

Steps for Government and Civic Leaders to Act on Working Group Findings

In the context of a health emergency, strong partnerships between authorities and local civic networks can augment officials' ability to govern in a crisis, improve application of communally held resources, and reduce social and economic costs. Based on an analysis of this core working group finding in relation to the present policy context, the Center for Biosecurity offers practical steps forward at all levels of leadership:

FEDERAL AUTHORITIES should make a sustained national investment in local health emergency preparedness systems that collaborate with civic groups and incorporate citizen input. Important first steps include:

- HHS, when drafting guidance to state/local grantees of the Cooperative Agreement Programs for Public Health and Hospital Preparedness, should convey the value of civic partnerships (as distinct from mass education) to foster neighborhood readiness and to consult, in advance of an event, on communitywide decisions regarding scarce medical resources, altering standards of care, and emergency distribution of medicines.
- Congress, when making FY08 and future appropriations, should fund “risk communication and public preparedness” at a level commensurate with their status as “essential public health security capabilities” as identified in Sec. 103 of PAHPA.* Specifically, Congress should authorize funds that support state/local health agencies in hiring the fulltime staff necessary for community engagement in preparedness and that vitalize the Citizens Corps in more localities.
- HHS and DHS—in their joint efforts to expand the Lessons Learned Information System (LLIS) as required by PAHPA—should facilitate the collection, analysis, and sharing of best practices related to civic engagement, volunteer mobilization, and other forms of public involvement in disaster and health emergency management.

MAYORS, GOVERNORS, and COUNTY EXECUTIVES should provide the political support and visibility necessary to institutionalize preparedness partnerships between civic groups and health and safety officials. Key actions include:

- Provide financial and programmatic support for a full-time qualified coordinator within the health department (or emergency management office) with experience in community engagement
- Assess your own administration's means to engage local opinion leaders and citizens at-large (e.g., advisory boards, neighborhood liaison offices, health education and outreach staff) and how these might be tapped for health emergency objectives
- Build community engagement into present pandemic flu preparedness efforts, with special attention to plans to: (1) contain the spread of contagious disease; (2) care for large numbers of sick people when hospitals are overburdened; and, (3) handle the dead with dignity in the face of mass fatalities

HEADS OF COMMUNITY-BASED GROUPS should contact their political representatives, as well as local health officers and emergency managers, to offer advice on a community engagement structure, and at the same time, work with officials to:

- Obtain guidance on organizational continuity planning,
- Ascertain pre-event protocols for volunteer integration, and
- Discuss a possible “memorandum of understanding” regarding how the group might mobilize its own network as part of a pre-event education campaign and/or crisis & recovery support system

* *The Pandemic and All Hazards Preparedness Act (PL 109-417) was signed into law on December 19, 2006.*