

*Emerging Issues in MCH:  
Integrating MCH into Public Health Preparedness Plans*

**Using Integrated Public Health Methods to Identify  
and Effectively Provide All-Hazards Preparedness  
Education to Underserved and High Risk Populations**

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# BACKGROUND

- **Fort Worth represents a diverse major metropolitan municipality of over 618,000 (18<sup>th</sup> largest in the country).**
- **Massive Community Needs Assessment conducted every five years; provides reliable, detailed data (especially in identifying underserved populations geographically).**
- **Fertile environment for integrating all hazards and public health by identifying and targeting high risk and/or underserved populations; synergistic benefit.**
- **Health Department is divided into 5 Divisions, including Outreach and Epidemiology/Assessment, therefore:**

## **...Proven History of Community Linkage**

- **Optimize effectiveness of interventions through community collaborations**
- **Cooperative and supportive relationship with other city departments**
- **Partnerships with external organizations, including community centers**
- **Proven record of effective community integration and cooperation (Albert Galvan Clinic)**

# Data Driven Programming

- Mobilizing for Action through Planning and Partnership (MAPP) / High Risk Workbook
- GIS Capabilities of Community Needs Assessment Data allows for identification of un-served and underserved high-risk groups (inc. geo-spatial ID)
- Proven Bioterrorism and Health Emergency Preparedness Program (BHEP)
- Culturally and linguistically appropriate service and information modalities

# **Results of Community Needs Assessment specified target group**

- **Non-English speaking Hispanics were most worried, least informed and had lowest access to emergency preparedness and health/social service information.**
- **GIS identified specific ZIP code/areas of Fort Worth**
- **Target area conveniently served by Galvan Community Clinic (history of rapport & cooperation)**
- **Focus groups and local survey specified needs of the target community (7.6 x less insurance; >40% of non-English speaking residents had difficulty getting health care for their children (vs. 8.8%); consistent disparities reflected by target population.**
- **History of service in area historically established by Outreach Division**

# Project Description

- **Focus Groups and Planning Sessions Held with Both Community Partners and Stakeholders and with Community Members**
- **Accurately Identified Issues, Needs and Preferred Interventions Representing the Target Population**
- **Developed Preferred Modalities for Service Delivery (For Both Preparedness & Health Education/Services)**
- **Pre/Post-Evaluation to Specifically Capture Behavior Change**

# Project Activities

- **Small planning meeting with key stakeholders**
- **Large focus group with partner organizations and all stakeholders**
- **Focus groups with community members**
- **Organization of service providers**
- **Community kick-off luncheon to introduce target population to service providers**

# Service Impact

- Focus group and surveys served to identify which organizations and services needed to be represented at the kick-off and follow-up events.
- Service providers used kick-off event to identify those with needs
- Services introduced to residents
- Once residents sought out services, linkage with other services provided
- Both service providers and community members benefited from enhanced awareness of resources
- Referral network included: banking, housing, insurance, dental, medical, public health, emergency preparedness and other health and social services represented ( at total of 43 organizations!)
- Survey indicated statistically significant impact in terms of awareness and access to needed services; services that respondents would not otherwise have been aware of.

# Supporting Activities

- **Focus Group analyses conducted by grantee Epidemiologists to direct/redirect program efforts (in-kind activities accounted for nearly three times the \$9,000 funded for the program by NACCHO)**
- **Clinical Personnel Training: Personnel in the Galvan clinic trained in referral and emergency preparedness education.**
- **Outreach actively assisted with liaison and linking community members to other services as needed by participants**
- **Kick-Off and Culmination / Summit luncheons attracted large local turnout and subsequent linkage to services.**
- **Quarterly and Final Report indicated that not only knowledge of services increased but the actual behavior of seeking out needed services realized a statistically significant improvement among community participants.**

# Conclusion

- **Data driven project specifically identifies and targets participants and optimizes resources and impact.**
- **Multi-Disciplinary planning, development and implementation (including both stakeholders and community members) ensures that needs specific to the target population are addresses via culturally and linguistically appropriate modalities.**
- **Multi-dimensional modes of presentation optimize success (printed media, inter-agency referral education, video media, educational items, community events / luncheons, and organizational coordination)**
- **Synergistic Benefit: health and social services as well as All-Hazards preparedness initiatives presented simultaneously to captive audience.**
- **Pilot program can be replicated based on best practices as indicated by evaluation process (Kickoff event: 101 surveys,  $p=.001$ ; final event: 62 surveys,  $p=.001$ )**

# Questions?

**For more information visit the City of  
Fort Worth public health web page or  
call the Epidemiology Division at  
817-871-6259**

*Thank you!*