

### Teaching Risk Communication and Media Management: Lessons Learned

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**Introduction:** In disasters caused by natural or man-made events, clinicians may be required to take on leadership roles that go beyond their usual responsibilities. They may be asked to address the public in live events or via the media, thus having a significant impact on patients and non-patients alike. The New York University preparedness program, "Psychosocial Aspects of Bioterrorism and Disaster Medicine" has explored multiple strategies to teach public speaking and media-related communication skills.

**Objective:** This presentation describes the lessons learned from teaching risk communication and media management.

**Methods:** Descriptive information was obtained from observations, satisfaction surveys, collection of take-home points, focus group reports, summaries of debriefing sessions, pre- and post-attitude surveys, and knowledge quizzes.

**Results:** To date, 10 workshops have been conducted, utilizing a variety of educational methods, including: (1) presentations; (2) trigger tapes; (3) small group message development exercises; (4) town meeting enactments; (5) role play; (6) video replays; (7) CD-ROM/Web-based materials; (8) pocket cards; and (9) behavior checklists. Triangulation of evaluation data from the various sources identified the following key findings: (1) teaching clinicians how to care for the community via the media is important, but not everybody can picture themselves in such roles; (2) objectives must be kept modest, focusing on key issues and a few prime lessons learned; (3) while even a brief intervention is likely to increase confidence, for many, the main impact lies in raising awareness and piquing interest; and (4) online and take-home resources can help extend learning from a brief session.

**Conclusion:** Media and risk communication training is challenging, but essential for preparing the healthcare workforce.

**Keywords:** education; leadership; media; media management; risk; risk communication; workshops

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### Assessing Emergency Preparedness in Federally Qualified Health Centers in New York City

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**Introduction:** After 11 September 2001, emergency preparedness activities in New York City initially focused on

hospitals and evolved to include community health centers (CHCs) in 2003. At that time, little was known of the status of emergency preparedness in the CHCs in New York City.

**Objective:** This study sought to: (1) assess the status of emergency preparedness in the federally qualified health centers (FQHC) in New York City; (2) define the level of preparedness of each FQHC; and (3) identify the education and training and guidance needs of FQHCs in emergency preparedness.

**Methods:** An assessment tool was developed using formats provided by jurisdictions also assessing emergency preparedness in CHCs (in California, Maryland, New Jersey, and New Mexico) and incorporating the Joint Commission on Accreditation of Healthcare Organizations' Environment of Care standards. The assessment tool was administered through interactive, on-site interviews with pre-identified staff at each FQHC. Data were entered into an Access database. The level of preparedness (Level 1—"in developmental stages" to Level 5—"comprehensive system with integration outside of center") for each FQHC was determined in 14 defined areas of emergency preparedness: (1) managing emergencies; (2) linkages with external agencies; (3) disease surveillance; (4) policy and procedures; (5) incident management system; (6) mental health; (7) emergency operations center; (8) communications; (9) emergency equipment/supplies; (10) education; (11) drills; (12) plan activation; (13) response capacity; and (14) decontamination. Results were presented to FQHCs via an "Emergency Preparedness Matrix".

**Results:** The assessment tool was administered to 22 FQHCs and complete data were collected from 19 FQHCs. The majority of FQHCs were at lower levels (Levels 1–2) of preparedness in these defined areas, while 6–12% of FQHCs were at higher levels of emergency preparedness (Levels 4–5). The FQHCs cited the need for education and training in emergency preparedness (e.g., conducting a hazard-vulnerability analysis, home preparedness), communications equipment, and provision of and training in the use of personal protective equipment. The FQHCs found the Emergency Preparedness Matrix to be useful and were interested in the next steps, including: (1) developing education and training materials for CHCs; (2) identifying the possible role(s) of CHCs during an emergency; and (3) laying the groundwork for more formal linkages between the FQHCs and external agencies in the healthcare sector for a coordinated emergency response.

**Conclusion:** The interactive, on-site assessment process provided a unique opportunity for information feedback and identifying gaps.

**Keywords:** assessment tool; community health center; Emergency Preparedness Matrix; preparedness

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