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# \$4.3 million award to analyze emergency preparedness

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# NEWS RELEASE

Nov. 23, 2005

**Contact:** Vince Colucci, assistant professor, College of Health Professions and Biomedical Sciences, (406) 243-4634.

# \$4.3 MILLION AWARD TO ANALYZE EMERGENCY PREPAREDNESS MISSOULA —

Bird flu. Anthrax. Whooping cough. Smallpox. If the Rocky Mountain region were hit by an infectious epidemic or bioterrorism event, would area health-care providers and emergency responders be up to the challenge?

The federal Health Resources and Services Administration has awarded a three-year, \$4.3 million award to The University of Montana and its partners to help answer that question. The funding, shared by UM and St. Vincent Healthcare Foundation in **Billings**, will help augment current and future collaborative work with the state Department of Public Health and Human Services and the Department of Emergency Services.

The award continues funding for a 2003-04 program in which first responders, physicians, pharmacists, nurses, emergency planners and others were taught basic incident command structure and what to do in the event of a major health-care crisis.

Vince Colucci, an assistant professor in UM's College of Health Professions and Biomedical Sciences, said 19 groups nationwide received HRSA awards for developing emergency training in 2003. Montana received \$1.8 million over two years at that time. Of those 19 groups, only 12 earned additional, "second-cycle" funding.

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"It's exciting and it's challenging," Colucci said of receiving the latest round of funding. "This time we are charged with not only continuing training and education of bioterrorism and public health emergencies but also developing some projects that assess how well we respond. Evaluating those responses will reveal where we are weak and where to improve. We'll try to find our Achilles heel and concentrate on those weak spots."

He said goals of the project include increasing recognition and response coordination among health care providers in Montana, northern Wyoming, eastern Washington and northern Idaho. His group also will work to train public-health agencies and rural health-care providers in bioterrorism recognition and response, as well as work to optimize communications among the appropriate state and local agencies. It addition, funding will support public workshops on identifying bioterrorism events, infectious outbreaks and public-health emergencies.

"A huge part of this will be how well we communicate," Colucci said. "We are in a large state. How do we connect everybody? We would like to develop networks and systems -whether through video teleconferencing, Web portals, etc. -- so we can communicate in the event of a disaster.

"We also need to get everyone thinking congruently and working together so the response is formidable, appropriate and effective," he said.

Colucci's team, with the expertise and guidance of infectious disease physicians, will conduct exercises to gauge how well health and emergency personnel react to potential outbreaks. The group also will carefully scrutinize actual outbreaks that occur, such as the 2004-05 outbreaks of whooping cough that took place in several Montana counties.

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"We did some incident-command structure training," he said, "and we observed that the communities that applied the incident-command structure seemed to handle the outbreak much more effectively in terms of organizational response."

Colucci said another goal is to produce an informational resource that people can access long after the project ends, such as a guidebook, informational DVD or lasting Web page.

"We will need to create a widespread educational piece for the public," he said, "so people will know the answers to questions such as what are my responsibilities as a private citizen in public-health emergencies? What do I do? Where do I go for information and my family's health care needs, and how do I not add to the confusion?"

Colucci said UM will handle much of the workload in the western side of the project region, while the Northwest Research and Education Institute in Billings -- part of the St. Vincent Healthcare Foundation -- will handle the eastern side.

Some immediate plans include continuing and augmenting the existing training and education -- coupled with assessment exercises for first responders in 68 Montana and Wyoming counties. In addition, the team will collaborate with American Indian tribes on bioterrorism and public-health emergencies response, expand the use of communications technology and work with agencies such as the Montana State Trauma Care Committee to optimize a response network.

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