

PERCC Tools: Public Health Preparedness for Clinicians

This program is presented by the Centers for Disease Control and Prevention.

Experience in the United States and other countries has shown that after disasters, the number of psychological casualties greatly exceeds the number of physical casualties. CDC funds programs at Johns Hopkins Preparedness and Emergency Response Research Center that seek to identify critical barriers to local public health workers' willingness to respond in public health emergencies.

Research among a variety of public and private health providers, including hospital staff, EMS providers, and health department workers, has revealed substantial gaps in their willingness to respond. A 2009 study conducted by Johns Hopkins at an urban tertiary care hospital found that nearly one-third of hospital employees indicated they were unwilling to respond to an influenza pandemic, regardless of its severity. Furthermore, the Institute of Medicine recently reported that the US health care system has little or no capacity to accommodate the surge of patients that typically need to be seen in disasters. These deficits present significant operational concerns for national health security in the event of a public health threat.

The Johns Hopkins Preparedness and Emergency Response Research Center, or PERRC, has developed tools to assess public health responders' willingness to respond. One is an online survey, the Johns Hopkins Public Health Infrastructure Response Survey Tool. It examines willingness to respond and related attitudes and beliefs toward four emergency scenarios across the all-hazards spectrum. The scenarios include a weather disaster, influenza pandemic, radiological "dirty" bomb, and an anthrax bioterrorism attack. This survey was completed in more than 70 local health departments across the US, representing 3,000 public health workers.

Another tool that PERCC developed is the Johns Hopkins Public Health Infrastructure Training, or P-H-I-T. P-H-I-T is curriculum designed to address the attitudinal and behavioral gaps in willingness to respond. It's delivered over a six-month period using a train-the-trainer format and includes facilitator-led exercises; case scenarios; and independent learning activities, such as mapping multiple routes to work and developing personal and family preparedness kits. Formats for training delivery are flexible and scalable to meet the unique needs of health departments. Johns Hopkins Preparedness and Emergency Response Research Center has more information on these and other tools related to response willingness. Visit www.jhsph.edu/preparedness/research to learn more. Additional resources for health care providers are also available on the COCA website at emergency.cdc.gov/coca.

For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO.