

SOUTHEAST PUBLIC HEALTH LEADERSHIP INSTITUTE

COMMUNITY PLANNING FOR PANDEMIC INFLUENZA

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Southeast Public Health Leadership Institute

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Abstract

The purpose of this project was to:

- Increase the awareness of the key stakeholders and the community of pandemic influenza
- Increase the awareness of the key stakeholders of the county of the situation that may occur in the event of a pandemic health threat, in this case, influenza.
- Promote the communication and planning capabilities of the community.
- Development of a workable plan for the community and for each of their individual organizations.

The Mason County Health Department has been working and well aware of the need and components of such a plan, so it was decided after discussion with the health officer of the health department and the president of the county commission that the health department should take the lead to pull the key stakeholders of the county together for this plan. This decision was further confirmed by the delegation of this task by the WV Bureau of Public Health. It was hoped that these tasks could be accomplished by combined meetings of the key stakeholders, sharing of information and resources and individual planning sessions with the various entities of the county.

After many meetings, individually and group, led by myself with the assistance of the staff of the Mason County Health Department, the key components and concerns of the county were gathered and a community wide plan for pandemic influenza was developed. Along with the community wide plan, it was determined by the group that the key components of a successful pandemic plan would be to increase the awareness of the community on the definition of pandemic influenza, how each individual and business can be better prepared and obtaining personal protection equipment for the community.

This project allowed me to develop leadership skills within the health department by incorporating the ideas and assistance of the staff. Delegation skills, that were difficult for me to execute previously, were enhanced and used with this project. Leadership skills within the community, by becoming the facilitator of the meetings and demonstrating the health department as a valuable resource for the community, were also enhanced with this endeavor.

Introduction and Background

Pandemics, a global outbreak of disease that occurs when a new virus, or a virus that has not been seen in a long time, emerges in the human population, causes serious illness, and then spreads easily from person to person worldwide. Influenza pandemics have occurred throughout the history. During the 20th century, the emergence of several new influenza A virus subtypes caused three pandemics, all of which spread around the world within a year of being detected. These pandemics included:

- 1918-1919, “Spanish flu” [A (H1N1)] caused the highest number of known influenza deaths. More than 500,000 deaths occurred in the United States, and up to 50 million people may have died worldwide.
- 1957-1958, “Asian flu” [A (H2N2)] caused about 70,000 deaths in the United States. This virus spread from China to the United States in four months.
- 1968-1969, “Hong Kong flu” [A (H3N2)] caused about 34,000 deaths in the United States. This virus still circulates today.

Many scientists believe it is only a matter of time until the next influenza pandemic occurs. Influenza pandemics are different from many of the threats for which public health and health-care systems are currently planning:

- A pandemic will last much longer than most public health emergencies and may include “waves” of influenza activity separated by months.
- The number of health care workers and first responders available to work can be expected to be reduced. It is estimated that 40% of the workforce may not be able to work during these phases.
- Resources in many locations could be limited, depending on the severity and spread of an influenza pandemic. When workers can not report to work places, production and delivery of products will not occur.

Because of these differences and the expected size of an influenza pandemic, it is important to plan preparedness activities that will permit a prompt and effective public health response. The U.S. Department of Health and Human Services (HHS) supports pandemic influenza activities in the areas of surveillance (detection), vaccine development and production, strategic stockpiling of antiviral medications, research, and risk communication.

The governor of West Virginia, Gov. Joe Manchin, pledged that the state of West Virginia will have pandemic flu plans for the local government, regions and the entire state. A summit was held on January 12, 2006 where over 500 persons, key stakeholders of each county, was invited to hear Secretary of Health and Human Resources Mike Leavitt and state officials on the importance and urgency of developing pandemic influenza plans. Although, this was not new concepts for local health departments, as we have been working with emergency response plans for health issues since September 11, 2001, for many of the county commissioners, mayors and board of education employees this information was new and overwhelming.

As mentioned before, Gov. Joe Manchin held a statewide summit in January. The local health departments in WV are assigned to regions, with a total of 7 regions in the state. Each region held a regional summit for their key stakeholders. The purpose of the regional summits was to bring the same message to the local representatives of the regions by persons that work on a daily basis with them. Sometimes seeing a familiar face bringing you this important message makes the message much more pertinent to you and your community. The regional summit, held on March 17, 2006, was held in Huntington, WV and attended by approximately 300 persons. Mason County had a good attendance and had representatives from medical, law, local government, emergency responders and local health department participating.

Local public health departments were assigned the task of bringing various entities of their county together to increase their knowledge of pandemic influenza illness and to promote and facilitate planning and preparedness by the community in the event that pandemic influenza should occur. Given the task of bringing together the key stakeholders of a county with a population of 26,000 persons to develop a community wide plan for pandemic influenza was a bit overwhelming to say the least. Key stakeholders of the county included education, law, government officials, health care, faith based groups, business, emergency officials, funeral home directors, and perhaps the largest group of all, the citizens of the county.

With the above ground work prepared, it was time for me to begin to prepare Mason County for the pandemic influenza. As stated before, Mason County has a population of approximately 26,000 persons. The county has three high schools. The reason that this is important to know and why I have interjected this into the project is that a few years back, school consolidation was proposed, and met many negative barriers within our county, almost dividing our county in many areas. These barriers still exist today, with the different areas of the county feeling that other areas receive more attention and funding than their own. So now, the local health department will bring together these persons in a community wide plan for an unknown illness with an unknown arrival time! This was definitely a perceived barrier from the beginning.

Project Description, Objectives and Methodology

The goal of this project was the development of a community wide plan for pandemic influenza for Mason County, a rural county in West Virginia.

The objectives of this project included:

- Increase the awareness of the key stakeholders and the community of pandemic influenza
- Increase the awareness of the key stakeholders of the county of the situation that may occur in the event of a pandemic health threat, in this case, influenza.
- Promote the communication and planning capabilities of the community.
- Increase the awareness and encourage personal planning of the residents of Mason County.
- Development of a workable plan for the community and for each of their individual organizations.

Intervention strategies and methods used included:

- Education on pandemic influenza to the key stakeholders and community by presentations, written materials and individual and community meetings.
- Gathering of information from the community during individual meetings and community meetings on concerns and issues in the event of pandemic influenza arrival.
- Empowering and collaboration by the community in development of community wide plan.

Results

Objective 1: Increasing the awareness of pandemic influenza by the key stakeholders and the community was the number one goal of the planning committee. It was started that individual meetings would be held with the various entities (law, medical, education, government, day care, emergency personnel) to provide an informative meeting on what influenza pandemic was and what the concerns of the individual entities could be. A total of 11 meetings were planned and the key stakeholders were invited by a letter of invitation of the purpose of the meeting. Attendance at these meetings was very disappointing with only a few persons showing up to no persons attending. The meeting for the business community was attended by only one person, the local newspaper reporter. The best attendance was by the day care providers, with both day cares attending, and by the education community. With these disappointing results, and given the task of increasing the awareness, it was discussed and decided by the staff of the health department that a community wide meeting of all the entities would be the next step. Letters of invitation were mailed, once again, but this time I assigned the staff of the health department groups of invitees to call the week before the meeting for a confirmed RSVP and as a reminder. This was a definite success, so much so that the meeting arrangements had to be changed to accommodate the 70-80 people who attended!

At this meeting, each attendee received a 200 page notebook of information on pandemic influenza that was divided into sections for each entity. Each staff person of the health department was assigned a subgroup to facilitate. The health officer as well as the chairman of the board of health also facilitated a subgroup during this meeting. After the subgroups met, a spokesperson for each group presented their key topics of discussion. The key topic was found to be the need to educate the community on pandemic influenza. Further meetings were scheduled throughout the summer with the last meeting being held in August and the approval of a community wide plan. Unfortunately, the attendance of the meetings did fall off. Whether this was due to a time issue of attending the meetings or that as we got closer to having a plan written, the discussion of issues was less.

Development of a brochure that outlined the difference between seasonal and pandemic influenza, ways to prevent the spread of viruses and a list of items to have prepared in your home in the event of an emergency was developed as a result of these meetings. This has become one of the main items for education to be distributed into the community. The staff of the health department that facilitated subgroups prepared a written news release that was published in the local newspaper. Presentations were prepared and the community was informed by letter and newspaper article that the staff of the health department would be available for meetings. As requests were made, I assigned various staff to present this information to the community.

Packets were also developed for each entity. These packets included a CD on “Pandemic: Past, Present, and Future” that continuing education units could be obtained; a modified checklist of activities to prepare for a pandemic; brochures; posters on hand washing and cover your cough; and a priority treatment form to determine the quantity of medication for their employees. Myself and the two nurses of the health department prepared the packets and the visits were assigned and personal visits were made to deliver the packets. One of my colleagues from the SEPHLI team stated he had best results when one on one meetings were arranged. These one on one meetings allowed individual discussion and enabled the community to know that the health department staff was the provider of education and planning in our community.

The health officer of the Mason County Health Department arranged a speaker for the medical staff of the local hospital. Dr. Gary Kinder, Asst. Veterinarian for the Department of Agriculture, provided an informative meeting to the medical staff. Meetings were scheduled for inservice to nursing personnel with letters of invitation mailed to all RNs and LPNs in the county. For those unable to attend, the same information was mailed upon request, with continuing education provided upon completion.

Distribution of the brochures was provided by the ministerial association to various churches in the community; by employers with paychecks; drive thru banks; delivered by home health nurses during visits; during mass flu vaccination clinics; school personnel; physician offices to their patients and upon request by any person in the community. The request for brochures has almost exceeded the supply. Along with the brochures developed by the community, brochures provided by the WVDHHR and a Public Health Guide were made available. The Public Health Guide was made available in large print and Braille and a copy of each was placed in the four local libraries and senior citizen centers.

The efforts to increase awareness of pandemic influenza within the community were successful. The development of a brochure was a success and included many of the components that were suggested by the persons attending the planning meetings. The barriers met were poor attendance in the beginning and decreased attendance in the last meeting.

Objective 2: Increasing the awareness of the key stakeholders of the community of situations that may occur during a pandemic influenza. Many of the key stakeholders that attended the community planning meetings included the county commissioners, the county administrator, the county sheriff, city policemen, OES directors, LEPC members, mayors of local cities within the county, and the health care community. The knowledge level of those attending was definitely increased with the presentations as well as written material that was

made available at each meeting, and so therefore a success. The absence of key persons within the county board of education was a barrier. Individual meetings have been arranged and a person was designated to be the key contact person. This person has since been transferred to another position and the meetings have not been regular. This will be a continued effort.

Objective 3: Promotion of communication and planning capabilities of the community.

The attendance of the first meeting was overwhelming. As stated earlier, at this first meeting key topics were identified. At the subsequent meetings, conversations and sharing of information was clearly identified. This enabled all entities attending to become more aware of the plans that are in place, deficits of those plans and areas for improvement. The OES director presented the concept of incident command to the group as well as the American Red Cross sharing their resources. When the topic of priority of treatment was on the agenda, the discussion that was held was very thoughtful on the needs of the community, knowing that many persons may not be eligible for treatment if supply is not sufficient. It was encouraging to see the attendees recognize the most important people in the community and who would be the most important to be protected so that the continuity of community would be possible. Many of the attendees had never met one another before these meetings, nor were aware of their roles in the community.

Objective 4: To increase the awareness and promote personal planning in the event of a pandemic influenza.

The distribution of the brochures, articles in newspapers, presentations to community groups and the general discussion within the community were all ways that was used to increase the awareness of the community to begin personal planning. The key message that was repeated throughout the meetings was that if every person and business that attended the meetings would personally plan for their families and encourage at least one other person to prepare, then we would perhaps see a snowball effect of preparation in our community. The example of an ice storm that left our community isolated several years ago was used. We would need to be self sufficient for several weeks and not expect any help from outside resources, as they will also be in the same situation.

Objective 5: Development of a community wide pandemic influenza plan. By meeting with the various persons of our community, the regional public health departments, and direction from the DHHR, a draft of a pandemic influenza plan was developed and approved by the planning committee, board of health and LEPC. This plan was submitted to the Bureau of Public Health on August 30, 2006. The components of the plan are being used to continue education, awareness and planning. The OES director commended the staff of the Mason County Health Department at the LEPC meeting in September for the collaborative effort and work, this precipitated a round of applause from the attendees, the first for the health department.

The results have been successful, although I feel that many of the entities will not address the issues until pandemic influenza, more specifically, the avian flu is more prevalent. This is definitely a barrier. This is representative of the NIMBY syndrome (Not In My Back Yard). I also found it difficult to aggressively prepare the community for an event that we have no idea what or when it will arrive. Other barriers were a time issue with the staff and myself. This has been delegated to public health to prepare, but in my case, our staff is limited and other projects and issues of public health need to be met on a daily basis.

One of the major successes of this endeavor has been the leadership role that the health department has taken and been able to collaborate with the various entities of our community providing up to date educational material. Many in the community were not aware of the surveillance and investigation procedures already in place through the health department. It was a success also to educate the community on the planning progress that the county, state and nation is taking on the topic of pandemic influenza.

My mentor is also a county commissioner. He attended the community meetings, giving me comments after each session and encouragement. Discussions re: the best way to provide these meetings, whether individually or as a group were discussed. He approved the draft of the plan as well and commended the health department on their work.

Conclusion

This project will definitely benefit our community, not only for pandemic influenza but for any emergency that affects the majority of the population. The key message of preparedness can be applied to many situations. The leadership role that the Mason County Health Department has demonstrated will be beneficial in all programs that the health department offers as well as being a resource for our community. This project will be an ongoing, ever changing project. The groundwork has been laid but the work will be ongoing. This includes the development of a smaller committee, with at least one representative of each entity, that will meet on a regular basis to discuss issues as well as for a regional tabletop exercise. Keeping the awareness of the possibility of pandemic influenza in the minds of the key stakeholder of our county will be important.

Leadership Development

The art of delegation is a leadership skill that has always been difficult for me to utilize. Being a very task oriented person, I have found in past experiences that it is sometimes easier and quicker to “just do it myself.” This has made my work very hard in the past. It is difficult for me to ask for help as I sometimes see this as a weakness. Faced with the task of community involvement in developing and implementing a plan for pandemic planning was, to put in mildly, very overwhelming. The staff of the health department is very willing to help with any project, when asked, but seldom initiate any new projects or plans. This is an issue that I have had difficulty in dealing with, and is a skill that I still hope to improve upon.

I found that when I would meet with the staff and propose my concerns and problems, they offer solutions and are very willing to perform tasks that would facilitate the project. They stepped up to the plate with the bat and performed well with many homeruns. By empowering not only the community, but the staff, I saw that more was accomplished and many new ideas were presented. Demonstrated team work brought more accomplishments. These accomplishments included improved attendance at the meetings, less work for me and the feeling by the community and staff that they are part of the solution. This is something that I need to remember more often with my staff and not assume that they don't have the time or skills to perform.

As I reviewed the activities of this project, I noticed that my name repeated itself probably more times as facilitator than it should have. Some of the explanations to this could be that with our limited staff of the health department, it was sometimes easier and quicker to reassign my other duties at the health department to other staff. At the time, I did not realize that was delegation also, so maybe I do delegate more than I realize, but am selective on what I delegate. Another explanation is that I felt as the administrator of the health department, it was my position to be the facilitator/leader in this project. And perhaps another explanation of this is that I need to feel in control and micromanage all of the time! We all know that is not a leadership skill that promotes a healthy work environment.

It was very difficult to realize that the health department and myself were the focus of the guidance for the planning for pandemic influenza. Our previous board of health chairperson always said that the health department was the best kept secret in the county. Now that secret had to take a step forward and lead the community. This was difficult for me as I do not like to fail in any project that I undertake, whether professionally or personally. This makes me a very difficult person to work with at times. On several occasions I had to take a step backwards and ask, so what if it doesn't go exactly as you thought it would, maybe it will work out better. This will always be a leadership skill that I will need to work on with future projects.

One of personal goals for SEPHLI was to have a better balance of work and personal life. It was difficult, and sometimes impossible, to achieve this with the pandemic planning because of the scope of the project. Accommodating the schedules of many other people did affect my own personal schedule at times. Perhaps had I allowed my staff to assist more, the balance could have been better, though it may have created an imbalance for my staff, as it did with myself. I often ask, Is that fair to my staff? Is that fair to me? and more often than not, never reach a good answer.

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