Community Engagement: Leadership Tool for Catastrophic Events

Monica Schoch-Spana, Crystal Franco, Jennifer B. Nuzzo, and Christiana Usenza on behalf of Group on Community Engagement in Health Emergency Planning

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Abstract: Disasters and epidemics are immense and shocking disturbances that require the efforts of large numbers of people, not simply those who serve in an official capacity. This is the Working Group on Community Engagement in Health Emergency Planning’s recommendations to government decision makers on why and how to catalyze the civic infrastructure for an extreme event. Community engagement—defined here as structured dialogue, joint problem solving, collaborative action among formal authorities, citizens at-large, and local opinion leaders as public matter—can augment officials’ abilities to govern in a crisis, improve application of core resources in a disaster or epidemic, and mitigate communitywide losses. The case of limited resources in an influenza pandemic serves to demonstrate the civic infrastructure’s preparedness, response, and recovery capabilities and to illustrate how community engagement can improve pandemic community planning.

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- Consensus Methods
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- Civic Infrastructure Capacities to Remedy Disasters and Epidemics (Figure 1)
- What Are Leadership Techniques to Catalyze the Civic Infrastructure?
  - Have They Been Sufficiently Applied for Disasters and Epidemics?
- What do Leaders Gain from Engaging Community Partners in Preparedness?
- Common Misconceptions—What Community Engagement Is Not (Figure 2)
- What Are the Key Principles and Ingredients for Successful Community Engagement?
- Top Principles and Actions to Help Leaders Succeed at Community Engagement (Figure 3)
Disasters and epidemics are immense and shocking disturbances that necessitate the moral, judicious action, and practical innovations of large numbers of people, not just those who see capacity. The civic infrastructure—comprised of the public’s collective wisdom and capability problems; voluntary associations (both virtual and face-to-face) that arise from shared inter-good; and social service organizations that look out for the wellbeing of various groups—is managing a mass health emergency. The civic infrastructure’s capacities to help remedy an include the social circuitry to energize trust between authorities and publics, multiple communication channels to reach diverse populations, practical support for professional responders, self-organization in seeming chaos, and a grounded commitment to recovery.

U.S. homeland security and health emergency policies, however, do not adequately reflect the infrastructure’s proven contributions in catastrophes. Nor have most top officials yet realized the value for local and national communities—and for themselves—of preparing knowledgeable, networks of constituents who can mobilize in a crisis. Instead, the prevailing assumption is that the stricken public, blinded by self-preservation, will constitute a secondary disaster for authorities. Some emergency authorities also have mistakenly interpreted citizen-led interventions in disasters as evidence of failure on the part of responders. In reality, government leaders, public safety professionals, and communities at-large have complementary and mutually supportive roles in mass emergencies.

The Working Group on Community Engagement in Health Emergency Planning thus offers a judgments and recommendations for governors, mayors, health and safety officers, community organization heads, and national decision makers on why and how to catalyze the civic infrastructures extreme health event. Community engagement—defined here as structured dialogue, joint problem-solving, and collaborative action among formal authorities, citizens at-large, and local opinion leaders—pressing public matter—can augment officials’ abilities to govern in a crisis and improve the communally held resources in a large-scale disaster or epidemic. Limited medical options in pandemic serve as a concrete case in this report to demonstrate the civic infrastructure’s preparedness, response, and recovery capabilities, and to illustrate how community engagement can improve contingency planning.

**Working Group on Community Engagement in Health Emergency Planning**

**Roger H. Bernier**, PhD, MPH, Senior Advisor for Scientific Strategy and Innovation, National Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, Atlanta, GA

**Arrietta Chakos**, Assistant City Manager, City of Berkeley, CA

**Caron Chess**, PhD, Associate Professor, Department of Human Ecology, Rutgers University, Brunswick, NJ

Susan Craddock, PhD, Associate Professor, Institute for Global Studies and Department of Women, and Sexuality Studies, University of Minnesota, Minneapolis, MN

Kerry Fosher, PhD, Research Assistant Professor, New England Center for Emergency Preparedness and Counter-Terrorism, Maxwell School of Citizenship and Public Affairs and College of Law University, NY

Crystal Franco, Analyst, Center for Biosecurity, University of Pittsburgh Medical Center, B

Peter B. Gudaitis, MDiv, Executive Director and Chief Executive Officer, New York Disaster Services, New York, NY

Gerard J. Hoetmer, Executive Director, Public Entity Risk Institute, Fairfax, VA

Thomas V. Inglesby, MD, Deputy Director and Chief Operating Officer, Center for Biosecurity, University of Pittsburgh Medical Center, Baltimore, MD

Ana-Marie Jones, Executive Director, CARD – Collaborating Agencies Responding to Disasters

Carol S. Jordan, RN, MPH, Director, Communicable Disease and Epidemiology, Montgomery County Department of Health and Human Services, Silver Spring, MD

Sarah Landry, MS, Director, Public Policy – Vaccines, GlaxoSmithKline, Washington, DC

Jan Lane, Deputy Director, Homeland Security Policy Institute, George Washington University, Washington, DC

Diane Lapson, President, Independence Plaza North Tenant Association; Member, New York City Department of Health—9/11 Health Study

Onora Lien, MA, Mass Fatality Response Manager, Public Health—Seattle & King County, Seattle, WA

Natasha Manji, Senior Communications Advisor, Communications Directorate, Public Health Agency of Canada, Ottawa, Ontario, Canada

Linda J. Neff, PhD, Senior Science Officer, Coordinating Office for Terrorism Preparedness and Countermeasures, Centers for Disease Control and Prevention, Atlanta, GA

Jennifer B. Nuzzo, SM, Senior Analyst, Center for Biosecurity, University of Pittsburgh Medical Center, Baltimore, MD

Ann Patton, Ann Patton Company, LLC; Founding Director, Tulsa Partners Inc., Project Manager, Citizen Corps, Tulsa, OK

Kristina Peterson, MDiv, STM, Founding Member, Grand Bayou Families United; Doctoral Assistant, Center for Hazards Assessment Response and Technology, University of New Orleans, LA

Barry W. Scanlon, Partner, James Lee Witt Associates; former Director of Corporate Affairs

Monica Schoch-Spana, PhD, Chair, Working Group on Community Engagement in Health Planning; Senior Associate, Center for Biosecurity, University of Pittsburgh Medical Center, Pittsburgh, PA

Stephen B. Thomas, PhD, Director, Center for Minority Health, Philip H. Halleen Professor of Health and Social Justice, Department of Behavioral and Community Health Sciences, University of Pittsburgh, Pittsburgh, PA

Kathleen Tierney, PhD, Professor of Sociology and Director, Natural Hazards Center, University of Colorado, Boulder, CO

Christiana Usenza, Intern, Center for Biosecurity, University of Pittsburgh Medical Center, Pittsburgh, PA

Elaine Vaughan, PhD, Associate Professor of Psychology and Social Behavior, University of Pittsburgh, Pittsburgh, PA

Consensus Methods
The Working Group on Citizen Engagement in Health Emergency Planning is composed of the local and national levels of government; public health practitioners who have responded to events; heads of community-based partnerships for public health and disaster mitigation; and matter experts in civic engagement, community development, risk communication, public health preparedness, disaster management, health disparities, and infectious diseases. This report experience and professional judgment of working group members, as well as evidence obtain review of relevant literatures, including social and behavioral research into hazards, disaster epidemics; the theory and practice of public participation and deliberative democracy; and public health management of extreme events, including pandemic influenza.

Working group members first convened on May 23, 2006, in Washington, DC, to take part in summit, Disease, Disaster, and Democracy: The Public's Stake in Health Emergency Planning discussed foundational concepts of community engagement, reviewed exemplary practices, applications to pandemic flu. On July 19, 2006, the working group reconvened in Baltimore on the group’s objectives and to discuss the scope, main premises, and high-order recom consensus document. Following a period of formal evidence gathering, a draft report was prepared and submitted to members for written comments and was sent out to peer reviewing. Working group members signed off on the third and final draft that addressed outside review.

Why is the Civic Infrastructure Critical to Managing a Mass Health Emergency?

Disasters and Epidemics Compel Citizen Judgment and Action
“What makes a disaster a disaster?” has been the subject of much debate in the social and sciences. This section relates those characteristics around which scholarly consensus has which suggest the need for leaders’ deliberate and thorough integration of community contribution to preparedness, response, and recovery. Comparative, scholarly review indicates that epidemics have shared broad attributes. Judged solely on the basis of material hazard, extreme events are idiosyncratic—tornado, hurricane, earthquake, chemical explosion, oil spill, disease outbreak. In actuality, extreme events have recurrent social features:

Shock-producing damages
As captured in the Greek roots of the words “catastrophe” and “cataclysm,” a disaster is an event that dramatically ruptures everyday expectations: survival, the social order, and the meaning of life. Numerous human deaths, grotesque buildings, blazing fires, and/or deformed landscapes, along with the abrupt or dramatic inter everyday routines, erode people’s basic sense of safety and the proper order of things. Mem technologically advanced societies may also feel betrayed by institutions and individuals controlling risk.
Response system overload
Emergency service and health professionals may be overcome by high-volume and/or geographically dispersed needs, or become functionally disabled because of damaged buildings, immobilized, disrupted supplies, and/or personnel injuries. In the days following Hurricane Katrina, New Orleans hospitals were without electricity or communications capabilities; doctors and nurses had no mechanical ventilators, dialysis machines, and other equipment needed to treat the critically ill. Half of all SARS cases in Toronto in 2003 were among healthcare workers, which measures necessary to stop the spread of SARS interrupted care for other life-threatening conditions like heart disease and cancer.

Improvised solutions
Successful remedies and recovery for communitywide disasters are neither conceived nor implemented solely by trained emergency personnel, nor are they confined to preauthorized procedures. Members, friends, coworkers, neighbors, and strangers who happen to be in the vicinity often search and rescue activities and provide medical aid before police, fire, and other officials ever arrive. In epidemics, volunteers have helped conduct mass vaccination campaigns, nurse patients, and meet the broad social needs of sick people and their families.

Disproportionate impacts
The chances for greater victimization during a disaster or epidemic are unevenly distributed. Economic means, social class, ethnic background, and social connectedness are factors that often determine the extent of harm. Also, important roles in resilience to, and speedier recovery from, the crisis. The 1995 tragedy that killed more than 700 people in a week singled out the poor, the elderly, and the sick. More ordinary social policy issues, such as access to health care, safe and affordable housing, and a living wage, make people more or less likely to be victimized by an extraordinary event like an epidemic. Thus, emergency management—a policy domain of seemingly specialized knowledge—is not neatly excised from broader community concerns.

History in the making
Watershed events like disasters and epidemics provoke political after-effects, transform social institutions, and create indelible personal memories. Historians surmise that the Black Death helped foster the rise of nation states, mercantile economies, and religious movements to the Reformation. Galveston, Texas, which was successfully rebuilt after the 1900 storm that killed three-quarters of the town away, never recovered its prominence as one of the wealthiest communities, and it was soon eclipsed by Houston, the state’s oil hub and emerging power. Hurricane Katrina created the largest internal diaspora of Americans since the Civil War, provoking rancorous government hearings and restructuring measures, and left viewers across the world with lasting and graphic video images of human suffering.

Comprehending an immense tragedy and recovering a sense of security are, at once, highly public affairs. Extreme events, then, are not simply physical phenomena that seismologists, epidemiologists, and other experts decode. Nor are they merely stress factors for architects, and medical administrators to design into buildings and healthcare systems. Extreme events also have managerial issues for elected and appointed officials such as hazards to regulate, crises to avert, and professionals to command. All these aspects and actors are vital to sound policy. Yet, taken
still fail to represent the complete human experience of catastrophes and the societal resource brought to bear on widespread tragedy. As the next sections suggest, leaders can help build resilience to the psychic and material shocks of a disaster or epidemic by engaging the civic infrastructure.

**Civic Infrastructure Has Key Capabilities to Remedy Major Crises**

The civic infrastructure represents that dynamic assembly of interdependent people, voluntary and social service organizations who can pool their collective wisdom, practical experience, social expectations, and material assets to work on behalf of constituent members and, in a larger public good. Though intangible, the interpersonal relations that constitute the civic infrastructure are no less critical for communities than physical infrastructure such as roadways, sewage and water, and computing networks. The civic infrastructure can perform valuable functions during the immediate phase of a crisis, as outlined below and illustrated concretely in Figure 1. Two caveats are necessary for this approach to be successful. First, businesses are vital to a community’s social fabric, but this report does not examine the same extent as the above-defined civic infrastructure. Business Executives for National Security (BENS) and the Business Roundtable’s Partnership for Disaster Response, and other national initiatives are underway to mobilize private industry around extreme events. Civic-based networks, in contrast, have a similar mechanism to spotlight and enable their contributions in disasters and epidemics.

Second, the roles that the working group delineates for the civic infrastructure in mass health care are intended to complement and enhance government’s capabilities and responsibilities, not replace them. The civic infrastructure requires strong institutions with which to partner.

**Figure 1. Civic Infrastructure Capacities to Remedy Disasters and Epidemics**

- Multifrequency communications network to reach dispersed and diverse populations
  - “Live” since June ’05, Flu Wiki (www.fluwikie.com) is a virtual nonprofit that helps communities prepare for and perhaps cope with a possible flu pandemic by tapping into the knowledge, and desire to learn of its diverse users and core moderator group. Salon Voices, an innovative nonprofit in Washington, DC, engages the hair salon African-American community and equips cosmetologists with information and interactive connections to educate customers on HIV/AIDS, reproductive health, and parent education.

- Social circuitry to energize trust between authorities and communities at-large
  - CARD—Collaborating Agencies Responding to Disasters (Alameda County, Calif)–the Loma Prieta earthquake to train and unite service providers as a safety net for the limited ability to address their own disaster-related needs: seniors, children, the homeless, non-English speakers, and low-income families. CARD has subsequent alternative curriculum, devoid of fear-based messages, emphasizing community leadership cultivation, and economic development strategies.
  - St. Philip of Jesus Parish and the University of the Incarnate Word in San Antonio promote nursing faculty and students with promotoras de salud (lay community health educators) to reach a nearby, wary, and underserved Hispanic population through health programs at the church hall, neighborhood barbeques, and subsidized housing for the elderly.

Collective wisdom to set policy priorities and inform values-laden health policy decisions

- In 2006, the Public Engagement Project on Community Control Measures for Pan Influenza held public deliberations, involving national stakeholder and regionally citizens at-large, about which nonpharmaceutical measures should be implement slow flu’s spread, and about ways to mitigate the adverse economic and social el interventions.42
- As a requirement of the 1990 Ryan White Care Act, people personally affected by alongside government leaders, public health officials, and heads of community-b organizations to help set local spending priorities for federal funds: primary med management services, volunteer labor power, etc.43

Local knowledge to improve feasibility, reliability, and acceptability of disaster plans

- Residents of Grand Bayou (La), a Cajun and Native American ocean-farming corp partnered with state and local governments, business, the faith community, and based experts to tackle mounting coastal dangers; one such effort is hazard map incorporates indigenous knowledge about historic environmental transformations
- During the 1947 smallpox outbreak, NYC health officials vaccinated more than 6 people in 4 weeks (more than 5 million in the first 2 weeks alone) using private volunteers from the Red Cross, teachers’ groups, women’s clubs, and civil defense partnership helped staff free clinics in 12 hospitals, 84 police precincts, and every parochial school.45

Operational support for professional responders during crisis and recovery periods

- The Harris County (Texas) Citizens Corps helped manage 60,000 volunteers in si “mini-city” at the Houston Astrodome to host 65,000 Katrina evacuees in 2005.5
- In the 1960s, the Junior Chamber of Commerce in cooperation with health depart launched “Sabin on Sunday,” a mass vaccination program that reached 80-90% population—a critical step in eliminating polio in the U.S.5

Self-organized, innovative solutions when unforeseen needs arise

- After the emergency services leadership evacuated the area, a Plaquemines emp charge by phoning around the south parish to locate people stranded by the Hur storm surge and to commandeer boats, keys, and gasoline for a search-and-resc Navy.44
- Responding to calls from the American Council of Education and the Association Universities, more than 1,000 U.S. colleges took in more than 18,500 students d the 6 Louisiana colleges closed by Hurricane Katrina—with offers of reduced or fr

“Rootedness” in place that personalizes communitywide recovery and amasses resilience

- Some Katrina-weary New Orleans residents were tentative about rebuilding beca
challenges of demolition, debris removal, and reconstruction; neighbors’ exchange of expertise, tools and equipment, shelter, and childcare have made rebuilding a possibility and conveyed social commitments to the future of their communities.

- Greater Seattle (Wash) residents, businesses, and emergency managers collaborated in “Disaster Saturday,” a preparedness and survival training on earthquakes for the time the 6.8 Nisqually earthquake hit in 2001, 1,000 people had taken the training 300 of them had retrofitted their homes, none of which were damaged in the quake.

Tax revenue base and in-kind contributions that help mitigate extreme event losses

- In a multi-day blitz, 29,000 Berkeley households received disaster readiness doo 2006; Disaster Resistant Berkeley (a former Project Impact recipient) funded the training from a special preparedness city tax and used student volunteers from the University of California.
- “McReady OK!”—a private-public collaboration in the heart of Tornado Alley—has spring storm survival information available in every McDonald’s restaurant in Oklahoma achieving upwards of 150,000 customers a day for an entire month each year since.

Preparedness

Prior to an event, the civic infrastructure can serve as the circuitry to transmit educational and raising information, to energize social trust between authorities and communities at-large, at the respective response and recovery roles of government, business, civic groups, and individuals. Allegheny County’s (Pa) predominantly white emergency officials met with the local black community very first time at a disaster preparedness forum co-hosted by the Urban League of Pittsburgh Healthy Black Family Project, a University of Pittsburgh health promotion and disease prevention program with 4,600 enrollees.

Community partners can collaborate with officials to test emergency planning assumptions for fairness. The mass fatality planner for the Seattle/King County (Wash) health department goes from a local Native American community by initiating a meeting with the tribe’s emergency manager and traditional mortuary practices and pandemic flu concerns. Public deliberations also can harness collective wisdom and judgment to help identify trade-offs and set priorities for ethically sound decisions. Federal health authorities in Canada are presently convening a total of 10 citizen dialogues, including one among First Nations peoples, to obtain advice on the best strategy for scarce antiviral drugs in the context of a flu pandemic—a value-laden issue with complex scientific technical elements.

Response

The civic infrastructure constitutes a broadly distributed crisis communication network capable of transmitting time-sensitive information and self-protective advice. At the same time, authorities can eye-level updates on how the disaster is unfolding in diverse sectors. Officials who are well connected even reach community members typically outside mainstream media or mistrustful of authority. Montgomery County (Md) health department is exploring the concept of “neighborhood support teams” in partnerships with civic organizations and homeowners’ associations to foster mutual assistance among neighbors and improve communications between county residents and officials during a health emergency.
Pre-positioned disaster volunteer networks such as the Citizen Corps and the Red Cross can professional responders. Similarly, voluntary associations without an explicit disaster mission—communities, trade groups, neighborhood associations, fraternal organizations, student groups—can marshal their organizational structures and material assets to meet emergent needs. September 2001, the Independence Plaza North Tenants Association helped direct people from the collapsing World Trade Center towers (only blocks away); formed "urgent needs" to homebound residents; and volunteered at local businesses to maintain resident access to food when paid employees could not get in.53

Recovery
Residents of a community affected by a disaster have a personal investment in disaster recovery short and long terms. In addition, local civic networks can provide community and comfort individual residents cannot. After sources of external aid have evaporated, local community network systems remain to secure residents' future well-being. Anticipating the termination of the 9/11 crisis counseling programs, disaster mental health experts called for resources in locales affected by terrorism to equip existing community networks and support systems to provide solace over the long term.54

If they are made cognizant of the communal benefits of disaster preparedness—either through tragedy, individual foresight, or public education—a populace can adopt communitywide mitigation measures. Grassroots-government collaborations in Tulsa, Oklahoma—a city threatened by tornadoes—raised local awareness about the benefits of disaster mitigation. As a result, a fiscally conservative community embraced bond issues and sales taxes in the interest of better infrastructure.55

What Are Leadership Techniques to Catalyze the Civic Infrastructure They Been Sufficiently Applied for Disasters and Epidemics?

Citizen Involvement in Pressing Public Matters
Leaders have a range of techniques for mobilizing the civic infrastructure for disaster preparation, response, and recovery efforts. Research and practical experience indicate that community leaders have a range of techniques for mobilizing the civic infrastructure for disaster preparedness, response, and recovery efforts. Research and practical experience indicate that community leaders should be able to take advantage of the assets of existing community networks and support systems to provide solace over the long term.

Communication
Operating in a communications mode, an official or agency conveys information to members a one-way fashion, often with the intent of educating and informing the populace. Public feele required or specifically sought. In the context of disasters and epidemics, this has largely resided in pamphlets, press releases, public meetings, and websites like ready.gov and pandemicflu.gov citizens in how to prepare a family communication plan, gather an emergency supply kit, and characteristic features (or health signs) of a specific hazard.59,60

Consultation
A second kind of interaction occurs when leaders solicit opinions through surveys, polls, focus advisory panels. Again, the communication is one-way, from citizens to decision makers. The of view, criticisms, and constructive advice may inform policy options and their implementation. Input often comprises only one factor among many for a decision maker's consideration. Poll

beliefs, attitudes, and behaviors in relation to disaster preparedness, as well as surveying the communication needs, falls into this category. The Centers for Disease Control and Prevention convened focus groups as part of a national university-government collaboration to gather "views and information needs of potential audiences" and then craft pre-event risk communications pertaining to chemical, biological, radiological, and nuclear agents.61

Community engagement

This third approach constitutes a two-way flow of information between authorities and community where dialogue helps foster better understanding of a complex issue on all sides, and where work together to conceive and implement a policy solution.5 Community engagement presents opportunity for collective learning as part of honest, respectful interaction among formal and diverse constituents, and for the iterative exchanges that are necessary to approach policy with ethical and cultural complexities. In this modality, leaders ideally seek out the counsel of community partners and share responsibility for making and executing policy decisions. In turn, these exchanges help citizens understand aspects of a problem that reach beyond their immediate interests, and identify what government may need from them to meet those requests.73, 74

Community engagement has yet to be seriously used for homeland security and public health. The next section suggests that this robust form of public involvement can help fill the present civic preparedness gap. By civic preparedness, the working group means those personal and/or collective efforts that citizens adopt to mitigate communitywide problems of disasters and epidemics. To be addressed are the compelling reasons for individual elected officials and their public health and safety advisors to pursue community engagement, as well as recommendations for its successful application.

Civic Preparedness Gaps for Epidemics and Disasters

As noted earlier, extreme events alter individual lives and reshape society at-large; thus, U.S. residents have direct and indirect stakes in policies to limit losses when large-scale crises occur. Reviewing the civic preparedness continuum in the U.S. reveals that, at the moment, individualized activity official interest and intervention more so than collective endeavors. Household readiness is the most prevalent in popular culture (if not in practice), followed by volunteering and direct support of nonprofits. Notably absent are structured and sustained opportunities for public deliberation on preparedness policy, implementation, and outcomes.

Stockpiled basements or resilient neighborhoods?

In recent years, U.S. residents have received much advice about individual and household preparedness.59, 60 The extent to which people have acted on this guidance is not what disaster educators would hope.75 The reasons for this are complex and include socioeconomic constraints, ability to assemble emergency kits and family plans, psychological states of avoidance and ritualism, and political skepticism in relation to authorities' requests of the populace.

Some people have moved beyond readiness as a private act like stockpiling to a public good locally with nonprofits such as the Red Cross and Voluntary Organizations Active in Disaster, the government-sponsored Citizens Corps, Medical Reserve Corps, and Community Emergency Response Teams.5 National and local nonprofit organizations are also taking steps in the interests of the public good. For example, the National Organization on Disability, the American Association for Retired Persons, and the National Alliance on Mental Illness are also working on preparedness initiatives.

and the Red Cross recently joined the Department of Homeland Security in preparing brochures to provide seniors and disabled people preparedness tips directly relevant to their circumstances. Alameda County’s [Calif] Collaborating Agencies Responding to Disasters in Figure 1.)

Disaster-conscious households and voluntary associations are significant achievements in civic preparedness, but key gaps remain. Some are a function of national programming and funding for preparedness surrounding citizen and community preparedness within homeland security policy discussion is not matched by a commensurate level of funding, judging from a proxy index such as the decreasing operating budget for the Citizen Corps. In the health emergency context, few authorities have provided significant funding and guidance to support the risk communication issue. This assistance is relevant only for the communication mode of public participation (as defined above). Local and state authorities’ lack of conviction about the sustainability of federal biodefense dollars, as well as procedural incentives to purchase materiel rather than inhibit most health agencies from creating positions essential to support community engagement.

Individual volunteerism or public deliberation?
Volunteering and equipping households to weather a disaster are both essential civic goods, should continue to promote and support these efforts. Another point along the civic preparedness continuum, however, goes largely unrecognized by U.S. leaders and residents. That is the obligation of citizens to wrestle with the sometimes difficult political tradeoffs related to social obligations to mitigate disasters and epidemics, as well as to respond and recover from them.

Complex reasons explain the lack of opportunities and demands for this aspect of civic preparedness. Elected officials may be reluctant to hold public conversations about the psychologically wrenching nature of large-scale and/or long-duration tragedies, and emergency response and health professions hesitate to articulate the limits to their professional tools and institutions to protect populations. Often eager to volunteer, Americans are comparatively less practiced with democratic “pluralistic” and “agonistic” sides. Civic engagement scholars note that the U.S. has a history of participation in voluntary associations where members mix with similar others for a common goal. Far less frequent are exchanges on community matters among people with diverse backgrounds and opinions.

Whatever the cause for this neglected aspect of civic preparedness, the situation is no longer confined to the local level. The Gulf Coast tragedies painfully called into question the collective resolve and capacity of government, to care adequately for one another in catastrophic circumstances. Engagement is one intervention that leaders can take to help evolve all points along the civic preparedness continuum.

What do Leaders Gain from Engaging Community Partners in Preparedness?
Leaders who embrace, finance, implement, and continuously improve ways for the public to actively participate in disaster policymaking and implementation can anticipate both immediate and long-term opportunities for greater ability to govern and maintain trust during a crisis. Decision makers who proactively solicit community partners prior to a crisis may be better equipped to address the challenges of preparing for and responding to disasters.
govern effectively during an actual event: first, by commanding greater public confidence in
and second, by exercising better judgments in the context of uncertainty and evolving circum-
stances; they want decision making to be a balance between elected officials and ordinary p
now feel as if office holders dominate the current process. Such dissatisfaction can erode pu
government and perhaps inspire some to disregard obligations to comply with official reques
parties,” argues one political scientist, “will participate in policy management, one way or th:
the courtroom, in the legislative hearing room, in the streets, or through processes of analy
deliberation that involves stakeholders fairly and equitably.”

Counter-intuitively, involving citizens more directly in disaster and epidemic policy setting up
additional power on leaders rather than siphoning it away (Figure 2). Community engangement
leaders to face the complex and ever-shifting realities of an extreme event. Having invested
approaches, a leader can legitimately claim when difficult circumstances arise that, “I have o
people, the science, and the experts, and we are pursuing the following path for these reaso
inclusive planning can help avert public skepticism toward reasonable government interven

equips leaders with knowledge of community values, desires, and material circumstances in
prior knowledge frees leaders to react more swiftly mid-disaster, when timely counsel of consul
advisors may be difficult to obtain.

Figure 2. Common Misconceptions—What Community Engagement Is Not

- Leaders giving up power
- A substitute for robust government
- A “rubber stamp” for predetermined policies
- Another platform for voices already well represented in policy decisions
- A perfect solution
- Appropriate to every policy context and/or decision
- A formulaic technique applied uniformly regardless of circumstance

More Citizen Responders to Ease Burdens on Health and Safety Agencies

Community engagement helps relieve burdens on health and safety agencies by enabling mi
the public to assume the role of responder rather than victim. Supported by the civic infrasti
makers can more effectively target limited government resources. In extreme events, circun
exceed the normal functional capacity of personnel who specialize in disaster situations. tap the civic infrastructure to support agencies during response and recovery by way of pref
for volunteer integration and partnerships with community-based organizations that can mo
networks. These organizations may reach some populations more easily and effectively than
channels or the mass media. This informal communications “grid” can circulate information l leaders about specific communities’ needs and from leaders to citizens about what governme possible. Such exchanges can help keep expectations realistic on both sides.

Fiscal Savings through Reduced Disaster-related Losses and Expenditures

Through tighter coupling with the civic infrastructure, decision makers can recoup treasury s
reduced losses to society, fewer hazard-related expenditures, and future tax revenues. Po
as well as health and safety authorities, confront the ever-present reality of never having enough done what needs to be done; tradeoffs are a constant factor even with ample budgets. Community partnerships can obtain response and recovery capabilities that government does not have on its own. A more effective, efficient, and rapid response can, in turn, help minimize disaster-related property damage, human death and injuries, and business interruption. Assessing hurricane season, the Business Roundtable’s Partnership for Disaster Response Task Force concluded that there were insufficient government receptors to accept the donations and logistical support offered, and it has advised businesses to collaborate pro-actively with government disaster partners. Leaders must nonetheless guard against over-reliance on the civic infrastructure for designing disaster policies. Authorities who expect community-based partners to shoulder inappropriately response and recovery tasks can fail in their duty to exercise core government responsibilities. At the same time, extract the oftentimes scarce resources of community-based groups. Recent about the application of communitywide disease control measures in a pandemic, such as voluntary quarantine of household contacts of flu patients, for instance, have raised the possibility of Wheels to deliver food to the homebound. Such tremendous responsibilities may exceed this highly valuable but financially threadbare and operationally overstretched program.

Emergency Plans that Are Feasible Because They Reflect Community Values, Econo and Collective Judgment

Leaders who consciously integrate community partners into health emergency planning can build robust contingency plans. Inclusive planning offers the possibility of fusing different kinds of Citizens’ integrative and experiential knowledge complements the specialized competence of managers, health officers, and other authorities. People outside the traditional establishment: the intelligence quotient of planning because their imaginations are not necessarily constrained by bureaucratic, scientific, and other limited views of disaster and epidemic management. published cases of environmental decision making that involved publics found that the majority contained evidence of stakeholders “improving decisions over the status quo” and “adding new ideas, and analysis.”

Public participation in emergency planning provides ready access to “citizens’ wisdom”—less from the life experiences of many and diverse people—on how best to tackle serious, unforeseen challenges. Community partners can query plans: Do they reflect community sensibilities and priorities? to work logistically? Do they meet the needs of all people or leave certain groups out? How efficient that? A recent evaluation of the incident command system (ICS) and the National Incident Management System suggests that “ICS is only a partial solution to the question of how to organize the response in the aftermath of disasters,” and that the larger goals, objectives, and priorities of disaster endeavors ought to be subject to “the instruments of democratic society.”

Constituents Who Are Savvy About, and Interested in the Success of, Public Health Safety, and Emergency Management Agencies

Extreme event loss reduction, as one political scientist puts it, is a “policy without a public.” collective benefits of thoughtful disaster and epidemic policies, no widely distributed and artfully crafted constituency clamors for their support—a counter-intuitive finding in the currently crisis-ridden environment. High-impact, low-probability events do not typically register as top political priorities because of their infrequency and because of more ordinary concerns that press for in
attention. Regrettably, it often takes a dreadful event to awaken people to the need for sound robust government programs in this arena. Leaders who cultivate a constituency that is di in disaster-related policies and agencies—rather than a “quiescent public”—may discover a degrees of freedom and support, as well as more revenue for meaningful government interventions. Berkeley (Calif) and Oklahoma examples, Figure 1).

**What Are the Key Principles and Ingredients for Successful Community Engagement?**

Leaders can derive substantial benefits—such as ethical clarity, logistical feasibility, community social acceptability, material resources, and political legitimacy—by engaging community partners in disaster and health emergency policymaking. Below is a set of guiding working group principles to help leaders succeed at community engagement (see Figure 3). Not intended as an exhaustive list, this section instead highlights principles of consequence for government executive duties, as many theorists and practitioners agree. Excellent resources exist elsewhere regarding more details of designing and executing participatory projects.

**Figure 3. Top Principles and Actions to Help Leaders Succeed at Community Engagement**

**Institutional commitment to community engagement**

- Obtain the support of elected officials and agency heads; build top-down support for bottom-up efforts.
- Develop a common purpose through joint problem assessment by top officials, government leaders, and residents at-large.
- Position an organizational champion who can effectively handle interagency coordination of the community engagement initiative.
- Grant community partners genuine opportunities to affect disaster policies; back them with real authority and responsibility.

**Investment in an enduring community engagement structure**

- Plan for sustained community engagement, resisting shortcuts in the form of one-sporadic public outreach.
- Assess local civic infrastructure, identify existing networks, and enhance their capacity on disaster-resilience goals.
- Set aside a sufficient budget, support staff, meeting space, partner incentives, and material necessities.
- Recruit trained professionals to facilitate face-to-face interactions, develop leadership capabilities, and help resolve controversies, and continually improve community engagement capabilities.
- Align expectations between officials and community partners about community scale, scope, process, and time-frames.
- Systematically track community engagement’s impact on improved disaster policy to provide evidence to officials and citizens that collaborative efforts do matter.

Input from vocal and reticent communities

- Consciously recruit and represent groups historically absent in public affairs, including the working class, less educated, and people of color; equip with leadership skills.
- Enable citizens to juggle home life and civic life better by offering convenient means of travel reimbursement, child care, public recognition, stipends, etc.
- Be receptive to participants' expressive input, not just their practical advice; people involved for different reasons: for example, to have a voice, to make a difference, new friendships.
- Acknowledge that participants' venting of anger is not an impediment to engage; prerequisite as a result of unresolved trauma and grief from past events.

Commit the Administration to Community Engagement

Elected officials and agency heads who embrace community engagement as a valuable government policy essential for success. First, the extent to which policy decisions (and their implementation) incorporate citizen input depends on authorities granting community stakeholders genuine affect outcomes. Community input detached from real decision-making authority represents ritual" of "participation in participation." Second, a well-positioned organizational champion shepherd community engagement through conceptualization, application, and assessment to minimize any interorganizational impediments.

Assess the Civic Infrastructure; Build on Prior Foundations; Pour New Ones If Need

Leaders must first assess the civic infrastructure in their communities and then enhance the existing networks to take on disaster-resilience goals by offering seed money, practical incentives, and public recognition. Community engagement in disaster issues is more likely to succeed when built on prior structure. The Healthy Black Family Project, a health promotion project of the University of Pittsburgh's public health school, successfully integrated disaster preparedness into outreach community members who had already come together around issues of personal importance.

Emergency officials often assume that if they have made contact with the Red Cross, VOADS, disaster-oriented nonprofits, then they have "dealt with" the community. In fact, interacting with organizations is necessary but not sufficient. True community engagement in disaster and policymaking will require officials to expand the range of organizational partners. Community organizations require their own continuity plans, and this can be the motivating tool for them to interact with disaster-related agencies.

Work with Community Partners to Define Top Issues

A common sense of purpose provides the impetus for collaboration among top officials, organizations, and community partners. This group ambition emerges from joint assessment and deliberative problem for which community contributions are sought, as well as mutual understanding of what can contribute what. Official and citizen participants also require evidence that their respective efforts are helping. Public participants deserve feedback on how their contributions have influenced the policy process, as well as a decision's ultimate outcomes. Decision makers, in turn, become more invested when deliberations are designed to produce something that they can enact constructively and stake in the public arena.
Allocate Sufficient Resources to Sustain Community Engagement

Like any other public enterprise, community engagement requires adequate resources to sustain a reasonable operating budget, trained professional staff (including capabilities for program recruitment, analysis, and evaluation), ample meeting space, and participant reimbursement. Stakeholders are earnest about public involvement provide for it and get concrete commitments through sufficient funding.

Engagement initiatives take time and effort. Like its physical counterparts, a disaster-resilient infrastructure requires regular maintenance, occasional refitting, and the laying of new lines as community demographics shift. Dedicated staff positions and trained experts who can facilitate interactions, support joint fact-finding, help resolve controversies, and enable partners with training are key program investments. Even though much of community engagement is built on volunteerism and individual public service, citizen participants cannot be expected to bear the financial burden associated with involvement, such as lost work time and child care expenses.

Consciously Reach Out to Groups Absent from the Policymaking Table

The people who are most likely to take an active role in public affairs are well educated, financially self-sufficient, and politically confident (i.e., they hold a strong sense of personal political efficacy). Unintentionally, the outcome of such processes may be skewed against their interest. Rather than involving an unrepresentative and ad hoc “public” in participation processes, leaders can join forces with trusted representatives who can act on behalf of disenfranchised groups and organizations that have strong roots in a community. Historically, marginalized people have local institutions such as congregations, block associations, and unions to address their concerns.

Plan Engagement with Care from the Outset; Do Not Act at the Last Minute

Like other public undertakings—roadway repairs, economic development, neighborhood policy—community engagement requires careful planning, proper budgeting, realistic schedules, and realistic expectations about project scale, scope, and process. Last-minute, poorly organized attempts to public, however well intentioned, are likely to prove frustrating for citizens and sponsors alike. The final output will not be of desirable quality. Careful attention to process is essential. Conversations that are characteristically civil, fair-minded, and oriented to problem solving are rarely spontaneous and the democratic conversation takes place,“one communication theorist contends, “in settings where it will be uncomfortable. . . Such talk is threatening enough to require formal or informal engagement.”99

Listen to Groups with Unresolved Trauma and Grief from Past Events

Leaders who collaborate with community partners should recognize that emotion—alongside reason—is a legitimate input to policymaking, for two reasons. First, “[c]itizens think with an ever-changing array of tools: information and reason, to be sure, but also emotion, solidarity, aesthetics, friendship, empathy, and animosity, to name a few.”73(p77) Genuine participation in community debate is possible only as well as instrumental input, thus allowing them to feel that they have can “make a difference.”73

Second, engaging disempowered groups may catalyze unresolved trauma and grief from past events.
may be a common vehicle to convey a sense of abandonment by government and/or sorrow not being able to change one's own circumstances. The venting of this anger is a requisite for engagement, not an impediment. Both during and following Hurricane Katrina, people across saw the tremendous devastation experienced by poor people of color in Louisiana and Mississippi became angered by their plights. In this post-Katrina environment, resentment and skepticism communities far beyond the storm’s geographical swath. Therefore, effective community engagement disaster policymaking should anticipate and incorporate provisions for emotional venting and reconciliation.

**How Can Pandemic Flu Planning Benefit From Community Engagement**

The government preparations now being made for pandemic flu should rely on community engagement in health disaster policymaking. The civic infrastructure can help set policy priorities, inform policy decisions, cement trust between authorities and the public, confirm the feasibility of plans, function as a crisis communications network, and provide operational support during recovery periods. This section illustrates these capabilities concretely through the dilemmas of limited medical options in the event of a moderate-to-severe pandemic flu, accompanied by how community engagement can help address them. Collaborative problem solving in the context has already been piloted in the form of public deliberations among citizens at-large stakeholders about the best, early use of limited vaccine and about potential community measures to slow flu’s spread.

**Containing the Spread of Contagious Disease in a Community**

In light of anticipated shortages of vaccines and antivirals to protect against influenza, health policymakers have expressed serious interest in a range of nonpharmaceutical disease containment strategies. Proposed measures include: isolation of sick people in hospital or at home, large-scale or home quarantine of people believed to have been exposed, travel restrictions, prohibition of social gatherings, and closures. Theoretically, limiting people’s exposure to infection may slow the epidemic and the acute demands on healthcare institutions as well as buy time for society until a vaccine or other countermeasure becomes available. Inconclusive science surrounding the effectiveness of such measures, the potential for adverse social consequences, and the substantial logistics to sus interventions all suggest that containment decisions may benefit from greater community in actual event.

*Weigh risks and benefits*

Various combinations of the above disease controls have been used in previous pandemics or other diseases. Evidence of their effectiveness is ambiguous: (1) there are no scientific studies of their effectiveness in the setting of pandemic flu; (2) historical investigations of their efficacy are limited and it is unclear how the past translates to the present context; (3) today’s mathematical models and assumptions and has not considered issues of public compliance, political and logistical burdens. In light of the scientific uncertainty, some leaders may consider in nonpharmaceutical containment measures on the grounds that they might help and cannot hurt, and political realities govern any measure’s effectiveness as well as its capacity to inadvertent. Weighing risks and anticipated benefits, thus, will require input from groups and individuals outside the health sector.

*Identify and fairly distribute adverse effects*
Closing schools is an example of how, without thorough planning, a well-intentioned containment could produce serious social effects. Closures might be recommended for as long as a pandemic persists in the country (possibly months). The rationale for school closures is to diminish student contact and retard spread to shut down. As a result, many working parents would need to stay home. Given that some Americans do not have paid leave time, closing schools may produce severe hardships for workers. In a national survey, 25% of respondents reported that they would face "serious financial problems" if they had to miss work for 7-10 days; of those respondents, 56% make less than $15,000 a year.

Extend governments' abilities to implement
Even if a community notionally adopted large-scale containment, like school closures or at-home quarantine of the exposed, leaders still have to marshal sufficient resources for actual implementation. The Canadian experience provides useful lessons. In 2003 SARS outbreaks in which there were fewer than 500 cases, Canadian health professionals managed a home quarantine of nearly 30,000 individuals in Toronto. The Canadian program was not clear, but the public health resources needed to execute this policy were immense; it was necessary to persuade each family of the measure's rationale, inform them how to comply, and arrange for child care and other support services. The civic infrastructure can extend existing public resources by distributing infection control messages, particularly among populations with limited access to and/or misinformation; in 2005, 29.5 million children were fed through the National School Lunch Program and the School Breakfast Program.

Caring for Large Numbers of Sick People when Hospitals Are Overburdened
In a severe influenza pandemic, healthcare demands will be greater than the capacity of local health professionals to treat flu patients and maintain other essential medical services according to expectations. Hospitals will not be able to operate effectively in the face of labor shortages from workers falling ill, having to care for sick family members, and/or being concerned about bringing contagion. Hospitals may facilitate transmission of the flu virus within their walls, due to infections converging on them. Healthcare facilities may run out of even basic supplies like sanitizers, and interrupted delivery chains. Based on the HHS planning assumptions like pandemic and CDC's Flu Surge software, local hospitals can expect to have only 1 medical worker for every 2 flu patients, and only 1 bed for every 4 to 5 flu patients who need them at the peak of the crisis. Community engagement may improve a community's ability to address both the ethical and operational challenges associated with mass casualty care in a pandemic.

Deciding who gets access to limited hospital care
Scientific, ethical, and legal frameworks regarding the allocation of limited healthcare resources in standards of care under epidemic circumstances will affect citizens greatly and considered collectively within a community. At the peak of the pandemic, hospitals will electively refuse to treat flu patients and discharge the least sick to recover elsewhere. Today's so-called "elective" procedures, however, include cancer surgeries, angioplasties, and aneurysm surgeries without which patients would die. Will psychiatric patients be sent home to make room for flu patients? Clinicians will have responsibility for making quick triage decisions, but a well-thought-out and publicly vetted strategy is needed.

will help reflect the community’s priorities and obtain residents’ acceptance in a crisis. For example, a socially and legally acceptable framework for degradation of care to guide them, some Gul

stranded without food and water in 100-degree heat for days are alleged to have euthanized they thought might not survive the Katrina-related ordeal.\textsuperscript{113}

*Plan alternative care sites and home care for nonhospitalized patients*

Efforts to prevent overwhelmed hospitals in a flu pandemic will likely include alternative site care and public appeals to those patients who are not critically ill to remain at home. Because groups, and service organizations know their local communities well, they should have a forum with hospitals, public health agencies, and emergency management to identify (during and in pandemic) where alternative care facilities are best placed in the community, as well as to mobilize the volunteer workforce willing to staff these sites. Communitywide mass casualty planning work toward developing neighborhood support mechanisms so that people who are at home pandemic have food, medicines, child care, emotional support, and the like. Public officials could work with civic infrastructure to design and implement a communications strategy to help convince people away from hospitals if they are not critically ill.

*Handling the Dead with Dignity in the Face of Mass Fatalities*

Large numbers of deaths in a short period of time—as would be expected during a severe flu exceed the functional capacity of the present-day U.S. fatality management system, challenge notions about what constitutes decent funerary practices, and cause traumatic grief that leads to complicated mourning among survivors. According to the National Funeral Directors Association, 2.4 million Americans die each year; in a 1918-like pandemic, HHS estimates that an additional people could die from influenza.\textsuperscript{114} Community-level mechanisms to cope with such tragic circumstances benefit greatly from residents’ counsel and assistance in relation to the practical, cultural, and psychological dimensions of death.

*Aid the traditional workforce who deal with the dead*

At the same time of acute demand for their services, morticians, funeral directors, medical examiners, coroners, cemetery owners and operators, and others in the death and funeral industry may be affected by the flu and unavailable to work because of sickness, death, caring for sick loved ones, and concern about contagion. Transportation vehicles and storage space for human remains are in short supply. These factors will contribute to significant delays in burying the dead. Prior to a pandemic, community partners can weigh in on what constitutes dignified and socially acceptable approaches to identifying, transporting, storing, processing, and finally interring (when possible) human remains. During the crisis itself, volunteers can augment the professional workforce, and businesses and nonprofit organizations may be able to donate appropriate vehicles and storage.

*Devise emergency procedures mindful of diverse beliefs and practices*

The U.S. population holds many diverse cultural traditions, religious meanings, and personal surrounding corpse preparation and funeral services.\textsuperscript{115} Most people view death and caring for a corpse as deeply personal and meaningful, and they draw on their distinct beliefs and practices to cope with, understand, and process grief.\textsuperscript{116,117} Prior to the emergency, public health officials, administrators, and professionals from the death and funeral industry can meet with spiritual leaders in a community to discuss and plan for how bodies can be identified, transported, stored, and commemorated in a dignified and culturally acceptable manner as well as what support...
Populate a support network to help people cope with major loss

Large numbers of the dead in a community at one time present difficulties for both personal bereavement. The need for spiritual and emotional support may be extensive because of the event and may outstrip the capabilities of trained professionals, and the mourning process may be complicated because of the traumatic nature of the event. The civic infrastructure can be a resource through the grieving process. Individuals and community groups, for example, can set up, and maintain a Family Assistance Center—a centralized location (whether virtual or in person) that provides grief and trauma counseling, spiritual and emotional guidance, peer-to-peer support, and reduces uncertainty and confusion, and practical assistance in making funeral arrangements.

Conclusion

The civic infrastructure constitutes a critical management resource for leaders during catastrophic events—phenomena that characteristically demand deliberate and thorough integration of civic contributions. In the pre-event period, the civic infrastructure can help set policy priorities, laden policy decisions, render emergency planning fair and feasible, foster trust between diverse social groups, and set realistic expectations about communitywide capabilities to address unforeseen events. During the crisis period, the civic infrastructure can function as a multifaceted communication network, provide support to professional responders, and enable more community members to respond rather than be victimized. As the crisis ebbs, the civic infrastructure can embody commitment to long-term recovery and to future public measures to enhance resilience.

Current U.S. disaster and health emergency policies—at all levels of government—do not adequately acknowledge the civic infrastructure’s proven contributions in disasters and epidemics, nor realize the eve potential of consciously standing up, collaborating with, and regenerating knowledgeable, trusting networks of constituents who can mobilize in a crisis. Civic preparedness may play an important rhetoric role in present policy discussions, but this is not matched by a commensurate level of public funding or support. Preparedness itself has been narrowly construed as private acts of stockpiling and disaster response by households. The structures for amassing the collective good of voluntarism are presently nonexistent.

The working group has argued that community engagement is essential to policymaking for mass health emergencies, and it has recommended how U.S. leaders at all levels can improve the process and mitigate communitywide losses by embracing this approach. Preventing another pandemic flu presents a timely, concrete opportunity for decision makers to realize the benefits of solving alongside community partners.

Notes

† The working group offers an explicit definition, because the phrase "civic infrastructure" is often interpreted in different ways. Alternative terms and definitions exist elsewhere.
‡ This analysis relies on Rowe and Frewer’s (2005) characterization of public involvement.
“public engagement” in their parlance) in terms of the distinctive information flows that communication, consultation, and participation. Readers are referred to the original article for additional gradations within each of these categories. Alternative modeling of the public continuum is also available.

A vast and scattered literature has emerged over several decades around the theory and practice of involving members of the public in the agenda-setting, decision-making, and policy formulation of organizations/institutions responsible for policy development. Interested disciplines include policy analysis, city planning, environmental health, risk communication, community health, science, and communication theory. Adequate discussion of this nuanced analytic framework is beyond the scope of this article’s context, as is a full overview of the practical techniques to achieve public involvement. The working group’s goal, instead, is to make the context-driven approach to community engagement have potential value in policies related to catastrophic health events.

The situations presented are meant only to be illustrative and do not exhaust all possible situations. Community engagement in pandemic flu policymaking (for example, citizens could take care of continuity functions such as trash collection). In the working group’s estimation, these situations represent situations that are so socially and operationally complex, and politically charged, that they warrant being top priorities for community engagement in pandemic planning.

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Major Findings of the Working Group on Community Engagement in Health Emergency Planning

1. Members of the public are first responders and outbreak managers, too.
Disasters and epidemics are big shocking events that require the judgment, effort, and courage of people, not just authorities. Research shows that family, friends, coworkers, neighbors, and strangers often conduct search and rescue activities and provide medical aid before police, fire, and public health officials arrive. During epidemics, volunteers have helped run mass vaccination clinics, nurse and care for patients, support the sick and their families with basics like grocery shopping and childcare, take part in political decisions about drug development and disease prevention.

2. Stockpiling in case of an emergency is both too much and too little to ask of America.
Social networks and public institutions that help people provide and receive help are critical disaster, more so than basement stockpiles of canned goods. Because many Americans struggle to put food on the table everyday and because many have no homes in which to “shelter in place,” disaster planning entails much more than a list of things people should buy to protect themselves. Of course, work with citizens and community-based organizations before disaster strikes to promote the public can contribute to preparedness, including taking part in policy decisions, building volunteer networks, and obtaining support for tax or bond measures that help reduce vulnerability. American ideals about self-sufficiency can inadvertently prepare people to work with citizens and community-based organizations before disaster strikes to promote the public can contribute to preparedness, including taking part in policy decisions, building volunteer networks, and obtaining support for tax or bond measures that help reduce vulnerability. American ideals about self-sufficiency can inadvertently prepare people for disaster. The civic infrastructure represents many heads, hands, and hearts—real persons bonded to one another who hold the experience, skills, and goods that can help immediate response and recovery. For example, groups, neighborhood associations, faith communities, fraternal organizations, chambers of ethnic centers, voluntary associations, and social service agencies all have members and can contribute to preparedness.

3. “Citizen” preparedness must look outside the individual home to the civic infrastructure.
People live, work, play, worship, and vote together, and these networks form a local infrastructure that should be involved in disaster planning. This approach to disaster readiness improves upon traditional education efforts directed at a largely anonymous and individuated “public.” The civic infrastructure represents many heads, hands, and hearts—real persons bonded to one another who hold the experience, skills, and goods that can help immediate response and recovery. For example, groups, neighborhood associations, faith communities, fraternal organizations, chambers of ethnic centers, voluntary associations, and social service agencies all have members and can contribute to preparedness.
can help each other as individuals, or who could be called upon as a group to help others.

4. The civic infrastructure has much to offer before, during, and after an event.
Before a disaster happens, the civic infrastructure can raise awareness, energize trust in aut
decide fair and feasible contingency plans, set realistic expectations about communitywide ni delineate shared responsibilities to protect against mass tragedy. During the crisis, civic net relay self-protective advice, reach out to people who do not use mainstream media or who d public officials, provide information about what is really happening on the ground, and give moral support to first responders and health professionals. Following an emergency, the civi· infrastructure can help recovery by providing comfort and reassurance to citizens in ways th government cannot, and by recommending improvements to public policies that guard again events and that shape future response and restoration.

5. Adept crisis managers engage community partners prior to an event, and not ju media skills.
Recently, officials have improved public education and crisis communication efforts for natur terrorist attacks, and health emergencies like pandemic flu. They have relied on press release pamphlets, websites, and other mass media, and consulting with target audiences through f, and advisory panels has helped make the messages more meaningful. But in each of these i information flows in one direction—from officials to the public, or vice versa—and officials de when information is released. Community engagement, on the other hand, is a two-way exc information that allows for joint learning and problem solving over time and that outlines the responsibilities of authorities, local opinion leaders, and citizens at-large about a matter of p

6. Partnerships provide leaders the wisdom and courage to weigh tradeoffs and co difficult scenarios.
The community engagement model keeps a dialogue going about complex issues, and it br diverse parties to create and implement solutions. This kind of collaboration has helped com navigate through tough issues that combine personal values with scientific and technical info including “brown field” management, environmental health, and nature conservation. Health pose ethical issues such as: who should receive the limited supplies of life-saving medical r where is the balance between personal civil liberties and government controls to prevent the disease. Dilemmas such as these should be planned for in advance and with input from local leaders and community members, so that when a crisis situation is evolving, authorities can better judgments that represent citizens’ best interest and reflect the community’s wishes.

7. Certain ingredients are necessary for genuine community engagement.
Like other enduring public works—roadway maintenance, economic development, etc.—com engagement in health emergency policy requires top level support, proper budgeting, dedice personnel, careful planning, and tracking of success. Disasters and epidemics are high imp probability events, and not at the forefront of most peoples’ minds; so involving citizens in the policymaking process will more likely succeed if laid upon some prior structure. Deliberate or through trusted intermediaries—to groups who are typically absent from the policymaking te necessary to include the perspectives of the poor, the working class, the less educated, rece immigrants, and people of color. Institutionalized resources to interface with civic groups are of good government.
8. The community needs strong health and safety institutions with which to partner
There are several recent disasters that highlight survivors' creative coping and the generosity of people taking in strangers displaced by Katrina, the ad hoc fleet ferrying people away from Manhattan and the smoldering twin towers, physicians volunteering to work at understaffed hospitals during the SARS outbreak. Private industry, civic groups, nonprofits, and individual important roles during extreme events. Government need not and should not act alone, but burden of immense and unexpected tragedy requires strong and vital health and safety agencies; institutions have the ability to act in ways that the well-intentioned and under-resourced can as the obligation to spur the best use of communally held resources.

What Community Engagement in Policymaking for Disasters and Epidemics Looks Like and Can Do

Montgomery County (MD) health department is exploring the concept of "neighborhoodsupers" with civic organizations and homeowners associations to foster mutual assistance among neighbors to improve communications between county residents and officials during a health emergency, pandemic influenza.

CARD - Collaborating Agencies Responding to Disasters (Alameda County, CA) emerged after the Loma Prieta earthquake to train and unite service providers as a safety net for people with limited resources to address their own disaster related needs—seniors, children, the disabled, the homeless, n speakers, and low income families.

Allegheny County’s (PA) predominantly white emergency officials met with the local black community for the first time at a disaster preparedness forum in 2006 co-hosted by the Urban League of Pittsburgh. The Healthy Black Family Project, a University of Pittsburgh health promotion and disease prevention project with 4,600 enrollees.

Residents of Grand Bayou (LA), a Cajun and Native American ocean-farming community, have worked with state and local government, business, the faith community, and university-based experts to address mounting coastal dangers; one such effort is hazard mapping that incorporates indigenous knowledge about historic environmental transformations.

As a requirement of the 1990 Ryan White Care Act, people personally affected by HIV/AIDS attended by government leaders, public health officials, and heads of community-based organizations to spending priorities for federal funds—whether primary medical care, case management services, volunteer labor power, etc.

In 2005, the Harris County (TX) Citizens Corps helped manage 60,000 volunteers in setting up "city" at the Houston Astrodome to host 65,000 Katrina evacuees.

During the 1947 smallpox outbreak, NYC health officials vaccinated >6.3 million people in 4 (over 5 million alone in the first 2 weeks) using private physicians and volunteers from the Red Cross groups, women's clubs, and civil defense groups; this partnership helped staff free clinics in 84 police precincts, and every public and parochial school.
Greater Seattle (WA) residents, businesses, and emergency managers collaborated on "Disa Saturday," a preparedness and survival training for the public about earthquakes. By the time the Nisqually earthquake hit in 2001, 1,000 people had taken the training, and at least 300 of them retrofitted their homes, none of which were damaged in the quake.

In 2005, the Public Engagement Pilot Project for Pandemic Influenza held public deliberation guidelines for the best early use of limited vaccine in a flu pandemic; citizens-at-large participated in regional meetings followed by a national meeting among stakeholders from health, government, consumer advocacy, and minority organizations.

In a multi-day blitz, 29,000 Berkeley households received disaster readiness door hangers in Disaster Resistant Berkeley (a former Project Impact recipient) funded the campaign from a preparedness city tax and used student volunteers from the University of California.
Working Group on Community Engagement in Health Emergency Planning

Major Findings | Government Next Steps | Full Report
Working Group Members | Power Point Presentation | Press Release | Virtual Forum

Steps for Government and Civic Leaders to Act on Working Group Findings

In the context of a health emergency, strong partnerships between authorities and local civilian groups can augment officials’ ability to govern in a crisis, improve application of communally held resources, reduce social and economic costs. Based on an analysis of this core working group finding in the present policy context, the Center for Biosecurity offers practical steps forward at all levels of leadership:

**FEDERAL AUTHORITIES** should make a sustained national investment in local health emergency preparedness systems that collaborate with civic groups and incorporate citizen input. Important steps include:

- HHS, when drafting guidance to state/local grantees of the Cooperative Agreement for Public Health and Hospital Preparedness, should convey the value of civic participation (distinct from mass education) to foster neighborhood readiness and to consult, in an event, on communitywide decisions regarding scarce medical resources, altering care, and emergency distribution of medicines.
- Congress, when making FY08 and future appropriations, should fund “risk community public preparedness” at a level commensurate with their status as “essential public security capabilities” as identified in Sec. 103 of PAHPA. Specifically, Congress should authorize funds that support state/local health agencies in hiring the fulltime staff for community engagement in preparedness and that vitalize the Citizens Corps in localities.
- HHS and DHS—in their joint efforts to expand the Lessons Learned Information System as required by PAHPA—should facilitate the collection, analysis, and sharing of information related to civic engagement, volunteer mobilization, and other forms of public involvement.

**MAYORS, GOVERNORS, and COUNTY EXECUTIVES** should provide the political support and...
necessary to institutionalize preparedness partnerships between civic groups and health and officials. Key actions include:

- Provide financial and programmatic support for a full-time qualified coordinator within a health department (or emergency management office) with experience in community engagement.
- Assess your own administration's means to engage local opinion leaders and citizens (e.g., advisory boards, neighborhood liaison offices, health education and outreach) on how these might be tapped for health emergency objectives.
- Build community engagement into present pandemic flu preparedness efforts, with attention to plans to (1) contain the spread of contagious disease; (2) care for large numbers of sick people when hospitals are overburdened; and, (3) handle the dead with dignity in the face of mass fatalities.

**HEADS OF COMMUNITY-BASED GROUPS** should contact their political representatives, as well as health officers and emergency managers, to offer advice on a community engagement structure. At the same time, work with officials to:

- Obtain guidance on organizational continuity planning,
- Ascertain pre-event protocols for volunteer integration, and
- Discuss a possible “memorandum of understanding” regarding how the group might integrate its own network as part of a pre-event education campaign and/or crisis & recovery system.

*The Pandemic and All Hazards Preparedness Act (PL 109-417) was signed into law on December 20, 2006.*
Steps for Government and Civic Leaders to Act on Working Group Findings

In the context of a health emergency, strong partnerships between authorities and local civic networks can augment officials' ability to govern in a crisis, improve application of communally held resources, and reduce social and economic costs. Based on an analysis of this core working group finding in relation to the present policy context, the Center for Biosecurity offers practical steps forward at all levels of leadership:

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- Congress, when making FY08 and future appropriations, should fund "risk communication and public preparedness" at a level commensurate with their status as "essential public health security capabilities" as identified in Sec. 103 of PAHPA.* Specifically, Congress should authorize funds that support state/local health agencies in hiring the fulltime staff necessary for community engagement in preparedness and that vitalize the Citizens Corps in more localities.
- HHS and DHS—in their joint efforts to expand the Lessons Learned Information System (LLIS) as required by PAHPA—should facilitate the collection, analysis, and sharing of best practices related to civic engagement, volunteer mobilization, and other forms of public involvement in disaster and health emergency management.

MAYORS, GOVERNORS, and COUNTY EXECUTIVES should provide the political support and visibility necessary to institutionalize preparedness partnerships between civic groups and health and safety officials. Key actions include:

- Provide financial and programmatic support for a full-time qualified coordinator within the health department (or emergency management office) with experience in community engagement
- Assess your own administration's means to engage local opinion leaders and citizens at-large (e.g., advisory boards, neighborhood liaison offices, health education and outreach staff) and how these might be tapped for health emergency objectives
- Build community engagement into present pandemic flu preparedness efforts, with special attention to plans to: (1) contain the spread of contagious disease; (2) care for large numbers of sick people when hospitals are overburdened; and, (3) handle the dead with dignity in the face of mass fatalities

HEADS OF COMMUNITY-BASED GROUPS should contact their political representatives, as well as local health officers and emergency managers, to offer advice on a community engagement structure, and at the same time, work with officials to:

- Obtain guidance on organizational continuity planning,
- Ascertaining pre-event protocols for volunteer integration, and
- Discuss a possible "memorandum of understanding" regarding how the group might mobilize its own network as part of a pre-event education campaign and/or crisis & recovery support system

* The Pandemic and All Hazards Preparedness Act (PL 109-417) was signed into law on December 19, 2006.