

What is the Prevalence of Preparedness in the U.S.?

Andrew Garrett MD MPH

Columbia University

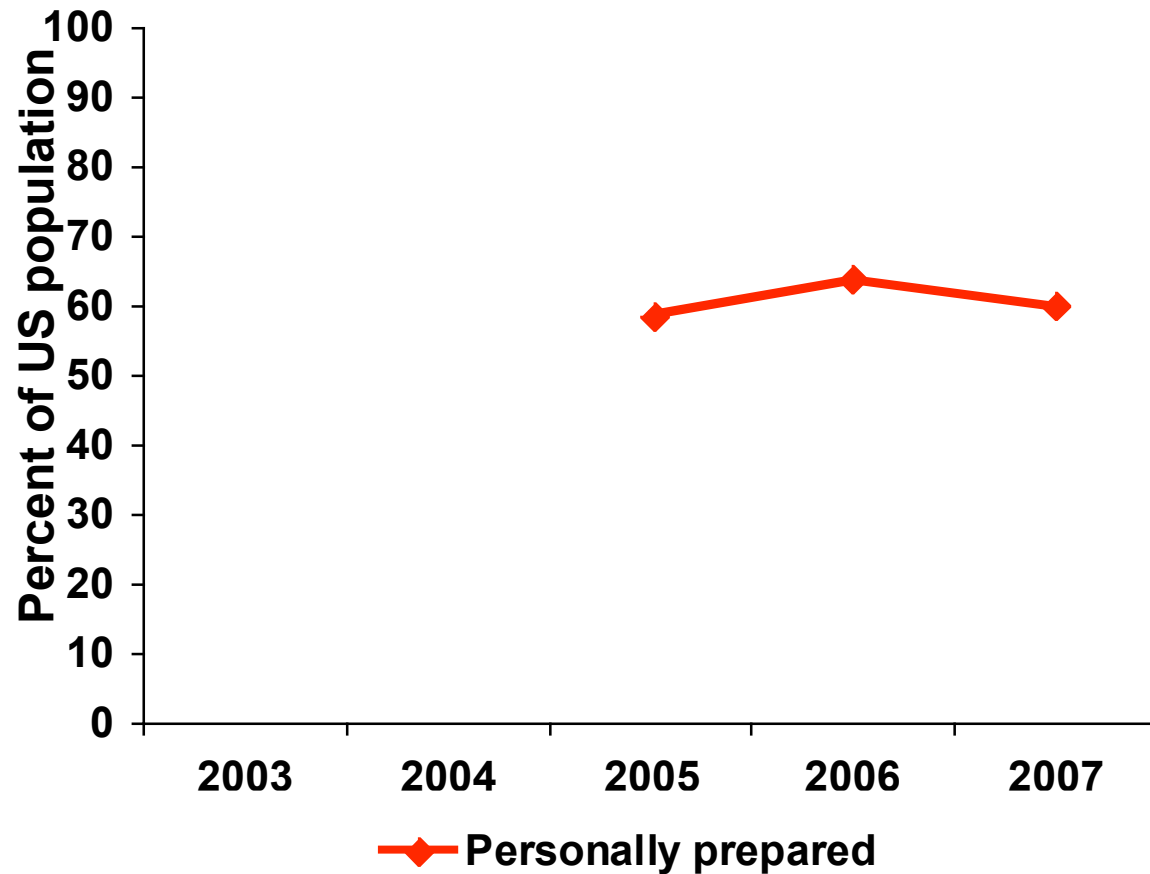
National Center for Disaster Preparedness

Surveying on Preparedness

- Columbia University
 - Mailman School of Public Health
 - National Center for Disaster Preparedness
- Annual Survey with Marist College
 - For 2007, 1352 adults surveyed in English or Spanish
 - Representative polling

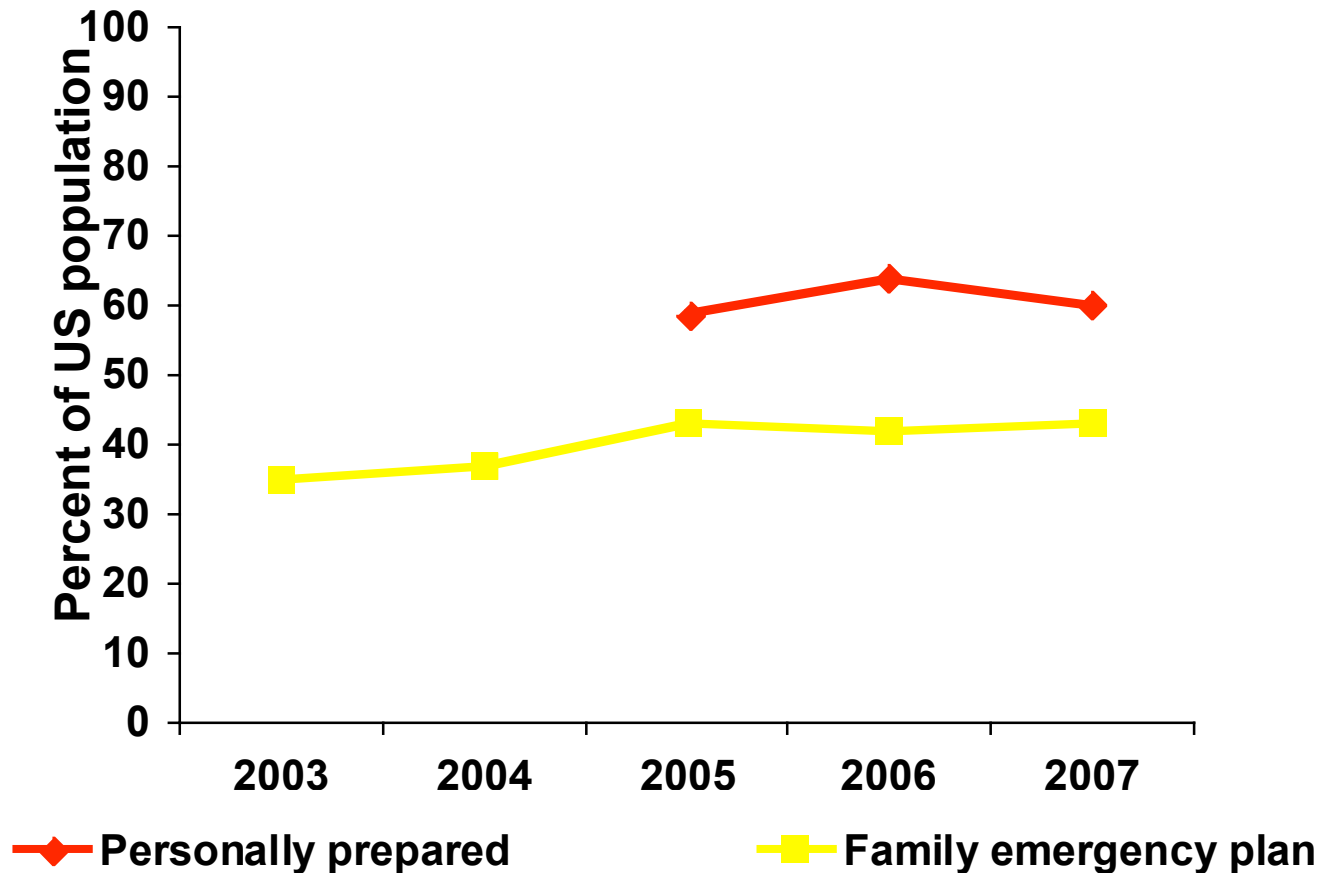
Does the Public Feel “Personally Prepared”?

Q: Do you personally feel “prepared” or “very prepared” for a major disaster with warning such as a hurricane, flood, or wildfire in your community?



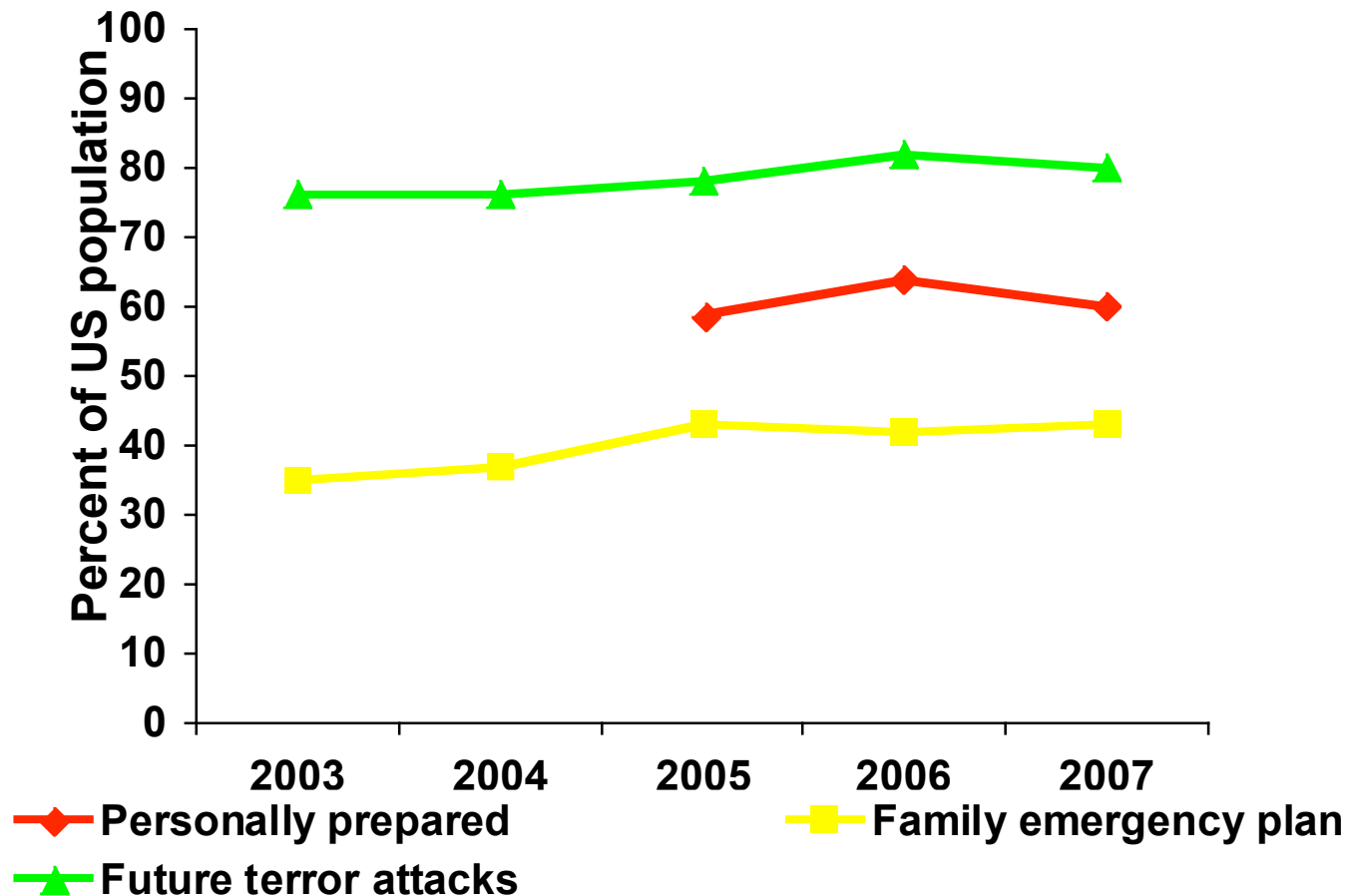
Has the Public Taken Minimal Steps to Prepare Themselves for Disaster?

Q: Do you have a family emergency preparedness plan that all family members know about?



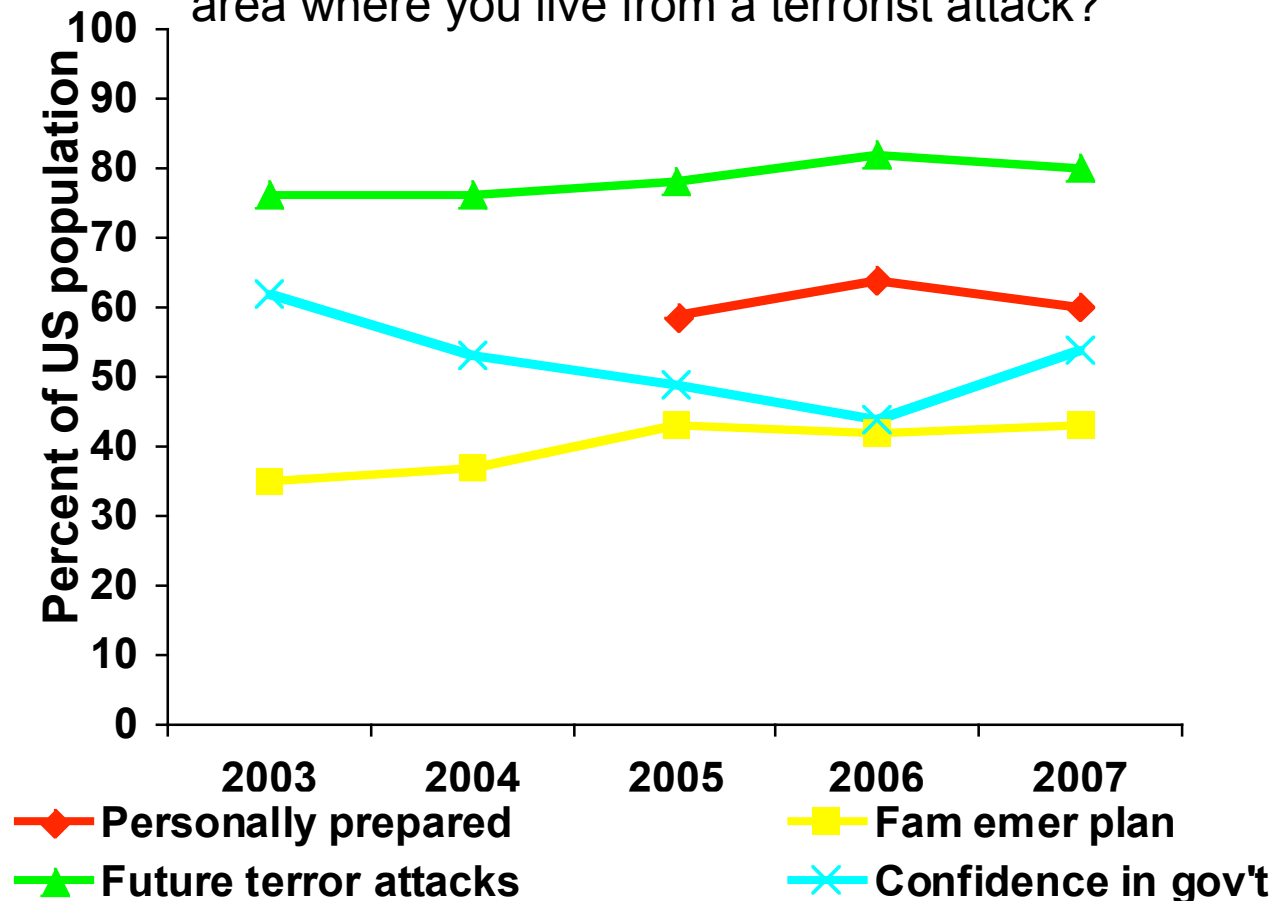
OK, Preparedness Levels Seem Relatively Low, Are People Worried?

Q: Are you concerned or very concerned about the possibility there will be more terror attacks in the US?



How Confident is the Public That the Government Will Meet Their Needs During a Disaster?

Q: Are you confident or very confident in the government to protect the area where you live from a terrorist attack?



Mind the Gap

- General observations:
 - Personal Preparedness is consistently about 1 in 3
 - Even lower in NYC at ~1 in 4
 - 43% are not planning on doing *any* preparedness
 - Public concern for disasters is consistently high
 - 47% feel they will personally experience major disaster within next 5 years
 - Confidence in government to bridge the gap is moderate and variable
 - Local >> Federal and State
 - 37% feel help will arrive within 1 hr of catastrophic disaster
- What does that imply?:
 - The public is not positioned or informed as well as it could be to respond to and recover from a disaster

The Public = Our Employees

- In other words, what is the implication on the workplace of a poorly prepared public?
- Ability and Willingness to Work issues
 - EMS, Public Health, Medical Infrastructure
 - Data suggests significant absenteeism during some disasters
 - Poor disaster preparedness at home likely will contribute to absenteeism

Hospital Focus Groups

- Held through National Center for Disaster Preparedness at Columbia University in 2007 to discuss the barriers to coming to work during pandemic flu
- What interventions may mitigate absenteeism?
- Common theme:
 - *If I'm worried my family has needs, addressing that comes before doing my job*
 - Translates across clinical, non-clinical, physicians, nurses, and managers

Preliminary Results

- In order to consider working during a crisis like pandemic flu, employees wanted to feel:
 - Valuable (that the risk would be worth it)
 - Prepared (that they had had appropriate training)
 - Informed (about the risks from a trusted source)
 - Assured (that the hospital really cared about them)
 - Confident (in the messaging, in their safety)
- Suggests that a corporate model that embraces personal preparedness may stand to benefit the company or hospital
 - A “strategic” personal preparedness agenda

Preliminary Results

- Issues that consistently have come up as barriers when analyzing the ability and willingness of the disaster workforce:
 - Childcare needs
 - Elder or dependent care requirements
 - Animal care needs
 - Fear of the hazard (e.g. contamination/contagion)
 - Lack of confidence in employer to keep them safe, release them from work, and compensate them for time, illness/injury, or professional liability
 - Fear of somehow affecting family or home
 - Transportation needs
- A preparedness gap among those with lower incomes (< \$25,000)
 - Less confidence to respond and manage the unexpected
 - Greater reliance on luck and dependent behavior during disaster (fatalism)

Implications and Opportunities

- A prepared workforce may be more valuable to an employer in many ways and in many situations, not just disasters
 - 87% would respond positively to having their regular doctor tell them to prepare for disaster
 - Using trusted messengers to communicate with the public and employees
 - Examples: CDC (84%) or TV doctors (71%), more than DHS, FEMA, Mayor, or President of the U.S. (lowest at 49%)
 - Confidence in *health care system* to respond to needs after major disaster is variable:
 - 53% (2002), 28% (2006), 36% (2007)

Health Care Systems in Disasters

- Health care depends upon all other systems, especially during disasters. Each will face its own issues around absenteeism.
- Just-in-Time systems are at high risk
- This issue of having a workforce to do critical infrastructure jobs is underexplored academically and operationally, but the potential impact is significant
- How we communicate a preparedness agenda likely has much to do with its uptake
- The preparedness of the organization will ultimately reflect that of its employees