CSTE Trip Report

Meeting: CDC Public Health Preparedness Project – External Working Group

Date: October 15, 2003

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This working group consists of 20 members representing 15 of CDC's partner organizations as well as DHHS, HRSA and DHS representatives. Chaired by Dr. Mike Osterholm, this group was charged to review and assess the draft goals, objectives and indicators and to provide expert guidance on which indicators are most essential, effective and feasible for establishing an adequate level of preparedness. Prior to the meeting, each member was asked to rate each of the 127 indicators, on a 1-10 scale, regarding both its importance as a measure of preparedness and the feasibility of measuring it.

Dr. Osterholm opened the meeting reviewing the charge and indicating that, while input from the experts assembled was being sought to review and refine the indicators developed by CDC's internal working group, the meeting and its outcome did not constitute official advice to CDC as did other advisory groups such as ACIP. Mike and Joe Henderson then gave a more detailed presentation on the goals, objectives and indicators, as well as the scorecard that will result from state and local assessment utilizing this new tool**.** The ideal outcome of this project and the derivative indicators will be a measurement that will satisfy elected officials that appropriate the funds, as well as tools useful to state and local public health who must assure readiness to respond. It was also emphasized that these indicators are to better measure the shift in preparedness from an emphasis on bioterrorism to an all hazard approach, as mandated by the Homeland Security Presidential Decision Directive 5, which, among other things, called for establishment of a National Incident Management System (NIMS).

General discussion then ensued among and between group members regarding roles, responsibilities and feasibility of the proposed indicators. Although touted as a an objective measure of the degree of preparedness in a jurisdiction, many felt that scorecards were prone to misuse as means to compare between jurisdictions, and may end up doing more harm than good. Other issues included what does it mean to be fully prepared, do these goals and objectives adequately define the end expectation, and does achievement of "green" on an indicator really equate to prepared? At the end of the morning, the compiled indicator importance score results were passed out without further discussion of specific indicators, good or bad.

The afternoon was devoted to smaller group discussions focused on the following questions:

1. Are the indicators appropriate for all-hazard public health preparedness?
2. Should there be personnel indicators? If so, what should they be?
3. Should there be leadership indicators? If so, what should they be?
4. How do the draft 127 indicators deal with issues 1-3?

Each group reported out on their discussions, but there was no effort to achieve a consensus opinion on answers to these questions. More discussion was devoted clarifying just what is CDC trying to achieve with this project, and will what has been developed serve both as a means to measure, justify and help guide elected officials responsible for appropriations as well as assist state and local officials responsible for achieving a state of “readiness” and accountable for the use of funds. Those members representing organizations (ASTHO, CSTE, NACCHO and APHL) that were direct recipients of the funds, and therefore most directly affected by the outcome of this project, suggested that CDC should consider more direct input from state and local health officials. The day ended with no clear assignment before the final meeting scheduled for November 20, and no clear process for receiving additional input.

Subsequent to this meeting, representatives and leadership from ASTHO, CSTE, NACCHO and APHL held a conference call to define further strategies to broaden input and clarify process. ASTHO took the lead for direct discussions with CDC, and whether as a result of that or not, earlier this week CDC has asked each organization to provide a consolidated consensus review and critique of the Public Health Preparedness project and the draft indicators. I would strongly encourage members to consider this document and respond as appropriate.