PUBLIC HEALTH PLANNING GUIDE

for Faith Communities

Cook County DEPT. of Public Health

Promoting health. Preventing disease. *Protecting you.*

Joint Project by The Cook County Department of Public Health, the Chicago Department of Public Health

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Faith-Based Advisory Panel Members

We acknowledge the work and support of the Advisory Panel members from faith-based organizations and houses of worship throughout Cook County.

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(Note: CARAT = Community Action and Response Against Toxics)

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About the Cook County Department of Public Health (CCDPH)

CCDPH is the state certified public health agency for suburban Cook County (SCC) with the exception of Evanston, Skokie, Oak Park and Stickney Township serving approximately 2.5 million residents in 129 municipalities. CCDPH protects the health of SCC residents through leadership in public health policy, research for disease and injury prevention and promotion of healthy living and health equity for all.

CCDPH staff brings people and resources together to address issues facing SCC communities. Through collection of disease, population health and health behavior data, CCDPH is a major source of information about the priority health needs in each community in SCC. This helps our agency, partners and the public, plan for and address emerging health threats.

In order to ensure that the agency provides the most effective and coordinated response to an emergency, CCDPH, through the Emergency Preparedness and Response Unit (EPRU), engages in preparedness planning for emergencies and disasters that pose the greatest risk to SCC. By thinking ahead and working closely with our key community partners, CCDPH is better prepared to serve and protect our community.

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About the Chicago Department of Public Health (CDPH)

The mission of the Chicago Department of Public Health is to make Chicago a safer and healthier place by working with community partners to promote health, prevent disease, reduce environmental hazards and ensure access to health care for all Chicagoans.

While CDPH has responded to public health emergencies on an as-needed basis since the Chicago Board of Health was founded in 1835 to confront a cholera epidemic, the Chicago Department of Public Health began building a permanent emergency preparedness and response capability in 1998. We work closely with other City agencies, including the Office of Emergency Management and Communications, the Chicago Fire Department and Chicago hospitals to ensure a coordinated and effective City response to emergencies. We have built and continue to strengthen our ties with other important organizations across the metropolitan area, including hospitals and other health care providers; suburban, state and federal public health agencies; business and industry; academia; faith-based and community organizations, the news media and more.

Through Prepare Chicago, an initiative of Healthy Chicago campaign, the Chicago Department of Public Health (CDPH) encourages Chicagoans to work together and help ensure our City's immediate and coordinated response in a public health emergency. Prepare Chicago aims to educate residents on how they can prepare their families for an emergency, how to work together as a community to become more resilient, and how they can volunteer during public health emergencies. As part of the initiative, CDPH would like to ensure that organizations across the City that serve community members have information readily available to assist in planning for or responding to an emergency.

CONTACT INFORMATION:

Phone: 312-747-9884 or for 24-hour assistance or to report a public health issue, call 311
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Facebook: ChicagoPublicHealth
Twitter: @ChiPublicHealth
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Humanitarian
DISASTER INSTITUTE

About the Humanitarian Disaster Institute (HDI)

Founded in 2011, Wheaton College's Humanitarian Disaster Institute (HDI) is the country's first faith-based academic disaster research center. As a college-wide interdisciplinary research center, HDI is dedicated to helping equip congregations and faith-based organizations to better prepare for, respond to and recover from disasters. HDI carries out this mission through applied research, training, and technical support.

CONTACT INFORMATION

We welcome inquiries from individuals and organizations interested in finding out more about our programs and services, as well as from those interested in collaborating with us.

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Wheaton College
For Christ and His Kingdom

INTRODUCTION

This introduction provides a brief description of public health emergencies and information on why this manual was created, how it is organized, how it was developed, and who this guide is designed for.

Introduction

Public health emergencies, such as pandemic influenza (flu), communicable diseases, and food borne illnesses, can strike a community with little or no warning. An influenza pandemic, or other infectious disease, can spread from person-to-person causing serious illness across the country, or around the globe, in a very short time. Flu outbreaks can be deadly for some vulnerable people, and they have increased in frequency. The U.S. Centers for Disease Control and Prevention estimated the 2009 H1N1 flu was responsible for as many as 18,300 deaths. This is one example of the unfortunate fact that many congregations in this country may be touched, directly or indirectly, by a public health emergency of some kind, which can occur at any time.

Working with Public Health

Houses of worship have become an increasingly recognized asset in public health emergency response and management.

Still, most congregations are not prepared, even though research has shown that many people will turn to local congregations for answers and assistance during crises. Knowing what to do when faced with a crisis can be the difference between calm and chaos, between courage and fear, between life and death. The good news is there are steps congregations can take to prepare for and recover from these events. A diligent planning process is essential for success. In *Public Health Planning Guide for Faith Communities*, we describe how some houses of worship approach this process, and discuss what you can do to protect your congregation from public health threats.

WHY THIS GUIDE?

This guide will help your organization's leadership team establish a public health plan and set preparedness goals. By taking action now you can help save lives and prevent illness during a crisis. The importance of developing, reviewing and revising congregational, denominational or association plans cannot be overstated. This guide is designed to help you navigate the public health emergency planning process. The guide gives congregations and denominations or associations the critical concepts and components of effective emergency planning. It will stimulate thinking about the emergency preparedness process, and provide examples of promising practices.

What You Will Learn

This guide will help your congregation prepare for the worst and how to recover with resilience.

This guide does not provide a "cookbook" approach to congregational emergency preparedness. Each congregation has its own history, culture and approach to ministry. Risks vary from region to region, and congregation to congregation. Therefore, congregational emergency plans need to meet the unique needs of local congregations and communities. Congregational emergency response plans also need to address state and local safety laws. Experts recommend against cutting and pasting plans from other faith-based organizations. Other plans can serve as

useful models, but what is effective for a large inner city congregation where the population is concentrated may be ineffective for a rural congregation where houses of worship and first responders are far apart. Further, either plan may not work for you, depending on the unique talents that exist in your group.
A second focus of this guide is to help houses of worship within Cook County understand the role of their local health departments and how these agencies can be a partner in their ministry of program.. Therefore, we also will describe the work of CCDPH and CDPH in general terms.

ORGANIZATION OF THE GUIDE

Stronger Together

This guide is the result of the best community knowledge and public health expertise available.

The guide is organized into seven sections:

1. Introduction;
2. Getting Started;
3. Public Health Emergency Basics;
4. Public Health Planning;
5. Prevention and Mitigation;
6. Next Steps; and
7. Additional Resources.

There is a companion website with free tools and resources to help you with the tasks described in each chapter at **http://www.readyfaith.net**. To use the website, you must register, but all the resources are free and available for your use.

At the end of each section of this guide, we provide discussion questions. These questions will help you consider how this material could apply to your situation. These questions are also online and can be used either by individuals or by a group considering a public health ministry.

DEVELOPMENT OF THE GUIDE

Research on congregational emergency response planning is in its infancy. While there is a growing body of research on crisis management, there is far less evidence to support best practices for congregations. Much of the information in the guide draws on what we know about crisis management in many settings. These promising practices can effectively be adapted and applied to faith-based settings. The guide draws from lessons learned from the many surveys and interviews with clergy, congregation leaders, denominational and development leadership, congregation members, and community members who have been affected by disasters. The guide also benefits from the Institute's extensive review of existing

faith-based disaster research and resources. Further, the guide has benefited from input by a multidisciplinary expert panel and many other experts in the field.

Our process for developing this guide included the Humanitarian Disaster Institute's (HDI) survey of houses of worship throughout Chicago and suburban Cook County in the areas of public health preparedness, any existing programs, and potential barriers to developing public health programs. HDI interviewed a select group of respondents to learn more about how programs were developed and maintained, and the impact of those programs. Much of the information, in summary form and as examples, was incorporated into this guide. In the textboxes, "What You Told Us", are direct quotes taken from the survey and interviews.

WHO SHOULD READ THIS GUIDE

The guide is for anyone who is part of or works with a house of worship, of any faith. The material is designed to speak to the questions and issues that are faced by some houses of worship when they consider a public health related ministry. The material in this guide does not require or assume any particular set of beliefs or faith. All that is needed is a desire to help others.

Building Your Public Health Emergency Ministry

Think of constructing a building as a metaphor for public emergency planning. You would not start by going out and digging a hole. You would find a suitable site, create a blueprint, and develop a budget.

GETTING STARTED

While most faith leaders agree that public health is important, few know how to incorporate public health in their work. In talking with faith leaders, the biggest challenge they expressed was simply getting started in this ministry. This section includes various ways different faith groups approached public health preparedness, the types of programs they started, and how they began. There is no one approach that fits everyone. It is our hope that you will see an approach that works, or one that can be adapted, to meet your needs.

Getting Started

WHY HOUSES OF WORSHIP ARE CONCERNED WITH PUBLIC HEALTH

Public health threats are real. As population density increases, the potential for an epidemic to move swiftly through a community rises as well. Local health departments utilize a network approach and rely on community-based partnerships to help respond in the face of a public health emergency; we are all more successful if we are all prepared. For all these reasons, there is an opportunity for houses of worship to become involved in public health as a basic area of ministry.

Here are some of the things faith leaders have mentioned about this type of work:

- Houses of worship can provide broad-based prevention as well as holistic care for individuals after a public health incident. Holistic care provides for the physical, emotional and spirituals parts of a person's life.
- A house of worship can reach people in need that other groups and agencies cannot reach, and thus help those who would otherwise go un-served.
- Public health emergency work can be integrated into the other ministries of the house of worship and strengthen them.
- A house of worship can be a source for community action. The connection with people in the community helps with assessing needs, risk and identifying possible actions.

WHAT YOU TOLD US

Barriers to congregational preparedness:

- *Congregation members and congregation leaders have a wide range of concerns and issues that occupy their attention. Disaster preparation is currently fairly low on that list.*
- *A pressing question that congregation leaders need answered is "why should preparedness be a concern for our congregation?"*
- *Congregation members sometimes criticize those who promote disaster preparation as having a "Doomsday mentality."*
- *There is a challenge of preparing congregation members and keeping them prepared in such a way that they do not get worn down with everything else they need to do.*
- *Senior pastors may be hesitant to present preparedness material as a new task for the entire congregation.*
- *Lack of information.*
- *Practical challenges of accessing training workshops and materials.*

Define a Shared Vision

Prayerfully imagine new ministry possibilities. The mission statement should reflect your congregation's theology and overall ministry priorities and strengths.

Questions to Consider

"How do we as a congregation understand public health emergencies from a theological perspective?"

"How might our theology inform our public health emergency ministry?"

"What is one small step our congregation could take that would help us get started in this work?

- A house of worship can advocate on behalf of the marginalized and vulnerable, as in ensuring fair distributions of health care or food, or determining where help is needed most.
- A house of worship may provide key resources during a public health emergency. Examples include using a meeting space as a rest or evacuation center, storing and distributing food, water, equipment, and other resources.
- Houses of worship are already a center for communication, allowing meetings and messages to be communicated to a significant number of people on a regular basis.
- A congregation can provide a willing body of volunteers (members of the congregation, clergy and leaders) who are motivated by love and compassion.

How Your Congregation Can Help

Consider if serving the vulnerable is a ministry for your congregation. Discuss how this is a role that the congregation is well suited for, and that there are many ways to serve, such as:

- *Hold classes for the local community on helping the vulnerable prepare for disasters.*
- *Train your own congregation members on how to help.*
- *Develop and distribute special planning kits for the elderly.*
- *Start a seniors helping seniors program.*
- *Organize a neighborhood emergency team (e.g. a Medical Reserve Corps that can assist during public health emergencies).*

THE CHALLENGES OF GETTING STARTED

Despite having the desire and motivation to start a public health related ministry, there are often barriers that prevent starting such a ministry. Common barriers include a lack of staff, funds, volunteers, time, or other resources. One of the largest obstacles for creating a public health ministry is a lack of information on how to plan, organize and start. The rest of this section will provide information on how to get started and suggest solutions for common barriers that prevent the creation of a public health related ministry.

APPROACHES TO GETTING STARTED

Each house of worship is unique in its values, the culture of its congregation, the resources it has available, and in various other ways. Therefore, the way to create and start a public health related ministry for your house of worship will look different than other houses of worship. As you review the examples we describe below, consider your organization's strengths, the needs of your local community, and the motivation of your members.

1. Integrating Public Health

One way to approach this work is to integrate public health into your other programs or ministries. As a first step in starting a public health ministry, you might assess the ministries that already exist in your house of worship to see where public health preparedness can be incorporated. Examples of this include:

- Assist the elderly and disabled in acquiring flu vaccines;
- Incorporate additional food storage and distribution in a Meals-on-Wheels program;

- Add audience-appropriate curriculum on preparedness into existing classes within your house of worship;
- Register your house of worship with the Red Cross as a designated shelter in the event of a disaster or pandemic;
- Make public health training part of the preparation of lay leaders.

This integrated approach can be an easy place to start, it does not require a new program or large investment of resources, and it can be implemented quickly. Another important piece of integrating preparedness is that it is easier to maintain when it is part of another program rather than a separate program.

Many houses of worship develop programs and ministries focusing on natural disasters and other catastrophic events rather than public health. Natural disasters (tornadoes, floods) are relatable, dramatic, and visible, therefore, they get a lot of attention in the press. However, natural disaster ministries are difficult to maintain unless you are in an area with frequent disasters. Because of this, we often recommend that programs driven by infrequent events, like natural disasters, be integrated with ongoing ministries like a public health ministry (see below for more on this). A public health program focusing on improving health status or providing other health support can be a foundation for other programming. The foundation in terms of volunteers, committees and activities can be the same for both. By combining an infrequently used disaster ministry with an ongoing public health preparedness ministry, you keep people involved and engaged. Then, when a natural disaster strikes, you have an experienced core of people already in place that you can call upon.

What You Told Us

"Most of our disaster preparation & flu precautions have been developed though our collaboration with the Parish School. I imagine that in the Catholic system, the schools are a good point of contact for the Cook County Health Department."

2. Creating a Public Health Ministry

A second option would be to create an entirely new ministry that is specific to public health. A house of worship may choose this approach when they have the internal resources among the members to support this ministry. Sometimes a nurse may help organize this effort, creating a committee or other lay-member led group to lead the program. Examples of such ministries include:

- Provide training opportunities for members of your congregation and community on how to prepare for natural and public health disasters;
- Host free clinics for individuals within your congregation and community to receive flu vaccines;

What You Told Us

"As a congregation we have reached out to local residents and the community on health preventive needs. With regard to Flu, fliers and informational brochures and pamphlets have been handed out and posters, too."

- Have members of your congregation form a team to be responsible for preparing for a disaster as well as implementing a plan in the event of a disaster or pandemic;
- Select a vulnerable group in your community or house of worship that you wish to minister to. This could be a nursing home, a local apartment complex housing refugees, or vulnerable people in your own house of worship, such as the medically vulnerable, shut-ins, or elderly.

3. Joining a Health Network

What You Told Us

"There is a semi-formal Interfaith group in the Northwest suburbs that our congregation (and many others in the area) is a part of. That may be a good channel for you to reach out to."

A third option would be to join with other houses of worship in the area to create a network or new public health ministry together. This approach allows each member of the network to focus on a part of the overall program that best fits with their members. It also reduces the administrative burden and allows some resources to be shared more efficiently. Examples of this approach include:

- Working together to host a seminar on how to prepare for a disaster, such as a flu pandemic;
- Creating a plan to coordinate volunteers and resources from various houses of worship in the event of a disaster;
- Working together to host drives or fundraisers to finance the resources to prepare houses of worship and the community.

What You Told Us

"We have a centrally located and easily accessed building (no steps). We would certainly be a good location for you to provide emergency health care if needed."

These are just some options to provide a starting point. Leaders and congregation members can be creative in their starting process. Certain houses of worship may customize the options that were listed, or they may find that a completely different option works better for them. When determining a type of public health ministry, keep in mind the values and goals of your house of worship as well as the type of populations that your house of worship typically serves. Additionally, it may be better for some houses of worship to start by serving the members of their own congregation before creating a larger ministry to serve their community.

THE TOOLS FOR GETTING STARTED

Before planning and implementing a public health ministry, there are practical steps to prepare for and sustain such a ministry. For a more detailed explanation of these steps, refer to the "Next Step" section of this guide and the support website (http://www.readyfaith.net)

1. Know Your Strengths

First, each house of worship has its own unique resources that support a public health ministry. Be sure to assess your physical resources, such as space or food

preparation, and the resources represented by the individuals within your congregation. Determining the resources within your house of worship will allow you to determine what type of public health related ministry is possible for your particular house of worship. *(See "Congregants with Disaster-Related Skills, Certifications, and Resources," as well as other tools in the Planning Toolkit, to begin assessing your congregation's strengths.)*

What You Told Us

"We are small...and thus it is very hard for us to find enough time to take on too much work outside of our core programs, and we also have very limited funds. It's not that we are not interested."

2. Know Your Challenges

Identifying the challenges you face will help you be prepared. If you plan to use space in your facility, there may be requirements from the fire department or health department. If you plan to use volunteers, you need to consider initial training and ongoing training. In addition, knowing the resources available to your house of worship will help to overcome, or prepare for, the barriers that prevent the start of such a ministry. *(See "Public Health Risk Assessment" in the Planning Toolkit to assess the challenges faced by your congregation.)*

3. Planning

After determining the type of public health ministry that fits your house of worship, it is important to plan ahead to ensure that your ministry can be sustained in the future. Steps for creating a lasting ministry include addressing any barriers that may arise during the early stages of development, making sure that the needed resources will be available, and to ensure that workers within your ministry receive the necessary training, support and care needed. Houses of worship have the unique opportunity to provide ministries for their congregation and community that can help them overcome the devastating results of a disaster. Now that you have a framework for a public health ministry, the following sections and tools will help you and your congregation to further the preparation process. *(See the planning steps at the end of chapters 2, 4, and 6 to help you through the planning process.)*

Aim of Planning

An effective plan is one that clearly states what you want to accomplish, what people will do to help accomplish that goal, and sets out a timeline and a plan for accountability.

4. The Challenges of Sustaining Your Program

All programs face the question of how to sustain over time. This is especially true when a program is created in reaction to a rare or extreme current event that has received a lot of attention. In general, a program is more difficult to sustain over time when:

- It is developed in isolation from the other programs or ministries of the organization;

- It depends on the energy of one or a few people;
- It is not clearly aligned with the mission of the organization;
- It requires resources (e.g., money) that may not be available in the future;
- It is competing with other programs in your house of worship for volunteer time and resources;
- The benefits of the program take a long time to appear, or never appear.

A program is more likely to last when:

- It clearly supports and enhances the overall mission of the organization;
- It is combined with existing organizational systems and structures, including leadership structure, training structures, and support systems (financial management, recruitment, committees, or programs);
- It can become part of or support existing ministries; and
- It provides a way for people to see how their work is benefiting the organization (visible and timely benefit from their effort).

WHAT YOU TOLD US

Recommendations for overcoming challenges:

- *Work through existing congregation ministries/activities. Take advantage of existing capabilities and activities for use in preparedness training.*
- *Have a model of transition (a preparedness success story) that tells the story of a congregation that has successfully adapted its activities to become prepared for disasters and health emergencies.*
- *Work with youth pastors in order to embed preparedness training in activities youth ministries are already doing, in order to teach children how to prepare. Collaborating with local schools can be another way to reach youth.*
- *Organize preparedness activities by season-specific training (i.e. training for spring, summer, fall, and winter weather threats). Address practical challenges by holding training events near easily accessible houses of worship and by making pamphlets or brochures. easily accessible and downloadable online.*
- *Advance a train-the-trainer model to widely disseminate the training via relationships.*
- *Engage denominational leaders, not only local houses of worship, in preparedness activities.*
- *Work through Medical Reserve Corps (MRC) programs, in order to facilitate parishioners caring for their own local congregations. (See Page 46)*
- *Utilize free health fairs to address public health needs. Perhaps these also could be a forum for promoting disaster/emergency preparedness.*

PLANNING STEPS: PART 1

1. Talk to your members about their interest in starting a congregational disaster ministry and get key leadership on board.
2. Contact other houses of worship to see what they are doing to prepare for public health emergencies.
3. Create a vision for the type of congregational disaster ministry you want to have.
4. Consider the challenges you will likely encounter with starting and sustaining a disaster congregational ministry, and plan for how you will address these challenges when they occur.

CHAPTER SUMMARY POINTS

- Houses of worship play key roles in the emergency preparedness of communities because they reach groups (such as vulnerable or marginalized populations) that other organizations cannot reach.
- Public health disaster work can be incorporated into existing ministries.
- Congregations can provide relational care and support, as well as spiritual, emotional, and practical forms of assistance before, during and after a health emergency.
- Houses of worship face a number of barriers to beginning emergency preparedness, including a lack of staff, funds, volunteers, time, and resources.
- Public health initiatives can be integrated into ministries that currently exist in a house of worship, such as including a public health component in the training of lay leaders.
- If adequate resources are present, a congregation could create a full public health ministry.
- Congregations can join with other houses of worship in their community to create a network or new public health ministry together.
- Assessment of interest and resources within your congregation is an important first step in preparedness planning.
- Before planning and implementing a public health related ministry, congregations need to understand their strengths and their challenges.
- After deciding which type of public health ministry to pursue, houses of worship need to address the challenges of sustaining the ministry over time.
- Programs tend to last over time when they support the overall mission of the organization, are integrated into the existing congregational organization, and result in visible benefits to the congregation and/or community.

Discussion Questions

1. What health related needs or concerns do you see among the members of your house of worship? Which of these, if any, are addressed through an existing program, and which are not?
2. In addition to the health issues described in this guide, public health also is concerned with basic health issues such as exercise, nutrition and health maintenance. These may be additional ways for you to integrate health into an existing program, together with the topics described in the guide. What programs do you have, or could you have, that might incorporate these basic health issues?
3. What are other congregations in your community doing to prepare for health emergencies? How could you partner with them to strengthen public health preparedness in your neighborhood?

PUBLIC HEALTH EMERGENCY BASICS

In this section, we provide a basic understanding of public health emergencies to help better prepare you and your house of worship for disasters by making you more aware of potential threats and ways for reducing those threats. Familiarizing yourself with this material will provide key information you can use and share with others to enhance your congregation's and community's ability to bounce back after a disaster.

Public Health Emergency Basics

WHAT IS PUBLIC HEALTH?

Public health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles and research for disease and injury prevention. Public health focuses on the community as a whole before they are ill and not on individuals who are ill, that is the difference between public health and clinical medicine.

The role of public health departments is to perform the three core functions and 10 essential services of Public Health. The three core functions of public health are assessment, policy development and assurance.

The core function, Assessment, includes the essential services of: (1) monitoring health status to identify community health problems; and (2) diagnosing and investigating health problems and health hazards in the community.

The public health departments continually assess the changing health needs of their populations and attempt to address those needs. The departments play a unifying role helping individual municipalities and communities come together as a group to identify and address health concerns. Public health departments use local data to collaborate with municipalities and agencies throughout their communities in planning for service delivery that promotes healthy lifestyles through awareness, education, programming and community development.

The core function, Policy Development, includes the essential services of: (3) informing, educating, and empowering people about health issues; (4) mobilizing community partnerships to identify and solve health problems; and (5) developing policies and plans that support individual and community health efforts.

Public health departments help guide local, state and federal officials to establish and maintain policies that support sound public health practices. For example. CCDPH was integral in passing the Cook County Clean Indoor Air Ordinance, which took effect on March 15, 2007. This ordinance protects the public's health and welfare by prohibiting smoking in all enclosed public areas and places of employment within Cook County and guarantees the right of nonsmokers to breathe smoke-free air.

The core function, Assurance, includes the essential services of: (6) enforcing laws and regulations to protect health and ensure safety; (7) linking people to needed personal health services and assuring the provision of health care when otherwise unavailable; (8) assuring a competent public health and personal health care

workforce; (9) evaluating effectiveness, accessibility and quality of personal and population-based health services; and (10) research for new insights and innovative solutions to health problems.

Public health departments enforce laws to make sure food, water and environments are safe for residents. In suburban Cook County, health inspectors investigate about 165 food borne illness complaints annually – with 25 percent meeting the case definition of an outbreak. In addition, they also inspect: mobile-home parks; private- and non-community water; private sewage disposal systems, wells and septic systems; septic-tank cleaners and haulers; and 67 percent of the swimming facilities in the state, on behalf of the Illinois Department of Public Health.

PUBLIC HEALTH EMERGENCIES

What You Told Us

"I think the idea of a cooperative program with the health department would help promote a healthier community."

Being aware of possible public health emergencies that may arise within your community will enable you to better prepare. It is important to remember that while an emergency may not happen in your neighborhood, the effects of that disaster could overflow into your community. Therefore, it is important to be familiar with the potential emergencies in your surrounding/neighboring communities. Recognizing potential disasters and knowing what to do before disaster strikes will help you to be better prepared and provide for a quicker recovery.

BIOTERRORISM AND BIOLOGICAL HAZARDS

What You Told Us

"We provided flu vaccines at the congregational level, as well as the community level. We also held educational programs for other local community groups."

Throughout history there have been national security threats. Some have led to attacks that brought large-scale death, destruction of property, widespread illness, relocation of large numbers of people, and economic loss. An attack is considered bioterrorism when germs, bacteria, or viruses are purposely released to cause harm, usually resulting in death or illness of humans or animals. Due to globalization and the ease of transference via individuals, water, air, and food, bioterrorist attacks are difficult to detect until they have affected large groups of people.

Biological hazards include deadly or injurious germs, bacteria or viruses. The number of potential outbreaks is escalating due to the new forms of viruses, the speed at which they spread, and the difficulty of creating new and effective medications. Diseases can be contracted through ingestion, physical contact, and inhalation.

CLASSIFICATION OF PUBLIC HEALTH EMERGENCIES

Pandemic Flu

- The flu (or influenza) is a respiratory virus that spreads easily from person-to-person through coughing and sneezing. It can cause mild to severe illness and even death. A pandemic flu is caused by a virus that is either entirely new or has not circulated recently and widely in the human population. This creates an almost universal vulnerability to infection. While not all people will become infected during a pandemic, nearly all people are susceptible to infection. There have been four influenza pandemics documented since the early part of the twentieth century, the most recent caused by the 2009 H1N1 virus.

Communicable Diseases

- Communicable diseases are infectious diseases which spread from person to person or from animals to people. Examples include: E. coli, Salmonella and H1N1.

Food borne/Waterborne Illnesses

- Food borne illness (sometimes called "food poisoning") is a common yet preventable public health problem. Each year 1 in 6 Americans gets sick by consuming contaminated foods or beverages. There are many disease-causing microbes, pathogens, chemicals and other harmful substances that can cause food borne disease, including Salmonella and Staphylococcus.

What You Told Us

"Recently someone donated hand sanitizers for public use to our congregation to help reduce the spread of public health emergencies."

IMPORTANCE OF IMMUNIZATIONS

An immunization is a vaccine, sometimes called a shot or a set of shots. Vaccines are given to children at different ages to help keep them from developing dangerous childhood diseases such as polio, measles, pertussis (whopping cough), chickenpox and tetanus. They work by causing a person's body to protect itself against certain disease-causing germs. One of the greatest success stories in public health is how effective vaccines are in preventing disease.

NON-PHARMACEUTICAL INTERVENTIONS

Non-pharmaceutical interventions (NPIs) are additional actions that people and communities can take to help slow the spread of illnesses like influenza (flu). Germs like flu viruses can spread easily in places where many people are in close contact with one another, so NPIs are especially important in community settings like schools, workplaces, and mass gatherings. Below are several non-pharmaceutical interventions for individuals and organizations.

Personal NPIs	Community NPIs
Covering coughs and sneezes	Closing organizations temporarily
Wash hands often	Making sick leave policies more flexible
Stay at home when sick	Offering tele-work and remote-meeting options
Clean surfaces and objects routinely	Postponing or cancelling mass gatherings

CHAPTER SUMMARY POINTS

- Public health strives to prevent health problems before they ever happen. It also thinks of health problems in a broad way, in terms of entire communities or populations.
- Public health departments adhere to ten essential public health services and three core functions of public health.
- Public health emergencies are health threats that are large in scale and happen with little or no warning. Because of this, they can disrupt the day-to-day life of communities.
- Public health emergencies can be natural or man-made events and usually require help from local, state, or national public health agencies.
- Public health emergencies have a variety of causes. These causes include types of communicable diseases, acts of bioterrorism, and other kinds of disasters.
- An attack is deemed bioterrorism when germs, bacteria, or viruses (e.g., anthrax) are purposely released to cause harm. This is different from a biological hazard, which includes deadly or injurious germs, bacteria or viruses (e.g., measles) that naturally occur.
- Public health emergencies are also classified according to pandemic flu, communicable diseases, and food borne/waterborne illnesses.
- Flu is a respiratory virus that spreads easily from person to person through coughing and sneezing. Example: Influenza A.
- Communicable diseases are infectious diseases which spread from person to person or from animals to people. Example: Rabies.
- Food borne/Waterborne illnesses result from various disease-causing microbes, or pathogens, which contaminate foods and make people who eat these foods sick.

- Immunizations are a safe and effective way to gain protection against certain dangerous diseases.
- Non-pharmaceutical interventions (NPIs) are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses like influenza (flu). Example: Washing your hands often.

DISCUSSION QUESTIONS

1. Are there specific risks in your house of worship:
    - Programs that send people into areas where they may be exposed to diseases;
    - Members of your faith community that are especially vulnerable, such as the medically fragile, the very young, disabled, or elderly;
    - Faith practices that might lead to exposure to disease
2. How can you encourage your congregation members to get immunizations? What agencies could you partner with that might be offering free immunizations?
3. What are some ways your congregation can put Non-pharmaceutical interventions (NPIs) into place to help prevent illness? Examples of NPIs include:
    - Keeping surfaces clean;
    - Cancelling meetings when the threat of sickness is strong;
    - Modifying worship practices that may cause germs to spread.

PUBLIC HEALTH EMERGENCY PLANNING

This section will help you identify areas of concern and establish a plan for your organization and your family, which will lay the foundation for successful preparedness. We divide planning into two areas: Public Health Emergency Planning (chapter 4) and Prevention and Mitigation (chapter 5).

Public Health Emergency Planning

KEY PRINCIPLES FOR EFFECTIVE PUBLIC HEALTH EMERGENCY PLANNING

Emergency plans need to address a range of events and emergencies caused both by nature and by people, such as:

- Pandemic Flu
- Anthrax
- West Nile Virus

Public health emergency planning may seem overwhelming. It takes time and effort, but it is manageable. The companion workbook provides tools and resources to support your planning. The following principles are crucial to the planning process:

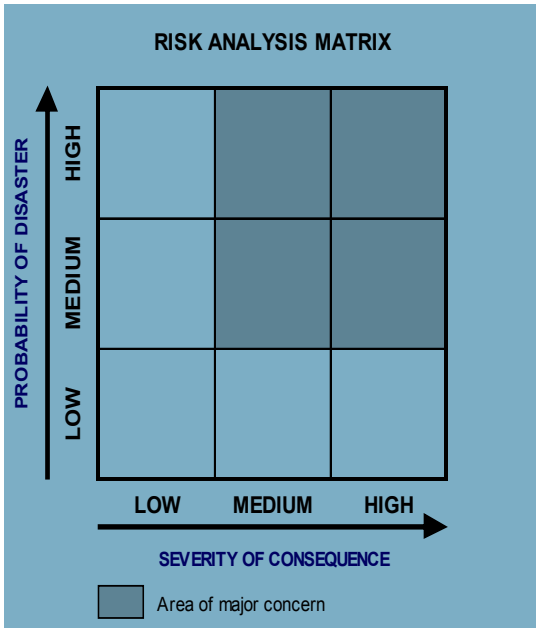
- Conduct a public health risk assessment for your congregation
- Create a public health emergency plan for your congregation
- Assist with individual and family public health emergency plans for your congregation members

What You Told Us

"We have never worked in the arena of public health. We have no religious opposition to it. We have just focused on hunger, homelessness, literacy, and services for the elderly. We could certainly embrace this as a part of our mission."

1. Conduct a Public Health Risk Assessment for Your Congregation

Assessing risk is an important task that must occur routinely to prevent emergencies and help reduce their impact. Use the Assessment Tool provided on the Ready Faith Network website (**www.readyfaith.net**) to help you plan.



Past Public Health Emergencies

Discuss and describe past public health emergencies encountered by your congregation and community. Being aware of past public health emergencies can help you identify future threats to include in your plan. We recommend that your team list public health emergencies that occurred over the last 50 years in your community.

Identify Potential Public Health Threats

Create a list of potential threats to your congregation and community and rank them from most-likely to least-likely to occur. Remember to include biological hazards (pandemic flu, West Nile, measles), communicable diseases (H1N1 or salmonella), and bioterrorist attacks. Also locate major areas in which sanitation is an issue. Consider asking your congregation to participate in community-wide risk assessment and mitigation planning.

Identify Vulnerable Members of Your Congregation

Generate a list of members with special needs. You may identify people with special needs through observations, known relationships, or by handing out a questionnaire (e.g., before or after a worship service) and/or emailing a questionnaire to congregation members. Look for reoccurring special needs as well as geographic concentrations of at-risk congregation members. Examples of at-risk members include:

- The elderly;
- People with serious or chronic medical conditions;
- People with disabilities;
- Single parents with small children;
- Children.

Identify Gaps in Resources Needed to Carry Out Each Program Goal

Start by matching your congregation resources with specific goals. Then identify gaps in resources (goals without a matching resource), and describe steps to address each gap. When preparing for an emergency, your congregation should have supplies designated solely for use during an emergency. Identify current house of worship and community resources needed. Assess resources needed to:

- Begin the preparedness process by reviewing program activities;
- Help your house of worship be able to respond quickly after a disaster;
- Keep essential ministries going for a few months after a disaster;
- Assist with long-term recovery efforts.

Know the Congregation's Facilities and Building

Assess potential property hazards. Conduct regular safety audits that include: nurseries, utility rooms, playgrounds, outside structures, and storage areas. A safety audit should be part of normal maintenance. This information should feed into mitigation planning (see next chapter on prevention and mitigation). Additionally, these areas should be checked frequently and cleaned often.

2. Create Public Health Emergency Plans for Your Congregation

Determine specific tasks to be completed for prevention of and in response to emergencies. An example of specific tasks includes sanitizing all disease-prone areas, such as bathrooms. During an emergency an important task may be notifying congregation members of an outbreak. It is recommended that your team create a descriptive list of tasks to complete routinely, and a list of tasks that need to be completed in an emergency.

Develop Leaders and Define Roles

It can be helpful to pull together a team of leaders from your house of worship who will take on the responsibility of helping your house of worship get ready for a disaster. You should define the leadership structure, as well as each person's responsibilities. This will create accountability and lighten the burden of those involved. Identify who in your community would be willing to be accountable for these tasks, such as members with a vested interest in the success of the plan. Define the roles and responsibilities of each position. Explain what should happen, when, and at whose direction. Important tasks will be neglected if one person is responsible for more than one function. During the planning process, both individuals and their backups should be assigned to these roles.

Keep the Plan Manageable

Don't let the plan become larger than the ministry. A plan is a tool and should be no larger or detailed than is needed for it to be useful. If you are spending more time creating a plan than working on ministry, then it may be too large or complicated. The plan should do the following:

- Encourage frequent communication, so everyone participating knows what activities are going on and how they fit in;
- Promote accountability, so people know what is expected and when;
- Promote efficiency by tracking what is needed and when, thus avoiding repeating planning exercises at each meeting;
- Help identify problems, and promote problem solving, by showing when things are not going as expected; and
- Draw attention to problems by asking why they occur before they become serious.

What You Said

"Partner with other groups!"

"We partner with Catholic Charities for elder care and mental health. We also partner with local hospitals for education."

Do Not Reinvent the Wheel

Relationships need to be built in advance so that others are familiar with your congregation and emergency plans. Your members represent an important source for skills, experience and relationships that provide a logical place to start. Also look for opportunities with organizations that may already be reaching out to faith communities and organizations. For example, you might consider joining a local association of congregations, a chapter of the Community Organizations Active in Disasters (COAD) of Northeast Illinois (**www.nvoad.org**), or a disaster interfaith network. Some states have disaster interfaith networks, and there is a national interfaith network, the National Interfaith Disaster Network (**http://www.n-din.org/**).

Communicate the Plan

Congregational emergency plans should not be developed in a vacuum. They should be a natural extension of ongoing ministry and theology. Good planning can help enhance ministry functions. Congregations should open the channels of communication before an emergency strikes. Provide congregational staff, leaders and congregants with access to the plan so they can understand its components and act on them. People who have experienced an emergency often report that they go on "autopilot" during an incident. They need to know what to do in advance, not only to get them through an incident but also to help alleviate panic and anxiety.

EXAMPLES OF WAYS TO COMMUNICATE IMPORTANCE OF PLANNING

- *Congregation bulletin inserts that encourage preparedness and/or provide steps for developing and implementing a preparedness plan.*
- *Include preparedness messaging with other congregational announcements.*
- *Regularly set aside a segment of time during worship meetings or worship services for updates by congregational leadership.*
- *Have the clergy and/or congregational leaders publicly show their support.*
- *Developing a sermon or sermon series focusing on theological issues related to disasters or preparedness-related topics.*

Public Health Plan Components

Develop Risk Communication Strategies

Develop methods for communicating with congregants and community members. Address how the congregation will communicate with all of the individuals who are directly or indirectly affected by the disaster. For example, if congregants are evacuated from the building, will staff use cell phones, radios, intercoms, or runners to get information to the staff supervising them? Plan how to communicate with families, community members, and the media. Consider writing template letters and press releases in advance so that messages do not have to be composed during the confusion and chaos of the event.

EXAMPLES OF RISK COMMUNICATION STRATEGIES

- *Call-down procedure - clergy calls assigned congregational leaders, congregational leaders call assigned congregation members, congregation members call assigned congregation members, and so on.*
- *Text messaging - this service uses less bandwidth than cell phone calls, and many text messaging servers will continuously attempt to send the message until the cellular signal is restored.*
- *Text broadcasting - some congregations have implemented methods to broadcast text messaging alerts during crisis situations.*
- *Social networking communications – examples of how social networking sites can be used during disaster circumstances include posting communications, sharing information, downloading disaster resources, updating news, sharing geographical location, taking or sharing pictures of developing events. To stay consistent and current in an emergency, follow your state certified local public health department on social media and use their messages during an emergency.*

Establish Evacuation and Shelter Procedures

Evacuation requires all people to leave the building. Evacuating to an open lot near the congregation makes sense for escaping the building for many emergencies. During a case of an anthrax or gaseous fumes emergency, the evacuation plan should include primary and backup locations and buildings to serve as emergency shelters. Agreements for using these spaces should be negotiated or reconfirmed

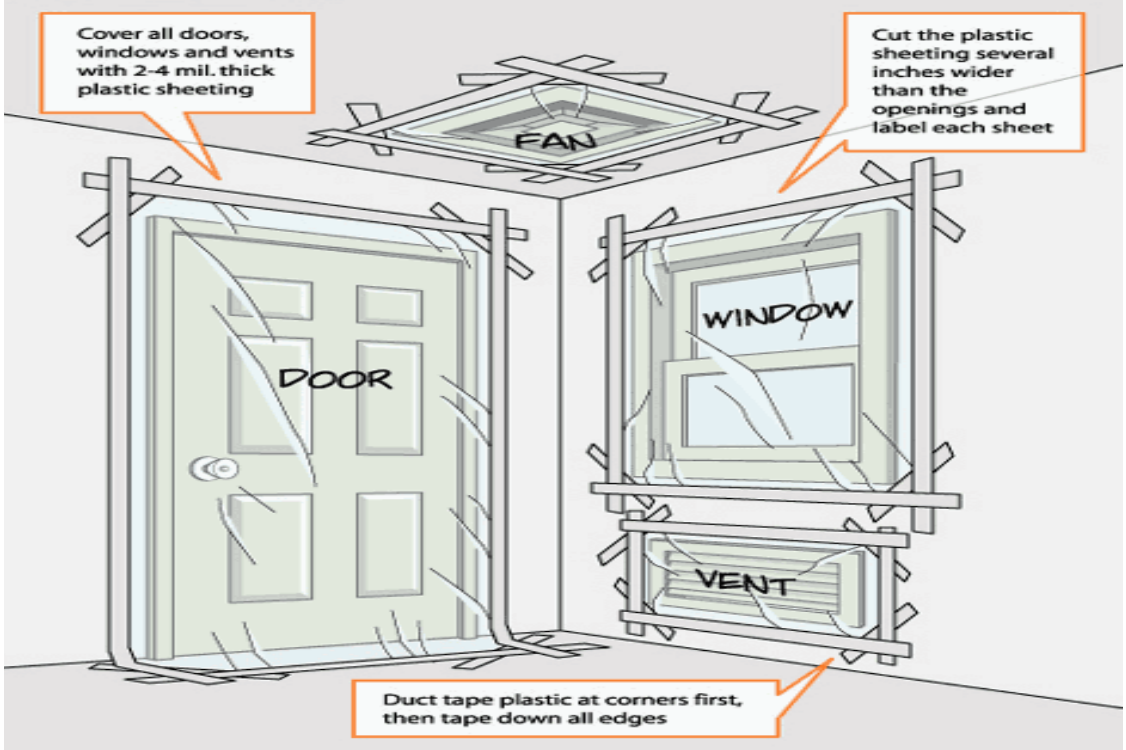
prior to the beginning of each year. Evacuation plans should include contingencies for weather conditions such as rain, snow, and extreme cold and heat. Your plan should include transportation options, especially for congregants with restricted mobility.

HOW TO EVACUATE CONGREGATION MEMBERS FROM YOUR HOUSE OF WORSHIP

- *Appoint an evacuation team leader and assign employees to direct evacuation of the building.*
- *Walk around the building and verify that exits are marked with exit signs and there is sufficient lighting so people can safely travel to an exit. Remove anything that blocks exits.*
- *Direct attendees to an alternate safe exit if an exit is blocked.*
- *Enter every stairwell, walk down the stairs, and open the exit door to the outside.*
- *Continue walking until you reach a safe place away from the building.*
- *Consider using this safe area as an assembly area for evacuees.*
- *Inform everyone in the congregation of the need to evacuate the building and/or campus.*
- *Examine your emergency supply list, make sure all supplies needed are packed in boxes and ready to transport.*
- *Make sure transportation is available to successfully evacuate everyone.*
- *Make sure all vehicles being used for transportation have money for tolls and maps to the evacuation destination (if applicable) and drivers have cell phones.*
- *Determine the order of evacuation. Keep people on each floor or area of a building together to make determining a headcount easier.*
- *Determine if some of the staff or parishioners have relatives that could come and pick them up.*
- *Be sure the alternative receiving facility has been notified if evacuating to an off-site location.*
- *Be sure to notify local authorities of imminent evacuation.*
- *List the names of individuals who will be in charge during an emergency.*
- *If you are evacuating to a residential facility such as a shelter, tell each person to take the following: two to three changes of clothing, one pillow, two blankets, all toiletry articles needed, and glasses, hearing aids, and medicines.*

Be Ready to Shelter-in-Place

Shelter-in-place is a "spontaneous" and short-term sheltering (e.g., a few hours) that emerges out of necessity. A *temporary shelter* is a facility that is typically pre-planned and is equipped to provide water, food, medicine, and basic sanitary facilities. If a public health emergency is threatening or strikes while your house of worship is in use, it may be necessary to encourage attendees to stay put and create a barrier between themselves and possible outside dangers. Use common sense and available information to assess the situation and determine if there is immediate danger.



Consider Safety and Liability Issues

Safety is important throughout each phase of prevention and response, from storage of supplies and routine maintenance of hazardous areas to proper distribution of supplies and timely communication. Consulting with safety officers for local regulations will provide valuable information on where your plan should take extra precaution. You also should consider addressing liability issues. This is necessary before planning is completed and may protect you and your congregation from a lawsuit. Situations where there is a foreseeable danger can produce liability if the congregation does not make every reasonable effort to intervene or remediate the situation. It also can be helpful to consult with qualified members of the

congregation such as firefighters or with the local public health department.

Maintain Supplies

Gather supplies prior to an emergency. Based on the size of your organization and its needs, determine how many supplies you need to stock. The region in which you live and the emergencies you expect to respond to will determine what items you need to store. Your supplies should provide staff and leadership with the necessary equipment to respond to a crisis.

3. Assist with Individual and Family Public Health Emergency Planning for Your Congregation Members

Create a Congregational Go-Kit

In the same way you need to have emergency supplies on hand in case of an emergency that will help you carry out your ministry functions and attend to disaster needs, you also need to have supplies on hand that are ready to go mobile. For example, if you have to evacuate, you need supplies that you can easily grab and take with you.

When a disaster strikes, people think about their families first. Helping families can lead naturally into thinking about places where they spend their time, such as school, work and the house of worship. To help with developing a family disaster plan, you can find information at your local health department and online from organizations such as Federal Emergency Management Agency (see, *Get Prepared, Take Action* **http://www.cookcountypublichealth.org/prepare-for-emergency/individual** and **http://www.ready.gov/make-a-plan**).

Model Planning

Effective congregational emergency planning begins with the top leadership. Clergy and congregational leadership need to work together to make congregational planning a priority. Congregational leadership helps set the agenda, secures resources, and brings the necessary people together both within the congregation as well as the denomination or association. Lay leaders and other influential congregational members need to be recruited to help your congregation accept the program and to inform the planning process.

Encourage Others to Plan

Encourage individual and family preparedness planning at your house of worship. Implementation includes having a model of family preparedness, distributing preparedness educational materials (e.g., *Get Prepared, Take Action* (**http://www.cookcountypublichealth.org/prepare-for-emergency/individual**), and regular messaging about the importance of preparedness.

MINIMUM INDIVIDUAL/FAMILY PREPAREDNESS REQUIREMENTS

1. *Enough emergency supplies to last three days (be prepared to function without the normal utility, food and transportation infrastructure).*
2. *Identification of an out-of-area contact person.*
3. *Risk communication plan.*
4. *An evacuation plan (i.e., identify a reunification spot and determine what you will need to take if evacuating your home; include a plan for pets). Provide presentation on individual/family preparedness at your house of worship (for example, you might contact your public health department or other group for an on-site presentation).*

Identify Health Risks and Needs

Each family should identify areas of concern based on their medical history, living environment, and response capabilities. Concerns will be unique to each family, but should be understood by all members for proper prevention and response. Once these areas of concern are identified, each member of the family capable of responding should be taught how to do so properly. When preparing for emergencies, take into consideration your family's specific needs. Your three day supply plan should address these needs .

Keep Medical Histories Up-to-Date

Medical histories should be catalogued and stored in a known area to ensure easy access when responding to an emergency. These histories should be updated frequently. Be thorough in your documentation of family medical history as this information is critical in an emergency.

Maintain Prescriptions

During public health emergencies, medications could literally be a matter of life and death. Each medication should always be filled prior to finishing the previous bottle. A list of all medications, and to which family member they belong, should be catalogued in your family's medical history.

PLANNING STEPS: PART 2

1. Assess your congregation's resources for starting a congregational disaster ministry.
2. Assess your congregation's strengths and existing ministries, and start a congregational disaster ministry by building on what your congregation already does well.
3. Become familiar with common public health emergencies.
4. Conduct a public health risk assessment for your congregation.
5. Create a public health emergency plan for your congregation.
6. Assist with individual and family public health emergency plans for your congregation members.
7. Consider the vulnerable populations within your congregation and address their needs in your planning process.
8. Gather and maintain supplies that are specific to your congregational needs. Implement programs and practices that are essential to your ministry's operation.

CHAPTER SUMMARY POINTS

- Good planning starts with knowing past and future threats.
- Assessing risk is an important factor in preventing emergencies and reducing the impact when they do occur. Identify past public health emergencies that have affected your community, identifying potential threats, and identifying vulnerable congregation members are three important ways to assess risks in your congregation.
- After becoming aware of the risks and health threats faced by your house of worship, create a plan to address these dangers.
- A public health emergency plan should provide clear information regarding tasks that need to be done and who is responsible for each task. A clear description of leadership positions and roles is essential.
- An important part of any plan is how a congregation will communicate in an emergency.
- A congregational emergency plan should include the process by which congregates will evacuate or shelter-in-place if a disaster were to occur while members are at your house of worship.
- After a plan is created, it should be shared with congregational staff and members. It is also valuable to discuss your plans with local health leaders.

- Congregation leaders can assist their members in preparing their families for emergencies by modeling planning and encouraging others to plan.
- Families can take a number of steps to become better prepared for a health emergency. Like congregations, families can begin by conducting their own assessment and identify their needs in the event of an emergency.
- Two important aspects of family preparedness planning are keeping medical histories and prescriptions up-to-date.

DISCUSSION QUESTIONS

1. What health emergencies have occurred in your community in the past? How often have these occurred?
2. Who in your congregation is particularly vulnerable during a health emergency?

   Examples include:

   - Elderly members
   - Children
   - Members with illnesses and/or disabilities
   - Members with financial needs
   - The disabled
3. How do you plan to communicate with your congregants and community during an emergency?
4. What supplies would you include within an emergency kit for:
   - House of worship?
   - individuals/families?
5. If an emergency occurred during a worship service, where would congregates evacuate to and how would they get there safely? Who would lead them?

PREVENTION & MITIGATION

In this section, we provide further instructions on identifying specific needs for your emergency kit and possible prevention tasks. Whether for just your congregation or as a part of a network of congregational ministries, the size of your ministry will determine the supplies you need and the style of your planning.

Prevention and Mitigation

WHAT IS RESILIENCE?

Resilience is the ability to resist and recover from a bad event. People who have physical resilience are less likely to become ill and more likely to recover quickly when they do become ill. This is also true for communities. If your community has good resilience, it is more likely to experience less damage and recover quickly following a disaster. By identifying your community's area of needs, you can better help them to become more resilient.

Things that cause a community to be less resilient include:

1. People isolated from sources of support;
2. Poverty;
3. Medical vulnerability;
4. Physically fragile people, people with special needs, or people who are dependent on others (e.g. very young or very old);
5. Living in areas that put people at risk for multiple threats;
6. Having limited access to transportation and communication.

KEY PRINCIPLES OF PREVENTION

Because the benefits of prevention are less obvious than the benefits of emergency response, fewer people participate in prevention. There are two ways to increase your resilience and lessen your vulnerability. First, stop avoidable emergencies before they start. Conducting an immunization clinic in your house of worship is an example of a prevention activity that can be a part of an overall health ministry. Second, make prevention part of your everyday ministry. Programs such as health education can be a service your ministry offers.

EXAMPLES OF PREVENTION ACTIVITIES

- *Educate and encourage staff to be role models regarding infection prevention habits.*
- *Teach infection control at meetings and events; send information regarding healthful infection prevention habits through e-mails, phone or mail. Plan and begin to publish articles on signs and symptoms of flu and infection control.*
- *Post and distribute basic information on infection control and pandemic flu.*

- *Acquire or prepare posters, fliers, and related materials defining healthful habits that support infection control.*
- *Post fliers and reminders of healthful habits including "cover your cough" and "stop the spread of germs."*
- *Distribute pandemic flu checklists to families and staff.*
- *Send helpful preventive tips through your e-mail lists or post online to your website.*

KEY PRINCIPLES OF MITIGATION

Mitigation means reducing harm after a disaster occurs (as opposed to preventing a disaster or harmful event). Though not all emergencies can be prevented, congregations can take actions to minimize or mitigate the negative impact of emergencies. Congregations should consider what they can do to eliminate or lessen the effects of a crisis. Identifying ways to avoid an emergency can lessen the impact when one does occur. Assessing the safety of facilities (e.g. HVAC systems), security (e.g. controlled access to buildings) and congregational attitudes towards preparedness are important for preventing and mitigating future crises. There are six areas to consider for mitigation:

- Gather emergency supplies store them in a safe and accessible area;
- Maintain supplies by ensuring that they are sufficient and ready to be used;
- Assign a specific individual to oversee supplies;
- Maintain programs and healthful practices that can educate individuals before a crisis occurs;
- Increase accessibility to supplies, which will increase their likelihood of being used; and
- After the disaster occurs, be sure to monitor how it is impacting your congregation and community.

RECOMMENDED MITIGATION GUIDELINES

CDC recommendations include social distancing strategies to reduce contact between people:

- *Closing schools;*
- *Canceling public gatherings;*
- *Planning for liberal work leave policies;*
- *Voluntary isolation of cases; and*
- *Voluntary quarantine of household contacts.*

DEVELOPING A PREVENTION AND MITIGATION PLAN

The specific plan you create will depend on the type of needs you address. A typical mitigation plan lists areas of vulnerability and ways to reduce or prevent the vulnerabilities. Mitigating the effect of a public health emergency begins at the onset of an event and continues throughout the recovery process. Examples of potential mitigation activities are seen below:

Risk or Hazard	Mitigation
School closure due to pandemic	Short-term day care program
Work closure due to pandemic	Support for remote work; Short-term financial assistance
Announcement of threat of pandemic	Facilitate immunizations; Assist at-risk people in getting immunizations; Provide pandemic education
Biohazard from train wreck	Provide temporary shelter; Assist medically-fragile people with transportation; Monitor people with limited communication access.

CHAPTER SUMMARY POINTS

- In considering prevention and mitigation activities it is useful to understand resilience. Resilience can be understood as the ability to resist and recover from a bad event.
- Communities and populations also can be more or less resilient. Communities with low resilience are more likely to experience damage in a disaster and have more difficulty recovering. On the other hand, communities with high resilience may avoid some types of damage entirely and are able to recover more quickly from the losses that do occur.
- A number of factors contribute to low resilience within a community, including isolation from sources of support, poverty, and members with special needs or vulnerabilities.
- Prevention and mitigation are two effective ways to lessen the impact of health emergencies in one's community.

- Prevention involves stopping avoidable emergencies before they start.
- Prevention efforts can be simple actions that are incorporated into one's everyday ministry activities.
- Congregations can take actions to minimize or mitigate the negative impact of emergencies.
- Mitigation of health emergencies requires taking inventory of the needs in a congregation and community and identifying what to do to reduce the effect of a health threat.
- Compiling and maintaining health supplies is one way to mitigate the impact of a health emergency.
- When developing a prevention/mitigation plan, keep in mind that a typical mitigation plan will list vulnerabilities, followed by strategies to reduce or counter (mitigate) the vulnerabilities.

DISCUSSION QUESTIONS

1. What steps can you take to increase your congregation's to build community resilience?
2. What other community groups can you work with to enhance your resiliency?
3. What supplies should your congregation store in case of an emergency? How often would these supplies need to be updated?
4. How could your congregation make it easier for congregates and community members to access health supplies?

NEXT STEPS: PUTTING A PLAN INTO ACTION

You must close the loop on the circle. A critical step in emergency planning is to evaluate where to go from here. A key resource to preparedness and response is your local community. By establishing a relationship with other faith-based communities or your community's local public health department, you are helping to decrease dangers by increasing awareness and preparedness.

Next Steps: Putting a Plan into Action

Why You Should Network with Other Houses of Worship

Working with other congregations can greatly improve your ability to respond in a disaster. It allows faith groups to focus on things they do well while being supported by other congregations in areas they find more difficult.

1. CREATE OR JOIN A FAITH-BASED NETWORK

Most houses of worship have limited resources, and all houses of worship need additional resources. Working as part of a network allows houses of worship to coordinate resources for people who are in need, and can make resources available to support planning and preparation. Not every house of worship needs to not fill the same role or serve in the same way. Working together builds relationships in your community and allows for more immediate assistance in an emergency.

Collaborate With Other Houses of Worship

Working across your congregation, denomination or community allows you to make connections locally, regionally, and perhaps even nationally. These connections allow you to share knowledge and resources and learn from others. Invite clergy from other houses of worship in your area to discuss the possibility of working together. Consider the following topics:

- Discuss the types of disasters likely to occur in your area.
- Create ideas about various ways you might collaborate with other congregations, such as: sharing a facility, training, or stockpiling supplies.
- Identify the special resources that each house of worship possesses (and potential gaps in knowledge, skills, resources and capacity) and ways to share and not duplicate your efforts.
- Create a simple plan for coordinating and sharing resources and for filling potential gaps.
- Consider partnering with public health, emergency response, government, or non-profit groups, attend their planning meetings and develop relationships.

Determine How You Will Work Together

Make a written plan with other faith leaders about how your congregations will collaborate before, during and after public health emergencies. Your plan may:

- Describe the role of each participating group based on its unique resources.
- Arrange a mutual support agreement with congregations located in a different area to support one another in case any are disabled by a disaster.
- Identify the contact person for each congregation plus a backup person in case the main contact is unavailable. Be sure to include multiple ways to contact this person.

- Include a schedule for updating information such as contacts, organizational needs, and resource availability .
- Assign a person to be the coordinator for the plan who will ensure that the plan is current and the update schedule is followed.

Practice Together

Plans need to be tested to make sure they work. Most people do not think of everything, so a test will reveal what you may have left out:

- Every six to twelve months, run through the public health emergency plan as if a disaster has occurred.
- Identify challenges and problems in the plan.
- Work together to modify the plan and address any challenges or problems.
- Continue to meet to monitor and evaluate the plan and partnership.

2. WORK WITH THE LOCAL PUBLIC HEALTH DEPARTMENT

It is important that members of faith communities collaborate with their state certified local public health departments because they can aid each other before, during and after a public health emergency. Collaboration allows you to participate in your community's planning, as well as informs the local government how your organization can assist. The local health departments have public health emergency plans to ensure their communities are properly prepared to respond during a public health event (e.g. mass dispensing of medication during a bioterrorism event or vaccination campaigns during a pandemic outbreak). This type of planning is crucial for a coordinated response and reduces confusion by having a consistent set of core responses within the community.

- Establishing a relationship with your local health department will help you receive the information and training you need before an emergency.
- Local health departments have developed resources and trainings that can assist individuals prepare for public health emergencies. Contact your local health department for information on public health planning teams within your community.

Consider Volunteering to support a Point of Dispensing (POD) Site

The Strategic National Stockpile (SNS) is a federal program that was established in 1999 by Congress. It is administered, owned and maintained by the U.S. Centers for Disease Control and Prevention (CDC), under the U.S. Department of Health and Human Services (DHHS). The SNS contains large quantities of medicine and medical supplies to protect the American public if there is an emergency severe enough to cause local resources to run out. Supplies and technical assistance reach an affected area quickly, safely, and in a well-organized manner. The overwhelmed jurisdiction does not pay for SNS assets.

If a public health incident is severe enough, it may trigger the procedure for requesting SNS assets. In many public health situations, the need will be for preventive medication or vaccines (also called "prophylaxis"). Using a mass dispensing or vaccination strategy, prophylaxis may be given out at "**Points of Dispensing (PODs)**." As part of the regional mass prophylaxis campaign, the medication that arrives to assist the community will be given out at PODs. The goal of a POD is to get medicine to affected people quickly and safely, in order to prevent illness and save lives. POD locations are determined during the planning process with your local health department partners. Therefore, it is very important that this relationship is established and that training is provided ahead of time. Contact your local health department for information about supporting a local POD.

Volunteer for the Medical Reserves Corps (MRC)

The MRC program was created after President Bush's 2002 State of the Union address, in which he asked all Americans to volunteer in support of their country. The MRC is comprised of organized medical, non-medical, and public health professionals who serve as volunteers to respond to natural disasters and emergencies. These volunteers assist communities nationwide during emergencies and for ongoing efforts in public health. The MRC program provides the structure necessary to deploy medical, non-medical, and public health personnel in response to an emergency, as it identifies trained and credentialed personnel who are available and ready to respond.

Both Cook County and the City of Chicago have established a Medical Reserve Corps to help ensure that a sufficient number of qualified persons are available to

engage in emergency and non-emergency activities including, but not limited to:

- Performing physical assessments
- Epidemiological investigations
- Inoculations
- Medication dispensing
- Medication administration
- Minor medical treatments
- Related supportive activities

These pre-identified volunteers will be required to complete training, be credentialed and shall serve as MRC volunteers. In a public health emergency, volunteers would serve under the direction of the State of Illinois. As such, they shall be required to take the Illinois Emergency Management Agency (IEMA) oath prior to serving. These volunteers can then be an additional resource to the community partners as they plan for operating a POD site during a public health emergency. The local public health departments are actively seeking volunteers to serve on the Medical Reserve Corps to support and respond during a public health event.

Examples of potential roles of MRC volunteers:

- **Medical volunteers** serve in clinics distributing medications and providing medical services as necessary (such as providing immunizations, dispensing medications).
- **Non-Medical volunteers** help with organization of clinics and events (such as assisting with registration, directing clients through the POD).

Reasons to Volunteer for the MRC:

- Receive medication for you and your household/family before the general public.
- Give back to the community.
- Participate in free trainings which may be offered via classroom-style training or online resources to accommodate your schedule and learning preference.

Visit the CCDPH website for information on the Cook County Medical Reserve Corps: **http://www.cookcountypublichealth.org/how-to-get-involved/volunteer**

Visit the CDPH website for information on the Chicago Medical Reserve Corps:
www.cityofchicago.org/health

Register via Illinois Helps:
http://www.emergencycredentialing.net/il/

Learn more about the Medical Reserve Corps:
https://www.medicalreservecorps.gov/volunteerFldr/AboutVolunteering

PLANNING STEPS: PART 3

1. Make sure your congregation knows about your plan, practice carrying out your plan, then update and revise your plan.
2. Create or join a faith-based network, determine how you will work together, and practice preparedness activities together.
3. Participate in local public health emergency preparedness planning by getting to know your local Public Health Department resources and trainings,volunteering for aMedical Reserves Corps, and/or partnering with local government.
4. Visit and join Ready Faith Network (go to: **www.readyfaith.net**), participate in a discussion group, complete an online tutorial, watch a video, share helpful resources, download tools, and invite others to join.

CHAPTER SUMMARY POINTS

- Working as part of a network allows houses of worship to obtain a variety of resources, for community members and assistance in preparing for health emergencies.
- Working across your group, denomination or community will allow you to make connections locally, regionally, and perhaps even nationally. These connections will allow you to share both knowledge and resources.
- Make a written plan with other local faith leaders about how your congregations will collaborate before, during and after disasters.
- Plans need to be tested to make sure they work. Testing a plan helps to address gaps that need to be addressed.
- Collaboration with your state certified local public health organizations allows you to participate in your community's emergency planning and informs the local government how your congregation can help the community.

- The local public health departments have staff that can help your congregation receive the information and training you need for an emergency. Points of Dispensing (POD) sites are specific locations designated to receive and give out medications or vaccinations to large groups of people during a health emergency.
- One way congregations can assist their communities is by serving as PODs, providing space and community access to the local health department.
- The Medical Reserve Corps is an organized group of medical, non-medical and public health professionals willing to respond when necessary. Both medical and non-medical volunteers are needed.
- Collaborating with local government agencies ensures that response plans are as comprehensive as possible in order to serve the diverse needs of your area.
- After first establishing a relationship with local government agencies, collaboration with these agencies can occur through utilizing government services, providing services with the government, and resource sharing.

DISCUSSION QUESTIONS

1. What next steps will your congregation take in preparing for public health emergencies?
2. Which other houses of worship in your community could you partner with to strengthen health emergency preparedness for local residents?
3. Which government agencies can you contact about collaborating to prepare your community for an emergency?
4. In what ways will your congregation get involved with your local health department and/or other local government agencies?

ADDITIONAL RESOURCES

After reading through this manual, you may still have a number of questions about how practically to begin preparing. Following are several resources that will help you put your new knowledge into practice. In this section you will learn more about the Ready Faith Network, Ready Faith: Preparedness Workbook, online resources related to emergency preparedness and faith-based organizations, and two pamphlets from the CCDPH designed to help congregations prepare for public health emergencies in general and for pandemic flu specifically.

Additional Resources

READY FAITH NETWORK

The Ready Faith Network (**www.readyfaith.net**) is a resource and social networking site, which provides you with the opportunity to connect, share and learn. As a member you will be able to make connections with fellow leaders both in your community and around the nation, through forum discussions, groups and events. Through the connections made on the Ready Faith Network you will be able to share resources and knowledge with your fellow network members before, during and after emergencies, furthering each other's successful recovery. Lastly, this site offers training tools and other resources to assist you and your organization in preparing for a variety of possible emergencies. These resources range from educational brochures to emergency planning training, which will equip you to best support your community. By joining this network you ensure both better care and more successful response and recovery for yourself, your faith congregation, and your community.

READY FAITH: PREPAREDNESS WORKBOOK

We encourage you to use the *Ready Faith: Preparedness Workbook* that provides a number of hands-on forms designed to assist you through the preparedness process. Please feel free to print out the workbook and complete the forms with other preparedness team members in your congregation.

ONLINE RESOURCES

Faith-based Organizations

Be a Ready Congregation – Resources and Tools (Website).
National Disaster Interfaiths Network. (n.d.). *NDIN online resources*. Retrieved from: **http://www.n-din.org**

Checklist for a Congregation Emergency and Management Plan.
Garst, W. (n.d.). *Checklist for a congregation emergency and management plan*. Retrieved from: **http://www.brethren.org/bdm/files/checklist_for_a_church_emergency_management_plan.pdf**

Faith-based and Community Organizations Pandemic Influenza Preparedness Checklist.
U.S. Centers for Disease Control and Prevention. (2006). *Faith-based and community organizations pandemic influenza preparedness checklist*. U.S. Department of Health and Human Services: U.S. Centers for Disease Control and Prevention: Author. Retrieved from: http://www.flu.gov/planningpreparedness/community/faithbaseedcommunitychecklist.pdf

Family Emergency Plan.
Federal Emergency Management Agency (FEMA). (2012). *Family emergency plan*. FEMA: Author. Retrieved from:
http://www.ready.gov/sites/default/files/FamEmePlan_2012.pdf

Preparing for the Flu: A Communication Toolkit for Community and Faith-based Organizations.
U.S. Centers for Disease Control and Prevention. (n.d.). *Preparing for the flu (including H1N1): A communication toolkit for community and faith-based organizations*. U.S. Department of Health and Human Services: Centers for Disease Control: Author. Retrieved from:
http://www.cdc.gov/h1n1flu/faithbased/pdf/H1N1_FBO_toolkit.pdf

Ready Faith: Field Operations Guide.
Aten, J., & Boan, D. (2013). *Ready faith: Field operations guide.* Wheaton, IL: Humanitarian Disaster Institute, Wheaton College. Retrieved from:
http://www.wheaton.edu/HDI/~/media/Files/Centers-and-Institutes/HDI/RF-FieldOperationsGuide.pdf

Ready Faith: Planning Guide.
Aten, J., & Boan, D. (2013). *Ready faith: Planning guide.* Wheaton, IIllinois: Humanitarian Disaster Institute, Wheaton College. Retrieved from:
www.wheaton.edu/HDI/~/media/Files/Centers-and-Institutes/HDI/Ready%20Faith%20Planning%20Guide%204413.pdf

Ready Faith: Preparedness Workbook.
Aten, J., & Boan, D. (2013). *Ready faith: Preparedness workbook.* Wheaton, IL: Humanitarian Disaster Institute, Wheaton College. Retrieved from:
http://www.wheaton.edu/HDI/~/media/Files/Centers-and-Institutes/HDI/RF-PreparednessWorkbook.pdf

Seasonal Influenza (Flu): A Guide for Community & Faith-Based Organizations & Leaders.
Center for Faith-based and Neighborhood Partnerships. (n.d.). *Seasonal influenza (flu): A guide for community & faith-based organizations & leaders*. U.S. Department of Health and Human Services: Centers for Disease Control and Prevention: Author. Retrieved from:
http://www.hhs.gov/partnerships/resources/Pubs/seasonal_flu_gd.pdf

General Resources

General Preparedness and Response Resources (Website).
U.S. Centers for Disease Control and Prevention. (n.d.). *CDC emergency preparedness and response site.* Retrieved from: http://www.bt.cdc.gov

Preparation and Planning for Public Health Emergencies (Website).
U.S. Centers for Disease Control and Prevention. (n.d.). *CDC emergency preparedness and response site*. Retrieved from: http://emergency.cdc.gov/planning/

Resource Center (Website).
National Voluntary Organizations Active in Disaster. (n.d.). *NVOAD online resource center*. Retrieved from: http://www.nvoad.org/resources

Hazards

Guidance for Protecting Building Environments from Airborne Chemical, Biological, or Radiological Attacks.
U.S. Department of Health and Human Services. (2002). *Guidance for protecting building environments from airborne chemical, biological, or radiological attacks.* National Institute for Occupational Safety and Health (NIOSH): Author. Retrieved from:
http://www.cdc.gov/niosh/docs/2002-139/pdfs/2002-139.pdf

Health Wise: Health Information and Resources for Schools and Child Care Providers.
Cook County Department of Public Health (CCDPH). (2011). *Health wise: Health information and resources for schools and child care providers.* CCDPH: Author. Retrieved from: http://www.cookcountypublichealth.org/healthwise

Information to Help Your Family Prepare for an Emergency.
Cook County Department of Public Health (CCDPH). (n.d.) *Information to help your family prepare for an emergency.* CCDPH: Author. Retrieved from: http://www.cookcountypublichealth.org/files/pdf/emergency-preparedness/be-aware-booklet-022712-final.pdf

Plan Now to Be Ready for the Next Flu Pandemic.
U.S. Centers for Disease Control and Prevention. (n.d.). *Plan now to be ready for the next flu pandemic.* U.S. Department of Health and Human Services: Centers for Disease Control and Prevention: Author. Retrieved from: http://www.flu.gov/planning-preparedness/community/plannow.pdf

The Next Flu Pandemic: What to Expect.
U.S. Centers for Disease Control and Prevention. (n.d.). *The next flu pandemic: What to expect.* U.S. Department of Health and Human Services: Centers for Disease Control and Prevention: Author. Retrieved from: http://www.flu.gov/planning-preparedness/community/nextflupandemic.html

What You Need To Know About Pandemic Flu (Brochure)
Cook County Department of Public Health (CCDPH). (n.d.). *What you need to know about pandemic flu.* Cook County Health and Hospital System: Author. Retrieved from: http://www.cookcountypublichealth.org/files/pdf/emergency-preparedness/flu-brochure-120511.pdf

Public Health Emergencies

Bioterrorism Readiness Plan: A Template for Healthcare Facilities.
APIC Bioterrorism Task Force & CDC Hospital Infections Program Bioterrorism Working Group. (1999). *Bioterrorism readiness plan: A template for healthcare facilities.* Association for Professionals in Infection Control and Epidemiology (APIC): Author. Retrieved from: http://www.bt.cdc.gov/bioterrorism/pdf/13apr99APIC-CDCBioterrorism.pdf

Community Strategy for Pandemic Influenza Mitigation (Manual).
U.S. Centers for Disease Control and Prevention. (2007). *Interim pre-pandemic planning guidance: Community strategy for pandemic influenza mitigation in the United States—Early, targeted, layered use of non-pharmaceutical interventions.* U.S. Department of Health and Human Services: Centers for Disease Control and Prevention: Author. Retrieved from: **http://www.flu.gov/planning-preparedness/community/community_mitigation.pdf**

Family Emergency Plan.
Federal Emergency Management Agency (FEMA). (2012). *Family emergency plan*. FEMA: Author. Retrieved from:
http://www.ready.gov/sites/default/files/FamEmePlan_2012.pdf

Preparing Your School for a Crisis.
U.S. Department of Education. (2012). *Preparing your school for a crisis.* U.S. Department of Education: Author. Retrieved from:
http://www2.ed.gov/admins/lead/safety/crisisplanning.html

School Preparedness Resources – H1N1 Flu Information.
U.S. Department of Education. (2012). *H1N1 flu information*. U.S. Department of Education: Author. Retrieved from: **http://www2.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html**

Training

Psychological First Aid Online Training
Chicago Department of Public Health Learning Management System
http://www.cdphlms.com
Click on Course Catalog and search keyword 'PFA'

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