

PHP Summit

Daily News

SAN DIEGO, CALIFORNIA

FRIDAY, FEBRUARY 20

Today's Highlights

Breakfast
7:00 a.m.

Nautilus Exhibit Hall
and Pavilion

Closing Session
10:30 a.m. – 12:00 noon
Grande Ballroom

Lunch and Poster
Presentations (Group 2)
12 noon – 1:00 p.m.
Nautilus Exhibit Hall
and Pavilion

Post-Summit Workshops
1:00 p.m. – 5:00 p.m.

Evaluations

Complete your Summit evaluation at www.phprep.org/evaluation by March 20 for a chance to win a free registration to the 2010 PHP Summit.

Internet Access

There is wireless access available in the conference area of the Sheraton for Summit attendees. The code is PHP0209.

Handouts

Many of the handouts and presentations are available at www.phprep.org.

Exhibit Hall Hours

Today
7:00 a.m. – 1:00 p.m.

Poster Hall Hours

Today
7:30 a.m. – 1:00 p.m.

Public Health Preparedness Summit
February 18-20
San Diego, CA
2009

Journalist Advocates Everyday People As Vital Resource

Regular people are the underappreciated factor in studying disaster survival rates and emergency preparedness.

That's the viewpoint of veteran journalist Amanda Ripley, a senior writer for homeland security and risk at TIME magazine. Ripley has covered numerous disasters worldwide, and took a year off to write the book "The Unthinkable: Who Survives When Disaster Strikes – And Why," interviewing government officials, emergency preparedness experts and most essentially, the everyday people who happened to be there when the disaster occurred, and in many cases became the initial respondents.

Ripley gave the keynote address on this topic Thursday morning.

"You are tasked with preparing for things you can't predict," Ripley told the audience.

"There is one thing you can predict, and that is human behavior in disasters. Over the years writing for TIME, I noticed that in all of the stories, from Hurricane Katrina to 9/11, anthrax scares, tsunamis, snipers and wildfires, the people telling me the most fascinating, useful, mysterious stories are the people who survived the disaster."

Ripley spoke of the three phases most people go through while experiencing extreme emergencies.

"The first phase is a powerful brand of denial, a willful desire in the face of something shocking and disturbing to normalize what you are thinking," she said.

An important person in her research was a woman high in the World Trade Center towers on Sept. 11, who says every fiber in her being was telling her that all was normal.

"When under extreme stress, a small part of the brain takes over and everything changes," Ripley said.

Another subject is a trader at Morgan Stanley in the towers, a former military man who for months pestered co-workers into taking part in emergency preparedness drills.

"I tried hard to find panic, but the general behavior is the opposite," Ripley said. "And people don't want to act individually as much as stick together. It's in our survival interests to do so."

The third phase is the decisive moment, when action is taken or not.

"One would think a species such as ours would know how to get out of a place they live and work, but it's actually rare," Ripley said.

She also cited the actions of the passengers on United 93, the 9/11 flight that crashed.

"The people on 93 were regular people who had more information than anyone else," Ripley said. "It was regular people who saved the White House or the capitol. It's so painful to me when I talk to high-level officials and they consider regular people the problem. I can't tell you how many people have died because someone in charge didn't pay attention to the regular people."



Amanda Ripley delivers Thursday's Keynote Address.

Closing Plenary Looks at Challenges of Hurricane Ike

"Hurricane Ike: Public Health Surge Amid a Rising Tide" will be the focus of today's Closing Plenary Session, 10:30 a.m. – 12:00 noon, Grande Ballroom.

On September 13, 2008, at 2:10 a.m. CDT, Hurricane Ike hit the east end of Galveston, TX as a Category 2 hurricane with winds of 110 mph, causing multiple deaths and destruction throughout the Gulf Coast area. More than 5 million people were directly affected. Local, state, and federal responders and officials were fully engaged in operational planning and response to minimize death and destruction and to optimize recovery throughout the region.

Key responders from the health sector will reflect on the region's public health preparedness and response. Special issues related to medical special needs populations and health care facility evacuation and recovery will be addressed. The federal, state, and local interface will be explored. Presenters will provide their unique operational perspectives from responding to Hurricane Ike.

Funding for this program was provided by the Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, U.S. Public Health Service through the Bioterrorism Training and Curriculum Development Program at the National Center for Emergency Medical Preparedness and Response, and the Texas A&M Health Science Center School of Rural Public Health.

Train Citizens to Fulfill Emergency Functions

Integrating non-traditional secondary responders to fulfill public health emergency functions in rural settings is vital.

So said experts in this field in the Thursday afternoon workshop "What All Rural Responders Must Know about Public Health Emergencies." In the session, the experts contended that the ratio of public health workers to population in rural areas is frequently low.

Session presenters J. David Piposzar, Assistant Professor of Public Health at the University of Pittsburgh Center for Public Health Preparedness; and Sherie Wallace, Rural Preparedness Project Coordinator at the Center for Rural Health Practice at the University of Pittsburgh, Bradford, spoke about the efforts in their own state, designated by

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Brad Learn, Kentucky Department of Public Health, Frankfort, KY, left, speaks with Todd Williams, LLUMC/Center for Pre-Hospital Care, Loma Linda, CA, about the Mobile Telemedicine Vehicle.

Consider Private Partners for SNS Planning

Government partnerships with private agencies in the field of storing Strategic National Stockpile supplies (SNS) can be successful given the proper circumstances, say organizers of such an endeavor.

At the Thursday session “From Coffee to Commitment: Partnering with Private Industry for SNS Planning,” Robert Goff, Emergency Response Coordinator for the Tennessee Department of Health Southeast Region in Chattanooga, detailed how in 2005, his department initiated a partnership with a national food production company to provide storage services.

As the private company, the Tennessee Department of Health and the CDC became better acquainted, the private partner drew on its expertise and proposed improvements to the layout and operation of the site.

“The result is an updated layout that focuses on product throughout, while minimizing workload,” Goff said.

Goff took the audience through the process that began with the need for storage of these critical supplies, the contacting of an unnamed major food company, the early obstacles encountered and the ultimate partnership, wherein the private company provided trained workers and big-scale equipment such as forklifts that the health department would otherwise not have had at its disposal.

With the health department working

Learn more about private partnerships by attending “Public Information for Closed PODs” an interactive session beginning today at 8:30 a.m. in Seabreeze.

with the private partner to satisfy the needs and requirements of the CDC, the arrangement has worked well.

“We gained a lot of knowledge from our partner, and we expect to learn more as we go forward,” said Paul Peterson, Strategic National Stockpile Coordinator for the Tennessee Department of Health.

Though issues involving coordinated truck loading, mixed product numbers and container labeling are ongoing, the company and government agencies are finding ways to manage the system successfully.

“The benefits of this partnership involve seeing the expertise this private company has,” Peterson said. “They bring things to the table and provide resources public health does not have and probably will never get. They have dock doors, pallets and tons of forklifts, and space.”

Peterson advocates a changing of the mindset.

“At the beginning, there was thinking that only public health people should do this work,” he said. “But since 85 percent of critical infrastructure is owned by private business, these partnerships can and should provide insight into all aspects of preparedness.”

NACCHO Conducting SNS Survey

NACCHO, Monroe County Health Department (NY) and the University of Rochester are partnering to survey local SNS planners to capture a current “snapshot” of SNS planning efforts at the local level.

Preliminary results show that of the 300 respondents, 75% reported they are reaching out to Push Partners and incorporating the closed POD model in their response plans. Of the 75%, respondents reported partnerships with private businesses of various sizes, hospitals, public schools, universities, long-term care facilities, correctional facilities, and Tribal Nations among others. Results from NACCHO’s survey of SNS planners will be available in early spring at www.naccho.org.



Francis Rath, left, Loudoun County Health Department MRC, Leesburg VA, leads Thursday morning’s Local Health Departments Partnering with MRCs for Sustainability and Surge Capacity roundtable discussion.



Anthony Ryder, Fort Bend County Health and Human Services, Rosenberg, TX, is photographed in a cockpit on the USS Midway during the Wednesday evening’s Welcome Reception.

Opening Session Highlights Changes In Preparedness

An overview of Centers for Disease Control and Prevention programs that address public health preparedness was the topic at the Wednesday afternoon opening session, “The Changing Face of Preparedness: How Research Helps Build and Sustain Public Health Capacity for Disaster Response.”

Speakers outlined the many facets of the Pandemic and All-Hazards Preparedness Act (PAHPA), highlighting the CDC’s partnership with the Institute of Medicine, and how IOM’s report “Research Priorities in Emergency Preparedness and Response for Public Health Systems: A Letter Report,” helped create a program meeting the PAHPA directive for public health systems research. The goal is to address gaps in public health preparedness.

Presenters from the CDC and three recently funded Preparedness and Emergency Response Research Centers reported to the audience on their progress and findings.

Dr. Mildred Williams-Johnson, Director of the U.S. Public Health Service Extramural Research Program, Science and Public Health Practice Coordinating Office for Terrorism Preparedness and Emergency Response at the CDC, said Congressional mandate for PAHPA requires finding an existing knowledge base and establishing a research agenda, and that the Institute of Medicine looks at systems in the context of public health emergency preparedness and response.

“How do we effectively support that at the state level and at the federal level,” Williams-Johnson said. “Public health systems research is relatively new. We needed a rigorous and systematic investigation describing the system.”

Wanda King, Deputy Learning Officer for Preparedness and Response at CDC, said there are 27 programs funded through the cooperative agreement with the CDC.

“We work in close collaboration with state agencies to evaluate and improve preparedness to meet community needs,” King said. “We’ve conducted 2,012 re-

lated activities, with more than 300,000 learners.”

Dr. Margaret Potter, Associate Dean and Director at the Center for Public Health Practice Graduate School of Public Health at the University of Pittsburgh, presented findings of the study “Targeting System Improvements: Using Metrics and Models of Performance.”

“The purpose is to generate criteria and metrics for measuring response systems,” Potter said. “The key is making judgments on how to target resources. We believe we need to tie the development of measures and metrics about sustainable systems to the outcomes. Obviously with outbreak-type responses, we want the fewest numbers of infected cases.

Cases are fewest when the time between critical-response actions is shortest, and those response times are the shortest when system characteristics are optimal.”

Also presenting findings of their programs were Dr. Ruth L. Berkelman, Rollins Professor and Director at the Center for Public Health Preparedness and Research at Emory University, and Dr. Jennifer Horney, Assistant Project Director at the North Carolina Institute for Public Health at the University of North Carolina.

Save the Date



**Public Health
PREPAREDNESS SUMMIT
2010** ATLANTA, GA
FEBRUARY 16-19

MRC Competencies in Development for Federally Deployed Volunteers

As NACCHO continues its partnership with the Office of the Civilian Volunteer Medical Reserve Corps (MRC), competencies for federally deployed MRC volunteers are being developed.

"MRC members come from various backgrounds and have varying credentials, capabilities, and professional experience therefore, for MRC volunteers interested in federal deployment, deployment specific competencies are needed," said Melodie Griffin, senior analyst, NACCHO. "These competencies will build upon the existing core competencies, focusing on training specific to federal deployment for an MRC volunteer. By completing these competencies, federally deployed MRC volunteers will be better positioned to augment federal agencies during a disaster. The deployment competencies will ensure that the deployed volunteer will be able to fulfill the deployment mission and will be competent to conduct their responsibilities."

The MRC Deployment Workgroup

met earlier this month to begin work on deployment competencies. More information on MRC deployment competencies will be available at the 2009 Integrated Summit, being held from April 4-9 in Dallas, TX.

Both the MRC and NACCHO continue to benefit from their partnership.

"It allows the MRC National Program Office a direct link to the 3,000 Local Health Departments (LHD) across the country. This link has allowed for over 8 million dollars to be distributed to local MRC units," said Becki Chester, program manager, NACCHO. "It has also expanded the scope of public health partners and activities that MRC units are actively supporting."

"NACCHO in turn has direct access to all the local MRC unit, regional coordinators and state coordinators, which is a new and invaluable asset to all LHDs," Chester added. "The MRC units support LHD public health initiatives and are recognized as an integral part of their local and state response plans."

Train Volunteers

Continued from page 1

government statistics as the state with the highest rural population in the country.

Piposzar spoke of the workforce crisis that will bring a 50 percent loss of existing emergency responders in the next five years.

"It's going to take a lot of effort to train others, but I believe we have to create an auxiliary workforce of citizens," Piposzar said. "We must engage the public, because these emergency and crises responders

will fail if they don't understand what it is we're trying to do. I believe we can train the citizenry in lieu of government public health workers."

Along with traditional organizations such as fire and police, organizers of such auxiliary training efforts should also include faith-based organizations, mental health providers, veterinarians, agricultural experts and others whose expertise will prove necessary in an ongoing crisis.

"Start now to build partnerships that will enhance community readiness," Piposzar said.



Jerry Rhodes, BPH - Division of Threat Preparedness, Charleston, WV, and Natalie Vestin, MPH, Center for Infectious Disease Research and Policy, Minneapolis, MN, enjoy the southern California weather during a coffee break on Thursday afternoon.



Catherine Knox, RN, MSN, Los Angeles County Department of Public Health, discusses her poster, "Drive-Thru Flu POD: Building Partnerships for Success," with Wei Xiong, Weill Medical College of Cornell University, NY, NY.

Spotlight on Summit Sponsor

Coordinating Office for Terrorism Preparedness & Emergency Response

CDC's Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) provides strategic direction, support, and coordination for preparedness activities across CDC. COTPER has published two reports on the activities it supports through preparedness funding appropriated each year by Congress to CDC:

- Public Health Preparedness: Mobilizing State by State (2008) highlights progress made in state and local preparedness and response, identifies challenges facing public health departments, and outlines CDC's efforts to address those challenges. CDC will release an update to this report in 2010.
- Public Health Preparedness: Strength-

ening CDC's Emergency Response (2009) explains CDC's key role in preparing to respond effectively to all types of hazards, and describes significant accomplishments, the diversity of challenges that remain, and priorities for ongoing and future work in a climate of decreasing resources.

Both reports are an important part of CDC's overall focus on demonstrating results, driving program improvements, and increasing accountability for the nation's investments in public health preparedness activities. The reports, as well as Key Findings excerpted from each report, are available for downloading on COTPER's website: www.emergency.cdc.gov/COTPER.



Attendee Q&A: Why are you attending the 2009 PHP Summit?

Kristin Watkins

Center for Biopreparedness Education, Omaha, NE

"Because it's the only conference where all kinds of public health officials get together. I'm a librarian, and so I also wanted to hear Amanda Ripley speak."

Doryn Chervin

Macro International, Atlanta, GA

"We do emergency preparedness communications, so I wanted to do more research on that subject. Our group works with the CDC and Homeland Security, and so it's good to understand how federal and local agencies can work together."

Kathleen Norbut

Medical Reserve Corps, Morrison, MA

"I'm looking for more strategies on collaboration in public health. Working together, finding a common language, developing tests and drills to measure effectiveness."

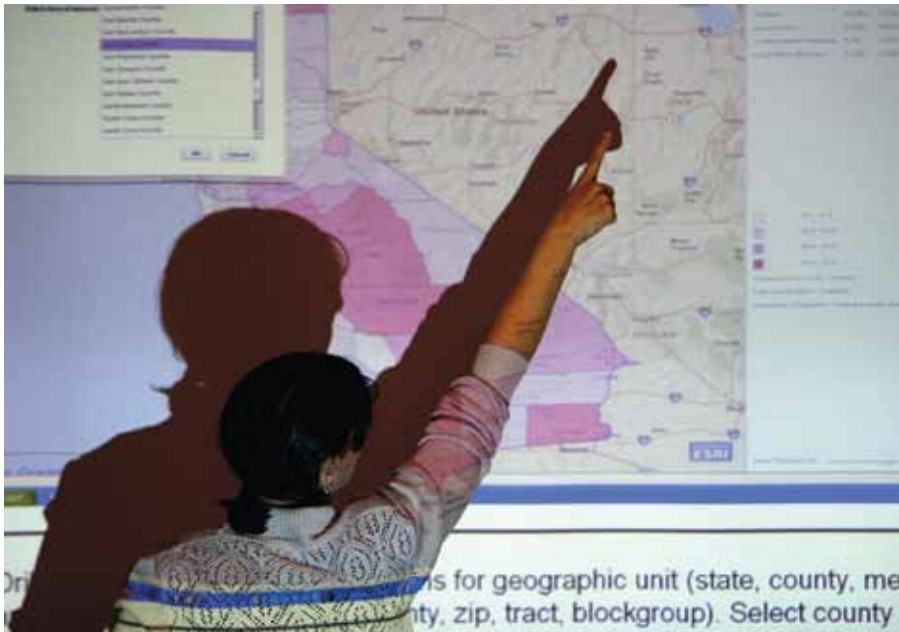
Cyndi Smith

Nebraska Division of Public Health, Omaha, NE

"Networking and to see old friends. It's also a break from the politics and other aspects of everyday working, and a time to refresh. I'm looking for resources in CRI."



The PHP Summit Daily News is printed on recycled paper and is also available online at www.phprep.org/daily. Please discard the newspaper in the recycling bins provided throughout the hotel.



Margaret Weden, RAND Organization, Santa Monica, CA, points to data on a map during Thursday's "Addressing The Needs of The Vulnerable Populations in Public Health Emergency Preparedness and Planning" session.

Program Addendum

Poster Group II

#II-18 – Lars Ullberg will not be presenting.

#II-29 has been cancelled.

#II-34, Receipt, Stage, and Store Exercise Injects They Never Told Me About: Lessons Learned, has moved to bulletin board #42.

II-42, Using Lab Data to Support Investigations: Serotyping, Pulsed-Field Gel Electrophoresis (PFGE), and Salmonella, has moved to bulletin board #34.

#II-50 has been added – CDC's Role in Strengthening Public Health Preparedness. This poster presentation documents CDC's role in preparing the public health infrastructure to respond effectively to all types of hazards. It also describes CDC's significant preparedness accomplishments as well as priorities for ongoing and future work. Presenter: Terrance Jones, MPH, Public Health Analyst, COTPER, CDC, Atlanta, GA

Roundtable Discussions

7:30 a.m. – 8:15 a.m.

U.S. Border Strategies During an Emergency Pandemic Overseas: Feasibility of Aviation Entry Screening has been cancelled.

Surge Capacity and the Allocation of Scarce Resources: A Dialogue About Critical Issues and Strategies – Kelly Johnson will not be presenting.

Preparing Local EMS Providers for a Pandemic – Sharon Medcalf will not be presenting.

The Critical Infrastructure Protection Program: The Health Care and Public Health Sectors' Best Kept Secret has been changed to an interactive session at 8:30 a.m. See the listing below

Interactive Sessions

8:30 a.m. – 10:00 a.m.

#241 – V. Scott Fisher, MPH, Program Manager, NACCHO, will be facilitating in place of Don Sutton.

#355 – The Critical Infrastructure Protection Program: The Health Care and Public Health Sectors' Best Kept Secret has been added in Marina 2. Facilitator/Presenter: Nitin Nataraajan, MA, Program Manager, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Washington, DC

#349 – this session has been changed to a roundtable discussion – see the 7:30 a.m. – 8:15 a.m. listing above. Presenters J. Lydia Duckworth and Allen Krotman will not be presenting.

Closing Session

10:30 a.m. – 12 noon

On page 81, Jon Perez is incorrectly listed as a plenary speaker. CDR Mick Cote will be presenting instead.

Post-Summit Workshops

1:00 p.m. – 3:00 p.m.

#211 – Daniel J. Neaverth, Jr., Deputy Comm. EHS, Erie County Emergency Services, Buffalo, NY, has been added as the facilitator.

Survey to Explore Priority Areas for Local Public Health Preparedness

Specific preparedness needs and reductions in federal funding will be two areas addressed when NACCHO's All-Hazards Preparedness Integration and Policy Program releases its annual preparedness survey to 500 local health departments next month.

The survey is part of a series of NACCHO assessments to further examine priority areas in local public health preparedness. Results will be released in May.

Among the areas to be covered in the survey are the impact of cuts to federal funding for preparedness, identifying specific preparedness needs for local health departments (LHDs), and exploring how LHDs are assessed and held accountable for the use of federal, state, and local funding intended for local public health preparedness. "This is especially critical given that that development of metrics for local accountability is a huge issue," said

Zarnaaz Bashir, NACCHO program manager.

NACCHO has been conducting assessments of preparedness capacity at LHDs since 1999. "These assessments and the data they produce have proven to be useful not only to NACCHO, but state and federal partners, academia, and the broader public health community," said Bashir. "Our two most recent surveys, a 2007 survey on the impact of funding cuts on LHDs, and a 2008 survey that focused on measuring progress and preparedness needs at the local level, provided valuable information that was helpful in shaping NACCHO's advocacy efforts in current national policy discussions on how local preparedness efforts should be measured and assessed."

Randomly-selected Summit participants have been invited to participate in a focus group during the Summit to delve into some of these issues (needs, gaps) further.

Attendee Q&A: What are you looking for in the Exhibit Hall?

Wayne Majors

Indiana State Department of Health, Indianapolis

"I'm looking for items and ideas involving inventory management logistics. The exhibit hall is a good way to learn about the latest trends and ideas."

Jack Walsh

County of San Diego

"Alternate care site products. I work in county response, and when the hospitals are completely full, and we need to place people in high schools and elsewhere, we need the right tools and equipment."

Dr. Lisle Hites

University of Arizona Center for Public Health, Tucson

"I'm always looking for new and original ideas in the area of industrial psychology. It's hard to find people in your field to speak to every time you need, and the exhibit hall is a good gathering place for networking with others in your field."

Melissa Watt-Henderson

Regional Coordinator, Medical Reserve Corps, Chicago

"I'm looking for ideas involving community care centers, such as the school bus that can be converted to a small bed hospital. Equipment you can use in a time of great need."



Sherlita Amler, MD, Putnam County Health Department, Brewster, NY, left, views a computer demonstration by Lisa Ryan, Logistical Images, Inc., in the Exhibit Hall.