Public Health Preparedness Summit, 2009
University Research Engagement

Ruth Berkelman
Emory Preparedness and Emergency Response Research Center
Rollins School of Public Health
Emory University
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Why are We Here?

- World will get more dangerous before it gets safer
- Threats are dynamic and complex
University Engagement in Research - why?

Universities are community trusts

• Universities possess valuable and unique research assets to:
  – understand threats
  – address threats
  – evaluate effective use of resources
  – define best practices
  – translate research results into action
Universities and Preparedness

• Universities have been engaged non-uniformly in preparedness planning

• Universities, including schools of public health, have been minimally engaged in preparedness research
  – Public health systems research – fledgling status
  – Preparedness and emergency response as new academic discipline
I. Academic-Community Partnerships in Preparedness
II. Improving Disaster Planning in Subacute Medical Settings
III. Use of Incident Command Systems (ICS) and Emergency Operations Centers (EOC) in Public Health Crises
IV. Immunization Systems and Public Health Preparedness
Alex Isakov, Dept. of Emergency Medicine

Research Project flows from experience with Katrina

- Over 100K evacuees
- Worked with physicians in community to address medical needs on-site and take pressure off hospital emergency medicine departments
- Liaison with Georgia Division of Public Health
Project I. Academic-Community Partnerships in Preparedness

• Case studies – how have universities successfully been engaged in disasters in past?
• Assess interaction of universities with public health systems before, during and after disasters
Project II. Improving Disaster Planning in Sub-acute Facilities

David Howard, Dept. of Health Policy & Management

This project will focus on public health preparedness for:

• nursing homes,
• home health agencies, and
• dialysis centers and their patients

The care requirements and fragility of these patients make them extremely vulnerable to disasters and public health emergencies.
Project II. Improving Disaster Planning in Sub-acute Facilities

- Assess extent of increase in morbidity and mortality during disasters (e.g., Katrina) among medically vulnerable populations
- Determine vulnerabilities in provider-level preparedness planning
- Assess partnerships with public health and with universities, before, during, and after disasters
Project III. Use of ICS/EOCs in Public Health Crises

Jim Buehler, Department of Epidemiology

Case studies of use of ICS/EOCs in a public health unit (what worked, what didn’t)

- Wildfires, San Diego
- Democratic National Committee 2008, Denver
- Syphilis outbreak in Indianapolis
Project III. Use of ICS/EOCs

All work conducted with health departments

Cross-cutting issues with other projects:

• Role of university in ICS/EOC
• Attention to medically vulnerable populations
Project IV. Immunization Systems and Distribution of Countermeasures

Jim Buehler

- Assn. of Immunization Managers
- American Immunization Registry Assn.
- Task Force for Child Survival
Project IV. Immunization Systems and Distribution of Countermeasures

Assess:

• Communication during shortages
• Support of pandemic flu planning
• Leveraging for countermeasure distribution
Fellowships/Graduate Training

- Emergency Medicine Pre-Disaster Fellowship
- Southeastern Center of Excellence in Geriatric Training, School of Medicine
- Doctoral and postdoctoral programs in Rollins School of Public Health
- Infectious disease residency training
Pilot Projects

• Fund one to two innovative projects annually
• Can address any of IOM themes in preparedness research
• Initial awards March 1, 2009
Advisory Board

Chair, Jim Curran, Dean, RSPH
CPHP Director, Kathy Miner
GA Div. Public Health, Elizabeth Ford & Pat O’Neal
Ethics, Law
Industry
Emergency Medicine, Toxicology, Medicine
Communications
Common Ground
Summary

• Public health systems research becoming more robust
• Preparedness needs systems research
• Research pushes practice, and practice pushes research in a feedback loop
Thank you!

Emory PERRC