



**Local Health Department
Collaboration to Form a
Joint Emergency Preparedness
Special Needs Advisory Panel**

**Thursday, February 19, 2009
Public Health Preparedness Summit**

Introduction of Speakers

<p style="text-align: center;">CCDPH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frankie-Marie Shipman, MPH Emergency Response Coordinator SNAP Co-Chair 	<p style="text-align: center;">CDPH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suzet McKinney, MPH Acting Deputy Commissioner <input type="checkbox"/> Darnell Thomas, MS, MPH Projects Administrator SNAP Co-Chair
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Learning Objectives

- Learn about the Cook County Department of Public Health (CCDPH) and Chicago Department of Public Health (CDPH) model, rationale, and mechanism for forming a joint emergency preparedness Special Needs Advisory Panel (SNAP);
- Learn about the use of strategies and planning tools for developing a SNAP; and
- Discuss the application of our SNAP model and the four priority areas toward your efforts to develop community planning for at-risk populations.

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Agenda

- Background
- What is a SNAP?
- Why form a joint SNAP?
- Four steps to forming a SNAP
- Focused conversation #1
- SNAP activities
- Next steps for the SNAP
- Focused conversation #2

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Background

- Need for planning for at-risk populations
- Need for local health department (LHD) collaboration
- Mandates
 - CDPH
 - CCDPH

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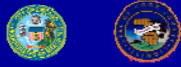
What is a Special Needs Advisory Panel (SNAP)?

- Purpose of a SNAP
- How it works
- Who is involved
- Additional Illinois SNAPs (DuPage, Kane, and Jackson Counties)

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Why Form a Joint SNAP?

- ❑ Joint CCDPH/CDPH Initiative
 - Coordinated planning
 - Collaborative approach



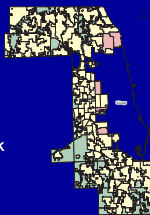
Why Form a Joint SNAP?

- ❑ Emergencies
- ❑ Win-Win: Working together to . . .
 - Raise awareness and build capacity
 - Reach at-risk populations



Why Form a Joint SNAP?

-2.3 Million residents in suburban Cook County
-2.9 Million residents in Chicago



- ❑ Requires extensive collaboration with both traditional and non-traditional partners
- ❑ Creates a system of coordination that utilizes existing infrastructure
- ❑ Collaborates with agencies who work in multiple communities across Cook County

Four Steps to Forming a SNAP

Step 1: Defining At-Risk Populations

Sources

- CDPH Marketing Plan**
- CCDPH Report**
- CDC** CDC. "Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency." www.bt.cdc.gov/workbook, 2007.
- ASTHO** Association of State and Territorial Health Officials. "At-Risk Populations and Pandemic Influenza: Planning Guidance for State, Territorial, Tribal, and Local Health Departments." http://www.astho.org/pubs/ARPP_Guidance_041508.pdf, 2008.

Defining At-Risk Populations

- CDC guidance
- ASTHO guidance
- 4 priority areas:
 - Economically Disadvantaged
 - Limited English Proficiency
 - Disability
 - The Aging Population



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Defining At-Risk Populations

- "Functional needs"
 - Maintaining independence
 - Communication
 - Transportation
 - Supervision
 - Medical care



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Step 2: Strategic Planning

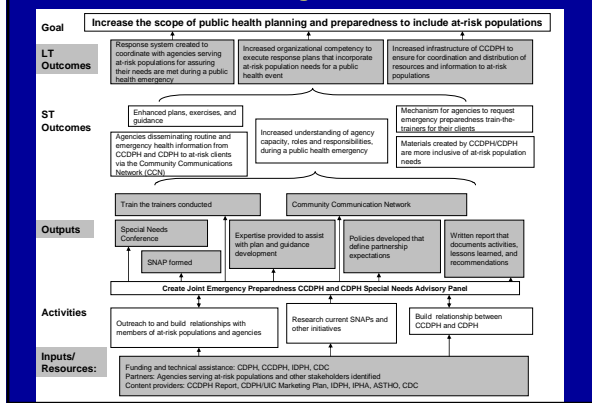
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Our Approach

- Used elements of strategic planning
- Used a community-based approach, existing infrastructure, and networks
- Started with the end goal in mind

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SNAP Logic Model



SNAP Goals

The goal of the CCDPH/CDPH SNAP is to increase the scope of public health emergency planning and preparedness to include at-risk populations by:

1. Providing information and guidance to CCDPH and CDPH on how to better meet the needs of at-risk populations before, during, and after a public health emergency;
2. Setting priorities to address the needs of at-risk populations in Chicago and suburban Cook County based on the public health emergency;
3. Building CDPH and CCDPH infrastructures and capacities to plan for and respond effectively to the needs of at-risk populations in a public health event; and
4. Developing and evaluating mechanisms and networks for disseminating public information to at-risk populations.

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SNAP Priority Area #1

Create a Community Communication Network

- Two-way communication
- Emergency and routine situations
- Hard-to-Reach Populations
- Non-traditional means (through CCN Members: trusted, credible sources who know how to access clients and the populations they serve)

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SNAP Priority Area #2

Inform Public Health Planning and Guidance

- Examples:**
 - Planning (e.g. bioterrorism, natural hazards, pan flu, etc.)
 - Guidance for municipalities (e.g. special needs sheltering, ADA compliance, etc.)
 - Public information and communication guidance (e.g. messaging, signage, etc.)

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SNAP Priority Area #3

Build Community Capacity

- Training (e.g. Together We Prepare)
- Conference for At-Risk Populations



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SNAP Priority Area #4

Promoting Individual and Family Preparedness



SNAP Workplan

CCDFWCDPH Special Needs Advisory Panel General Workplan 2008-2011			
PRIORITY & GOALS	PROJECT LEAD	MEASURE OF SUCCESS / MILESTONES	MEASURE OF SUCCESS / YEAR 1
Implementative tasks			
Determine potential SNAP members	CCDFW & CDPH	Issue identification survey (ID) complete and core list of agencies to recruit for SNAP complete	Identify SNAP meetings held at least 50% of original SNAP members regularly attending
Develop recruitment materials for SNAP	Frankie	Recruitment materials developed and disseminated	Original SNAP meeting attendance analysis completed. Recruitment materials accepted by SNAP and used to recruit new members and to promote SNAP to other agencies
Recruit SNAP members	Dorell and Frankie	Letter and follow-up phone calls sent; 75% attendance at recruited agencies at first meeting	Bi-monthly SNAP meetings held
Develop SNAP proposal, assumptions, and priorities	Frankie	Proposal, assumptions, and priorities complete	System established to maintain documents and update them regularly
Determine SNAP meeting logistics (e.g. frequency of meetings, location, refreshments, facilities for each meeting)	Dorell and Frankie	Dorell and Frankie will co-lead meetings; agency of first two meetings created with designated facilitation responsibility; held at least 2 SNAP meetings	Buy-in gained of SNAP members into the process of conducting meetings
Increase visibility and sustainability of joint SNAP initiative	Suzet and Frankie	Potential conferences identified and abstracts submitted for presenting SNAP initiative	Presentation on SNAP initiative at ST Conference and APHA conference
Priority 3: To create a Community Communication Network (CCN) to ensure that SNPs are receiving important, timely information			
Identify SNPs interested in shared agency contact information	Dorell and Frankie	Development of SNPs interested in participating in CCN	SNPs interested and invited to join CCN
Develop a database through Chicago SNR	Dorell	SNPs invited to participate in CCN	Information completed to receive feedback on the quality, timeliness, and relevance of messaging to the Chicago SNR
Develop a contact list template to send to CCN contact information lists Chicago SNR	Dorell	SNPs invited to participate in CCN	Systematic maintenance and updating of contact information to the Chicago SNR
Develop a recruitment strategy for potential CCN members (e.g. meeting in person, possible survey, and individual outreach)	Frankie	Letter drafted and sent; survey completed and sent with letter; contact database able to target and only tracking agencies contacted to join	Process of inviting new CCN members established

Step 3: Identify Stakeholders

Outreach Efforts

- "Meeting people where they are"
- Attending meetings
- Presentations
- Focused conversations



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SNAP Recruitment Letter

- Recruitment letter
- Follow-up phone call



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SNAP Proposal

- Statement of need
- Defining At-Risk Populations
- Goals
- Priority areas
- Roles & responsibilities



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SNAP Membership

- Alliance to End Homelessness in Suburban Cook County
- American Red Cross of Greater Chicago
- Anixter Center
- The Area Agency on Aging of Suburban Cook County
- Chicago Department of Family and Support Services
- Collaborative Healthcare Urgency Group
- Cook County Emergency Management Agency
- Heartland Health Alliance
- Mayor's Office for People with Disabilities
- Mount Sinai Hospital
- Salud Latina

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Intersection with other Disciplines

- How SNAP members fit into the broader healthcare system
 - Hospitals
 - EMS
 - Long-Term Care

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Focused Conversation #1

- Who has formed a SNAP or works with a SNAP? Could you elaborate?

- What projects are you currently working on around planning for at-risk populations?

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SNAP Activities

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Goals for 2009

1. To have a better understanding of the needs of at-risk populations to ensure their needs are better met in planning.
2. To define how we can improve our coordination.
3. To establish an extensive Community Communication Network (CCN).
4. To establish standard operating guidelines (SOGs) on how to operate a CCN.
5. To test the CCN based on the guidelines established.

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What is a Community Communication Network (CCN)?

A means to disseminate health information, both routine and emergency, to clients of agencies serving at-risk populations

Modeled after:

- Seattle & King County Health Department
(source: www.kingcounty.gov/healthServices/health/preparedness/VPAT.aspx)
- Kentucky Outreach Initiative Network (KOIN)
(source: <http://chfs.ky.gov/dph/epi/preparedness/KOIN.htm>)

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Goal of the CCN

1. To ensure at-risk populations are receiving important, consistent, and unified public health messages.
2. To allow for agencies to request public health information for their at-risk clients.

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How Does a CCN Work?

1. Health department will send timely and factual information/instructions to CCN member agencies.
2. Member agencies will then disseminate this information to their clients and/or other agencies.
3. Member agencies will have the option to request feedback for health information based on their clients' needs.
4. Member agencies will provide feedback on benefits of and improvements for the CCN.

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What Types of Messaging?

- Routine information**
(e.g. health brochures, fact sheets, health fairs, etc.)
- Emergency notification**
(e.g. health alerts, evacuations, mobilization, etc.)
- Recovery Information**
(e.g. recovering from a flood)



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The Health Department's Role

- Coordinate CCN operations
 - Provide CCN members with health information regularly
 - Maintain and update CCN member contact database
 - Respond to requests from CCN members for health information
 - Solicit feedback from CCN members on successes and challenges of CCN

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The SNAP's Role

- Recruit CCN members
- Provide guidance on the scope and general components of the CCN
- Define parameters of CCN membership

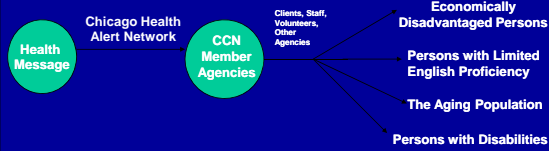
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The CCN Members' Role

- To inform the Health Department of updated contact information
- To receive and distribute information from CCN to its staff, volunteers, partner agencies, and clients in a timely manner
- To provide the Health Department with feedback on CCN operations
- To use the CCN as a vehicle for requesting health information for clients
- To respond to the Health Department if an emergency notification has follow-up instructions

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CCN Conceptual Framework



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Benefits of a CCN

- Pushing messages to at-risk populations through trusted sources
- Taking a coordinated, network approach to communicate with partners, residents, and other agencies in suburban Cook County and Chicago
- Working to ensure unified messaging

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CCN Status

- Preliminary Phase: Assessment
- CCN Kick-Off: June 2009

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Trainings

- Promote individual and family preparedness among at-risk populations
- SNAP members will assist in dissemination of information to at-risk populations
- CDPH training model: 'Together We Prepare'

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Together We Prepare Training

- Widely successful at CDPH
- Trained 1,100 out of 1,200 staff in a few months
- Qualitative accounts indicate staff felt safer, more likely to come to work during an event because they won't be worried about their families

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Guidance

SNAP is currently providing expertise in the following guidance:

- CCDPH guidance:
 - Local Planning Guidance
 - Public Information and Communication Guidance

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Next Steps for the SNAP

- Launch CCN summer 2009
- Continue to review and provide expertise on guidance, planning, and response
- Promote preparedness trainings to at-risk populations
- Assist LHDs in making materials more inclusive of at-risk population needs

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Focused Conversation #2

- Questions?
- To what extent is the SNAP model applicable to you?
- Suggestions?

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Acknowledgements

- Gina Massuda Barnett, MPH**
 - Former Director, Community Preparedness and Coordination Unit
- Kim Conrad Junius, MFA**
 - Health Communications Specialist
- SNAP Members**

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Contact Information

Frankie-Marie Shipman, MPH

Emergency Response Coordinator

Cook County
Department of Public Health

fshipman@cookcountygov.com

708-492-2268 (p)
708-492-2660 (f)

Darnell Thomas, MS, MPH, CHES

Projects Administrator

Chicago
Department of Public Health

Thomas_darnell@cdph.org

312-747-9762 (p)
312-747-9420 (f)

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Thank you!

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