

# Preparedness and Response Core Competency Town Hall Draft Summary (11/30/09)



**Meeting Date:** Sunday, November 8, 2009  
**Time:** 2:30 p.m. – 4:00 p.m.  
**Location:** Pavilion Room  
Ritz-Carlton Hotel  
Ten Avenue of the Arts  
Philadelphia, PA 19102  
**Objective:** To provide an update to stakeholders and partners on development of a preparedness and response core competency model for the public health workforce.  
**Co-chairs:** Dean Audrey Gotsch (UMDNJ) and Dr. C. William Keck (NEOUCOM)  
**Staff:** Laura Biesiadecki, John McElligott, and Elizabeth Weist

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## **Leadership Group Members Present:**

Bill Keck (Akron DOH, retired, and Professor Emeritus, Northeastern Ohio Universities College of Medicine), co-chair  
Kathy Miner (Emory Rollins School of Public Health)  
Charlie Ishikawa (International Society for Disease Surveillance)  
Jim James (American Medical Association)  
Molly Jo Lamb (Illinois Department of Public Health)

## **Participants:**

Moose Alperin (Emory)  
Luann D'Ambrosio (Washington)  
Michael Bisesi (Ohio State)  
Jack Davis (High Alert)  
Alina Dorian (UCLA)  
Diane Downing (Arlington County, VA)  
Elizabeth Fontham (LSU)  
Lois Hall (Ohio Public Health Association)  
Laura Lloyd (Emory)  
Lisa McCormick (UAB)  
JoLynn Montgomery (Michigan)  
Debra Olson (Minnesota)  
Glenn Paulson (UMDNJ)  
Maurice Ramirez (High Alert)

Michael Reid (USF)  
Allison A. Sakara (High Alert)  
Laurita Santacaterina (Tulane)  
Kim Shoaf (UCLA)  
Eula Spears (Kentucky)  
Michael A. Stoto (Harvard)  
Patt Sweeney (Pittsburgh)  
Marcia A. Testa (Harvard)  
John Williams (Kentucky)

## **Staff:**

Laura Biesiadecki  
John McElligott  
Elizabeth Weist

## **Welcome and Overview**

Kathy Miner welcomed participants, noting she was standing in for the project co-chair, Dean Audrey Gotsch, who had to return home unexpectedly. Dr. Miner stated that the project is moving us forward in defining competencies for preparedness and response for the mid-tier public health workforce. Dr. Miner reviewed background context so the audience would have a common understanding of the project. Those present introduced themselves and identified their

organizations. Dr. Miner explained ASPH's role will be to bring experts together who understand both instructional/educational methods (academics) and preparedness and response practice (practitioners) to develop the competencies.

### **Acknowledgement of Funders and Key Partners**

Dr. Bill Keck acknowledged the CDC for funding the project. He thanked key partners in CDC, including Dr. Daniel Sosin, Dr. Andrea Young, Ms. Wanda King, Dr. Robyn Lebovitz, and Ms. Liane Hostler. Dr. Keck then thanked key partners in public health practice, including the Centers for Public Health Preparedness, NACCHO, ASTHO, the Council on Linkages Between Academia and Public Health Practice (COL), APHA state affiliates, and others.

### **Review of Background Material**

Dr. Keck next reviewed the Pandemic and All-Hazards Preparedness Act of 2006 and the key sections relating to the project. He explained how the competency model will be built on foundational competencies developed by the COL. Dr. Keck said over 60 percent of the subject matter experts involved in the project are public health practitioners.

### **Review of Round One of Stakeholder Inputs (formerly called "Delphi Round 1")\***

John McElligott explained the techniques and tool used in the first round of stakeholder input. He stated that the round one, 267 subject matter experts received an invitation to participate, of which 223 (84%) responded and completed all questions. Approximately half the participants in the room acknowledged that they participated in the first round of stakeholder inputs. Laura Biesiadecki then provided an overview of the quantitative responses and provided some highlights from the qualitative responses.

### **Discussion with the Audience**

Some comments and suggestions from the audience follow:

1. management could be absorbed by the National Incident Management System (NIMS) domain;
2. since the domains were already identified, it was difficult to comment on the overall framework;
3. there is an important difference between preparing for emergencies and responding to them;
4. it will be difficult to align the model with the underdeveloped public health component of the Target Capabilities List (TCL) and the work of the Department of Homeland Security (DHS), which is really a law enforcement organization,
5. the model could be improved by the:
  - a. addition of public health interventions and recovery actions;
  - b. inclusion of injuries as well as disease;
  - c. clearer expression of the continuum of preparedness and response;
6. we are in a unique position to drop disciplinary silos in this project, both in theory and practice;
7. the ecological framework, in which public health operates, is an important perspective to consider in recovering a community. We do not want the "new normal" to be a crisis state;

8. the time frame for the competency model is short-term and the recovery will focus on helping a community return to something like its normal state -- longer-term resilience is very different; and,
9. “public health” should be in the title of the competency model.

A participant asked where community is included in the draft domains. Ms. Biesiadecki noted that working with communities is included in two domains -- the Leadership domain and the Preparedness Planning and Improvement domains -- and is also embedded in the foundational competency model developed by the Council on Linkages. In answer to her question, some in the audience suggested that the domain titles all should include either “preparedness and response” or “emergency,” however; some participants disagreed with this approach.

Ms. Biesiadecki reminded the audience that the domain titles and domain definitions, as well as the organization thereof are draft versions and that much more work will be needed to improve the model. She noted that ASPH staff will maintain records of all input during the development process and consider each suggestion.

### **Next Steps**

Liz Weist then reviewed the next steps for the project, noting that the timeline is subject to change, and that the current aim is to deliver the finalized competency set by June 30, 2010. She added that staff will post the slides from this town hall, Frequently Asked Questions (FAQs), and more information on the website. Ms. Weist noted changes to the domain titles and domain definitions may occur based on the initial round of stakeholder inputs and she thanked the participants for their role in shaping the effort. She explained that ASPH staff is drafting a starter list of preliminary competencies from a literature review of over 60 existing competency frameworks, articles, and other documents. In answer to the question of whether those resources may be made available, she noted that we would see about posting the source documents.

Ms. Weist said the ASPH-CDC plan includes using small workgroups to review, either in-person or at a distance, the preliminary competencies for each domain. The workgroups will meet, most likely, in January and February 2010. After the preliminary competencies have been reviewed by workgroups, ASPH staff will ask the subject matter experts for input via a second round of stakeholder inputs. If the timeline is able to get extended, staff would look to hold a third round of stakeholder inputs, as well.

### **State, Local, and National Professional Partner Perspectives**

Molly Jo Lamb provided a rationale for and examples of this project’s importance at the state level. She noted that the pending competency set will help us “talk the same talk” and will assist in developing a more standardized competency-based training curriculum.

Charlie Ishikawa said the competency model would provide a valuable framework for training in the field and specified that the project would: result in better off-the-shelf products and assist in interoperability among locals on the ground.

Jim James noted that everyone is vested in public health preparedness and response. He cited Homeland Security Presidential Directive-21 saying that public health competencies can and should be unique, but noted that he supports common competencies across disciplines and that a good model would give the workforce the tools to adapt to all-hazards scenarios. Dr. James noted that the AMA will convene the Third National Congress on Health System Readiness in December. Among other items, the National Congress will look at all the different groups working on competencies.

### **Adjourn**

To close the Town Hall meeting, Bill Keck thanked the Leadership Group members who joined in and the Town Hall participants for their time, questions, and comments and for providing helpful feedback on the project.

For more information, please visit: [www.asph.org/competency](http://www.asph.org/competency).

*\*shortly after the meeting, project staff changed the name of the process of gathering volunteer stakeholder input from "Delphi Rounds" to "Round xx of Stakeholder Input." This change is due to the fact that true Delphi processes use the same data in each subsequent round while this process is adjusting the questions in subsequent rounds to appropriately address larger conceptual points and resolve problematic issues exposed in the process. Analysis of each round of stakeholder input and reasons for subsequent changes will be summarized in the final project report.*