Academic-public health partnerships for sustainable community preparedness and response systems and improved community disaster resilience

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“to create and maintain sustainable preparedness and response systems”
• Ability to muster volunteers
  – 59% respondents would remain and volunteer
  – 38% could provide technical assistance
  – 30% professional or skilled due to licensure
  • Child care
  • Food preparation
  • Language translation
  • Radio operation
  • Construction
  • Search and rescue
Baylor College of Medicine's Support of Tulane University School of Medicine Following Hurricane Katrina

Searle, Nancy S. EdD.

- Worked to certify whereabouts and safety of
  - Students/staff/faculty
- Website was created for sharing of information
- Identified housing
  - 200 house offers matched to evacuees in 3 days
- Mental health and counseling services provided
- State reciprocity and malpractice was provided
Research Aims

• **Aim #1**: Perform in-depth case studies with comparative analysis of academic institutions that have/have not participated in a community disaster response to characterize the academic-public health partnership.

• **Aim #2**: Characterize the capabilities of academic institutions for community disaster response and define facilitators and barriers.

• **Aim #3**: Derive and disseminate best practices for promoting academic-public health collaboration for sustainable preparedness and response systems.
Literature Review

• Since 9-11, at least 106 instances of academic-community partnerships for community disaster response
• Contributions have come from:
  - Academic health centers & Teaching hospitals
  - Schools of medicine, public health, pharmacy, & nursing
  - Other graduate schools (Agriculture, Engineering, etc)
  - Undergraduate universities

Case Studies

• Semi-structured interviews of public health (PH), emergency management (EM), and academic institutions to probe topics related to:
  1. Resources, services provided by whom during response
  2. Process of engagement in response and with PH & EM
  3. Extent of integration with PH & EM
  4. Reasons for engagement/lack of engagement
Findings – Case Studies

- **Important Academic Institution Contributions:**
  - Medical: Surveillance and screening of needs, Special needs shelters
  - Human Services: Care coordination, counseling and specialized advice and outreach
  - Training: On-line and in-person nursing skills
  - Facilities: Shelters, Animal shelters, Medical units, Staging areas
  - Equipment: Radios, Internet, Cameras
  - Communication: Public information dissemination
  - Personnel: Security, Fire, Police
  - Geographical: Situational awareness, Imaging real-time
Findings – Case Studies

• Involvement of academic institutions, and extent of engagement of their resources, is influenced by:
  1. Scope of resources, expertise
  2. Pre-existing relationships, agreements
  3. Administration (structure, placement) of ‘disaster response’ office
  4. Real/perceived liability and responsibility issues

• Facilitators for Engagement:
  - Special resources: Faculty expertise or special training programs
  - Personnel placement: Academic staff on EOC, planning boards; Faculty contracts and student practica in public health
  - Training: ICS/EOC training of academic staff
  - Agreements: Mutual aid, MOU/MOA
  - Academic motivators: Reimbursement, training opportunity, mission
Case Studies

• Recurrent “Win-Win” themes:
  • Co-funded, co-appointed faculty and staff
  • Field experiences for students
  • Shared response plans – Shared trainings
Regional Focus Groups

Barriers

- Lack of institutional familiarity
- Dwindling academic, state, and federal dollars
- Changing PH and academic priorities and leadership
- Need for enlightened leadership
- Culture gap (knowledge of EOC)/communications
- Structural/No Single POC
- Negotiating ownership
- Expectations of the partners
- Legal, license, insurance and reciprocity

No Win-Win for creation and sustainability
Regional Focus Groups

Facilitators

- Individual champions
- Willing leadership
- Mutual desire of the parties
- Personal relationships – social networking
- PH officials with academic appointments and vice versa
- Crisis events
- Engaging research
- Nimbleness of institutions and agencies
- Willingness to share control
- PR value

*Win-Win for creation and sustainability*
Findings – Focus Groups

Recommendations for Building & Sustaining Collaborations:

1. Central clearinghouse of resources available from academic institutions
2. Point-of-contact for academic institutions (networks, individual) at operations center with seat at the preparedness/planning table
3. Resource coordination through a central authority
4. Formalize relationships: MOU, faculty appointments
5. Identification of compelling need and mutual benefit of the collaboration

Manuscript ‘Facilitators and Barriers for Effective Academic-Community Collaboration for Disaster Preparedness and Response’ Journal of Public Health Management and Practice
Summit of Professional Associations – Broad Recommendations

1) Articulate the role of academic institutions in community disaster preparedness and response within established national frameworks to illuminate the concept and encourage a culture of engagement between academic institutions and community partners

- National Health Security Strategy
- National Response Framework
- Public Health Emergency Preparedness (PHEP) Capabilities Model

2) Create a culture of expectation and capacity for participation in community disaster preparedness and response
Achieving National Health Security

Goals
- Build community resilience
- Strengthen and sustain health and emergency response systems

Strategic Objectives
- Informed and empowered individuals, communities
- National health security workforce
- Integrated, scalable health care delivery systems
- Situational awareness
- Timely and effective communications
- Effective countermeasures enterprise
- Prevention/mitigation of environmental, other health threats
- Post-incident health recovery in planning and response
- Cross-border and global partnerships
- Science, evaluation, quality improvement

Operational Capabilities
NHSS strategic objectives fulfilled by academic institutions

<table>
<thead>
<tr>
<th>National Health Security Framework strategic objectives</th>
<th>Examples of operational capabilities</th>
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<tr>
<td>Informed and empowered individuals and communities</td>
<td>• Legal and architectural consultation post-event (California wildfires)</td>
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<td>• Websites to find separated family members (Hurricanes Gustav and Ike)</td>
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<tr>
<td>National health security workforce</td>
<td>• Public health nurse training (Kentucky ice storms)</td>
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<tr>
<td>Prevention/mitigation of environmental and other health</td>
<td>• Deployment of information via poison control centers (Columbia space shuttle)</td>
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<td>threats</td>
<td>• Use of facilities as shelters, special medical needs shelters, and training/housing of rescue and relief workers (California wildfires, Hurricanes Gustav and Ike, and Kentucky ice storms)</td>
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<tr>
<td>Integrated, scalable health-care delivery systems</td>
<td>• Aerial cameras, GIS mapping services of wildfires and rescue teams (California wildfires)</td>
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<td>• GIS mapping services of shuttle debris (Columbia space shuttle)</td>
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<td>Situational awareness</td>
<td>• University-run radio and Internet to transmit public messages (Kentucky ice storms)</td>
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<td>Timely and effective communications</td>
<td>• Medical outreach, disaster medical assistance teams, and student transfers for housing and education (Hurricanes Gustav and Ike)</td>
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<td>Cross-border and global partnerships</td>
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Summit of Professional Associations –
Local and Regional Recommendations

1) Identify and delineate the compelling need for and mutual benefit of an academic-community collaboration

2) Build and institutionalize relationships

3) Streamline the process of engagement of institutions and their resources

4) Address scope of expectations for the provision of resources, personnel, and facilities:
   a) Intra-institutional policies
   b) “Rules of engagement”
Additional Resources

- Survey Assessment of Academic Institutions' Capabilities for Preparedness and Response
- Simulation of Geomapping Tool of Academic Institutions' Key Contacts and Capabilities
- Research Brief: Facilitators and Barriers to Academic-Community Partnerships for Preparedness
- Practice Guideline: Building Academic-Community Partnerships for Preparedness and Response
- Policy Guideline: Building Academic-Community Partnerships for Preparedness and Response
- Checklist of Facilitators and Barriers to Academic-Community Partnerships for Preparedness
References

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