



**Public Health and Terrorism Preparedness:  
Cross-Border Issues Roundtable**

**Process Guide**

**Produced By:  
University of Minnesota Center for Public Health Preparedness**

In Reference to:  
Public Health and Terrorism Preparedness: Cross-Border Issues Roundtable  
December 15, 2003  
Radisson Hotel South & Plaza Tower  
Bloomington, Minnesota

Sponsored by:  
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&  
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## Preface

### ***About this Guide***

This guide has been prepared to assist the Academic Centers for Public Health Preparedness (ACPHP) network members in producing a Roundtable event to identify unmet cross-border needs and develop strategies for addressing these needs to prepare for terrorism, infectious disease and other urgent threats. The activities identified in this document are based on the experience of the University of Minnesota Center for Public Health Preparedness (UMNCPHP) and the University of Iowa Center for Public Health Preparedness (ICPHP) in the creation of "Public Health and Terrorism Preparedness: Cross-Border Issues Roundtable" held on December 15, 2003, and conducted in Bloomington, Minnesota.

This document is available at the UMNCPHP website at <http://www.umncphp.umn.edu>.

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## **Executive Summary**

### **Background**

The University of Minnesota Center for Public Health Preparedness (UMNCPHP) was created in 2002 and exists as part of a national network of Academic Centers for Public Health Preparedness (ACPHP). These centers are organized and funded through a cooperative agreement between the Association of Schools of Public Health (ASPH) and the Centers for Disease Control and Prevention (CDC).

The ACPHP network is designed to generate new training protocols and proficient deployment of necessary skills and information to prepare state and local public health workers and others to respond to terrorist incidents, infectious disease outbreaks and emergent public health threats. The mission of the UMNCPHP as part of the network includes providing technical expertise to support state health departments in the service region of Minnesota, North Dakota and Wisconsin.

In Spring 2003, the UMNCPHP Advisory Cooperative Board including representatives from the state and local health departments of Minnesota, North Dakota and Wisconsin, requested help to convene a meeting for the identification of unmet cross-border needs in the upper Midwest. The Center began the planning process with an invitation to network partner, University of Iowa Center for Public Health Preparedness (ICPHP), to expand the geographic coverage of the Roundtable to include Iowa, South Dakota and Nebraska. In addition, provincial representation was sought from Manitoba, Saskatchewan and Ontario as Canadian border participants. Following is a summary of the Roundtable event resulting from this partnership.

**Purpose:** The purpose of the "Public Health and Terrorism Preparedness: Cross-Border Issues Roundtable" was to utilize the convening ability of the Academic Centers for Public Health Preparedness to bring together individuals at the state, provincial and local levels to identify unmet cross-border needs and develop strategies for addressing these needs.

**Scenarios:** Based on input from the planning group, it was determined that data gathered through a pre-Roundtable review and response to a common set of scenarios by registrants could serve as a base for discussion of cross-border needs. The list generated through this process was distributed to all participants in their packet of materials. At the Roundtable, all attendees were given the opportunity to review and add to the list.

**Roundtable Details:** The day-long Roundtable was held on December 15, 2003 at the Radisson Hotel South & Plaza Tower in Bloomington, Minnesota. Participation in the Roundtable was provided free of charge to all invitees funded in part through the UMNCPHP and ICPHP.

**Participants:** Ninety-seven people from six Midwestern states and three Canadian provinces attended the Roundtable. Participants included local, provincial and tribal public health representatives and state level representatives from all focus areas, emergency management, HRSA (Health Resources and Services Administration) hospital preparedness, legal counsel,

Centers for Disease Control and Prevention (CDC) were also in attendance. The original number of registrants was one-hundred-ten; however, a winter storm prevented broader representation from certain locations due to air travel restrictions

**Presenters:** The Roundtable was convened by the ACPHP directors. The Health Commissioner welcomed participants on behalf of the host state and health department. Outbreak scenarios and the corresponding feedback received from participants prior to the Roundtable were presented during the morning session. Luncheon speeches included remarks on behalf of the sponsoring Schools of Public Health. In addition, commentary about the national perspective on cross-border issues was presented during the afternoon session. The ACPHP directors provided the concluding remarks.

**Small Group Sessions:** There were several facilitated group sessions throughout the Roundtable. Participants were placed in small groups (5-10 people) according to the public health preparedness and response for bioterrorism focus area they most closely identified working with on a regular basis. The morning session focused on generating a list of cross-border needs that had not yet been addressed and subsequently ranking the overall importance of all recognized needs from the newly expanded list. The first afternoon session had participants rank the needs they had acknowledged earlier as the most important by the ‘do-ability’ of each item. Each group then identified the one need they felt was most crucial for presentation to the large group. The final group session allowed participants to identify and share the successes they had experienced in dealing with cross-border issues at their home agencies or departments.

**Facilitation:** Based on a planning process and discussion with UMNCPHP staff, facilitation consultants from the University of Minnesota directed overall group flow with small group activities facilitated by UMNCPHP and ICPHP staff throughout the day. Prior to the Roundtable, the consultants conducted a training session for staff members who had volunteered to lead small group sessions. Facilitators were given specific instructions and time frames to conduct their assigned tasks, along with scripted guidelines to explain the session’s goals to the participants.

**Products:** Various products resulted from the Roundtable. The following participant products were developed:

1. Preparedness plans and organization charts from each state
2. List of attendees organized by state including contact information and focus area
3. List of important cross-border needs
4. List of important and doable cross-border needs
5. Successes and accomplishments by state and focus area
6. Next steps identified by participants

This process guide is also a product of the Roundtable developed for the ACPHP network.

**Outcomes:** The outcomes of the Roundtable included increased familiarity with colleagues across the region and a better understanding of the various types of cross-border needs.

## The Planning Process

**Overview of Pre-Roundtable Planning Process:** The list below reflects major planning activities that took place prior to the event.

1. Need identified by Advisory Cooperative (including state and local health department).
2. Identification of region to be included.
3. Contact with ACPHP most closely aligned with involved states.
4. Convened combined planning group that included representatives from state health departments that:
  - a. Determined the timeline, process, location and desired products,
  - b. Negotiated purpose, objectives and intended audience, and
  - c. Planned a pre-Roundtable networking and social event.
5. Solicited list of invitees from each state health department.
6. Solicited state public health preparedness organization, information and plans.
7. Scenarios developed.
8. Invitations sent electronically with attached scenarios and questions to all identified invitees.
9. Facilitators hired and small group process identified.
10. Reminders sent to identified invitees.
11. Scenario responses received and tabulated.
12. Materials for participant packet compiled and duplicated.
13. Facilitators trained.

### **Purpose and Objectives**

**Purpose:** The purpose of the Roundtable was to utilize the convening ability of the Academic Centers for Public Health Preparedness to bring together individuals at the state, provincial and local levels to identify unmet cross border needs and develop strategies for addressing these needs.

**Objectives:** Several objectives were identified for the Roundtable.

1. Identify and gain consensus on cross-border issues arising during the pre-event, event and post-event phases of preparedness not yet resolved through previous state/province collaborations.
2. Develop strategic recommendations for addressing these issues across states and provinces.
3. Create a list of resources/assets that may be utilized in addressing the identified needs.
4. Promote state/province collaboration to enhance each partner's capacities.
5. Identify topics for a possible training agenda.

## Roundtable Invitees/Participants

**Identifying invitees:** Invitee categories for this event were identified through a two-step process beginning with preliminary identification of a list by the UMNCPHP Advisory Cooperative and subsequently reviewed and finalized by a combined planning group comprised of representatives from the six U.S. health departments. States and provinces that bordered the home states of the sponsoring Academic Centers for Public Health Preparedness were recognized as key invitees. Representatives from state and local public health departments, tribal governments, or federal agencies that address cross-border issues in the Midwest were also invited. The University of Minnesota and University of Iowa ACPHP offices made contact with the various state/provincial programs to gather specific contact information for the potential participants.

### **Invited states/provinces:**

#### United States

Iowa

Minnesota

Nebraska

North Dakota

South Dakota

Wisconsin

#### Canada

Manitoba

Ontario

Saskatchewan

**Invitees:** The planning group determined that based on the purpose and goals of this meeting, individuals representing the following groups should be invited to attend:

#### *State representatives from:*

- Focus Area A – Preparedness Planning and Readiness Assessment
- Focus Area B – Surveillance and Epidemiology
- Focus Area C – Laboratory Capacity – Biologic Agents
- Focus Area D – Laboratory Capacity – Chemical Agents
- Focus Area E – Health Alert Network/Communication Information Technology
- Focus Area F – Communicating Health Risks and Health Information Dissemination
- Focus Area G – Education and Training
- HRSA Hospital Preparedness Program
- Division of Emergency Management
- State Health Department Legal Counsel
- Tribal Governments
- Strategic National Stockpile
- Smallpox Program

#### *Other representatives invited to attend:*

- Public health personnel responsible for regional/local bioterrorism plans
- Canadian Representatives
- Association of Schools of Public Health (ASPH) Representative(s)
- Centers for Disease Control and Prevention (CDC) Representative(s)
- Academic Centers for Public Health Preparedness – University of Minnesota and University of Iowa<sup>1</sup>

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<sup>1</sup> Other ACPHP network members were encouraged to send exhibit materials.

**Contacting invitees:** An e-mail with an attached flyer was sent to the list of potential participants (Appendix A). Since this Roundtable was not open to the general public, we limited potential forwarding of the invitation by informing recipients that they had all been specifically and individually identified as invitees. Invitees were asked to RSVP by phone or e-mail to one of the Centers.

**Attendees:** 110 invitees responded that they were intending to come to the Roundtable. However, a winter storm impeded the travel of some potential participants, resulting in 97 people (approximately 90%) able to attend.

### **Facilitation**

**Consultants:** Consultants from the University of Minnesota were contracted to act as lead facilitators for the Roundtable<sup>2</sup>. They assisted in the development of the structure of the agenda for the day and in collaboration with UMNCPHP staff, developed the activities that would take place within the small group. Prior to the Roundtable, they provided staff volunteer facilitators with a brief training in basic facilitation skills and specific instructions regarding the Roundtable's activities. During the Roundtable, they provided explanations and instructions to the large group prior to moving into the small group sessions, concluding remarks directly afterwards and acted as small group facilitators.

**Small Groups:** Participants were divided into 10 small groups according to their primary interest. The groups had between 5-10 members and met throughout the day to work on the assigned activities. Two of the groups were split to form smaller groups that were more conducive to participation. One facilitator was assigned to each group and given the task of moving the group toward each session's goals in an orderly and timely fashion.

The 10 small groups are listed below:

Focus Area A – Preparedness Planning and Readiness Assessment (2)

Focus Area B – Surveillance and Epidemiology

Focus Areas C & D – Laboratory Capacity: Biological and Chemical Agents

Focus Area E – Health Alert Network/Communication Information Technology

Focus Area F – Communicating Health Risks and Health Information Dissemination

Focus Area G – Education and Training

HRSA Hospital Preparedness Coordinators and Representatives (2)

Regional (local) Bioterrorism Coordinators

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<sup>2</sup> Krueger RA, Casey MA 2000. Focus Groups Third Edition: A practical guide for applied research. Sage Publications, Inc: Thousand Oaks.

**Facilitator Materials:** All of the small group facilitators were given a document that contained a scripted explanation of the instructions and timelines for each of the activities. The script was provided as a guide for facilitators.

The facilitators also received a large manila envelope containing all the materials they would need to conduct the small group sessions including post-it notes, index cards and markers.

A complete copy of the facilitator instructions can be found in appendix B.

### Scenarios

Scenarios designed to stimulate thinking regarding cross-border issues and needs were created. These scenarios and attached questions were sent to all identified invitees along with the initial invitation via e-mail (Appendix C). A deadline for RSVP regarding the meeting as well as a due date for the scenario responses was included in this message. Through a review of the scenario responses, staff compiled a preliminary list and categorized identified needs. This list was then used to launch discussion during the Roundtable. Concurrent to the scenario development, a review of the literature was conducted. Few references were found to be valuable for the identification of cross-border needs.

The three questions asked of all participants about each of the two scenarios include:

1. From your perspective, what are the three most pressing “border issues” illustrated by this scenario?
2. Do you believe that your state is adequately prepared to address these issues?
3. If not, what additional planning, policies, procedures or resources are needed?

### Presentation of Summary of Responses:

Responses to the scenarios were compiled and during a morning presentation of the roundtable were presented and discussed. A summary of highlights follows.

#### 1. What are the most pressing border issues?

- The “Big C’s”
  - Communication
  - Coordination
  - Cooperation

*Translates to:*

- Consistent Messages
- Exchange of Information
- Adequacy of Resources/Sharing of Resources
- Strategic National Stockpile (SNS) and Mass Distribution Sites

- Coordination Among Epidemiologists (and with Law Enforcement)
- Pre-Event Decision-Making
- Command and Control
- Isolation and Quarantine
- Other

#### 2. Are the states adequately prepared?

- Yes
- No
- Partially – “We have a good start, but there is more work to be done.”

3. What else needs to be done?
- Joint Regional Planning/Sharing Plans and Protocols
  - Specific Methods to Ensure Consistent Messages
  - Written Agreements
  - Responder Credentialing
  - Notification Protocols and Key Contacts Database
  - Regional SNS Exercise
  - Other

As a result of a review of the responses from the scenarios a list of identified cross-border needs was compiled and used in the small group sessions. The list was included in each participant's binder and on individual note cards for use by group members during activities aimed at highlighting the most important and/or "doable" needs (Appendix D).

### **Materials Provided to Participants**

The Planning Group identified, as a priority, the opportunity to view the preparedness plans developed by other states and the need to have contact information (see first two items below). Participants were provided with a binder containing information to be used during and after the Roundtable. The following materials were included:

- State and provincial plans for emergency preparedness and response activities and organization
- Attendee list organized by state/province including
  - name
  - agency
  - title
  - Focus Area
  - contact information
- Agenda listing times, activities, and presenters
- List of cross-border needs identified prior to the Roundtable based on scenarios
- Map of the hotel where the Roundtable took place with a corresponding schedule
- Evaluation form
- "Trainee Information" form for reporting purposes

## Organization of Meeting Flow

### Registration and Group Assignment

Because most of the day was spent in small group sessions, the meeting required various room assignments. The beginning and end of the day brought all participants together in a large room. Registration took place outside of this room.

In order to best utilize the amount of time allotted, participants were assigned seats for the large group sessions. Each focus area had their own table in the large meeting room. Tables were marked with signs noting the focus area and a color coordinated sticker. Each participant's nametag was marked with the correct color sticker for their focus area. When they checked in during registration, they were handed their name tag and directed to one of four signs displayed to help them find their appropriate table. Participants whose focus area affiliation was not readily identifiable were given the opportunity to review the various focus area options and make the selection best suited to their role/interest.

Once participants were seated in the large room, it became apparent that some groups had too many people to achieve the goals of the day. At that point, they were split into smaller groups to enable them to have better conversations. In anticipation of this, stand-by facilitators were identified prior to the meeting day.

Lunch was provided in an adjoining room, with no assigned seats to encourage networking. The afternoon small group sessions were held in breakout rooms; each room housed 1-2 small groups.

### Agenda

The agenda was developed with input from the planning committee and was refined by the facilitation consultants. It was designed to allow opportunity for networking, discussion and small group work (Appendix E).

### Description of Small Group Sessions

#### **“What’s Missing?”**

**20 minutes**

During this initial session, the group met for a short, two-part exercise. The first part of the session consisted of group brainstorming for cross-border needs that were left off of the master list. In the second part of the session, participants were asked to pick their top three needs from the new list. Once they were ranked, the facilitator selected the top five needs and recorded them onto note cards to be used in the next session.

Session Products: Five additional cross-border needs written on note cards to be used during the subsequent workshops.

#### **Workshop 1: “Ranking of Needs by Importance”**

**45 minutes**

Using the five cross-border needs generated by the group in addition to the original master list, the group was given the task of ranking the needs on level of importance, 1 being the lowest and

4 being the highest. Once all needs were ranked, the top two levels (3 and 4) were taken by the facilitators to be used in Workshop 2. Levels 1 and 2 were picked up and recorded.

Session Products: A separation of the needs cards into “important” (ranked as 3 or 4) and “less important” (ranked as 1 or 2) categories.

**Workshop 2: “Determining Doability of Important Needs”** **75 minutes**

The second workshop had the purpose of determining the “doability” of each of the needs identified as important during the previous workshop. Doability was defined as the ability or likelihood of being successful in meeting this need. Again, the participants were asked to rank the needs from the previous session on a level of 1 – 4 with 1 being the lowest and 4 being the highest.

After going through all the cards, the facilitator listed the needs given a 3 or 4 for doability on the flipchart. The facilitator then asked for comments and/or confirmation that this list represented the needs that the group felt were most important and doable. The group was then instructed to choose a single need that they wanted to present to the larger group.

Session Products:

- A. Two sets of cards describing important needs, separated according to their doability - “important but not very doable” (those ranked as 1 or 2) and “important and doable” (ranked as 3 or 4)
- B. The one need identified by the group as being the most important and doable of all those presented.

Final Products: A list of identified important and doable needs for later analysis and compilation in the data document.

**Workshop 3: “Cross-Border Successes”** **45 minutes**

The final group activity of the day was a diversion from the issues of cross-border needs. Instead, the group was asked to identify any successes their organizations may have had working on cross-border or preparedness issues. Each individual was asked to write the following information on a color-coordinated post-it note: the successful action, the assets that allowed the task to be completed and a contact person who could give more information about the accomplishment.

**Next Steps**

Finally, the facilitator gave each member of the group an index card and asked them to write down any suggestions they had for possible next steps to be taken after the Roundtable ended. The small groups then adjourned back to the large conference room for the conclusion of activities and reporting of the each group’s most important and doable need.

*Examples of Possible Successes:*

- Organizational structures/capacities developed
- Policies drafted
- Trainings held
- Materials developed
- Alliances, relationships, or teams developed.

*Examples of Possible Assets:*

- Equipment (facilities, buildings, materials, etc.)
- People (Individuals or groups, skills, experiences, morale, motivation, training)
- Policies & Traditions (rules, guidelines, past experiences)
- Leadership (administration, management)
- Funding (legislative support, outside grants)
- Education/Public Awareness (educational materials & efforts, campaigns)

Session Products:

- A. Post-it notes giving examples of accomplishments, the assets that facilitated the success, and a contact person who can provide more information about the accomplishment.
- B. Index cards with ideas for the next steps to be taken after the conclusion of the Roundtable.

Final Products:

- A. A list of accomplishments, assets, and contact people to be distributed for further follow-up and reference.
- B. Ideas for future work on the Roundtable issues from the participants.

**Total Small Group Session Time: 185 minutes**

**Materials Used for Small Group Sessions:**

*Per group:*

- Set of 25 needs based on the scenarios
- Large flip chart
- Markers
- Timer
- 4 paper plates
  - marked 1-4 on the outside rim
  - labeled with focus area on the bottom
- Script and instructions for the facilitator
- Roll of masking tape

*Per participant:*

- Set of 5-10 color-coded post-it notes
- Copy of the list of previously identified needs
- Pens or pencils
- 3 x 5 cards to write down next steps

## Postscript

Results of completed evaluation forms reflected overall enthusiasm and appreciation of the opportunity to meet and discuss cross-border issues. When asked to describe “the best thing about today’s meeting”, many comments referred to the dialogue, discussion and opportunity to share. Specific responses included “The use of the nominal group process was excellent and yielded a tremendous amount of actionable information,” “We got to know each other and plan for future collaboration,” “Recognition that we are all developing similar documents and systems and that we can better accomplish these tasks by working together”. Through the evaluation process and the “Identification of Next Steps” small group session, participants suggested further actions desired related to cross-border collaborations. The group process and the resultant discussion, networking and product development served to provide technical assistance to the ACPHP partner states represented. In addition, survey results from a recently completed needs assessment conducted by UMNCPHP in Minnesota confirmed the need to “summarize issues impacting response to an incident crossing international borders or in a tribal nation.”

The ACPHP strives to leverage resources by working in collaboration with state and local departments of health to create a strong public health system for assessment, training, education and evaluation and to achieve activities as described in the Academic Centers for Public Health Preparedness **Framework Document** (ACPHP) core activities, **focus areas** to be undertaken by state grantees and **strategic imperatives** identified by the Centers for Disease Control and Prevention Office of Terrorism Preparedness and Emergency Response (OTPER). The conduct of the "Public Health and Terrorism Preparedness: Cross-Border Roundtable" seeks to accomplish:

**Core Activity #1 Strengthen relationships with state and local public health agencies**

**Core Activity #3 Work with state and local public health agencies to identify training needs of public health workers**

**Core Activity #5 Based upon needs identified by state and local public health agencies, develop education and training programs**

**Core Activity #7 To avoid duplication of activities and increase effectiveness, collaborate with other ACPHP to identify and share best practices, models, and innovative approaches among all centers.**

**OTPER strategic imperative 5.0 Contribute to the increase in number and type of professionals that comprise a preparedness and response workforce through national leadership in unique areas of expertise**