

Building the Evidence Base: Network of Regional Centers for Public Health Preparedness and Response

*NACCHO Preparedness Summit Town Hall
Wednesday, April 30th, 2025*



Preparedness
& Recovery
Institute

Agenda

1:00 – 1:20 pm

Introductions and Welcome

Opening Remarks from Lisa Barrios/CDC
Goal of the Regional Center Projects

1:20 – 1:40 pm

Lightning Talks from a few Regional Centers

1:40 – 1:50 pm

Transition to Breakout Rooms

1:50 – 2:30 pm

Regional Center Breakout Sessions

Framing Remarks

Lisa Barrios, DrPH, ScM

Division Director

Division of Readiness and Response Science

Office of Readiness and Response (ORR)

Center for Disease Control and Prevention (CDC)

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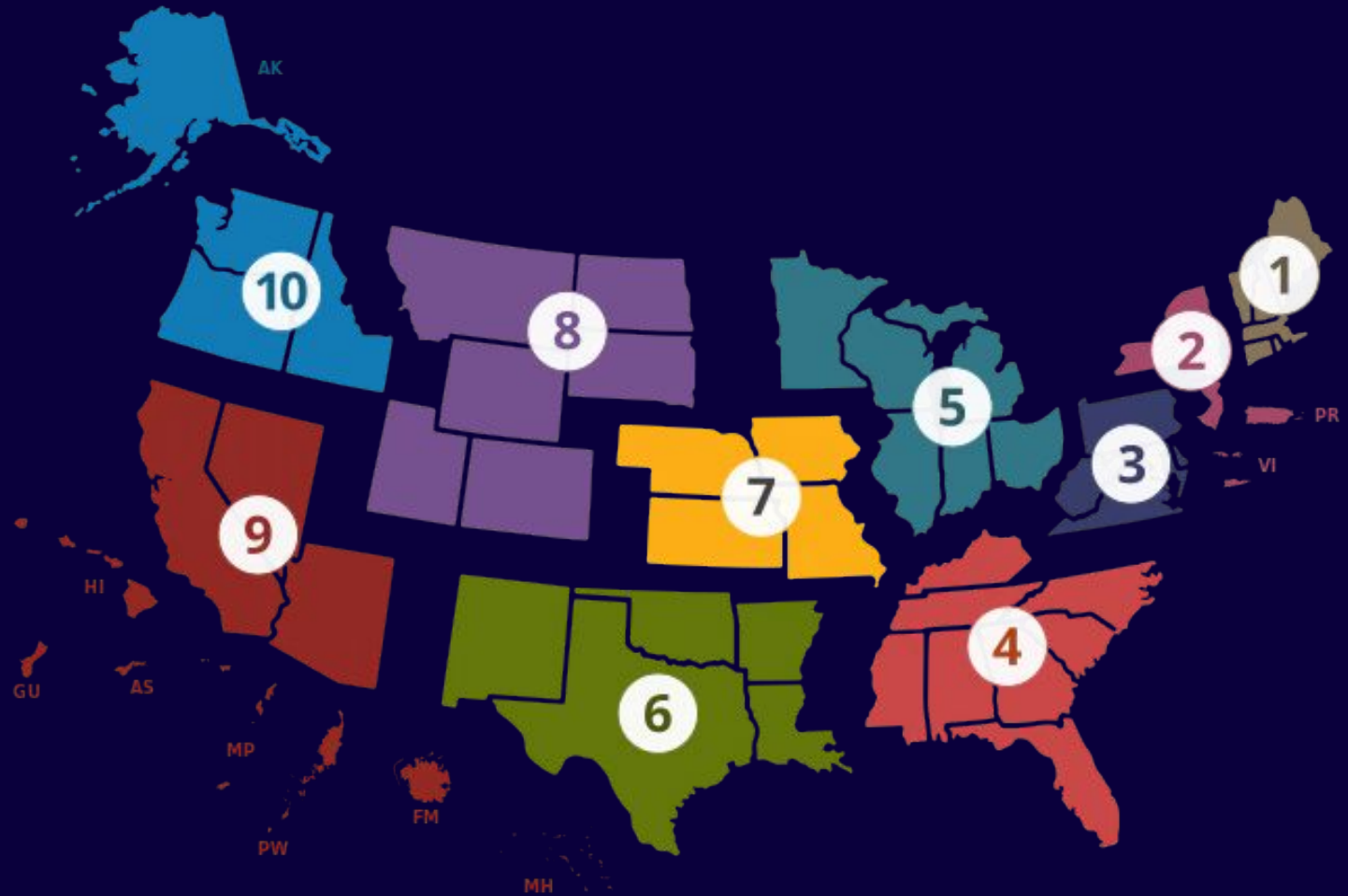
Preparedness
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Regional Center- Lightning Talks

Region 3

Region 4

Region 10



CDC Region 3 Public Health Preparedness and Response (PHPR) Center

2025 Preparedness Summit

Townhall | Network of Regional Centers for PHPR

April 30, 2025

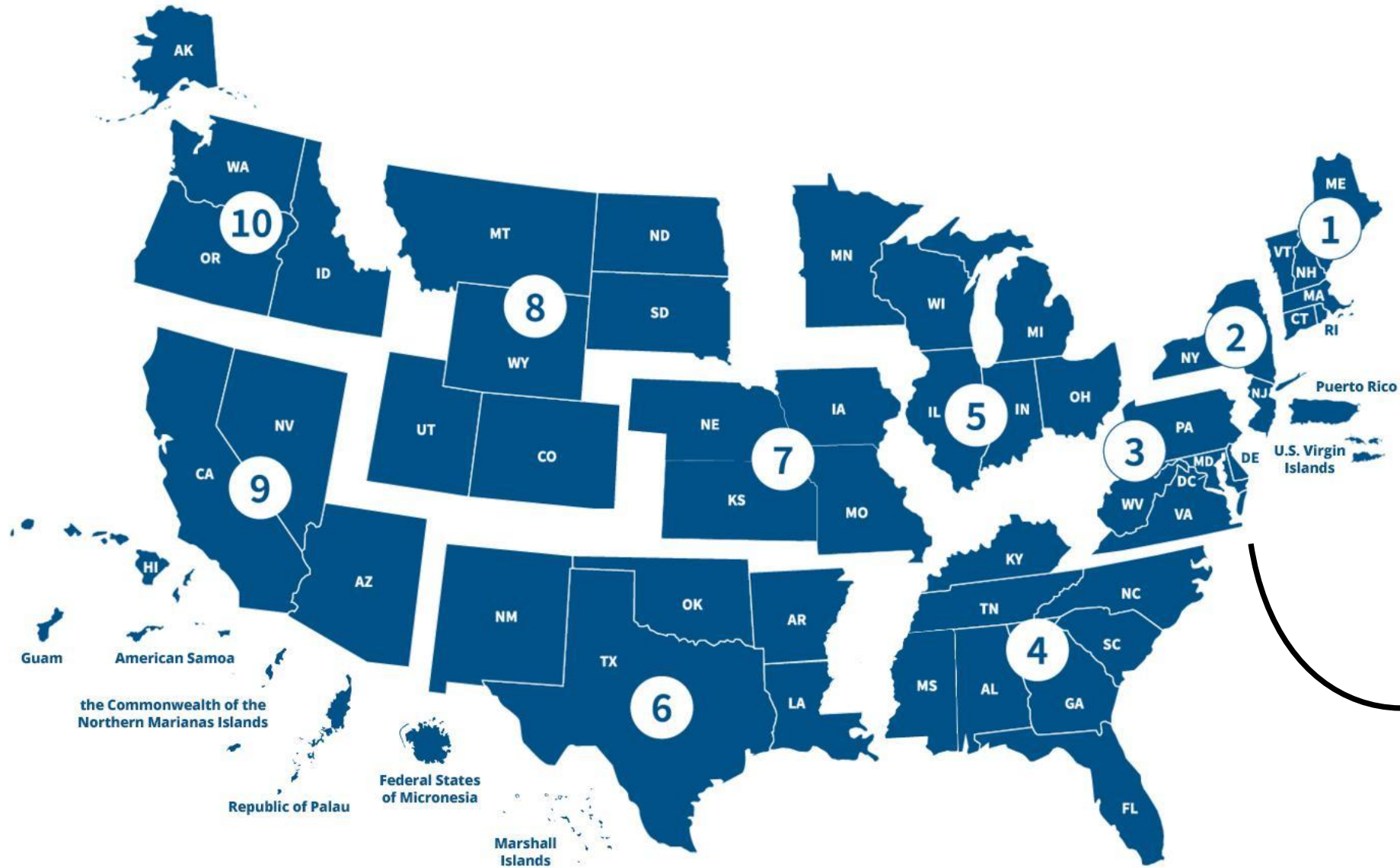
Presenters: Tara Kirk Sell, PhD, MA and Vanessa Grégoire, MSc



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**Center for
Health Security**

CDC Region 3 PHPR Center



Region 3 PHPR Center Activities

Communication

- Implementing a Strategic Planning Session to help practitioners counter harmful health rumor that undermines PHPR in their community
- Topics: measles, avian flu, rabies, school vaccination

Coordination

- Socializing potential interventions
 - CONOPS development
 - Network analysis/mapping
 - 7-1-7 Outbreak response model

Workforce

- Crisis leadership



Rumors Complicate PHPR

THE TEXAS TRIBUNE MENU

DONATE School Vouchers School Funding Measles Outbreak Power Grid 2025 Legislative Session

TEXAS MEASLES OUTBREAK

Anti-vaccine advocates battle over narrative in West Texas, downplaying role of measles in deaths

After Daisy Hildebrand died of measles, her death was made public first by Dr. Robert Malone, a vaccine skeptic who blamed the hospital for fumbling her care. Daisy's father told The Texas Tribune he never spoke to Malone.

BY POOJA SALHOTRA AND TERRI LANGFORD APRIL 16, 2025 5 AM CENTRAL SHARE



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Fact Check

USDA inspector general didn't order 'mass extermination' of birds to drive up cost of poultry, eggs

Although it is standard procedure to kill flocks with the outbreak of bird flu, posts on social media twisted the truth.

By **Taija PerryCook** Published Feb. 6, 2025



Image courtesy of Getty Images

Claim:

vaccines MDPI

Systematic Review

Why Parents Say No to Having Their Children Vaccinated against Measles: A Systematic Review of the Social Determinants of Parental Perceptions on MMR Vaccine Hesitancy

M. Leimneth B. Novilla¹, Michael C. Goates^{2,*}, Alisha H. Redelfs¹, Mallory Quenzer¹, Lynne Kirsten B. Novilla¹, Tyler Leffler¹, Christian A. Holt¹, Russell B. Doria³, Michael T. Dang³, Melissa Hewitt¹, Emma Lind¹, Elizabeth Prickett¹ and Katelyn Aldridge¹

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Abstract: Ongoing outbreaks of measles threaten its elimination status in the United States. Its resurgence points to lower parental vaccine confidence and local pockets of unvaccinated and under-vaccinated individuals. The geographic clustering of hesitancy to MMR indicates the presence of social drivers that shape parental perceptions and decisions on immunization. Through a qualitative systematic review of published literature ($n = 115$ articles; 7 databases), we determined major themes regarding parental reasons for MMR vaccine hesitancy, social context of MMR vaccine hesitancy, and trustworthy vaccine information sources. Fear of autism was the most cited reason for MMR hesitancy. The social drivers of vaccine hesitancy included primary care/healthcare, education, economy, and government/policy factors. Social factors, such as income and education, exerted a bidirectional influence, which facilitated or hindered vaccine compliance depending on how the social determinant was experienced. Fear of autism was the most cited reason for MMR hesitancy. Vaccine hesitancy to MMR and other childhood vaccines clustered in middle- to high-income areas among mothers with a college-level education or higher who preferred internet/social media narratives over physician-based vaccine information. They had low parental trust, low perceived disease susceptibility, and were skeptical of vaccine safety and benefits. Combating MMR vaccine misinformation and hesitancy requires intersectional and multifaceted approaches at various sociocultural levels to address the social drivers of vaccine behavior.

Keywords: measles; MMR vaccine; measles vaccine; vaccine hesitancy; social determinants of health

1. Introduction

Vaccines are the most effective public health measures against infectious diseases. Measles, a highly contagious acute viral respiratory infection, is a major cause of mortality and morbidity, particularly among children younger than five [1,2]. It can lead to serious complications such as pneumonia, encephalitis, diarrhea, dehydration, ear infections, and irreversible vision loss [1,3]. These complications are common among infants and young children who are malnourished or have compromised immune systems [3]. Measles is primarily transmitted through large respiratory droplets via coughing and/or sneezing or through aerosolized particles that remain airborne for up to 2 h in enclosed spaces [4,5]. Within seven to fourteen days from the time of exposure, a susceptible individual develops fever accompanied by the classic three "Cs" of measles: cough, coryza, and conjunctivitis [4,5]. Because of continued viral shedding from the infected individual, measles can be transmitted four days before and four days from the appearance of a

Citation: Novilla, M.L.B.; Goates, M.C.; Redelfs, A.H.; Quenzer, M.; Novilla, K.B.; Leffler, T.; Holt, C.A.; Doria, R.B.; Dang, M.T.; Hewitt, M.; et al. Why Parents Say No to Having Their Children Vaccinated against Measles: A Systematic Review of the Social Determinants of Parental Perceptions on MMR Vaccine Hesitancy. *Vaccines* **2023**, *11*, 926. <https://doi.org/10.3390/vaccines11050926>

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Vaccines **2023**, *11*, 926. <https://doi.org/10.3390/vaccines11050926> <https://www.mdpi.com/journal/vaccines>

Communication Pillar: Strategic Planning Session



Understand ways to counter misleading & harmful public health rumors that undermine efforts to prepare for and respond to public health emergencies



Develop a strategy for countering these rumors



Empower practitioners to implement their strategy in their teams



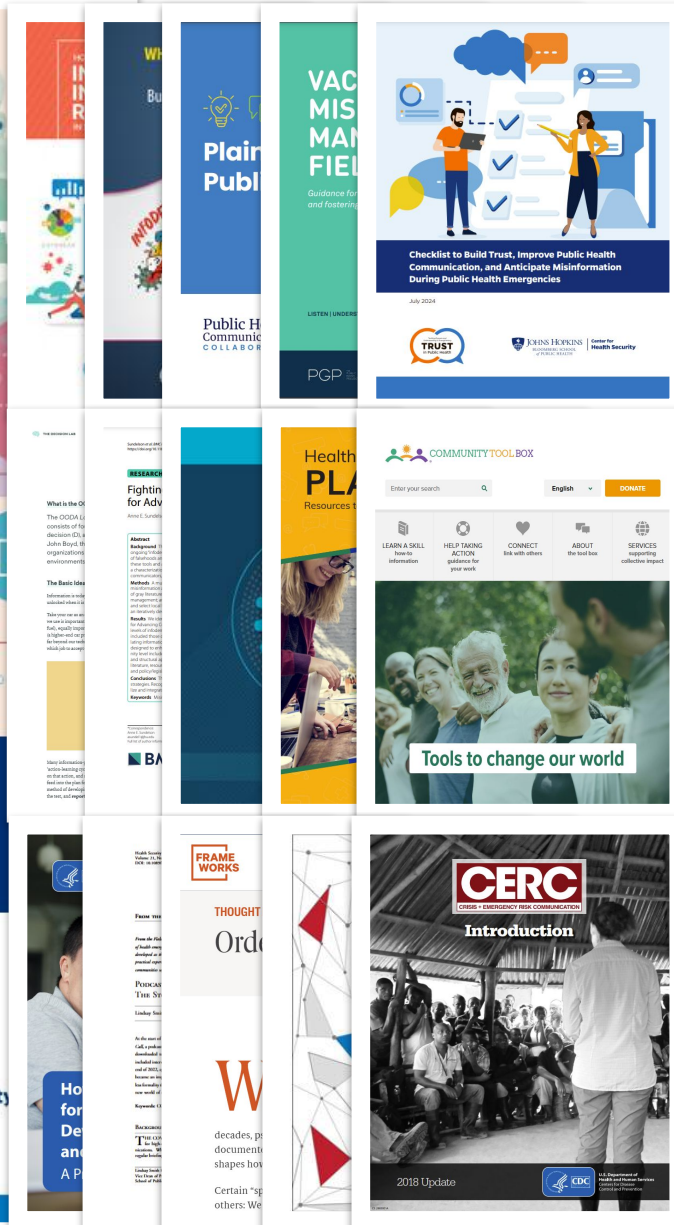
Improve public health emergency preparedness and response in Region 3



Practical playbook for addressing health misinformation

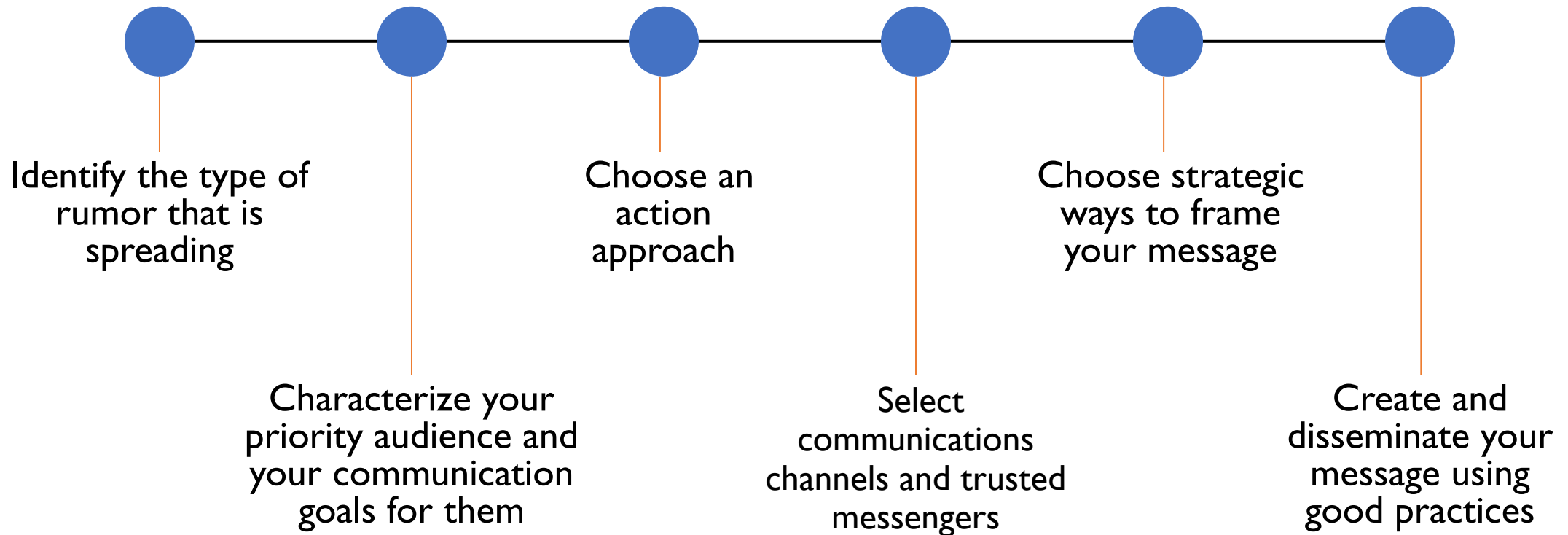
February 2024

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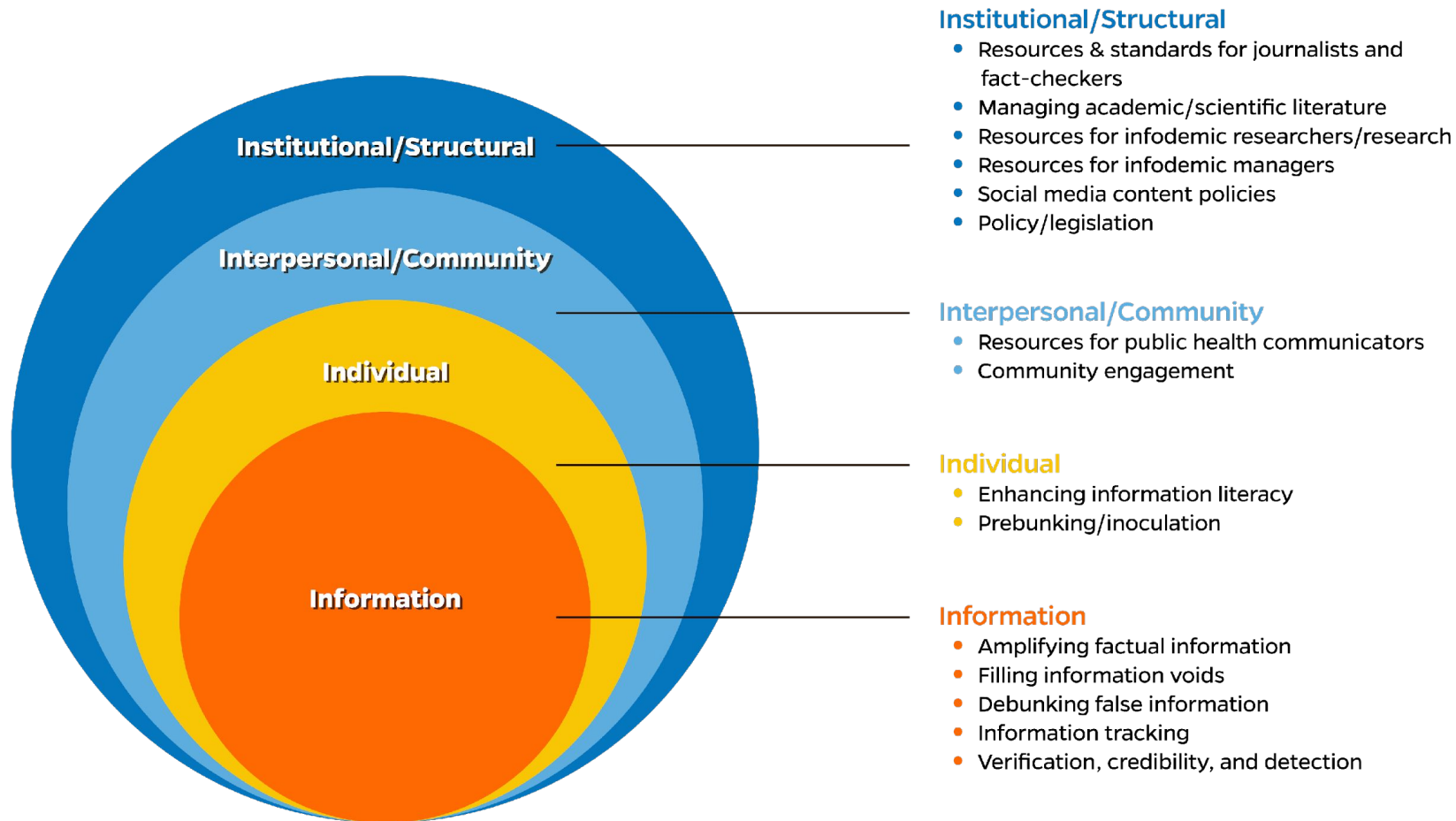


centerforhealthsecurity.com/trust

Take action to address rumors



Constellation of Imperfect Interventions



Sundelson AE, Jamison AM, Huhn N, Pasquino SL, Sell TK. Fighting the infodemic: the 4 i Framework for Advancing Communication and Trust. *BMC Public Health*. 2023;23(1):1662. doi:10.1186/s12889-023-16612-9



Questions?



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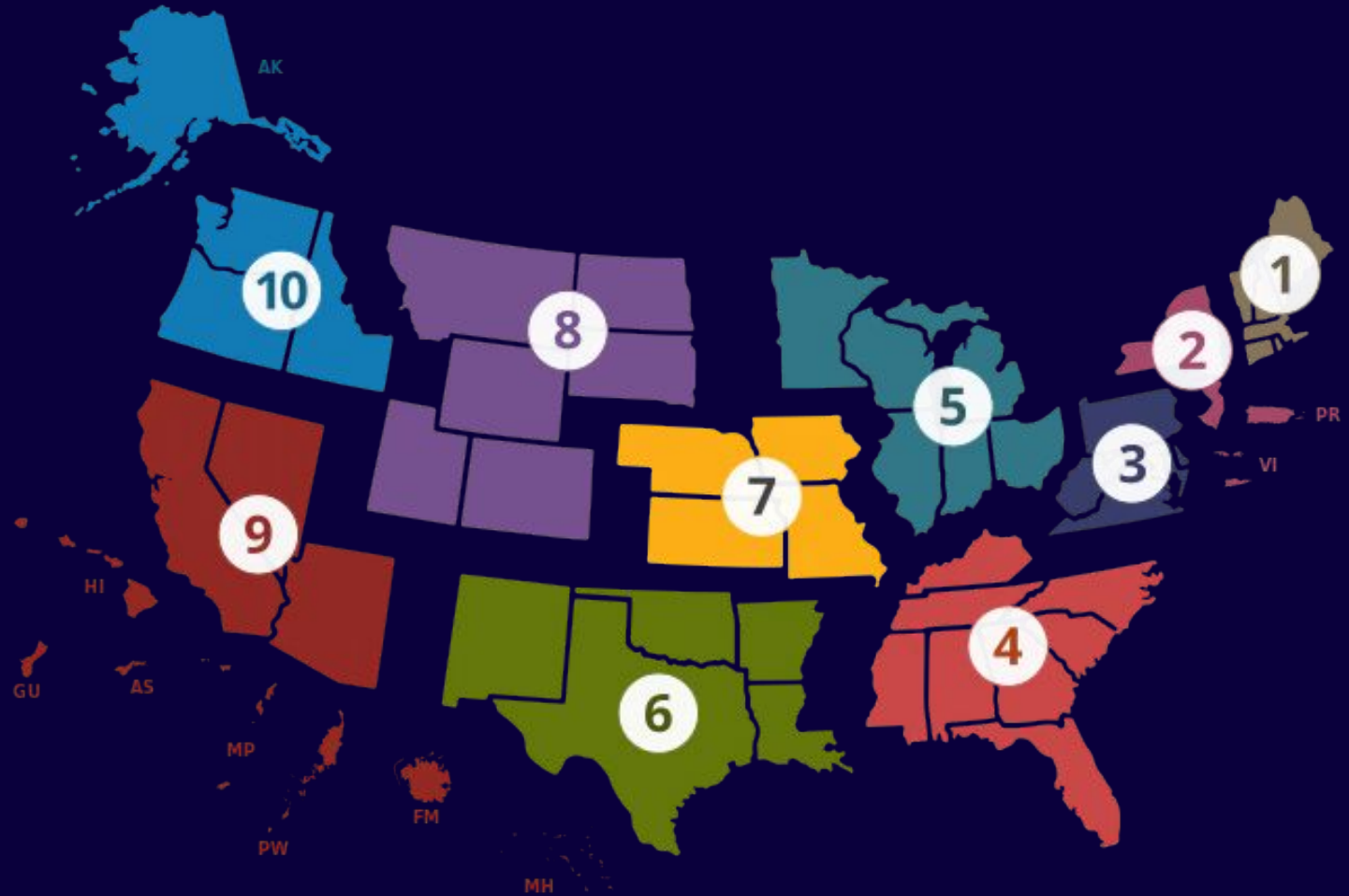
Center for Health Security

Regional Center- Lightning Talks

Region 3

Region 4

Region 10



Region 4 Center for Public Health Preparedness and Response

University of North Carolina
Gillings School of Global Public Health

NACCHO Preparedness Summit, April 2025



THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Region 4 Leadership and Org Structure

- Balance of academic and practice-based experience in CPHPR Staff
- Informed by practice-partners on Steering Committee, Collaborative Partners, and Supporting Agencies
- Maintaining ties between past initiatives (CPHP, PERLC, PERRC) and current work at UNC



* Region 4 CPHPR leadership team

Operationalizing the Region 4 Five-year Workplan

- Applying evidence-based strategies to priority topics to build responder capacity and capability
 - Contribute to evidence, leverage existing resources as available
 - Address priorities through scalable approach
- Current work:
 - Strategic planning, peer-learning and coaching to address harmful health rumors
 - Planning responder resilience implementation

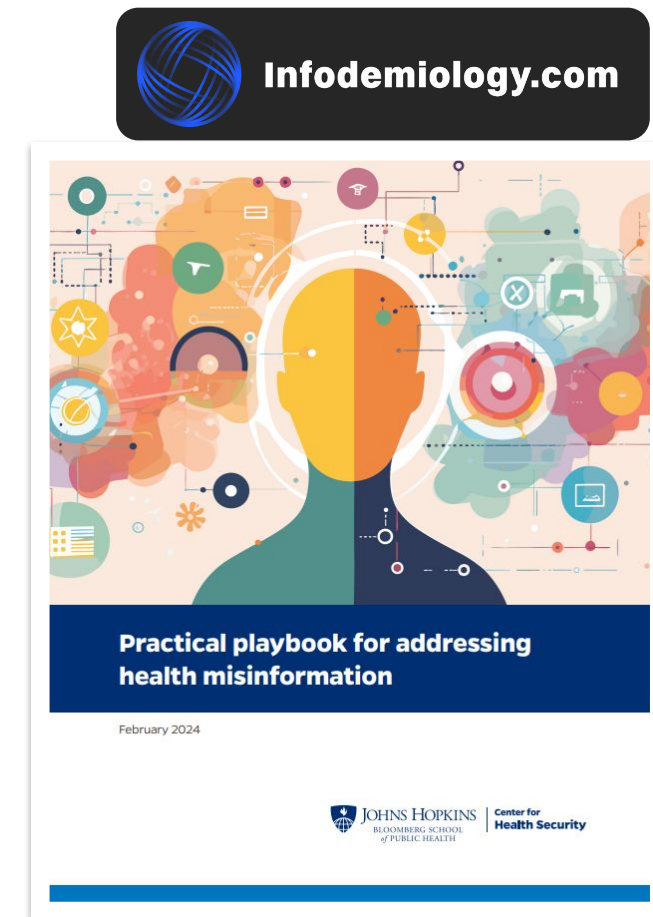
Region 4 Center for Public Health Preparedness & Response 5-year Regional Workplan Focus Areas and Priority Topics

1. PH Workforce Development & Integration	2. Communications	3. Planning for Emerging & Evolving Threats
<p>A. Build responder resilience and support responder mental health</p> <p>B. Adapt surge capacity planning based on lessons learned from COVID-19</p> <p>C. Ensure coordination across response agencies</p> <p>D. Develop partnerships outside of government agencies</p>	<p>A. Prevent and address harmful health rumors about public health threats</p> <p>B. Build capacity of public health to communicate across values in a diverse environment</p> <p>C. Improve the public knowledge and awareness of public health threats</p>	<p>A. Build adaptable preparedness and response capacity scalable specific events</p> <p>B. Build capacity to respond to threats not often seen in your area but becoming more prevalent</p> <p>C. Modify surveillance strategies for detecting emergent threats</p>



Year 1 Priority: Addressing Harmful Health Rumors

- **Objective:** Implement and evaluate strategic interventions that anticipate harmful health rumors (HHRs) and potential loss of trust and utilize counter-messaging to build trust and ensure communities have the information they need to protect their health.
- **Year 1 Approach:**
 - Identify up to 6 “early adopter” sites (local, state, and tribal health departments) would like coaching to improve their public health messaging related to harmful health rumors
 - 14-week timeframe with peer-learning sessions with discussion, review of materials, and knowledge sharing
 - Provide site-specific coaching and TA as requested
 - 6 month “early adopter” phase with evaluation at baseline, 3mo, 6mo followed by refining and scaling materials
 - **Currently recruiting Region 4 early adopter agencies for summer 2025**
- **Year 2 Next Steps:** Improve tools and supports to scale model to broader audiences across Region 4
- **Program Outcomes:**
 - Structured approach to detecting and addressing HHRs at health agencies
 - Increased awareness of accurate health information across communities
 - Incorporate processes into agency preparedness plans



How to Engage with Region 4 CPHPR

- Connect after this session or during the rest of the conference
- Reach out to John Wiesman or John Wallace (john.wallace@unc.edu)
- **Recruitment for harmful health rumor coaching closes May 2nd (act now!)**
 - Scan QR code to access interest form:
 - <https://go.unc.edu/preparedness-interest>

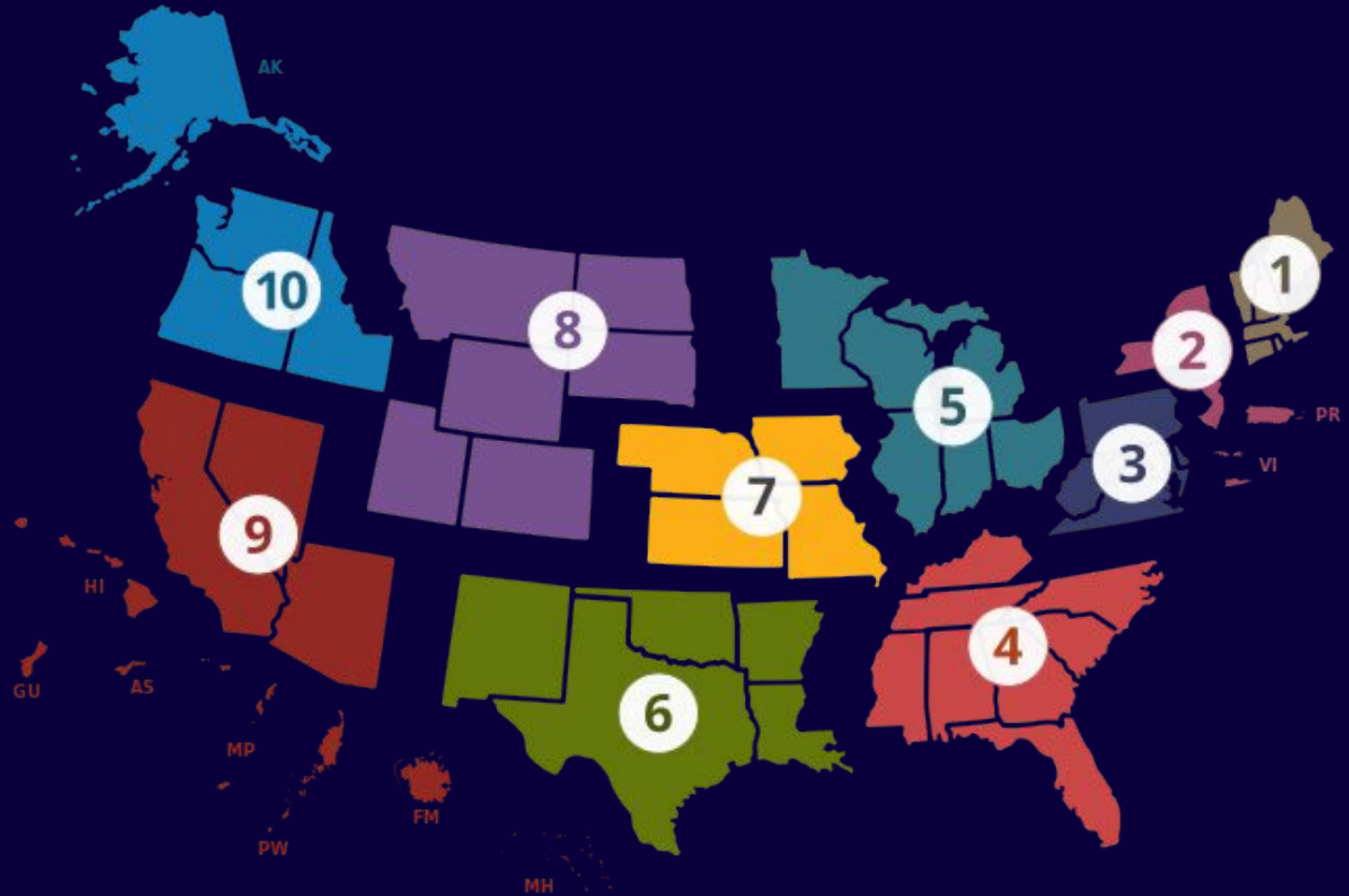


Regional Center- Lightning Talks

Region 3

Region 4

Region 10



Region 10: Northwest Center for Evidence-Based Public Health Preparedness and Response

Nicole A. Errett, PhD, MSPH
Center Director



CENTER FOR DISASTER RESILIENT COMMUNITIES

UNIVERSITY of WASHINGTON

Center Goals

- Promote coordination and collaboration among Region 10 state, tribal and local health departments and their partners to support evidence-based PHEPR practice;
- Improve the availability and uptake of culturally and community appropriate PHEPR EBSIs in Region 10; and
- Enhance the capabilities and capacities of Region 10 PHEPR practitioners to implement evidence-based PHEPR practice.





Center Objectives

- 1. Convene the community**
- 2. Review the evidence**
- 3. Create community and culturally tailored approaches**
- 4. Implement EBSIs in Region 10 contexts/communities**
- 5. Provide training and technical assistance**

Center focus areas



Communications



Workforce capacity and leadership



**Assessing and addressing current capabilities
and future hazards**

Steering Committee



Workforce Capacity and Leadership

Crisis
decision-makin
g and
leadership

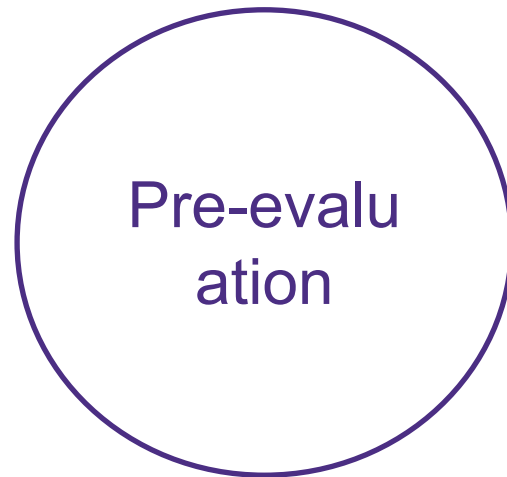
Workforce
retention

Worker
resilience

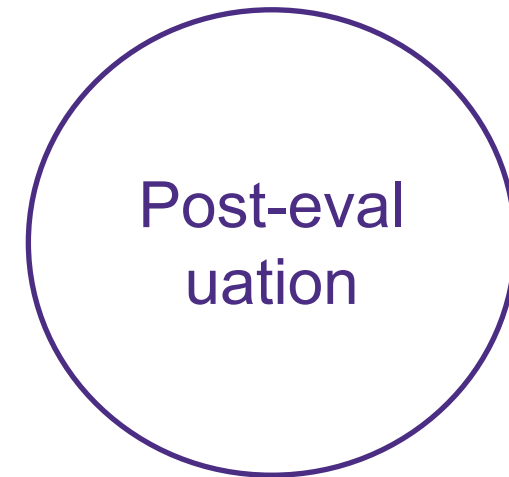
Conceptualizing Crisis Leadership

Riggio, R. E., & Newstead, T. (2023). Crisis leadership. <i>Annual Review of Organizational Psychology and Organizational Behavior</i> , 10(1), 201-224.	Kim, S. J. (2021). Crisis leadership: An evolutionary concept analysis. <i>Applied nursing research</i> , 60, 151454.	Balasubramanian, S., & Fernandes, C. (2022). Confirmation of a crisis leadership model and its effectiveness: Lessons from the COVID-19 pandemic. <i>Cogent business & management</i> , 9(1), 2022824.	Al-Dabbagh, Z. S. (2020). The role of decision-maker in crisis management: A qualitative study using grounded theory (COVID-19 pandemic crisis as a model). <i>Journal of Public Affairs</i> , 20(4), e2186.
Communicating	fast, and frank communication	Openness and communication	
Sensemaking	Clear		
Decision-Making	Decision-making and fair prioritization	Adaptiveness; Decisiveness	Decision-making
Coordinating Teamwork	High degree of collaboration; Building trust	Consultation and collaboration	Team confidence
Facilitating Learning	Sharing of information		Information sharing
	Competency of the leader	Adaptiveness; Resilience and Courage; Decisiveness: Compassion and care	Professional competence for decision-makers; decision-making skills
		Employee empowerment	

Our Vision for a Crisis Leadership Academy



Introduction to the institute
Module 1: Communicating
Module 2: Sensemaking
Module 3: Decision-Making
Lunch
Module 4: Coordinating Teamwork
Module 5: Facilitating Learning
Synthesis activity
Closing



+ Peer-to-peer mentoring

About the ECHO Model

Inspired by the way clinicians learn from medical rounds during residencies, the ECHO Model® has evolved into a learning framework that applies across disciplines for sustainable and profound change.



Our Model

During an ECHO session, participants present real (anonymized) cases to the specialists—and each other—for discussion and recommendations.

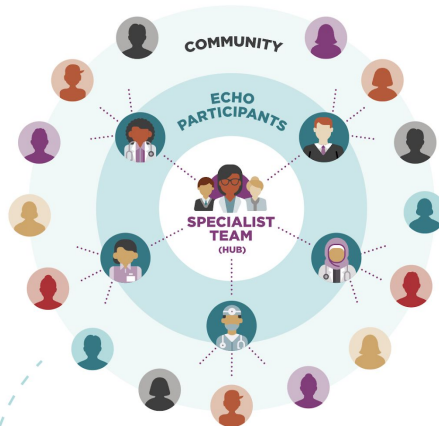
Participants learn from one another, as knowledge is tested and refined through a local lens.

This continuous loop of learning, mentoring and peer support is what makes ECHO unique, with a long-lasting impact far beyond that of an in-person training, webinar or e-learning course.

Our knowledge-sharing model brings together specialists from multiple focus areas for a robust, holistic approach.



All Teach, All Learn



We call it “all teach, all learn.”

ECHO participants engage in a virtual community with their peers where they share support, guidance and feedback. As a result, our collective understanding of how to disseminate and implement best practices across diverse disciplines continuously improves and expands.

700

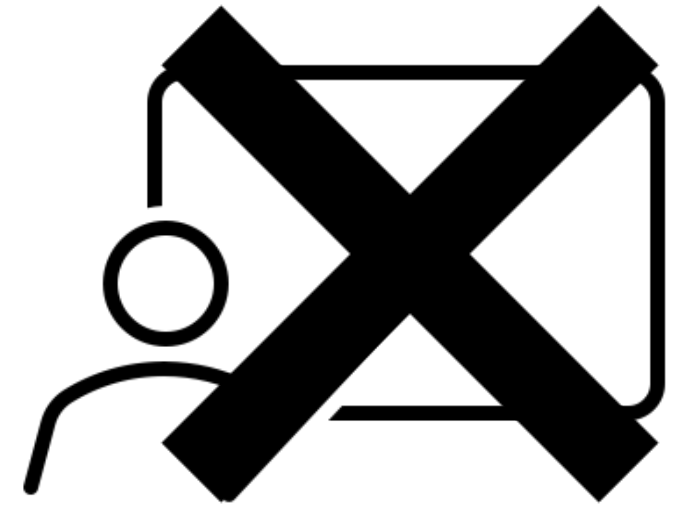
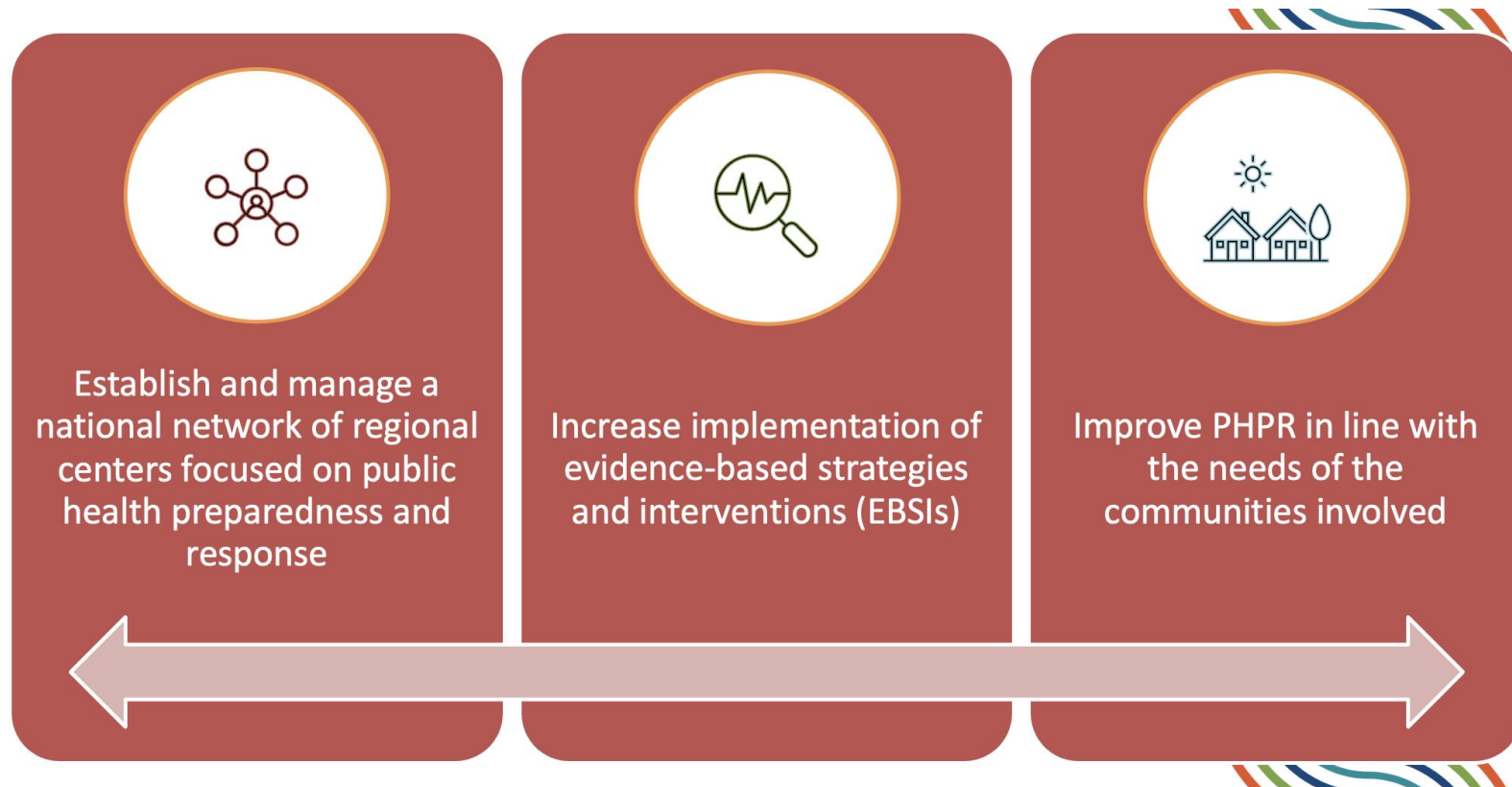
Supported by Peer-Reviewed Research

A growing body of research consistently demonstrates the efficacy and sustainability of the ECHO telementoring Model across disciplines, including health care and education.

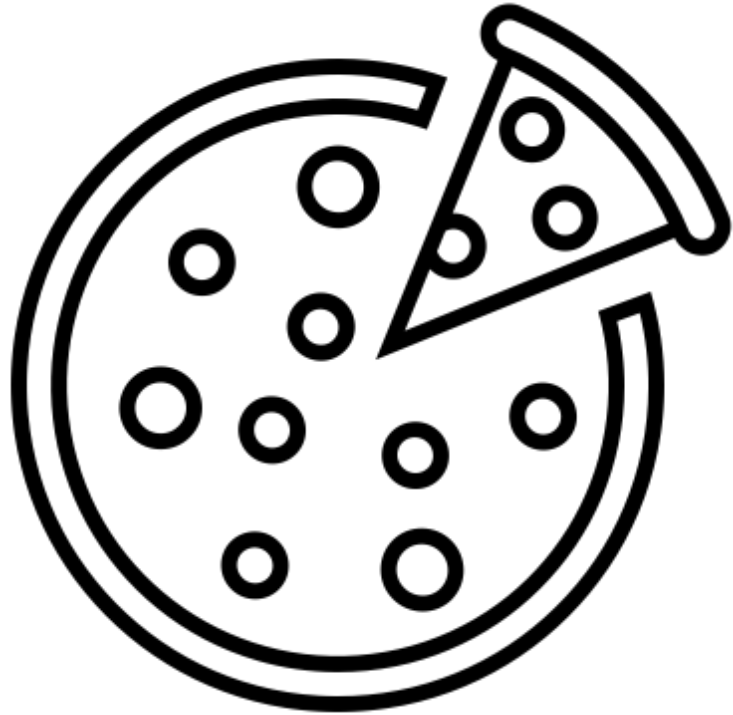
[Publications Dashboard](#)

<https://projectecho.unm.edu/model/>

Looking forward: opportunities and challenges



*CDC PHEPR
centers program
goals do not
include training*



Scaling and sustaining requires expansion of resources in the PHEPR space

- > **We need more evidence**
- > **We need more capacity**
- > **These are complementary goals!**

Thank you!

nerrett@uw.edu



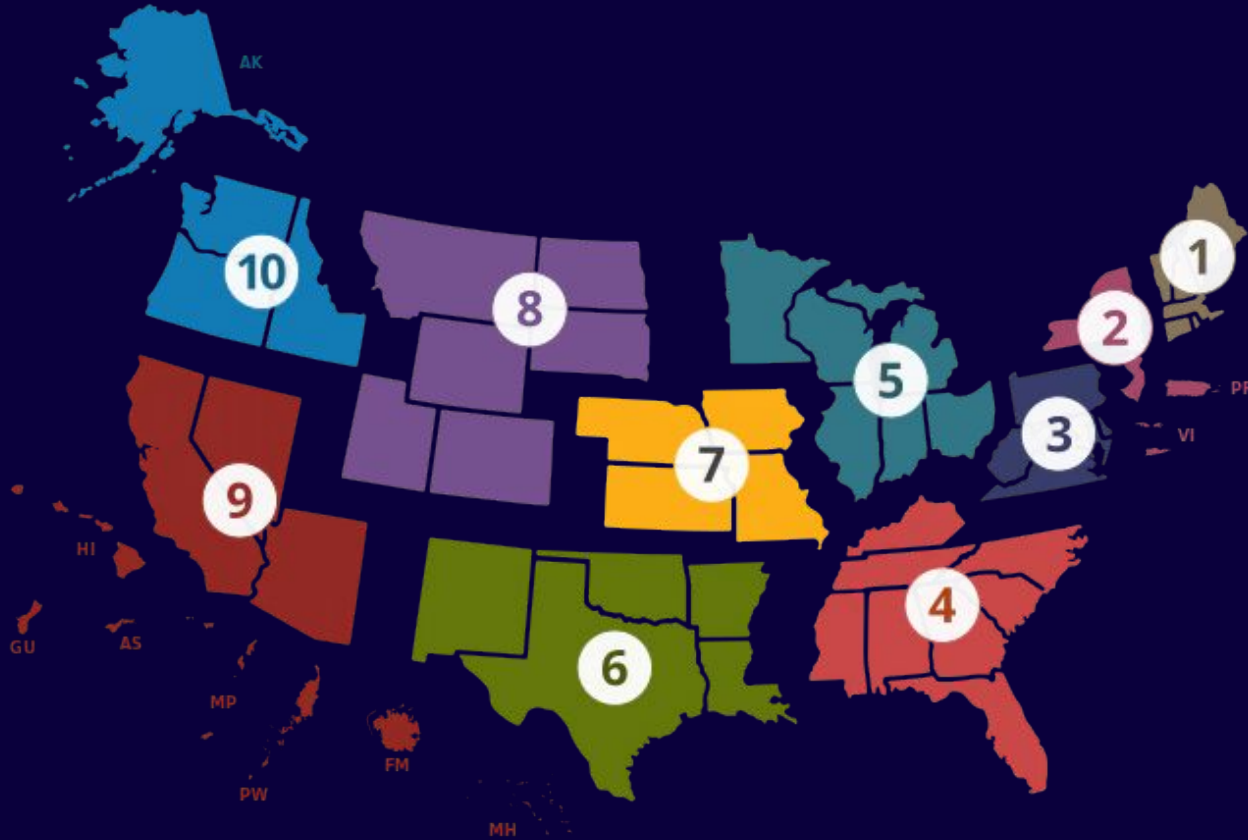
CENTER FOR DISASTER RESILIENT COMMUNITIES
UNIVERSITY *of* WASHINGTON

Brief Q&A

Breakout Groups

- Each Center will have a separate space to meet with Prep Summit attendees from their Region
- Each region will share on their progress, work plans, interventions, evaluations, and next steps
- Q&A with Breakout Session attendees

Room Assignments



Region	Room
Region 1	Room 207A
Region 2	Room 215
Region 3	Room 216A
Region 4	Room 217C
Region 5	Room 214D
Region 6	Room 207B
Region 7	Room 217B
Region 8	Room 214B
Region 9	Room 214C
Region 10	Room 209