



# PLANNING FOR A PANDEMIC

Findings and  
Recommendations  
from Ohio  
Residents and  
Stakeholders



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## **Planning for a Pandemic: Findings and Recommendations from Ohio Residents and Stakeholders**

*The Ohio Pandemic Influenza Public Engagement Demonstration Project*

Submitted:

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On behalf of the Ohio Department of Health,  
To the Centers for Disease Control and Prevention  
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This project was the result of a collaborative effort involving the following health jurisdictions...



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## **Executive Summary**

The Ohio Department of Health (ODH) received a Pandemic Influenza Public Engagement Grant from the Centers for Disease Control and Prevention (CDC) to assist in the development of community containment plans, specifically related to non-pharmaceutical interventions that would be employed during an influenza pandemic. Ohio is one of six states in the nation that was selected to participate in this CDC Demonstration Project.

The Ohio Pandemic Influenza Public Engagement Demonstration Project sought to engage the general public and selected stakeholders in discussions about pending policy decisions related to social distancing strategies. The public engagement process was similar to those previously used by the CDC for pandemic influenza planning.

The project included two community-at-large public engagement meetings held in June 2009 in Franklin and Cuyahoga Counties, followed by stakeholder meetings in each locale about one month later. The meetings were designed with input from a Steering Committee, Jurisdictional Work Groups, Ohio Department of Health, The Ohio State University College of Public Health's Center for Public Health Practice (formerly the Office of Workforce Development), and Susan Podziba & Associates, a technical process consultant provided by CDC.

The public engagement meetings included a presentation on pandemic influenza, a context-setting scenario, facilitated small and large group discussions, and electronic polling.

For its public engagement meetings, Franklin County sought input on pending decisions related to the closure of schools, childcare facilities, and businesses such as malls and movie theaters, as well as cancellation or postponement of events such as graduations, weddings and funerals. Cuyahoga County sought to gain input related to how social distancing actions would impact faith-based communities.

In Franklin County, a series of recommendations was derived from the participant input across five themes:

- Guidelines for Social Distancing during a Pandemic;
- Education and Communication;
- Maintenance of Essential Functions and Services Provided by Schools;
- Assurance of Essential Services within the Communities; and
- Cooperation and Coordination Between Public Health and Other Community Entities.

In Cuyahoga County, a series of recommendations was derived from the participant input across four themes:

- Guidelines for Social Distancing during a Pandemic;
- Maintenance of Essential Services of Faith-Based Communities;
- Modifications for Worship Services and Life-Cycle/Special Events; and
- Cooperation and Coordination Between Public Health and the Faith-Based Community.

The recommendations are summarized below.

## **FRANKLIN COUNTY RECOMMENDATIONS**

### ***Guidelines for Social Distancing during a Pandemic***

1. Create contingency plans that consider alternative gathering places and activities for children when schools are closed.
2. Issue recommendations that are conditional or phased in based on pandemic severity.
3. Include advice on modifications to practices as alternatives to closure or cancellation.
4. Maintain options that allow personal choices and responsibility.
5. Assure equitable services for vulnerable and isolated populations.
6. Assure equitable services across communities and populations that differ socio-economically.

### ***Education and Communication***

7. Use multiple and duplicative sources to provide education and information to the community.
8. Employ educational strategies that engage neighborhood and community-level networks.

### ***Maintenance of Essential Functions and Services Provided by Schools***

9. Work with education leaders to address concerns for interruptions to education during closures.
10. Work with providers and parents to assure that adequate childcare is available to families.
11. Work with school officials to ensure that social service needs are met during school closures.

***Assurance of Essential Services within the Communities***

12. Plan for essential business services to remain available.
13. Ensure that mental and behavioral health services are accessible.
14. Engage faith-based communities as providers of essential social services and emotional and spiritual support givers.

***Cooperation and Coordination between Public Health and other Community Entities***

15. Engage the business community in planning for business continuity, creating alternative work policies and practices for those who are ill or caring for ill family members, and as dissemination points for education.
16. Coordinate planning with other governmental entities, utilities, safety forces, and social service providers to assure they are prepared for increased demand.
17. Train and engage volunteers in response efforts.
18. Rely on stakeholder groups to disseminate information, share resources, and reinforce public health messages among populations they reach.

**CUYAHOGA COUNTY RECOMMENDATIONS**

***Guidelines for Social Distancing during a Pandemic***

1. Create guidelines not mandates.
2. Sustain separation of church and state.
3. Work with the faith-based community to develop the guidelines.
4. Include advice on closures and modifications within the guidelines.
5. Ensure implementation remains within the purview of the religious leadership.

***Maintenance of Essential Services of Faith-Based Communities***

6. Recognize and support continued delivery of faith-based social services that meet people's daily needs, for example, meals, food pantries, counseling, and shelter.
7. Provide specific guidance for reducing risk of infection.
8. Inform faith-based community leaders about alternatives for social services should their organizations become unable to provide them.

### ***Modifications for Worship Services and Life-Cycle/Special Events***

9. Work with the faith-based community to identify risks inherent in worship services and special events.
10. Develop tiered guidelines for modifications based on the severity of the pandemic.
11. Acknowledge and be sensitive to unique practices of different faiths.
12. Provide faith-based leadership with clear information to assist them in their decisions regarding modifications.

### ***Cooperation and Coordination Between Public Health and the Faith-Based Community***

13. Invite leaders of the faith-based community to assist in the development of the guidelines.
14. Provide religious leaders with accurate, timely information for distribution through their congregations and networks.
15. Provide education on pandemic influenza including strategies for preventing illness and flu care for oneself, family, and community members.
16. Rely on religious leaders for information regarding the impact of public health policies and guidelines within the community.
17. Consider the faith-based community as a resource for public health activities, for example, through the use of parish nurses and as sites for vaccination clinics.
18. Train individuals to serve as volunteers to assist within the community during a severe pandemic.

## INTRODUCTION

The Ohio Department of Health (ODH) received a Pandemic Influenza Public Engagement Grant from the Centers for Disease Control and Prevention (CDC)<sup>1</sup> to support the development of community containment plans, specifically related to non-pharmaceutical interventions to be employed during an influenza pandemic.

The Ohio Pandemic Influenza Public Engagement Demonstration Project sought to engage the general public and selected stakeholders in discussions about pending policy decisions related to social distancing<sup>2</sup> strategies. Ohio is one of six states selected by CDC to participate in this national demonstration project.

The Ohio public engagement process was similar to those previously used by the Centers for Disease Control and Prevention for pandemic influenza planning. The project's purposes were to:

- Inform and assist state and local level decision-makers involved in pending values-oriented policy decisions related to non-pharmaceutical interventions (NPI) in pandemic influenza planning,
- Evaluate the effectiveness of engaging both the community-at-large and stakeholders in public health policy decisions surrounding NPI,
- Increase state and local capacity to effectively engage the public on policy choices in NPI,
- Empower citizens to participate effectively in public decision-making work regarding NPI, and
- Achieve results that enhance public trust in public health decisions regarding policy choices in NPI.

The Ohio Department of Health was the primary recipient of the cooperative agreement funding. The project period was September 30, 2008 through September 29, 2009. The Ohio State University College of Public Health's Center for Public Health Practice (formerly the Office of Workforce Development) worked with the local health jurisdictions in Franklin and Cuyahoga Counties to coordinate and implement the project. In addition to the grant, CDC also provided technical consultants for process support and neutral facilitation of the public and stakeholder meetings; in Ohio this role was filled by Susan Podziba & Associates (SP&A).

Two community-at-large public engagement meetings were held in Franklin and Cuyahoga Counties in June 2009 and were attended by approximately 116 people. Stakeholder meetings were held in each locale about one month later. The meetings were designed with input from a Steering Committee, Jurisdictional Work Groups,

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<sup>1</sup> CDC is a component of the U.S. Department of Health and Human Services.

<sup>2</sup> Social distancing is defined as: increasing the physical space between individuals or infected populations with the aim of delaying spread of disease.



Ohio Department of Health, The Ohio State University College of Public Health's Center for Public Health Practice (CPHP), and SP&A.

For its public engagement meetings, Franklin County sought input on pending decisions related to the closure of schools, childcare facilities, and business such as malls and movie theaters, as well as cancellation or postponement of events such as graduation, weddings and funerals. Cuyahoga County sought to gain input related to how social distancing actions would impact faith-based communities.

The meetings included a presentation on pandemic influenza followed by facilitated small and large group discussions. Recommendations were prepared based on the participant input.

In Franklin County, a series of recommendations was derived from the participant input across five themes:

- Guidelines for Social Distancing during a Pandemic;
- Education and Communication;
- Maintenance of Essential Functions and Services Provided by Schools;
- Assurance of Essential Services within the Communities; and
- Cooperation and Coordination Between Public Health and Other Community Entities.

In Cuyahoga County, a series of recommendations was derived from the participant input across four themes:

- Guidelines for Social Distancing during a Pandemic;
- Maintenance of Essential Services of Faith-Based Communities;
- Modifications for Worship Services and Life-Cycle/Special Events; and
- Cooperation and Coordination Between Public Health and the Faith-Based Community.

The recommendations are presented below. They are followed by descriptions of the two communities involved in the project and the public engagement process, including its structure, planning, and implementation. The report concludes with lessons learned from the project.

## RECOMMENDATIONS

### FRANKLIN COUNTY RECOMMENDATIONS

#### *Guidelines for Social Distancing during a Pandemic*

##### **1. Create contingency plans that consider alternative gathering places and activities for children when schools are closed.**

Traditional alternative gathering locations such as libraries or recreation centers may be overwhelmed and informal child care systems may occur, creating concerns for the safety and wellbeing of children should schools be closed. Alternative care and entertainment activities should be pre-determined in conjunction with other community groups.

##### **2. Issue recommendations that are conditional or phased in based on pandemic severity.**

The value the public placed on personal choice and responsibility will likely impact adherence with social distancing recommendations. There was significant concern regarding economic consequences to families and businesses in the event of restrictions and closures. Parents may place their children at risk by opting to leave them alone while they work; others may take children to work, potentially disrupting the workplace or spreading the virus. Restrictive guidelines that are incremental in nature and based on the severity of the pandemic are recommended to increase compliance and minimize potential negative impacts.

##### **3. Include advice on modifications to practices as alternatives to closure or cancellation.**

Participants suggested modifications to typical practices in lieu of closures and cancellations. For instance, allowing mail order pharmacy services or drive through operations to remain active, broadcasting sporting events instead of entertaining live audiences, implementing social distancing and infection control strategies to help protect individuals that choose to participate, and increased sanitation at events were all suggested as measures that could be taken before closing events and operations entirely.

##### **4. Maintain options that allow personal choices and responsibility.**

Participants expressed a strong desire to make individual choices about social distancing as well as to take personal responsibility for preparing and responding to a pandemic. For example, some community members requested information to create a household response plan. Others offered actions that individuals and families could take to implement social distancing strategies, such as hanging a sign on the door of a home where residents are ill. There was an expressed reliance on family and neighbors for support. Furthermore, economic implications of cancelling

events such as weddings or sporting events may influence decisions about compliance with recommendations.

### **5. Assure equitable services for vulnerable and isolated populations.**

Participants expressed concern for those in vulnerable population groups or among minority populations. Some distrust of government and vaccine safety was expressed at the community meeting, and this barrier will need to be overcome for social distancing strategies to have maximum impact. Definitive and clear interventions targeted to these individuals were urged. Engaging the leaders within the targeted populations to assure that issues are addressed across the collective public health response systems was recommended.

### **6. Assure equitable services across communities and populations that differ socio-economically.**

Similar to a desire for equitable services for vulnerable and minority populations, the public was concerned about equity across geographic jurisdictions and socioeconomic groups. The perception was that suburbanites and “rich” people routinely get priority treatment. The respective jurisdictions should stress that the quality and timing of services and response are equal throughout the county and reach out to representatives from the communities of concern to engage them in early planning.

#### **EXAMPLES OF PARTICIPANT COMMENTS:**

- Need to provide parents solutions for kids other than electronics, - be active outside, family night, board games, card games, mental mind games, metro parks
- Unattended children/ “going where everyone else is”
- Gear decisions to prevent community spread – balance individual decision and community safety. Educate so we can decide. If it is really dangerous, public health can decide (like Level I, II, and III Snow Alert)
- Public health mandating closing of businesses takes onus away from employer
- Balance economy with need of public health – really, really think twice as impact incredibly significant
- If severe would want closures
- Begin with warning and precautions first – educate public on what to begin doing
- Why are we closing before we have to?? Individuals wear gloves and masks – no need for enforcement by public health
- Closures would impact increasing anxiety
- Closure would affect the health problem, but economic impact will be large
- Wedding – go on with just bride, groom, witnesses and clergy, party later on
- Wear gloves and masks instead of closing
- How people respond to the situation will be individual decision

- Needs to be personal decision and not dictated
- Make decision based on what is best for my family
- Not a systems responsibility, but personal responsibility – make aware
- Instead of government providing, INDIVIDUALS step in and help each other – mobilize and be resourceful and helpful to others
- Homeless – who cares for them? Many at risk everyday to become homeless
- Make certain ALL people get message – low hearing, illiterate, elderly, not able to understand, can't see. Are we doing a good job of getting the word out?

### ***Education and Communication***

#### **7. Use multiple and duplicative sources to provide education and information to the community.**

Education was suggested with high frequency as a way to limit disease, support personal responsibility, and protect individuals and families. A range of approaches is needed to reach the broadest of audiences who may have limited options; these include: radio, newspaper, cable, television, Internet, billboards, physicians' offices, churches, libraries, hospitals, and businesses. The information should reach vulnerable and diverse populations in language that is familiar to them. Messages should be direct, consistent, assuage fears, and ideally come from a credible, local source.

#### **8. Employ educational strategies that engage neighborhood and community-level networks.**

The community articulated an expectation for strong reliance on both formal and informal neighborhood groups during a pandemic. Officials should use community-level strategies and structures to deliver information regarding decisions that will impact citizens and to educate citizens.

#### **EXAMPLES OF PARTICIPANT COMMENTS:**

- Comes down to more information – wash hands, vaccine, when schools reopen
- Rural – local radio, newspaper, cable, no local TV
- Communication must be stepped up, using media. Let the community know how to help
- Make household/individual plan
- Check on neighbors – protect them with masks and hand washing
- Some communities will band together – but how?
- Neighbors helping neighbors – need to plan to work together

## ***Maintenance of Essential Functions and Services Provided by Schools***

### **9. Work with education leaders to address concerns for interruptions to education during closures.**

There was considerable concern from both citizens-at-large and stakeholders regarding interruption to education and learning. Employing alternative educational methods to assure continuity in learning was desired, including use of cable networks, technology, and “on-demand” delivery. Equity in education for those who may not have technological capacity within the home should be addressed.

### **10. Work with providers and parents to assure that adequate childcare is available to families.**

Both community members and stakeholders were concerned that children would be left alone at home or otherwise unsupervised if working parents were unable to identify alternate sources of childcare. While some parents would rely on extended family members to provide care; others suggested that impromptu neighborhood care arrangements would occur. Participants feared that children and youth would have access to illegal substances, engage in unhealthy practices, resort to disruptive behaviors, or be vulnerable without a safe place to go.

### **11. Work with school officials to ensure that social service needs are met during school closures.**

Continuity in the provision of social services - such as meals, individualized care for special needs children, and after school programs – was important to participants. By working with school leaders, public health officials can assure that these needs continue to be met during a pandemic.

#### **EXAMPLES OF PARTICIPANT COMMENTS:**

- Children will miss out on learning – impacts education
- Learning and school day requirements required by law – what if affected by school closing?
- Use technology – “on demand” and local channels for child’s school work. This may help kids stay at home and engaged
- Sick kids shouldn’t be left alone at home – increased internet, kids accessing pornography, bad site
- What will we do with kids when we have to work?
- Concern – kids left at home by themselves. Safety – who is watching, kids vulnerable to sexual assault
- “Community” set up child care center (i.e. church, some moms in the neighborhood)
- Children caring for other/smaller children
- Impromptu daycares may pop up
- Possibility of neighbors sharing care of sick kids
- Teenagers – mischief, i.e. vandalism

- 70% of children won't have access to breakfast/lunch
- How would [MRDD] children receive the same care at home which school provides
- If no social services who and how can we get help? All becomes overwhelmed - where do we turn?

***Assurance of Essential Services within the Communities***

**12. Plan for essential business services to remain available.**

Maintenance of services and goods such as pharmaceuticals and food are considered essential and public health should work to assure that they remain available during a pandemic, either directly or through modified delivery mechanisms.

**13. Ensure that mental and behavioral health services are accessible.**

Loss of income, inadequate childcare options, caring for ill family members, and general disruption to family practices and routines are expected to create heightened anxiety during a pandemic. These new stressors could lead to depression, conflict, or family abuse. Public health practitioners should anticipate an increase in demand for mental and behavioral health services and plan collaboratively for continued provision and access to services.

**14. Engage faith-based communities as providers of essential social services and emotional and spiritual support givers.**

The role of faith communities as partners in providing for continuation of essential social services was acknowledged. Furthermore, the spiritual support offered by faith organizations was recognized as an important component of the recovery process.

**EXAMPLES OF PARTICIPANT COMMENTS:**

- We need grocery store, doctor
- Government must work with companies so don't turn off services
- Increase in mental health issues and drug use (suicide and depression)
- Increased stress/home tension
- More stress causes rise in abuse, family problems, parents forced to stay home, rise in crime
- Rise in risk of childcare abuse and neglect
- If you aren't sick and kids aren't sick, couldn't church be used as a safe place for kids?
- People look to church

## ***Cooperation and Coordination between Public Health and other Community Entities***

### **15. Engage the business community in planning for business continuity, creating alternative work policies and practices for those who are ill or caring for ill family members, and as dissemination points for education.**

Given the great concerns regarding the potential loss of income during a pandemic, employees may bring children to work or go to work when ill. Businesses could play a key role in disease prevention by allowing employees to work from home, preserving work benefits for those unable to work, supporting childcare options, and designing alternative work practices. Businesses should also serve as educators to employees and customers. Public health officials should offer guidance so that these needs are addressed and that continuity of operation plans are in effect to minimize business consequences of a pandemic.

### **16. Coordinate planning with other governmental entities, utilities, safety forces, and social service providers to assure they are prepared for increased demand.**

Essential services such as gas, water, and electric may be jeopardized if those who provide the service are unable to work. Additionally, residents whose incomes are compromised during a pandemic may experience a temporary inability to meet payment obligations. Safety forces and governmental entities such as food stamp or medical care providers may also experience a reduction in available workers at a time when need may be increased. Public health officials can assist these groups to prepare for the changing needs in advance of the peak outbreak.

### **17. Train and engage volunteers in response efforts.**

Enlisting volunteers is a way to address increased demands and compensate for reductions in workforces among service providers. Advanced screening and training for volunteers are needed.

### **18. Rely on stakeholder groups to disseminate information, share resources, and reinforce public health messages among populations they reach.**

Stakeholders readily identified actions that they could take to assist public health officials. Among the actions named were: disseminating education and information within the agencies they represent and to their external constituents and clients, linking public health to other potential partners, sharing volunteers, communicating with other service providers, filling identified gaps in response, and - as employers themselves - modeling the alternate work practices they would like other community businesses to adopt.

#### **EXAMPLES OF PARTICIPANT COMMENTS:**

- Economic – really difficult for parents/grandparents to stay home Caregivers can't work so impacts all levels of family income – if no pay can't make rent

- What if I lose my job?
- May cause other businesses to close if parents stay home
- Should burden shift to businesses to accommodate?
- Mask and gloves to be worn when at work
- Co-workers may bring sick kids to work (or attend work when they are sick themselves); lots of missed work
- Public health officials should encourage businesses to be lenient with staff
- Reimburse for unused tickets/venues
- Flu kit instructions at stores
- Could be run on grocery store, pharmacies, gas, supplies, banks, we must protect
- Medical care on wheels
- Public health work with Action for Children and Child and Family Services to address this issue and problem, be inclusive in ALL discussions
- Electric, gas, utilities, water – how will these continue?
- Train volunteers to be called upon within the community during pandemic
- Need protocols today – think through volunteer recruitment bank and roles they will play

## **RECOMMENDATIONS – CUYAHOGA COUNTY**

### ***Guidelines for Social Distancing during a Pandemic***

#### **1. Create guidelines not mandates.**

The participants want public health officials to create guidelines for social distancing strategies. They do not want state mandates requiring closures or particular modifications to worship services, lifecycle/special events, and/or provision of social services. For a variety of reasons – spiritual, financial, sustaining of important social services, and personal liberties – a complete suspension of religious services and events will not be tolerated and is not practical.

#### **2. Sustain separation of church and state.**

Many participants blanched at even the thought of state mandated suspensions of faith-based services and events. Public health officials need to be aware of the strong public commitment to the separation of church and state and act in a manner that will be perceived as consistent with it.

#### **3. Work with the faith-based community to develop the guidelines.**

Public health officials should further engage religious leaders to develop specific guidelines related to faith-based activities and reducing transmission of influenza during a pandemic. Religious leaders' knowledge of their congregations and religious practices should be incorporated into the guidelines. In addition, a



community that knows its leaders helped develop the guidelines will be more likely adhere to them.

#### **4. Include advice on closures and modifications within the guidelines.**

Participants identified possible modifications to religious practices, but also understood that a severe pandemic could lead to the need for closures. They want clear advice regarding the conditions under which both closures and modifications should be considered and adopted.

#### **5. Ensure implementation remains within the purview of the religious leadership.**

Participants wanted their religious leaders to have decision-making authority for when and how public health guidelines affecting faith-based activities should be implemented. They said that congregants, employees, and recipients of faith-based services would be more likely to accept such decisions when made by their own religious leaders.

#### **EXAMPLES OF PARTICIPANT COMMENTS:**

- The government has guidelines but church should still decide
- Church should be separate from government
- Some people won't follow guidelines anyway
- Guiding principles ONLY – Alienate people unnecessarily
- The church should decide this. Separation of church and state. Do not want to give up religious freedoms
- Public health to provide recommendations
- Can't mandate them to cancel but can tell them how to be safe
- Faith needs to work with public health to develop guidelines on what should be suspended
- Need clear guidelines from public health on what can occur
- How the message is delivered is important
- Who delivers is critical
- Understand church vs. state.
- Mistrust of government may impact public decisions
- Should recommend, not mandate that services be suspended
- Engage church leaders, explain to them the reality of the situation, help them implement the "policy"
- Doors of church will be open although public health may recommend suspending services. Give parishioners the choice

## ***Maintenance of Essential Services of Faith-Based Communities***

### **6. Recognize and support continued delivery of faith-based social services that meet people’s daily needs, for example, meals, food pantries, counseling, and shelter.**

The faith-based community provides for daily needs to the poor, elderly, homeless, and infirm. In a severe pandemic, a loss of these services will have grave consequences for those reliant on them.

### **7. Provide specific guidance for reducing risk of infection.**

The faith-based community wants specific advice and guidance on how to protect volunteers, employees, and clients from illness even as they continue to provide essential services. For example, the guidelines may suggest alternative methods for service provision and the use of particular types of personal protective equipment.

### **8. Inform faith-based community leaders about alternatives for social services should their organizations become unable to provide them.**

In the event of a severe pandemic, volunteers may be unable to serve the community as they are taken ill or caring for their own family members. Given that in many instances they are providing life-sustaining care, their absence could result in tragic results. Public health should work with the faith-based community to create backup plans for the provision of necessities such as food, counseling, delivery of medicines, and shelter.

### **EXAMPLES OF PARTICIPANT COMMENTS:**

- Deliver meals. Leave at door. Don’t go in
- Food issue – How to prepare can be modified and dispersing as well
- Modify delivery of social services, train people providing service on personal protections
- Counseling via phone
- Smaller childcare groups
- Integrate faith based organization into existing system to distribute goods and services
- Essential services open as long as possible
- Based on severity, you would have to limit social interactions and practices
- Limit number of people accessing these services at the same time
- How do you sustain needed services to at-risk populations during a closure?
- Keep involving shut-ins: Essential social services, activate networks.
- Food related services are necessary for survival and wouldn't be suspended. Consider developing multiple times for the availability of social services, as to limit interactions/allow for better spacing (i.e. hot meals, food pantries)

- Consider ways to deliver food to homes.
- How does the community maintain its functionality?

### ***Modifications for Worship Services and Life-Cycle/Special Events***

#### **9. Work with the faith-based community to identify risks inherent in worship services and special events.**

The faith-based communities know their practices. Public health officials understand the risks for exposure and transmission pathways. By working together, they can develop modifications that respect religious rituals while also protecting the community.

#### **10. Develop tiered guidelines for modifications based on the severity of the pandemic.**

The public understands that pandemics can occur at varying levels of severity and that things can change quickly. They asked for guidelines that present a range of social distancing strategies for various levels of risk.

#### **11. Acknowledge and be sensitive to unique practices of different faiths.**

Adherents of at least twelve different religions participated in the public engagement meetings. Participants learned of traditions and practices different from their own. They said that public health officials should work with the faith-based community to ensure that guidelines respect the variety of religious practices. Local public health officials should be in active dialogue with the faith-based leaders to gain an understanding of the different services and events that are associated with different faith groups, with a goal of generating consensus and support for public health guidelines.

#### **12. Provide faith-based leadership with clear information to assist them in their decisions regarding modifications.**

Faith-based leaders will need clear information to determine what decisions and actions are necessary at any given time. They will need a mechanism for obtaining accurate information directly from public health officials. This information also will enable them to explain the rationale for particular decisions to their communities.

#### **EXAMPLES OF PARTICIPANT COMMENTS:**

- Lifetime milestone events that take place through a faith-based organization still need to take place. Modifications to these events are OK and should be based on severity of illness
- Contingency plans should be based on level of severity of situation in both government and faith-based organizations
- Keep Sabbath, cancel mid-week services

- Private prayer allowed within sanctuary
- Lifetime events to continue but be modified
- Distancing during services? 6 ft., how do we do this?
- Provide masks to those entering service
- Virtual, TV, computer web vs. close personal contact.
- Local stations to broadcast religious services
- Online sermons and classes
- Counsel over phone
- We do call off church services for weather so it is not unreasonable to cancel due to pandemic flu
- Maintain lifecycle events
- What's important: saving lives vs. events?
- Weddings - limit size of attendance
- May need to bury for health but delay ceremony
- May have less people attend funeral services

### ***Cooperation and Coordination Between Public Health and the Faith-Based Community***

#### **13. Invite leaders of the faith-based community to assist in the development of the guidelines.**

Public health officials need to partner with faith-based organizations. Many of the participants were deeply moved by the invitation from public health officials to participate in discussions on an issue of great concern. They expressed the hope that public health departments would continue to include them in the dialogue and build on the relationships formed at the public engagement meetings.

#### **14. Provide religious leaders with accurate, timely information for distribution through their congregations and networks.**

Effective methods of communication between local public health departments and the faith-based community need to be developed and strengthened. Public health officials need to gain a better understanding of the value of the faith-based community and seek ways to integrate them as response partners.

#### **15. Provide education on pandemic influenza including strategies for preventing illness and flu care for oneself, family, and community members.**

Participants asked that information about caring for the ill during a pandemic be provided by public health officials via paper and email, as well as through training. It was suggested that training be provided for parish nurses and other medical professionals within the faith community. Public health officials should visit houses of worship to provide information to congregants face-to-face.

**16. Rely on religious leaders for information regarding the impact of public health policies and guidelines within the community.**

As the H1N1 situation unfolds this fall, religious leaders can help public health officials understand what is happening out in the community. As state policies and guidelines are implemented in a rapidly changing environment, public health officials may benefit from speaking with religious leaders about how policies and guidelines are affecting their communities.

**17. Consider the faith-based community as a resource for public health activities, for example, through the use of parish nurses and as sites for vaccination clinics.**

The faith-based community is a resource that can serve its own and the wider community. At the public engagement meeting, individuals shared ideas for distributing information, holding education days, using their houses of worship for vaccination clinics, and dispatching parish nurses to the community.

**18. Train individuals to serve as volunteers to assist within the community during a severe pandemic.**

Many people expressed interest in helping their communities during a crisis if they are able to do so. Local health departments should provide community members with information about how they can be trained to provide assistance during a severe pandemic.

**EXAMPLES OF PARTICIPANT COMMENTS:**

- Communications to all denominations, all shapes and sizes. Tough!
- Have public health set up ways to communicate and disseminate accurate information to the leaders of faith-based organizations
- Effective two way communication
- Education critical – faith groups need to think about this from spreading disease standpoint. Educate church leaders
- Offer classes on universal precautions. Educator for classes should be leadership or medical professional in church
- Would welcome local health officials coming to faith community
- Each church has different rules. Faith-based organization leadership will need to come together with public health to develop common ground on public health interventions to lower transmission
- Basic, factual information about pandemic influenza
- Guidance on preventing the spread of infection
- We need public health to provide: education/training, communication, leadership, resources, guidelines
- Public health collaboration for education and understanding
- Correct information - how do you disseminate this?

- How should houses of worship handle cases within their congregation?
- Need for training: parish nurses/nurse guilds
- Let leaders carry message to members (leaders have credibility)
- Share "pulse" of congregation with public health. What are the concerns?
- Truth vs. rumor

## **PUBLIC ENGAGEMENT PROCESS**

### ***Background***

The Ohio Public Engagement Demonstration Project targeted two urban areas: Franklin County in central Ohio and Cuyahoga County in northeast Ohio, each with a population of over a million residents. Both have unique characteristics that impact their public health approaches, policies, and programs.

Franklin County has a minority population that is greater than 25% of its total residents. Foreign-born residents constitute over 8% of the population. Nearly 15% of the population is considered disabled. The City of Columbus has the second highest Somali population in the country. Columbus is also home to the nation's largest public university, which supports a student resident population of over 50,000. In Cuyahoga County, 34% of the population belongs to a minority group, 7% are foreign-born, and nearly 18% are disabled. Over 11% of families in both counties are at or below the poverty line.

Multiple local health jurisdictions in each of these counties worked collaboratively to accomplish the project objectives. The participating health departments in Franklin County were Columbus Public Health and Franklin County Board of Health. In Cuyahoga County the participating health departments were Cuyahoga County District Board of Health, City of Cleveland Department of Public Health, and Shaker Heights Health Department.

For its public engagement meetings, Franklin County sought input on pending decisions related to the closure of schools, childcare facilities, and businesses such as malls and movie theaters, as well as cancellation or postponement of events such as graduations, weddings and funerals. Cuyahoga County sought to gain input related to how social distancing actions would impact faith-based communities.

### ***Structure & Roles***

The Center for Public Health Practice of The Ohio State University College of Public Health (CPHP) provided overall project coordination and served as the primary interface with CDC, Susan Podziba & Associates (SP&A), Ohio Department of Health (ODH), and the contributing local health departments. CPHP worked to convene planning meetings, design the public engagement meetings, perform reporting functions, and deliver facilitator training. It also created a facilitation process guide, co-facilitated the public engagement meetings, and provided staff support during the engagement days.

The local health jurisdictions:

- Provided one point of contact for CPHP interface;

- Identified and convened appropriate jurisdictional work groups and steering committee participants;
- Contributed to overall project planning;
- Identified appropriate facilities/meeting sites;
- Determined meeting dates/times to support optimal participation by target groups;
- Identified and communicated with stakeholders and the community-at-large, assured inclusion of diverse, at-risk, and special populations;
- Designed, developed, and disseminated information and messaging appropriate for stakeholder and community groups that included diverse, at-risk, special populations;
- Identified at least four individuals from each area to participate in facilitation training and serve as facilitators for community-at-large and stakeholder meetings;
- Assured involvement of appropriate decision makers and dissemination of project findings; and
- Contributed to interim and final reports by providing unique local descriptions, experiences, outcomes, and lessons learned.

Susan Podziba & Associates, a firm specializing in public policy mediation and consensus building, provided services in conjunction with CPHP, including support for the Steering Committee and Jurisdictional Work Groups; facilitation training for the small group facilitators; process and meeting design support; facilitation for the Steering Committee, community-at-large, and stakeholder meetings; compilation of the newsprint notes from the public engagement meetings; assisting with development of the draft recommendations; and drafting the final report. In addition, the SP&A Team included a scientist skilled in preparing communications for people at various literacy levels.

Evaluation for the project was provided by the University of Nebraska Public Policy Center. It developed and administered pre- and post-surveys, performed the associated data analysis, and provided overall evaluation of the six demonstration projects collectively. (See Appendix I for Evaluation Surveys and Responses.)

### ***Planning***

The planning process for the public engagement meetings began in October 2008. It included: (1) establishing a steering committee and two jurisdictional work groupwork groups to assist with designing the public engagement meetings; (2) recruiting participants; and (3) facilitation training. The project process map at Appendix B provides a graphic illustration of the parts and flow of the project.

*Steering Committee:* The Steering Committee included individuals who supported the project objectives and had responsibilities for or expertise in preparedness planning at the state or local levels, and/or knowledge of the individual



communities. Its charge was to offer general guidance to the project. Members represented the Ohio Department of Health's Office of Health Preparedness and legal counsel, Centers for Disease Control and Prevention, Center for Public Health Practice, Susan Podziba & Associates, the contributing counties' health jurisdictions, and the University of Nebraska Public Policy Center.

The Steering Committee met face-to-face to kickoff the project planning and identify additional members. Additionally, it held three conference call meetings.

*Jurisdictional Work Groups (JWG):* A Jurisdictional Work Group was established in each county to provide detailed planning for project implementation. Prior to the public engagement meetings, each JWG developed the County's Non-Pharmaceutical Interventions focus, background information materials to present and distribute, a pandemic-outbreak scenario, questions to be posed, meeting agendas, and recruiting strategies that ensured diverse participation from the community and appropriate representation of various stakeholders. In addition to the public health jurisdiction planners, the Cuyahoga County JWG included representatives from faith-based communities, and the Franklin County JWG included representatives from schools and child care centers.

The County JWGs each met face-to-face twice, held numerous conference calls, and communicated continually via phone and e-mail. The local health agency members completed significant tasks between meetings.

(See Appendix A for a list of Steering Committee and Jurisdictional Work Group Members.)

*Recruiting Participants:* The JWG members recruited participants through their networks, such as faith-based and community leaders. Recruitment tools included a cover letter and a flyer with information about the purpose of the meetings.

In Franklin County, recruitment was accomplished primarily through flyers, e-mail, and listservs. Interested citizens were screened when they called to register in order to exclude those in health care professions and to assure that all demographics and census tracks were represented. Once capacity for a desired demographic was reached, a wait list was developed. Registrants received reminder phone calls the day before the event.

In Cuyahoga County, participants were recruited through local media outlets such as radio and cable television. Cover letters and flyers were distributed in-person and by mail or email to identified target organizations. In addition, flyers were placed at community venues such as libraries and recreation centers. Participants were screened to assure that a range of faith communities were represented.

At all meetings, breakfast and lunch were provided. For the Franklin County community-at-large meetings, participants were given fifty-dollar gift cards as an incentive to participate.

*Facilitation Training:* With partial support from independent funding sources, CPHP and SP&A provided full-day facilitation trainings in each county for public health employees, who facilitated and recorded the small group sessions at the public engagement meetings. In addition, 30-minute facilitator briefings were held just before the community-at-large and stakeholder meetings to review expectations and materials, distribute supplies, and to note any last minute changes. Following each engagement event, facilitators (and scribes, where applicable) were asked to complete a feedback form to identify what worked, what could have been improved, what was helpful, what challenges they encountered, and whether the training was helpful in preparing them to facilitate the engagement meetings.

In Franklin County, seventeen people participated in the June 3, 2009 facilitation training, and fourteen people participated in the June 4, 2009 training in Cuyahoga County. (See Appendix C for the Facilitator Overview and Training Agenda.)

## ***Implementation***

Two sets of audiences were targeted for public engagement: the community-at-large and stakeholders. Stakeholders, as opposed to the community-at-large, were defined as individuals or participants from organizations that would be directly involved in or affected by the implementation of NPI. In Franklin County, stakeholders included representatives from public schools, governmental and children's service providers, and a state legislator's office, and in Cuyahoga County, stakeholders included representatives of ministry associations, and nine different religious communities.

The community-at-large engagement meetings were held at Corporate College East in Warrensville Heights, Ohio on June 6, 2009 and at The Arts Impact Middle School in Columbus, Ohio on June 20, 2009. The stakeholder meetings were held at Cuyahoga County District Board of Health in Parma, Ohio on July 21, 2009 and at Columbus Public Health in Columbus, Ohio on July 23, 2009. A total of approximately 116 residents and 49 stakeholders participated in the community engagement meetings – 73 residents and 31 stakeholders in Franklin County and 43 residents and 18 stakeholders in Cuyahoga County.<sup>3</sup> The participants reflected a wide range of educational and income levels as well as racial, ethnic, age, and linguistic backgrounds. (See Appendix I for additional demographic information.)

The meetings included:

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<sup>3</sup> Attendance at the public engagement meetings may have been affected by the respective ability of Franklin County and inability of Cuyahoga County to provide financial incentives.

- Presentation of factual information about pandemic influenza and a fictitious pandemic scenario to provide context;
- Small group (seven to ten participants) discussions of five questions about containment measures and response preferences;
- Gallery Viewing to review small group results;
- Large group overview discussions;
- Electronic polling questions;
- Focus group discussion of volunteer participants (six to eight individuals) to provide feedback on the meeting; and
- Presentation of the community responses (stakeholder meetings only).

(See Appendix D for the public engagement meeting agendas.)

The pandemic influenza presentation provided participants with basic information and facts essential to informed participation in the meetings. Since the meetings were held as the pandemic struck, the public had numerous questions about H1N1 and time was allotted to answer those questions. In addition, health experts were present throughout the meetings and were available to answer substantive questions that arose during small group discussions. (See Appendix E for the Pan Flu 101 Presentation Slides.)

The small group discussions were initiated with a pandemic influenza scenario. In small groups assisted by a trained facilitator, participants discussed questions concerning impacts of social distancing strategies for reducing infection rates during a pandemic influenza. (See Appendix F for the Scenario and Questions.)

Participants' comments were recorded on newsprint by the facilitators. (See Appendix G for the compiled newsprint data.) The newsprint sheets with answers to the question, "If you were to talk to public health decision makers about today's discussion, what five points would you want to make?" were posted on walls around the room. Participants were asked to move around the room for a "gallery viewing" of the answers developed in each small group.

After the gallery viewing, participants reconvened for a final plenary session during which they identified themes common across all the groups, similarities and differences among the groups' recommendations, and surprising responses.

Electronic polling focused on questions that were similar to those discussed in the small group dialogues in Cuyahoga County to ascertain quantitative collective standing on the issues. In Franklin County, questions focused on preferred and trusted sources of information and level of concern related to the pandemic. Facilitated large group discussions related to the responses followed the polling. (See Appendix H for the electronic polling questions and results.)

The meeting concluded with an explanation of the next steps for developing the recommendations, information about the follow up meetings, and how public health policymakers will use the participants' input in their pandemic influenza planning.

A small group of individuals participated in a focus group after the meeting adjourned to discuss their experiences as participants in the public engagement meeting.

The stakeholder meetings used a similar format. In addition, they included a summary presentation on the community-at-large meeting results and additional questions concerning short- and mid-term actions the stakeholders and public health official might undertake.

### ***Final Report***

This report is meant to summarize the project activities and provide recommendations for the development of community containment plans, specifically related to non-pharmaceutical interventions that would be employed during an influenza pandemic. This report will be made available to the public engagement meeting participants, public health officials in Ohio, and CDC. CDC will make the report available to state and local public health officials nationally.

## **CONCLUSIONS AND LESSONS LEARNED**

The yearlong effort of the Ohio Pandemic Influenza Public Engagement Demonstration Project resulted in thirty-six recommendations from the public regarding Non-Pharmaceutical Interventions for reducing infection rates during a pandemic influenza – eighteen related to faith-based communities, and eighteen concerning school and daycare closures. It is expected that these recommendations will be considered and integrated into community containment plans by the Ohio Department of Health, the participating local health jurisdictions, and perhaps, through dissemination by CDC, by public health officials across the country.

In addition to the recommendations, the project also provides some lessons learned for planning and implementing public engagement processes.

First and foremost, the project affirmed that a well-planned, well-designed, and well-executed process on a topic of interest to the public, for which public officials sincerely need and seek input, will result in effective public engagement and useful advice. The meeting format, which included providing factual information and opportunities for dialogue in small groups, contributed significantly to enabling participants to share their thoughts and opinions freely.

High-level state and local public health officials attended, welcomed, and were visible throughout the meetings. This visible presence of public health leadership

demonstrated a commitment to the community. As a result, participants were assured that their recommendations would be genuinely heard and considered by key decision-makers.

The intensive involvement of local public health officials assured that the meetings were tailored to local needs and issues, even as they were focused on developing statewide recommendations. Each county chose issues important to its community containment planning and for which public engagement was essential. As a result, the local project partners displayed a high level of passion, interest, and commitment throughout the project planning, and even more importantly, during the public engagement meetings.

To ensure the desired diversity within each small group, it is best to assign individuals to small groups prior to their arrival. This proved more effective than assigning people randomly as they arrived.

Finally, the facilitation training created and left an increased capacity within state and local jurisdictions for managing future community meetings. A total of thirty-one public health employees were trained during two facilitation trainings. Virtually all reported a sense of ease in the role of facilitator and scribe, and demonstrated competence in fulfilling those roles during the public engagement meetings. Already, the newly trained facilitators have been tapped to run additional public health meetings.

The facilitation training also served as a test run of the meeting format. During the training, each participant had the opportunity to facilitate discussions of at least one public engagement meeting question. As a result, some of the questions as well as times allotted were revised after the trainings.

A great number of people contributed their time, energy, and expertise to the success of the Ohio Pandemic Influenza Public Engagement Demonstration Project with the hopes of helping public health departments respond effectively to reduce infection rates through Non-Pharmaceutical Interventions during a pandemic influenza. It is now up to public health officials to translate the public's recommendations into policy decisions. If they do so, the public will have contributed to protecting people from illness, flu complications, and death.

# **Appendix A**

## **Steering Committee and Jurisdictional Work Group Members**

## Ohio Public Engagement Demonstration Project Urban - Non-Pharmaceutical Intervention

### Steering Committee

Member Group	Name & E-mail
ODH: (2) <ul style="list-style-type: none"> <li>Bureau of Infectious Disease Control, Immunization Program/Office of Health Preparedness; legal affairs</li> </ul>	Steve Meese; <a href="mailto:steve.meese@odh.ohio.gov">steve.meese@odh.ohio.gov</a> Mary DiOrio; <a href="mailto:mary.diorio@odh.ohio.gov">mary.diorio@odh.ohio.gov</a> Socrates Tuch; <a href="mailto:Socrates.Tuch@odh.ohio.gov">Socrates.Tuch@odh.ohio.gov</a>
OSU Office of Workforce Development (Ohio Center for Public Health Preparedness)	Joanne Pearsol; <a href="mailto:jpearsol@cph.osu.edu">jpearsol@cph.osu.edu</a>
Columbus Public Health (2)	Debbie Coleman; <a href="mailto:dcoleman@columbus.gov">dcoleman@columbus.gov</a> Laura Dietsch; <a href="mailto:ladietsch@columbus.gov">ladietsch@columbus.gov</a>
Franklin County Board of Health (1)	Susan Tilgner; <a href="mailto:satilgner@co.franklin.oh.us">satilgner@co.franklin.oh.us</a>
Cuyahoga County District Board of Health (2)	Terry Allan; <a href="mailto:tallan@ccbh.net">tallan@ccbh.net</a> Chris Kippes; <a href="mailto:ckippes@ccbh.net">ckippes@ccbh.net</a> Rebecca Hysing; <a href="mailto:rhysing@ccbh.net">rhysing@ccbh.net</a> Karen Seidman; <a href="mailto:Karen.seidman@gmail.com">Karen.seidman@gmail.com</a>
Cleveland Department of Public Health	Ebony Boyd; <a href="mailto:EBoyd@city.cleveland.oh.us">EBoyd@city.cleveland.oh.us</a> Renee Witcher-Johnson; <a href="mailto:RWitcher-Johnson@city.cleveland.oh.us">RWitcher-Johnson@city.cleveland.oh.us</a>
Shaker Heights Health Department (1)	Sandi Hurley; <a href="mailto:sandi.hurley@shakeronline.com">sandi.hurley@shakeronline.com</a>
Others, particularly representatives from the decision-maker groups will be added as needed.	Susan Podziba; <a href="mailto:susan@podziba.com">susan@podziba.com</a> [Andy Sachs; <a href="mailto:ASachs@disputesettlement.org">ASachs@disputesettlement.org</a> ; Ruth Lipman; <a href="mailto:RLipman@fimd.org">RLipman@fimd.org</a> ]
CDC (1 - 2)	Caitlin Wills-Toker; <a href="mailto:hvj3@cdc.gov">hvj3@cdc.gov</a>

### Jurisdictional Work Groups

The Jurisdictional Work Groups include the local representatives listed for the Steering Committee, plus selected stakeholders. The stakeholders are listed below.

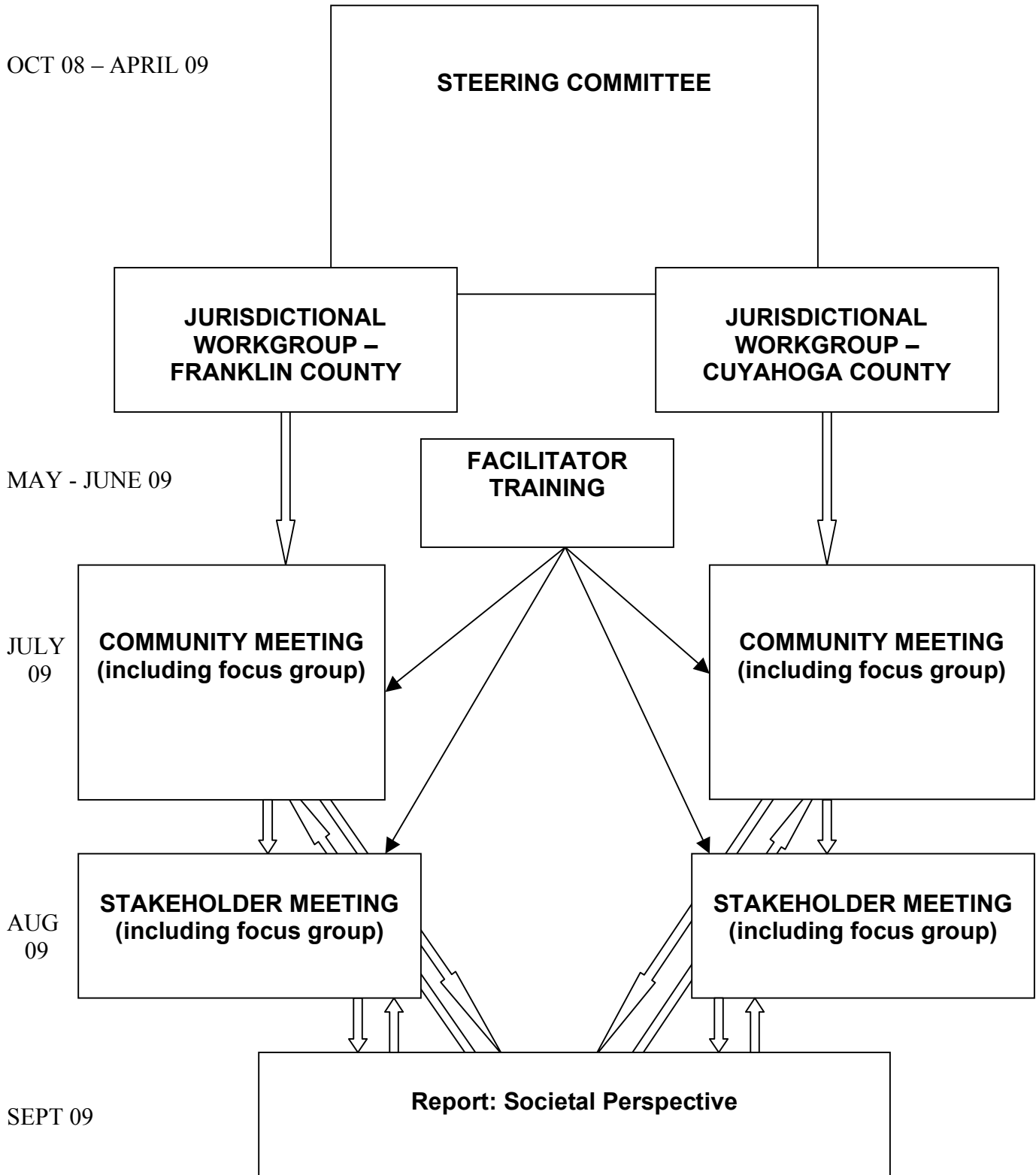
Member Group (agency, citizen, stakeholder)	Name & E-mail
<b>Cuyahoga County:</b> Lutheran Metropolitan Ministries  United Pastors in Mission	George Hrbek; <a href="mailto:ghrbek@lutheranmetro.org">ghrbek@lutheranmetro.org</a> Tony Minor; <a href="mailto:tminor@lutheranmetro.org">tminor@lutheranmetro.org</a> Dr. CJ Mathews; <a href="mailto:matcj@aol.com">matcj@aol.com</a>
<b>Franklin County:</b> Franklin County Board of Health  Columbus Public Health  Action 4 Children  Columbus Public Schools	Beth Pierson; <a href="mailto:bapierso@franklincountyohio.gov">bapierso@franklincountyohio.gov</a> Mitzi Kline; <a href="mailto:mrkline@franklincountyohio.gov">mrkline@franklincountyohio.gov</a> Ellen Rapkin; <a href="mailto:ellenr@columbus.gov">ellenr@columbus.gov</a> Sean Hubert; <a href="mailto:seanh@columbus.gov">seanh@columbus.gov</a> Gene Bailey; <a href="mailto:gbailey@columbus.gov">gbailey@columbus.gov</a> Colleen Hawksworth; <a href="mailto:colleenhawksworth@actionforchildren.org">colleenhawksworth@actionforchildren.org</a> Debbie Strauss; <a href="mailto:dstrauss739@columbus.k12.oh.us">dstrauss739@columbus.k12.oh.us</a>

# **Appendix B**

## **Project Process Map**



**STATE OF OHIO  
 URBAN PUBLIC ENGAGEMENT DEMONSTRATION PROJECT  
 NON-PHARMACEUTICAL INTERVENTIONS (NPI) FOR PANDEMIC INFLUENZA**



# **Appendix C**

## Facilitator Overview and Training Agenda

# Ohio Pandemic Influenza Public Engagement Project: Cuyahoga County Community-at-Large Meeting, June 6, 2009

## Facilitator's Overview

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**Introduction** For some time, planning efforts have been underway to be able to respond to a worldwide epidemic of a new flu virus that would have the potential to cause high rates of illness and death. The *Ohio Pandemic Influenza Public Engagement Project* (Public Engagement) is designed to engage the public in dialogue and deliberations about issues related to restricting faith based services and events during a pandemic. The public's reactions and opinions will be subsequently shared with stakeholders so that decisions and policies can be informed by both factual information *and* by thoughtful weight of the society's values.

This project is funded by the Ohio Department of Health and is a collaborative effort between the public health agencies in the City of Cleveland, Shaker Heights, and Cuyahoga County, and the Office of Workforce Development at The Ohio State University's College of Public Health. This document was created to provide an overview of the public engagement meeting process and to outline expectations for facilitators who will work with small groups at the events.

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### Event particulars

The Public Engagement meetings will take place as follows:

#### **When & Where**

#### ***Community-at-Large meeting***

Saturday, June 6, 2009

8:00 am – 4:00 pm (*Facilitator's Briefing at 7:45 am*)

#### **Corporate College East**

4400 Richmond Road

Warrensville Heights, OH 44128

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#### ***Stakeholders meeting***

Tuesday, July 21, 2009

8:00 am – 4:00 pm (*Facilitator's Briefing at 7:45 am*)

#### **Cuyahoga County Board of Health**

5550 Venture Drive

Parma, OH 44130

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*Continued on next page*

## Facilitator's Overview, *continued*

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### Background

The public health agencies in the City of Columbus and Franklin County invited residents who reflect the region demographically and geographically to participate in the community-at-large meeting. Approximately 100 community members will participate. Likewise, a representative group of approximately 35 stakeholders have been invited to participate in a subsequent meeting. Stakeholders will represent those who contribute to pandemic influenza planning and/or who have a role or stake in faith-based events and services and may include health care organizations, school districts, law enforcement, mental health professionals, emergency management agencies, faith community representatives, local business owners, decision makers at the local government level, public health, or citizens-at-large.

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### Agenda/format

This event will consist of several activities and major agenda items:

- Registration, continental breakfast, & participant completion of pre-surveys \*
- Welcome, introductions & goals of meeting
- Presentation of information about influenza and a pandemic scenario
- Explanation of small group process
- Facilitated small group discussion and working lunch \*
- Report out and analysis of small group discussion \*
- Large group discussion & polling
- Evaluation & participant completion of post-survey \*
- Focus groups to debrief process with select participants

A similar format will be followed at the stakeholders meeting.

\* denotes active involvement of facilitators

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### Facilitator's role

Facilitators for this event represent the two contributing jurisdictions and the Office of Workforce Development at The Ohio State University's College of Public Health. The role of the facilitator is to assist small groups of approximately 10 individuals to discuss the issues presented. Facilitators do not need to have expertise in pandemic influenza or social distancing, and should remain neutral and objective toward the content. They should:

- Be active listeners, aptly able to paraphrase comments and concerns of the group members
  - Use flip charts to capture public comments succinctly and legibly
  - Be able to think on their feet and problem solve accordingly
  - Be approachable and professional
- 

*Continued on next page*

## Facilitator's Overview, *continued*

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**Expectations of facilitators** Prior to the event, facilitators are required to participate in the Facilitator Training held on Thursday, June 4, 2009. They should also carefully review materials provided to become familiar and comfortable with the event and process.

Expectations for the days of the events, June 6 and July 21, are that they:

- Wear professional attire,
  - Attend a Facilitator's Briefing at that begins approximately 15 - 30 minutes prior to each meeting at each of the event locations,
  - Be present for the entire day each day (or on days assigned),
  - Assist with managing the day wherever possible by greeting participants, responding to questions about the facility (restrooms, phones, lunch), or performing other similar tasks as requested,
  - Assist participants with completion of pre- and post-surveys, and
  - Complete Post-Facilitation Feedback form about the public engagement process.
- 

**Other contributors to the process**

There are other individuals who have roles during the public engagement meetings:

<b>Role</b>	<b>Description</b>	<b>Name &amp; Expertise</b>
Content expert	Answer questions about pandemic influenza, social distancing, religious communities, the law, state policy, etc.	Steve Wagner, <i>ODH</i> Steve Meese, <i>ODH</i> Karen Seidman, <i>CCBH</i> Renee Witcher-Johnson, <i>CDPH</i> Sandi Hurley, <i>SHHD</i>
Large group facilitators; overseers of small groups	Facilitate presenter and large group discussion, questions & polling	Susan Podziba, <i>CDC</i> <i>Consultant, Susan Podziba &amp; Associates</i> Joanne Pearsol, <i>OWD</i>
Presenters	Present factual information & pandemic influenza scenario	Karen Seidman, <i>CCBH</i>
Event Coordinators	Handle all facility, equipment, registration, caterer & other issues that occur throughout the day	Shirley Funt, <i>OWD</i> Amy Wanchisn, <i>CCBH</i>

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*Continued on next page*

## Facilitator's Overview, *continued*

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### **Recording discussions**

There may be situations where two individuals who have completed the facilitator training will be assigned to each small group; one will serve as the facilitator and the other as a scribe who will record opinions shared by the participants. Facilitators and scribes should work in tandem to assure all opinions are being captured. The roles should remain distinct however, in order to avoid disrupting the flow of the dialogue and causing confusion for the participants. All writing should be legible and captured in enough detail to be clear to someone who was not a part of the group. A list of facilitators and scribes (where applicable) will be available at the facilitator briefing on the day of the event.

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### **Other questions**

Answers to several anticipated questions are offered here:

**Lunch:** Lunch will be provided for facilitators on the days of the events.

**Facilitator Materials:** Packets including all materials needed for the day will be provided; this includes: nametags, newsprint, markers, note pads, pens

**Problems:** Should problems occur on site, facilitators should consult with Joanne Pearsol.

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### **For more information**

For more information about these public engagement events, please contact:

Prior to the event:

Joanne Pearsol      E-mail: [jpearsol@cph.osu.edu](mailto:jpearsol@cph.osu.edu)

Phone: 614-292-1085      Cell phone: 614-397-7649

Or

Chris Kippes      E-mail: [ckippes@ccbh.net](mailto:ckippes@ccbh.net)

Phone: 216-201-2001      Cell phone: 216-857-1430

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# Ohio Pandemic Influenza Public Engagement Project: Cuyahoga County

## Facilitator Training Agenda

Thursday, June 4, 2009                      9:00 am – 4:30 pm  
*Cuyahoga County Board of Health*

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### **Introduction**

For some time, planning efforts have been underway to be able to respond to a worldwide epidemic of a new flu virus that would have the potential to cause high rates of illness and death. The *Ohio Pandemic Influenza Public Engagement Project* (Public Engagement) is designed to engage the public in dialogue and deliberations about issues related to faith-based service and event closures during a pandemic. The public's reactions and opinions will be subsequently shared with stakeholders so that decisions and policies can be informed by both factual information *and* by thoughtful weight of the society's values. Thank you for your willingness to help facilitate these public dialogues.

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### **Objectives**

Upon completion of this training, participants will be able to:

- Describe the purposes of the public engagement meetings
  - Identify five key principles of public engagement
  - Describe the format of the public engagement meetings
  - Know the roles and expectations of the facilitator, and other participants, in the public engagement meetings
  - Describe the purposes and applications of Ground Rules
  - Explain how electronic audience response systems will contribute to the public engagement process
  - Capture small group dialogue succinctly and legibly
  - Assist small-group members to determine priority sentiments
  - Identify solutions to common facilitation challenges
  - Identify four supportive resources available to them on the days of the public engagement meetings
- 

*continued*

# Ohio Pandemic Influenza Public Engagement Project: Cuyahoga County

## Facilitator Training Agenda, *continued*

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### Agenda

Here is the agenda for the day:

Time	Program
9:00 – 9:30	Introductions, Review of Agenda & Objectives
9:30 – 9:50	Overview of the Public Engagement Project <ul style="list-style-type: none"><li>• Purpose &amp; background</li><li>• Principles of public engagement</li><li>• Format of public engagement meetings</li></ul>
9:50 – 10:15	Roles & Expectations <ul style="list-style-type: none"><li>• Facilitator / Scribe</li><li>• Other contributors</li></ul>
10:15 - noon	Facilitation Modeling & Debrief Facilitation Practice
noon	<b>WORKING LUNCH</b>
12:45 – 3:00	Electronic Audience Response Systems Demonstration Facilitation Practice, <i>continued</i>
3:00 – 3:50	Identification of Solutions to Potential Challenges
3:50 – 4:15 pm	Review of Materials <ul style="list-style-type: none"><li>• Facilitator’s Overview</li><li>• Facilitator’s Guide (with Agenda)</li></ul>
4:15 – 4:30 pm	Summative Comments Final Questions & Answers Evaluation
4:30 pm	Adjourn

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### Instructors & Contact

Instructors for today are:

Andrew Sachs, Public Disputes Program (Carrboro, NC) on behalf of Susan Podziba & Associates (Brookline, MA); [asachs@disputesettlement.org](mailto:asachs@disputesettlement.org)

Joanne Pearsol, Office of Workforce Development, College of Public Health, Ohio State University; [jpearsol@cph.osu.edu](mailto:jpearsol@cph.osu.edu).

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# **Appendix D**

## **Public Engagement Meeting Agendas**

**Getting the Public's Input on Planning for Pandemic Influenza  
in Northeast Ohio**

**Saturday, June 6, 2009**

**8:00 am - 4:00 pm**

**Corporate College East  
4400 Richmond Road  
Warrensville Heights, Ohio 44128**

**Agenda**

- 8:00 am**                    **Registration / Continental Breakfast / Participant Survey**
- 8:30 am**                    **Convene**  
Welcome/Introductions  
*(Matt Carroll, Director, City of Cleveland Department of Public Health)*  
Overview of the Day  
*(Susan Podziba, Facilitator, Susan Podziba and Associates)*
- 9:00 am**                    **Understanding Pandemic Influenza: Presentation & Question/Answer**  
*(Karen Seidman, Contractor, Cuyahoga County Board of Health)*
- 9:45 am**                    **Introduction to Faith Community Scenario**  
*(Karen)*
- Introduction to Small Group Process**  
*(Joanne Pearsol, Interim Director, Office of Workforce Development,  
College of Public Health, Ohio State University)*
- 10:15 am**                    **BREAK**
- 10:30 am**                    **Small Group Discussion of Faith Community Scenario**
- 12:00 - 12:15 pm**        **Pick up Lunch**
- 12:45 pm**                    **Reconvene in Small Group to Prepare for Report Out**
- 1:15 pm**                    **Reconvene as Large Group**
  - *"Gallery Walk" (Susan)*
  - *Large Group Discussion (Susan)*
  - *Electronic Polling (Joanne)*
- 3:00 pm**                    **Concluding Remarks**
  - *Participant Survey*  
*(Terry Allan, Health Commissioner, Cuyahoga County Board of Health  
& Joanne)*
- 3:15 pm**                    **Adjourn**
- 3:30 pm**                    **Convene Focus Group**  
*(Stacey J. Hoffman, Ph.D., Evaluator, University of Nebraska Public  
Policy Center)*
- 4:00 pm**                    **Adjourn Focus Groups**

# Getting the Public's Input on Planning for Pandemic Influenza in Franklin County

Saturday, June 20, 2009

8:30 am – 4:00 pm

The Arts Impact Middle School (on campus of Fort Hayes)

## Agenda

- 8:30 am**      **Registration / Participant Survey / Breakfast**
- 9:00 am**      **Convene**  
                  **Welcome/Introductions**  
                  *Debbie Coleman RN, MS, Chief Nursing Officer, Assistant Health Commissioner, Columbus Public Health*  
                  *Susan A. Tilgner MS, RD, LD, RS, Health Commissioner, Franklin County Board of Health*  
                  **Overview of the Day**  
                  *Susan Podziba, Facilitator, Susan Podziba and Associates*
- 9:30 am**      **Understanding Pandemic Influenza: Presentation & Question/Answer**  
                  *Mysheika LeMaile-Williams MD, MPH, Medical Director, Assistant Health Commissioner, Columbus Public Health*
- 10:15 am**     **Introduction to Pandemic Influenza Scenario**  
                  *Debbie Coleman RN, MS*  
                  **Introduction to Small Group Process**  
                  *Joanne Pearsol, Interim Director, Office of Workforce Development, College of Public Health, The Ohio State University*
- 10:45 am**     **BREAK**
- 11:00 am**     **Small Group Discussion of Pandemic Influenza Scenario**
- 12:15 pm**     **LUNCH**
- 1:00 pm**      **Reconvene in Small Group to Prepare for Report Out**
- 1:45 pm**      **Reconvene as Large Group**
  - **“Gallery Walk”** Susan
  - **Large Group Discussion** Susan
  - **Electronic Polling** Joanne
- 3:15 pm**      **Concluding Remarks**
  - **Participant Survey**  
*Laurie Dietsch MPH, Community Readiness Coordinator, Pandemic Flu, Columbus Public Health & Joanne*
- 3:30 pm**      **Adjourn**
- 
- 3:45 pm**      **Convene Focus Group**  
                  *Joanne*
- 4:30 pm**      **Adjourn Focus Group**

# Stakeholder Input on Planning for Pandemic Influenza in Northeast Ohio

Tuesday, July 21, 2009

8:00 am - 4:00 pm

Cuyahoga County Board of Health  
5550 Venture Dr.  
Parma, Ohio 44130

## AGENDA

- 8:00 am**      **Registration & Participant Survey**  
*Continental Breakfast available*
- 8:30**            **Welcome, Introductions & Goals**  
*Matt Carroll, Director, City of Cleveland Department of Public Health*  
**Agenda Review and Groundrules for Today**  
*Susan Podziba, Facilitator, Susan Podziba & Associates*
- 8:45**            **Understanding Pandemic Influenza and Plans for Responding**  
*Karen Seidman, Contractor, Cuyahoga County Board of Health*  
**Introduce Scenario**  
**Introduce Small Group Process (1)**  
*Joanne Pearsol, Center for Public Health Practice, College of Public Health, The Ohio State University*
- 9:45**            **BREAK and move into small groups**
- 10:00**          **Small Group Discussion (1)**
  - **Questions used in community engagement meetings**
  - **Report out**
- 11:15**          **Presentation of Community-at-Large Findings**  
*Joanne Pearsol*  
**Discussion of Community-at-Large Findings and Stakeholder Small Groups**  
*Susan Podziba*
  - **Similarities and differences between stakeholder discussions and community at large findings**
  - **Key concerns and questions****Introduce Small Group Process (2)**
- 12:15**          **LUNCH**
- 12:45**          **Small Group Discussion (2)**
  - **Based on the day's discussion and the community-at-large findings, what are**

your recommendations for actions to be taken by public health officials in the next 6-12 weeks? In the next 6 months?

- What can stakeholders do to assist public health officials and the community in the next 6-12 weeks? In the next 6 months?

**1:45**                    **BREAK**

**2:00**                    **Large Group Discussion**

*Susan Podziba*

- Report out from Small Groups
- Discuss recommendations for public health officials
- Discuss recommendations for stakeholders

**Automatic Polling**

*Joanne Pearsol*

**3:00**                    **Concluding Remarks**

*Terry Allan, Health Commissioner, Cuyahoga County Board of Health*

**Participant Survey**

*Joanne Pearsol*

**3:15**                    **Adjourn**

**3:30 – 4:00**        **Focus Group (participation optional)**

*Joanne Pearsol*

# Stakeholder Input on Planning for Pandemic Influenza in Franklin County

Thursday, July 23, 2009

8:30 am - 4:00 pm

Columbus Public Health  
240 Parsons Avenue, Auditorium  
Columbus, Ohio 43215

## AGENDA

- 8:30 am**      **Registration & Participant Survey**  
*Continental Breakfast available*
- 9:00**      **Welcome & Introductions**  
*Teresa C. Long, Health MD, MPH, Health Commissioner, Columbus Public Health*  
*Susan A. Tilgner MS, RD, LD, RS, Health Commissioner, Franklin County Board of Health*
- Goals, Agenda Review, and Groundrules**  
*Andy Sachs, Facilitator, Susan Podziba & Associates*
- 9:15**      **Understanding Pandemic Influenza**  
*Debbie Coleman RN, MS, Chief Nursing Officer, Assistant Health Commissioner, Columbus Public Health*
- Introduce Scenario**  
*Debbie Coleman RN, MS*
- Small Group Process (1)**  
*Joanne Pearsol, Center for Public Health Practice, College of Public Health, The Ohio State University*
- 10:30**      **BREAK**
- 10:45**      **Small Group Discussion (1)**  
Questions used in community engagement meetings
- 12 noon**      **LUNCH and Gallery View**
- 12:30**      **Presentation of Community-at-Large Findings**  
*Joanne Pearsol*
- Discussion of Community-at-Large Findings and Stakeholder Small Groups**  
*Andy Sachs*
- Similarities and differences between stakeholder discussions and community at large findings
  - Key concerns and questions
- Introduce Small Group Process (2)**

- 1:30**                    **BREAK**
- 1:45**                    **Small Group Discussion (2)**
- Based on the day's discussion and the community-at-large findings, what are your recommendations for actions to be taken by public health officials in the next 6-12 weeks? In the next 6 months?
  - What can stakeholders do to assist public health officials and the community?
- 2:45**                    **Large Group Discussion**
- Andy Sachs*
- Report out from Small Groups
  - Discuss recommendations for public health officials
  - Discuss recommendations for stakeholders
- 3:45**                    **Concluding Remarks**
- Laurie Dietsch MPH, Community Readiness Coordinator, Pandemic Flu, Columbus Public Health*
- Participant Survey**
- Joanne Pearsol*
- 4:00**                    **Adjourn**
- 4:00 – 4:30**            **Focus Group (participation optional)**
- Joanne Pearsol*

# **Appendix E**

## Pan Flu 101 Presentation Slides



## Getting the Public's Input for Pandemic Influenza Planning



## Project Purpose

- To have conversations with you about choices for limiting contact among people in the event of an influenza outbreak that overwhelms hospitals and causes a dramatic increase in deaths.
- These conversations will help to inform policies we make.

## Key Principles of Public Engagement

- We want your advice about real decisions that are being considered.
- Facts *and* your values are important.
- You represent the community you live in.
- We all learn from each other.
- We will take your input seriously.

## Ground Rules

- Begin and end on time
- Listen attentively
- One speaker at a time
- Stick to task and topic
- Share the "air time"
- It is okay to disagree...please do so respectfully
- Keep other people's personal stories confidential

## Cuyahoga County Community Stakeholder Meeting July 21, 2009

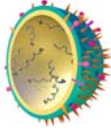
- **Understanding Pandemic Influenza**
- **"The Scenario"**

## Topics to be covered

- Introduction to influenza
- What makes a pandemic
- How a future pandemic might look
- Limiting the spread of the virus

## Influenza viruses

- Influenza A viruses
  - cause of seasonal flu and capable of causing pandemic flu
  - Further differentiated by surface antigens Hemagglutinin (HA) -16 known subtypes or Neuraminidase (NA) - 9 known subtypes
- Influenza B viruses
  - cause of seasonal flu but not pandemics
- Influenza C viruses
  - not capable of causing seasonal flu epidemic or pandemic flu. Symptoms usually mild or sub-clinical



## Influenza (Flu)

- Flu is a contagious respiratory illness caused by a virus
- It can cause mild to severe illness and sometimes causes death

## Infectious period

- People transmit infection beginning one day before they develop symptoms and continue to transmit for about 7 days after symptoms start
- Children, especially younger children, continue to transmit for 10 days or longer after symptoms start

## Influenza symptoms

- Fever (usually high) and chills
- Extreme tiredness (fatigue)
- Body aches
- Sore throat
- Non-productive cough (dry)
- Runny or stuffy nose
- Headache
- Diarrhea (rare in seasonal flu, but more common in children)

## How Does Influenza Spread?



- Spread is person-to-person
- Mostly spread by coughing and sneezing
- Less often spread by touching contaminated surfaces or hands

Source: "infectious disease." Online Photograph. Encyclopædia Britannica Online. 21 Oct. 2007 <<http://www.britannica.com/eb/art-90104>>.

## Seasonal flu

- Seasonal flu occurs yearly during the winter months in the Northern Hemisphere
- Every year in the US on average
  - >200,000 people are hospitalized
  - 36,000 people die
- Most people who get the flu recover within 1-2 weeks without medical treatment

## Vaccination can prevent seasonal flu

Who should be vaccinated?

- Children 6 months to 18 years old
- Pregnant women
- People 50 years old and older
- People of any age with certain chronic medical conditions
- People who live with or care for those at high risk

## Pandemic

A worldwide outbreak of disease in numbers clearly in excess of normal

- Characteristics of a pandemic
  - A new or novel influenza virus emerges
  - The virus can infect humans, causing serious illness
  - Transmission among humans is easy and sustainable

## Pandemic waves

- Pandemics occur in multiple waves of disease outbreaks (i.e. the illness resurfaces in the community).
- A wave may be present in a community for 6 to 8 weeks, possibly as long as 3 months
- The time between pandemic waves is unpredictable.
- *The severity of illness may vary among waves*

## Past pandemics

Pandemic	Deaths in US	Deaths worldwide	Population Affected
Spanish Flu (H1N1) 1918-19	675,000	40 million	People 20 to 40 years old
Asian Flu (H2N2) 1957-58	70,000	1-2 million	Infants, elderly
Hong Kong Flu (H3N2) 1968-69	36,000	700,000	Infants, elderly



## Avian (bird) flu

- Wild birds (especially waterfowl and shore birds) are the normal reservoir for avian influenza viruses
- Avian influenza viruses sometimes infect domesticated birds (chickens, turkeys, etc.)



## Avian (bird) flu

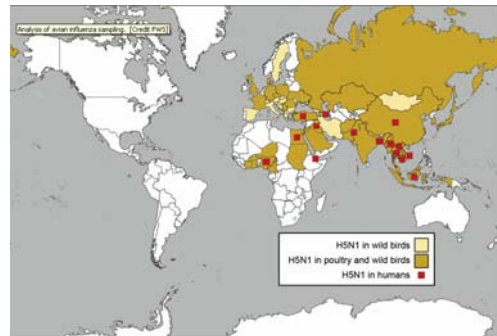
- Pandemic flu can be caused by high pathogenic avian influenza viruses that mutate (change), allowing
  - Human infection/illness (jump species)
  - Easy and sustained person to person transmission

## Transmission of the virus from birds to humans

- People become infected with avian influenza viruses through direct contact with infected birds
- Close interaction between domestic birds and humans is common in countries reporting H5N1 (avian flu) infection in humans
- Inhalation, rather than consumption, is the mode of transmission

## Current concerns about avian (bird) flu

- H5N1 has caused unprecedented disease outbreaks in poultry
- Human cases reported as of July 1, 2009
  - 436 cases
  - 262 deaths
- No sustained human to human transmission

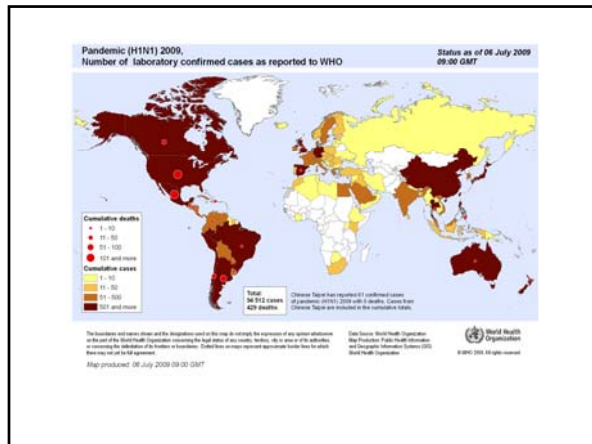


## Swine flu

- Swine influenza is a respiratory disease of pigs caused by an influenza A virus
- Humans working with infected pigs can be infected with swine flu
  - human to human transmission is rare
  - transmission is respiratory, not through consumption of pork
- Pigs also can become infected with avian influenza viruses or human influenza viruses
- Antigenic shift (reassortment) can occur in pigs that are infected with two or more influenza viruses at the same time

## Pandemic (H1N1) 2009

- This novel virus was detected in Mexico and the US in April, 2009
- Pandemic (H1N1) 2009 contains genetic segments of a human influenza virus, 2 swine influenza viruses and an avian influenza virus
  - As of July 6<sup>th</sup> H1N1 has sickened people in 130 countries
    - About 95,000 confirmed cases
    - More than 420 deaths worldwide
    - Appears to spread easily person to person
    - Causes mild to moderate disease
  - WHO changed reporting requirements for pandemic (H1N1) 2009



## What to expect from pandemic flu

Pandemic flu is unlike other disasters

- Health care systems will be overwhelmed
- Absentee rates of 25% to 40%
- Disruption of public services
- Difficulty obtaining necessities
- Changes in routines to limit the spread of the virus

## Protection against the flu

Pharmaceutical interventions

- Vaccines
  - Vaccine production for pandemic (H1N1) 2009 has started
  - Beginning trials to test efficacy and safety
  - Limited supplies of vaccine expected

## Protection against the flu

- Pharmaceutical interventions
  - Oseltamivir (Tamiflu) and zanamivir (Relenza)
  - Antiviral medicine can decrease time person is ill, may decrease risk of complications
  - Virus may become resistant to antiviral medicines
  - Limited supplies

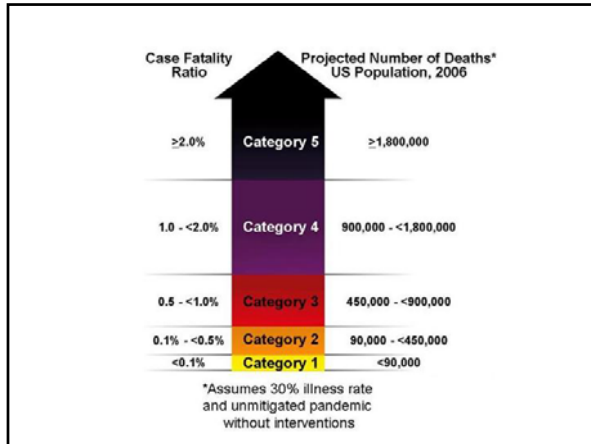
## Protection against the flu

Non-pharmaceutical interventions

- Healthy hygiene
  - Hand washing
    - Soap and water
    - Hand sanitizer
  - Cough etiquette
    - Cover mouth and nose with a disposable tissue
    - If no tissue, cough into fiber of sleeve
  - Keep your hands away from mouth, nose and eyes

## Response to a pandemic

- CDC has described 4 community interventions to limit the spread of the virus during an influenza pandemic
- The degree to which each intervention is used will depend on the severity of the disease – the more lethal the virus, the greater the intervention



## Protection against pandemic influenza

### Community interventions

- Isolation of those who are ill (Stay home if you are sick!!)
- Quarantine of close contacts who have been recently exposed

## Protection against pandemic flu

### Community interventions

- Child social distancing
  - School, day care closures
- Adult social distancing
  - Workplace adjustments
  - Cancellation of public gathering

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Home</b>			
<b>Voluntary isolation</b> of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend <sup>1§</sup>	Recommend <sup>1§</sup>	Recommend <sup>1§</sup>
<b>Voluntary quarantine</b> of household members in homes with ill persons <sup>¶</sup> (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider <sup>**</sup>	Recommend <sup>**</sup>
<b>School</b>			
<b>Child social distancing</b>			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks <sup>††</sup>	Recommend: ≤12 weeks <sup>§§</sup>
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks <sup>††</sup>	Recommend: ≤12 weeks <sup>§§</sup>
<b>Workplace / Community</b>			
<b>Adult social distancing</b>			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

## Pandemic Severity Index

Interventions by setting	Category 1	Categories 2, 3	Categories 4, 5
<b>Isolation</b> of ill	Recommended	Recommended	Recommended
<b>Quarantine</b> of recently exposed, not yet ill	Generally not recommended	Consider	Recommended
<b>Child social distancing</b> – school/child care closure, reduce out of school contacts	Generally not recommended	Consider 4 weeks or less	Recommended 12 weeks or less
<b>Adult social distancing</b> – work place adjustments (decrease contacts, limit social interaction), postpone, modify or cancel selected public gatherings	Generally not recommended	Consider	Recommended

## Q & A



## **“The Scenario”**

**This is a “make believe” scenario developed for this meeting to stimulate discussion. It is not real.**

### **Day 1**

- You hear a “Breaking News” story revealing that the current H1N1 flu strain (which turned out to be infectious but rarely caused death), has genetically mixed with the avian (bird) H5N1 flu to form a new flu virus which is both easily spread and deadly.

### **Day 7**

- Widespread transmission of this new deadly flu virus is reported in Thailand.
- Global supplies of antiviral medications are extremely limited.
- A vaccine for this virus will not be available for four to six months.
- The United States has issued travel warnings and advisories for those traveling to and from Thailand.

### **Day 11**

- The WHO holds a press conference stating that this is a Pandemic event due to the large numbers of illnesses and deaths occurring worldwide.

### **Day 14**

- The CDC reports that the pandemic influenza (resulting from the new deadly flu virus) has arrived in the United States, with the first confirmed case in New York City.
- The existing supplies of antiviral medications are insufficient.
- Public health agencies intensify their search for new cases.

### **Day 21**

- Cleveland hospitals report many patients are developing severe respiratory problems and are dying within 24 hours of admission.
- The Ohio Department of Health lab confirms the presence of this new deadly flu virus. Efforts to contain or delay the spread of the virus are maximized.
- “Community containment” efforts are implemented.

### “Why Are Public Health Officials Concerned?”

- Pandemic influenza has the potential to affect many aspects of the infrastructure more severely than other disasters including:
  - Health care systems
  - Public services
  - Businesses

### “Why Are Public Health Officials Concerned?” – cont’d

- People will likely turn towards familiar individuals and groups for support and assistance
- Public health officials could cancel events
- This would likely include recommendations to cancel or modify faith-based activities

### “What Public Health Officials Want to Learn From You”

- 1) Should local health officials develop policies to implement temporary social distancing strategies that target:
  - regularly scheduled faith-based worship services;
  - special events (such as weddings, funerals, etc.);
  - social services (food pantry, community meals, counseling and support groups) as a method to minimize or prevent viral transmission during a pandemic?

### “What Public Health Officials Want to Learn From You” – cont’d

If “YES” then...

- Should local health officials recommend that **all** services and events be suspended?

### “What Public Health Officials Want to Learn From You” – cont’d

If “YES” then...

- Should local health officials recommend that **only some** faith-based services and events be suspended? If so then what kinds of services and events should be suspended or cancelled?

### “What Public Health Officials Want to Learn From You” – cont’d

If “YES” then...

- Should local health officials recommend that faith-based services and events be **modified** in some ways? If so, then **what modifications** should local health officials recommend? Consider modifications for limiting the spread of the virus during worship services, special events, and essential social services.



## **“What Public Health Officials Want to Learn From You” – cont’d**

- If you were to talk to public health decision makers about today’s discussion, what five points would you want to make?

## **Small Group Discussions**

- Small groups of 6 -10
- Respond to questions
- Facilitators for each group
- Your lifelines: roaming experts

## **Ground Rules**

- Begin and end on time
- Listen attentively
- One person speaks at a time
- Stick to task and topic
- Share the “air time”
- It is okay to disagree...please do so respectfully
- Keep other people’s personal stories confidential

## Pandemic Influenza: Stakeholder Engagement Meeting

**Debbie Coleman RN, MS**  
Assistant Health Commissioner  
Chief Nursing Officer  
July 23, 2009



175 Years  
of Excellence



## Meeting Purpose

To have conversations with you about choices for limiting contact among people in the event of an influenza outbreak that overwhelms hospitals and causes a dramatic increase in deaths.

These conversations will help to inform policies we make.

## Meeting Goals

- Learn your opinions
- Inform state and local decision-makers
- Empower you to participate in public decision making
- Build trust in the decisions that are made
- “Test” and learn from this process

## Ground Rules

- Begin and end on time
- Listen attentively
- One person speaks at a time
- Stick to task and topic
- Share the “air time”
- It is okay to disagree...please do so respectfully
- Keep other people’s personal stories confidential

## Influenza (Flu)

Influenza (flu) is a contagious respiratory illness caused by flu viruses. It can cause mild to severe illness, and at times can lead to death. The flu is different from a cold.



## Flu Symptoms

The flu usually comes on suddenly and may include these symptoms:

- Fever (usually high)
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Runny or stuffy nose
- Muscle aches



## How Does It Spread?

- Virus spreads through the air by coughing & sneezing
- Touching a surface with the flu virus on it, then touching mouth, nose or eyes
- You can spread the virus
  - One day before symptoms develop
  - Up to 5 days after becoming sick



## Seasonal Flu – Every Year!

- Some immunity
- Very young & elderly
- Healthcare available
- Flu shots available
- Antivirals are usually available and effective
- 36,000 deaths a year
- Modest impact on society and economy



## What is H1N1 Flu?

- NEW virus - combination of swine, bird and human influenza viruses
- Humans have little to no immunity
- There is no vaccine yet
- Seasonal flu shot does not protect from H1N1
- It is spread from human to human
- Spring 2009 – most cases were mild illness



## H1N1 Flu Update

**H1N1 virus is evolving and ever changing.**

The situation today

- Globally
- Nationally
- Statewide
- Locally



## Pandemic Flu Criteria “Worldwide”



- 1) Must be a **new virus**
- 2) People get **very sick** or die from it
- 3) **Spreads easily** from person to person



## Pandemic Flu - 20<sup>th</sup> Century



### Spanish Flu

- 1918-1919
  - At least 40-50 million people died worldwide
  - 500,000 – 650,000 in US
  - Persons 20-40 years old
- SEVERE**



### Asian Flu

- 1957-1958
  - At least 1.5 million people died worldwide
  - 70,000 deaths in US
  - Infants & Elderly
- MEDIUM**



### Hong Kong Flu

- 1968-1969
  - At least 700,000 people died worldwide
  - 34,000 deaths in US
  - Infants & Elderly
- MILD**



## Pandemic Reflection

### 1918 Spanish Flu: What has changed?

- Extensive knowledge & research capability
- Medical advances in flu shots, antivirals, emergency care, antibiotics, respirators, more health care workers, OTC medications
- Masks, respirators, sanitizer
- Advanced communication systems
- Advanced manufacturing capabilities

### 2009 H1N1 Pandemic: However we also have

- Much larger population more densely populated
- People are living longer with more chronic conditions
- Fewer extended family systems in same locations
- Global travel
- Lack of backyard gardens with more interdependence on groceries, utilities



## How Likely is a Flu Pandemic?

According to the U.S. Centers for Disease Control and Prevention...

*“Pandemic Influenza is our biggest worldwide challenge.”*



*Not a question of “If”, but “When”*



## Pandemics: What Do We Know?

- Can happen at any time of the year
- May appear mild in early phase
- 30% attack rate
- Absenteeism could reach 40%
- Could last 18 months with waves that last 8-12 weeks each
- Early actions can help limit spread of infection



## Impact Can Be Significant

- Health Care
- Society
- Individuals

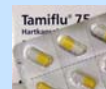


## Impact of a Severe Pandemic: Health Care

- Health care facilities will be overwhelmed
- Illness rates will soar – many people will require some form of medical care.
- Symptoms may be severe and complications more frequent.
- Young, healthy people may be increased risk for complications



## Impact of a Severe Pandemic: Health Care



### Vaccine

- Will not be available in the early stages of a pandemic
- Need will out number the supply

### Antiviral Agents

- Can prevent complications if taken in time
- May not be effective against a pandemic virus
- Supplies at this time are limited



## Impact of a Severe Pandemic: Health Care

- Pharmacy could have medication shortages
- Over the counter medications and supplies in short supply
- Deaths – more than coroners can handle
- Care for medical conditions such as pregnancies and heart attacks will continue



## Impact of a Severe Pandemic: Society

- School and child care closures
- Businesses and religious organizations may be closed or short staffed for prolonged periods
- Groceries could be limited
- Economic crisis in agencies and business
- Public transportation may not be available
- Utilities, police protection, fire/EMS, social services, etc. may be severely limited



## Impact of a Severe Pandemic: Personal/Family

- Family may need to provide medical care for each other
- Fear, stress and grief will increase
- Funerals, celebrations and travel could be postponed
- Maintaining positive mental health will be crucial
- Financial strains/crisis
- Life will be disrupted overall
- Social opportunities will be limited



## How We Limit the Spread



1. Infection Control
2. Safer Environments
3. Social Distancing
4. Vaccine and Meds



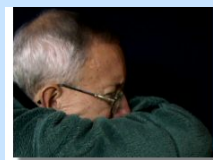
## Infection Control Strategies



Hand washing



Masks



Cover your cough



## Safer Environments

- Keep enough supplies of tissues, hand hygiene products, cleaning & disinfectant supplies on hand
- Clean and disinfect regularly
- Don't let visitors into your house if they have flu symptoms



## Why Social Distancing?

- Slow the spread
- Buy the time until vaccine developed
- Lessen demand for health care
- Protect entire community so essential services can continue



## Children and Flu

- Major source of new infections in the home
- Spread of infection more likely through coughing, touching
- Can't isolate them like an adult
- Spread the virus longer than adults



## Social Distancing

- Stay 5-6 feet away from each other
- Avoid shaking hands or physical contact
- Avoid crowded restaurants and locations
- Limit public transportation
- Work from home when possible
- Conference calls instead of meetings



## Social Distancing

### Stay home if you are sick!



- Take responsibility for helping protect others.
- Stay home from work
- Keep kids out of school or childcare if they are ill.
- Call your healthcare provider if you have a high fever, chest pain or difficulty breathing.



## Social Distancing

### Isolation:

The separation of someone who is **sick or ill** from others so that the illness is not spread



### Quarantine:

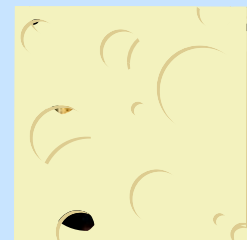
When a "well" person who has been **exposed** to a sick person stays away from others for a period of time to stop the spread



## Remember

### It takes all the strategies to reduce the spread of infection

- Infection Control
- Site Control
- Social Distancing
- Antivirals and vaccine



Virus



## Get Ready Now!

Create an emergency plan that includes pandemic planning, both for your family and workplace.

### Ready in 3

- Make a plan
- Make a kit
- Listen for information



## Emergency Planning for a Severe Pandemic Flu

Prepare your households and family members:

- Gather food and medicine for two weeks.
- Keep cleaning supplies ready.
- Make continuing plans for children if schools and/or day cares need to close.
- Practice infection control in your home and at work.
- Teach your children and share your plans.



## Role of Local Health Department

- Declaration of Public Health Emergency
- Surveillance and Tracking
- Isolation and Quarantine as Appropriate
- Vaccine and Pharmaceutical Delivery
- Public Information and Communication
- Closures of Schools, Childcares, Businesses and Large Social Events



## Public Health Planning Criteria

- We need to stay one step ahead of the virus
- The virus will change. It is unpredictable
- Must prepare for a severe pandemic – there are no second chances
- Can scale a response back if science supports this



## Questions?



## Pandemic Influenza: Stakeholder Engagement Scenario

Debbie Coleman RN, MS  
Assistant Health Commissioner  
Chief Nursing officer  
July 23, 2009



**YOUR VOICE MATTERS!**

How Would a Flu Pandemic Affect YOU?

Please give us your opinion as we develop policies to be used during a pandemic. We need to learn how public health actions might affect individuals, families and businesses.

What if.....

## Scenario Activity

Reminder – the scenario used today is **not real**

## Today's Scenario

**September 15, 2009**  
The World Health Organization has confirmed

- 1) There is a **new virus**
- 2) People are getting **very sick** and are **dying**
- 3) The virus is **spreading easily** from person to person

## Columbus and Franklin County

“Breaking News” story reveals that:

- H1N1 flu strain has returned to the USA and is once again easily spreading
- This time the virus is causing hundreds of deaths in New York City and Chicago
- People are expected to become ill in Franklin County in next couple of days.

## Columbus and Franklin County

- Projections for the next 9-12 months
  - 7,500 deaths
  - 20,000 hospitalizations in Franklin County
- Hospitals will “close their doors” except for critical patients
- The coroners and funeral homes will be overwhelmed
- Absenteeism in the workplace will reach 40%

## Columbus and Franklin County

- Vaccine is not available
- Antiviral drugs will be used for treatment of ill persons
- Face masks or respirators may be recommended for some situations, but supply is uncertain and should not be counted on for general use.



## Scenario Details

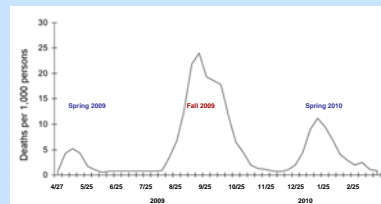
There will be school and child care guidance from the Centers for Disease Control and Prevention (CDC) that will be based on:

- Severity of illness
- Kids shed and spread more virus than adults
- History indicates early action is effective to slow the spread



## Scenario Reminders

- Waves could last approximately 8-12 weeks
- Second pandemic wave could occur three months after the first wave
- Pandemics can last 12-18 months



## Your Voice Matters...

Let's talk about what this means to us and how we can plan if this should happen.



## Small Group Discussion

- Small groups of 6-8
- Facilitated discussion of questions & recording of responses
- Roaming experts to answer questions
- No obligation to answer
- No right or wrong answers



## Ground Rules

- Begin and end on time
- Listen attentively
- One person speaks at a time
- Stick to task and topic
- Share the "air time"
- It is okay to disagree...please do so respectfully
- Keep other people's personal stories confidential



# **Appendix F**

## Scenario and Questions

**Pandemic Influenza Effects on Faith Based Communities**  
**Cuyahoga County Public Engagement Meeting**  
**June 6, 2009 & July 21, 2009**

**“The Scenario”**

**This is a “make believe” scenario developed for this meeting to stimulate discussion. It is not real.**

Day 1: You hear a “Breaking News” story revealing that the current H1N1 flu strain (which turned out to be infectious but rarely caused death), has genetically mixed with the avian (bird) H5N1 flu to form a new flu virus which is both easily spread and deadly.

Day 7: Widespread transmission of this new deadly flu virus is reported in Thailand. Global supplies of antiviral medications are extremely limited. A vaccine for this virus will not be available for four to six months. The United States has issued travel warnings and advisories for those traveling to and from Thailand.

Day 11: The WHO holds a press conference stating that this is a Pandemic event due to the large numbers of illnesses and deaths occurring worldwide.

Day 14: The CDC reports that the pandemic influenza (resulting from the new deadly flu virus) has arrived in the United States, with the first confirmed case in New York City. The existing supplies of antiviral medications are insufficient. Public health agencies intensify their search for new cases.

Day 21: Cleveland hospitals report many patients are developing severe respiratory problems and are dying within 24 hours of admission. The Ohio Department of Health lab confirms the presence of this new deadly flu virus. Efforts to contain or delay the spread of the virus are maximized. “Community containment” efforts are implemented.

## “Why Are Public Health Officials Concerned?”

Influenza pandemics have multiple waves with each lasting for 6-8 weeks in the local area. The time between the waves can vary, as well as the severity of illness within the waves. Following the spread, there is a great need for recovery across all fronts.

### *Anticipated Facts Involving Recovery*

- 96,000 dead and 5 million sick in USA
- Pandemic cost U.S. economy around \$600 billion ( 5% of the Gross Domestic Product)
- Breakdowns to municipal infrastructure, facilities, and homes occurred from deferred maintenance and security and social disruptions
- Overcoming psychological and economic effects from worker and worker family illness and death is a significant challenge
- Competition for personnel and supplies delay recovery

Pandemic influenza has the potential to affect many aspects of the infrastructure more severely than other disasters. Health care systems will potentially be overwhelmed and absenteeism rates of 25-40% can be expected. Moreover, aspects of public services may be disrupted, as government agencies will prioritize resources to insure provision of essential services to the community. The ability of businesses to maintain goods and services may be compromised.

As people face uncertain times and have difficulties in obtaining necessities, they will likely turn towards familiar individuals and groups for support and assistance. Although social support during times of emergency are needed, routines and community interactions may be limited in order to reduce the spread of the virus between infected and susceptible individuals.

In the face of a pandemic flu, public health officials could cancel events. This would likely include recommendations to cancel or modify faith-based activities. For many believers, this will be a particularly difficult personal hardship. Faith based communities are a huge source of strength and comfort during difficult times. This would be especially the case for those grieving the death or illness of a loved one or friend, and many will turn to their faith during pandemic flu time. People of all ages will be getting sick and many will die.

Additionally, there are many who depend upon faith-based communities for goods and services above and beyond their spiritual needs. The services provided cover a broad range of support including adult and child day care, thrift shops, food pantries, meals on wheels, counseling and support groups, and community meals. Closures of religious institutions will likely result in an interruption of some services, affecting those with limited resources.

Public health officials anticipate that it may be less confusing for the public and perhaps more effective in containing the virus if all large gatherings are cancelled. “Modifications” are harder to enforce and more difficult for the public to understand and carry out. Yet, they also recognize that different kinds of faith-based events and services present different levels of risk. Some ceremonies and services may be particularly important during an influenza pandemic.

**Pandemic Influenza Effects on Faith Based Communities**  
**Cuyahoga County Public Engagement Meeting**  
**June 6, 2009 & July 21, 2009**

**What Public Health Officials Want to Learn From You**  
**“The Questions”**

- 1) Should local health officials develop policies to implement temporary social distancing strategies that target:
  - regularly scheduled faith-based worship services;
  - special events (such as weddings, funerals, etc.);
  - social services (food pantry, community meals, counseling and support groups)

as a method to minimize or prevent viral transmission during a pandemic?

If so, then

- 2) Should local health officials recommend that *all* services and events be suspended?
- 3) Should local health officials recommend that *only some* faith-based services and events be suspended? If so, then what kinds of services and events should be suspended or cancelled?
- 4) Should local health officials recommend that faith-based services and events be *modified* in some ways? If so, then *what modifications* should local health officials recommend? Consider modifications for limiting the spread of the virus during worship services, special events, and essential social services.
- 5) If you were to talk to public health decision makers about today’s discussion, what five points would you want to make?

**Pandemic Influenza Effects on Our Community  
Columbus Public Health Public Engagement Meeting  
June 20, 2009 & July 23, 2009**

*“The Scenario”*

**This is a “make believe” scenario developed for this meeting to stimulate discussion. It is NOT real.**

**September 15, 2009** – You hear a “breaking news” story revealing that the current H1N1 flu strain has returned to the USA and is once again easily spreading. This time the virus is causing hundreds of deaths in New York City and Chicago and people are expected to become ill in Franklin County in next couple of days.

**Currently in Columbus and Franklin County** – A vaccine is not available; however antiviral drugs will be used for treatment of ill persons. Face masks or respirators may be recommended for some situations, but supply is uncertain and should not be counted on for general use.

**Projections for the next 9-12 months:**

- 7,500 deaths
- 20,000 hospitalizations in Franklin County
- Hospitals will “close their doors” except for critical patients
- The coroners and funeral homes will be overwhelmed
- Absenteeism in the workplace will reach 40%

**There will be school and child care guidance from the Centers for Disease Control and Prevention (CDC) that will be based on:**

- Severity of illness
- Kids shed and spread more virus than adults
- History indicates early action is effective to slow the spread

# Pandemic Impacts

## **Health Care**

- Health care facilities will be overwhelmed
- Illness rates will soar – many people will require some form of medical care.
- Symptoms may be severe and complications more frequent.
- Young, healthy people may be at an increased risk for complications
- **Vaccine**
  - Will not be available in the early stages of a pandemic
  - Need will out number the supply
- **Antiviral Agents**
  - Can prevent complications if taken in time
  - May not be effective against a pandemic virus
  - Supplies at this time are limited
- Pharmacy could have medication shortages
- Over the counter medications and supplies in short supply
- Deaths – more than coroners can handle
- Care for medical conditions such as pregnancies and heart attacks will continue

## **Social**

- School and child care closures
- Businesses and religious organizations may be closed or short staffed for prolonged periods
- Groceries could be limited
- Economic crisis in agencies and business
- Public transportation may not be available
- Utilities, police protection, fire/EMS, social services, etc. may be severely limited

## **Personal/Family**

- Family may need to provide medical care for each other
- Fear, stress and grief will increase
- Funerals, celebrations and travel could be postponed
- Maintaining positive mental health will be crucial
- Financial strains/crisis
- Life will be disrupted overall
- Social opportunities will be limited

**Pandemic Influenza Effects on You and Our Community**  
**Columbus Public Health Public Engagement Meeting**  
**June 20, 2009 & July 23, 2009**

*What Public Health Officials Want to Learn From You*  
*“The Questions”*

1. How would school and child care center closures affect you and our community?
2. How might people deal with the impact this might have (question #1)?
3. Given the scenario, should public health also consider closing additional venues such as malls, theaters and sporting events? Why?
4. Given the scenario, if public health recommends the postponement of special events (e.g. weddings, funerals and graduations) how willing would you be to follow these guidelines? Why?
5. If you were to talk to public health decision makers about today's discussion, what five key points would you want to make?



# Appendix G

## Newsprint Data

- Cuyahoga County
  - Community Summary
  - Community Engagement Meeting
  - Stakeholder Meeting
  
- Franklin County
  - Community Summary
  - Community Engagement Meeting
  - Stakeholder Meeting

# Ohio Pandemic Influenza Public Engagement Project Cuyahoga County

## Summary of Community Meeting Responses (Preliminary) June 6, 2009

Following the small group discussions of individual questions, participants were asked to summarize their dialogue by answering the following question: *If you were to talk to public health decision makers about today's discussion, what five points would you want to make?* The responses to this question can be categorized into five themes. The themes are listed below with an example selection of the individual responses that support each theme.

### Theme 1: Make recommendations, not mandates

- Questions about defining policy
- Clear decision that public health should provide recommendations (guidance), not mandates
  - Mandates are difficult to enforce
- Religious leaders are more knowledgeable than public health about their congregations and religious practices

- The government has guidelines but church should still decide
- Church should be separate from government
- Some people won't follow guidelines anyway
- Guiding principles ONLY – Alienate people unnecessarily
- The church should decide this. Separation of church and state. Do not want to give up religious freedoms

### Theme 2: Public health should provide guidance and education to religious organizations

- Public health to provide education for religious leaders about pandemic flu and limiting transmission
- Public health to provide guidance for religious group leaders re: modifications
  - Religious leaders will be responsible for final decisions about modifications of services, events, practices, etc.
- Medical professionals who are members of the religion to assist in planning
- Religious leaders should use creativity when designing modifications

- Education critical – faith groups need to think about this from spreading disease standpoint. To prioritize
- Educate church leaders
- Make sure stakeholders are educated across the spectrum of faith based organizations
- Offer classes on universal precautions. Educator for classes should be leadership or medical professional in church.
- Would welcome local health officials coming to faith community
- Each church has different rules. Faith based organization leadership will need to come together with public health to develop common ground on public health interventions to lower transmission

- Public health to provide recommendations
- Can't mandate them to cancel but can tell them how to be safe
- Faith needs to work with public health to develop guidelines on what should be suspended
- Need clear guidelines from public health on what can occur
- How the message is delivered is important
- Who delivers is critical
- Empower healthcare professionals within faith-based community to partner with local health so change comes from within faith based community

**Theme 3: Public health should establish communication with religious organizations**

- Public health should provide religious leaders with access to accurate, timely information
- Public health should offer religious leaders an opportunity to participate in a two-way discussion

- Communications to all denominations, all shapes and sizes. Tough!
- Public health defer to leaders in congregations to relay message on suspension
- Have public health set up ways to communicate and disseminate accurate information to the leaders of faith-based organizations
- Website, conference call, whatever method works. Then they can share with their communities. Have (public health) a meeting to share with the leaders and come up with guidelines
- Effective two way communication

**Theme 4: Modifications of worship services and life-cycle events (funerals, weddings, etc.) should be coordinated with other restrictions in the community.**

Consider

- Restrictions on events, modifications of religious services, events and other practices would be considered, recommended if a community implemented schools and/or day care closure and advised cancellation of large public gatherings
- Religious leaders would be responsible for deciding what to continue and what to suspend

- Lifetime milestone events that take place through a faith based organization still need to take place. Modifications to these events are OK and should be based on severity of illness
- Contingency plans should be based on level of severity of situation in both government and faith-based organizations
- Maintain services in another format (web/TV)
- Defer optional activities, especially if severe
- Keep Sabbath, cancel mid-week services
- Private prayer allowed within sanctuary
- Prayer line open
- Modify services, social distancing
- Use technology for delivering worship service

- Lifetime events to continue but be modified
- Deaths – limit those who attend “service”
- During pre-counseling for special events talk about health issues

**Theme 5: Essential services should be continued**

- Many religious organizations provide meals, operate food pantries, offer counseling, provide housing
- Many people in the community rely on these services
- Plan to continue to provide, but with modifications

- Deliver meals. Leave at door. Don't go in
- Food issue – How to prepare can be modified and dispersing as well
- Modify delivery of social services, train people providing service on personal protections
- Counseling via phone
- Smaller childcare groups
- Integrate faith based organization into existing system to distribute goods and services

## **CUYAHOGA COUNTY: SMALL GROUPS DATA (DRAFT)**

**Question 1: Should local health officials develop policies to implement temporary social distancing strategies that target**

- **regularly scheduled faith-based worship services;**
  - **special events (such as weddings, funerals, etc.);**
  - **social services (food pantry, community meals, counseling and support groups)**
- as a method to minimize or prevent viral transmission during a pandemic?**

The answers to Question 1 are divided into the categories of 1) State and Local Health Department Policy and Guidance; 2) State Decisions Regarding Closures; 3) Roles of Faith-Based Organizations During a Pandemic; 4) Preparing for a Severe Pandemic; and 5) Modifications to Faith-Based Services and Special Events. Below is the small groups data divided into those categories and related subcategories.

### **STATE AND LOCAL HEALTH DEPARTMENT POLICY AND GUIDANCE**

In regard to the general question of state and local health department policy and guidance, participants raised issues of mandatory closures v. recommended guidance, appropriate levels of state action, and some ideas about the elements of state and local guidance.

#### **Mandatory Closures v. Recommended Guidance**

- Yes, it would be appropriate. Develop policies (agreement across table except for 1 person)
- Church should be separate from government
- Do not want government to tell them what to do.
- The government has guidelines but church should still decide.
- Specific strategies should be given.
- No government mandates
- Policy should be recommendations
- So what will church group do?
- What about churches that don't have policies
- When in a full blown pandemic government would already have given guidelines.
- Broad recommendation is for individuals. Not a policy. Do not have to mandate.
- Church should make recommendations to their constituents - close doors, change procedures, etc.
- Some people won't follow guidelines anyway.
- Develop policies but call them guidelines.
- Consider personal rights. Freedom to do what we want.
- Give individual choice.
- Liberality of the church

- What would happen to churches that don't listen? History results are that they get wiped out. But it is their choice.
- If government asks for our help they should also provide polices or guidelines.
- The church should decide this. Separation of church and state. Do not want to give up religious freedoms
- Leery of the slippery sloop in doing this
- Yes, to develop policy rather than enforce
- No, church and state. State should not have any influence (power) on church, faith community. The government doesn't have the right to close church doors (need to partner).
- Yes, to help keep people healthy. No, to forcing closing of temples, etc.
- Yes, emotionally impacting events should/could come from the church leaders. To implement should come from the health organization
- No, but we should not have National Guard to block people out of church.
- Yes, Safety of community/understand why it is happening (it=closure)

### **Levels of State Action**

- Tiering/prioritizing response, modifying first, cancel last
- Specific level of illness acuity

### **What should be included in the Guidance?**

- So many people at a gathering, numbers would be good guidance. Number allowed in mind? No, but what do health officials suggest?
- CDC and health department will give mandates. There will be resistance if there are not specifics in it.
- Finding principles need to be included.
- Need procedures for food delivery, but do they "have to" follow them? If delivery - leave outside of door. In favor of policies
- Curfews for all people are OK.
- No, policies should be developed at the state level, there is no consistency if kept at the local level (based on 911 response).

### **STATE DECISIONS REGARDING CLOSURES**

In discussions concerning state decisions regarding closure, participants offered ideas on who should be involved in decision-making, what they would need to know to consider the decision justified; and questions about the legality of state mandates.

### **Who makes the decision?**

- No - If not involving church groups of all sizes in the process - All different faiths and traditions
- All interfaith groups - must include all church leaders
- Less about church leader more about parishioners
- Include faith-based leaders when talking about policies.

- Positive that health departments would want to work with faith based?
- Working in concert with health departments

### **What makes a decision justifiable?**

- People need to feel conformable that this is a justified decision.
- Government suspicion in church group
- As a church do we listen to you?
- Yes local health officials have the knowledge to help inform policy.

### **State Authority to Mandate Closures**

- Separation of church and state. Can state decide what churches do?
- What are legal issues?
- Do procedures set by state and government have the authority to do this?

### **ROLES OF FAITH-BASED ORGANIZATIONS DURING A PANDEMIC**

In considering potential social distancing measures to reduce viral transmission during a severe pandemic, participants identified: 1) providing faith and support and 2) providing social services, as roles that will be much needed during a severe pandemic.

### **Faith and Support**

- People may want to come together during stress.
- Understand role of ceremony in faith
- Need for comfort
- No, church dedication, some rely on weekly services for worship, will power, and faith.

### **Social Services**

- People gather at social service events, deliver and donate
- Child and elder care, deliver to those in isolation
- Non faith based social service does exist - can faith based assist?
- Faith based will step up, have in the past
- May switch from non faith to faith
- Grocery stores empty. I can see government turning to us.
- Food pantry, meals
- Katrina - the churches did help
- Government would ask us to help.
- 200+ seniors could not come for community meal
- AA meetings
- I need food and water to survive.
- We are relying on faith based organizations to do "x"
- Yes, for essential social services, may need to modify or allow for this
- Yes, modify approach to deliver service.

## **PREPARING FOR A SEVERE PANDEMIC**

Participants identified education, planning, and coordination activities that are necessary to prepare for a severe pandemic.

### **Education**

- Educate church leaders
- Yes, make sure stakeholders are educated across the spectrum of faith based organizations.
- Offer classes on universal precautions. Educator for classes should be leadership or medical professional in church.
- Education by those inside and outside the church
- Community groups - Approach to assist with offering education
- Explain to people why congregation is implementing social distancing.
- Distribute tools
- Lists of questions from faith groups about swine flu.
- Clear, concise terms

### **Planning**

- Ask faith based leaders if they are already planning to continue operations during a pandemic or other crisis.
- Can CERT be involved with faith based planning for emergencies?
- Professional nurses and parish nurses need to be included in planning.
- What are faith based organizations doing at the administrative level - once we know response interventions can be made in a unified way.
- Civil defense methods - can this be helpful with policy development?
- Do older generation have same perspective, most have lived through pandemics?

### **Coordination**

- Local health department and faith based organization leadership needs to come together to discuss.
- Involve morticians, pastors.
- Disconnect may occur from policy makers and the local or church community.
- Communication plan disseminated prior to issuing mandate
- Lag time occurs from national to local level
- Perhaps generalize from faith based to schools, business, etc. (i.e. overlap policies).

## **MODIFICATIONS TO FAITH-BASED SERVICES AND SPECIAL EVENTS**

Participants identified possible modifications to the usual services and events that occur at their religious institutions as well as special (lifecycle) events.

### **Usual Services and Events**



- "Regular" could be daily - All Hours
- Regularly scheduled
- Personal protection
- Balance between community and personal needs
- No one forcing people to attend. "Sense of duty" will be a part
- Social Distancing means numbers of people and keeping apart - not closures
- Are we cancelling? "Social Distancing only" #'s of people
- Alternatives to church
- Satellite broadcast and computers
- Open windows and still hold social services
- Delivery of food
- Consider different packages for food so members do not eat together.
- Offer masks
- Treat all as sick
- Universal precautions - hand washing
- Not permanent closure, people can still keep their faith, church is just a building.

### **Special (Lifecycle) Events**

- Special events (funerals) hard to control.
- Have a small ceremony with a celebration later in between waves.
- What about Bar Mitzvah, retirements?
- Traditions are considered in Buddhism - chanting and praying for dead. According to situation they would modify but leave it up to the faith based organizations
- Weddings need financial consideration
- Guests can choose not to come
- Not telling you that you can't get married
- Devastation of a family member dying. How could you do this to a family member.
- Celebrations like weddings can wait, receptions can wait
- Engage family and everyone and how it impacts personally and mentally
- Have minister marry people alone.

## **Question 2: If so, then should local health officials recommend that all services and events be suspended?**

Most of the responses to Question 2 fit into the categories of: 1) Under Certain Circumstances; 2) Compliance Questions; 3) Exceptions to Closures; 4) Special Events; and 5) Mandated Actions v. Recommendations. In addition, there were a number of unrelated comments listed under "Other."

### **UNDER CERTAIN CIRCUMSTANCES**

- Only if modifications are not effective.
- Would have to be very bad
- Plan must make sense to those effected.
- If all gatherings are cancelled - not just faith based services.
- What else has been closed? Sports, large events would help in this decision. Any other human activity, hospitals and unnecessary surgeries.
- Yes to recommending if disease is severe enough.
- Yes, treat all like they are sick.

### **COMPLIANCE QUESTIONS**

- How could you ensure compliance?
- People will continue to go
- Would need to communicate how compliance would be done: Call folks? TV?
- Yes, public health recommended it but life goes on, we do not have to comply

### **EXCEPTIONS TO CLOSURES**

- Not all services should be suspended. - Some services are essential.
- Food distribution
- Suspend all? Lots of variables
- Lopsided inequitable and arbitrary. Exceptions to recommendations
- No, faith based organizations take care of more than worship services and other social services still need to be provided. It will cause a ripple effect through the community.
- May keep open for certain circumstances

### **SPECIAL EVENTS**

- Issues of cost of planning and having these events - reimbursement? - solution, add language to contracts
- Reduce wedding celebration to minister and couple only
- For weddings and funerals, families that host the event educate guests and make decision overall of having service at all.
- Give information card on recommendations in wedding invitation. Card comes from public health and has check boxes saying: Come following govt. recommendation, do no come at all, come at own risk. RSVP mandated.
- Funeral necessary for closure

- Weddings, people can have a private ceremony and a party later
- Clergy may need to come up with a way to have closure (less traditional means).

#### **MANDATED ACTIONS V. RECOMMENDATIONS**

- Recommendations are OK but not mandated
- Recommendations are fine for this
- Policies are rigid, recommendations lenient
- Recommendations yes but policy no unless she looks at what else is occurring in the population.
- Mandated vs. recommendations
- No, not government's right/place to recommend this.
- No, would welcome local health officials coming to faith community to provide recommendations/education

#### **OTHER**

- Among question 1 services, only one that could be effected is regularly scheduled services, big gatherings (corporate).
- Local health department should visit faith based organizations to identify the full range of points of transmission within that church/temple etc. -outreach programs, hospital programs.
- Ask those who are routinely involved in practices
- Very inclusive, too large of a question to decide
- I am on the fence.
- 4 individuals said yes , 2 said no and 1 said other when referring to closing faith based organizations.
- No, there is a need to educate everyone on a disease and transmission.
- Don't know, it is difficult to imagine living though a pandemic
- Masks are needed
- Common sense needed for thinking on feet

**Question 3: Should local health officials recommend that only some faith-based services and events be suspended? If so, then what kinds of services and events should be suspended or cancelled?**

Most of the responses to Question 3 fit into the categories of: 1) Possible Modifications; 2) Acknowledge and Be Sensitive to Unique Practices of Different Faiths; 3) Guidelines; and 4) Essential Services and Exceptions to Closures. In addition, there were a number of unrelated comments listed under "Other."

**POSSIBLE MODIFICATIONS**

- Maintain services in another format (web/TV)
- Still need to be done but can be done in a different way
- Feasts (large), conferences, annual conferences
- Communion - recommendation, but we all have a duty to know what is going on
- No, but would consider weddings because members outside of church membership might attend.
- Yes, defer optional activities, especially if severe
- Yes, continue baptism and funeral but may be smaller events or ceremonies of just family.
- Should consider suspending regular church services, special functions/large group
- Renting out facility/social meeting
- Yes, events, i.e. not spiritual in nature
- Only some? Yes
- Keep Sabbath, cancel mid-week services
- Keep Sabbath, whatever faith you have and suspend other services
- Shorten church services and include social services all in one day
- Have church services at another location, similar to home school, implement church at home, make pseudo ministers in family
- Go to church, no singing and no reading out loud
- Baptism suspension
- Catholic communion, communion cup suspended
- Cracker placed in hand by priest, to avoid all members touching
- Passing of tray of money suspended, collection at front of church
- Cancel non essential groups, etc.
- Private prayer allowed within sanctuary
- Prayer line open
- Television, websites, technology

**ACKNOWLEDGE AND BE SENSITIVE TO UNIQUE PRACTICES OF DIFFERENT FAITHS**

- Each church group may have services of varying importance.
- Communication to all denominations, all shapes and sizes. Tough!

- Lots of Mom and Pop church groups
- Lots of denominations w/varying levels of importance
- Need validation from faith based leaders that it is ok to do things differently
- Inequity between religions
- Large churches
- Religious principles. All faiths have guiding principles that relate to CDC guidelines. Incorporate them.
- Recommendations are a warning for certain types of events. Be careful that they do not focus on a specific religion. Games and picnics hit everyone. Social events, essential vs. non essential
- Jehovah Witness example of conference. Can't mandate them to cancel but can tell them how to be safe.
- Body preparations for certain faiths. Need to know length of transmission (SME answered body questions)
- First day soul may still be there. They could awake. 2-3 day wait periods to ensure death (Buddhism). Can modify during pandemic

## **GUIDELINES**

- Only if constraints, guidelines are generated (size of gathering, length of suspension)
- Freedom important
- Someone needs to be in charge -tell the policy of faith based organizations
- Concerns with sanctions against/responsibility of those who may not follow recommendations
- Do the greatest good for the greatest number
- Contingency plans should be based on level of severity of situation in both government and faith based organizations.
- How does public health determine what "some" is?
- Guiding principles ONLY -Alienate people unnecessarily
- Community would understand. Incorporate how to be safe.
- Local health could recommend but not mandate and enforce unless marshal law occurs.
- Accepted recommendation for the community
- No, should be left to individual churches
- People will adhere to public health.
- Public health defer to leaders in congregations to relay message on suspension
- No, who makes the determination of some?
- Need clear guidelines from public health on what can occur
- Faith needs to work with public health to develop guidelines on what should be suspended.

## **ESSENTIAL SERVICES AND EXCEPTIONS TO CLOSURES**

- What is essential?

- People who need services must be provided those services in some way.
- Must have food - food pantry meals still need to be provided
- Essential: maintain those lifeline services
- Keep food pantries, social services
- Food-consumed at faith based organizations
- Food taken to home from faith based organizations
- People may go to get food for the opportunity for social contact.
- Are there exceptions for cancellations like Holidays?
- Special events are core part of faith and values
- Real danger in alienating. Fear factor involved

#### **OTHER**

- 4 individuals said yes , 2 said no and 1 said other when referring to closing faith based organizations.
- Absolutely Not!
- Fuzzy thing to look at - Not clear thought
- Education critical - faith groups need to think about this from spreading of disease standpoint. To prioritize

**Question 4: Should local health officials recommend that faith-based services and events be *modified* in some ways? If so, then *what modifications* should local health officials recommend? Consider modifications for limiting the spread of the virus during worship services, special events, and essential social services.**

The answers to Question 4 fit into the categories of 1) Ideas for Modifications to Faith-Based Activities; 2) Public Health Recommendations for Modifications; 3) Roles of Faith Leaders and Congregants in Advancing Modifications; and (4) Education and Communication.

### **IDEAS FOR MODIFICATIONS TO FAITH BASED ACTIVITIES: WORSHIP SERVICES, SPECIAL EVENTS, AND SOCIAL SERVICES**

#### **Worship Services**

- People would move service to private homes. Shift locations
- Use volunteers to "serving", 10 people to distribute supplies
- Suspend "in-house" services
- Faith based leaders can come to home to provide services?
- Modify services, social distancing
- Add chlorine to foot washing
- Communion changes (shared cup) -- individual communion glasses rather than "communion glass" or disposable cups (6)\*
- One person in charge of breaking bread
- Passing the peace. Shaking hands. Lower human contact. If necessary how do we modify?
- Spiritual connectivity can continue with MP3 sermons and websites
- Catholics - TV does not meet the Sunday obligation. Perhaps this can be modified
- Multiple services during day
- Yes, use technology for delivering worship service. Teleconference, CD's, DVD's, VCR, PODCast, YouTube, Twitter, Internet/TV services/radio/public TV (5)
- Yes, distance conferencing, but ask screening questions to see if people are ill.
- No hand shaking (3)
- "Statements" of love an affection instead of touching
- Perhaps consider a bow or nod
- Don't sit in close proximity, spread out

#### **Special Events**

- Lifetime events to continue but be modified in some faiths

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\* Numbers in parentheses indicate the number of times an idea was repeated in the small groups data

- Mad cow example - Modified funeral practices based on education and recommendations
- Burials - timing of cremation/burial is issue
- Is there a priority to religions who require burials on certain days or within a certain timeframe?
- Deaths - limit those who attend "service"
- Mad cow example - Modified funeral practices based on education and recommendations
- Alternatives to sacred services, burial/cremation
- Baptisms - change practices?
- Confirmations
- Bat/bar mitzvah
- Any type of large group - Reduce?
- During precounseling for special events talk about health issues.
- Circumcision
- Weddings - is it non essential? Smaller weddings (2)
- Graduation in churches
- Late graduation ceremony but still get diploma on time
- No postponement of graduation
- No concerts
- No gospel concerts

#### **Essential Social Services**

- Deliver meals. Leave at door. Don't go in
- Home delivery of food
- Food drop off points
- Food issue - How to prepare can be modified and dispersing as well. Make food in home and bring to church
- Reconsider how food is handled (buffet not recommended)
- Homeless shelters - special needs population, food drops
- Modify delivery of social services, train people providing service on personal protection.
- Yes, have faith community go out into the home. Use "buddy system". Hygiene education
- Counseling via phone
- 2-3 families together.
- Smaller childcare groups
- Recorded messages sent by phone to citizens on what to do. Within message indicate if need specific social services to call this number to get services or to obtain additional information.
- "Helping Hands" visit homebound

#### **General Health Care Precautions for All Faith-Based Activities**

- Staying away from services



- Cover cough
- Preventative measures
- Healthcare precautions during participation/entry
- Who should not attend? At-Risk
- Provide masks
- Early warning - handholding
- Housekeeping changes - soap and water available, paper towels/disposable towels, hand sanitizer, glove use, masks?
- Supplies of masks/gloves may be needed
- PPE - masks. Should they have them?
- Gloves given at door
- Strategically place hand sanitizers (6)
- More Kleenex (2)

### **PUBLIC HEALTH RECOMMENDATIONS FOR FAITH-BASED ACTIVITY MODIFICATIONS**

- Faith based community makes recommendations
- Issue clear guidance on use and efficacy of masks.
- People need to feel committed to policy.
- Clear guidance on who should stay away and why.
- Lots of grassroots agencies have been put down by the government.
- See communities as resources
- Offer guidelines, Recommendations - not policy (2)
- Local health department to standardize what procedures need to be implemented. Re: kitchens and bathrooms
- Can local health department tell faith based organizations they "will do" certain things, re: sanitation?
- Each church has different rules. Faith based organization leadership will need to come together with public health to develop common ground on public health interventions to lower transmission.
- Guidelines on public gatherings
- Guidelines for how to best conduct services safely, weddings and funerals, what to do with starving people, emergency response phone network, set up a standard.
- Be creative especially since the need for services may increase; Recommendations from health department would be good.

### **ROLES OF FAITH LEADERS AND CONGREGANTS IN ADVANCING MODIFICATIONS**

- Faith groups work with public health on how they do things Now to limit transmission.
- Limit fear through faith groups
- Should faith groups screen?

- Groups within faith community delivers message - way to maintain sense of community
- See communities as resources
- Faith based data base
- Faith based phone network to alert members of change to services
- If recommendations or changes in practices are made these should come from high levels in those religious organizations, e.g. Archbishop, etc.
- "Every church should have a parish nurse".
- Yes, have faith community go out into the home. Use "buddy system".
- Yes, have faith community clarify media inconsistencies.
- Pastor/minister reinforce "if you don't feel well stay home"
- Church setting used for immunizations, keeping track of members (data base, i.e. demographics)

### **EDUCATION AND COMMUNICATION**

- Bulletins, distribute information
- How the message is delivered is important.
- Who delivers is critical
- Public Service Announcements, links for services
- Time is of the essence
- Education, personal responsibility, not sick now but may be incubating
- Bible schools, seminaries, etc, included in education
- While still being educated , spread the word
- Learn risks
- Hygiene education
- Encourage and empower young people
- Public health established networks to distribute how information changes and government changes.
- Point people to how information will flow
- Internet/TV services/radio/public TV
- Educate/Inform faith based organizations leaders now
- Education - cover cough, adjust communion, etc. Preventative measures
- What goes in the media to all people?
- Have public health set up ways to communicate and disseminate accurate information to the leaders of faith based organizations. Website, conference call, whatever method works. Than they can share with their communities. Have a meeting to share these with the leaders and come up with guidelines.
- SME for how long it will last (1st wave 6-12 weeks) and then other waves
- Education and prevention
- Recorded messages sent by phone to citizens on what to do. Within message indicate if need specific social services to call this number to get services or to obtain additional information.
- Reverse 911 recording

- Education, place in bulletins, speaker will note that it is OK not to shake hands and hug
- "Call trees" (phone chain) to send information
- "First responders" within church setting (retired nurses, police, etc.)

**Question 5: If you were to talk to public health decision makers about today's discussion, what five points would you want to make?**

Answers to Question 5 generally fit into some of the common themes identified in the large group wrap up. They are: 1) Partnerships – from the bottom up; 2) Communicate and Educate; 3) Planning; 4) Health Department Recommendation and Faith-Based Organizations; Faith-Based Organizations as a Positive Resource: person power, education, hope; 5) Tiered Response; and 6) Other.

**PARTNERSHIPS - FROM THE BOTTOM UP**

- Proactive, early, inclusive involvement in policy development, communication, plans, response, etc., manpower.
- There needs to be policies but there needs to be sensitivity and understanding of the faith based community. This opportunity is a landmark opportunity for government and faith based community to work together.
- Empower healthcare professionals within faith-based community to partner with local health so change comes from within faith based community.
- Include faith based organizations in the planning for various levels of a pandemic response. (what distinguishes required or recommended)

**COMMUNICATE AND EDUCATE**

- Communicate - Need to establish the difference between "recommend" and "mandate". Recommend is viewed as "I can do what I want".
- Understand appropriate use of technology and gaps.
- Minimize dispersion, maximize awareness, education by explaining how information changes rapidly, how decisions will be made and why.
- Effective two way communication.
- Find ways to educate and communicate with faith based groups (i.e. web based, PSA, newspaper, media).
- Improve information sharing between public health and faith based organizations: Use multimedia approach, provide advisories/latest information by phone, standardize the message in conjunction with faith based leaders.
- There needs to be a priority to communicate and educate the public.
- This opportunity will provide a way to reach many people especially those marginalized or less connected.
- Communication/Notification: TV, radio, phone, internet, voting locations, script messaging, reverse 911, of modification and central point of communication
- Education of community: Facts on pandemic, universal precautions, demonstration of hand washing and masks, treat all like sick.

**PLANNING**

- Strategize - plan -develop - implement - modify (acquire necessary financial and human resources
- Develop impact scenarios and issues and test it first.

- Have faith-based organizations assess their own communities needs and knowledge.

### **HEALTH DEPARTMENT RECOMMENDATIONS AND FAITH-BASED ORGANIZATIONS**

- There is a need for local recommendations/directions for modifications during pandemic.
- Public health should make all necessary recommendations, standard and mandatory recommendations.
- Limit social services, and worship services up to church leader to open doors of church or not (come at your own risk).
- Allow the control to remain within the faith based organizations. Make recommendations but let the choice to implement remain with the organization

### **FAITH-BASED ORGANIZATIONS AS A POSITIVE RESOURCE: PERSON POWER, EDUCATION, HOPE**

- Understand value of faith based community and involve them in all aspects of above, also source of hope!
- Recognize that a pandemic has a spiritual crisis component that needs to be addressed.
- Integrate faith based organization into existing system to distribute goods and services: food delivery/water, food pantry/public meals, will faith based organizations distribute masks, gloves, etc.?
- Explore how faith based organizations can work with each other emergency response efforts, e.g. CERT.

### **TIERED RESPONSE**

- Publicly Educate - Need to clearly distinguish levels of pandemic and what measures need to be done at each level.
- What level do you (public health officials) close? Assume modifications are already done); mandate.
- Lifetime milestone events that take place through a faith based organization still need to take place. Modifications to these events are OK and should be made based on severity of pandemic event.

### **OTHER**

- Public health needs to acknowledge that 50% of the community does not have any faith based affiliation.
- Need money to implement modifications, i.e. food, counseling, phone bank, masks, sanitizer, gloves, etc.. Does the facility or organization get the money?

## **Large Group Wrap-Up Discussion**

### **THEMES**

- Partnerships - from the bottom up
- Communicate - educate
- Health Department recommendations and faith based organizations
- Recommendations - decision remains with faith communities
- Faith based organizations as a positive resource: person power, education, hope
- Mandate vs. recommendation - who says so? Church vs. state

### **DIFFERENCES**

- 50% of community does not belong to faith community
- Lack of trust
- Consider other emergency services
- Create guidance
- Deliver message from a familiar source
- Use of technology - ability, capacity differs

### **SURPRISES**

- Ideas that surfaced require money
- Dedication of those who are here
- Commitment to process
- It has not been done yet
- My mind changed during the meeting
- We rely on faith based organizations for so much
- We are discussing now not during pandemic
- Use this group as a resource that is ongoing

**CUYAHOGA COUNTY: STAKEHOLDER DATA**  
**July 21, 2009**

**Question 1: Should local health officials develop policies to implement temporary social distancing strategies that target**

- regularly scheduled faith-based worship services;
  - special events (such as weddings, funerals, etc.);
  - social services (food pantry, community meals, counseling and support groups)
- as a method to minimize or prevent viral transmission during a pandemic?**

The answers to Question 1 are divided into the categories of 1) State and Local Health Department Policy and Guidance; 2) State Decisions Regarding Closures; 3) Roles of Faith-Based Organizations During a Pandemic; 4) Preparing for a Severe Pandemic; and 5) Modifications to Faith-Based Services and Special Events. Below is the small groups data divided into those categories and related subcategories.

**STATE AND LOCAL HEALTH DEPARTMENT POLICY AND GUIDANCE**

In regard to the general question of state and local health department policy and guidance, participants raised issues of mandatory closures v. recommended guidance and some ideas about the elements of state and local guidance.

**Mandatory Closures v. Recommended Guidance**

- Should have recommendations on changes in practice based on severity rather than mandatory changes.
- "Policy" what does that mean? How would it be enforced?
- Keep in mind there will be opposite ends of spectrum, liberal vs. conservative.
- Faith based/other school closure directives
- Discussion beforehand (church and state issue)
- Public health collaborate for education and understanding.
- Faith based needs public health to provide recommendations and guidance (i.e.. schools, daycare, etc.).
- Public health needs to be politician, take phone calls, etc.
- Civil liberties may need to be curtailed. Public health need to be transparent with their actions and have dialogue with community.
- Mistrust of government may impact public decisions.

**What should be included in the Guidance?**

- Interventions would be made based on severity.
- Err on side of community safety, people find comfort in worship but don't jeopardize the safety and health of people.
- Enforcement responding to the reality of situation.

**STATE DECISIONS REGARDING CLOSURES**

- Err on the side of public protection.
- Err on the side of public safety, however church may be "pulpit" for distributing information, etc.
- Question about legislation

### **ROLES OF FAITH-BASED ORGANIZATIONS DURING A PANDEMIC**

- Pastor go to the people.
- Certain things that are part of the church, e.g. food pantry would still be needed and would have to continue.
- Collaborate with public health to give flu shots at church.
- Keep social services going; need to prioritize: grief counseling, group homes, meals to homes.

### **PREPARING FOR A SEVERE PANDEMIC: EDUCATION AND PLANNING**

- Faith based schools needs sound information from public health to share with families.
- Question about difference in the way people are treating H1N1 on a global basis.
- Conflicting messages about situation between media, healthcare providers, etc.
- Concerns with reliability of vaccines, who will be interested in getting the vaccine; safety issues.
- Provide more information to public (in general) on event information/vaccine, need to be open.
- Correct information - how do you disseminate this?
- How should houses of worship handle cases within their congregation?
- How can houses of worship access resources?
- Get information out to community about the situation so they can make an informed decision about their activities during a pandemic.
- Information shared at worship service is different than community/educational information.
- Engage church leaders, explain to them the reality of the situation, help them implement the "policy".
- Don't cry wolf! Make sure it is a true public health emergency. Media sensationalizes.

### **MODIFICATIONS TO FAITH-BASED SERVICES AND SPECIAL EVENTS**

- There is a difference between worship and other church events (i.e. weddings, meetings, etc.).
- People of faith value coming together, but if an infected person is in service that causes the spread of germs. We need balance.
- Based on severity you would have to limit social interactions and practices.
- Common cup, wafers, signs of peace, may need to change practices during services, e.g. individual cups vs. common cups.



- Communion kits, individual sealed wafers may be more sanitary to limit transmission.
- Make hand sanitizer more available during services.
- Touch elbows instead of hands.
- Holy water - what do we do about this?
- Distancing during services? 6 ft. , how do we do this?
- Limit number of people accessing these services at the same time.
- Smaller congregations; (divide up) the overall number to have smaller groups, to allow for better spacing (social distancing).
- Virtual, TV, computer web vs. close personal contact.
- Perhaps masks, etc. could be used for gatherings.
- Funeral Directors need to be on the same page family is.
- May need to bury for health but delay ceremony.
- May have less people attend funeral services.

**Question 2: If so, then should local health officials recommend that all services and events be suspended?**

The responses to Question 2 fit into two categories: 1) Mandated Actions v. Recommendations and 2) Under Certain Circumstances.

**MANDATED ACTIONS V. RECOMMENDATIONS**

- Recommend vs. mandate
- Can a recommendation graduate to a mandate?
- Comment from ODH: Community containment is needed to slow the spread of infection to allow development of vaccine/meds.
- No...government should mind its own business.
- Snow day model
- Should recommend, not mandate that services be suspended.
- Doors of church will be open although public health may recommend suspending services. Give parishioners the choice.
- Safety of public, Marshal Law may be a consideration.
- Recommendation vs. demand
- Consider a weather advisory, don't go out due to bad conditions.

**UNDER CERTAIN CIRCUMSTANCES**

- Self preservation may rule
- People may adapt accordingly.
- Health officials need to balance "essential" services with what is of lesser importance.
- Will public health declare a level of emergency?
- How do we get the word out about
- How do you sustain needed services to at risk during a closure?

- What's important: saving lives vs. events.

**Question 3: Should local health officials recommend that only some faith-based services and events be suspended? If so, then what kinds of services and events should be suspended or cancelled?**

The responses to Question 3 fit into the two categories: 1) Guidelines and Essential Services and 2) Exceptions to Closures

**GUIDELINES**

- Focus on making sure people stay home if sick.
- Schools: people send their kids to school sick all the time. "Cheating the system" by giving Motrin to reduce fever and sending to school.
- Specialization: suspend daycare, counseling and keep grief counseling.
- Let churches decide what they want to do based on current information.
- All or nothing, there needs to be a uniform process.
- Suspend social activities, planned events (i.e. scout meetings, social groups, fairs).
- Consider religious practices that affect life cycle events (i.e. burials/funerals).

**ESSENTIAL SERVICES AND EXCEPTIONS TO CLOSURES**

- Maintain lifecycle events.
- Food related services are necessary for survival and wouldn't be suspended.
- How does the community maintain its functionality?
- Adapt meal delivery (frozen and for 5 days, rather than every day).
- Counsel over phone.
- Church service via mail.
- Phone trees
- May modify practices of food provision.

**Question 4: Should local health officials recommend that faith-based services and events be *modified* in some ways? If so, then *what modifications* should local health officials recommend? Consider modifications for limiting the spread of the virus during worship services, special events, and essential social services.**

The responses to Question 4 fit into the categories: 1) Modifications to Faith-Based Activities; 2) Roles of Faith Leaders and Congregants in Advancing Modifications; and 3) Education and Communication.

**MODIFICATIONS TO FAITH BASED ACTIVITIES: WORSHIP SERVICES, SPECIAL EVENTS, AND SOCIAL SERVICES**

**Worship Services**

- Virtual church services
- Home devotionals

- Do away with common cup.
- Local stations to broadcast religious services.
- We do call off church services for weather so it is not unreasonable to cancel due to Panflu.
- Communion modified.
- Fellowship time modified.
- Holy water, is this concern?
- Have at risk groups stay at home for a phone- based service.
- Online sermons and classes.
- Weddings - limit size of attendance
- Funerals - smaller service
- Consider ways to deliver food to homes.

### **ROLES OF FAITH LEADERS AND CONGREGANTS IN ADVANCING MODIFICATIONS**

- Let leaders of church know what is going on and they will get word out to congregations.
- Let leaders carry message to members (leaders have credibility).
- Leadership/train the trainer workshops.
- Visitation committees
- Religious community have dialogue with health officials to avoid Draconian measures.
- Have back up plans.

### **EDUCATION AND COMMUNICATION**

- In collaboration with public health, outreach in smaller group settings of community.
- Phone tree (especially elderly who may not be technology savvy).
- Chat rooms
- Keep documented materials at church or house of worship.
- Outreach as a tool to educate.
- Common sense should prevail.
- Bring parents/care givers to the table.
- Educate about cough etiquette.
- Automated call to notify people of situation with recommendations.

**Question 5: If you were to talk to public health decision makers about today's discussion, what five points would you want to make?**

Answers to Question 5 generally fit into the two categories: 1) Partnerships between Health Departments and Faith-Based Organizations and 2) Communicate and Educate.

## **PARTNERSHIPS BETWEEN HEALTH DEPARTMENTS AND FAITH-BASED ORGANIZATIONS**

- Transparency from public health regarding how decisions are being made.
- Use enforcement cautiously, with sensitivity to certain groups.
- Understand church vs. state
- Essential services open as long as possible.
- We need community involved in preparedness process.
- Dialogue between public health officials and church officials; partnership, no talking down from public health to church.
- Help set up modifications; churches need resources to have web based services, etc.
- We need advance preparation/planning/exercises.

## **COMMUNICATE AND EDUCATE**

- We need public health to provide: education/training, communication, leadership, resources, guidelines.
- We need public health to provide public information via public/free TV.
- Public health need to know that people are not taking it (H1N1) seriously.
- Give us all the information/current information to improve trust in government.
- The way the current information comes forward (i.e. media) is important. Provide the facts. Reliable information; seriousness vs. panic. Direct public where to go for reliable information.
- Overall education of public is important. How to reach people with the information will be important to plan for.
- Education needs to occur to have base for decisions.

**Question 6). Based on the day's discussion and the community-at-large findings, what are your recommendations for actions to be taken by public health officials in the next 6-12 weeks? In the next 6 months?**

The responses to Question 6 fit into the categories: 1) Communicate and Educate; 2) Organize Within and Across Faiths; and 3) Faith-Based Organizations as a Positive Resource. The strategies in each category are divided into those recommended for action in 6-12 weeks and in 6 months.

## **COMMUNICATE AND EDUCATE**

### **6-12 weeks:**

- ID leaders and provide training.
- Provide us with information (print, video) to share with members.
- Stay up to date with pandemic information.
- Get information to schools about influenza, exercises.
- Community via websites, Shaker, Cuyahoga, Cleveland.

- Bilingual community via translated materials.
- Community with information about PPE (Expert explained the proper use of PPE and the types of PPE).
- More simple information about hand washing and general cleaning.
- Create concise, understandable educational piece that anyone within public health can deliver.
- Raise public awareness: Health fairs, festivals.
- Two way communication
- "Train - the - Trainer"
- Public health do not send letter; need appointment and 1:1 to get buy in. Letter goes in trash.
- Regular updates in the form of newsletters, web and continue beyond "crisis" to dispel rumors.

#### **6 months:**

- Phone bank to answer questions, listserv, blog.
- Forums
- Workshops
- Maintain communication with key leaders.
- Create a lifeline that will provide information via a live person.
- Continue networking with community. Monthly updates - talking points (written and multi media).
- About 6 months begin weekly updates (written and multi media).
- Expand outreach beyond houses of worship to other agencies and or organizations.
- Communication easier; email, etc. will now be acknowledged.
- Public health needs to reevaluate and give feedback of process to determine how well things are going.
- Share training information
- Public health needs to reevaluate and give feedback of process to determine how well things are going.

### **ORGANIZE WITHIN AND ACROSS FAITHS**

#### **6-12 weeks:**

- One Justice Witness Ministry - connect with her and the organizations she works with.
- Jewish Community Federation
- Co-labor with other organized religious groups.
- Work with the Islamic Center/Society
- Ohio Chaplains in Healthcare
- Pastors, rabbis, etc. should be communicating to their congregations.
- Everyone from pulpits deliver the same message on the same weekend (coordination of all faiths on a "pandemic flu" weekend). Southern Michigan used this approach for high blood pressure, etc.
- Sense of camaraderie with all faiths.

**6 months:**

- By January 2010, establish a regular pathway for communications from public health to faith based stakeholders.
- Blogs/electronic forums
- Templates for letters
- Periodic meeting with this group
- Create phone tree
- Use the media
- Now businesses, churches will be receptive to emergency preparedness; otherwise what you have put into place will fade away.
- Public health to check with leaders of churches to see if actions effective; adapt to other situations and scenarios as useful (i.e. blizzards, etc.).

**FAITH-BASED ORGANIZATIONS AS A POSITIVE RESOURCE****6-12 weeks:**

- Faith based community with guidelines.
- Create links to religious communities and faith based leaders and social service agencies.
- Start with heads of organization, ask how can we get message to your members.
- Educate religious leaders with basic knowledge.
- Hold trainings for faith based leaders.

**6 months:**

- Collaborate with faith based organizations on flu vaccinations.
- Publicize information on antiviral distribution and recruit for volunteers to assist via faith based organizations.
- Distribute prevention materials (signage) to faith based organizations for posting and dissemination (flyers with pictures).
- Create a faith based/social service database.
- Create a community taskforce of multi service agencies.
- Continue dialogue
- Now businesses, churches will be receptive to emergency preparedness; otherwise what you have put into place will fade away.

**Question 7). What can stakeholders do to assist public health officials and the community?**

The responses to Question 7 fit into the categories: 1) Communicate and Educate; 2) Roles of Faith-Based Leaders and Community; and 3) Coordination with Public Health. The strategies in each category are divided into those recommended for action in 6-12 weeks and in 6 months.

**COMMUNICATE AND EDUCATE**

**6-12 weeks:**

- Provide educational opportunities
- Think of ways to have community view this as a serious matter.
- Pick up speed, momentum -now
- Create an e-newsletter
- Survey congregation with pre/post test to measure knowledge gained from training.
- Invite public health to discuss public health issues on prevention, wellness, testing/screening, and hand washing.

**6 months:**

- Blazing Trail Worksheet: Workshop to educate others; take message back to own organization.
- Informational tools distributed at hunger centers, meals on wheels, etc.

**ROLES OF FAITH-BASED LEADERS AND COMMUNITY****6-12 weeks:**

- Go to trainings - ongoing
- Create a letter to capture what was gained from forum and share with others in their faith based communities. Add fact sheet
- Organize houses of worship by community. Each community can sponsor an event and invite their neighborhood congregations.
- Encourage partners to put this on their agenda
- Introduce and support public health PanFlu initiative with faith based community.
- ID six faith based leaders to work with public health on initiatives.
- Post public health link/information on church website - bulletin format also (multimedia).
- Offer "day of public health" at faith based organizations.
- Step up to respond as volunteers - now
- Contact local public health officials to volunteer -now
- Identify and motivate people within faith based organizations to share the information.

**6 months:**

- Coordinate a faith based forum
- Serve as information ambassadors
- Faith based organizations can help to reach out to parents on the current public health recommendations on the disease.
- Provide guidance to people who are at home. Home care of ill persons and caregivers.
- ID special populations at risk, (shut-ins, etc.).
- Catholic Charities can offer locations for events (i.e. vaccinate, etc.).
- Reach out to other related groups.



- Help identify other groups that may be isolated.

### **COORDINATION WITH PUBLIC HEALTH**

#### **6-12 weeks:**

- Help frame response
- Assist with planning
- Take lead from public health on next steps.
- Liaison from public health in faith based community.
- Distribute the information provided by public health.
- Parish nursing/health ministry to link up with public health.
- Call backs to today's participants so that they have a contact person at health department.

#### **6 months:**

- Share information on attendance to assist public health in monitoring status of health in community.
- Share "pulse" of congregation with public health. What are the concerns?  
Truth vs. rumor
- Leaders can help identify key people to help public health.
- Parish nurses need to be part of the situation.
- Continue relationships with government (public health) and public.  
Government communicates at beginning but then drops the ball; need ongoing dialogue to implement actions and get cooperation of public.

### **THEMES FROM LARGE GROUP DISCUSSION**

- Need for training: Parish nurses/nurses guilds
- Utilize multi media for FAQs, talking points, rumor control: email, etc. Create a database, build an infrastructure
- Pick a day/week for a common message.
- Keep involving shut-ins: Essential social services, activate networks.
- I.D. those already doing health work in congregation.
- Dan's area-clergy training network
- Multi level marketing: each person reach out to ten more.
- Multi language outreach
- Be proactive not reactive
- Create a diagram showing how public health and faith based communities can work together.
- Figure out how we are going to maintain the relationship. Collegial
- To Do this week:
  - Health alert network
  - Draft a personalized letter telling what we did today, inviting others to join us.

- Distribute fact sheet and letter from public health with this letter.
- Give us the basic facts, we do the blurb.
- Plug public health info. into our newsletters.
- Give us a participant list from today, with contact information.

## FRANKLIN COUNTY: COMMUNITY DATA FOR STAKEHOLDERS

Below is the high level summary of the comments captured during the community engagement day meeting that was held on June 20, 2009. Answers were summarized using descriptive categories. These categories are listed below each question. The answers from the community, along with those captured today, will be documented in a final report. This report will be available to the community in the next couple of months.

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### **QUESTION 1: HOW WOULD SCHOOL AND CHILD CARE CLOSURES AFFECT YOU AND OUR COMMUNITY?**

#### **1. Concerns For Children**

- Safety (being home alone and sexual predators)
- Interruption to education and effects on scholarships
- Disruption to services that meet basic & social services provided by schools
- Having a place for children to go (locations like libraries, fear of closures)

*“If no social services who and how can we get help? All becomes overwhelmed - where do we turn?”*

#### **2. Economic Impacts**

- Impact to family income and fears of loss of employment
- Impact to business (reduction in workers and customers)

*“Childcare closures would result in parents staying home - can impact income and loss of wages”*

#### **3. Concerns For Health And Well-Being**

- General concerns for health and public health (lack of medical supplies, how to safely care for sick)
- Concerns for mental and behavioral health and abuse

*“Rec center closed - see rise in youth pregnancy and other public health issues on the rise - kids are kids”*

#### **4. Community Safety Issues** (increase in vandalism and crime)

*“More stress causes rise in abuse, family problems, parents forced to stay home, rise in crime”*

#### **5. Desire for Education and Preparedness** (increase personal responsibility)

*“Take personal responsibility - get families prepared now!”*

#### **6. Childcare Issues** (logistical and resource issues involved)

*“Impromptu daycares might pop up”*

#### **7. Other Family Issues** (vacation issues, pets, how to isolate/quarantine kids)

*“Kids are hard to isolate/quarantine”*

#### **8. Community Effects and Governmental Role** (homeless, transportation, expectations of government)

*“How would public freedoms be affected?” “I fear that the city could come to a shut down.”*

#### **9. Possible Positive Effects** (increase in family interaction and safer communities)

*“Can create more family interaction”*

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### **QUESTION 2: HOW MIGHT PEOPLE DEAL WITH THE IMPACT THIS MIGHT HAVE (QUESTION #1)?**

#### **1. Individuals, Families And Neighborhoods Can Help Each Other**

*“Neighbors helping neighbors - need to plan to work together - pool resources.”*

#### **2. Role and Need for Resources in the Broader Community**

- General community resources (food pantry, social agencies, community service organizations)
- Volunteers (screen to remove predators, use volunteer recruitment bank)

- Churches (care for well, use as safe place for kids, food supplies)
- Schools (education alternatives, extend school year)
- Businesses (free cable/internet, refund tickets, flu kits in stores, delivery of supplies)

*“Community Service organizations provide more services and use of their expertise”*

**3. Emotional Responses** (panic, fear, frustration, stress, etc)

*“There could be a run on grocery stores, pharmacies, gas, supplies, banks. Need guns to protect.”*

**4. Desire for Effective Methods of Education & Communication**

*“Create a sense of urgency to get people to act and prepare”*

**QUESTION 3: GIVEN THE SCENARIO, SHOULD PUBLIC HEALTH ALSO CONSIDER CLOSING ADDITIONAL VENUES SUCH AS MALLS, THEATERS, AND SPORTING EVENTS? WHY?**

**1. Closures and Compliance as an Individual Choice**

*“Give people information to make choice”*

**2. Support for Closure of Other Venues**

*“Agree with closure based on needs/service to community”*

**3. Modifications that Allow Venues to Remain Open**

*“Wear gloves and masks instead of closing”*

**4. Ideas for Phased or Conditional Closure**

*“Begin with warning and precautions first - Educate public on what to begin doing”*

**5. Consequences and Economic Impact Of Closures**

*“Economics is a huge issue - many people living hand to mouth now, this would break down.”*

**6. Services That Need to be Maintained**

*“Something needs to be in place to keep peoples utilities on (if they can't work, they can't pay the bills)”*

**7. Ideas on How to Effectively Communicate and Educate the Community**

*“Public Health should give lots of information to help people make the best choice”*

**QUESTION 4: GIVEN THE SCENARIO, IF PUBLIC HEALTH RECOMMENDS THE POSTPONEMENT OF SPECIAL EVENTS (E.G. WEDDINGS, FUNERALS AND GRADUATIONS) HOW WILLING WOULD YOU BE TO FOLLOW THESE GUIDELINES? WHY?**

**1. Postponement and Attendance are an Individual Choice**

*“At some dire point it becomes life or death and it is still your choice”*

**2. Reasons for When They Are Likely or Less Likely To Comply With Guidelines** (severity of illness and doing what is best for community vs economic issues and personal rights)

*“Would look at what’s best for community” vs “Religious reasons and beliefs-disrespect to deceased”*

**3. Economic Effects Of Recommendations** (refunds or allowing postponement dates would help)

*“Would be willing to follow the guideline if could get back some of the money/reschedule”*

**4. Possible Modifications To Events** (limit audience, public health set ground rules to be safe)

*“Public Health set ground rules - wear mask and gloves to attend”*

**5. Effective Methods of Education & Communication**

*“Public education is very important - hand washing campaign”*

**6. General Guidance For Decision Makers** (issue guidance not mandates)

*“Decision makers consider all factors - values, health, individual, community”*

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**QUESTION 5: IF YOU WERE TO TALK TO PUBLIC HEALTH DECISION MAKERS ABOUT TODAY'S DISCUSSION, WHAT FIVE KEY POINTS WOULD YOU WANT TO MAKE?**

**1. General Guidance For Policy Development**

*“Priority needs to be limiting spread of disease, public health and safety.”*

*“Public Health officials should use knowledge and expertise to do what is best for community. Up to each person to decide their response”*

**2. Desire For Equity**

*“Decision makers should consider needs and values of individuals and communities to ensure unbiased decision making”*

**3. Need for Planning**

➤ **Community Planning**

*“Economics - Collaborate with all businesses, organizations big and small and all community partners to work together to protect the income of community members”*

➤ **Personal Planning and Preparedness**

*“Individuals, vulnerable populations, families and businesses need tools to prepare ahead of time”*

*“Help/encourage community members to take personal responsibility for self and others’*

**4. Resources That Will Be Needed**

*“Alternative childcare arrangements needed, use churches and community persons to help so no one has to lose too much work.”*

**5. Importance of Communication And Education Efforts**

*“Choices and consequences matter - give recommendations and educate people about them as much as can be done, but people must be allowed to choose - people need to work together, use common sense.”*

## **FRANKLIN COUNTY: SMALL GROUPS DATA (DRAFT)**

### **Question 1: How would school and child care closures affect you and our community?**

The answers to Question 1 are divided into the categories of 1) Concerns for Children, 2) Economic Impacts, 3) Concerns for Health and Well-Being, 4) Community Safety, 5) Education and Individual & Family Preparedness, 6) Childcare, 7) Other Family Issues, 8) Community Effects and Governmental Role, and 9) Possible Positive Effects. Additional unrelated comments are listed under “Other”.

#### **CONCERNS FOR CHILDREN**

Responses in this category are subcategorized into safety, interruption to education, disruption to services that meet basic and social needs provided by schools, and having a place for children to go.

##### **Safety**

- Concern - kids left at home by themselves. Safety - who is watching, kids vulnerable to sexual assault
- Important to have a safe place to go
- Loss of safe haven for children

##### **Interruption to Education**

- How will kids learn? Who is teaching? Quality of education, is home environment okay for learning?
- Keep school work going on at home - computer at home
- Effect on education
- How will it affect school year and learning? Athletic scholarships and ability to compete
- Loss of education (missed school)
- Children will miss out on learning - impacts education
- Learning process interrupted - schools pre-prepared lessons

##### **Disruption to Services that Meet Basic & Social Needs Provided by Schools**

- Food - where will they get food?
- Staying at home there is no food - Kids eat all day - where does the food come from?
- If no social services who and how can we get help? All becomes overwhelmed - where do we turn?
- Would affect special needs services, nutritional needs of fixed income families - services not available
- If schools close, children on free lunch program would go unfed
- Children are fed at school - less/no food at home

- Special needs populations would need extra assistance
- What access will kids have to “normal” services, i.e. library (access would be good for them but has exposure?)
- Loss of activities for students: physical activity and social activity
- Social service agencies are just as important as health care

### **Having a Place for Children to go**

- Any homeless and youth - where do they go in the daytime? Facility closed
- Where can people go?
- Rec centers already closed
- Library will get overrun - where - understaffed to handle volume, they do lunch in the summer

## **ECONOMIC IMPACTS**

Economic impacts are subcategorized into family income and employment and business.

### **Impact to Family Income and Employment**

- Economic - really difficult for parents/grandparents to stay home. Caregivers can't work so impacts all levels of family income - if no pay can't make rent
- Home invasion and crime to rob to pay bills - if work has to close how do people get paid?
- Economic effect of parents not working
- If parents can't afford to be off - what do they do?
- What if I lose my job?
- Welfare children - will cost more to take care of them
- What is more important - keep income or take care of kids
- Childcare closures would result in parents staying home - can impact income and loss of wages
- Family expenses would increase: food and utilities
- May need more money to pay baby sitter
- If I have to stay home, some employers would not understand - could be let go - financial aspect
- 10 days off - bills. How to make up time?
- Less money if no sick leave or vacation policy
- Economic impacts - no parent paycheck
- How long can you stay home from work?
- “Essential employees” expected to work regardless
- Hope company understands
- Work - parents run out of sick time
- Economic impact of childcare providers and parents who have to stay home from work
- Can't work

- Fired for missing work if do not have sick days - increased need for community services - increased recession

### **Impact to Business**

- Loss of income for daycare providers
- Economy!
- Public health officials should encourage businesses to be lenient with staff
- Businesses and customers are not around
- Businesses not having people to work
- Two parents home with ill child - parents spread illness to work place
- This will up the number of people not at work
- May cause other businesses to close if parents stay home
- Businesses not having people to work
- Should burden shift to businesses to accommodate?
- Co-workers may bring sick kids to work (or attend work when they are sick themselves) lots of missed work
- Work attendance problem
- Close a university - impact employment education, graduation
- Impact money coming into city/area

### **CONCERNS FOR HEALTH AND WELL-BEING**

Participants identified general health concerns, and mental and behavioral health and abuse concerns.

#### **General Concerns for Health and Public Health**

- Meds/supplies available to care for ill
- How to separate well from ill?
- Affects medical professionals too (they have child care needs too)
- At home children get bored/video games, unhealthy eating and obesity
- Rec center closed - see rise in youth pregnancy and other public health issues on the rise - kids are kids
- Grandma is babysitting - so elders more at risk of getting sick
- Potential for caregivers to get sick
- If schools are closed, it should be because the need to control infection is great, it needs to be weighed against the effects
- "Screen" children for symptoms
- Can't go to Dr. - How to treat and who will pay?
- Could create greater exposure

#### **Concerns for Mental and Behavioral Health and Abuse**

- Increase in mental health issues and drug use (suicide and depression)
- Increased stress/home tension
- Can be stressful - deviation from routine



- Stressful situation cause family friction: more time together, frustration of having to stay home, parenting skills tested
- More stress on parents results in more stress on kids
- More stress causes rise in abuse, family problems, parents forced to stay home, rise in crime
- Additional home stress with kids at home - increased abuse

### **COMMUNITY SAFETY**

- Vandalism - roaming groups of kids - troublesome
- Crime could increase - trouble
- Concern that children out of school will increase risk in neighborhood
- Bored children = increased crime and violence
- Kids on the streets - getting into trouble, kids will congregate anyway
- Teenagers - mischief, i.e. vandalism

### **EDUCATION AND INDIVIDUAL & FAMILY PREPAREDNESS**

- More individual level preparedness
- Neighborhood kids preparedness plan at neighborhood level, i.e. outside on bikes ok? Always inside?
- Education! Wash hands etc.
- When schools/child care close more people watch news, more opportunity for messages / preparedness information
- Take personal responsibility - get families prepared now!
- Media affects public response
- Rather see more information/panic versus not enough
- Educate about how disease spreads, i.e. kids on bikes infect person on porch
- Comes down to more information - wash hands, vaccine, when schools reopen
- Information from health department, news department - same places gets school closing
- Rural - local radio, newspaper, cable, no local TV
- Mail sources

### **CHILDCARE**

- Someone to watch children, especially for those who work
- As retired person, I will be watching grandchildren
- Single mom, I don't have any resources
- What do single parents do?
- No back up sitter - you can't work
- Affect family work due to child care change
- Can someone from community step in to help out?

- “Community” set up child care center (i.e. church, some moms in the neighborhood)
- Call on extended family and get to know neighbors
- How will separated/split/mixed families deal with shared care?
- What will we do with kids when we have to work?
- Parents have to be home
- Change childcare to various relatives, friends, and other foster parents
- Other arrangements for childcare (parents)
- Social impact of children left alone due to lack of other options
- Need to find alternative child care
- Local child care center serves 100 children - huge impact to these families
- 1 closure could up usage of other facilities, need more staff
- Impromptu daycares might pop up
- Parents would sent to uncles home (family) if there were closures - potentially have a lot of kids
- Dynamics of child care would change, collaboration of individuals in families
- Where would we send the healthy kids if parents have to work?
- If childcare closed, quarantine possible
- Sick kids shouldn't be left alone At home - increased internet, kids accessing pornography, bad site
- Kids at home - access to drugs ad alcohol
- Possibility of neighbors sharing care of sick kids
- Some may have no choice to leave kids alone who are ill (lots of phone calls, instructions to kid who are ill)
- Home alone issues
- Segregated/designated buildings for kids for parents that have to go to work

### **OTHER FAMILY ISSUES**

- May affect travel/work plans, social/emotional needs
- Extend into summer
- Affect vacation
- Kids transmits to pets
- Kids get bored
- Kids are hard to isolate/quarantine
- Object to minimize spread - can they go to a grocery store?
- What about other kids congregating in public?
- Kids out on streets - no activities but kids still may gather and play
- If childcare closed, quarantine possible
- Families would stick together but keep others out who are sick

## **COMMUNITY EFFECTS AND GOVERNMENTAL ROLE**

- Will affect everyone - stress!! Law enforcement
- Homeless - who cares for them? Many at risk everyday to become homeless
- School personnel could potentially be home with their sick kids of themselves
- Transportation would be affected
- Can community people help the kids who aren't ill?
- If government can spend billions on war, why not help out right here: chemical protection suits
- Equip each house with chemical protection out - government issues
- How would public freedoms be affected?
- Fear that city could come to a shut down
- Government steps in to help out
- School closure may cause fear: lack of information about why needed for infection control
- May move kids from one community to another

## **POSSIBLE POSITIVE EFFECTS**

- Can create more family interaction
- Could result in a safer community

## **OTHER**

- Children unsupervised - counteracts isolation
- Schools teach about how to stay safe - wash hands, cover cough - schools control that - home not as good a place to keep hands to self or entertain
- Put in God's hands
- Kids not as respectful as used to be
- Depends which close
- Flow will be supervise children, parents have to work for food, money, benefit

## **Question 2: How might people deal with the impact this might have (question #1)?**

The answers to Question 2 are divided into the categories of 1) Individuals, Families, and Neighborhoods, 2) Role and Resources Needed in the Broader Community, 4) Emotional Responses, 5) Education and Communication, and 5) Other. Several subcategories were also identified.

### **INDIVIDUALS, FAMILIES AND NEIGHBORHOODS**

#### **Individuals**

- Instead of just government providing, INDIVIDUALS step in and help each other - mobilize and be resourceful and helpful to others
- Common sense use - not waiting on the experts
- Individual - We should go now to churches and network now in preplanning to get ready for this. Go back to grass roots. Plan so we feel more secure
- President said volunteer
- Personal Responsibility Campaign: Educate and encourage people to take responsibility
- You need to keep your family safe - you have responsibility for your kids if you aren't home
- How people respond to the situation will be individual decision
- 1st what am I going to do
- 2nd what am I going to do to help others
- Now planning
- Important to have numerous backup plans
- Bring in people who are immune (have already had virus) to help
- Financial impact - if I can't afford to prepare, what then? Where do you go?

#### **Families and Households**

- Extended family can help out
- Rely on family and friends for back-up
- Individual household decision
- Use family/friends, develop support system
- Each household prepares for occurrence
- Make household/individual plan
- Parents need to figure out what is best for their kids.
- Buy "MREs"
- People will need to have food supplies
- Budget for funds
- Post on your door - "We're sick"
- Use signs to let others know you are ill
- Go back to "basics", gardens and home schools
- Need to provide parents solutions for kids other than electronics- be active outside, family night, board games, card games, mental mind games, metro parks.

- Helpline for parents, fully staffed parent needs support system, parent stress resources
- Activities for kids (go to library if open?)
- College students- already paid -have exams - impact of missing classes can be severe, won't get money back
- Lack of income would affect ability of people to buy food, etc.
- Increase in homes w/ one working parent
- Parents without support system do not have options

### **Neighborhoods**

- People might work together more
- People may have to group kids in other places to care for them
- Neighbors helping neighbors - need to plan to work together - pool resources
- Check on neighbors - protect them with masks and hand washing
- Communities and households create emergency kits
- Organizational and personal offers to help
- Utilize family/community support structures: grandparents/family, charity
- Would try to be prepared for large amounts of kids
- Small communities controlled
- Some communities will band together - but how?

### **ROLE AND NEED FOR RESOURCES IN THE BROADER COMMUNITY**

In addition to general community resources, several other subcategories of broader community resources were identified: volunteers, churches, schools, and business.

### **General Community Resources**

- Reaching out to help others in the community
- Family? community support systems based on remote contact: phone calls, email/computer/websites
- Community service organizations provide more services and use of their expertise
- Repurpose current organizations
- People may need to seek social service more often (food pantries, etc.); people would have less purchasing power
- Governing officials responsible for keeping under control/reimbursement.
- More disinfectants/masks available to the public
- Rec center?
- Community centers for influx of kids - although might be closed
- Older kid congregating: open centers for them to meet. Better control, who is responsible business or parents?
- Social distancing - Meals on wheels for kids and families
- Food pantry accept contributions and deliver needed foods
- "Emergency Kit" for children who usually eat at school
- Medical care on wheels
- Social agencies think out of the box and they talk to citizens

- Public Health work with Action for Children and Child and Family Services to address this issue and problem, be inclusive in ALL discussions
- Health Department open for education - use centers to educate and screen
- Red Cross to open facilities?
- FCJFS probably won't be helpful if the parents can't work
- Food budgets - church and food pantries, stereotype stigma of who needs food
- Could overcrowd groceries
- People may buy more than they'll need
- Getting food will be hard (should government provide food?)
- Perishable items would be a problem
- Electric, gas, utilities, water - how will these continue?
- Send the sick to one location/send the well to one location
- People need to be entertained, need stimulated

### **Volunteers**

- Mutual help - Don't PANIC - volunteers will be needed - maybe elders (retired) could cook or watch a family or kids
- Children's safety needs to be considered - need screening so no child-child predators volunteering - begin that screening Now - All volunteers with kids need fingerprinted before allowing with kids
- Need Public Health to step up with authority to get volunteer screening done ahead of time - help neighborhoods get fingerprinting - kids vulnerable, i.e. if want to work in child care need background check - begin that process NOW!!
- Need protocols today - think through volunteer recruitment bank and roles they will play
- Volunteerism may increase. Helping others

### **Churches**

- Need to set up alternatives for children - do not congregate i.e. go other places, churches? People need to build up food supply little now at a time, perhaps churches could begin having drives to help up supplies for those not able to do - get a little extra each week - can food pantries allow little extra?
- Church based care for "well"
- Increased reliance on church help
- If you aren't sick and kids aren't couldn't church be used as a safe place for kids?
- Will CPH/CDC tell us if church idea is ok?
- If not ok, what then?
- How long will it take Public Health to get back to us on this idea?
- People in power need to respond - religious leaders
- People look to church

### **Schools**

- School closed - teachers available to assist community - offer distance learning
- Use of school teenagers to part time babysit and a grant to teach them

- Education can continue with electronics - but some do not have electronics
- Take home packets, at least 2 weeks worth can be given to students
- Channels on TV for work at school
- Home school or use computers to keep up with education if lengthy
- Above would require adult monitoring/enforcement, parents/teachers/aides
- Extend school year
- Online schools use IBM or other company donations
- Schools need to count computer needs
- Preparedness information distributed in schools with kit focused games for entertainment and food etc.
- Schools go to online learning if closure is extended - no computer send home textbooks
- Bring kids to work for online access to school

### **Businesses**

- Companies to offer free cable and internet to provide activities - also cleaning supplies
- Reimburse for unused tickets/venues
- Pre - announcement need to have stores prepared with stock piles, even if full warehouses
- Stores not prepared for wind storm
- Stores need constant supplies
- Flu kit instructions at stores
- Free resource i.e. gas station, grocery, library, fire station
- Delivery of food supplies from businesses: Mid Ohio Food Bank, Lifecare Alliance (can provide coordination)
- No workforce - businesses shutdown - big impact

### **EMOTIONAL RESPONSES**

- Those "babysitting" can become ill then people panic
- Panic
- Could be a run on grocery store, pharmacies, gas, supplies, banks, guns to protect.
- Feeling of desperation - Would do things you normally would not do (to protect/feed your family)
- People will take advantage of the less fortunate, price gouging, vandalism, theft.
- More frustration in some communities
- More fear in some communities
- More apathy in some communities
- Panic - stores empty, gas lines long
- Impact - family dynamic, stress
- Stress increases food consumption

## **EDUCATION & COMMUNICATION**

- Need to know and get information on who to call - do we have plan B and get that word out
- Information out NOW about where to get information - seems scattered now.
- List of what is needed before and after, especially for entertainment
- Create a sense of urgency to get people to act and prepare
- Communication must be stepped up, using media. Let the community know how to help
- People need to weigh the risk of exposure - need information! Social distancing!?
- Publicizing available resources/services: flyers, TV, mail, newspaper, other
- TV/Radio/Newspapers give facts
- If no TV/can't read?
- If no TV, use computer
- #1 Problem of TV - DTV. If you don't have the box or you don't have cable how will you know school/child care closed? (use radios)
- Education - TV's don't have converter boxes how do we educate? People now doing without TV
- Washing hands falls off after awhile, need specific TV station, i.e. the analog TV switch was advertised for a long time
- Billboards
- Set up community based Wi-Fi- free to all: interactive pandemic network, corporate support to community

## **OTHER**

- Don't see HOW kids will be kept apart
- Once in peak of pandemic, isolate everyone
- "Well" kids will still be together
- Would want to have a plan - none would be devastating
- Possible use of RR cards as a place to keep folks.
- Schools used to call if closing



**Question 3: Given the scenario, should public health also consider closing additional venues such as malls, theaters, and sporting events? Why?**

The answers to Question 3 are divided into the categories of 1) Closures and Compliance as an Individual Choice, 2) Support for Closures of Other Venues, 3) Modifications to Allow Venues to Remain Open, 4) Phased or Conditional Closure, 5) Consequences to Closures, 6) Economic Impact, 7) Services that Need to be Maintained, 8) Communicate and Educate. Responses not associated with these categories are listed under "Other".

**CLOSURES AND COMPLIANCE AS AN INDIVIDUAL CHOICE**

- No, Should be up to parents, individuals, common sense
- Should be a personal choice to go out or stay home
- Facts - give facts for own decision
- Give people information to make choice
- Schools/malls close going somewhere - people would congregate, we are human
- People are not going to stay home

**SUPPORT FOR CLOSURE OF OTHER VENUES**

- Government order people to stay at home
- Agree with closure based on needs/service to community
- 5 people said yes
- Yes, sick people often don't stay home
- Yes, sporting events have a large crowd, yelling, spitting. Optional - considered not a "have to"
- If Public Health thinks schools should close, also close venues
- No dissenting opinions
- Closing -Yes
- Yes, those places also promote spread through human contact.
- Yes, kids will go to mall, etc. If school is closed and spread there
- Yes, lowering the chance of spread is most important
- Yes, because the spread could be contained - not vital
- Keeps those who don't think they are sick from gathering
- Close all venues
- Malls closed too
- Football - 100,000 people (refunds?) - huge economic impact, but yes in this scenario cancel
- No school - nothing else should be open, especially when told you are sick to stay home
- Also prevent children from gathering in street
- As a parent movies are great babysitter, parents will use it - want to close it
- Close public buffets and makeup test counters
- Yes close swimming pools and rec centers

- Could go without services and goods so as to protect themselves

### **MODIFICATIONS TO ALLOW VENUES TO REMAIN OPEN**

- Church, consider home worship
- Possible social distancing at events
- Wear gloves and masks instead of closing
- Increased cleaning at public events
- Team could play just broadcast it on TV
- Restaurants except drive through
- Play games, but televise. Limit fans at the games
- Make certain that restaurants have soap and some way today - dispensers filled and good working order, include in licensing inspection

### **PHASED OR CONDITIONAL CLOSURE**

- Why are we closing before we have to?? (following scenario) individuals wear gloves and masks - no need for enforcement by Public Health. i.e. if go out must wear mask and gloves
- Begin with warning and precautions first - Educate public on what to begin doing
- Mild outbreak - not as necessary
- Severe outbreak - yes
- Time frame is important, how long?

### **CONSEQUENCES TO CLOSURES**

- Lots of losses will be part of it (season ticket holders)
- Could cause panic, overwhelming fear
- Closing would contribute to panic and restricts freedom of choice
- People already go to work when sick - causes exponential growth
- If have nothing to do with problem more idle hands

### **ECONOMIC IMPACT OF CLOSURE**

- This seems over cautious - economics are of major importance
- Economics is a huge issue - many people living hand to mouth now, this would break down
- Considerations for making a decision: economic impact, self regulated by illness, less options of activities for kids to do
- If everything closes, who gets paid? What about economy?
- No, the economy would be affected and those places are choices as opposed to schools
- Will cause financial problems throughout the community. (theatres, movies)

## **SERVICES THAT NEED TO BE MAINTAINED**

- Keep open essential stores- grocery stores and pharmacies
- Mail delivery - ?- financial impact of employee layoffs
- Essential services only to prevent the spread of disease, reduce the death rate, protect families/stabilize infection rate
- Close as many public places as possible (protect public -essential services open)
- We need grocery store, doctor
- Stores use alternative: shut door and use drive through, limit how many get in at a time
- Churches too (unless being used to help others)
- How will people pay bills? Gas, electric, H2O, rent - are they going to shut off these essential services? We can't do this for 12 to 18 months
- An alternative way to get goods and household services provided
- Something needs to be in place to keep peoples utilities on (if they can't work, they can't pay the bills)
- Lots of people -dirty faster - get gas and food
- Government must work with companies so don't turn off services

## **COMMUNICATE AND EDUCATE**

- Need a positive step, what can I do? Flu shot, antiviral, distribution of message
- Make certain ALL people get message - low hearing, illiterate, elderly, not able to understand, can't see. Are we doing a good job getting the word out?
- PSA's - don't overload so people ignore, but today up wash hands, cover cough - do it during kids' shows, cartoons (Sesame Street)
- Add education when licensing to include more (arrow going up?) message
- Educate, Educate, Educate continuously not just when something happens
- Teach how to plan for emergencies
- Education to community - plan for activities away from large group
- Public Health should give lots of information to help people make the best choice
- Media is going to have a large impact on how people react
- Make sure people know how groups of kids can spread illness in any venue
- Would need to make sure that the public announcements were often and specific: media - key must reach everyone
- Would like to see a text alert system
- Closing is a difference in deaths - Educate social distancing and spreading
- Word of mouth to get word out to those who have no communication
- Neighbors should check with neighbors to help spread the word about closures and pandemic
- PSA about school closing, please keep at home but everything stays open - majority stay home
- Tell your neighbor campaign - good information spreads, gas stations and grocery stores

- Mandatory closure information needed - death rate increasing, people don't voluntarily stay home - status reports, who are sick? how many sick?, spread, hospital/ER, health officials on TV
- Information at church - believe pastor/church over news
- Media - variety sources, especially Health Department
- People not listening so much because don't receive this as a threat. Public Health needs to get it out that H1N1 is not done - people listen only if it is next door. Make all education ongoing. Know your public
- People will go along as long as they know the facts

### **OTHER**

- Would we be spending money on leisure (mall, movie, sports) anyway?
- Health needs to be first considered - despite creating other issues
- "on house arrest"
- Still need to be self sufficient
- Closure would have to be well justified: preplan as much as possible
- Quarantine and isolation - be ready!
- Leisure activities good for mental health
- If people losing life - need something when no light at end of tunnel
- Planning is key
- Kids don't need to be "entertained" - reading, board games, family needs to plan for.
- There will be people willing to sacrifice to help others

**Question 4: Given the scenario, if public health recommends the postponement of special events (e.g. weddings, funerals and graduations) how willing would you be to follow these guidelines? Why?**

The answers to Question 4 are divided into the categories of 1) Postponement and Attendance are an Individual Choice, 2) Likely to Comply, 3) Less Likely to Comply, 4) Undecided, 5) Compliance /Enforcement, 6) Economic Effects, 7) Suggested Modifications to Events, 8) Communicate and Educate, and 9) General Guidance for Decision Makers. There is also an “Other” category.

**POSTPONEMENT AND ATTENDANCE ARE AN INDIVIDUAL CHOICE**

- Life still goes on - not much difference between recommended and require - people will still choose
- Maybe not, individual to make decision to cancel personal celebration
- Up to individual to decide if you want to go
- It would take away personal freedoms/choices
- Some may hold event. Leave it up to individual adult
- Important to give very specific information to make good decision as individuals
- Individual responsibility to follow recommendations
- Make decision based on what is best for my family
- Personal choice to attend or avoid events
- At some dire point it becomes life or death and its still your choice
- No personal freedom - are family, friends and loved ones not the public?
- Let public choose. Public Health can recommended and educate only but ultimately individual responsibility for own choices
- Public health makes the decision to stop or close a large event. Let individuals decide on smaller events

**LIKELY TO COMPLY**

- Do it to protect my family
- Yes if serious enough to cancel schools, sports etc.
- Yes, reduce spread of illness/deaths
- Yes, protect friends and family
- Yes, free up religious resources i.e. funerals
- Would look at bigger picture and be willing to stay home
- Would look at what’s best for community
- Would follow recommendations because what choice would we have?
- No problem postponing
- Would cancel event because it protects my loved ones
- I have more information now and I would cancel
- Would close because it would affect quality of events - wait to be happy time
- 6 participants answered yes, 1 unknown and 1 no

### **LESS LIKELY TO COMPLY**

- Person less likely not to follow, funeral or wedding planned to far ahead - money/cost
- No, access to emotional support
- Would be less likely to follow for weddings and funerals because I know those people (not public)
- People wouldn't postpone because they would feel it is their right to hold them, they've invested a lot and they would think that it wouldn't happen
- Would be less likely to follow for weddings and funerals because I know those people (not public)
- People wouldn't postpone because they would feel it is their right to hold them, they've invested a lot and they would think that it wouldn't happen
- Did not hear any "YES" at this table (#3) to question #4
- Would not postpone funeral
- Bodies are not safe to stack up - more disease, can't postpone funeral
- No, religious reasons and beliefs - disrespect to deceased
- Would not postpone funeral
- Funeral would be harder to postpone (They have more of a timeline than weddings, and graduations)
- Cannot postpone funeral
- Grieving can be personal, don't need public service
- Funerals have to go on
- Need closure - drags on raises stress

### **UNDECIDED**

- If bad enough may need to make decisions that go against beliefs/values.
- Depends on situation - lots of factors to consider
- May not "blindly" follow recommendations based on who is giving recommendations/making decision
- Kind of event makes a difference
- Depends on what instructions departed left
- Life more valuable than events

### **COMPLIANCE/ENFORCEMENT**

- How policed?
- Government would need to be more trusting of it's citizens
- Marshal law will prevail
- Some families will get together anyway

### **ECONOMIC EFFECTS**

- Would be willing to follow the guideline if could get back some of the money/reschedule

- Take into consideration cost of event - will vendors work with you?
- Wedding: cost of lost airfare/event pre paid
- Economic hardship of cancelling events. 1. Payer wants money back, to hold events later. 2. Payee should not suffer due to mandatory closing
- No matter the cost don't go to places in epidemic
- Hope that locations/venues would "hold" for later date
- Contracts should clearly address postponements

### **SUGGESTED MODIFICATIONS TO EVENTS**

- Wedding get married but have the party later. Funeral, limit who is there, but how?
- Funeral: limit during event at how can we decide who? Memorial later
- Not likely to postpone, but would be willing to make smaller
- Would still have events, but avoid intense contact (kids playing in bouncy house, etc.) and supply hand sanitizer
- People would make hand sanitizer more available at public places
- Encourage cremation
- Have minister come to home
- Wedding - go on with just bride, groom, witnesses and clergy, party later on.
- Funeral - Keep body cold - on postpone
- Graduation - Can be postponed, mail diploma or degree
- Memorial service later
- Public Health set ground rules - wear mask and gloves to attend
- Public things like graduation can have their own even if public health said "No" - can have it at home or another site
- Big concern about funeral - people can practice own social distancing, infection control, hand sanitizer needs to be everywhere
- Educate vendor/venue operator for wedding, funeral, etc. Educated about need for having masks, hand sanitizers, all infection control issue supplies available
- May meet "legal" requirements but postpone crowd

### **COMMUNICATE AND EDUCATE**

- Public education is very important - hand washing campaign
- Information is key, why and for how long?
- Make Public Health campaign to bolster credibility
- Tell you neighbor - important information source
- Promote Readiness Mentality: generators, solar chargers for phone
- Risks associated must be clear

### **GENERAL GUIDANCE FOR DECISION MAKERS**

- Decision makers consider all factors - values, health, individual, community
- Issue guidance but not mandates

- Health needs to be the recommender
- Recommendation (people may not follow) Vs. Mandate (people will follow) to close
- The needs of the many outweigh the few!
- Don't believe public health has the authority to shut down these venues
- Public Health little office not important enough, don't know enough about Public Health
- Come from Health Department - yes except funeral
- Knowing more about Public Health before recommendation important
- Public Health recommending personal life change conveys importance of flu. They normally wouldn't be concerned at that level
- Again, health is first priority

### OTHER

- Good that response is positive - want to do good
- Still institute protective measures
- People will be upset regardless of decision
- How will it be handled?
- Need a sense of normalcy
- Strangers are scarier than family
- A lot more personal
- Staff may also be sick
- Where having ceremony? - Public or personal gathering?
- Graduation wouldn't happen because schools are closed
- Alternatives should be offered
- Burial, cremation might be needed sooner (coroner overworked)?
- What if there are a lot of deaths or special reason for burial immediately?



**Question 5: If you were to talk to public health decision makers about today's discussion, what five key points would you want to make?**

The answers to Question 5 fell into the categories of 1) General Guidance for Policy Development, 2) Desire for Unique and Equitable Services, 3) Planning, 4) Resources that Will be Needed, and 5) Communicate and Educate. A few responses not fitting into these categories are listed under "Other."

**GENERAL GUIDANCE FOR POLICY DEVELOPMENT**

- Gear decisions to prevent community spread - balance between individual decision and community safety. Educate so we can decide. If it is really dangerous Public Health can decide. (Like level I II and III snow alert)
- Priority needs to be limiting spread of disease, public health and safety
- Public Health officials should use knowledge and expertise to do what is best for community. Up to each person to decide their response
- Reasonable expectations - In best interest of the community - ex. If we shut down theatres they all get shut down - don't panic and choose who, big or small ones
- If mandates or recommendations are made, then alternatives/options should be given
- Government officials should start with recommendations, then mandate response based on severity - define consequences of not following recommendations, define consequences of not following mandates (i.e. snow emergencies, homeland security levels)

**DESIRE FOR UNIQUE AND EQUITABLE SERVICES**

- Decision makers should consider needs and values of individuals and communities to ensure unbiased decision making
- Services provided and policies used must be consistent in each community; regardless of economic status
- We need policies to protect jobs, help people who lose income, lose health insurance - people need economic support to prepare, the economy needs to be considered for policy decisions

**PLANNING**

Related to planning, participants mentioned both community planning and personal planning and preparedness.

**Community Planning**

- Be open, flexible and collaborate in the planning and response process
- Network, organize and educate community volunteers NOW!! with a clear/understandable message so ready to respond

- Economics - Collaborate with all businesses, organizations big and small and all community partners to work together to protect the income of community members (business and individuals)
- Advance preparation - How to prepare before we get to the pandemic point
- Ensure development of backup plans/other options based on situation
- Schools need to prepare kids at all levels especially middle and high school students about the seriousness of H1N1 and why they would have to stay home. Enforcement might be necessary. Businesses also need to preplan. Parents and other role models (authority figures) as well
- Development of back up plans - school closing/business closings, transportation, employee finances (all developed by task force collectively and individually)
- Determine/assessing plan of care - make sure residents have medical care
- Plans should be in place to handle loss of schooling (home schooling, etc.)
- Schools - alternative learning plan, plan for family support network, plan for what to do with kids at home, plans to treat homes stresses

### **Personal Planning and Preparedness**

- Prepare for situation i.e. at home with children avoiding public gatherings
- Emergency Preparedness - families, stores (ready with supplies), where to get masks etc., what do we need to have, advance notice, messages (value life more than...)
- Individuals, vulnerable populations, families and businesses need tools to prepare ahead of time
- Help/encourage community members to take personal responsibility for self and others
- Personal responsibility to protect my family and others

### **RESOURCES THAT WILL BE NEEDED**

- Launch helpline as a resource to receive information and ask for assistance
- Focus resources (money, people) on basic needs of survival (food, medicine)
- Alternative resources - How will agencies act when we do call? (hospitals, police, ambulance). How to care at home? Criteria for calling for help (elderly target)
- Phone banks, information on flu, child care, mental health. Equitable access to resources (easy access)
- Feeding and physical safety of children and elderly must be addressed now! (Families may not have food if everything closes)
- Develop control centers in quadrants of community (decentralize). Mobilize community partners, business, government, community leaders, politicians, churches. Training and education involve H1N1 situation and available resources. Training on how to interact with the community mobilization. Task force developed (businesses, social services, medical community, schools)
- Alternative childcare arrangements needed, use churches and community persons to help so no one has to lose too much work

- Back ups for hospitalization, schools, daycare centers, pharmacies, medication distribution

### **COMMUNICATE AND EDUCATE**

- Educate people on prevention through ongoing prime time PSA's, signage and media blitz. Identify things you can start NOW and begin rolling out like hand sanitizer, signs, media and education
- Choices and consequences matter - give recommendations and educate people about them as much as can be done, but people must be allowed to choose - people need to work together, use common sense
- Educate, educate, educate - citizens, agencies, block watch groups, community newspapers, churches
- City, state, county government prepare mail and deliver the message to every home, use existing community agencies to help deliver message, i.e. for blind/deaf, Somali and Spanish
- Make sure everyone is educated on the virus and the impact that it can have on our community (first aid in home). Make it "real" incentives to move forward to prepare
- Launch hand washing campaign that will be effective throughout community
- Inform us before deaths occur for better decision making by families
- Good information based on latest and complete facts -must be transparent
- Dissemination of information - Get it out so we can get accurate information. Set up text alerts, email, phone alerts -AVOID PANIC - (many different languages)
- Educate the public - multiple languages, when flu shot is available, symptoms, how to stay safe, kid friendly materials, prevention
- Timing - let us know as soon as possible when decisions are coming
- Some planning to address education consequences of school closure
- People need to be educated on how to be ready before an emergency and how to prevent spread - community fairs and events would be good places for education.
- We need facts from the media, not panic - websites need to be handle volume (CDC, CPH, FCBOH)
- Information - consistent format, creditable source (Public Health should build reputation now), same place and same time, applicable to all demographics and geographic (urban and rural), same communication as snow and school closing, facts (whole truth), instructions (to do and not to do, actions to take), early information
- Communication Model - i.e. public information needs to be: culturally competent, interpreters community friendly, infrastructure to handle all information
- Media needs to inform us as to the closings and the seriousness of the problem
- Provide preparedness education and clearly communicate current situations and response options
- Importance of messages must be communicated and must be consistent

## **OTHER**

- Especially address where kids will be (# spreaders of disease)
- Finance/money will determine decisions - cannot stockpile for 2 weeks, cannot keep full tank, cannot afford to stay home, health, employer, business collaboration, continuity of operations and work at home
- Type of events and the risk of exposure would determine the response to those events (also the availability of safety equipment)
- Other places should be closed, use places like churches to meet specialized needs

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## **Parking Lot/ Other Notes**

Other topics or issues that were mentioned at a time when a different topic was being addressed are listed below. These topics were recorded separately in order to facilitate progress in the dialogue.

- Encourage family/friends to prepare - lower impact during event
- Include information in utility bills. Easy to read
- Mobile clinics distributing "things" you need
- Information on radio and TV
- What else is closed? (libraries? Etc.)
- Mandatory "lock-down"/closures: no one goes anywhere
- Closures are not the answer - Need contingency plans for schools, workplaces, etc.
- Different areas will experience different impact (i.e. Dublin vs. Columbus City), (New Albany vs. Franklinton), (Canal Winchester vs. Reynoldsburg)
- People must prepare in different ways (urban vs. rural), preparing is not a "one size fits all"
- Different government response in different areas (more resources given to wealthier areas)
- Lead by example, show the President/officials taking similar measures
- Message from government needs to be consistent
- Businesses should recognize what is best for the "greater good"
- Continually stress importance (lives) of taking precautions
- Emergency room impact - Kids at home more need for emergency room

**FRANKLIN COUNTY STAKEHOLDERS: SMALL GROUPS DATA**  
**July 23, 2009 (DRAFT)**

**Question 1: How would school and child care closures affect you and our community?**

The answers to Question 1 are divided into the categories of 1) Concerns for Children, 2) Economic Impacts, 3) Concerns for Health and Well-Being, 4) Community Safety, 5) Childcare, and 6) Community Effects and Governmental Role. Additional unrelated comments are listed under "Other".

**CONCERNS FOR CHILDREN**

Responses in this category are subcategorized into interruption to education and disruption to services that meet basic and social needs provided by schools.

**Interruption to Education**

- Absenteeism
- School aged children wouldn't get required education
- Possible extended school year
- Lowering of standardized test scores
- Calamity days?
- Affects on required testing in schools
- Learning and school day requirements required by law - what if affected by school closing?
- School work at home?
- Use technology - "on demand" and local channels for child's school work. This may help kids stay at home and engaged
- Email school work - what about those who do not have access? Options- DVD, computer, cable, workbook packets
- Work with government and or cable company for on demand learning for children
- Specialized learning children - FCCS. Eliminating structured school days may cause crisis. Issue with children and FCCS
- TV's and computers won't allow teaching due to economic situations (some families don't have), can't afford

**Disruption to Services that Meet Basic & Social Needs Provided by Schools**

- Meals on wheels staff cut
- Parents won't receive services they need
- 70% of children won't have access to breakfast/lunch
- Children miss school meals - less nutrition
- Nutrition/nutrition programs in schools
- Minimize contact time with services
- How would children receive the same care at home which school provides (MRDD)

- After school programs may be canceled
- Service providers combine for easy access

### **ECONOMIC IMPACTS**

Economic impacts are subcategorized into family income and employment and business.

#### **Impact to Family Income and Employment**

- Employers need to guarantee jobs; maybe stagger shifts
- Loss of wages
- Loss of job and benefits and health insurance
- Economic impact
- Recession/impact of lost wages on families' ability to pay bills/food/rent?
- "Disposable employees" easily replaced
- Loss of jobs would effect housing causing change/loss of residence
- Employers must allow worker absence or allow to work from home

#### **Impact to Business**

- Staff cut in half
- Childcare won't get paid because of closure
- Hinder people going to work
- Employees unable to attend work, strain of employers/staffing
- How do you maintain services if staff is at home? (Basic and homeless services)
- Identify and cross train those in the work place who will not be effected by sick children (i.e. no children) and who are willing to serve
- Take children to work?
- Work from home?
- Personally effect team member with a child
- Our culture does not "stay home" from work
- Financial resources impacted, inability of business to process payments
- Employees stay home from work to care for children (unless children can come to work)
- Accommodation planning for workplace - centralized services - social distancing problem
- Masks and gloves to be worn when at work

### **CONCERNS FOR HEALTH AND WELL-BEING**

Participants identified general health concerns, and mental and behavioral health and abuse concerns.

#### **General Concerns for Health and Public Health**

- Children placing neighbors/others at risk: care giving, lack of supervision and safety/still gathering in groups
- Population having to take care of the elderly as well

- Children will be "packed" together - no social distancing

### **Concerns for Mental and Behavioral Health and Abuse**

- Up stress - mentally and economically on families
- Compounds families previous problems, strained family relations
- Rise in risk of childcare abuse and neglect

### **COMMUNITY SAFETY**

- Up criminal activity

### **CHILDCARE**

- Children could be at risk for care
- Need back up plan for childcare
- Parents inability to leave work to care for child
- Children caring for other/smaller children
- Children will be left alone in the home - parents at work

### **COMMUNITY EFFECTS AND GOVERNMENTAL ROLE**

- Library system (gathering place) will have to impose social distancing
- State changing of laws for schools
- Strain on rec-centers, library
- Build community resources and volunteers by prioritizing needs
- Train volunteers to be called upon within the community during pandemic and or unemployment
- Volunteer, give assistance for compensation (i.e. food, clothing, etc.)
- Healthcare providers will be home instead of work

### **OTHER**

- Ripple effect of staying home with a child instead of going to work
- Most serious- causing a ripple effect
- Will neighbors network?

## **Question 2: How might people deal with the impact this might have (question #1)?**

The answers to Question 2 are divided into the categories of 1) Individuals, Families, and Neighborhoods, 2) Role and Resources Needed in the Broader Community, 3) Emotional Responses, 4) Education and Communication, and 5) Other. Several subcategories were also identified.

### **INDIVIDUALS, FAMILIES AND NEIGHBORHOODS**

#### **Individuals**

- People may put themselves at risk to care for others/loved ones
- People will still go to work to pay bills/rent - services will then be overwhelmed

#### **Families and Households**

- Effects of planning/family economy
- Work from home/bring child to work
- Family/community support to help be responsible

#### **Neighborhoods**

- Community gardens; how to prepare food
- Closures will not stop kids from gathering in groups
- Defined neighborhoods must work very closely together
- Set up guidelines for neighborhood collaboration
- Community members who work from home may assist with childcare for neighbors
- Unattended children/"going where everyone else is"

### **ROLE AND NEED FOR RESOURCES IN THE BROADER COMMUNITY**

In addition to general community resources, volunteers and businesses were mentioned.

#### **General Community Resources**

- More people applying for food stamps; cash assistance
- Less resources - food, meals and money
- More demand for food pantries
- Nutrition for children affected by closures/daily
- Rise in substance abuse
- Need to get resources to libraries
- Re-open rec. centers for distributions of resources
- More need for mental health services
- More demand for social services
- More need for public transportation
- More need for housing/shelters
- Middle class lack of knowledge in how to acquire social services



- Reassurance that planners working with health departments
- Parents lack of ability to deal long term with unattended children
- Less child supervision if children left alone
- Key professionals in neighborhood to be identified by signage, i.e. MD, RN
- Standardized "kit" about how to manage the community
- Who manages the "kit"?
- "Safe place" signage in windows - what criteria to allow sign to be posted
- Services will have to find ways around protocols to help people
- Basic needs/utilities must be met or there will be chaos in the community
- Critical people need to go to work to meet others basic needs - community dependent on services provided, EMT/police/fire
- Rise of domestic violence
- Absenteeism in agencies may bring agencies together to provide needed services to community

### **Volunteers**

- Volunteer network for mental health, etc.
- Medical Reserve Corps
- Create strategies to manage volunteers: food, transportation, childcare, medical and mental

### **Businesses**

- Want people to come to work if able/unafraid to come to work
- Some businesses already have contingency plans in place
- Smaller businesses may struggle to do this - less resources
- How would employers be affected? Who stays home, who are critical employees?
- Businesses are already taxed, do more with less
- Employees need to be prepared to cover for ill employees, assign tasks to others

### **EMOTIONAL RESPONSES**

- More anxiety

### **EDUCATION & COMMUNICATION**

- Using radios
- TV, online, media provides instructions to families on a variety of topics

### **OTHER**

- Waiving bureaucracies
- Who/how would partnerships form?
- Capitalism will have to be suspended!
- Realtors - Home Owners Association

**Question 3: Given the scenario, should public health also consider closing additional venues such as malls, theaters, and sporting events? Why?**

The answers to Question 3 are divided into the categories of 1) Equity, 2) Support for Closures of Other Venues, 3) Modifications to Allow Venues to Remain Open, 4) Phased or Conditional Closure, 5) Consequences to Closures, 6) Economic Impact, 7) Services that Need to be Maintained, 8) Education & Communication, and 9) Individual & Family Preparation. Responses not associated with these categories are listed under “Other”.

**EQUITY**

- Uniform response
- Must address the greater good in an emergency and basic needs
- Leadership (government) need to set standards about resources (food, clothing etc.) so no survival of the fittest - it helps everyone

**SUPPORT FOR CLOSURE OF OTHER VENUES**

- Close malls, theatres (non-essential places)
- Yes, these events would up the spread of infection
- There would be less staff to service malls, theatres and events anyway
- In a pandemic public health should close malls, venues, etc. down
- Public health mandating of closing businesses takes onus away from employer
- Malls, businesses must close
- Controls put in place to protect public
- Public health will look at the care of people and keep people alive
- Public health need to tell economic people that they will close -- to help planning operations in closings, bankers, utility companies

**MODIFICATIONS TO ALLOW VENUES TO REMAIN OPEN**

- Close restaurants; leave drive-thrus open
- COTA = May need to close or restrict number of passengers
- Anything left open should have monitoring of health/ safety practices
- Stores become distribution centers. People receive a standard "package"
- Mail order meds if pharmacy closed
- Can drive thrus stay open?
- All places should have screening practices in place
- Have basic needs now - pay back later, (i.e. mortgage on house)
- COOP for businesses

**PHASED OR CONDITIONAL CLOSURE**

- Need to define severity/death rates
- If severe would want closures

## **CONSEQUENCES TO CLOSURES**

- Might cause more criminal activity
- More anxiety if closed
- Closures would impact increasing anxiety
- Loss for education/prepare
- People lose jobs, cannot pay utilities, will the government pay? Will capitalism be suspended?
- Closure will effect the health problem, but economic impact will be large
- Closing businesses will cause panic. How would you handle this?
- Would you close grocery stores and pharmacies? There supplies dwindle and reopening causes panic and rush
- Will looting of stores be a problem?
- Utilities will be affected due to less employees
- Kids going places with parents negate impact of closures
- Closing malls, etc. would not stop spread and impose false sense of security

## **ECONOMIC IMPACT OF CLOSURE**

- Economy depression
- Economic impact across the board
- Closing malls/stores impact of national and local economy
- Economic impact vs. keeping people away from each other and well; Keep people from spreading the disease
- Will economic price be larger if stores stay open and virus is spread?

## **SERVICES THAT NEED TO BE MAINTAINED**

- Products provided would determine close of store; ex. Drug store - open and purse store – closed
- Public needs outlet for diversion
- Lack of safety nets for family

## **EDUCATION & COMMUNICATION**

- Key is to educate on preparing
- How would people be informed of availability?
- Need for advance notice and planning

## **INDIVIDUAL & FAMILY PREPARATION**

- Homes must have an emergency supply kit, food, water
- People in crisis will not be able to have extra supplies on hand
- Ability to respond is only as good as preparations are
- Personal resources must be used and pre-planned
- Individual businesses should have operations plans in place

- Personal responsibility planning - those who have the means to plan ahead of time can, lower the amount of people in financial crisis
- Distribution of emergency kits for those in crisis distributed by food banks

### **OTHER**

- What is the ripple effect of closing malls, venues, etc.?
- Situation taken more seriously
- How can you enforce closure?
- Difficulty in enforcement
- Who enforces business closure?
- Business have to be alive to come back and regroup
- Where would funding for this come from?
- Public health has a role with providing a medical home, "Docs in a box"
- Mental health issues due to dealing with roles changes

**Question 4: Given the scenario, if public health recommends the postponement of special events (e.g. weddings, funerals and graduations) how willing would you be to follow these guidelines? Why?**

The answers to Question 4 are divided into the categories of 1) Postponement and Attendance are an Individual Choice, 2) Likely to Comply, 3) Less Likely to Comply, 4) Undecided, 5) Economic Effects, 6) Suggested Modifications to Events, 7) Education & Communication, and 8) General Guidance for Decision Makers. There is also an “Other” category.

**POSTPONEMENT AND ATTENDANCE ARE AN INDIVIDUAL CHOICE**

- People will do what they want to do
- Needs to be personal decision and not dictated/choice
- Not a systems responsibility, but personal responsibility - make aware
- Family structure dictates compliance

**LIKELY TO COMPLY**

- Yes, needs to model that it is ok
- Willing to postpone graduation and weddings
- Can be suspended - non-essential (wedding, funeral)
- Probably would be willing

**LESS LIKELY TO COMPLY**

- Distrust of decision makers/still have weddings and funerals
- Not willing due to wordage "recommendation" rather than "mandated"
- Not willing due to religious beliefs
- Not willing to postpone funeral due to need for closure and to lower stress

**UNDECIDED**

- Willing to reschedule certain events and not other events

**ECONOMIC EFFECTS**

- Prior investments in weddings without refunds

**SUGGESTED MODIFICATIONS TO EVENTS**

- Graduation events postponed
- Advanced planning for service - 10 people vs. 150, just close family, modification
- Marry now, celebrate later, but funeral services have to happen

- Social distancing, hand washing, masks at funeral services - modify for safer services

### **EDUCATION & COMMUNICATION**

- Education of closures/events needs to be grass roots effort
- Who will control media, less biased reporting
- Information on closures need to come from faith leaders
- Educate plans how groups will work together - story/movie, who does what? How to get food?

### **GENERAL GUIDANCE FOR DECISION MAKERS**

- Need to work with churches, ministers, etc.
- Cultural/social affects of funerals in certain communities
- Mass mortality meeting and planning
- What about emotional/mental state of caregivers if no funeral service? Consider and plan about mental and emotional
- Mass mortality group planning
- Public health/government must develop guidelines for compliance
- Public health guidelines defers personal guilt about decisions
- Public health guidelines will be made for both people and business
- Mental health issues balance physical health
- Public health/government dictates level of emergency
- Closing public transportation is very serious
- Use of public transportation (buses) may aid spread of disease
- Need to realize people that have something to lose will protect themselves. Those that won't will gather

### **OTHER**

- With an overwhelming number of people - do we have the capacity to address this?
- How do I volunteer? How to ensure resources are available?
- Stopping air travel has impact
- Public transportation used to deliver medical supplies
- Big businesses close - smaller businesses will follow their example

**Question 5: If you were to talk to public health decision makers about today's discussion, what five key points would you want to make?**

The answers to Question 5 fell into the categories of 1) General Guidance for Policy Development, 2) Desire for Unique and Equitable Services, 3) Planning, 4) Resources that Will be Needed, and 5) Education & Communication. A few responses not fitting into these categories are listed under "Other."

**GENERAL GUIDANCE FOR POLICY DEVELOPMENT**

- Public Health response appropriate to level of threat
- Buy in from politicians, re. over-arching perspectives - plans would be global including public and private sectors
- Alteration in state/federal standards/guidelines to match situation need to occur to create new regulations and guidelines: hospitals, schools, agencies, funding is key
- Prepare for the financial consequences such that people can be held harmless
- Closing of schools/business guidance should be from public health
- Development of leadership of grassroots organization structure, network (who is leader?)
- Preparedness for the private sector is needed. Public health outreach to businesses, this is what you need to plan for...
- Balance economy with need of public health - really, really think twice as impact incredibly significant

**DESIRE FOR UNIQUE AND EQUITABLE SERVICES**

- Planning to meet the basic need of those at risk. Identify those people in planning (most vulnerable)

**PLANNING**

- Get employers prepared (work off site: staggered shifts, utilize technology, don't come to work sick)
- Decision makers having a flexible plan- plans are useless/planning is essential
- Communication plan for emergency response; coordination between government agencies with information
- Development and guidance of community support plans

**RESOURCES THAT WILL BE NEEDED**

- Identify, supply and open disaster relief centers (food, medical shelter if needed)
- Public health must be mindful of impact of any closures on most vulnerable population. Safety nets must be in places at neighborhood level first

## **EDUCATION & COMMUNICATION**

- Educate now
- Communicate: Use a variety of modes (radio, TV, posters, internet, community connectors, library, church leaders)
- Being proactive - educating community is a priority! A) importance of isolation and quarantine. B) services available
- Communication/Education a must today, vary mode and language of delivery
- Importance of educating employers HR guidance - ex. Sick leave
- A public health checklist for businesses and an emergency supply "kit", checklist for what you need
- Early education in an empowering way to the public about being prepared without causing panic, schools, businesses, churches, social service agencies, funeral homes
- Develop key points for individuals to educate others

## **OTHER**

- Human nature being what it is - people are doing to do what they want to do - not follow the rules



**Question 6: Based on the day's discussion and the community-at-large findings, what are your recommendations for actions to be taken by public health officials in the next 6-12 weeks? In the next 6 months?**

Responses to this question for 6 - 12 weeks fell into several categories: 1) Education & Communication, 2) Outreach & Collaboration, and 3) Planning & Actions. There is also an 'Other' category. Similarly, recommendations for 6 months could be categorized as 1) Education & Communication and 2) Planning & Actions.

## **IN 6-12 WEEKS**

### **EDUCATION & COMMUNICATION**

Several sub-categories could be identified for education & communication: content, avenues, characteristics, and communication related to businesses.

#### **Content**

- Importance of both seasonal and H1N1 flus
- Provide resources for information
- Counter sensational news stories with interview of health commissioner
- General emergency planning information
- Non-threatening PSA's - Hand washing/coughing (general health info)
- Q cards from public health for helping families/neighborhoods to start preparing (5min. blurbs)
- Information on real-time updates
- Send speakers/educators to go out into the public to inform on pan-flu. More diverse speakers/teams, IT, PH
- City awareness of refuge removal and its health aspects
- Communication
- Public health is prepared to take action
- Educate on the individuals role, depending on theory specialty
- Community education toolbox

#### **Avenues**

- Train people to be part of a communication strategy team
- Ongoing education through media
- Increase public education through TV, radio, newspapers, churches, libraries, web pages, schools, new TV ads in different languages, physician offices, hospitals, businesses use video system
- Aligning channels for communication
- Distribution channels
- Best means of communication: CPH website, local business, Chamber of Commerce, Metropolitan Club
- Public health community liaison - Beth Ransopher

### **Characteristics of Messages**

- Urgency for preparedness
- Don't terrify people but be real
- Consistent message. Geared to different groups. Example, windstorm and coordinated response

### **Related to Businesses**

- Begin public education and personal planning and business/organization planning
- Public health provide guidance on how to keep agencies open and maintain services as long as possible
- Employer education
- Guidance to employers

### **OUTREACH & COLLABORATION**

- Continue to work with stake holders
- Outreach to minorities and faith based groups
- Outreach to minority cultural leaders
- Chambers of commerce of various cities
- Public health needs to prompt neighborhood meeting
- IT experts to discuss and recommend technological strategies to implement during a pandemic
- COPIN and link to IT
- Coordination r/t distribution of basic needs, food, transportation, medical
- Discuss possible solutions with utility companies - resources they may have, what are they willing to do, encourage response plan, continued use of utilities during pandemic
- Engage large food distributors about supplying food to local pantries and shelters. Having a distribution warehouse/site for food stockpile collection
- What can large businesses in the community share (resources/responsibilities) with the community? Resources that can be loaned to the community
- Align stakeholders to raise resources such as supplies or money
- ODH secure funds for helping neighborhoods/families with supplies

### **PLANNING & ACTIONS**

- Determine appropriate response to level of threat on local level (ex. snow emergency model)
- Strategic planning with clearly defined goals
- Public health should find out now what agencies are ready
- Make sure systems and organizations are planning and educate
- Outlining and identifying response coordinators
- Public health needs to do at a neighborhood level as well as a very large scale level
- Neighborhood organization conducting train-the-trainer, r/t toolbox

- Resources and vulnerability mapping/identification
- Stockpile resources
- Develop volunteer coordination plan
- Emergency transportation planned

### **OTHER**

- Influenza is not gone this is just the calm

## **6 MONTHS**

### **EDUCATION & COMMUNICATION**

#### **Characteristics of Response**

- Equity of response: Straightforward communication so distribution doesn't backfire
- Continue real time up-dates of process/event and still consistent message from everyone

#### **Avenues**

- Continue to leverage network for distribution (communication of public health messages)

### **ACTIONS & PLANNING**

- Invest in strategic planning for resilient communities
- Prioritize response based on severity of disease
- Intact emergency action plans
- Get MRC and volunteers (beef up!)
- Push for faster vaccine creation (6 months is to long)
- Get vaccine and antiviral
- Vaccine distribution
- Replenish resources
- Refer back to previous protocols and information from previous flu outbreaks
- Institutionalize documented lessons learned (local, regional, national)
- Analyze and evaluate previous plan
- Change as necessary
- Evaluate how response went; implement
- Regional cross-pollination of learning

## **Question 7: What can stakeholders do to assist public health officials and the community?**

Responses to this question fell into the categories of 1) Disseminate Education & Communication, 2) Identify Partners & Resources, and 3) Support Public Health Actions. Remaining items were placed in an 'Other' category.

### **DISSEMINATE EDUCATION & COMMUNICATION**

- Share the message
- Communicate and share information
- Rep. Kilroy's office to help facilitate communication - local, state and federal
- Stakeholders provide education
- Share Debbie's PowerPoint presentation with stakeholders
- Distribute information - common message through all employers
- Get educational materials to different populations
- Parent education/student education
- Schools- give them resources and message and they will get it out
- Commitment from stakeholders that they will assist in getting message and resources out
- Stakeholders could be part of communication system and get out information
- Daily briefings
- Give tools to stakeholders to be able to act as extension to Health Department
- Public health needs to have a central system in place and stakeholders will share this with others
- Partnering with health department - education materials, websites
- Linking websites- to panflu.gov- for documents, education and updated information
- Disseminate information: Social networking, face book, agency website, newsletter, co-messaging, webinars
- Stakeholders share constituency/employees questions, concerns

### **IDENTIFY PARTNERS & RESOURCES**

- Identify community connectors
- Partnering with other stakeholders
- Identify facilities that would be available
- Confirm shelters and halfway houses have a plan; group homes; supportive housing
- Stakeholder networking (professional and personal partners) outside of their own agency
- Sharing/recruiting/training volunteers
- Donating/sharing software
- As technology advances, up resources

### **SUPPORT PUBLIC HEALTH ACTIONS**

- Proactive response towards employees. Encourage volunteerism, up employees who work from home, relax time off policies
- Stakeholders should have their own systems in place and lead by example and also help set up process
- Networking feedback to health department for problem solving
- Stakeholder emergency plan integrates with overall public health plan
- Disaster plans of agencies coordinate with health department
- Coordinate between organizations to work toward common goals

### **OTHER**

- Lessons learned from previous pandemics, where did systems fail? Where can stakeholders fill the gaps?
  - Stakeholders learning about emergency response
- 

### **THEMES FROM LARGE GROUP DISCUSSION**

- Stakeholders can:
  - Disseminate information
  - Share resources
  - Plan NOW
- Public Health can:
  - Get messages out now, communicate and educate
  - "Deputize" partners to deliver message; activate neighborhood leaders
  - Tier response based on severity and populations
  - Employers- what to expect, do create policies to protect jobs and fill
  - Vulnerable populations - don't forget them
  - Tap IT resources that already exist

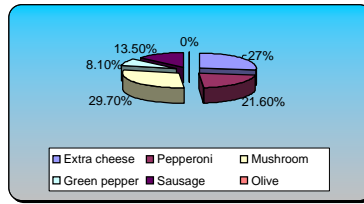
# **Appendix H**

## Electronic Polling Questions and Responses

Cuyahoga County Community Meeting Polling Results – June 6, 2009

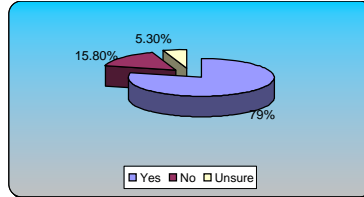
1.) If I could pick only one topping on my pizza, it would be:

	Responses	
Extra cheese	10	27.03%
Pepperoni	8	21.62%
Mushroom	11	29.73%
Green pepper	3	8.11%
Sausage	5	13.51%
Olive	0	0%
<b>Totals</b>	<b>37</b>	<b>100%</b>



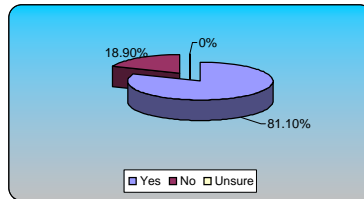
2.) Should local officials develop policies to implement temporary social distancing strategies that target regularly scheduled faith-based services?

	Responses	
Yes	30	78.95%
No	6	15.79%
Unsure	2	5.26%
<b>Totals</b>	<b>38</b>	<b>100%</b>



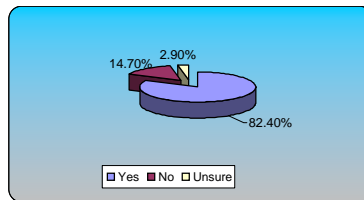
3.) Should officials develop policies to implement temporary social distancing strategies that target special events (wedding, baptism, funeral, bar mitzvah)?

	Responses	
Yes	30	81.08%
No	7	18.92%
Unsure	0	0%
<b>Totals</b>	<b>37</b>	<b>100%</b>



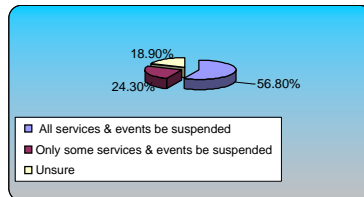
4.) Should officials develop policies to implement temporary social distancing strategies that target social services (meals on wheels, food pantry, thrift shop, counseling & support groups)?

	Responses	
Yes	28	82.35%
No	5	14.71%
Unsure	1	2.94%
<b>Totals</b>	<b>34</b>	<b>100%</b>



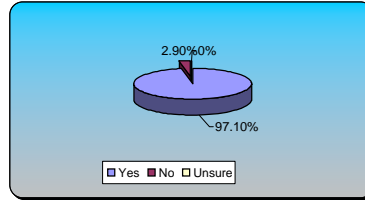
5.) Assuming you support temporary social distancing strategies, should officials recommend that:

	Responses	
All services & events be suspended	21	56.76%
Only some services & events be suspended	9	24.32%
Unsure	7	18.92%
<b>Totals</b>	<b>37</b>	<b>100%</b>



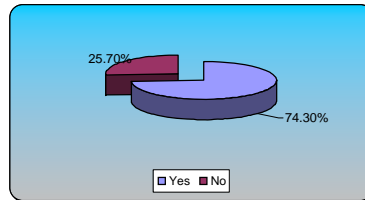
**6.) Should officials recommend that services & events be modified in some way?**

	Responses	
Yes	33	97.06%
No	1	2.94%
Unsure	0	0%
<b>Totals</b>	<b>34</b>	<b>100%</b>



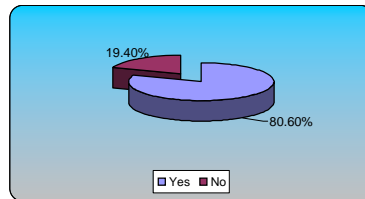
**7.) Did you have a flu shot last fall?**

	Responses	
Yes	26	74.29%
No	9	25.71%
<b>Totals</b>	<b>35</b>	<b>100%</b>



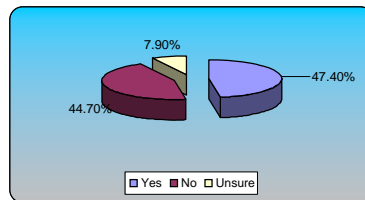
**8.) Do you plan to have a flu shot this fall?**

	Responses	
Yes	29	80.56%
No	7	19.44%
<b>Totals</b>	<b>36</b>	<b>100%</b>



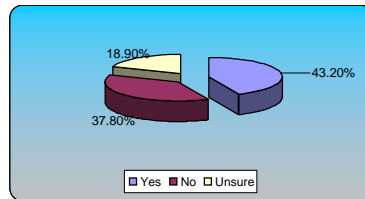
**9.) Thinking about recent H1N1 (Swine Flu) activities: Do you think information provided by local public health officials was informative?**

	Responses	
Yes	18	47.37%
No	17	44.74%
Unsure	3	7.89%
<b>Totals</b>	<b>38</b>	<b>100%</b>



**10.) Thinking about recent H1N1 (Swine Flu) activities: Do you think local public health officials provided timely information to the public?**

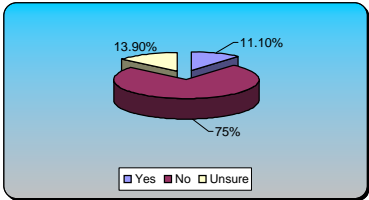
	Responses	
Yes	16	43.24%
No	14	37.84%
Unsure	7	18.92%
<b>Totals</b>	<b>37</b>	<b>100%</b>





11.) Thinking about recent H1N1 (Swine Flu) activities: Do you think local media provided responsible news coverage?

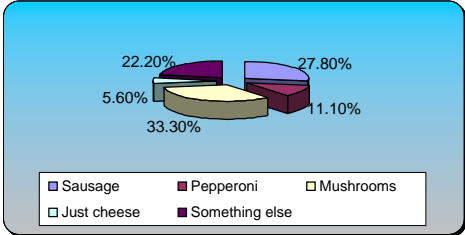
	Responses	
Yes	4	11.11%
No	27	75%
Unsure	5	13.89%
<b>Totals</b>	<b>36</b>	<b>100%</b>



**Cuyahoga County Stakeholder Polling Results ~ July 21, 200**

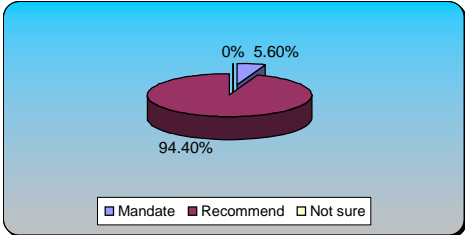
**1.) My favorite pizza topping is...**

	Responses	
Sausage	5	27.78%
Pepperoni	2	11.11%
Mushrooms	6	33.33%
Just cheese	1	5.56%
Something else	4	22.22%
<b>Totals</b>	<b>18</b>	<b>100%</b>



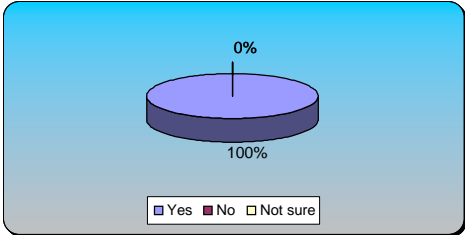
**2.) Should public health officials mandate or recommend actions to faith-based communities?**

	Responses	
Mandate	1	5.56%
Recommend	17	94.44%
Not sure	0	0%
<b>Totals</b>	<b>18</b>	<b>100%</b>



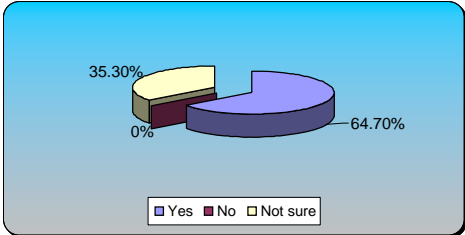
**3.) Should public health officials develop recommendations for modifications to regularly scheduled faith based worship services?**

	Responses	
Yes	16	100%
No	0	0%
Not sure	0	0%
<b>Totals</b>	<b>16</b>	<b>100%</b>



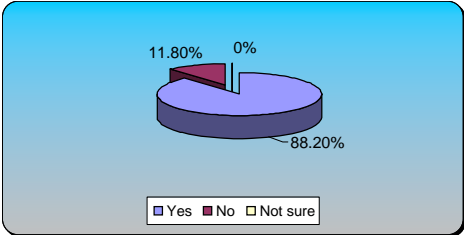
**4.) Would your faith community be willing to implement modifications to regularly scheduled faith-based worship services?**

	Responses	
Yes	11	64.71%
No	0	0%
Not sure	6	35.29%
<b>Totals</b>	<b>17</b>	<b>100%</b>



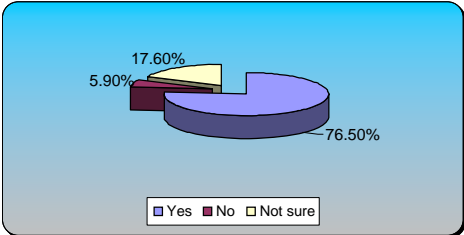
**5.) Should public health officials develop recommendations for modifications to social services (meals on wheels, food pantry, counseling)?** Responses

Yes	15	88.24%
No	2	11.76%
Not sure	0	0%
<b>Totals</b>	<b>17</b>	<b>100%</b>



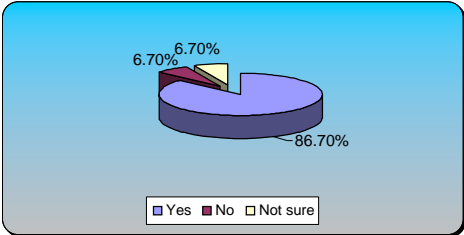
**6.) Would your faith community be willing to implement modifications to social services (meals on wheels, food pantry, counseling)?** Responses

Yes	13	76.47%
No	1	5.88%
Not sure	3	17.65%
<b>Totals</b>	<b>17</b>	<b>100%</b>



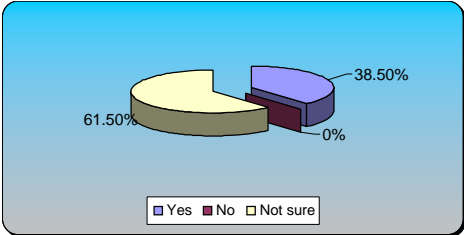
**7.) Should public health officials develop recommendations for modifications to special events (weddings and funerals)?** Responses

Yes	13	86.67%
No	1	6.67%
Not sure	1	6.67%
<b>Totals</b>	<b>15</b>	<b>100%</b>

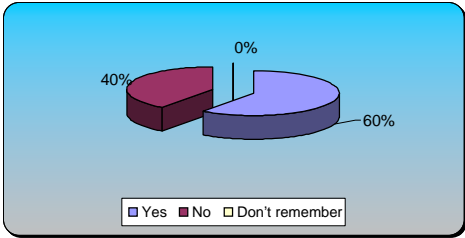


**8.) Would your faith community be willing to implement modifications to special events (weddings and funerals)?** Responses

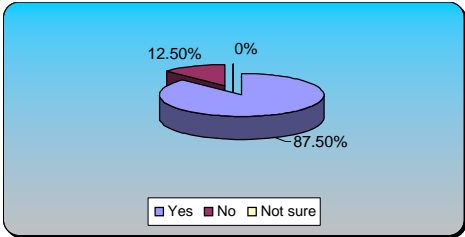
Yes	5	38.46%
No	0	0%
Not sure	8	61.54%
<b>Totals</b>	<b>13</b>	<b>100%</b>



<b>9.) Did you get a flu shot last flu season?</b>		<b>Responses</b>	
Yes	9	60%	
No	6	40%	
Don't remember	0	0%	
<b>Totals</b>	<b>15</b>	<b>100%</b>	



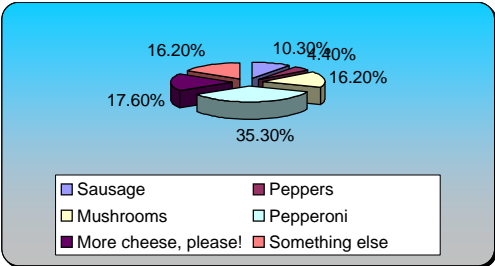
<b>10.) Do you intend to get a flu shot this flu season?</b>		<b>Responses</b>	
Yes	14	87.50%	
No	2	12.50%	
Not sure	0	0%	
<b>Totals</b>	<b>16</b>	<b>100%</b>	



**Franklin County Community Polling Results ~ June 20, 200**

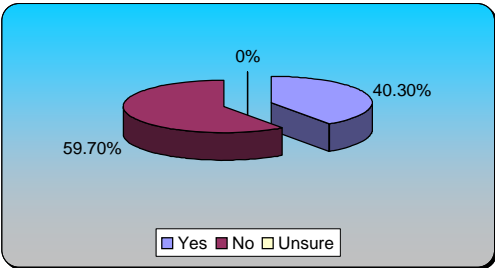
**1.) What is your very favorite pizza topping?**

	Responses	
Sausage	7	10.29%
Peppers	3	4.41%
Mushrooms	11	16.18%
Pepperoni	24	35.29%
More cheese, please!	12	17.65%
Something else	11	16.18%
<b>Totals</b>	<b>68</b>	<b>100%</b>



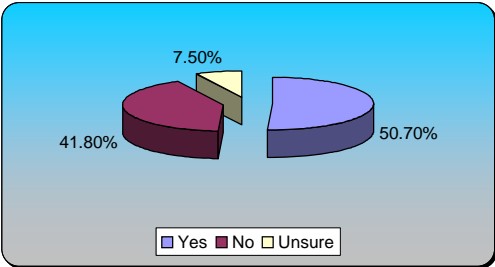
**2.) Did you receive a flu shot last flu season?**

	Responses	
Yes	27	40.30%
No	40	59.70%
Unsure	0	0%
<b>Totals</b>	<b>67</b>	<b>100%</b>



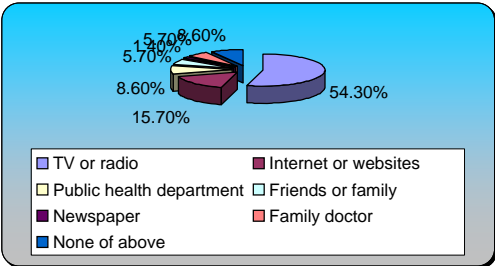
**3.) Are you planning on getting a flu shot for this year's flu season?**

	Responses	
Yes	34	50.75%
No	28	41.79%
Unsure	5	7.46%
<b>Totals</b>	<b>67</b>	<b>100%</b>



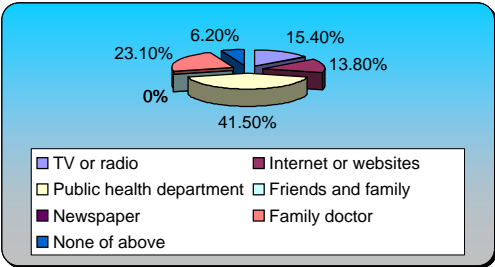
**4.) Where did you go most often for information about H1N1?**

	Responses	
TV or radio	38	54.29%
Internet or websites	11	15.71%
Public health department	6	8.57%
Friends or family	4	5.71%
Newspaper	1	1.43%
Family doctor	4	5.71%
None of above	6	8.57%
<b>Totals</b>	<b>70</b>	<b>100%</b>



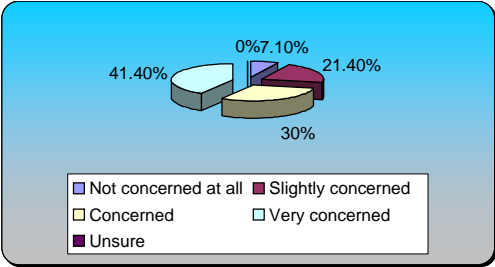
**5.) Who did you trust most to give reliable information about H1N1?**

	<b>Responses</b>	
TV or radio	10	15.38%
Internet or websites	9	13.85%
Public health department	27	41.54%
Friends and family	0	0%
Newspaper	0	0%
Family doctor	15	23.08%
None of above	4	6.15%
<b>Totals</b>	<b>65</b>	<b>100%</b>



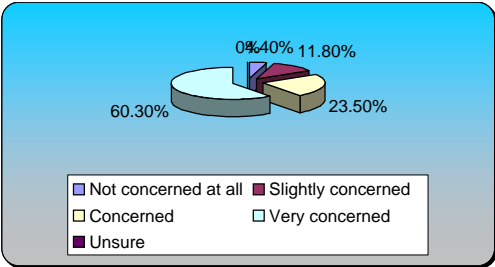
**6.) How concerned are you about the current H1N1 situation?**

	<b>Responses</b>	
Not concerned at all	5	7.14%
Slightly concerned	15	21.43%
Concerned	21	30%
Very concerned	29	41.43%
Unsure	0	0%
<b>Totals</b>	<b>70</b>	<b>100%</b>



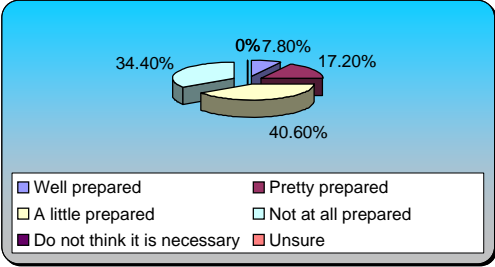
**7.) How concerned are you about a future severe flu pandemic?**

	<b>Responses</b>	
Not concerned at all	3	4.41%
Slightly concerned	8	11.76%
Concerned	16	23.53%
Very concerned	41	60.29%
Unsure	0	0%
<b>Totals</b>	<b>68</b>	<b>100%</b>



**8.) How prepared are you or your family for emergencies?**

	<b>Responses</b>	
Well prepared	5	7.81%
Pretty prepared	11	17.19%
A little prepared	26	40.62%
Not at all prepared	22	34.38%
Do not think it is necessary	0	0%
Unsure	0	0%
<b>Totals</b>	<b>64</b>	<b>100%</b>



# **Appendix I**

## **Evaluation Surveys and Responses**

## Data Summary – Ohio Public Engagement Project, 2009

### Demographics

Gender	Overall		Cuyahoga Co.		Franklin Co.	
	n	%	n	%	n	%
Male	21	20.8	6	17.1	15	22.7
Female	80	79.2	29	82.9	51	77.3
Valid N	101	100.0	35	100.0	66	100.0
Unknown	15		8		7	

Age	Overall		Cuyahoga Co.		Franklin Co.	
	n	%	n	%	n	%
18-24	5	4.9	1	2.9	4	6.0
25-34	5	4.9	1	2.9	4	6.0
35-44	15	14.7	--	--	15	22.4
45-54	38	37.3	11	31.4	27	40.3
55-64	28	27.5	14	40.0	14	20.9
65 or older	11	10.8	8	22.9	3	4.5
Valid N	102	100.0	35	100.0	67	100.0
Unknown	14		8		6	

Education	Overall		Cuyahoga Co.		Franklin Co.	
	n	%	n	%	n	%
Less than high school	1	1.0	--	--	1	1.5
Some high school	4	4.0	--	--	4	6.2
High school graduate	14	14.1	2	5.9	12	18.5
Some college	30	30.3	6	17.6	24	36.9
College graduate	23	23.2	10	29.4	13	20.0
Some graduate school	5	5.1	2	5.9	3	4.6
Graduate school graduate	22	22.2	14	41.2	8	12.3
Valid N	99	100.0	34	100.0	65	100.0
Unknown	17		9		8	



Race/Ethnicity	Overall		Cuyahoga Co.		Franklin Co.	
	n	%	n	%	n	%
Hispanic (of any race)	10	8.6	4	9.3	6	8.2
White or Caucasian	45	38.8	20	46.5	25	34.2
Black or African-American	26	22.4	4	9.3	22	30.1
Asian	4	3.4	3	7.0	1	1.4
Native Hawaiian or other Pacific Islander	--	--	--	--	--	--
Native American or Alaska Native	1	0.9	--	--	1	1.4
Other	3	2.6	1	2.3	2	2.7
<b>Valid N</b>	89	100.0	32	100.0	57	100.0
<b>Unknown</b>	27		11		16	

Income	Overall		Cuyahoga Co.		Franklin Co.	
	n	%	n	%	n	%
15,000 or less	23	27.1	3	10.3	20	35.7
15,001-30,000	15	17.6	2	6.9	13	23.2
30,001-60,000	29	34.1	11	37.9	18	32.1
60,001-100,000	10	11.8	6	20.7	4	7.1
100,001 or more	8	9.4	7	24.1	1	1.8
<b>Valid N</b>	85	100.0	29	100.0	56	
<b>Unknown</b>	31		14		17	

Children	Overall		Cuyahoga Co.		Franklin Co.	
	n	%	n	%	n	%
Ages 5 or under	4	4.5	--	--	4	7.0
Ages 6-18	24	27.0	9	28.1	15	26.3
No children at home	61	68.5	23	71.9	38	66.7
<b>Valid N</b>	89	100.0	32	100.0	57	100.0
<b>Unknown</b>	27		11		16	

Religious Affiliation	Overall		Cuyahoga Co.		Franklin Co.	
	n	%	n	%	n	%
Yes	75	86.2	28	87.5	47	85.5
No	12	13.8	4	12.5	8	14.5
<b>Valid N</b>	87	100.0	32	100.0	55	100.0
<b>Unknown</b>	29		11		18	

### List of Religious Affiliations – Cuyahoga County

Stated Affiliation	n
Baha'i Faith	1
Baptist	4
Buddhism	3
Episcopalian	1
Independent Baptist	1
Jewish	2
Lutheran	1
Presbyterian	3
Protestant	2
Roman Catholic	8
Seventh Day Adventist	1
United Methodist	1
<b>Valid N</b>	<b>28</b>
<b>No Answer Given</b>	<b>15</b>

### List of Religious Affiliations – Franklin County

Stated Affiliation	n
Apostolic	4
Baptist	16
Catholic	4
Christian (unspecified)	6
Episcopalian	1
Lutheran	2
Presbyterian	1
Protestant (includes non-denominational)	6
Spiritual	1
United Methodist	6
<b>Valid N</b>	<b>47</b>
<b>No Answer Given</b>	<b>26</b>

## Knowledge

	Overall		Cuyahoga Co.		Franklin Co.	
	Pre	Post	Pre	Post	Pre	Post
<b>Average % Correct</b>	52.64	65.59*	57.14	68.25*	50.33	64.22*
<b>Valid N</b>	103	103	35	35	68	68

\*Significant increase in knowledge from pretest to posttest

## Non-Pharmaceutical Interventions – Community Reaction

The following items may be used to prevent the spread of flu in the event of a flu pandemic. Please indicate how strongly your community would favor or oppose each of the following measures:		Pre n %	Post n %
<b>Require all people in households with ill persons to stay home for up to 7 days</b>	Strongly Oppose	6 5.3	4 3.9
	Somewhat Oppose	21 18.6	8 7.8
	Somewhat Favor	42 37.2	36 35.0
	Strongly Favor	44 38.9	55 53.4
	N	113	103
	<b>Require sick people to stay at home if hospitalization is not required</b>	Strongly Oppose	7 6.2
Somewhat Oppose		9 8.0	4 3.9
Somewhat Favor		31 27.4	21 20.4
Strongly Favor		66 58.4	75 72.8
N		113	103
<b>Close schools from grades K-12</b>	Strongly Oppose	11 9.6	4 3.9
	Somewhat Oppose	27 23.7	11 10.8
	Somewhat Favor	36 31.6	31 30.4
	Strongly Favor	40 35.1	56 54.9
	N	114	102

<b>Close childcare facilities</b>	Strongly Oppose	17 15.2	3 2.9
	Somewhat Oppose	19 17.0	8 7.8
	Somewhat Favor	28 25.0	35 34.3
	Strongly Favor	48 42.9	56 54.9
	N	112	102
<b>Close places where children and youth may gather outside of schools and childcare facilities (such as malls or video arcades)</b>	Strongly Oppose	12 10.5	5 4.9
	Somewhat Oppose	25 21.9	11 10.7
	Somewhat Favor	42 36.8	28 27.2
	Strongly Favor	35 30.7	59 57.3
	N	114	103
<b>Cancel events where large groups of persons are expected to gather</b>	Strongly Oppose	8 7.1	4 3.9
	Somewhat Oppose	30 26.5	12 11.8
	Somewhat Favor	37 32.7	23 22.5
	Strongly Favor	38 33.6	63 61.8
	N	113	102
<b>Cancel worship services</b>	Strongly Oppose	39 35.5	19 18.8
	Somewhat Oppose	28 25.5	22 21.8
	Somewhat Favor	30 27.3	36 35.6
	Strongly Favor	13 11.8	24 23.8
	N	110	101
<b>Cancel social services provided by faith-based institutions (for example, a soup kitchen run by a church)</b>	Strongly Oppose	37 32.7	23 22.5
	Somewhat Oppose	40 35.4	24 23.5
	Somewhat Favor	22 19.5	36 35.3
	Strongly Favor	14 12.4	19 18.6
	N	113	102

<b>Cancel faith-based special events, such as funerals or weddings</b>	Strongly Oppose	45 39.8	14 13.7
	Somewhat Oppose	31 27.4	24 23.5
	Somewhat Favor	26 23.0	38 37.3
	Strongly Favor	11 9.7	26 25.5
	N	113	102

### Non-Pharmaceutical Interventions – Community Reaction (continued)

#### Items Specific to County Topics – with single county data

##### Cuyahoga County

The following items may be used to prevent the spread of flu in the event of a flu pandemic. Please indicate how strongly your community would favor or oppose each of the following measures:		Pre n %	Post n %
<b>Cancel worship services</b>	Strongly Oppose	11 26.8	9 25.0
	Somewhat Oppose	10 24.4	7 19.4
	Somewhat Favor	14 34.1	13 36.1
	Strongly Favor	6 14.6	7 19.4
	N	41	36
<b>Cancel social services provided by faith-based institutions (for example, a soup kitchen run by a church)</b>	Strongly Oppose	9 22.0	9 25.0
	Somewhat Oppose	15 36.6	10 27.8
	Somewhat Favor	12 29.3	12 33.3
	Strongly Favor	5 12.2	5 13.9
	N	41	36
<b>Cancel faith-based special events, such as funerals or weddings</b>	Strongly Oppose	11 26.8	8 22.2
	Somewhat Oppose	13 31.7	9 25.0
	Somewhat Favor	12 29.3	14 38.9
	Strongly Favor	5 12.2	5 13.9
	N	41	36

### Franklin County

The following items may be used to prevent the spread of flu in the event of a flu pandemic. Please indicate how strongly your community would favor or oppose each of the following measures:		Pre n %	Post n %
<b>Close schools from grades K-12</b>	Strongly Oppose	10 13.9	2 3.0
	Somewhat Oppose	14 19.4	6 9.0
	Somewhat Favor	22 30.6	17 25.4
	Strongly Favor	26 36.1	42 62.7
	N	72	67
	<b>Close childcare facilities</b>	Strongly Oppose	15 20.8
Somewhat Oppose		12 16.7	6 9.1
Somewhat Favor		19 26.4	19 28.8
Strongly Favor		26 36.1	39 59.1
N		72	66
<b>Close places where children and youth may gather outside of schools and childcare facilities (such as malls or video arcades)</b>		Strongly Oppose	9 12.5
	Somewhat Oppose	17 23.6	7 10.4
	Somewhat Favor	27 37.5	17 25.4
	Strongly Favor	19 26.4	40 59.7
	N	72	67

### Non-Pharmaceutical Interventions – Individual Likelihood of Compliance

The following may be used to prevent the spread of the flu in the event of a flu pandemic. Please indicate how likely or unlikely you personally would be to comply with each of the following measures. Please mark "Not Applicable" for any of the items that do not apply to you.		Pre n %	Post n %
<b>Stay home for up to 7 days if you have contact with a sick person living in your home</b>	Very Unlikely	12 11.4	7 7.1
	Somewhat Unlikely	17 16.2	12 12.2
	Somewhat Likely	37 35.2	27 27.6
	Very Likely	39 37.1	52 53.1
	N	105	98
<b>Stay home if you are sick (if hospitalization is not required)</b>	Very Unlikely	3 2.7	0 0.0
	Somewhat Unlikely	2 1.8	3 2.9
	Somewhat Likely	30 27.0	22 21.6
	Very Likely	76 68.5	77 75.5
	N	111	102
<b>Keep your child home from school or daycare if your child is sick</b>	Very Unlikely	1 1.6	0 0.0
	Somewhat Unlikely	0 0.0	1 1.7
	Somewhat Likely	12 19.4	3 5.2
	Very Likely	49 79.0	54 93.1
	N	62	58
<b>Keep your child from meeting other children or youth outside of school or daycare, if schools and daycares are closed</b>	Very Unlikely	7 11.5	0 0.0
	Somewhat Unlikely	11 18.0	5 8.5
	Somewhat Likely	11 18.0	10 16.9
	Very Likely	32 52.5	44 74.6
	N	61	59

<b>Avoid events where large groups of persons are expected to gather</b>	Very Unlikely	12 10.6	1 1.0
	Somewhat Unlikely	10 8.8	9 8.9
	Somewhat Likely	31 27.4	29 28.7
	Very Likely	60 53.1	62 61.4
	N	113	101
<b>Stay home from worship services if recommended but not required</b>	Very Unlikely	24 22.0	10 10.3
	Somewhat Unlikely	17 15.6	11 11.3
	Somewhat Likely	23 21.1	31 32.0
	Very Likely	45 41.3	45 46.4
	N	109	97
<b>Cancel a faith-based event such as a funeral or wedding if recommended but not required</b>	Very Unlikely	32 28.6	11 10.9
	Somewhat Unlikely	18 16.1	16 15.8
	Somewhat Likely	37 33.0	38 37.6
	Very Likely	25 22.3	36 35.6
	N	112	101

### Non-Pharmaceutical Interventions – Individual Likelihood of Compliance (continued)

#### Questions Specific to County Topics – with single county data

##### Cuyahoga County

The following may be used to prevent the spread of the flu in the event of a flu pandemic. Please indicate how likely or unlikely you personally would be to comply with each of the following measures. Please mark "Not Applicable" for any of the items that do not apply to you.		Pre n %	Post n %
<b>Stay home from worship services if recommended but not required</b>	Very Unlikely	5 13.2	3 9.7
	Somewhat Unlikely	8 21.1	2 6.5
	Somewhat Likely	11 28.9	14 45.2
	Very Likely	14 36.8	12 38.7
	N	38	31



<b>Cancel a faith-based event such as a funeral or wedding if recommended but not required</b>	Very Unlikely	7 17.5	5 14.7
	Somewhat Unlikely	6 15.0	4 11.8
	Somewhat Likely	21 52.5	19 55.9
	Very Likely	6 15.0	6 17.6
	N	40	34

### Franklin County

The following may be used to prevent the spread of the flu in the event of a flu pandemic. Please indicate how likely or unlikely you personally would be to comply with each of the following measures. Please mark "Not Applicable" for any of the items that do not apply to you.	Pre n %	Post n %	
<b>Keep your child home from school or daycare if your child is sick</b>	Very Unlikely	1 2.2	0 0.0
	Somewhat Unlikely	0 0.0	1 2.3
	Somewhat Likely	7 15.6	1 2.3
	Very Likely	37 82.2	42 95.5
	N	45	44
<b>Keep your child from meeting other children or youth outside of school or daycare, if schools and daycares are closed</b>	Very Unlikely	7 15.9	0 0.0
	Somewhat Unlikely	8 18.2	5 11.1
	Somewhat Likely	6 13.6	6 13.3
	Very Likely	23 52.3	34 75.6
	N	44	45

### Social Values (not broken out by county)

The following items are social values which may or may not influence pandemic flu planning (and may or may not apply to your discussions today). Please indicate how important it is that policies do each of the following:		Pre n %	Post n %
<b>Support community stability by minimizing the risk of chaos</b>	Not at all important	0 0.0	0 0.0
	A little important	2 1.8	0 0.0
	Somewhat important	11 9.8	11 10.9
	Very important	99 88.4	90 89.1
	N	112	101
<b>Support the freedom of people to gather, travel, or work</b>	Not at all important	7 6.2	8 7.8
	A little important	21 18.6	30 29.4
	Somewhat important	32 28.3	34 33.3
	Very important	53 46.9	30 29.4
	N	113	102
<b>Support everyone getting the same treatment</b>	Not at all important	2 1.8	3 3.0
	A little important	9 8.1	1 1.0
	Somewhat important	22 19.8	20 19.8
	Very important	78 70.3	77 76.2
	N	111	101
<b>Result in the greatest good for the greatest number of people</b>	Not at all important	1 .9	2 2.0
	A little important	5 4.5	5 4.9
	Somewhat important	20 18.0	18 17.6
	Very important	85 76.6	77 75.5
	N	111	102

<b>Support people making their own decisions about what is best for them and their family</b>	Not at all important	6	6
		5.3	5.8
	A little important	17	16
		14.9	15.5
	Somewhat important	38	46
	33.3	44.7	
	Very important	53	35
		46.5	34.0
	N	114	103
<b>Ensure that public health and safety are priorities in the event of a flu pandemic</b>	Not at all important	0	0
		0.0	0.0
	A little important	0	1
		0.0	1.0
	Somewhat important	7	7
	6.3	6.8	
	Very important	105	95
		93.8	92.2
	N	112	103
<b>Ensure that everyone has the best chance of survival after getting the flu</b>	Not at all important	0	0
		0.0	0.0
	A little important	2	2
		1.8	2.0
	Somewhat important	5	5
	4.4	4.9	
	Very important	106	95
		93.8	93.1
	N	113	102
<b>Create an expectation that individuals and communities will do what is needed to minimize the effect of a pandemic flu outbreak</b>	Not at all important	2	0
		1.8	0.0
	A little important	1	1
		.9	1.0
	Somewhat important	8	11
	7.0	10.8	
	Very important	103	90
		90.4	88.2
	N	114	102
<b>Give priority to those who contribute most to society</b>	Not at all important	62	57
		54.9	55.9
	A little important	19	16
		16.8	15.7
	Somewhat important	21	18
	18.6	17.6	
	Very important	11	11
		9.7	10.8
	N	113	102

<b>Protect persons most in need, such as the sick and frail</b>	Not at all important	0 0.0	0 0.0	
	A little important	3 2.6	1 1.0	
	Somewhat important	15 13.2	20 19.4	
	Very important	96 84.2	82 79.6	
		N	114	103

### Process Ratings (not broken out by county)

	Disagree Strongly		Disagree Somewhat		Agree Somewhat		Agree Strongly		N
	n	%	n	%	n	%	n	%	
<b>This discussion was fair to all participants.</b>	1	1.0	0	0.0	16	15.8	84	83.2	101
<b>I felt comfortable talking in this discussion.</b>	0	0.0	1	1.0	11	10.8	90	88.2	102
<b>I think other people in this discussion felt comfortable talking.</b>	1	1.0	2	2.0	24	23.5	75	73.5	102
<b>One person or a small group of people dominated the discussion.</b>	60	60.0	17	17.0	12	12.0	11	11.0	100
<b>Important points were left out of our discussion.</b>	50	50.5	24	24.2	16	16.2	9	9.1	99
<b>I have enough information right now to have a well-informed opinion.</b>	1	1.0	5	4.9	43	42.2	53	52.0	102
<b>Officials will use our input in their decisions.</b>	0	0.0	6	6.1	39	39.4	54	54.5	99
<b>This process produced a valuable outcome.</b>	1	1.0	2	2.0	23	23.0	74	74.0	100
<b>This process will increase the public's support of the decision ultimately made.</b>	0	0.0	7	6.9	41	40.2	54	52.9	102
<b>This process has produced credible, relevant, and independent information.</b>	0	0.0	2	2.0	34	33.7	65	64.4	101
<b>This process helped me better understand the types of trade-offs involved.</b>	0	0.0	6	6.0	28	28.0	66	66.0	100
<b>Participants at this meeting represented a broad diversity of perspectives.</b>	1	1.0	2	2.0	23	23.0	74	74.0	100