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Promoting Accountability in Public Health Emergency Preparedness

Since 9/11 and the anthrax attacks that followed, the federal government has invested more than \$6 billion to improve the nation's readiness to respond to the health effects of bioterrorist attacks, natural disasters, pandemic influenza outbreaks, and other public health emergencies. Yet, lack of a clear definition of preparedness and validated measures makes it difficult to determine the impact of past funding, to promote accountability for public funds, and to set priorities for future investments. Recently, Congress and the president passed the Pandemic and All Hazards Preparedness Act, which requires development of performance standards and measures by 2009.

RAND Corporation research has identified the advantages and disadvantages of some approaches used to measure preparedness and suggested avenues for developing new preparedness tools. Among the study's key findings:

- Commonly used measurement approaches are insufficient.
 - Written assessments can be administered to a broad set of health departments. However, these assessments typically focus on resources or planning, but do not capture actual operational capability and often suffer from self-report bias.
 - Exercises and drills could be used to test operational capabilities, but are often costly and thus far have not been linked to clear performance standards and metrics.
- Further efforts are needed to link exercises to performance standards and metrics.
 - Developing clear national-level standards and metrics for performance in exercises can increase the usefulness of exercises in yielding information about preparedness.
 - Although all jurisdictions should strive to meet the same standards for preparedness, jurisdictions should be given some flexibility in determining *how* to meet the standards.
- Exercise-based assessments that are “embedded” in routine activities should be part of a new approach.
 - These assessments can be used to test core preparedness capabilities; for example, annual flu clinics might be used to test mass dispensing procedures.
 - Embedded assessments can reduce costs by eliminating the need to assemble key staff for the sole purpose of exercising.
- Preparedness standards and metrics will have to rely on nontraditional sources of evidence.
 - The weak evidence base for public health preparedness probably precludes the development of the kind of evidence-based standards that have been developed for personal health care.
 - However, process mapping, computer simulations, expert judgment, and other analyses can be used together to support the initial development of standards and metrics.

This fact sheet is based on: Nelson C, Lurie N, and Wasserman J, "Assessing Public Health Emergency Preparedness: Concepts, Tools, and Challenges," *Annual Review of Public Health*, Vol. 28, 2007, pp. 12.1–12.18. The RAND Corporation is a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

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