Cultural and Social Assessment Literature

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**PICO**

“Will disaster education and exercises for all health care providers increase perception of knowledge, comfort and confidence regarding disaster preparedness as compared to no disaster education and exercises?”

**P**opulation- health care clinical providers (EMS, Nurses, Physicians, Lab, etc)

**I**ntervention- disaster education and exercises for all health care providers

**C**omparison- no disaster education and exercises

**O**utcome- increase perception of knowledge, comfort and confidence regarding disaster preparedness

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| **Cultural and Social Assessment Literature Table** | | | | | | | |
| Title of Article | Authors w/ Credential | Research Question | Study Design | Level of Evidence | Description of Sample | Outcome Measures | Results |
| Adequacy of US Hospital Security Preparedness for Mass Casualty Incidents: Critical Lessons from the Israeli Experience **Economic** | Michele Golabek-Goldman, JD, MPP, BA | What is the cost effectiveness lessons from the Israeli experience for improving US hospital security preparedness for a wide range of mass casualty incidents, both natural and man-made? (Golabek-Goldman, 2016) | Randomized Control Study (RCT) | Level C- Qualitative analysis was performed. Recommendations made based on all-hazards approach to emergency preparedness (Golabek-Goldman, 2016). | 60 semi-structured interviews were conducted with officials from Israeli and the United States health, defense, and emergency response communities. Hospital preparedness was examined and disaster drills were performed (Golabek-Goldman, 2016). | To prepare the United States hospital facilities in modifying dangerous deficiencies in disaster planning (Golabek-Goldman, 2016). | The United States hospitals had yet to prepare for mass casualty incidents. Recommendations include; installing emergency directions, improve protocols and training for disasters, increase defense against primary and secondary attacks, coordinate with law officials, National Guard and other security agencies and to provide more frequent disaster drills (Golabek-Goldman, 2016). |
| Key Ethical Issues Discussed at CDC-Sponsored International, Regional Meetings to Explore Cultural Perspectives and Contexts on Pandemic Influenza Preparedness and Response  **Social/Cultural** | Aun Lor, James Thomas, Drue Barrett, Leonard Ortmann, Dionisio Herrera Guibert | What is the importance of having a broad exploration of how cultural perspectives may shape thinking about ethical considerations during pandemic influenza preparedness and response? (Lor, Thomas, Barrett, Ortmann, & Guibert, 2016) | Case Series | Level D- Four meetings were attended by 168 health professionals, scientists, academics, ethicists, religious leaders, and community members (Lor, Thomas, Barrett, Ortmann, & Guibert, 2016). | Reports, notes and stories were mapped into outcomes described by the World Health Organization’s guidance, ethical considerations in developing a public health response to pandemic influenza (Lor, Thomas, Barrett, Ortmann, & Guibert, 2016). | To develop a public health response to pandemic influenza; transparency and public engagement, allocation of resources, social distancing, and obligations to and of health care workers and international collaboration (Lor, Thomas, Barrett, Ortmann, & Guibert, 2016). | Transparency and public engagement was widely accepted. Allocation of resources was more difficult to find a “one size fits all” and needs to be addressed. Social distancing is a difficult tool to limit disease transmission. Health care workers have an obligations to maintain safe and quality care to the patient which in response the facility needs to provide training and appropriate personal protective devices to aid in this care (Lor, Thomas, Barrett, Ortmann, & Guibert, 2016). |
| Law, ethics and pandemic preparedness: the importance of cross- jurisdictional and cross-cultural perspectives **Ethical** | Belinda Bennett, Terry Carney | What are the social equity, health planning, regulatory and ethical dilemmas in responding to a pandemic influenza outbreak, and the adequacy of protocols and standards such as the International Health Regulations? (Bennett & Carney, 2010) | Case Series | Level E-  Referencing three pandemic outbreaks aging from 1918, 1957 and 1968 (Bennett & Carney, 2010). | The study explores the relevance of cross-jurisdictional and cross-cultural perspectives in assessing the validity of goals for harmonization of laws, and policies both within and between nations. Australian and international experience is reviewed (Bennett & Carney, 2010). | To analyze the role of legal and ethical considerations for pandemic preparedness (Bennett & Carney, 2010) | The cultural and ethical acceptability of pandemic planning measures require to be more flexible and more nuanced than is currently envisaged in international guidelines if an effective response is to be constructed internationally. There is potential for regional guidelines in supplementation (Bennett & Carney, 2010). |
| Clinical Laboratory Response to a Mock Outbreak of Invasive Bacterial Infections: a Preparedness Study  **Genetics/Genomics** | Randall Olsen, Nahuel Fittipaldi, Priyanka Kachroo, Misu Sanson, Wesley Long, Kathyn Como-Sabetti, Chandni Valson, Concepcion Cantu, Ruth Lynfield, Chris Van Beneden, Stephen Beres, James Musser | Is a large hospital-based clinical laboratory prepared to rapidly investigate potential infectious disease outbreaks? (Olsen, et al., 2014) | Case-Control Study | Level B- Whole genome sequencing and phylogenetic analysis of serotype emm59 strains recovered in the United States (Olsen, et al., 2014). | 84 invasive serotype emm59 group A streptococcus strains collected in the United States were studied. A rapid response mock exercise for an outbreak was tested (Olsen, et al., 2014). | To assess the ability of a specific large hospital laboratory to use whole-genome sequencing in a mock outbreak (Olsen, et al., 2014). | The clinical laboratory in question was able to perform whole-genome sequencing and virulence analyses in a mock outbreak scenario (Olsen, et al., 2014). |

References

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