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Pandemic Preparedness in the States: An Interim Assessment from Five Regional Workshops

Executive Summary

Between April and August 2007, the National Governors Association Center for Best Practices (NGA Center) conducted five regional pandemic preparedness workshops involving 27 states and territories. The workshops are part of a national program that eventually will involve every state and territory and the District of Columbia. They are designed to identify gaps in state pandemic preparedness—specifically in non-health-related areas such as continuity of government, maintenance of essential services, and coordination with the private sector. A secondary goal of the workshops is to examine strengths and weaknesses of coordination activities among levels of government, both vertically (state-federal and state-local) and horizontally (state-state and state-private sector). This paper presents an interim report based on results and observations from the first five workshops.

The picture from the workshops is clear: There is raised awareness in state government of the problem and potential widespread impact of a pandemic. All states had significant and wide-ranging awareness of the threat, its origin, and its potential impacts. Additionally, all states were aware of the unique characteristics of a pandemic and the challenge posed for effective planning. For example:

- All the participants in the workshops could describe the multifaceted, complex nature of a pandemic, and the challenges to normal state and social life;
- All states could describe potential disruptions to education, public safety, and the role of National Guard; and
- All states could identify areas of their economies that would be affected, including tourism, transportation, health care, retail, and the food supply.

In addition, states have made notable advances in the area of preparedness, particularly in public communication and education, purchase of antiviral stockpiles, and sharing information about public health tactics (especially school closure/student dismissal).

However, the workshops made clear that plans for response and recovery from a pandemic episode continue to have gaps and shortcomings. These shortcomings translate directly into areas in which the states and the federal government should next concentrate their efforts. For example:

- States have not adequately considered how their individual decisions on school closure will impact other states, nor is there consensus among states on how to communicate with the public on this issue. Federal, state, and local authorities must clearly communicate with the public about the purpose and objective of closing schools or dismissing students. They also must recognize the potential impact of those decisions on the availability of workers in both the public and private sectors.
- States do not adequately understand what federal capabilities might be expected at the state level and how federal agencies will engage with them during a pandemic. The presence at some of the regional meetings of the designated Principal Federal Official (PFO) for pandemic response offered the first opportunity for most states to interact with these potentially valuable federal liaisons, but the continued lack of clarity about federal roles and responsibilities—and the triggers for their engagement—contributed to an overall confusion about the federal response.
- Prioritizing the order in which antiviral medications—for either treatment or prevention—are distributed to different groups continues to challenge states. Few clear examples were identified for either prioritization strategies or attendant public communication messages. Although this represents a “moving target” for most states as they continue to stockpile material, it is clearly an area that will generate significant public discussion and should be addressed in advance of any action during a pandemic episode.
- The workshops revealed that informal contacts are in place among officials from states in each region. Those networks have proven effective for most past incidents, but they should be formalized and institutionalized because a pandemic has the potential to overwhelm informal links, particularly if key personnel become sick or are otherwise unavailable.
- State plans rely heavily on the availability of privately held infrastructure, response by volunteer organizations, or actions by other organizations outside their immediate control. Yet the roles and responsibilities of those entities are not clearly defined in most state plans.
- The awareness of potential shortages of critical goods and services was frequently cited as a challenge to the states. However, no solutions were provided for ensuring the availability of goods and services across state and national borders, and there appeared to be little coordination with the private sector in the development of state-based strategies.
- Few states have conducted state-specific economic analyses of their economies under pandemic conditions, and no information was readily available during the workshops about the business of government (e.g., collection of taxes and fees or the potential effect on states’ ability to fund programs, pay vendors, or underwrite special prevention measures).

This interim report is necessarily a “snapshot” from a wide-ranging series of workshops. It provides initial findings from across the workshops performed to date, identifies key areas of continued concern, documents some of the key successes from participating states, and suggests possible areas for additional planning. A final report on pandemic preparedness in the states will be prepared when all the workshops are completed.

Background and Purpose

From April to August 2007, the National Governors Association Center for Best Practices (NGA Center) conducted five regional pandemic influenza workshops as part of a national program that eventually will involve every state and territory and the District of Columbia. These workshops included participants from 27 states and territories. The workshops are designed to identify gaps in state pandemic preparedness—specifically in non-health-related areas such as continuity of government, maintenance of essential services, and coordination with the private sector. A secondary goal of the workshops is to examine strengths and weaknesses of coordination activities among levels of government, both vertically (state-federal and state-local) and horizontally (state-state).

The proposal to stage a series of multistate workshops was first made in the 2006 NGA Center publication *Preparing for a Pandemic Influenza: A Primer for Governors and Senior State Officials*.¹ The primer noted that states needed to assess how they could continue to provide essential services in the absence of significant support from the federal government and test their ability to function without reliance on federal or regional assets and resources to reflect the likely conditions that will prevail during a pandemic. The primer recommended that exercises be planned and performed to assess current capabilities and to explore effective options for incident response. Initiating even basic exercises now, the primer added, is likely to save lives during a future incident. The primer also recommended including federal agencies in the exercises and to structure at least some of the exercises on a multistate, regional basis.

“Exercises should be planned and performed to assess current capabilities and explore effective options for incident response. Initiating even the most basic exercises now will save lives during a future incident. Federal partners should be included in most, if not all, of the state exercises. Finally, some regional drills with neighboring states also are recommended.”

—*Preparing for a Pandemic Influenza*

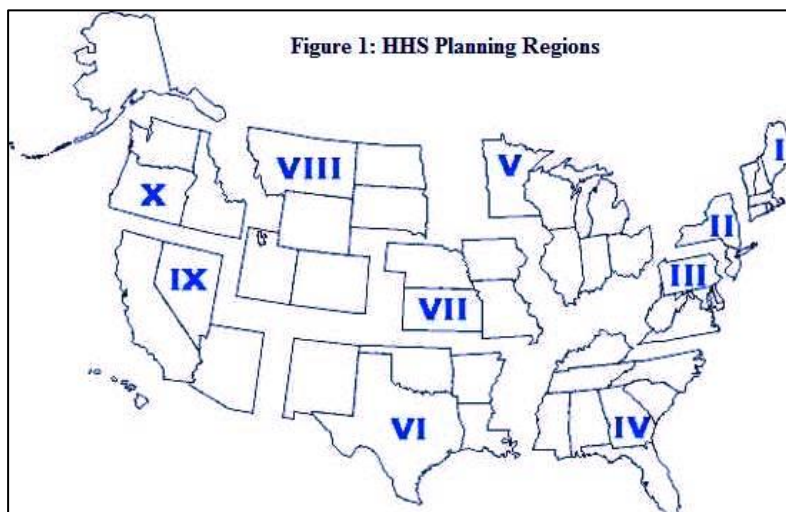
The NGA Center launched its workshop program with the recognition that states already have accomplished a significant amount in the area of pandemic preparedness. However, those efforts to date have focused mainly on the health and medical aspects of pandemic preparedness and have not been conducted in coordination or consultation with neighboring jurisdictions. The objective of the workshops, therefore, was to help participants identify gaps that may exist in their state’s pandemic preparedness, particularly non-health areas, and to encourage increased coordination among levels of government and across state lines.

Accurately assessing state preparedness for a pandemic outbreak is a moving target; there currently is no baseline, nor any agreed metric, against which state pandemic preparedness can reasonably be measured. And despite the fact that organizations such as the World Health Organization (WHO) and U.S. government officials continue to characterize the pandemic threat as “uncertain but urgent,” some of the original momentum for preparing at the state and local levels has been lost. This is due in part to some successes in preparedness planning—an encouraging trend—and in part to an apparent slowing in the spread of the current pandemic virus candidate, H5N1 influenza, or “bird flu.” Nonetheless, international and federal government health officials maintain that the threat is real, and history has shown that pandemic outbreaks do

occur. The perception that the urgency of the threat has decreased, combined with the absence of an agreed measurement system, likely explains some, but not all, of the hesitancy among states to tackle some of the remaining challenges in pandemic planning.

Participation

The workshops were organized based on the 10 planning regions established by the U.S. Department of Health and Human Services (HHS) and the Federal Emergency Management Agency (see Figure 1). They were held, consecutively, in Minneapolis, **Minnesota**; Scottsdale, **Arizona**; New Orleans, **Louisiana**; Seattle, **Washington**; and Salt Lake City, **Utah**. Governors of the states in each region



were invited to designate teams of up to 10 individuals from a variety of state agencies and disciplines, local governments, educational institutions, and the private sector to represent their states at the workshop. Actual team sizes ranged from oneⁱ to seventeen in the five workshops; the host state was frequently able to provide larger teams.

With the exception of the Region X meeting in Seattle, the majority of workshop attendees have come from health or public health backgrounds. As discussed later in this paper, the makeup of the state teams resulted in a primarily health-oriented perspective on an issue that transcends the health and medical components of a state.

In addition, representatives of the HHS and the U.S. Department of Homeland Security (DHS) attended each workshop as observers and to provide clarification on federal roles and responsibilities. DHS representatives at the Scottsdale and Seattle workshops included the PFOs designated for pandemic influenza.

Format and Session Goals

Each 1½-day workshop comprised three elements: A facilitated discussion of governance issues; a strengths-weaknesses-opportunities-threats (SWOT) analysis of key economic sectors; and a table-top exercise focused on regional issues.ⁱⁱ Each regional event concluded with the participating states reporting five issues of concern identified during the course of the workshop and planned action items to address those concerns.

Each workshop session focused on developing outcomes that supported the stated goals of the workshops. These included:

ⁱ Weather-related flight cancellations precluded attendance by the other state delegates in this case.

ⁱⁱ A detailed description of each workshop session is included as Appendix 1.

- Facilitating regional information exchange about current planning and preparedness;
- Enabling state participants to discuss and query the other states about specific elements of current plans;
- Providing specific points of contact for current elements of state plans;
- Exchanging published information or Web-based resources of regional relevance;
- Interaction with, and querying of, federal officials from the attending agencies; and
- Gaining awareness of key components of the federal response plan—especially the designated PFOs and their team members.

Workshop Findings and Issues

Significant efforts by the federal government and the states meant that by the time of the first workshop in April 2007, all participants were aware of many of the important issues that surround a future pandemic outbreak. The workshops reinforced many of the important areas of concern but more importantly offered the opportunity for states to gain awareness of the actions and plans of their regional neighbors.

General Observations

One issue raised at several of the workshops, and discussed in depth in the Region V workshop, was a desire by the states to gain more awareness of the planned actions of neighboring states—including states not specific to the region—with respect to actions such as schools closure and antiviral distribution. The workshops revealed that informal contacts are in place among many state officials and that those networks have proven effective for most past incidents. However, a severe pandemic has the potential to overwhelm those informal links, especially if key personnel become sick or are absent for other reasons from their normal points of contact. This issue seems to represent an important and interesting area for further investigation.

In terms of preparation, it was clear that the focus for nearly all participants to date has been on obtaining antiviral medications, both Tamiflu and Relenza. Based on the table-top exercise responses, states assume vaccines will not play a significant role in their response plans, likely because of the relatively long lead time required to develop a vaccine specific to the pandemic strain. However, several states expressed concerns about the heavy reliance on antivirals, given that their effectiveness in treatment may be compromised if the pandemic strain develops a resistance to the drug, as already appears to be the case with some strains of the H5N1 virus.

There also was considerable debate about the prophylactic use of antivirals. Concerns about how long pretreatments may need to be given and the significant difference in required stockpiles for pretreatment versus treatment were consistent topics of discussion at all workshops. (Pending federal guidance on the prophylactic use of antivirals may help states answer some of these questions.) In addition, few states had fully developed priority lists detailing who would be the first to receive antivirals during a pandemic. One notable exception was **Utah**, which has a well-developed plan and an accompanying public message campaign that explains that plan.

The workshops also revealed considerable variation in states' progress in planning and testing mitigation and response strategies. One overwhelming issue with which nearly every state is struggling, and which was raised at every workshop, is the question of schools closure *and* reopening. There is no state, regional, or national consensus on this important topic or how to communicate with the public about the issue. Clearly, given the reliance that many state plans have on personnel—whose availability could be directly or indirectly impacted by school closure

and the attendant child care requirements—this is an area for urgent followup if mitigation and response planning is to be effectively developed and tested.

Overall Assessment of State Preparedness

In *Preparing for a Pandemic Influenza: A Primer for Governors and Senior State Officials*, we posed a fundamental question for state officials to ask themselves: “Are we, our personnel, and our state prepared to prevent or minimize the human morbidity and mortality, the social disruption, and economic consequences caused by an influenza pandemic?”² The entire question needs to be answered, the primer cautioned, “not merely the issue of medical response to the death and disease caused by this uncertain threat.”

The primer set out a number of areas that cover the full extent of the planning required for this inclusive (nonmedical) concept of preparedness, including communications, intergovernmental coordination, public education, cross-discipline coordination, curbing economic impacts, maintaining essential services, using legal tools, the exchange of information across state lines, and training. This framework will be used to provide an overall assessment of state preparedness, based on observations from the first five workshops.

Clearly define and communicate leadership roles and responsibilities

Workshop participants provided several examples of how their states have defined roles for many of the state agencies that will be involved in a pandemic response. All could identify the lead agency for pandemic response and the stages they would go through to activate operation centers and related state response assets. However, there was considerable variation across the regions and among neighboring states concerning the precise “trigger point” for the actions to be initiated.

In addition, few state participants voiced confidence that any federal agency could, or would, provide coherent, coordinated messages that could inform state action. The “joint” role of DHS and HHS as federal lead agencies in a pandemic was a frequent matter of concern to the participants. The lead coordinating federal role assigned to DHS appeared to conflict with the response structure of most states, in which the lead agency in a pandemic outbreak is the health department. At several workshops, the attendance of the appointed PFOs for pandemic response was valuable; however, the roles and responsibilities of these officials (and their staff) and the triggers for their becoming operational as the “go-to” federal point-of-contact remained confusing to many participants. Clarifying these issues and communicating with the states will be essential if this proactive initiative for pandemic response is to work effectively.

Few states had defined the roles and responsibilities of private sector entities or nongovernmental organizations, despite direct references during the workshops to the use of non-state-controlled assets. This weakness is a good target for immediate action. Whether the reliance is on in-state critical infrastructure from utility companies, crisis response from volunteer organizations, or actions on the part of schools, it will be imperative that roles and responsibilities are properly addressed in advance of the incident.

Ensure adequate coordination and enhance situational awareness

States must coordinate their plans and strategies both horizontally—that is, among agencies operating at the state level and with the private sector—and vertically with the federal government and with local agencies. This coordination should be tested through exercises with

neighboring states and with relevant federal officials. The regional workshops have provided an effective venue for some of that testing, but states must conduct additional exercises—including table-top and, if possible, practical exercises—that include all levels of government, the private sector, and neighboring states.

During the table-top sessions, states indicated they would be concerned about the pandemic response actions being initiated in neighboring states, especially on the basis of public reaction. However, few, if any, mechanisms—beyond informal communications among peers—exist for states to gain regional or national situational awareness. Many participants noted that media reports would likely provide the most up-to-date status of what is happening across the nation and beyond. This highlights a critical opportunity for developing a suitable national capability.

In addition, the workshops provided multiple examples of the fact that, to date, most state efforts have focused on the health-related issues of pandemic response. There were nonetheless, several good examples of coordination, most notably the work of **Utah** Governor Jon Huntsman's blue ribbon task force,³ which examined state-wide coordination efforts and recommended actions. But even in this leading example, integration in the vertical domain—that is, with federal agencies—was less well-developed.

As noted previously, the most discussed issue at the workshops was the coordination in-state, among states, with businesses, and the federal government of schools closure and reopening. While many states recognized this potential strategy as being of value in mitigating the spread of disease, others viewed it as being imposed either by official health and safety orders or unofficially by parental action. States' top concerns surrounding this issue included:

- The appropriate triggers for both closing and reopening schools;
- Appropriate authority in the states for closing schools (this was clearly and significantly different from state to state);
- Strategies for managing student needs with respect to academic qualifications, graduation, and sports;
- Meeting the requirements of special-needs school populations, including students who depend on free or subsidized breakfast and lunch programs and other school-based social services;
- Defining the needs and risks of universities versus those of the K-12 system;
- Managing the needs and requirements of foreign and/or exchange students; and
- Requirements for consistent and authoritative public messaging.

Secondary impacts of school closure during a pandemic also are of great concern to the states. Absenteeism by workers who must remain home to care for children not attending school would generate considerable strain on state agencies already struggling to maintain functionality in the face of significant absenteeism by sick personnel or workers caring for sick family members. An associated question, of particular relevance to high school populations, is whether students will simply congregate elsewhere and negate the public health benefits of school closure. The absence of good answers to the range of questions associated with school closure suggests that this is an important area for followup.

Engage and educate the public

All participants recognized the value of developing frequent communications with the public. Pre-pandemic communication with messages about what individuals and families can do to

prepare has been initiated by many states. **Louisiana** and **Washington** have developed particularly useful communications strategies and documents that could help states that have not yet developed their own messages. In general, those messages stressed the importance of nonmedical interventions, such as hand washing, cough etiquette, and staying at home when ill. These are likely to be important and useful strategies given the potential limitations on medical resources available in most states.

Several additional areas emerged during the workshops for which communication strategies need to be developed. They include:

- The makeup and explanation of the state’s antiviral and vaccine prioritization lists;
- The location and capabilities of alternate medical care facilities when traditional facilities become overwhelmed;
- The possibility that medical standards of care might need to be amended during a pandemic;
- The possibility that hospitals and other health facilities might need to triage sick persons seeking treatment during a pandemic;
- The chance that baseline levels of law enforcement and other public safety services might be affected by a pandemic; and
- The possibility that military forces, including the state’s National Guard, would be called on during the crisis.

Establish a pandemic coordinating committee

The need to engage a broad range of public and private sector organizations and agencies—including large and small businesses and business associations, faith-based and volunteer organizations, and civic groups—in pandemic response was universally acknowledged by the workshop participants. In practice, however, few states had effectively accomplished that feat. **Utah**’s Governors Panel was one notable exception. **Washington** reported that as a result of the Region X workshop, state participants would recommend the expansion of that state’s coordinating panel to include a wider range of organizations. And **South Dakota** reported a commitment to “re-energize” its multi-sector panel based on discussions at the Region VIII workshop.

Determine how to provide goods and services

The awareness of potential shortages of critical goods and services was frequently cited in the workshops as a challenge to the states. The food supply, electricity, and transportation capacity were identified as key areas of concern in all workshops. **Idaho, Minnesota, Montana, North Dakota, South Dakota, and Utah** expressed less concern about the food supply, due to the culture in their states to stockpile against severe weather and other threats. In the other states, the concern with the food supply is not currently backed by agreements with the private sector food distribution and retail systems, nor have situational awareness tools been deployed in states to monitor this essential supply chain.

The issue of maintaining the supply of goods and services was also actively discussed and debated during the table-top exercise component of each workshop. The challenge of maintaining supplies across state and national borders remains unresolved, and the fact that any state-based solution will necessarily require private sector resources and assets suggests a follow-on effort to address this issue.

Telecommuting by state employees was discussed at all the workshops as a potential strategy for preventing disease spread and for maintaining operations during peak pandemic periods, but no state reported having conducted more than very limited studies of the feasibility of telecommuting or the technology requirements of that strategy. States that had considered this approach voiced some concern about whether the infrastructure and bandwidth available would support large-scale teleworking. Resolving the feasibility of such measures would appear to be an attainable and useful goal for future study, as would larger-scale testing.

Review state legal instruments

The workshops uncovered multiple legal issues still requiring review. The one most cited was the coverage of liability for volunteers, discussed in all the workshops. In three of the workshops, the timing and extent to which a pandemic event would be covered by a Stafford Act declaration was discussed; in none of the workshops was a definitive answer given, either by the state participants or by the federal officials in attendance.

Continuity of operations in the criminal justice system was discussed at several of the workshops. A number of states are *considering* suspending jury trials during a pandemic, although **Louisiana** was the only state we identified that actually plans to do so.

All states have defined the notion of quarantine in their plans, and numerous states have plans to exercise their ability to quarantine segments of the population during a pandemic. **Indiana** is the only state identified so far as no longer contemplating the use of quarantine in its response plan.

Exchange information with other states

The existence of informal communication networks across state lines was often apparent during the workshops. Many of the participants were familiar with their peers in neighboring states, and governor's office staff, state health officers, epidemiologists, and emergency managers were confident about their ability to identify colleagues across state lines. These networks, however, are built on personal relationships and are not integrated into any formal communications capacity or system. The states also described the complexity of developing more formal regional coordination structures, particularly because there is no dedicated funding for this activity. State relationships are also not conveniently limited to a single region: **Ohio**, for example, is included in Region V but has borders with two other planning regions (Regions III and IV), and Cincinnati has an economy integrated with numerous Kentucky communities. As a result, Ohio is proposing to use its state intelligence fusion center to integrate transportation, health, and other data sources from states outside Region V. Numerous other states cite the variety of relationships they must maintain and stakeholders they must provide information to as potential challenges to their preparedness for a pandemic.

The volatility of a pandemic and the sensitivity of decision triggers during a pandemic were frequently noted during the regional information exchanges. No systematic capacity or resource—Web site, daily update, or similar tool—was cited as providing adequate and situational awareness to help states make and coordinate decisions as a pandemic progresses. The lack of confidence in a coordinated federal communications strategy noted above underscores the states' concern in this area. Awareness of this issue is acute, and participants at all workshops expressed the desire for a “common operating picture” for, by, and among states.

Conduct training exercises

The states all reported having exercised against pandemic flu scenarios, almost exclusively using table-top scenarios rather than functional tests of their individual plans. Regional or multistate exercises were rarely cited. The vast majority of the exercises focused on two issues: (1) school dismissal and (2) the distribution of antiviral drugs. Tests focused on antiviral drugs reportedly have focused on distribution rather than on communications about priorities or the consequences of shortages and, potentially, the related challenges to public order.

The Blue Cascades IV exercise conducted in the northwestern states, under the auspices of the Pacific Northwest Economic Region (PNWER), was the sole exercise described that focused on protecting critical infrastructure and economic continuity during a pandemic. **Alaska, Oregon, Idaho, and Washington** each were represented in this exercise. The first finding from PNWER's after-action report—"There is no knowledge base on the impacts of a pandemic on regional infrastructure interdependencies and capabilities to maintain and sustain critical services"—is fully consistent with the findings from the NGA Center workshops, and is reflected in the participants' strongly expressed desire to have additional opportunities to meet with their counterparts from other states.

Assess economic impacts

Of the 27 states and territories participating in the five workshops covered by this report, just three—**Minnesota, Utah, and Wyoming**—had conducted state-specific analyses of their economies under pandemic conditions. All states cited assumptions about worker absentee rates, unusual demands for goods, and anticipated supply shortages; however, none of those assumptions had been quantified. **Alaska** government officials indicated they had worked closely with oil companies operating on the state's North Slope, and they are intensely aware of the economic dependence the lower 48 states have on the continuity of production of North Slope crude oil.

We identified few assessments of how to continue the business of government during a pandemic: collecting taxes and fees and the potential effect on states' ability to fund programs, pay vendors in a timely manner, or underwrite special prevention measures. The financial role of the federal government was no clearer: The workshops in New Orleans, Seattle, and Salt Lake City discussed, but did not positively conclude, whether the Stafford Actⁱⁱⁱ would be invoked or which state costs would be reimbursable under the terms of the act.

While the workshops provided data indicating that states are aware of the likely economic impacts of a pandemic, they also revealed that most states have not determined how to assess that impact or, as importantly, how to mitigate the effects of a pandemic on continuity of government, continuity of operations, or day-to-day activities in the state. Reductions in travel and tourism, whether because of choices made by travelers or as a result of restrictions imposed as part of a public health response, would significantly and severely impact the revenues and services of states heavily dependent on the tourism industry. **Hawaii** and **Nevada** specifically cited a Trust for America's Health⁴ report quantifying the possible economic impact of a pandemic on their economies. Other states, including **California, Louisiana, and Washington**, also reported expecting significant financial impacts. All states expressed some concern about reductions in revenues from pandemic incidents and the attendant impact on the ability to effectively respond.

ⁱⁱⁱ Robert T. Stafford Disaster Relief and Emergency Assistance Act (PL 93-288).

Conclusions and Recommendations

Four consistent messages emerged from the pandemic influenza pandemic workshops held so far:

- All states have dramatically increased their awareness of the potential consequences of a pandemic among the various agencies of government;
- There is, in many areas, a lack of coordination among state, federal, and private planning efforts;
- No states have effectively tested or demonstrated substantive measures and strategies to mitigate the potentially catastrophic consequences of a pandemic. Plans for closing schools for extended periods, encouraging social distancing, and taking steps to maintain essential services exist mainly on paper;
- The lack of situational awareness to guide decision making and interstate coordination, and the absence of regional or national plans for developing such a tool to provide that awareness, is hampering the ability and willingness of states to move from awareness to preparedness.

These messages are in many ways making one point: The lack of baseline information and assumptions (economic, infrastructure, social, or otherwise) are preventing communities across the nation from applying specific actions to mitigate a pandemic.

The following set of interim recommendations are derived from the workshops and from a perception that, two years after the announcement of the National Strategy for Pandemic Influenza, there remains a profound need to take actions consistent with published plans. Nationally, there is widespread awareness of the threat but scant evidence of specific mitigation actions, and even less evidence that actions can and will be shared across jurisdictional lines. The workshop discussions highlight the danger a lack of shared assumptions about pandemic preparedness and response poses: Because of the interdependent nature of our businesses, governments, and social system, it is critical that all these parties be involved in developing strategies for dealing with a pandemic.

Recommendations to address the gap include:

- Creating a representative group of businesses, critical infrastructure owners, governors and their aides, security, and emergency managers to develop the framework for a common situational awareness tool for the nation;
- Establishing a mechanism for sharing local and state mitigation activities and practices established in the short-term (less than 3 months); and
- Developing exercises that move beyond awareness-building to testing large-scale response actions, such as school closing.

Appendix I

Each of the five regional workshops conducted thus far comprised three elements: A facilitated discussion of governance issues; a strengths-weaknesses-opportunities-threats (SWOT) analysis of key economic sectors; and a table-top exercise focused on regional issues. This appendix describes in greater detail the structure and conduct of each session.

Session One – Facilitated Discussion

This session was conducted with participants seated with their state colleagues. Discussion was guided by a facilitator and focused on questions developed by the NGA Center and provided to state participants in advance of the workshop.

Each participant state in the region provided answers and engaged in dialogue with the other states to explore the issues of planning, preparedness, and state-based concerns on topics including:

- State governance for a pandemic;
- The role of the National Guard;
- The role of faith-based and volunteer organizations in state responses;
- Preparation in the state criminal justice system; and
- Schools closure and reopening.

The facilitated discussion ensured that the concerns of the states in each region, as expressed by those states, were the focus. The discussion ensured that states were able to gauge their assumptions about actions by neighboring states and, in many cases, by partner agencies within their borders. **Guam**, for instance, was able to assess its transportation planning and stockpiling requirements against those of **Hawaii**. **Michigan** and **Illinois** were able to assess their school closing plans against those expressed by **Indiana**.

Session Two – SWOT Analysis of Critical Infrastructure Planning

This session marked the first opportunity at each workshop for the attendees to work with their peers from the other participating states. The rationale for this session included providing an opportunity to have attendees begin information exchange on regional issues, to provide expertise and feedback based on their individual skills and experiences, to share best practices and problems from their state-based pandemic plans, and to explore issues of importance to the region. Each workshop included focus areas that were determined in advance by the workshop facilitators. The specific topics explored at each of the workshops are shown in Table 1 (p. 13).

Table 1 – Summary of SWOT Topics from First Five Workshops

| SWOT Topics | Region 5 Minneapolis | Region 9 Scottsdale | Region 6 New Orleans | Region 10 Seattle | Region 8 Salt Lake City |
|-------------------------|---------------------------------|--------------------------------|-------------------------------------|------------------------------|------------------------------------|
| Health Care Continuity | X | X | X | X | X |
| Commerce | X | X | X | | X |
| Education | X | | X | X | X |
| Borders | X | X | X | | |
| Public Safety | | X | X | | X |
| Special Populations | | X | X | | X |
| Transportation | X | | | | X |
| Communications | X | | | | |
| Food Supply | X | | | | |
| Travel | | X | | | |
| Legal Authority | | | | X | |
| National Guard | | | | X | |
| Private Sector Reliance | | | | X | |
| Government Continuity | | | | | X |

This session enabled the participants to spend more time exchanging information about the areas under study and also generated significant data from each of the regional workshops concerning some important areas of state responses. Federal attendees were encouraged to join in any of the working groups. At the completion of the session, each group briefed their findings to the workshop. The use of the SWOT approach to the topics meant that each group explored not just the positive aspects of their pandemic plans and proposed responses (strengths) but also the weaknesses. They also examined and discussed opportunities to improve their plans and responses and considered threats to effective implementation. This structured approach to developing multifaceted discussion helped the participants to explore, discuss, and exchange views and experiences gained during pandemic planning and development of their state plans as well as facilitating regional information exchange.

Session Three – Table-Top Exercise

The table-top exercise session was conducted with participants determining their own seating, thus generating at all workshops a good mixing of state and functional expertise. Federal attendees were also dispersed into the seating pattern. This created a more informal arrangement, took advantage of links formed in the earlier sessions, and created a good forum for regional information exchange. The results from this session and the comments of the participants reinforced the effectiveness of this session in generating information exchange. The facilitation

also helped drive regional exchange by allowing participants to directly quiz their counterparts from the other states. The table tops were necessarily abbreviated because of the time constraints but each followed a similar, game-style format:

- Stated objectives and rules for game play;
- An initial discussion of state actions at WHO Pandemic Phase 5;
- Two game “moves”:
 - Suspected cases “inbound” to the United States from infected countries; and
 - Confirmed cases in the United States, including some, but not all, states in each region.

The “moves” were changed at each workshop to impact the region under study. At all stages a series of questions were used by the facilitators to focus the participants, but ‘free play’ enabling participants to explore regional issues was encouraged.

This issue brief was written by Dr. Stephen Prior, founding research director for the National Center for Critical Incident Analysis, and Tim Stephens, principal associate with Rescobie Associates, a Washington, D.C.-based public health consultancy. The authors were responsible for the design, delivery, and facilitation of the workshops discussed in this report.

Endnotes

¹ Stephen Prior, *Preparing for a Pandemic Influenza: A Primer for Governors and Senior State Officials*, (Washington, D.C.: National Governors Association, June 2006).

² Ibid.

³ Utah Department of Health, *Governor's Task Force for Pandemic Influenza Preparedness: Final Report to the Governor* (Salt Lake City, Utah: Author, April 2007). Available at: <<http://www.pandemicflu.utah.gov/docs/PandInfluTaskforceFinalReport.pdf>>.

⁴ Jeffrey Levi, Laura M. Segal, and Misha Segal, *Pandemic Flu and the Potential for U.S. Economic Recession: A State-By-State Analysis* (Washington, D.C.: Trust for America's Health, March 2007).