

citizens reporting having a minimal family emergency plan only has increased from 37% to 43%. More detailed questioning of respondents reveals that the proportion of those having complete and functional preparedness plans and supplies is, at best, half that amount. Interestingly, in a national, random-digit dial survey conducted by NCDP in 2008, it was asked whether others would turn to the respondent to lead them in an emergency (the “Lions”), whether they would safeguard only themselves and their families (the “Lone Wolves”), or whether they would wait for others to help them (the “Lambs”). In this and other replicated survey work it was found that the trend among the general population is that approximately 20% are Lions, 60% are Lone Wolves, and the remaining 20% are Lambs. The uptake of actual preparedness varies significantly among these groups as well. In a logistic regression analysis of the 2008 national survey data, Lions were nearly three times as likely as Lambs to have complete family emergency plans, and Lone Wolves were nearly twice as likely. Given that it may be difficult to increase overall individual or family preparedness beyond a fixed ceiling, preparedness strategies might be more effectively customized by enhancing skills and situational awareness among the Lions, and by encouraging some proportion of the Lambs to be more skilled and more community-focused (so as to be more like Lions, and more likely to help Lambs). This presentation will explore how Lions, Lambs, and Lone Wolves can be incorporated in to a “herd preparedness” strategy.

Keywords: emergency preparedness; family; individual; planning; population

Prehosp Disaster Med

Public Health

US Public Health Lessons Learned from Hurricane Responses

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Hurricane Katrina (2005), was the costliest and one of the five deadliest hurricanes to ever strike the United States. The response of the US government, although massive, was widely criticized and resulted in extensive assessments of lessons to be learned across government and in individual agencies. The (US) Centers for Disease Control and Prevention (CDC), the lead public health agency, participated in these assessments and implemented changes to its response structure and procedures. Changes implemented included: (1) revisions to the Agency’s incident management system; (2) developing systems for improving field coordination with other medical response partners and other national response agencies, including the Department of Health and Human Services; (3) developing new mechanisms for coordinating with state health departments; (4) streamlining systems for providing assistance to states; (5) expanding and diversifying inventories of emergency medical supplies to be delivered to local authorities; and (6) training CDC’s own responders. Subsequent hurricane respons-

es identified other opportunities for improvement. In particular, health surveillance for disaster-related morbidity and mortality remains challenging in the absence of national reporting for these conditions outside of disaster settings. This presentation will identify challenges and lessons learned in the public health response to Hurricane Katrina, describe changes made to the national public health response system, and report on new and persistent challenges identified in subsequent responses.

Keywords: hurricane; Hurricane Katrina; lessons learned; public health; response

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Public Health Services—Coping with Challenges of Epidemics of the 21st Century

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Introduction: Since the closing stages of the 20th century, public health as a discipline and the public health system have found themselves facing old and new challenges. One challenge is coping with the emergence of new epidemics and the re-emergence of infectious diseases. Public health should view this phenomenon not as a threat, but as an opportunity to improve by investing in public health system preparedness. The aim of this study was to identify the services that must be upgraded to better prepare for epidemics such as pandemic influenza.

Methods: A new model for the public health system was developed and validated, based on the four health system framework functions: (1) stewardship; (2) resource generation; (3) financing; and (4) provision of services, determined in the World Health Report of 2000, as well as on the essential public health functions.

Results: This model includes: (1) the roles and performance standards required from the public health system in developing and executing a contingency plan to combat epidemics of infectious diseases; and (2) a checklist that allows examining and evaluating whether the contingency plan is feasible in face of the essential public health functions.

Conclusions: A framework to evaluate public health system performance and structure, identify strengths, weaknesses, and gaps, as well as how to create a platform to upgrade their infrastructure in order to cope with the current challenges will be suggested.

Keywords: epidemic; public health

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Emergency Department Preparedness for Early Detection and Management of an Infectious Disease Outbreak

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Introduction: Singapore is a global travel hub with many thousands of visitors passing through its borders every day. Tan Tock Seng Hospital is the designated “infectious disease