

Save the Date!

Texas Public Health Association  
81<sup>st</sup> Annual Education Conference

**Healthy Communities:  
The Big Picture**

April 22-25, 2006, Plano, Texas

[www.texaspha.org](http://www.texaspha.org)

## Summer Institute 2005 Attracts Participants from Around Texas

The second annual Summer Institute, conducted in Houston July 18 – 22<sup>nd</sup>, 2005 brought together 85 attendees involved in public health throughout Texas. The Institute offered week-long learning experiences in three intensive tracks: Leadership Development; Community Assessment and Community Information Systems; Emergency Public Health Preparedness. The Leadership and the Community Assessment/Community Information Systems tracks relate directly to public health competency domains. Emergency Public Health Preparedness is a cross-cutting competency that touches virtually every domain.

In addition to the intensive tracks, classes included a one-day “Building Block” addressing Program Evaluation, along with several shorter duration presentations. Many sessions involved a “hands on” approach with exercises that engaged participants in the learning process. Attendees could register for an entire track, or could register for one or more days as their interests dictated. Almost half the attendees elected the track option, although a number availed themselves of the flexibility incorporated in the schedule.

The Summer Institute is a centerpiece of Texas Public Health Training Center activities. The Institute serves as an in-depth

See *Summer Institute 2005*, page 2

# news@tphtc

Published by the Texas Public Health Training Center

Spring 2006

## There Will Never Be another Katrina

Every summer with the advent of hurricane season the Texas public health community faces one of the most difficult emergency preparedness challenges in the world. A monster hurricane can devastate much of the Gulf Coast as did Katrina. The next hurricane may be like Rita, a somewhat more subdued event, but one that severely damaged a number of Texas communities and put millions of Texans at risk on the road heading north and west in search of safety.

**Katrina will not come again – but something equally threatening might develop. Only a public health workforce that has a robust set of skills can mount the challenge.**

Each actual event is an “experiment in nature” testing our ability as a society both to plan for the unthinkable and to execute under the unimaginable. Yet each disaster is also unique, never to be repeated again in exactly the same magnitude, geography, effects, or complications.

The public health community stepped forward both as institutions and as individuals. In the first few hours and days of the immediate crisis, medical clinics that would be the envy of many small cities appeared in major evacuee shelters as if by magic. Emerging infectious disease outbreaks in the close quarters of the shelters were stamped out. Rapid epidemiological assessments were organized and conducted to determine needs and focus resources. Individual physi-

cians, dentists, and counselors offered their services in less formal settings. Lay volunteers in formidable numbers became the critical workforce multiplier for responders at all levels and all types of services. And the volunteer response continues: DHHS reports that the Office of The Surgeon General and the Office of Public Health Emergency Preparedness have registered over 30,000 medical volunteers to assist in Katrina recovery.

We have learned literally hundreds of lessons in the response of Texans to the events of this tragic past season. Perhaps there are two that are overarching. The first is that continuous all-hazards planning and testing has value. Beyond the merits of testing documented processes, there is the human dimension as well. Familiarity with the people involved, knowing their strengths and weaknesses, establishing communication channels can be crucial. As one pundit put it -- the actual disaster is not the time for responders to be passing around business cards.

The second lesson is that it is impossible to determine, let alone test, every eventuality and every demand that will be placed on the public health workforce. The problems are simply too complex and emergencies unfold in unpredictable ways. Katrina will not come again – but something equally threatening might develop. Only a public health workforce that has a robust set of skills can mount the challenge.

*Carol Galeener*  
Project Coordinator  
Texas Public Health Training Center

The 3rd Annual  
 **Summer Institute**  
July 10-14, 2006  
Houston, Texas

# Public Health in Rural Texas Communities

Compared to their urban counterparts, rural areas face unique challenges when providing public health services to the members of their communities. According to the most recent data, 196 of Texas' 254 counties (77.2%) are classified as rural. Many of these counties have no formal public health or hospital infrastructure, and historically have had to supplement public health services with other public, private and non-profit organizations and agencies concerned with the public's health.

Residents of rural communities are often required be particularly creative due to lack of resources when addressing public health issues, whether it is utilizing resources that are unique to rural areas or establishing nontraditional partnerships. To serve as a rural public health resource, the Rural Public Health Interest Group of the Public Health Training Centers will be revived early in 2006. We will team up with the National Rural Health Association and the National Rural Development Partnership to provide quarterly conference calls on uniquely rural issues. The first conference call "Collaborations between Community Health Centers and Public Health Agencies" will be in February. Please stay tuned for the date and time.

Below are other rural public health websites and electronic resources that may be useful in your efforts to provide public health services to rural populations.

- **National Rural Health Association** – <http://www.nrharural.org/>
- **National Association of County and City Health Officials** – <http://www.naccho.org/topics/infrastructure/ruralhealth.cfm>  
Subscribe to the NAACHO Rural Health Listserv at: <http://www.naccho.org/topics/infrastructure/ruralhealth/distributionlist.cfm>
- **Rural Assistance Center** – <http://www.raconline.org/>  
Subscribe to the RAC Health Listserv at: <http://www.raconline.org/listserv/>
- **Office of Rural Health Policy** – <http://ruralhealth.hrsa.gov/>

- **School of Rural Public Health Texas A&M University System Health Science Center** – <http://www.srph.tamhsc.edu/default.htm>
  - **USA Center for Rural Public Health Preparedness** – <http://www.srph.tamhsc.edu/centers/osp/USA%20Center/index.htm>
  - **Texas Office of Rural Community Affairs** – <http://www.orca.state.tx.us/>
  - **Rural Information Center** – <http://www.nal.usda.gov/ric/ruralres/health.htm>
  - **SE Public Health Training Center** – <http://www.sphtc.org/ruralph.htm>
- Rural Public Health Publications:**
- **Bridging the Health Divide: The Rural Public Health Research Agenda**

<http://www.upb.pitt.edu/crhp/Bridging%20the%20Health%20Divide.pdf>

- **Preparing for Public Health Emergencies: Meeting the Challenges of Rural America** [http://www.hsph.harvard.edu/hcphp/Conference\\_Proceedings.pdf](http://www.hsph.harvard.edu/hcphp/Conference_Proceedings.pdf)
- **Rural Public Health Infrastructure: A Literature Review** [http://www.srph.tamhsc.edu/centers/rhp2010/Volume\\_3/Vol3Ch5LR.pdf](http://www.srph.tamhsc.edu/centers/rhp2010/Volume_3/Vol3Ch5LR.pdf)

If you have any questions about rural resources or the upcoming conference calls, please e-mail the Office of Special Projects at the Texas A&M University School of Rural Public Health: [osp@srph.tamhsc.edu](mailto:osp@srph.tamhsc.edu).

## Summer Institute 2005 *continued from page 1*

residential training opportunity for the Texas public health workforce. Participants in the 2005 Institute ranged from senior local health department officials, to relatively junior public health staff, to those from the academic world, including both students and faculty. A primary purpose of the TPHTC is to foster activities that translate academic research findings into "on the ground" public health practice.

The Institute was developed through the combined effort of the TPHTC consortium in partnership with the UT Center for Biosecurity and Public Health Preparedness which participated in planning, delivering and funding the session. The Institute was also made possible by funding from HRSA, the CDC, tuition fees, and private donations.

Attendee evaluations of the Institute confirm that they considered the event a valuable training experience. To make the 2006 Institute even better, TPHTC staff undertook an extensive quality assurance, evaluation and debriefing exercise. A number of proposals related to operations proceed from this report. In addition, key suggestions were made for the Institute planners to consider: broadening the target audience of the Institute to include others with great influence over the health of the public (e.g. public policy-makers at all levels in the state); offering more in-depth training as the public health workforce evolves; providing mechanisms for maintaining relevant communities of practice. The complete Assessment Report has been widely distributed to the various organizations involved. A copy of this report can be obtained by emailing to [Carol.Galeener@uth.tmc.edu](mailto:Carol.Galeener@uth.tmc.edu).

The 2006 Summer Institute is already in our attention. Representatives of the TPHTC have met to plan another exciting and enriching learning experience. Suzanne Adair, formerly with the Texas Department of Health, has been named Program Director of the next Summer Institute. Suzanne worked with the TPHTC partners on the first grant proposal for the TPHTC and is excited to be a part of this event. The 2006 Summer Institute will focus on providing intensive learning experiences in three areas of particular importance to the public health community. The Institute will be held in Houston in July. We will continue to update you in this newsletter as planning for the Institute progresses.

# What Is an Influenza Pandemic?

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza A virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide.

## Historically, the 20th century saw 3 pandemics of influenza:

- 1918 influenza pandemic caused at least 500,000 U.S. deaths and up to 40 million deaths worldwide
- 1957 influenza pandemic caused at least 70,000 U.S. deaths and 1-2 million deaths worldwide
- 1968 influenza pandemic caused about 34,000 U.S. deaths and 700,000 deaths worldwide

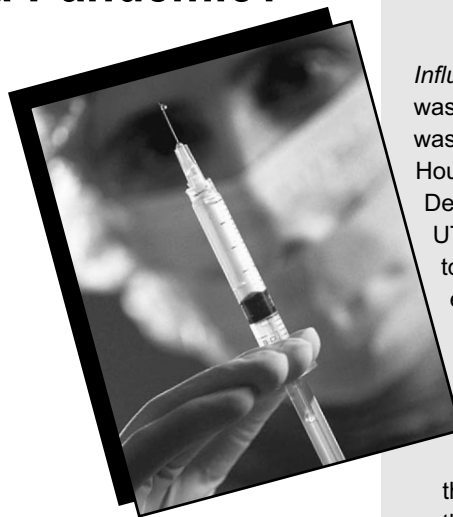
## Characteristics and challenges of a pandemic

### 1. Rapid Worldwide Spread

- When a pandemic influenza virus emerges, its global spread is considered inevitable.
- Preparedness activities should assume that the entire world population would be susceptible.
- Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it.

### 2. Health Care Systems Overloaded

- Most people have little or no immunity to a pandemic virus. Infection and illness rates soar. A substantial percentage of the world's population will require some form of medical care.
- Nations are unlikely to have the staff, facilities, equipment and hospital beds needed to cope with large numbers of people who suddenly fall ill.
- Death rates are high, largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations and the effectiveness of preventive measures.
- Past pandemics have spread globally in two and sometimes three waves.



### 3. Medical Supplies Inadequate

- The need for vaccine is likely to outstrip supply.
- The need for antiviral drugs is also likely to be inadequate early in a pandemic.
- A pandemic can create a shortage of hospital beds, ventilators and other supplies. Surge capacity at non-traditional sites such as schools may be created to cope with demand
- Difficult decisions will need to be made regarding who gets antiviral drugs and vaccines.

### 4. Economic and Social Disruption

- Travel bans, closings of schools and businesses and cancellations of events could have major impact on communities and citizens.
- Care for sick family members and fear of exposure can result in significant worker absenteeism.

## Communications and Information are Critical Components of Pandemic Response

Education and outreach are critical to preparing for a pandemic. Understanding what a pandemic is, what needs to be done at all levels to prepare for pandemic influenza, and what could happen during a pandemic helps us make informed decisions both as individuals and as a nation. Should a pandemic occur the public must

## Flu...Bench to Bedside

The conference *Protecting our Community from Influenza: A multidisciplinary Approach to Preparedness*, was held in Houston November 29, 2005. The event was sponsored by the UT Health Science Center Houston, The Methodist Hospital, city and county Health Departments, Baylor Influenza Research Center, and UT Medical Branch at Galveston. The session brought together researchers in many disciplines, policy-makers, local and state health officials, community leaders and members of the media to discuss the significant challenges presented by influenza. A few of the many research highlights presented offering food for thought: (Source: *W. Paul Glezen, M.D.*)

- There has been a gradual but notable increase in the rate of flu-related hospitalizations over the past thirty years, despite a large increase in flu vaccinations. Today approximately 67% of those 65 and over receive annual flu shots.
- Average annual excess deaths attributed to influenza have increased in Texas from 2,761 during the flu seasons 1985 – 1993, to 3,825 during the 1993 – 2001 flu seasons.
- Children have the highest flu attack and illness rates of any segment of the population. (Houston Family Study, 1976 – 1984) Further, children under 6 months are more than 25 times as likely as those between 5 and 15 years of age to be hospitalized in any given year.
- Reaching high risk patients for vaccination poses two major problems: they are often inaccessible for vaccination; and many are so frail or so immunocompromised that they respond sub-optimally resulting in vaccinations that offer less than 30% protection.

be able to depend on its government to provide scientifically sound public health information quickly, openly and dependably. For additional information on pandemic influenza visit:

[www.pandemicflu.gov](http://www.pandemicflu.gov) or visit

[www.dshs.state.tx.us](http://www.dshs.state.tx.us) to see a draft of the Pandemic Influenza Preparedness Plan for Texas.

(Source: [www.pandemicflu.gov](http://www.pandemicflu.gov))

**The Texas Public Health Training Center (TPHTC)** is a workforce development consortium of the University of Texas School of Public Health at Houston; the University of North Texas Health Science Center, School of Public Health and the Texas A&M University System Health Science Center, School of Rural Public Health. TPHTC is a formal partner with the UT Center for Biosecurity and Public Health Preparedness.

[www.txphtrainingcenter.org](http://www.txphtrainingcenter.org)

## The Librarian's Corner

### Finding Federal Datasets

Welcome to the Librarian's Corner! This issue's article will focus on determining which federal datasets have the variables you need. Unfortunately, most but not all datasets are readily accessible via the Web. Some have personal identifiers and may require IRB (institutional review board) approval while others are not on data dissemination systems that allow downloading.

The first stop is the **Health Services and Sciences Research Resources (HSRR)** database ([http://www.nlm.nih.gov/nichsr/hsrr\\_search/](http://www.nlm.nih.gov/nichsr/hsrr_search/)) which was developed by the National Library of Medicine. This database "...is a free searchable catalog of research datasets, instruments and software relevant to health services research, behavioral and social sciences, and public health." It includes datasets from NCHS (National Center for Health Statistics from the CDC) among other federal organizations, and it is being expanded to also include

state datasets. One can use this database to locate datasets that include a specific variable, such as immunizations or blood lead levels. Each hit will include: the title; the title URL; the agency source of the data; the source URL; a description of the dataset; population age and ethnicity; and an abstract. A link to a *PubMed* search has also been enabled.

Another collection of datasets can be found at the **National Archives and Records Administration (NARA)** (<http://www.archives.gov/research/electronic-records/>). These tend to have a more historical bent and include important finds such as the *Epidemiological Studies of Occupational Groups and the Tuskegee Syphilis Study*. While NARA has a searchable database of available datasets, these datasets are not linked in the same manner as the HSRR database, i.e. one cannot access them directly from the Web, but NARA does include some datasets currently not listed at HSRR. Selecting the *Archival Research Catalog* ([http://arcweb.archives.gov/arc/basic\\_search.jsp](http://arcweb.archives.gov/arc/basic_search.jsp)) enables the search for datasets from the Centers for Disease Control and

Prevention, the National Institutes of Health, general records of the Department of Health and Human Services, the Agency for healthcare Research and Quality, and the Health Resources and Services Administration.

Lastly is the **Inter-University Consortium for Political and Social Research (ICPSR)** (<http://www.icpsr.org>). This member-based organization serves as a data warehouse for a number of Federal agencies as well as educational and non-profit organizations. This site requires registration before downloading data and one may not be able to get the dataset wanted as some of the datasets are limited to member institutions.

Of course, there are many more collections of datasets available throughout the Internet. For other links to international, federal, and state resources (including two discussed here), one can access the UT School of Public Health Library Health Data Library Web site: [http://www.sph.uth.tmc.edu/library/data\\_access.htm](http://www.sph.uth.tmc.edu/library/data_access.htm). Questions about data access can be directed to [Helena.M.VonVille@uth.tmc.edu](mailto:Helena.M.VonVille@uth.tmc.edu).

---

## T-TIER, April 24<sup>th</sup> – 28<sup>th</sup>

The School of Rural Public Health partnered with the National Emergency Response and Rescue Training Center (NERRTC), part of the Texas Engineering Extension Service, and the TAMUS Health Science Center Office of Homeland Security to develop this training initiative based upon the competencies for bioterrorism planning and preparedness identified by the U.S. Centers for Disease Control and Prevention. The participants will gain the knowledge, skills, and abilities to plan, respond, and deploy effectively in the event of terrorist acts, infectious disease outbreaks, and other public health threats and emergencies. The week long session will culminate with a table-top exercise based upon a bioterrorist infectious disease event scenario. For additional information: <http://www.srph.tamhsc.edu/centers/osp/T-TIER.htm>

---

## Public Health Law Workshops

February 16-17, Baytown  
April 20-21, Amarillo  
June 8-9, Irving

The Center for Biosecurity & Public Health Preparedness, University of Texas Health Science Center at Houston in collaboration with the University of North Texas Health Science Center Graduate School of Biomedical Sciences and the Texas Public Health Training Center invites you to participate and attend one of the several Public Health Law Workshops scheduled for Spring 2006.

The two-day workshop is designed to provide State or local health department workers and others whose jobs require knowledge and or application of public laws and regulations with an overview of Public Health Law. During the nine sessions, participants will gain knowledge on: constitutional basis for

PH law; administrative law; health governance in Texas, and other key legal issues.

The two-day workshop features power point based didactic sessions, supported with handout materials. For more information on registration and agenda please call Minnie Zavala at 817-735-0174 or e-mail [mzavala@hsc.unt.edu](mailto:mzavala@hsc.unt.edu). For other resources and online training opportunities visit [www.txphtrainingcenter.org](http://www.txphtrainingcenter.org)

---

## Resources to Note!

### Legislation and Policy

[www.KaiserEDU.org](http://www.KaiserEDU.org) is designed to provide students, faculty and others interested in learning about health policy easy access to the latest data, research, analysis, and developments in health policy. This site includes narrated slide tutorials, background reference libraries, and issue modules on current topics and policy debates.