For U.S. public health emergency planners, the prospect of a large-scale anthrax attack poses a nightmare scenario. Perhaps the biggest challenge during such an attack would be getting medicine to everyone in a community within the critical first 48 hours. Building the capability to respond to such an event is the focus of the Cities Readiness Initiative, a program created by the Centers for Disease Control and Prevention (CDC) to help metropolitan areas increase their capacity to deliver medical supplies during a large-scale bioterrorist event. Despite a significant federal investment in strengthening preparedness, the government and the public lack standards by which to evaluate whether this investment has increased metropolitan areas’ ability to respond to this challenge. To address this gap, the U.S. Department of Health and Human Services asked RAND to develop performance standards for dispensing antibiotics and other lifesaving medical countermeasures on a large scale over a short period.

The study team drew on several information sources to develop the standards: a review of the scientific literature, consultation with subject-matter experts, mathematical models, and data on current practices. Because the standards are intended to apply to communities that range in size from very large metropolitan areas, such as New York City, to smaller communities, such as Dover, Delaware, the study team avoided a one-size-fits-all prescription and instead proposed standards that guide states and cities through an objective and auditable process that provides each community with customized requirements for such components as the number of points of distribution (PODs) and staffing levels. If adopted, the standards would require grantees to meet the following criteria:

- **Number and location of PODs**: Demonstrate that they have used an objective process (defined by the standards) to estimate how many PODs a community is likely to require to dispense an initial regimen of antibiotics within the first 48 hours of an emergency.
- **Internal operations at PODs**: Demonstrate that POD staff can perform a set of essential functions, including directing clients through the POD, deciding which medication to dispense, disseminating information about the medication, and dispensing the medication.
- **POD staffing**: Use a process defined by the standards to estimate community-specific staffing requirements based on estimates of hourly POD users, and test the process using time studies.
- **POD security**: Ensure sufficient coordination with law enforcement and adequate police presence at each POD location.

The recommendations represent the first attempt to develop evidence-based performance standards for public health emergency preparedness. In developing these standards, RAND has attempted to define in detail, for the first time, what a prepared community looks like—at least with respect to one critical capability. The recommended standards complement earlier RAND work to develop tools to assess health departments’ operational capabilities, which are included in current CDC program guidance. Additional work will involve developing similar standards for other essential areas of preparedness.
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