

PREPAREDNESS

Questions of the worksheet varied from those asked on other topics.

Which objectives are most important to you and your community and why?

- *All Encompassing*: Participants pointed out that “all hazards” encompasses all other areas.
- *Desired Outcomes*: They suggested that the preparedness objectives address desired outcomes, not list potential hazards.
- *Vary by Locale*: Participants stressed that threats and risks are likely to vary by locale and that should be acknowledged and prepared for. For example, for natural disasters, earthquakes are important in Oakland, but not hurricanes.

Around what preparedness issues should you and your community be engaged?

- *Capacity Building*: Participants felt that key issue for community is infrastructure and capacity building.

If public health trade-offs were necessary due to scarce resources, what personal and community values would you see as most important in making these trade-offs?

- *Allocating Resources*: Participants stated that threats and risks should drive allocation of resources at the local level.

From whom and how do you want to hear about public health issues, before/during/after a disaster?

- *Disaster Communication from CDC*: Participants felt strongly that CDC has a major role in pre-event message development and testing; and acknowledged that in reality, if political figures communicate during a disaster there is no guarantee of public health expertise or input.
- *Level of Government*: They noted that in really serious disasters, messages should come from public health experts and feasibility and availability is likely to determine if that person is from local, state or federal level.

What are your expectations of CDC before/during/after a disaster?

Participants provided a thoughtful and detailed response.

- Before, CDC should provide:
 - Funding to build capacity
 - Technical assistance to state and local public health agencies
 - Development and testing of tools and interventions
 - Communication within NIMS established and complete pre-event testing
 - At state and local levels, build networks between public health agencies and other parts of the healthcare sector, such as hospitals, emergency

medical care teams, long-term care facilities, environmental protection, transportation, etc.

- During a disaster, CDC should provide:
 - NIMS execution
 - Stockpile delivery
 - Alignment of risk communication among federal, state and local health agencies
 - Deployment of trained personnel to support and augment state and local personnel
 - Mass prophylaxis assistance
- After a disaster, CDC should provide:
 - Mental health services
 - General restoration of public health and medical services
 - Address questions of “is it safe” to re-enter areas or to begin rehabilitation of areas.