Imagine the public panic that might ensue if an outbreak of bird flu or Ebola virus erupted in one of South Carolina’s main cities—equipped as they are with large hospitals and ranks of physicians.

Now picture the same scourge of disease afflicting a rural area with sparse health care resources. How could such communities—heavily populated by traditionally underserved residents—cope effectively with a life-threatening disease outbreak?

Using a two-year $675,000 grant from the Kellogg Foundation, the University’s Arnold School of Public Health is developing a broad initiative to help such communities draft emergency response plans for human health threats. Called the MATCH Project—Mobilizing Against Threats to Community Health—it involves collaboration with the American Public Health Association and Michigan State University’s College of Veterinary Medicine as well as a network of African-American, Native-American, and Latino land-grant universities.

“The Kellogg Foundation has a great deal of interest in species-jumping viruses and in developing strategic responses to these human health threats,” said Donna Richter, dean of the Arnold School. “You can have a readiness plan, but what will people really do if a health crisis occurs? This project is all about mobilizing communities and helping them develop plans that fit their resources—not top-down plans that are imposed by an outside organization.”

For several months the Arnold School will develop content for a major institute to be held next fall that will involve Carolina’s main partners: the network of African-American, Native-American, and Latino land-grant universities and Tuskegee Institute. Several months of follow-up with individual communities will take place after the institute.

Cross-species viral outbreaks would threaten human health and pose serious challenges to communicating effectively with rural residents.

“Most rural communities say, ‘It’s not going to happen to us,’” said Saundra Glover, director of the University’s Institute for Partnerships to Eliminate Health Disparities, a partner in the MATCH Project. “But we want them to take steps to ensure that the most vulnerable people are taken care of in the event of some type of outbreak.”

To develop community contingency plans that are more likely to be accepted by community members, Carolina’s project is collaborating with 1890 land grant institutions, which have networks of field directors and extension agents.

“The extension agents already have credibility and trust in their respective communities, and they will be a great asset to this project,” Glover said. “We’ll work with them to develop a tool that will work for their respective communities. Every community plan will differ, based on the resources that are available.”

Daniela Friedman, a faculty member in the Department of Health Promotion, Education, and Behavior, specializes in health literacy and stresses the need for clear, concise information during a public health crisis.

“When people use the word ‘emergency,’ it’s hard to stay calm. These situations involve uncertainty, and that’s not a concept people like,” Friedman said. “One of the strategies we’ll stress is to communicate in plain language that people can understand.

“Another key is to localize information—tailor it to a specific community. Instead of broadly referring to South Carolina or the nation, refer to the name of the local hospital or a local health care director so that people know the information is specifically intended for them.”

Planning for the possibility of avian flu or some other animal-to-human viral epidemic might sound alarming, but it’s not alarmist, public health administrators say.

“If you look historically at severe viral outbreaks and pandemics, we’re overdue,” said Lee Pearson, director of special projects for the Arnold School of Public Health. “Those past events happened in a world without global travel. When it happens again, it will happen far more quickly.”