

Leadership Group Call Minutes - Final
Monday, January 11, 2010
2:00 – 4:00 p.m. EASTERN

Facilitator: Liz Weist

Andrea Young
 Craig Thomas (Liaison)

Objectives: To update the Leadership Group on progress, discuss next steps, and take in ideas and direction.

CDC:
 Wanda King
 Alyson Richmond

Co-Chairs:
 Bill Keck
 Audrey Gotsch

ASPH:
 Laura Biesiadecki
 Katie Fischer
 John McElligott
 Liz Weist

Members in Attendance:
 Rick Clover
 Mike Handrigan
 Kraig Humbaugh
 Charlie Ishikawa
 Jim James
 Molly Jo Lamb
 Kathy Miner
 Bill Riley
 Ken Schor

Consultant:
 Kristine Gebbie

Members Not In Attendance:
 David Marcozzi
 Steve Rottman

Item	Lead	Discussion	Action Items and Status
1. Welcome and Roll Call	Bill Keck		
2. CDC Update	Andrea Young	The intent of this competency project is to use the competencies to inform the activities of the new CPHP grantees, which CDC intends to award in August 2010. The competencies will also be used to inform curriculum for CDC responders. Progress has been made and the project is moving forward.	
3. Review of Progress to Date and Update on the Timeline	Liz Weist and Laura Biesiadecki	<ul style="list-style-type: none"> While some administrative hurdles need to be cleared, the project deadline has been extended for an additional six months, to December 2010. This will allow time for a third round of electronic stakeholder input and additional vetting by partners and stakeholders. All forthcoming Leadership Group meetings will be virtual. The next Leadership Group meeting will take place in May 2010, with a fifth meeting in July, a sixth in September, and the final one to vet and approve the model in November. Specific dates and times are forthcoming. 	

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		<ul style="list-style-type: none"> • Thanks to the Leadership Group members (Bill Keck, Kathy Miner, Jim James, Molly Jo Lamb, and Charlie Ishikawa) who presented at the November Town Hall in Philadelphia at ASPH’s Annual Meeting. See the website for the slides and the summary from this Town Hall. • The Results from Round 1 of Electronic Stakeholder Input (formerly called “Delphi Round 1”) that was released in late September 2009 were presented. Eighty-four percent of the participants responded and answered all questions. This input strongly supported the 11 proposed domains, but the comments on the domain definitions led to the dropping of crisis, preparedness, and response modifiers in the domain titles and the inclusion of “Public Health” in the new project logo and title for the model. Kristine will review specific changes later in the agenda. A member asked for more information regarding the “Crisis Leadership” definition results. Laura shared that the low acceptance rate was due to the inclusion of the term “crisis leadership” within the definition. • Two new consultants have been brought on to the project: Kristine Gebbie and Elizabeth Ablah (University of Kansas School of Medicine). Kristine also will continue her role on the Leadership Group. Staff thanked Kathy Miner for helping bridge the gap in consulting support over the summer and fall. • Review of the project Website, new Frequently Asked Questions (FAQs) draft, and new resource listing. Staff asked Leadership Group members to review the FAQs and share any feedback by next week. Kristine recommended that each member of the LG send in the single question they are most frequently asked by colleagues about this project. 	<p style="text-align: center;">Leadership Group members to review the FAQs and share any feedback by Tuesday, January 19— DONE</p>
<p>4. Discussion of the Refined Target Audience and New Domains and Definitions</p>	<p>Kristine Gebbie</p>	<p>Kristine discussed the difference between Council on Linkages (COL) competencies and this model, noting while COL is geared towards public health professionals, this model is mandated by PAHPA to include all public health workers. Thus, a COL Tier2 worker is different from the public health worker targeted in our effort. Kristine explained that because of this, the preparedness model’s target audience may have more experience, but less education.</p> <p>After concern that the definition may be too narrow as well as too anchored to the “Tier 2” definition of the COL model, Kristine recommended expanding the scope to include workers after 10 years regardless of academic requirements. Discussants also agreed to: (a) drop the “Tier 2” label and to say, “a public health worker who…” after which a footnote would be included to note the target audience was adapted</p>	<p style="text-align: center;">Staff to remove mention of “Tier 2,” reduce the experiential requirements, and include examples of workers that fit within the</p>

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	<p>from COL “Tier 2” definition; and, (b) put a face on the target audience by spelling out examples of the workers targeted, specifically nurses and sanitarians. It is anticipated that this personalization of the model would assist the workforce in seeing themselves among the audience for the competencies. Andrea noted that a focus on this mid-level worker would provide enough breadth from which to develop training.</p> <p>In answer to a question about the most recent data on the composition of the public health workforce, Kristine responded that data from the 2000 enumeration survey still stands and that we might consider half the workforce to fit in the mid-level tier that we have outlined in this project. Accordingly, about 40% may fall in the tier below that and about 10% in the tier above it. She added that a review of hiring requirements might be helpful in determining qualifications and experience required for current positions.</p> <p>Kristine then discussed the nine definitions/domains which resulted from the first round of input. She highlighted that achieving parsimony, clarity, and reduced use of jargon were the guiding principles when editing the domains and definitions. The report follows:</p> <p><u>Communication</u>: this domain now includes “Information Management” and the notion of “community.” There was a question about whether this includes inter-agency communication. It was clarified that part of communication is identifying one’s audience and tailoring the message, which could be an audience of one, an agency, or a population. It was suggested that we may need to define “audience” (and to describe it broadly, beyond size), to guide the Communication workgroup.</p> <p><u>Epidemiology</u>: this domain combines “Surveillance” and “Investigation.” Discussants agreed to add specific mention of recovery to the phases listed in the definition.</p> <p><u>Hazard Vulnerability and Risk Assessment</u>: includes both possible threats and available assets. It takes place both in advance of an event as well as an event unfolds.</p> <p><u>Interventions</u>: applications in the interest of health, resilience, mental health and recovery of a community. Clinicians and the public health workforce most clearly</p>	<p>model— DONE</p>
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		<p>diverge here.</p> <p><u>Leadership</u>: “Ethics” from the Legal domain was rolled into this domain.</p> <p><u>Legal Authority</u>: how one functions within legal context during an event.</p> <p><u>NRF</u>: changed from NIMS, because it needed to encompass broader framework.</p> <p><u>Planning and Improvement</u>: this domain includes personal plans and agency readiness, as well as exercises and drills.</p> <p><u>Worker Health and Safety</u>: this domain includes physical and mental health of all workers. Discussants agreed to add resiliency as a component.</p> <p>In answer to questions, Kristine reminded the group that we should not get too specific since these are core competencies and she cautioned against applying agency-wide competencies (capacity) to individuals.</p>	<p>Staff to add “recovery” to the “Epidemiology” definition and “resilience” to the “Worker Health and Safety” descriptor—DONE √ 1/13/10</p>
<p>5. Discussion of Next Steps</p>	<p>Liz Weist and John McElligott</p>	<ul style="list-style-type: none"> • Eight of the domain-specific workgroups will meet February 2-4 in Atlanta. The NRF workgroup is anticipated to result in only one or two competencies and, thus, will be handled via conference call. Strong chairs and an optimal composition of eight members – two federal reps, two state reps, two local reps, and two academic reps – have been sought for each workgroup. • ASPH’s Dr. Spencer will present on the project to the Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness and Response (FETIG) on Feb. 3 or 4 • Thanks to Jack Hermann and his team, we have arranged a Town Hall Session at NACCHO’s Preparedness Summit on February 17 from 1:30-3:00 p.m. at the Atlanta Marriott Marquis. All Leadership Group members are welcome to join Audrey, Bill, and Andrea in hosting the Town Hall. Kristine will be in attendance, as well. In response to the question, the following additional members indicated they planned to attend the Town Hall: Charlie Ishikawa, Jim James, Kathy Miner, and Bill Riley. • Presentation to CDC Board of Scientific Counselors in April • Release of Round 2 of Electronic Stakeholder Input in May, with the fourth Leadership Group call occurring before this release 	<p>ASPH to send Preparedness Summit Abstract to Leadership Group members—DONE √ 1/11/10</p>

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		<ul style="list-style-type: none"> Liz thanked all members of the Leadership Group for the opportunities they have provided ASPH to promote the project (e.g. ASTHO preparedness calls in the fall and the AMA-supported competencies summit in December). She encouraged continued dissemination of the effort to all vested stakeholders and, in particular, Leadership Group members' constituencies and partners. 	
6. Open Discussion: questions, comments, ideas		Participants discussed the concept of resiliency, and where it might fit within the model. Discussants agreed that resiliency should be addressed throughout the model, not as individual competencies, but as an over-arching goal. This approach is in line with other models.	
7. Adjourn	Bill Keck/ Audrey Gotsch	With no further discussion, the co-chairs thanked the participants and adjourned the call.	

Approved by Leadership Group on 06/29/10.