Health Policy
NEWSLETTER

Vol. 25, No. 1 | **WINTER 2012**

Health Policy Forums

A Decade After 9/11, Are We Better Prepared for Public Health Emergencies? A Population Health Perspective

Michael Stoto, PhD
Professor
Health Systems Administration and Population Health
Georgetown University

September 14, 2011

During the week of the 10th anniversary of the 9/11 terrorist attack, Michael Stoto, Professor of Health Systems Administration and Population Health at Georgetown University opened the Fall Forum season with a timely presentation on emergency preparedness. A statistician, epidemiologist, and health policy analyst, Dr. Stoto's research includes methodological topics in epidemiology, statistics, and demography, research synthesis/meta-analysis, and performance measurement as well as substantive topics in public health practices, especially with regard to preparedness.

Dr. Stoto started out by defining public health emergency preparedness (PHEP) as "the capacity of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities."[1] The goal of PHEP is to mitigate the mortality, morbidity, psychological, and social consequences of public health emergencies.

Stoto made specific distinctions between PHEP capabilities and capacities. For example, capabilities refer to assessment, policy, assurance, communications, leadership and management. Capacities refer to what needs to be in place to enable an effective response (i.e. infrastructure).

Stoto described assessment challenges that often become barriers to implementing effective programs and responses. Public health systems are often fragmented with major differences between city, county, regional, state, federal and global institutions. An effective response emergency is complex and multi-factorial. Additional public health emergencies are rare, making it difficult to measure outcomes directly.

Dr. Stoto emphasized the importance of learning from past critical incidents involving bioterrorism, emerging and re-emerging pathogens, food borne disease outbreaks, and natural disasters. For example, the H1N1 outbreak provided a wealth of information to examine and assess. Public health officials were able to identify three critical events of H1N1 (California, Mexico, New York) and were able to respond fairly quickly due to advances in technology and global surveillance.

In general, the United States is better prepared for public health emergencies since 9/11 and this can be attributed to a population health approach which looks at a broader array of determinants of health than in traditional public health. Particularly important is the building of social capital in the PHEP system. Despite the benefits of technology, the establishment of trusting relationships across disciplines and all levels of institutions factors into the success of PHEP.

REFERENCES

1. Nelson et al. Conceptualizing and defining public health emergency preparedness. *Am J Pub Health.* 2007; 97 (Supplement_1):S9-S-11.