

## Citizen Preparedness and Participation

Resource	S/W	Comments
People	S	<ul style="list-style-type: none"> <li>• MRC recruiting and training volunteers. (5)</li> <li>• Have lots of volunteers and utilize non-profits and volunteer centers. (3)</li> <li>• Have excellent PIOs in all counties that work collaboratively on preparedness issues</li> </ul>
	W	<ul style="list-style-type: none"> <li>• Need staff and resources to do citizen outreach. (13)</li> <li>• Need to better include special needs populations in preparedness planning. (6)</li> <li>• Need more volunteers as an education resource. (4)</li> <li>• Insufficient number of MRC volunteers. (4)</li> <li>• Need a volunteer management and training process. (3)</li> <li>• Need increased capacity to communicate with non-English speakers. (3)</li> <li>• Need to increase the number of health PIOs in the area. (2)</li> <li>• Need contractor assistance for ongoing regional media relations and public education. (2)</li> <li>• Need regional organizational structure. (2)</li> <li>• Need to prepare for an influx of spontaneous volunteers. (2)</li> <li>• Need a volunteer credentialing process. (2)</li> <li>• Need to continue to fund MRC. (2)</li> <li>• Need to increase outreach to NGOs that support or advocate for SNPs so they can make their own preparedness plans.</li> <li>• Need more staff to develop and implement plans and programs for SNPs.</li> <li>• Need more pre-affiliated volunteers.</li> <li>• Not sure how many volunteers needed to support different ESFs.</li> <li>• Need characterization of areas SNPs to plan.</li> <li>• Regional citizens know they can be targeted.</li> </ul>
Equipment	S	<ul style="list-style-type: none"> <li>• Regional collaboration/information sharing has increased with equipment and technology from prior UASI funds (2)</li> <li>• The NCR has plenty of equipment and platforms to perform outreach programs news media and academia (2)</li> <li>• Training for responders is in place, but needs to be expanded</li> <li>• NCR is able to provide adequate equipment from both public and private resources to support TCL capability</li> </ul>

		<p>outcome</p> <ul style="list-style-type: none"> <li>• &lt;40% of the population have citizen kits</li> <li>• Very difficult complicated message -- pamphlets, brochures, etc. are available</li> <li>• We have the equipment we need with a few enhancements</li> </ul>
	W	<ul style="list-style-type: none"> <li>• Region needs technology to rapidly contact populace with uniform message; need to take into account the special needs population and include in the realm of such areas as translation services (12)</li> <li>• Volunteer community needs IT capability to identify, track, credential volunteers (4)</li> <li>• Need more mass care equipment including supplies for special needs population (3)</li> <li>• Need regional emergency supply caches for citizen response</li> <li>• Need additional training equipment</li> <li>• Additional equipment is needed to protect citizens from attack</li> <li>• Need preparedness kits for those who can't afford them</li> <li>• Need special preparedness kits for those with special needs</li> <li>• Need better connectivity between 211 and emergency management for emergency information and referral</li> <li>• Weather/radios/all hazard radios for responders and the public</li> <li>• Need a tie between the phone system and on-line systems</li> <li>• Additional power supplies (generator) are required to ensure shelters can provide for the needs persons with special needs (refrigerator for medication, oxygen power source, etc.) Facilities should be pre-wired</li> <li>• Difficult to have targeted message with various populations</li> <li>• Need regional 211 funding</li> <li>• On-line training modules with NCR specific information</li> <li>• Accessible transportation equipment insufficient for evacuation</li> <li>• Medical equipment and medicine crucial for persons with special needs to survive</li> <li>• 211 systems need to be fully accessible</li> <li>• Need database of volunteers in NCR; must include multiple emergency response roles</li> </ul>

Training	S	<ul style="list-style-type: none"> <li>• Training programs exists e.g. Citizen Corps (2)</li> <li>• MRC volunteers also provide just in time responder training to spontaneous volunteers, and have been utilized during non-event times to spread public info messages for the health departments.</li> <li>• Is this training curriculum in line with national curriculum</li> <li>• Some, but not adequate numbers of citizens educated and volunteers trained</li> <li>• Pros receive regular training</li> <li>• Some citizens have CPR training and first aid training</li> </ul>
	W	<ul style="list-style-type: none"> <li>• Training opportunities – citizens aren't aware of all available opportunities (6)</li> <li>• No training available which embraces or enhances emergency preparedness information (4)</li> <li>• Although some training efforts “CERT”, “MRC”, citizen academies, etc. not enough people or resources (3)</li> <li>• More attention must be placed on handling and addressing the needs of people with disabilities, appropriate assistive technologies, and the needs of these communities. (3)</li> <li>• Not regionally coordinated (3)</li> <li>• Funding for MRC training staff (3)</li> <li>• The NCR's Citizen Corps train volunteers for their CERT and MCR programs However, there are not enough trainers for these programs. (3)</li> <li>• Region needs better understanding of how public health works. Answers/ info is not instantaneous and often not visible (lab test, for example). Non-health people, volunteers, media, general public etc. don't seem to understand this (2)</li> <li>• Training coordination MRCs</li> <li>• Training is minimal as opposed to emphasis on information and notification activities. Training requires focuses on differential training activities and inclusion of credible sources (such as faith based organizations)</li> <li>• Support and develop training for self – preparedness PNSN</li> <li>• Develop and support training for PNSN to be done by advocacy groups, service providers and other non-emergency agencies knowledgeable about training PNSN</li> <li>• People need to train regularly</li> </ul>

		<ul style="list-style-type: none"> <li>• Critical service delivery organizations (e.g. home health agencies) and mediating organizations (NGOs) need additional training to assist respective populations.</li> <li>• Focus on low income and LEP populations</li> <li>• Improve coordination of public inquiry call centers. Establish a regional system</li> <li>• Trainers are needed for special populations.</li> <li>• Getting the people who were trained to be responsive to continues education responsibility</li> <li>• Need to develop just in time training for spontaneous volunteers.</li> <li>• Need to increase opportunities for ESFs 6, 11, 14, and ,15 to train with the other ESFs</li> <li>• Need to cross train between volunteer cadres across ESFs 6, 11, 14, and 15</li> <li>• Need to increase public education and preparedness training</li> <li>• NCR public/non-profit agencies are severely under funded and do not have the capacity to get or give education training. The do not have the capacity to help NCR’s most vulnerable achievement “an appropriately higher level of preparedness.”</li> <li>• More training needed with specific health issues and components</li> <li>• Need better/more innovative types of communication methods to train/educate public (web, etc.)</li> <li>• Need additional specialized training for surge capacity and community education – sheltering in place</li> <li>• Public training on responding to an anthrax attack – coordination with public schools</li> <li>• Not aware of who in the NCR has taken any training, participated in any exercises or is a volunteer.</li> </ul>
Exercises/Evaluation	S	<ul style="list-style-type: none"> <li>• MRC/city corps provide training to citizen volunteers</li> <li>• Conducted regularly and PIOs/health PIOs are routinely involved</li> <li>• Pros regularly exercise in their own jurisdictions and regionally</li> <li>• We have exercises and designed to give citizens opportunities to practice what they have learned (evaluation is a part of exercise)</li> <li>• Members of RESF-14 regularly participate in their own jurisdictional exercises, as well as regional exercises like "Patriot Challenge" or "Capital Shield."</li> </ul>
	W	<ul style="list-style-type: none"> <li>• Need to use volunteers more and better (CERT, MRC,</li> </ul>

		<p>RACES, mobilization centers, call-up and processing, etc.) (8)</p> <ul style="list-style-type: none"> <li>• Exercises and evaluation lack the appropriate inclusion of people with disabilities, not as a separate population, but as a part of the general population (8)</li> <li>• Lack of citizen involvement in planning and execution of exercises, except as patients in multi-casualty drills (5)</li> <li>• Need for additional region-wide, multi-disciplinary and multi-jurisdictional training (5)</li> <li>• No significant exercise has been conducted to evaluate citizen preparedness in the NCR (shelter/shelter-in-place drills) (3)</li> <li>• Volunteer management needs to be better integrated in larger exercises</li> <li>• Exercises not publicized in advance to increase participation</li> <li>• Private sector inadequately involved in exercises</li> <li>• Exercises and evaluation should include hospitals</li> <li>• Media/communication is not fully exercised; drilling vertical JIC regionally shared</li> <li>• Capabilities assessment needs to be done to see how things might work during an emergency</li> <li>• Too many of the planning/training components are still in their infancy and have not progressed to the point where they can be adequately practiced</li> <li>• Need to include ESFs 6, 11, 14, and 15 in all major exercises where appropriate throughout the NCR</li> <li>• Weakness in bringing in federal agencies so they better understand local estate issues</li> <li>• Faith community involvement</li> <li>• Pet safety plan and shelters</li> <li>• Difficult on a large, regional scale; better done with small, targeted efforts with businesses, neighborhoods, etc.</li> </ul>
Plans, Policies and Procedures	W	<ul style="list-style-type: none"> <li>• Public health entities, private sector efforts, citizen volunteers, need to be included in planning – particularly at the regional level (7)</li> <li>• Standardize alert notification and public involvement in development of associated policies and procedures (3)</li> <li>• Better coordination of volunteers and planning for their needs (3)</li> <li>• Pets need to be considered/addressed in training, exercises, and evaluations.</li> </ul>

		<ul style="list-style-type: none"><li>• Need more coordination between government and non-profits, particularly when planning involvement with and response directed toward vulnerable populations/Need to add to the knowledge base that defines NCR's most vulnerable (who they are, agencies, that serve them, where they are in the neighborhoods, and what their needs are)</li><li>• Need to complete regional NCR communications plan</li><li>• Need more extensive, inclusive citizen preparedness plans</li><li>• NCR strategic planning process requires standard policies and procedures for alert notification before, during, and after emergencies</li></ul>
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