Public Health Crisis Leadership

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Crisis Leadership

In March of 2007, the Center for Creative Leadership convened a forum on Crisis Leadership to learn from frontline leaders involved in the Hurricane Katrina disaster and recovery. The following themes were identified as likely to be present in times of crisis:

Systems fail – Existing mechanisms will typically prove inadequate to the task of handling a crisis.
Plans are insufficient – the fact that most crises are unexpected or contain unexpected elements means that demands will be placed on leaders that their plans do not address.
The picture of events is distorted – Events tend to be experienced in fragmented fashion during a crisis and are, as a result, communicated in that manner. People outside of the crisis have a broad view but lack the details experienced from within the crisis. People within the crisis are consumed by the events within their immediate zone but are unaware of what is occurring elsewhere.
Time is compressed – Crises bring with them a sense of urgency that influences all aspects of crisis leadership and management, from decision making to resource deployment. This results in analysis and evaluation being deferred to the post-crisis phase of the event. However, evaluation and analysis may fail to take time compression into account because the sense of urgency will have eased.
Authority is both limited and limiting – Crises can disrupt and sometimes nullify an existing command structure, which means that the nature of how authority is exercised and who exercises it must be adapted to the circumstances.
New leadership emerges – Anyone can be called to action during a crisis and leadership will emerge from the pool of available participants whether they are ready to lead or not.

From the aforementioned themes, a profile of crisis leadership emerges in the form of contrasting elements:

Individual and Collective – Crisis leadership represents both individuals who step up to the challenges at hand and groups of disparate individuals and organizations coordinating their efforts to fill the gaps and voids created by the crisis.
Top-Down and Bottom Up – Crises do not wait for the chain of command. Leadership will always be needed during a crisis but it will also emerge from wherever the need arises, if formal leadership is not present or feasible.
Planning and Improvising – Plans are vital for using past experience to anticipate further requirements. However, a crisis will likely push the boundaries of past experiences into areas not previously anticipated. Improvising extends plans in ways that reorder priorities to address the needs produced by the present crisis.
Short-term Response and Long Term Recovery – Response and recovery require different resources, orientations and competencies. The level of attention and assistance provided during the response phase will diminish significantly during the recovery phase. However, the level of need will remain the same and may even increase as survivors assess the scope of the damage and attempt to manage the impact on their own lives.

What does this mean for the Public Health profession?

Public Health

The Public Health profession intersects with all crises regardless of typology or origin. This nexus is illustrated below through the profession's core competencies.

Biostatistics – The use of statistical analyses in the interpretation of data after a crisis enables trend analyses that facilitate the development of prospective emergency response procedures.

Environmental Health Sciences – The debris, dust, fumes, and smoke generated by the collapse of the World Trade Center towers on 9/11 effected tens of thousands of individuals who worked and lived in and around the area for upwards of several years after the event. However, emergency room triage centers around the city were able to stand down after the first 24 hours. Thus environmental health specialists were in greater demand than treating physicians.

Epidemiology – Incidence surveillance monitoring permits the scope of a crisis to be assessed from immediate and long term perspectives.

Health Policy and Management – The long term biopsychosocial effects of a crisis are addressed through policy advocacy which is typically initiated by the public health profession.

Social and Behavioral Sciences – The social and behavioral consequences of a crisis continue to be experienced after the emergent phase of a crisis is over and will typically fall to the public health field to identify and address, in part through biostatistical and epidemiological studies.

Communication and Informatics – Once immediate safety and security concerns are addressed matters of public health are typically the next items of concern and interest to the media and the public at large. This requires an astute communications plan and an informatics infrastructure that provides access to the most accurate and timely information.

Diversity and Culture – The public health profession's history of commitment to and advocacy for marginalized and underserved populations adds a fiduciary responsibility to its role during a crisis relative to the distribution of resources during all phases of the crisis.

Leadership – Public health professionals can serve as first, second and third responders in a crisis. This provides a broader perspective that enables public health leaders to act as intermediaries and facilitators among multiple agencies and disciplines.

Public Health Biology – In the era of weapons of mass destruction, the public health profession translates the political exigencies of these potential threats into human terms.

Program Planning – The opportunity to bring a broader and more comprehensive perspective to disaster preparedness aligns with this public health competency.

Systems Thinking - Crises tend to underscore the need for systems-thinking at precisely the time when it is most likely to breakdown. Thus the profession's commitment to system-oriented solutions is of tremendous value during a crisis.

Levels of Response

According to the Haddon Matrix, all crises contain three phases – pre-event, event and post-event. Influencing factors for each phase are categorized by the host, vector or agent of delivery, physical environment and social environment or organizational culture. Barnett, et al (2005) highlight it's application as an all hazards/all phases model that can be used for planning, response, recovery and evaluation purposes. Viewing crises as three-phased events underscores the varying roles and responsibilities of the public health profession during all stages of a crisis.

PRE-EVENT – Training, education and readiness drills provide opportunities for public health leaders to identify and anticipate where public health resources may be required. Inclusion in existing incident command structures at the local, state and federal level as well as adaptation of existing incident command models (i.e. the Hospital Emergency Incident Command System) is crucial.

EVENT – Crisis mode activities tend to focus on first responders. Public health professionals may serve as first responders (e.g. emergency medical personnel), second responders (e.g. environmental health surveillance teams, epidemiologists) and third responders (e.g. crisis counselors, therapists) [Case example: Bliss and Meehan (2008) developed a model for use during social work interventions during and after disasters based upon lessons learned from Hurricane Katrina]. Application of systems-thinking competencies can also serve a bridging function when inter-agency collaboration is strained or altogether absent.

POST-EVENT – Post event public health responses include statistical analysis of data collected before, during and after the event for use in the evaluation phase; ongoing surveillance for delayed health consequences to survivors and responders; and translation of post-event evaluations into policy initiatives.

Participation in all phases of a crises provides the short and long term perspective needed to facilitate more comprehensive response efforts during the crisis event and the most appropriate policy changes after the crisis event is over.

Crisis Competencies

ACCORDINGLY, THE COMPETENCIES OF PUBLIC HEALTH CRISIS LEADERSHIP ARE:

- ***Know the current inventory of public health resources available to respond to a crisis both in terms of human (responders) and non-human capital (expertise).***
- ***Identify roles within current incident command structures or develop adapted incident command structures that allow resources to be deployed in response to the present need.***
- ***Maintain sufficient flexibility to allow leadership to extend down as appropriate and emerge up as needed.***
- ***Remember that effective crisis leadership is also collaborative*** *[Case example: Flight 1549 involved rescue efforts from two jurisdictions (New York and New Jersey), four agencies (Fire Department, Police Department, U.S. Coast Guard and National Transportation Safety Board) and several private commercial vessels. All passengers and crew were safely rescued in less than 30 minutes.]*
- ***Remember to view crises as a multi-phased event that begins before the crisis occurs and extends well beyond the response and recovery phase.***
- ***Capitalize on public health competencies including those related to data collection, data analysis, risk communication and program planning to develop interventions appropriate to each phase of the crisis.***
- ***View post event evaluation as pre-event planning for the next crisis.***

Bibliography

ASPH Education Committee (2007) *Master's Degree in Public Health Core Competency Development Project.* Washington, D.C.: Association of Schools of Public Health

Barnett, D.J, et. al (2005) The application of the Haddon matrix to public health readiness. *Environmental Health Perspectives, 113,* 561 – 566

Bliss, D. & Meehan, J. (2008) Blueprint for creating a social work centered disaster relief initiative. *Journal of Social Service Research, 34,* 73 – 85.

Buckheit, M. (2009) US Airways flight 1549: New York Marine Operations. *Fire Engineering, July,* 55 – 57.

Lyman, F. (2003) Messages in the dust: Lessons learned post 9/11 for environmental health. *Journal of Environmental Health, 66,* 30-37.

Rego, L., & Garau, R. (2008) *Stepping into the void: Reflections and insights from a forum on crisis leadership convened at the Center for Creative Leadership.* Greensboro, SC: Center for Creative Leadership.