

Research Brief

Facilitators for and Barriers to Academic-Community Partnerships for Preparedness
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The public health system is comprised of a complex network of agencies and organizations working in the public (local, regional, state, and national) and private arenas. A functional public health preparedness and response system requires the marshaling and integration of a vast number of services from both public and private organizations to accomplish all core functions of public health during the response. A sustainable preparedness and response system requires that public health agencies partner with community organizations. Academic institutions as community organizations are home to a tremendous wealth of resources, and readily afford the opportunity for interdisciplinary collaboration.

For academic institutions to meaningfully contribute to community-disaster preparedness and response, they must effectively collaborate with governmental public health and emergency management agencies.

To explore the opinions of leaders of public health and emergency management agencies and academic institutions regarding the facilitators for and barriers to effective collaboration for disaster preparedness and response the Emory Preparedness and Emergency Response Research Center convened focus groups of leaders of state and local public health and emergency management agencies and academic institutions, and elicited information about perceived facilitators and barriers to engagement and on-going collaboration.

This research brief communicates the insights and opinions of leaders of public health and emergency management agencies and academic institutions regarding the facilitators for and barriers to effective collaboration for disaster preparedness and response. Local, county, district or state public health preparedness officers, emergency managers and the academic institutions in their jurisdiction are the target audience for this report. Exploring facilitators and barriers can serve as a starting point for parties to consider the factors necessary for building a relationship.

Barriers to Collaboration

- Lack of institutional familiarity
 - From the perspectives of public health and emergency management agencies, lack of familiarity with the resources and expertise offered by local academic institutions and with the key faculty and institutional officials who could authorize access to needed resources was noted as an important barrier to collaboration.
 - Given the multiple schools and programs at large academic institutions, a great deal of effort was required on the part of public

health and emergency management officials to engage each liaison for the various departments and programs.

- Academic leaders noted that lack of familiarity with public health and emergency management personnel responsible for disaster preparedness and response hindered their ability to contribute.
- Relationships are event-driven, in contrast to those built on an ongoing relationship based on readiness and planning. And while relationships are indeed fostered by experiencing a disaster event that requires collaboration, there is need for ongoing interaction to maintain familiarity and knowledge of one another's resources and areas of expertise.
- Challenges managing volunteers
 - Inadequate prior training and preparation of volunteers, particularly in the area of incident command
 - The lack of appropriate personnel and resources to rapidly train volunteers for their roles during a crisis event
 - Rapid turnover of volunteers
 - Liability concerns may arise when a volunteer is a member of an academic institution, and it is unclear whether the individual is volunteering as a private individual or as a representative of the academic institution.
 - Difficult for faculty to volunteer their expertise and assistance due to competing obligations from their employing institution
- Organizational incompatibility
 - Crisis events typically require an immediate response; academic institutions may not be prepared to respond to community crises with immediacy
 - Public health and emergency management agencies are driven to act cooperatively for the ultimate benefit of the community; academia is oftentimes engaged for the benefit of the community but may also be driven by competitiveness with other academic institutions, a need to establish singular expertise or a novel niche in given area, and a need to preserve the functioning of the university and conserve its resources.
 - Academic faculty involvement is often driven by a desire to conduct research or produce an intellectual product; this can lead to concerns about ownership of the research findings or intellectual property.
- Institutional competitiveness for personnel/resources
 - Oftentimes, state and local public health and emergency management agencies desire to fill their disaster response teams with the same personnel needed to provide an academic institutional response
 - Oftentimes, local academic institutions are competitive with each other in gaining particular roles or addressing particular research priorities related to community-disaster preparedness and response efforts.

- Financial issues
 - Costs related to faculty salary coverage and facilities and administration fees imposed by academic institutions oftentimes precluded engagement of faculty.
 - Academic faculty participants noted the difficulty in securing grant coverage for their salary to contribute to preparedness and response activities.
 - Academic institutions are concerned about financial sustainability of committing personnel and resources to the community-disaster response activities.
 - Complexities of the legal schemes at issue around emergency response—which involves local, state, and federal law—foster concerns about liability related to collaboration.

Facilitators for Collaboration

- Organization
 - Local and state planning bodies should include representation from academic institutions; the appointed representative should be trained in incident command systems and be knowledgeable and capable of engaging resources across the academic institution
 - Regional coordination networks for academic institutions similar to those established for hospitals - interschool consortiums that address safety and preparedness to foster cooperation
 - An academic institution office or individual responsible for engaging with public health and emergency management agencies for preparedness and response activities; knowledgeable and capable of engaging resources across the academic institution
- Ongoing activity among the parties that ultimately may be involved in disaster preparedness and response activities rather than event-based interactions.
 - Individual champions, willing leadership and co-appointed faculty and agency officials
 - Cooperation in the design and delivery of training activities for community preparedness.
 - Student placement with public health and emergency management agencies for applied practical experiences in disciplines related to disaster preparedness and response
 - Collaborative engagement in discovery and research
- Volunteer management
 - Employment of online systems for conducting volunteer trainings with required phases of certification before engagement in volunteer activities
 - Employment of online systems for registering volunteers, displaying their dates and times of availability and their selected times and places of service

- Establishment of institutional agreements that specify the nature and scope of faculty engagement in the event of a crisis
- Requiring incident command system training for those expected to be engaged in community-disaster response efforts
- Establishment of system for providing academic credit for student volunteerism.
- Communication
 - Creation and maintenance of a capabilities inventory database that describes the particular resources, facilities, and expertise available for community disaster preparedness and response from local academic institutions for use by state and local public health and emergency management agencies
 - Online platforms for maintaining lists of contacts for institutions and related resources/capabilities
 - Communication between public health, emergency management agencies and academic institutions during the immediate preparatory phase for a given disaster and the disaster response itself were critical for collaborations
 - Representation of academic institutional leaders in state and local emergency operations centers
 - Participation of academic institutional leaders in Web-based emergency operations centers
 - Prior training of academic institutional officials in incident command and emergency management principles
 - Faculty involved in public health and emergency management partnerships should treat practitioners as full partners; academic institutions should foster the concept of “partnership synergy” that fosters a 2-way approach to knowledge development and transference
- Written agreements
 - Establish institutional guidelines and agreements that specify the resources and personnel that will be available and the extent and duration of time for which these resources and personnel can be committed to the various agencies involved in the response
 - Establishing memoranda of understanding between state and local agencies and academic institutions that specify that key personnel are covered by state liability insurance when practicing under the direct guidance of the state or local health department
 - Establish compendia of executive orders that have been reviewed by general counsel to provide the template for executive orders to be issued by local and state governments during a crisis event, which should include provisions for the utilization of resources of academic institutions, drafted and reviewed in advance
- Recognizing/establishing the “Win-Win”

- Motivators to encourage academic institutions to collaborate include maintenance of continuity of student education, research, and patient care
- Preservation and conservation of institutional resources
- Opportunities for students and faculty to engage with community partners for applied research and field experience
- Production of manuscripts and other academic products
- Promotion and enhancement of the public image of the institution
- Public health and emergency management agencies directly exploring and addressing motivators/incentives with their local academic institutions

In summary, the involvement of academic institutions in community disaster preparedness and response and the extent of their engagement is variable and influenced by (1) the resources and expertise they harbor, (2) preexisting relationships with public health and emergency management organizations or leaders, (3) the structure and organizational placement of the academic institutions' disaster planning and response office, and (4) perceptions of liability and lines of authority. Facilitators of engagement include (1) the availability of faculty expertise or special training programs, (2) academic staff presence on public health and emergency management planning boards, (3) faculty contracts and student practica, (4) incident command system or emergency operations training of academic staff, and (5) the existence of mutual aid or memoranda of agreements. While a range of relationships exist between academic institutions that engage with public health and emergency management agencies in community disaster response, recurrent win-win themes include co-appointed faculty and staff; field experience opportunities for students; and shared planning and training for academic, public health, and emergency management personnel.

Public health and emergency management agencies recognize the incredible potential of academic institutions of higher education to contribute to community disaster preparedness and response and to enhance the disaster resilience of communities in which they reside. However, there are a number of important barriers to the engagement and ongoing collaboration of academic institutions with public health and emergency management agencies. For many of these barriers, there are potential strategies for circumventing them.

Table of acknowledged barriers and recognized facilitators

Recognized barriers	Recognized facilitators
Lack of win-win for creation and sustainability	Win-win for creation and sustainability
Lack of institutional familiarity	Individual champions
Dwindling academic, state, and federal dollars	Willing leadership
Changing public health and academic priorities and leadership	Public health need/University desire
Need for enlightened leadership	Public health officials with academic appointments and vice versa
Conflict of commitment	Crisis events
Culture gap (knowledge of EOC)/communications	Embracing culture of preparedness
Structural (no single point-of-contact)	Nimbleness of institutions and agencies
Negotiating ownership	Willingness to share control
Expectations of the partners	Public relations value
Legal, license, insurance, and reciprocity	Engaging research with practice partners

References:

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