WISCONSIN PUBLIC HEALTH COUNCIL

Assure safe and healthy people by monitoring progress on the state health plan and on the readiness for public health emergencies

August 1, 2025

Outcomes of the Public Health Emergency Preparedness (PHEP) Logic Model

Prepared and submitted by the Public Health Emergency Preparedness Advisory Committee

The Public Health Emergency Preparedness Advisory Committee (PHEPAC) determined the outcomes in the PHEP Logic Model, with the addition of an outcome related to recovery to reflect headline responsibility of emergency preparedness in the Foundational Public Health Services Model, could be used as a guide since it encompasses core functions and aligns with other essential requirements. The committee reviewed the outcomes and assessed the minimum viable products or investments needed for achievement. While examples are included throughout the document, they are intended solely as references to help identify potential products or investments, not as endorsements of any specific system. This document is supplemental to the *Public Health Emergency Preparedness Prioritized Outcomes* released in June 2025.

Preparedness and Response Essential Public Health Outcomes	Minimum Viable Products or Investments
Timely implementation of public health interventions and control measures	Preparedness plans that include guidance that creates a clear picture of public health roles and responsibilities for different incident types Responder health and safety plans that include respiratory protection and adequate supplies of personal protective equipment (PPE) Ability to enforce laws, such as Isolation and Quarantine or other orders related to non-pharmaceutical interventions, including plans and templates, such as isolation or human health hazard orders Established public health functions as part of a jurisdiction's emergency operation plan Flexibility provided by an emergency declaration, as it concerns expedited agreements and procurement
Continuity of emergency operations throughout the surge of a public health incident	Developed and exercised Continuity of Operations Plans (COOPs) at the state and local level, which identify essential functions and services, and strategies to continue essential functions Assessment of public health risks Surge support, which could include the SOS team and mutual aid agreements

	Systems at the state and local level to recover and protect essential facilities, records, and equipment, which could include backup for electronic health records, appropriate facilities for relocation of public health functions, and the ability to transition key functions to paper Systems that allow surge support, which could include assigning cases in Wisconsin Electronic Disease Surveillance System (WEDSS) to other systems, or the ability for other WIC programs to issue benefits for a jurisdiction facing an emergency
Timely communication of situational awareness and risk information by public health partners	Developed and exercised risk communication plans, including established mechanisms for coordinating messaging and situational awareness Updated and complete contact lists for public health partners Local knowledge of populations that would be disproportionately impacted in an emergency, as well as partners and their capabilities Risk communication expertise to develop messaging and ensure confidentiality Alerting systems, which could include RAVE/Partner Communications and Alerting (PCA) portal Sufficient capacity to keep up with the demands of incoming and outgoing communications. This may include call centers, recurring meetings, and monitoring of traditional and non-traditional media Ability to communicate with diverse populations, including translation services, cultural knowledge, and mechanisms to distribute messages Way to connect with relevant, regional media outlets Mechanisms for sharing confidential information across jurisdictions, which could include EpiX, Wisconsin Immunization Registry (WIR)/Minnesota Immunization Information Connection (MIIC) interchange
Timely procurement and expedited staffing (hiring or reassignment) to support medical countermeasure distribution and dispensing	Mass clinic/dispensing plans that are exercised and flexible depending on the incident type and size Plans that include equitable and consistent prioritization for situations of supply limitations Established, vetted, adequate, and accessible Point of Dispensing (POD) sites

	Established, accessible, and vetted volunteers in a registry or via Volunteer Organizations Active in Disaster (VOADs), which could include the American Red Cross, Wisconsin Emergency Assistance Volunteer Registry (WEAVR) Access to resources which could include stockpiles and Wisconsin Emergency Management (WEM) supply requests System for patient registration, screening, and appointments Ability to access expedited purchasing processes for auxiliary supplies Mechanisms to activate mutual aid from other jurisdictions Mechanisms for expedited contracts for services, which could include POD support for rural jurisdictions without healthcare resources Emergency staffing procurement protocols/systems
Timely coordination and support of response activities with health care and other partners	Preparedness plans that include stakeholder communication mechanisms and protocols Mechanisms to communicate healthcare facility capacity as close to real-time as possible Developed, complete, and up-to-date partner contact lists 24/7 contact for public health agencies Understanding among public health, healthcare, and other applicable partners, which could include schools of HIPAA exemptions related to emergencies Platforms to coordinate activities, which could include Zoom, Adobe Rooms, etc. Capability to perform Incident Command System (ICS) functions and roles (ICS knowledge, forms, job action sheets), which could include Liaison Officer Ability to coordinate healthcare partners regionally (including across state lines), as healthcare systems rarely reside or serve only one jurisdiction Shared guidance, coordination, and understanding of roles relating to case identification, testing, treatment, prevention and control measures, and vaccination.

Earliest possible identification and investigation of an incident with public health impact	Developed and exercised plans for investigation and response Developed and accessible protocols for investigation and control of specific communicable diseases based on evidence Surveillance systems, which could include WEDSS, Wisconsin Clinical Lab Network, ESSENCE, WIR, DNR reporting systems, foodborne illness reporting, and school absentee surveillance Mechanisms for rapid communication between laboratories and public health partners for test results Systems that are interoperable across states and jurisdictions to support reporting and communication Environmental health monitoring and testing equipment, with technical expertise to use the equipment and interpret the results, which could include BEOH equipment loan program Clinical and non-clinical lab capacity based on identified response needs, including staffing, equipment, supplies, rapid transportation, and the ability to communicate results quickly Clinical, non-clinical, and environmental testing collection capacity, including staffing, supplies, protocols, and standing orders 24/7 notification of both state and local public health agencies Communicable disease and environmental incident investigation expertise at the state and local levels Mutual aid agreements and technical assistance, for example, for jurisdictions without environmental health staff or when a large communicable disease outbreak overwhelms a jurisdiction Legal authority to receive reports and conduct investigations
***Support for community recovery from an incident with public health impact**	Community health recovery plans that include short, intermediate, and long-term strategies to return the community to its pre-incident state or better, that take into consideration improvements needed from the incident Ability to identify community recovery priorities

	Mechanisms to implement recovery strategies Capacity to collaborate with emergency management and community partners to implement recovery strategies Tools to support public health response staff recovery, which could include critical incident debriefing, psychological first aid

* This outcome is not in the CDC PHEP logic model but was added given the importance of recovery in the FPHS model.