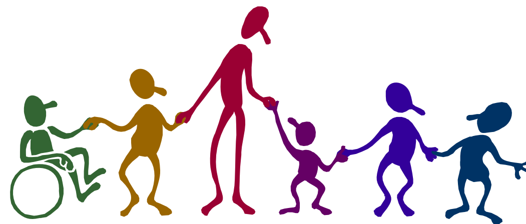
Thurston County
Vulnerable Populations Project

Enhancing Disaster Preparedness
through Relationships
with Community Agencies



Thurston County Public Health & Social Services Department

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Table of Contents

Toolkit

- Acknowledgements 3
- Project Overview 4
- Vulnerable Population Selection 5-6
- Agency Selection 7
- Secure Partner Commitment 8-9
- Action Planning 10
- Direct Service Staff Training 11-13
- Client Education 14-15
- Preparedness Kits 16-17
- Measuring Project Success 18
- Local Public Health Planning Tools 19
- Additional Resources 20

Attachments

A Reaching Vulnerable Populations: Integrating Preparedness Education into Routine Client Contacts PowerPoint

B Using BRFSS to Support Project Planning

C Guidelines for Community Partner Recruitment

D Vulnerable Populations Project Brochure

E Staff Training Outline

F Letter of Agreement Template for Partner Agencies with Sample

G Partner Agency Profile

H Agency Action Plan Template

I Helping Families Prepare for a Disaster Staff Training PowerPoint

J Agency and Client Training Approach and Objectives Template

K Staff Training Evaluation Template

L Findings from Staff Training Evaluation

M Prepare and Protect Client Education Handout (English)

N Prepárese y Protéjase Client Education Handout (Spanish)

O Details for Action Plan: The Disaster Preparedness Kit

P Example Invitation for Bid on Disaster Kit

Q Vulnerable Populations Project Partner Exit Interview Guide

R Project Timeline with Critical Tasks

S Workgroup Meeting Agenda/Summary Template

Acknowledgements

Funder

This project concept began as proposal developed by Thurston County Public Health & Social Services (TCPHSS) Public Health Preparedness staff Sammy Berg and Marianne Remy. Thanks to the Washington State Department of Health (DOH) the concept was selected as a demonstration project focusing on community partnerships for emergency preparedness.

TCPHSS greatly appreciates the commitment to the project expressed by Secretary of Health Mary Selecky and DOH Public Health Emergency Preparedness & Response Program staff Margaret Hansen.

Partner Agencies

The Thurston County Public Health & Social Services Department would like to thank the agencies and programs that enthusiastically volunteered to partner on the project.

- Family Planning Program – Thurston County Public Health & Social Services Department
- Infant Toddler Early Intervention Program (Birth to Three) - South Sound Parent to Parent
- Sound to Harbor Head Start/ECEAP - Educational Service District 113
- Women, Infants and Children Nutrition Program – Sea Mar Community Health Center/Thurston County Public Health & Social Services Department

Project Staff

The Thurston County Vulnerable Populations Project (VPP) team included:

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VPP staff would also like to thank the Thurston County Board of County Commissioners and Sherri McDonald, Department Director for their support of the project.

For more information about the project:

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- Visit www.co.thurston.wa.us/health/admin/preparedness/vulnerablepop.html

Project Overview

Goals

- Build partnerships with vulnerable populations and organizations serving them.
- Improve emergency (disaster) preparedness of those least likely to be prepared in our community.

Addressing the needs of vulnerable populations is a recognized and challenging component of public health preparedness and response. Following devastating flood and wind events in Western Washington during 2006 and 2007, attention to the unmet needs of vulnerable populations became appallingly apparent. The December 2007 flood event isolated residents and closed down a major north-south interstate highway. A December 2006 windstorm resulted in the largest disaster-related loss of life since the 1980 eruption of Mt. Saint Helens and a State After Action Report to the Governor included a specific recommendation to "Improve coordination with high risk populations and their caregivers."

The opportunity to implement a county demonstration project resulted from a non-successful 2008 Centers for Disease Control and Prevention (CDC) Pandemic Influenza grant application. Thurston County Public Health & Social Services Department submitted a project proposal to the Washington State Department of Health (DOH) under the category of addressing 'vulnerabilities in populations'. Though the CDC did not fund the county project, the Secretary of the Washington State DOH thought the idea worthy of consideration - if lessons learned would be documented and shared with other public health agencies.

The demonstration project resulting from DOH interest focused on preparedness and was conducted over the course of 2008-2009. The emphasis of the Thurston County Vulnerable Populations Project (VPP) was on *reaching non-institutionalized high risk (vulnerable) populations through community agencies that have routine contact with them*. VPP focused on the "organization, not individual" as the unit of change, meaning a fundamental assumption being tested through the project was whether (and how) preparedness education could be integrated into service delivery in a manner that was successful, feasible and resulted in satisfaction among the partner and their client. This report shows that using an intentional model of partner engagement is a promising way to rapidly reach those least likely to be prepared in a community.

Sample Presentation

An overview of the project was presented at the 2009 Washington State Joint Conference on Health.

– See attachment A, *Reaching Vulnerable Populations: Integrating Preparedness Education into Routine Client Contacts PowerPoint*

The Vulnerable Populations Project links to the following:

– The 10 Essential Public Health Services: "Mobilize Community Partnerships to Identify and Solve Problems."

– National Public Health Performance Standard Program: Proposed Local measure "Recruit and engage governing entity members, stakeholders, community partners and the public to participate in collaborative partnerships and coalitions to address important public health issues."

Vulnerable Population Selection

Goal

- Determine which vulnerable population(s) to focus project resources on.

The primary purpose of the Thurston County Vulnerable Populations Project (VPP) was to examine how to partner with community-based agencies to rapidly reach a vulnerable population. For the purposes of this project, a vulnerable population was defined as a group of people especially at high risk because they:

1. May not have access to or an ability to use standard resources that aid in preparation for or response to an emergency (e.g. car, radio, food, water).
2. May have limitations in awareness of dangerous situations or health conditions that increase the potential for adverse health outcomes resulting from an emergency (e.g. limited English, disability).

Thurston County had an estimated total population of 249,800 residents in 2009 *(Washington State Office of Financial Management)*. Given the size of the county, a large number residents could be targeted by the project as they are vulnerable to negative health outcomes that can result from a disaster. Examples of vulnerable populations include, but are not limited to: children (14 or younger); seniors (65 or older); low income/limited resources; culturally or socially isolated; physically, mentally or developmentally disabled and individuals with significant health conditions.

To prioritize which vulnerable population to focus VPP on, a set of criteria for selecting the vulnerable population was developed. Project staff reviewed local data to aid in prioritization of 'who' is less likely to be prepared for a disaster. Ultimately, project staff selected families with young children (birth to age 9) as the focus.

Sample Criteria

Criteria for Selecting a Vulnerable Population

- Represents a sizable component of the county's population (thousands of residents).
- Is less prepared for a disaster when compared to others as shown by data and/or scientific literature.
- Perceive themselves as being less prepared for a disaster when compared to others.
- Currently served by multiple, diverse agencies and programs throughout the county.

Lessons Learned

1. Using data from preparedness questions asked on the Behavioral Risk Factor Surveillance Survey (BRFSS) can be cost effective and support local decision making.

   The Behavioral Risk Factor Surveillance Survey (BRFSS) conducted statewide by the Washington State Department of Health was modified to include locally-added general emergency preparedness questions. The Thurston County findings from BRFSS were used to examine perceived preparedness and indicators of actual basic emergency preparedness (e.g. food, water, radio) among groups of people that have been shown to be at higher risk for

negative consequences during and/or after a public health emergency or community disaster. BRFSS data was integrated into the decision making process used to select which vulnerable population(s) would be the focus of the project.

2. Prioritize populations and start with one.

   Given the size of Thurston County and the presence of numerous vulnerable populations, identifying one population to focus efforts on was valuable. Each vulnerable population has unique preparedness challenges and was served by different community agencies. Selecting one population to emphasize allowed VPP staff to more efficiently tailor educational materials, leaving the majority of project resources available to determine 'how' best to partner with community agencies.

Handout

A data summary sheet was developed to provide an example of how the Behavioral Risk Factor Surveillance Survey (BRFSS) supported local project planning. The sheet focused on describing the connection of BRFSS to the project and listing the preparedness questions asked on the survey. The sheet does not include details (e.g. confidence intervals) that may interest public health staff who conduct community health assessment or evaluate data as this was not the intended audience.

- See attachment B, *Using BRFSS to Support Project Planning*

Agency Selection

Goal

- Determine which agencies and programs have direct contact with the vulnerable population of interest.

A wide range of programs and services are offered in every community. A fundamental assumption of the Vulnerable Populations Project (VPP) was that working with existing service providers could make it possible to rapidly reach a large number of local residents.

'Screening Criteria' were developed to identify which local agencies and programs served the vulnerable population of interest. Project staff then developed a 'laundry list' of agencies and programs that directly served the vulnerable population of interest. Screening criteria were applied to the laundry list. The final list was used by project staff to recruit from.

Sample Criteria

Screening Criteria for Agency and Program Selection

- Located in county and currently provides services to county residents.
- Provides health related services and/or places a high value on health.
- Has paid staff that provide services in a one-on-one or group setting.
- Has a sizeable client base, serving hundreds of families each year.
- Is a public or private non-profit agency.
- Has routine contact with families who have children between the ages of 0-9 *(this was the vulnerable population targeted by this project)*.

Lessons Learned

2. Criteria can focus recruitment efforts by narrowing down which agencies and programs are more likely than others to reach the vulnerable population of interest.

   In Thurston County, about 15 programs met the screening criteria established. This allowed project staff to begin recruitment with a defined list of 'who' to contact first. Every potential partner targeted for recruitment, agreed to participate. However, project staff were prepared to re-visit the 'laundry list' if numerous agencies declined to partner.

3. Review the 'laundry list' with local public health staff and other service providers familiar with community agencies and the vulnerable population of interest.

   Rather than calling a meeting together or sending an email, we found that directly contacting colleagues via phone or stopping by their workspace worked well to review the project's draft 'laundry list.' Staff quickly provided feedback on potential project partners and the best people to contact within agencies to pitch the project to.

Secure Partner Commitment

Goals

- Obtain a 20 minute face-to-face meeting with agency management or program leadership to share the benefits of partnering.
- Obtain organizational commitment to partner.

Project staff designed the recruitment phase of the Vulnerable Populations Project (VPP) with several assumptions in mind. One basic assumption was that 'not all agencies will be ready to partner'. Barriers to readiness can take several forms including: concern over giving staff more work, covering costs to participate, being expected to the project again in the future and having limited interest in the topic. Project staff needed to be mindful of how much time and effort would be used to recruit each partner, even those that were viewed as a priority for recruitment efforts.

To determine how to gauge partner readiness and assure they had enough information to make an informed decision, project staff decided that a 'pitch meeting' would be requested of all potential partners. The thought was that if agency staff could not spare 20 minutes for a face-to-face meeting at their office, they may not be able to successful implement the project. Using this as an indicator of readiness to partner was useful.

- Project staff found that 20 minutes was sufficient for the pitch meeting. Two handouts were taken to the meeting: 1) a project brochure and 2) an outline of the staff training that was required. These materials helped guide the discussion.

After the pitch meeting, agencies interested in partnering were asked to demonstrate commitment by providing a 'Letter of Agreement' to the Health Department. This letter helped assure that each partner had leadership buy-in and acknowledged essential expectations. After receipt of the letter, VPP staff began working with the partner agency to implement the project.

Sample Guidelines

Guidelines were established to assure consistency in message and approach among VPP staff tasked with recruiting partners. The assumption was that there would be no do-over's. If the first contact and pitch meeting made the project sound more complex, time consuming or burdensome than it was - we may unnecessarily lose interest of a potential partner.

- See attachment C, *Guidelines for Community Partner Recruitment*

Lessons Learned

1. Pitch to a decision-maker.

   Finding the right person to schedule the 'pitch meeting' with was not always simple. In some organizations, meeting with the agency director was important and in others starting at a program supervisor level was better. Program staff are key to success, but often do not have the ability to make decisions for an agency. Since the project required organizational commitment, we found that it was better to pitch to mid-level or upper management.

2. Be prepared to discuss barriers and benefits.

   Project staff developed a list of 'barriers' to participation and corresponding 'benefits' to participation for use during the pitch meeting. This allowed potential concerns to be acknowledged, while consistently describing return-on-investment . Project staff assumed that even the most persuasive argument may not be able to overcome a partner's reservations.

3. Be flexible with boundaries.

   Being flexible is important in partnership projects. However, accommodating partner requests for change in project design need to be carefully evaluated. Project staff built flexibility in to the way a VPP partner could implement activities, but did so based on the need to: a) assure the flexibility did not produce different outcomes and b) better suited how the partner does business without greatly increasing the support needed from project staff.

4. Require partners to demonstrate commitment.

   A simple 1-page letter format was used rather than an extensive Memorandum of Agreement/Understanding (MOA/MOU). Partner agencies were asked to have their Director sign the letter as a means to show senior leadership awareness and support.

5. Pick a program.

   If certain programs offered by an agency are more likely to reach the vulnerable population of interest, be clear that you would like to partner with them (not necessarily the whole agency). It can be a relief for agencies that operate multiple programs to know you are willing to work with only one program.

Handouts

A brochure about the project and outline of the staff training were taken to the pitch meeting.

- See attachment D, V*ulnerable Populations Project Brochure*
- See attachment E, *Staff Training Outline*

Templates

Organizations that agreed to partner provided two documents before starting to work on the project: 1) a letter to demonstrate commitment and 2) a descriptive profile of the agency for use in evaluation.

- See attachment F, *Letter of Agreement Template for Partner Agencies with Sample*
- See attachment G, *Partner Agency Profile*

Results

Every agency VPP project staff attempted to recruit for the project, agreed to partner. In total, four programs from four agencies became partners.

1. Family Planning Program, Thurston County Public Health & Social Services Department
2. Infant Toddler Early Intervention Program (Birth to Three), South Sound Parent to Parent
3. Sound to Harbor Head Start/ECEAP, Educational Service District 113
4. Women, Infants and Children Nutrition Program, Sea Mar Community Health Center

Action Planning

Goal

- Assure partner agencies are prepared for project implementation.

Action planning is a process that helps an organization focus staff efforts and resources on achieving project goals and objectives within a specified time frame. Action plans are useful because they can provide a concrete time table with clearly defined steps. Actions plans are tailored 'work' plans used with a project. They assure 'someone' has been assigned the responsible for each critical task. In this project, action planning occurred after receiving a partner agency's "Letter of Agreement."

To increase the likelihood that agencies successfully completed the project, all partners were required to work through a 1-page action plan. The action plan was completed at a planning meeting facilitated by project staff. Partner agencies determined who to send to the action planning meeting.

Lessons Learned

1. A simple action plan can be a useful aid.

   Feedback from project partners consistently showed that the action plan helped them think through how best to implement the project in their agency. The 1-page action plan format was very important as it visually reinforced the message that the project was fairly straightforward and do-able. Staff from partner agencies frequently referred to the action plan as their 'checklist' and did not view it as the Health Department 'telling them what to do'.

2. Show the phases.

   The action plan used for this project covered key phases of implementation. Laying the plan out in this manner made it easier to assign staff to each step. For this project, Health Department project staff were mainly responsible for training the partner's staff on preparedness, delivering disaster kits and supporting evaluation.

3. Prompt problem-solving.

   Though the action plan was short and simple, potential problems could be pre-identified and addressed during the action planning meeting held with partner agencies. Project staff encouraged thought be given to reduce the chances that foreseeable problems occurred. Examples of this problem-solving before there was a problem include having a discussion about: how staff will be invited to the training, how supervisors will be notified that there is going to be a training so they will let staff go and how much physical space is needed to store project materials (e.g. client education handouts and disaster preparedness kits).

Templates

The action plan was designed to address critical components of project implementation.

– See attachment H, *Agency Action Plan Template*

Direct Service Staff Training

Goal

- Enhance the ability of existing service providers to offer disaster preparedness education during routine client contacts.

Agencies partnering with the Health Department on the Vulnerable Populations Project (VPP) agreed to deliver disaster education and preparedness kits to clients during routine contacts. Routine contacts can take many forms such as a family education night, support group meeting, clinic visit and home visit. To assure that direct service staff from partner agencies were better prepared to do this, a training was developed. Direct service staff involved in this project ranged from: paraprofessionals, health professionals, educators, home visitors and case workers.

Direct service staff from partner agencies were provided with 'one' in-service delivered by Health Department staff. The 60-minute training for partner agency staff was organized into three main segments:

- 30 minutes: PowerPoint presentation *(led by Health Department staff)*
- 15 minutes: Staff Question & Answer session *(facilitated by Health Department staff)*
- 15 minutes: (optional) Discussion Period during which agency management described next steps for project implementation *(based on the action plan, led by partner agency staff)*

Partner agencies were responsible for promoting the training among their staff and arranging the location, time/date for the training. Partner agencies determined which staff members would be trained to provide education to clients. VPP staff recommended that staff who provide direct services to clients be trained rather administration or support staff (e.g. reception, fiscal). The reasons for this recommendation included:

a. Clients may be more receptive to educational messages delivered by individuals who have who typically provide them.
b. Education delivered by staff who are already viewed as trusted, credible source of information may have a greater impact.
c. It may be easier for staff who routinely provide educational information to integrate 5-minutes on a special topic into routine contacts.

Sample Staff Training

Each partner agency had to agree that staff offering client education would attend a training prior to implementing the project among their clients. The training addressed: why staff were being asked to provide disaster education, how this would benefit their clients and what exactly each staff member needed to do.

- See attachment I, *Helping Families Prepare for a Disaster Staff Training PowerPoint*

Sample Incentives

Staff are critical to the quality of the client experience and overall success of any project. Often staff are asked to do things they may or may not find meaningful either personally or to the individuals they serve. Increasing the number of staff that can - at minimum - understand the value of what is being offered to the individuals they serve (even if they do not fully buy-in) is extremely important. The project used indirect and direct staff incentives to attempt to motivate staff rather than assure compliant behavior.

Indirect: Provided a consistent message that agency staff were well suited to do this kind of work and could meet project expectations.

- Emphasized that staff do not have to be preparedness 'experts' to deliver basic education.
- Emphasized that staff already know how to talk to clients, the training just helps them be better prepared to talk about 'this.'
- Emphasized the relationship they had with clients would make it easier for them to hear the educational message.
- Emphasized that they only need to do '5 minutes' of education and hand out one kit.
- Emphasized that the clients they serve are very likely to suffer during a disaster.

Direct: Created a first-hand experience.

- Staff were provided with a disaster preparedness kit for their home.
- Staff had hands-on practice with the client education handout and preparedness kit.

Lessons Learned

1. Throughout the materials developed for this project, the word 'disaster' appears in place of 'emergency preparedness.'

   The use of the word 'disaster' was intentional. Project staff continually evaluated the language being used to identify the terms and phrases that were meaningful for both the service provider and client. Based on feedback, the word 'disaster' was viewed as easily and quickly conveying the purpose of the education being offered. In the settings where this project was implemented, the use of the word 'emergency' had significance. For example, education about 'emergency' contraception was occurring and discussions of medical 'emergencies' for special needs children were possible.

2. Training as orientation.

   The staff training was prepared as an 'orientation.' Though extensive background information and technical information could have been given, VPP staff intentionally left this out when designing the training. Even though 'tidbits' of information may be interesting, every single one added to the training could increase the chance that staff would feel less confident and start to believe they 'could not possibly know enough' to deliver education about this topic.

3. Avoid an all or nothing approach.

   A requirement of this project was that each agency staff providing disaster education and a preparedness kit go through the 60-minute training provided by the Health Department. However, partners were not required to have all of their staff participate in the project. Being flexible about which staff and which programs participated proved helpful to agencies. Staff who were hesitant about providing the education and kit often decided to join the project because they wanted to make sure their clients received the benefits others were getting.

Templates

Prior to developing the direct service staff training for partner agencies, VPP staff outlined the method that would be used to deliver educational information to both partner agency staff and their clients.

– See attachment J, *Agency and Client Training Approach and Objectives Template*

A brief evaluation from was used to measure effectiveness of the staff training provided to partner agencies. Measures of particular interest to the project were: staff self-efficacy (confidence in ability to deliver education) and staff view of barriers and benefits (how meaningful to the client the project would be).

– See attachment K, *Staff Training Evaluation Template*

Results

A total of 107 direct service staff were trained to deliver disaster education and a preparedness kit during routine client contacts.

6 employees	Family Planning Program
12 employees	Infant Toddler Early Intervention Program (Birth to Three)
79 employees	Sound to Harbor Head Start/ECEAP*
10 employees	Women, Infants and Children Nutrition Program

** Eight different Thurston County Head Start Centers participated in the project.*

Findings from staff training evaluations showed that partner agency staff were not very familiar with disaster preparedness, but felt confident that they could provide the education and that their clients would find it helpful.

– See attachment L, *Findings from Staff Training Evaluation*

Client Education

Goal

- Improve disaster preparedness of those least likely to be prepared in our community.

A 1-page client education handout was provided to all partner agencies. The handout was designed to be relevant to the vulnerable population of interest to this project - families with young children (birth to age nine). The handout was developed to raise awareness of the target population of specific ways they could reduce their risk for negative outcomes during a disaster. The content included in the handout was selected based on the following criteria:

1. Describes what children uniquely need to survive a disaster and reduce the health impacts possible after an event. Therefore, general preparedness recommendations are not included.
2. Emphasizes the home (e.g. not what to do if separated or how to deal with school/child care).
3. Emphasizes what is needed in terms of tangible products/supplies not skills (e.g. stress, coping, physical injury).
4. Takes cost into account (assumes everyone is lower income) and assumes the family will not have a vehicle to use.

The primary purpose of the Vulnerable Populations Project (VPP) was to examine how to partner with community-based agencies to rapidly reach a vulnerable population. As a result, the client education handout developed for use with the project should be viewed as a model and not necessarily a product to be reproduced exactly as is. VPP staff went through key steps of developing educational materials for clients, such as conducting a literature review and material testing, but did not spend the amount of time or resources typically used. Audience testing was done, but project staff emphasized a) whether 'agency staff' staff could cover a one-page handout in 5-minutes and b) whether the '3 pictures with 3 key messages' format worked for staff and their clients. Extensive testing of the handout to assure the actual words were the best one's to use for the vulnerable population of interest was not done.

Sample Recommendations

Criteria were used to select the content to include in the client handout, however additional recommendations were developed to guide the selection of what 'type' of educational product may be work better with a 5-minute client contact. Based on the literature review conducted for the project and professional knowledge held by VPP staff, the following recommendations were made to guide educational product development.

- Handouts should be short (1 page), to the point, positive, reassuring and in plain talk (assume lower literacy).
- Shorthand the language (e.g. 'non-perishable' can be said more basically using 'canned foods').
- The concepts of risk reduction and increasing self-efficacy may be useful in forming messages and materials.
- Long lists of things to-do or gather may not be as effective as focusing on a few specific 'first steps' you are trying to promote. Assume it will be difficult to encourage positive, proactive action to avoid a negative event.

Lessons Learned

1. One page says 'cheat sheet' and that is a good thing.

   Direct service staff at partner agencies stated that the 1-page client education was used as their 'cheat sheet' during routine client contacts. Staff overwhelming reported that the handout was essential for them and helped them efficiently move through the key messages with their clients.

2. A limited message with pictures is best.

   Staff at partner agencies consistently reported that a 1-page client education handout conveyed the message - 'this is manageable' – to their clients. Staff thought the 3 x 3 format of the handout was very useful (3 pictures with 3 main messages). Other information was included on the handout, but staff thought limiting the number of educational messages made it easier to talk about disaster preparedness. They noted that long lists often accompany preparedness materials and that these lists send an unintended message to clients – 'this will take more time and money than you have.'

3. Language matters.

   Agency partners clearly articulated a preference that the client education handout be available in the languages spoken by their clients. Having project materials available only in English was viewed as inequitable. Staff repeatedly said that they viewed the educational material as valuable and something all clients should have access to – English only was viewed as limiting access. Access in alternative languages was so important that one partner asked for permission to translate the handout into Vietnamese.

Handouts

The client education handout used for this project was made available in English and Spanish.

– See attachment M, *Prepare and Protect Client Education Handout (English)*
– See attachment N, *Prepárese y Protéjase Client Education Handout (Spanish)*

Results

A total of 2,000 families with young children were reached by direct service staff at partner agencies. In some instances, partner agencies provided client education even when preparedness kits were unavailable making the total number of families reached as a result of the project higher than evaluation data captured.

40 families	Family Planning Program
212 families	Infant Toddler Early Intervention Program (Birth to Three)
509 families	Sound to Harbor Head Start/ECEAP
1,239 families	Women, Infants and Children Nutrition Program

Due to the focus on method of educational information delivery (that is whether a one-page handout on disaster preparedness and kit could be integrated into routine client contacts and delivered in 5-minutes), the VPP evaluation did not measure change in client awareness, knowledge or intent to change behavior. Evaluation efforts were focused on measures of organizational change, partner staff satisfaction and successful integration of disaster preparedness into routine client contacts.

Preparedness Kits

Goal

- Improve disaster preparedness of those least likely to be prepared in our community.

A disaster preparedness kit was provided for the household of clients served by partner agencies through the Vulnerable Populations Project (VPP). As part of action planning, VPP staff worked with partner agencies to make some fundamental decisions around their capacity to deliver preparedness kits to clients. Specifically, partners were asked to consider: on-site storage options or how home-based deliver would be accomplished; to provide an estimate of the total number of kits they could reasonably expect to deliver during the course of the project; and to think through options available to assure accountability of kits provided to clients. By the end of the project a total of 2,000 families with young children received a preparedness kit.

Content of the Kit

Preparedness kits were designed to support 4-people for 72-hours and were tailored to better suit the needs of families with young children. Each individual kit weighed approximately 25 pounds due to the inclusion of water and food. Kit modifications and/or enhancements were made to better suit this vulnerable population:

- No knives or multi-purpose tools (e.g. swiss army knife).
- No matches.
- Four 2,400 calorie ration bars, US Coast Guard (USCG)-approved, with a 5 year shelf life.
  - The food will have been manufactured/packaged within the previous six months and have a remaining shelf life, upon delivery, of at least 54 months
- 100 ounces of water in USCG-approved containers, with a 5 year shelf life.
  - Water will have been manufactured/packaged within the previous six months and have a remaining shelf life, upon delivery, of at least 54 months
- Four emergency (a.k.a. foil or thermal) blankets
- One flash light, dynamo-powered
- One AM/FM radio, dynamo-powered (
  - The flash light and radio may be combined into one item
- Four 12-hour light sticks
- Forty wet-wipes (or moist towelettes)
- Four tissue packs
- One Basic First Aid Kit
- Package contents in a duffle bag with shoulder strap, rather than a backpack, to increase chance that the bag would not be used by children for school.

Templates

- See attachment O, *Details for Action Plan: The Disaster Preparedness Kit*
- See attachment P, *Example Invitation for Bid on Disaster Kit*

Lessons Learned

1. Adding food and water may not be as helpful as you think.

   As the kit was designed to support 4-people for 72-hours, the amount of food and water included made the duffle bag much heavier than it would have been otherwise. The 25lb. weight of the bag did not deter clients from taking the bag with them, but was frequently mentioned as a concern by partner staff. Clients seen at a partner's office often had young child(ren) with them making it difficult to navigate back to their car or take public transportation with something extra to carry. Partner staff suggested that it may have been better to leave these items out and instead include that as a discussion point during client education. Additionally, the food and water created questions like "can you cook it/should you boil it" and "how can it have such a far away expiration date" which took time away from the planned discussion of other priority topics.

2. The kit may be the key.

   Staff from partner agencies repeatedly mentioned that the kit was key. The client handout was extremely useful, but could not top the excitement and surprise in the eyes of clients when the kit was provided to their family. The satisfaction staff received from having such a positive, immediate response from clients was the only motivation to continue to participate in the project that was needed.

   Partner staff noted that the kit helped get the clients full attention and improved the dialogue they had using the client education handout. However, staff noted that a complete kit may not be necessary if cost is an issue. Providing a component of the kit to the clients, such as the duffle bag and a crank flashlight, may be sufficient as a starting point if more guidance is given on what else is critical to get into the duffle bag.

Measuring Success

Goal

- Identify characteristics of partnership projects that increase the likelihood that partner agencies successfully implement agreed upon activities.

The partnership experience was the primary focus for project evaluation efforts. Vulnerable Populations Project (VPP) staff monitored issues that could impede successful project completion such as difficulty securing a pitch meeting, difficulty obtaining a letter of commitment, difficulty completing an action plan, difficulty getting direct service staff to a single training and partner satisfaction with the experience.

Success of the project hinged upon partner:

– Ease of integration. Data from partner agencies were gathered to monitor distribution of preparedness kits and staff perception of ability to provide client education during routine contacts.
– Satisfaction. Data from partner agency staff were gathered at two points during project implementation – a) after the staff training via an evaluation form and b) at end-of-project via a planned feedback session (exit interview).

Lessons Learned

1. Partnering with local agencies took, on average, 4 weeks from initial contact to having direct service staff trained to provide education and kits to their clients.

   Before a partner agency began providing disaster education and preparedness kits to clients, a series of steps had to be completed. These included: Health Department staff calling the potential partner to request the pitch meeting, having the in-person pitch meeting, getting the letter of agreement from the partner, completing an action plan, completing the direct service staff training and delivering kits. Given no agreements were already in place and the request to partner agencies was not due to a local emergency, being able to formalize a partnership and have staff ready to act within 4 weeks seemed reasonable and quick.

2. Local Health Departments can efficiently reach vulnerable populations through programs and services that have direct contact with them, especially if the partner agency is viewed as the unit of change.

Thurston County Partners	Trained Staff	Families Served
1. Family Planning Program	6	40
2. Infant Toddler Early Intervention Program (Birth to Three)	12	212
3. Sound to Harbor Head Start/ECEAP *(at 9 different centers)*	79	509
4. Women, Infants and Children Nutrition Program	10	1,239
Total	107	**2,000**

Templates

– See attachment Q, *Vulnerable Populations Project Partner Exit Interview Guide*

Local Public Health Planning Tools

Goal

- Assure Vulnerable Population Project staff receive clear assignments that can be carried out according to timeline.

The staff work involvement in implementing the Vulnerable Populations Project (VPP) was distributed among four positions with varying levels of dedicated FTE. These positions formed an internal project planning team, which was referred to as the VPP workgroup. This group met regularly to monitor progress, plan next steps and distribute upcoming work tasks. Each staff member filled a specific role based on their skills and experience:

Public Health Nurse	Project coordination
Health Educator	Agency partner liaison
Environmental Health Specialist	Preparedness kit distribution
Epidemiologist	Project evaluation

Since 2007, approximately 1/4 of the staff employed by the Thurston County Public Health & Social Services Department were laid off due to revenue loss. Work teams with distributed responsibilities are now the standard way many special projects or initiatives are managed. Typically, all assigned staff are required to attend regular planning meetings with remaining FTE and time spent on the project based on project need and staff availability.

Templates

- See attachment R, *Project Timeline with Critical Tasks*
- See attachment S, *Workgroup Meeting Agenda/Summary Template*

Additional Resources

Vulnerable Populations

Vulnerable Population Segments: Public Health - Seattle & King County
www.kingcounty.gov/healthservices/health/preparedness/VPAT/segments.aspx

Vulnerable Population Toolkit: Seattle-King County Advanced Practice Center for Public Health Preparedness
www.advancedpracticetoolkits.com

National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities: Drexel University, School of Public Health, Center for Health Equity
www.diversitypreparedness.org

The National Center for Disaster Preparedness: Columbia University, Mailman School of Public Health
www.ncdp.mailman.columbia.edu

Enhancing Emergency Preparedness, Response, and Recovery Management for Vulnerable Populations Literature Review: RAND Corporation
www.rand.org/pubs/working_papers/WR581

Public Health Preparedness: National Association of City and County Health Officials
www.naccho.org/topics/emergency/

Collaboration with and Engagement of At-Risk Populations: Promising Practices Pandemic Influenza Tools
www.pandemicpractices.org/practices/

Public Health Emergency Preparedness and Response: Centers for Disease Control & Preventions
emergency.cdc.gov