PUBLIC HEALTH EMERGENCY PREPAREDNESS

Rural and Tribal Factors during Discussion-based Exercises:

A Guide for CDC Public Health Emergency Recipients

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Introduction

Rural and tribal jurisdictions bring unique strengths to emergency preparedness, response, and recovery operations, including strong community partnerships and trusted local public health voices. However, rural and tribal jurisdictions often have limited public health infrastructure, constrained resources, and populations with culturally specific needs. Additionally, they are typically geographically isolated. Rural and tribal jurisdictions' capacity to effectively prepare, respond, and recover from emergencies may be limited, highlighting the need for a collective, whole-community approach to emergency preparedness. Rural and tribal partners may also serve in multiple roles during an emergency, which can strain capacity and result in limited response support. Tribal Nations are sovereign governments with inherent authority to govern their lands, people, and public health systems; all preparedness and response activities must respect this sovereignty through meaningful consultation and collaboration.

Centers for Disease Control and Prevention's (CDC's) Rural Public Health Strategic Plan views rural as areas outside of metropolitan (urban) areas, which may mean small towns, tribal lands, frontier, or that are remote or geographically isolated.

Designing and conducting public health exercises in rural settings require tailored approaches that build on community strengths while addressing specific vulnerabilities. These exercises should incorporate a whole-community mindset and integrate public health, healthcare, and behavioral health components. For additional details on best practices for expanding local support, please refer to the Expanding Local Support Resources and Best Practices Guide: Emphasis on Rural and Frontier Jurisdictions located in the Resources section on page 11.

Public Health Emergency Preparedness Notice of Funding Opportunity Requirements and Data Elements

Like other jurisdictions, rural and tribal participation in exercises must reflect the challenges faced by these communities. Additionally, they must test Public Health and Emergency Preparedness (PHEP) capabilities and the PHEP Notice of Funding Opportunity (NOFO) and Data Elements, including:

- **LOC-A (LOC-A-PLANS, LOC-A-RURAL and LOC-A-Tribe):** Engage local jurisdictions, including rural, frontier, and tribal entities in public health preparedness planning and exercises.
- **LOC-B:** Provide direct technical assistance and surge support staffing to increase local readiness.
- **AHA-C:** (Discussion based exercise, under natural disaster activity): Develop and conduct required exercises.
- **AHA-D:** Submit exercise and incident response improvement plan data elements.

PHEP Preparedness Cycle

Consistent with the CDC PHEP NOFO and the preparedness cycle, jurisdictions should identify and prioritize risks in the Risk Assessment (RA). The RA helps inform the Integrated Preparedness Planning Workshop, which will subsequently help drive the development of the Multiyear Integrated Preparedness Plan (MYIPP). Exercises and real-world events are used to test capabilities, and the resulting findings are captured in Improvement Plans (IP). Jurisdictions should ensure that the risk identified through their RAs are addressed when planning their MYIPP. The resulting exercises conducted along with After Action Reports (AARs) and IPs are then used to refine plans and strengthen the next cycle of planning and exercising, to continuously improve preparedness over time. Figure 1 displays a modified overview of important activities when going through the cycle of preparedness to align with requirements set forth in the NOFO. Please reference the Exercise Supplemental Guidance for more specific instructions.

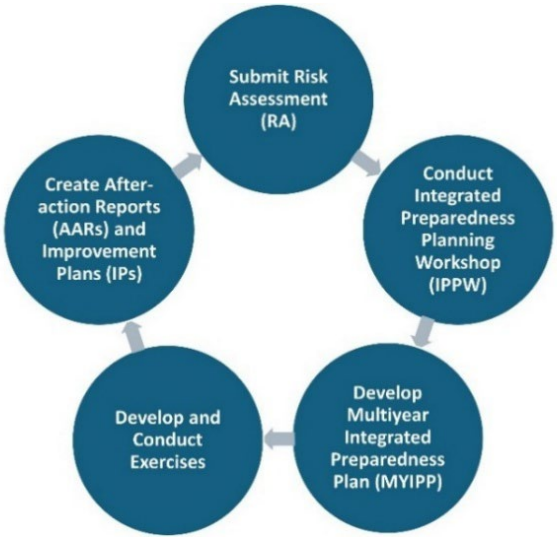

Figure 1: Modified overview of activities, in the preparedness cycle and requirements in the PHEP NOFO.

Suggestions for Exercise Objectives Focusing on Rural and Tribal Jurisdictions

The following are potential discussion-based exercise objectives to evaluate and enhance public health emergency preparedness, response, and recovery capabilities in rural, frontier and/or tribal jurisdictions. Jurisdictions should use risks identified in their RA to inform exercise objectives.

- Develop or refine methods for determining public health needs in rural and tribal communities within two hours of the beginning of an incident, including ability to share situational updates and resource needs with the Emergency Operations Center (EOC).
  - » Examine emergency coordination strategies that respect tribal governmental authority when incidents affect both tribal nations and neighboring jurisdictions.

- Assess the collaboration efforts of multi-jurisdictional partners during emergency responses involving public health challenges across diverse jurisdictions.
  - » Discuss support for operating temporary Points of Dispensing (PODs) in rural and tribal locations. For example, managing limited cold chain storage, training personnel, and dealing with potential distrust of external medical interventions by some community groups.
  - » Consider challenges, including those identified by tribal governments, related to accessing healthcare and supporting tribally governed health systems during emergency events.
  - » Identify barriers (e.g., cultural and structural) that can influence the impact of public health emergencies in rural and tribal communities, including communication that reaches all populations.

Table 1: Rural and Tribal Topics to Consider during Discussion-based Exercises*

Topic	PHEP Capabilities	Sub-topic for Discussion-based Exercises
Infrastructure and Drinking Water/Wastewater	Emergency Public Information and Warning, Emergency Operations, and Information Sharing	■ Loss of electricity (including extended power outages) ■ Disruption and access to drinking water supply and wastewater treatment systems, including contamination risks and existing private wells. ■ Fuel shortages for generators, ambulances, and public safety vehicles ■ Transportation (e.g., washed-out roads, snowed-in communities, and lack of transit options) ■ Limited or failed internet, cell service, or landline communication
Risk Communications and Cultural Sensitivity	Community Preparedness, Emergency Public Information and Warning, and Volunteer Management	■ Role of community leaders, such as tribal councils, elders, faith-based organizations, and informal leaders ■ Management of volunteer responders ■ Trust-building and the use of culturally relevant decision-making structures ■ Rural and tribal community engagement strategies to involve community leaders, tribal leaders, and others impacted.

Topic	PHEP Capabilities	Sub-topic for Discussion-based Exercises
Medical Countermeasure Distribution	Emergency Operations Coordination, Medical Countermeasure Dispensing, and Medical Materiel Management and Distribution	■ Rural POD site operations with limited staff and security ■ Distribution of medications or vaccines across geographically dispersed populations ■ Integration of tribal or rural logistics systems with state and federal partners ■ Cold chain management and storage ■ Power-limitations and backup considerations ■ Qualifications of staff (e.g., training and licensure) to support a POD ■ Utilization of tribal-specific flexibilities and pathways for accessing Medical Countermeasures (MCMs)
Cross-jurisdictional and Sovereign Coordination	Community Preparedness, Emergency Operations Coordination, and Information Sharing	■ Intergovernmental collaboration between tribal nations and county, state, and federal agencies ■ Mutual aid agreements (MAAs) and emergency declarations involving tribal sovereignty ■ Data-sharing protocols and cultural considerations between jurisdictions efforts ■ Clarification of roles and responsibilities that uphold tribal authority within the Incident Command System during multi-jurisdictional events
Social Vulnerability and Cultural Needs	Community Preparedness, Emergency Public Information and Warning, and Mass Care	■ Reaching at-risk individuals (e.g., older adults, people with disabilities, and people with access and functional needs) ■ Addressing transportation and access barriers for vulnerable populations ■ Identifying and supporting populations with limited English proficiency ■ For additional guidance, see Addressing the Access and Functional Needs of At-Risk Individuals

Topic	PHEP Capabilities	Sub-topic for Discussion-based Exercises
Workforce Gaps	Emergency Operations Coordination, Volunteer Management, and Responder Safety and Health	■ Operating with minimal full-time public health or emergency staff ■ Cross-training responders in multiple roles. Cross-training should incorporate culturally informed response practices and an understanding of tribal emergency management, leadership structures, and community communication protocols. ■ Surge staffing plans using local and regional volunteers ■ Credentialing and integrating local community members into the response

*Exercise topics should link with jurisdictional risks identified in the RA

Exercise Injects

Exercise injects are scenario updates or prompts used during preparedness exercises to simulate real-world conditions, drive discussion, and test decision-making and operational capabilities.

Table 2: Potential Rural and Tribal Exercise Injects**

Topic	Scenario Injects	Discussion Points
Infrastructure and Drinking Water	Severe flooding has compromised drinking water. Lab results confirm *E. coli* contamination in the well water in several remote communities, including tribal lands.	■ How do you ensure that residents without power or internet receive the warning? ■ What channels of communication are most effective at communicating with your intended audiences? ■ How do communication methods differ when responding within a sovereign community? ■ What coordination is needed to provide safe drinking water for the population and domestic animals?

Topic	Scenario Injects	Discussion Points
Communications and Cultural Sensitivity	Inaccurate information spreads within a rural or tribal community regarding vaccination. Participants must develop culturally appropriate communication strategies to address concerns and build trust within the community. Of note, many tribes have their own health departments, health boards, or urban Indian health programs that can be vital partners in addressing community health issues. Engaging trusted elders, community leaders, and individuals within the tribal community is a proven strategy for building trust.	■ How will you address culturally sensitive concerns and rebuild trust? ■ Who are your trusted messengers within the community? ■ What is your process for rumor control and coordinated messaging? ■ How can tribal leaders/elders and trusted messengers be integrated into the response team?
Medical Countermeasure Distribution	A POD site in a rural or frontier community is unable to open due to unexpected staff illness and snow-impacted travel. Hundreds of community members are in route to the POD.	■ What are your contingency plans for staff shortages? ■ What memoranda of understandings (MOUs) are needed ahead of time? ■ How can coordination between tribal governments and county agencies be improved for medical countermeasure (MCM) planning in ways that respect tribal sovereignty? ■ Refer to the CDC This is a TEST: POD and TEST POD Injects for other options and considerations relevant to Rural and Tribal PODs.

Topic	Scenario Injects	Discussion Points
Cross-jurisdictional and Sovereign Coordination	A fast-moving wildfire threatens multiple rural counties and tribal reservation. The fire, fueled by high winds, has forced mandatory evacuations in two counties and part of the reservation. Tribal leadership has issued a separate evacuation order, but shelter resources are limited and dispersed. The state has offered National Guard support, but it's unclear who has jurisdictional authority over logistics, shelter coordination, and resource deployment. Some evacuees are being turned away from nearby shelters because their county or tribal affiliation doesn't match shelter jurisdiction.	■ Are there pre-existing MOUs or agreements that define coordination roles during evacuations? ■ How is shelter information communicated and coordinated across jurisdictions? ■ Are shelter options culturally appropriate and geographically accessible to tribal and rural evacuees? ■ How is physical safety of evacuees in shelters ensured? ■ What are the considerations for effective family reunification? ■ If neighboring jurisdictions have evacuation plans in place related to nuclear power plant failures, how can those mass care and evacuation plans be taken into consideration?
Social Vulnerability and Cultural Needs	Widespread heavy rainfall has caused flooding and mudslides across several rural and tribal communities. This was followed by a week of hot, humid weather.	■ Does the community have an existing community needs assessment that highlights specific needs of affected populations following the flooding event? ■ What community partners, such as non-profits and local businesses, will be integrated into the recovery efforts? ■ How will information on recovery efforts and available resources be communicated to the impacted communities? ■ How will cultural needs of the impacted communities be addressed?

**Exercise objectives and injects should link with risks identified in the RA.

For additional examples of potential injects, see the This is a TEST reference in the Resources Section.

Rural and Tribal Best Practices during Exercises

To ensure successful preparedness and response activities in rural and tribal jurisdictions, CDC recommends implementing the following best practices to optimize the planning, execution, and evaluation of exercises.

Tailor Exercises to Jurisdictional Risks

- Design exercises that reflect the jurisdictional risks faced by rural and tribal jurisdictions including geographical and topographic barriers, resource limitations, and cultural factors. Tribes should be engaged in the planning process to ensure exercises reflect community priorities, cultural considerations, and local response capabilities.

Leverage Limited Resources through Collaboration

- Consider conducting joint exercises with public health, healthcare, emergency management, emergency medical services (EMS), and tribal entities to pool scarce resources.
- Employ virtual tabletop exercises (TTXs) or hybrid models when travel is limited.
- Establish MAAs and MOUs in advance and exercise them.

Cascading Events

Design exercises that simulate cascading failures in electricity, communications, water systems, and transportation; as seen during Hurricane Maria in Puerto Rico and Hurricane Helene in NC:

- Widespread power outages lasting months
- Inoperable water systems in rural mountain areas
- Roads washed out, isolating communities for weeks
- Breakdowns in communication, preventing situational awareness

Scenario Customization for Geographic and Infrastructure Realities

Design scenarios that reflect local hazards (e.g., extreme heat, wildfires, isolation due to flooding, soil erosion, and lack of broadband internet).

- Account for limited healthcare infrastructure and extended emergency medical services (EMS) response times.

- Emphasize self-sufficiency for extended periods in isolation scenarios.
- Identify and plan for at-risk populations (e.g., elderly, chronically ill, and those dependent on electricity for medical devices), particularly in rural or mountainous areas with long distances from clinics, hospitals or pharmacies.

Incorporation of Traditional and Non-Traditional Communication Channels

- Exercises should test and validate backup communications systems (e.g., ham radio and satellite phones) and regional coordination plans when state-level systems are overwhelmed or delayed.
- Exercise the use of local radio, tribal newspapers, and in-person briefings for public information sharing.

Culturally Competent Planning and Community Engagement

- Engage tribal leadership and elders early in the exercise planning process, respecting sovereign governance structure and decision-making.
- Include community health representatives, tribal emergency managers, and traditional healers in scenario development and role assignment.
- Incorporate culturally appropriate language and customs into injects, materials, and communications.
- Build trust through frequent, transparent, and respectful outreach, leveraging local champions and tribal liaisons.

Evaluation and Continuous Improvement

- Use AARs to document lessons learned specific to rural and tribal settings.
- Invite tribal and rural subject matter experts to participate in evaluation teams.
- Schedule feedback sessions, post-exercise, in accessible formats (e.g., community forums, language interpretation, and printed summaries).

Resources

- CDC PHEP Tribal Engagement Guide
- CDC PHEP Exercise Supplemental Guide
- CDC PHEP Expanding Local Support Best Practices: Rural and Frontier Jurisdictions

- CDC This is a TEST: Points of Dispensing (POD)
- OTASA | Tribal Affairs | CDC
- Tribal Emergency Preparedness Law | Public Health Law | CDC
- CDC Office of Rural Health
- Rural Health Information Hub: Rural Emergency Preparedness and Response Toolkit
- National Indian Health Board
- Bureau of Indian Affairs: Office of Emergency Management

Questions?

For questions, or more information, please contact preparedness@cdc.gov.

Appendix A: Situation Manual – Discussion-based Exercise: Flooding Event

Purpose

This Situation Manual (SitMan) is designed to guide PHEP recipients to conduct rural and tribal discussion-based tabletop exercises. The goal is to strengthen preparedness, response, and recovery during flooding events. Flooding can pose specific risks in rural, frontier and/or tribal areas due to geographic isolation, lack of infrastructure, limited public health and healthcare infrastructure, and cultural considerations.

Exercise Objectives

Discussion-based exercise objectives should be directly informed by risks identified in the RA and aligned with priorities outlined in the MYIPP. The exercise should identify strengths and gaps and generate actionable improvements that are documented in IPs and used to update the RA and MYIPP, ensuring a continuous and risk-informed preparedness cycle.

Exercise Name	Discussion-Based Exercise: Flood Response in Rural and Tribal Jurisdictions
Exercise Dates	
Scope	This discussion-based TTX is designed for a runtime of four to five hours. It is intended to enhance the readiness, coordination, and decision-making of health departments and their partners. Additionally, it focuses on examining the impacts of severe flooding on rural and tribal jurisdictions and effective, cross-jurisdictional coordination.
Focus Area(s)	Emergency operations coordination, public information and communication, cultural needs, cross-jurisdictional and tribal coordination, and community recovery
Threat/hazards	Severe flooding and water contamination caused by prolonged rainfall, river overflow, and infrastructure failure.
Capabilities	■ Emergency operations coordination ■ Public information and communication ■ Cultural needs ■ Cross-jurisdictional and tribal coordination ■ Community recovery
Objectives	Overall objectives include the following. Details are provided in the next section. ■ Information sharing ■ Public messaging ■ Public health needs ■ Emergency coordination and collaboration ■ Cultural and equity barriers ■ Recovery and mitigation strategies
Scenario	After days of heavy rainfall, rivers overflow, flooding several rural and tribal communities. Roads are washed out, drinking water systems are compromised, and power outages occur. Many communities are isolated. Displaced residents require shelter, healthcare, and support. Distrust of external responders complicates messaging and resource distribution.
Participating Jurisdictions	

Exercise Agenda

Timeframe	Activity
1 hour	Staff Arrival, Exercise Briefing, and Table Introductions
10 minutes	Welcome Remarks and Exercise Overview
15 minutes	Phase 1: Preparedness (Pre-scenario)
15 minutes	Phase 1: Group Report Out
5 minutes	Scenario Overview
15 minutes	Phase 2: Initial Response
15 minutes	Phase 2: Group Report Out
10 minutes	BREAK 1
15 minutes	Phase 3: Sustained Response
15 minutes	Phase 3: Group Report Out
1 hour	LUNCH
15 minutes	Phase 4: Recovery
15 minutes	Phase 4: Report Out
10 minutes	BREAK
20 minutes	Hotwash
5 minutes	Closing Remarks/End

Exercise Objectives and Capabilities

The objectives outlined below show anticipated outcomes for the rural and tribal flood preparedness exercise. These objectives are tied to capabilities that represent the essential components required to effectively respond to and recover from flooding incidents.

Exercise Objective	PHEP Capabilities/Focus Area
Examine and identify pre-incident information sharing and communication procedures between state and local health departments and their partners.	■ Community Preparedness ■ Emergency Operations Coordination ■ Information Sharing
Examine and identify public messaging and media relations procedures during and immediately following an incident.	■ Emergency Public Information and Warning ■ Information Sharing
Develop and refine methods to determine rural and tribal public health needs within two hours of flood onset.	■ Emergency Operations Coordination ■ Information Sharing
Examine and identify emergency coordination strategies with limited staff across jurisdictions.	■ Community Preparedness ■ Emergency Operations Coordination
Assess collaboration among tribal, county, and state partners during widespread flooding.	■ Information Sharing ■ Community Preparedness
Identify cultural and equity barriers in flood response and recovery.	■ Cultural Needs ■ Public Information and Warning
Discuss recovery and continuity plans and procedures following the flooding.	■ Community Recovery

Conducting the Exercise

This exercise is designed to be presented as traditional tabletop exercises, with the exercise facilitator presenting the exercise scenario and progressing through the scenario timeline. The facilitator ensures the exercise stays on track and clarifies scenario details, as needed. They maintain the official exercise clock, manage any deviations from the scenario, and implement corrective actions when necessary. The facilitator guides the process but does not lead participant discussions.

Steps to Conduct the Exercise

1. Introduce Rules: Begin by reviewing the rules of play and addressing participant questions.
2. Present Scenario: Distribute and read the scenario and background information to establish context.
3. Review Scenario: Allow participants time to discuss and analyze the scenario individually and as a group.
4. Deliver Messages: At designated intervals throughout the exercise, provide the specified message, either orally or in writing, to the participants. After receiving each message, the participants should consider the information presented individually and as a group.
5. Debrief: Conclude the exercise with a facilitated group debrief, supported by observer feedback.

Participant Roles

- Players: Public health staff, emergency managers, and tribal leaders
- Optional players: Healthcare and mental health staff
- Facilitators: Guide the scenario and manage the discussion
- Observers: Provide expertise, ask clarifying questions
- Evaluators: Document objectives and outcomes
- Support Staff: Handles logistics and administration

Assumptions and Guidelines

- This exercise is a no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. Varying viewpoints and disagreements are expected.
- Respond based on your current knowledge and insights derived from training. Use only existing resources and assets to plan and manage your incident response.
- Do not fight the scenario. Resist the urge to alter it or read additional information into it.
- Limited staffing, isolation, and cultural considerations are acknowledged.
- Focus on problem-solving and not just issue identification. Provide suggestions and recommend actions that could improve preparedness and response efforts.
- Participants are expected to participate in the hotwash that follows the exercise.

Exercise Structure

This exercise will be a discussion-based, facilitated exercise. Players will participate in the following modules:

- **Phase 1:** Preparedness (3-6 months prior)
- **Phase 2:** Initial Response (0-12 hours)
- **Phase 3:** Sustained Response (12-24 hours)
- **Phase 4:** Recovery (24+ hours)

Each phase begins with a scenario inject that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in group discussions on preparedness, response, recovery and mitigation issues.

Exercise Modules and Injects

Phase 1: Preparedness (Six Months Prior to the Incident)

Inject: A preparedness review highlights gaps in surge staffing, limited coordination with tribal councils, and difficulties reaching isolated populations.

Discussion Prompts and Questions:

- Identify common preparedness challenges for floods in rural and tribal jurisdictions.
- Which community partners (e.g., tribal councils and NGOs) can strengthen readiness?
- How will vulnerable populations be included in planning?

Break-out Session: Based on the information provided, identify any critical issues, decisions, requirements, or questions that should be addressed now. Exercise all protocols and procedures that would be required during an incident. Write actions taken below.

Phase 2: Initial Response (0-12 hours)

Inject #1: Floodwaters overwhelm water systems. E. coli contamination is expected. Communities are isolated, hospitals receive patients with waterborne illness and injuries. Flood response may be slowed by washed-out roads, limited responders, and fragmented communication systems between counties and tribal areas.

Discussion Questions:

- How will your agency or organization respond to this information? Does it have formal plan(s) for response?
- Which agencies, organizations, or personnel should be notified? If personnel are unavailable, whom do you contact?
- What immediate health concerns take priority?
- What impact would this incident have on your state/local government's day-to-day operations? What adjustments need to be made to accommodate the impact?
- How will you coordinate messaging in partnership with tribal governments to ensure alignment across jurisdictions and sovereign lands?

Break-out Session: Based on the information provided, identify any critical issues, decisions, requirements, or questions that should be addressed now. Exercise all protocols and procedures that would be required in a real event. Write actions taken below.

_____

_____

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I*nject #2:* Rain continues and most of the region is without power. Generators at water treatment plants are beginning to run out of fuel and stop functioning. Power outages complicate communications. Isolated communities may not receive supplies quickly; limited staff and broken communication networks can hinder coordination and rumor control.

Discussion Questions:

- Which agencies would need to be notified or involved based on this updated information?
- What impact do you anticipate this incident will have on drinking water utilities or private drinking water wells?
- What information should be shared with the public messaging at this point?

Break-out Session: Based on the information provided, identify any critical issues, decisions, requirements, or questions that should be addressed now. Exercise all protocols and procedures that would be required in a real event. Write actions taken below:

Phase 3: Sustained Response (12-24 hours)

Inject #3: Officials have heard reports that private drinking water wells in the area flooded, and the local utility's drinking water distribution system has been impacted due to the power outage and water main breaks.

Discussion Questions:

- Which other agencies will you work with to respond to the current situation?
- What information should be communicated to the public at this time?

Inject #4: Floodwaters recede but infrastructure damage remains. Shelters are at capacity, healthcare services are overwhelmed, and misinformation spreads. Isolated communities may not receive supplies quickly; limited staff and broken communication networks can hinder coordination and rumor control.

Discussion Questions:

- How will you manage surge demand for health and behavioral health?
- What is your role in environmental testing and cleanup?
- How can tribal, county, and state partners sustain coordination?

Break-out Session: Based on the information provided, identify any critical issues, decisions, requirements, or questions that should be addressed now. Exercise all protocols and procedures that would be required in a real event. Write actions taken below:

Phase 4: Recovery (24+ hours)

Inject #5: Residents return to damaged homes. Mold, unsafe drinking water, and slow infrastructure repair spark concerns. Rural residents and tribal residents [living in rural areas] may face longer delays in infrastructure repair and limited access to healthcare or recovery services.

Discussion Questions:

- What steps ensure safe re-entry into homes and communities?
- What long-term health monitoring is needed?
- How will you coordinate messaging across jurisdictions and sovereign lands?

Break-out Session: Based on the information provided, identify any critical issues, decisions, requirements, or questions that should be addressed now. Exercise all protocols and procedures that would be required in a real event. Write actions taken below:

Participant Feedback Forms

Thank you for participating in this exercise. Your observations, comments, and input will provide invaluable insight that will better prepare us for future threats and hazards. Feedback collected through this form will be used to inform the AAR and associated IPs to support continuous improvement. Any comments provided will be treated in a sensitive manner and all personal information will remain confidential. Please keep comments concise, specific, and constructive.

Part I: General Information

Please enter your responses in the form field.

Participant Information
Name (optional):
Agency/Organization Affiliation:
Position Title:
Years of Experience in Present Position:
Location During Exercise:

Please circle the appropriate selection.

Number of exercises previously participated in:	0	1 – 5	6 – 10	11 – 15	16+

Please circle the appropriate selection.

Exercise Role:	Player	Facilitator/Controller	Evaluator	Other

Part II: Exercise Design

The following questions assess the effectiveness of the exercise design in supporting the stated objectives, alignment with CDC PHEP capabilities, and the overall value of the discussion-based format in identifying strengths, gaps, and areas for improvement. Please rate, on a scale of one to five, your overall assessment of the exercise relative to the statements provided, with one indicating strong disagreement, two indicating disagreement, three indicating neutral, four indicating agree, and five indicating strong agreement.

Rating Scale	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

Assessment Factor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Pre-exercise briefings were informative and provided the necessary information.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right staff and mix of disciplines.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for my level of experience/training.	1	2	3	4	5
The exercise increased my understanding and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decisions in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to deal with capabilities and hazards addressed.	1	2	3	4	5

Part III: Participant Feedback

This section captures participant-identified strengths and areas for improvement observed during the exercise to assess how well each objective was met and to inform the AAR and IPs.

I observed the following strengths related to each objective being met during this exercise. Describe the strengths for each objective below.

Strengths	Objective
	Emergency Operations Coordination
	Public Information and Communication
	Cultural Needs
	Cross-jurisdictional and Tribal Coordination
	Community Recovery

I observed the following areas of improvement related to objectives NOT being met during this exercise. Indicate the element(s) related to the area of improvement.

Describe Areas for Improvement	Objective
	Emergency Operations Coordination
	Public Information and Communication
	Cultural Needs
	Cross-jurisdictional and Tribal Coordination

What specific training opportunities helped you (or could have helped you) prepare for this exercise?

Please list specific course names, if applicable.

Training

Which exercise materials were most useful? Please identify any additional materials or resources that would be useful.

Materials and Resources

How did the resources support jurisdictional risks and planning?

Provide additional recommendations on how this exercise or future exercises could be improved or enhanced.

Additional Recommendations

Appendix B: Promising Practice – Rural Public Health Exercise in Maryland

Background on Exercise

A seminar occurred at the 2025 Maryland Rural Health Conference in Annapolis, taking place in person on October 20, 2025 and virtually on October 22, 2025, during the Maryland Department of Health Integrated Public Health and Medical Forum. Participation was limited to local and tribal representatives responsible for coordinating response and recovery efforts in Maryland's rural, frontier, and tribal jurisdictions during a public health emergency.

Exercise and Inject Topics

Scope: One-hour seminar that addresses rural, frontier, and tribal coordination.

Focus Area: Response & Recovery

- Module 1: Emergency Operations Coordination and Mass Care
- Module 2: Behavioral Health and Recovery
- Module 3: Medical Countermeasure Management and Nonpharmaceutical Interventions
- Module 4: Surveillance and Information Sharing
- Module 5: Communication

Lessons Learned

- Strong Emphasis on Collaboration and Partnerships
  - » Participants demonstrated a clear understanding of the importance of regional collaboration and communication with state partners.
  - » Emphasis on community-based partnerships (faith-based groups, community leaders, volunteer EMS, tribal champions) shows a grounded, inclusive approach.
- Comprehensive Coverage of Core Preparedness Topics
  - » Modules covered all-hazards preparedness from operations coordination, behavioral health, MCM distribution, data modernization, communication, and health equity.
  - » Topics such as broadband limitations, transportation barriers, workforce shortages, and language access were recognized as critical challenges for rural and frontier regions.
  - » Incorporating Behavioral Health and Critical Incident Stress Management demonstrates awareness of responder well-being and recovery needs.

- Equity and Accessibility Considerations
  - Participants emphasized health equity, including support for medically fragile, limited English proficiency, tribal, Amish, and individuals with intellectual and developmental disabilities.
- Practical, Experience-based Insights
  - Recommend maintaining local MCM stockpiles, creating continuity of operations plans, and building communication redundancies showed operational maturity.

Tips for Replication in Other Jurisdictions

- Integrate Tribal and Frontier Perspectives Early: Ensure meaningful inclusion of tribal and frontier partners in planning and execution by engaging representatives in advance, incorporating culturally informed approaches, and embedding their perspectives throughout the exercise design, not as an add-on.
- Strengthen Technology and Data Systems: Prioritize discussions on interoperable systems and data-sharing capabilities across jurisdictions. Include scenarios that test digital tools (e.g., telehealth, health alert systems) and plan for redundant communication methods in low-connectivity or rural areas.
- Address Workforce Sustainability: Incorporate modules that focus on long-term workforce strategies, including recruitment, retention, and cross-training. Highlight innovative approaches such as mobile healthcare teams or partnerships with academic and training programs to support rural capacity.
- Use Realistic, Region-Specific Scenarios: Tailor exercise scenarios to reflect the unique risks, geography, and resource constraints of the jurisdiction to improve relevance and participant engagement.