**Appendix.** United States Health Care System.

**Introduction**

The contents of the accompanying manuscript are focused on the US health care system and health care preparedness capabilities, and therefore reference a number of US-specific programs, policies, and agencies. The purpose of this Appendix is to assist the reader in better understanding the various US offices, grants, and policies that are referred to in this paper. Please note that this is a simplified explanation of the structure that belies health care system preparedness and federal disaster assistance in the US. More detailed information can be found elsewhere.1

**The US Health Care System**

General health care services in the United States are provided by many distinct organizations. While the majority of health care organizations are privately owned, federal, state, county, and city governments also own a number of facilities. To date, there is no nationwide system of government-owned medical facilities open to the general public. However, a large proportion of overall health care provision and health care spending comes from public programs. One example is the Centers for Medicare and Medicaid Services (Baltimore, Maryland USA), which provides health care coverage for over 100 million people in the US through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.2

**Federal Grants for Building Health Care Preparedness Coalitions**

Preparing the US health care system for disasters and providing disaster emergency assistance falls under the purview of multiple federal agencies, and the relationship between federal preparedness programs can be complicated. Several federal departments, including the Department of Homeland Security (Washington DC, USA), the Department of Veterans Affairs (Washington DC, USA), the Department of Health and Human Services (Washington DC, USA), the Department of Defense (Washington DC, USA), and the Department of Justice (Washington DC, USA), support preparedness programs that are targeted at the local level.1(p7-9) Because this manuscript is focused primarily on health care preparedness coalitions, this Appendix will not provide a comprehensive overview of all federal departments and programs concerned with disaster preparedness. Instead, focus is on initiatives that foster the growth of health care preparedness coalitions.

According to the authors’ research, there are five main federal grant programs that promote the formation of a health care coalition or a coalition-like structure that includes health care facilities. Two of these five grant programs are administered by the Department of Homeland Security, and the remaining three are administered by the Department of Health and Human Services. Moving from the top of Figure 1 to the bottom, one can see the relationship of each federal department office that administers the grant program to the grant program itself. Under the Department of Homeland Security’s Federal Emergency Management Agency (FEMA), both the Metropolitan Medical Response System (MMRS) and the Urban Areas Security Initiative (UASI) provide funding for health care systems collaborations under the umbrella of the Homeland Security Grant Program (HSGP). The Department of Health and Human Services funds grant programs under both the Centers for Disease Control and Prevention (Atlanta, Georgia USA), the Public Health Emergency Preparedness Program (PHEP) and City Readiness Initiative (CRI), and the Office of the Assistant Secretary for Preparedness and Response (the Hospital Preparedness Program (HPP), previously known as the National Bioterrorism Hospital Preparedness Program).

**Figure 1.** Federally-funded Programs Supporting Development of Disaster Preparedness Health Care Coalitions in the United States.

**Figure Footnote:** The authors are not affiliated with the departments, offices, and programs listed here, and this diagram has been constructed using the publically available information.

**Disaster Assistance Requests and Coordination of Federal Support**

In the US, it is often said that “all disasters are local.” This means that disaster response in the US is driven first and foremost by local and state resources – hence the movement toward building and sustaining locally-driven health care preparedness coalitions. However, should state or local efforts require federal assistance to reduce morbidity and mortality in a community, the President may issue a Major Disaster Declaration and provide technical assistance to the affected state under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (commonly referred to as the Stafford Act). Under the Stafford Act, a state governor may also directly request federal assistance from the President.3

Given that multiple federal departments have major authority and responsibility during disaster declarations, goals for a coordinated domestic response are described in national planning documents such as the National Response Framework and the National Disaster Recovery Framework.4 Homeland Security Presidential Directive-8, National Preparedness, also delineates a national, all-hazards approach to federal support of state and local governments in disaster.5

**Preparedness Programs in non-U. Health Care Systems**

In many ways, the US approach to building coalitions for health care systems preparedness is unique from other countries. Health care systems preparedness is supported differently in countries across the globe. A 2007 World Health Organization (WHO) report found that only two-thirds of participating nations had national-level policy on health care system preparedness, and less than 50% of national health sectors had a specified budget for emergency preparedness and response.6 Of the countries with a health system preparedness plan, just half reported the linkage of these plans to a vulnerability assessment or a multi-sectoral plan.

In 2011, the WHO published a toolkit to assist countries in assessing national-level health care system preparedness.7 To date, at least four countries have published reports based on this assessment tool. Some countries, such as Israel, take a top-down approach to health care systems preparedness, and while multi-sector partnerships are incorporated into catastrophe planning, policies and decision-making processes are relayed from the Ministry of Health directly to the health care agencies, leaving little flexibility in sub-national planning.8 Other countries have adopted a more locally driven approach. In England, for example, Local Health Resilience Partnerships were established in April of 2013 to provide a strategic forum for public, private, and voluntary organizations in local health sectors to facilitate health sector preparedness and planning for emergencies.9,10 This model is more akin to the US approach of building health care coalitions to augment local disaster preparedness capacity.

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