Summer Public Health Preparedness Webinar Series Presents:

An Introduction to Whole Community Inclusion and Community Resiliency

July 17, 2013
2-3 PM EDT

Facilitator: Melissa Marquis, Connecticut Association of Directors of Health

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Speakers:

Dr. Daniel Dodgen, U.S. Department of Health and Human Services (HHS)

Jeffrey Stiefel, U.S. Department of Homeland Security (DHS)

Pamela Toney, North Alabama Medical Reserve Corps
Community Health Resilience

Daniel Dodgen, Ph.D.
Director, Division for At-Risk Individuals, Behavioral Health, and Community Resilience
Office of Policy and Planning
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health & Human Services
Resilience is Prevalent in National Policy and Plans

NHSS Implementation Plan

Community Resilience

PH Capabilities / Grant Alignment: PHEP & HPP

ASPR Strategic Plan

National Preparedness Goal
First Edition
September 2011

FEMA Strategic Plan; FY 2011-2014

Resilience: Many Sectors & Many Definitions

Different sectors define resilience through their professional points of view

**Physics:** the capacity of a material or system to return to equilibrium after a displacement

**Psychology:** psychological resilience is an individual's tendency to cope with stress and adversity

**Ecology:** resilience is the capacity of an ecosystem to respond to a perturbation or disturbance by resisting damage and recovering quickly

**Manufacturing:** ability of a product or system to absorb the impact of the failure of one or more components or a significant disturbance in its environment, and to still continue to provide an acceptable level of service

**National Health Security:** the sustained ability of communities to withstand and recover from adversity

Finding a “common vocabulary” is of far more practical importance than finding a common definition.
Community Health Resilience is a subset of overall resilience that helps us to focus on the variables that health and social services can best influence:

- Involves human resilience and infrastructure resilience
- Involves the whole community (of health and social services)
- The pre-event status of health and social services in a community can predict resilience
- Social connectedness (or social capital) has the potential to significantly reinforce resilience
- Public health, healthcare facilities, and social services are important nodes of social connectedness in many communities
1) Studies have shown that people who are actively engaged in groups (social connectedness) have better health and access to healthcare than those who are not engaged. Social capital is linked to higher levels of subjective health and lower cardiovascular and cancer mortality.

2) Social capital and cohesion are linked to better mental health, lower suicide rates, and lower levels of violent crime.

3) In addition to quickly disseminating information and financial and physical assistance, communities with an abundance of social capital were able to minimize the migration of people and valuable resources out of the area.

(Aldrich, Building Resilience)
When we work to address...

- the **behavioral health needs** of disaster survivors and responders, and
- the functional and access needs of **at-risk individuals**

...we are also taking important steps to forward community health resilience
I-C-HOPE: Connecting the Domains of Community Resilience

Building resilience is multi-sectorial endeavor. No one domain can effectively build or support resilience.

Infrastructure: Refers to the physical resilience of the built environment and infrastructure that aims to ensure the functionality of community buildings and systems after an event. Affected by building codes, engineering standards, land use planning, and environmental and human threats. Compliance with laws such as the ADA for healthcare facilities ensures accessibility for individuals with access and functional needs (e.g. accessible egress for mobility impairments and accessible signage and emergency alarms for individuals with sensory impairments).

Connectedness: The strong social networks, shared cultural identity and heritage, and connection to place that form a sense of community. The social connectedness that bonds individuals and groups are the ties that bind communities together and help people withstand disaster, recover, and rebuild. The environmental effects of the disaster can have deep impacts on community cohesion. The Beacon Hill Village model helps people remain in their homes and connect with their communities in later life. Villages are self-governing CBOs that coordinate access to a variety of supportive services to promote aging in place, social integration, and health.

Health: Resilient individuals are physically and psychologically healthy, socially connected to each other and to community systems, and have access to health and behavioral health care. Good health prior to a disaster has been shown to support greater resilience in the post-disaster setting. Personal Health Preparedness for ARI includes creating an individual emergency plan, assembling at “go kit,” checking accessibility of local shelters, and keep a portable generator or back-up cell battery for durable medical equipment.
**Organizational:** An essential attribute of a resilient community’s governance structure, and of the public and private sector entities within it. Resilient organizations retain or quickly regain their function following a shock, improvise, avoid single points of failure, and invest in their workforce. Continuity of Operations (COOP) planning for Community-Based Organizations (CBOs) ensures that they are able to meet the needs of their clients during and after an emergency.

**Psychological:** The ability to maintain positive adaptation and mental health despite stressors in the immediate and broader environment. A disaster can impair psychological resilience due to stress, traumatic exposure, adverse psychological reactions, and disrupted social networks. Psychological First Aid training can provide anyone with skills to help themselves and others after a disaster, including individuals potentially at higher risk.

**Economic:** The ability of a community to quickly regain its productive capacity after a disaster. Community members have access to good jobs and good wages, the local economy is diversified, and it produces or accesses enough goods to meet the needs of community members. Understanding disaster-related flexibilities and waivers that may be available for certain grants can help local governments and providers use existing human services programs to address unmet human services needs created or exacerbated by the disaster.
Strategically promoting resilience is more than just doing our sector-specific jobs well:

- Includes the planful linking of sectors/domains
- Includes health promotion; is concerned with improving the underlying health of communities and strength of service systems
- Looks ahead to improve recovery; and aims to improve resilience for future events through mitigation and preparedness
ASPR brings together Science, Policy and Operations.
Mission:
Provide subject matter expertise, education, and coordination to internal and external partners to ensure that the functional needs of at-risk individuals and behavioral health issues are integrated in the public health and medical emergency preparedness, response, and recovery activities of the nation to facilitate and promote community resilience and national health security. [http://www.phe.gov/abc](http://www.phe.gov/abc)

Key Responsibilities:
- Policy guidance
- Providing expertise & technical assistance
- Interagency coordination

Regarding:
- At-risk Individuals
- Behavioral Health
- Community Resilience
Community Health Resilience Initiative

NACCHO Webinar

July 17th, 2013

Jeffrey Stiefel, Ph.D.
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202-254-6861
Reinforcing the Need
Community Health Resilience—Emerging Component of Overall Resilience

Resilience means the ability to prepare for and adapt to changing conditions and withstand and recover rapidly from disruptions. Resilience includes the ability to withstand and recover from deliberate attacks, accidents, or naturally occurring threats or incidents.¹

¹Based on resilience definition in the Presidential Policy Directive on Critical Infrastructure Security and Resilience (PPD-21)
Community Health Resilience, cont.

While there is no established definition of Community Health Resilience, for the purposes of this Initiative, a useful definition is:

Community Health Resilience entails the ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid that community in (1) preventing, withstanding, and mitigating the stress of a health incident; (2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after a health incident; and (3) using knowledge from a past response to strengthen the community’s ability to withstand the next health incident.

From: Building Community Health Resilience to Disasters (www.Rand.org)
2011 CHR Workshop Outcomes

• There is a need to determine what we mean by community health resilience and how it relates to overall community resilience

• National health security, community resilience, emergency management, and environmental and economic security are inherently linked

• Mental health is as important as physical health, and psychological health training is an important element of resilience

• CHR requires involvement and information sharing from the grass roots to national and, in many cases, international levels

• U.S. policy (PPD-8 on National Preparedness, the National Health Security Strategy, and FEMA’s whole community approach) encourages development of community health resilience capabilities
2011 CHR Workshop Outcomes, cont.

• The Report recommended that a national-level Task Group of healthcare providers, public/private sector, non-profit organizations, and academia be established to develop attributes of, and criteria for community health resilience
Recent Health Resilience Developments

• Much activity underway in developing capabilities that can be utilized for CHR

• At the same time, there is a clear need to identify characteristics of CHR and its requirements, which was underscored by:
  
  • DHS Office of Health Affairs pilot projects (Puget Sound Comprehensive Bio-Event Action Plan Project and Memphis study)
  
  • Outcomes of the October, 2011 Community Health Resilience Workshop sponsored by DHS OHA with HHS
CHR Initiative Purpose and Objectives

• Goal is to undertake a public-private sector collaborative project to strengthen and enhance CHR across the nation

• Objectives are to develop a comprehensive CHR Planning Guide and Resource Toolkit for use by organizations with roles and missions in assuring public health, safety, and well-being

• Development will be by a Stakeholder Group of key practitioners and experts from all levels of government, private sector, and non-profit organizations
Envisioned Scope and Process

1. Creation and convening of national Stakeholder Group with development through facilitated webinars/conference of the CHR Guide and Toolkit

2. Development of an outline and detailed content for the CHR Guide
   - Content will include purpose, anticipated users, basic principles, major focus areas and respective key capabilities, and how to use the Guide to enhance community health resilience
   - Will entail identification, assessment, and integration of Stakeholder Group member inputs, data from experts and other sources, and lessons learned from relevant efforts underway across the country
Envisioned Scope and Process, cont.

3. Development of a format for the Resource Toolkit and identification and incorporation of inputs for the initial Toolkit

4. Development of a website to support the initiative
   - Means for Stakeholder Group members to share information
   - Future foundation for:
     - Publicly available resource for the Guide and Toolkit
     - Building a network of regional CHR collaborations across the nation that can further develop and sustain progress towards greater resilience
COMMUNITY HEALTH RESILIENCE

OBJECTIVES

Provide guidance and resources to a wide-range of users vested in community health resilience

Enhance Cross-Sector, Cross Discipline and Multi-Jurisdiction Cooperation and Collaboration to improve community health resilience

Build and Enhance Health and Human Care Capacity

Enable Whole Community Resilience

MISSION AREAS

Preparedness
Prevention
Protection
Mitigation
Response
Recovery

STAKEHOLDERS

Community
Non-Governmental and Non-Profit Organizations
State, Local, Territorial and Tribal Authorities
Infrastructure Owners and Operators
Private-Sector
Federal Partners

FUNCTIONAL CAPABILITIES SETS

Integrated Public Health, Healthcare, and Human Services
Interdependencies, Risk and Capabilities-based Assessments
Plans and Integration
Continuity of Operations and Business Continuity
Education, Training, and Exercises
Community and Private-Sector Engagement and Empowerment
Environmental Health and Food, Agriculture, and Veterinary Medicine
Incident Command, Roles and Authorities, and Decisionmaking
Resource Management, Logistics, and Finance
Information Sharing and Communications

OUTCOMES

Interactive, capabilities-based functional and operational guide and resource toolkit

Involvement and integration of government, private sector, Non-Governmental and Non-Profit Organizations in improving community health resilience

Increased public health, medical, mental health, and human services capabilities and capacities

Enhanced ability to prepare, respond, maintain operations, and recover to and sustain a new normal
Questions?
Autism Risk Management Training

A Community Collaboration
The mission of the North Alabama Medical Reserve Corps is to recruit and train medical and nonmedical volunteers to

Act as second responders in times of disaster and emergencies

In non-emergency times educate the public in disease prevention and emergency preparedness
The national average for those on the Autism Spectrum is 1 in 88 people. In Huntsville, Alabama that ratio is 1 in 66 people.

What is the reason??
Environment

Genetic Factors

Larger than normal population of high intellectuals

Available services

Military Installation
Emergency:
an unexpected and sudden event
that must be dealt with urgently
Who responds to an emergency?
Lights, sirens, unfamiliar sights and sounds accompany emergency responders. Those on the spectrum cannot tolerate these unusual elements. Many will run and hide, some will scream and others may become withdrawn and silent.
PROBLEM:
Are first responders trained in methods of working with those adults and children on the spectrum?

Answer:
No!
Solution:

Training – Training - Training!
Dennis Debbaudt is the leading global voice on autism training for law enforcement and emergency responders.

Contact:

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Community Collaborations

NORTH ALABAMA

ARF

The Autism Resource Foundation

ADPH
Alabama Department of Public Health

NACCHO
National Association of County & City Health Officials

Huntsville-Madison County
Emergency Management Agency

Huntsville FIRE
Department

Huntsville Hospital
Community Health Initiative

UAHuntsville
The University of Alabama in Huntsville

MADISON COUNTY
MEDICAL SOCIETY
VOICE • ADVOCATE • RESOURCE
Since 2011, we have conducted 9 trainings and will soon be launching a webinar for those who cannot attend our trainings!
And soon to be awarded a Safe Room by the Autism Resource Foundation!

This Safe Room will be placed in emergency shelters in times of disaster.
Communities coming together can solve problems!
For additional information contact

- Pam Toney director@northalabamamrc.com
- Brooke Rawlins coordinator@northalabamamrc.com
- Or visit our website at www.northalabamamrc.com
Thank you for participating today. Please take the webinar survey!