

ADDITIONAL RESOURCES FOR:
THE PUBLIC ENGAGEMENT PROJECT ON
COMMUNITY CONTROL MEASURES FOR
PANDEMIC INFLUENZA

FINAL REPORT
MAY 2007

SUMMARY OF CITIZEN ONLY DELIBERATIONS.....	page 2
OUTLINE OF SPECIFIC CHALLENGES AND SOLUTIONS IDENTIFIED AT THE CITIZEN DELIBERATION DAYS.....	page 7

SUMMARY OF CITIZEN ONLY DELIBERATIONS

A. SOUNDNESS OF THE PLANNING

Planning appears to be the largest area of concern for participants.

Many participants agree that in order for control measures to succeed, there would have to be a detailed, consistent, and comprehensive program that addressed all levels of society. They identified a few specific points that they believe must be addressed in the plan.

First, specific details of the control measures need to be determined. Participants questioned who would be the decision-makers, what the timeframe for implementation would be and if the measures would have any “teeth” such as enforcement or repercussions in the case of noncompliance. They also questioned how the time frame for isolation at home would be determined since an individual may be sick prior to experiencing symptoms and multiple members in a household may extend the 7-day period.

Second, government, organizations, communities, businesses, and individuals are not prepared to launch a coordinated effort. “Turf wars” and standard practices make the “significant logistics and details” of coordination problematic. For example, arms of the government do not work together, and the American people have an individualistic “tough it out” mentality. Such “lack of coordination” would delay the “ability to mobilize certain efforts of organizations or agencies (e.g. local defense forces, medical corps) with the responsibility or capacity to play a role in implementing the control measure.”

Third, participants expressed concern that diverse situations have not been taken into consideration. Many groups stated that different situations would make it difficult or impossible for many Americans to comply. For example, essential personnel, those with jobs that require face to face contact, transportation workers, utility workers and others may not be able to be isolated, work from home, or be isolated at home with their families. In addition, rural citizens, single parents, people with special needs, migrant workers and the non-English speaking and non-educated populations have different needs that make compliance difficult. The climate and circumstances of American cities and towns makes implementation difficult as well. For example, in Syracuse winter isolation may make getting supplies to individuals a challenge.

Fourth, many participants expressed concern that the regular distribution of supplies and services will be disrupted. There will be impacts on the supply/demand structure, social services will be “strained” and there even may be a lack of “essential services” such as utilities and telephone. Groups questioned how people would get basic supplies such as medicine and food. Services such as childcare and education may also be suspended. Government functioning may even be affected since meetings and elections would be difficult.

Possible Planning Solutions:

In order to address these planning concerns, participants proposed a variety of solutions.

First they stated that details such as decision authority should be determined in advance. While some participants agreed that decisions about control measures should be made locally based on accurate information passed from federal to state officials, other participants stated that the measures “can’t be optional from state to state or locality to locality with a highly infectious disease or measures won’t be effective.” Regardless of who has decision authority, many participants agreed that there must be “strong leadership” and “consensus” across party lines.

As they struggled with the issue of coordination, some groups suggested having government, nonprofits, communities and individuals develop “contingency plans” so that they easily move to a “new normal” routine in the case of an outbreak. Exercises could be run first to see if the plan would work and to identify issues that need to be addressed. On the local level, one group suggested that we should not “reinvent the wheel.” Instead, already established alliances should be enhanced such as: “aligning food banks and human service agencies or drawing on the ability of churches and other voluntary organizations to mobilize.” In order to coordinate efforts with business, some groups suggested creating preparedness blueprints that include alternative work arrangements (such as allowing employees to work from home or share sick leave) and emergency plans. One group even suggested having insurance plans that require the implementation of preparedness measures.

In order to address diversity, the participants suggested organizing groups to help individuals at home with special needs and creating “policies and procedures” for those personnel who are essential or whose circumstances make it impossible for them to comply. One suggestion of such a policy may be to require preparation in the use of hazardous materials protection equipment for those who must work.

In order to maintain supplies and services, the groups suggested implementing creative plans such as retraining those displaced (teachers) to “fill the need for critical services such as communications, telephone or online tutoring, counseling services, food/medical provisions drop off.” Existing facilities that would be dormant (such as schools) could be used as “alternative health care facilities.” In order to distribute supplies, boxes could be delivered to homes or EMS and health care personnel could make “house calls.” Neighborhood networks could help support neighbors in need and programs such as WIC and Meals on Wheels could be adapted. In home daycares could be developed to care for children if they are out of school and education could continue through the Internet, telephone, mail, television and home schooling.

B. ECONOMIC IMPACTS ON THE POPULATION

Financial issues are the second largest concern of the participants especially in Seattle, Lincoln, and Syracuse.

In Seattle’s forum of “highly trained professionals” loss of income and potential loss of job was a big concern. Many remarked that this more than any other factor “will ultimately drive people’s ability or desire to comply.” Many agreed that economic impacts would be felt on all levels of the economy. If people “can’t work, don’t get paid, [they] can’t spend money” however, there

are no policies in place to provide some safety net or security for workers to help sustain them. They may be unable to buy the medications needed. If school were cancelled, individuals would also lose money on tuition. Since people may have no money to spend, businesses, especially those that are small, would be greatly affected. This could produce a “ripple effect” where there would be a “lack of services” after the pandemic. If large gatherings were cancelled, communities would be stressed economically with a lack of tourism, conventions, and use of transportation facilities (airports).

Possible Economic Solutions:

In response to these concerns, the groups proposed a variety of policies. First they suggested creating governmental policies to protect individuals financially such as rescheduling debt, waiving power and tax bills and creating special subsidies for medication by extending programs like WIC. Some also suggested policies that protect people from foreclosures and evictions and that grant access to “retirement and other less- liquid funds” to protect individuals. One group suggested linking “workers’ compensation to influenza so that people can be compensated if they become ill at work.” For businesses, participants offered the immediate preparation of a government planning kit. They also suggested the creation of economic incentives for employers who encourage flex-time and working from home among their employees and who pay salaries during “the 4-6 week window.”

C. INFORMATIONAL NEEDS OF THE POPULATION

Having adequate, trustworthy and motivational information was the third most expressed concern of participants.

Failure to have such information may fuel citizen distrust and reduce compliance since people may not know what to do or be unmotivated to comply. Many groups suggested that the first information need of the American populace is the immediate need to feel a sense of trust regarding governmental recommendations and information. In the case of a pandemic, some groups were concerned about the ability to get basic information such as the definitions of “exposed” and “illness” as well as signs and symptoms to people. Conveying this information might be problematic since “rumors run rampant and it may be hard to get credible, balanced, and timely information to everyone who needs it [specifically] persons from marginalized, non-English speakers or immigrant, and lower income communities.” There may be “multiple/conflicting messages from multiple sources.” Traditional channels of information such as the media and large gatherings will not be available since the media may “drowned out infection risk with more sensational news” and events will be cancelled.

Possible Information/Communication Solutions:

Participants expressed a variety of ideas in order to address informational needs. First, groups proposed that the government needs to begin building trust with the American people immediately. One group stated that we “must examine critical communications pathways early on to develop the communications and education messages beforehand and that can quickly spread to get people ready.” Consistency among messengers and messages is important. One group suggested “having one and only one spokesperson on the national level who is credible, non-political appointee, and who they have seen and trust (e.g. Julie Gerberding), then having

one main point person at the state then local levels.” These messages can convey basic information such as infection control, how to care for sick people, how to prepare at home, and what the symptoms are. They can also be persuasive in their appeals by using “historical evidence [to argue] that if everyone complied with the measures lives can be saved, [that it] will be a sacrifice for everyone, [and] . . . that this is shared responsibility.” Accurate messages will help clarify, motivate, and build trust.

During a pandemic, messages must be clear, honest, consistent and persistent. Multiple outlets could be used such as call in numbers for health questions, Public Service Announcements detailing self-care, cultural leaders like priests, rabbis and imams imparting the critical nature of compliance, educational packages in schools promoting prevention, grass roots networks diffusing urban myths, and official internet postings conveying with clarity and transparency decision making and criteria for the anti-viral. The messages must be adapted to the various multi-cultural and diverse audiences.

In short, messages should begin now, emerging from one source into a multi-channeled effort conveying creative, honest and consistent messages that should continue throughout the pandemic.

D. SOCIAL STRESS ON THE POPULATION

Concern over the behaviors and the psychological states of the American public were the fourth type of challenge most expressed by participants, especially in Seattle and Syracuse.

Since Americans are accustomed to “civil rights and freedom of movement and assembly,” groups were concerned that individuals may not comply or may even react defensively or violently to control measures. Many groups were concerned that individuals “will not accept the sacrifice and not comply.” Noncompliance may be due to factors such as: difficulty balancing personal interests with good of community, conflicts between personal/professional responsibilities -especially for “essential personnel,” the belief that they will not be affected, the fact that many people are “stuck in a routine,” and in the case of isolation, the “fear that others may not check on me.” Participants were also worried about the psychological impacts of isolation, and canceling school and large gatherings. Individuals may feel bored and isolated since “most people are unaccustomed to not being out in public for extended periods of time.” Parents may become angered when schools are closed and youths may become “out of control.” Since there would be no social outlets or diversions, stress may increase, fuelling domestic violence, worsening the symptoms of the disease, or causing people to become complacent. Some groups expressed concern over the “reactive” nature of the American public, fearing “panic . . . hoarding rather than sharing . . . conflicts over distribution, and defense against chaos.”

Possible Social Solutions:

Participants offered a number of solutions to address the social strain of implementing control measures. First, to increase compliance, groups suggested that community leaders must step forward. They also emphasized the use of campaigns to make the changes required by implementation more acceptable. These campaigns might focus on creating social acceptability for preventative measures such as wearing a mask or “change[ing] American mentality to create

a greater commitment to personal responsibility, collective responsibility and advance planning.” Finally, a few groups suggested creating some type of enforcement for noncompliance.

In order to deal with the psychological stress of isolation, participants offered “programs to keep kids out of trouble, social networks to reach out to others, and ‘creative communication’ such as teleconferences, email, cell phone, and live telephone conferences” to keep people connected.

To counter panic, group highlighted education and honest open information from trusted non-elected sources.

OUTLINE OF SPECIFIC CHALLENGES AND SOLUTIONS IDENTIFIED AT THE CITIZEN DELIBERATION DAYS

1.0 Planning---No 1 Challenge

1.1 Concerns

- Need detail in control measures
 - Who makes decisions
 - Timetable for implementation
 - Duration of time for staying at home
 - Enforcement measures
- Need to plan for coordination
 - Government, citizens, businesses, and communities not used to coordination.
 - Turf wars
 - Standard practices
- Need to address all levels of society
 - Inequalities in response capability by person and by place
- Need to plan for disruption of supplies and services/demand
 - Essential services disrupted
 - Education disrupted
 - Delivery of supplies and services

1.2 Solutions

- Detail in control measures
 - Decision authority settled in advance
 - Need consistency to battle infectious disease
 - Strong leadership and consensus across party lines
- Coordination in implementation
 - Contingency plans + exercises
 - Enhance existing local alliance
 - Preparedness blueprints for business/emergency plans required by insurance companies
- Address all levels of society
 - Groups for people with special needs at home
 - Policies and procedures for those who cannot comply
 - Preparation for use of Hazardous materials protection equipment
- Maintain supplies and services
 - Retraining those displaced
 - Make use of dormant facilities like schools
 - Home deliveries of supplies
 - House calls by health care personnel or EMS
 - Neighborhood networks
 - Adapt existing programs like Meals on Wheels
 - Home daycares for kids out of school
 - Education via internet, phone, mail, TV

2.0 Economic Issues No. 2 Concern

2.1 Concerns

- Individual loss of income and possibly job a key driver of compliance
- Widespread impacts on all levels of economy
- All measures have economic impacts

2.2 Solutions

- Government policies to protect individuals financially
 - Rescheduling debt
 - Waiving power and tax bills
 - Subsidies for medications
 - Protection from foreclosures and evictions
 - Grant access to retirement funds and less liquid
 - Linking workmen's comp to influenza
- Government policies to help businesses financially
 - Planning kit for businesses
 - Economic incentives for employers to help workers

3.0 Information Issues 3rd Area of Concern

3.1 Concerns

- Immediate need for information and trust building
- Challenges of delivering basic essential information during a pandemic
 - Multiple conflicting messages from multiple sources
 - Large media tendency to sensationalize

3.2 Solutions

- Immediately
 - Start to identify communication pathways
 - Develop messages
 - Only one credible, nonpolitical spokesperson at the national level
 - One point person at the state and the local levels
 - Basic information, persuasive information
- During pandemic, clear-honest-consistent-persistent messages
 - Use multiple outlets for delivery of information
 - Messages must be culturally appropriate

4.0 Social Issues

4.1 Concerns--

- Behavioral
 - Non compliance for variety of reasons
- Psychological
 - Effects of isolation
 - Boredom
 - Anger
 - Out of control youth
 - Stress, domestic violence
 - Panic

4.2 Solutions

-Behavioral

- Leadership required from community leaders
- Campaigns to make changes more acceptable
- Enforcement for non-compliance

-Psychological

- Programs to keep kids out of trouble
- Social networks to reach out
- Creative communications to keep people connected
- Education and honest open information from trusted sources