

Engaging Communities in the Response to the 2009 H1N1 Influenza Pandemic:

A Promising Model for Reaching Vulnerable Populations

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Purpose

The Interfaith Health Program (IHP) at Emory University partnered with the HHS Center for Faith-Based and Neighborhood Partnerships to increase community 2009 H1N1 influenza vaccination and anti-viral distribution capabilities that assure maximum reach to vulnerable, medically high-risk, and minority populations

Process/Methods

Site Identification and Selection: Utilizing a competitive RFA process, we selected 9 diverse faith and public health partnership sites across the U.S. that demonstrated:

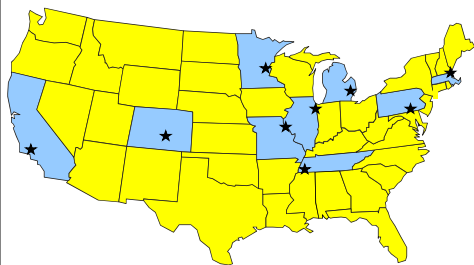
- Multi-sectoral collaborative relationships and links to trusted local networks
- Ready capacity to reach vulnerable and hidden populations with urgent public health preventive measures

Capacity Building: H1N1 response capacity was developed across the network of 9 sites and locally with:

- Small seed grants
- An initial 2 hour training (now a web based video training to use for replication)
- Follow-up with technical assistance conference calls
- Linkage of sites to regular DHHS Partnership Center hosted national technical assistance calls and information resources
- Ongoing one-on-one technical assistance and electronic distribution of updated information
- On the ground training conducted in each location by the sites themselves

Progress Review and Feedback: HHS/ASPR, CDC, HRSA, ASTHO, and NACCHO participated in a spring meeting with the 9 sites, reviewed progress and provided feedback on lessons learned

Nine Selected Sites



Chicago, IL
Colorado Springs, CO
Detroit, MI

Los Angeles, CA
Lowell, MA
Memphis, TN

Minnesota
Schuylkill County, PA
St Louis, MO

Impact

- A total of 4606 community and faith-based organizations, health institutions and agencies, and networks across all 9 sites were engaged in outreach efforts
- Combined, the 9 sites reached approximately 417,218 individuals with training, educational materials, H1N1 guides, vaccine event information, and prevention "kits"
- Four sites worked with local health departments or healthcare systems to host vaccination clinics or supply volunteers
- Five sites focused on campaigns promoting established public health sponsored vaccination clinics



"Flu Care Package" put together by the Lowell Community Health Center for their Outreach Workers and Promoters to give to congregations during educational events

Example: Chicago

Diverse Network of Partner Organizations

Number	Partner Organization(s)
17	Asian Indian Temples
2	Sikh Gurdwaras
11	Mosques
19	Indian Catholic churches
8	Buddhist temples
21	Community-based organizations
23	African American, Latino, and Eastern European immigrant congregations

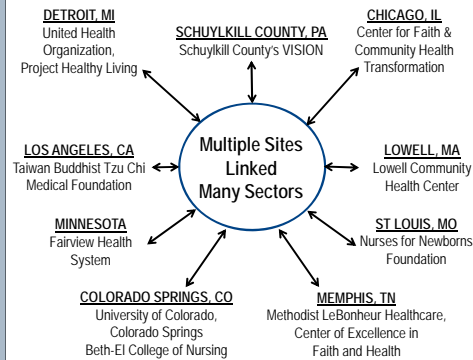
Example: Memphis



Source: Google Maps

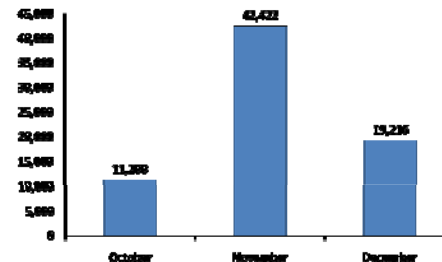
New endeavors to GIS map faith and community based network capacity to strengthen preparedness and response

Linking Partners Together



Example: Los Angeles

Number of persons receiving 2009 H1N1 vaccination*



*An average of 35 Tzu Chi volunteers participated in each of 46 H1N1 vaccination clinics.

Example: Detroit

- United Health Organization's Project Healthy Living, partnering with St. Olaf Lutheran Church Community Center, Community HealthCare Resources, Wayne County Health and Human Services and Detroit Department of Health and Wellness Promotion
- Target groups: Low income, uninsured, underinsured, homeless, youth, pregnant women, emergency workers, minorities (African American, Arab Americans, Muslim, Hispanic, Polish American and Native American)

- Substantial educational effort with media and networks of religious leaders to dispel myths, fears, and rumors and successfully overcome mistrust of government in minority communities.
 - 2 healthcare forums with 500 in attendance
 - Educational sessions held for 100 ministers
 - Promotion of health department vaccination events deep into community networks

Myths, Mistrust and Resistance



Above: Acacia Bamberg Sattari, Deputy Director HHS Center for Faith-Based and Neighborhood Partnerships, with the U.S. Surgeon General Regina Benjamin during National Influenza Vaccination Week.

Right: Rev. James Hendrick receiving H1N1 vaccine as a "First Responder"

- **Challenge:** Encountered more mistrust than was expected; primarily in minority communities
- **Solutions:** Activated intermediary structure to facilitate sharing innovations across the nine sites and link regularly to national information resources
 - Intensified educational efforts with key religious community leaders
 - Brought in expert guest speakers to clergy meetings
 - Hosted public forums in faith-based and community settings

New Opportunities

- Replication of training and mobilization of health staff as community volunteers for public health response events
- Contract established in Chicago to work with county health department to increase preparedness response capacity throughout a large metro network of congregations
- Assignment of 10k seasonal influenza doses from the Minnesota Department of Health for use in faith and community-based hosted vaccine events for 2010 - 11 season

Conclusions

Activating and building capacity in trusted community and faith-based networks was a promising means of assuring access for vulnerable populations to H1N1 prevention information and services

Contact information

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