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Hubert Department of Global Health

Pandemic Preparedness and Response: Public Health and Faith Community Partners Ensuring Reach and Support to Vulnerable, At-Risk, and Minority Populations

May 29, 2015

Emory University, Rollins School of Public Health



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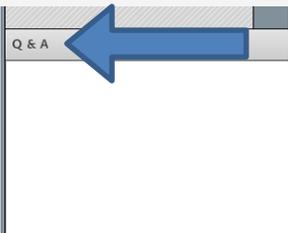
WEBINAR EXERCISE PURPOSE

Create an engaging participatory experience that builds the capacity of public health and faith-based organizations to work together in ensuring reach to vulnerable, at-risk, hard to reach, and minority populations during pandemic preparedness action and response.

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WEBINAR LOGISTICS AND REMINDERS

- This event is occurring during a meeting here at Emory and is a live, online webcast!
- Today's session has been approved for 1.5 Entry and Advanced-level Category I continuing education contact hours (CECHs) for Certified Health Education Specialists (CHES) and Master Health Education Specialists (MCHES). SOPHE, including its chapters, is a designated multiple event provider of CECHs by the National Commission for Health Education Credentialing (NCHEC). This session also has been approved for 1.5 CPH Renewal Credits by the National Board of Public Health Examiners. Additional information available at the conclusion of the webinar.
- You may submit any questions throughout the webinar via the Adobe Connect Q&A pod at the bottom of your screen
- The PowerPoint for the webinar and an archive of it will be available for download after the webinar at www.ihpemory.org



WEBINAR EXERCISE SCHEDULE

- Introductions and Exercise Overview (15 min)
- Point in Time 1: Circumstances and Discussion Points (11:15)
 - Sector Dyads (10 min)
 - External Input
 - Roundtable Dialogue (15 min)
- Point in Time 2: Circumstances and Discussion Points (11:40)
 - Two Sector Dyads Confer (15 min)
 - External Input
- Point in Time 3: Final Discussions - 11:55
 - Report out and Close webinar at 12:30

WHAT IS A TABLETOP EXERCISE?

A time for:

- People to come together to review and discuss a hypothetical emergency situation
- Identify planning, capacity, and preparation priorities
- Participants to talk through plans and solutions

INTRODUCTIONS AND EXERCISE ROLES

- **Moderator will . . .**
 - Provide instructions, relay the scenario, and introduce the questions/discussion points
- **Facilitator will . . .**
 - Guide the discussion, share participant input with roundtable participants, keep the exercise on topic and on time
- **Participants will . . .**
 - Play themselves or an assigned role
 - Immerse themselves in the scenario as if it were true
 - Participate in group discussions, take notes for yourself, and/or contribute at designated times
- **Scenario background document may be found by visiting . . .**
 - <http://ihpemory.org/webinar-roundtable-exercise-scenario-background/>

ROUNDTABLE PARTICIPANTS

Debra Boudreaux

Buddhist Tzu Chi Foundation

Ifetayo Johnson

United Health Organization

Tom Pruski

Wesley Theological Seminary

Shirley Fleming

Center for Faith and Community Health
Transformation

Paula McNabb

Fairview Health Services - MINI

Sonith Peou

Lowell Community Health Center

Chychy Smith

Arkansas Department of Health

Christy Craft Berry

Mississippi State Department of Health

Jennifer Dillaha

Arkansas Department of Health

GUIDELINES

- Respect all ideas and comments – all are experts
- Participate, contribute to the shared learning
- Try to stay on the topic
- Focus on partnership capacity solutions
- Be a responsible learner
- Keep a list of planning and capacity gaps that need to be addressed and incorporated into your own plan.

EXERCISE LEARNING OBJECTIVES

After participating in the webinar, participants will be able to:

- Identify commitments, practices, and capacities of public health agencies and faith and community-based organizations that are key to ensuring the well-being of vulnerable, at-risk, and hard-to-reach populations.
- Describe effective strategies for establishing and sustaining partnerships between public health and local trusted networks of faith-based and community partners for the purposes of planning and implementing interventions to reach priority populations.
- Report action steps that incorporate lessons learned into local and state planning and partnership building activities.

ASSUMPTIONS AND ARTIFICIALITIES

- **This scenario is hypothetical**
 - The emergence of an actual new pandemic flu strain may occur differently.
 - The effects of a pandemic flu on your community may be different.
 - Public health recommendations may be different. Your local and state health departments will make recommendations that are appropriate to the specific situation.

SCENARIO

- Efficient and sustained human-to-human transmission of novel avian influenza virus
- Outbreaks in four states
- No vaccine available yet
- Priority populations – children and infants, pregnant women, those with chronic health conditions
- Emphasis on *risk communication, outreach, and readying key local and state response partners for community mitigation*

POINT IN TIME 1

Cases Now in Four States



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Point in Time 1: Reach to Priority Populations

- Your city has large populations of:
 - Homeless (50% are women and children)
 - Refugees and immigrants
 - Unemployed and uninsured
- A priority now is **information dissemination about:**
 - Recognizing signs and symptoms
 - Understanding who are most vulnerable
 - Importance of personal protective measures
 - Available treatment options



Point in Time 1: Sector Dyad Discussion Points

1. What organizations and networks of organizations in your city serve these groups with food, shelter, senior housing, health care, social services, resettlement services, etc.? Are they at the table and if not, what are the most effective and expedient ways to engage them?
2. How can public health and with the faith community together ensure that information is accessible and that individuals and organizations have the resources and support they need to act on that information?
3. What strengths and resources do the different sectors (health and faith-based) have that are critical to the success of protecting these groups?

Webinar and meeting participants, please respond to these questions on your own and also, if you wish, submit your responses to us through the webinar chat function or on index card provided.

Point in Time 1: Roundtable Discussion Points

- As your current priority is on information dissemination to hard-to-reach groups . . .
 - What key local partners are important to ensuring this reach?
 - What are the most effective and expedient ways to engage these partners?

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POINT IN TIME 2

One Month Later
Activation of Community Mitigation Measures



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Point in Time 2: Community Mitigation

- Progression of pandemic requires Community Mitigation Measures:
 - Ill persons and their family members to remain at home for 14 days
 - Social distancing that restricts mass gatherings and congregate community activities



Point in Time 2: Paired Sector Dyads Confer

1. What communication networks need to be activated to promote:
 - a) alternatives to mass gatherings (e.g. shelters, soup kitchens, food pantries, day/respice care, after-school programs, etc);
 - b) messaging that reinforces the values and beliefs of voluntarily staying at home when ill to avoid spreading the infection to others; and
 - c) mobilization of social resources to those in need of support (food, medicine, rent, connectivity) that enables them to protect themselves and others?
2. How do health agencies and FBOs together ensure information and resources continue to be available to protect providers and support charitable and volunteer resources that are the mainstay in your city of services for these populations?

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POINT IN TIME 3

Preparation Interval
Additional Waves Expected



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Point in Time 3: Preparation for Additional Waves

- During the Preparation Interval, now 2 months later, there is low pandemic activity but preparation for additional waves is necessary.
- Reflection on lessons learned to date is an important step to take to ensure that *the necessary and effective partnerships* are in place and viable for this and any future pandemic.

ROUNDTABLE WRAP-UP: SHORT- AND LONG-TERM ACTIONS

1. What strengths and capacities within each sector are key to ensuring the well-being of vulnerable, at-risk, and hard-to-reach populations?
2. What short term and long term actions in public health and the faith community partnership engagement are most essential to ensure reaching hard-to-reach populations?

Webinar and meeting participants, please respond to these questions on your own and also, if you wish, submit your responses to us through the webinar chat function or on index card provided.

ROUNDTABLE WRAP-UP: SHORT- AND LONG-TERM ACTIONS

3. What action steps will **you** take back to **your** community and incorporate into local and state planning and partnership building activities?

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CLOSING

- **Thanks** to participants, panelists, and co-sponsors!
- Follow up: PowerPoint presentation, resource materials, and recording of webinar available at: www.ihpemory.org
- Continuing Education

SOPHE CONTINUING EDUCATION

- An application has been submitted to award Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to up to a total of 1.5 Category I Continuing Education Contact Hours (CECH). A maximum of 1.5 Advanced-level Continuing Education Contact Hours available. The National Commission for Health Education Credentialing, Inc. has approved SOPHE and its chapters as designated multiple event providers of CECH in health education. SOPHE is approved by the National Board of Public Health Examiners as a provider of CPH Renewal Credits.
- An application has been submitted to award 1.5 CPH Renewal Credits.
- Create a free SOPHE CORE account to access and manage all continuing education opportunities.
 - Continuing Education forms can be completed on SOPHE's CORE page at: www.sophe.org/education.cfm
 - Webinar CECH/CPH Fees:
 - \$ 18.00 for National SOPHE members
 - \$ 36.00 for non-members