



Center for  
Rural Health

<http://ruralhealth.und.edu>

## *The Rural Public Health System*

*International Visitor Leadership Program  
Preparations for Pandemics*

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*Connecting resources and knowledge to strengthen  
the health of people in rural communities.*



## What happens in a pandemic?

- Surveillance is key
  - Public Health and Health care providers
- Establish command, control, and management procedures
  - Local, state, federal, and international
- Emergency response
- Communicate with the Public
  - Be first, be right, and be credible
- Provide healthcare



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## Pandemic Plan Objectives

- Slow spread, decrease illness and death, buy time
- Antiviral treatment and isolation for people with illness
- Quarantine for those exposed
- Social distancing
- Vaccinate public



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## State and Local Public Health

- Provide Community Leadership and Networking
- Surveillance
- Health System Partnerships
- Infection Control and Clinical Care
- Vaccine Distribution and Use
- Antiviral Drug Distribution and Use
- Community Disease Control and Prevention
- Communications
- Workforce Support



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## Healthcare Offices and Clinics

- Surveillance and detection
- Communication - With public health, other facilities, staff, patients
- Education and training
- Triage, management, and infection control
- Occupational health and safety
- Surge capacity



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## Evacuations – Urban to Rural

- Limited rural infrastructure
- Travel *to* and *through* rural areas by urban evacuees
- Need estimates of the number of evacuees
- Predetermine sites for receiving and triaging evacuees
- Develop coalitions to facilitate planning and interaction among multiple counties with nearby urban centers
- Include surrounding rural public health system in urban planning

Source: *Urban-to-Rural Evacuation: Planning for Population Surge*. NORC - Walsh Center for Rural Health Analysis, April 2007.



## Rural Considerations

- Rural public health departments often lack adequate surveillance capacity
  - Very little 24/7 coverage
- Rural health care providers often lack equipment and staff to deal with large-scale catastrophic events
  - Few beds
  - Staff, supplies, and drugs are often available on an as-needed basis
- Rural emergency response is often limited
  - Limited mental health care
- Rural communication systems may not be adequate
- Rural communities are often used to relying on community members



## Top 10 Suggestions from State Health Officials Who've Been There

### Actions to Take Before An Emergency

- 1) Establish strong relationships with top state officials in law enforcement.
  - Establish these relationships among the highest levels to avoid complex chains of communications.
  - Disaster sites that are also crime scenes have special chain-of-evidence issues that should be discussed with law enforcement.
- 2) Prepare for the possibility that various levels of law enforcement may have poor communications among themselves (FBI, DOJ, state and local authorities).
  - Recognize that public health may sometimes serve as a communications bridge between different law enforcement agencies.
- 3) Prepare procedures for addressing classified information issues.
  - Build protocols with law enforcement for determining what information is classified and what can be made public.
  - Create a team of law enforcement and public health personnel that can assess each new piece of information. Give this team the authority to make on-the-spot decisions about what can be made public.
- 4) Address, in advance of an emergency, who will need FBI security clearance.
  - Ensure that one or more senior public health staff have sufficient security clearance to be involved in law enforcement activities and briefings.
  - Determine what local authorities require clearance in order to attend meetings and participate in decision-making.
- 5) Plan in advance for multi-jurisdiction issues with regional input.
  - Deal now with issues like inter-state needs, public/private capacity sharing, out-of-state volunteer credentialing, etc.
  - Whenever possible, have written agreements and contact protocols for these regional issues.
- 6) Review personal information restrictions and emergency powers.
  - Examine the ability of hospitals to share patient status information in times of emergency and the authority of the health department to lift privacy restrictions.
  - Plan for concerns of vital records, including death certificates and identity theft.

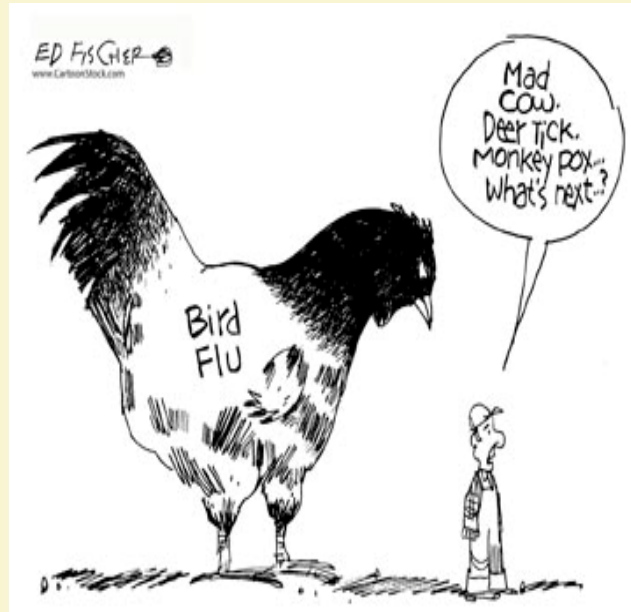
*Source: Association of State and Territorial Health Officials (ASTHO) convened several sessions with state health officials affected by the terrorist and bioterrorist attacks that began on September 11, 2001. (January 15, 2002)*



#### Actions When an Emergency Occurs

- 7) Arrange for the availability of an immediate 1-800 phone number.
  - More than one number may be needed so that providers, law enforcement, and others can reach the department 24-hours a day. Announce availability of the numbers immediately to avoid confusion and frustrations.
  - A separate number should be made available for general inquiries and public information.
- 8) Capitalize on strong relationships between public health and provider community.
  - Work with local public health authorities to reach out to providers.
  - Distribute fact sheets, diagnostic guides, procedural protocols, and contact information to provider community.
- 9) Recognize the emotional and mental health needs of first-responders, health department personnel, and the public.
  - To mitigate post-traumatic stress concerns, have on-site teams available for first responders, including mental health counselors and other therapeutic services.
  - In longer-term stress situations, provide opportunities for health department staff not directly involved to make contributions to the effort. Address their safety concerns and attempt rumormongering control through information sharing.
- 10) Address long-term outcomes of the current events.
  - Recognize and prepare for long-term mental health and substance abuse needs of the general public following such events.
  - Strengthen occupational health monitoring systems, build up syndromic surveillance systems for future events.
  - Establish support services for survivors.
  - Revisit your emergency response plan. Update, discuss, and revise as needed, and ensure all personnel are prepared to implement.

*Source: Association of State and Territorial Health Officials (ASTHO) convened several sessions with state health officials affected by the terrorist and bioterrorist attacks that began on September 11, 2001. (January 15, 2002)*





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