INGITE SESSION III: COMMUNICATION, COORDINATION, AND ENGAGEMENT

How could the healthcare and public health sector better integrate the perspectives and needs of the community into emergency response?

Daniel Dodgen, Ph.D., HHS/ASPR
What is the Challenge?
We all want everyone to be prepared
Who Is Most At-Risk?

• Worldwide, 30-50% of disaster fatalities are children
• 50% of fatalities in Hurricane Katrina were over age 75
• 70% of casualties in the 2004 Indian ocean tsunami were women

What are the consequences for failure to integrate everyone’s needs?
The worst consequence is failing to do our jobs
What are the Consequences of Success?

• Resilient, prepared communities
How do we integrate the perspectives of everyone?
Challenge: State v Local v Federal terms and mandates
Who Is My Community?

What needs might they have?
Identifying people’s access and functional needs:

CMIST is more useful than you might think

Communication
Maintaining Health
Independence
Services and Support
Transportation
CMIST: Communication

ENGLISH AS A SECOND LANGUAGE
CMIST: Maintaining Health
CMIST: Independence

CMIST: Services and Support
CMIST: Transportation
Engage Partners Meaningfully
Integrate efforts with Existing/Ongoing Activities

Community Engagement
• Home Visiting
• FQHCs
• Meals on Wheels
• Senior Programs
• Education Systems

Disaster Preparedness:
• Scout Badges
• ARC/VOAD
• ER/ED/EMS actions
• HPP Coalitions
How Do We Crosswalk This?

Diverse Populations

Diverse Vulnerabilities

Diverse Scenarios
Do your community’s needs look different when considering extreme weather?

Terrorism? Other Man-made Hazards?
How Do We Integrate Resilience and Disaster Risk Reduction?

Definition of Disaster Risk Reduction (DRR)

The concept and practice of reducing disaster risks through systematic efforts to analyze and reduce the causal factors of disasters by:

- Reducing exposure
- Reducing vulnerability
- Increasing resilience