



NCDMPH

National Center for Disaster Medicine & Public Health

LEARNING IN DISASTER HEALTH

A Continuing Education Workshop

Join the conversation!

 #LDH13

ncdmph.usu.edu

Washington, DC • September 17-18, 2013

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WORKSHOP OBJECTIVES

This workshop will focus on education and training in disaster health and provide an interdisciplinary academic forum to:

- 1) Explore concepts of adult learning in the context of disaster health
- 2) Highlight the implications of the latest research and practice for disaster health learning and performance and identify key areas for future research
- 3) Present a unique opportunity for collaboration among disaster health, human resource development and adult education professionals
- 4) Identify potential solutions for maximizing learning in a resource constrained environment

TARGET AUDIENCE

An interdisciplinary group of academia, associations, the private sector, Federal, State, local and tribal Governments and the Military.

FUTURE EVENTS

Center staff continues to put out amazing work! **Visit our website** to learn more about our products and upcoming events at ncdmph.usuhs.edu.

Join **NCDMPH** and **John J. Burke** (Sandwich Fire-Rescue Department, BU HEM) for the launch of our webinar series on **October 11th, 2013 at 1:00 p.m.** Mr. Burke will be presenting, **“Health, Medicine & Reunification in School Disasters,”** which will discuss emergency management policies and programs for schools. Follow us on Twitter (www.twitter.com/NCDMPH) and “like” us on Facebook (www.facebook.com/NCDMPH) to learn more about this event and future webinars.

Colleagues,

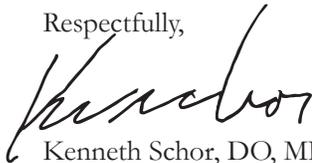
On behalf of the National Center for Disaster Medicine and Public Health (NCDMPH), thank you for attending our educational workshop. We recognize the challenges of effective interdisciplinary education in disaster health as well as the critical importance to our Nation of building preparedness and resilience through learning.

Hosting this workshop helps the NCDMPH fulfill its mission, "...to lead federal and coordinate national efforts to develop and propagate core curricula, education, training and research in all-hazards disaster health." We seek to provide a meaningful forum for interacting with multidisciplinary experts from around the nation to share current disaster health education and training research and practice. The conference format intentionally encourages your active participation.

Introduce yourself to someone you don't know! As resources become evermore constrained, get the most return on your investment by creating productive partnerships through effective networking. The NCDMPH encourages collaboration in all of our efforts. Also, provide feedback to NCDMPH staff on ways to fill learning gaps in disaster health.

We hope you return home excited by what you have learned, apply this new knowledge within your context, and partner with the NCDMPH in building a more disaster-resilient nation through education and learning in disaster health.

Respectfully,

A handwritten signature in black ink, appearing to read "K Schor".

Kenneth Schor, DO, MPH, FAAFP
Acting Director, NCDMPH

AGENDA

Tuesday, September 17th:

7:30^{am}

Registration

West Lobby

8:30^{am}

Welcome and Opening Remarks

Salon ABG

Kenneth W. Schor DO, MPH, Acting Director, NCDMPH

National Center Advisory Group - Federal Education and Training
Interagency Group for Public Health and Medical Disaster Preparedness
& Response (FETIG)

CAPT D.W. Chen, MD, MPH, FETIG Co-Chair, Director, Civil-Military
Medicine, Office of the Assistant Secretary of Defense for Health Affairs,
Department of Defense

Graydon “Gregg” Lord, MS, FETIG Co-Chair, Director, Emergency
Care Coordination Center, Office of the Assistant Secretary for Prepared-
ness and Response, Department of Health and Human Services

9:00^{am}

**General Session: *Bridging Disaster Health & Learning,
Education and Training***

Salon ABG

Charles L. Rice, MD, President, Uniformed Services University of the
Health Sciences (USU)

10:00^{am}

Poster Session and Networking

South Gallery

10:30^{am}

**General Session: *Adult Learning: Creating the Bridge for
Disaster Health***

Salon ABG

Moderator - **David M. Abramson, PhD, MPH**, Deputy Director, National
Center for Disaster Preparedness, Earth Institute, Columbia University

Chad Priest, RN, MSN, JD, Chief Executive Officer, MESH Coalition

Ronald M. Cervero, PhD, Associate Vice-President for Instruction,
The University of Georgia

12:00^{pm}

Break and Lunch on Your Own

1:30^{pm}

Concurrent Breakout Sessions:

Salon H

Session A: *Maximizing Learning Transfer for Disaster Health Training & Response*

Lidia Stana Ilcus, Colonel, USAF, MC, FS, Barksdale AFB

Holly Hutchins, PhD, Associate Professor and Undergraduate HRD Program Coordinator, Human Resource Development Program, University of Houston

or

Session B: *Populations with Access and Functional Needs: What are the Learning Gaps?*

Salon EF

Moderator-Andrew Garrett, MD, MPH, Division Director, National Disaster Medical System, Office of Emergency Management, Health and Human Services, Office of the Assistant Secretary for Preparedness and Response

Marcie Roth, Director, Office of Disability Integration and Coordination, Department of Homeland Security / FEMA

Allison Blake, PhD, LSW, Commissioner, New Jersey Department of Children and Families

Kenneth W. Schor DO, MPH, Acting Director, NCDMPH

3:00^{pm}

Break and Poster Session

South Gallery

3:30^{pm}

General Session: *How to Maximize Learning in a Resource Constrained Environment*

Salon ABG

Alberto J. Cañas, MS, PhD, Associate Director and Senior Research Scientist, Institute for Human and Machine Cognition

Maria Cseh, PhD, Associate Professor of Human and Organizational Learning, George Washington University

LCDR Skip A. Payne, MSPH, REHS/RS, Program Officer, Training and Support Services, Division of the Civilian Volunteer Medical Reserve Corps, Office of the Surgeon General

5:00^{pm}

Adjourn

6:00^{pm}

Epicurean and Company Restaurant

Attendees must RSVP by noon on September 17, 2013. Please see registration desk for more information. The restaurant is a five minute walk from the workshop.

Wednesday, September 18th:

7:30^{am}	Registration	West Lobby
8:30^{am}	<i>General Session: Understanding the Broad Context of Disaster Health Learning</i> Richard V. King, PhD, Associate Professor, Health Care Sciences/ Emergency Medical Education, UT Southwestern Medical Center	Salon ABG
10:00^{am}	Outstanding Poster Award Presentation	Salon ABG
10:15^{am}	Poster Session and Networking	South Gallery
10:30^{am}	<i>Breakout Session A: Harnessing Social Media for Disaster Health Learning</i> Alisha B. Griswold, BS, Emergency Management and Training and Exercise Specialist, Port of Seattle Sharon Stoerger, PhD, Director - ITI Program, Lecturer - Assistant Professor, School of Communication and Information, Rutgers University	Salon H
	<i>Breakout Session B: Hybrid Exercises: A New Disaster Learning Tool</i> John J. Burke, MS, Fire Prevention Officer, Sandwich Fire-Rescue Department, Adjunct Professor, Boston University School of Medicine	Salon EF
12:00^{pm}	Break and Lunch on Your Own	
1:30^{pm}	Closing Keynote Senator Tom Daschle, BA, Former Senate Majority Leader (D-SD), Senior Policy Advisor, DLA Piper US LLP Final Remarks Kenneth W. Schor, DO, MPH, Acting Director, NCDMPH	Salon ABG
3:00^{pm}	Adjourn	Salon ABG

PLANNING TEAM

Dr. Brian Altman, Education Coordinator

Elizabeth Brasington, Communications
& Administrative Assistant

Hillary Craddock, Research Associate

Thomas Fitzgerald, Project Associate

Kelly Harrison Gulley, Project Associate

Robin Lowe, Webmaster

Dr. Kenneth Schor, Acting Director

Kandra Strauss-Riggs, Operations Director

Lauren Walsh, Senior Research Associate

With special thanks to our summer intern **Laura Singer**

Contact us at ncdmph@gmail.com

POSTER JUDGES

Thank you very much to our poster judges for their time and expertise.

David M. Abramson, PhD, MPH
Deputy Director, National Center for Disaster
Preparedness, Earth Institute, Columbia University

CAPT Lynn A. Slepski, MA, MPH, CPH
Senior Public Health Advisor, Office of Intelligence,
Security and Emergency Response, Officer of the
Secretary of Transportation

Elizabeth Weist, MA, MPH
Director, Special Projects, The Association of Schools and Programs of Public Health (ASPPH)

GENERAL INFORMATION

Registration Location and Hours

Located in **West Lobby**

Tuesday, September 17th:
7:30-8:30 a.m.

Wednesday, September 18th:
7:30-8:30 a.m.

Finding Your Way

Registration
West Lobby

General Session
Salon ABG

Breakout Session A
Salon H

Breakout Session B
Salons EF

Restrooms & the Business Center are located across from **Salon BC**

Posters are displayed in the **South Gallery**, across from **Salon H**

Poster Display Info

Posters are displayed in the **South Gallery**, across from **Salon H**

Poster Session:

September 17th:

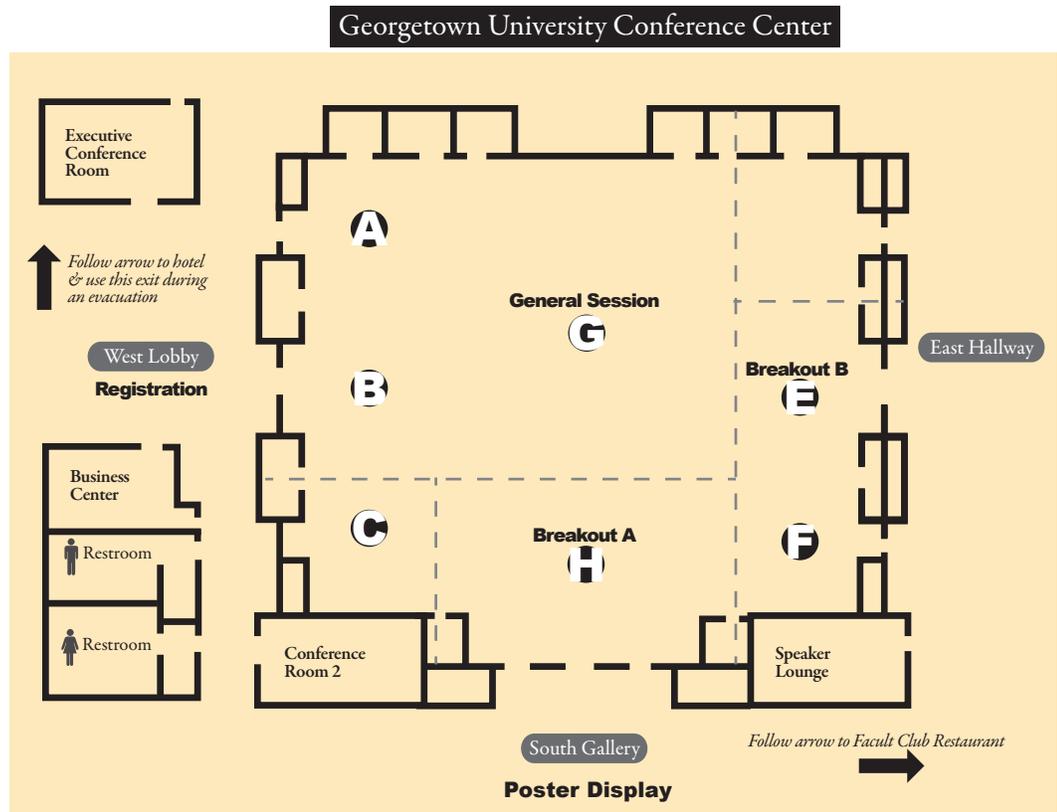
10:00-10:30 a.m.

3:00-3:30 p.m.

September 18th:

10:00-10:15 a.m. Outstanding Poster Award presentation in **Salon ABG**

10:15-10:30 a.m.



Conference Participant List

You can find the list of attendees at: <http://bit.ly/1cZxPI1>.

Remember to wear your name badge! If you lose your name badge, please visit the registration desk near the **West Lobby** to get a new one.

Online Workshop Content

During and after the workshop, visit ncdmph.usuhs.edu to access slides, digital bios, and other workshop content.

Coffee & Lunch Options

Lunch will be on your own. All coffee and lunch options are located on the same floor as the workshop. Take a left when leaving Salon H and go through the double doors.

Lunch:

The Faculty Club Restaurant, Located in the hotel in the **South Gallery**

Cosi, Located in the **North Gallery**

Subway, Located in the **North Gallery**

Roasted, Located in the **Hoya Court**

Grab' n' Go, Located in the **Hoya Court**

Epicurean and Company Restaurant, a short five minute walk located on the ground floor of **Darnall Hall**

Coffee:

Starbucks Coffee, located in the **North Gallery**

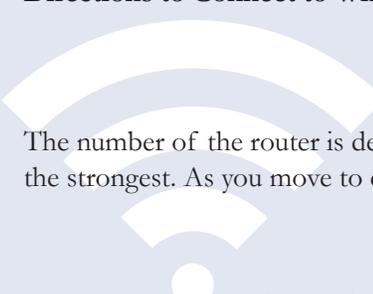
Cosi, Located in the **North Gallery**

Uncommon Grounds, Adjacent to the **Hoya Court** in **Leavey Student Center**

Vital Vittles, Adjacent to **Hoya Court** in **Leavey Student Center**

How to Connect to Wireless

Directions to Connect to WiFi:



Attendees can log into six separate networks with the pre-fix **GUHCC (GUHCC1, GUHCC2, GUHCC3, etc)**.

The number of the router is dependent on the user's location. Please choose the first router available, since it will be the strongest. As you move to different areas of the conference center, you may need to choose a different router.

The password for all the networks is **conference**.

Attendees staying at the hotel will receive a wifi password for their hotel rooms. This password is different from the one for the conference room. **Please don't share this password with other attendees.**

Social Media Info

NCDMPH staff will be using Twitter for live updates and highlights from today's sessions. Follow us at www.twitter.com/NCDMPH. Keep the conversation about **LDH13** going by using the hashtag **#LDH13**. If you don't have an account, you can still view our page and see what your fellow attendees are talking about.

Continuing Education Credit Info

At the time of printing the program, continuing education for this activity is pending. Please refer to the program insert for instructions on accessing your credit. The website for accessing your CE is www.pesgce.com/NCDMPH.

Tell Us What You Think

When claiming your CE credit, make sure to enter your conference evaluation. For now, please fill out the comment page at the end of the program. When completed, tear out the page and leave it at the registration desk.

Business Center

Located across from **Salons BC**

Equipped to provide attendees with desktop publishing, presentation graphics, copying and shipping services.

Emergency Information

Nearest Hospital:

Georgetown University Hospital

3800 Reservoir Rd, NW

Washington, DC 20007

(202) 342-2400

Nearest Pharmacy:

CVS

1403 Wisconsin Avenue Northwest NW

Washington, DC 20007

(202) 337-4848

Some over the counter medicines can also be found at the Georgetown University Book Store.

Emergency Dialing:

There is **no need to dial a prefix** to get an outside line when dialing **911**.

BIOS

David M. Abramson, PhD, MPH, Deputy Director, National Center for Disaster Preparedness, Earth Institute, Columbia University

Dr. Abramson's current positions include those of Deputy Director and Director of Research at Columbia University's National Center for Disaster Preparedness, and he is an Assistant Professor of Sociomedical Sciences at the Mailman School of Public Health. Dr. Abramson is an investigator on a number of projects, including several in the Gulf Coast: a longitudinal post-Katrina recovery study, an NIH study of the impact of the Deepwater Horizon oil spill on children, and a foundation-funded oil spill impact project that includes the development of a youth empowerment program in five Gulf Coast communities. Prior to his work in public health, Dr. Abramson spent a decades as a national magazine journalist.

Allison Blake, PhD, LSW, Commissioner, New Jersey Department of Children and Families

Dr. Blake is the commissioner for the New Jersey Department of Children and Families. In this position, Dr. Blake leads comprehensive state social service programs for children, youth, families and women. Additionally, Dr. Blake led the implementation of a department-wide strategic plan aimed at transition to community based, integrated service delivery systems. She also leads several children and family related state projects. Previously, Dr. Blake was director of the Institute for Families at the Rutgers School of Social Work and served as vice president of accreditation operations on the Council on Accreditation in New York.

John J. Burke, MS, Fire Prevention Officer, Sandwich Fire-Rescue Department, Adjunct Professor, Boston University School of Medicine

Mr. Burke serves as Fire Prevention Officer at the Sandwich MA Fire-Rescue Department as well as holds an adjunct faculty role at Boston University School of Medicine. Mr. Burke has a long career in emergency management and prevention. In addition to holding multiple National Firefighting ProBoard certifications, Mr. Burke is also a MA Certified Emergency Medical Technician. In his role as educator, Mr. Burke has designed and delivered over 40 field based exercises for the BU Health Emergency Management program. 2012, Mr. Burke was appointed by California EMS agency as a member of the California Hospital Incident Command System secondary review group on the new application of HICS.

Alberto J. Cañas, MS, PhD, Associate Director and Senior Research Scientist, Institute for Human and Machine Cognition

Dr. Cañas is co-founder and associate director for the Institute for Human and Machine Cognition. He has previously taught at the Instituto Tecnológico de Costa Rica, Tulane University, and INCAE (In Costa Rica). He also sat on the computer science department at the University of West Florida (UWF). Throughout his career, Prof. Cañas has been involved in the use of technology in education, specifically in the K-12 area. His research include: uses of computers in education, knowledge management, knowledge acquisition, information retrieval, and human-machine interface.

Ronald Cervero, PhD, Associate Vice-President for Instruction, The University of Georgia

Dr. Cervero was named this year as the associate vice president for instruction at the University of Georgia. Dr. Cervero has been on the faculty at UGA since 1986 and has been a professor of adult education since 1990. Prior to this appointment, Cervero served the University through his roles as the Head of the Department of Lifelong Education, Administration, and Policy, the Associate Dean for Outreach and Engagement in the College of Education, the founding director of the Institute for Evidence-Based Health Professions Education, and the co-director of the Georgia Public Health Training Center.

CAPT D.W. Chen, MD, MPH, Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness & Response (FETIG) Co-Chair, Director, Civil Military Medicine, Office of the Assistant Secretary of Defense for Health Affairs, Department of Defense

CAPT D.W. Chen, M.D., M.P.H. serves as an activity duty medical officer with the U.S. Public Health Service (PHS) and is currently assigned to the Department of Defense, Office of the Assistant Secretary for Defense. CAPT Chen oversees DoD medical policies and programs supporting homeland defense; defense support of civil authorities; emergency preparedness & response; and coalition and non-DoD beneficiary health care. CAPT Chen has served as an Adjunct Assistant Professor at the Uniformed Services University of the Health Sciences and as a member of the PHS Surgeon General's Policy Advisory Council. He currently co-chairs the NCDMPH advisory board, the Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness & Response.

Maria Cseh, PhD, Associate Professor of Human and Organizational Learning

Dr. Cseh is an Associate Professor in Human and Organizational Learning (HOL) at the George Washington University, USA, where she serves as the Coordinator of the HOL Doctoral Program, and an Honorary Professor at the University of Pécs, Hungary. Dr. Cseh's expertise in adult learning, leadership and change comes from a diverse and multicultural career as engineer, manager, university faculty member and former HOL department chair. Her current research is focused on global mindset, cultural intelligence and competence and their leaning and development that will help leaders and change agents address the increasingly complex issues facing our world. She is also continuing her inquiries into brain circulation and learning across cultures, including indigenous and informal learning to find creative and innovative sustainable solutions for healthy organizations and societies. She is a member of the Advisory Board for four international journals, was elected to serve for two terms on the Board of Directors of the Academy of Human Resource Development, and continues to serve as adviser and consultant to organizations.

Senator Tom Daschle, BA, Former Senate Majority Leader (D-SD), Senior Policy Advisor, DLA Piper US LLP

Born in Aberdeen, South Dakota, Tom Daschle graduated from South Dakota State University in 1969. Upon graduation, he entered the United States Air Force where he served as an intelligence officer in the Strategic Air Command until mid-1972.

Following completion of his military service, Senator Daschle served on the staff of Senator James Abourezk. In 1978, he was elected to the U.S. House of Representatives where he served for eight years. In 1986, he was elected to the U.S. Senate and eight years later became its Democratic Leader. Senator Daschle is one of the longest serving Senate Democratic Leaders in history and the only one to serve twice as both Majority and Minority Leader. During his tenure, Senator Daschle navigated the Senate through some of its most historic economic and national security challenges. In 2003, he chronicled some of these experiences in his book, *Like No Other Time: The 107th Congress and the Two Years That Changed America Forever*.

Today, Senator Daschle is a Senior Policy Advisor to the law firm of DLA Piper where he provides clients with strategic advice on public policy issues such as climate change, energy, health care, trade, financial services and telecommunications. Since leaving the Senate, he has distinguished his expertise in health care through the publication of *Critical: What We Can Do About the Health-Care Crisis* and *GETTING IT DONE: How Obama and Congress Finally Broke the Stalemate to Make Way for Health Care Reform*. Daschle has continued to be a leader on climate change and renewable energy, as well as a variety of other public policy challenges.

In 2007, he joined with former Majority Leaders George Mitchell, Bob Dole, and Howard Baker to create the Bipartisan Policy Center, an organization dedicated to finding common ground on some of the pressing public policy challenges of our time. Senator Daschle serves on the board of the Center for American Progress, acts as the Vice Chair of the National Democratic Institute, and is a member of the Council of Foreign Relations.

He also is a member of the Health Policy and Management Executive Council at the Harvard School of Public Health in addition to the Aspen Global Policy Advisory Council for the Health Worker Migration Initiative. He is a member of the GE Healthymagination Advisory Board; the Children's Heartlink International Advisory Board and Co-Chair of the Executive Council on Development at the Center for Strategic International Studies.

In addition, Senator Daschle's board memberships include the Lyndon Baines Johnson Foundation Board of Trustees; the Blum Foundation; the US Global Leadership Coalition Advisory Council and the Advisory Committee on the Trust for National Mall.

He is married to Linda Hall Daschle and has three children and four grandchildren.

Andrew Garrett, MD, MPH, Division Director, National Disaster Medical System, Office of Emergency Management, Health and Human Services, Office of the Assistant Secretary for Preparedness and Response

Dr. Garrett is the Director of the National Disaster Medical System (NDMS) at the U.S. Department of Health and Human Services (HHS). In this role, Dr. Garrett facilitates the maintenance and improvement of the Nation's civilian emergency medical response capabilities. Prior to this position, Dr. Garrett was the Deputy Chief Medical Officer for NDMS and he recently served in the role of the Interim Director of the Emergency Care Coordination Center (ECCC). Dr. Garrett's disaster fieldwork includes deployment to the 2010 Haiti earthquake as the Chief Medical Officer to the HHS Incident Response Coordination Team, the Joplin Tornado in 2011, the Deepwater Horizon environmental disaster in 2010, Hurricane Katrina, the 2006 Nias Island earthquake in Indonesia, and several others. Dr. Garrett continues to provide expertise for the National Center through his seat on NCDMPH's federal panel of experts in pediatrics. He also continues to serve as an advisor on pediatrics, disaster medicine, and

EMS for the Department of Health and Human Services.

Alisha B. Griswold, BS, Emergency Management and Training and Exercise Specialist, Port of Seattle

Alisha Griswold (@[Alisha_Beth](#)) is a nationally recognized preparedness trainer and disaster technologist. She is Founder and Chair of the Emerging Technology Caucus for the International Association of Emergency Managers, a technical adviser to the Homeland Security Center of Excellence, a member of the Virtual Social Media Working Group, a subsidiary of DHS Science and Technology, and trainer on behalf of the National Disaster Preparedness Training Center. Ms. Griswold is currently employed by the Port of Seattle where she creates custom crisis training and drills for a variety of disciplines and regional affiliates. Alisha is a vocal proponent for inclusive preparedness strategies, evidence-based practices, and transparency in government.

Holly Hutchins, PhD, Associate Professor and Undergraduate Human Resource Development (HRD) Program Coordinator, HRD Program, University of Houston

Dr. Hutchins is an associate professor of Human Resource Development and undergraduate HRD program coordinator at the University of Houston. Her courses include topics such as action research design, leadership development, adult learning and facilitation, and program assessment/evaluation. Dr. Hutchins primarily researches transfer of learning, organizational crisis management, and e-Learning design, and her work has appeared in numerous peer-reviewed national and international journals. Dr. Hutchins has been the recipient of many teaching awards, and was recently recognized for her research work by the Academy of Human Resource Development.

Lidia Stana Ilcus, Colonel, USAF, MC, FS, Barksdale AFB

Col Ilcus is currently the Commander of the 2d Aerospace Medicine Squadron at Barksdale Air Force Base, Louisiana. She has also served as an aerospace medicine liaison officer to NASA and has been a deployed flight surgeon. Prior to joining the USAF, Dr Ilcus was an Assistant Professor at the University of Texas Health Science Center in medicine and critical care, and had been a field physician with Doctors Without Borders.

Richard V. King, PhD, Associate Professor, Health Care Sciences/Emergency Medicine Education, UT Southwestern Medical Central

Dr. King is Chief of EMS Quality Management for the Dallas regional EMS system. He also develops disaster responder training programs and is part of a team providing shelter medical and mental health services for evacuees. He co-wrote the Dallas disaster shelter medical and mental health services guidelines. His research interests include EMS, disaster medical/mental health response, and competency-based education. As former Vice President of Education in two corporations, Dr. King was responsible for developing a competent workforce of employees, supervisors, and leaders. He received the 2010 Alliance for Continuing Medical Education President's Award for leadership and service.

Graydon "Gregg" Lord, MS, Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness & Response (FETIG) Co-Chair, Emergency Care Coordination Center, Office of the Assistant Secretary for Preparedness and Response, Department of Health and Human Services.

Mr. Lord currently serves as the Director of the Emergency Care Coordination Center at the US Department

of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. In addition, Mr. Lord serves as a senior research scientist at the George Washington University's Homeland Security Policy Institute, where he provides expert counsel on emergency response and homeland security issues. Concurrently he holds a five year appointment as a Fulbright Specialist Scholar in disaster health response. Throughout his esteemed career, Mr. Lord has overseen local and regional EMS systems, the National EMS Preparedness Initiative, served on the National Commission on Children and Disasters, and lectured national and internationally on EMS system management. Mr. Lord is a co-chair of the NCDMPH advisory board, the Federal Education and Training Interagency Group and served on the National Center's federal panel of experts in pediatrics.

LCDR Skip A. Payne, M.S.P.H., REHS/RS, Program Officer, Training and Support Services, Division of Civilian Volunteer Medical Reserve Corps, Office of the Surgeon General

LCDR Skip Payne serves as a Program Officer for Training and Support Services in the Division of the Civilian Volunteer Medical Reserve Corps in the Office of the U.S. Surgeon General. As program officer, LCDR Payne is responsible for supporting the Medical Reserve Corps network by providing logistical and technical support. He also oversees several large projects including MRC-TRAIN and serves as a HHS liaison for emergency response preparedness. Before joining the U.S. Public Health Service, LCDR Payne served as a local public health epidemiologist and bioterrorism readiness coordinator for the Seneca County General Health District in Seneca County, OH. He holds a master of science in public health degree and is a registered environmental health specialist.

Chad Priest, RN, MSN, JD, Chief Executive Officer, MESH Coalition

Chad Priest is the Chief Executive Officer of the MESH Coalition, an innovative public-private healthcare coalition in Indianapolis, Indiana. Drawing upon his clinical, military, legal and policy experience, Chad works with coalition members and stakeholders to enable healthcare providers to effectively respond to emergency events and remain viable through recovery. Prior to joining MESH Chad was an attorney at the law firm of Faegre Baker Daniels practicing public health and healthcare law in the Indianapolis and Washington, D.C. offices. Chad also served on active duty in the United States Air Force as Family Practice Primary Care Optimization Nurse, 89th Medical Group, Andrews Air Force Base, Maryland. Chad is a Registered Nurse and Clinical Nurse Specialist in Community Health. He is a graduate of the George Washington University Law School and holds bachelors and masters degrees from the Indiana University School of Nursing.

Charles L. Rice, MD, President, Uniformed Services University of the Health Sciences

Dr. Rice is the fifth president of USU and has served the university for over eight years. Before his current position, Dr. Rice was the vice chancellor for health affairs at the University of Illinois in Chicago. Other previous positions at UIC include vice dean, professor of surgery and professor of physiology and biophysics. In addition, Dr. Rice was a Robert Wood Johnson Health Policy Fellow and served as a Legislative Assistant to Senator Thomas A. Daschle. Dr. Rice is also a member of numerous professional organizations and health policy groups.

Marcie Roth, Director, Office of Disability Integration and Coordination, Department of Homeland Security / FEMA

Marcie Roth was appointed by President Obama to the U.S. Department of Homeland Security - Federal Emergency Management Agency (FEMA) in Washington, DC in June 2009. She serves as Senior Advisor to Admin-

istrator Fugate and Director of the FEMA Office of Disability Integration and Coordination, supporting implementation of objectives toward achieving the President's National Preparedness Goal and leading the national transformation towards integrating the access and functional needs of children and adults with disabilities in all aspects of whole community emergency preparedness and disaster response, recovery and mitigation.

Ms. Roth joined FEMA after serving for over 20 years in senior leadership positions with national and international disability policy organizations. She led national private sector response to the additional needs of survivors with disabilities during and after Hurricanes Katrina and Rita and she was commended by the White House for her efforts on behalf of New Yorkers with disabilities in the aftermath of the 2001 terrorist attacks. She has been deployed to NY since early November as a member of the Command Staff and managing a Disability Integration Advisor team of 15 Subject Matter Experts. When not on deployment, she lives outside Washington, DC.

Kenneth W. Schor DO, MPH, Acting Director, NCDMPH

Dr. Schor is a civilian faculty member in the School of Medicine of the Uniformed Services University of the Health Sciences (USU) and serving as Acting Director of the National Center for Disaster Medicine and Public Health since December 2008. He is an Assistant Professor in the Department of Preventive Medicine and Biometrics.

Dr. Schor received a Bachelor of Arts cum laude from Allegheny College; a Doctor of Osteopathic Medicine from the Philadelphia College of Osteopathic Medicine; a Master of Science (with Distinction) from the National Defense University; and Master of Public Health from USU. Graduate medical education includes Family Medicine and General Preventive Medicine Residencies. He is an American Board of Preventive Medicine Diplomate and is a Fellow of the American Academy of Family Physicians.

His 27 years of active duty service in the Navy Medical Corps includes the following positions: Flight Surgeon; Family Practice Staff; Chief of Hospital Medical Staff; Branch Clinic Medical Director; University Physician; Amphibious Task Force Surgeon; Officer-in-Charge of a Fleet Surgical Team, US Marine Corps Headquarters Preventive Medicine Officer; Medical Director for Humanitarian Assistance and Disaster Response (Office of the Secretary of Defense/Policy); USU Faculty and National Capital Consortium General Preventive Medicine Residency Associate Program Director. His top three personal medals include the Defense Superior Services Medal, Legion of Merit, and Defense Meritorious Services Medal.

Dr. Schor has been a physician for 31 years including 15 years of disaster medicine experience, 16 years clinical practice, 9 years outpatient and inpatient medical leadership, 13 years of graduate medical education involvement, 9 years teaching faculty, and over 5 years senior federal policy experience.

Sharon Stoerger, PhD, Director – ITI Program, Lecturer – Assistant Professor, School of Communication and Information, Rutgers University

Dr. Stoerger is the Director of the Information, Technology, and Informatics program at Rutgers School of Communication and Information. Dr. Stoerger's teaching topics range from gender and computerization (STEM) to instructional technologies to media writing courses. Her research interests include computer-mediated communication, social informatics, and education uses of social media and virtual world. Additionally, Dr. Stoerger is interested in online and blended learning teaching approaches.

POSTER ABSTRACT INFORMATION

2. Improving Patient Data Access in Disasters

David Becker, MS

John Crowley

Expanding and supporting a simple and cheap way to improve data exchange with US government and UN agencies and hundreds of non-governmental organizations working in the field of disaster response and reconstruction can solve several problems. Rather than risk building elaborate and expensive USG-specific solutions that do not appeal to non-USG actors, the USG can lead the way by adopting an international protocol that will improve response times and coordination in crises, without imposing new time and personnel costs on others or requiring new software systems. The UN is trying a new way forward using a proven approach from other arenas: establishing open data standards with key players in the ecosystem. This approach seeks to establish the data standards to describe humanitarian actions using the Semantic Web (aka Web 3.0). In this way, organizations could continue to use their existing information systems with a Humanitarian Exchange Language (HXL) adapter to enable the systems to a) describe their data schema, and b) exchange and transform data between each other's systems using the W3C's Resource Description Format or RDF. Thus HXL allows hundreds of independent organizations to continue to use their preferred systems and using HXL will not require staff in a crisis zone to spend time filling out more forms or going to new websites for information.

An important area for development is patient records during a major disaster. A medical taxonomy could be developed that permits multiple international organizations to exchange patient data while controlling access and maintaining confidentiality, combining several existing national efforts. The UN is now building support for the HXL platform for subsequent partnerships. To move this work forward, the UN will need the network effects of the USG adopting and expanding the standard, thereby making it more attractive for others to join in.

3. Disaster education among faith-based organizations in South Los Angeles

Rita Burke, PhD, MPH

Ann Lin

Valerie Muller

Bridget Berg

Jeffrey S. Upperman

BACKGROUND: Faith-based organizations (FBOs) represent a source of stability and presence in a community and frequently serve their community following disasters. However, their role and activities are generally not systematized, nor are they usually part of the disaster mitigation planning process. By providing FBOs with tools and education on how to support their community's resilience, they can be more systematically and effectively involved in disaster planning efforts within a structured system.

METHODS: An educational session was scheduled with six congregations of the faith-based organizations in the South Service Planning Area (SPA) of Los Angeles County. The educational sessions included content about disaster preparedness and resilience and a pre- and post-test was administered during the session to assess knowledge gained. An evaluation of the course was also administered. All statistical analysis was conducted using SAS v 9.2.

RESULTS: A total of 47 participants were included in the study. The mean age was 53 and almost 83% were female. Almost 45% reported having dependents and 64% had at least some college education. On a scale of 1-4, respondents self-rated their level of disaster preparedness at 3.4. Out of a possible 9 points, participants scored an average of 5.3 points on the pre-test and 8.0 on the post test ($p < 0.0001$). Finally, on a scale of 1-4, participants rated their overall satisfaction with the session as 3.9.

CONCLUSIONS: Faith-based organizations have the potential and willingness to become a system with resources that can be harnessed before, during and after disaster. The willingness of participants to be a resource for their communities is consistent with studies that suggest the potential for FBOs to promote health and well-being among both congregation and community members. The current study adds disaster preparedness and resiliency as a topic that also needs to be promoted among FBOs and the communities they serve.

4. Virtual Reality-based collaborative training for Hospital Incident Command System skills development

Victor Cid, MS,
Stacey Arnesen
Cindy Notobartolo
Donna Sasenick
Christina Crue
Patrick Rose

The National Library of Medicine is conducting research and development activities in support of the Bethesda Hospitals' Emergency Preparedness Partnership (BHEPP). BHEPP hospitals identified difficulties in training staff on the application of the Hospital Incident Command System (HICS). Issues included: cost and complexity of conducting functional and full-scale exercises; staff engagement issues; difficulty scheduling exercises due to complex work shifts, staff turnover and staff availability; difficulty simulating event conditions and information flow realistically during exercises; complexity of capturing and analyzing trainees' performance data; and the impact of exercises on normal hospital activities. To address these issues we are researching the effectiveness of Virtual Reality technologies to provide scenario-based training on using HICS. Methods: staff were interviewed to characterize current HICS training practices and issues; traditional training exercises and post-exercise "hot-wash" meetings were observed; a virtual-reality platform was developed to simulate the operational environment and key information/communications tools; training was conducted via the virtual platform and data was captured for further analysis; staff feedback was obtained in a post-exercise "hot-wash"; an after action report was produced. Results: While a virtual-reality exercise can take as much effort to plan as a traditional functional or table-top exercise, preliminary results suggest that the virtual reality training can be significantly more effective to develop and strengthen HICS skills than traditional exercises in this hospital context. The virtual-reality training technology provides an engaging experience for trainees; it allows simulating disaster events in a realistic way; allows seamlessly accessing and using information from a variety of tools; the platform is available 24/7 for collaborative training and can be accessed from anywhere there is an Internet connection; detailed trainee performance data can be easily captured for analysis; it minimizes the effect on normal hospital operations. Additionally, the technology can be used to conduct other scenario-based training activities.

5. Integration and Performance of Mental Health Triage Core Competencies In Los Angeles County Statewide Disaster Exercise

Chirag Desai MSIII

Sandra Shielfs, LMFT, LA

Background: Efficient management of disasters includes the acute management of psychological casualties to minimize the risk of chronic disorder and impairment. The PsySTART rapid disaster mental health triage system was developed and validated for use in identifying disaster victims suffering from significant psychological stress and has now integrated its color tag acuity system into an online platform, allowing for patient categorization to be done directly from a mobile device and real-time data surveillance.

Objectives: Evaluate the integration of PsySTART disaster mental health triage core competencies into the Hospital Incident Command System

Methods: The Los Angeles County Emergency Medical Services Agency conducted a full-scale exercise on November 15th 2012 that included 60 standardized disaster patients from a hypothetical 7.8M earthquake scenario. The core of the field training exercise relied on the efficient and appropriate management of the influx of patients, who had both mental health and medical concerns integrated into their respective scenarios, at the facility and county level. Participating healthcare facilities were trained prior to the exercise in evaluating each patient scenario for objective exposures according to the PsySTART methodology. This training involved the use of a novel web-based application, allowing providers on scene to immediately upload PsySTART triage tags and the first ever opportunity for an Emergency Operation Center to incorporate real-time mental health data into an exercise. The data will be compared to results from the 2010 exercise, when PsySTART did not have the online functionality, and any qualitative issues with the training and integration of the technology will be considered.

Results: Results pending.

Conclusion: With its newly developed online platform, it is believed that PsySTART's ability to triage disaster victims directly from a mobile device will enhance integration into disaster protocols on multiple levels, streamline data analysis, and improve resource allocation. Already implemented in real-world disasters such as the Sandy Hook shootings and Hurricane Sandy, PsySTART can become a standardized approach among healthcare and rescue agencies in mutual aid and incident coordination to manage acute mental health emergencies.

6. A Curriculum to Build Nurse Readiness and Organizational Citizenship: Building a Ready Workforce for Emergency Preparedness

Cathleen Evans, MSN, RN

A Curriculum to Build Nurse Readiness and Organizational Citizenship: Building a Ready Workforce for Emergency Preparedness focuses on the groundwork to develop a pilot curriculum for all-hazards first receiver nurse preparedness in view of the complexity and diversity of emergency preparedness, disaster management,

stakeholder concerns, educational needs, and curriculum structure. This curriculum course project was developed and designed from evidence using an extensive literature review. A practical design translates cognitive knowledge about individual readiness and organizational citizenship into actual competencies that could be demonstrated through internal and external drills.

The constructs of educational needs and the variety of practice environments, establish basic fundamental competencies needed for all nurses who will function as first responders. Nurses care for patients and will be in even greater demand during emergencies and disaster incidents. This situation reveals three truths. The first truth is that the nurse may be in a patient care environment at the time of an emergency or disaster event. Secondly, anticipated staffing needs to care for patients may not be met because the nurse will not or cannot come to the site of care. The third truth is that, if an individual nurse's professional and personal values are understood, addressed, and supported, then it is more likely that the nurse will report and /or stay at work to provide needed patient care. This curriculum begins to address these needs.

7. Training Social Work Students through Disaster Work

Patricia Findley, DrPH, MSW
Sandra Morosa, MA

Although social workers are trained in crisis response, communication skills, and case management, social workers are frequently not among first responders to disasters. There has been some movement to include evidence-based trauma treatment into social work curriculum, but field placements for students to work in the area of disaster response are limited by the nature of the events. Furthermore, with social work's emphasis on social justice, access, and attention to the most vulnerable populations, social workers can bring many skills to assist in the wake of disasters. This presentation provides an overview of how a school of social work mobilized to respond to Super Storm Sandy by integrating graduate social work students into disaster-related clinical and non-profit organization management activities to assist victims of the event through field internships. Super Storm Sandy struck New Jersey and New York in a very destructive way in late October 2012, yet the effects are ongoing with survivors requiring concrete service provision as well as directed mental health counseling. Through the program, students, termed Disaster Fellows, were given supplemental training on disaster response and disaster mental health counseling in addition to their usual advanced social work training governed by the Council on Social Work Education; they applied their training through supervised field internships which started in January 2013. The poster presents an overview of the individuals assisted, the needs they presented, and how the students intervened. The poster will also describe the trainings provided and how current social work curriculum supports the role of the social worker in disaster preparedness and response.

8. Zombies Are Good For Your Health

Walt Franz, MD, COL, USAR, MC

Objective: The Mayo Clinic Disaster Humanitarian Assistance Response Team (DHART) is a volunteer group of health provider faculty, medical students, community emergency response experts and administrative/technology mentors who work together to improve community response to disasters while providing educational opportunities in non-traditional curriculum topics for medical students.

This poster provides a summary of 2 years experience with DHART culminating in the most recent field exercise (FTX) in May 2013.

Methods: The FTX involved a notional outbreak of Hemorrhagic Acral Dermatitis Anesthetic Delirium (HADAD) in our community. HADAD was chosen as “syndrome” because it would simulate a “zombie” in popular nomenclature. Medical students developed video press releases to represent early lay media reports. After the press reports were released, medical students were then involved in planning a mission (FTX) at a regional Scout camp to simulate deployment of the DHART. The scenario involved registration and triage of HADAD patients, establishment of a Role II treatment facility, notional immunization of HADAD patients and evacuation to higher levels of care when appropriate. Moulaged mannequins and volunteer casualties were utilized throughout the exercise.

Results: Over 100 Scouts, medical providers, medical students, public health officials, community emergency response experts and Army Reserve and AGR participants participated in a 3 hour FTX. Safety of all participants was closely monitored along with an emphasis on treating the simulated casualties with dignity and confidentiality at the same level as actual care episodes. Public health principles were stressed throughout the exercise. The FTX was accomplished with negligible cost.

9. Dentists as Emergency Responders: A National Disaster Life Support Course, Presented to Senior Dental Students

David Glotzer, DDS

Benjamin Godder, DMD

Introduction: The concept of medical surge capacity, the ability to provide medical evaluation and medical care above the limits of the existing community infrastructure, is an essential of preparedness planning. Experience has shown that besides traditional first responders, in the event of a major natural disaster, or a massive terror attack, it may be necessary to call upon large numbers of non-traditional, healthcare personnel.

It is the official policy of the American Dental Association (ADA), and the American Dental Education Association (ADEA), that the dental profession seeks a role in disaster response. The current U.S. Congress in March, passed the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 that among other issues, specifically permits the dental profession, and dental offices to be incorporated as assets, into federal and state emergency disaster planning.

Method: New York University, College of Dentistry (NYUCD) has made it a priority to educate students in disaster preparedness throughout its 4-year curriculum. This culminates in a 12- hour senior course in which Basic Disaster Life Support (BDLS) is presented. The course introduces clinical, and public health concepts, for an all-hazards approach to public health emergency management. In addition, students are instructed in the potential community public health roles they might play, in such organizations as the Medical Reserve Corps.

Conclusion: Dentists receive a sound general medical background during their professional education and have training and skills in surgery, suturing, giving injections, dispensing medications, infection control, reading

radiographs, and treating people under stress. Healthcare workers, who are knowledgeable, are more likely to engage actively and safely, and this will result in a more comprehensive public health response.

After viewing the poster, attendees will be aware of how one dental school employed approved disaster related courses, to teach better public health effectiveness to the profession.

10. Strengthening Nursing Curriculum to Support Humanitarian Assistance and Disaster Preparedness Competencies

Brenda Guzic, BSW, MA, MHScRN

Jay B. Roberts, MA

This study sought to identify how Bachelor of Science in Nursing (BSN) programs integrate disaster education into BSN curriculum while investigating which disaster competencies are expected to be taught as part of the general baseline BSN education. The Commission on Collegiate Nursing Education (CCNE) standards, the National League for Nursing Accrediting Commission (NLNAC) standards, and the National Council Licensure Examination for Registered Nurses' (NCLEX-RNA test plan were crosswalked against the Centers for Disease Control and Prevention-Terrorism Injuries: Information, Dissemination and Exchange (CDC-TIIDE) competency framework. Competencies covered (at least partially) in the accreditation standards or the NCLEX-RNA's test plan include: Professional and Organizational Preparedness, Situational Awareness, Personal Safety Measures, Impact of Mass Casualty Incidents, and Principles of Clinical Management. Those not covered include Personal/Family Preparedness; Internal/External Risk and Crisis Communication Strategies; Ethical Principles for Disasters and Public Health Emergencies; Legal Principles for Disasters and Public Health Emergencies; and Individual/Community Recovery. This study also sought to determine if BSN programs adequately prepare nurses to respond to disasters. A national survey of deans of BSN programs throughout the United States was conducted to identify the amount of disaster nursing being taught, methods used to deliver content, and outcomes achieved. Sampling included schools accredited by the CCNE and the NLNAC. While there were many topic areas that BSN programs included in their curricula, a number of gaps in basic disaster nursing concepts were identified. Such as personal preparedness, professional preparedness, surge capacity, and legal preparedness related to infection control and emergency response planning. Even though progress has been made in some areas of disaster nursing education (incident management, risk communication, nursing and public health indicators, and ethics); gaps still remain regarding the prioritization of disaster nursing education and the adoption of disaster nursing evidence based competencies into BSN curricula.

11. Learning during a disaster, the role of safety and health training for responders

Joseph Hughes, MPH

James Remington, NIEHS

Aubrey Miller, PhD, NIEHS

During responses to the World Trade Center, Hurricane Katrina, the BP Oil Spill and Superstorm Sandy, the National Institute for Environmental Health Sciences (HHS-NIH-NIEHS) Worker Education and Training Program (WETP) in cooperation with the Federal Emergency Management Agency, the US Army Corps of

Engineers, and the Occupational Safety and Health Administration, has delivered safety and health training to thousands of responders during each of these major national emergencies. This poster will review the lessons learned from these efforts and how these learnings will be utilized in future disasters. The poster will cover issues of funding, development of curricula and materials, mobilization and deployment of safety and health training teams, and coordination among participating federal, state and local agencies, as well as provide insights into the issue of pre-deployment training. The role of emergency response workers have increased, broadening into an 'all-hazards' approach, involving an active role in both man-made and natural disasters. This increased role brings challenges that the public health community must address through increased education and training, as well as improved communication and collaboration with and among local, regional, and state organizations, local hospitals, and the community. National, regional and local partnerships and mutual aid agreements, as well as joint exercises and training greatly help to leverage available resources, raise awareness, and expand the number of workers with access to current health and safety training opportunities. Key to the success of these efforts is the development of local training partnerships between hazmat emergency responders, environmental cleanup workers, and safety and health professionals. The goal of this poster will be to describe guidance in developing local training partnerships for developing health and safety training programs for all-hazards disaster preparedness.

12. Clinical Skills and Knowledge Required to Care for Children in Disaster, Humanitarian and Civic Assistance Missions

Heather Johnson, LtCol, USAF (Ret), DNP, FNP-BC, FAANP

Introduction. Children comprise 30 to 50% of patient encounters during disaster, humanitarian and civic assistance operations. Military Health Care Providers (HCPs) have an integral role during disaster, humanitarian, and civic assistance (DHCA) missions and must be prepared to care for children in austere environs.

Purpose. The purpose of this systematic, integrative review of the literature was to describe the knowledge and clinical skills that military HCPs might require to care for children during civic assistance, humanitarian, and disaster relief missions.

Data Sources. A systematic search protocol was developed and searches of PubMed and CINAHL were conducted. Search terms included such terms as Disaster*, Geological Processes, Military Personnel, and Pediatrics. Thirty-one articles were included from database and manual searches.

Conclusions. After final analysis, 49 themes emerged from the literature. The most frequently mentioned subjects included: infectious diseases, vaccines, malnutrition, sanitation and wound care. The major concepts were endemic, environmental, vector-borne and vaccine-preventable diseases; enhanced pediatric primary care; and skills and knowledge specific to disaster, humanitarian and civic assistance operations.

Implications for Practice. The information provided is a critical step in developing curriculum specific to caring for children in DHCA. While the focus was military HCPs, the knowledge is easily translated to civilian HCPs who provide care to children in these situations.

13. A Pathway to Excellence: Disaster Curricular Recommendations for the Pediatric Population

Heather Johnson, LtCol, USAF (Ret), DNP, FNP-BC, FAANP

Catherine Ling, PhD, FNP

Kelly Harrison Gulley, BA

Introduction. The pediatric population is especially vulnerable during disaster and the need to focus disaster education for children is critical. The current system of competencies and curricular recommendations surrounding disaster management and response is a veritable Gordian knot. Health care educators can be readily overwhelmed with competencies and underwhelmed with succinct curricular recommendations, topics and resources.

Purpose. The purpose of this project was to provide multi-disciplinary healthcare educators with a peer-reviewed set of pediatric-focused curricular recommendations and specific resources as an instrument for developing evidence-informed disaster training for health professionals.

Data Sources. Recommendations and resources were synthesized from National Center for Disaster Medicine and Public Health Core Competencies for Disaster Medicine and Public Health; Pediatric Disaster Preparedness Curriculum Development Consensus Report; disaster management models and frameworks, expert opinions, and other governmental/non-governmental sources.

Proposed utilization. Curriculum Recommendations for Disaster Health Professionals:

The Pediatric Population is organized according to what health professionals are expected to know in order to best care for children in a disaster (competencies) and when the professionals would need to use these competencies (phase of disaster response). The recommendations provide a strategy to help educators, program directors, and curriculum developers form curricula for educating all disaster health professionals on pediatric issues. The document has three tools to aid educators in tailoring disaster education for the pediatric population: a Design Process Diagram, Topical Overview, and Learning Objective and Resource Table. The resource table include toolkits, guidelines, background and salient readings.

Implications for Practice. The information found in the document is not a prescriptive curriculum, but rather a set of recommendations. Educators can tailor these recommendations for their particular needs and circumstances, selecting those learning objectives, topics, and resources which are appropriate for their learners' needs, and the scope of their education and training programs.

14. Including At-Risk Individuals and Behavioral Health in Emergency Preparedness, Response, and Recovery

Rachel Kaul, MSW
Cheryl Levine, PhD
CDR Harvy Ball
Olivia Sparer

This poster presentation will enhance participants' conceptual and applied competencies related to disaster preparedness, response, and recovery requirements of at-risk individuals (people with functional needs that may interfere with the ability to access or receive medical care) and behavioral health (the provision of mental health, substance abuse, and stress management services to disaster survivors and responders). We will also describe the role of ASPR's Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC) to provide subject matter expertise, education, and coordination to internal and external partners to ensure that behavioral health issues and the needs of at-risk individuals are integrated in the public health and medical emergency preparedness, response, and recovery activities of the nation, as well as into education and training. We will summarize community resilience and provide a toolkit of guided fact sheets that will support participants' ability to evaluate and revise their disaster-preparedness plans and educational materials. This presentation will: identify and describe the five major types of functional needs of at-risk individuals and the key behavioral health concerns and common reactions affecting survivors and responders; demonstrate how plans that address the needs of at-risk individuals and include provisions for behavioral health can improve response management and integration, reduce delays and duplication, and enrich integrated and accessible disaster services; and identify concepts and toolkit materials that enhance planning, preparedness, response, and recovery, including recent and promising educational materials related to at-risk individuals and behavioral health.

15. Strengthening Readiness and Response through Collaborative Preparedness Education

Vanessa Kenealy, JD
Susan Webb

Health care volunteers are a vital part of a community's emergency response capability. To be truly effective, however, volunteers must be afforded greater awareness, knowledge, and understanding of current topics and challenges in public health preparedness. Working with the Massachusetts Department of Public Health (MDPH) and the Medical Reserve Corps Units of Massachusetts (MRC), the Massachusetts Medical Society's (MMS) has developed and coordinated an annual preparedness educational program for volunteer responders. The conference focuses on a timely and visible preparedness topic such as integrating individuals with functional needs into preparedness plans, identifying special populations in the community, and providing medical care in an emergency shelter setting. The program has evolved over the last five years. Through MMS partnership with MDPH and several volunteer groups, the program has expanded to comprise other disciplines, including mental health and veterinary medicine, as well as broader audience of allied health professionals and lay responders. The annual educational program has also proved to be an important tool in volunteer recruitment and retention. Sponsoring a conference that is of interest to volunteers is essential to keeping them informed and engaged. Current issues in public health preparedness and disaster response are

discussed when a topic is chosen. The event is offered free of charge to existing volunteers. In addition, the program is offered as a simultaneous webinar to make the event accessible to volunteers across the state. Our poster will depict the MMS' partnership with the MDPH, state MRC units, and other volunteers groups to enhance volunteer readiness to respond through the development of a coordinated preparedness educational program. Participants will learn about the importance of collaboration, and gain knowledge of lessons learned all of which will give them the tools to move forward with their own collaborative efforts in their city, town, or state.

16. Getting the Pulse of Healthcare Coalitions: Findings from the National Healthcare Coalition Questionnaire (HCQ)

Monica Lathan-Dye, PhD
Nancy Tian, PhD, LT
Clifton Smith, LCDR

Background: The Healthcare Coalition Questionnaire (HCQ) is a survey administered to healthcare coalitions nationwide to provide a baseline perspective of coalitions that may guide policy recommendations and technical assistance.

Methods: We surveyed a sample of 450 healthcare coalitions representing 44 States and 2 municipalities using a piloted 43- item HCQ administered via Survey Monkey from November 2012- December 2012. Coalition Points of Contact (POC) were asked to provide answers to the questionnaire that best reflect the status of their coalitions. POCs self-reported on the overall healthcare coalition's composition, infrastructure, functions, and perceived progress and impact. Both quantitative and qualitative data were analyzed using aggregate proportions and text analysis on narrative responses.

Results: With a 94% response rate, the HCQ found that healthcare coalitions had fairly diverse demographic characteristics. Over 75% of healthcare coalitions had established lead agencies, diverse memberships, formal or informal agreements, participated in collaborations with other planning entities, and received federal funding. However, more than half of healthcare coalitions lacked strategic plans and administrative support structures. More than 70% of healthcare coalitions reported operations in place that informed situational awareness (i.e., information sharing and interoperable equipment) and enhanced medical surge (i.e., testing response systems, assisting surge capacity). Yet, lower levels (40%) of comprehensive response plans were identified. Healthcare coalitions reported notable progress in overall coordination, information sharing, and leveraging resource with less progress in areas such as short-term recovery, fatality management, and allocation of scarce resources.

Conclusions: Overall, the HCQ was a preliminary look at healthcare coalitions that could be used as a baseline to aid in developing more focused technical assistance and sharing of promising practices. The HCQ offered a targeted approach to help assess healthcare coalitions and enhance performance measurement. In addition, more research to track healthcare coalition progress over time is needed.

17. CDC Responder Workforce Needs Assessment

Gabrielle O'Meara, BA
Robyn Sobelson, PhD

CDC's Office of Public Health Preparedness and Response conducted a responder workforce needs assessment (RNA) for the purpose of identifying perceived preparedness and response training needs for the CDC workforce. The RNA findings will guide decision-making to determine a training portfolio that appropriately reflects current Agency priorities. The primary evaluation questions addressed by the RNA were:

How well does the current training system prepare CDC staff to respond to emergency events? What gaps exist in the current training system? What trainings are essential and should be included in the CDC training system?

In depth interviews and focus groups were used to gather detailed, in-depth information and explore nuances among different participants. Data collection occurred between November, 2012, and January, 2013. Data were gathered from three distinct categories of responders: (I) incident managers; (II) senior, command, or lead responders; and (III) other experienced responders who have responded on behalf of the CDC in the past two years. A total of 69 responders participated. Although various, useful results and recommendations emerged from the needs assessment, one of the more prominent findings reported by the four incident managers was a lack of targeted trainings and learning opportunities available to current and future incident managers. In addition, participants were not aware of any efforts to recruit or prepare future CDC incident managers. Results suggested that mentoring and shadowing opportunities appear to be the most helpful in preparing senior leaders for the incident manager role. Besides National Incident Management System (NIMS) training, there were limited references to available preparedness and response training for senior public health leaders. To address this gap, over the next two years, CDC will develop, implement and evaluate succession planning strategies including collaborations with other federal response agencies to learn how their leaders fulfill the role of Incident Manager.

18. Building An Integrated Learning System for Public Health Emergency Response: The CDC Experience

Gabrielle O'Meara, BA
Joan Cioffi, PhD

The foundation of any emergency management program is a cadre of well-trained and qualified personnel. The CDC's emergency management learning system is a compilation of core and specialized curriculum, competencies, training evaluation, policy, responder training tiers, and a system to monitor and report on Agency compliance with National Incident Management System (NIMS). CDC responder trainings are developed and maintained across multiple units within CDC.

The CDC University was established in 1999, and includes a School of Preparedness and Emergency Response (SoPER), which offers training and education to staff involved in preparedness and emergency response. Instructional offerings address safety, security and all hazards topics and align with the public health preparedness and response core competencies.

The Office of Public Health Preparedness and Response (OPHPR) provides funding for and strategic consultation to SoPER on evidence-based approaches, assuring a sustainable, competent public health workforce to address health security threats. CDC adopted NIMS training requirements in 2007, and defined them in the CDC Surge Staffing During Emergency Responses Policy (2009). These training requirements have been interpreted for the CDC workforce through the use of Responder Training Tiers (Tiers 1-4), which represent response levels, responsibilities and training requirements. Agency-wide and Center-specific NIMS Compliance by Tier is monitored, analyzed, and reported to CDC Senior Leadership twice annually. NIMS compliance is a component of annual performance reviews.

Evaluation of training effectiveness is a priority and course audits are conducted annually in order to assess students' satisfaction and learning. CDC University staff, trainers and subject matter experts meet routinely to evaluate course content, relevance, validity and applicability. Course revisions are based on the latest scientific research and/or program policy. Evaluation staff are available to provide technical assistance on evidence-based approaches to training evaluation. CDC Responder Training System adheres to the Emergency Management Accreditation Program (EMAP) training standards.

19. Learning through Neighbors: Networks of Preparedness & Response Resources

Ilya Plotkin, MA

By providing a venue through which preparedness and response agencies and organizations can post resources, ranging from text-based products to web-based learning courses, a learning network can sprout and grow. That growth can then inform and build skills through lifelong learning in a variety of formats as well as through just in time trainings presented to large groups or taken individually on stationary and mobile platforms. The key to developing a robust, collaborative network is compartmentalization. The network must be able to simultaneously share some resources across jurisdictional lines and hide other resources that may not be pertinent across a wider audience. In some cases, the need is practical: learners from Alaska are unlikely to be able to attend an in-person course taking place in Virginia. In other cases, the need is relational: earthquake response is not as pertinent in Wisconsin as in California. In any case, there exists a need for a learner to obtain the resources they need without wading through clutter. In essence, key materials and trainings must be easily accessible and reviewable. In exploring the foundational need for learning coordination, this poster will use TRAIN (www.train.org) as a model. TRAIN is a learning management network led by 28 affiliates (25 state agencies and 3 federal partners). The network allows agencies and organizations to share resources across jurisdictional lines, while also allowing resources to be restricted to smaller populations. To date, nearly 4,000 providers have posted over 29,000 courses to a population of over 700,000 learners. This poster will illustrate how providing the preparedness and response workforce with access to shared resources and the tools to track learning is essential to understanding the cost-aware model of disaster planning in the future. Furthermore, it will demonstrate how a network model facilitates the organic development of shared learning resources.

21. Strengthening Healthcare Coalitions through Exercise Simulation

John Pietrzark, MS, MBA

Simulation systems provide the tools for enhanced healthcare and medical coalition building with Emergency Management, EMT, and Public Health for efficient mitigation and preparedness planning to achieve effective response and recovery evaluation through exercises.

This paper focuses on three key coalition building objectives: 1) Align emergency response plans; 2) Coordinate emergency response plans; and 3) Validate emergency response plans.

Operational examples and published reports will support how simulation systems strengthen healthcare emergency coalitions through exercise simulation. The scope of work focuses on the improvement of emergency medical response by coalition strengthening and use of simulation to validate emergency response plans and improve response coordination.

The evidence provided will conclusively show that utilization of a simulation system for regional healthcare coalition building can provide a long-term value by validating healthcare preparedness planning and improve response coordination to reduce emergency consequences.

22. Disaster Health Learning through ICE

Jesse O. Giddens Jr. COL (Ret), MS, AUS

The concept of whole community is critical to disaster health and medical training and learning. FEMA has created and implemented an experiential learning opportunity through the application of the Integrated Capstone Event (ICE). FEMA's Center for Domestic Preparedness (CDP) is active in training healthcare, medical, and hospital responders and receivers in mass casualty incidents (MCI) involving all hazards. The culminating event for their training is a practical exercise where many elements of a "whole community" come together in teams to respond to a "real world" event applying the learning from the classroom training. The ICE brings together teams of responders and receivers in a simulated scenario with life role players and human patient simulators. Classes representing other components of a community such as law enforcement, fire service, emergency management (EOC and ICS), hazard materials teams, etc. come together with the healthcare community (EMS and hospital) to respond to a variety of MCIs and hazards. The ICE demonstrates the need for many teams and organizations to come together in preparedness, response, and recovery activities for any type of hazard. Through the experiential learning process, the participants have an opportunity to practice the knowledge and skills in a safe training environment and transfer this experience to their home organizations (much evidence indicates the level of transfer to real events e.g., tornadoes in MO, AL, etc.). Primary target audience for this training are State, Tribal, local responders, and private and public sector healthcare and medical staff/receivers.

COMMENTS

We appreciate your feedback!

Please answer the questions below and leave at the registration desk in the West Lobby.

What was the highlight of “Learning in Disaster Health” for you? Why?

What was your least favorite portion of the event? Why?

What would you like to see covered at next year’s LDH workshop?

What do we need to improve?



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