TRIP REPORT

2003 ASTHO Senior Deputies Meeting (July 9-11, 2003), and
ASTHO Management Committee Meeting (July 11, 2003)

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1. This year's meeting was attended by representatives from about 30 states including a number of newly appointed Senior Deputies. The Management Committee met on the afternoon of July 11. Topics of interest to CSTE members and staff are summarized below. Most presenters' slides will be available on the ASTHO website in a month or two. As was the case last year, CSTE was urged to continue its representation on the Management Committee. Currently ASTHO affiliates represented on the Committee are CSTE, APHL, NAPHSIS and the Chronic Disease Directors.

2. A workshop on Public Health Executive Leadership for Informatics Excellence was held all day July 9. With presentations by a Vice President of the Gartner Group, Rachel Block (formerly senior manager for CMS), Davis Ross of PHII (the sponsor and organizer) and Dennis O'Carroll, its purpose was to teach public health senior executives how to manage complex information technology (IT) projects well using the concept of Enterprise Architecture.
While the need is great for this kind of training and the material was good, the workshop lacked focus, speakers were not coordinated, and the workshop needed more examples to demonstrate the application of the principles. We were told by David Ross of PHII that the workshop would be completely reworked before further presentations.

3. The 2003 IOM Report ("Health of the Public in the 21st Century") is an expansion of their prior Report from1988. It covers not only governmental public health but also our many essential partners and our relationships with them. It is a great teaching document and source for presentations to community groups, and will be available in late summer 2003 in print form and is available now electronically (300 pages!) All 34 Recommendations are supposed to be practical and actionable. It includes emphasis on Workforce Development, PH law, performance standards (the state of Washington has an excellent usable and practical set of these for local health departments, much more usable than the CDC set), and financing of PH and health care.

4. The draft Report on the ASTHO Bioterrorism Accountability Indicators Survey or BTAIP (which 90%of states and some territories filled out last winter) was presented in order to ask the senior deputies to validate its conclusions. Kay Bender made clear that it is intended to provide accountability to legislators which is currently lacking, NOT to be an evaluation or an exact statement of outcomes. The attendees approved the Report although there was discussion of the serious delays in implementing activities due to state governments' bureaucratic inflexibility.

5. Excellent presentation by Marty Cetron (CDC Global Quarantine Program) on introductions of global diseases into the US. Some quotes and factoids: Cruise ships are the perfect communicable disease incubator. The US in one year gets 50K refugees and 900K immigrants, and 60 million foreigners and 60 million Americans cross our borders,

except the US/Mexico border where there are 400 million ***legal*** crossings each year into the US. We are the #1 travel destination by far in the world. That does not even consider the traffic in animals into the US each year.

6. Mike Sage (Deputy Director of Office of Terrorism Preparedness and Emergency Response (OTPER) presented their new organizational structure. They are almost unique among Offices at CDC in having both an OD-type strategic planning role and also running several very big programs. They have strong coordination authority for the approximately 9 Centers that have significant anti-terrorism activities.
Mike distributed copies of their new draft National Public Health Strategy for Terrorism Preparedness and Response, which will guide their work and grants policies in the future.

CDC will begin a major strategic planning process late in 2003/early 2004, which is intended to completely revamp the organization there. "We have been run like a mom and pop organization since we were founded, but we will have to become organized like a multinational corporation."
Among OTPER's 11 program Imperatives, one is "Creative and Effective Management Services." Given the substantial discussion at this meeting on state health departments' bureaucratic delays in program implementation, their emphasis on "Creative" management seems worth noting.
Regarding the State and Local Cooperative Agreement program, funding for FY 04 is expected to increase over 03, and 05 to increase substantially over 04, as long as we make ourselves accountable to Congress and demonstrate steady progress without substantial carryover of funds from year to year. We will be asked this Fall to provide success stories on implementation and use of BT preparedness funds. More and more our accountability reporting will emphasize outcomes rather than simply processes.
OTPER is planning to do a major review and rethinking of all aspects of the State/Local Cooperative Agreement either for FY 04, or perhaps not until FY 05. This is possible because the Supplemental funding means that they can treat 04 as the last year of the current project cycle. This will include considering how funds will be allocated to states, i.e. competitively rather than by formula. More emphasis on performance measurement. This would not include the HRSA cooperative agreements.
They are considering moving influenza from a Category C to Category A terrorist agent. This would allow substantial investment in preparation for pandemic flu.
One point about the purpose of tabletops and other exercises: when the military does these, the purpose is to <u>identify system failures</u>, and then immediately begin correcting them. That is, "fail early and often, but do not fail twice!"

7. Smallpox vaccination: Lessons Learned: The chief conclusion of this session was that we need now a "national discussion of what smallpox preparedness is" since CDC is not going to provide a definition of it. One suggestion was to produce a specific checklist of the minimum capabilities each state should have like the recent SARS response checklist, which could serve as a "straw man" to ignite this discussion. Ed Thompson thought this was a potentially good idea but that CDC could not do that: it was the job of ASTHO (or possibly CSTE).

8. The Management Committee will meet September 9 at the ASTHO annual meeting and December 11-12, 2003. Donna Garland (new CDC Coordinator for Emergency Communication systems) said that there will be new emphasis on using EpiX to communicate confidential messages with high security, and that public health officials should be sure they are connected. Also she assured the Committee that the new CDC direct clinician email system will be used to notify providers of information on the CDC web site and other non-acute news, and will not be used to send acute health alerts in competition with EpiX messages to states.