

PREPARING COMMUNITIES TO BE HEALTHY, RESILIENT

BY JULIE TROCCHIO, M.S., and JEFFREY LEVI, Ph.D.

Health care organizations have plans for preparing their facilities in case of disasters and plans for how to respond when disasters occur. But as they play a greater and greater role in community health, hospitals also have important opportunities to help their communities prepare and to promote resilience — that is, working to create a community that can stay strong in the face of emergencies and man-made and natural disasters.

Resilient communities are characterized by healthy people who have access to health care — including mental health — and who have the knowledge and resources to care for themselves and others in both routine and emergency situations. Resilient communities can adapt to adversity and rapidly restore community functioning, thus minimizing negative health consequences.

Public and private organizations share the responsibility for building resilient communities and for community disaster preparedness. Local and state health departments work with emergency management officials in coordination with the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response; the Centers for Disease Control and Prevention Office for Public Health Preparedness and Response; and the Department of Homeland Security to plan the public health response to potential disasters. When disaster strikes, health departments communicate with the public, disseminate medical countermeasures, deal with a surge of medical patients or fatalities and activate the public health laboratories, epidemiology and surveillance necessary to detect and track outbreaks or events.

Community organizations play a vital role in disaster preparedness and response. Local chapters of the American Red Cross, Catholic Charities agencies, United Way organizations and others have well-established missions related to preparing for and responding to community disasters. Local disaster plans also may involve colleges and universities and other community organizations and businesses.

WHAT CAN HOSPITALS DO?

Disaster preparedness and resiliency are an important part of community health. As such, hospitals should include these topics in their next round of community health needs assessments. Some suggestions include:

■ **Look beyond your traditional definition of community or local service area.** For the purpose of looking at community disaster preparedness, hospitals should consider taking responsibility for a larger geographic area, for example, adding rural areas that lack local resources. Further, hospitals, working with local public health and disaster preparedness organizations, should evaluate their entire region and make sure that no communities are left uncovered if disaster strikes.

■ **Broaden the committee.** Invite facility and health department disaster preparedness staff to join the needs assessment steering committee or to be part of a resilience/preparedness subcommittee.

■ **Seek out others who have disaster plans.** Find out what other organizations have responsibility and plans for disaster preparedness for either the broad community or for special populations. For example, the local Area Agency on Aging may have disaster plans for frail elders. The area mental health association may have plans for their clients.

■ **Include community benefit staff.** If the hospital is part of or joins a local or regional disaster preparedness coalition, see if community benefit as well as disaster preparedness staff can be part of the discussions to learn about needs and plans.

■ **Add questions to the community health**

needs assessment framework related to preparedness and community resilience. For example, have chronically ill and disabled patients and their caregivers been counseled on what to do in case of service or power disruptions? Do we know who in our community will have special health needs in the event of a disaster or emergency?

HOW TO IMPLEMENT STRATEGIES

Addressing needs related to community resilience and preparedness can include both internal facility actions and collaborative work with other organizations. It is important that all of these activities be integrated into an overall plan and coordinated with each other.

Inpatient and outpatient clinical programs, especially those serving patients with such ongoing needs as psychiatry, hospice, oncology and dialysis, can include instructions for what patients and their caregivers should do in case of severe weather and other events where services are disrupted. If problems are predicted, such as an advancing storm, needed treatments could be rescheduled prior to the expected event, and patients given supplies adequate for a prolonged period of time.

Primary care clinics, as part of patient teaching, can instruct patients with special needs about planning what to do in case the power goes off or other disruptions occur. Where can they get emergency care? Do they have hard copies of important medical information and medication lists? Do they have friends and family who can help? Is there a family or neighborhood plan for continuing care and support for frail and dependent persons?

For patients needing special equipment such as oxygen, and devices requiring a power source, clinicians, discharge planners and case managers should be sure to make a plan for what steps the patient should take if the power goes out. If the patient has a backup generator, he or she needs to know how to use it for their specific equipment.

As a last resort, patients and their caregivers may need to know how to access special needs facilities (often nursing homes with generators are identified for this purpose) and where — such

as at a local fire house — they can find a source of power for recharging devices. Hospitals should keep records of all patients having such needs so that if a disaster occurs, these people will be quickly identified and receive needed help and services. Find out if there is a community registry for persons who will need help in case of emergencies.

COMMUNITY PARTNERSHIPS

Depending on needs identified in the assessment and gaps that must be filled, health care organizations can work proactively with appropriate community agencies and organizations to coordinate plans for community preparedness.

Be sure local health department officials and others responsible for preparedness are aware of your interest. They may suggest ways the community benefit program and other services in the organization can be part of existing preparedness plans and take a role in communications, coordinated medical response and surveillance. Ask about health department and other agency efforts to build resilience, and ask how the health care organization can play a role.

Addressing needs related to community resilience and preparedness can include both internal facility actions and collaborative work with other organizations.

Preparedness coalitions should determine in advance who will be responsible for coordinating medical and other volunteers who typically pour into a community after a disaster. The United Way and American Red Cross often take on this role. Centralized locations also should be predetermined to receive and distribute funds and to sort the material donations that are likely to arrive. Community benefit leaders may be part of these discussions.

Community partners should plan on how mental health as well as physical health needs will be addressed immediately and in the aftermath of the disaster. Service providers should be aware that behavioral health problems may arise or be ex-

The keys to resiliency are social networks and personal support.

acerbated, and emergency personnel and others should take this into consideration when treating and helping patients both during and after disasters. For example, public health officials report that in the wake of the 2012 Sandy Hook Elementary School shooting, in addition to immediate needs for counseling, mental health support became a critical long-term need in the community.

The keys to resiliency are social networks and personal support. In fact, HHS describes resilient communities as having “robust social networks and health systems that support recovery after adversity. They are prepared to take deliberate, collective action in the face of an incident and have developed material, physical, social, and psychological resources that function as buffers to the negative effects of these incidents and help protect people’s health. Social connectedness is integral to a resilient community’s ability to marshal resources, communicate with residents, and plan for infrastructure and human recovery.”¹

Efforts to build a sense of community and to strengthen relationships among community members will be critical to a community’s resilient response to a disaster. Faith communities and other organizations such as neighborhood associations and various clubs can take a role in ensuring that the community develops a culture

in which people take care of each other every day, and especially when disaster strikes. Community benefit programs can take a role in building on and supporting these community assets.

Attention to community preparedness and resiliency should be built into routine processes and relationships. If it is seen as a new or added responsibility, there is a risk that it won’t be done. However awareness of the need to be prepared and to help the community be prepared, as an underlying goal and value, integrated throughout the organization, can assure we do it right.

JULIE TROCCHIO is senior director, community benefit and continuing care, Catholic Health Association, Washington, D.C.

JEFFREY LEVI is executive director, Trust for America’s Health, Washington, D.C.

Is your health care organization involved with a local or state health department to prepare your community for disasters? Does your community health needs assessment include indicators related to preparedness and resiliency? CHA and the Trust for America’s Health are looking for examples of successful practice. Please contact Julie Trocchio Jtrocchio@chausa.org or Jeff Levi, jlevi@tfah.org.

NOTE

1. www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, November - December 2013
Copyright © 2013 by The Catholic Health Association of the United States
