

AFTER ACTION REPORT

FY2009 TCN 09238

Workshop 1

Education and Training Needs for Disaster Medicine and Public Health Preparedness

Building Consensus, Understanding and Capabilities



May 5-6, 2010 • Hilton Washington DC North/Gaithersburg, Maryland

The views, opinions, and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Defense position, policy or decision, unless so designated by other documentation.

**Education and Training Needs for Disaster Medicine and Public Health Preparedness:
Building Consensus, Understanding and Capabilities**

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INTRODUCTION

PREFACE

This workshop was conducted through the Integrated Civilian-Military Domestic Disaster Medical Response program of the Yale New Haven Center for Emergency Preparedness and Disaster Response under TCN 09238 funded by the United States Northern Command. This task requires conduct of a study to (1) clarify the federal disaster medicine and public health education and training products currently in existence, (2) identify needs and explore strategies to fill education and training gaps and (3) synthesize long-term expectations of competencies. The means to accomplish this study is through a series of at least six (6) workshops where federal and non-federal stakeholders would convene. This workshop served as the first of the six workshops. It was sponsored by the National Center for Disaster Medicine and Public Health, the Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness and Response, the United States Northern Command and the Yale New Haven Center for Emergency Preparedness and Disaster Response.

HANDLING INSTRUCTIONS

1. The title of this document is FY'09 TCN 09238 Workshop #1 Education and Training Needs for Disaster Medicine and Public Health Preparedness Building Consensus, Understanding and Capabilities After Action Report
2. For additional information, please consult the following points of contact:

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EXECUTIVE SUMMARY

OVERVIEW

The first of the six workshops required for completion of activities associated with TCN 09238 was designed to build on the work begun by the National Center for Disaster Medicine and Public Health (NCDMPH) at its inaugural workshop entitled, "A Nation Prepared: Education and Training Needs for Disaster Medicine and Public Health", that was held September 24-25, 2009. The NCDMPH used their inaugural meeting to perform an initial needs assessment and bring together federal partners in a dynamic workshop intended to support networking across federal agencies and gathering of data that would be useful for the assessment. In addition, the inaugural meeting was structured to facilitate its replication and the collection of comparative data from other relevant stakeholders.

The target audience for our first workshop included federal and non-federal stakeholders. These participants were brought together for discussion of key issues, information sharing and networking related to disaster medicine and public health education and training. Participants were expected to: receive the latest update regarding key federal activities and legislation, share federal and private sector education and training integration strategies and develop recommendations and a way ahead for future collaboration. The table below illustrates the alignment of the objectives of this first workshop with those from the workshop conducted by the NCDMPH.

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TCN 09238 Workshop #1	NCDMPH Inaugural Meeting
Information and Communication <ul style="list-style-type: none"> To discuss and gather input from participants regarding the accessibility of information during a disaster or public health emergency 	Information Organization Needs <ul style="list-style-type: none"> To assess the needs of those gathering disaster medicine and public health information for decision-makers IM/IT Needs for Education and Training <ul style="list-style-type: none"> To focus on the increase in distance learning and social media as tools for education and training delivery
Capabilities and Competencies <ul style="list-style-type: none"> To discuss and gather input from participants regarding the use of competencies to guide education and training (with a special focus on workforce development) 	Competencies <ul style="list-style-type: none"> To gauge the level of acceptance by federal staff with the general move in the field towards core competencies and the tenets of the Pandemic and All Hazards Preparedness Act
Workforce Learning Requirements and Needs <ul style="list-style-type: none"> To discuss and gather input from participants regarding education and training requirements and needs To discuss and gather input from participants regarding organizational education and training incentives and mandates 	Incentives and Mandates <ul style="list-style-type: none"> To elicit feedback on the best ways to encourage learning by the disaster medicine and public health workforce
Disconnects and Barriers <ul style="list-style-type: none"> To provide and gather input from participants regarding education and training disconnects and barriers 	Federal and Non-Federal Education and Training Disconnects <ul style="list-style-type: none"> To elicit federal sector perspectives on the separation between education and training they develop, fund and offer and what is available and accessible to the non-federal sector
	Learning Research Needs in Disaster Medicine and Public Health <ul style="list-style-type: none"> To assess the possible gaps in the education research base and which education and training delivery methods are most successful

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**COMPARISON OF KEY FINDINGS FROM WORKSHOP #1 TO THOSE FROM THE
NCDMPH INAUGURAL MEETING**

Multiple areas of congruence exist between feedback from the federal partners in attendance at the inaugural meeting sponsored by the NCDMPH and the attendees at this meeting. The table below summarizes some of the key perceptions of the respondents.

NCDMPH Inaugural Meeting	ICMDDMR WORKSHOP #1
General <ul style="list-style-type: none">• Need for developing core competencies recognized• Need for standardizing training and education	General <ul style="list-style-type: none">• Need for developing core competencies recognized• 50% of respondents feel core competencies should be developed as a collaborative effort between: federal agencies, academia, professional organizations, accrediting bodies and state and local governments• 98% of respondents agree or strongly agree that there should be a greater standardization of competencies across federal and non-federal agencies
Incentives and Mandates <ul style="list-style-type: none">• Incentives are the preferred way to encourage learning• Mandates are a better way to achieve a better trained, better educated disaster health workforce	Incentives and Mandates <ul style="list-style-type: none">• Incentives and mandates are used to encourage participation and learning• Federal grants are recognized as an effective incentive for education and training by 60% of respondents• Respondents believe incentives are more effective than mandates for education and encouraging participation in training• 75% of respondents identified job requirements as the strongest motivator for <i>their peers</i> to become educated and/or trained• 40% of respondents identified job requirements as their personal strongest motivator to become educated and/.or trained

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Workforce Learning Requirements and Needs <ul style="list-style-type: none">• In-person training preferred, although distance learning is seen as a more cost-effective alternative	Workforce Learning Requirements and Needs <ul style="list-style-type: none">• Respondents felt drills and exercises are the most useful and effective education and training modalities with the current workforce
Federal and Non-Federal Education and Training Disconnects <ul style="list-style-type: none">• Disparate funding streams were identified as barriers to successful education and training collaboration across federal department and with the non-federal sector	Disconnects and Barriers <ul style="list-style-type: none">• Funding was identified as a key barrier to training

SUMMARY OF PARTICIPANT FEEDBACK

Based on feedback from participants, all objectives of the workshop were achieved. See [Appendix 5](#) for participant survey results.

WORKSHOP OVERVIEW

Workshop Title: Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities. The Agenda is provided in [Appendix 1](#).

Location and Date: Hilton Hotel Washington, DC North/Gaithersburg, Maryland, May 5-6, 2010

Workshop Format: The workshop took place over 1.5 days and consisted of plenary sessions, a working lunch and 4 concurrent breakout sessions that were followed by a structured group report out and a closing plenary session that presented the perspective of a special population and asked the group to consider the way ahead as we continue to explore issues related to the education and training needs for disaster medicine and public health preparedness. Participants were pre-assigned to one of the 4 concurrent breakout sessions. Special attention was given to distributing organizations and roles across the 4 groups in order to facilitate dialogue and sharing of ideas among all stakeholders.

Targeted Audience - Representatives from the following groups:

- State and local government
- Accredited academic organizations
- Professional organizations
- Private sector entities involved in competency development
- Practitioners in the field

Objectives: This workshop sought to bring together federal and nonfederal stakeholders for discussion of key issues, information sharing and networking related to disaster medicine and public health education and training. During the workshop attendees could expect to:

- Receive the latest update regarding key federal activities and legislation
- Share federal and private sector education and training integration strategies
- Develop recommendations and a way ahead for future collaboration

Participating Organizations: This workshop was sponsored by the National Center for Disaster Medicine and Public Health, the Federal Education and Training

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Interagency Group for Public Health and Medical Disaster Preparedness and Response, the United States Northern Command and the Yale New Haven Center for Emergency Preparedness and Disaster Response.

There were a total of 189 attendees representing 88 different organizations (see Appendix B) and a diverse cross-section of the medical and public health community. Attendees included representatives from:

- Federal, state and local government agencies and institutions
- Accredited academic institutions
- Private sector entities involved in accreditation/competency activities
- Practice settings in the field

BACKGROUND

The overarching mission of the ICMDDMR Project is to enhance the ability to develop integrated civilian/military approaches to large-scale disaster preparedness and response to maximize the coordination, efficiency and effectiveness of a medical response. This mission is being implemented through various activities, including:

- Developing a national strategy for civilian/military collaboration on integration of medical/public health preparedness education and training programs with USNORTHCOM.
- Developing models for education and training which can be modified, replicated and made scalable for the civilian/military health delivery workforce.
- Determining evaluation modalities for education and training programs implemented.
- Capturing and utilizing a best practices approach across the civilian/military continuum to implement education and training programs.
- Integrating civilian/military emergency preparedness strategies for medical and public health delivery.

Both the military and the civilian sectors have significant resources that can be mobilized in the event of an emergency or disaster. Unfortunately, their respective organizational structures and lack of integration with each other have the unintended consequence of an ineffective mass casualty response in the homeland. In recognition of the importance of education and training as a strategy and tool to assist civilian and military organizations in better preparing to work together during a disaster, Homeland Security Presidential Directive 21: Public Health and Medical Preparedness called for the coordination of education and training programs related to disaster medicine and

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public health and the establishing of the National Center for Disaster Medicine and Public Health (NCDMPH) to lead those coordination efforts. The Federal Education and Training Interagency Group (FETIG) serves in an advisory role to the NCDMPH and worked closely with USNORTHCOM to craft ICMDDMR TCN 09238 to support and further the work of the NCDMPH.

As such ICCMDDMR TCN 09238 entitled “Study to determine the current state of disaster medicine and public health education and training and determine long-term expectations of competencies” establishes the following Statement of Work (SOW) and charges YNH-CEPDR with the following task:

Conduct a study to (1) clarify the federal disaster medicine and public health education and training products currently in existence, (2) identify needs and explore strategies to fill education and training gaps, and (3) synthesize long-term expectations of competencies. The means to accomplish this study should be through a series of at least six (6) workshops where federal and non-federal stakeholders would convene.

The results of this study will:

- Provide the structure needed to address core curricula, training and research in disaster medicine as set forth in HSPD 21
- Ensure USNORTHCOM is prepared to provide continuous health service support in meeting its homeland defense and civil support missions.

An external planning committee was convened made up of representatives from the FETIG, the NCDMPH and YNH-CEPDR to assist in designing a series of workshops to meet the stated objectives of the TCN. This integration of civilian, military and federal partners will create workshops that have objectives and outputs that are meaningful to all sectors. This committee, as well as the YNH-CEPDR workshop logistics team, will meet regularly throughout the period of performance of this task to guide the development, execution and evaluation of the workshops.

The workshop development plan for TCN 09238 began by reviewing the work done by the National Center for Disaster Medicine and Public Health (NCDMPH) in its inaugural workshop entitled, “A Nation Prepared: Education and Training Needs for Disaster Medicine and Public Health”, that was held September 24-25, 2009. The NCDMPH used this inaugural meeting to perform an initial needs assessment and bring together federal partners in a dynamic workshop intended to support networking across federal agencies and gathering of data that would be useful for the assessment. In addition, the

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inaugural meeting was structured to facilitate its replication and the collection of comparative data.

The first workshop for TCN 09238 was structured similarly to the NCDMPH inaugural meeting and brought together federal and non-federal stakeholders for discussion of key issues, information sharing and networking related to disaster medicine and public health education and training. Participants were expected to:

- Receive the latest update regarding key federal activities and legislation
- Share federal and private sector education and training integration strategies
- Develop recommendations and a way ahead for future collaboration.

The outputs of the initial workshop will be used to design the structure and content of the remaining workshops to ensure that the objectives outlined in the SOW for this task are met. The structure and content of each successive workshop will also be re-evaluated in light of the results of the preceding workshops. Additional workshops will occur at intervals of approximately 3 months as outlined in the draft schedule below:

Workshop #	Date	Location	Topic
2010 Workshops			
1	May 5-6	Gaithersburg, MD	Education and Training Needs for Disaster Medicine and Public Health Preparedness Building Consensus, Understanding and Capabilities
2	Sept. 22	TBD	Workforce Definition and Required Capabilities
3	Nov. 17	TBD	Competencies for Specific Disciplines
2011 Workshops			
4	Feb./Mar.	TBD	Organizational Competencies
5	May	TBD	TBD
6	July/Aug.	TBD	TBD

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The workshops will be held in the National Capital Region, Colorado Springs, Colorado, or New Haven, Connecticut, depending on the topic and specific audience targeted. Attendees will include member organizations of the FETIG, members from accredited academic institutions and members trained in the areas listed above from state and local organizations. [Appendix 4](#) provides a list of participants pre-approved by the Contracting Officer's Representative.

WORKSHOP STRUCTURE

The workshop took place over 1.5 days and consisted of plenary sessions, a working lunch and 4 concurrent facilitated breakout sessions. (See [Appendix 2](#) for Facilitator biographies). The plenary sessions focused on providing key federal perspectives on the topic of education and training needs for disaster medicine and public health. Each breakout session began with brief presentations from 2-3 subject matter experts. (See [Appendix 3](#) for Presenter biographies). These presentations were intended to provide foundational information upon which a rich discussion could be built.

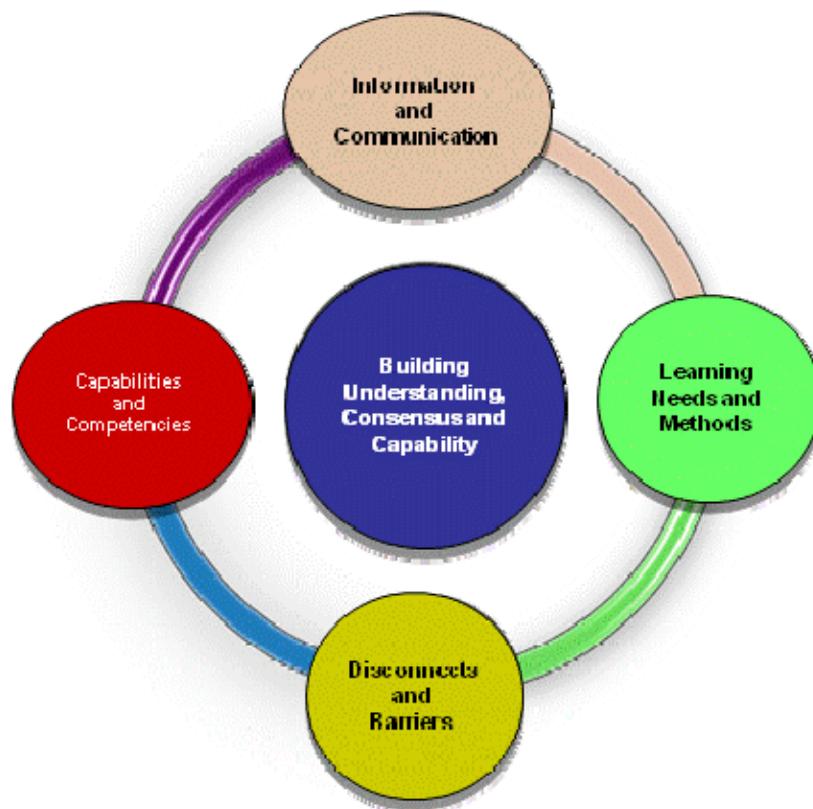


Figure 1: Breakout Session Design

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The breakout sessions were followed by a structured group report-out and a closing plenary session that presented the perspective of a special population and asked the group to consider the way ahead as we continue to explore issues related to the education and training needs for disaster medicine and public health preparedness. The primary goal of this workshop format was to provide interactive informational sessions that would serve as the foundation for further dialogue and sharing of ideas between key stakeholders. **Figure 1** above depicts the major areas the breakout sessions were to address.

WORKSHOP EVALUATION

A variety of tools were employed to evaluate the workshop. These include:

- General participant satisfaction survey
- Session-specific questionnaire
- Group report-out
- Evaluator notes
- Competency activity sharing form

Evaluators were assigned to each breakout session to take notes and record key findings, and breakout session facilitators coordinated with the evaluators to deliver each group's report-out. At the end of day 1, session-specific questionnaires were collected from participants and data were entered into SurveyMonkey for analysis. The results of this analysis were shared with participants and discussed at the beginning of day 2.

WORKSHOP RESULTS

OBJECTIVE 1

Raise awareness among non-federal stakeholders regarding federal activities and legislation related to disaster medicine and public health education and training.

This objective was achieved as demonstrated by data collected via the Participant Satisfaction Survey. Chart #44 illustrates a 63% increase in participants who reported having a full or good understanding of federal activities related to disaster medicine and public health education and training after attending the workshop. Chart #45 illustrates a 72% increase in participants who reported having a full or good understanding of legislation related to disaster medicine and public health education and training. Chart #46 illustrates a 43% increase in participants who reported a full or good understanding of gaps in workforce response that could be addressed through enhanced education and training. Further, four participants identified federal updates in response to the open-ended question “*What did you find most useful about the workshop?*”

OBJECTIVE 2

Explore federal and private sector education and training integration strategies to coordinate core curricula through commonality of knowledge, procedures and terms of reference.

This objective was achieved through the structure of the workshop breakout sessions, which encouraged the sharing of information and ideas among federal and non-federal stakeholders. As seen in Appendix 5, the session-specific questionnaires provided data on current trends and perceptions across the sectors related to various aspects of education and training integration strategies. In addition to simple analysis of responses to the questionnaire, this data may also be stratified by the type of organization the individual respondent represents to allow comparison of responses by sector. For example, from breakout session 2, Disconnects and Barriers, Tables 1 and 2 are a cross tabulation of the data presented on Charts 10, 12 and 13. Table 1 indicates that 65% of non-federal partners are involving federal partners in the development of education and training while 62% of federal partners are involving non-federal partners in the development of the same. Table 2 indicates that 58% of non-federal partners are proactively sharing information on available training and education needs for disaster medicine; 55% of federal partners are proactively sharing the same information with non-federal partners.

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Table 1 – Education and Training Involvement

Does your agency involve the following in the development of education and training:			
Answer Options	Identify the type of organization that you represent.		
	Federal	Non-federal	Response Count
Federal partners			
Yes	18	17	
No	2	4	
Don't know	1	5	
	21	26	47
Non-federal partners			
Yes	13	25	
No	6	1	
Don't know	2	1	
	21	27	48

Table 2 – Sharing of Training and Education Information

Does your agency proactively share information on available training and education needs for disaster medicine with the following:			
Answer Options	Identify the type of organization that you represent.		
	Federal	Non-federal	Response Count
Federal partners			
Yes	16	15	
No	4	4	
Don't know	1	7	
	21	26	47
Non-federal partners			
Yes	11	18	
No	6	4	
Don't know	3	5	
	20	27	47

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Incentives and mandates are additional elements of an integration strategy that should be explored further. In Session 1, Workforce Learning Requirements and Needs, participants were asked about motivators for learning. 54% of the respondents felt that providing incentives were more effective at encouraging training participation while 43% felt that mandates were essential. 71% of the participants felt that job requirements were the most important motivator for their peers to become educated and/or trained about disaster medicine and public health. A further discussion of how the federal and private sectors can work together to craft effective incentives and mandates that encourage/reward completion of education and training, as well as demonstration of competence and capability, is warranted.

OBJECTIVE 3

Provide a forum for non-federal stakeholders to share information regarding their current disaster medicine and public health education and training activities and needs.

As previously described for Objective 2, this objective was achieved through the overall structure of the workshop, which provided an opportunity for non-federal stakeholders to engage with their federal counterparts and share information on education and training needs. The open-ended questions from the participation satisfaction survey not only provided feedback on the workshop conduct, but also provided a lengthy “wish list” of topics that stakeholders would like to see more discussion on in future similar forums. For example, when asked what the most useful aspect of the workshop was, 18 participants indicated that networking opportunities had been the most useful element. When asked what topics they would have liked to have covered, 7 respondents indicated that further discussion and clarification of competencies was important to them.

The session-specific questionnaire for Session 2, Disconnects and Barriers, sought to identify areas where integration among the sectors could be improved. In response to the single choice question: “What area most needs improved federal/non-federal education and training collaboration?”, the non-federal participants replied as follows:

- Knowledge of existing education and training courses (31%)
- Requirements (23%)
- Communication of funding announcements (19%)
- Learning assessments (12%)

In Session 4, Information and Communication, participants were asked about

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accessibility of information on disaster medicine and public health. As displayed in Charts #34 and #39, 86% of respondents believe that there is a need for training on how to access reliable information in the field of emergency preparedness and 95% believe that there is a need for standardized taxonomy to help make information organized and accessible. Please refer to Appendix 5 to review all of the participant feedback from the session-specific questionnaires and the participant satisfaction survey.

OBJECTIVE 4

Develop a way ahead for future collaboration and coordination among federal and non-federal stakeholders.

This objective was achieved; virtually all of the data collected during the workshop and contained herein informs the way ahead for TCN 09238 and provides planning partners such as the NCDMPH, FETIG and USNORTHCOM with ideas for workshops and information sharing needs outside of the scope of this TCN's statement of work. Of particular note, the information regarding preferred communication methods (Charts #35-#41) may be useful for workshop planning, as well as communicating the outcomes of the workshops singly or in aggregate. For example, the fact that 98% of participants agree that there should be greater standardization of competencies across federal and non-federal agencies (Chart #25) should be considered as the remaining workshops are planned and executed.

RECOMMENDATIONS AND CONCLUSIONS

RECOMMENDATIONS FOR FUTURE WORKSHOPS

The following topics were identified as potential topics for future workshops; the full unedited list may be found in Appendix 5:

1. Identify the workforce and required capabilities
2. Examine and evaluate existing competencies and curricula
3. Provide input to the National Health Security Strategy on workforce education and training
4. Examine and evaluate disaster health accreditation and certification
5. Provide recommendations for disaster education and training for vulnerable populations
6. Share information on available disaster health education and training courses
7. Develop a formula for measuring success
8. Examine and evaluate the grants process for disaster education and training programs, including a process for proposing programs that address identified gaps
9. Discuss need for community education that prepares population to be self sufficient in first 72 hours before the assistance arrives
10. Provide information about Resilience Directorate
11. Identify State - Local - Tribal - Territorial needs from training to recovery
12. Discuss ways to effectively share information on available training, lessons learned, etc. across agencies/organizations including use of social media in disasters
13. Discuss crisis standards of care
14. Discuss cultural competencies as an essential composite of core competencies
15. Provide a brief on the role of the federal government in the overall disaster medicine plan for this country
16. Discuss cross-training efforts for employees not normally involved in response, including surge workforce development approaches
17. Develop a strategic plan to achieve the FETIG/NCDMPH's goals
18. Provide an update on education and training that non-government entities are doing at the community level

Given the high degree of interest, it has been determined that the second workshop will focus on workforce capabilities and a process for identifying competencies that will

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allow an organization to achieve the needed capabilities.

Session 3, Capabilities and Competencies, focused on the development, use and evaluation of competencies for disaster medicine and public health. 59% of the participants indicated that their organization uses competencies to guide education and training and 98% felt that core competencies are an appropriate way to reach education and training goals. When it comes to developing competencies, 49% of the participants advocated for a process that included federal agencies, academia, professional associations, accrediting bodies and state and local governments. This inclusive approach is a strategy that will be explored in future workshops.

CONCLUSION

A lot of important work is being done in the area of education and training related to disaster medicine and public health preparedness, yet it is clear from the participant feedback that improvements in sharing information on these programs, particularly those funded through federal grants and programs, are needed. The opportunities for networking and information sharing among the federal and non-federal stakeholders at workshops such as these are valued by the participants, but likely don't meet an ongoing need for sharing "current events" in the world of education and training for disaster medicine and public health preparedness. As such, the development of a centralized resource for education and training information and an active campaign to market this resource to federal and non-federal stakeholders would likely have great benefit for all with interest and a need for these programs. Finally, participants expressed great interest in developing a core set of competencies that would be acceptable and accepted by all stakeholders, a finding that will be explored further in the subsequent workshops executed as part of TCN 09238.

The stated objectives of the workshop were met, and the information obtained from data collected will serve to inform future workshops and move us towards the more integrated and coordinated medical response workforce that is needed to ensure that more lives are saved during a large-scale disaster.

APPENDIX 1

AGENDA

A1-1

Education and Training Needs for Disaster Medicine and Public Health Preparedness

Building Consensus, Understanding and Capabilities

May 5-6, 2010 • Hilton Washington DC North/Gaithersburg, Maryland

Agenda: DAY 1 - Wednesday, May 5, 2010	
7:30 am- 8:30 am	Registration and Networking Breakfast LOCATION: CONFERENCE FOYER
8:30 am- 8:45 am	Welcome and Opening Remarks Houston Polson, JD – Chief Joint Education, United States Northern Command LOCATION: GRAND BALLROOM
8:45 am- 10:15 am	Education and Training Needs for Disaster Medicine and Public Health Preparedness: Case Study Presentation Scott Lillibridge, MD – Assistant Dean and Director Global Health and Security Program, Center for Biosecurity and Public Health Preparedness, School of Rural Public Health, Texas A&M Health Science Center Rosanne Pratts, MHA, ScD – Emergency Preparedness Director, Medical Director and State Health Officer, Louisiana Department of Health and Hospitals Italo Subbarao, DO, MBA – Director, Public Health Readiness Office, American Medical Association, Dean Hunter-Bellevue School of Nursing FACILITATOR: James J. James, MD, DrPH, MHA – Director, Center for Public Health Preparedness and Disaster Response, American Medical Association LOCATION: GRAND BALLROOM
10:15 am- 10:30 am	Break and Morning Refreshments LOCATION: CONFERENCE FOYER
10:30 am- 12:00 pm	Federal Activities Brief Andrea C. Young, PhD – Associate Director, Learning Office, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention CAPT D.W. Chen, MD, MPH – Director of Civil-Military Medicine, Office of the Assistant Secretary of Defense for Health Affairs, Department of Defense, Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness and Response Kenneth Schor, DO, MPH – Acting Director, National Center for Disaster Medicine and Public Health FACILITATOR: Stewart D. Smith, MPH, MA, FACCP – Yale New Haven Center for Emergency Preparedness and Disaster Response LOCATION: GRAND BALLROOM

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Agenda: DAY 1 - Wednesday, May 5, 2010 CONTINUED				
12:00 pm- 12:15 pm	Break			
12:15 pm- 1:15 pm	Working Lunch Plenary Session <i>David Marcozzi, MD, MHS-CL, FACEP</i> – Director, All Hazards Medical Preparedness Policy White House National Security Staff LOCATION: GRAND BALLROOM			
1:15 pm- 1:30 pm	Break (PLEASE EXIT THE GRAND BALLROOM AT THIS TIME FOR ROOM SETUP)			
1:30 pm- 3:45 pm	Breakout Session 1: Workforce Learning Requirements and Needs PANELISTS: <i>Brad Austin, MPH, FACHE</i> <i>Daniel Kirkpatrick, MSN, RN</i> FACILITATOR: <i>Debbie L. Hettler, OD, MPH, FAAO</i> LOCATION: SALON A	Breakout Session 2: Disconnects and Barriers PANELISTS: <i>Rachel Abbey, MPH</i> <i>Kate Corvese, MPH'10</i> <i>Daniel Barnett, MD, MPH</i> FACILITATOR: <i>Nancy Mock, PhD</i> LOCATION: SALON B	Breakout Session 3: Capabilities and Competencies PANELISTS: <i>James J. James, MD, DrPH, MHA</i> <i>Kathleen Miner, PhD, MPH, Med, CHES</i> <i>JoEllen Warner</i> FACILITATOR: <i>Kenneth Schor, DO, MPH</i> LOCATION: SALON C	Breakout Session 4: Information and Communication PANELISTS: <i>David Berry</i> <i>Jon Ebinger</i> <i>Cynthia Love, MLS</i> FACILITATOR: <i>LTC (Ret) Joanne McGovern</i> LOCATION: SALON D
3:45 pm- 4:00 pm	Break and Afternoon Refreshments (PLEASE EXIT THE GRAND BALLROOM AT THIS TIME FOR ROOM SETUP) LOCATION: CONFERENCE FOYER			
4:00 pm- 4:30 pm	Overview of Workshop Day 2 <i>Elaine Forte, BS, MT (ASCP)</i> – Deputy Director, Operations, Yale New Haven Center for Emergency Preparedness and Disaster Response LOCATION: GRAND BALLROOM			
4:30 pm- 6:30 pm	Networking Reception LOCATION: MONTGOMERY BALLROOM			

Education and Training Needs for Disaster Medicine and Public Health Preparedness

Building Consensus, Understanding and Capabilities

May 5-6, 2010 • Hilton Washington DC North/Gaithersburg, Maryland

Agenda: DAY 2 – Thursday, May 6, 2010	
7:30 am- 8:00 am	Networking Breakfast LOCATION: CONFERENCE FOYER
8:00 am- 9:00 am	National Health Security Strategy: Objective #2 Workforce <i>Lisa G. Kaplowitz, MD, MSHA</i> – Office of the Assistant Secretary of Preparedness and Response, Deputy Assistant Secretary of Policy LOCATION: GRAND BALLROOM
9:00 am- 9:15 am	Break and Morning Refreshments LOCATION: CONFERENCE FOYER
9:15 am- 11:15 am	Participant Planning and Summary Session: What Did We Hear You Say? <i>Stewart D. Smith, MPH, MA, FACC</i> – Yale New Haven Center for Emergency Preparedness and Disaster Response LOCATION: GRAND BALLROOM
11:15 am- 11:30 am	Break
11:30 pm- 12:30 pm	Working Lunch Plenary Session <i>Christopher J. Revere</i> – Executive Director, National Commission on Children and Disasters LOCATION: GRAND BALLROOM
12:30 pm- 1:00 pm	Closing Remarks: The Way Ahead <i>Houston Polson, JD</i> – Chief Joint Education, United States Northern Command LOCATION: GRAND BALLROOM

APPENDIX 2

FACILITATOR BIOGRAPHIES

A2-1

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

DEBBIE L. HETTLER, O.D., MPH, FAAO

Dr. Debbie Hettler's education includes a B.S. and O.D. from The Ohio State University College of Optometry and an MPH from University of Illinois. Her professional practice experience includes optometric education, clinical practice in HMO's, and the VA as well as quality assurance activities. She has over 100 scientific presentations including such topics as clinical techniques, ocular disease, public health issues, contact lenses, and managed care, and authored articles published concerning public health, primary care coordination and ocular disease topics.

She has served in many professional organization leadership roles including the American Academy of Optometry, American Optometric Association, and American Public Health Association. She has been with the Veterans' Administration since 1994 as a clinical optometrist and associated education affiliations with University of Missouri Department of Ophthalmology and Internal Medicine. As Optometry Residency Supervisor there, she was associated with four optometry schools for optometric externships and residencies. Currently, she is the Clinical Director, Associated Health Education, Office of Academic Affiliations, VA Central Office located in Washington, DC.

JAMES J. JAMES, MD, DRPH, MHA

James J. James, MD, DrPH, MHA, is Director of the American Medical Association (AMA) Center for Public Health Preparedness and Disaster Response, and Editor-in-Chief, *Disaster Medicine and Public Health Preparedness*, a peer reviewed, MEDLINE indexed publication of the American Medical Association. In less than five years, this Center has received over \$3 million in grant funding, has overseen the development and deployment of the National Disaster Life Support suite of courses and has expanded to 10 personnel. Dr. James brings over 30 years of experience in the public and private health care sectors—as a clinician, researcher, professional personnel manager and program director—to this challenging and critical undertaking. He is board certified in general preventive medicine, earned a doctorate in medicine at the Cincinnati College of Medicine, a doctorate in public health from UCLA's School of Public Health, and a masters in health care administration from Baylor University. Dr. James served 26 years with the U.S. Army Medical Department, serving in a multitude of capacities. From 1999 through December 2002, Dr. James served as Director of the Miami-Dade County Health Department. There he was responsible for the oversight and supervision of public health programs throughout the county. He was charged with the management of a \$60 million budget and the supervision of approximately 1000 employees. Over the past year, Dr. James has been appointed to numerous boards, commissions and committees addressing national policy and operational issues around preparedness and response. He serves as a constant and active participant on several Institute of Medicine forums and roundtables. He is the chair of the National Disaster Life Support Foundation Board of Directors and the co-chair of the National Disaster Life Support Education Consortium executive committee. In December 2007 he was appointed to the very prestigious National Biodefense Science Board (NBSB) and in 2008 the Defense Health Board (DHB).

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

LTC (RET) JOANNE McGOVERN

Lieutenant Colonel McGovern enlisted in the United States Army as a private and was accepted to the Military College of Vermont, Norwich University. She served in the Vermont National Guard where she became one of the first military members to participate in the Simultaneous Membership Program. She was commissioned as a Lieutenant, completed her Bachelor of Science (Earth Science) from Norwich University and returned to active service as a Medical Service Corps officer in January 1982.

As a platoon leader in the Medical Company, 498th Support Battalion, 2nd Armored Division, she established the Family Health Clinic and served as its Executive Officer. In 1985 Lieutenant Colonel McGovern became Chief of Plans, Operations and Training for the Supreme Headquarters Allied Powers Europe Medical Activity Center (SHAPE MEDDAC) and she was promoted to Commander of the Medical Company at SHAPE.

During the course of her distinguished career, Lt. Colonel McGovern deployed on contingency and humanitarian missions to Southwest Asia, the Balkans and Africa while serving as the Executive Officer for the contingency hospital. As the DMOC for 1st Armored Division, Lieutenant Colonel McGovern played a pivotal role in preparing the Division to deploy to Bosnia by spearheading training activities to prepare medical personnel for operations in a non-permissive environment and developing the Division's Health Service Support Plan which was a key portion of the Campaign Plan for Operation Joint Endeavor.

Upon returning to the U.S, LTC McGovern served as the Chief of Plans and Current Operations, US Southern Command. She deployed to Central and South America in support of Humanitarian Assistance Operations and Disaster Relief as a result of Hurricane Mitch, the volcano eruptions in Ecuador, the Venezuelan floods and chemical disaster, the earthquakes in El Salvador and US counter drug actions in Colombia.

LTC McGovern was assigned to the United States Army Medical Department Center and School, FT Sam Houston, where she has served as the Deputy Director for Healthcare Operations and subsequently as the Chief of the Homeland Security Branch for the Army Medical Department's Center and School. As Adjunct Professor for the U.S. Army Baylor University Program in Healthcare Administration, she taught courses in Readiness, Homeland Security and Counter terrorism.

LTC McGovern deployed during Operation Iraqi Freedom as Chief of Medical Plans and Operations for the Coalition Forces Land Component Command. When Multi National Force – Iraq was established in 2004, LTC McGovern established the Surgeon's Office and serve as its Deputy Surgeon/Chief of Operations. She redeployed in 2005 as the Deputy Surgeon/Chief of Operations as the Senior Medical Operations Officer for Hurricane Katrina where she coordinated the evacuation of over 26 hospitals and thousands of sick and injured. In 2008 she became the ARNORTH Surgeon and retired in later that year.

She is currently a staff associate at Yale University, Department of Emergency Medicine, Section of Emergency Medical Services and a consultant to the Yale-New Haven Center for Emergency Preparedness and Disaster Response.

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

NANCY MOCK, PHD

Dr. Nancy Mock is Co-Director of the Disaster Resilience Leadership Academy at Tulane University and she is an Associate Professor of International Health and International Development at Tulane. Dr. Mock is Tulane's Principle Investigator of Tulane's contribution to the Department of Homeland Security's Center of Excellence Natural Disasters, Coastal Infrastructure and Emergency Management. She has delivered numerous papers and presentations related to international and domestic disaster preparedness. Dr. Mock received a Bachelor of Science degree from Yale University and a Doctorate in Public Health from Tulane University.

KENNETH SCHOR, D.O., MPH

Dr. Schor is a federal civilian faculty member of the Uniformed Services University of the Health Sciences (USU) having retired in May 2009 after 27 years active duty service in the US Navy Medical Corps. His appointments at the nation's federal health sciences university include: Acting Director of the National Center for Disaster Medicine and Public Health, Assistant Professor in the Department of Preventive Medicine and Biometrics, and Deputy Public Health Emergency Officer. He is the immediate past Associate Program Director, National Capital Consortium, USU General Preventive Medicine Residency.

Dr. Schor graduated cum laude from Allegheny College, Meadville, PA; received his Doctor of Osteopathic Medicine (DO) degree from the Philadelphia College of Osteopathic Medicine; is a Distinguished Graduate of the National Defense University Industrial College of the Armed Forces (MS, National Resources Policy); and received a Master of Public Health (MPH) degree from USU with a Health Services Administration concentration.

His graduate medical education includes a non-categorical medicine internship at Naval Medical Center, San Diego; completion of a Family Practice Residency at Naval Hospital, Jacksonville; and completion of a General Preventive Medicine Residency at the Uniformed Services University of the Health Sciences. He is a Diplomat of the American Board of Preventive Medicine.

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

STEWART SMITH, MPH, MA, FACCP

Stewart provides direct support to Yale New Haven's Center for Emergency Preparedness and Disaster Response as Program Manager for Department of Defense activities to include the National Center for Integrated Civilian-Military Domestic Disaster Medical Response (ICMDDMR).

Stewart is the Founder, President and Chief Executive Officer of Emergency Preparedness and Response International, LLC (EP&R International). A retired Navy Commander, Medical Service Corps Officer, his previous military work history spans over 25 years of progressive assignments that includes Chief of the Joint Regional Medical Plans and Operations Division for the North American Aerospace Defense Command and the United States Northern Command (NORAD-USNORTHCOM), Surgeons Directorate; Director of International Health Operations Policy, Homeland Defense, and Contingency Planning Policy for the Assistant Secretary of Defense for Health Affairs; Branch Chief for the Joint Staff, Health Services Support Division; and Branch Head for the Deployable Medical Systems, Office of the Chief of Naval Operations, Medical Plans and Policy (OPNAV-N931).

Stewart holds graduate degrees in Public Health Management and Policy from the Yale School of Medicine, Department of Public Health and Epidemiology; and the Naval War College in National Security and Strategic Studies. He is a Doctoral Candidate in Complex Emergencies and Disaster Management at Tulane University, and holds an Adjunct faculty appointment at Tulane University.

He is the co-founder of and immediate past President to the American College of Contingency Planners (ACCP). His particular areas of interest and expertise include strategic medical planning; domestic consequence management operations, the National Disaster Medical System (NDMS), and the National Response Framework (NRF) with a focus on complex emergencies and calamitous events (including medical operations in the WMD/asymmetrical environment); and finally, international Weapons of Mass Destruction medical countermeasures policy. Stewart was selected as the first American to chair the North Atlantic Treaty Organization's (NATO's) Biomedical Defense Advisory Committee (BIOMEDAC); holding that appointment from 2003-2005 while assigned to the Secretary of Defense and USNORTHCOM staffs.

APPENDIX 3

PRESENTER BIOGRAPHIES

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

RACHEL L. ABBEY, MPH

Rachel Abbey is the Program Manager for Montgomery County, Maryland's Advanced Practice Center (APC) for Public Health Preparedness and Response Program under the Department of Health and Human Services. Ms Abbey received a Bachelor of Arts in Peace and Global Studies from Earlham College in Richmond, Indiana and a Master of Public Health (MPH) from the School of Public Health at the University of Maryland College Park.

Ms. Abbey has over 15 years of planning, coordinating and training experience with national, state and community health-based organizations. She has worked in the field of public health preparedness for the past six years. Ms. Abbey had presented at several national preparedness conferences including the 2010 Public Health Preparedness Summit. Ms. Abbey has authored several publications, including an article in the *Journal of Public Health Management and Practice* on the Computer Planning Model Generator.

CAPTAIN BRAD AUSTIN, MPH, FACHE

Captain Brad Austin serves as a Senior Program Officer in the Office of the Civilian Volunteer Medical Reserve Corps in the Office of the U.S. Surgeon General. He is responsible for providing oversight for programmatic and operational activities in support of MRC units nationwide.

For the past 7 years, he has devoted his career to public health emergency preparedness activities. CAPT Austin previously served in the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) as a Senior Program Management Officer. In this role, he trained and deployed to the HHS Secretary's Operation Center as a member of the HHS Emergency Management Group for Hurricanes Dean, Katrina, Rita, and Ernesto; St Louis Power Outage; and Lebanon Repatriation. Prior to this assignment, CDR Austin served as the first Project Officer to the National Bioterrorism Hospital Preparedness Program.

First commissioned in 1990, CAPT Austin started his Federal career in the Health Resources and Services Administration working with the Ryan White CARE Act. He then served in the Substance Abuse and Mental Health Services Administration, managing various substance abuse treatment grant programs. He had the privilege of serving in The White House, providing technical expertise and coordination among substance abuse treatment, mental health, and HIV prevention.

CAPT Austin was raised in Northern California and received his bachelor's from the University of California at Berkeley and his master's in public health in health services administration from San Diego State University. He is Board Certified in Healthcare Administration and a Fellow in the American College of Healthcare Executives.

Brad is an avid traveler, a bicyclist, a swimmer, and with three marathons under his belt, refuses to give up the notion that he is too old to run another! In the late 1980s, he was a U.S. Peace Corps volunteer working on healthcare programs in Central Africa.

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

DANIEL BARNETT, MD, MPH

Daniel J. Barnett, MD, MPH is currently an Assistant Professor at Johns Hopkins Bloomberg School of Public Health. He is a graduate of the Johns Hopkins General Preventive Medicine Residency Program (2002). He received his MPH degree from Johns Hopkins Bloomberg School of Public Health (2001), and his MD degree from Ohio State University College of Medicine and Public Health (1999). He graduated from Yale University with a BA in English (1993).

Research interests include best practice models to enhance all-hazards public health emergency readiness and response. Specific areas of focus include design and evaluation of preparedness curricula for public health workers; mental health aspects of public health emergency response; public health readiness exercises; and organizational culture change issues facing health departments in building a ready public health workforce.

CAPTAIN D.W. CHEN, MD, MPH

Captain D.W. Chen, MD, MPH is an active duty medical officer with the U.S. Public Health Service (PHS) currently detailed to the Department of Defense (DoD), Office of the Assistant Secretary of Defense for Health Affairs, where he serves as Director of Civil-Military Medicine. In this capacity, he oversees DoD medical policies and programs supporting homeland defense; defense support to civil authority; emergency preparedness & response; and coalition and non-DoD beneficiary health care.

Prior to his present assignment, Capt. Chen was detailed to the U.S. Department of Agriculture (USDA), where he served as Deputy Associate Administrator for Food Security & Emergency Preparedness, providing leadership to an office within USDA that helps coordinate national food and agricultural homeland security & emergency preparedness. Before his assignment at USDA, Capt. Chen served as the Director, Division of Transplantation at the Health Resources & Services Administration (HRSA), U.S. Department of Health & Human Services (HHS), an office which regulates the nation's organ & tissue transplantation system and as a former Deputy Division Director in HRSA's Bureau of Health Professions where he oversaw Federal programs supporting medical education & public health workforce development.

In addition to his primary duties at DoD, Capt. Chen is an Adjunct Assistant Professor at the Uniformed Services University of the Health Sciences and currently serves as a member of the PHS Surgeon General's Policy Advisory Council. He served part-time on the senior medical staff of the Naval Medical Clinic, U.S. Naval Academy, from 1994 to 2000.

Capt. Chen received early promotions to the rank of Commander in 1996 and to the rank of Captain in 2002. In 2003, Capt. Chen received the Harvard School of Public Health Alumni Award of Merit for his achievements in public health.

Capt. Chen completed his undergraduate studies (with honors) at Harvard University, his graduate work in public health at the Harvard School of Public Health and his medical degree at the Tufts University School of Medicine. Dr. Chen is Board-Certified in Preventive Medicine and is a Fellow of the American College of Preventive Medicine.

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

REBECCA COHEN, MPH

Ms. Cohen has more than seven years of public health project management experience, including three years of experience managing the after hours emergency response system for the Commonwealth of Massachusetts Department of Social Services. Her healthcare background focuses on work in the primary healthcare sector and includes three years of experience conducting a comprehensive emergency preparedness training and implementation program for New York City primary care centers. Her work with both freestanding and hospital affiliated primary care centers includes the utilization of innovative models for organizational change as well as the use of traditional consultation models. Ms. Cohen also has experience in the field of healthcare quality improvement, including participation in research addressing the sustainability and spread of healthcare innovations. At YNH-CEPDR, Ms. Cohen assists in the network development and coordination of programs for federal, state, private and other entities to better prepare healthcare and other emergency management providers in their response to emergency management, terrorism preparedness and public health emergencies throughout the nation. She works collaboratively with health systems, hospitals and other healthcare entities to develop solutions to their preparedness needs in the areas of assessment, planning, education and training and drills and exercise. Ms. Cohen holds a Masters Degree in Public Health from Boston University with studies concentrating in Social and Behavioral Sciences.

KATE CORVESE, MPH'10

Kate Corvese is a first year Master of Public Health candidate at the Yale School of Public Health in the Epidemiology of Microbial Diseases concentration. She has worked as a contractor and intern for the Rhode Island Department of Health's Center for Emergency Preparedness and Response for the past four years on projects involving municipal and state level bioterrorism response capabilities, hospital preparedness, pandemic flu planning and the response to the H1N1 pandemic. She is currently involved with the Yale Center for Public Health Preparedness and the Yale-Tulane ESF-8 Planning Team, where she is editor of the weekly briefs that enhance situational awareness about the Haiti earthquake from a public health perspective.

JON EBINGER

Jon Ebinger is a Washington, DC based media consultant and educator. For 9 years he was a producer for the ABC News program, "Nightline". He worked for ESPN as the coordinating producer who launched the weekly edition of "Outside the Lines." Ebinger has also been part of production teams for the BBC, CNBC, PBS, and the National Geographic Channel. He has also been part of teams for shows at National Public Radio, also known as NPR, and for several years in the 'oughts' worked regularly as a control room producer for the special events unit at ABC News.

Ebinger currently teaches broadcast writing, reporting, and interviewing at the George Washington University. He also administers media projects for the Radio Television Digital News Foundation, including a journalist exchange program with Germany sponsored by the RIAS Berlin Kommission. He regularly lectures overseas before audiences large and small, academic and professional. He primarily talks about the confluence of media and politics, along with the American style of journalism.

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Ebinger is the recipient of 8 Emmy Awards, including 6 national news Emmys for work at "Nightline" (ABC News), one national news Emmy for "Inside Base Camp" (National Geographic Channel), and one local Emmy for "World Talk" (WETA-PBS). Along with his Nightline colleagues he received a DuPont-Columbia Award in 1996 for Special Programs, along with a handful of other accolades.

He has done special projects for the publishing industry, and has been known to drag his video camera across the country, sizing up urban settings, architectural specialties, and iconic images of the American west. As of late he has begun to feel comfortable posting movie reviews on this site.

ELAINE FORTE, BS, MT (ASCP)

Ms. Forte has more than 29 years of experience managing program development and delivery in laboratory settings, healthcare delivery and education and training and has co-authored numerous articles and abstracts. She has extensive project management experience including design, development, implementation and evaluation of (1) information technology systems, (2) education and training programs, (3) risk communication materials and (4) emergency preparedness and surge capacity initiatives. She was one of the primary participants in the national Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) committee and guided the development and implementation of the statewide emergency credentialing program in Connecticut. She guides the activities of YNHHS' National Center for Integrated Civilian-Military Domestic Disaster Medical Response and the Center for Public Health Preparedness, a CDC designated center at YNHHS. Under Ms. Forte's leadership, YNHHS has delivered education and training through multiple modalities to more than 120,000 healthcare workers at all levels of skill in a variety of disciplines and healthcare settings in more than 42 states and US territories.

LISA G. KAPLOWITZ, MD, MSHA

Lisa Kaplowitz, **MD, MSHA** is the Deputy Assistant Secretary for Policy in the Office of the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services, a position she has held since March, 2010. In this position, she is responsible for directing and coordinating policy and strategic planning for all components of the Office of the ASPR.

Prior to joining the U.S. Department of Health and Human Services, Dr. Kaplowitz was Director of the Health Department for the City of Alexandria in Northern Virginia from July, 2008 until February, 2010. As Health Director in Alexandria, she was responsible for all public health activities and was also very involved in emergency preparedness in the National Capital Region, serving as Chair of the Health and Medical Regional Planning Working Group of the Metropolitan Washington Council of Governments (MWCOG). From 2002 until July, 2008, she was Deputy Commissioner for Emergency Preparedness and Response (EP&R) in the Virginia Department of Health (VDH). She was responsible for the development and implementation of Virginia's public health response to all natural and man made emergencies, in coordination with hospitals, health care system and emergency response organizations in Virginia and the National Capital Region.

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Prior to joining VDH, Dr. Kaplowitz was a faculty member in the Department of Medicine at Virginia Commonwealth University and Director of the VCU HIV/AIDS Center. She also was Medical Director of Telemedicine and Ambulatory Care for the VCU Health System. She obtained her MD degree from the University of Chicago Pritzker School of Medicine, and completed her residency in Internal Medicine and Fellowship in Infectious Diseases at the University of North Carolina in Chapel Hill. She was a health policy fellow with the Institute of Medicine in Washington D.C. in 1996-1997, working in Senator Jay Rockefeller's Office on health financing and end of life care. She completed a Masters of Science in Health Administration (MSHA) at Virginia Commonwealth University in 2002. In addition to public health and emergency preparedness, she has a strong interest in health policy, health care financing and improving access to health care.

DANIEL KIRKPATRICK, MSN, RN, CNA-BC

Dan Kirkpatrick is presently the Assistant Director for Workforce Development at The National Center for Medical Readiness, Department of Emergency Medicine, Boonshoft School of Medicine at Wright State University, Dayton, Ohio. In this position he coordinates a wide variety of education and training programs at The National Center for Medical Readiness (NCMR). In the past two years he has coordinated and taught Core, Basic and Advanced Disaster Life Support Courses throughout Ohio and the United States for over 3000 participants. Dan is also the Ohio representative for the National Disaster Life Support Foundation. At the NCMR he is intricately involved in the development of The National Center from Medical Readiness Tactical Laboratory at Calamityville, a fifty acre site in Fairborn, Ohio that will be an international training facility for emergency preparedness personnel when it opens in the Fall of 2010.

A retired Air Force Colonel, Dan spent thirty-four years in the United States Air Force as an aeromedical evacuation technician, mental health nurse, and for the last eleven years in squadron command, chief nurse and deployed commander positions. He has a wealth of experience in medical readiness and emergency preparedness from both an educational and teaching perspective and a leadership position as a deployed hospital commander in Kuwait at the start of Operation Iraqi Freedom in 2003.

Dan is very active in community activities where he serves as a Fairborn, Ohio City Councilman. He is also very involved in professional and civic organizations as the First Vice President of the Ohio Nurse's Association, as a Board of Directors member for District 10 (Dayton area) of the Ohio Nurse's Association, Vice President of the Board of Trustees for the Fairborn Senior Citizen's Center, First Aid representative for the Camp Birch BSA Camping Committee, and as a member of the Downtown Fairborn Betterment Association Economic Revitalization Committee.

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

SCOTT LILLIBRIDGE, MD

Dr. Scott R. Lillibridge is a professor of epidemiology and assistant dean with the Texas A&M Health Science Center School of Rural Public Health located in Houston. During his federal career with the Department of Health and Human Services (HHS), he served as special assistant to the HHS Secretary for National Security and Emergency Management and assisted in the development of a national preparedness program when the nation was experiencing anthrax attacks in 2001. Dr. Lillibridge was also the founding director of the Bioterrorism Preparedness and Response Program at the Centers for Disease Control and Prevention

(CDC). In addition to infectious disease concerns, this office provided program support for the development of a national pharmaceutical stockpile, enhanced disease tracking, training and national laboratory enhancement. This program provided funding for preparedness to every state and territorial health department throughout the United States.

Dr. Lillibridge's career at CDC focused on emergency public health response issues. He has worked in emergency response and preparedness roles throughout the world in support of the U.S. government and non-governmental organizations. He was the lead physician during the initial U.S. Public Health Service (PHS) response to the Oklahoma City bombing and also led the U.S. Medical Delegation to Tokyo following the sarin release in 1995. In 2003, Dr. Lillibridge was summoned to China to consult with the Ministry of Health during the SARS epidemic. He also served on the UN Interagency Rapid Health Assessment Team led by the World Health Organization (WHO) that responded to the Indian Ocean tsunami in Indonesia.

Dr. Lillibridge received his B.S. in Environmental Health at East Tennessee State University in 1977. He received his medical doctorate from the Uniformed Services University of the Health Sciences in Bethesda, MD in 1981 and has prior military service with the U.S. Army Special Forces. In 1984, he completed specialty training at Baylor College of Medicine in Family Medicine and completed a fellowship with the Epidemic Intelligence Service of CDC in 1992.

CINDY LOVE, MLS

Cindy Love received her Bachelor's in Biology and Psychology from Mt. Holyoke College and her Master's in Library Science from Catholic University. She has been a medical librarian at the National Library of Medicine for more than 20 years in both the Reference Section and the Specialized Information Services Division. She's worked primarily in public health information, especially toxicology and environmental health, HIV/AIDS, and consumer health resources until 3 years ago when she began working on the development of the new Disaster Information Management Research Center at NLM. Her current activities include starting a national program for librarians to raise their awareness of disaster health information resources and outreach to their communities, and also developing online resources to enhance access to disaster health information.

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

DAVID MARCOZZI, MD, MHS-CL, FACEP

Dr. David Marcozzi serves as Director of Public Health Policy for the White House National Security Staff. Previous to this position, Dr. David Marcozzi served as the Director of the newly established Emergency Care Coordination Center (ECCC) within the Office of the Assistant Secretary of Preparedness and Response at the Department of Health and Human Services (HHS).

A graduate of Boston College and St. George's University School of Medicine, Dr. Marcozzi completed his Emergency Medicine Residency at Brown University, where he served as Chief Resident. He also completed a Masters of Health Sciences in Clinical Leadership from Duke University School of Medicine.

In 2006, Dr. Marcozzi completed a congressional fellowship where he worked on the Senate Subcommittee on Bioterrorism and Public Health Preparedness in Washington D.C. While there, he assisted in drafting the Pandemic and All-Hazards Preparedness Act, a reauthorization of the Bioterrorism Act" of 2002.

Until recently, Dr. Marcozzi held the position of Assistant Professor of Emergency Medicine and Director of Disaster Preparedness at Duke University Medical Center. He is now transitioning into a faculty member at Georgetown University, practicing emergency medicine at Washington Hospital Center, and is also an instructor at the Uniformed Services University of the Health Sciences.

Formerly a North Carolina volunteer firefighter and member of the National Disaster Medical System, responding to multiple disasters including NY on 9/11, Dr. Marcozzi currently serves as a Major in the U.S. Army Reserves. He has been mobilized twice since 2001, once as part of Operation Iraqi Freedom and the other during Hurricane Katrina. He is the recipient of numerous military and civilian awards including: the Army Commendation Medal, the Military Outstanding Volunteer Service Medal, the Duke University Health System Strength, Hope and Caring Award and Duke Emergency Medicine Distinguished Faculty Award.

KATHLEEN R. MINER, PhD, MPH, CHES

Kathleen R. Miner, PhD, MPH, CHES is Associate Dean for Applied Public Health at the Rollins School of Public Health, Emory University. She is the Principal Investigator on the Tobacco Technical Assistance Consortium (TTAC), Emory's Center for Public Health Preparedness (ECPHP), Southeast Institute for Training and Evaluation (SITE), and other large public health practice initiatives. She is a national leader in training and professional education, and past President of the Council on Education for Public Health (CEPH), the accrediting body for Schools of Public Health. Dr. Miner is a past president of the Georgia Public Health Association, has strong ties to public health officials throughout the state, and is a much sought-after trainer and educator for the CDC, state government, and other organization.

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

HOUSTON H. POLSON, JD

Dr. Houston H. Polson is the Chief, Joint Education Branch for North American Aerospace Defense Command (NORAD) and US Northern Command (USNORTHCOM). He is responsible for the establishment of programs, policies and curriculum for national defense, homeland security and defense support to civil authorities' educational initiatives to support the NORAD and USNORTHCOM missions. As Chair, Homeland Security/Defense Education Consortium, Dr. Polson directs an international network of colleges, universities and government institutions focused on promoting education, research, and cooperation related to and supporting the homeland security / defense mission.

Born in Charlotte, North Carolina, Dr. Polson graduated from East Lincoln High School and entered North Carolina State University at Raleigh, receiving Bachelor of Science degrees in textile chemistry and technical education in 1975. He was named a distinguished graduate of the Reserve Officer Training Corps and commissioned a second lieutenant in the Air Force Reserve. Upon entering active duty, he attended missile combat crew initial training at Vandenberg Air Force Base, California where he was recognized as a Distinguished Graduate. He served on active duty from 1976 until 1987.

In 1987, Dr. Polson separated from active service and was commissioned a captain in the Air Force Reserve. He served in the US Air Force Reserve until his retirement in June 2005 completing 30 years of service and attaining the rank of colonel.

Dr. Polson served in academia from 1987 until 2005. Most recently, he was Dean and Professor of Business Administration, Harold Walter Siebens School of Business, Buena Vista University, Storm Lake, Iowa. He served on the faculty and as Department Chair of Business at Bellevue University, Bellevue, Nebraska, Mesa State College, Grand Junction, Colorado and Shawnee State University, Portsmouth, Ohio. Dr. Polson led the effort to develop Mesa State College's initial graduate degree. His graduate degrees include a Juris Doctor from Creighton University and Master of Business Administration from the University of Montana.

Selected past military assignments include: Deputy Missile Combat Crew Commander Instructor, Missile Combat Crew Flight Commander, IBM Weapon System Analyst, Disaster Preparedness Staff Officer; Senior Individual Mobilization Augmentee to the Base Civil Engineer, Senior Military Advisor to Commander – Stabilization Force and Director, Commander's Special Studies Group, and Emergency Preparedness Liaison Officer (EPLO) to The Adjutant General – Iowa.

Dr. Polson is a distinguished graduate of Squadron Officer School, and a graduate of the Air Force Command and Staff College and the Air War College. His decorations and awards include the Legion of Merit, Defense Meritorious Service Medal, Meritorious Service Medal with two oak leaf clusters, Air Force Commendation Medal, Combat Readiness Medal, Air Force Expeditionary Service Ribbon with gold border, Armed Forces Reserve Medal with "M" device and Bronze Hourglass device, and NATO Service Medal. He was recognized as an Outstanding Young Man of America in 1982 and has been recognized for teaching excellence on multiple occasions.

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He is the author of several publications and book reviews. Dr. Polson is married to the former Jeanie Dryer. They have three sons – Adam, David and Tim and two granddaughters.

ROSANNE PRATS, MHA, ScD

Currently, Rosanne Prats, MHA, ScD works for the Louisiana Department of Health & Hospitals (DHH) as the Director of Emergency Preparedness. Ms. Prats received her doctorate at Tulane University. She came to DHH with healthcare work experience in the federal, state and private sectors.

Ms. Prats' work experience includes several years of working for the federal government in Information Technology Services (ITI) as a program manager and computer specialist. While pursuing her MHA at Tulane University, she held a residency position at the Department of Health & Hospital's Office of Public Health (OPH). She was a key player in developing the Louisiana Public Health Institute, a non-profit entrepreneurial vehicle through which the promotion of public health activities could be furthered.

In June of 1997, she was recruited to work in the private sector for the largest private hospital system - Columbia/ HCA. As one of 4 consultants, she developed, interpreted, and evaluated market demographics and competitor analyses to determine strategic placement of clinics primarily in the Louisiana, Arkansas, and Florida markets.

In October of 1997, Ms. Prats was recruited to work with Columbia/HCA's Legal Department to develop the Compliance Department for the company. In August 1999, Rosanne returned to Louisiana to assist the State Health Officer develop and implement the DHHS' Emergency Preparedness Disaster Plan. This current position involves coordinating between local, state and federal agencies.

CHRISTOPHER J. REVERE

Christopher Revere became Executive Director of the National Commission on Children and Disasters in January 2009. In this capacity, he is the principal liaison of the Commission to federal, state, Tribal and local officials and non-governmental organizations. He manages the resources and guides the work of the Commission to ensure that it fulfills requirements under federal law. Prior to joining the Commission, Mr. Revere spent over 10 years as a public policy advocate, primarily representing non-profit organizations before federal and state government. Mr. Revere earned his Master of Public Administration degree from the Nelson A. Rockefeller School of Public Policy (Albany, NY) and his Bachelor of Arts degree in Psychology from Hobart College (Geneva, NY).

ITALO SUBBARAO, DO, MBA

Dr. Subbarao is the Director of Public Health Readiness Office at the American Medical Association Center for Public Health Preparedness and Disaster Response, and the Deputy Editor of the new *Journal of Disaster Medicine and Public Health Preparedness*. Dr. Subbarao has expertise in health system recovery and promoting comprehensive disaster planning through private-public partnerships. Dr. Subbarao's office has provided technical support and assistance to the disaster recovery of the health system in the areas impacted by Hurricane Katrina, and the recent Virginia Tech mass casualty incident, as well as the tornado that impacted Greenborough Kansas. Dr. Subbarao's

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office is also the coordinator for the AMA/CDC 2nd and 3rd Public Health Congress in July 2007 and 2009 focusing on community planning and response to Pandemic Influenza.

Dr. Subbarao has previously field responded to Hurricane Katrina and the Pakistan Earthquake as an American Red Cross Public Health Field Manager for the shelters in the Gulf, and as a Public Health Field Manager for the International Rescue Committee, respectively. He completed his fellowship training at Johns Hopkins University in Disaster Medicine and is a board eligible emergency medicine physician. Dr. Subbarao completed his residency training at Lehigh Valley Hospital, Muhlenberg, in Bethlehem, Pennsylvania, where he won three national resident research awards. He is a graduate of the Philadelphia College of Osteopathic Medical School joint DO/MBA program in Health Care Administration.

ANDREA C. YOUNG, PHD

Dr. Young serves as the Senior Learning Officer for Preparedness and Response in the Coordinating Office for Terrorism Preparedness and Emergency Response (CPTPER), Centers for Disease Control and Prevention (CDC). In this role, Dr. Young is responsible for developing and executing CDC's preparedness and response learning strategy. Her office has oversight and coordination responsibilities related to analysis, design, development, implementation, policy and evaluation of workforce development programs that target CDC emergency responders and external audiences, at the state and local levels, with public health preparedness and response responsibilities.

In 2001, she began her career at CDC designing and evaluating web-based training solutions for the public health workforce. More recently, Dr. Young served as the Program Official for the Centers for Public health Preparedness in COTPER, Learning Strategies Team Lead (Acting) in the National Center for Health Marketing (NCHM) and the Senior Training Evaluator in the Public health Practice Program Office (PHPPO).

Prior to joining the CDC, Dr. Young served as the Program Manager for Florida State University's (FSU) Learning Systems Institute; overseeing the design, development and implementation of FSU's first web-based Masters Degree program. For over ten years, Dr. Young served as an independent consultant in competency-model development, performance systems analysis, instructional design, curriculum planning and training evaluation. Her clients represented a variety of sectors; including higher education, business and federal and state government.

Dr. Young has a Bachelors degree in sociology from Eckerd College and a Masters of Science and Doctorate in instructional systems design from Florida State University. In additional, Dr. Young has authored and coauthored many presentation, chapters and journal publications.

APPENDIX 4

ORGANIZATIONS REPRESENTED

A4-1

ORGANIZATIONS REPRESENTED

- Agency for Health Quality Research
- Alameda County Medical Center
- AAPA – American Academy of Physician Assistants
- American Medical Association
- ATS – American Thoracic Society
- AVMA – American Veterinary Medical Association
- Association of the Schools of Public Health
- Booz Allen Hamilton
- Bureau of Medicine & Surgery (Navy)
- Center for Disaster and Humanitarian Assistance Medicine
- Centers for Disease Control and Prevention
- Children's National Medical Center
- Columbia University
- Defense Centers of Excellence
- Defense Medical Readiness Institute
- Defying Disaster
- Department of Health and Human Services
- Department of Homeland Security
- ECCC/ASPR/HHS – Emergency Care Coordination Center/Assistant Secretary for Preparedness and Response/Department of Health and Human Services
- Emergency Medical Services for Children
- Erie County Department of Health
- FEMA
- George Mason University
- George Washington University GWU-MFA-DEM
- Institute of Medicine
- IUP Research Institute –Indiana University of Pennsylvania Research Institute
- Logistics Management Institute
- Maryland Department of Health and Mental Hygiene
- Medical College of Georgia
- MediSys Health Network
- Montgomery County CERT
- Montgomery County DHHS
- Montgomery County Public Health Services
- NACCHO – National Association of County and City Health Officials
- Nassau County EMS Academy
- National Association of Children's Hospitals
- National Association of School Nurses
- National Conference of State Legislatures
- NDLSF- National Disaster Life Support Foundation

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- NHTSA – National Highway Traffic Safety Administration
- National Institute of Environmental Health Science
- National Naval Medical Center
- NCDMPH – National Center for Disaster Medicine and Public Health
- NIH – National Institutes of Health
- NORC at the University of Chicago -National Opinion Research Center at the University of Chicago
- NYCDHMH – New York City Department of Health and Mental Health
- Philadelphia University
- QHC – Division of Quality Health Care Virginia Commonwealth University
- Rollins School of Public Health, Emory U.
- SAMHSA- Substance Abuse and Mental Health Services Administration
- Sanford School of Medicine
- Texas A&M Health Science Center
- The Lewin Group
- USDVA – United States Department of Veterans Affairs
- USUHS- Uniformed Services University of the Health Sciences
- University of Hawaii
- University of Maryland
- University of Texas SW Medical Center
- US Army Public Health Command
- USPHS – United States Public Health Service
- USAF – United States Air Force
- USAMRICD – United States Army Medical Research Institute of Chemical Defense
- VA Central Office
- VA MD Health Care System
- VAHMCS – VA Maryland Health Care System
- YNH-CEPDR – Yale New Haven Health Center for Emergency Preparedness and Disaster Response
- YSOM – Yale University School of Medicine
- YSPH – Yale University School of Public Health

APPENDIX 5

PARTICIPANT SURVEY RESULTS

A5-1

INDIVIDUAL SESSION EVALUATION

A. Session #1 Workforce Learning Requirements and Needs

Chart #1

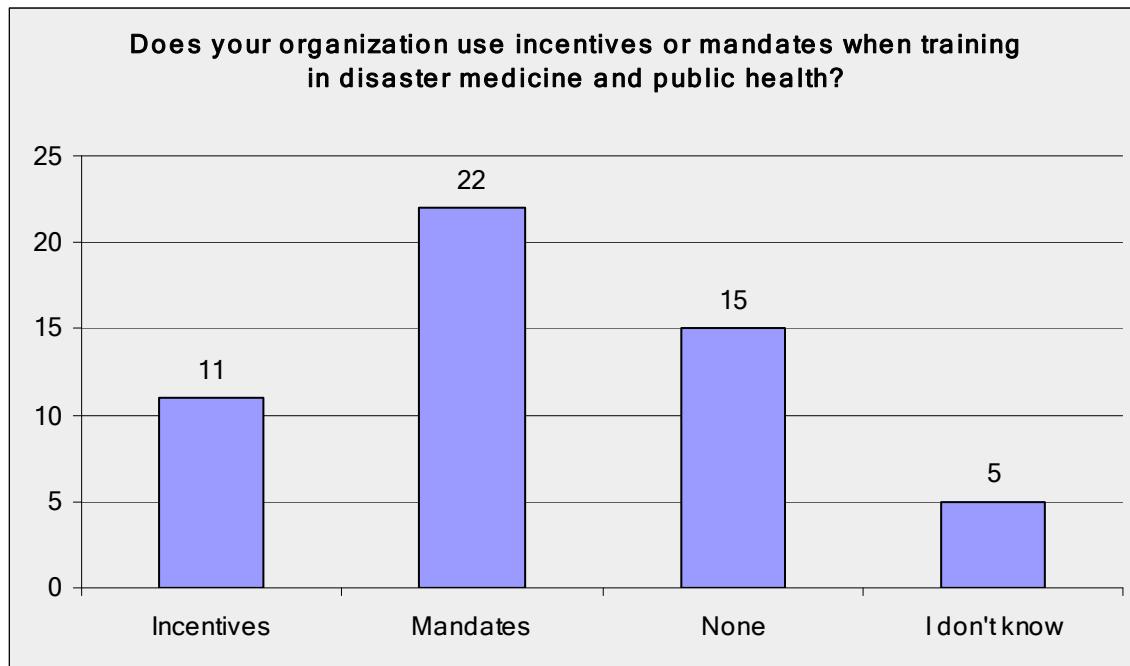
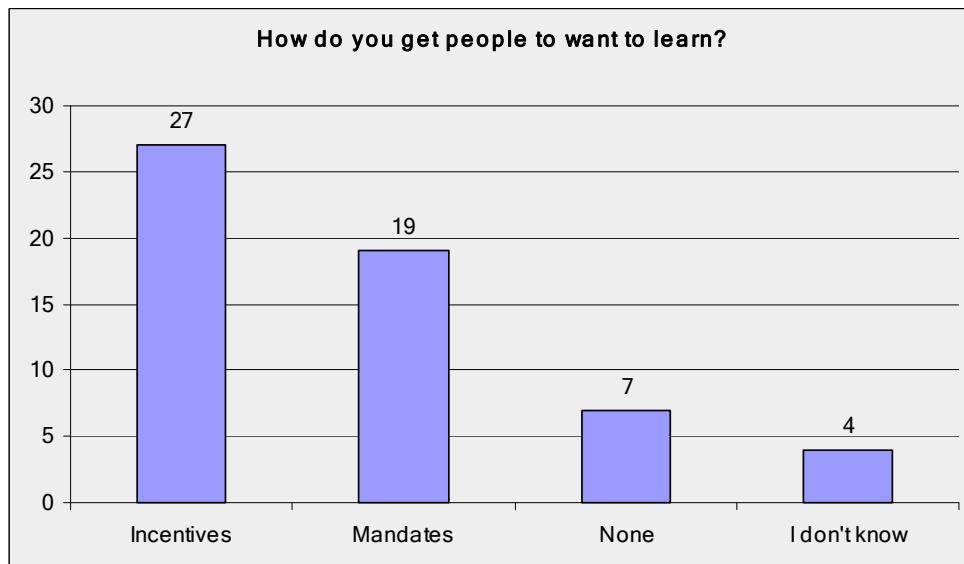


Chart #2



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #3

Federal grants have been used as incentives for education and training. Has this mechanism been effective?

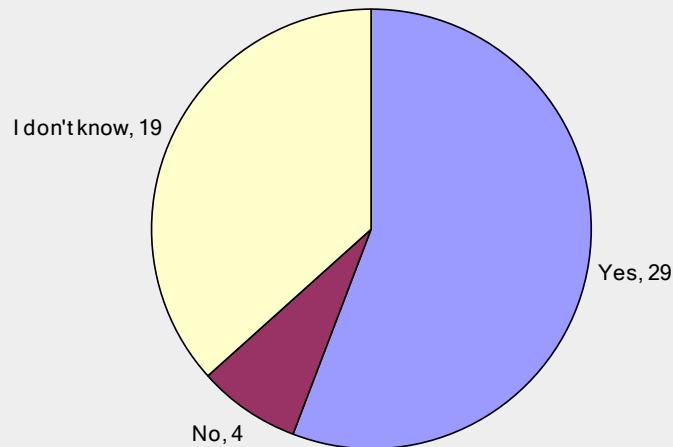
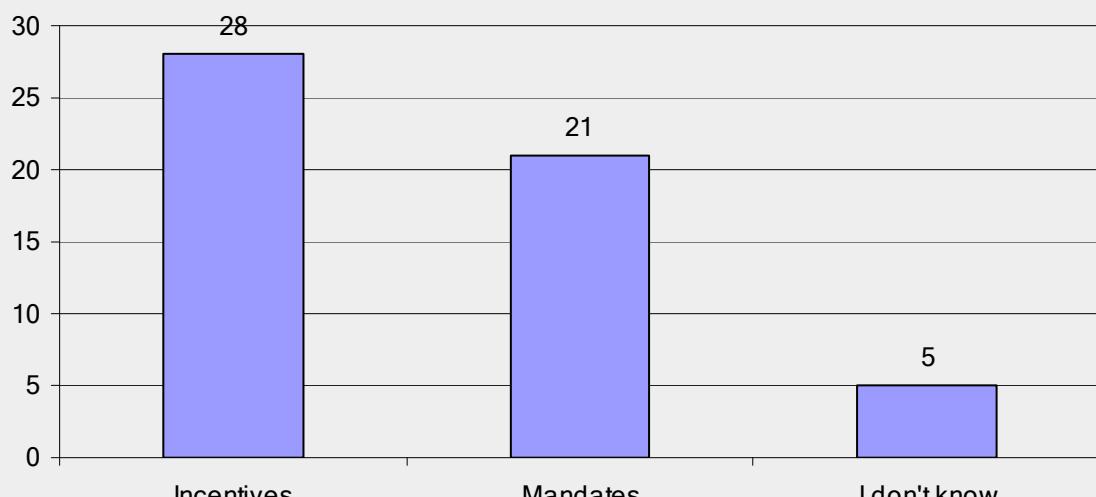


Chart #4

Which approach do you consider to be more effective for education?



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #5

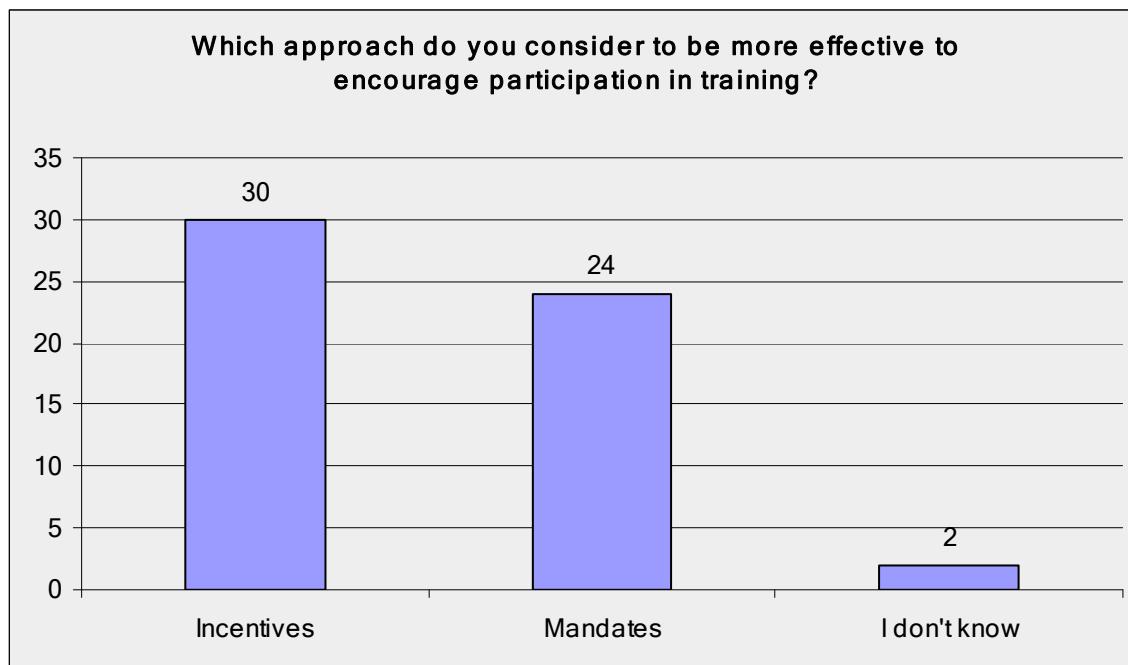


Chart #6

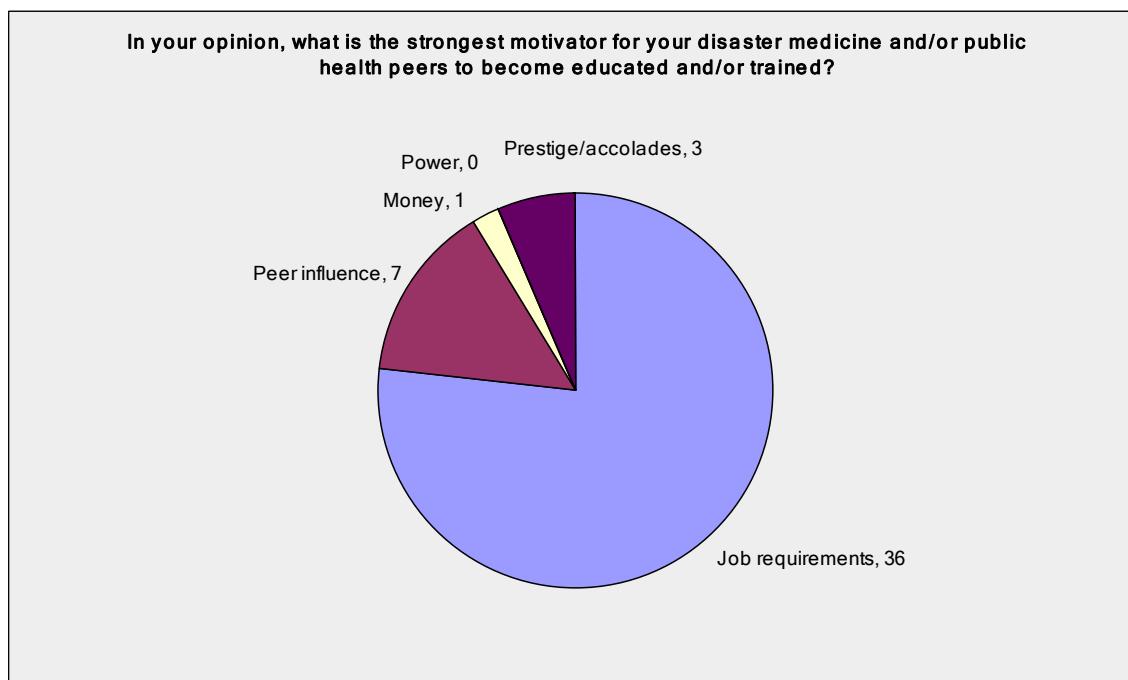
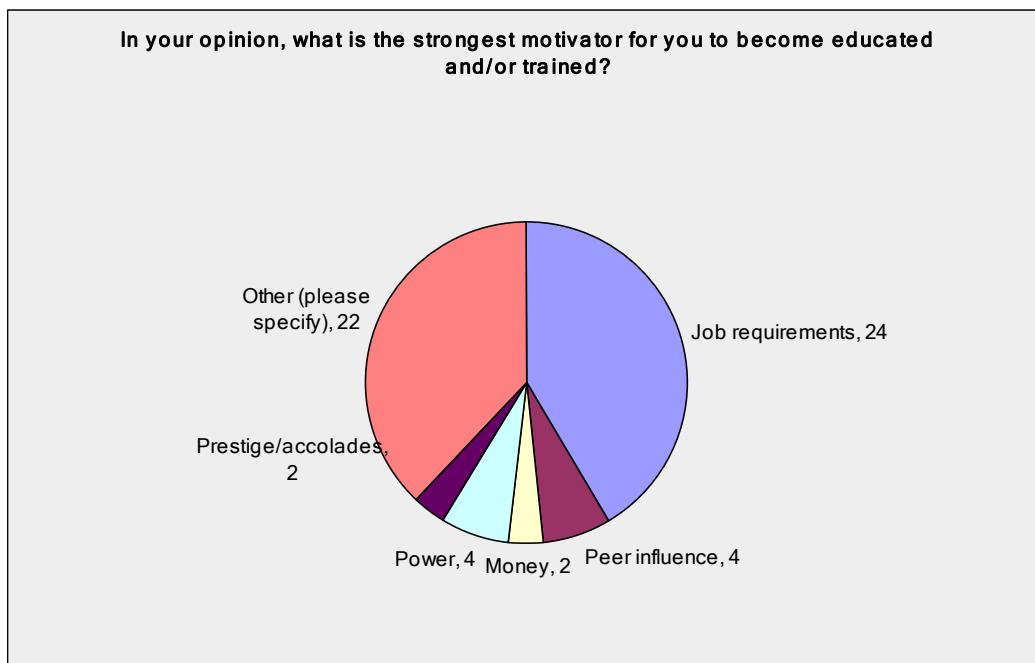


Chart #7



Answers to Other above Question #7

- Interest of my own
- See if motivated and see if learning to remain current
- Self interest
- Competency
- So that i can better serve my community, patients
- I want to learn. I am motivated. I am here.
- Ethical behavior
- Perceived personal risk and professional readiness
- Interest/right thing to do for continued growth
- Safety, personal & family safety.
- Personal interest
- Personal growth
- Personal growth / education
- Personal growth/development
- Personal growth
- Seeking personal growth
- Interest. Trying to learn more to determine where to go.
- Competency
- To make sure i am capable to do my job not because it's required by the job but because i require myself to be as educated as possible.

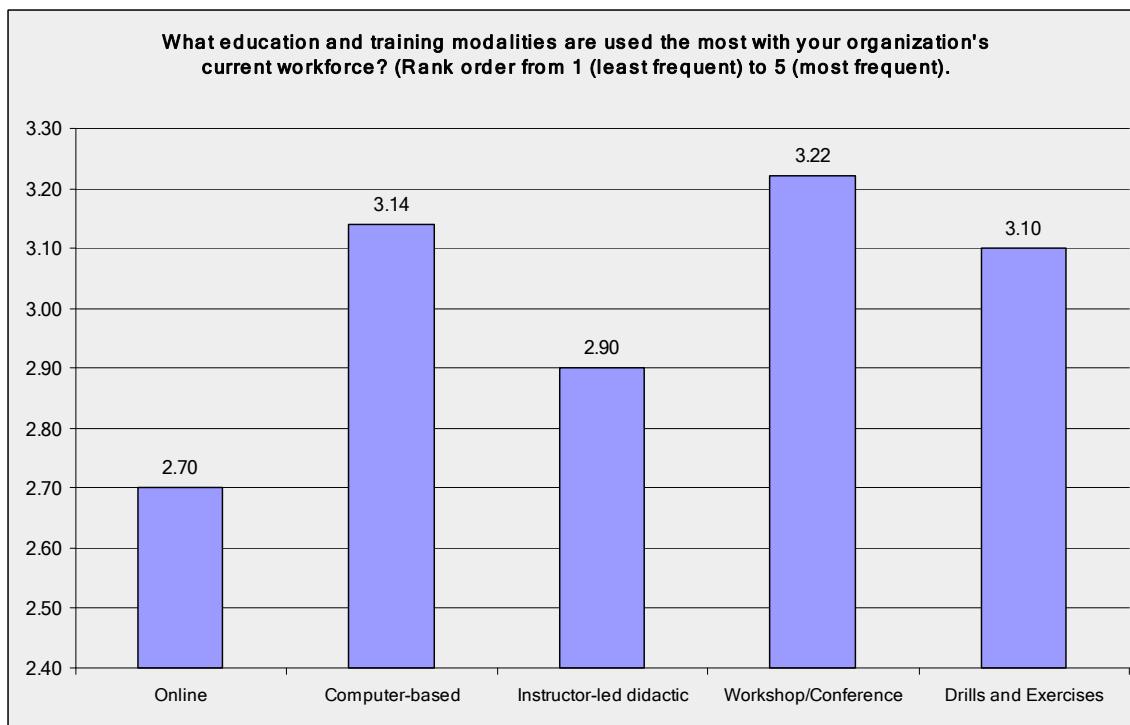
Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

- Because it is the right thing to do
- Effectiveness
- Expanding leadership skill set / knowledge

Chart #8



Chart #9



B. Session #2: Disconnects and Barriers

Chart #10

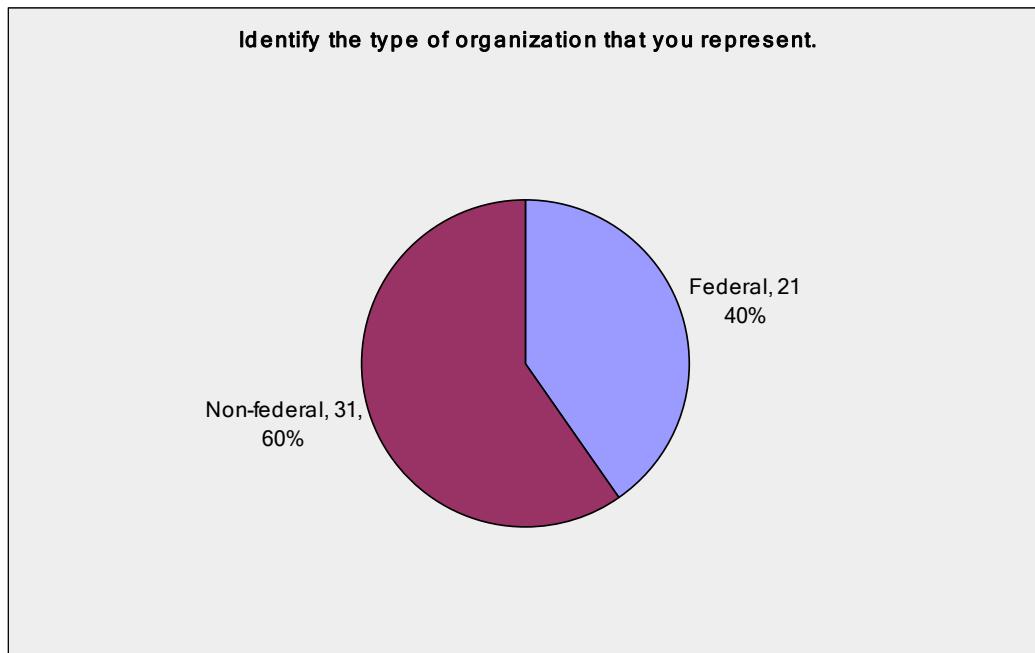
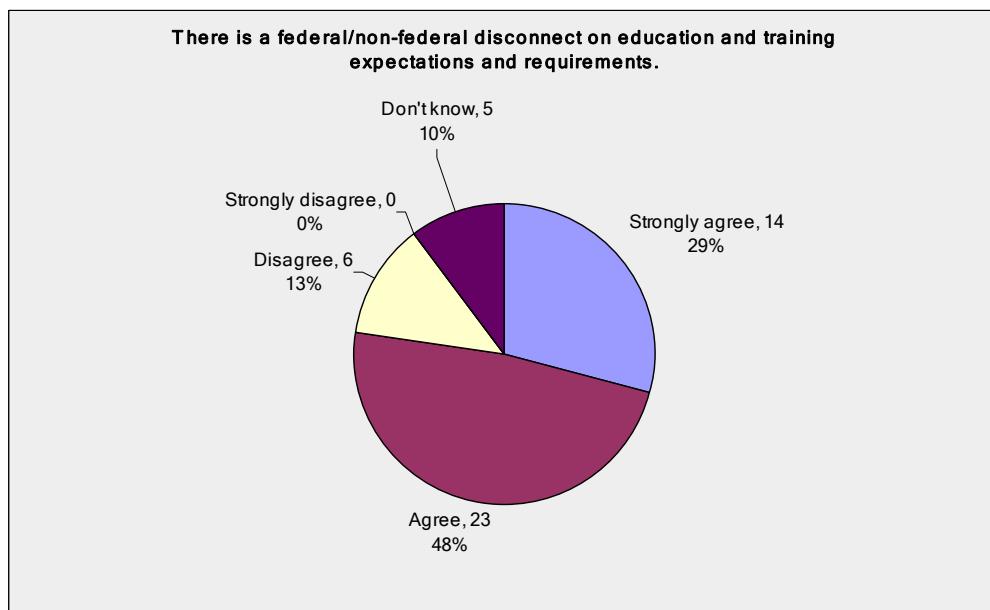


Chart #11



**Education and Training Needs for Disaster Medicine and Public Health Preparedness:
Building Consensus, Understanding and Capabilities**

Chart #12

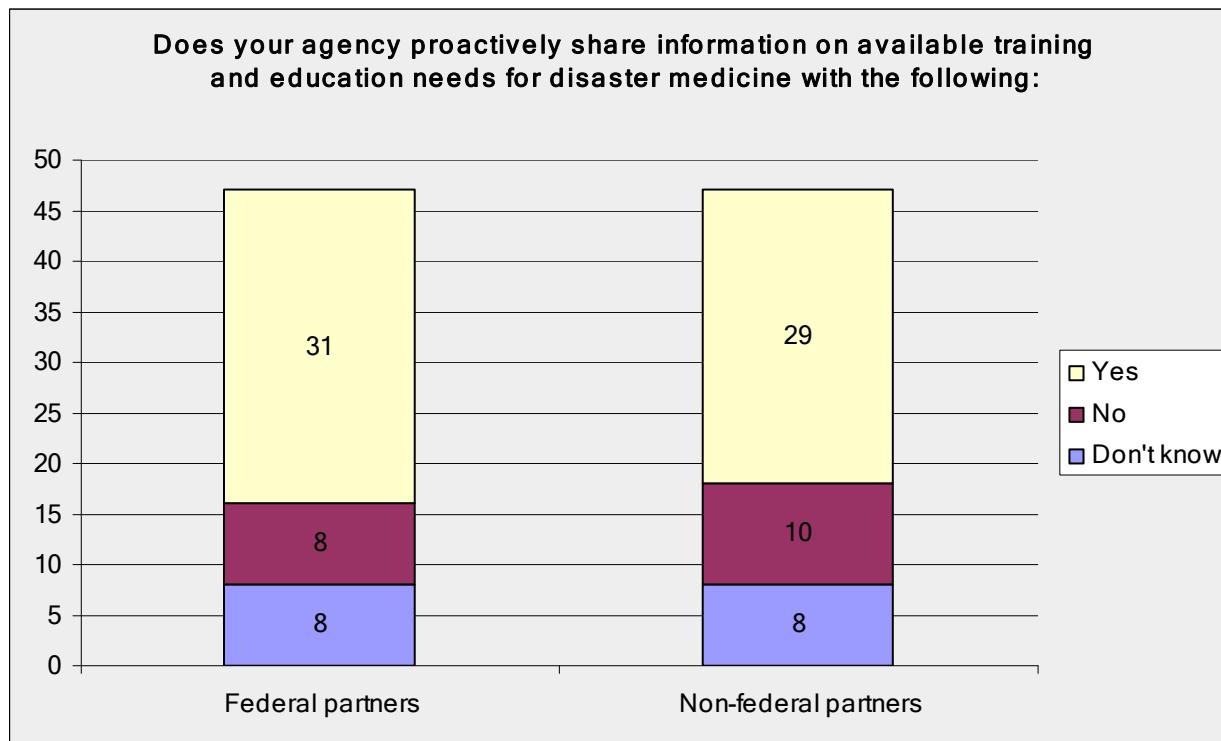


Chart #13

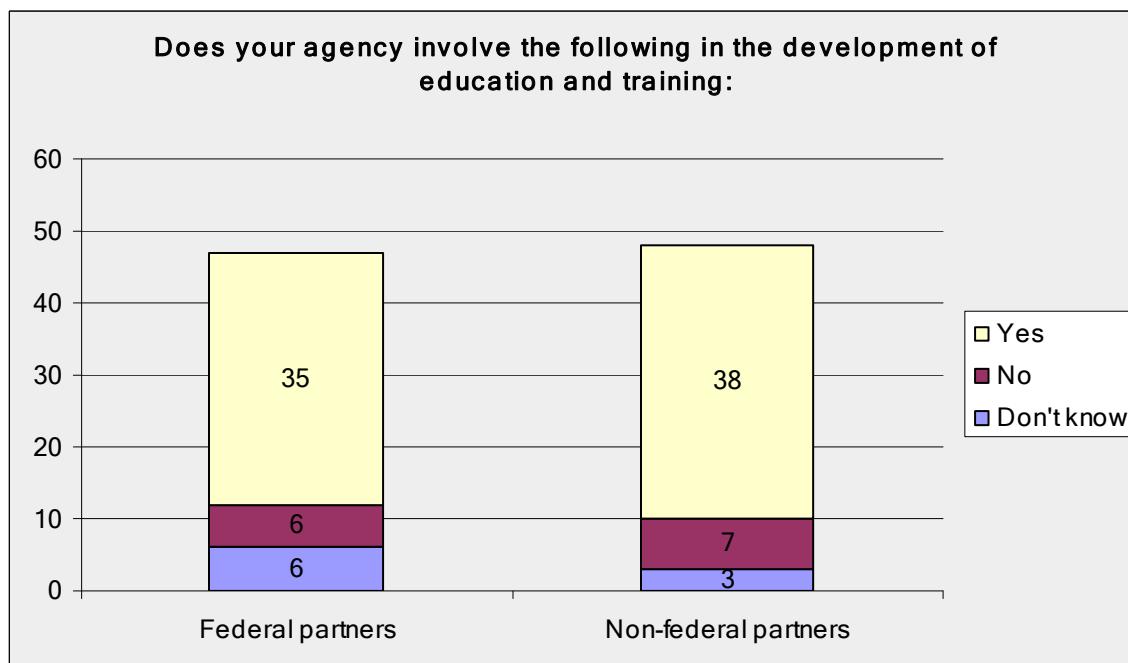


Chart #14

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Identify the types of organizations with which your agency shares information regarding available training and education needs for disaster medicine/public health.

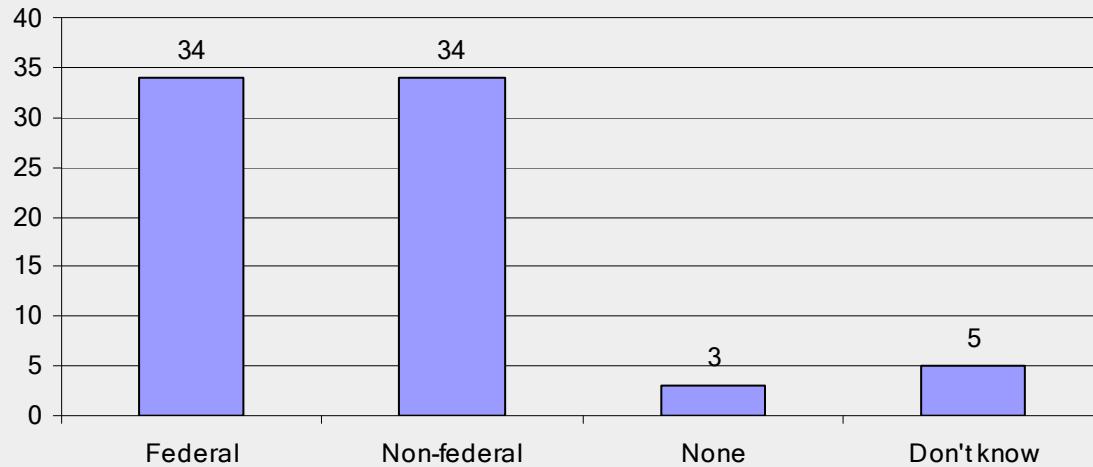
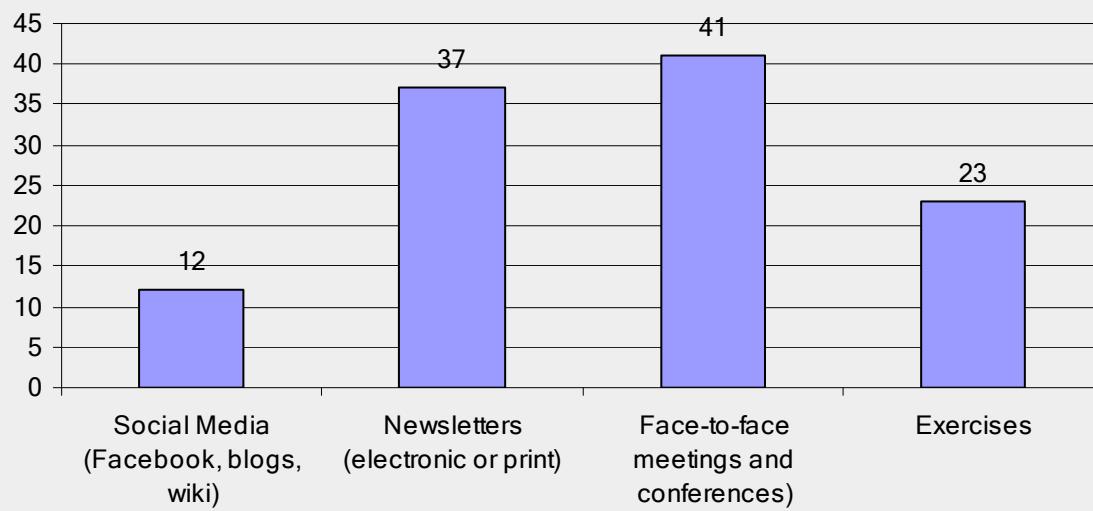


Chart #15

What communication tools does your agency prefer to share and receive information? (choose up to 3)



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #16

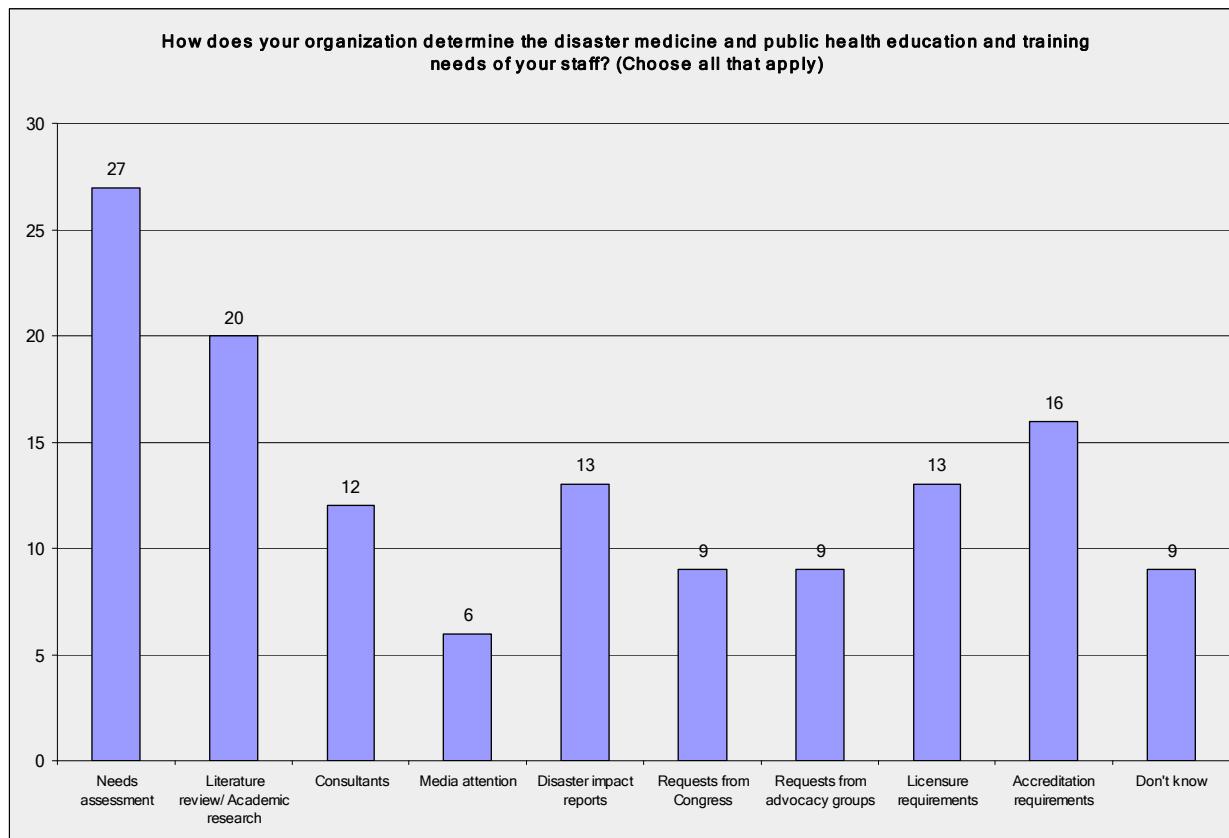
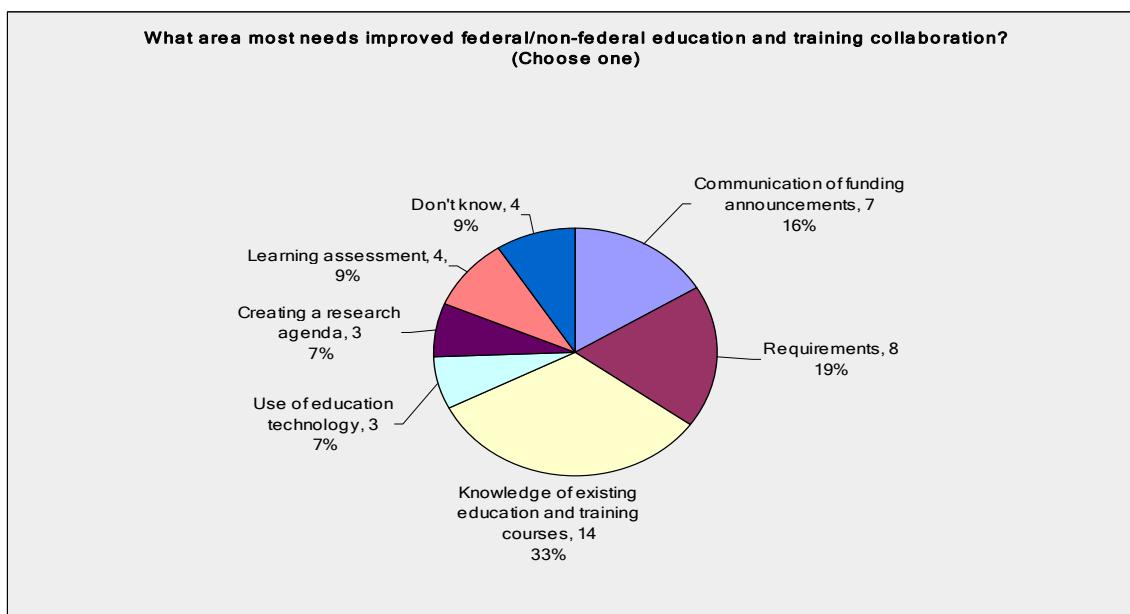


Chart #17



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #18

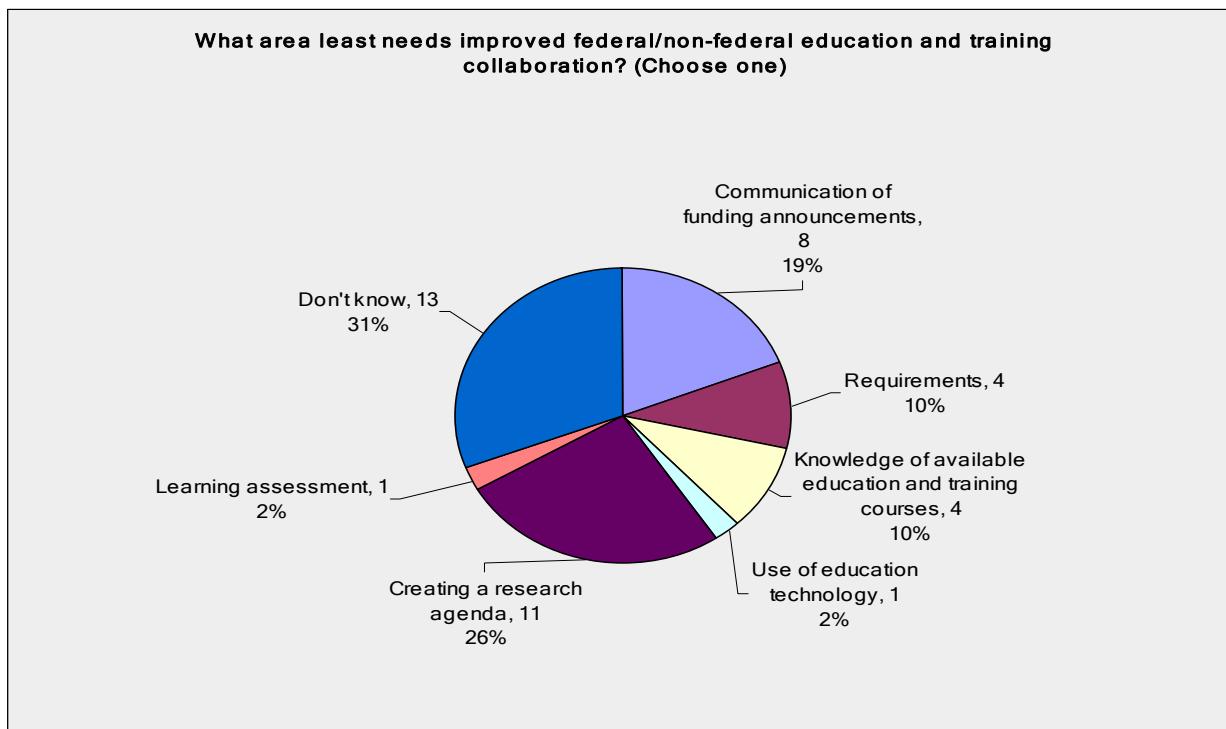
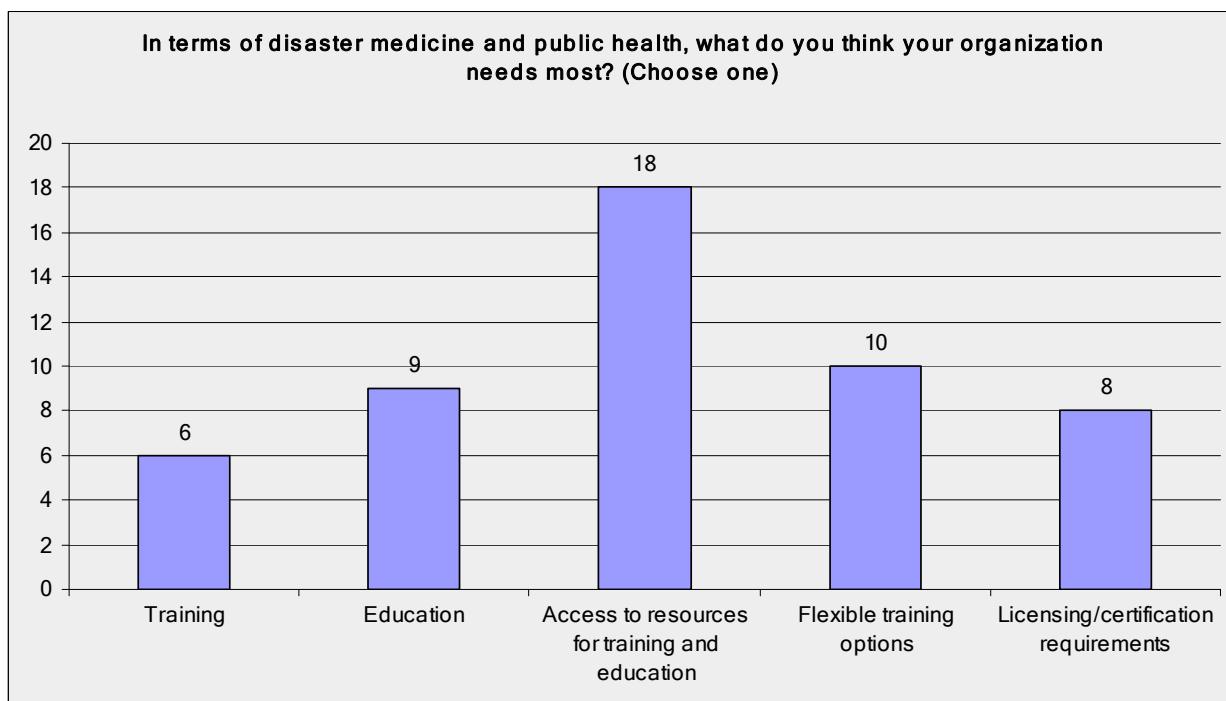
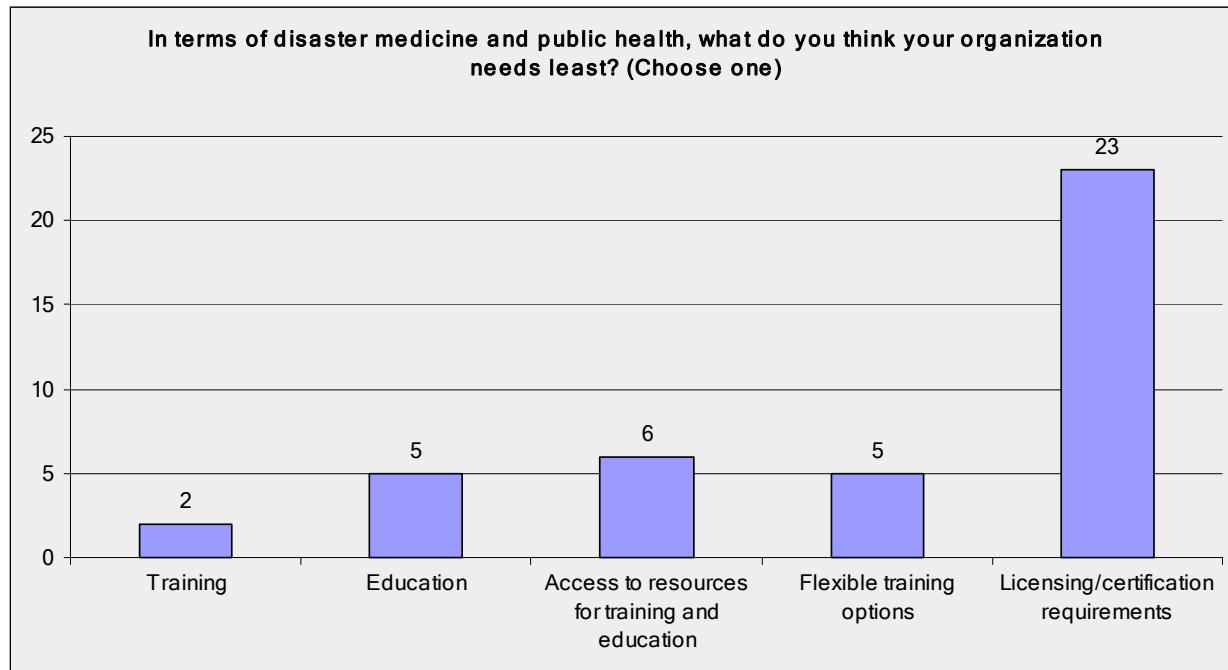


Chart #19



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #20



C. Session #3 Capabilities and Competencies

Chart #21

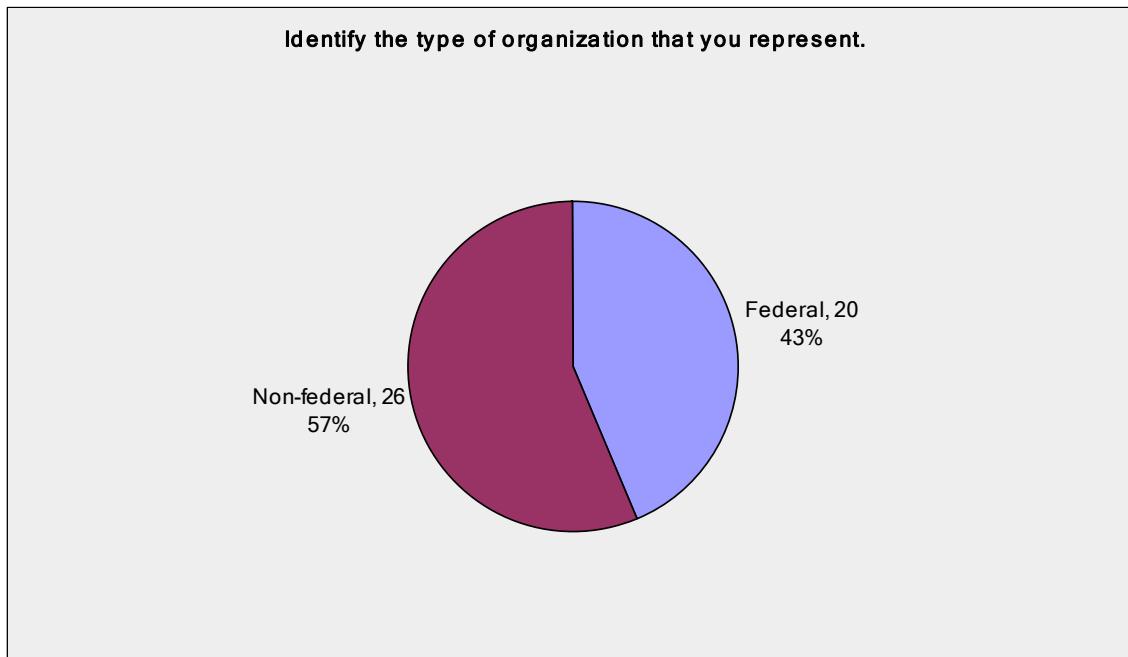
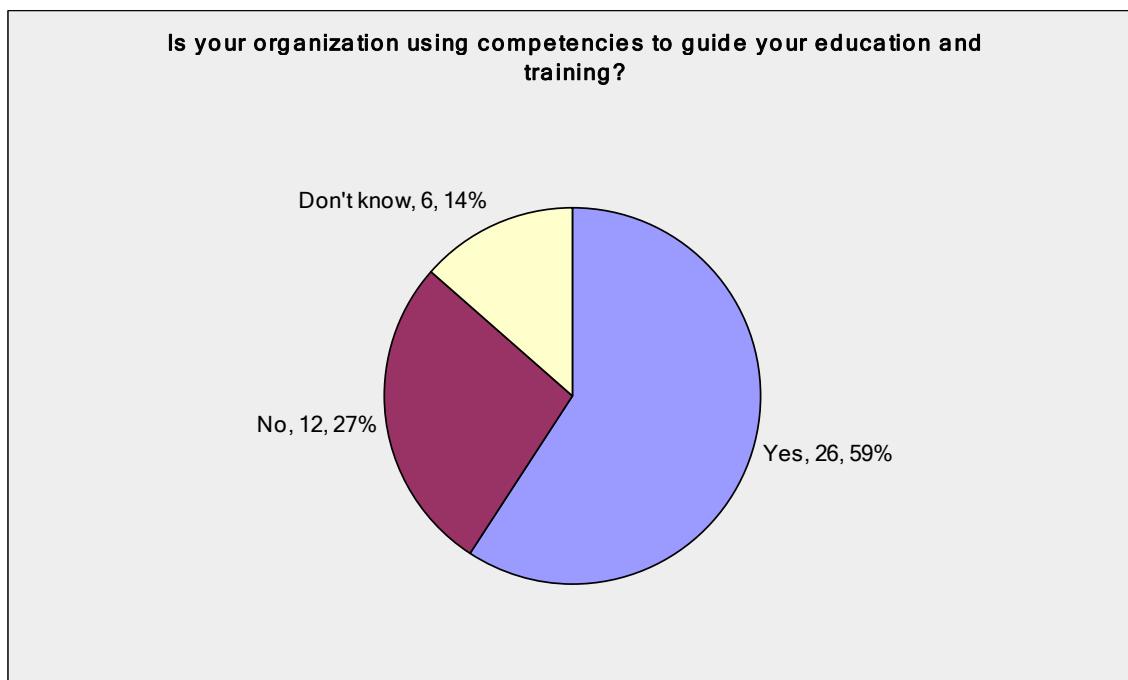


Chart #22



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #23

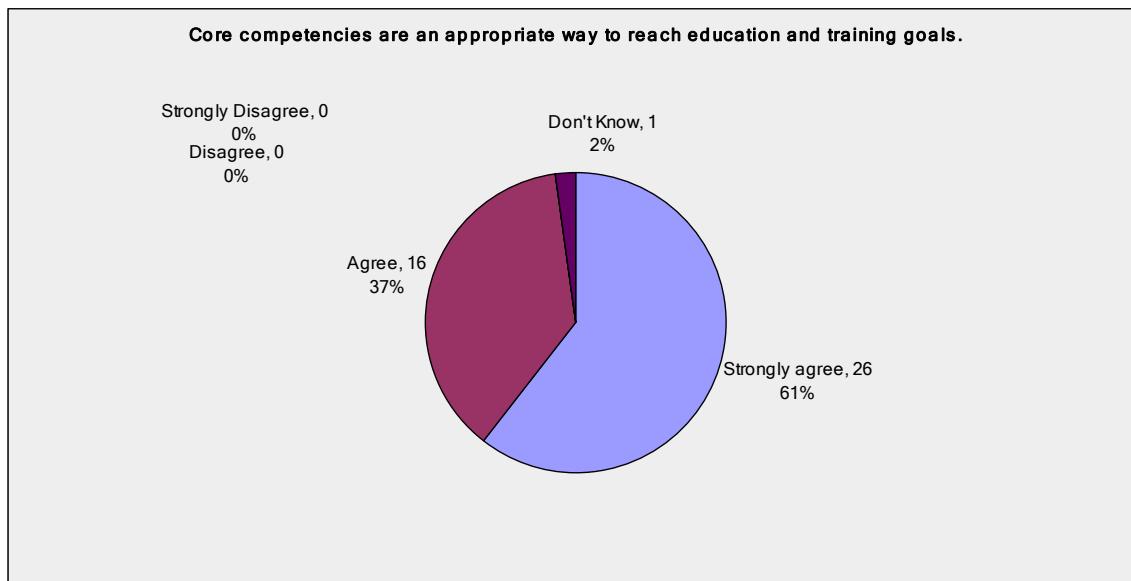
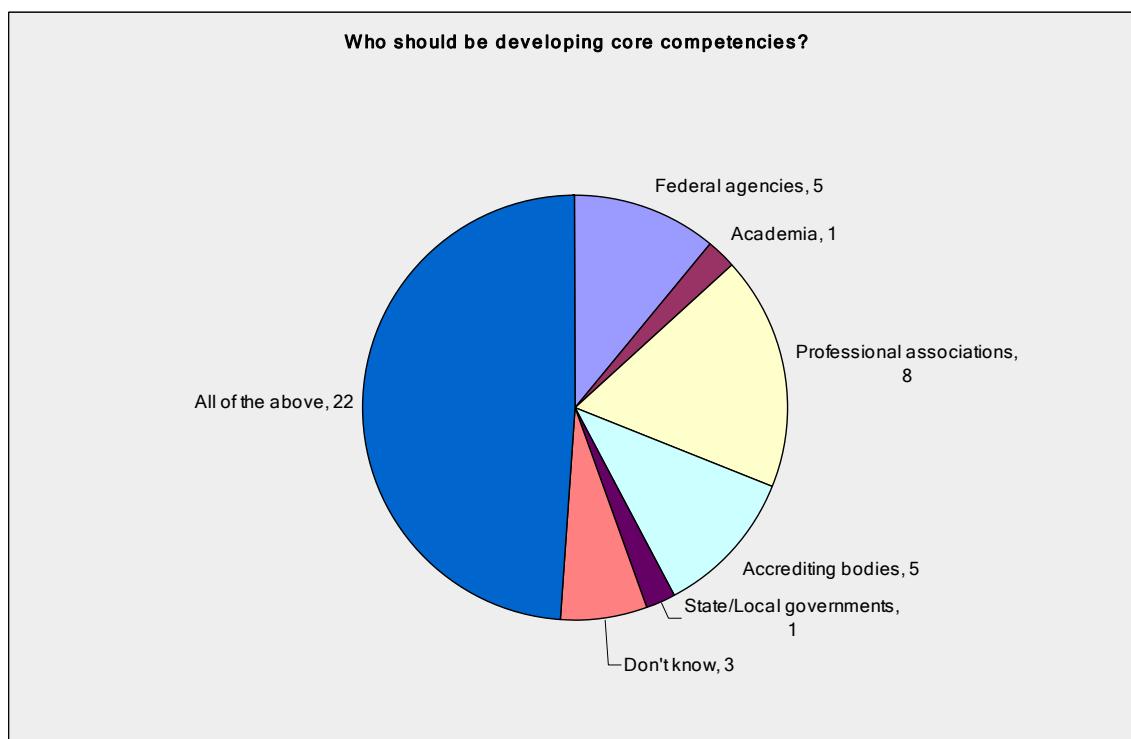


Chart #24



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #25

There should be greater standardization of competencies across federal and non-federal agencies.

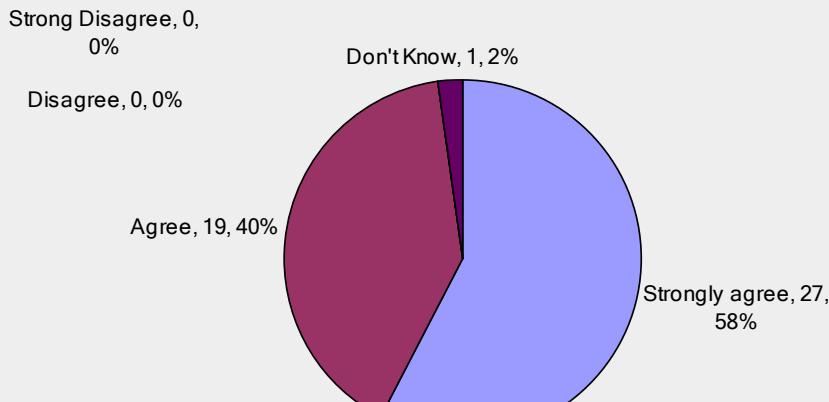
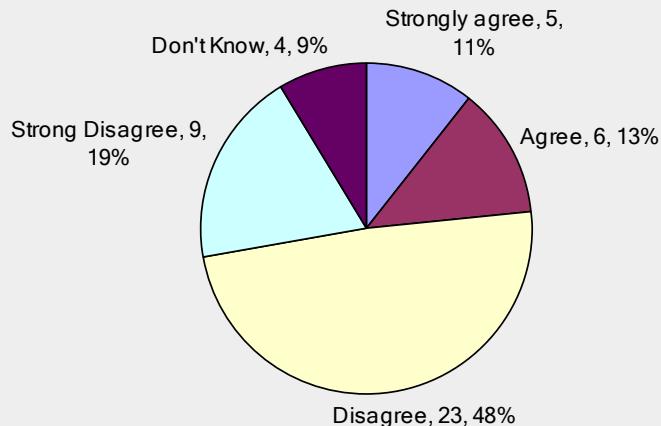


Chart #26

It is more appropriate to develop discipline-specific competencies than it is to share core competencies across many disciplines.



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Chart #27

I am satisfied with the core competency effort in disaster medicine and public health.

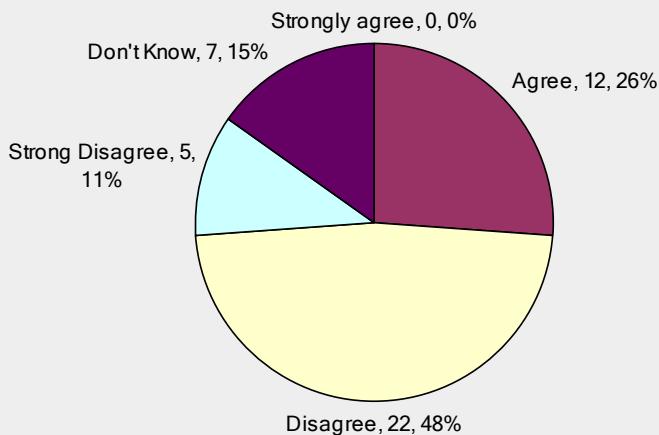
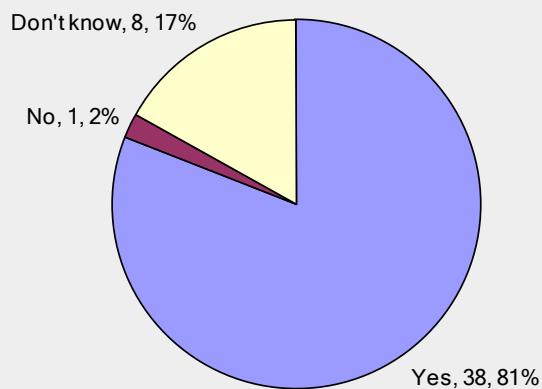


Chart #28

Is it possible to conduct performance-based evaluation of competencies at an individual level?



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Chart #29

What is the most common use of competencies at your agency?

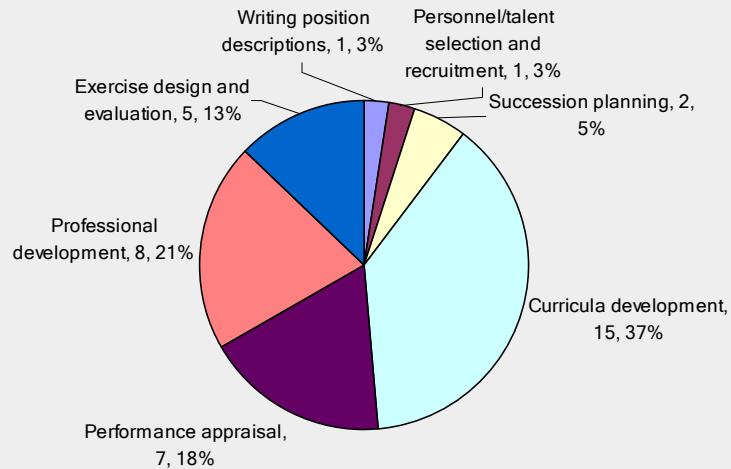
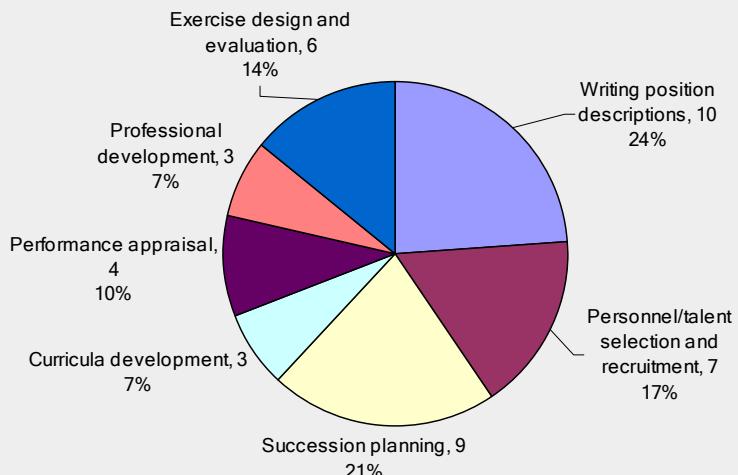


Chart #30

What is the least common use of competencies at your agency?



D. Session #4: Information and Communication

Chart #31

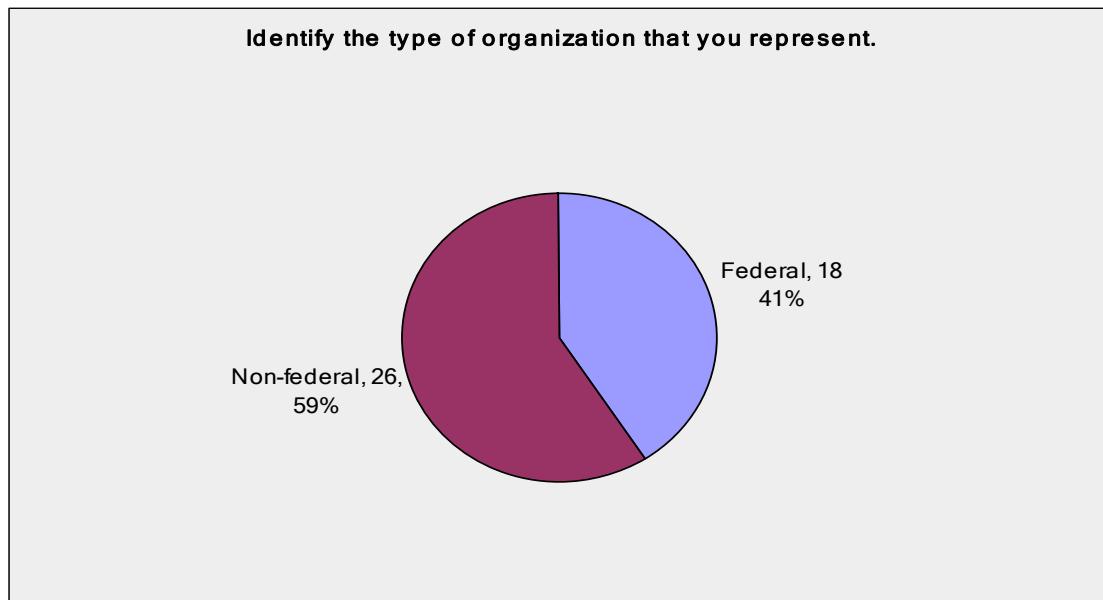
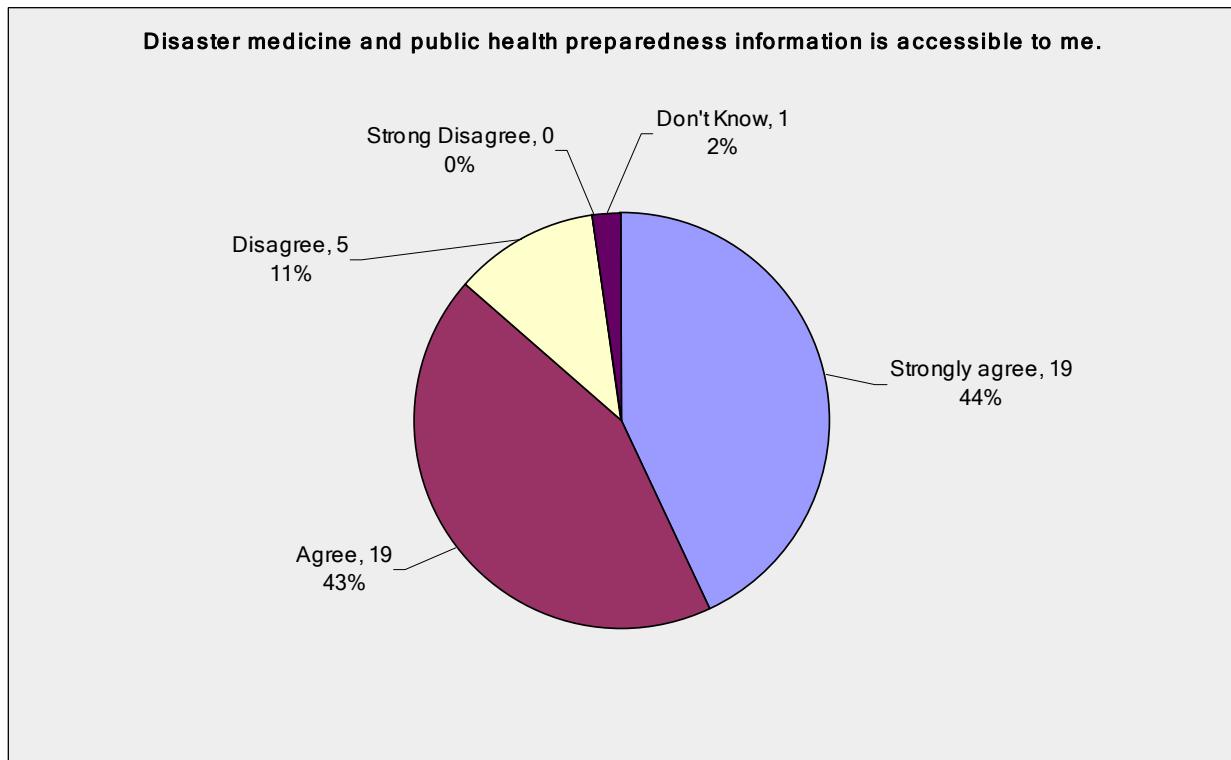


Chart #32



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #33

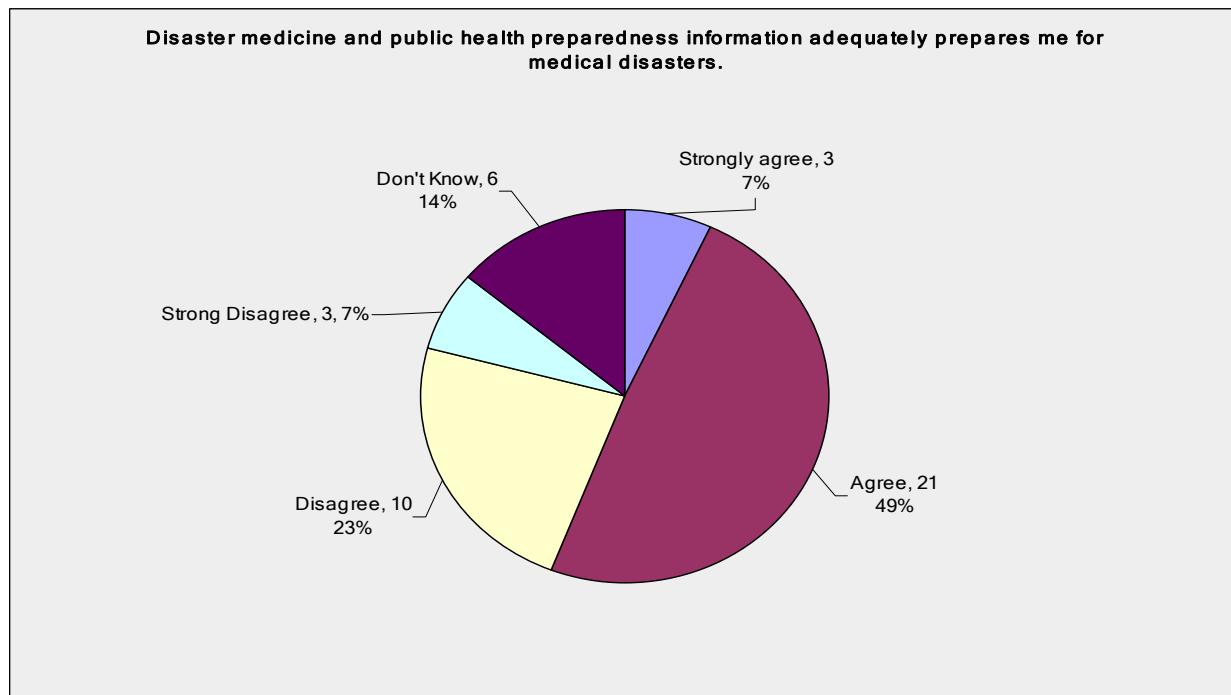
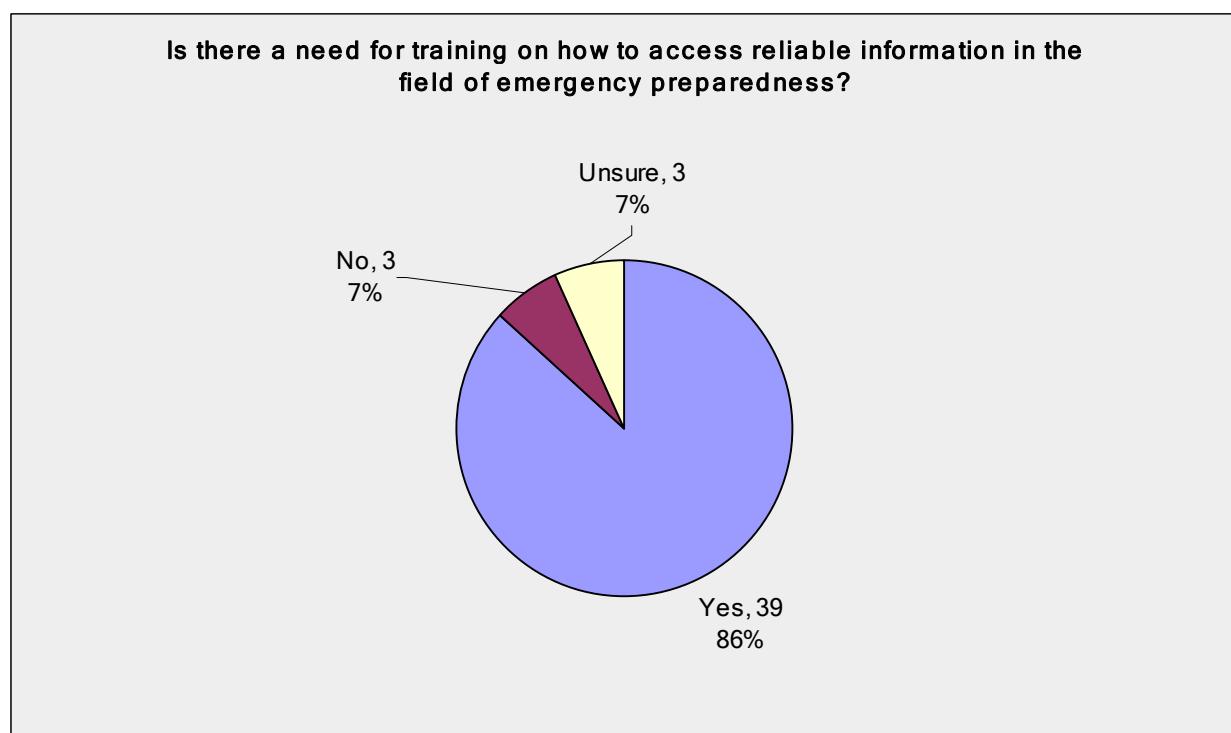


Chart #34



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #35

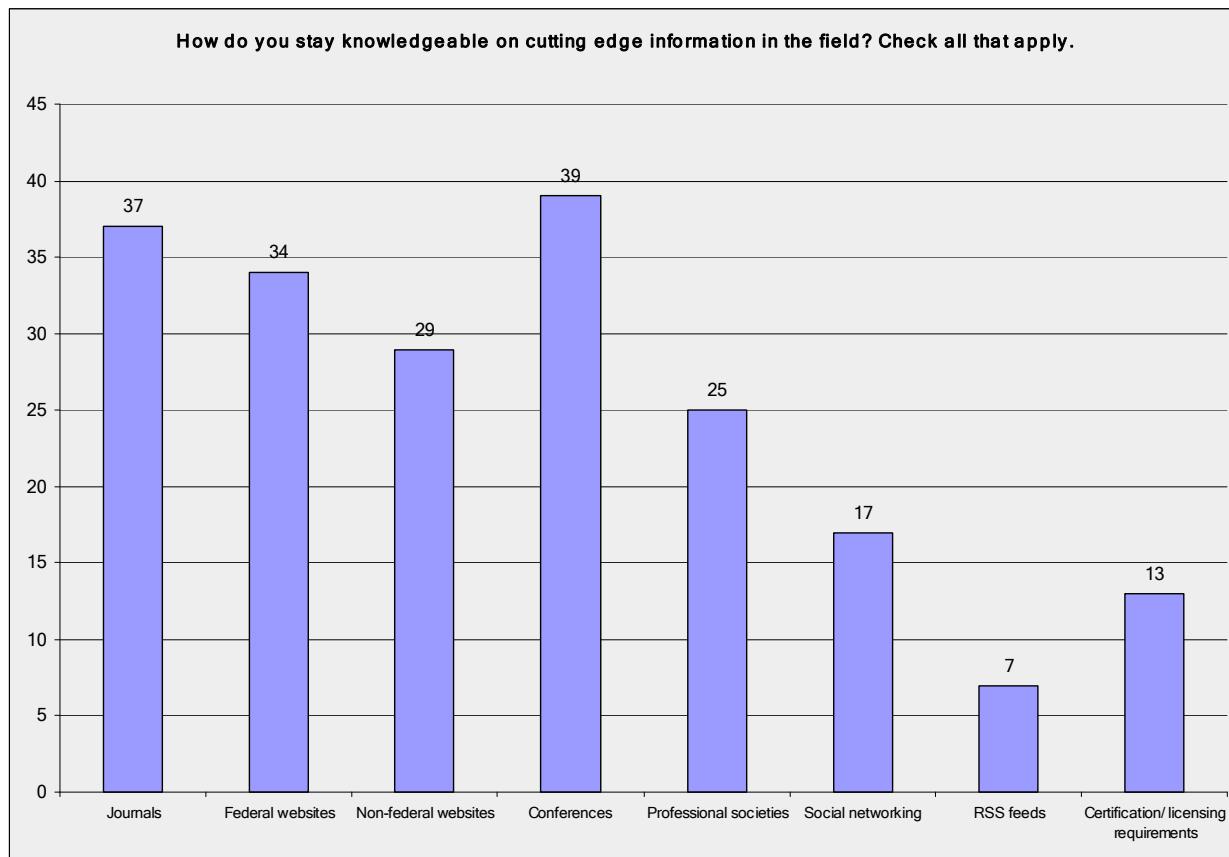
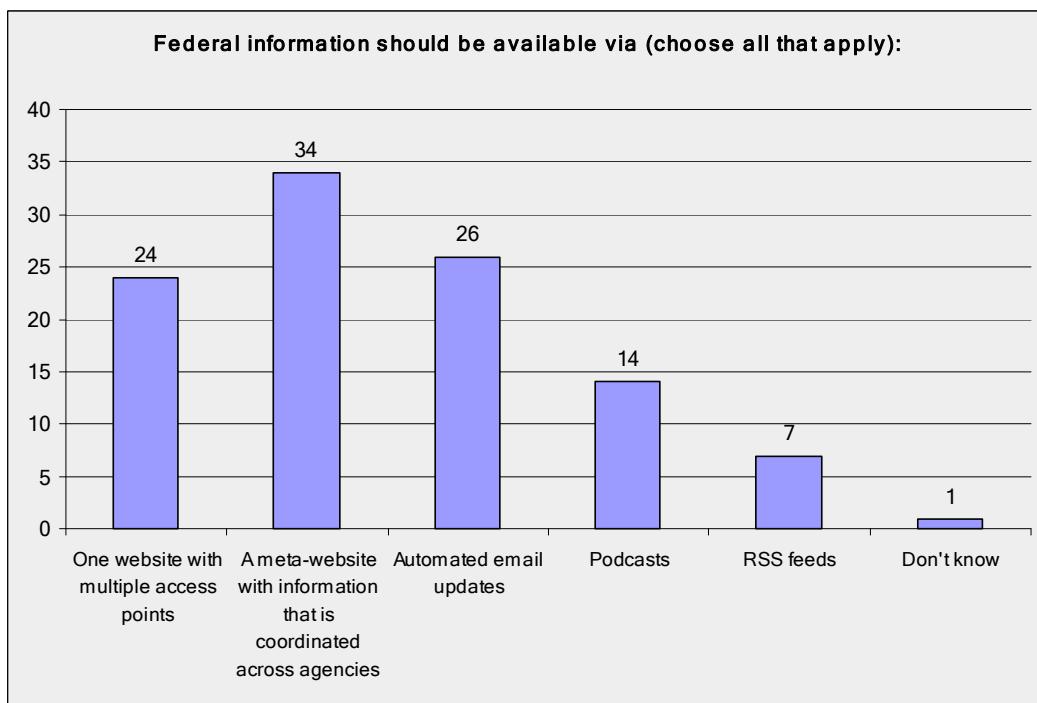


Chart #36



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #37

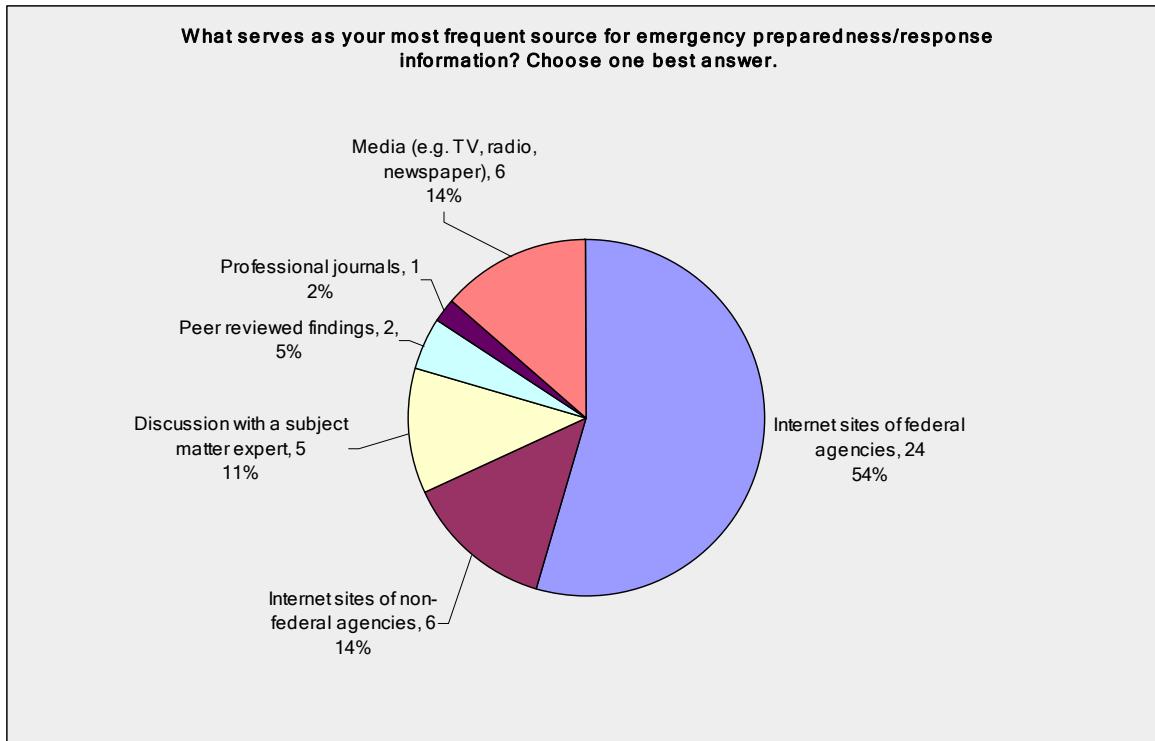
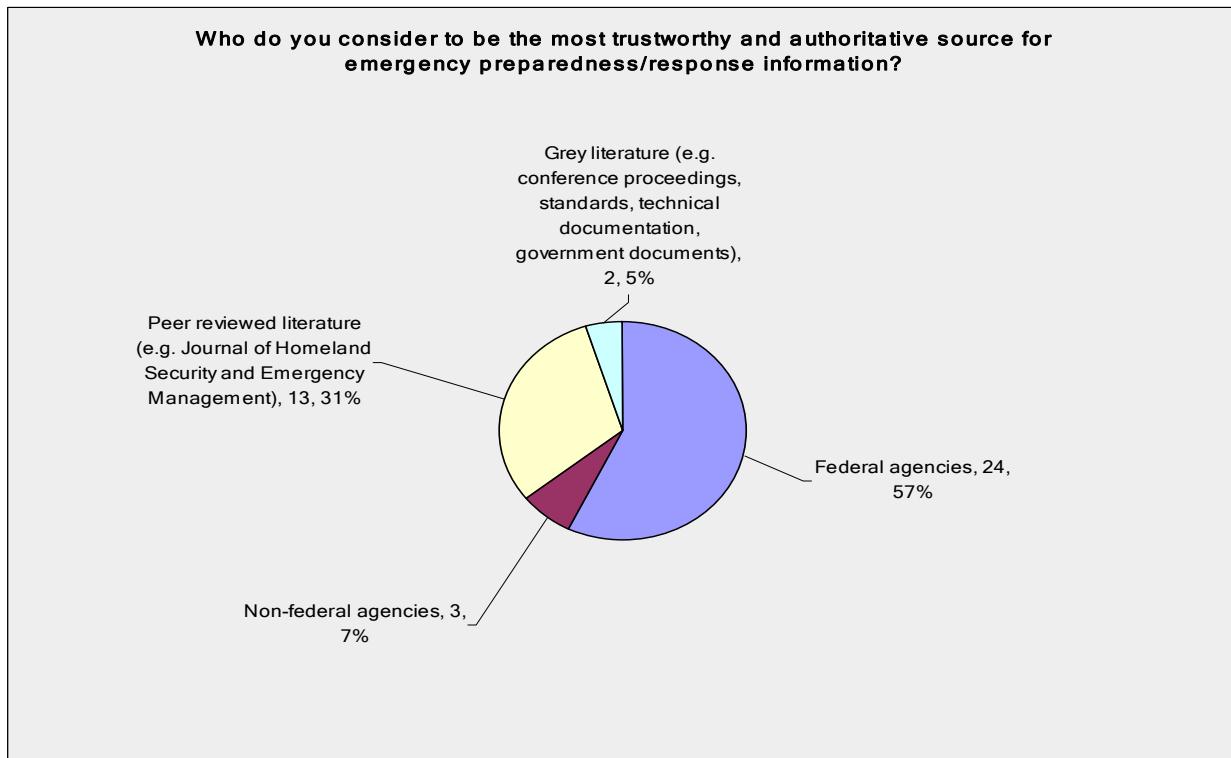


Chart #38



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #39

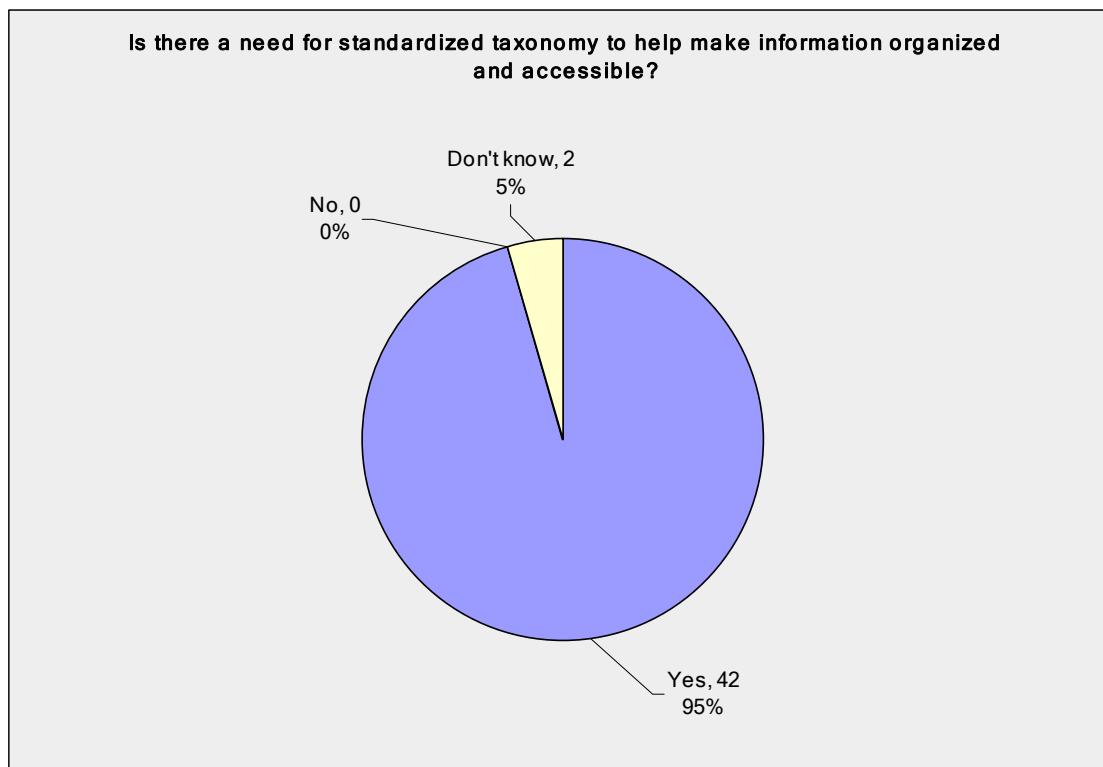
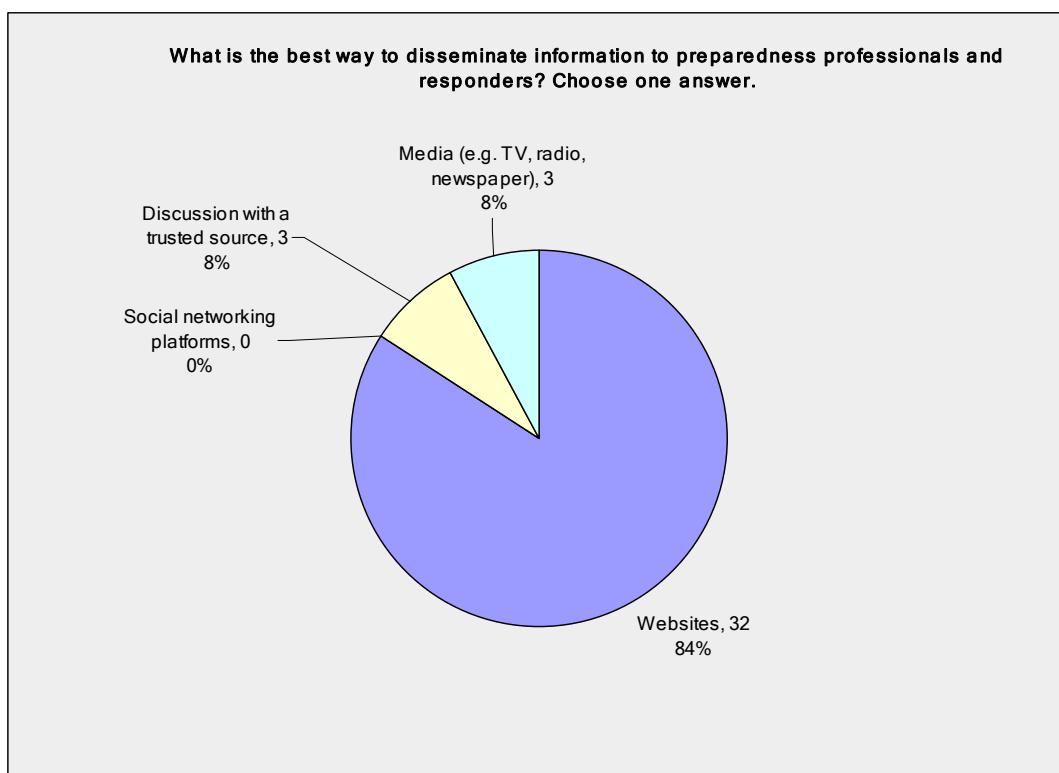


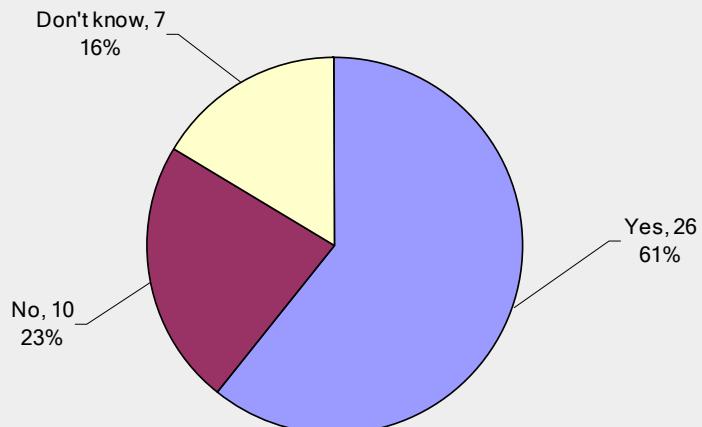
Chart #40



Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

Chart #41

**Do you believe it is important for your agency to engage in social media (e.g.
Facebook, Twitter, YouTube, Blogs, 2nd Life)**



**PARTICIPANT/ORGANIZATION COMPETENCY ACTIVITY INFORMATION
SHARING FORM**

Chart #42

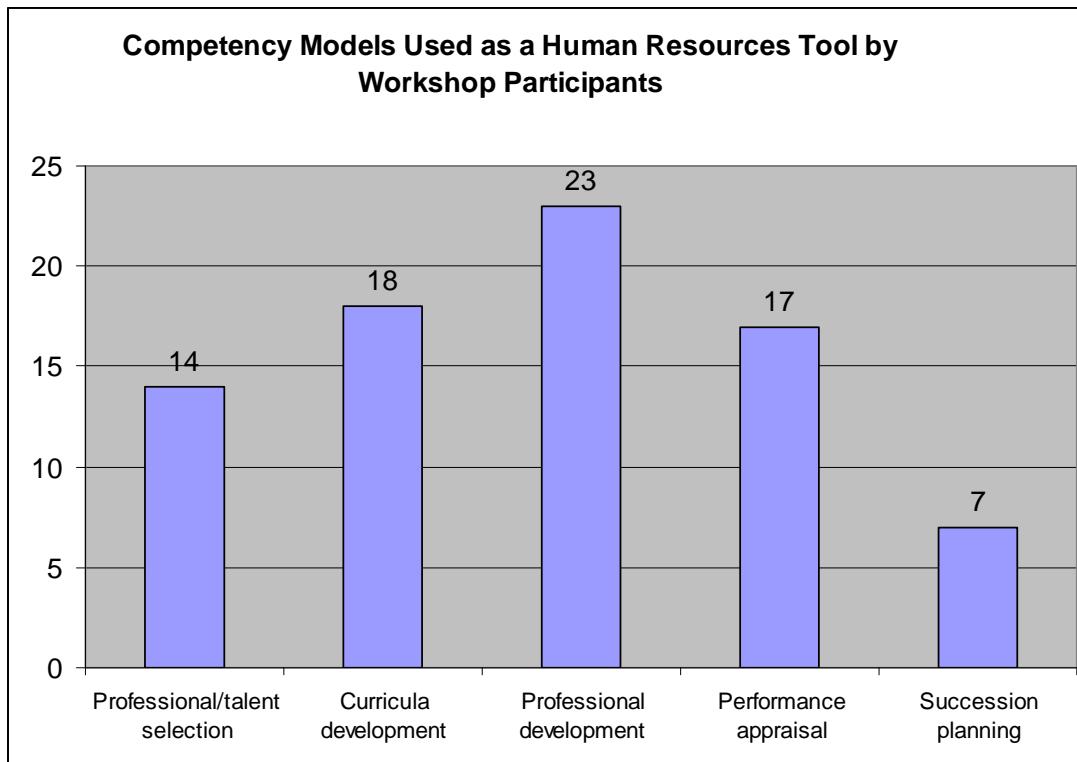


Chart #43



Open-ended Question #1: Please list the top three regulatory bodies that develop the competencies most affecting your organization:

- NAACHO, FEMA, CDC
- JCAHO, State Health Dept, DHHS
- Joint Commission, Foundation of Higher Education for Disaster/Emergency Management
- Joint Commission, Boards, Local Regulators
- DOT, OSHA, DHS
- American PH Association, University Schools of PA, HHS (CDC & ASPR)
- Joint Commission, NFPA, OSHA
- ANA, Clinical Specialist, ENA
- OSHA
- DHS, HHS, Agency Policy
- Federal, State, RRC
- ANA, IAFN, AACN
- ASPH, AMA, ANA
- DoD, US Navy, JCAHO
- NHTSA, DHS, HHS
- Air Force Surgeon General, OSD (Health Affairs), DoD Policy
- FEMA, Dept of Homeland Security, Maryland Emergency Management Agency
- White House, Homeland Security, HHS
- MIEMS, NREMTs, Montgomery County
- CDC, AMA, Nursing Association
- CHS/JC, OSHA, FEMA
- Congress, Executive Branch
- HHS, NRC, OSHA
- FEMA, State Public Health, Mutual Aid
- ASPR/DHHS, DHS
- ACCME, CME
- Joint Chiefs, Sec Def, President/WH

Open-ended Question #2 - What modifications to overall competency development and expectation would most benefit your organization's ability to be compliant with regulations?

- Must be practical and apply to civilians
- Competencies don't equal regulations or requirements as long as these remain in the realm of education only; they will not be carried out in the workforce. It needs to be.
- Identification of one competency and measures to evaluate/validate would be helpful
- Engage private sector and general population
- Nothing will change until employers recognize the value of hiring those with certified competence
- Afford staff time away from their job to attend to the task at hand - Do the competencies required to be compliant and NOT fudge the report of compliance, that I see done on a daily basis on my job
- Funding and reprioritization of missions
- My office is very proactive with developing and assessing competency
- National consensus on competency set(s)
- Funding for EMS / EMS Physicians and Clear competencies resulting in demonstrable capability
- Clear, measurable competency with link to training programs
- Ensure we are NIMS/ICS compliant and certified
- Competencies that inform 1st responder about public health, preparing and becoming comfortable with change to disaster operations
- The standards and competencies seem to be effective in the determination of specific requirements (i.e. NFPA instructing a firefighter to perform search and rescue in a particular manner); some of the more non-specific or random competencies appear to no serve a real purpose except to classify classes
- (sometimes square peg in a round hole)
- Require FEMA to be NIMS compliant
- Standardization of competencies across related disciplines (job and team related)
- Standardization of Taxonomy
- To know and understand needs in educating for compliance, what curricula needs built to support compliance?
- Competencies in workforce safety and info technology (GIS/PUCT)

Open-ended question #3 - What long-term expectations does your organization have for overall competency development for your sector?

- All public health staff is ready and willing to respond to all hazards events
- I'm not sure my organization is even aware of the competencies; They probably won't be until there is some sort of requirement
- Curriculum revision based on competency validation for program value, student recruiting, integration into possible grant streams
- Developing effective education/training plans/exercises/courses
- few
- Competency development and assessment is a core function for my office
- All employees have increased awareness, knowledge and operational skills
- Funding for EMS - 2. Deliverables for defined/specific capabilities - 3. Creating a culture of preparedness for responders
- Develop effective / precise training programs to meet core competencies
- Continued growth
- Our organization is undergoing major re-organization so I am presently not sure
- I can answer this question
- We will be expected to be there on the front lines will we understand and be able to integrate with outside sources
- Our center is not necessarily a competency-setting organization but rather analyzing and consolidating the current ones, as well as using them in curriculum development
- Adaptation of competencies for Disaster Reserve Workforce
- Shared and published - collaboratively based - developed competencies that are regularly reviewed and validated by peer groups and organizations
- Be ready for deployment and be the 'Best' among the first responders
- Standardized core with tailored specialties

Open Ended Question #4: What modifications to overall competency development and expectation would be most beneficial to developing your workforce and providing the best service to the community?

- Tied to training and/or job or organizational requirements and then failure to comply must come with penalties or other methods of enforcement
- Greater awareness of risk/benefit
- Need to focus on both urban and rural needs
- Include USPHS Officers in the design, conduct and delivery of this
- Need to move beyond competency models - (e.g. we are working on developing career mapping tools)
- Hand-on workshop as a team with local community
- Clear, attainable competencies resulting in measurable capabilities able to be practiced for true stakeholders (responders)
- Interagency focus; Better understanding each other's capabilities and how we can integrate our effort
- More incentives to pursue education and training opportunities
- Be more State and Local focused vs. top-down
- Having front line competencies for 1st responders
- Work with education developers/specialists on crafting them, not just the subject matter experts. Have these less cryptic and academic, so that it is not just the institution who understands them, but also the learners and outside agencies who may use them
- Adoption of competency based professional development
- Getting those competencies communicated to the employees and supervisors - making these individuals accountable for building capacity and capabilities
- Funding and Incentives 2. Standard Guidelines with Mandates 3. Clear
- 26 directives from executive branch

SATISFACTION SURVEYS

Chart #44 – Knowledge Gained by Workshop Participation

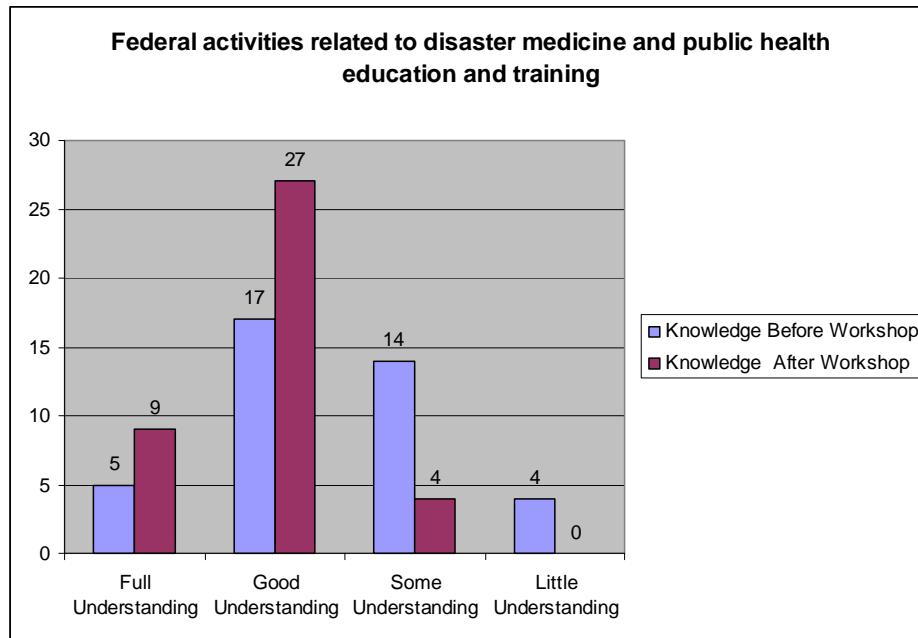


Chart #45 – Knowledge Gained by Workshop Participation

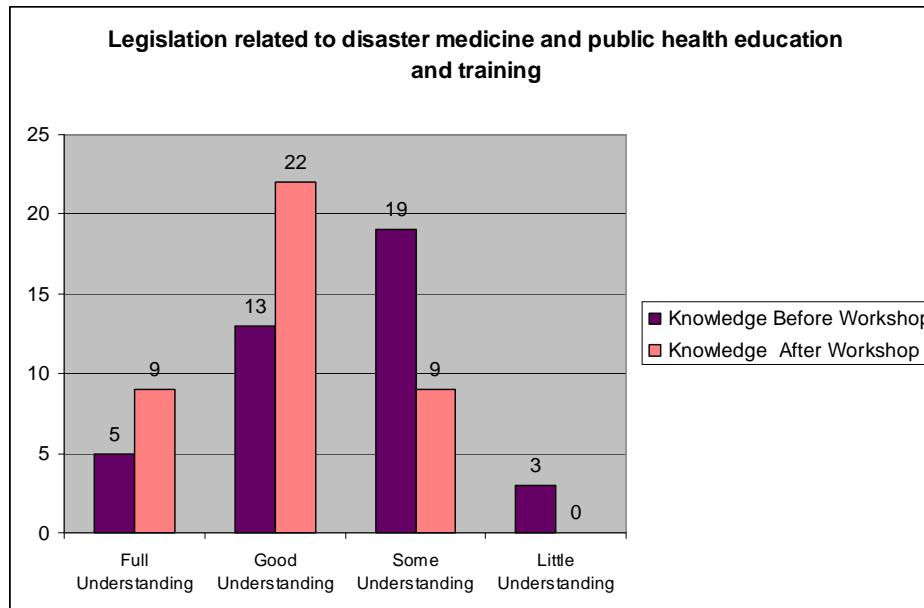
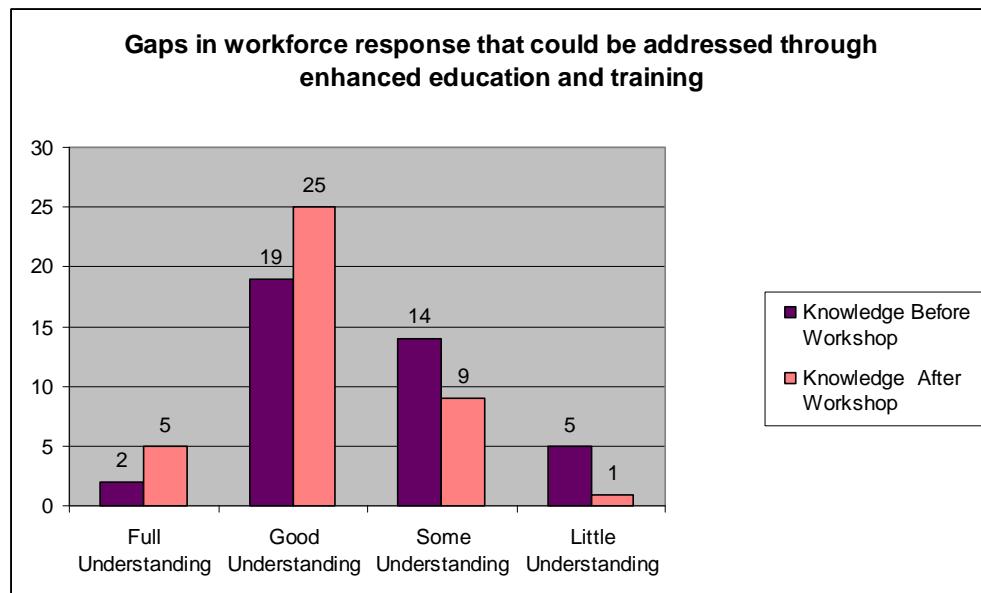
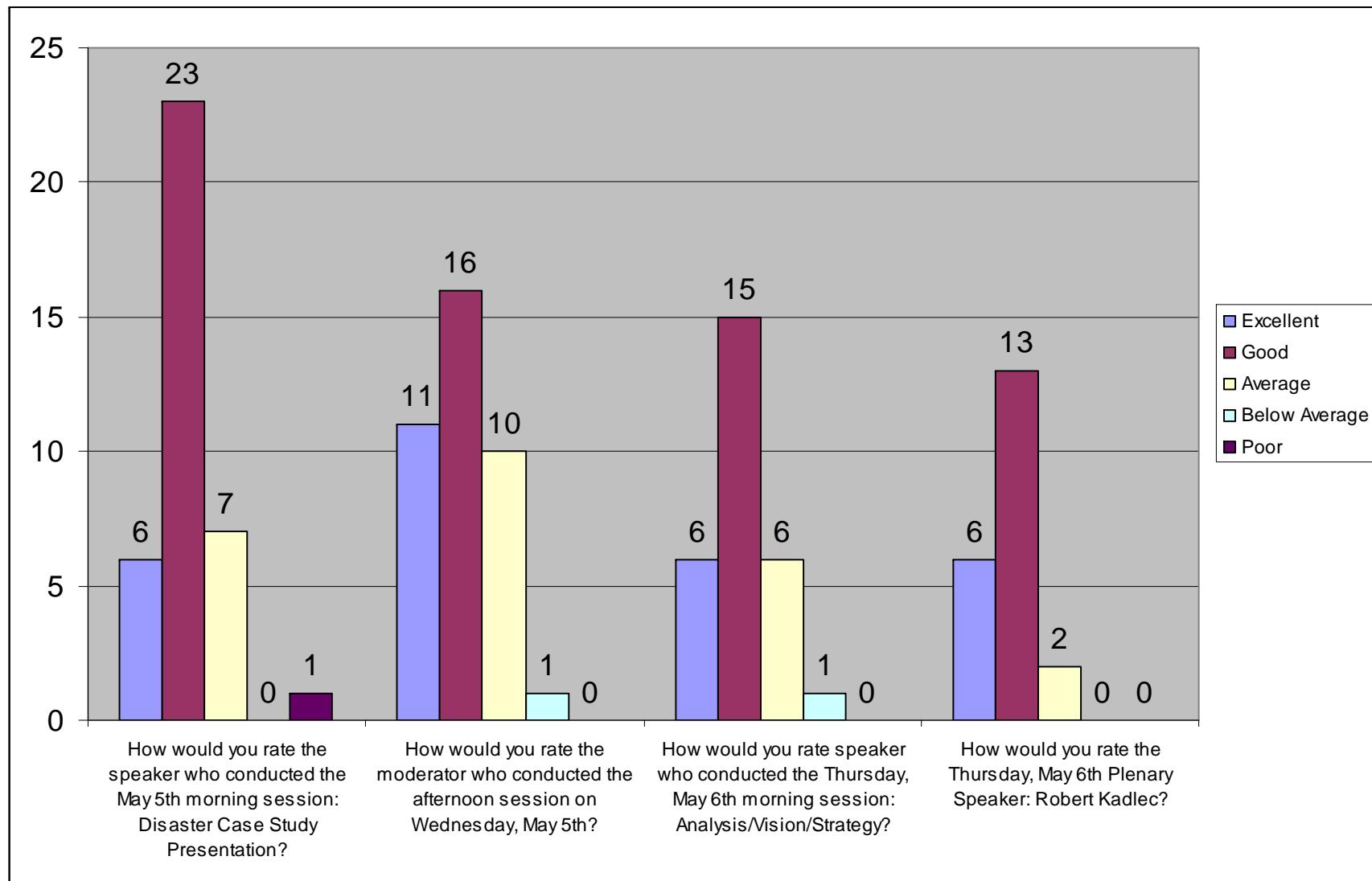


Chart #46 – Knowledge Gained by Workshop Participation



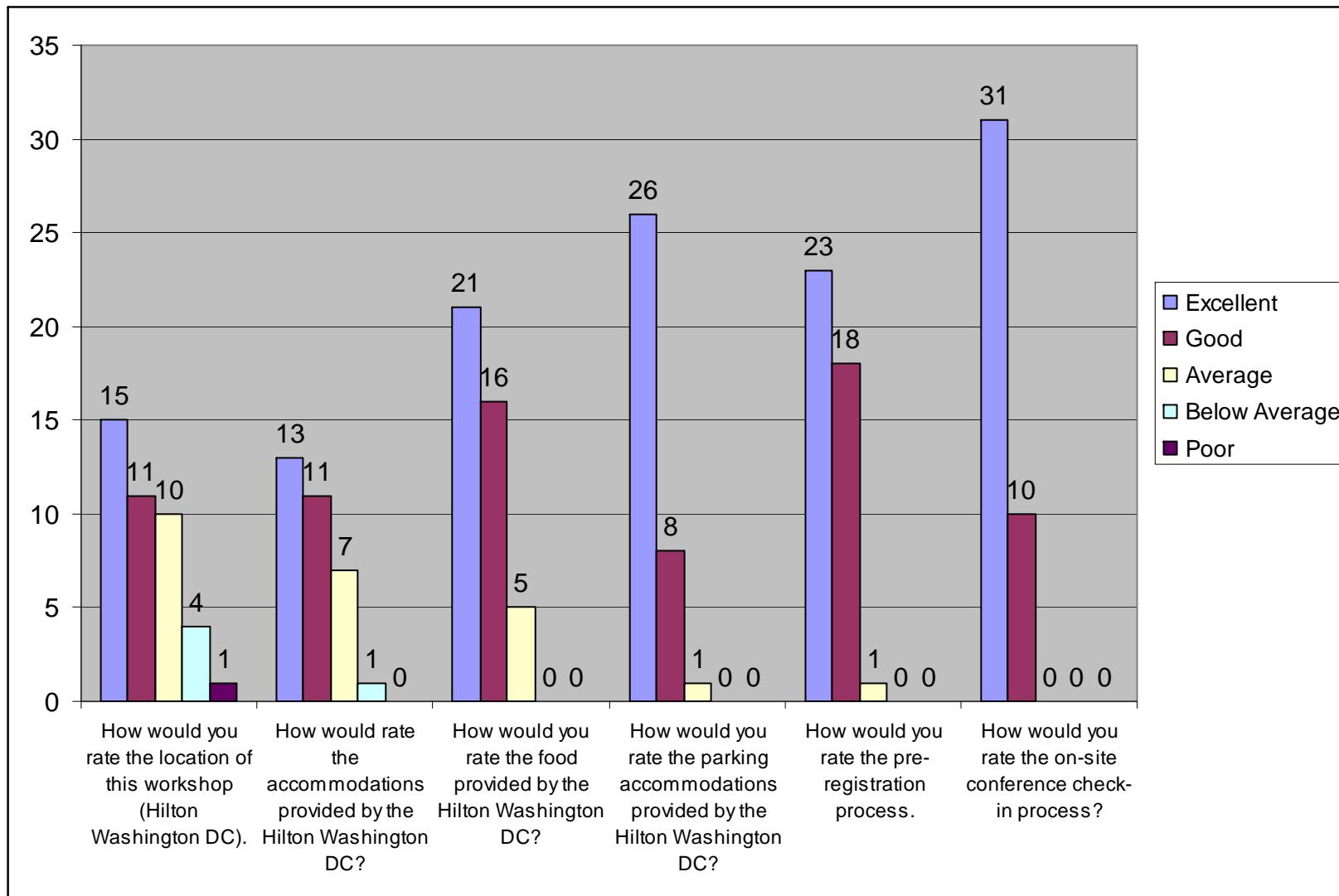
**Education and Training Needs for Disaster Medicine and Public Health Preparedness:
Building Consensus, Understanding and Capabilities**

Chart #47 – Speaker Evaluation



**Education and Training Needs for Disaster Medicine and Public Health Preparedness:
Building Consensus, Understanding and Capabilities**

Chart #48 – Speaker Evaluation



Open-ended question #1 - What did you find most useful about the workshop?

- Federal Activities Brief; Dr. Kaplowitz presentation was comprehensive; Kathleen Miner's presentation in Affective Domain of Professional Education
- There was a nice discussion on both sides of the topics, presented. Gave a good non-biased analysis of the topic
- Q-A sessions
- Networking - More Sharing! Need to get workshops creating products - issues have been identified for years in other forums - get workshop participants into action workshops
- Networking
- Networking, Q&A
- Open dialog genuine commitment to engage and open lines of communication
- Networking, awareness, otherwise needed to be better focused, too diffuse and all over the place
- Usually networking. Info provided.
- Debrief from afternoon breakout sessions
- Review of federal resources and programs
- Networking with participants, idea generator
- networking
- Networking, info on PowerPoint presentations
- Networking and hearing perspectives from various private and public entities
- Discussion during break out sessions, actually everything was well presented
- The summary session
- Networking
- Networking and attendee list with email, would we also, would we also specialty areas of work for attendees all in one - did not have to leave facility for food, etc.
- I did not find it very useful. No new information was provided and not much input from non-federal stakeholders was solicited. Bringing non-federal partners together is great; they need to be utilized more.
- Fed updates
- Federal Agency briefing/updates
- Networking
- Gaining knowledge of various federal agencies role in disaster preparedness/response
- Networking, hearing from federal agencies and understanding better where gaps exist in training and education
- Networking

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

- Conversations at the table and during breaks
- Opportunity to meet other colleagues involved in education and training disaster response
- Discussion in afternoon session
- Different groups in the same room
- Gaining knowledge and ideas
- Networking opportunities

Open-ended question #2 - Are there any topics that you would have liked to have been covered, but were not? Please list.

- Community education and part of preparedness and readiness to be self sufficient in first 72 hours before the assistance arrives. Information about Resilience Directorate
- State - Local - Tribal - Territorial needs from training to recovery
- Sharing info across agencies/organizations, etc. Creating a one stop shop for medical/public health entities to get info on available training, lessons learned, etc.
- Core competencies for disaster response - Not a debate over the definition of competencies, but rather - What are the basic knowledge points that all responders need to know
- More directly P/T to educators - may be invitation only? And more directly pts linking TCL to competency in PH preparedness and response as well as recovery
- Cost of doing business; 2. Regionalization; 3. Private sector impacts; 4. Broader inclusion of "workforce" (e.g. EMS, public safety)
- Focus
- Need to include how EMS fits in
- NHSS; How are these efforts linked with what HRSA can fund, etc.?
- I wish Dr. Marcozzi's plenary session went into more detail about the White House / Executive Branch's functioning & role in disaster recovery. There was a lot of overlap with the other speakers
- Competency or capability? When looking at workforce how to measure with some degree of comfort, ability to use knowledge apply skills to do the job
- Prevention/Mitigation
- Does your disaster medicine include animals?
- CoMPASS presentation
- Less discussion on terminology - readiness vs. preparedness, etc. Move ON! Just Semantics
- Crisis standards of care; Vulnerable populations; Use of Social Media in disasters; Cultural competencies as an essential composite of core-competencies

Education and Training Needs for Disaster Medicine and Public Health Preparedness: Building Consensus, Understanding and Capabilities

- How the federal gov't is being inserted into the overall DM plan for this country
- Cross training efforts for employers not normally involved in response; surge workforce development approaches; more "how to use' competencies. Would suggest Microsoft that uses competencies from recruitment to post retirement
- Academia gaps with recommendations for change and integration with gov't and non-gov't; Change perspective of "importance of role" to all jobs are important and leave the title at home and go to best job to mitigate event.; Continue the dialogue on sharing fed and private ____ and training integration.
- How to take all of the competencies and capabilities out there and figure out which ones are really core and which ones actually yield improved disaster response
- Capabilities Workshop
- The federal agencies seem to be a bee-hive of different, but redundant, yet complicated missions. I overheard a fellow participant expressing confusion and suggesting a presentation where one person charts the spaghetti out to complement the federal briefings, what is the connection?
- In the future, how to get funding for conducting 4-8 hour training session for health care providers and key non health care personnel through local hospitals or professional organizations
- Development of strategic plan to achieve the FETIG/NCDMPH's goals
- Panel on what non-government entities are doing at the community level; Recognition on day 1 about how the issues of children and disaster are different for adult populations

Open-ended question #3 - General comments regarding the workshop

- Some of the breakout sessions were griping sessions. If there were more structure to the breakout sessions than the discussions will be more cogent and productive
- It appears to be a number of the old dogs promoting agendas - not a lot of advancement made - I understand that it's a 1st meeting but it did not appear to be focused on common goal
- More audience participation a lot of talent in the room that did not speak up
- Get people to sign up for mini sessions or future workshops to get issues off the table and into action - i.e. competencies - credentialing plans/documents
- If there were clear goals for the break out sessions, they were never passed on; It was not clear what the goals of this were; Dr. Kaplowitz's presentation should have been done on Day 1 to me, it set out what should have been the goals of this conference; The breakout sessions should be run by Experienced Emergency Managers with clear mission objectives
- Overall average, fell below expectations; Speakers were good in presentation (without lunch day 1): presentation overworked and information mostly interesting, but much of the time NOT useful for educators/planners engaged in curriculum planning.; Were the speakers the best fit for the conference title?; Good format mix: panel speaker breakouts, pace was ideal; Confusing: Medical model wave throughout the conference yet foundation reference was to PAHPAs public health workforce; Breakout session (among conversations with attendees) - not clear (useful) how the sessions related to conference title - and surveys didn't allow variety in opinions; Discussion of CoMPASS, TRAILS, etc. Open-source - Misplaced. If important should have been raised in different venue other than Q&A; Fed models, workshops and planning may not be well known/understood by state-locals.
- While it is great to catalog training (need the good housekeeping stamp of approval, anyone can self-proclaim expertise) - it's not particularly helpful if it isn't good or if it doesn't support improving competencies.; There should be core competencies across categories - (everyone needs to know ICS) and category specific competencies - Nurses need to know
- Excellent Job; Great Start; Sincere and Open Dialogue
- Focus more too much unrelated material and discussion - not relevant to training and education
- Workshop good, Great Location (5 minutes from home)
- Lots of focus or statements (Fed Gov't should do XYZ". I'm interested in what others can lead/do/organize. Is it really a federal gov't role in each of these suggestions? Is Fed Gov't the only option? Does it make sense? Particularly if some groups want to provide input....it's okay for them to take on roles. What about private sector, NGOs, credentialing, accreditation, academia, etc. or a partnership of above to lead? Then the USG can be a
- Participant. Not clear what "T&E" we are talking about or who audience is.