Duke University School of Nursing

59th Annual
Harriet Cook Carter Lecture

Sylvia Trent-Adams, PhD, RN, FAAN, FNAP

Executive Vice President and Chief Strategy Officer
The University of North Texas Health Science Center at Fort Worth

Welcome!
Remarks begin at 2:00 p.m.
This event will be recorded.
Auto closed caption and Spanish interpretation is available.
For technical assistance, call (919) 684-9200.

The New Normal: Preparedness for better health - Where do we go from here?

Presented by: Sylvia Trent-Adams, PhD, RN, FAAN

Date: March 24, 2022

Disclosure Statement

I have no financial disclosures that would be a potential conflict of interest with this presentation.
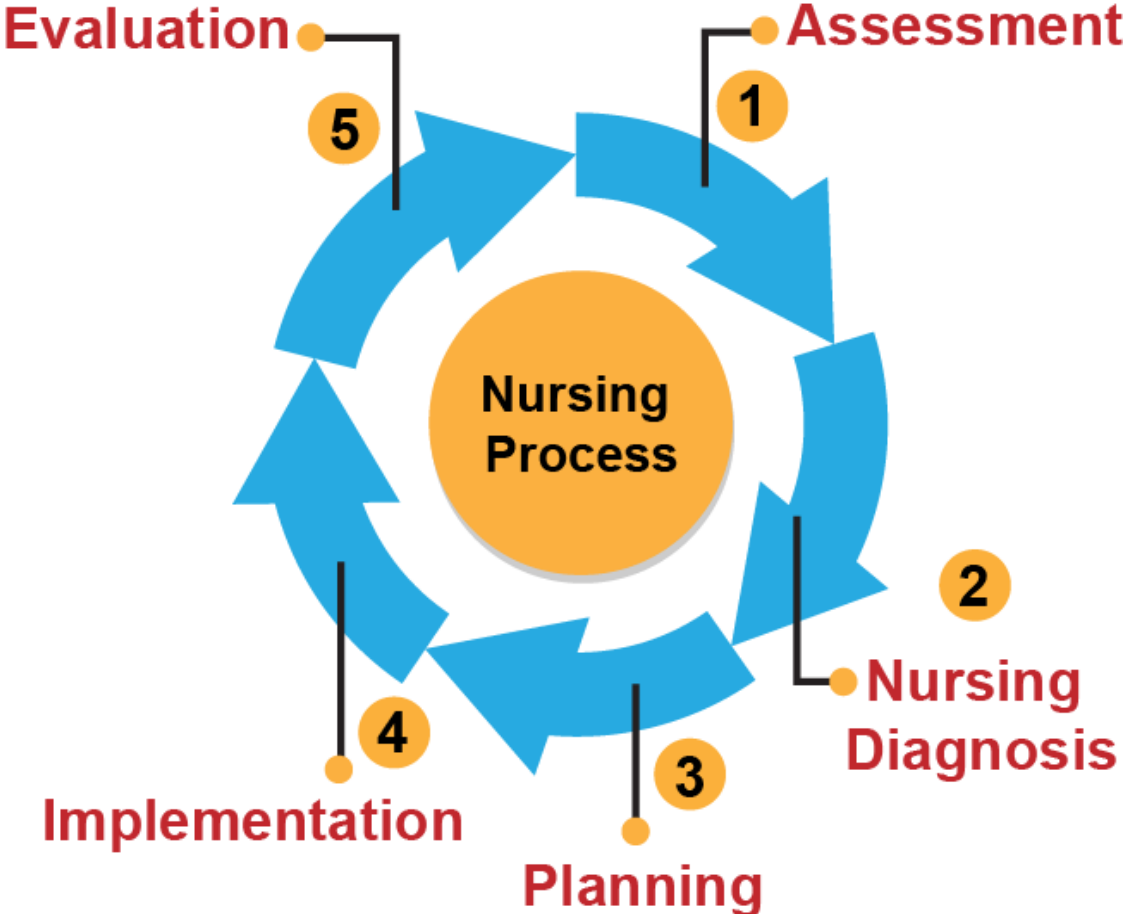
Learning Objectives

- Discuss public health disasters, emerging infectious diseases, and broader threats to the healthcare delivery system.

- Share approaches for preparedness and response for the global community.

- Explore global burden of disease in relationship to healthcare resources.

- Describe opportunities for the nursing profession to engage in preparedness and response.
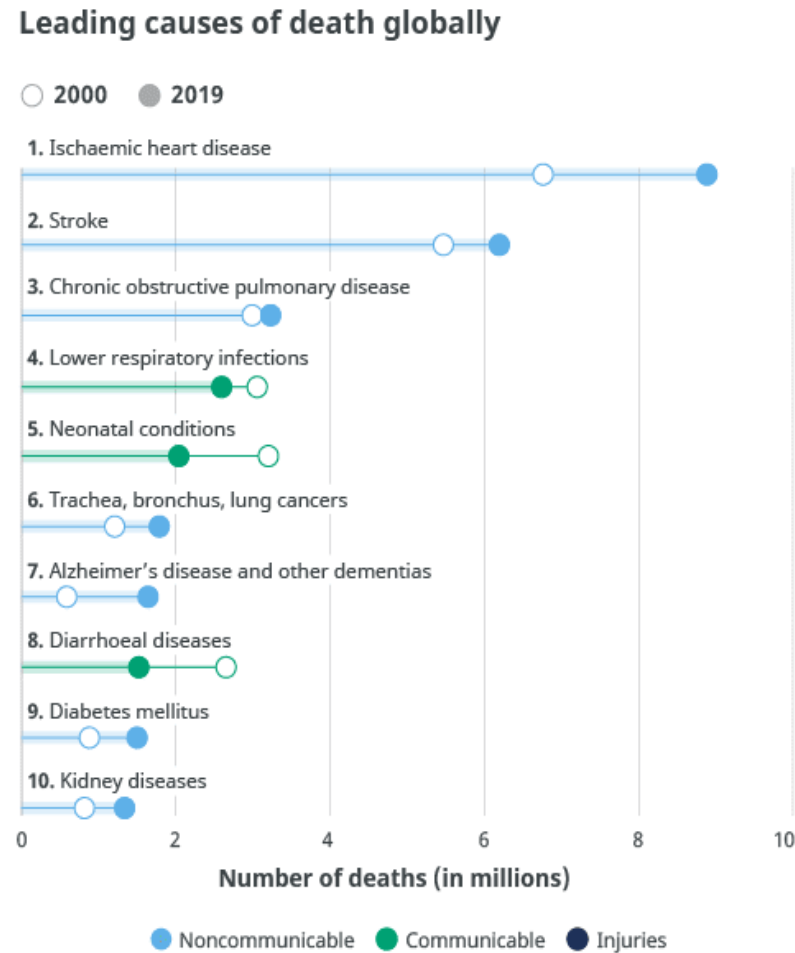
Setting the Stage

Nursing Process

Leading Causes of Death – US (2021)

1. Heart disease. 20.6%
2. Cancer. 17.8%
3. COVID-19. 10.4%
4. Accidents (unintentional injuries). 5.9%
5. Stroke. 4.7%
6. Chronic lower respiratory diseases. 4.5%
7. Alzheimer's disease. 4%
8. Diabetes. 3%
9. Influenza and pneumonia. 1.6%
10. Nephritis, nephrotic syndrome, and nephrosis. 1.6%

Leading Causes of Death 2000 and 2019

Leading causes of death globally

○ 2000   ● 2019

1. Ischaemic heart disease
2. Stroke
3. Chronic obstructive pulmonary disease
4. Lower respiratory infections
5. Neonatal conditions
6. Trachea, bronchus, lung cancers
7. Alzheimer's disease and other dementias
8. Diarrhoeal diseases
9. Diabetes mellitus
10. Kidney diseases

0   2   4   6   8   10

Number of deaths (in millions)

● Noncommunicable   ● Communicable   ● Injuries

Source: WHO Global Health Estimates.

Nonelderly Uninsured Rates by Race/Ethnicity, 2018 and 2020

■ 2018 ■ 2020

Race/Ethnicity	2018	2020
White	7%	7%
Black*^	11%	12%
Hispanic*	19%	20%
Asian^	8%	6%
AIAN*	23%	22%
NHOPI	15%	12%

https://www.kff.org/racial-equity-and-health-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity/
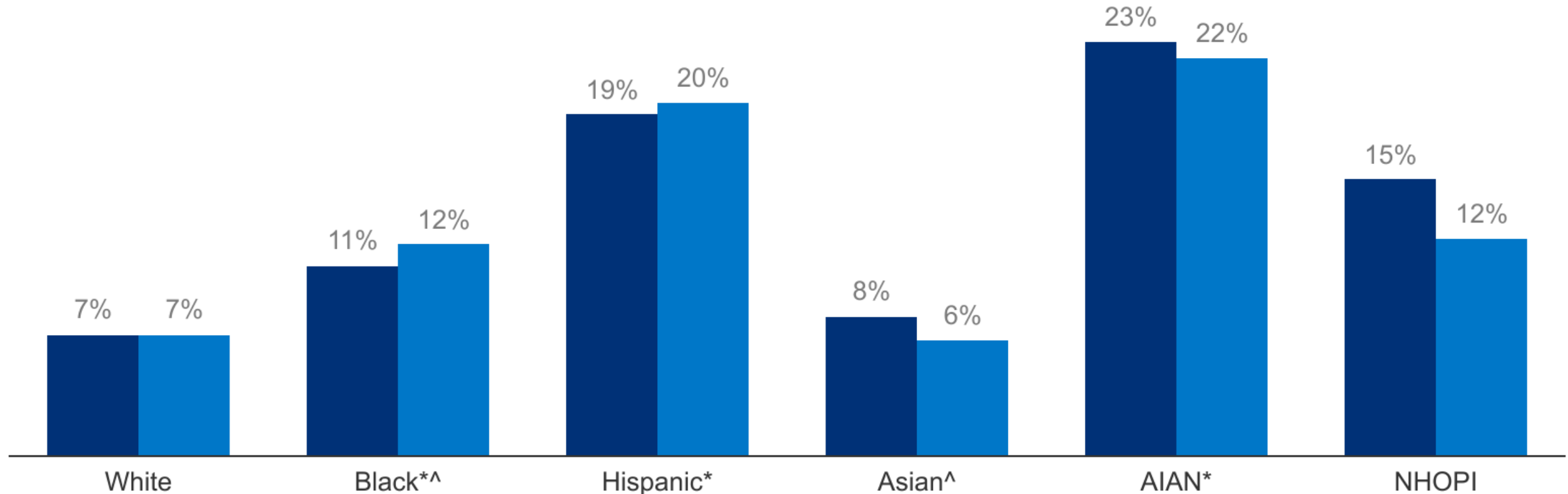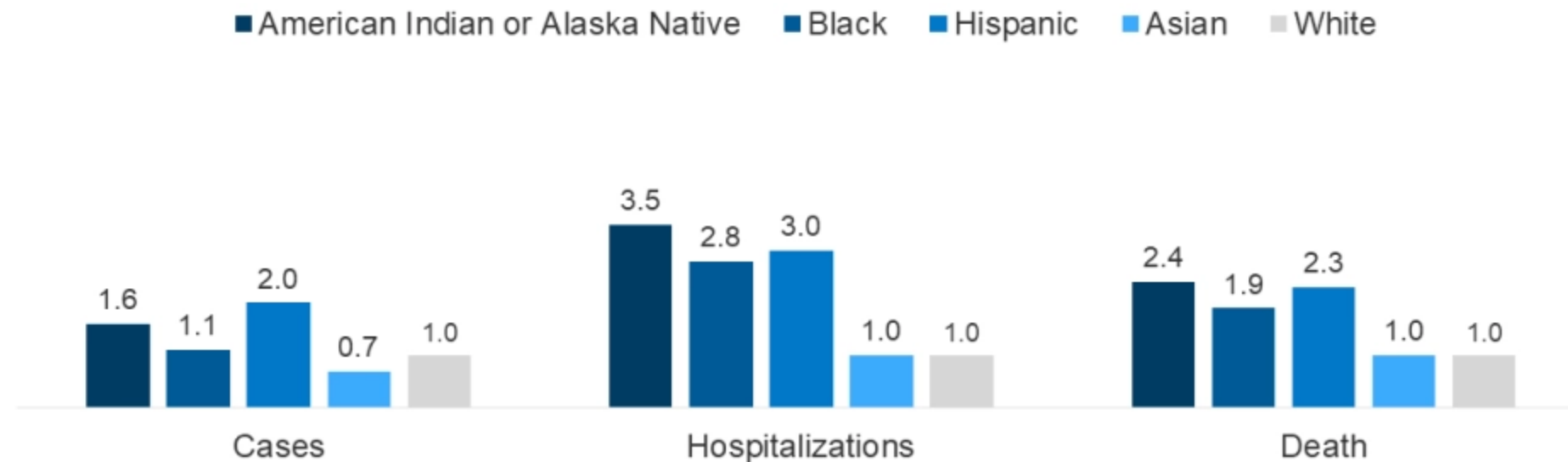
Figure 4

People of color have had higher rates of infection, hospitalization, and death due to COVID-19.

Risk of infection, hospitalization, and death compared to White people in the U.S., adjusted for age:
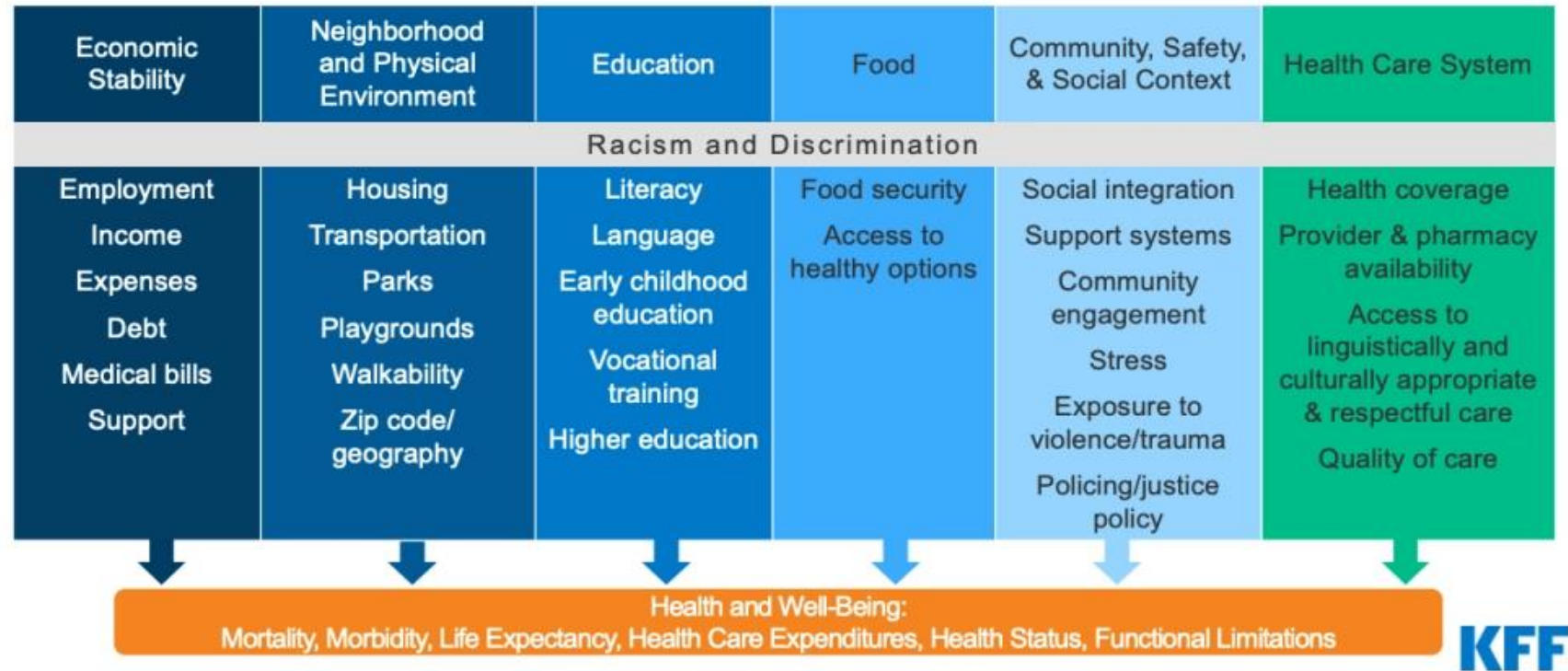
■ American Indian or Alaska Native   ■ Black   ■ Hispanic   ■ Asian   ■ White

	Cases	Hospitalizations	Death
American Indian or Alaska Native	1.6	3.5	2.4
Black	1.1	2.8	1.9
Hispanic	2.0	3.0	2.3
Asian	0.7	1.0	1.0
White	1.0	1.0	1.0

NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.
SOURCE: CDC, Risk for COIVD-19 Infection, Hospitalization, and Death by Race/Ethnicity, as of 5/12/2021, www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html, accessed 5/12/2021.

KFF

Figure 1

Health Disparities are Driven by Social and Economic Inequities

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community, Safety, & Social Context	Health Care System
Racism and Discrimination					
Employment Income Expenses Debt Medical bills Support	Housing Transportation Parks Playgrounds Walkability Zip code/ geography	Literacy Language Early childhood education Vocational training Higher education	Food security Access to healthy options	Social integration Support systems Community engagement Stress Exposure to violence/trauma Policing/justice policy	Health coverage Provider & pharmacy availability Access to linguistically and culturally appropriate & respectful care Quality of care

Health and Well-Being:
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF

https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Approaches to Preparedness and Response

Response vs Preparedness

Response
- something that is done as a **reaction** to something.

Preparedness
- **being ready** for something.
- the state of being **prepared.**

Foundation for Preparedness

- Plans.
- Exercises.
- Engagement.
- Training.
- Outreach assessment.

Preparedness Planning Improving Accessibility

"Nothing about us without us" - Strategizing and Identifying Priorities

- Find the bright spots and low-hanging fruit.
  - Exercises.
  - Plans and Policy.
- Build relationships and partnerships.
  - Stakeholder communities, advocacy groups.
  - Public partners (Public Health, Schools, State, Federal).

- Plan deliberately and inclusively.

www.training.fema.gov

Planning for Potential Crises

- Planning makes it possible to manage the entire life cycle of a potential crisis.

- Strategic and operational planning:
  - Establishes priorities,
  - Identifies expected levels of performance and capability requirements,
  - Provides the standard for assessing capabilities, and
  - **Helps stakeholders learn their roles**.

Source: DHS/FEMA

Public Health Takes Center Stage

Background: Problem Statement

- Fragile and uncoordinated public health infrastructure.
- Gaps in surveillance (domestic and global).
- Changes in weather patterns/climate/severity of storm systems.
- Mobile populations.
- Health disparities/inequities.
- Sick care system versus a prevention approach.
- Healthcare provider workforce shortages.
- Aging populations.
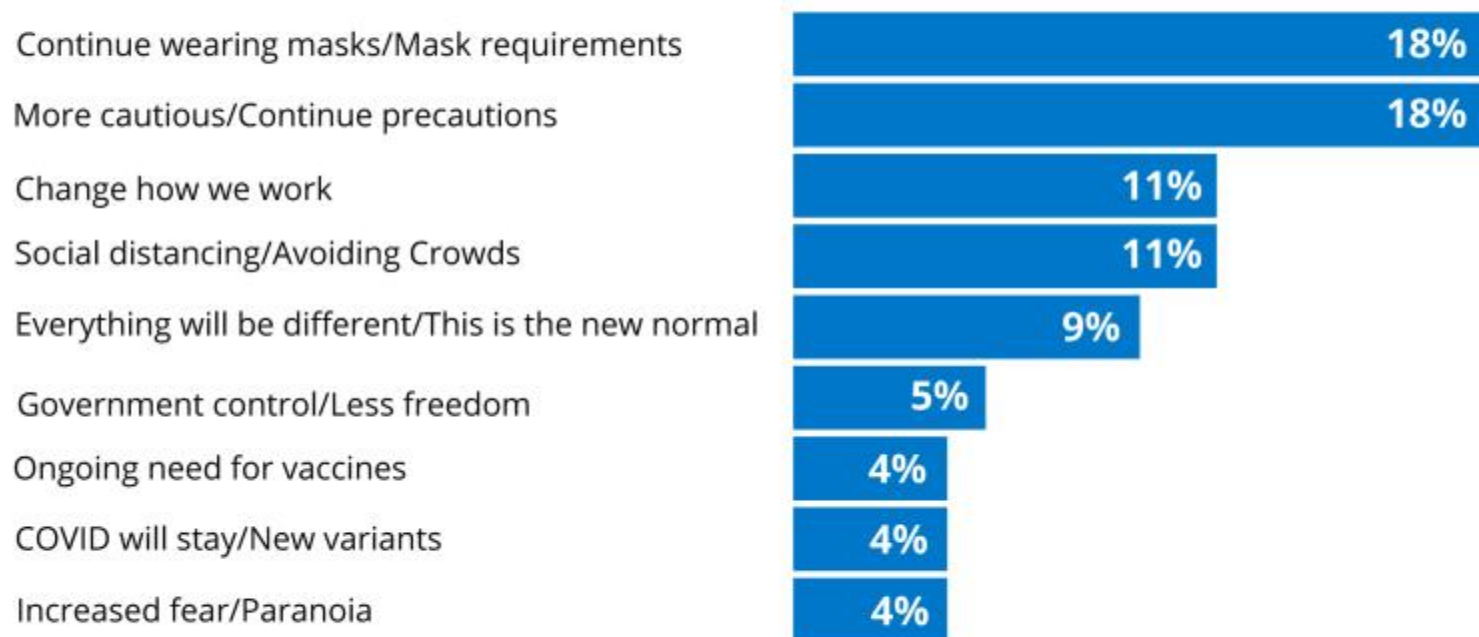- Increased demands on healthcare system.

Current State

- Pandemics.
- Epidemics.
- Natural disasters.
- Manmade disasters.
- Humanitarian crises.
- Wars.
- Political and social unrest.
- Cyber risks.
- Chem/bio threats.

Disaster and Response Competencies

- Cultural awareness/cultural competency.
- Diplomacy.
- Communication.
- Coordination/triage/case management.
- Clinical knowledge, skills, and abilities.
- Administrative oversight/supply chain management.
- Fiscal management.
- Policy/regulatory knowledge.
- Resilience.

About 8 in 10 Adults Say Normal Life Will Look Different Going Forward

How people say post-pandemic life will be different:

Category	Percentage
Continue wearing masks/Mask requirements	18%
More cautious/Continue precautions	18%
Change how we work	11%
Social distancing/Avoiding Crowds	11%
Everything will be different/This is the new normal	9%
Government control/Less freedom	5%
Ongoing need for vaccines	4%
COVID will stay/New variants	4%
Increased fear/Paranoia	4%

NOTE: Among those who said normal life will look different going forward. Only categories that receive at least 4% of responses shown. See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (February 9-21, 2022).

KFF COVID-19
Vaccine Monitor

Global Considerations

A Global Health Perspective

- Health and health care are global issues.
- Disease is global.
- Global health impacts everyone.
- An infectious disease in one country is a threat to all.
- If there is a disease threat to one country, there is a threat to the global community.

Infectious Diseases

- Emerging Infectious Disease:
  Newly identified and previously unknown infectious agents that cause public health problems either locally or internationally.

- Re-emerging Infectious Disease:
  Diseases that once were major health problems globally or in a particular country, and then declined dramatically, but are again becoming health problems for a significant proportion of the population.

Factors that Encourage the Spread of Disease

- Poverty (social determinants of health).

- Malnutrition.

- Resources - Funding focused on curative therapies rather than preventive efforts.

- Inadequate healthcare delivery systems.

- International travel and commerce.

- Breakdown of public health systems.

- Deterioration in surveillance systems.

Factors Associated with Emerging Threats

Agent	Host	Environment
Evolution of pathogenic infectious agents (microbial adaptation and change)	Human demographic change (inhabiting new areas)	Changing ecosystems
Development of resistance to drugs	Human behavior (sexual and drug use)	Economic development and land use (urbanization, deforestation)
Resistance of vectors to pesticides	Human susceptibility to infection (Immunosuppression)	Technology and industry (food processing and handling)
	Poverty and social inequality	

Public Health Disaster Management
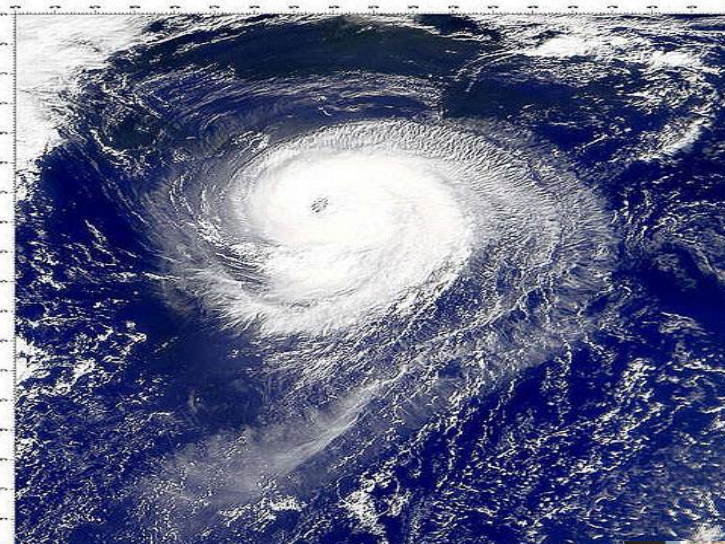
The Four Phases of the Disaster Cycle

- **Preparedness:** Preparing to handle a disaster.
- **Response:** Responding to a disaster and putting plans into action.
- **Recovery:** Actions taken to return to normalcy or safer conditions.
- **Mitigation:** Preventing future disasters & minimizing their effects.

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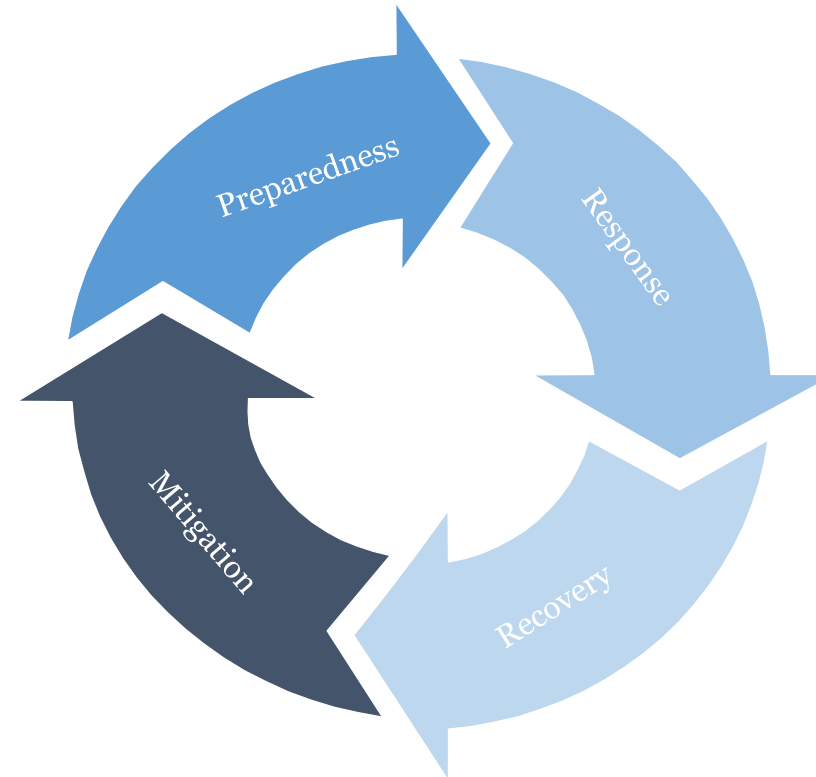
Emergency Support Functions (ESFs)

- ESF 1 – Transportation

- ESF 2 – Communications

- ESF 3 – Public Works and Engineering

- ESF 4 – Firefighting

- ESF 5 – Information and Planning

- ESF 6 – Mass Care, Emergency Assistance, Temporary Housing, and Human Services

- ESF 7 – Logistics

- ESF 8 – Public Health and Medical Services

- ESF 9 – Search and Rescue

- ESF 10 – Oil and Hazardous Materials Response

- ESF 11 – Agriculture and Natural Resources

- ESF 12 - Energy

- ESF 13 – Public Safety and Security

- ESF 14 – Superseded by NDRF

- ESF 15 – External Affairs

Recovery Coordination: National Disaster Recovery Framework (NDRF)

- Provides a coordinating structure allows recovery managers to operate in a unified and collaborate manner.

- Focuses on how best to restore, redevelop, and revitalize the health, social, economic, natural, and environmental fabric of the community and build a more resilient community.

- Defines principles that guide core capability and support activities for recovery under the Recovery Support Functions.

National Disaster Recovery Framework

Second Edition
June 2016

Homeland Security
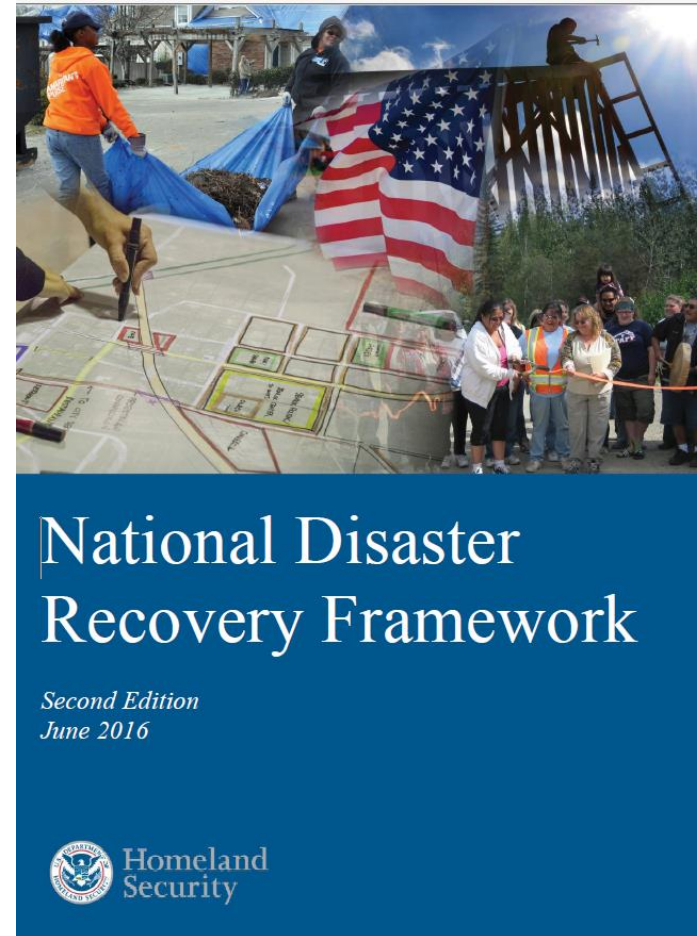
HHS Partners

Federal

- DHS (FEMA)
- HHS OpDivs (ACL, ACF, CDC, CMS, HRSA, etc.)
- DoD
- VA
- Other federal agencies as appropriate

Other

- American Red Cross
- National Advisory Committees
- National Stakeholders (e.g. NACCHO, ASTHO, NEMA, etc.)
- State and local (e.g., through HHS cooperative agreements including Hospital Preparedness Program & Public Health Emergency Preparedness Program)

The Role of Nursing in Preparedness and Response

Role of the Health Care Team in a Public Health Response

- Providing direct care.
- Communicating with community leaders.
- Development of clinical guidelines and best practices.
- Community engagement.
- Stakeholder coordination.
- Education.
- Contact tracing.
- Epidemiologic reports and surveillance.
- Negotiating resources.

Response Capabilities for Nurses

- Community and patient assessment
- Triage.
- Clinical oversight.
- Case management.
- Emergency coordination.
- Triage.
- Shelter/field hospital/community clinic design and set up.
- Medical transport/evacuation.

Fourth Edition

DISASTER NURSING AND EMERGENCY PREPAREDNESS

CAUTION

RADIOACTIVE

For Chemical, Biological, and Radiological Terrorism and other Hazards

2018
AJN
BOOK OF THE YEAR
AWARDS
2ND
PLACE

TENER GOODWIN VEENEMA

Role of the Public Health Professional

- Establish surveillance for:
  - Unusual diseases.
  - Drug resistant agents.
- Assure laboratory capacity to investigate new agents.
- Develop plans to handle outbreaks of unknown agents.
- Inform clinical team about responsible antimicrobial use.

Response Guidance for Nurse Leaders

- Be informed.
- Be engaged.
- Advocate.
- Educate.
- Recognize opportunities to address structural disparities and inequities.
- Develop and implement strategies to improve health, health care, and equity in health care.

Lessons Learned

Lessons Learned

- We can improve international responses with better training, awareness, and communication as issues emerge.

- Infectious diseases have no respect for borders.

- Communication is critical in times of crises.

- We live in a global community where everyone is connected.

- A global response can be successful with planning, coordination, collaboration, and strong partnerships.

- Public health is a national security priority.

Lessons Learned (cont)

- Fragile healthcare systems can be devastated when faced with a disease outbreak.

- Disaster management - be prepared for anything.

- Comprehensive approach – interprofessional team.

- It takes a village - the Global community.

- Nurses possess the skills to be leaders in preparedness and response both domestically and internationally.

Key Takeaways

- Deliberate and inclusive planning is critical.
- Identify priority areas.
- Engage and partner with stakeholders to identify community needs and throughout the planning process.
- Consider a variety of outreach methods to reach persons with disabilities and persons.
- Solicit feedback and evaluate effectiveness.
- Utilize resources and technical assistance.

By failing to prepare, you are preparing to fail.

Benjamin Franklin

Questions

Contact Information

Sylvia Trent-Adams, PhD, RN, FAAN
Executive Vice President
Chief Strategy Officer
University of North Texas Health Science Center
Office of the President
Fort Worth, TX
Phone: 817-735-2523
Email: sylvia.trent-adams@unthsc.edu