Health Department Communications with Public Water Systems

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Presentation Goals

- **Present** information about relationships & communications between
  - Public health agencies
  - Public water utilities
- **Distinguish** between routine & emergency communication issues
- **Recommend** proactive strategies to strengthen communications

Basis of this Presentation

- Work conducted for
  - AwwaRF #2851
- Final report
  - In press
  - Expected to be available in 2006

Project Goal

- Foster stronger collaborations among water utility, public health agency & clinical personnel for addressing water-related health risks

Partners & Sponsors

- Water utilities
  - Glendive, MT
  - Lansing, MI
  - New York City, NY
  - Redmond, WA
  - Tucson, AZ
- And their related
  - Local public health agencies (LPHA)
  - Elected officials
  - Health care providers
  - Academicians
- National Associations
  - NACCHO (City and County Health Officials)
  - AOEC (Occupational and Environmental Clinics)
  - ACWU (California Water Utilities)
- Project sponsors
  - AwwaRF
  - US EPA

Information Sources

- Literature review
  - Peer-reviewed
  - “Gray” literature
- Individual interviews
  - 98 utility managers
  - 160 LPHA managers
  - 30 clinicians
- Facilitated group interviews
  - Two formats
    - Workshop in DC
    - Tabletop exercises in 5 areas of the US
  - 45 participants from
    - Utilities
    - Local & state PHAs
    - Clinical settings
    - Other organizations

Findings about Utility-LPHA Relationships

Survey Results

- Reported working with local public health agencies (LPHA)
  - 90% of the water utilities
  - 90% of clinicians
- Reported working with utilities
  - 63% of LPHAs
  - 10% of clinicians
- Reported working with clinicians
  - 33% of utilities
  - 54% of LPHAs

Emergency Planning

All ERPs

- 87% utilities worked with LPHAs
- 69% LPHAs worked with utilities

Water Security Plans

- 68% utilities worked with LPHAs
- 62% LPHAs worked with utilities

Both utilities & LPHAs have concerns about emergency drill debriefings.

LPHAs Value Utilities

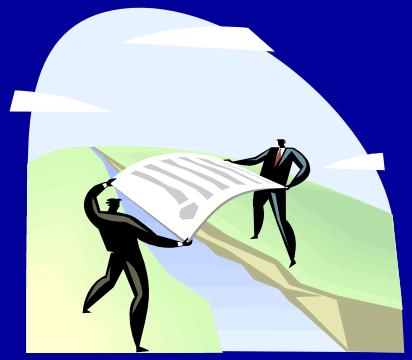
They trust utilities to “do their job”

- Keep drinking water safe
- Sample, and monitor water quality
- Collect, and interpret water data
- Identify problems
- Make repairs

Routinely, they don’t have to worry about what the utility is doing

Utilities Value LPHAs As ...

- Bridges to clinicians & health care facilities
- Evaluators of public health concerns
- Interpreters of public health data & science



Perceptions of Relationships

Utility views of LPHA

- Routine conditions
  - Dominant
- Emergency events
  - Dominant
  - Definitive

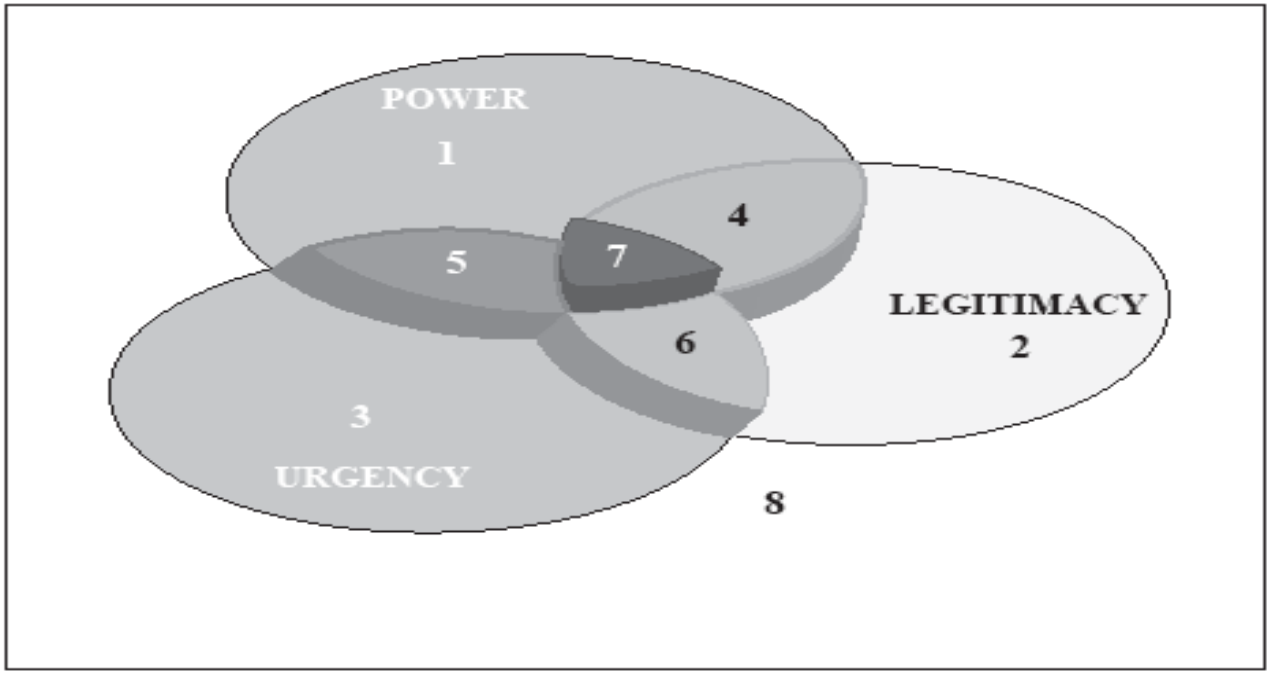
LPHA views of utility

- Routine conditions
  - Discretionary
  - Dominant
- Emergency events
  - Dominant
  - Definitive

NOTE: Relationships may change in emergencies!

Stakeholder Analysis

Parkin et al, in press



1: Dormant	3: Demanding	5: Dangerous	7: Definitive
2: Discretionary	4: Dominant	6: Dependent	8: Non-stakeholders

Figure 3.2 Recommended Level of Lead Organizations Attention to Stakeholders

Adapted from Mitchell et al, 1997

What Do We Know about LPHAs' Views of Utilities?

LPHAs Know Correctly That ...

- They don’t always agree with utilities’ views
  - Liability differences
  - Risk communication processes
  - Operations
  - Interpretations of data & science
- Utility staff have to be consistent with their leadership

LPHAs Often Know Incorrectly ...

- Which utilities serve the populations that they serve
- Who’s on wells & who is not
- How water systems operate
- What sources supply the water system

LPHAs Often Do Not Know...

- Utilities'
  - Roles
  - Responsibilities (routine or emergency)
  - Authorities
  - Mandates
  - Terminology
- How to interpret water data

LPHAs Often Assume ...

- Utilities
  - Will take the lead for water-health issues
  - Develop information about the problem
  - Want to work with LPHAs
  - Will ask them for information
  - Are their ally because they are “in this together”
- Water is not a public health priority, among all of their other issues

LPHAs Want Utilities To ...

- Understand LPHA roles and responsibilities
- Share information
- Answer the “safety level question”
- Interact more often with them
  - Report water data, respond to their questions
  - Work together on water-health materials, and help make decisions
- See problems as joint opportunities

LPHAs' Challenges

- They do not always know which utility to work with
  - Jurisdictions do not match
  - Don't know full set of providers in their area
- They do not have enough resources to
  - Meet utility's expectations
  - Keep clinician databases updated
  - Prepare, test, & disseminate materials

What Do We Know about Utilities' Views of LPHAs?

Utilities Know Correctly That ...

- LPHAs do not always have the capacity to meet their needs, requests
- Clinicians are more likely to interact with a LPHA than a utility

Utilities Know Incorrectly...

- For specific issues,
  - Who are high risk populations
  - Where those populations are
  - How best to reach them

Utilities Often Do Not Know...

- LPHAs'
  - Roles
  - Responsibilities
  - Authorities
  - Mandates
  - Terminology
- When to contact their LPHA
- How to interpret health data
- About
  - Infectious disease
  - Epidemiology
- LPHAs do not always know what clinicians want

Utilities Often Assume ...

- Water is always a priority issue
  - Everyone should know that it is
- LPHAs
  - Can readily communicate with
    - Clinicians
    - Health care facilities
  - Do not understand that water is always a priority

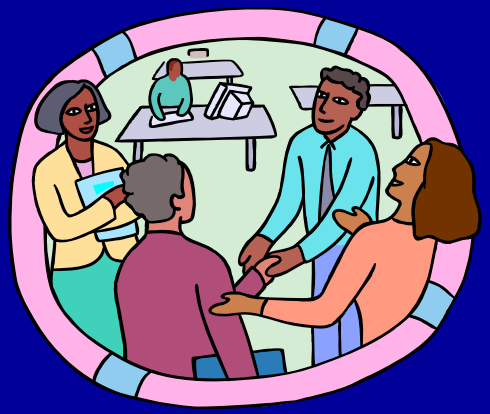
Utilities Want LPHAs To...

- Tell them what an “outbreak” level is
- Be the public spokesperson on health issues
- Have sufficient resources to meet their needs
- Realize that utilities are not always in the lead on water issues

Utilities' Challenges

- Understanding what LPHAs need from them
- Finding ways to build, sustain relationships with multiple LPHAs
  - Where to start?
  - What will be helpful, useful to do?

… So Where is Common Ground?



LPHAs and Utilities Agree That They ...

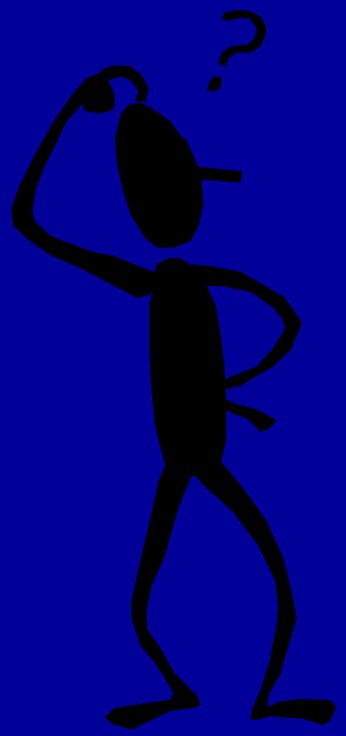
- Have good-excellent working relationships
- Disagree on some issues
- Don’t have accurate information about each others’ roles & responsibilities
- Need to repeatedly check on assumptions about each other
- Need to build skills in each other’s domains

Recognized Problems

- Public confusion must be addressed, strategies developed, capabilities built
- Clinician contact lists & notification systems need improvements
- Relationships, trust need to be improved BEFORE the next crisis

Unrecognized Problems

- Incorrect views of roles slow progress
- Evaluations of existing materials & systems are needed
- Complex collaborations require
  - System-wide approaches
  - Time
  - Up-front commitment



Also Both Have ...

- Many entities to deal with
  - But don’t know where to start
- Limited preparation for addressing public anxieties
- Some narrow, constraining concepts
  - Clinicians
  - Stakeholders
  - Risk communication

LPHAs and Utilities Need to …

- Develop a history of joint work & successes
- Establish a cohesive, sustainable core group
- Obtain senior management support

Recommendations for Both LPHAs and Utilities

- Build good relations BEFORE a crisis
- Plan together
- See contexts larger than their own
- Proactively involve communities
- Address misunderstandings rapidly
- Keep collaboration goals & processes current as conditions change

Recommendations for Utilities

- **Recognize** that LPHAs may have many utilities in their area
- **Anticipate** that LPHAs have limited resources
- **Locate** resources & allies to build capacity
- **Evaluate** & improve means to contact LPHAs
- **Integrate** outreach into programs with LPHAs

In Summary

- Utilities & LPHAs value each other
- But have different perspectives
- Their communication problems can be addressed through innovative actions

Acknowledgement

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THANK YOU!