Building Effective Risk Communication and Crisis Communication Programs by Implementing the Theory of Constraints Model

Gili Shenhar, EMB;¹ David Gidron, MA;² Kobi Peleg, PhD, MPH³

- Gertner Institute for Epidemiology and Health Policy Research; Academic Coordinator for the Master's Degree in Disaster Management at Tel Aviv University, Tel Aviv, Israel
- 2. Gertner Institute for Epidemiology and Health Policy Research, Israel
- 3. Director, Israel National Center for Trauma and Emergency Medicine, Gertner Institute for Epidemiology and Health Policy Research, and Head of the Multi-disciplinary Program for Emergency and Disaster Management, School of Public Health, Tel-Aviv University, Tel Aviv, Israel

The aim of this paper is to propose a method for Risk and Crisis Communication (RCCC), and to formulate ways of applying it in order to obtain a better general response on the part of the authorities and the public during a disaster. The implementation of the Theory of Constraints (TOC) model is well known in the business management arena. The TOC is said to be "portable" over a wide range of problems that previously were intractable. The importance the bottlenecks in the disaster management process was underlined in this model. This process has two different bottlenecks. The bottleneck at the preparedness phase is a result of the public's lack of attentiveness, and during the disaster, it is the ability to produce and deliver the information to the public. Being aware of the constraints (bottlenecks) in the process allows researchers to minimize or even solve the problem using existing tools. Implementing the TOC model in RCCC has a major contribution in reducing the number of losses of human life, disability and property. Keywords: communication; crisis communication; risk

communication; Theory of Constraints Prebosp Disaster Med

Improving Risk Communication for Radiological/Nuclear Threats: Recent Research and New Initiatives

Steven M. Becker, PhD

Associate Professor of Public Health, and Vice Chair, Department of Environmental Health Sciences, The University of Alabama at Birmingham, Birmingham, Alabama USA

Reducing morbidity and mortality during a radiological/nuclear terrorism event depends heavily on effective crisis and emergency risk communication. Thus, preparedness and response agencies, policymakers, researchers, and others are devoting increasing attention to communication and information issues. Recent research and new initiatives related to radiological/nuclear risk communication will be discussed. Studies involving clinicians, health department personnel, first responders, and the general public are considered, as are key governmental and non-governmental initiatives. Future challenges in improving risk communication for radiological/nuclear terrorism events will be discussed.

Keywords: communication; improvement; initiative; nuclear; radiological; risk communication; terrorism Prebosp Disaster Med

Safety Function Action: International Applications of a Disaster Health Framework for Citizens and Disaster Responders

James Shultz, MS, PhD;¹ Andrea Allen, PhD;² Zelde Espinel, MD, MA, MPH¹

- 1. Center for Disaster & Extreme Event Preparedness (DEEP Center), University of Miami Miller School of Medicine, Miami, Florida USA
- 2. Barry University, Miami, Florida USA

Introduction: Safety Function Action (SFA) is a disaster health training program for a broad spectrum of disaster responders and the general public. Disaster health is defined as maximal safety, optimal function, and effective action in response to emergencies, disasters, humanitarian crises, and extreme events. The SFA integrates precepts from public health, public safety, disaster behavioral health, and medical preparedness.

With SFA, a single, six-strategy framework is flexibly applied to support disaster responders and disaster survivors. To achieve maximal safety, strategies are safeguard and sustain. To achieve optimal function, strategies are comfort and connect. To achieve effective action, strategies are advise and activate.

Methods: The SFA has been trained extensively in Florida and throughout the US and Canada. In 2009, 861 Florida responders were trained as "facilitators," tasked with bringing SFA from the classroom to their respective work teams. Facilitators were supported by a team of DEEP Centerbased "coaches." Miami-Dade Schools crisis counselors, trained as SFA facilitators, have responded to school slayings and the H1N1 influenza pandemic during Fall 2009. Multi-day training of SFA "trainers" was conducted in Vancouver, Canada; trainers now are imparting SFA to "psychosocial" teams preparing for service in the 2010 Winter Olympics. During fall 2009, SFA is being trained to multi-disciplinary responder audiences in Halifax and Toronto, Canada. The SFA training in Spanish will be conducted in Armenia, Colombia (site of a massive 1999 earthquake). Colombia's Ministry of Health plans twin applications of SFA: natural disaster responders/survivors and internally displaced populations.

The SFA is being extended to general public applications and is now accessible online. The SFA Family Disaster Plan is being disseminated to responders and citizens.

Conclusions: The *SFA* provides a widely applicable framework for promoting disaster health among responders and citizens, combining psychosocial components with health and safety.

Keywords: disaster; health; psychosocial; safety; Safety Function Action; training Prebosp Disaster Med

Risk Communication

LTC Ariella Ben Avraham Home Front Command, Israel Defense Forces, Israel

Conflicts such as the Gulf War (1991), the Second Lebanon War (2006), the last operation in Gaza (2009), and the worldwide terrorist attacks have created a challenging situation for the Home Front Command given that the battlefield has shifted to the civilian population. The civil-