

# ACROSS *the* BOARD

A Bulletin to Assist, Educate, Encourage and Communicate with Volunteer Board Members

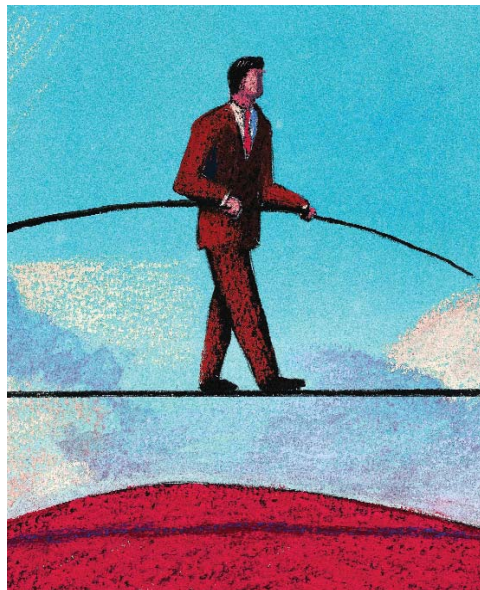


## BUILDING BOARD SKILLS

# Emergency Management Programs for Health Centers: *What Boards Need to Know and Why They Need to Know It*

**In the wake of September 11, Hurricanes Katrina and Rita, and a variety of other misfortunes and disasters, more and more emphasis and attention has been focused on the need for organizations to plan and prepare for responding to emergency situations and disasters, both man-made and natural.**

To help with this, a number of Primary Care Associations and health centers have been working on plans to assist health centers in their emergency management programs. HRSA / BPHC has developed a PIN on this issue as well. *Across The Board* asked a nationally recognized expert to take a look at what board members need to know about this issue and to give some guidance to board members on their role in supporting health centers. Paramount to this effort is the board's role in supporting the need for the health center staff to gain the knowledge and resources to develop and implement effective emergency management programs. The following are some thoughts and suggestions from Connie Boatwright, MSN, RN,



the Bioterrorism and Emergency Management Program Director for the Indiana Primary Health Care Association.

To effectively make decisions and provide direction, the health center board needs to be informed and educated about operational issues that affect the health center, its leaders, staff and patients. One area that everyone, including health center boards need to understand, is "emergency management."

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## PROFILES

**Robert B. Steele:**

Keep your eyes in the room to look for buy-in. You can tell by the nods of their heads whether there is disagreement or approval to a proposal.

**Aida Fontanez:**

Work as a team to reach your goals. With teamwork, you can accomplish anything.

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# Emergency Management Programs for Health Centers

## Emergency Management...Not Just “Response”

Emergency Management is a term applied when considering the potential impact of “external” incidents, like natural disasters or terrorism, but also, “internal” incidents, like a health center power outage...or severe staff shortage because of an influenza outbreak or other reason that causes staff to not report for work. Emergency Management is also an ongoing process, and something that is everyone's responsibility – long before and after an incident occurs.

In fact, the emergency management specialists at the Federal Emergency Management Agency and Department of Homeland Security have long adhered to a concept termed comprehensive emergency management or “CEM.” CEM reflects a four-phase approach to emergencies: Mitigation (e.g., preventing or minimizing effects); Preparedness (e.g., ensuring that staff members are trained and equipped); Response (mobilization of the necessary emergency services and first responders - this is the phase that attracts the most media attention); and Recovery (the long, tedious phase ensuring that operations return to pre-incident status). If we adopt a CEM approach, we realize that Emergency Management is a full-time responsibility. Staff members need to be educated and trained, emergency supplies and equipment need to be purchased or available, the health center needs to be included in the local emergency plan, and plans need to be exercised. All of this requires time, effort, and funding.

## A Prepared Health Center...Who Cares?

The terrorist attacks on the World Trade Center and the Pentagon, followed by the anthrax incidents, served as a huge wake-up call for everyone, including the health care community. State and local health departments, along with hospitals ramped up their emergency planning. Various forms of legislation were passed, requiring States to be on-board with health care facility and local community planning. In many States, health centers are now being invited to the planning table, as leaders recognize the tremendous contributions of health centers in protecting and serving the nation's most vulnerable populations.

Although many areas have experienced the wrath and devastation to life, limb and property imposed by hurricanes,

wind, ice storms and other natural phenomena, Hurricane Katrina sealed the deal, leaving us to never again doubt the importance of preparing for everything. The misery conveyed on our television screens demonstrated that the country's most in-need populations are even more vulnerable when impacted by events where planning may not have been viewed as a priority. Once again, health centers were called to serve.

And now, the public health world is calling us all to be alert and prepared for Pandemic Flu. The most vulnerable will rely on health centers to be the safety net that they have come to trust. In addition, the community public health system may call upon health centers to provide staff support, administer vaccines and adapt to treat ambulatory patients from already overwhelmed hospitals.

The aforementioned scenarios are real, and just scratch the surface of possible traumatic events. On the “who cares” list are public health leaders of the country. The Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) cares, and has recently begun to recommend that the nation's Primary Care Associations and health centers also care. HRSA is the entity that, through “section 330” grants, provides funding to support routine and sustainable operations of Federally Qualified Health Centers (FQHCs).

FQHCs are required in their grant applications (and continuation funding requests) to respond to a series of questions about their emergency management programs. HRSA wants to ensure that FQHCs have systems in-place reflecting sound health center emergency management programs as part of their business plan. There are now draft health center program expectations around emergency management. HRSA does considerably more than require FQHC reporting of emergency management programs. HRSA also provides guidance, training and technical assistance to grantees. HRSA also works with State Departments of Health on emergency management issues impacting health care.

State and local health departments also care about emergency management. Many health centers receive funding and other forms of support from their respective states. Of late, states have issued many forms of guidance and also, depending on the state, have offered training, exercises and other forms of



support to local health departments, hospitals, health centers and others likely to be impacted by emergencies.

Federal, state and local public health entities care about health center emergency programs, as do various regulatory agencies, in many instances. Health centers that are accredited by the Joint Commission (formerly known as the Joint Commission for the Accreditation of Health Care Organizations) are now required to implement emergency management programs. Another organization that has authority to regulate, especially in cases where persons are injured or die on the premises in an emergency event, is the Occupational Safety and Health Administration (OSHA). (All health care facilities are subject to OSHA regulations.)

The aforementioned entities of “who cares” are important. Perhaps of greatest importance on the “who cares” list are those responsible for health center management, oversight

and direction. This includes health center leaders, the staff – and the Board.

The greatest reason for caring is that disasters are local – they impact our communities and our patients. If a local incident occurs, as we all witnessed with Katrina, help for our patients may not be able to arrive immediately. In reality, those responsible for the health center must assume that outside assistance will not arrive in a timely manner, and Federal, state, and other assistance may not be able to arrive for days or weeks. If the event happens *to* the health center, as was the case in parts of Mississippi and Louisiana when Hurricane Katrina struck, those responsible for the health center must step up. If the event occurs in the community where the health center is located, the health center, as a good neighbor, is responsible to assist the community. To effectively translate the “who cares” mentality into action, there are many steps that can be taken by health centers.

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# Emergency Management Programs for Health Centers

## What Can The Health Center Board Do to Ensure Health Center Emergency Management Programs?

There are many steps that a prudent Board can take to support its health center:

- Educate-educate-educate. Learn all you can about emergency management issues, preparedness, potential funding, etc...and share with the health center.
- Be aware of the health center's needs. Attend emergency management meetings, exercises and training designed by or for the health center.
- Become involved in the health center's business recovery plan. This is not a low level staff function. Persons with decision-making authority and experience, such as the Executive Director as well as a board member, need to be involved.
- Ask the questions and find the answers needed to have an effective working plan. Imagine...if the health center facility is impacted and unable to operate, does it have a back-up location (business, church, school) where it can temporarily relocate? Is there equipment or supplies (cots, bottled water, food, radios, etc.) that the Board members may contribute or ask colleagues to contribute to health center operations?
- Support training, equipment, planning and funding needs of the health center. Health center staff need training – and funding will be needed to cover the cost for that training. Moreover, a prepared health center will have necessary supplies and equipment in place, such as protective masks, two-way radios, weather radios, and even a generator for power outages. The Board can support funding or even find local support through private enterprise to assist.
- Consider using your business sense to address emergency finance policies. Consider the possibility that a health center may be rendered temporarily inoperable. How will staff be compensated if they are unable to work while the center is being restored? Does the health center have or need a line-of-credit for such a situation? As cited earlier, assistance may not be immediately available, physically or fiscally. Can you help the health center in planning for this scenario?
- Assist with health center development of Memoranda of Understanding (MOUs) if needed. It is always advisable to have MOUs established with local businesses, schools, vendors, agencies, etc., that allow the health center to call upon these entities for goods or services in an emergency. (An MOU is NOT a legal contract...but an act of good faith.) Many times, Board members have local contacts that can assist. Exercise your relationships in the community.
- Educate others. As a health center board member, chances are you are on other Boards and are “connected” in the community. Educate others about how your health center is an important community resource, why others should care about this issue, and how they may contribute to preparing health centers to be positioned to respond for a time of need in the community.

The health center board routinely plays an extraordinary role in guiding and supporting the health center. Board service during the new reality in which we live requires enhanced guidance and support. A board that is informed and astute about the importance of health center emergency management can result in a significant benefit to a health center impacted by natural disaster or other crisis. The ultimate benefit of the board's actions will be to those served by the health center...the most vulnerable of our population.

**About the Author:** Connie J. Boatright, MSN, RN, is the Bioterrorism and Emergency Management Program Director for the Indiana Primary Health Care Association (IPHCA). She is also a member of the ASTHO-NACCHO-NACHC Emergency Management Task Force. Before joining IPHCA, Connie served in various roles for the Veteran's Affairs National Emergency Management Group, and is a recently retired Army Reserve Colonel. In those roles she has deployed in support of many disasters. She can be reached via email at: [cboatright@indianapca.org](mailto:cboatright@indianapca.org)

# One Health Center's Experience During Hurricane Katrina

## **Lessons Learned on the Gulf Coast & Insights from a Health Center Executive Director**

I had the opportunity to talk recently with Joe Dawsey, the Executive Director of Coastal Family Health Center. Coastal serves 32,000 persons on Mississippi's Gulf Coast, and suffered tremendous damage during Hurricane Katrina. Coastal's health centers were flooded, and four of their nine health center sites were completely destroyed. In the aftermath, available staff worked long hours in temporary settings, including schoolhouses, tents, and other settings. We spoke about his health centers' experiences during and after Hurricanes Katrina and Rita, and some thoughts to share with other health centers.

Dawsey stressed the importance of the board's role in supporting the health center's efforts in developing and implementing disaster planning, preparation, and recovery plans. Areas that boards need to consider include:

### **Communications plans are vital.**

Develop a plan to be able to get in touch with the board as well as the staff after a disaster. Develop a plan so that if board members and staff must move out of the area, or into some type of temporary housing situation, that they are able to be reached. Think through how to have in place an emergency contact plan with and for board members and staff. In the case of Katrina, not only were communications down, there was no place for them to meet. The health centers along with local churches, shops, restaurants and other places were out of commission.

### **Don't depend on the current telecom infrastructure.**

In Gulfport, Biloxi, and much of the Gulf Coast across three states, during and after Katrina, communications were knocked out, including landline phones, cellular phones and internet services. True satellite phones that went direct to satellite worked, but others that had to bounce off a tower to a relay to a satellite didn't work, because the towers were down. Some services were not re-established even weeks later. Coastal found that without communications in place, the plans would not work. To their credit, they had great people on staff to innovate and find solutions to the many problems they and their community faced.

### **If you are personally impacted by the situation, try to contact someone at the center and let them know your status.**

Keep in mind that the board and staff are the key to any health center. Do your best to contact the center if at all possible and let them know your status.

### **Keep in mind that staff and board members may have losses as well.**

When Hurricane Katrina hit the Gulf Coast, the devastation was so wide, that everyone in the region was impacted. Health center staff and board members lost their homes and suffered along with their patients. They had to deal with their personal and family issues as well as dealing with the needs of the health center. This translated into needing places to live, getting food, transportation, taking care of family, employment, income and other issues. Planning before it is needed is critical in events such as this.

### **IT systems need to be backed up.**

Not only do they need to be backed up, Dawsey stressed that health centers consider having a redundant system that is not in the same geographic region. The IT systems for Coastal Health system were backed up in an alternate location, but still within the region. As a result, the backup was also damaged.

### **Buildings – any new construction should be built to handle disasters.**

Know what the most likely scenarios are for your region, and develop building plans accordingly.

### **Have a financial reserve fund to help the center get through a disaster.**

Consider that it may take some time to get through a disaster period. Financial systems that are disrupted, as well as revenue streams, can be disastrous for your health center's financial stability. Check into having lines of credit that will tide your center over in the event that financial systems and health center revenues are disrupted for several weeks.

### **Know your plan, review the plan and approve it.**

Once your disaster plan has been developed, know it. Study it and know your part in the plan as well. Dawsey noted that

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## Resources

The following are some resources that your health center may be interested in reviewing as they plan their emergency management preparation and response plans. The first step in locating resources on this topic would be to check with other health centers in your state and your state Primary Care Association for information specific to your region and state.

### Disaster Recovery Planning for Nonprofits

By Michael K. Robinson

A basic primer on disaster recovery, this book lays the framework for organizations that wish to form comprehensive disaster recovery plans. The book also examines current trends identified through a recent nonprofit study.

**Cost:** \$28.00

**Publisher:** Hamilton Books

ISBN 0-7618-2660-2

*Available by special order from your local bookstore.*

### Technology Planning for Civil Emergencies

**Source:** Techsoup.org

A brief overview of issues to consider to protect your IT systems in the event of a local disaster. Available to review at no charge, along with other tips on the Techsoup.org website at: [www.techsoup.org](http://www.techsoup.org) – Search for “Disaster Recovery Planning”

**Cost:** No charge

**Full URL link to the article:** <http://www.techsoup.org/learningcenter/techplan/page4889.cfm?cg=searchterms&sg=Disaster%20Recovery%20Planning>

### Emergency Management Guide for Business and Industry

**Source:** FEMA

**Websites:** [www.fema.gov](http://www.fema.gov) and

<http://www.fema.gov/business/index.shtm>

Along with several other articles on their website, this guide provides step-by-step advice on how to create and maintain a comprehensive emergency management program. Designed for a variety of industries, it can be used by any organization where a sizable number of people work or gather.

**Cost:** Available for review or download at no charge

### Department of Homeland Security

**Source:** <http://www.dhs.gov>

The official site of the recently formed Department of Homeland Security. This website has current information on legislation and events related to terrorism and other emergencies.

### PCA Emergency Management Websites

Several PCAs have developed materials for their members to access. Here is a sampling of information that is available. If you use some of these resources, please be sure to send a note to the PCA to thank them for sharing.

#### California Primary Care Association – Clinic Emergency Preparedness

**Website:** <http://www.cpca.org/resources/cepp/>

#### Indiana Primary Health Care Association – Bioterror – Emergency Management resources

**Website:** <http://www.indianapca.org/htm/bioterrorism.php>

#### Community Health Care Association of New York State – Emergency Preparedness

**Website:** [http://www.chcanys.org/index.php?submenu=E\\_P&src=gendocs&link=ep\\_aboutep&category=Main](http://www.chcanys.org/index.php?submenu=E_P&src=gendocs&link=ep_aboutep&category=Main)

On the CHCANYS site is a listing of PCAs and other organizations that have compiled resources to assist with this effort.

**You can access this list online at:**

[http://www.chcanys.org/index.php?src=gendocs&link=ep\\_morepartners&category=Main](http://www.chcanys.org/index.php?src=gendocs&link=ep_morepartners&category=Main)

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BUILDING BOARD SKILLS *(continued from page 5)*

### One Health Center's Experience During Hurricane Katrina

board members need to really give it some thought. There are sometimes assumptions made about what resources might be available, that may not exist, such as communications, physical plant being intact, impact on staff, transportation, financials, etc.



## Robert B. Steele

**Center served:** Lawndale Christian Health Center in Chicago, Ill.

**Years on board:** Four

**Office held:** Chairman

**Profession:** Cook County Commissioner

**Member tip:** Keep your eyes in the room to look for buy-in. You can tell by the nods of their heads whether there is disagreement or approval to a proposal.

**Robert Steele** jokes that when he walks into his house, his dog sniffs to see if it's a stranger. It's not that Steele's dog has bad eyesight but because the chairman of the Lawndale Christian Health Center spends long hours away from home, either at his real-estate development office or attending to his duties as a Cook County Commissioner, where he represents 370,000 constituents, or at any of the numerous nonprofit agencies where he volunteers.

"I've lived in this community all my life and I am committed to making it a better place to live," he says. That could be an understatement. The 45-year-old volunteers at seven local nonprofits, including Lawndale, which is only a stone's throw from his house. The building was a Cadillac dealership that was abandoned in the aftermath of riots that followed Martin Luther King's assassination. "Riots hit us hard," Steele says. "Martial law was declared and it got so bad the mayor issued a shoot-to-kill order."

When the dust settled, dozens of businesses had moved away. Only recently has the area begun rebounding – in no small part due to the health center. In the early 1980s, a \$150,000 grant enabled Lawndale Community Church to buy the building. The church, which had started a local development corporation, began a prison ministry and a drug ministry, then developed the facility into a safe place where local youngsters, including Steele, could go to play basketball, lift weights and attend Bible study. Twenty-one years ago, the health center opened.

Today, Lawndale Christian Health Center has three facilities and employs about 270 people, including 50 health-care providers. Each year, about 120,000 patients walk through its doors. Such activity has spurred economic development. All around the center, vacant buildings are being redeveloped. New businesses have added to the area's tax base. The crime rate has dropped dramatically. "This is a model inner-city program," Steele says. "We deliver quality health care where people live, so they don't have to travel for services. Before Lawndale, there was no place where local residents could get treated."

Steele himself is a testament to the need for proximity. Eleven years ago, he walked to the center after he began to

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## Aida Fontanez

**Center served:** Urban Health Plan Inc. in Bronx, New York

**Years on board:** Ten

**Office held:** None, but serves as volunteer coordinator

**Profession:** Retired

**Member tip:** The most important thing is to work as a team to reach your goals. With teamwork, you can accomplish anything.

**Aida Fontanez** is a health center's ideal patient. At Urban Health Plan in South Bronx, N.Y., she works eight hours almost every day and doesn't collect a paycheck. She uses the center for all her medical needs, serves on the board of directors, attends all board meetings and is the founder of a volunteer organization. Fontanez also coordinates volunteer activities, oversees an information booth and raises funds when money is needed.

Most importantly, this Puerto Rico native is a trusted face in a predominantly Hispanic neighborhood where people place a high value on trust. "My mission is to help people, and the people at this center are my family," the Spanish-speaking Fontanez says through an interpreter. She laughs and adds: "It's a fact: People who help others live longer, too."

If that is true, Fontanez should live to a ripe old age. Now 62, she has been a regular volunteer at Urban Health since she moved to the United States mainland two decades ago. And while she has served on the board for 10 years, she does not hold an office, preferring to spend her time on volunteer activities. And there is plenty to do. For example, this past Christmas, she and her team wrapped nearly 1,000 gifts and distributed them to area residents who visited the center. A couple of weeks later, they helped to arrange a surprise party for the center's founder, Dr. Richard Izquierdo. In attendance at that party was the newly confirmed U.S. Surgeon General, Dr. Antonia Coello Novello.

Fontanez and her son, Hector, first came to the United States mainland in the late 1980s. Her other two daughters, remained in Puerto Rico. By that time, Fontanez had retired and had decided to dedicate her free time to helping others. Because she and Hector got medical care at the center, she decided to spend her volunteer hours there. For her, it was perfect. Because Spanish is spoken as much as English, she faced no language barrier. And, as can be expected from a health center, there was no lack of work.

Last year some 26,000 users made 141,000 visits to the center's three facilities, including a \$14 million, 37,000-square-foot center that opened in 2001. Urban Health also operates five school-based health centers and two homeless shelters.

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## Resources *(continued from page 6)*

### Individual and Family Preparedness Information

According to Robyn DiPalma with Community Health Care Association of New York State, a crucial component of emergency preparedness is ensuring that Community Health Center staff have personal and family preparedness plans in place before emergencies occur. These plans help secure your staff's willingness and ability to report to work even during times of community crisis. The Red Cross, FEMA, and many other agencies offer a variety of materials on crucial topics such as the importance of maintaining current contact information, identifying community resources, and stockpiling household emergency supplies. Centers can obtain most of these materials free of charge and then provide them to staff during new employee orientation and/or at in-service trainings. Although some of it is specific to the city, New York City's "Ready New York" materials include brochures on household preparedness, small business preparedness, preparedness for seniors and more that may be of help:

**Website:**

<http://www.nyc.gov/html/oem/html/ready/about.shtml>

Many items are available in multiple languages – for example, the Household Preparedness Guide is available in Chinese, Haitian Creole, Arabic, Russian, Spanish, Polish, Korean, and Japanese, and in an English audio format:

**Website:** [http://www.nyc.gov/html/oem/html/ready/household\\_guide.shtml](http://www.nyc.gov/html/oem/html/ready/household_guide.shtml)

### Across The Board – Preparing Your Board and Organization for Disaster Recovery

Produced in the Fall of 2002, this previous issue of ATB provides a basic template of areas that the board and staff may want to review as they discuss and work on the health center's emergency management and preparedness plan. Available in English and Spanish versions at no charge free from the ATB website.

**Website:** [http://www.vpca.com/across\\_the\\_board.cfm](http://www.vpca.com/across_the_board.cfm)

PROFILE *(continued from page 7)*

### Robert B. Steele

feel weak. The doctor realized Steele was on the verge of lapsing into a diabetic coma and rushed him to a hospital. "My life was saved because this center was nearby," Steele says.

Now he is chairman and because he understands the value of time, he runs his meetings efficiently. "I'm a no-nonsense guy," Steele says. "I come up with an agenda and stick to it. I respect people's time and realize the nuts and bolts work usually is done at the committee level."

And though he sometimes may have to reintroduce himself to his dog, Steele says he maintains a strong family structure. He stays close to his two children and says, "We don't miss church."

PROFILE *(continued from page 7)*

### Aida Fontanez

With 320 staff members, including 71 medical providers, Urban Health is the largest employer in the area. The staff is supplemented by Fontanez's volunteers.

"Anybody can be a great volunteer," she says. "If you have the time and the tools at your disposal, all you have to do is look deep in your heart without the hope of getting anything in return. When you serve others, you feel satisfaction and happiness at having made a difference."

## Tell us what you think!

We'd like to hear your input on this issue and what you'd like to read in future issues of *Across The Board*

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