Development of Public Health Alliance for Enhancement of Radiological Emergency Preparedness

Final Report

Radiation Alliance Steering Committee

July 2010
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At the request of CDC’s National Center for Environmental Health/ Radiation Studies Branch and supported through a supplement to an existing cooperative agreement, the Association of State and Territorial Health Officials (ASTHO) led a project to research the necessity for and feasibility of developing a Radiation Alliance. The Radiation Alliance Steering Committee, comprised of representatives from ASTHO, the Conference of Radiation Control Program Directors (CRCPD), the Council of State and Territorial Epidemiologists (CSTE), the National Association of County and City Health Officials (NACCHO) and the Association of Public Health Laboratories (APHL), with programmatic and subject matter expert support from key radiation officials from CDC/NHEH/RSB’s was convened in June 2009 and conducted requisite research and deliberation to discharge its duties in accordance with the Scope of Work dated May 29, 2009.

As a result of this effort, the Radiation Alliance Steering Committee has determined that a National Alliance for Radiation Readiness (NARR) is a necessary and viable undertaking. The Radiation Alliance is pleased to submit this report memorializing its findings, conclusions and recommendations and stands ready to move forward with the next phase of this most worthwhile initiative: implementation. For ease of review, this report consists of two parts: Part 1 of this report proposes the structure and elements key to the sustainability of the NARR; with Part 2 providing background on the processes employed over the past year by the Steering Committee in the examination of this issue.

Part 1: National Alliance for Radiation Readiness

Vision
To become a more protected, resilient nation through a comprehensive and integrated approach to radiological emergencies

Mission
Enhancing radiological preparedness capability and capacity in public health and health care systems through a coalition of organizations committed to improving the nation’s ability to prepare, respond, and recover from radiological emergencies at the local, state, and national levels

Purpose
- To build radiological emergency preparedness, response and recovery capacity and capabilities by supporting the:
  - Development of mechanisms for sharing resources and tools, including technical methods and information
  - Identification and dissemination of best practices
  - Definition of and education on the roles and responsibilities of different levels of government and different governmental agencies in radiological emergencies
  - Establishment of performance measures and guidelines
  - Building and sustaining of long-term competencies
• To serve as the collective “voice of health” in radiological preparedness through the:
  o Participation in national dialogues on radiological emergency issues
  o Provision of thoughtful feedback on documents, policies, and guidelines
  o Convening of partners to raise awareness of and resolve radiological emergency issues

Leadership
• The NARR will be led by a Steering Committee made up of two representatives from seven designated Tier 1 member organizations. One representative from each organization must be a member of the organization, and the remaining representative may be either a staff person or a member of the organization.
• Each member organization will determine and implement its own rules and protocols for selecting, confirming, and replacing its representatives on the Steering Committee.
• The Steering Committee will be led through a tri-chair structure. Two of these chairs will be filled by Steering Committee members from ASTHO and CRCPD. The remaining chair position will be filled by a Steering Committee member from one of the remaining organizations. Which organization will fill the third chair will rotate annually.
• The initial set of chairs will serve a two year term. Subsequent chairs will serve a one year term.

Structure
• After examining the construct and organizational frameworks of several mission similar “alliances,” it was determined that the most appropriate approach at this time is for the initial structure of the NARR to be one of an informal coalition, i.e., NARR will not be seeking 501(c)3 status. This decision will be revisited by the Steering Committee periodically.

Membership Categories & Criteria

Membership categories include:
• Tier 1
• Tier 2
• Ex-Officio

Tier 1
The criterion for Tier 1 membership is any governmental or non-governmental organization that supports activities principally under Emergency Support Function #8 (ESF#8) of the DHS National Response Framework (NRF). Tier 1 member organizations designated to comprise the Steering Committee are:
• American Medical Association (AMA)
• Association of Public Health Laboratories (APHL)
• Association of State and Territorial Health Officials (ASTHO)
• Conference of Radiation Control Program Directors (CRCPD)
• Council of State and Territorial Epidemiologists (CSTE)
• National Association of County and City Health Officials (NACCHO)
• National Emergency Management Association (NEMA)
It is important to note that the Steering Committee make-up was deliberately expanded from that of the original steering committee to now include broader representation by including the key organizations representing emergency management (NEMA) and the medical community (AMA).

**Tier 2**
The criterion for Tier 2 membership is any organization with an interest in some element of radiological readiness as evidenced by their organizational mission and objectives. In general, Tier 2 will exclude commercial enterprises, but such membership determinations will be made on a case by case basis by the Steering Committee. Tier 2 member organizations may include:
- Academic/training institutions [e.g., Association of Schools of Public Health, Preparedness and Emergency Response Research Centers (PERRCs), Emergency Management Institute (EMI), National Preparedness Directorate/Naval Post-Graduate School]
- Healthcare organizations that represent practitioners, including laboratorians
- Institutions that have an interest in radiological treatment

**Ex-Officio**
Federal agencies with an interest in radiation readiness will be given ex-officio membership. Such agencies may include various operating divisions within the:
- Centers for Disease Control and Prevention (CDC)
- Office of the Assistant Secretary for Preparedness and Response/US Department of Health and Human Services (ASPR/HHS)
- US Department of Homeland Security (DHS)
- Environmental Protection Agency (EPA)
- US Department of Energy (DOE)
- US Department of Agriculture (USDA)
- Food and Drug Administration (FDA)
- Technological Hazards Division, Federal Emergency Management Agency (FEMA)

**Business Plan**
The following elements comprise a simple and broad Business Plan to be considered for the NARR to guide its development and maturation. As a road map of sorts, the Business Plan helps further define the future direction and the niche and unique contributions of the NARR in radiation and nuclear public health preparedness and response.

**Strategic Planning (Strategic Map: 2010-2012)**
The Steering Committee conducted a brief Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis during its April meeting which helped inform the discussions and deliberations leading to the creation of the Strategic Map and marketing and communication plans. The following represents the key components of the proposed Strategic Map for the NARR for the next three years (a graphic depiction of the Strategic Map is also appended to this report).

**Central Challenge**
- Enhance the capabilities and capacities of local, state, and federal health officials to prepare for, respond to, and recovery from radiation and nuclear public health events through
effective collaboration between and among public health, emergency management, and health care partners

Priorities & Objectives

- Serve as the collective voice of radiation public health readiness (Voice)
  - Provide credible, accessible, and timely information
  - Participate in and initiate national dialogues
  - Review and provide thoughtful feedback on documents and guidelines
  - Track and provide comment on relevant national policy matters
- Champion effective approaches to strengthening radiation readiness (Resources)
  - Support initial and periodic assessments of radiological capacities and capabilities in order to encourage continuous quality improvement
  - Develop and maintain a clearinghouse for the dissemination and evaluation of tools
  - Identify and share useful practices
  - Promote and influence the development of performance metrics and guidelines
  - Support training and mentoring opportunities
- Establish, maintain, and expand the NARR by building coalitions (Coalition building)
  - Identify, manage, and nurture critical partnerships in the establishment and expansion of the NARR.
- Identify and promote the need for sustainable funding for the NARR and radiation readiness programs at the state and local level (Sustainability)
  - Quantify and secure funding to support the NARR’s mission, priorities and objectives
  - Inventory and catalogue existing funding streams to build and sustain radiation readiness
  - Promote alignment of government-supported radiation readiness programs
  - Recommend approaches to optimize use of existing radiation readiness funding

Cross-Cutting Objectives

- Promote science/evidence-based decision making
- Improve information generation and management to leverage resources

Situational Analysis

- NARR seeks to address the problems of limited visibility for radiation preparedness, confusion about roles and responsibilities in a radiological incident among partners, and the need for robust tools for practitioners in the field.
- The audiences for NARR are the members of the organizations that participate, i.e., practitioners in the field of radiation readiness, including federal, state, and local public health practitioners; elected officials at the federal, state, and local level; and first responder and first receiver groups. The general public is not a target audience.
- Messages will be targeted to describe the risk, threat, and vulnerabilities to radiological incidents for the different audiences listed above.

Marketing Strategy

- Products
  - Clearinghouse as a source of:
    - Accessible, credible information
- Templates and tools
- Useful practices
  - National forum for:
    - raising awareness
    - education
    - leadership
    - public information
    - rapid assessment
  - Commentary
  - Product development
  - Expertise (member interaction, diversity of perspectives, credibility)

**Price**
- NARR
  - Administration costs
  - Cost of NARR membership
    - Organizational commitment
    - Staff, member time
    - Volunteer hours
  - Opportunity costs: costs to end-users of using tools vs. costs of not using tools
    - E.g., price of being prepared vs. price of not being prepared for radiological events
    - Political capital

**Place**
- Clearinghouse (one-stop shop for information)
- Member Web sites
- Meetings
  - Member annual meetings, regional NARR meetings
- Documents (e.g., grant application, guidance documents that include radiation preparedness)

**Promotion**
- Position paper
- Presentations at meetings
  - NARR member organizations annual meetings
  - Regional NARR road show
  - Annual CRCPD meetings with federal partners
  - National briefings
- Cross-promotion
- Branding
- Links from member Web sites

*Financial Considerations*

The Steering Committee examined various options for revenue generation to sustain and “grow” the NARR. While an exhaustive assessment was not conducted, the following principles were identified which should guide the efforts to make the NARR fiscally solvent:
• Given the “informal” nature of the NARR and concerns over acting as a barrier or deterrent to attract members, the notion of creating a dues structure for membership was determined not be in the best interests of this initiative and should not be pursued at this time.
• Funding opportunities should only be explored/pursued if it is in direct alignment with the mission of the NARR.
• The NARR should continue to aggressively pursue funding opportunities from various mission related US Government departments and agencies in addition to CDC. This would include the various operating divisions within the Department of Homeland Security as well as possibly the Departments of Energy and Defense and the US Environmental Protection Agency. It is felt that the potential for successful supplemental funding will be greatly increased once the NARR is officially established and its portfolio is created.
• To avoid a perception of conflict of interest, the NARR should not pursue donations or gifts from commercial enterprises but should consider, on a case by case basis, unrestricted educational and program development grants.
• There will be considerable reliance on “in-kind” contribution by NARR members in the conduct of NARR-related activities including the donation of staff time to work on projects and attend meetings/calls as well as travel expenses.
• It is estimated that a minimum budget of $300,000-$400,000/year is needed to maintain the requisite level of infrastructure to operate the NARR, sustain the business of the Steering Committee, carry out necessary administrative tasks as well for promotion and recruitment, and to begin to build a portfolio of products and services in the nascent phase of the NARR’s existence.

Action Plan

As the first critical set in formally creating the NARR, the Association staff on the original Radiation Alliance Steering Committee members agreed to formally submit a request for participation in the National Alliance for Radiation Readiness (NARR) through their respective organizational approval processes during the first quarter of the new project year, which commences June 1, 2010. ASTHO will take the lead in inviting the two new Tier 1 organizations (AMA and NEMA) to participate in the NARR Steering Committee during the same time period (the first quarter of the new project year). This process will then be instituted for all other entities interested in becoming a NARR member with an official letter of interest and commitment beginning submitted to and reviewed by the NARR Steering Committee.

Communications Plan

Dissemination of information regarding the NARR will occur primarily through well established communications channels used by the Steering Committee member organizations. These may include items on Web sites, newsletters, and distribution lists. Steering Committee members will present information about the NARR on relevant conference calls and meetings. In addition to the annual meetings of the members of the Steering Committee associations, the following special purpose meetings have been identified as excellent opportunities to promote and advance the activities of the NARR:
• Annual Meeting of the Directors of Public Health Preparedness (September 2010)
• Annual Meeting of the State Environmental Health Directors (September 2010)
• Public Health Preparedness Summit (February 2011)
• National Radiological Preparedness Conference (March 2011)

It was also recommended that Steering Committee membership attend relevant partner organizations’ key meetings. To promote the NARR, the Radiation Alliance Steering Committee developed a position paper (see Annex A). Long term activities to be considered include a branding effort to create a logo and other marketing tools for the NARR. The clearinghouse (discussed below) would also provide a central point for communication and promotion of the NARR.

Clearinghouse Plan

The vision of the clearinghouse is a one-stop online shop for relevant, credible and high quality information about radiation readiness and a dynamic environment where tools can not only be disseminated but also reviewed and evaluated by the practice community. The Steering Committee clearly articulated the importance of a vetting and clearance process in the selection and posting of materials, not just a central reposition for all subject matter-related materials which may be available.

An editorial board would be formed from a subset of NARR Steering Committee members to develop the guiding principles for operations of the clearinghouse and periodically evaluate the clearinghouse. Content staff would be made up of either staff of NARR Steering Committee organizations or contractors hired for clearinghouse support and would be responsible for the day-to-day operations of the site.

The clearinghouse would be populated with radiation readiness tools. Examples of tools already developed or ones that will be completed in YR 2 that could be linked through the clearinghouse include:

• CRCPD radiological emergency scenarios for tabletops and drills
• CRCPD library of messages related to public information tools targeted to law enforcement/intelligence analysis center community
• NACCHO Responding to Chemical and Radiological Disasters-Self Paced Training Course CD; Responding to Chemical/Radiological Terrorism Training Manual CD; Designing, Implementing, and Evaluating a Public Health Exercise-A Dirty Bomb Disaster DVD; Planning and Implementing a Public Health Exercise for Radiological Events: An Exercise Guide CD)
• RAND report: Public Health Preparedness and Response to Chemical and Radiological Incidents - Functions, Practices, and Areas for Future Work
• APHL All-Hazards Laboratory Preparedness Survey Report & Hill-Day Fact Sheet
• CSTE National Assessment of the Status of Planning for Public Health Preparedness for Chemical and Radiological Contaminating Terrorism
• Radiation Control Program Overview to outline role and value to public health agencies in developing comprehensive preparedness programs
• Public Health Preparedness Program Overview to outline role to radiation control programs, particularly those not located within public health agencies

The NARR will also encourage the full development of priority products for which foundational work is underway or has been completed. Such products include:

• Population monitoring tool-kit
Part 2: Development of Public Health Alliance for Enhancement of Radiological Emergency Preparedness

Background
This initiative grew out of an increased awareness by federal, state, and local partners of a need for improved communication and coordination of roles and responsibilities in radiological incidents. In June 2008, the Centers for Disease Control and Prevention (CDC) and the Conference of Radiation Control Program Directors (CRCPD) hosted a roundtable discussion among representatives of public health agencies, radiation control programs and professional organizations, including Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), the Council of State and Territorial Epidemiologists (CSTE). Participants identified and prioritized actions to strengthen partnerships and communication among entities responsible for planning and responding to radiological emergencies. Later at an April 2009 follow-up workshop, action plans were developed to address recommendations from the earlier meeting. A key recommendation was the development of an alliance of interested organizations with the purpose of expanding radiological preparedness, increasing capacity for radiological response within state and local public health agencies, and sharing resources, tools, and information. The action plan for this recommendation included sharing radiological
preparedness resources, keeping up to date on relevant information, working together to clarify the role of public health in radiological incidents, and developing consistent radiological preparedness capabilities. The participant organizations were asked to put forward two representatives to form a steering committee to explore the development of such an alliance.

Purpose
The purpose of the Radiation Alliance Steering Committee was to research and develop recommendations on the feasibility, structure and sustainability of an alliance to improve radiological preparedness. If the Steering Committee concluded that an alliance was a viable undertaking, then it would decide the foundational characteristics of the alliance and develop a membership proposal for approval by the participant organizations. The Steering Committee was tasked with overseeing the development of the vision, goals and purpose for the alliance; a proposed structure and leadership; membership categories and criteria; a business plan, including funding needs and sources; an action plan for gaining approval by founding member organizations; a communications plan for dissemination of information; a clearinghouse for radiological preparedness tools and collaborative activities; and a “kick off” event to launch the alliance.

Radiation Alliance Steering Committee Membership & Staff

Membership

Association of Public Health Laboratories
- George Mills
  Program Chief and Laboratory Certification Officer
  Vermont Department of Health Laboratory

Association of State and Territorial Health Officials
- Robert Burhans
  Director, Office of Health Emergency Preparedness
  New York State Department of Health
- John Erickson
  Special Assistant, Public Health Emergency Preparedness and Response
  Washington State Department of Health

Conference of Radiation Control Program Directors
- Frieda Fisher-Tyler
  Administrator, Office of Radiation Control
  Delaware Division of Public Health
- Adela Salame-Alfie
  Assistant Director, Division of Environmental Health Investigations
  New York State Department of Health

Council of State and Territorial Epidemiologists
- Michael Heumann
  Epidemiologist, Emergency Preparedness Planning & Occupational Public Health
  Office of Environmental Public Health
  Oregon Public Health Division, Department of Human Services
- Sharon Watkins
  Senior Environmental Epidemiologist
  Bureau of Environmental Public Health Medicine
  Florida Department of Health
National Association of County and City Health Officials

- William Stephens
  Manager
  Southwest Center for Advanced Public Health Practice
  Tarrant County Public Health, TX
- Robert Levin
  Health Officer
  Ventura County Public Health Department

Staff

- Chris Mangal
  Director of Emergency Preparedness and Response, APHL
- Ruth McBurney
  Executive Director, CRCPD
- Erin Simms
  Associate Research Analyst, CSTE
- Jim Blumenstock
  Chief Program Officer, Public Health Practice, ASTHO
- Costanza Galastri
  Senior Analyst, Public Health Preparedness, NACCHO

Meetings

The Radiation Alliance Steering Committee met four times during the project year.

- December 18, 2009
  The Steering Committee met initially via conference call. Participants were introduced to each other and oriented to the project. They planned the agenda for the first in-person meeting and discussed a potential second in-person meeting to coincide with the 2010 Preparedness Summit.

- January 6-7, 2010
  At the first in-person meeting, participants were further oriented to the background and purpose of the project. Staff gave overviews of the participating organizations and related past work. The Steering Committee drafted the vision, goals, purpose, structure, leadership, membership categories and criteria of the alliance. They decided on a strategy for developing the business and communications plans. A subgroup was tasked with brainstorming products and services to be offered via the clearinghouse. Consensus was achieved around the name of the new coalition--the National Alliance for Radiation Readiness (NARR).

- February 3, 2010
  A subgroup of Steering Committee members met via conference call and developed a list of products and services to populate an online radiation clearinghouse. These products and services were identified as already developed, in development, or not in existence. A prioritized timeline was created for finalizing those products underway and supporting the creation of products and services that would be useful for practitioners. Discussions also resulted in the development of foundational principles for the clearinghouse.

- February 16, 2010
  The Steering Committee met in-person for two hours during the Preparedness Summit. They finalized the elements of the alliance that were drafted at the January meeting. They also reviewed, ranked, and rated the list of clearinghouse products and services developed by the subgroup. The Steering Committee made planned the agenda for the next in-person meeting.
April 14-15, 2010
The Steering Committee’s final in-person meeting was a series of dynamic group discussions focused on the business plan. Facilitated by Jim Blumenstock, participants underwent a strategic planning process including SWOT analysis. They developed the central challenge, objectives, and priorities for the NARR, using the ASTHO and NACCHO strategic maps as reference points. Steering Committee members also developed key elements of the business plan, led by William Stephens. They conducted a situational analysis, looking at audience segmentation, and a competitive analysis. Much discussion centered on the marketing and communications plan, focusing on the price, place, and promotion of the products and services of the NARR. Final decisions were made about the governance of the NARR and more guiding principles were identified for the clearinghouse. Steering Committee members also prioritized activities for Year 2 of the project.

Sub-awards and Partner Activities
ASTHO entered into sub-award agreements with CRCPD, CSTE, and NACCHO, providing each with $24,500 to support their organizational participation in this initiative. Each organization identified two members and one staff person to participate in the Steering Committee. Organizations used the funds for staff time and travel expenses to Steering Committee meetings for those representatives not covered in ASTHO’s original award. In addition, each entity undertook activities specific to their organization.

CRCPD
CRCPD conducted background research in preparation for Steering Committee discussions. They utilized their Committee on Expanding Radiological Preparedness in Public Health to provide subject matter expertise in the development of the list of clearinghouse products and services. They provided logistical support in meeting planning, especially the April meeting, which was co-located with and held immediately preceding the CRCPD annual meeting. They authored a letter, with Steering Committee input, raising the visibility of radiation preparedness among CDC leadership. They also developed the NARR position paper (see Appendix A).

CSTE
CSTE is conducting a follow-up assessment to its 2004 report, A National Assessment of the Status of Planning for Public Health Preparedness for Chemical and Radiological Contaminating Terrorism. The assessment is based on the results of an electronic survey of state and territorial epidemiologists. The original assessment addressed planning, resources, response capability, funding, coordination across jurisdictions, and organizational structure with regard to chemical and radiological incidents. The Radiation Alliance Steering Committee is overseeing the survey process as it is viewed as a critical part of the gap analysis needed to inform NARR activities. Steering Committee members provided two rounds of feedback on the 2004 questionnaire and methodology in February and April 2010. A CSTE workgroup is currently revising the questionnaire. Steering Committee members provided feedback on the revised version in late June 2010. The final report will be completed by August 30, 2010.

NACCHO
NACCHO organized Steering Committee input on Project Public Health Ready criteria related to preparedness planning, strengthening the radiological component to the measures. They also explore the possibility of conducting an assessment similar to that of CSTE among their membership or including radiological preparedness in a broader assessment of overall preparedness. They provided logistical and staff support for the in-person meetings.
**APHL**

APHL did not receive a sub-award, but did support participation of a member and staff person in the Steering Committee.

**Year 1 Activities in Detail**

At the January 2010 Steering Committee meeting, two subcommittees were formed. The first subcommittee was charged with developing a list of products and services to populate a radiation clearinghouse. This subcommittee was made up of one public health practitioner member of each partner organization. The initial list of products and services was developed by CRCPD members. The subcommittee met via teleconference on February 3, 2010 and refined the initial list. The product of this discussion was a list of potential products and services to populate the clearinghouse, tiered based on a timeline of when they would expected to be available. The subcommittee also developed goals and objectives for the clearinghouse and briefly discussed the technical support required and the architecture of the clearinghouse. The resulting document was shared with the whole Steering Committee on February 16, 2010. The Steering Committee prioritized three products for development: the population monitoring toolkit, the radiation registry template, and the radiological preparedness plan template.

The second subcommittee formed was made up of one staff person from each partner organizations. This subcommittee was charged with overseeing Steering Committee input on the CSTE assessment. Feedback on the questionnaire and methodology was solicited from Steering Committee members in January 2010, following the January meeting. Comments were submitted to the CSTE Radiation Steering Committee members. An update was provided at the April meeting and Steering Committee members provided feedback. A third round of comments was solicited in June 2010. The purpose of the survey is to assess current capabilities to prepare and respond to radiation incidents and to determine if capabilities have improved over the past seven years. Questions focus on the extent of planning, resources available, including staff, and interagency and cross-jurisdictional coordination. The survey will provide critical information to the National Alliance for Radiation Readiness on the needs of the public health community with regard to radiological preparedness, gaps in current preparedness, and where the NARR should focus efforts, both regarding activities and product development.

At the April 2010 meeting, the Steering Committee had the opportunity to review and comment on the proposed development process for the CDC 2011-2016 Public Health Emergency Preparedness Cooperative Agreement. Steering Committee members discussed with CDC staff changes in program structure and direction and the strategy for soliciting input on the planning components.

In May 2010, the Steering Committee provided comments on a draft version of Public Health Response to Radiological Accidents: A Guide for State and Local Public Health Departments, a planning guide developed by CDC to aid public health officials in understanding, preparing for, and responding to radiological accidents.

**Year 2 Activities**

Year 2 activities will focus on the nurturing, expansion, and sustenance of the National Alliance for Radiation Readiness. This includes support for NARR Steering Committee membership of AMA, APHL, ASTHO, CRCPD, CSTE, NACCHO, and NEMA as well as two meetings of the NARR Steering Committee and the inaugural convening of the NARR itself.
With the identification of additional funding, activities would expand to promoting the NARR at partner events. It would also include building the clearinghouse, including directly supporting the development and/or finalization of the tools identified as priorities by the Steering Committee: a population monitoring toolkit, a registry template, and a radiation preparedness plan template.

To this end, in April 2010 and on behalf of the Radiation Alliance Steering Committee, ASTHO submitted to CDC a continuation application for NARR related activities for Year 2 at a funding level of $493,923. The proposed activities, completion dates, and expected outcomes were as follows:

**Activity 1:** Recruit and populate membership, organize and officially launch the NARR (governmental and non-governmental organizations and academic/training institutions).

**Expected Outcomes:**
- The NARR Steering Committee will set the operational and programmatic protocols and guidelines for the NARR including frequency of meetings, conference calls and through the use of other communications and collaboration tools and approaches.
- NARR will execute, and modify, as necessary, the established business/strategic/communications plan created by the NARR Steering Committee (currently under development).

**Expected Completion Date:** May 31, 2011

**Activity 2:** Support the requisite activities of the NARR Steering Committee to be comprised of the Association of Public Health Laboratories (APHL), the Conference of Radiation Control Program Directors (CRCPD), the Council of State and Territorial Epidemiologists (CSTE), and the National Association of County and City Health Officials (NACCHO), as well as potentially new members, the American Medical Association (AMA) and the National Emergency Management Association (NEMA), for the participation in NARR activities through awards of $25,000 to each of the partner associations.

**Expected Outcome:**
- As members of the NARR Steering Committee, ASTHO, APHL, CRCPD, CSTE, NACCHO, AMA, and NEMA will provide quasi-governance over the NARR and conduct activities that further radiological preparedness among their memberships and across public health and the healthcare sector in accordance with the terms, conditions, scope of work, and budget contained in the sub-award grants.

**Expected Completion Date:** May 31, 2011

**Activity 3:** Support awareness-raising and promotion of NARR membership and tools by NARR Steering Committee members at no less than four public health and healthcare sector event and through other means identified in the NARR communications plan (currently under development).

**Expected Outcome:**
- Awareness-raising and promotional activities will result in increased NARR membership of up to 4 new members.

**Expected Completion Date:** May 31, 2011

**Activity 4:** Develop, promote, and maintain a web-based clearinghouse for radiological preparedness tools and resources consisting of response plans, best practices, lessons learned, talking points, toolkit, training modules, and other relevant forms and templates of use to the practice community.

**Expected Outcome:**
Clearinghouse will be developed and populated with radiological preparedness tools and resources.
Clearinghouse will receive 500 visitors per day.
A majority of NARR member organization constituents will visit the clearinghouse and rate the clearinghouse as useful as evidenced in a customer satisfaction survey.

Expected Completion Date: May 31, 2011

Activity 5: Develop, disseminate and promote the use of three priority radiological preparedness tools: a population monitoring toolkit, a radiation registry template, and radiological preparedness plan template.

Expected Outcome:
- Population monitoring toolkit, radiation registry template, and radiological preparedness plan template will be utilized by NARR member constituents to advance radiological preparedness planning in their jurisdictions and organizations as evidenced by a majority of NARR member organization constituents rating the tools useful in a customer satisfaction survey.

Expected Completion Date: May 31, 2011

Activity 6: Conduct a customer satisfaction survey of NARR member constituents to evaluate the utility and impact of the NARR clearinghouse and NARR-developed tools on public health and healthcare sector radiological preparedness.

Expected Outcome:
- NARR member constituent survey will be developed and disseminated; survey results will provide feedback on the utility and impact of NARR products.

Expected Completion Date: May 31, 2011

In response to this request, ASTHO was subsequently notified that funding would be provided in the amount of $377,000 for Year 2 Radiation Alliance/NARR activities, of which $70,000 should be used for travel scholarships for state and territorial representatives to attend the March 2011 National Radiological Preparedness Conference. ASTHO is in the process of developing a revised work plan and budget which will be shared with the Radiation Alliance Steering Committee members in preparation for its first conference call meeting in Year 2, which is tentatively scheduled for August 20, 2010.

Conclusion

The first year’s work of the Radiation Alliance Steering Committee can best be characterized as formative, direction setting, and galvanizing. Through the collaborative and collegial efforts of the Steering Committee members, the appropriate level of diligence was applied to assess and determine the best course of action leading to the formal establishment, implementation and eventual maturation of an effective National Alliance for Radiation Readiness. Year 2 represents the true initiation of the NARR and, as reflected in the above reference work plan, will begin to yield more significant and tangible results (e.g. products and services in support of improving public health radiation readiness policy and practice).

The charter members of the Radiation Alliance Steering Committee stand ready to advance the “agenda” of the NARR and again extend its appreciation to the Radiation Studies Branch of CDC for its support and investment of resources to improve radiation readiness through the formation and operation of the soon to be created NARR.
Annex A: Position Paper

National Alliance for Radiation Readiness

NARR

About Us

What is NARR?

NARR is a coalition of organizations committed to improving the nation’s ability to prepare for, respond to, and recover from radiological emergencies.

Why should it exist?

In order to build radiological preparedness, response, and recovery capacity and capabilities nationwide, public health and radiation control organizations have identified a need to:

- Establish a unified “voice of health” in radiological preparedness;
- Raise awareness and resolve radiological emergency issues
- Build and enhance the synergy that exists between public health and radiation control; and
- Share resources, best practices, and tools for radiological response and recovery.

By forming an Alliance, the organizations will be able to strengthen the capability of state and local agencies to prepare for and respond to radiological emergencies. The Alliance will also have a strong knowledgeable voice in national dialogues on radiological emergency issues, since the partnership will be comprised of several governmental and non-governmental organizations that support emergency response activities.

Background

In 2008, at the request of CDC, organizational and federal agency representatives held a roundtable aimed at promoting and enhancing collaboration between the state and local radiation control programs and state and local public health agencies. Recommendations from that roundtable included a need to bring together radiation control and public health in order to strengthen radiological preparedness. This was followed in 2009 with a workshop to plan a path forward on some of the recommendations from the roundtable, including the formation of an alliance to leverage and share resources, learn from each other and ultimately enhance the level of radiological readiness in the public health arena.

A Steering Committee was formed, consisting of representatives from the following organizations, with support and technical assistance from the Centers for Disease Control and Prevention:

- Association of State and Territorial Health Officials
• National Association of County and City Health Officials
• Council of State and Territorial Epidemiologists
• Association of Public Health Laboratories
• Conference of Radiation Control Program Directors

The vision, mission and primary objectives of NARR were developed by the Steering Committee, as follows:

**Vision:** To become a more protected, resilient nation through a comprehensive and integrated approach to radiological emergencies

**Mission:** Enhancing radiological preparedness capability and capacity in public health and health care systems through a coalition of organizations committed to improving the nation’s ability to prepare, respond, and recover from radiological emergencies at the local, state, and national levels.

**Primary Objectives:**

- To build radiological emergency preparedness, response and recovery capacity and capabilities by supporting the development of mechanisms for sharing resources, tools, training, and performance measures and guidelines; and
- To serve as the unified “voice of health” in radiological preparedness in national dialogues on radiological emergency issues, provide input to governmental policy development, and raise awareness as needed to resolve radiological emergency preparedness and response issues.

**Implementation**

The following steps are planned in order to support the implementation of the National Alliance for Radiation Readiness:

- Expand the NARR Steering Committee to include other key organizations involved in radiological response
- Formally establish and support NARR among the organizations
- Execute an integrated business/strategic/communications plan
- Develop and promote tools that enhance state and territorial radiological preparedness
- Support awareness-raising and promotion of NARR membership and tools, engaging stakeholders in the process
National Alliance for Radiation Readiness
Strategic Map

Enhance the capabilities and capacities of local, state, and federal health officials to prepare for, respond to, and recovery from radiation and nuclear public health events through effective collaboration between and among public health, emergency management, and health care partners.

1. Identify and promote the need for sustainable funding for the NARR and radiation readiness programs at the state and local level.
2. Establish, maintain, and expand the NARR by building coalitions.
3. Champion effective approaches to strengthening radiation readiness.
4. Serve as the collective voice of radiation public health readiness.

5. Quantify and secure funding to support the NARR’s mission, priorities and objectives.
6. Identify, manage, and nurture critical partnerships in the establishment and expansion of the NARR.
7. Support initial and periodic assessments of radiological capacities and capabilities in order to encourage continuous quality improvement.
8. Provide credible, accessible, and timely information.

9. Inventory and catalogue existing funding streams to build and sustain radiation readiness.
10. Develop and maintain a clearinghouse for the dissemination and evaluation of tools.
11. Participate in and initiate national dialogues.
12. Identify and share useful practices.
13. Review and provide thoughtful feedback on documents and guidelines.

14. Promote alignment of government-supported radiation readiness programs.
15. Identify and share useful practices.
16. Review and provide thoughtful feedback on documents and guidelines.

17. Recommend approaches to optimize use of existing radiation readiness funding.
18. Promote and influence the development of performance metrics and guidelines.
19. Track and provide comment on relevant national policy matters.

20. Support training and mentoring opportunities.