



Pandemic Flu Citizen Engagement:

Engaging citizens for greater public health

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A project of One KC Voice in partnership with Consensus.

Sponsored in part by these public health agencies:

- Clay County, Mo., Health Center;
- Independence, Mo., Health Department;
- Jackson County, Mo., Health Department; and
- Wyandotte County, Kan., Health Department.

This project was made possible through funding from the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services.

Executive Summary

Pandemic Flu Citizen Engagement

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Background

Local public health departments in Greater Kansas City have developed plans to address pandemic flu. Pandemic flu occurs when a new strain of flu virus spreads quickly from human to human and causes widespread serious illnesses or deaths. Four of the region's 10 public health agencies participated in a project to engage the public in preparing for pandemic flu. They agreed to work with One KC Voice, the region's new citizen engagement initiative, to get citizen feedback on how to refine their local response plans.

Values meetings: How will citizens respond to a pandemic?

A series of 23 meetings were held with citizens to help local health departments gain a better understanding of how citizens might respond to a pandemic. Citizens were presented with three scenarios regarding pandemic flu.

1. Scenario One: It's early in the first wave.

- **People asked:** How would a vaccine work; would funerals be held; would electricity, gas and water be available and continue operating; what food and supplies should be stockpiled.
- **What would you do:** Be cautious but not resort to isolation; continue to go to work; avoid crowds; cancel travel plans to avoid being exposed to germs or stranded away from home; get information; stock up on supplies; mobilize community groups.

2. Scenario Two: The pandemic flu has hit metro Kansas City.

- **People asked:** How will I get food and medicine; how will I earn a paycheck; will my child go to school and child care.
- **What are your responsibilities:** Help others.
- **What are local government's responsibilities:** Provide credible information.
- **If you got sick, where would you get information:** Family doctor, medical school or ask-a-nurse hotline. Elderly people were more likely to ride out the sickness rather than risk exposing their caregivers.



3. **Scenario Three: A vaccine is available.**

People said: They would be able to get the vaccine. Most would volunteer at a vaccination site, once their concerns about their personal health were addressed. When it comes to family, some said they might simply refuse to follow instructions from local health departments or disease control centers. It's important to get people's attention and trust by having local leaders introduce the health professionals.

People asked: How would the vaccine be distributed; who would have priority; how would order be maintained at a central vaccination site.

Workshops identify strategies for action

After completing the values meetings, the project held four workshops. The workshops identified five issues, and citizens were asked to help develop strategies for action.

1. **Most people know very little about pandemic flu.**

Workshop participants grappled with the question of how to inform people of the need to prepare for pandemic flu in a way that would encourage action.

2. **For most people, the biggest barrier to being able to voluntarily stay at home is the need to earn a paycheck.**

When citizens talked about the need to maintain an income, they often put the responsibility squarely on themselves as employees. As for those who must work, they said it was vital for the employer to have policies and supplies on hand to protect them.

3. **Very few businesses have pandemic flu plans.**

Workshop participants said it was important to create a sense of urgency and then provide templates and incentives that would encourage businesses to develop plans.

4. **Few neighborhood, church and school leaders are involved in preparing for pandemic flu.**

During meetings, people who were in leadership positions in their neighborhoods, churches and schools were likely to ask for information about what they could do to help. Some had already included pandemic flu information in newsletters or had received emergency training, but none were involved in any systematic, organized way.

5. **People will disregard health department advisories if they feel they need to care for children or parents.**

Participants identified specific actions for health departments, individuals, and community organizations to take. The actions would help to assure that people are prepared to follow advisories and that advisories are, as much as possible, seen as reasonable and appropriate.

The Pandemic Flu Citizen Engagement Steering Committee

- Carol Cobb
- Elaine Lenz
- Lois McDonald
- Steve Pew
- Wayne Vaught

People representing health-related organizations included:

- Mike Chamberlain, American Academy of Family Physicians
- Rhonda Charboneau, Jackson County Health Department
- Kate Donaldson, Independence Health Department
- Jodee Fredrick, Clay County Health Center
- Gay Hall, Wyandotte County Health Department
- Nola Martz, Clay County Health Department
- Nicole Schlaefli, Jackson County Health Department
- Josh Walsh, Independence Health Department

Staff support was provided by Dan Blom, Susan Hard and Marlene Nagel of MARC and Jennifer Wilding of Consensus.



The One KC Voice Citizen Engagement Network

- Bolling Heights Neighborhood Association
- Bonner Springs City Library
- City of Lee's Summit, Lee's Summit Health Advisory Committee
- Grain Valley Schools Emergency Planning
- Jackson County Inter-Agency Council
- Kansas City, Kan., Public Library
- Kiwanis Club
- League of Women Voters of Kansas City/Jackson, Clay and Platte counties
- Lee's Summit Chamber of Commerce
- Livable Neighborhoods
- Missouri Department of Health and Senior Services
- Mount Zion Baptist Church
- Northland Neighborhoods, Inc.
- Progress Independence
- Residential Life at William Jewell
- Rosedale Development Association
- Shepherd's Center of the Northland
- St. John the Evangelist Catholic Church
- University United Methodist Church
- YWCA of Greater Kansas City





Introduction

What will you do when the next influenza pandemic strikes? How will you protect yourself and your family?

Most experts agree, it's not a matter of if, it's a matter of when. Pandemic influenza typically occurs every 25–30 years, and it has been 39 years since the last pandemic. While the last pandemic, in 1968, was relatively mild, it is impossible to know whether that will also be true of the next one. So far, H5N1 (commonly known as the avian flu) has not shifted into a strain that can pass from human to human, but scientists are concerned that if it does become a pandemic it could cause significant numbers of deaths. By June 6, 2007, 310 persons in 12 countries had been infected with the avian flu, and of them 189 (61 percent) had died.

The catalyst for the Pandemic Flu Citizen Engagement was the belief that it was important to engage the public in preparing for pandemic influenza. Studies showed that if the public was not included in planning, the final plan would not be likely to meet their needs.

This is especially important because, in the case of pandemic influenza, individuals would have to take responsibility for their own well-being. As one health department staff member put it, “When a pandemic hits, we’re all in this together by ourselves.” Even a moderately severe pandemic would cause social and economic disruptions far too great for any one institution, including a health department, to handle on its own. A difficult situation can be less severe, though, if each of us takes steps to prepare ourselves, our families and our communities.

This report has two primary audiences: citizens with no medical expertise, and health department staff and other experts. As much as possible, it is written in non-technical language so that it is clear to laypersons.

The players in the Pandemic Flu Citizen Engagement

One KC Voice

One KC Voice is a citizen engagement alliance that serves metro Kansas City by giving the public a voice in decisions about public issues. Its mission is to develop a community culture that values and invites citizen participation as an integral part of community decision-making and to offer the region a variety of methods to accomplish this goal. It is led by a metropolitan-wide alliance of civic organizations from which its advisory committee is drawn. The Mid-America Regional Council serves as the managing partner, fiscal agent and incubator for One KC Voice. (For more on One KC Voice, see Appendix A or go to www.onekcvoice.org.)

MOHAKCA

One KC Voice approached MOHAKCA with the idea for the Pandemic Flu Citizen Engagement. MOHAKCA stands for “Metropolitan Official Health Agencies of the Kansas City Area,” and it includes the directors of the Kansas City region’s 10 local public health agencies. Through MOHAKCA, health departments coordinate efforts to improve the health and well-being of people throughout the metro area. Four public health agencies joined the citizen engagement effort: Clay County, Mo., Health Center; Independence, Mo., Health Department; Jackson County, Mo., Health Department; and Wyandotte County, Kan., Health Department.

Consensus

One KC Voice engaged one of its partner organizations, Consensus, to co-manage the Pandemic Flu Citizen Engagement in partnership with its own staff. Consensus is a nonprofit organization that, since 1984, has put the “public” in public policy. It engages citizens through philanthropically funded projects in metro Kansas City and serves clients both inside and outside of this region. For more information on Consensus, go to www.consensuskc.org.

Steering Committee

One KC Voice then assembled the Pandemic Flu Steering Committee, which included citizens as well as health department staff members. Citizen members included Carol Cobb, Elaine Lenz, Steve Pew, Wayne Vaught, and Lois McDonald. Health department members included Gay Hall (Wyandotte), Jodee Fredrick and Nola Martz (Clay), Josh Walsh and Kate Donaldson (Independence) and Nicole Schlaefli and Rhonda Charboneau (Jackson). Marlene Nagel and Susan Hard represented the Mid-America Regional Council and Mike Chamberlain represented the American Academy of Family Physicians. The steering committee was convened by Dan Blom from One KC Voice and Jennifer Wilding from Consensus.

Funding

The Pandemic Flu Citizen Engagement was funded by the Centers for Disease Control and Prevention’s Cities Readiness Initiative through the Mid-America Regional Council, the Health Care Foundation of Greater Kansas City, and the health departments of Independence and Clay, Jackson and Wyandotte counties.

Using “Redefining Readiness” as an example

The Pandemic Flu Citizen Engagement is loosely based on *Redefining Readiness: Terrorism Planning through the Eyes of the Public*, a project conducted by the Center for the Advancement of Collaborative Strategies in Health. That project focused on plans for responding to terrorist attacks, and demonstrated the value of engaging the public in developing terrorism response plans. It gave Americans an opportunity to describe how they would react to two kinds of terrorist attacks — a smallpox outbreak and a dirty bomb explosion. The study included discussions with government and private-sector planners, as well as discussions and surveys of citizens.

The study asked people how they would react to instructions to go to a public site to be vaccinated for smallpox and to instructions to stay inside a building other than their own home if a dirty bomb exploded. The study found that the public would not respond the way public health planners want them to. Only two-fifths of the population would go to the vaccination site and only three-fifths would stay inside the building they are in for as long as officials told them.

Contrary to conventional wisdom, the study found people’s reluctance to follow instructions was not due to ignorance, recalcitrance or panic. Rather, people had solid, common-sense reasons for their behavior. Parents, for example, were unwilling to stay put if their children were not with them. According to the study, “Because current (terrorism response) plans have been developed without the direct involvement of the public, they don’t account for all of the risks people would face. As a result, the plans make it unnecessarily difficult for many people to decide on the best course of action to protect themselves and their family. Even worse, the [public health response] plans inadvertently create serious and unnecessary risks for millions of Americans.”

The Center for the Advancement of Collaborative Strategies in Health found that the problems the public identified could be addressed, if the public’s experiential knowledge was incorporated into public health plans.

One KC Voice took the lessons from “Redefining Readiness” into account when designing the Pandemic Flu Citizen Engagement process, and built upon local public health departments’ history of engaging the public in planning.

Engaging hundreds of citizens in the process

The process identified the values that would drive what citizens do before and during a pandemic, and it engaged citizens in identifying actions that they could take to address five key barriers to being well-prepared.

The Pandemic Flu Citizen Engagement began by holding 23 “values meetings” with the assistance of the One KC Voice Citizen Engagement Network. Network members have agreed to help engage citizens in face-to-face meetings when requested by One KC Voice. Members include churches, libraries, neighborhood councils, civic organizations, community centers and other groups that may provide space, recruit participants or both. This civic infrastructure helps guarantee that diverse voices are heard and gives network members a way to ensure that their constituents have a voice in public affairs. (For the list of network members that sponsored pandemic flu meetings, the dates and locations of meetings, and volunteer note-takers, see Appendix B.)



The values meetings were facilitated by One KC Voice or Consensus staff and were documented by volunteer note-takers. The facilitators walked participants through three scenarios and asked people to talk about what concerns they would have and what they might do in specific situations. At the beginning of the meeting, before any information had been shared, participants took a survey to find out what they already knew about pandemic flu. At the end of the meeting, facilitators handed out printed information about pandemic flu and the role of health departments.

Sometimes the values meetings were held during an organization's regularly scheduled meeting, with participants including the neighborhood or other group members who would normally attend. Other times, they were special meetings open to the public. If that was the case, the sponsor publicized the meeting to its members via flyers, e-mail, and newsletter articles.

Every sponsor worked very hard to get people to the meetings. One sponsor is especially noteworthy. Father Michael Hermes, president of Bishop Ward High School in Kansas City, Kan., volunteered to connect One KC Voice with new immigrants. He asked 10 young women who are students at Bishop Ward to help. At a planning session, students took on roles that included translating, note-taking, and arranging for donated snacks. Every student had a role of some sort, and each young woman fulfilled her responsibilities perfectly.

A couple of Sundays later, Father Michael talked to his congregation at the Spanish language service of St. John the Evangelist Catholic Church in Kansas City, Kan.. Afterward, he asked parishioners to go to the church basement for a meeting. Some 70 persons, most of whom spoke only Spanish, answered the call. Students passed out surveys, which One KC Voice had translated into Spanish.

The steering committee selected five key issues that arose from the values meetings.

Those issues included:

- Most people know very little about pandemic flu.
- The biggest barrier to people being able to separate themselves from others and stay at home is the need to earn a paycheck. Low-income and hourly workers are typically the least able to work from home or go without pay.
- Very few businesses have created pandemic flu plans, which may reduce the number of employees who can work at home.
- Neighborhood, church and school leaders could be vital in helping people survive, but few are involved now in preparing for pandemic flu.
- People are likely to disregard public health department advisories if they feel they need to in order to care for children or parents.

The facilitator asked questions, and a student translated both the questions and answers. The meeting was vital in giving the Pandemic Flu Citizen Engagement access to an important group of residents.

The Pandemic Flu Citizen Engagement held workshops in the four areas whose health departments were involved in the study: Independence, Mo., along with Clay, Wyandotte and Jackson counties. Everyone who attended a values meeting and provided an e-mail address was sent an invitation, and news media and health departments also publicized the events. A sizable minority of those who attended the Clay and Independence workshops were members of CERT, the Community Emergency Response Team. The project staff e-mailed each person who registered a 10-page discussion guide with background information about pandemic flu and the five issues. (For a list of sites and dates for workshops, see Appendix B.)

The two-hour workshops were designed to engage the community in answering the question, “What can we do now to help people prepare for the pandemic flu?”

Participants were asked to focus on what individual citizens and community institutions could do to prepare, recognizing that the more people who are prepared to practice social distancing at home, the fewer people will get sick and the sooner the pandemic will pass. The job of preparing the entire community for pandemic flu, they were told, was far beyond the capabilities of state or local public health departments alone.

The process asked people to work in small groups to record ideas for addressing each of the five issues. After that, the large group worked together to select the most promising ideas for action.

This report includes the results of the values meetings and workshops. It shows what people know and don’t know about pandemic influenza, their likely actions in the case of a pandemic, and their ideas for actions that individuals, businesses, neighborhoods, schools and churches should take.

“We need to remember that the flu is contagious, even if there are no symptoms. You can still have the flu and be contagious without showing any symptoms.”

- Citizen Engagement Participant





What do we need to know about pandemic influenza?

Basic facts about the illness

The bad news is that the world is overdue for a flu pandemic. The good news is that each one of us can take action now that will help us to ride out the storm when it comes. Most citizens, though, lack the knowledge that would spur them to action.

A Department of Homeland Security report, which focused on the impact of a pandemic on communities, identified a dynamic that One KC Voice found during its meetings with the public. According to the report:

A pandemic outbreak may create a shift in public perception from one of ‘equality’ to ‘inequality’ with regard to prioritization of services, prioritization of prophylaxis allocation, and areas of a community under quarantine. As a community broadens the scope of planning, it becomes more apparent that public education and information is required prior to the pandemic reaching a community. An informed public is more compliant with emergency directives and less likely to panic or create social disruption during a pandemic outbreak or other event of national significance. (“Pandemic Influenza: Best Practices and Model Protocols, Department of Homeland Security, April 2007, p. 6)

Citizens we talked with echoed that statement. The key is to prepare, they said, and credible information can spur people to prepare with supplies, plans and workplace arrangements. When a pandemic hits, they said, it will be too late for many to get the supplies they need, and without information in advance there will be distrust, panic and chaos.

In May 2007, the U.S. Department of Health and Human Services (HHS) launched a five-week blog that involved influential business, health care, faith-based and community leaders in preparing for a pandemic. According to HHS Secretary Mike Leavitt, “We are the first generation ever to have an opportunity to prepare in advance of a pandemic. Government alone can’t prepare the nation for a pandemic. This is a shared responsibility and the challenge requires leadership from those most trusted and respected in their communities.” The blog, online at <http://blog.pandemicflu.gov>, includes posts from the founder of eBay, the CEO of the Corporation for National and Community Service, and the founding editor of Flu Wiki, among others.

In a post on June 3, 2007, Leavitt says that pandemic flu preparation must be an ethic, rather than an episode. “When preparing the public for a pandemic, leaders struggle with a constant dilemma,” he wrote. “Everything they say before a pandemic starts sounds alarmist. However, once a pandemic starts — no matter how much has been done — preparation will seem inadequate.” Because the threat of a pandemic will never subside, the solution is to prepare for pandemics generally rather than for a particular virus and to emphasize the general need for personal, corporate and community preparedness.

What is pandemic flu?

When a new strain of influenza virus spreads quickly from human to human, infects people worldwide, and causes more serious illness and deaths than the seasonal flu, scientists know they are dealing with the pandemic flu.

Pandemic flu is different from the annual flu in several key ways:

- Seasonal flu occurs every winter, but pandemic flu can begin any time during the year;
- Seasonal flu affects 5–20 percent of the U.S. population, but pandemic flu could infect 25–50 percent of U.S. residents;
- Most people recover from the annual flu after a week or two, but pandemic flu makes people sicker and results in more deaths;
- The elderly and children are most at risk for the seasonal flu, but all age groups may be at risk from pandemic flu;
- Antiviral drugs can reduce symptoms in people who are most at risk from the seasonal flu, but may not be effective against a new strain of pandemic flu.

Even with vaccinations, the annual flu kills about 36,000 persons and costs the U.S. more than \$10 billion each year. A pandemic that is moderately severe or severe could do much more damage. According to the Congressional Budget Office, a severe pandemic might cost the U.S. economy more than \$600 billion, or about 5 percent of the Gross Domestic Product (see Page 25 for more information).

The U.S. Department of Homeland Security offers some assumptions about pandemic flu that guide federal response. The department notes that pandemics are unpredictable and there is no way to know the characteristics of a pandemic virus before it emerges, but history does provide nine benchmarks. Among the assumptions are:

- Everyone will be susceptible to the pandemic influenza virus.
- Of the overall population, 30 percent will get pandemic influenza. Illness rates

will be highest among school-aged children (40 percent) and will decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.

“I work at a hospital, and we would definitely deploy our emergency plan. As an individual, if the schools are shut down, what are my responsibilities as an employee, mother and community citizen?”

- Citizen Engagement Participant

- In previous pandemics, about half of those who became ill sought care. Because today we have antiviral drugs, the proportion may be higher in the next pandemic.
- In a severe pandemic, absenteeism as a result of illness, the need to care for ill family members, and fear of infection may reach 40 percent during the peak weeks of a community outbreak. Certain public health measures, like closing schools and quarantining those who live with ill persons, are likely to increase absenteeism rates.
- The typical incubation period (the interval between infection and onset of symptoms) for influenza is approximately two days.
- Persons who become ill may transmit infection for one-half to one day before the onset of illness. The risk of transmission will be greatest during the first two days of illness. Children will play a major role in transmission. Their illness rates are likely to be higher because they shed more virus over a longer period of time and do not control their secretions as well.

- On average, infected persons will transmit infection to about two other people.
- Epidemics will last six to eight weeks in affected communities.
- Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur, with each wave lasting two to three months.



What do the terms “isolation” and “quarantine” mean?

Public health officials may take two types of action to slow the spread of disease. One is isolation and the other is quarantine.

Isolation is what happens when public health officials keep people who are sick with a contagious disease from spreading the disease to others by isolating them from healthy individuals.

Quarantine is defined as a situation in which people who are not sick, but who have been exposed to a contagious disease, are separated from the general population. State and local laws differ on under what circumstances a quarantine order could be issued.

There is one other important term, and that is “social distancing.” During a disease outbreak, public health officials may encourage social distancing, which means asking the public to minimize their daily contact with others to reduce the spread of disease. In some situations, people may choose to stay in their homes voluntarily for a period of days or weeks. While their behavior may mimic those of people who are isolated or quarantined, those two terms wouldn’t apply unless they are sick or have been exposed to the disease.



How likely is pandemic flu?

Flu pandemics are recurring events, and typically happen every 25–30 years. It has been 39 years since the last pandemic. We know it is inevitable that there will be another pandemic, but it is impossible to predict how severe the pandemic will be.

Three pandemics happened in the 20th century. During each, about 30 percent of the U.S. population got sick, but the death toll was very different because some strains were more virulent than others. For example, the Spanish flu pandemic of 1918 killed at least 675,000 U.S. residents and up to 50 million worldwide. The 1957 pandemic was moderately severe, causing at least 70,000 U.S. deaths and 1–2 million deaths worldwide. In 1968, the Hong Kong flu was the least severe of the 20th Century pandemics. It killed some 34,000 people in the U.S. and 700,000 worldwide.

Many believe that the deadly Spanish flu began in Kansas, when an infected soldier from Haskell County carried the flu with him to a military camp near Fort Riley.

Will bird flu cause the next pandemic?

Scientists are tracking the H5N1 strain of influenza, also known as avian or bird flu, which may be the biggest threat to become a pandemic. The avian flu virus causes bird flu in wild and farm birds. This doesn’t usually cause infections in humans, and most cases so far have resulted from direct or close contact with infected birds. Avian influenza viruses can infect migratory waterfowl along with chickens, turkeys, pheasants, quail, ducks, geese and guinea fowl.

The avian flu first infected humans in Hong Kong in 1997, and has since spread to other parts of Southeast Asia. So far, more than half of those infected have died — mainly previously healthy children and young adults. Scientists are worried because the H5N1 virus can infect a wide range of hosts, including birds and humans. So far, however, the virus has only rarely been passed from person to person, and has not been reported to continue past one person.

Why would it take so long to get a pandemic flu vaccine?

When you get a seasonal flu shot, you benefit from a process that started at least 18 months ago, when the Centers for Disease Control and Prevention (CDC) predicted the type of flu likely to strike.

“If the health department said we can stop this pandemic if you all stay home for a week or two, I think a lot of people would be willing to do that.”

- Citizen Engagement Participant

After the CDC predicts the flu strain, manufacturers start making vaccine. Just four manufacturers are approved to market their vaccines in the U.S.: Chiron Vaccines, Ltd.; GlaxoSmithKline Biologicals; MedImmune Vaccines, Inc.; and Sanofi Pasteur, Inc. The process for manufacturing flu vaccines is time-consuming. Vaccines are developed by growing the flu virus in hens’ eggs, then inoculating patients with a weakened or killed form of the virus. People who are allergic to eggs cannot get a flu shot.

When an influenza virus mutates to a completely new virus that can be spread by human-to-human contact, the race is on to identify the virus and develop a vaccine that can protect against it. Every day counts. The situation is made even more difficult because in a pandemic, each person would need the vaccine, while the annual flu shots often go to people considered to be most at risk because of age or pre-existing conditions.

Health officials predict significant shortages and delays in making the new vaccine available, with limited allotments shipped to states every week or so. The federal government would control the vaccine supply, and each state would be responsible for distribution. Missouri, for example, would use the infrastructure currently used to distribute childhood vaccine.

Antiviral medications can help prevent and treat the flu, particularly for people who have chronic disease. The CDC recommends that people at high risk of the flu, health care workers and people who work in institutions like nursing homes receive preventive antivirals. Antivirals can reduce the severity of flu symptoms when taken within 48 hours of developing symptoms. Unlike the flu vaccine, they are safe for people who are allergic to eggs.

Like a vaccine, antivirals would be in very short supply in a pandemic. Conventional antivirals, too, may not work with a new strain of influenza.



Who is responsible for dealing with pandemic flu?

In a word, the answer is “everyone.” The national strategy for pandemic influenza lays out specific roles for federal, state and local governments, as well as the private sector and individuals.

The federal government’s role

The federal government works alone and with state and local agencies and groups like the World Health Organization to plan for a pandemic, produce and stockpile vaccines and antivirals, advance scientific knowledge, and advise groups that aren’t used to responding to a health crisis, such as private businesses and utility companies. The U.S. Centers for Disease Control and Prevention (CDC) ensures rapid reporting of outbreaks, shares information with travelers and monitors travel and shipping. In a pandemic, the federal government would work to contain outbreaks by limiting non-essential movement of people and goods and by mobilizing public health capabilities.

State and local governments’ role

State and local governments are responsible for taking steps to limit the spread within and beyond their borders. They are responsible for having preparedness and response plans that involve non-health entities like emergency management, law enforcement, utilities, and political leadership. They develop state and community-based stockpiles of medicine, develop procedures for the distribution of federal stockpiles of medicines, identify key spokespersons, and provide public education campaigns.

According to the Trust for America’s Health, a public health policy group, Kansas and Missouri rank above most other states in meeting 10 benchmarks that provide a snapshot of preparedness. Kansas was the only state to meet nine benchmarks; Missouri was one of 12 states that met eight benchmarks.

Some states have taken major steps to ensure preparedness. New Jersey, for example, launched the “Get Flu Ready, New Jersey” campaign in 2006, which included ads at supermarket checkouts that urged people to stockpile food and bottled water, practice good hygiene and stay home when sick. New Jersey businesses are caching their own supplies and lining up volunteers and equipment to help out, and some three dozen big corporations in the state recently ran a tabletop exercise of an emergency scenario.

Other areas are exploring creative options for keeping things going during a pandemic. Students in Alabama, for example, may take classes via public television if schools close. Dallas librarians may replace sick 9-1-1 operators, and Louisiana has discussed expanding hospital visiting hours so that relatives can help with some patient care.

State plans and other planning information are available at <http://pandemicflu.gov/plan/checklists.html>.

Local public health departments

During a pandemic, local public health departments would focus on tracking and responding to the disease and informing the public. (For a complete list of all public health agencies in Greater Kansas City and their contact information, see Appendix C.)

Tracking the disease will be vital during a pandemic. Knowing where outbreaks have occurred and who is affected will allow health departments and community services agencies to respond.

Local and state health departments will also serve as the network hub for community hospitals, physicians, and other health care providers during the emergency. Once a vaccine is available, health departments will coordinate getting it to people like first responders and health care workers who are high on the priority list and, later, to the general public.

Citizens would rely heavily on information provided by health departments. As a pandemic worsens, with increased human-to-human transmission and in more communities, health departments would intensify the amount of information provided to the public. They would use outlets such as radio, television and newspapers, along with posting online and distributing flyers.

Health departments may also issue voluntary or mandatory home quarantines for those who are exposed or who may become infectious, and voluntary or mandatory home isolation for those who are ill. They may also recommend closure of schools, large venues like stadiums and churches, and non-essential government activities. They may encourage large employers to use telecommuting and flex schedules, as well.

Private sector essential services

The national strategy says that the private sector and critical entities like utilities have roles and responsibilities, as well. They include:

- Creating an ethic of infection control by educating workers, allowing employees to work from home, requiring people to stay at home when they're sick, and putting systems in place to reduce transmission;
- Planning for ways to deliver essential goods and services when workers are absent;
- Putting plans in place to allow workers to work from home, if possible, when health officials encourage people to stay home; and
- Partnering with other members of the business sector to provide mutual support so that essential services continue during a pandemic.



What are some ways that a pandemic can be contained or controlled?

An important way to stop the spread of infection is to limit face-to-face contact. Governments and others can and, most likely, will take actions that limit in-person contact if a pandemic occurs. Each of these actions has implications for the ability of public- and private-sector entities to do their work. According to the Department of Homeland Security, the possible actions include:

- **Isolation.** Separating those who are ill in their homes or hospitals, or other health care facilities.
- **Quarantine.** Separating and restricting the movement of people who have potentially been exposed to infection. For example, if one member of the household is sick, all members could be confined to the home for the period that the person could incubate the disease and become infectious after exposure.
- **Social distancing.** Keeping people from coming in close proximity to one another using measures like discouraging hand-shaking, teleconferences instead of in-person meetings, telecommuting, and encouraging workers to stay home at the first sign of symptoms.
- **Closing places of assembly.** Voluntary or mandatory closure of public places like churches, schools and theaters.
- **Furlough of non-essential workers.** Voluntary or mandatory closure of all non-essential businesses and/or furloughing all non-essential workers.
- **Changes in movement patterns.** Restricting movement at the border and suspending travel by plane, train and bus.

What might our society look like during a pandemic?

If 40 percent or more of employees are absent from work, as some expect in a severe pandemic, society will struggle to function. Among the implications, according to projections from the Department of Homeland Security and U.S. Department of Health and Human Services:

- Unlike a localized event, like a tornado or hurricane, pandemic flu will affect communities around the country. This makes it unlikely that business or government can move operations to a “safe” area. It also reduces the ability of other communities to assist, as happens during localized natural disasters like ice storms, tornados and hurricanes.
- There will be disruptions in supply chains and municipal services because of restrictions on movement and/or quarantines. Usual services may be disrupted, including those provided by hospitals and other health-care facilities, banks, restaurants, government offices, telephone and cellular phone companies, and post offices. Local ATMs and banks may shut down due to illness.
- The need for social distancing will affect businesses, especially those that require public contact, like restaurants or hair salons, or at places like manufacturing plants where workers share a common workspace.
- Schools, from child care to universities, may close to limit the spread of flu in the community and to help keep children and young people from getting sick.

School closings would likely happen very early in the pandemic and could occur on short notice.

- Medical care for people with chronic illness could be disrupted because hospitals and doctors' offices are overwhelmed. It may be difficult to receive ongoing medical care such as dialysis or chemotherapy.
- The population may be directed to remain in their homes voluntarily for up to 90 days per wave of the outbreak to support social distancing practices.
- Transportation services may be disrupted and people may not be able to rely on public transportation. The ability to travel, even by car if there are fuel shortages, may be limited.
- If businesses are closed and workers are furloughed for prolonged periods, workers will face financial harm or even ruin. This will increase demand for social and welfare support.
- Telecommunications may be overwhelmed due to the increase in people working from home, home-bound citizens, and public services search for resources.
- As the pandemic weakens, businesses will face competition for the remaining skilled workers and for scarce supplies and materials. This will affect how businesses recover.
- If first responders are ill, there will be a greater risk of social and security disruptions.
- Public health officials will need to set priorities for distribution of antivirals, vaccine and personal protective equipment for their employees based on the duties they perform and the potential for exposure.

What can individuals do to halt the spread of pandemic flu?

Because one person can spread the disease to many others, individuals have perhaps the most important role to play in preparing for and responding to pandemic flu. Some of these actions are fairly simple, like frequent hand washing, while others take more time, effort and money.

There are several things that each one of us can do:

- If you have the flu, stay home from work and take precautions to avoid spreading the virus to others, such as covering your mouth and nose with a tissue or arm when coughing or sneezing;
- If you don't have the flu, take preventive measures to avoid it, such as staying away from people who are sick, washing your hands thoroughly and often, and not touching your eyes, nose or mouth;
- Follow guidelines that may include avoiding public gatherings and non-essential travel for days or weeks; and
- Keep supplies of food, water, and other materials that would allow you and your family to survive, preferably for a month or more.

Stockpiling supplies would help people survive if they were quarantined or if they chose to voluntarily stay at home in order to avoid catching or transmitting the flu.

Where can I go to find out more about pandemic flu?

Influenza Pandemic Preparation and Response: A Citizen's Guide is the most comprehensive, one-stop resource designed specifically for citizens. It was prepared by the Mid-Peninsula Citizen's Preparedness Committee and is available online in PDF format at: www.newfluwiki2.com/showDiary.do?diaryId=1368.

A Citizen's Guide was written in collaboration with major health experts and includes a forward by Dr. David L. Haymann, executive director, communicable diseases for the World Health Organization. It includes information about pandemic flu, along with information on how to prepare for and treat pandemic influenza, and how to get involved as a volunteer to help the community survive.

Several Web sites offer credible information about pandemic flu:

- **www.pandemicflu.gov**. The official U.S. government site for pandemic flu information for individuals, business, schools and others. The site offers checklists for pandemic flu preparation and the latest data on flu strains worldwide. It also offers a blog (at <http://blog.www.pandemicflu.gov>) with the results of five weeks of postings by leaders in a range of fields.
- **www.cdc.gov/flu/avian**. The Center for Disease Control and Prevention Web site includes information about avian flu, and sends visitors to www.pandemicflu.gov for information on pandemic flu. The CDC also offers a hotline on pandemic influenza. The hotline is available in English and Spanish, 24 hours a day, seven days a week. The hotline number is 1-800-CDC-INFO (1-800-232-4636).
- **www.pandemicfluandyou.org**. The Trust for America's Health operates this Web site, which offers the chance to sign up for monthly e-mail newsletters about pandemic flu.
- **www.getreadyforflu.org/newsite.htm**. This site by the American Public Health Association offers a blog and fact sheets for the public. The information is fairly general.
- **www.ready.gov**. The Department of Homeland Security offers advice for individuals and businesses for surviving a variety of emergencies, including pandemic flu. One helpful feature: special checklists for people with small children, older people, and those with disabilities.
- **www.dhss.mo.gov/pandemicinfluenza**. The Missouri Department of Health and Senior Services offers information on pandemic influenza.
- **www.kdheks.gov/flu/pandemic_influenza.htm**. The Kansas Department of Health and Environment offers information on pandemic influenza.
- **www.preparemetrokc.org**. This Web site provides general emergency preparedness information for residents of metro Kansas City, and may be helpful in considering how to prepare for any type of emergency situation, including pandemic flu.





Why is voluntary home separation important?

While computer models disagree, one study found that if just 30 percent of the population is able to voluntarily stay at home, we can reduce the proportion of people infected by half. If 40 percent can separate themselves from others, we can reduce the proportion of people affected by two-thirds. The duration of the pandemic flu can be reduced by one-third if 30 percent of the public stays at home for months.

For people to be able to stay at home, they and their communities must be prepared with plans, stockpiles of food and supplies, and a web of support that will make separation feasible. From meetings with hundreds of citizens it is clear that most people are unprepared. It was equally clear that, once the threat is known, many people are willing to take responsibility for themselves, their families, neighbors and friends.

“If you want to contain the flu, you have to make it livable for people” to comply with infection-control steps, according to Robert Blendon, a health policy specialist at the Harvard School of Public Health. “This really is a Catch-22 here. If you can’t help people make it at home, then the epidemic’s going to get much more severe.”

Some people we talked with saw separation as a chance to catch up on the stack of magazines they’d accumulated. The reality, though, is that separation at home will bring its own set of challenges. Imagine the worst case of cabin fever you’ve ever had, multiplied by shortages and chaos in the outside world, and you get the idea.

Without planning and community support, people may face hunger, major loss of income, and psychological difficulties that come from confinement, boredom, stress and loss of contact with loved ones and the outside world.

One study, conducted by the Center for the Advancement of Collaborative Strategies in Health at the New York Academy of Medicine, called for a community-wide effort to make it possible for a large portion of the public to voluntarily stay at home. The study suggested five steps, including:

- People who provide help to those who stay at home should be on the priority list to receive antiviral drugs or vaccine.
- People who distance themselves should have the opportunity to earn money by working at home for their employers or on pandemic-related tasks;
- As many households as possible should have a working phone, radio, TV and access to the Internet so they can stay in touch.
- Local networks of residents and organizations should support those distancing themselves by keeping track of neighbors, training residents to help persons remaining at home, and organizing the delivery of supplies.
- Because people who voluntarily separate themselves are contributing to the public good, they should receive all the protections that society owes to people under quarantine.

Two recent studies have found that early action to limit face-to-face contact made a major difference in how American cities fared during the deadly 1918 Spanish flu pandemic. In April 2007, The Proceedings of the National Academy of Sciences published reports that compared the response of cities like Philadelphia, which had an excess death rate of 719 people per 100,000, and St. Louis, which had an excess death rate less than half that, 347 per 100,000.

The difference, the first study found, was that cities that instituted school closings, bans on public gatherings, quarantine of the exposed and isolation of the ill, and other measures early in the epidemic had peak death rates 30 to 50 percent lower than those that did not. St. Louis, for example, instituted these measures two weeks earlier than Philadelphia did. According to researchers, two weeks is long enough for the number of people infected to double three to five times.

The second study found that epidemics fade when a certain number of people survive the illness and are then immune to reinfection. Prevention programs reduce the number of people who get sick and, therefore, reduce the number who survive and are immune. If there is a prevention program in place, but no vaccine, and if controls are lifted too soon, the next wave of the epidemic can devastate the city. That's what happened in St. Louis when it lifted controls too early.

The goal, according to Neal Ferguson, a professor of epidemiology at Imperial College London, is to tune interventions so that there is just one peak and it is of minimal size. He told the *New York Times* that, if the avian flu became a pandemic, rigid preventive measures like quarantines, mandated mask wearing and widespread business closings would need to be put in place.

A survey released in April 2007 by the American Public Health Association showed that Americans are far from ready for this kind of action. Almost 90 percent of those surveyed said they have not taken enough steps to prepare for a public health crisis, with the highest percentage among vulnerable populations like mothers of young children, people with health conditions such as diabetes and high blood pressure, and hourly workers who live from paycheck to paycheck. For example, 58 percent of mothers of children age five and younger do not have a three-day supply of water on hand, and only 61 percent of the chronically ill have at least a two-week supply of medications.

What should people stockpile to prepare for an influenza pandemic?

That's the question that most people had during One KC Voice meetings, and it's one that has yet to be answered in sufficient detail. Before they spend their money, people want to know exactly what kinds of food will store best, provide most nutrients or calories for the cost, and be easiest to prepare under conditions that may include loss of water or electricity.

A need exists that could be filled by reputable agencies or governments at the federal, state or local level. Currently, government and agency lists tend to be extremely general, without the kind of detail that citizens want or helpful tips on how to create and maintain a stockpile that would last for several months. Project staff members were also unable to find a government- or agency-sponsored calculator that would help people determine how much of different types of foods people should stockpile for the number of persons in their household.

In addition, some of the items that do appear on official lists require more than just a trip to the grocery or hardware store and may only be available from online suppliers. It would encourage citizens to stockpile if they had a guide, prepared by a reputable source, to online suppliers and the types of supplies, like masks, gloves, water purification systems and bulk food items, available from them. Some suppliers offer a dizzying array of survival tools and dried or dehydrated foods that may or may not be

cost-effective, and without a guide people may spend money unnecessarily or get taken in by scams. The explosion in online purchasing makes it more likely that people will buy from these sites.

The list of recommended supplies in Appendix D includes suggestions from a variety of publications provided by various governments or other reputable sources.

What can I do to help my community?

On an informal basis, many people told One KC Voice project staff that they would check on elderly people in the neighborhood and perform services like delivering food to sick neighbors.

On an organized level, citizens can join a Community Emergency Response Team. Many of the people who attended the four pandemic flu workshops were members of CERT, which has 25 teams in Kansas and 119 in Missouri.

According to the national Web site, www.citizencorps.gov/cert/index.shtm, the CERT concept was first developed and implemented by the Los Angeles City Fire Department in 1985. The rationale was that, after a major disaster, first responders often aren't able to meet the need for services. In those cases, family members, fellow employees and neighbors will spontaneously try to help one another. The LAFD began training civilians as a way to augment their capacity and to help ensure the safety of spontaneous volunteers.

Citizens who take the CERT training learn what to expect following a major disaster, their responsibility in those situations, and life-saving skills with an emphasis on

decision making, rescuer safety and doing the greatest good for the greatest number. Then they become part of organized teams so that they are an extension of first responder services. To receive the training, find a chapter near you by visiting the national Web site or the Kansas City metro area Web site, www.preparemetrokc.org.

“What are you morally obliged to do? You don’t know until you’re really in that situation. When it comes down to your personal survival, what are you willing to do?”

- Citizen Engagement Participant



What impact would a severe pandemic have on the economy?

A severe pandemic flu outbreak could trigger the second worst recession in the U.S. since World War II, according to a report released by the Trust for America's Health in March 2007. If that happens, the Kansas economy would lose \$6 billion and Missouri would lose \$12.4 billion. Nationwide, the Trust predicts a loss of nearly \$700 billion if businesses were closed or forced to operate with a skeleton staff. That represents a loss of 4 to 6 percent of the nation's gross domestic product (see page 13 for more information).

The study found that tourism and entertainment industries would be hardest hit. A Congressional Budget Office analysis found that a severe pandemic could cause a drop of 80 percent in those businesses over three months. States with government and real estate as major industries could suffer the lowest percent losses, although declines would still be significant.

Projections for each state suggest that Missouri would sustain 47,000 deaths and 1.7 million illnesses, and would rank 14th of the 50 states in the economic impact caused by a severe pandemic. Kansas would sustain 22,000 deaths and 810,000 illnesses and would rank 22nd of the 50 states in economic impact.

What impact will business interruptions have on workers?

For the most part, business planning in metro Kansas City seems limited. Of the hundreds of people who participated in the first round of One KC Voice public meetings, the only people who knew whether their employers had a pandemic flu plan were those who worked for hospitals. National experts suggest that the largest corporations have undertaken pandemic flu planning, but that smaller businesses may be far behind.

Without plans in place, people may struggle to overcome the challenges posed by loss of income. A recent Harvard School of Public Health survey of Americans found that, while most people would comply with public health requests, the lowest area of cooperation was likely to be the workplace. The survey found that:

- Only 29 percent said they could work at home for a month,
- Nearly a quarter were very or somewhat worried that their employer would make them go to work if they were sick, and
- Half believed their workplace would stay open even if health officials recommended that businesses shut down.

A quarter of employed Americans thought that if they stayed home from work they would get paid, while 42 percent think they wouldn't and 22 percent didn't know if they would get paid.

The number of businesses that can afford to pay workers may be quite low. A poll released by the American Public Health Association in April 2007 showed that only 18 percent of employers say they could continue to pay all their employees if there were an interruption in operations. According to the survey, only 15 percent of hourly workers have saved enough money to provide for their families if paychecks stop.



What actions can businesses take to prepare?

According to the U.S. Department of Homeland Security, 85 percent of the nation's critical infrastructure is contained in the private sector. The U.S. Chamber of Commerce, recognizing the potentially staggering impact on business, has launched an effort to encourage business owners to learn about pandemic flu and to prepare to deal with its effects. The effort is spurred by concerns that avian flu could soon spread from human to human. The Chamber and the Trust for America's Health have produced a brief business guide, which suggests 10 steps that businesses can take, which is available at www.uschamber.com/issues/index/defense/pandemic_influenza.htm.

In addition, the Trust for America's Health has released an expanded version of steps for businesses to take, which is available at www.pandemicfluandyou.org/uploads/Business_IB.pdf.

Among the steps suggested:

- Be sure that existing business continuity plans address long-term absenteeism rates.
- Decide what business operations are critical and which are non-critical, and cross-train employees to perform critical functions.
- Consider providing a stockpile of personal protective equipment like masks, gloves and hand sanitizer for people who have to come to work.
- Plan for interruptions of essential governmental services like sanitation, water, power and transportation, or disruptions to the food supply. For example, have a plan for ensuring communications in the event of power failures.
- Update sick leave and family and medical leave policies and communicate with employees about the importance of staying away from the workplace if they become ill. For example, increase the number of sick days or leave for employees during a declared state of emergency or pandemic. Prepare to offer compensation packages to employees if the business closes.
- Consider how to respond when employees refuse to report to work because they are afraid of exposure or have to care for children or parents.
- Set or expand policies and tools that enable employees to work from home.
- Tell employees about the threat of pandemic flu and the steps the company is taking to prepare for it. Develop a plan to disseminate information to employees during a pandemic.
- Teach infection control procedures and strategies that employees can use to protect themselves and one another in the workplace.
- Encourage direct payroll deposits for all employees. Be prepared to handle large volumes of insurance claims. Review disability and death benefits and payment levels. Review existing severance pay guidelines.

The U.S. Department of Health and Human Services and the Center for Disease Control and Prevention have created a checklist for large businesses, which identifies important, specific activities that large businesses can do now to prepare. The checklist is contained in Appendix E of this report, and is also available at www.pandemicflu.gov/plan/pdf/businesschecklist.pdf.

How is pandemic flu planning different from typical continuity planning?

While many businesses have plans that will allow them to respond to natural and man-made disasters like tornados, utility outages and the like, very few have business continuity plans specifically for catastrophic health emergencies like pandemic influenza. This is important because a severe pandemic would require containment and would have a massive impact on worker health.

According to a guide prepared by the U.S. Department of Homeland Security in September 2006, pandemic preparedness “demands a shift in business continuity planning from one that anticipates a short-term, near-normal condition, to one that prepares for extreme long-term, catastrophic contingencies.” In fact, a pandemic may be more comparable to a war or widespread economic crisis than it is to the types of crises typically included in continuity plans, such as hurricanes, earthquakes, or acts of terrorism.

The guide, *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources*, is available at www.pandemicflu.gov. The guide shows businesses how to create a Continuity of Operations Plan-Essential (COP-E) that will help them respond to the unique conditions of pandemic influenza.

The nation, it says, will rely on the private sector to sustain the nation’s security as well as its economic and social stability by continuing to produce essential goods and services. For many businesses — particularly those that rely on the just-in-time delivery of materials, goods and services — it will be important to plan not just for themselves but also to ensure that their major supply chain partners are equally well prepared.

Some key industries have begun pandemic flu planning. The American Trucking Association [ATA], for example, is working with the U.S. Department of Transportation and other agencies to develop pandemic flu response plans. In particular, ATA is working to ensure that federal government pandemic plans include motor carrier relief from regulatory requirements and protections for the health and safety of drivers.





Values Meetings

How will citizens respond to a pandemic?

The natural disaster that's most familiar to Midwesterners is the tornado, which strikes fast and is gone. Pandemic flu is a different kind of disaster. It doesn't hit houses, it hits the people in those houses. It doesn't hit office buildings, it hits the people in those office buildings. And unlike a tornado, where survivors can start rebuilding within days, the pandemic flu could cripple society for six months or more, or until a more effective vaccine is widely available.

What will people do in this situation? What information do they need in order to prepare? What do they need to help them through a pandemic? How will they organize their lives when supplies are scarce and businesses and schools may be closed? The Pandemic Flu Citizen Engagement met with hundreds of citizens at 24 meetings to find the answers to those questions.

Facilitators began most meetings by asking people to complete a survey about the pandemic flu. The survey asked questions to find out what people knew, actions they currently take, and how they might respond to a pandemic. The answers provide a sense of the level of awareness among the general public.

Then, facilitators presented three scenarios and asked people to share their concerns and to answer specific questions about what they might do. A summary of responses is below for each scenario. In many cases, the responses were pretty consistent across a variety of groups. In other cases, concerns were different because group members had particular circumstances or points of view. We have included notes about important differences later in this chapter.

The Survey: What do we know?

The first portion of the survey asked eight knowledge questions related to pandemic influenza. The responses point out important areas where knowledge is lacking, and which could affect how willing people are to prepare for a pandemic.

It is especially important to note that few people knew that it would take about six months for a vaccine to be widely available (26 percent) and that influenza pandemics typically occur about every 25-30 years (21 percent). People are less likely to prepare if they don't know that pandemics are recurring events and that they're a matter of when, not if. They are also less likely to stockpile sufficient food and supplies if they expect a vaccine to be available quickly.

At least half of participants identified the correct answers to three of the eight questions, with 59 percent as the highest correct response. At least half knew that existing vaccines would not work against a new flu strain, that you can get the flu from ways other than breathing germs, and that the flu pandemic would kill more people than the regular flu does each winter.

Correct answers are highlighted.

STATEMENT	TRUE	FALSE	DON'T KNOW
Pandemic flu affects mainly the elderly and very young.	72 30%	102 42%	67 28%
Existing vaccines would not work against a new strain of the flu.	127 54%	26 11%	84 35%
Pandemic flu would strike during the winter.	45 24%	44 23%	101 53%
It would take about six months for a vaccine to be available.	60 26%	29 13%	143 62%
You can only get the flu from breathing germs.	39 17%	119 50%	78 33%
Bird flu and pandemic influenza are the same thing.	23 10%	114 48%	101 42%
A flu pandemic would kill about the same number of people that the regular (seasonal) flu does every winter.	13 5%	140 59%	85 36%
Influenza pandemics occur about every 25-30 years.	49 21%	40 17%	144 62%

Most people already take some precautions that could indicate a willingness to prepare for pandemic influenza or avoid infection. The highest positive response was for frequent hand washing, and the lowest was for stockpiling food, water and supplies.

ACTIONS YOU CURRENTLY TAKE	YES	NO
I get a flu shot almost every year.	146 61%	93 39%
I keep a stockpile of food, water and supplies in case of an emergency.	108 45%	131 55%
I wash my hands at least five times a day.	214 87%	33 13%

The survey asked what actions people would take in the case of pandemic flu. From the survey, we can see that people are very likely to stay home if they're sick and to avoid crowds. Far fewer, 54 percent, said they would wear a medical mask to avoid germs, so getting most people to use masks may require some persuasion.

IF AN INFLUENZA PANDEMIC HIT ...	YES	NO	DON'T KNOW
I would wear a medical mask to avoid germs.	127 54%	50 21%	58 25%
I would stay at home for as long as I felt sick.	187 78%	29 12%	23 10%
I would go to work no matter what, even if I was sick.	21 9%	189 79%	28 12%
I could work at home if my workplace was closed.	98 43%	82 36%	47 21%
I would avoid crowds until the pandemic flu was gone.	195 81%	19 8%	26 11%

After completing and returning the surveys, participants discussed how they might handle three scenarios.



Scenario One: It's early in the first wave

"The pandemic flu has arrived in the U.S. There are outbreaks in other parts of the country, but only about 20 cases in metro Kansas City. This is expected to be a moderately severe pandemic flu, which could kill more than half a million Americans and hospitalize more than two million, with millions more getting very sick."

"The pandemic flu strikes rapidly and attacks the respiratory system. It is highly contagious. There have been deaths in other parts of the country, but none here yet. Neither you nor members of your immediate family are sick."

"Public health officials are warning citizens to take precautions, such as avoiding crowds as much as possible, washing their hands frequently and covering their mouths when they sneeze, and stockpiling food and water. Health officials have not asked that schools, workplaces, churches, etc., be closed."

"A vaccine is six months or more from being widely available."

What questions would you want answered?

Facilitators asked people to write their questions and concerns on index cards before sharing them with the group. This helped ensure a more thoughtful response and gave the less talkative group members the chance to participate. This process was repeated after the second and, sometimes, third scenarios.

We found that, even after this first scenario, people wanted information about issues that wouldn't arise until much later, such as how the vaccine might work or whether funerals would be held. This suggests that health departments and media should be provide as much information as possible from the start, to help people think through what is likely to happen and be more prepared.

Almost every group asked about whether utilities like electricity, gas and water would be available. They were very interested in knowing what the plan was to keep those utilities operating.

Almost every group also wanted more information about what foods and supplies they should stockpile. They were looking for very specific information, with more details than are available from most emergency preparedness Web sites.



General questions about the pandemic

- Which cities has it hit and how far is it from Kansas City?
- What plans do hospitals have to handle the surge? In areas where hospitals are often overfilled, where will the sick be sent?
- Will they (the government) provide a package of information that people could pick up?
- As a neighborhood leader, what should I do to help people in my neighborhood prepare?
- Why don't they kill all the birds?
- If you know people in a rural area, would it be safer to go stay with them?
- Is it safe to travel?
- Are volunteers needed to work at hospitals or deliver food and medicine to those who are sick?
- Is the government going to help us?

Pandemic flu symptoms and transmission

- Exactly what are the symptoms?
- How can I differentiate the pandemic flu from pre-existing medical conditions?
- Are the symptoms of pandemic flu the same as the symptoms of seasonal flu?
- What is the incubation period? Might I have the pandemic flu and not know it yet?
- How is the pandemic flu transmitted?
- Who is most at risk?
- What age groups get it more often?
- Can my pet get sick?
- If you're pregnant, can your baby get the flu?
- What steps can we take to minimize exposure?
- Where are places that I would be most likely to catch this?

Pandemic flu prevention and treatment

- What is the success rate for curing those already infected? What percentage of people who get sick will die from the pandemic flu?
- Are there medicines I can take or foods I can eat that will help keep me from getting the pandemic flu?
- Are face masks helpful, and which type should we buy?
- Will there be any vaccine available before the outbreak hits, like a flu shot that can prevent it?
- I had a flu shot this winter. Does that help?

- Are antivirals like Tamiflu available to people who want them? Is there enough to go around?
- If you do or don't use drugs or alcohol will it make you sick faster?
- How do we keep from spreading the flu among family members if we're confined at home?
- Will Lysol disinfectant help? What about Febreze or a humidifier?
- What extra precautions can I take other than the standard ones that I automatically do?
- If I get sick, what help can I get at the hospital that I can't get at home?
- How should I treat a person in my home if they get the flu?
- Should I report it if somebody gets the flu, and to whom?
- When do I need to go to a hospital or take a loved one to the hospital?

Stockpiling food and supplies

- Is the food supply likely to be contaminated and is food available?
- How much food should I stockpile and, as specifically as possible, what should my stockpile include?
- What foods and beverages would be best to buy, like those that would be high in calories and nutrients?
- Will the water supply be contaminated? Will the water department be able to keep water flowing?
- What's the shelf life of bottled water?
- Will food pantries be open?
- Where can I store three months' worth of supplies?
- Do pharmacies have a stockpile of medicines for pre-existing conditions?
- How will the recovery process be handled? We'll be out of everything; how will the shelves be restocked?
- What's the protocol for rationing emergency supplies?

Essential services

- Will we have basic utilities like heat and energy and water?
- What do you do with infected trash? Leave it out for trash pick-up?
- What is the plan for providing city services to sick people?
- Will Meals on Wheels and SRS continue to operate?
- Will restaurants be forced to close?
- What if our sewer backed up or our furnace stopped working? Will repairmen still come to our home?



Dealing with deaths

- Will funerals be held?
- What if somebody dies in my home? Would somebody come and get the body?
- What is the plan for handling the cadavers?

Getting the vaccine

- When the vaccine is available, where will I go to get it?
- Who gets priority?
- Will there be enough vaccine for everyone?
- Will vaccine be delivered in an unbiased manner, such as through a lottery?
- If mass transit is shut down and gasoline is unavailable, how will I get to a central location to get vaccinated?
- If you're taking medications, how will the vaccine affect them?
- Is the vaccine safe and effective?
- Will health insurance cover treatment for pandemic flu?

Actions related to students

- When would I need to keep my children home from school?
- Should I bring my kids home from college?
- What is my child's college doing to prepare the students?

Finances and work

- What is my employer's plan for operating during a pandemic?
- What happens when schools are closed and people can't go to work because they're caring for their children?
- How will people be able to pay their bills?
- Will credit card companies, mortgage holders and utilities provide a grace period for paying bills? Is a grace period considered part of the declaration of a state of emergency?
- Will banks continue to operate? Are they prepared to deal with everybody wanting to withdraw cash all at once?
- Will businesses fire people for missing work?
- If you work with the public, when is it so unsafe that you should prepare to work from home?
- What types of businesses should remain open? What types of businesses are critical and what types are not?



How the pandemic will affect the U.S. and metro Kansas City

- What are the odds of the pandemic coming here?
- How long is this pandemic likely to last and what should we expect at different times during its duration?
- Will we close the country's borders to keep out people who may spread the pandemic?
- Will decisions be made regionally?
- Will the whole area be in lockdown?
- How soon will we be in lockdown?
- Will the Kansas City area be asked to help other states or regions?
- What is the plan to handle looting?
- How will our economy recover?
- Do we have a plan in place so we can operate as a safe community and function as a society?

How would you protect yourself and your family?

Under the first scenario, people would be cautious but would not yet be ready to stay in their homes. They would continue to go to work, in most cases, but would avoid crowds. Many said they would cancel travel plans to avoid being exposed to germs or stranded away from home. At this point, most would not yet wear a mask.

Consistently, people said they would be in contact with loved ones around the country via phone or e-mail. People wanted to be sure that loved ones knew about pandemic flu, were getting good information, and were prepared with stockpiles of food.

While most people understood that no vaccine would be available for six months, several people in one group did insist that they would be able to get a pandemic flu vaccine at this point. It is possible that others would make the same assumption, or that people would assume that the vaccine was available to privileged others but not to them.

What would you do to prepare?

When asked what they would do to prepare in the days or, perhaps, weeks before the pandemic struck metro Kansas City, people identified three major tasks: get information, stock up on supplies and mobilize groups.

Information needs would be met by the media, by elected and appointed officials, and by health department and reputable Web sites. Most groups named sites like the CDC, World Health Organization and Mayo Clinic, showing a good grasp of which medical sites had credible information. As one person said, "Research and read, so you're less likely to panic."

At this point, few expressed a strong need to talk to a human being — a doctor or nurse, or health department staff member — with the major exception being people who are disabled or who have other pre-existing medical conditions. In those cases, personal relationships with doctors and pharmacists were considered to be vital. They reasoned that health professionals might try harder to get you the supplies you needed if you had already built a relationship with them.

Another person said that if you knew somebody in a part of the country where the pandemic was full-blown, that person could provide good advice about what to expect.

The need to stock up on supplies was mentioned by every group. They talked about purchasing canned or dried foods, peanut butter, vitamins, water and pet food, along with things like battery-powered radios and a propane gas stove in case utilities shut down. People also talked about buying hygiene supplies like gloves, masks and antibacterial soap. A few mentioned filling the car with gasoline.

There was a fair amount of confusion about which specific foods would store best and provide the most nutritional benefits. People were less concerned about grocery stores running out of food at this stage than they were after the pandemic flu had hit the area.

“I think we could all justify why we would need the vaccine first.”

- Citizen Engagement Participant

It’s worth mentioning that several groups talked about the impact of Y2K on the public’s willingness to prepare. They said that denial and fear would immobilize many people, who might cite Y2K as a disaster that people prepared for that then didn’t happen. They questioned whether people would be willing or able to buy supplies before they were sure they would need them.

Particularly among neighborhood and church leaders, the need to mobilize was considered important. These leaders often said that by the time the pandemic had come to the U.S., it would almost be too late. They said it was vital that neighborhoods, churches and other institutions be prepared well in advance with supplies, plans and phone trees.

In many cases, much of the infrastructure was already in place. We saw a major difference between the level of organization in older neighborhoods in the urban core and in newer suburbs. Most older neighborhoods had a history of mobilization and well-established communication networks that would allow them to stay in touch. Newer neighborhoods did not. This suggests that those neighborhoods may need additional help in organizing during an emergency.



Scenario Two: The pandemic flu has hit metro Kansas City

“In just a couple of weeks, the pandemic flu has hit metro Kansas City hard. We’ve confirmed that this will be a moderately severe pandemic.

“More than a thousand people have the pandemic flu and more are getting sick each day. About 20 percent of those who have been hospitalized with the flu have died. A vaccine is still more than five months away. Hospitals are overwhelmed. Many doctors, nurses and home health providers are themselves sick.

“Public health officials have asked that any household that has a member with the pandemic flu stay inside their home. Schools, churches and places like movie theaters have chosen to close on the recommendation of local health officials. The federal government has restricted mass transit and domestic travel via planes, trains and buses. Grocery stores are running out of food and only a handful of gas stations are open.

“You are not sick ... yet.”

What concerns would you have?

The major concerns were related to food shortages, medications, being stuck at home under difficult circumstances, earning a paycheck, and issues related to school and day care.

The concern mentioned most often was that there would be shortages of food. If food isn’t able to get into the area, because truckers and farmers are sick and food plants are closed, all citizens will risk going hungry. Others were concerned that the sick or elderly would be unable to get to a grocery store and would need to rely on friends, neighbors and service agencies for home delivery.

While not everyone shared this concern, the inability to stockpile medications and medical supplies was an urgent concern for people with pre-existing conditions and for the disabled. As several people pointed out, Medicaid and many medical insurance policies don’t allow people to have more than a 30-day supply of medications, so stockpiling isn’t an option if people need to get reimbursed, as most do. Some people also use mail-order services and were concerned that the service may not be reliable in a pandemic. Many others were concerned that pharmacies would not have the supply of medications on hand to meet the need, if their stock could not be replenished.

Most people we talked with were primarily concerned with the necessities of life. When people expected those necessities — food, water, power, medicine and the money to buy them — to be available, they didn’t seem concerned about problems related to solitude during social distancing at home. One person even saw it as an opportunity to read that stack of magazines she’d accumulated. High school students talked about it in terms of having bad cabin fever. The elderly expressed the fewest concerns about social isolation, both because their need to socialize was less and because they had lived through quarantine situations.

When people expressed concerns about solitude, it was in conjunction with a breakdown in communication systems or the food or water supply. People were fearful of what life would be like under those circumstances.

A related concern was that of an increase in lawlessness caused by shortages and by illness among members of the police force. People were concerned that there would be looting and violence if some people had food and others didn't.

The concerns around which there were the most questions and the least sense of certainty were related to work and school.

Work and financial concerns

Health care workers and some school employees knew their employers' emergency plans, but they were the exception. A handful, at most, of the hundreds of other citizens we talked with knew whether their employer had a plan and what it included. This lack of knowledge led to confusion and guesswork when people considered the financial impact of pandemic flu. People generally agreed that financial concerns would be a tremendous driving force of people's behavior.

Overall, people assumed that salaried workers who were entitled to vacation and sick pay would be in the best financial shape. Would they receive more than that? There was little agreement. Some people expected to get a partial salary and others agreed with the person who said, "Employers are obligated to pay vacation and sick time, but not beyond that. Corporate America isn't as friendly as it once was." Another said, "I work for a community college and they would have some sort of arrangement. It wouldn't be full pay, but I'm sure they'd have something. Are employers so hard-nosed that they wouldn't pay?"

About half the people at a Kiwanis Club meeting said they could work at home. Several groups acknowledged that the jobs that could be done at home were not always those that would help keep them supplied with necessities. As one woman said, "My daughter works for an electric company and she can work at home. It's the linemen who don't have that option."

Conversely, entry-level or low-wage hourly workers were expected to suffer the most hardship. As one person said, "Lower income people who live paycheck to paycheck will need to go to work. They will be more likely to be exposed to the flu than those who make higher wages and can use sick leave or vacation time to stay home."

People in those kinds of jobs agreed. "If you are sick you're not allowed to miss your job," one person said. "You don't have a choice. We have to work." The employer might hold the job for a week or two with a doctor's note saying the person was unable to work, but then again, they might not. Another person said that employees of large companies would fare better than those in small businesses, whose owners had less flexibility.

When people thought about what society would be like during this scenario, some felt that it wouldn't much matter whether they worked or didn't. As one person said, "We're talking about suspending the economy. People won't get paid. It's out of control." Another said, "It wouldn't really matter because you wouldn't have a job to go to. You couldn't do anything with the money anyway."

In the chaos that they envisioned, most people assumed that they would not have to pay mortgage, utility and credit card bills until the crisis had passed. One person, who lived through the Wichita tornado of 1979, said that after a state of emergency was declared people were given a grace period to pay their bills. Many assumed that a similar grace period would be available during a pandemic. Others figured that credit

card companies and banks wouldn't have the personnel to track down those who couldn't pay.

School concerns

While schools do have emergency plans, the conversation at several meetings made it clear that this will not save the school community or parents from chaos.

Panic among parents was the major concern cited at a meeting of parents and school leaders. The school, they said, would be inundated with calls from parents "saying that they heard something, and most of the time it's not true." Parents would want to know where the pandemic is and what the school is doing to deal with it. Another issue that arose related both to school and to work was what policies should be in place when people choose to stay home, before school or work is closed.

Several people who work at schools were concerned about hunger among their students. If schools are closed, many of the children on free or reduced breakfast and lunch won't have food because their families can't afford to feed them.

Avoiding transmission of the flu would also be important. People talked about the need to encourage hand-washing and ensure that drinking fountains are safe. As one person said, "Is there something that schools can do for children that would help keep them from getting the pandemic flu?"

They also talked about having adequate staffing and supplies to deal with the pandemic. Finding replacements if health staff members are sick, finding places to isolate sick children, and having adequate medical supplies were all mentioned.

On a broader level, a few people wondered what role the school building would need to play during a pandemic, such as serving as a shelter or quarantine or vaccination site.

What responsibility would you take for others?

Almost every group included people who said they would help others through a difficult situation. Neighborhood leaders in older neighborhoods were very aware of their responsibilities, while few newer areas had that organizational structure. Even those not involved in organized neighborhoods, though, talked about how they would care for those around them.

One of the first values meetings was with members of Northland Neighborhoods, Inc., which included neighborhood leaders. They immediately thought in terms of taking responsibility to mobilize and inform. They talked about going door to door to set up a neighborhood watch, posting information on the community billboard the neighborhood owns, and calling people to check on them. As one person said, "Neighborhood leaders are the lifeline of the community." Another said, "When this thing is coming, we don't have a choice not to go out and inform the community." They expressed strong feelings of responsibility and said they wanted to give good information to their neighbors.

Other neighborhood leaders talked about calling a neighborhood meeting, setting up forums with health department speakers, and using the phone tree. Older communities were more likely to speak in terms of helping neighbors and to have the infrastructure in place, like phone trees and neighborhood leaders, to help them organize. One person noted, "In most neighborhoods people know who is solely dependent with no one to help, and neighbors would call them and other neighbors, too. This is more likely in older neighborhoods than it is in newer neighborhoods." A resident of one older urban



neighborhood said, “There’s a phone tree on my block. We have each other’s phone numbers and numbers for relatives in case of emergency. There are several generations of one family in our neighborhood, so there’s a good system in place.”

One person, a property manager, talked in terms of needing to have a calming effect while he helps his residents, and about the need to pay special attention to people living on their own.

People speaking as unaffiliated citizens talked about how they would check on the elderly, deliver food, and, in a few instances, share stockpiled supplies.

What help would you expect from local government or service agencies like the American Red Cross?

The most-often-mentioned expectation of local government was that it would provide credible information. People differed in what they expected from service agencies like the American Red Cross, depending on how they visualized the pandemic.

When times are tough, people want their local government to provide information. As one person said, “We should be able to trust the government, when there is danger, to give us good information.” This included information on the broad scope of the pandemic as well as useful information on whether to boil water and how to minimize the risk of infection. Several groups mentioned wanting a telephone hotline they could call to find out more. A few also expected local government to quarantine areas that contained higher concentrations of people with pandemic flu.

The role of service agencies was seen much less clearly. Some people expected that the American Red Cross would provide food supplies and home delivery of food if grocery stores were running low. Others expected that the Red Cross would be too overwhelmed to do more than set up clinics in places like school gyms. (In fact, local governments rather than the Red Cross would be responsible for handling a mass care situation.)

Members of the Shepherd’s Center expected that staff members would help even if the site was closed. “The Shepherd’s Center has a call list,” one woman said. “The staff would take the list home with them so they could check on the elderly.”

One person said we shouldn’t expect much of community organizations because they wouldn’t have the capacity to help. “Maybe it’s the people in the neighborhoods who will be the most important. Blocks that have block captains could be the point of contact to the outside.”

If you got sick, where would you go first for information?

Before they were sick, people would be satisfied with downloaded information online or reading the newspaper. Once they were sick, people wanted to speak to a knowledgeable person. Most people said that the first person they would call for information was their doctor.

If they got sick, people would want first to confirm that they had pandemic flu. While most people by far said that they would call their doctor, a few others said they could also contact a medical school or ask-a-nurse hotline. Several groups said they wanted a hotline number they could call for advice.

Most would not need or expect to see the doctor until their symptoms were very serious. In general, adults were likely to be slow to seek medical attention for themselves, but quick to seek a doctor visit for a child or elderly parent in their care.

One person hoped that doctors would relax the rules during a pandemic. “I would call the doctor and hope he or she would be more lenient in calling in prescriptions for antibiotics for secondary infections or to reduce flu symptoms.” Another person questioned how many people would understand how to apply the information they read or heard on the media, and said that calling a doctor might be the best option for many.

If hospitals and clinics were overwhelmed, who would you call on to care for you in your home?

People who live alone, particularly the elderly, were adamant that they would ride out the sickness rather than risk exposing their caregivers. Most said that they would appreciate it if a friend or family member left food and supplies on their front porch, but that’s as close as they would let caregivers get to them.

One person suggested that there should be a universal symbol that someone inside the home was sick, such as a white cloth on the front door.

If you needed to go to the hospital, would concern for your pets factor into what you decided to do?

Because of what happened during Hurricane Katrina, when people died with their pets rather than leave them behind, we asked people to talk about whether their pets would factor into the actions they might take. Several people said that because this situation wouldn’t require evacuation, pets were less likely to be a factor. If faced with the need to leave pets behind, individuals were split in terms of what they might do.

The “my pets are my family” group would not leave their pets behind. (Cats, however, were seen as able to fend for themselves and would be less likely than dogs to keep their owners at home.) Others said that if they found a neighbor or friend who could watch the animal, they would leave.

Others might or might not agonize over the decision, but would ultimately decide to leave their pets behind. As one person said, “I would think, ‘poor dog, poor cat.’”



Scenario Three: A vaccine is available

“You have survived the pandemic flu, but because the pandemic flu often comes in waves the community is still at risk.

“Now, six months or so after the first case of pandemic flu in the U.S., a vaccine is finally available. The local public health department already received a limited supply, enough to vaccinate health care and other essential workers. Now more vaccine is available for the general public, although only enough to vaccinate about half of the population.

“Public health officials have asked those without symptoms to go to one of several sites to be vaccinated. Health officials have engaged police officers to ensure order. They have also enlisted volunteers, such as election volunteers, service organizations and local churches and volunteer agencies, to help at the sites.”

What concerns would you have?

Overall, the great majority of people had no concerns about the pandemic flu vaccine. Their attitude was, “Of course I would get vaccinated,” and being vaccinated was seen as a benefit that would encourage them to volunteer at a site. Some did express concerns with the vaccine itself and more had concerns about the system through which it would be distributed.

Some people had concerns about the vaccine. They wondered how soon it would take effect and whether it would be effective on a mutating virus. One person said, “I would rather have more information on the vaccine. I would ask what it contains and what the benefits are before taking it.”

Very few people said they would not get the vaccine at all. Some had reservations about it due to health reasons, and a few said they would hold off until more vulnerable people could be vaccinated. Persons with disabilities said they would contact their doctors to find out if the vaccine was safe for them.

More often, concerns related to the distribution of the vaccine. They wondered whether specific groups would be targeted to receive the vaccine and how they would be selected, and whether the vaccine would be distributed to the general public in an unbiased manner, such as through a lottery. People generally recognized that some groups of people would have priority. Groups they cited included health professionals, public safety workers, pharmacists and workers in essential utilities. Others were concerned about whether order could be maintained if there were limited supplies of the vaccine.

A few people had other concerns. One person was concerned that going to a site to be vaccinated would expose her to the virus, and wondered if drive-through flu shots would be possible. Another was concerned that the vaccine would give people a false sense of security, so that they would let up on hygiene.

Would you go to a site to be vaccinated?

Maintaining order at a central site was the major concern when people considered whether they would get vaccinated. As one person said, “I would be concerned that I would get stampeded by the crowd.” Another said, “The concern would be whether people are panicking and running over people.”

The issue of where the sites were located was a major concern for several groups. People preferred a site closer to home, such as a neighborhood school. They questioned whether people would be able to get to distant sites because gasoline would be unavailable and public transportation shut down. One person said, “To save on gas, I would take neighbors to the site with me.”

If the police were at the vaccination site to ensure order, would that make you more or less afraid?

Most people said that having police officers at the site would make them feel safer. The only meeting where there was concern about police presence was with Spanish-speaking parishioners at a Wyandotte County church, some of whom may have been concerned about their residency status.

If you were asked to volunteer, is that something you would do?

The great majority of people would volunteer at a vaccination site, once their concerns about their personal health were addressed. Some said they would volunteer if they knew they were immune, and many said that they would volunteer if the vaccine was given to volunteers. Others simply felt a responsibility, like one neighborhood leader who said, “Neighbors would be fighting and, as a neighborhood leader, you would be responsible for keeping order.”

If there were widespread deaths, it is likely that some survivors would suffer from trauma. If you were one, would you seek outside help, such as from a counselor?

Very few people said they were likely to seek outside help from a counselor. Instead, people said they would rely on their church and would turn to friends and family for help. “We’d take care of each other,” a participant said. “That comes with going through things together.”

Who do you trust?

The last questions asked people to talk about trust. Project staff members were looking for a sense of whom people would listen to in a crisis and what might increase the likelihood that they would follow instructions meant to keep them safe.

Local public health officials would provide instructions about what to do in the case of a pandemic flu outbreak. What would factor into whether you followed instructions?

People talked about the need for health department instructions to be credible, cautious and sensible. “They should match what people are experiencing,” a participant said.

Keeping human nature in mind would also be helpful, at least in terms of managing health department expectations. Participants noted that people will wait until the last minute to take the recommended action and that there will be denial and wishful thinking.

When it came to family, some people said they might simply refuse to follow instructions. Even if travel is difficult or forbidden, people would travel to take care of elderly parents.

Even if university dorms are under quarantine, people may go get their children.

From whom would you want to hear instructions?

When the pandemic threatens, people would seek out information from national sources like the Centers for Disease Control and Prevention, which many felt would be the most credible source of information. Once the pandemic was in metro Kansas City, people wanted local news that would explain what was going on here. Most people said that the local health department was the most credible source of local information.

It's important to get people's attention and trust by having local leaders introduce the health professionals, many said. The most-often-mentioned leader was the mayor. A

television or radio report, for example, would catch people's attention if the mayor introduced the health department spokesperson. People were very consistent in saying that the mayor should then step aside so that the health information could be given by the public health authority.

Not everyone thought the mayor was the best choice. "I was trying to decide whether to say the mayor, because sometimes you think it's just a politician talking," a participant said. "Sometimes we need that, but it shouldn't be just elected leaders because we don't trust them all that much."

For face-to-face meetings and for outreach to particular communities, it was seen as vital that the health care professional be accompanied by someone selected to appeal to that community. People who don't trust the media or people in positions of authority would trust someone they already know and respect. "African

Americans might not trust the same people we would trust," a white participant said. "You'd want a 'like' person to represent each group. No one person will work for everyone."

This sentiment was echoed out at many other meetings, including one with members of a black church in Wyandotte County. They said that Sunday school teachers would be trusted liaisons, along with local business owners and practitioners at the safety-net clinics in the area. A predominantly white group said that church pastors would be a trusted source of information.

If the goal was to provide basic information, the trusted community person could do that on his or her own. If the information was breaking news requiring a strong technical command of the subject, people said that a health care authority should deliver it.

While people would get information from television, radio and newspapers, they trusted the news media less than other sources. In particular, people said that television news was often sensationalized and, therefore, untrustworthy. "They are confusing and not always credible," a participant said. "You're never sure if they're exaggerating," another said. People said the media should use authoritative sources and cite those sources during the report. Others suggested that people should get information from a variety of sources and then compare it.

"There are thousands of people with disabilities who are going to need help, but how do you find all of the people with special needs?"

- Citizen Engagement Participant

Did participating in this conversation affect how concerned you are about the pandemic flu? Did it make you more or less motivated to take steps to prepare?

The last questions the facilitators asked were about how the conversation had affected participants. They had spent up to two hours thinking about difficult and traumatic events, and we wanted to be sure that people had the chance to reflect on the discussion. In general, people said they were both more concerned about pandemic flu and more likely to prepare.

Here is what a few people had to say:

- “It makes me a lot more sensitive. You think about it but you never think about all the ramifications. You can see how rearranged the whole community would be if it hit hard.”
- “It raised a lot of awareness.”
- “We need to think about setting up a disaster kit and supplies in our own homes, so we can be self-sufficient.”
- “I’m glad someone is thinking about all this.”



Concerns that are specific to certain subgroups

One KC Voice scheduled meeting with groups that included people from a variety of walks of life and circumstances. Several had noteworthy differences or concerns about how pandemic flu would affect them.

The elderly

While some saw the elderly as less likely to be infected with pandemic flu (it historically has hit younger people hardest), most people saw the elderly as needing more help in securing food and other supplies. Neighborhood leaders and others mentioned knowing which older residents lived alone, without family support, and said they would check on them. Several said that, if Meals on Wheels was unable to deliver food, the impact on the elderly would be profound.

People familiar with a housing complex for the elderly were concerned about how quickly the pandemic flu might spread among fragile people living in close quarters. At this particular complex, the elderly rely on distribution of commodities that they can pick up in the lobby. If the commodities couldn’t be delivered, the elderly people couldn’t afford and wouldn’t be able to purchase food.

The homeless in shelters

The most economically fragile — the homeless — were the focus of concern at some meetings. People were concerned about the possibility that shelters might be closed because staff members are sick, throwing the homeless out onto the streets, and that the pandemic flu might spread more rapidly if residents of a shelter became ill.



Adults living alone

Adults and particularly seniors living alone were adamant that, if they got sick, nobody should come take care of them. They said they would get through it on their own, and were extremely reluctant to risk exposing a family member, friend or neighbor. They said they would appreciate having food and supplies left on their porches, but that's as close as they would allow a caregiver to get. Some single adults seemed reluctant to seek out the medical care they might need.

High school students

One KC Voice met with about 25 students at a Wyandotte County high school. The group included members of a class for pregnant students and new mothers. Those young women were concerned about the potential impact of pandemic flu on their offspring. They wondered whether they were especially vulnerable and whether mothers could transmit the flu to their unborn children.

Several students said they would be afraid of coming to school during a pandemic and would probably stay home. About five said they would not seek out the vaccine. One said that women and children should have it first, and the rest were afraid of needles. About half said that they would volunteer at a vaccination site.

Several students were very concerned about the potential loss of their jobs. These young people support themselves and were worried that they could not survive on their own without a paycheck.

College students in dorms

One KC Voice met with dormitory residents at a college north of the river, many of whom had specific concerns based on their age, close quarters and distance from family.

Students expressed a strong desire to be "treated like adults." They wanted to be provided with information about symptoms and training in what to do if someone in the dorm is sick, and told what the college's plan expects of them.

Their most immediate concerns were how they would continue to work toward their degrees, and whether they would lose their tuition money if they left for home.

Students were interested in finding out how to stop transmission of pandemic flu in close quarters. The conditions inside the dorm were a concern. "I wouldn't trust dorm residents to make lifestyle changes to keep it from spreading. Dorm life is not very healthy," a student said. Shared bathrooms were a particular concern. Student attitudes were also a concern. "The feeling of invincibility and the need for socialization among students make them more likely to take risks and not follow a plan or advice."

Residents were also concerned about whether they would be allowed to go back home. If not, they were concerned about how they would stay indefinitely on campus. "The college's reputation is at stake if they keep people here and it's not safe," a student said. Students agreed that the college should take responsibility for finding students, especially overseas students, a place to go if home was not an option. If they were asked to stay in the dorm, students were worried about discipline problems and emotional issues related to being stuck inside. They thought that most students would leave for home immediately.

People with disabilities

Participants in a group for people with physical disabilities were notable for their understanding of the health care system and how to navigate it. They brought that deep understanding to a discussion of pandemic flu. They also suggested that the government offer the same assistance to the disabled to help them prepare that they would provide to help them deal with the pandemic. Preparation, they said, will produce better results than waiting until the situation is extreme.

A major concern was the ability to maintain a supply of the medications they count on for daily living. Like other participants, they noted that Medicaid and many health insurers will pay for no more than a one-month supply of medications, and will only reimburse them if they purchase from certain suppliers. They also noted that many people get medications by mail, which is a problem if the postal service or trucking industry is affected. They wondered if pharmacies keep a stockpile for situations like this or if there could be a Medicaid waiver to allow purchase of extra drugs and supplies in case of a pandemic.

Many of the participants rely on paid caregivers who help them in their own homes or at group or nursing homes. They were concerned about who would cover for caregivers if they were sick, and they understood that staff members at facilities would be concerned about their own families and might need to leave. “Between job and family you have to choose family,” one person said. The group was also concerned about finding help for their caregivers. “How do people get the support they need when no one else is available who could take care of their disabled person?”

They anticipated other problems at group and nursing homes. With limited funding, group homes would have a difficult time stockpiling supplies or hiring back-up help. Nursing homes were likely to be inundated with new patients if caregivers were unable to fulfill their responsibilities. Participants said that health departments should be in contact now with group homes, nursing homes and anyone else that helps the disabled to let them know what they should do to prepare.

People with disabilities would call their doctors immediately to find out what they should be doing. Because of the close relationship that the disabled have with their physicians, participants thought that doctors might be more willing to help them find the information and resources they needed. They said they would not, however, go to a hospital during a pandemic if they had symptoms. Participants had learned how to navigate the health-care system, but the system would be overwhelmed during a pandemic.

The group also was concerned that people who need to use hospitals on a regular basis, such as for dialysis, could be pushed out of hospitals in the chaos or could be infected. They suggested that hospitals have a separate area for people who need hospital services but don’t have the flu.





Business owners and manager

People who are responsible for businesses had many concerns about their responsibility for employees and to keeping the business operating during a pandemic.

When members of the Lee's Summit Chamber of Commerce discussed pandemic flu, they considered issues like how businesses would survive with reduced cash flow, and whether some businesses would be considered nonessential and would have to close. More generally, they voiced concerns about the responsibility of businesses for their employees, whether disaster loans would be available, and what role the chamber could play in promoting preparedness.

These and other business owners wanted guidance from local government. They wanted to be told when businesses should have all but central personnel stay home as a means to avoid disease transmission.

Reduced cash flow would put businesses at risk. "Start-up businesses often close in the first year as it is," a participant said. "If you shut down for more than three consecutive days, depending on the type of business, you may not recover." Business owners wondered if disaster loans would be available and if financial institutions would be willing to waive fees.

Keeping employees willing and able to work was another major concern. Everyone recognized that people who aren't sick themselves will need to care for family members. In some cases, employees will need to care for patients. A doctor in private practice said, "As a business owner, I have a responsibility to make sure within our organization that employees know how to get information ... and updates that might be important for all employees that have to work. We can't shut down. I'm responsible for the employee family, so we don't have an internal employee panic and so they can take care of sick people."

Another participant was responsible for medical residents at a local hospital. "There are about 120 employees in our residency program. How do we get them to work, how do we help them care for their families, how do we take care of all these patients? Even balancing that, all of the routine health care will be difficult. Pharmacies may be closed, maintaining things like diabetic supplies and blood pressure medicine. How do you keep you employees healthy enough to come to work?"

Other issues, like having enough gasoline to get to and from work, would cause problems. And one person noted that working from home was not a total solution. "Even if you can work at home," he said, "you'll need someone to keep the server going and keep the phones operational."

Some businesspeople saw the potential for a run on the banks, as people would want to get cash as soon as they could. They said that electronic checking could be important for businesses, so employees didn't have to come in to get a paycheck.

African Americans

While African American residents were among the participants in several meetings, One KC Voice met with one group whose members were composed only of African Americans. This group, a Wyandotte County church congregation, provided insights on the issue of trust and the role of the church.

While predominantly white groups talked about having a respected leader out front, like

a mayor, to get people's attention, that theme was especially strong in the meeting with black parishioners. They viewed religious leaders and other community leaders as key to breaking through denial and mistrust.

One person said, "There would be some that would prepare, or prepare halfway, or over prepare. But many would think it was just people talking again." The key to getting action was to have someone out front that people trust. "If religious leaders really grab hold of it, more people would be convinced," another said. "In our community, we see religious leaders as those we can trust. If the health department says do it, I do it. But a lot will be in denial."

According to a participant, "The TV stations, the newspaper and even the health department might have to get people who are not health professionals to make the appeal along with them. If it's really going to be serious, there is always the question about if the government is just talking again. Or people will question if there's a money game being played on them. Whether you build in an integrated approach will make a difference. Somebody would say, 'I don't believe my Sunday school teacher would say it if it wasn't true. They wouldn't falsify.' Professionals often believe they're the only ones who can make the point and overlook the fact that there are others who can appeal to a whole lot of people."

The meeting script included a question about whether people would seek outside help from a counselor to deal with trauma. That led to a conversation about how the church could help people deal with a pandemic, both during and after. "In situations like this, the next step is that more people get dependent on their religious faith," one said.

"Worship services would pick up quite a bit as people would get a bit of solace in their worship." Another said, "Our religious experience is a great venting place where you unload your frustrations. That would play a major role. [The religious awakening] doesn't last a long time, but people do respond in that way. Religious institutions would play a major role, organizing counseling. We have 20-some Sunday school teachers, and people have a lot of confidence in their teachers. People would maximize their religious faith, even people who don't think about it much, because they do when there's a crisis."

Health care workers

Of all the people who participated in the values meeting, those who work in the health care system were most likely to be profoundly affected by a pandemic. They spoke both of their deeply felt work responsibilities, and of their responsibilities for their own families. Nurses, doctors and people who work as administrators or in client services in hospitals and clinics attended values meetings, sometimes as members of the neighborhood or other group and sometimes drawn by the topic.

Health care workers were concerned about where they would live during a pandemic, as they wouldn't want to take the flu home to family members. They expected that once they went to the hospital they would not be able to go home again. They also wondered how they would juggle their responsibilities as parents or caregivers with the duties of their jobs.

One doctor said, "Only the isolated would survive, like that flu pandemic in 1918. The only people who survived were the ones who were isolated. But I'm a doctor and that's not realistic. I would go to work. My wife is also in medicine. We would try to protect ourselves but still help others. It would be impossible to isolate ourselves, even though I think that's the best way to prevent catching it."



Workshops identify strategies for action

After completing the values meetings, the project held workshops to engage citizens developing strategies for action

The four workshops were held in each of the areas where health departments were involved in the citizen engagement project: Independence, and Clay, Jackson and Wyandotte counties.

One KC Voice contacted everyone who attended a values meeting and said they wanted to come to the workshop, as well as sent news releases to local media. In addition, the health departments contacted members of CERT teams in their areas, many of who attended the workshops. Everyone who registered in advance and who provided an e-mail address was sent a 10-page discussion guide.

The workshops used a three-part process. Individuals wrote down their ideas for addressing five issues identified at the values meetings. Then they divided into groups of three and rotated among flip chart pages for each issue. At the flip chart, the groups recorded their ideas for addressing each issue. After each small group had contributed ideas for each issue, the facilitators worked with the large group to determine which ideas were priorities.

ISSUE 1: Most people know very little about pandemic flu.

Workshop participants grappled with the question of how to inform people of the need to prepare for pandemic flu. They recognized that the amount of preparation that individuals take in advance of a pandemic, before it is even on our shores or in our community, will have a direct impact on how many people survive. They also recognized that by the time a pandemic hits metro Kansas City, it may be too late for people to secure the supplies that they need to exist for the six months or more before a vaccine is available.

Raising awareness via media and other outlets

In the workshops, people talked about the best outlets for providing information and the type of information that should be provided. The most popular way to get the word out was snappy, hard-hitting public service announcements and other information delivered to the public in ways that include:

- Public service announcements in print media like *The Kansas City Star* and on radio and television, including the major network and cable channels;
- Public service announcements shown in movie theaters before the start of the show;
- Direct mail, including serialized mailers in utility bills that would appear in sequence over the course of a year;
- Ads on billboards;
- Information displayed in grocery stores, gas stations (“Pumpcast news”) libraries, malls and doctors’ offices;
- Ads on televisions at grocery store and Wal-Mart checkout counters, with the option of printing lists of supplies to stockpile on paper bags or offering pandemic flu preparedness kits;
- Having cell phone companies send an informational text message to subscribers;
- Sidewalk chalking, which is often used to get information out on college campuses. People look down and see the message as they walk forward.

Raising awareness by talking to one another

Another highly rated way to provide information was to target particular groups. Of these, the most popular approach was for those who know about pandemic flu to talk to people in their sphere – family, friends and contacts – about the need to prepare. “If you can educate the people you know,” one participant said, “that’s the most effective way to organize people.” Other target groups were public and private schools and colleges, business associations and unions, youth groups like Boy Scouts and sports teams.

Two workshops said that a speakers’ bureau was needed. Trained speakers, preferably people like ministers who have strong connections in the community, would speak to groups about the need to prepare. One group was interested in holding a quiz with prizes awarded to the people who knew the most about pandemic flu.

Walking the tightrope — to scare or not to scare?

Two groups said that the information should avoid being sensationalized, so that people didn't panic, while another said that the only way to cut through the clutter and get people to take action was to grab them with vivid, dramatic public service announcements and other materials. People talked about the need for the announcements to use a voice or face with a strong public image, perhaps targeted to different age groups.

There was some discussion that information could be more dramatic before the pandemic arrived, but that once the pandemic hit the U.S., information should be factual rather than sensational, and absolutely trustworthy.

“If it was practical and I could do it, I would help. I could take people to the doctor, or take food to people. I would be wearing a mask even at the grocery store.”

- Citizen Engagement Participant

Some of the comments people had about the type of information needed were:

- “We’ve heard about the chicken thing coming over, we’re preparing for tornados and earthquakes ... my idea is that are we pushing one more thing on people and will they listen to this and pay attention?”
 - “With Y2K, there was a big push to prepare and then nothing happened. Is there a way to show that what you did still had value? Like, teach people how to rotate items so they don’t lose their food.”
 - “Unless people get scared, it’s not gonna get through people’s comfort zone. There won’t be help coming from anywhere. We’ll all be in the same boat. It takes a loud voice to get through the comfort zone. A little note on a bulletin board won’t get people’s attention.”
 - “If it was seen as a long-term problem and you have to get organized to deal with it. People pass it (the flu) on two days before you become sick and 72 hours is not gonna be enough to get prepared.”
-
- “People think they’ll worry about it when it happens. Some people are not inclined because they can’t afford to prepare. I tell them, if they’re buying one can of peas, buy a second one. Maybe I can’t conceptualize \$40, but what might I be able to do that’s not \$40?”
 - “But people aren’t accepting that it’s an issue. You can’t get people to deal with a problem if they don’t believe it’s a problem. Sometimes you have to scare the daylights out of them, then show how it’s doable when they’re scared. It seems to me that unless you can get to them to listen, you’re wasting your breath.”
 - “How do we get people’s attention without leading to paralysis? We’re walking a tightrope.”

ISSUE 2: For most people, the biggest barrier to being able to voluntarily stay at home is the need to earn a paycheck.

When citizens talked about the need to maintain an income, they often put the responsibility squarely on themselves as employees. Employees, they said, must be the ones to push their employers to develop pandemic flu plans and they must also be sure that they are involved in planning. They also focused on the importance of maintaining personal stockpiles of food and supplies. As for those who must work, they said it was vital to have policies and supplies on hand to protect them.

Planning is essential and employees must be involved

Workshop participants recognized the importance of being able to stay at home at a distance from others, but they also were concerned about the majority of the population who would have to go to work. They believed that business planning was essential, and identified actions that individuals and government, as well as businesses, could take to prepare for a pandemic.

The most important action, according to participants, is to encourage businesses to develop pandemic flu plans. The right people to do that, they said, are employees. “If the employees started to ask questions, push the ideas up, asking if the businesses have plans for when they run out of sick leave, businesses that are behind the curve might be more proactive,” one person said. Participants also talked about the importance of businesses involving workers at all levels, not just managers, in developing pandemic flu plans.

Prepare to protect employees who must work

It is also vital, people said, for businesses to protect employees who could not work at home so that the largest number of workers could continue to get paid.

Businesses should stockpile hygiene supplies so that service people and other workers have access to gloves, masks and hand sanitizer. Businesses should also look for ways to do business in a more isolated way, such as having staff members work in shifts, with the people in the office spread out to avoid spreading germs. Fast-food restaurants could close all but the drive-through lane and grocery stores could offer the option of assembling the groceries for people to pick up.

As one person said, “Some people will still have to go to work. There’s no way a majority of people can stay at home. What are we going to do for them?” According to another, “If workers have to go to somebody’s home to turn on the lights or water, they could be infected. And a lot of people in food service, if the employees wear something to keep them from infecting others, customers are much more likely to trust that business.”



Individuals must take responsibility for supplies and arrangements

The next most-popular option was for individuals to take responsibility for planning, stockpiling and making alternative arrangements. For example, employers should help workers create an emergency account. The emergency account would operate like a savings account, with dollars deducted from employee paychecks.

A similar option, also very popular, was to educate people about the need to have a stockpile of at least 30 days' worth of cash, food, medicine and pet supplies. This may be a hard sell, though. As one person noted, "People in my family won't do that, but I still think it's a good idea." One potential barrier to stockpiling was that many people don't know how to stockpile food or where to find the best bargains. "Most people don't know how to buy and what to buy in terms of bulk purchases," one person said. "If people get information on how to do that, it's a chance to multiply your value of your dollar, if you go in with other people to buy supplies. Food's not going to get any cheaper, especially during times of crisis."

The third option was for individuals to plan with their banks and utility companies for grace periods during an emergency, where debts would accrue without expecting payment until the emergency had passed.

One group thought more in terms of access to food than to money. They were concerned about protecting food supplies, particularly those in the Northland caves that many grocery stores use to warehouse surplus goods. They also identified the need to have a food distribution plan in place.

Employers should bank funds and government should help

When participants talked about employer responsibility, they favored the idea of employers banking funds in advance to be used during an emergency, similar to the emergency account for individuals. The banked funds could be used to pay employees and keep the business running. Another suggestion was for businesses to be able to pull money from pension funds, with the money replaced after the emergency.

They saw two other important jobs for employers. The first relates to sick employees. People said that employers should be educated on the importance of sending and keeping sick employees home, managers should be trained to recognize the signs of illness and to send the ill home, and businesses should institute liberal sick leave policies during a flu pandemic. The second job is to cross-train employees to allow for fewer people at plants and offices. People saw this as a necessary part of creating a pandemic flu plan.

The federal, state and local governments should take action to support individuals and businesses, many said. One group favored creating an act like the Family Medical Leave Act that would be specific to the pandemic flu. Another favored incentives, like tax breaks, that would help businesses pay employees.

ISSUE 3: Very few businesses have pandemic flu plans

Workshop participants said it was important to create a sense of urgency and provide templates and incentives that would encourage businesses to develop pandemic flu plans. They also said it was vital that businesses plan across sectors rather than just for their own individual businesses. This would allow businesses to share staff and resources as a way to keep important services functioning.

Show benefits of planning and make tools available

When people talked about encouraging individuals to plan for a pandemic, they were concerned about how best to communicate the message. The same concern surfaced when people talked about business plans. They said the best way to create a sense of urgency among business owners was to explain the value of a pandemic plan as a bottom-line issue that would affect the continuity of their businesses. “The bottom-line issue is explaining how a business continuity plan and pandemic flu plan is valuable to them,” one participant said. Another noted, “How would you deal with a 40 percent loss of business within the first 24 hours? In planning, they need to think way beyond people and technology. They need to think about business survival.”

People identified another key element, which was a template that businesses could use to develop their own plans, or a similar tool like a starter kit. The tools should be available online. (A business planning checklist is available at www.pandemicflu.gov.)

Participants also considered ways to encourage businesses to create plans. The most popular option was to provide a tax credit for verified, workable pandemic flu business plans. Another popular option was to have businesses share their plans with one another, and not just in the metro area. “Some of these things can come from other parts of the country like California, [which] has a lot of this in place because earthquakes are prevalent year round, year in and year out. When your business is damaged or customers can’t get to the business, you have to have a plan.” They also suggested that chambers of commerce spearhead training on how to create a plan, and that employees and customers ask businesses whether plans exist.

One group favored using safety and health councils, the risk-management groups that some larger businesses have, to create a detailed plan. Actions could include using resources to spread out workers within the work site with more space between them, shift work and time-sharing, and trusted spokespersons — both management and employees — for the general public and for work sites. “Have a group of people from business — management and employees — everyone gives information and everybody buys in.”

One group noted that it wasn’t enough to create a plan, it was also important to test it to be sure that it would work. That group suggested “work-at-home Fridays” to test out plans that included the option of working at home.

Plan across all businesses to ensure that essential services are still available

While the focus was on plans for individual businesses, workshop participants also identified the need for a community-wide plan that would improve the odds that essential services would continue to operate.

They said the business community and others should identify essential services, set priorities among the businesses that would need to stay open, and explore what shifts in function businesses could make to contribute to keeping those essential services operating. People whose businesses were closed could be offered the chance to take on other tasks, such as working at food pantries or delivering supplies.

Workshop participants grappled with the logistics involved in trying to work across sectors and organize workers from throughout the community:

“Employers aren’t immune to the pandemic. They’d have to be sympathetic, wouldn’t they?”

- Citizen Engagement Participant

- “If you work at a restaurant and you wait tables, people won’t be going to dinner, and you’re out of work. There are some businesses that this is not going to cover, a large number of employees that are going to be left hanging.”
- “Can we identify those businesses and restructure them? Are we even thinking about using their resources or involving them? There’s no mechanism in place to marshal their forces.”
- “When you throw in the contagious disease, it opens up a whole other problem. You may want to volunteer and help, but do you want to take it home to your family? You could have UPS drivers drive ambulances.”
- “In Jackson County, we’ve talked about having nonessential personnel trained to work in emergency areas, people who are clerks, that they could become trained to work in these particular areas.”
- “We’re in the health department, and we’re going to need people who can just push papers for us, things that would take a monstrous amount of time. We would have masks and things that people could wear when distributing the vaccine.”



ISSUE 4: Few neighborhood, church and school leaders are involved in preparing for pandemic flu.

In any community, there are people who, by position or personality, have the desire to help others. During our meetings, people who were in leadership positions in their neighborhoods, churches and schools were likely to ask for information about what they could do to help people prepare and to assist in the case of a flu pandemic. Some had already included pandemic flu information in newsletters or had received emergency training, but none were involved in any systematic, organized way in planning or preparation.

Communication: Getting the word out about pandemic flu

Schools, churches and neighborhoods occupy networks that have access to thousands of citizens. When people talked about how to engage those groups, they focused on the role that they could play in educating the public about pandemic flu in advance and in responding once the pandemic begins.

People said the message needs to come from the top of the community. The effort should begin with community leaders like mayors and the county executive getting community organizations involved. The call to action should be delivered to major community groups that are at the center of networks, such as ministerial alliances and boards of boards. “Grain Valley has a board of boards,” one person said. “Nobody has gone to these community leaders yet to ask them to prepare. If you get them involved, it filters down to the rest of the community.” Another group suggested that a ministerial alliance could persuade religious leaders to inform their congregations. “Have the minister or priest announce it on Sunday or put it in the bulletin,” a Northland resident said. “People listen to the minister more than the average person.”

People saw an important role for health departments in providing public speakers and printed materials to community groups, and possibly training a speakers’ bureau to get the message out. Health departments should recommend concrete steps that groups could take, provide assistance in preparation and an incentive for an organization to participate. One group suggested that case studies and statistics would be important types of information to provide, and another suggested focusing on the threat to the community’s infrastructure: “What is the potential threat to the water of not having electricity to heat the home? What are you going to do about that? Help people think ahead.” Several groups said that an excellent way to get information out into the community was to send it home from school with students.

“If schools are shut down and people can’t go to work, how are they going to get paid? Kids aren’t eating if they’re not going to school; many are on free or reduced lunch.”

- Citizen Engagement Participant

Once the message is out, it is vital to have ways to keep organizational leaders informed. People said one important way to do this is to have school districts and churches appoint someone to be the prime contact. That person would receive and pass along information from health departments. Another important method was the communication tree, used in many neighborhoods, which spreads information quickly to a large group of people. “Once the pandemic hits, your ability to talk with people is limited. The health departments can disseminate information to groups that can pass it along using their communication trees.”

One group, looking at all of the work to be done, felt strongly that the amount of work would require additional staff time. That group, meeting in Wyandotte County, recommended one or more full-time advocacy positions funded through grants, to provide time to work in the community.

Specific actions for schools and churches to take

Several groups identified actions that schools and churches should take now and after the pandemic flu comes to metro Kansas City. These included:

- Schools should close sooner rather than later. Parents noted that children pass along illnesses to one another easily and, as one said, “When children are at home the level of communicability is much less.”
- Schools should provide instruction on home schooling and support materials available online.
- Churches should stockpile food, water and supplies for ill members.
- Churches should utilize a phone tree, which most already have, to keep track of members.
- Churches should find ways for people to worship at home, such as posting the sermon online or having an online chat room for people from the congregation.



ISSUE 5: People will disregard health department advisories if they feel they need to in order to care for children or parents.

During the workshops, we asked people to offer ideas for helping to ensure that health department advisories would be followed. Participants identified specific actions for health departments, individuals, and community organizations to take. The actions both help to ensure that people are prepared to follow advisories and that advisories are, as much as possible, seen as reasonable and appropriate.

What health departments should do

The most important action that health departments can take during a pandemic is to provide reliable information early on, and to keep the message consistent. “If initial information is exaggerated or disproved, then people won’t believe the instructions when they’re accurate,” one person said.

People felt that the health department would need to earn the trust of the general public, and one way to do that is to keep the message consistent through all the sources of information. This would involve working with the media to ensure a consistent message that isn’t sensationalized.

One challenge with getting out a consistent message is that the media can be inconsistent in how it reports on events. One group agreed with the statement, “In a blizzard, the media is good about giving information about school closings. But if it’s an isolated incident, like the chemical fire [in Wyandotte County], the media is not as good about reporting closings. Health departments will need to work with the media to ensure that there will be reporting of advisories.”

Before a pandemic, health departments also have an important role to play in getting information out. People favored the idea of regular pandemic flu updates, delivered in cooperation with community organizations, starting now to make this a part of everyday life. A businessperson said, “I get a business newsletter via e-mail, which includes information about where the pandemic flu is in Hong Kong and India. We need to get information regularly so we’re tracking where things stand.”

One group focused on what happens when a vaccine is available. That group said it was important for health departments to let the public know what age groups were most vulnerable to pandemic flu, so that group would be more likely to get the vaccine. “The vaccine would need to be provided to people 18–35 years old, unlike regular flu, so information has to be given to parents before they understand that people 18–35 will really need vaccinations.”

A group suggested that a good method for broadcasting the advisories would be National Oceanic and Atmospheric Administration’s weather radios.

Travel advisories were of particular concern to participants. One group suggested giving what would basically be a warning of an advisory, to let people know in advance if certain modes of travel would be shut down. This would allow travelers to try to get home without being stranded. Another group suggested designated times for people to be mobile and to stay put.

What citizens should do

The most important step that citizens can take now is to create a family plan with multiple contingencies, depending on the circumstances and whether family members are sick. “Plan now for what your family will do when something hits,” one person said. “If you start hearing this, go for the family plan. Like if mom got sick, dad would take over, and if the kids get sick, who stays at home.”

It’s important to put the plan on paper, people said. “It’s a lot easier to follow if a family has a plan written down in advance than if you’re making it up on the run.” They also recommend, if parents or children live elsewhere, getting the name and phone number of a neighbor who can check on them and help out if you can’t get there.

The second most-important step citizens can take is to learn about the pandemic flu plan at work and at their children’s schools. “If you know the plan at your university or business, it’s not going to cause hysteria when the pandemic flu gets here. If people are informed, people are less likely to drive across the country to pick up mom in the nursing home because they’re afraid for them,” one person said. Another said that while a plan is important, plans can change. For example, “Nursing homes around New Orleans had contracts for buses in the case of evacuation, but the buses were commandeered by FEMA. You can’t count on the plans being what they are supposed to be. But it’s critical that people know what the plans are.”

Individuals can also help by getting their neighbors organized. “Everybody on your street can get together and come up with a plan about what to do if this was to happen. You would have contact and know who is and isn’t infected and who you could leave the children with, and how you could help each other out.”

What the community should do

The most important thing the community can do to help individuals comply with health department advisories is to provide additional social services or resources. In one group, participants felt strongly that one or more full-time staff positions would be needed to coordinate the community response.

The most popular example of the specific type of support needed was to provide training and vaccinations — when available — for caregivers. By starting now to help them plan, people will be prepared to help family members with special needs or parents at another location. The goal would be to give people a way to care for family first, then give aid to others. “People need to take care of the people they’re going to take care of anyway. They don’t need to feel bad if they have to leave sick family at home to go to work. We don’t want them to have to desert ill family members. We want to get them help.”

The business community can help by looking at ways to help workers’ families so that workers can do their jobs. One example was what some businesses have done to host family members at critical work sites. A participant told the group, “We learned during Hurricane Andrew. Now we bunker family members, so that they are hosted at the office and the employee works full time, and we assign work duties to family members. That keeps workers from being worried about their families.”



Moving toward action

Let's imagine that most people know of the threat posed by pandemic flu. How many would then take the next steps to prepare?

Ten percent? Fifty percent? One-hundred percent? What would it take to get everyone to take at least some actions to protect themselves and their families?

Some might expect that the aftermath of Hurricane Katrina would have motivated people to prepare, but they would be wrong. A post-Katrina survey conducted by Columbia University found just a one percentage point improvement from their disaster preparedness survey conducted before the hurricane decimated the Gulf Coast.

So what's the answer? A report prepared for the Citizen Corps, a program of the Department of Homeland Security, said the answer is to understand the motivating factors and the barriers to personal preparedness. The report said this would allow for targeted social marketing and outreach programs that increase awareness and motivate people to act. Social marketing persuades people to take action by appealing to their values and emotions. The report is available online at www.citizencorps.gov/ready/research.shtm#Issue4.



According to the study, people can be grouped into three profiles based on how they view a potential threat and how effective they believe they can be in meeting the threat:

1. **Unaware or dismissive of threat:** Does not believe a threat is likely, or that the threat is severe enough to affect them significantly, or does not believe the threat is imminent.
2. **Understands susceptibility to and severity of threat yet is still unprepared.** Perceives varied barriers to preparedness behaviors.
3. **Understands threat and has high belief in self and response efficacy.** Is prepared and is motivated to remain prepared.

The study suggests conducting focused outreach and social marketing designed to address knowledge, attitude and skills to reach the three profiles:

- Use risk-based preparedness messages.
- Focus on efficacy messages (increase belief in ability to perform preparedness actions and belief in effectiveness of those actions).
- Stress behavior maintenance and reinforcement messages.

The blog conducted at www.pandemicflu.gov included a social marketing expert, Nedra Weinreich of Weinreich Communications. She explained how social marketing could apply to pandemic flu. She wrote that information alone wasn't enough to create behavior change. What social marketing does is bring about change by promoting the benefits that are most appealing to members of the target audience. For example, to different people the message might be that preparedness is just another way to be a good parent, or that others like themselves have bought their supplies and think they should too.

Social marketing also focuses on identifying the reasons why people are not taking action and then finding ways to remove those barriers. She offered the examples of packaging supplies in an easy-to-buy kit, or relating pandemic preparedness to planning for more familiar disasters like tornados, or using the Spanish flu of 1918 as a way of making the potential devastation less abstract.

Weinreich presents a list of questions that provide a strategic way of thinking through all the aspects of convincing someone to take action. The list is available at <http://blog.pandemicflu.gov/?p=19>.

No matter what motivates us, each one of us has a role to play if this community is to be prepared for pandemic influenza. The following tables below include key actions for a variety of actors. These ideas come from people who attended the workshops and values meetings. Some of them have already appeared in government and other publications, but many are new.

This is not an exhaustive list of every possible action. The tables provide a starting point based on what local citizens said was vital.

INDIVIDUAL CITIZENS

Issue	Action
Most people know very little about pandemic flu.	<p>Talk to people you know – family, friends, and contacts – about the need to prepare for pandemic flu.</p> <p>Join a Community Emergency Response Team (CERT).</p>
For most people, the biggest barrier to being able to separate themselves from others is the need to earn a paycheck.	<p>Take responsibility for preparation, such as having a stockpile of food, supplies, pet food and cash that would last at least 30 days. If you can't buy everything all at once, and most people can't, buy a few items every time you go to the store.</p> <p>Join with others to purchase items in bulk.</p> <p>Save money on your own, or ask your employer about the possibility of creating emergency accounts with dollars deducted from employee paychecks.</p> <p>Pre-pay mortgage and utility bills, or work with your bank and utility companies to plan for a grace period in the case of a pandemic flu emergency.</p> <p>Volunteer to be cross-trained to fill other jobs at your workplace.</p> <p>If your workplace closes during a pandemic, look for new work that will contribute to keeping essential services functioning. Watch news reports to see if the public health department or other emergency services need help.</p>
Very few businesses have pandemic flu plans.	<p>Talk to your employer to find out if the business has a pandemic flu plan and what it includes. If the business doesn't have a plan, provide information to the business owner. Volunteer to serve on a pandemic flu planning committee.</p> <p>Talk to your employer about the possibility of working at home during a pandemic. Find out what equipment, such as a computer and Internet connection, you would need to work at home.</p> <p>Talk to the businesses that you use for work or personal needs and encourage them to develop pandemic flu plans.</p> <p>Particularly if you have pre-existing medical conditions, talk to your doctor and pharmacist about their pandemic flu plans. Find out what you can do to be sure you have the supplies you need. Build relationships that will encourage health care professionals to help you when you need it.</p>
Few neighborhood, church and school leaders are involved in preparing for pandemic flu.	<p>Volunteer to serve as the contact person between your neighborhood, church and/or school and the local health department.</p> <p>Work with leaders at your neighborhood, church or school to help gather a stockpile of supplies that could be used during a pandemic.</p> <p>If you have special skills, such as medical or emergency training, that would be valuable during a pandemic, let your neighborhood, church and/or school leaders know they can call on you.</p>
People will disregard health department advisories if they feel they need to in order to care for children or parents.	<p>Create a family plan with multiple contingencies, depending on which family member is sick. The family plan should provide both for having to work and for the possibility that family members will be kept at home for 30–90 days. Put the plan on paper. If your parents or children live elsewhere, get the name and phone number of someone nearby who can check up on them and help out if you can't get there.</p> <p>Learn about the pandemic flu plan at your work and at your children's schools or your parents' elder-care facilities. The more you know, the less likely you are to panic.</p> <p>Get your neighbors organized. If you don't know your neighbors, now is a great time to start. Bring people together and work with them to create a plan to help each other during a pandemic.</p>

PUBLIC HEALTH DEPARTMENTS

Issue	Action
Most people know very little about pandemic flu.	<p>To encourage people to prepare, produce snappy, hard-hitting PSAs and other information delivered to the general public in a variety of ways. Show the PSAs in movie theaters and at TVs by check-out counters. Use direct mail like serialized mailers in utility bills. Place ads on billboards and information in grocery stores, gas stations, libraries, malls and doctors' offices, in text messages sent from cell-phone companies, and via sidewalk chalking.</p> <p>Use health department Web sites to provide more detailed information. Consider using a Q&A format to answer questions that people had during the values meetings. Keep in mind that early on, people will want information about what might happen much later in the pandemic.</p> <p>Continue to target specific groups to receive information, such as public and private schools and colleges, business associations and unions, youth groups like Boy and Girl Scouts and sports teams.</p> <p>Train speakers, such as ministers and others with strong community ties, to serve as a speakers' bureau.</p> <p>Consider engaging someone with expertise in social marketing to help craft a message that will encourage individuals to take action.</p>
For most people, the biggest barrier to being able to stay at home is the need to earn a paycheck.	<p>Work with nutritionists, health providers and others to develop localized, detailed information on what foods and supplies citizens should stockpile. Include helpful tips on how to manage a stockpile. Provide advice on sources of items like surgical masks and bulk supplies. Provide tips for people with limited financial resources.</p> <p>Work with grocery and hardware stores, etc., to make the list available to customers. Ask stores to spotlight or hold sales featuring items that should be in stockpiles.</p>
Very few businesses have pandemic flu plans.	<p>Work with chambers and other business organizations to create a sense of urgency around business planning for pandemic flu. Focus on the bottom-line issue of ensuring business survival. Help chambers conduct training on how to create a business plan.</p> <p>Work with the business community and government metro-wide to identify essential services that must continue to function. Explore ways to keep those essential services operating by marshalling the forces of employees whose businesses are nonessential. Develop a plan that would allow people whose businesses would be closed to take on other jobs, like working at food pantries or delivering supplies.</p> <p>Work with landlords, property managers and universities with dormitories to help them create pandemic flu plans that will take into account their responsibility for residents.</p>

<p>Few neighborhood, church and school leaders are involved in preparing for pandemic flu.</p>	<p>Continue to provide public speakers — either health department staff members or volunteer members of a speakers’ bureau — to get the message out. Recommend concrete steps that groups can take and provide incentives for an organization to participate.</p> <p>Provide materials that can be sent home with students.</p> <p>Develop phone and e-mail lists of contact persons from neighborhoods, churches and schools. Consider sending information via e-mail on a regular basis rather than waiting until an emergency.</p> <p>Seek grant funding for additional staff support to work with community organizations to coordinate the community response.</p> <p>Recommend actions that neighborhood leaders can take to respond to a pandemic. These might include having a universal symbol like a white cloth on the front door to signal that someone inside is sick, and asking postal workers to notify neighborhood leaders when there seems to be trouble.</p>
<p>People will disregard health department advisories if they feel they need to in order to care for children or parents.</p>	<p>Once a pandemic strikes, provide believable information early on and keep the message consistent. Work with the media to ensure the message isn’t sensationalized and that health advisories are reported accurately. Be credible, cautious and sensible with advisories that reflect what people are experiencing.</p> <p>Before the pandemic strikes, deliver regular pandemic flu updates, delivered in cooperation with community organizations. Get information out far in advance and reinforce it regularly.</p> <p>Identify leaders who can introduce health department officials at television broadcasts and at face-to-face meetings with key groups. The leaders should be trusted by whatever community is the focus of communication and will encourage people to trust health advisories.</p> <p>Use the National Oceanic and Atmospheric Administration’s weather radio system to broadcast pandemic flu advisories.</p> <p>Give as much warning in advance as possible if certain modes of travel are going to be shut down so people can make their way home.</p> <p>Consider ways to ensure public order without having police presence at vaccination sites in neighborhoods where there are many new immigrants. When a vaccine is available, work with neighborhood and community organizations to encourage new immigrants to be vaccinated.</p> <p>Encourage care-giving groups like Meals on Wheels and homeless shelters to develop pandemic flu plans. Help them identify potential sources of volunteers to keep the service running.</p>

BUSINESS OWNERS

Issue	Action
Most people know very little about pandemic flu.	<p>Contact your public health department to get information you can distribute to employees, or send an e-mail to employees letting them know of Web sites like www.pandemicflu.gov with good information.</p>
For most people, the biggest barrier to being able to separate themselves at home is the need to earn a paycheck.	<p>Engage workers at all levels, not just managers, in developing pandemic flu plans. Communicate the contents of the plans with all employees.</p> <p>Stockpile hygiene supplies like gloves, masks and hand sanitizer for employees who have to work.</p> <p>Look for opportunities to do business in ways that allow distance between employees or between employees and customers, such as working in shifts or spreading employees throughout the office.</p> <p>Think through the possible impact of pandemic flu on your type of business and how you might adapt. Grocery stores, for example, would see a major increase in drive-through or delivery orders. Restaurants might consider takeout-only operations. Work with organizations that serve your industry to plan ahead.</p> <p>Keep reserve funds available to be used during an emergency, similar to an emergency account for individuals. Or, determine if employees' money can be drawn from pension accounts, with the funds paid back after the emergency.</p> <p>Prepare to institute liberal sick leave policies during a pandemic. Train managers to recognize the signs of illness and to send and keep the ill person home.</p> <p>As part of having a workable pandemic flu plan, cross-train employees to fulfill a variety of critical functions.</p>
Very few businesses have pandemic flu plans.	<p>Use the business planning checklist at www.pandemicflu.gov and in Appendix E of this report to develop a business plan.</p> <p>When your business has created a pandemic flu business plan, share it with other businesses locally and nationally.</p> <p>Talk to key suppliers to find out whether those businesses have pandemic flu plans.</p> <p>Use the risk management group at your business to create a detailed plan.</p> <p>Identify trusted spokespersons — both management and employees — for communication with the general public and at work sites.</p> <p>Test the business plan by, for example, holding “work-at-home Fridays” to see how well telecommuting functions.</p>
People will disregard health department advisories if they feel they need to in order to care for children or parents.	<p>Look for ways to help workers' families so that workers can focus on doing their jobs.</p>

GOVERNMENT AND ELECTED OFFICIALS

For most people, the biggest barrier to being able to separate themselves at home is the need to earn a paycheck.	Federal: Create legislation like the Family Medical Leave Act that would be specific to the pandemic flu. Federal and state: Create tax breaks that would help businesses pay employees during a pandemic.
Very few businesses have pandemic flu plans.	Federal and state: Provide a tax credit for verified, workable pandemic flu business plans.
Few neighborhood, church and school leaders are involved in preparing for pandemic flu.	Mayors and county executives: Deliver a call to action to major community groups that are at the center of networks, such as ministerial alliances and boards of boards. Ask them to encourage their networks to conduct pandemic flu preparations.

ASSOCIATIONS AND ORGANIZATIONS

Chambers of Commerce	Persuade members of the importance of pandemic flu planning by focusing on it as essential to business survival. Offer training on how to create a pandemic flu business plan. On Web sites, link to the business planning checklist at www.pandemicflu.gov and other business-related information. Work with banks to develop policies for providing disaster loans and for waiving fees during a pandemic.
Ministerial alliances	Persuade religious leaders to inform their congregations by announcing the risk of pandemic influenza from the pulpit, providing information in the bulletin and in Sunday school classes.
Neighborhoods	Create a phone tree and/or e-mail list that can be used to inform neighbors quickly. Create a neighborhood pandemic flu plan. Along with health and hunger issues, consider public safety issues that might arise during a pandemic if law enforcement personnel are sick. Consider also the role of block captains. Share your neighborhood plan with other neighborhoods. Appoint one person to be the prime contact with the local health department. Use neighborhood newsletters, Web sites and e-mail lists to encourage neighbors to prepare for a pandemic with plans and stockpiled food and supplies. Plan to create neighborhood pantries where people can drop off food and supplies.



Schools and school districts	<p>Be prepared to close schools upon the recommendation of public health authorities. Some suggest that closing schools sooner rather than later in the case of a pandemic will reduce the number of persons infected, but other concerns will need to be taken into account, such as assuring adult supervision and meals for children.</p> <p>Provide instruction on home schooling and make support materials available online.</p> <p>Send pandemic flu information home with students.</p> <p>Train students and teachers in ways to avoid the spread of infection.</p> <p>Plan for ways, in the event of school closures, to help families feed children who receive free breakfasts and lunches at school, perhaps working in conjunction with local food pantries and social service agencies.</p> <p>Maintain a stockpile of masks, gloves and soap.</p> <p>Appoint one person to be the prime contact with the local health department.</p>
Colleges & universities with dormitories	<p>Develop pandemic flu plans that will take into account the need for students to be kept fully informed and treated like adults, the desire of parents to get their children even if the dorm is quarantined, and the health challenges of living in close quarters. Have policies in place regarding tuition refunds and the option of online classes.</p> <p>Train dorm residents in how to avoid spreading disease.</p> <p>Stockpile food and supplies necessary to feed dorm residents if they are asked or required to stay in their rooms.</p> <p>Work with university counselors to prepare to help students handle the emotional challenges of being away from home during a pandemic.</p> <p>Plan to find temporary lodging for students who can't get home during a pandemic.</p>
Churches	<p>Stockpile food, water and supplies to distribute to home-bound members.</p> <p>Create a pandemic flu plan using the business planning checklist at www.pandemicflu.gov.</p> <p>Use a phone tree and/or e-mail list to keep track of members.</p> <p>Plan ways for people to worship at home, such as posting the sermon online or having an online chat room for parishioners.</p> <p>Appoint one person to be the prime contact with the local health department.</p>
American Red Cross	<p>Work with health departments to provide training to caregivers in how to prepare for and treat pandemic flu.</p>
Health care providers and insurers	<p>Make it possible for people with pre-existing medical conditions to build a 30-day stockpile of medications and medical supplies. Relax rules that say you can only be reimbursed if you purchase no more than a 30-day supply at a time.</p>
Groups serving the disabled or those with diabetes, etc.	<p>Serve as advocates for members. Encourage health care providers and insurers to make it possible for people to build a 30-day stockpile of medications and medical supplies.</p> <p>Work with hospitals to find out how to ensure that those who need hospitals on a regular basis, such as for dialysis, will have access to those services during a pandemic.</p>

APPENDIX A:

About One KC Voice

one **KC** voice

Citizen Engagement for the Region



What we do

The One KC Voice citizen engagement alliance serves the Kansas City metropolitan area by giving the public a voice in decisions about public issues. Citizen engagement does not simply happen. A community must have institutions that encourage and nurture citizen engagement. Citizens need a clear means to express their opinions on the issues that affect them. One KC Voice works with other organizations to provide that process.

One KC Voice mission

The mission of the One KC Voice citizen engagement alliance is to **develop a community culture that values and invites citizen participation** as an integral part of community decision-making and to offer the region a variety of methods to accomplish this goal.

Guiding principles

The following principles guide the work of One KC Voice:

- Be a neutral convener and honest broker for discussion across the metropolitan region.
- Connect the public voice with public decision making.
- Engage under-represented communities.
- Make resources available for local use.
- Provide safe places for community discussion.
- Respect all voices in the community.
- Make all actions and discussions transparent.
- Insist that public involvement comes early and that sufficient time is available for dialogue.



www.onekcvoice.org



BENEFITS OF CITIZEN ENGAGEMENT

Promotes successful problem solving and civic action ■ More efficiently builds support for public issues ■ Opens the discussion to diverse voices and new ideas ■ Facilitates civil discourse ■ Enhances the ability of individuals and organizations to address issues ■ Increases demand for public involvement

How it works

One KC Voice works with its partners to identify relevant public issues, invite citizens into discussions, connect the citizen voice to decision making and report results. Trained facilitators guide the dialogue and each engagement is designed specifically for the topic. One KC Voice brings citizens together to deliberate at both facilitated forums and on the Web. Other techniques include workshops, public media, surveys and use of the Citizen Engagement Network. The scale of a project can range from region wide to a single municipality or neighborhood.

Citizen Engagement Network

The working foundation of One KC Voice is the Citizen Engagement Network. The network covers the metropolitan area and establishes an infrastructure for face-to-face meetings that allows a rapid response when an issue is ripe for public discussion.

Network Members host One KC Voice meetings by either providing space, recruiting participants or both. Members include churches, libraries, neighborhood councils, civic organizations, community centers and others — any organization that believes in community engagement can play a role. Network Members often find participation helps them fulfill their mission and gives their constituents a voice in public affairs. The network helps guarantee that diverse voices are heard and that under-represented communities have a place at the table.

Governance of One KC Voice

The base for One KC Voice is a metropolitan-wide alliance of civic organizations from which the Advisory Committee is drawn.

The Mid-America Regional Council serves as the managing partner, fiscal agent and incubator for One KC Voice. Steering committees and ad hoc partnerships are organized to provide direction on specific projects or policy issues. One KC Voice relies on grants, contracts, fees for service, donations and foundation support.



Public initiatives
Increases capacity

Partner and member opportunities

One KC Voice invites other organizations to join the founding partners. PARTNERS can be nonprofits, academic organizations, government agencies, civic organizations or other organizations that strongly affect citizen engagement. Partners should have programs or missions that are consistent with the purpose of One KC Voice. A Partner organization is eligible for a seat on the 14-member Advisory Committee and its members may participate on subcommittees, steering committees or in other One KC Voice activities.

NETWORK MEMBERS participate as part of the Citizen Engagement Network and also may join steering committees and all other activities except the Advisory Committee, unless they also are Partners. Organizations can participate as both Partners and Network Members.

INDIVIDUAL and CORPORATE MEMBERSHIP is available and includes all activities except the Advisory Committee.

Public issues

One KC Voice can engage citizens on a wide variety of issues from health care to neighborhood development to transit to education.

Any issue that affects the public is worth creating public dialogue around. Background on projects that One KC Voice has completed or is currently working on can be found at www.onekcvoice.org.

THE PROCESS

- The core process of One KC Voice includes identifying issues, engaging the public, connecting to decision makers and reporting results. Each engagement is designed specifically for the issue at hand.



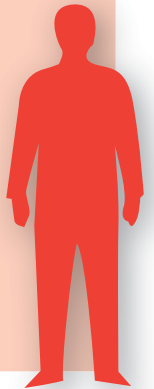
One KC Voice founding partners

- Mid-America Regional Council
- Greater Kansas City Community Foundation
- Urban League of Greater Kansas City
- Kansas City Consensus
- Kansas City Public Television
- Study Circles of Wyandotte County
- Kansas City Public Library
- The Johnson County League of Women Voters
- The League of Women Voters of Kansas City/
Jackson, Clay and Platte Counties
- Park University, Hauptmann School for
Public Affairs
- Ivanhoe Neighborhood Council
- Johnson County Library
- Harmony
- University of Missouri – Kansas City,
Cookingham Institute of Urban Affairs

Contact

Dean Katerndahl or Jody Ladd Craig
Mid-America Regional Council
600 Broadway, Suite 300
Kansas City, MO 64105-1659
Phone: 816/474-4240
Fax: 816/421-7758
info@onekcvoice.org

JOIN this group of
partners in making the
Kansas City metropolitan
region a leader
in involving
citizens in public
life. More
information on
membership
opportunities is
available on our
Web site.



APPENDIX B:

Meetings

One KC Voice engaged its Citizen Engagement Network to sponsor 23 values meetings in 2006 and 2007 in the City of Independence and Clay, Jackson and Wyandotte counties. Network members are organizations that have volunteered to involve their members in public meetings or to provide meeting space.

Date	Sponsor	Site
Nov. 9, 2006, 6 p.m.	Progress Independence	Tri-City Ministries, 4500 Little Blue Pkwy., Independence, Mo.
Nov. 9, 2006, 6:30 p.m.	Northland Neighborhoods, Inc.	Antioch Shopping Center, 5312 N.E. Chouteau Trafficway, Kansas City, Mo.
Nov. 13, 2006, 11:30 a.m.	Progress Independence	Fairmount Community Center, 608 S. Ash, Independence, Mo.
Nov. 14, 2006, 6:30 p.m.	Rosedale Development Association	Rosedale Development Association, 1401 Southwest Blvd., Kansas City, Kan.
Nov. 15, 2006, 10:45 a.m.	Progress Independence	Palmer Senior Citizen Center, 218-A N. Pleasant, Independence, Mo.
Nov. 15, 2006, 10 a.m.	Liveable Neighborhoods	Liveable Neighborhoods, Indian Springs Mall, 4501 State Ave., Kansas City, Kan.
Nov. 16, 2006, 7 p.m.	League of Women Voters of Kansas City/ Jackson, Clay and Platte counties	Liberty Community Center, 1600 S. Withers Rd., Liberty, Mo.
Nov. 20, 2006, 6:30 p.m.	Bonner Springs City Library	Bonner Springs City Library, 200 East Third St., Bonner Springs, Kan.
Nov. 27, 2006, 11:30 a.m.	Missouri Department of Health and Senior Services	3717 S. Whitney Ave., Independence, Mo.
Nov. 27, 2006, 6:30 p.m.		Blue Springs Public Safety Building, 1100 SW Smith, Blue Springs
Nov. 27, 2006, 6:30 p.m.	Mount Zion Baptist Church	Mount Zion Baptist Church, 417 Richmond Ave., Kansas City, Kan.
Nov. 28, 2006, 7 p.m.	Kansas City, KS, Public Library	Argentine Community Center, 2810 Metropolitan, Kansas City, Kan.
Nov. 29, 2006, 8 a.m.	Lee's Summit Chamber of Commerce	Lee's Summit Chamber of Commerce, 220 SE Main St., Lee's Summit, Mo.
Feb. 8, 2007, 5 p.m.	Residential Life at William Jewell College	Curry Library Building, William Jewell College, Liberty, Mo.
Feb. 15, 2007, noon	Kiwanis Club	Jalisco's Mexican Restaurant, 5000 State Ave., Kansas City, Kan.
Feb. 15, 2007, 7 p.m.	Bolling Heights Neighborhood Association	Gladstone City Hall, 7010 Holmes St., Gladstone, Mo.

Feb. 16, 2007, 9:30 a.m.	Shepherd's Center of the Northland	North Cross United Methodist Church, 1321 NE Vivion Road, Kansas City, Mo.
Feb. 22, 2007, 7 p.m.	City of Lee's Summit, Lee's Summit Health Advisory Committee	John Knox Village, 1001 NW Chipman Road, Lee's Summit, Mo.
Feb. 24, 2007, 1 p.m.	University United Methodist Church	University United Methodist, 3148 Parallel Parkway, Kansas City, Kan.
Feb. 27, 2007, 7:30 a.m.	Grain Valley Schools Emergency Planning	Grain Valley High School, 551 SW Eagles Pkwy., Grain Valley, Mo.
Feb. 27, 2007, 9:15 a.m.	YWCA of Greater Kansas City	Harmon High School, 2400 Steele Road, Kansas City, Kan.
March 4, 2007, 8 a.m.	St. John the Evangelist Catholic Church	St. John the Evangelist, 209 Strong Ave., Kansas City, Kan.
March 16, 2007, noon	Jackson County Inter-Agency Council	Salvation Army, 14700 E. Truman Road, Independence, Mo.

Workshops

The project held four workshops in the four areas involved in the pandemic flu citizen engagement project. Workshops were held:

March 14, 2007–Jackson County

5:30 p.m., Vesper Hall

400 NW Vesper Street, Blue Springs, MO

March 22, 2007–Clay County

5:30 p.m., North Cross United Methodist Church

1321 NE Vivion Road, Kansas City, MO

March 26, 2007–Wyandotte County

5:30 p.m., YWCA of Greater Kansas City

1017 N. Sixth St., Kansas City, KS

March 29, 2007–City of Independence

4:00 p.m., Truman Memorial Building

416 W. Maple, Independence, MO

Volunteer note-takers

One KC Voice invited citizens to be trained by the Kansas City Neighborhood Alliance and then serve as volunteer note-takers at values meetings. The note-takers attended, took extensive notes, and provided a typed transcript to project staff. The project appreciates their great work. Note-takers included:

Margie Richcreek

Jennifer Presberry

Lois McDonald

Jill Cornett

Gordon Criswell

Pauli Kendrick

April Dohle

Doug Jackson

Beth Copeland

Donna Devine

Linda Quinn

Scott Sime

Airick Leonard West

APPENDIX C:

Local Public Health Agencies

Four local public health agencies sponsored the pandemic flu citizen engagement. They include:

Clay County

1940 W. Kansas Street, Liberty, Mo. 64068

Phone: 816-781-1600

www.clayhealth.com

Independence

515 S. Liberty Street, Independence, Mo. 64050

Phone: 816-325-7185

www.indepmo.org/health

Jackson County

313 S. Liberty Street, Independence, Mo. 64050

Phone: 816-404-6415

www.jacohd.org

Unified Government of Wyandotte County/ Kansas City, Kan.

619 Ann Ave., Kansas City, Kan. 66101

Phone: 913-573-6704

www.wycokck.org

Other local public health agencies include:

Cass County

300 S. Main Street, Harrisonville, Mo. 64701

Phone: 816-380-8425

Johnson County

11875 S. Sunset Drive, Suite 300, Olathe, Kan. 66061

Phone: 913-894-2525

600 Lamar, Mission, Kan. 66202

Phone: 913-826-1200

www.health.jocogov.org

Kansas City, Missouri

2400 Troost Ave., Kansas City, Mo. 64108

Phone: 816-513-6252

www.kcmo.org/health

Leavenworth County

500 Eisenhower Rd., Suite 101, Leavenworth, Kan. 66048

Phone: 913-250-2000

www.leavenworthcounty.org/hd

Platte County

212 Marshall Road, Platte City, Mo. 64079

Phone: 816-858-2412

www.plattecountyhealthdept.com

Ray County

820 E. Lexington Street, Richmond, Mo. 64085

Phone: 816-776-5413

APPENDIX D:

Food and Supplies Checklist

All households should consider preparing for emergency situations by preparing a stockpile of food and other essential supplies. The following list is combined from a variety of lists included in publications released by the government or credentialed organizations. Most sources recommend that people stockpile 1–3 months worth of these items. Most suggest trying to stockpile foods that don't require refrigeration, preparation (including the use of water) or cooking.

Foods and Nonperishable Items

- Ready-to-eat canned meats, fish, fruits, vegetables, beans and soups
- Protein or fruit bars
- Dry cereal or granola
- Peanut butter or nuts
- Dried fruit
- Applesauce
- Crackers
- Broth
- Canned juices
- Non-perishable pasteurized milk or soy beverage
- Bottled water (1 gallon per person, per day)
- Canned or jarred baby food and formula
- Pet food, water and supplies (flea treatment, etc.)
- Salt
- Sugar
- Cooking oil
- Multivitamins
- Dried beans
- Protein powder
- Rice
- Spices and hot sauce
- Vanilla extract, which improves the taste of canned or powdered milk
- Honey (not to be fed to infants under one year old)
- Instant baby rice cereal (for cereal-based oral rehydration solution)

- Comfort/stress foods like chocolate
- Dental supplies like toothbrushes, toothpaste and mouthwash

Medical, Health and Emergency Supplies

- Alcohol-based hand rub, cleansing agent/soap
- Chlorine or iodine for disinfecting water
- Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
- First aid kit, including antibiotic ointment, adhesive bandages in different sizes, latex gloves, 2 and 4-inch sterile gauze pads, antiseptic, scissors and tweezers, moistened towelettes, 2 and 3-inch sterile rolled bandages.
- Surgical masks
- Cell phone and charger
- Flashlight with extra batteries
- Candles and matches or lighter
- Portable radio and batteries, or hand-crank radio
- Manual can opener
- Garbage bags
- Sealable plastic bags for storage
- Thermometer
- Fluids with electrolytes (like Gatorade) for rehydration
- Medicines for fever, such as acetaminophen or ibuprofen
- Anti-diarrhea medication
- Cough and cold medicine
- Throat lozenges
- Antihistamines

Sanitary Items

- Two 5-gallon buckets — one for feces and one for urine
- Large garbage bags
- Lye — sprinkle this on feces after each use — it will help with odor and decomposition
- Tissues
- Toilet paper
- If you have a baby, disposable diapers and other baby supplies like wipes and diaper cream
- Tampons/sanitary pads
- Paper towels

Additional Materials

- Duct and masking tape
- Whistle to signal for help
- Pens, pencils and paper
- Manual can opener
- Spray paint
- Surgical/dust masks
- Shovel
- Temperature sensors
- Plenty of extra batteries
- Money in small denominations
- Disposable plates, napkins, cups and plastic ware
- Bicycles – fuel may be in short supply
- Novels
- Journal
- Games and books for children
- Deck of cards
- Baby toys
- Contact information for neighbors, family members, doctors and friends
- Any items that will provide you with comfort during a long stay at home

Shelf-life of Foods for Storage

Here are general guidelines for rotating common emergency foods, from the American Red Cross.

Use within six months:

- Powdered milk (boxed)

- Dried fruit (in metal container)
- Dry, crisp crackers (in metal container)
- Potatoes

Use within one year:

- Canned condensed meat and vegetable soups
- Canned fruits, fruit juices and vegetables
- Ready-to-eat cereals and uncooked instant cereals (in metal containers)
- Peanut butter
- Jelly
- Hard candy and canned nuts
- Vitamin C

May be stored indefinitely (in proper containers and conditions):

- Wheat
- Vegetable oils
- Dried corn
- Baking powder
- Soybeans
- Instant coffee, tea and cocoa
- Salt
- Noncarbonated soft drinks
- White rice
- Bouillon products
- Dry pasta
- Powdered milk (in nitrogen-packed cans)

Tips for creating your stockpile:

- Try new foods before buying in bulk. Some items may cause allergies or may be unpalatable. Wheat, for example, can cause allergies when consumed in large quantities.
- If the pandemic alert level rises and you are in a hurry to buy food, purchase mainly the foods your family is used to eating.
- If you're on a budget, as most people are, don't try to buy everything on your list at once. Instead, buy a few items for the stockpile every time you go to the store. Start somewhere. Anything you buy can help in an emergency.
- When you start shopping for your stockpile, buy a variety of foods rather than a year's worth of two

“During a pandemic, whatever you have is what you have to exist on.”

- Citizen Engagement Participant

or three items. If an emergency happens, you'll be better off with more variety.

- Try to purchase foods that are low in sodium to reduce thirst.
- For water, plan on using 2 quarts for drinking and 2 quarts for food preparation/sanitation for each adult each day. Store in clean plastic containers. Avoid using containers that will decompose or break, such as milk cartons or glass bottles.
- When buying perishable-when-opened food items, think about the size of the containers. A very large jar of mayonnaise, for example, would require refrigeration, but the electrical grid may be unreliable. Instead, buy many very small jars.
- Having a variety of foods will help avoid appetite fatigue, where people stop eating rather than eat one more serving of the same old stuff. Stock up on the variety of different grains and legumes available, and include lots of stews, thick soups, tuna, meat, chilies, gravy and any other canned foods that will provide a sense of continuity in your family's meal plan.
- Vegetarians can stock up on dry milk powder and powdered whole eggs.
- Keep food in the driest and coolest spot in the house, preferably a dark area.
- Empty opened packages of sugar, dried fruits and nuts into clean screw-top jars or air-tight cans to protect them from pests.
- Track the expiration dates of the food you purchase. Use the foods before their expiration dates and rotate new items in to replace what you've used.
- Keep prescription medications filled. Don't wait until it is finished to order more. Try to keep at least one month's supply on hand at all times.
- Discuss care options with family members and other loved ones. If you will be bringing others into your home to care for them during a flu pandemic, discuss what health supplies, special foods or other items they require. Add those items to your emergency supply list.
- A software package or spreadsheet can help you put together a shopping list, as you can enter the number of people and their ages and genders and get lists for different time spans. For links to several food storage and nutritional planning programs, including some freeware sources, go to www.fluwikie.com/pmwiki.php?n=Consequences.plannednutrition.
- The Church of Jesus Christ of Latter-day Saints encourages its members to stockpile a year's worth of food and supplies. They offer pamphlets and an abbreviated version of their food storage calculator at www.providentliving.com. A complete version of the calculator is available at <http://lds.about.com/library/bl/faq/blcalculator.htm>.
- Many companies sell survival gear, including pre-packaged food survival kits online. Use common sense when purchasing these products. Check out the seller with the Better Business Bureau. Ask local emergency preparedness groups what they advise. Don't assume claims that products are official or endorsed by the government are true, and comparison shop.

APPENDIX E:

Business Checklist

In the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. To help you in your efforts, the Department of Health and Human Services and the Centers for Disease Control and Prevention have developed the following checklist for large businesses. It identifies important, specific activities large businesses can do now to prepare, many of which will also help in other emergencies. This checklist is adapted from <http://pandemicflu.gov>. More information on workplace planning can be found at <http://pandemicflu.gov/plan/workplaceplanning/index.html>.

1.1 PLAN FOR THE IMPACT OF A PANDEMIC ON YOU			
Completed	In Progress	Not Started	
			Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.
			Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operation by location and function during a pandemic.
			Train and prepare ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees).
			Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (e.g. effect of restriction on mass gatherings, need for hygiene supplies).
			Determine potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites.
			Determine potential impact of a pandemic on business-related domestic and international travel (e.g. quarantines, border closures).
			Find up-to-date, reliable pandemic information from community public health, emergency management and other sources, and make sustainable links.
			Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with backups), chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.
			Implement an exercise/drill to test your plan, and revise periodically.

1.2 PLAN FOR THE IMPACT OF A PANDEMIC ON YOUR EMPLOYEES AND CUSTOMERS:

Completed	In Progress	Not Started	
			Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.
			Implement guidelines to modify the frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers (refer to CDC recommendations).
			Encourage and track annual influenza vaccination for employees.
			Evaluate employee access to and availability of health care services during a pandemic, and improve services as needed.
			Evaluate employee access to and availability of mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed.
			Identify employees and key customers with special needs, and incorporate the requirements of such persons into your preparedness plan.

1.3 ESTABLISH POLICIES TO BE IMPLEMENTED DURING A PANDEMIC:

Completed	In Progress	Not Started	
			Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.
			Establish policies for flexible work site (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
			Establish policies for preventing influenza spread at the work site (e.g. promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms).
			Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the work site (e.g. infection control response, immediate mandatory sick leave).
			Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).
			Set up authorities, triggers and procedures for activating and terminating the company's response plan, altering business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees.

1.4 ALLOCATE RESOURCES TO PROTECT YOUR EMPLOYEES AND CUSTOMERS DURING A PANDEMIC:

Completed	In Progress	Not Started	
			Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.
			Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.
			Ensure availability of medical consultation and advice for emergency response.

1.5 COMMUNICATE TO AND EDUCATE YOUR EMPLOYEES:

Completed	In Progress	Not Started	
			Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protections and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans).
			Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.
			Ensure that communications are culturally and linguistically appropriate.
			Disseminate information to employees about your pandemic preparedness and response plan.
			Provide information for the at-home care of ill employees and family members.
			Develop platforms (e.g. hotlines, dedicated Web sites) for communicating pandemic status and actions to employees, vendors, suppliers and customers inside and outside the work site in a consistent and timely way, including redundancies in the emergency contact system.
			Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining countermeasures (e.g. vaccines and antivirals).

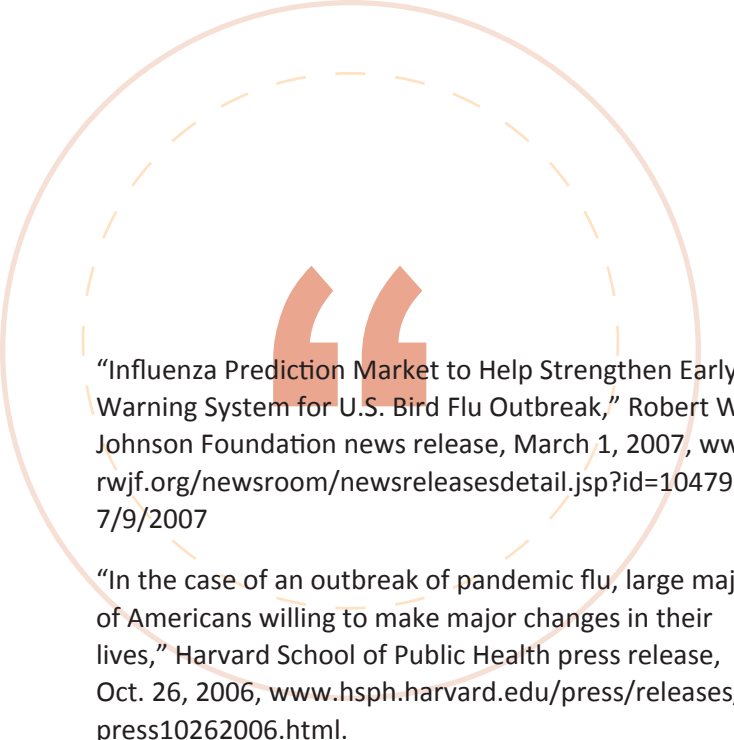
1.6 COORDINATE WITH EXTERNAL ORGANIZATIONS AND HELP YOUR COMMUNITY:

Completed	In Progress	Not Started	
			Collaborate with insurers, health plans and major local health care facilities to share your pandemic plans and understand their capabilities and plans.
			Collaborate with federal, state and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.
			Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.
			Share best practices with other businesses in your communities, chambers of commerce and associations to improve community response efforts.

APPENDIX F:

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