



## Preparedness as prevention

When a natural or human-caused disaster strikes, public health practitioners spring into action. Some may work to prevent spread of diseases or reduce injuries. Others survey the community to determine needs or directly provide safe food, water and shelter. After initial response and recovery efforts, communities and states sometimes turn attention to the next phase in the disaster cycle—mitigation.

Mitigation activities are long-term projects, often structural, that can save lives and reduce property damage if another disaster occurs.

“Every 10 years or so, mitigation draws attention,” says Bill Gentry, MPA, director of the Community Preparedness and Disas-

ter Management program at UNC Gillings School of Global Public Health. “But it’s very hard politically to fund mitigation now that won’t save lives until three, four or five years from now.”

After Hurricane Floyd in 1999, North Carolina used mitigation dollars to purchase destroyed homes in flood zones, converting the land into parks or recreation facilities. “With Hurricane Irene [in 2011], not as many people were in harm’s way,” Gentry says. “We lowered the risk of disease and death by removing people from the equation.”

While acquiring mitigation funding can be difficult, Gentry says collaboration is essential. “This year, all preparedness funding applications require collaboration,” he



(Above) Dr. Jen Horney (standing, left) and Bill Gentry supported a recent student-led farmers market, held in the School's Armfield Atrium. (Left) Gentry addresses a group of people in Vance County (N. C.) who participated in a preparedness exercise.

says. “When this was announced, my phone started ringing. Everybody is scrambling to forge new partnerships.”

In recent months, Gentry conducted preparedness exercises with the North Carolina Jaycee Burn Center, the Orange County (N.C.) Schools and Vance County, N.C. He also was contacted by the N.C. Office of Emergency Medical Services for an agency assessment.

“I think we’re going to see an uptake in those kinds of requests,” Gentry adds. “Everyone is going to have to work together.”

Jennifer Horney, PhD, interim director of

the UNC Center for Public Health Preparedness, says she sees an increased interest in collaboration, too. Her office, along with the North Carolina Preparedness and Emergency Response Research Center, recently developed an online resource guide (<http://cphp.sph.unc.edu/resources>) to help local health departments build community partnerships as they make preparedness plans for growing, at-risk populations.

“Counties are having trouble documenting vulnerable populations,” Horney says. “They need to work with established groups, where people already are receiving services.”

Users of the resource guide answer a series of questions and then receive a customized report of resources, recommendations and potential collaborators.

“The tool has a national appeal because it’s based on census data,” Horney adds. “But Congress’ elimination of funding for Centers for Public Health Preparedness in fiscal year 2013 may threaten our efforts to expand the tool.”

A webinar showcased the tool to a national audience on May 10.

—Chris Perry

*Gentry is also a lecturer in the Department of Health Policy and Management. Horney is also a research assistant professor of epidemiology. The UNC Center for Public Health Preparedness is dedicated to improving the capacity of public health agencies and their staff members through research, educational programs and technical assistance.*