

AMA/ CDC SECOND NATIONAL CONGRESS ON HEALTH SYSTEM READINESS

ABSTRACT

Categories:

Medical surge capacity, emergency healthcare delivery, critical community infrastructure maintenance, workforce education and safety, community education, business community and private sector involvement, and alternate care sites

Program/ Community Description:

The Medical Reserve Corps (MRC) is a community-based volunteer program whose mission is to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers. Local MRC units work in their communities to support and augment existing resources. MRC units help to build community resiliency by assisting the community in matching local resources to local needs.

The MRC Program Office supports local efforts to establish, implement, and sustain MRC units nationwide, by promoting awareness of the program and partnerships with key organizations, as well as, providing technical assistance and various tools and resources to the local units. One such resource developed has been the ***Pandemic Influenza Planning Guidance for Medical Reserve Corps Units***. This resource identifies specific activities MRC units can do now to prepare for such an event. It provides a broad range of pandemic influenza planning and response actions that can be adapted and used by MRC units nationwide.

MRC leaders and volunteers play an important role in building on existing public health infrastructure in their communities and will likely provide support in the event that this country is faced with the reality of an influenza pandemic. Today, many MRC units have begun the pandemic influenza planning process and have identified their roles and responsibilities in the event of an influenza pandemic. This guidance will help MRC units determine pandemic influenza planning and response actions that are in the purview, scope, training, and capabilities of the units and the communities which they serve.

There are many MRC units throughout the country who are working with their local community's partners, as well as state agencies, to plan for Pandemic Influenza. One such unit is the Pueblo (CO) MRC:

- a. Pueblo County has a population of 153,000 people. Pueblo County is mainly a rural/urban community that is multi-generational with diverse races (mostly Caucasian and Hispanic). Pueblo County is a working class community with an average education level of post-high school. The median age is 36 years old.
- b. The infrastructure of the local public health department is broken in to four divisions: Environmental Health, Operations and Administrative Services,

- Community Health Services, and Disease Prevention and Emergency Preparedness. The Disease Prevention and Emergency Preparedness division is the division that assembles individuals with varying backgrounds to come together to prepare for emergencies, and host the Pueblo Medical Reserve Corps. The local health departments work independently from the state health department.
- c. Pueblo County has two hospitals. Both hospitals are level two trauma centers. Between the two hospitals, there are 26 Intensive Care Unit beds, 22 Neurology beds, and approximately 100 Psychiatric beds. In total the two hospitals have 750 beds for Pueblo's surge capacity. Pueblo County also has three mental health centers. The closest pediatric trauma center and burn center are located 100 miles away in Denver, Colorado. One of Pueblo's hospitals is equipped to handle burns yet it is not at a top level trauma center.

Planning Process:

- a. To begin our pandemic planning, the executive director of the Pueblo City-County Health Department (PCCHD) hosted meetings to gain community involvement and to set priorities. After that, smaller break out groups were formed to plan for each specific discipline (business, health, etc.).
- b. From the initial planning meetings, a Community Coordinating Committee was formed to identify Pueblo's priorities for pandemic planning. Members of that committee include utilities, communications, food distribution, behavioral health, hospitals, schools, law enforcement, fire/emergency medical services, agriculture, coroner, faith based, and health and human services. The committee members coordinated with other community members in their discipline to work on a community pandemic plan.
- c. The main barrier was to get the "decision makers" at the planning table and not just a representative from the participating organization. Another barrier was, in the beginning, there were too many people and too many ideas involved to actually begin planning. PCCHD overcame this barrier by placing a health department employee from its Pandemic Flu Planning committee on each discipline's committee to get the planning started with specific identified priorities.
- d. The gaps were to place community members from all disciplines at the planning table to have full representation and community "buy in" for pandemic planning.

Narrative:

- a. Public education is a priority for PCCHD. The Health Department strives to educate Pueblo residents to alleviate fear of a pandemic while still showing that a risk is involved. PCCHD educates that the community should not just plan for a pandemic, but for all possible hazards that may arise. And that one can never be too prepared.

- b. PCCHD's approach was to create an educational video. The video was produced locally. The Health Department assisted the writing and producing team. It is not a typical home preparedness educational video. Pueblo's video is entertaining and educational. The Health Department worked to think outside of the box with the project, and used the hot topic of a "reality show" setting. The video has a 13 minute and a 30 minute version. Both versions are available in Spanish. Another approach was to conduct a mass vaccination exercise using the seasonal influenza vaccine. PCCHD treated the exercise as if a pandemic had hit and the goal was to vaccinate 10,000 people in one day. PCCHD actually vaccinated 5,300 and successfully tested its plan in utilizing volunteers, staff, and Memorandum of Understandings.
- c. The outcome that the Health Department has achieved is community participation as people are truly starting to prepare. Residents have begun to educate themselves, stockpile, and create personal plans for emergencies.
- d. In creating Memorandum of Understandings with partner organizations, the Health Department's relationship with collaborating agencies and organizations throughout the community has grown. Pueblo County residents respect what the Health Department has to plan for and in turn, the Health Department respects the community member's role in its planning. One relationship that has strengthened is that with the media. The local media is willing to train Health Department staff to use their equipment so that Health Department staff can provide current updates by video/audio and uplink their reports to the station to maintain social distancing during a pandemic.
- e. The advice that the Pueblo City-County Health Department would give to other communities in the beginning stages of pandemic planning would be to set priorities early and to find a "Champion in the Community" that has respect and would get support in implementing pandemic planning community-wide.
- f. PCCHD's speakers' bureau conducts public presentations throughout the Pueblo community. The presentation includes an instructional power point, an educational video, and brochures. PCCHD works with the local hospitals on a surge capacity plan and to institute off site comfort care units.

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