BE PREPARED FOR THE UNEXPECTED: PUBLIC HEALTH PEARLS OF WISDOM

Institutional Memory Video Project

National Center for Disaster Preparedness
EARTH INSTITUTE | COLUMBIA UNIVERSITY
BE PREPARED FOR THE UNEXPECTED: PUBLIC HEALTH PEARLS OF WISDOM

Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Description</td>
<td>2</td>
</tr>
<tr>
<td>Mapping the Pearls of Wisdom to Public Health Preparedness Competencies &amp; Capabilities</td>
<td>3</td>
</tr>
<tr>
<td>Public Health Pearls of Wisdom</td>
<td>4</td>
</tr>
<tr>
<td>Participant Biographies</td>
<td>5</td>
</tr>
<tr>
<td>How to Use the Pearls</td>
<td>9</td>
</tr>
<tr>
<td>Synchronous Format</td>
<td>9</td>
</tr>
<tr>
<td>Suggested Discussion Prompts:</td>
<td>9</td>
</tr>
<tr>
<td>Introduction</td>
<td>9</td>
</tr>
<tr>
<td>Practice and implement Incident Command System (ICS) regularly.</td>
<td>9</td>
</tr>
<tr>
<td>Proactively build trust in the community.</td>
<td>10</td>
</tr>
<tr>
<td>Create a flexible and stimulating work environment.</td>
<td>10</td>
</tr>
<tr>
<td>Never Stop Learning.</td>
<td>10</td>
</tr>
<tr>
<td>Promote and practice effective two-way communication.</td>
<td>10</td>
</tr>
<tr>
<td>Respect and acknowledge the power of Public Health Law.</td>
<td>10</td>
</tr>
<tr>
<td>Lead to inspire, aspire to lead.</td>
<td>11</td>
</tr>
<tr>
<td>Create viable, credible, and sustainable partnerships.</td>
<td>11</td>
</tr>
<tr>
<td>Build, develop, and maintain trustworthy and credible relationships.</td>
<td>11</td>
</tr>
<tr>
<td>Be Ultra-Prepared</td>
<td>11</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>12</td>
</tr>
</tbody>
</table>
Project Description

Public health agencies face a serious workforce crisis: an aging workforce with no sign of backfill, continued employee attrition, and concurrent budget cuts with increasing mandates leaving workers with a “do more with less” mantra. These challenges act synergistically to directly impact the staff’s ability to carry out day-to-day activities, causing a chronic loss of staff morale, and ultimately a loss of institutional memory. Passing on experiential knowledge and wisdom may be an effective method of empowering health department staff to think creatively, foster collaboration and leadership, and improve the efficiency of day-to-day operations. This research videography project aimed to preserve the institutional memory of, and forever capture, the universal pieces of wisdom of 10 current and former New York metropolitan-area health department employees with over 250 years of combined experience. These video-driven trainings serve to preserve the institutional memory of the health department by leveraging the undocumented knowledge, skills, experience, and expertise. Through an academic partnership, this study was collaboratively designed, implemented, and evaluated. Individual interviews were video-taped and qualitatively analyzed, using grounded theory, to capture emerging themes as a basis for a modular training package. Themes include cross-training, operations in crisis, the unexpected, and optimal communication. These public health pearls of wisdom are applicable to any health department and may offer a unique training tool to enable other health department staff to think and act creatively during a crisis, fiscal or emergent.

All interviewees were asked the following prompts:

1. What is one timeless piece of wisdom taken from the event that you would pass on to the next generation so that they could handle a Public Health emergency?
2. What is the most unexpected thing someone might face in any job in your department in an emergency?
3. What is the most creative solution you encountered or thought of during a Public Health event?
4. Is there something you see in a Public Health emergency response that is applicable to every day work that would inform a new Public Health worker?
5. Is there an aspect of every day work that is applicable to a Public Health emergency response that would inform a new Public Health worker?
The public health preparedness competencies and capabilities set forth are reflected within the pearls themselves. The list below contains the specific items which can be drawn out from the pearls.

Public Health Preparedness & Response Competencies (link)

1. Model Leadership
   1.1 Solve problems under emergency conditions.
   1.2 Manage behaviors associated with emotional responses in self and others.
   1.3 Facilitate collaboration with internal and external emergency response partners.
   1.5 Demonstrate respect for all persons and cultures.
   1.6 Act within the scope of one's legal authority.

2. Communicate and Manage Information
   2.1 Manage information related to an emergency.
   2.2 Use principles of crisis and risk communication.
   2.3 Report information potentially relevant to the identification and control of an emergency through the chain of command.

3. Plan for and Improve Practice
   3.3 Participate in improving the organization’s capacities (Including, but not limited to programs, plans, policies, laws, and workforce training).
   3.4 Refer matters outside of one's scope of legal authority through the chain of command.

4. Protect Worker Health and Safety
   4.1 Maintain personal/family emergency preparedness plans.
   4.2 Employ protective behaviors according to changing conditions, personal limitations, and threats.

Public Health Preparedness Capabilities (link)

- Community Resilience
  - Community Preparedness
- Countermeasures and Mitigation
  - Medical Countermeasure Dispensing
  - Responder Safety and Health
- Incident Management
  - Emergency Operations Coordination
- Information Management
  - Emergency Public Information and Warning
  - Information Sharing
- Surge Management
  - Volunteer Management
Public Health Pearls of Wisdom

Vimeo Album of all Pearls of Wisdom: http://vimeo.com/album/2820415
Full Film: http://vimeo.com/92781407

- **Introduction to Be Prepared for the Unexpected: Public Health Pearls of Wisdom**
  - [http://vimeo.com/91350061](http://vimeo.com/91350061)
- **Practice and implement Incident Command System (ICS) regularly.**
  - [http://vimeo.com/91419762](http://vimeo.com/91419762)
- **Proactively build trust in the community.**
  - [http://vimeo.com/91430467](http://vimeo.com/91430467)
- **Create a flexible and stimulating work environment.**
  - [https://vimeo.com/91430099](https://vimeo.com/91430099)
- **Never stop learning.**
  - [http://vimeo.com/91419766](http://vimeo.com/91419766)
- **Promote and practice effective two-way communication.**
  - [http://vimeo.com/91439805](http://vimeo.com/91439805)
- **Respect and acknowledge the power of Public Health Law.**
  - [http://vimeo.com/91528091](http://vimeo.com/91528091)
- **Lead to inspire, aspire to lead.**
  - [http://vimeo.com/91419763](http://vimeo.com/91419763)
- **Create viable, credible, and sustainable partnerships.**
  - [http://vimeo.com/91419767](http://vimeo.com/91419767)
- **Build, develop, and maintain trustworthy and credible relationships.**
  - [http://vimeo.com/91419769](http://vimeo.com/91419769)
- **Be ultra-prepared.**
  - [http://vimeo.com/91451185](http://vimeo.com/91451185)
- **Conclusion | Be Prepared for the Unexpected: Preserving memory and taking action.**
  - [http://vimeo.com/91625380](http://vimeo.com/91625380)
Participant Biographies

Maria Torroella Carney, MD

Dr. Carney is an internist, geriatrician who has had public health experience. She is currently the Chief, Division of Geriatric and Palliative Medicine in the NSLIJ Department of Medicine and Hofstra NSLIJ School of Medicine.

Dr. Carney received her MD at New York Medical College, and carried out her residency training in Internal Medicine at New York Presbyterian Hospital - Weill/Cornell Medical Center and a research oriented fellowship in Geriatric Medicine at The Mount Sinai School of Medicine in New York City. She has dedicated most of her career to the care and advocacy for elderly in the Long Island community.

She has published articles, chapters and edited medical books in the area of dementia, advance directives, palliative medicine and emergency response for vulnerable populations. She was Commissioner of the Nassau County Department of Health on Long Island serving a population of 1.3 million residents. She is the first known physician with a specialty in Geriatric Medicine to serve as commissioner of a health department in New York State. She effectively addressed major challenges including the 2010 H1N1 influenza response, for which she received the BOCES (Board of Cooperative Education Services) Nassau County Council of Superintendents’ Award and New York State Association of County Health Officials’ Public Health Professional of the Year Award. Her career focus has been to educate, advocate, and care for the most vulnerable in society.

She is founding board member for Nassau Center for Health Initiatives, a 501c3 non for profit public health institute for the Long Island region.

Ann DeSimone, RN, BS, EMT-B

Ann DeSimone is a public health nurse and is currently the Director of Public Health Emergency Preparedness for the Nassau County Department of Health. She is responsible for the coordination of all public health emergency preparedness and all-hazards planning. Her job scope includes overseeing the management of more than 900 Medical Reserve Corps volunteers and she acts as liaison to the Nassau County Office of Emergency Management. Ann works closely with healthcare facilities, universities and community based organization to better prepare the County’s 1.4 million residents. Ann holds two Bachelor degrees, one in Nursing from Adelphi University and a second in Modern Language from Fairfield University. In 2010, she completed the Scholars Program at the Northeast Regional Public health Leadership Institute. Ann also sits on the Regional Emergency Medical Services Council and received the 2013 Registered Professional Nurse of the Year award from the Council.

Ann has been a presenter at numerous conferences, speaking about the role of the local health department during H1N1, Tropical Storm Irene and Super Storm Sandy.
Larry Eisenstein, MD

Lawrence Eisenstein, M.D., FACP is Commissioner of Health for the Nassau County Department of Health, Uniondale, New York, a county of 1.3 million people. Dr. Eisenstein is Board Certified in Internal Medicine, and Infectious Diseases through the American Board of Internal Medicine. Dr. Eisenstein also serves as President of the New York State Association of County Health Officials (NYSACHO.) Prior to becoming Commissioner, Dr. Eisenstein joined the Nassau County Department of Health as Deputy Commissioner in 2009.

Dr. Eisenstein completed residency in Internal Medicine at Winthrop-University Hospital in Mineola, New York. He then served as Chief Resident in Internal Medicine at Winthrop-University Hospital. This was followed by Fellowship in Infectious Diseases at Winthrop. Dr. Eisenstein began studying medicine at the Universidad Autonoma de Guadalajara and completed his schooling at New York Medical College. Prior, he received a BA from Binghamton University.

Dr. Eisenstein is Clinical Assistant Professor of Population Health at the Hofstra North Shore-LIJ School of Medicine, and adjunct professor at the Hofstra University School of Health Professions and Kinesiology. He is Clinical Assistant Professor of Preventive Health at the State University of New York at Stony Brook.

Andrea R. Gatewood, RN, MPA

Andrea R. Gatewood is the Director of the Nassau County Department of Health Women, Infants, and Children Program (WIC) which also includes a peer counseling program. Ms. Gatewood is responsible for strategic planning and administration of the program which serves more than thirteen thousand participants throughout Nassau County. She is a former member of the internationally recognized Chi Eta Phi Sorority, Inc. which is a professional association for registered professional nurses and student nurses. She is a graduate of the North East Public Health Institute (NEPHLI) and a member of the Pi Alpha Alpha Honor Society. Ms. Gatewood created the first perinatal network in Nassau County in 2001 and continues to embark on any opportunity to improve birth outcomes in Nassau County. She earned her BSN from Adelphi University’s School of Nursing, and a MPA from C.W. Post University.

Gerard Giuliano, JD

Gerard Giuliano has served for 18 years as General Counsel and Chief Prosecutor for the Nassau County Department of Health. His duties include prosecution of all enforcement hearings under the Nassau County Public Health Ordinance, County Local Law, New York State Public Health Law and numerous provisions of the NYS Environmental Conservation Law and USEPA Code of Federal Regulations. He is involved in drafting public health ordinances, reviewing and implementing Nassau County public health regulations, conducting SEQRA reviews, and provides counsel to the Nassau County Department of Health and Board of Health. Gerard has litigated numerous isolation and quarantine cases on behalf of the Department.

Gerard Giuliano serves as a Board Member on the Nassau County Water Resources Board and was prior chair of the Nassau County Pesticide Advisory Committee. He has lectured for the New York State Association of County Health Officials and for the Nassau Academy of Law on various legal/environmental issues. Gerard is a former co-chair of the Nassau County Environmental Law Committee and vice-chair of the Municipal Law Committee at the Nassau County Bar Association.
**Abby J. Greenberg, MD, FAAP**

Abby J. Greenberg, MD, FAAP has been a member of the Board of Health since December 2009. She was previously a member of the Department of Health for over 40 years, including serving as Acting Commissioner of Health in 2006 - 2007; 2000 - 2001; and 1993 -1994. She began her career with the Department in 1968 as a pediatric clinician working in the Department’s Community Health Centers. Then became, in subsequent order, Medical Director of the Plainview Health Center, Director of the Quality Assurance Program, Director of Special Children's Services, Director of the Bureau of Health Centers, Director of the Bureau of Infectious Disease Control, Director of the Division of Epidemiology, Director of the Division of Disease Control, Appointed Early Intervention Official for Nassau County, and Director of the Center for Public Health. She continues to be a member of the Medical Reserve Corps. Dr. Greenberg is also a pediatric medical expert for Social Security Administration pediatric disability and is currently the President of the Nassau Pediatric Society.

**Susan G. King**

Susan G. King served as the Director of Environmental Health for Nassau County. She directed a staff of 135 environmental health professionals who serve a suburban population on Long Island of nearly 1.4 million people adjacent to New York City with a budget of over eight million dollars. Sue began her journey with the Nassau County Health Department in 1976, starting in the Marine Ecology Lab, the supervising in the Bureau of Land Resources Management and then assuming the position of Assistant to the Director of Environmental Health and Deputy Director prior to her final assignment as Director. She retired in 2013 and spent the last 11 years as Director.

Sue has been a member of the National Environmental Health Association and from 2002-2012 served on the executive board on the New York State Conference of Environmental Health Directors with 2 years as Chair. In 2008, she graduated from the CDC National Environmental Public Health Leadership Institute. Besides her duties in environmental health, Sue served on the Executive Committee for Geographic Information Systems in the County and was actively involved in the day-to-day planning of Emergency Response.

Sue holds Bachelor's and Master's degrees in Earth Sciences from Adelphi University.

**Mary Ellen Laurain**

Mary Ellen Laurain has more than 25 years of experience in the public health field, most of which have been at Nassau County Department of Health. Mary Ellen’s current responsibilities as Director of the Office of Communication and Health Education include managing the department’s public information office, and serving as the chief spokesperson for the Department of Health. Mary Ellen also serves as the liaison to the Nassau County Legislature. This position requires extensive knowledge of department programs, budgets and initiatives that legislative approval. Mary Ellen received her B.S. in Health Education and Public Health from the State University of New York at Plattsburgh. She was a scholar at the Northeast Public Health Leadership Institute (2005-2006).
Jeffrey Levine, MHCA

Mr. Levine worked in the field of public health sexually transmitted disease control for the federal Department of Health, Education and Welfare assigned to NYC; the New York State Department of Health assigned to Nassau County; and the Nassau County Department of Health Division of Disease Control. He earned his Bachelor’s degree from Bradley University in Peoria, Illinois, and his Master’s degree in Health Care Administration from Long Island University/C. W. Post College in Brookville, New York. He retired in 2010.

Eileen Scanlon, RN, MSN

Eileen Scanlon currently shares her years of experience as an adjunct faculty in nursing for Brunswick Community College, North Carolina, while also doing private consulting work in Emergency Preparedness. Ms. Scanlon was an adjunct professor after retiring from Nassau County in 2010 at New York Institute of Technology teaching community health nursing and leadership and management before relocating to North Carolina in 2012.

Ms. Scanlon was the Division Director for the Office of Public Health Preparedness and Community Outreach for the Nassau County Department of Health before her retirement in August 2010. She is a registered nurse who received her undergraduate from Long Island University at CW Post and her M.S. in Emergency Nursing and Disaster Management at Adelphi University.

Her experiences as a Public Health Nurse in the Nassau County Department of Health have included all phases of Community and Public Health Nursing. As Director of the Office of Public Health Preparedness and Community Outreach, she oversaw an integrated multidisciplinary team preparing for disasters, the immunization program, oral health and the asthma coalition. Her office received national recognition for the development of the Nassau County Medical Reserve Corp.

Shelley Schechter, APRN, BC

Shelly Schechter is the Director of the Division of Community and Maternal Child Health for the Nassau County Department of Health. She began her public health career the year before Richard Nixon resigned as President, and has held several nursing and administrative positions. She is currently responsible for strategic planning and administration of division programs including the Office of Children with Special Needs (Early Intervention and Preschool), Perinatal Services Network, WIC, Community Health Workers Program, Childhood Lead Poisoning Prevention Program and the Child Fatality Review Team.

Shelly is a member of the Department of Homeland Security State Local Tribal and Territorial Government Coordinating Council (SLTTGCC) where she chairs the Information Sharing Committee. She also serves as a member of the DHS Homeland Security Information Network (HSIN) Advisory Committee as well as several local and state level healthcare organizations. Ms. Schechter is a Board Certified Clinical Nurse Specialist in Community Health and a member of the National Honor Society for Nursing. She received a B.S. from Boston College, a M.S. from Adelphi University School of Nursing, and a M.A. in Security Studies from the Center for Homeland Defense and Security at the Naval Postgraduate School in Monterey, California.
How to Use the Pearls

Synchronous Format

- **Description:** A synchronous training is a live facilitator-led training. This particular project may be most effective when implemented in this group setting. Groups of 4-8 will yield a lively discussion. The facilitator can choose a few segments at a time to focus on and can utilize the prompts below.

- **You will need:**
  - A computer with an internet browser and high-speed Internet connection.

- **Suggested Process:**
  - Each video is screened in an in-person setting as part of either a single or multi-session ‘brown bag’ group discussion.
  - The partnerships and relationships segments should be watched together, respectively.
  - Discussion follows, with 3-4 sample discussion prompts being provided but not limited to these alone. Local context is important to facilitate productive and relevant conversation.

Suggested Discussion Prompts:

**Introduction**

1. Within your organization or department what type of impacts (eg fiscal, staffing, loss or shifting of other resources) have you felt? Describe how they impact day-to-day operations?
2. How may those same impacts affect an emergency or disaster response?

**Practice and implement Incident Command System (ICS) regularly.**

1. Under what circumstances do you normally use ICS, conventional or unconventional?
2. Ann DeSimone says the biggest line for education purposes re: ICS is “leave your ego at the door.” What are your thoughts on this and does ego play a role in an effective disaster response?
3. When ICS has been activated, have you ever been asked to performing a task that is not normally part of your job role or skills? Describe your experience.
4. What are some of the common problems or issues implementing ICS?
5. How confident are you in your ability or your department’s ability in the understanding and implementation of ICS?
Proactively build trust in the community.
1. Describe vulnerable populations you have encountered in your job duties?
2. What are some of the issues you have encountered in trying to communicate with these vulnerable populations?
3. Who are the individuals or groups in the community, if any, you commonly reach out to when you need to communicate a message?
4. What are some of the creative strategies or programming you have used to communicate with your community in the past?

Create a flexible and stimulating work environment.
1. Shelley Schechter talked about the instance in which a part-time clerk resolved an issue with the county attorney even though it was not part of her job role. In Shelley’s opinion, this action showed productive initiative and should have been lauded. What do you think? How would you have responded to the situation?
2. What are some instances where cross-training benefited you during an unplanned event?
3. Discuss a time you or a colleague was tasked with something that was not part of your traditional job role.
4. Do you feel your opportunities for cross-training are adequate?

Never Stop Learning.
1. What are the most effective forms of professional development, in your view? Give examples.
2. How do you keep staff motivated and morale high?
3. What incentives are effective to get staff to attend trainings and mentor other staff?
4. What specific experiences have added most to your learning experience at the Health Department?
5. Do you see value in staff training and knowing other roles in the department? If not, why not?
6. What keeps staff motivated to learn and keep learning? How can supervisors foster a community of learning?

Promote and practice effective two-way communication.
1. What are your thoughts on traditional hierarchies vs. flat hierarchies in the workplace? Which do you think is preferable and why?
2. What are some of the common issues you have encountered when attempting to communicate effectively in the workplace? Can you provide any solutions or best practices?
3. What are some good communication strategies or advice you would like to share with the group that have worked for you in the past? Please provide examples, if possible.

Respect and acknowledge the power of Public Health Law.
1. Can you describe a time when public health law could have helped you do your job more efficiently or effectively?
2. Can you think of a post-disaster scenario that would require public health law to keep the public safe?
Lead to inspire, aspire to lead.
1. What is one piece of information or advice you want all people in leadership positions to hear?
2. Has there been a situation when you assumed a leadership role, outside of your regular duties?
   What issues and challenges did you face, if any?
3. What are the characteristics of a good leader?
4. Can you give an example of when you’ve had an ineffective leader? What made him/her an ineffective leader?
5. How can you promote a culture of collaboration with leadership?
6. If you are in a leadership position, what are some ways you encourage and support your staff?

Create viable, credible, and sustainable partnerships.
1. What are some strategies you use to build and maintain partnerships?
2. How can we at the health department support our staff to build strong and lasting partnerships?
3. Who are some of your partners? Who would you call during an emergency or disaster?
4. Who are some of your community, agency and government partners on the local, county and federal level?
5. Can you give an example of a time when a community partnership helped vulnerable and special needs populations?
6. How have you helped partners to become more prepared?
7. Do you have the same planning and response partners? Do you plan and exercise with them? What are some of the challenges? What are some of the benefits?

Build, develop, and maintain trustworthy and credible relationships.
1. Describe a time a good relationship helped you accomplish a task better than you could have done by yourself.
2. What are some good strategies to foster relationships? What are your thoughts on the ones discussed?
3. Which pearl of wisdom resonated most with you?
4. What are some ways that you can build inter-personal relationships with colleagues and partners?
5. What are the most important things that go into maintaining successful professional relationships? Can you give some examples?

Be Ultra-Prepared.
1. What does it mean to you to be “ultra-prepared”? Are you?
2. What steps have you taken to make sure you and your family are personally prepared?
3. What steps have you taken to make sure you are prepared in your workplace?
4. What are some preparedness tips that you can share with the group?
5. What are some challenges to becoming personally prepared?
6. Can you give an example of a time when you and your family had to use your emergency preparedness plan?
7. Being ultra-prepared is more than being personally prepared, it is means ensuring the health department can continue its Mission with limited resources. What continuity of operations plans do you have in place, if any?
Acknowledgements

This project was an effort of the Columbia Regional Learning Center (CRLC) at Columbia University’s National Center for Disaster Preparedness. The CRLC is one of 14 Preparedness and Emergency Response Learning Centers (PERLC) funded by the Centers for Disease Control and Prevention (CDC).

**Executive Producer:** Maria Torroella Carney, MD

**Producer & Narrator:** Jonathan Sury, MPH, CPH

**Video Production:** Carlos Torres/El Punto Productions

**Special Advisors:** David Abramson, PhD, MPH, Karen Levin RN, MPH, MCHES

**Special Thanks:** Nassau County Department of Health

**B-roll & Photos provided by:** News12, FEMA, AP, Beachfront B-roll

**Local Health Department Data & Public Health Logo Video provided by:** National Association of City & County Health Officials (NACCHO)

**Funding provided by:** Centers for Disease Control & Prevention (CDC), and Nassau Center for Health Initiatives (NCHI)

**Produced by:** National Center for Disaster Preparedness, Earth Institute

© Columbia University, 2014

“Thanks to all the public health workers across the nation who strive to protect the public’s health in times of crises, emergencies, and every day.”

This video project was supported by Cooperative Agreement 5U90TP000419-03 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors/producers and do not necessarily represent the official views of the Centers for Disease Control and Prevention.