. How valuable did you find your preparedness plans in the response to COVID-19?

Very valuable

Somewhat valuable

Neutral

Not much help

Not at all helpful

\* 5. What area of your plans did you feel were effective in dealing with the response?

\* 6. What changes or improvements would you like to see in the partnership with DEPR?

\* 7. Moving forward, which of the preparedness capabilities listed below do you feel would better meet the needs and challenges of the tribal program? (Please check those that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Capability 1 - Community Preparedness                   | <input type="checkbox"/> Capability 8 - Medical Countermeasure Dispensing and Administration        |
| <input type="checkbox"/> Capability 2 - Community Recovery                       | <input type="checkbox"/> Capability 9 - Medical Materiel Management & Distribution                  |
| <input type="checkbox"/> Capability 3 - Emergency Operations Coordination        | <input type="checkbox"/> Capability 10 - Medical Surge  |
| <input type="checkbox"/> Capability 4 - Emergency Public Information and Warning | <input type="checkbox"/> Capability 11 - Nonpharmaceutical Interventions                            |
| <input type="checkbox"/> Capability 5 - Fatality Management                      | <input type="checkbox"/> Capability 13 - Public Health Surveillance & Epidemiological Investigation |
| <input type="checkbox"/> Capability 6 - Information Sharing                      | <input type="checkbox"/> Capability 14 - Responder Safety & Health                                  |
| <input type="checkbox"/> Capability 7 - Mass Care                                | <input type="checkbox"/> Capability 15 - Volunteer Management                                       |

\* 8. How would you rate your relationship with your local health department



\* 9. Describe challenges and/or successes of you COVID-19 vaccination Program.

10. How can DEPR better meet communication needs for the tribal programs? What suggestions do you have for changes?

\* 11. The COVID-19 pandemic has created some challenge over the last 18 months. Please rate how well the HD/Tribal calls on the second Thursday meet your needs.



12. If you rated the calls in question 11 above as only 1 or 2 stars, do you feel we need to have a designated call just for tribal preparedness?

- Yes  
 No

13. If you answered "yes" in question 12, how often should we hold tribal preparedness calls?

- Monthly
- Twice annually
- Quarterly
- 3 times per year

\* 14. With increased funding from COVID related funds, do you feel you can enhance your preparedness activities?

- Yes
- No

15. 1. Sub-recipient visits with Tribes will be coordinated during the next budget period please provide the name and contact information for the staff responsible for the financial activities related to this agreement.

Name

Email Address

Phone number

Work cell phone number