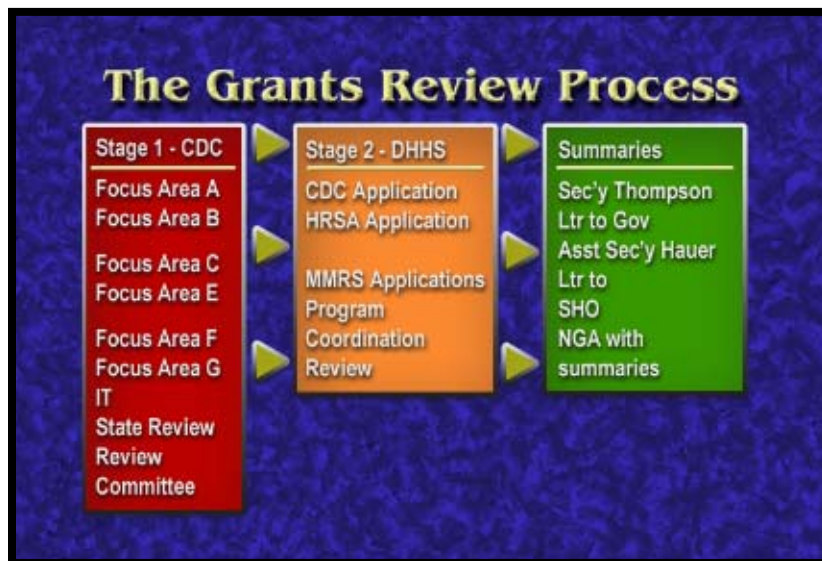


BT State and Local Grant Program

8/22/02



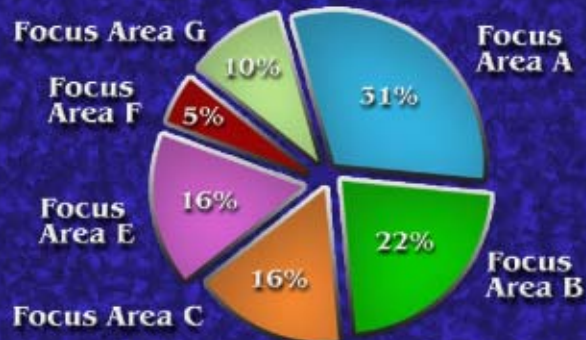
01-Gary Hogelin

Restrictions vs. Requests for Additional Information

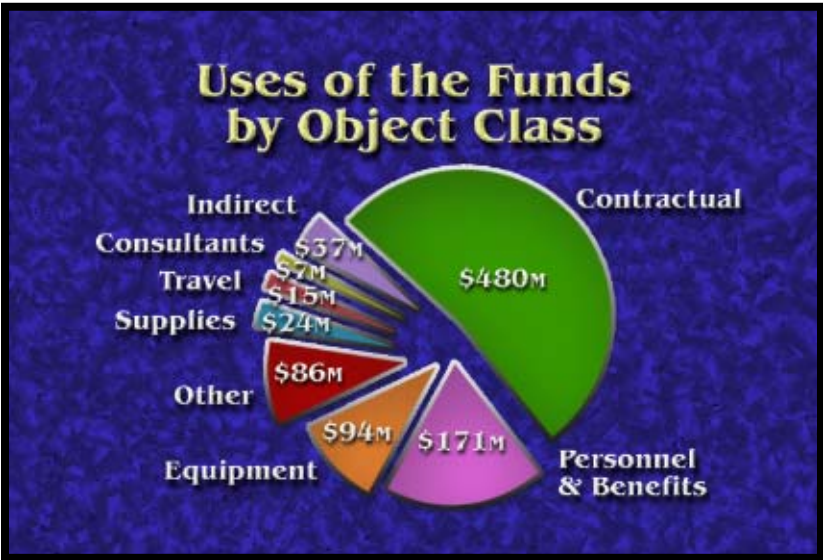
Restrictions	August 5	October 1
Firm restriction pending receipt of information.	Release of funds pending receipt of financial information	Funds not restricted
Derived because portions of applications not addressed.	For contracts & other Financial commitments	Derived because portions Application were insufficient.

02-Gary Hogelin

Uses of the Funds by Focus Area



03-Gary Hogelin



04-Gary Hogelin

New Program Coordinating Group

Leadership
Evaluation
Policy & Planning
MIS Development

<p>Field Services Team(s) Project Officers by Region</p>	<p>Administrative Oversight Grants DA In Lieu of Cash Budget Management Personnel</p>
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05-Gary Hogelin



06 -Gary Hogelin



06a-Gary Hogelin



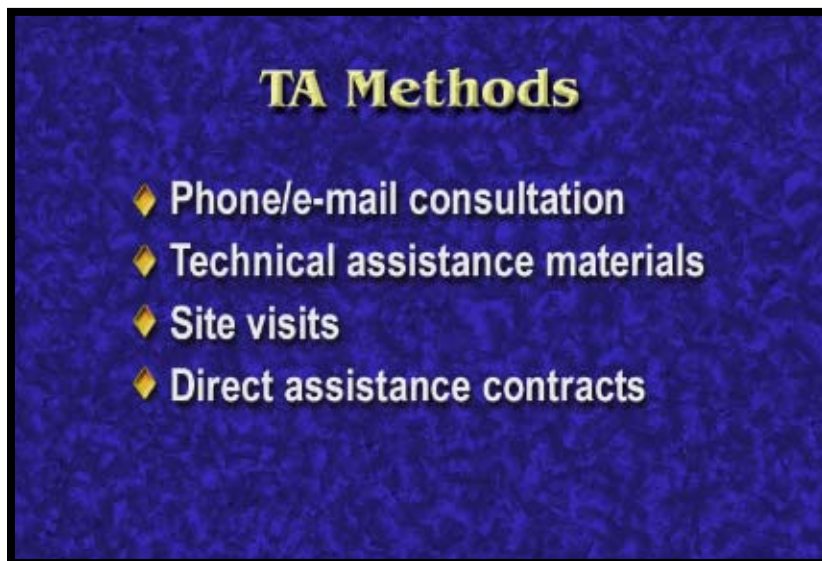
06b-Gary Hogelin



06c-Gary Hogelin



07-Gary Hogelin



08-Gary Hogelin

TA Methods

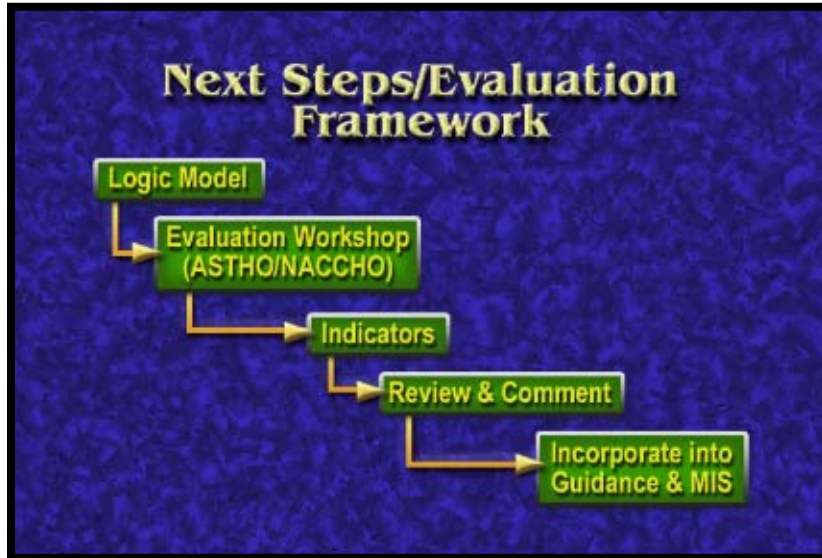
- ◆ Distance learning
- ◆ Workshops and meetings
- ◆ Face-to-face trainings
- ◆ Exercises and Drills

09-Gary Hogelin

Next Steps

- ◆ National Meetings
- ◆ Workshops
- ◆ Site Visits, Conference Calls
- ◆ Reports

10-Gary Hogelin



11-Gary Hogelin

- ## Other Important Notices
- ◆ Smallpox Vaccine Policy
 - ◆ Senate Appropriations

12-Gary Hogelin

Focus Area A Original Grantees

- ◆ Alabama
- ◆ California
- ◆ Colorado
- ◆ District of Columbia
- ◆ Hawaii
- ◆ Illinois
- ◆ Indiana
- ◆ Michigan
- ◆ New York City
- ◆ North Carolina
- ◆ Ohio

13-Pat Mehan

State and Local Preparedness Planning and Readiness Assessment

- ◆ 9 states and 2 cities awarded funds to:
 - Hire staff,
 - Conduct planning sessions with key stakeholders at the state and local level,
 - Assess current response capabilities, and
 - Develop response plans specific to bioterrorism.

14-Pat Mehan

Critical Capacities and Benchmarks

- ◆ **II.A CRITICAL CAPACITY:** ... the development and exercise of a comprehensive public health emergency preparedness and response plan
 - CBM#5 requires a timeline for developing a state-wide plan
 - CBM#6 requires a timeline for developing regional plans

15-Pat Mehan

Assessing Local Public Health Capacities

- ◆ **Public Health Preparedness and Response Capacity Inventory**
<http://www.phhpo.cdc.gov>
- ◆ **Domestic Preparedness Equipment Program Assessment and Strategy Development Tool Kit**
<http://www.ojp.usdoj.gov/odp/assessment/assessment.pdf>



16-Pat Mehan

Lessons Learned From 9/11 Anthrax Response

- ◆ Incident Command Structure
- ◆ Redundant Communications Systems
- ◆ Crisis Communication – General Public,
Health Providers,
- ◆ Surge Capacity – Laboratory,
Epidemiology,
Surveillance
- ◆ Environmental Evaluations
- ◆ Worker Health and Safety

17-Pat Mehan

Focus Area A Technical Consultants

Emergency Preparedness and Response Branch
770-488-7100

- ◆ Miguel Cruz
– Region I, II, IV and VI (Arkansas, Louisiana)
- ◆ Karen Cleveland
– Region V, VI (New Mexico, Texas,
Oklahoma), VII, X
- ◆ Daneen Farrow-Collier
– Region III, VIII, IX

18-Pat Mehan

National Pharmaceutical Stockpile (NPS) Program

Mission

To maintain a national repository of life-saving pharmaceuticals and medical materiel that will be delivered to the site of a chemical or biological terrorism event in order to reduce morbidity and mortality in civilian populations.

19-Steve Adams

The National Pharmaceutical Stockpile

Will provide:

- ◆ Broad spectrum of rapid support for ill-defined threats
 - 12-hour Push Packages
- ◆ Specific medical materiel to target known threats
 - Vendor Managed Inventory
 - Vaccines and Antitoxins
 - Rapid Purchasing of specific items

20-Steve Adams

The National Pharmaceutical Stockpile

Will provide:

- ◆ Technical assistance before and during an event
 - State and Local Grant Preparedness Program
 - Technical Advisory Response Unit (TARU)

21-Steve Adams

Changes in the NPS Since Fall 2001

- ◆ Oral antibiotics for prophylaxis now in 10-day dose regimen unit-of-use, child-proof bottles
- ◆ Support for state/local distribution planning
 - Telephone "help-line" available from FedEx transport/distribution specialists

22-Steve Adams

Federal and State/Local Partnering

CDC's role

- ◆ Ensure Rapid Delivery of NPS assets to affected state/locality during an emergency
- ◆ Provide Technical Assistance Before and During an Emergency

State/Local role

- ◆ Develop Plans to Distribute and Dispense NPS Assets
- ◆ Build Infrastructure/Operational Capacity to Carry out state/local plans

23-Steve Adams

State/Local Responsibilities

- ◆ Plan for the set up, operation, and management of a facility from which to receive, store, stage, manage, and, if necessary, repackage NPS materiel;
- ◆ Define the strategy and identify and put in place the methods, equipment, and personnel that will stage NPS materiel
- ◆ Establish a transportation plan and supporting resources necessary to transport NPS materiel received to those in your state who need it

24-Steve Adams

State/Local Responsibilities cont'd

- ◆ Plan for the set up, operation, and management of a system of dispensing sites that will provide prophylactic medications to protect the public from the threat;
- ◆ Create a detailed health communications effort to ensure that resources are in place to provide vital information to the public regarding the mass dispensing of medical materiel

25-Steve Adams

State/Local Responsibilities cont'd

- ◆ Coordinate with law enforcement and other security personnel to provide traffic and crowd control as well as protection of the people, facilities, and equipment that receive, distribute, and dispense NPS material
- ◆ Establish methods to ensure you are able to identify your ongoing NPS materiel needs
- ◆ Plan how you will recover unused material and other NPS items

26-Steve Adams

Critical Benchmark (#7)

“Develop an interim plan to receive and manage items from The National Pharmaceutical Stockpile, including mass distribution of antibiotics, vaccines, and medical materiel.”

27-Steve Adams

Key Elements of the NPS Critical Capacity

- ◆ **Develop an infrastructure component with the state-level terrorism preparedness organization.**
- ◆ **Provide fiscal support to help local and regional governments develop a similar infrastructure component.**

28-Steve Adams

State/Local Responsibilities

CDC is providing the tools to help

- ◆ NPS Preparedness Guidance Document (Version 9)
- ◆ Checklists and Planning Software
- ◆ Classroom and Hands-On Training
- ◆ Training, Education and Demonstration "TED" Package

29-Steve Adams

State/Local Responsibilities

CDC is providing the tools to help

- ◆ Technical and Physical Support of Exercises
- ◆ Patient Information Sheets/Medication Labels in 48 languages
- ◆ NPS Program ListServ

30-Steve Adams

**Main Functional Areas Covered in the
NPS Program Guidance Document
- Version 9**

- ◆ State/Local NPS Management Structure
- ◆ NPS Logistics
- ◆ Repackaging
- ◆ Distribution & Dispensing
- ◆ Treatment Center Coordination
- ◆ Communication and Security
- ◆ Training, Exercising, & Evaluating

31-Steve Adams

**Project Areas Visited by CDC's
NPS Program Preparedness Team**



32-Steve Adams

CDC's NPS Evaluation Structure

- ◆ Tied to NPS Program technical assistance effort
 - ◆ Began by assessing your grant applications
 - ◆ Revise assessments as a result of our site visits
- | | |
|-------|-------------------|
| Green | Prepared |
| Amber | Somewhat Prepared |
| Red | Not Prepared |
- Only 10% of the 62 Projects are approaching green

33-Steve Adams

CDC's NPS Preparedness Next Steps

- ◆ Help bring at least 2/3 of 62 project areas amber to green by September 30, 2003
- ◆ Continue Site Visits
- ◆ Continue NPS preparedness training
- ◆ Assist in the evaluation and testing of project area plans and operational capacities

34-Steve Adams



**CDC Website: www.bt.cdc.gov
NPS Program: 404-639-0459**



35-Steve Adams

Focus Area A Critical Benchmark #4

- ◆ “Prepare a timeline for assessment of statutes, regulations, and ordinances ...” (Including)
 - ◆ Credentialing, licensure, and delegation of authority
 - ◆ Executing emergency public health measures
 - ◆ Liability of healthcare personnel in coordination with adjacent states
- ◆ Most states are doing a more comprehensive review.

36-GeneMathews

Legal Preparedness Goal

- 1) Review full range of legal powers needed in a public health emergency.
- 2) Identify gaps that exist in current laws, regulations, and procedures.
- 3) Begin a process to prioritize and fill in such gaps

37-GeneMathews

Legal Preparedness Team

Usually include representative from:

- ◆ Health departments
- ◆ Their legal counsel
- ◆ Offices of Governor, AG's, and law enforcement at agencies
- ◆ Emergency management offices
- ◆ Agriculture departments

38-GeneMathews

Anticipate Resources & Planning Needs For:

- 1) Technical analysis and assessment of legal powers
- 2) Meetings, as necessary, at the state, regional, or national level
- 3) Exercises to test and evaluate legal preparedness

39-GeneMathews

Historical Context

1954: Two Ships Pass In The Night!

Salk Polio Vaccine - 1954

(End Of Community-Wide Public
Health Control Measures—500 Years!)

Brown V. Board Of Education - 1954

(Beginning Of Modern Evolution Of
Procedural Protections For Individual Liberties)

40-GeneMathews

One Assessment Tool

Draft Model State Emergency Health Powers Act

Designed To Assist States In Their Review of
Their Laws, Regulations, and Procedures

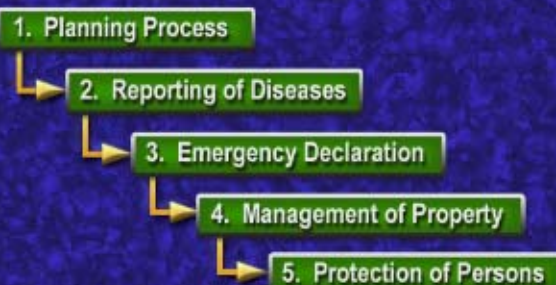
Most Recent Document: NCSL Checklist of Issues

www.ncsl.org (Look For Link To Checklist)

41-GeneMathews

Draft Model State Emergency Health Powers Act

5 Key Statutory Areas



42-GeneMathews

Current Situation

Assessment Of Existing Legal Authorities

- ◆ 13 Grantees have completed analysis of gaps
- ◆ 49 Grantees are currently conducting or planning to conduct gap analysis

43-GeneMathews

Current Situation

Assessment Of Existing Legal Authorities

- ◆ 40 Grantees report they have used or will use the Draft MSEHPA in conducting their analysis
- ◆ 45 Grantees reported at the start of this effort (04/02) that they believed they did not have adequate legal authorities to address this benchmark

44-GeneMathews

External Stepping Stones

- ◆ **Stone One: Interjurisdictional Legal Preparedness**
- ◆ **Stone Two: “Forensic Epidemiology” Course For Law Enforcement And Public Health Officials**
- ◆ **Stone Three: Encourage Community-Based “Legal Preparedness” Discussions This Fall**

45-GeneMathews

Critical Benchmark #4

Legal Preparedness Technical Consultant

Heather H. Horton, J.D.
Hhorton@cdc.gov
(404) 639-7494

46-GeneMathews

Focus Area B Critical Benchmark #8

Prepare a timeline for developing a system to receive and evaluate urgent disease reports from all parts of your state or local public health jurisdictions on a 24-hour-per-day, 7-day-per-week basis.

47-Sherrie Bruce

Focus Area B – Benchmark #8 Strengths of Workplan

- ◆ Clear concept of need
- ◆ Development of strong relationships with health care providers
- ◆ Education of critical health care providers
- ◆ Better feedback to health data providers to enhance reporting

48-Sherrie Bruce

Focus Area B – Benchmark #8 Strengths of Workplan

- ◆ Integration with ILI surveillance
- ◆ Development of lab-based surveillance
- ◆ Integration of human health and animal health surveillance, i.e., West Nile virus surveillance with encephalitis/meningitis surveillance

49-Sherrie Bruce

Focus Area B – Benchmark #8 Strengths of Workplan

- ◆ ICU surveillance for unexplained serious illness of possible infectious nature
- ◆ Effective usage of existing data sources, i.e. poison control centers, pharmacies, and 911 calls

50-Sherrie Bruce

Focus Area B Critical Benchmark #9

Assess current epidemiological capacity and prepare a timeline for achieving the goal of providing at least one epidemiologist for each Metropolitan Statistical Area (MSA) with a population greater than 500,000.

51-Sherrie Bruce

Focus Area B – Benchmark #9 Strengths of Workplan

- ◆ Provision for 24/7 on-call coverage for reporting and response
- ◆ Increased epidemiological capacity for outbreak investigations locally and statewide
- ◆ Increased training and relationship-building opportunities

52-Sherrie Bruce

Focus Area B Recommended Strategies

- ◆ Hire personnel as quickly as possible
- ◆ Make current systems as efficient as possible, while developing “perfect system”
- ◆ Plan systems well and evaluate technology thoroughly before purchasing

53-Sherrie Bruce

Focus Area B Next Steps

- ◆ Workshops to address IT, NEDSS, and fiscal management
- ◆ Site visits
- ◆ Lessons learned from B2 sites, Olympic preparation, and 2001 terrorism response

54-Sherrie Bruce

Increased Capacities

- ◆ \$26.3 m for personnel providing 433 FTEs (an increase of 360)
- ◆ \$27.3 m in equipment including 72 rapid detection instruments (RT-PCR or TRF)

55-Myron Wettrich

Increased Capacities

- ◆ \$30 m for laboratory renovations to update laboratory facilities to appropriate levels of bio-safety (BSL3) and security for working with BT agents
- ◆ Increased coverage and surge capacity. (23 additional PHL labs at a Level-B or higher in 14 states). Thirteen states have also requested that an additional 29 non-public health labs be made eligible for LRN membership status

56-Myron Wettrich

Critical Capacity-A1 Best Practices

- ◆ Hiring a full time laboratory program coordinator with responsibilities for external relations, communications, capacity assessment, training, and coordination of activities with the Level A labs

57-Myron Wettrich

Critical Capacity-A1 Best Practices

- ◆ Identifying and assessing all Level A laboratories in the jurisdiction to determine current testing capabilities, reporting practices, specimen referral practices and training needs
- ◆ Establishing a database of emergency contact person at each facility

58-Myron Wettrich

Critical Capacity-A3 Best Practices

- ◆ Jointly developing chain of custody procedures and protocols
- ◆ Establishing a designated contact lists

59-Myron Wettrich

Critical Capacity-A3 Best Practices

- ◆ Developing and implementing training for HazMat teams and First Responders, including sample collection and transport protocols
- ◆ Conducting joint training exercises and joint sponsorship of conferences with HazMat teams, first responders and local FBI representatives to emphasize the importance of their participation and establish their roles during a BT event

60-Myron Wettrich

Critical Capacity-B4 Best Practices

- ◆ Using viable non-pathogenic surrogate organisms specimen receipt, handling, processing and rule-out testing
- ◆ Contacting authorities
- ◆ Chain-of-custody
- ◆ Packaging and shipping of specimens

61-Myron Wettrich

Critical Capacity-B4 Best Practices

- ◆ Referral to the appropriate lab
- ◆ Confirmatory testing
- ◆ Reporting of results
- ◆ Communication to the public

62-Myron Wettrich

Focus Area C Update Meeting

**Marriott Century Center
Atlanta, Georgia
August 28-29, 2002**

63-Myron Wettrich

Focus Area C Update Meeting (Agenda Items)

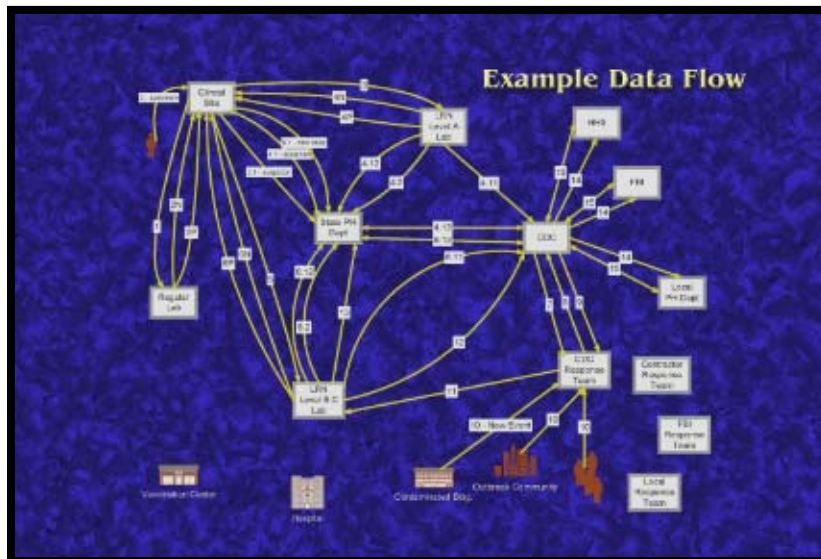
- ◆ Rapid detection assay development
- ◆ Laboratory information and specimen management systems development
- ◆ Environmental sample processing protocols
- ◆ Antimicrobial susceptibility testing

64-Myron Wettrich

Focus Area C Update Meeting (Agenda Items)

- ◆ Quality control and proficiency testing
- ◆ Laboratory training
- ◆ Laboratory security
- ◆ LRN membership expansion, (i.e. vet, food and environmental labs)

65-Myron Wettrich



66-John Loonsk



67-John Loonsk

Public Health Messages

Routine Public Health and Investigation of BT Detection

- ◆ Microbiology results
- ◆ Orders
- ◆ Chief Complaints
- ◆ Nationally Notifiable Diseases
- ◆ Hepatitis
- ◆ Meningitis
- ◆ Electronic Lab Reporting

68-John Loonsk

Public Health Messages

Draft Response

- ◆ Lab test request
- ◆ Lab result
- ◆ Case report
- ◆ Test result available notification
- ◆ Specimen container shipment
- ◆ Specimen context
- ◆ Intervention request
- ◆ Intervention result report
- ◆ Contact list report
- ◆ LDIF directory exchange
- ◆ Alerts & public health information dissemination

69-John Loonsk

IT Technical and Direct Assistance

Draft IT Technical Assistance Areas

- ◆ Multi-purpose, industry standard-based software functions
e.g. messaging system
- ◆ Installation and configuration of software functions
- ◆ Security integration
- ◆ Public Health Logical Data Model implementation planning
- ◆ Public Health Directory implementation assistance
- ◆ Laboratory Information Management System support / integration assistance

70-John Loonsk

IT Technical and Direct Assistance

Draft IT Direct Assistance

Contract Vehicles:

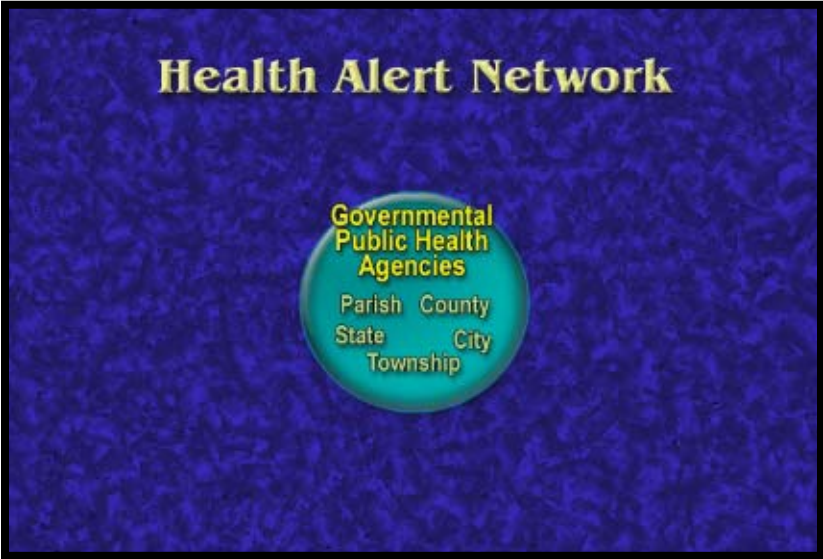
- ◆ Security Plan Development
- ◆ Independent Validation and Verification of Security
- ◆ Messaging Conformance Testing
- ◆ Continuity of Operations (COOP) Review and Plan Development
- ◆ Software Development Practice Assessment

71-John Loonsk

Benchmark #11

Prepare a time line for a plan that ensures that 90 percent of the population is covered by the Health Alert Network.

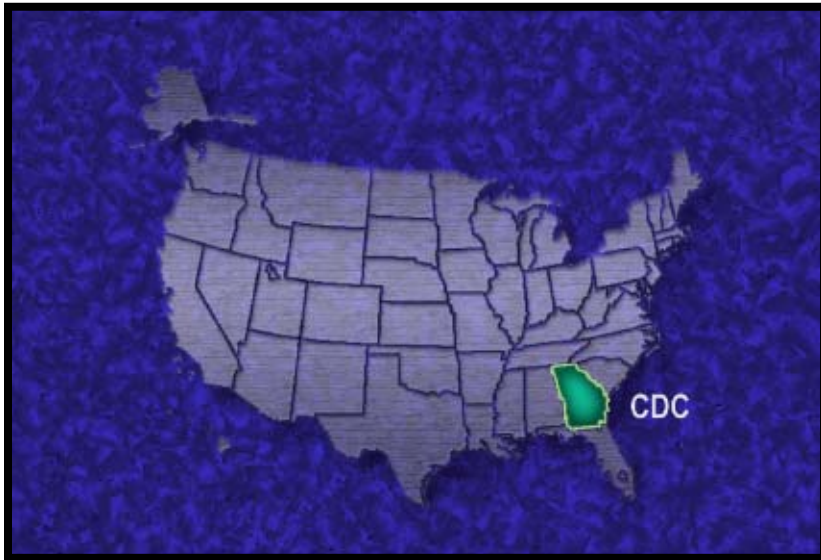
72-Steve Boedigheimer



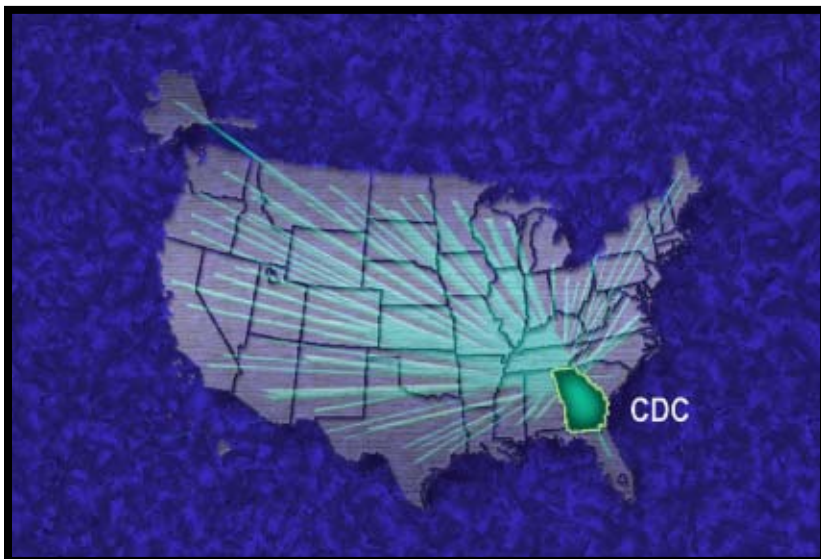
73-Steve Boedigheimer



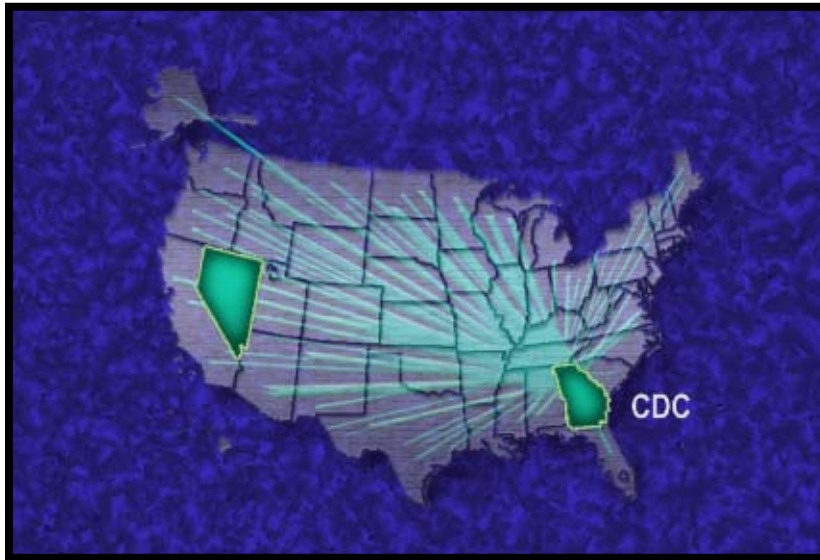
74-Steve Boedigheimer



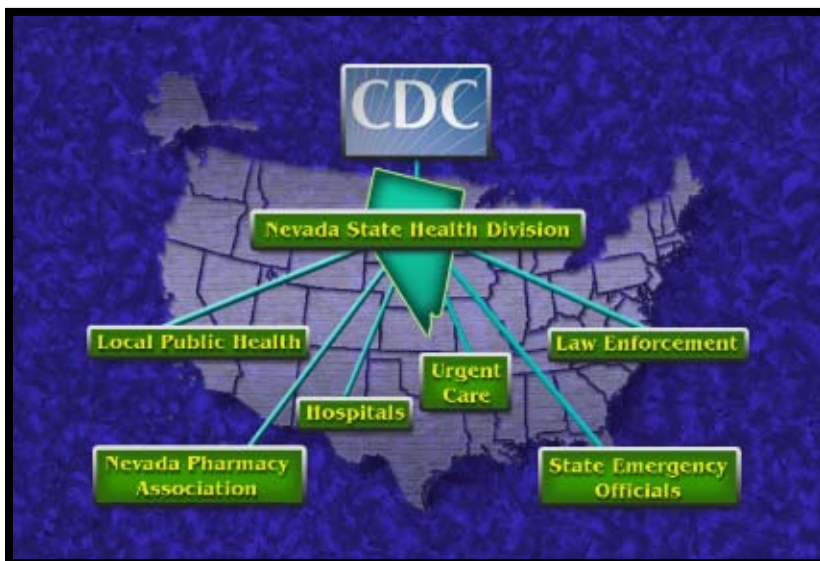
75-Steve Boedigheimer



76-Steve Boedigheimer



77-Steve Boedigheimer



78-Steve Boedigheimer



79-Steve Boedigheimer

Benchmark #12

Prepare a time line for the development of a communications system that provides a 24/7 flow of critical health information among hospital emergency departments, state and local officials, and law enforcement officials.

80-Steve Boedigheimer

Emergency Alerting Capacities

- ◆ Receive a message 24 hours a day, 7 days a week
- ◆ Assess the public health implications of a message
- ◆ Initiate an appropriate response

81-Steve Boedigheimer



82-Steve Boedigheimer

West Nile Virus in Louisiana



83-Steve Boedigheimer

Advanced Practice Sites

DeKalb County Board of Health - Decatur, Georgia
<http://dekalbhealth.net/bt/bt-home.html>

Denver Health - Denver, Colorado
<http://www.denverhealth.org/>

Monroe County Health Department
- Rochester, New York
<http://www.co.monroe.ny.us/health/>

84-Steve Boedigheimer

Advanced Practice Sites

Newly Funded

- ◆ Lawrence-Douglas County, Kansas
- ◆ Westchester County, New York

85-Steve Boedigheimer

Public Health Practice Conference

**October 28-November 1, 2002
Atlanta, GA**

**Integrating Communications and Learning
Systems for Public Health Preparedness**

<http://www.phppo.cdc.gov/>

86-Steve Boedigheimer

Focus Area F

Resource Multiplier

- ◆ Prevent misallocation of resources
- ◆ Strengthen credibility for recommendations
- ◆ Prevent illnesses and deaths
- ◆ Solid communication plan
- ◆ Consistent message
- ◆ Use emergency risk communication principles

Total funding for "F"- \$46 million

87-Barbara Reynolds

Workplan Analysis

Needs Assessment

- Contract: half of project areas
- In-house: half

Additional staffing

- Risk communication: majority add staff, about 1/3 contractors
- Information technology: about half of project areas
- Training: of those who reported 28 contractor, 31 staff, 17 both

88-Barbara Reynolds

Workplan Analysis

Challenges:

- ◆ **Contracts versus capacity in house**
- ◆ **Training versus planning (Critical Benchmark #13)**
- ◆ **Primary research (basic formative at this time)**

89-Barbara Reynolds

Workplan Analysis

Best practices:

- ◆ **Advisory Committees**
- ◆ **Separate websites**
- ◆ **Door-to-door plans**
- ◆ **Focus groups**
- ◆ **JICs & go kits**

90-Barbara Reynolds

What's Next?

CERC

- ◆ CDC Crisis and Emergency Risk Communication course
- ◆ Free on CD-Rom
- ◆ Available October 2002
- ◆ State "train the trainer" program

91-Barbara Reynolds

What's Next?

CERC-12 modules mix and match

- ◆ Psychology of a crisis
- ◆ Public health and media law
- ◆ Spokesperson trust and credibility
- ◆ Messages and audiences
- ◆ Roles and responsibilities
- ◆ Bioterrorism communication

92-Barbara Reynolds

What's Next?

CDC Public Response Service

- ◆ Available to all states now
- ◆ Toll-free information line
- ◆ E-mail response support
- ◆ Information can be localized

Contact: Judy Gantt 404 639-0831 Fax: 404 639-0834
jgantt@cdc.gov

93-Barbara Reynolds

What's Next?

CDC Public Response Service

- ◆ Provide CDC-approved information
- ◆ Calls and emails for local or state-wide emergencies
- ◆ Current capacity: 1,200 daily call response
- ◆ Directs callers to local resources
- ◆ Operates expanded hours during an emergency

Contact: Judy Gantt 404 639-0831 Fax: 404 639-0834
jgantt@cdc.gov

94-Barbara Reynolds

Intent: An Integrated Plan

- ◆ Developed and Implemented by States
- ◆ Training Across All Focus Areas
- ◆ Resulting in Sustainable Capacity

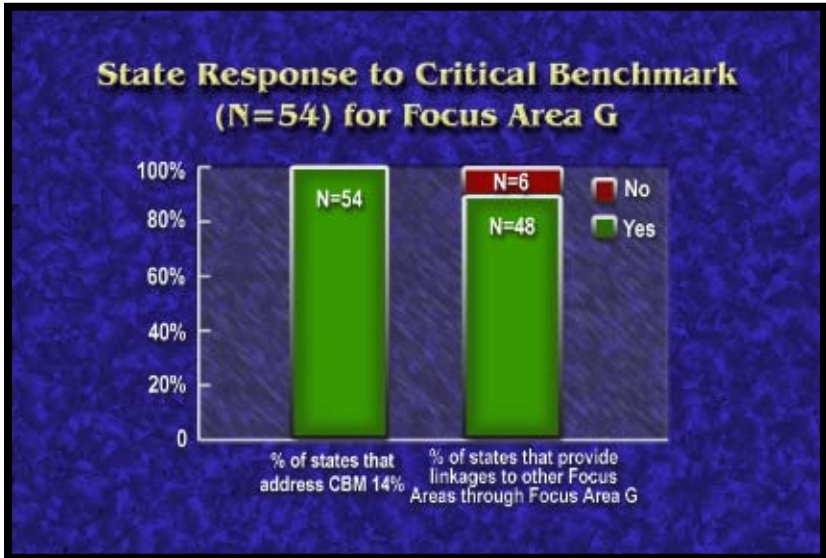
95-Maurine Lichveld

Critical Benchmark 14

Prepare a Timeline to Assess Training Needs – With Special Emphasis on:

- ◆ Emergency Department Personnel
- ◆ Infectious Disease Specialists
- ◆ Public Health Staff
- ◆ Other Healthcare Providers

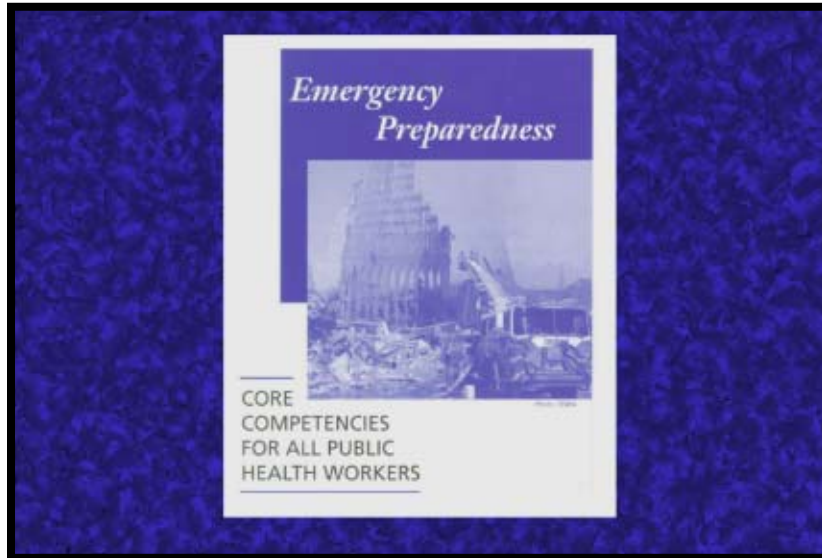
96-Maurine Lichveld



97-Maurine Lichveld



98-Maurine Lichveld



99-Maurine Lichveld

Bioterrorism Competencies

Domains	Target PH Audiences
◆ Preparedness and Planning	◆ Leaders
	◆ Clinicians
◆ Surveillance	◆ Laboratorians
	◆ Communicable Disease and Immunization Staff
◆ Response	◆ Environmental Health Professionals
◆ Communication	◆ Medical Examiners
	◆ Public Information Staff
◆ Recovery	◆ Support Staff

100-Maurine Lichveld

What Do We Know About Education and Training Key Content Areas?

- ◆ Unified and Incident Command Systems
- ◆ Communications/notification systems
- ◆ Risk Communication
- ◆ Biological/chemical/radiological/mass trauma
– diagnosis, treatment, consequences
- ◆ Pharmaceutical Stockpile Distribution

101-Maurine Lichveld

What Do We Know About Education and Training Key Content Areas?

- ◆ Worker Safety
- ◆ Legal Authorities
- ◆ Epi/surveillance; Laboratory Systems
- ◆ Information Technology
- ◆ Psycho-social Consequences

102-Maurine Lichveld

**Ideas That Should Lead to Improvements
Examples from State Work Plans**

- ◆ Education and Training Advisory Committee
- ◆ Accountable Core Team
- ◆ Competency-based Training
 - Based on needs assessments and performance
- ◆ Appropriate Use of Technology

103-Maurine Lichveld

**Ideas That Should Lead to Improvements
Examples from State Work Plans**

- ◆ Partnerships
- ◆ Evaluation – exercises and drills
- ◆ Builds on existing training resources
 - PHTN
 - NLTN
 - CPHP
 - FEMA, other

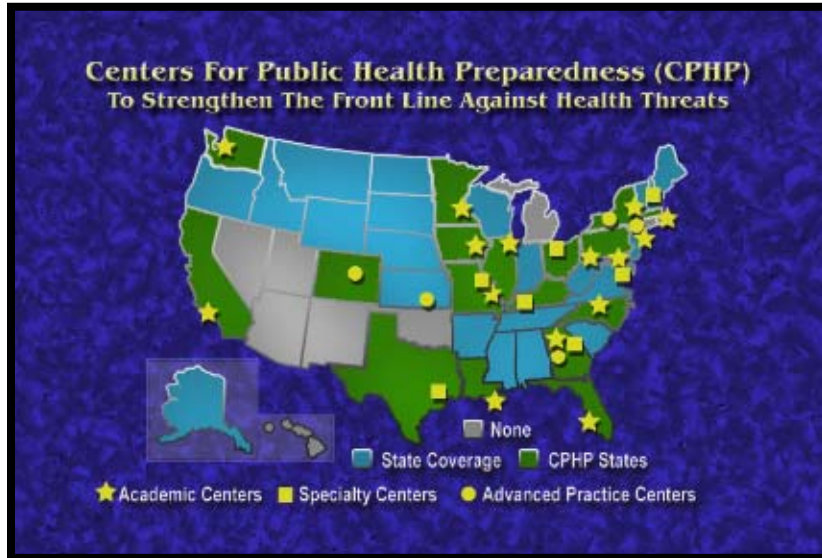
104-Maurine Lichveld



105-Dennis McDowell copy



106-Dennis McDowell



107-Dennis McDowell

**Public Health
Training Resources**

Training Finder
www.trainingfinder.org

108-Dennis McDowell

Federal Partners

- ◆ HRSA
- ◆ FEMA
- ◆ OEP
- ◆ DOJ
- ◆ DOD

109-Dennis McDowell

Linking Information and Learning Systems for Public Health Practice

Sheraton Atlanta Hotel
Atlanta , GA
October 28 – November 1, 2002

110-Dennis McDowell

**Public Health Workforce
Communication Center**

E-mail: phtraininghelp@cdc.gov

111-Dennis McDowell