

Major Findings of the Working Group on Community Engagement in Health Emergency Planning

1. **Members of the public are first responders and outbreak managers, too.**

Disasters and epidemics are big shocking events that require the judgment, effort, and courage of many people, not just authorities. Research shows that family, friends, coworkers, neighbors, and total strangers often conduct search and rescue activities and provide medical aid before police, fire, and other officials arrive. During epidemics, volunteers have helped run mass vaccination clinics, nurse home-bound patients, support the sick and their families with basics like grocery shopping and childcare, and participate in political decisions about drug development and disease prevention.

2. **Stockpiling in case of an emergency is both too much and too little to ask of Americans.**

Social networks and public institutions that help people provide and receive help are critical to surviving a disaster, more so than basement stockpiles of canned goods. Because many Americans struggle to put food on the table everyday and because many have no homes in which to “shelter in place,” realistic planning entails much more than a list of things people should buy to protect themselves. Officials need to work with citizens and community-based organizations before disaster strikes to promote all the ways the public can contribute to preparedness, including taking part in policy decisions, building more robust volunteer networks, and obtaining support for tax or bond measures that help reduce vulnerability and improve health and safety agencies. American ideals about self-sufficiency can inadvertently stymie preparedness by undervaluing the benefits of mutual aid.

3. **“Citizen” preparedness must look outside the individual home to the civic infrastructure.**

People live, work, play, worship, and vote together, and these networks form a local infrastructure that should be involved in disaster planning. This approach to disaster readiness improves upon today’s mass education efforts directed at a largely anonymous and individuated “public.” The civic infrastructure represents many heads, hands, and hearts—real persons bonded to one another who hold knowledge, experience, skills, and goods that can help emergency response and recovery. For example, trade groups, neighborhood associations, faith communities, fraternal organizations, chambers of commerce, ethnic centers, voluntary associations, and social service agencies all have members and contacts who can help each other as individuals, or who could be called upon as a group to help others.

4. **The civic infrastructure has much to offer before, during, and after an event.**

Before a disaster happens, the civic infrastructure can raise awareness, energize trust in authorities, help decide fair and feasible contingency plans, set realistic expectations about communitywide resources, and delineate shared responsibilities to protect against mass tragedy. During the crisis, civic networks can relay self-protective advice, reach out to people who do not use mainstream media or who do not trust public officials, provide information about what is really happening on the ground, and give material and moral support to first responders and health professionals. Following an emergency, the civic infrastructure can help recovery by providing comfort and reassurance to citizens in ways that government cannot, and by recommending improvements to public policies that guard against extreme events and that shape future response and restoration.

5. Adept crisis managers engage community partners prior to an event, and not just hone their media skills.

Recently, officials have improved public education and crisis communication efforts for natural disasters, terrorist attacks, and health emergencies like pandemic flu. They have relied on press releases, pamphlets, websites, and other mass media, and consulting with target audiences through focus groups and advisory panels has helped make the messages more meaningful. But in each of these instances, information flows in one direction—from officials to the public, or vice versa—and officials determine when information is released. Community engagement, on the other hand, is a two-way exchange of information that allows for joint learning and problem solving over time and that outlines the responsibilities of authorities, local opinion leaders, and citizens at-large about a matter of public concern.

6. Partnerships provide leaders the wisdom and courage to weigh tradeoffs and confront difficult scenarios.

The community engagement model keeps a dialogue going about complex issues, and it brings together diverse parties to create and implement solutions. This kind of collaboration has helped communities navigate through tough issues that combine personal values with scientific and technical information, including “brown field” management, environmental health, and nature conservation. Health emergencies pose ethical issues such as: who should receive the limited supplies of life-saving medical resources, and where is the balance between personal civil liberties and government controls to prevent the spread of disease. Dilemmas such as these should be planned for in advance and with input from local opinion leaders and community members, so that when a crisis situation is evolving, authorities can exercise better judgments that represent citizens’ best interest and reflect the community’s wishes.

7. Certain ingredients are necessary for genuine community engagement.

Like other enduring public works—roadway maintenance, economic development, etc.—community engagement in health emergency policy requires top level support, proper budgeting, dedicated personnel, careful planning, and tracking of success. Disasters and epidemics are high impact, low probability events, and not at the forefront of most peoples’ minds; so involving citizens in the policymaking process will more likely succeed if laid upon some prior structure. Deliberate outreach—through trusted intermediaries—to groups who are typically absent from the policymaking table will be necessary to include the perspectives of the poor, the working class, the less educated, recent immigrants, and people of color. Institutionalized resources to interface with civic groups are a measure of good government.

8. The community needs strong health and safety institutions with which to partner.

There are several recent disasters that highlight survivors’ creative coping and the generosity of others: people taking in strangers displaced by Katrina, the ad hoc fleet ferrying people away from lower Manhattan and the smoldering twin towers, physicians volunteering to work at understaffed Toronto hospitals during the SARS outbreak. Private industry, civic groups, nonprofits, and individuals all play important roles during extreme events. Government need not and should not act alone, but sharing the burden of immense and unexpected tragedy requires strong and vital health and safety agencies. Public institutions have the ability to act in ways that the well-intentioned and under-resourced cannot, as well as the obligation to spur the best use of communally held resources.

For the full report see: M Schoch-Spana, C Franco, JB Nuzzo, and C Usenza on behalf of the Working Group on Community Engagement in Health Emergency Planning, “Community Engagement: Leadership Tool for Catastrophic Health Events,” *Biosecurity & Bioterrorism* 2007; 5(1):8-25. Available at www.upmc-biosecurity.org.

What Community Engagement in Policymaking for Disasters and Epidemics Looks Like and Can Do

Montgomery County (MD) health department is exploring the concept of “neighborhood support teams” with civic organizations and homeowners associations to foster mutual assistance among neighbors and to improve communications between county residents and officials during a health emergency like pandemic influenza.

CARD - Collaborating Agencies Responding to Disasters (Alameda County, CA) emerged after the 1989 Loma Prieta earthquake to train and unite service providers as a safety net for people with limited ability to address their own disaster-related needs—seniors, children, the disabled, the homeless, non-English speakers, and low income families.

Allegheny County’s (PA) predominantly white emergency officials met with the local black community for the first time at a disaster preparedness forum in 2006 co-hosted by the Urban League of Pittsburgh and The Healthy Black Family Project, a University of Pittsburgh health promotion and disease prevention project with 4,600 enrollees.

Residents of Grand Bayou (LA), a Cajun and Native American ocean-farming community, have partnered with state and local government, business, the faith community, and university-based experts to tackle mounting coastal dangers; one such effort is hazard mapping that incorporates indigenous knowledge about historic environmental transformations.

As a requirement of the 1990 Ryan White Care Act, people personally affected by HIV/AIDS sit alongside government leaders, public health officials, and heads of community-based organizations to help set local spending priorities for federal funds—whether primary medical care, case management services, volunteer labor power, etc.

In 2005, the Harris County (TX) Citizens Corps helped manage 60,000 volunteers in setting up a “mini-city” at the Houston Astrodome to host 65,000 Katrina evacuees.

During the 1947 smallpox outbreak, NYC health officials vaccinated >6.3 million people in 4 weeks (>5mil alone in the first 2 weeks) using private physicians and volunteers from the Red Cross, teachers’ groups, women’s clubs, and civil defense groups; this partnership helped staff free clinics in 12 hospitals, 84 police precincts, and every public and parochial school.

Greater Seattle (WA) residents, businesses, and emergency managers collaborated on “Disaster Saturday,” a preparedness and survival training for the public about earthquakes. By the time the 6.8 Nisqually earthquake hit in 2001, 1,000 people had taken the training, and at least 300 of them had retrofitted their homes, none of which were damaged in the quake.

In 2005, the Public Engagement Pilot Project for Pandemic Influenza held public deliberations about guidelines for the best early use of limited vaccine in a flu pandemic; citizens-at-large participated in regional meetings followed by a national meeting among stakeholders from health, government, consumer advocacy, and minority organizations.

In a multi-day blitz, 29,000 Berkeley households received disaster readiness door hangers in 2006; Disaster Resistant Berkeley (a former Project Impact recipient) funded the campaign from a special preparedness city tax and used student volunteers from the University of California.

About the Working Group

The Working Group (WG) on Community Engagement in Health Emergency Planning was an advisory body convened by the Center for Biosecurity of the University of Pittsburgh Medical Center in 2006. The purpose of the group was to counsel government leaders and public health and safety professionals on the value and feasibility of active collaborations with citizens and civil society institutions in preparing for, responding to, and recovering from an extreme health event.

Members included decision makers at local and national levels of government; public health officials who have responded to high-profile events; heads of community-based partnerships for public health and/or disaster mitigation; and subject matter experts in civic engagement, community development, risk communication, public health preparedness, disaster management, health disparities, and infectious diseases. Individual member biographies are available at www.upmc-biosecurity.org.

Informing the WG's deliberations and final recommendations were members' experiences and professional judgment as well as evidence obtained by the review of relevant literatures including social and behavioral research into hazards, disasters, and epidemics; the theory and practice of public participation and deliberative democracy; and medical and public health management of extreme events including pandemic influenza.

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The Center for Biosecurity

The Center for Biosecurity is an independent, nonprofit organization of the University of Pittsburgh Medical Center (UPMC). The Center works to affect policy and practice in ways that lessen the illness, death, and civil disruption that would follow large-scale epidemics, whether they occur naturally or result from the use of a biological weapon.

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