

Public Health Preparedness Cross-Borders Issues Roundtable



Lessons Learned: Models for Planning and Response

May 2, 2006

Park Plaza Hotel, Bloomington, Minnesota

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Conference Proceedings

Recent natural disasters and current concerns about pandemic influenza highlight our interdependence and need for collaboration. This program was intended to increase understanding regarding common components of existing collaborations and provide participants the opportunity to learn from identified strengths and weaknesses of cross-border emergency preparedness planning models that have been developed.

Representatives from Iowa, Minnesota, Nebraska, North Dakota, South Dakota, Wisconsin, and the bordering Canadian provinces of Manitoba, Ontario, and Saskatchewan reconvened for this roundtable, which was the third in a series of working forums that addressed critical issues of public health and emergency preparedness.

Sponsored by:

The University of Minnesota Center for Public Health Preparedness
The University of Iowa's Upper Midwest Center for Public Health Preparedness

The presentations at this roundtable were digitally recorded and are available for viewing at either of the center's web sites at:

<http://cpheo.sph.umn.edu/umncphp/> or <http://www.public-health.uiowa.edu/icphp/>



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Summaries of Presentations

Presenter: Dan Stier

Overview of Current Domestic and U.S./Canadian Border Public Health Collaborative Efforts – U.S. Perspective

Dan Stier, a Public Health Analyst with the Public Health Law Program at the U.S. Centers for Disease Control and Prevention (CDC), presented the U.S. perspective of public health collaboration between the United States and Canada. In this presentation, Stier focused on the use of mutual aid, a term he defined as assistance rendered by one government entity to help another government entity respond to emergency conditions. Stier's presentation pointed to issues such as legal and constitutional liabilities, compensation provisions and liabilities, and the licensing of professionals who respond to emergencies in good faith. Stier noted the importance of continued encouragement of mutual aid, the understanding of limits and compliance when responding or requesting aid, as well as developing knowledge of neighboring states' and countries' laws.

Presenter: Wayne Dauphinee

Overview of Current Domestic and U.S./Canadian Border Public Health Collaborative Efforts – Canadian Perspective

Wayne Dauphinee, Executive Director of the Emergency Management Branch, British Columbia Ministry of Health, provided the Canadian perspective of public health collaboration between the United States and Canada. Dauphinee offered an understanding of the Canadian public health system and defined Canada's National Health Emergency Management Framework. Dauphinee also pointed out new and existing public health issues such as infectious disease, chronic disease, environmental threats, and persistent disparities in health for some groups. He also highlighted gaps the public health system needs to address in order to plan and recover from emergency situations.

Presenter: Wayne Turnberg

**Regional Programs Crossing Canadian Borders
Pacific Northwest Initiative**

Wayne Turnberg, Cross-Border Surveillance Workshop Coordinator and Bioterrorism Epidemiologist with the Washington State Department of Health, presented the Pacific Northwest Initiative as part of the "Regional Programs Crossing Canadian Borders." The Pacific Northwest Initiative's goal is to establish a seamless cross-border/cross-jurisdictional public health infectious disease surveillance and response network. Turnberg emphasized the importance of building and strengthening cross-border relationships, understanding response systems across borders, identifying obstacles and actions to overcome obstacles, in addition to establishing workgroups, plans, and timelines to address the needed actions.

Presenter: Katherine Allen-Bridson
Regional Programs Crossing Canadian Borders
Great Lakes Border Health Initiative

Katherine Allen-Bridson, Border Health Program Coordinator at the Michigan Department of Community Health, presented the Great Lakes Border Health Initiative. This initiative is a partnership between departments of health in the Great Lakes area, tribal health organizations, local health departments, border area hospitals, the CDC, and the Public Health Agency of Canada. The presentation included results of a border health assessment, a draft of the Great Lakes Border Health Initiative, findings of individual subcommittees, and lessons learned when working with border health collaborations.

Presenter: Kathy Hastings
State to State/Regional Initiative
Mid-America Alliance

Kathy Hastings, Director of the Mid-America Alliance (MAA), presented information regarding interstate public health mutual aid and the development of the Mid-America Alliance. The MAA covers 24% of the United States, including the following states: Iowa, Missouri, Kansas, Colorado, Utah, Wyoming, Nebraska, North Dakota, South Dakota, and Montana. The purpose of the MAA is to develop a framework for providing mutual assistance between states during a public health crisis that does not initiate a governor declaration of emergency and to augment the Emergency Management Assistance Compact regionally. In this presentation Hastings defined the purpose of MAA, the importance of regional planning, the framework for providing mutual assistance, the public health infrastructure, and examples of successes and challenges surrounding regional mutual aid.

Presenter: Frederick V. Peterson, Jr.
Health Systems and Business Perspectives
Health Care Industry

Frederick V. Peterson, Jr., Director of Constituent Services, Hospital Council of Western Pennsylvania, provided the health care industry perspective on preparedness for bioterrorism and weapons of mass destruction. Peterson addressed key concepts such as credible threats, system response, and hospital response and readiness. He also provided examples of surge pressure, socially disruptive event variables, and basic questions to consider when planning for bioterrorism and weapons of mass destruction.

Presenter: Gary Olmstead
Health Systems and Business Perspectives
Private Industry

Gary Olmstead, Corporate Director of Safety and Environmental Management at General Mills and Adjunct Professor at the University of Minnesota School of Public Health, provided the private industry perspective when planning for cross-border emergencies. General Mills, the world's sixth largest food company with products manufactured and marketed globally, takes emergency planning and response very seriously. In Olmstead's slides he featured guides that General Mills uses to plan, define, report, communicate, and respond to emergency incidents. Within this presentation, Olmstead included

General Mills' Influenza Preparedness Protocol and key steps of an effective pandemic plan.

Presenters: Karen Moser and James Hausauer

Local Collaborations

Minnesota Department of Health - Karen Moser

Fargo Cass Public Health - James Hausauer

Karen Moser, Public Health Preparedness Consultant at the Minnesota Department of Health, and James Hausauer, Emergency Preparedness and Response Coordinator at Fargo Cass Public Health, jointly presented how they work together as a local collaboration. In cooperation with each organization the two focus on pre-event planning, community influenza, communications, clinical care issues, and risk communications to the public. They emphasized the importance of maintaining consistency; the building and maintaining of relationships; the continuance of planning and exercising across borders; and sustaining communications internally, externally, and across borders.

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2006 PUBLIC HEALTH AND PREPAREDNESS: CROSS-BORDERS ISSUES ROUNDTABLE: LESSONS LEARNED: MODELS FOR PLANNING AND RESPONSE” – Breakout Session Summary/Themes

The following questions were addressed in facilitated small group and/or large group discussion during the afternoon of the Roundtable held on May 2, 2006.

1. What common features did you identify across models or organizational systems for planning and response?

COMMUNICATION

- Increased collaboration
- Increased communication
- Know your partners
- Communication (the need for and importance of staying informed)
- Need for survival of programs we heard about today; need to promote programs
- Importance of relationship building
- Need for promotion
- Meeting face to face

ORGANIZATIONAL

- Lack of adequate resources
- No one entity can grasp all of the issues
- Funding issues
- Commitment and buy-in need to be there upfront
- Sense of leadership and responsibility regarding workgroups—someone responsible for reporting back deadlines so there is accountability
- High level support
- Insight that emergencies start locally
- Culture
- Working with tribes—how this is done
- Gaps/challenges, especially across international borders
- Success of “just do it” approach
- Planning stage
- Working towards formalized agreements
- Long-term process
- Organizational make up (1/2 employees and workgroups)
- Resolution/solutions required are time and HR intensive
- Financial issues
- No one entity that can grasp all issues
- Some type of working agreements
- Built components, now work on systems, internal issues, authority, finances, etc.
- Need to stay informal—get more done
- Most had hand shake agreements moving towards finalization
- Most in planning stages
- Most recognize need and have brought others to table
- Workshops that met and strong leadership to ensure “on track”/moving forward
- Reports/documentation (importance of)
- Must deal with ambiguity, slow systems, culture issues
- Mentioned working with IHS/tribal, but lack specifics

- Paid attention to lessons learned and made improvements
- Importance of local involvement/support/perspective
- All took on huge jobs and broke them into smaller manageable steps
- Pride/passion/drive—degree of commitment
- Innovative—cutting edge, for survival
- Common workgroups
- Multi-jurisdictional
- Funding is an issue
- Other resources—time, etc.
- It was hard work/not easy
- Moves at the pace of politics
- Commitment/buy-in
- Need for a dynamic/experienced leader.
- Content
- Start with easiest/least resistance

LEGAL

- Legal issues worked out collaboratively
- Legal/liability/licensure issues—need to ensure all have up-to-date information
- Legal issues—multiple and difficult to resolve
- Legal/liability/licensure issues—workers' comp
- Personnel/licensing/liability
- Legal/liability issues/gaps
- Legal issues/obstacles—need for specific legal workgroup
- Legal issues—multiple and difficult to resolve
- Legal/liability/licensure issues—workers' comp
- Personnel/licensing/liability
- Legal/liability issues/gaps
- Legal issues/obstacles—need for specific legal workgroup

2. What surprised you the most about the models you heard about?

Communication

- Impact of media—do not know how will spin when event occurs and how deal with it
- Not surprised that communication processes need to be enhanced
- Not surprised that you need to know players before event
- Similarities—see similar issues and we are talking to each other
- Lack of awareness of activities occurring in our region, need for communication
- How similar the issues were across borders, (state and federal) challenges in communications, legal issues, sharing resources
- Media impact of first death news
- Ability to communicate instantly—what happens, we expect instant
- How much progress along Canadian border collaboration—while in some geographic areas, not so much progress

Planning and Organization

- Surprised that MN and WI not involved in MAA and that membership has not taken place
- Similarity between programs—good thing; common issues are being addressed

- Lack of awareness of some of the programs—not everyone might be involved; who should be
- Need to have details and priorities to take away that can be implemented.
- Still gaps that need to be filled; keep identifying additional gaps
- Many issues still at broader level
- Local cross-borders have MOUs
- How detailed and advanced General Mills plan is.
- Not surprised that issues are cross-disciplinary
- Not surprised the need to address internal issues first
- Impressed with amount done with fairly limited staff and resources
- Impressed with amount done with Canada
- Impressed with number of people who cross the border to work every day and planning that needs to take place regarding that
- MAA—surprised that MN and WI were not involved and that membership expansion has not taken place.
- Top level is great; need details and priorities for implementing action. We are inventing it, it doesn't exist (new role, sometimes), which makes similarity reassuring.
- We continue to plan in silos even though we're saying multi-hazards
- MAA only addresses health crises
- Supply issues—medical, funeral: we have “as needed,” no inventory or back-ups
- Both governments say they will close the borders, but we're here talking about cross-borders
- Lots of gaps and more work to do: food supply, transportation, utilities (workers, garbage); need to expand the plan—snowball effect of loss of business continuity, how do we plan for this

Legal

- Number of unresolved legal issues that surround cross-border issues
- Surprised that local cross-borders have MOUs while the two states do not
- How similar the issues were across borders, (state and federal) challenges in communications, legal issues, sharing resources
- Number of unresolved legal issues related to cross-borders issues.

Other things that surprised workshop participants

- Shelter in place—how effective would this be? Not many can work from home?
- Role of politics to keep programs sustained
- Still working in silos versus all-hazards
- Surprised by the politics
- Only addressed broad issue—did not drill down to minutia
- Some were already familiar with models
- Impact of isolation and length

3. Are there other key elements or features in your own local collaborations that haven't been identified today?

COMMUNICATION

- Public awareness and communication
- Needs to be more details about engaging local business community
- Amateur radio—out there; how sustain

- Surveillance and communication
- Keep informal communications as part of cross-border work
- Message mapping is key
- Sharing tools and templates that are in place.

LEGAL

- Intrastate mutual aid compacts (IMAC)
- EMAC is not a federal program

PLANNING AND ORGANIZATION

- How best to leverage the \$
- Working with local government in long-term infrastructure planning
- Incorporate larger health care planning
- Importance of patient care coordination and working with a variety of providers
- Specific issues—talk about and get concrete planning done
- More stress on business continuity plans
- Training was not mentioned that much; need to have training before event occurs across jurisdictions, local, state
- Strategic National Stockpile—local work cross-border
- Animal aspect of planning (e.g., avian flu)
- Citizen participation; Involvement of citizen core
- Environmental Health issues
- Schools and use of these facilities
- Veterinarians and animal care
- Political leadership and involvement
- Mental health/behavioral health (need to be addressed)
- Federally qualified health centers—another voice maybe want to incorporate
- Patient care surge capacity—hospitals, home care, parish nurses, Red Cross, nursing homes, clinics
- Incorporate health care planning more in these discussions (e.g., hospitals, clinics, VAs, LTC, schools, prisons, etc.)

Other elements in local collaborations that were not identified in the workshop

- Find some specific issues to delve into and discuss at length
- Include workshop element
- Templates/products/resource room would be useful

4. What features of the models would be applicable or could you apply in your own jurisdiction?

COMMUNICATION

- Communication workgroup (Great Lakes)
- Face-to-face meetings important; build relationships
- More public communication/engaging public
- Communicate with business for preparedness planning
- Learning who the persons across our borders are and connect with them
- Commitment from partners
- Building relationships among local/state/cross-borders counties

- Multi-state coordination especially with patient care (private health care and hospitals)
- Communication GWBI “support group” developing relationships with state PHDs info officers and others
- Communicate with business for preparedness planning
- MAA—public communication
- More public communication, needs to be more uniform without a (conspiracy perspective) (i.e., mumps issues)
- NPHIC—state health communicators group, May 9 ABC movie about bird flu current star
- Involving local public health more to develop relationships across borders

PLANNING AND ORGANIZATION

- MAA focus on non-emergency problems
- Decision tree valued—mapping out processes
- Look at other pieces out there—e.g., food
- Federal definitions—when do they apply
- Need to do more work at community level
- Importance of working incrementally—and picking “low-hanging fruit first”
- Importance of standardized disease reporting systems between states
- Organizational building toward exercises—investing resources
- Dedicated staff
- Lab group—site visits to other jurisdictions important
- Resource typing
- Business partners
- Make more use of MOUs to lock in relationships in advance
- LPH (MN and ND)
- Organizational building toward exercises—investing resources.
- Dedicated person for emergency planning
- Canada connections: (meet in Canada?) new

LEGAL

- EMAC
- Federal definitions—when do they apply

5. Based on new insights gained today, what strategies could be implemented for advancing cross border planning and response in your jurisdiction?

COMMUNICATION

- Communication process—same info to all players
- Need to build a better communication role with PIOs.
- MAA brochures to develop public awareness
- Travel to other states for site visits
- Broaden participation (USDA, IDALS, etc.)
- Brochures/public appearances.
- Hospital connection to community – community level planning.
- Local level representation (local voice heard).
- Relationship building/est communication
- Communication (tactical)

- Circle speakers (on the list of invitees) for ease in future contact to develop future relationships

PLANNING AND ORGANIZATION

- Local partnerships
- Need formalized workgroup for planning
- Connections with Canada—more work to be done to identify who need to work with on Canadian side of border
- Amount of cooperation between ND and MN
- MAA non-declared emergency focus approach
- 2-phased EMAC authority—one deals with smaller events
- Exercise and learn from exercises to be better prepared for cross-borders event
- Assess along entire border instead of piecemeal by state and province
- Involve local public health.
- Funding
- Exercises
- Standardizing reporting.
- Lab reps touring labs
- See how other states work, why operations are different.
- Working group for planning (formalized).
- Step-by-step, what can get done now.
- Work groups to force follow through, assign jobs, deadlines.
- Need assistance to identify sandbox players.
- Assess full length US-Canada border for alliances (inconsistent along border)

LEGAL

- Legal liabilities; feds provide template for states to utilize if they so choose (legal liabilities should be taken on by Feds/better defined by Feds, both sides, between Canada and US/between state to state).
- Have federal government take on liability
- Legislative action—Stafford Act
- Better legal interventions—broader authority
- Licensing and credentialing across borders
- Integration of PH into public safety agreements; all-hazard approach
- Move down one step (geo-political) structure the process utilized today-same delivery process as today (e.g. one day seminar).
- All hazard.
- Change Stafford Act/legislation to ease volunteer usage. 3.1 compensation issues, 3.2 liability
- Integration of PH into public safety agreements.
- Licensing.
- Lacking MOUs (at all levels).
- Feds provide template for states to utilize if they so choose.
- Two-phased EMAC authority/agreement flexibility (broader legal authority)

Resources

ASTHO Issue Report, October 2005. “Crossing Borders: Improving U.S. – Canadian Public Health Preparedness.”

<http://www.astho.org/pubs/FinalUS-CanadianCross-BorderPreparednessReport.pdf>

NGA Center for Best Practices, Issue Brief. “Beyond EMAC: Legal Issues in Mutual Aid Agreements for Public Health Practice.”

<http://www.nga.org/Files/pdf/05LEGALISSUES.pdf>

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