

Unified Health Command

Strengthening Public Health's Response in Montana

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At the time of the terrorist and anthrax attacks of 2001, no single medically oriented entity in Yellowstone County, Montana, had been designated to respond to these types of crisis. Citizens and the media looked to both the public health department and the local hospitals for advice and information. The need for a unified response to these bioterrorism threats quickly became imperative, and representatives from the health department, both hospitals, the department of disaster and emergency services, and fire and law enforcement personnel convened to discuss and coordinate public health strategies for the county. These agencies, which were also involved in the region's Local Emergency Planning Committee (LEPC), agreed to work together to coordinate communications in the community.

Yellowstone County, the most populous county in Montana, is home to 130,000 residents. Billings, the county seat, is the state's largest city with more than 90,000 citizens. Billings serves as a regional medical hub for a 600-mile radius, spanning eastern Montana as well as portions of the Dakotas and Wyoming. The region's major health care players include Deaconess Billings Clinic and St. Vincent Healthcare, both Trauma Two-level hospitals with a combined capacity of more than 500 beds. A third component of the region's health care triad is Yellowstone City-County Health Department (YCCHD), a 250-employee organization that oversees 22 programs and services, including a community health center, the statewide Healthcare for the Homeless network, a hospice program, and a broad range of public health-related services.

The Unified Health Command (UHC) grew out of this coordinated emergency response and is now a subcommittee of the LEPC. In this capacity, the UHC is prepared to participate in the county's Unified Command during activation of the county's Emergency Operations Center (EOC), which, by federal mandate, operates under the National Incident Management System (NIMS). The UHC also uses NIMS for processes, procedures, and systems. All core members of the UHC are NIMS compliant, as is Yellowstone County's EOP (emergency operation plans), which directs the UHC operations in an emergency.

The Unified Health Command coordinates plans to address the region's immediate and ongoing health problems. Its purpose is to prevent disease, prepare for events that may affect the health of Yellowstone County residents, and respond to such events in an organized way. Prior to the creation of the UHC, the hospitals and health department met on an informal, ad hoc basis, and although cooperation across the agencies was strong, communication was not always clear. The result was inconsistent information dissemination across the community.

YCCHD and the two hospitals are the heart of the UHC. Other core players include Yellowstone County Disaster and Emergency Services, the American Red Cross, Billings Public Schools, and surrounding county public

health nurses. In instances where public health concerns involve other agencies or community organizations, they too are invited to participate in UHC activities. The UHC is chaired by a representative from the health department or the hospitals, and the health department provides staff support services. Under normal circumstances the UHC convenes once a month; however, during crisis situations, the UHC members can request more frequent meetings, on a weekly or even daily basis if necessary.

Over time, the UHC has evolved to address community concerns and issues beyond bioterrorism. While working on the county's terrorism response planning guide, community leaders recognized the need for a more focused approach to the public health effects of natural and intentional disasters. In the past two years, the UHC's successful response to and resolution of a variety of health issues has resulted in improved visibility, credibility, and coordination of public health activities in Yellowstone County.

In 2003, smallpox vaccination issues served as one of the first tests of UHC functioning. As policies and procedures came down from the federal and state government, members met to outline a smallpox vaccination plan and determine which health care workers should receive and administer the vaccine. Collectively, the UHC decided to delay vaccinating health care workers and first responders—a decision which later reflected the national consensus.

More recently, the UHC handled the flu vaccine shortage, developing a three-tiered system to prioritize who would receive a flu shot. Members collaborated to create standardized guidelines and to distribute available vaccine based on a predetermined priority list. Throughout the flu season, the UHC refined guidelines and developed preventive community education measures, such as the Cover Your Cough campaign. Other activities addressed by the UHC have included a West Nile virus 4-Ds campaign, a coordinated response to a regional pertussis outbreak, and participation in emergency readiness and tabletop exercises. In all of these cases, media messages were jointly released, ensuring consistent messaging from the three core organizations.

Working collaboratively, the UHC has addressed a variety of pressing public health issues, while increasing its credibility among colleagues and the community at large. By presenting a unified front, the UHC has become a trusted entity and the voice for public health in Yellowstone County. ■

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