



Colorado Health Emergency Line For the Public (CO HELP) (1-877-462-2911)

The CO HELP program is operated by the Rocky Mountain Poison and Drug Center and was developed in partnership with the Colorado Department of Public Health and Environment. CO HELP has operated daily since July 2003 to disseminate health information for identified topics of concern as well as offers a means to identify any emerging issues or concerns. CO HELP serves as part of Colorado's readiness response model for any public health emergency: to inform the public and providers and to collect data for situational awareness. CO HELP has responded to several major health events in Colorado including the worst West Nile Virus (WNV) outbreak and influenza seasons with vaccine shortages and early increased pediatric deaths.

The objectives of the CO HELP program are to:

1. Develop a standardized and prepared response to public health events
2. Provide consistent, accurate, up-to-date information
3. Collect and maintain structured data to better characterize events and responses
4. Develop capability and capacity to adapt to other public health emergencies

CO HELP is staffed daily by health information providers that give information on a variety of health topics such as anthrax, plague, smallpox, avian flu, influenza/pneumonia, ricin, tuberculosis, hantavirus, mold, SARS, West Nile Virus, human parvovirus. The program is staffed 7:00a to 11:00p Monday through Friday, 9:30a to 8:00p Saturday through Sunday and offers after-hours callers to self-access information from a Frequently Asked Question (FAQ) library. Capabilities and successes include:

- Receiving over 75,000 calls and up to a 1,000 calls/hour during peak times
- Providing up-to-date, consistent and accurate information approved by health department epidemiologists to the public and health care providers from a searchable library of over 1,500
- Working with the media to help inform the public on issues and to correct misinformation as it arises
- Collecting structured data for disease outbreak management including dead animal reports, self-reported cases of influenza/pneumonia and real-time analysis of poisoning exposure data exportable to GIS mapping systems
- Developing strategies to use volume-based and inquiry-tailored announcements to inform the greatest number of callers with minimal staffing, key to handling call surges effectively
- Developing public trust that has enabled us to first identify sentinel events and emerging health concerns such as tuberculosis and hantavirus outbreaks, despite no promotions to do such

CO HELP continues to be a platform for further development and testing of models and tools for responding to health emergencies. Under an Agency for Healthcare Research & Quality (AHRQ) task order, RMPDC has developed four specific tools for use by call centers to efficiently assist the public in informing and helping themselves during a health emergency. This should assist in reducing the patient surge demands on the traditional "brick and mortar" healthcare delivery system facilities and allow public health agencies to focus on epidemiology and disease control measures. All these tools are currently operational, can be supported with the CO HELP program and can collectively handle up to 3,800 contacts per hour in any combination:

1. **Quarantine and Isolation Monitoring:** An automated outbound application to assist public health agencies managing quarantined and isolated populations. Quarantined persons are periodically called at home and required to indicate their current health status. If the person indicates they are well the call is concluded, otherwise they are connected to an Information Provider at CO HELP to address their needs. If a person cannot be reached in two attempts within 15 minutes, they are reported to the

- appropriate public health agency for further follow-up. This application frees up personnel to handle those with current needs while still closely monitoring the status of all those in quarantine.
2. Points of Dispensing (POD) Information by Zip Code: If community prophylaxis is required, the public will need to find POD locations for getting medications. An automated inbound application allows callers to enter their zip code and receive recorded messages indicating the closest POD site to their residence. This application also helps to reassure those that are not in the affected area that they do not require medications.
 3. Drug Identification: During community prophylaxis not all PODs will be dispensing drugs that have the same appearance (there are five different doxycycline appearances). It is also possible for an individual to forget which pill they received or become confused which pill is theirs. This automated inbound application allows a caller to use pill imprints, color, shape and size to identify the drug and obtain information including dosage and potential adverse events.
 4. Frequently-Asked-Questions (FAQ) Library: For commonly asked questions specific to a health emergency, an automated inbound application allows callers to access a library of recorded information directly. The information is approved by state health epidemiologists to insure standardization with current public health content being broadcast through other venues. This application was originally developed and tested during Colorado's West Nile Virus outbreaks in 2003 and 2004 and has been expanded to include information about influenza, mold and other topics.

The CO HELP program proves that health call centers and public health agencies can develop partnerships to meet the expected needs of communities during health emergencies including: improving information support, improving surge capacity, expanding surveillance signals and data collection for situational awareness. This partnership realizes the new demands on public health agencies by increasing their response capabilities and access outside of the 9a to 5p work day, handling rapidly evolving information while maintaining control and enabling the public to care for themselves and their families by supplying the information for them to make decisions.

For additional information about the CO HELP program or the AHRQ task orders, please contact Gregory M. Bogdan, PhD at 303-739-1239 (greg.bogdan@rmpdc.org) or Anna Seroka, RN, MEd at 303-739-1252 (anna.seroka@rmpdc.org).