



Highlights of RAND Research on Public Health Preparedness

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The 9/11 terrorist attacks and subsequent anthrax attacks pushed public health emergency preparedness in the United States to the top of the national agenda. Concern intensified with the response to the 2005 Gulf Coast hurricanes and with the growing possibility of an influenza pandemic. RAND researchers are conducting a wide range of studies to help the nation prepare for public health emergencies on the local, state, and national levels.

Initial Evaluation of the Cities Readiness Initiative

Willis, Henry H., Christopher Nelson, Shoshana R. Shelton, Andrew M. Parker, John A. Zambrano, Edward W. Chan, Jeffrey Wasserman, and Brian A. Jackson, RAND Corporation, 2009

In this initial evaluation, RAND reports on the effectiveness of the Center for Disease Control's Cities Readiness Initiative for improving metropolitan areas' ability to provide lifesaving medications in the event of a large-scale biological terrorist attack or naturally occurring disease outbreak.

Public Health Preparedness for Chemical, Biological, Radiological, and Nuclear Weapons

Davis, Lois M., and Jeanne S. Ringel, in *WMD Terrorism: Science and Policy Choices*, Stephen M. Maurer, ed., Massachusetts Institute of Technology, 2009

The U.S. public health and health-care delivery systems are important components of our nation's preparedness against terrorism and other public health threats. This chapter presents a broad overview of the U.S. public health response system, recent efforts to improve preparedness, challenges faced, and options for moving forward.

Developing a Disaster Preparedness Campaign Targeting Low-Income Latino Immigrants: Focus Group Results for Project PREP

Eisenman, David P., Deborah Glik, Richard Maranon, Lupe Gonzales, and Steven Asch, *Journal of Health Care for the Poor and Underserved*, Vol. 20, No. 2, May 2009, pp. 330–345

Low-income immigrant Latinos are particularly vulnerable to disasters because they are both ill-prepared and disproportionately affected. Disaster preparedness programs that are culturally appropriate must be developed and tested. To develop such a program, RAND conducted 12 focus groups with low-income immigrant Latinos to understand their perceptions and understanding of disaster preparedness, and facilitators and obstacles to it.

Variations in Disaster Preparedness by Mental Health, Perceived General Health and Disability Status

Eisenman, David P., Qiong Zhou, Michael Ong, Steven Asch, Deborah Glik, and Anna Long, *Disaster Medicine and Public Health Preparedness*, Vol. 3, March 2009, pp. 33–41

Chronic medical and mental illness and disability increase vulnerability to disasters. National efforts have focused on preparing people with disabilities, and studies find them to be increasingly prepared, but less is known about people with chronic mental and medical illnesses. This study examined the relation between health status (mental health, perceived general health, and disability) and disaster preparedness (home disaster supplies and family communication plan).

Terrorism-Related Fear and Avoidance Behavior in a Multiethnic Urban Population

Eisenman, David P., Deborah Glik, Michael Ong, Qiong Zhou, Chi-Hong Tseng, Anna Long, Jonathan Fielding, and Steven Asch, *American Journal of Public Health*, Vol. 99, January 2009, pp. 168–174

A survey of the Los Angeles County population from October 2004 through January 2005, conducted in six languages, found that persons who are mentally ill, those who are disabled, African Americans, Latinos, Chinese Americans, Korean Americans, and non-U.S. citizens were more likely to experience a disproportionate burden of the psychosocial impact of terrorism threats and of the national response.

Recommended Infrastructure Standards for Mass Antibiotic Dispensing

Christopher Nelson, Edward W. Chan, Anita Chandra, Paul Sorensen, Henry H. Willis, Katherine Comanor, Hayoung Park, Karen A. Ricci, Leah B. Caldarone, Molly Shea, John A. Zambrano, and Lydia Hansell, RAND Corporation, 2008

This report presents recommended standards for points of dispensing (or PODs), locations where the public would receive lifesaving antibiotics or other medical countermeasures during a large-scale public health emergency.

PREPARE for Pandemic Influenza: A Quality Improvement Toolkit

Debra Lotstein, Kristin Leuschner, Karen A. Ricci, Jeanne S. Ringel, and Nicole Lurie, RAND Corporation, 2008

Mounting an effective emergency response to a public health threat, such as a pandemic influenza, is a common challenge of state and local public health agencies across the country. This toolkit, developed with the input of health departments from across the country is intended to help state and local health departments of all sizes incorporate quality improvement methods and promising improvement strategies into their current emergency preparedness activities.

Conceptualizing and Defining Public Health Emergency Preparedness

Christopher Nelson, Nicole Lurie, Jeffrey Wasserman, and Sarah Zakowski, *American Journal of Public Health*, Vol. 97, Suppl. 1, April 2007, pp. S9–S11

Since 2001, the federal government has invested more than \$6 billion in efforts to increase the United States' ability to prepare for and respond to public health emergencies. But it is unclear whether these efforts have improved the nation's ability to respond to a bioterrorist attack, influenza pandemic, or other large-scale public health emergency. The Department of Health and Human Services asked RAND to convene an expert panel to develop a clear and widely applicable definition of public health emergency preparedness (PHEP) that can provide common terms for discussion and establish a basis on which to develop a small core of critical standards and measures. This editorial provides the candidate definition of PHEP developed by the panel, describes its key elements, and discusses the approach that the panel used to develop the definition.

Organizing State and Local Health Departments for Public Health Preparedness

Jeffrey Wasserman, Peter Jacobson, Nicole Lurie, Christopher Nelson, Karen Ricci, Molly Shea, James Zazzali, and Martha I. Nelson, RAND Corporation, 2006

This study examines a key question: Are state and local public health agencies related to one another in a way that facilitates emergency response? This report will be of interest to policymakers and to public health professionals at the state and local levels who are involved in bioterrorism response and emergency preparedness.

Research Briefs

The Department of Defense Can Improve Its Response to and Management of Anthrax Incidents

http://www.rand.org/pubs/research_briefs/RB9441.html

RAND analyzed the Department of Defense's response to and management of the three potential anthrax-related incidents in and around Washington, D.C., in 2005. The authors found a need for continued planning, training, and exercising, with an eye toward flexibility and verification; they also saw a need for DoD managers and senior leaders to adhere more closely to the specified roles and responsibilities outlined in the National Response Plan (NRP) and National Incident Management System (NIMS) framework.

Promoting Accountability in Public Health Emergency Preparedness

http://www.rand.org/pubs/research_briefs/RB9286.html

Commonly used approaches for measuring emergency preparedness are insufficient; exercise-based assessments that are “embedded” in routine activities should be part of a new approach.

Are Communities Ready to Conduct Rapid and Large-Scale Dispensing of Medications During a Public Health Emergency?

http://www.rand.org/pubs/research_briefs/RB9434.html

An initial evaluation of the Cities Readiness Initiative (CRI) found that the program appears to have improved communities' capacity during an emergency to dispense medications and other supplies on a large-scale and under rapid timelines; however, the study was unable to assess jurisdictions' ability to implement their mass dispensing plans in emergency conditions.

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