Trip Report
Public Health Preparedness Project
External Working Group Meeting
November 20, 2003
Washington, DC

This was the second and final meeting of the working group, initially convened on October 15, 2003 to provide feedback on the Public Health Preparedness Indicators document and the overall goals of the project (see previous trip report). Since the previous meeting, ASTHO, NACCHO and other organizations have provided CDC written responses to the draft preparedness indicators (CSTE endorsed the ASTHO response) and on November 6, the Institute of Medicine convened to elicit comment and provide feedback to CDC on smallpox preparedness indicators, a subset of the draft indicators.

Since the previous meeting, CDC's Office of Terrorism Preparedness and Emergency Response (OTPER) asked Dr. Mike Osterholm to develop a number of scenarios that could serve as a starting point for testing preparedness at the state and local level.

Joe Henderson, Director, OTPER, set the stage for expected meeting outcomes including:

- What public health emergencies are we asking communities to prepare for (scenarios)?
- What efforts are needed to assure communities are fully prepared to respond (indicators)?
- What degree of precision must be applied to assure critical readiness is in place (criteria to support indicators)?
- How can scenarios (case studies) be used to educate about the indicators of preparedness and the level of specificity needed to address the issue laid out in the scenarios?
- How can scenarios (case studies) be used to focus many indicators to a few critical indicators? - breadth
- How can scenarios (case studies) be used to provide information about capacity needed for jurisdictions? - depth

Joe then "set the stake" for the meeting:

- How will the scenarios/indicators be used?
- Will the indicators serve as accountability measures for cooperative agreement activities or status measures of overall preparedness?
- How will we discern state from local indicators?

Discussion focused on the issue of funding and accountability—these are separate but related tracks. Most respondents at the meeting felt that the indicators could not serve both issues well. Some of the indicators call for public

health accountability for activities that may be beyond direct public health responsibility and control.

ASTHO reiterated its call for a reduction in the number of indicators from the current 127 to a more manageable level of 10-15 key indicators as expressed by testimony at the IOM meeting. Casey Milne pointed out that a matrix approach as Denver has developed that arrays functions by agency and delineates essential functional elements may be a more appropriate and workable approach to preparedness than the draft benchmarks.

Scenarios are being viewed as a starting point for testing applicability of indicators. Planned pilot site testing in five sites may serve as a way to make the pool of benchmarks and indicators smaller and a mechanism to test preparedness and proficiency. Proposed scenarios currently include foodborne botulism, aerosolized anthrax, SARS, smallpox, chemical and probably radiation/dirty bomb will be added.

Next Steps:

Joe Henderson indicated that another meeting with select partners (ASTHO, CSTE, NACCHO and APHL) would be considered for further discussion of indicators, scenarios and pilot testing. This meeting has now been scheduled in Minneapolis December 16-17.

Following the meeting, ASTHO, CSTE, NACCHO and APHL representatives and executives directors conferred by teleconference. ASTHO agreed to propose a shorter set of essential indicators in 12 categories that is being now circulated in draft form.