Governor's Task Force on Pandemic Influenza Preparedness
October 3, 2006
Radisson Hotel

Meeting Summary

Attendees: Pamela Atkinson, Dave Barker, Bart Berry, Ben Buchanan, Veola Burchett, Stephen Clark, Cathy Dudley, Gary Edwards, Larry Ellertson, Elaine Emmi, Robert Huefner, Gary House, Clark Larsen, Nate Leishman, Tamara Lewis, James Mason, Mark Meaker, Edith Mitko, Gail, McGuill, Sabrina Morales, Alexander Morrison, Andrew Pavia, Betty Sawyer, Joann Seghini, Tim Shea, Richard Sperry, David Sundwall, Robin Troxell, DeVon Vickers, Kathy Walker, Brent Wallace, Catherine Wheeler, Deb Wynkoop, Linda Abel, Dave Allison, Marc Babitz, Jan Buttrey, Jessica Christensen, Alan Clark, Cody Craynor, Guy Dansie, Cathy Dupont, Kim Dyches, Kathy Froerer, Teresa Garrett, William Greer, Warren Hess, Ray Hintze, Tamara Hampton, Beverly Jackson, Mary Maughan, Dick Melton, Alan Ornsby, Patti Pavey, Von Pratt, Susan Puls, Robert Rolfs, Dan Schuring, Doug Springmeyer, Deb Turner, Ada Van Vlote, Scott Westbroek

The second meeting of the Task Force was called to order at 8:00 AM by Co-Chair, Dr. David Sundwall. The two topics discussed at this meeting were "Effective and Credible Decision-Making" and "Communications". The discussion facilitator, Dr. Robert Huefner, was introduced.

Issue papers to be discussed

Dr. Huefner initiated the decision by referring to the issue papers that were developed by the Utah Department of Health (UDOH) Pandemic Influenza Workgroup, a standing committee made up of staff from public health and other agencies and organizations with expertise and a vested interest in community preparedness. Issue papers were sent in advance of the meeting to The Task Force that included background information and a description of the issue to be discussed, objectives for the issue, planning assumptions, important concerns and challenges, and options for the Task Force to consider recommending to the Governor.

Effective and Credible Decision-Making

Dr. Robert Rolfes, State Epidemiologist, UDOH, summarized the issue paper for the Task Force (see attached PowerPoint presentation and refer to issue paper). The Task Force voted to accept the issue paper and recommendations with the following clarifications and changes:

1. State advisory process
    - A permanent policy/advisory committee should be established as soon as possible, meet with regularity, evaluate potential risks and threats to the community, stress participatory nature of work, consider local needs, politics, and local decision-making processes, and work in anticipation of the threat.
    - This will require appropriate resources to fund and staff.
    - This should be an advisory committee to the Governor and the UDOH and be appointed by and reported to the Governor.

2. Local decision making
    - Change to include a charge to local health departments to strive for uniformity and response to state/national/ recommendations and guidelines.
    - Local Boards of Health should take a strong collaborative leadership role with other local stakeholders such as public safety, ecclesiastical groups, business leaders, education, etc.

3. Examine emergency powers supporting response to a pandemic
    - Under certain circumstances, the Governor needs more authority to supersede local decision-making and authority during a public health threat and the need for disease containment. This would be done upon the advice of the advisory committee.

- The advisory committee should form a sub-committee to review the needed legal changes and processes.
- Change Title 26 and 26A so that in times of pandemic, the local authority is superseded by a statewide public health system that is temporarily put in place until the threat is resolved.

Communications

At the request of the Task Force during the September meeting, "Communications" was added as a seventh key policy issue to be discussed by the Task Force. Dr. Rolfs summarized the "Communications" issue (see attached PowerPoint presentation and refer to issue paper) and the Task Force voted to accept the issue paper and recommendations with the following clarifications and changes:

1. Public and risk communications:

- The goal of communications should be to empower the public to appropriately respond.
- Establish a mechanism to develop a set of guiding principles for communication and to build trust between the public system and the media.
- Open, honest and timely communication builds trust between the government and the public.
- Communication should be the result of a coordinated effort between involved agencies; however, the current model of establishing a Joint Information Center (JIC) will be different during pandemic due to respiratory hygiene issues.
- State and local partners should work proactively with the press to avoid hysteria and promote an effective community response.
- An inclusive model of communication (including hospitals, public health, and emergency responders) needs to be defined and exercised in advance. This model should be built upon our current structure for communications.
- Local health departments need to develop the capacity to communicate with all communities in advance, especially most vulnerable populations and those with limited English reading/speaking skills. Capacity needs to be built to address this value, i.e., adequate number of trained interpreters.
- Develop alternative communication tools to encourage community communication respective of respiratory hygiene issues, i.e., signs in home windows.

2. Operational communications and coordination:
    - The Incident Command Structure should be clarified to include lines of communication and coordination. For example, the Incident Commander should be determined in advance and plans should include an organizational chart with agencies across the spectrum to define responsibilities ahead of time.
    - Develop and implement a communication process/mechanism to rapidly communicate with each practicing physician/health care provider in the state.
    - Develop a list of key community groups and include them in the communication process/mechanism above.
    - Create a single source of communication for health care providers and the medical reserve corps (MRC) to obtain information.
    - Each local health department should establish a MRC and communication process.
    - Share expectations in advance with partners.

The Task Force has instructed UDOH staff to make the clarifications and changes to the issue papers and recommendations based on the vote and discussion and bring it back to the committee for review at a later meeting.

For more information about Pandemic Influenza and the Task Force, please visit www.pandemicflu.utah.gov

The next meeting will take place November 8, at 7:30 AM, at the Radisson Hotel on the lower level in the Cottonwood room.