

Appendix 3: Project Committees and Major Findings

List of Committee Members

User Needs Assessment and Training Group

New Brunswick Lung Association

- a) Barb MacKinnon
- b) Eddie Oldfield
- c) Xiaolun Yi
- d) Ken Maybee

American Lung Association of Maine

- a) Norm Anderson

University of Southern Maine

- a) David Harris
- b) Rosemary Mosher

University of New Brunswick

- a) Dave Coleman
- b) Jianfeng Zhao

CARIS

- a) Chantale Caron

Advisors:

Emergency Measures Organization

- a) Ernest MacGillivray
- b) Cathy Belmore

Maine Bureau of Health

- a) Anne R. Sites
- b) Andrew Pelletier

NB Department of Health

- a) Holy Akwar
- b) Mark Allen
- c) Claude Robichaud

Data Model Design Group

UNB:

- a) Darka Mioc
- b) Francois Anton
- c) Gao Sheng (student)

USM

- a) David Harris
- b) Chris Gianios

New Brunswick Lung Association

- a) Xiaolun Yi
- b) Maurice Lanteigne
- c) Eddie Oldfield
- d) Barb MacKinnon

American Lung Association of Maine

- a) Norm Anderson

CARIS

- a) Kevin Wilson
- b) Chantale Caron
- c) Constantino Solano

Legal Advisory Group

Cox-Hanson-O'Reilly Matheson

- a) Chris DeLong
- b) Patrick Fitzgerald
- c) Dave Yarwood
- d) Michael D. Tripp

USM Technical Law Centre

- a) Rita Heimes
- b) Student

NBLA

- a) Eddie Oldfield
- b) Maurice Lanteigne
- c) Ken Maybee – President and CEO
- d) Bob Constable – Board Member

ALA

- a) Norm Anderson
- b) Ed Miller

UNB Law Faculty

- a) Dave Townsend

Simulation Group

NBLA

- a) Eddie Oldfield
- b) Xiaolun Yi
- c) Barb MacKinnon
- d) Ken Maybee
- e) Maurice Lanteigne

ALA

- a) Norm Anderson

USM

- a) David Harris
- b) Glenn Wilson
- c) Chris Gianios
- d) Rosemary Mosher

EMO

- a) Ernest MacGillivray
- b) Alex Miller
- c) Malcolm McCabe
- d) Cathy Belmore
- e) 10 EMO, 30 PEAC staff

Maine Health

- a) Andrew Pelletier
- b) Anne R. Sites

NB Health

- a) Holy Akwar
- b) Valerie Storey
- c) Alex Bubar
- d) Dr. Grlica Bolesnikov

PHAC

- a) Louise Boily
- a) Philip Abdelmalik
- b) David Lewis
- c) Steven Kempton

UNB

- a) Darka Mioc + student (Gao Sheng)
- b) Bernd Kurz + student
- c) Dave Coleman + student (Jianfeng Zhao)

Public Safety and Emergency Preparedness Canada

- a) Ian Becking,

CARIS

- a) Kevin Wilson, CARIS Ltd
- b) Chantale Caron, CARIS Ltd

GeoConnections

- a) Denis Poliquin, GeoConnections Canada
- b) Nina Wesch, GeoConnections Canada

Summary of Committee Findings

The New Brunswick Lung Association and American Lung Association of Maine coordinated partners on respective sides of the border, into four committees. The committees were formed to provide guidance on user requirements, data model design, simulation development, and legal / privacy issues. The outputs of these four committees were woven together in order to make the pandemic exercise possible, along with the publishing our web map services and data (seamless coverage of Maine and New Brunswick).

The project, and the resulting web-map application + exercise, responds directly to the identified need for improved cross-border disease surveillance and control. This includes improving understanding of disease spread, the location of high risk groups, access to health care and medicine, the impacts of a pandemic on critical infrastructure and continuity of government. The exercise and the web-technologies deployed as part of this project enabled greater collaboration and communication between health and safety authorities. The collaboration of US and Canadian partners was very successful – using regular teleconferences, share-points on the web, and real-time presentations online / web-conferences – not to mention during the exercise itself using the collaboration forum and mapping applications.

User Needs Assessment Committee

This committee was tasked with identifying user needs that would affect the design, development, and implementation of web mapping services for the pandemic exercise. The committee consulted with health professionals in the US and Canada, as well as reviewed literature (e.g. WHO Pandemic Preparedness Protocols) to identify health authorities' Priority Information Requirements that align with Decision-Making according to Business Lines. The committee identified Specific Use Cases (i.e. questions to be answered / models), summarized Use Cases that are relevant to simulation, Determined Distribution Channels (e.g. map portal, html pages, wireless devices, pervasive network) – how the user should receive the information, discussed the Public Participation GIS framework and prototype system (implemented on NBLA server), helped to develop a training schedule / package, and provided feedback on how the system would meet user needs.

Data Model Design Committee

This committee was primarily concerned with developing a data model that would consider the spatial, temporal, and multi-dimensional components of health mapping. The committee involved partners in the US and Canada that could obtain licenses to health data, prepared a Data Dictionary for Comparison across

the international border, developed a hierarchy (for rolling health data up and down), developed a relational diagram, implemented time tag specifications (DB

side), developed DB procedures / triggers, populated the database, implemented statistical algorithms for pre-computation and computation on the fly.

Legal Advisory Committee

This committee involved legal advisors at the University of New Brunswick, University of Southern Maine, and Cox-Palmer Law Firm. The committee examined the privacy laws that govern health data sharing, provided recommendations on maintaining the privacy and security of health data, prepared Data Licenses, Non-Disclosure agreements, Memorandums Of Understanding, Privacy Policy, Liability Disclaimer, and Reviewed Insurance documents.

Simulation Coordination Committee

The purpose of this committee was to foster buy-in and support for the pandemic table-top exercise named 'High Tide'. Participants reviewed the goals of the exercise, provided their organization's functional objectives for the exercise, reviewed the data and map models, reviewed the data privacy mechanisms in place, and contributed to overall planning of the exercise. Many of the participants in this committee were also participants in the exercise and provided useful feedback during the hotwash (after-exercise feedback).

Exercise Data Needs

The exercise was designed to provide information via web-map system for improved Assessment, Operations, Cross-Border Synchronicity, and Decision Making (see data list in Annex 4). Participants noted the lack of real-time Syndromic Surveillance Data which would be needed in the event of a real pandemic. Currently, Canada Health Infoway is leading the charge in developing Electronic Health Records and Syndromic Surveillance systems – which could then be used to feed web-map services with data in near real-time.