

A PILOT PROJECT USING NON-TRADITIONAL COMMUNITY PARTNERS FOR RISK COMMUNICATION

Risk Communication Training for Non-Clinical Health Department Staff and County Extension Staff in Times of Disasters

Prepared by

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Executive Summary

Within the United States, the potential for the use of weapons of mass destruction (WMD) by terrorist has become a major national security concern. Continuing fears of attacks on U.S. soil haunts Americans. The recent events both abroad and within the United States have left an unsettling aura of stress, confusion, anger, frustration and bitterness. Organizations and agencies are realizing that they need to collaborate and partner with like agencies and organizations in addressing the issues of homeland security and bio-terrorism. In Kentucky there are 120 counties and in each of these counties there is a public health department and a county extension office. Both of these agencies have a common goal of responding to the public's need in health and other services. One might not readily think of a partnership between the Kentucky Department for Public Health and the Kentucky Cooperative Extension System as one that would be logical and feasible, however the Cooperative Extension Service has a proven foundation in delivering disaster education. Most public health departments have disaster plans that clearly define what clinical personnel will be doing, but the non-clinical personnel's task have been poorly defined. This tabletop exercise was designed to cross train extension personnel and public health non-clinical personnel to understand each other's responsibilities, to blend the resources to best respond during a disaster, and test the ability to disseminate risk communication to the community. Without exercises like this one, a community will not have people who are properly prepared to adapt plans and be creative in a time of crisis.

Risk Communication Training for Non-Clinical Health Department Staff and County Extension Staff in Times of Disaster

Introduction/Background

In Kentucky there are 120 counties, and in each of those counties are a public health department and a county extension office. Both of these agencies have a common goal of responding to the public's need in health and other services. During an act of terrorism or other disasters it will take all available resources to respond to the public needs. Most public health departments have disaster plans that clearly defines what clinical personnel will be doing, however, non-clinical personnel's task have been poorly defined. With the need to maximize resources it seems logical that these two systems would develop a partnership, that in the event of a disaster, they could draw on each others strengths.

Project Description

To cross train county extension personnel and public health non-clinical personnel to understand each other's responsibilities and to blend the resources to best respond during a disaster. To jointly participate in a table top exercise to test the cross training and the ability to disseminate risk communication to the community.

Objectives

To develop a plan that would utilize public health and county extension personnel to maximize resources to deliver risk communication to the community in times of disasters.

To cross train like-professionals in risk communication to assist each other during disasters.

Methodology

Non-Clinical health department personnel were recruited from the Northern Kentucky Independent Health District in Boone County Kentucky as well as county extension offices in Boone, Kenton, and Carroll counties. Each was asked to voluntarily participate in a one day bio-terrorism tabletop exercise located at the Boone County health clinic, Burlington Kentucky. The training would begin at 9:30 am and end at 3:30 pm. Each participant went through a brief overview of the project and its goals, responsibilities of each person in the event of a disaster, and a risk communication component to conclude the morning activities. The actual table top exercise followed in the afternoon, concluding with discussion and final wrap-up.

Essential Public Health Services

Essential public health service four clearly is established by this innovative project done in collaboration with the public health system and the Kentucky Cooperative Extension System. This effort would demonstrate how community partners can come together and maximize their resources and deliver effective risk communication to their stakeholders.

Essential Public Health Services #3

Inform, educate, and empower people about health issues

This is imperative in the event of a disaster so that utter chaos and panic do not jeopardize public safety in communities. It also gives the community the knowledge it needs to make informed decisions and act responsibly in times of crisis.

Essential Public Health Services #8

Assure a competent public health care workforce

Persons delivering information to the public need to be trained and evaluated as to whether they can competently deliver risk communication messages, which are perceived as reliable and trustworthy.

Results

The goal for the exercise was to test the ability of the public health and Kentucky Cooperative Extension System to identify the emerging crisis and develop appropriate messages and available resources to deliver risk communication to the public. Four objectives were also outlined for this bio-terrorism tabletop exercise: 1. To define and integrate the missions of the public health department and Kentucky Cooperative Extension System staff as it concerns disasters and risk communication. 2. To test the ability to activate non-public health partners during times of crisis. 3. Based on knowledge, relationship with community and resources available, develop a plan on how best to integrate these resources into a response team. 4. To package a risk communication message and demonstrate ability to deliver it using non-clinical personnel. Of the four objectives, two were accomplished by the end of the day. Clearly the similarities of the two missions of the Kentucky Cooperative Extension system and the Public Health department were identified as well as noting that those represented, were non-traditional partners, coming together in the event of a natural disaster or bio-terrorist event. As the participants went through the exercise they identified the causative agent and what needed to be done in terms of an epidemiological investigation. What was not clear by the end of the exercise however, was how best to develop a plan on integrating resources into a response team and comfortably delivering a risk communication message.

Conclusions

Several assumptions were made in the planning and implementation of the tabletop exercise. One being that, partnerships already existed at the local level between the local county health department and the county extension office and the other that county extension personnel knew vital information as it related to disaster planning and implantation. Knowledge of who their local emergency operations manager (EOM) is, the location of the emergency operations center in their county, and knowledge of their local disaster operation plan (DOP) are critical if they are to effectively participate as an equal and credible partner in times of natural disaster. As the participants moved through the table top exercise they clearly noticed the missing links within their respective organizations and conversation quickly moved to how to get both entities at the table for participation and planning. Each seemed very interested in either themselves being the initiator of such future conversations or identifying someone else in their organizations to be the liaison. I have no doubt that this area in Northern Kentucky will continue to work together in establishing a viable partnership between the public health department and the Kentucky Cooperative Extension System

Leadership Development Opportunities

Vivian

Being absorbed in the day to day health related programming (cancer, cardiovascular disease, and diabetes) in extension this has afforded me the opportunity to experience how our public health department is responding to the threat of bio-terrorism/weapons of mass destruction and natural disasters. I enjoyed learning the chain of command, the flow of information, how it is delivered, and ultimately how both entities realized the need for each other. We are living in troubling times with war and heightened Homeland security, it is my hope that this partnership will continue not only in the four county area of the Northern Independent Health District, but will be adopted by other counties/communities across the commonwealth.