

3 Pre-Event Planning Case Studies

Albuquerque Citizen Contact Center

Responding to the H1N1 Outbreak

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Hurricane Katrina was a warning call to local officials across the country that emergency procedures need to be carefully coordinated, regularly tested, and updated to meet new conditions before the proverbial storm hits. While the American Southwest is far removed from the hurricane belt, Katrina gave Albuquerque officials the impetus to take a fresh look at their plans to deal with natural disasters and other emergencies. The city's 311 Citizen Contact Center, introduced in July 2005, was a relatively new communications tool, but residents were increasingly familiar with it as a source for city information and access to services. City officials therefore began to consider ways to build on the communication skills within the call center in order to deliver reliable information during an emergency of any magnitude.

In 2009, when the H1N1 virus posed a possible public health threat, 311 was an integral part of Albuquerque's emergency planning process. Its representatives regularly participated in emergency planning discussions, staff were trained in Metropolitan Medical Response System (MMRS) protocols and participated in mock drills, and the center had a designated liaison to the city's emergency operations center. Staff had gained experience from other emergency situations, such as school lockdowns. The city

website's description of "What the City Will Do in an Emergency" clearly indicates that the 311 call center will respond to questions. The center also had established good relations with the local Red Cross. Given residents' familiarity with 311, it was expected that they would turn there for information on H1N1, so call center leaders took the initiative to develop ways to respond to questions and concerns during a possible pandemic.

The first cases of the H1N1 virus in the United States were reported to the Centers for Disease Control and Prevention (CDC) in April 2009; the New Mexico Department of Health confirmed the state's first case on May 2, 2009. Albuquerque officials recognized the need to get ahead of a possible emergency and began planning the city's H1N1 response, in coordination with state and federal agencies. The Office of Emergency Management and 311 took the lead in organizing discussions with local stakeholders. The scope of these discussions was wide-ranging, dealing with both the substantive public health components and the related logistical aspects; for instance, telecommunications staff were included, in case more telephone lines needed to be added on short notice to handle increased call volumes.

The 311 center also took initiative with its internal preparations, as staff discussed anticipated call volume, the types of questions they might be asked, and the information they

COMMUNITY PROFILE

Form of Government:

Mayor-Council

Population: 535, 239

(City of Albuquerque, 2010), 766,016 (Greater Albuquerque Area, 2005)

Annual City Budget:

\$455.5 Million

Annual 311 Budget: \$3.5 Million

311's Location within City Government:

Department of Finance and Administrative Services

Number of 311 Employees: 59

Type of System: Customer relationship management (CRM) system accessible by 311 phone-in number, email, website, Twitter, SeeClickFix.

Unique System Features and

Management Tools:

Oracle PeopleSoft CRM software. Reports are created using Crystal Reports.



would provide. Training often poses a challenge for the busy call center: given the nature of 311's work, it's often difficult for staff to come off the floor in large numbers for training. So the center generally takes a "train-the-trainer" approach by educating supervisors, who can then relay information to their staff in shorter increments. Trainers indicate how the responses given to citizens during routine situations have been adapted to fit the needs of the anticipated emergency. Staff also are trained in how to activate 311's backup site, should its downtown office be closed or inaccessible during an emergency.

311 staff expected to receive questions about flu symptoms, what to do if someone had the flu, and where to turn for additional information, so they prepared their responses accordingly. An important part of staff training, according to Esther Tennebaum, division manager of the 311 Citizen Contact Center, "is ensuring that the information they relay is standard. Staff need to know what they can say – and what not to say." Providing consistent answers to questions, rather than speculating or sharing personal experiences, builds a community's confidence in the 311 system's ability to provide accurate, reliable information. In the H1N1 context, it was determined that citizens' interests would best be served if 311 agents directed most flu-related inquiries to the hotline set up by the New Mexico Department of Health's Public Health Division, where nurses could answer their questions.

Still, even with extensive planning, circumstances change. Vaccines did not become available for distribution in Albuquerque until December and, as in communities across the country, the initial supply was limited. The state's public health division required that appointments be made to get vaccines at local clinics, with priority given to higher risk groups such as pregnant women, youth, or

people with chronic health conditions. Initially, the division planned to take these appointment calls. But with higher-than-expected call volumes, citizens contacting the H1N1 hotline were getting busy signals. The 311 center quickly stepped up to provide additional resources.

311 staff were trained to take appointment calls, and public health staff designated to take appointment calls were deployed to the call center. Citizens were notified that they could

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call 311 if they received a busy signal at the H1N1 hotline. When people called 311 with an appointment request, agents took the caller's name and phone number and relayed the information to the public health staff, who then returned the call to set up an appointment. This transfer took place in a matter of hours, underscoring 311's capacity to set up new operations and incorporate new information quickly. It also helped reassure the community that the city was responsive to the situation. Anxious citizens were likely to become even more nervous when receiving a busy signal from the H1N1 hotline, so being able to speak to someone at 311 was comforting.

Statistics underscored the need for 311's support during this busy period. (Total call volume during this period was 189,305.) From December 8, 2009, to January 8, 2010, the call center received about 5,000 calls related to the H1N1 virus, with the majority of them requesting vaccine appointments.

Ultimately, the effect of the H1N1 virus on Albuquerque was smaller than anticipated and the emergency operations center (EOC) was never activated. Yet the incident gave 311 staff valuable experience to build

upon, both for the next flu season and for other types of emergencies. It also raised questions that 311 will take into account in making future plans.

A key example of this is staffing during a health emergency. If a significant percentage of 311 staff become ill with a contagious disease and are unable to report to work, how can the call center ensure it will still be able to respond to public needs? The public health division's epidemiologist monitored the levels of municipal employee illness during the H1N1 period, giving data that can be used in developing scenarios for future health emergencies.

311's effectiveness during this period helped raise its profile and win greater support for its mission. The Public Health Division recognized 311 for its efforts in absorbing new responsibilities. When the vaccine appointment function shifted to 311, media outlets often filed their reports from the call center, giving greater visibility to 311's role. Based on this experience, the 311 Citizen Contact Center can expect to be regarded as a valuable partner by other Albuquerque agencies and a primary source of information by an increasing number of residents when future emergencies arise.

Study Methodology

ICMA conducted a series of conference call discussions with representatives of 311 centers across the country in the spring of 2010. Select cities then responded to a questionnaire and follow-up interviews to elicit additional information about their preparation for specific emergency situations or large-scale events.

ICMA thanks representatives of the Albuquerque 311 Citizen Contact Center for sharing their time and experiences during the outbreak of the H1N1 virus in 2009. Their contributions to this case study were invaluable.

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