

Community Resilience

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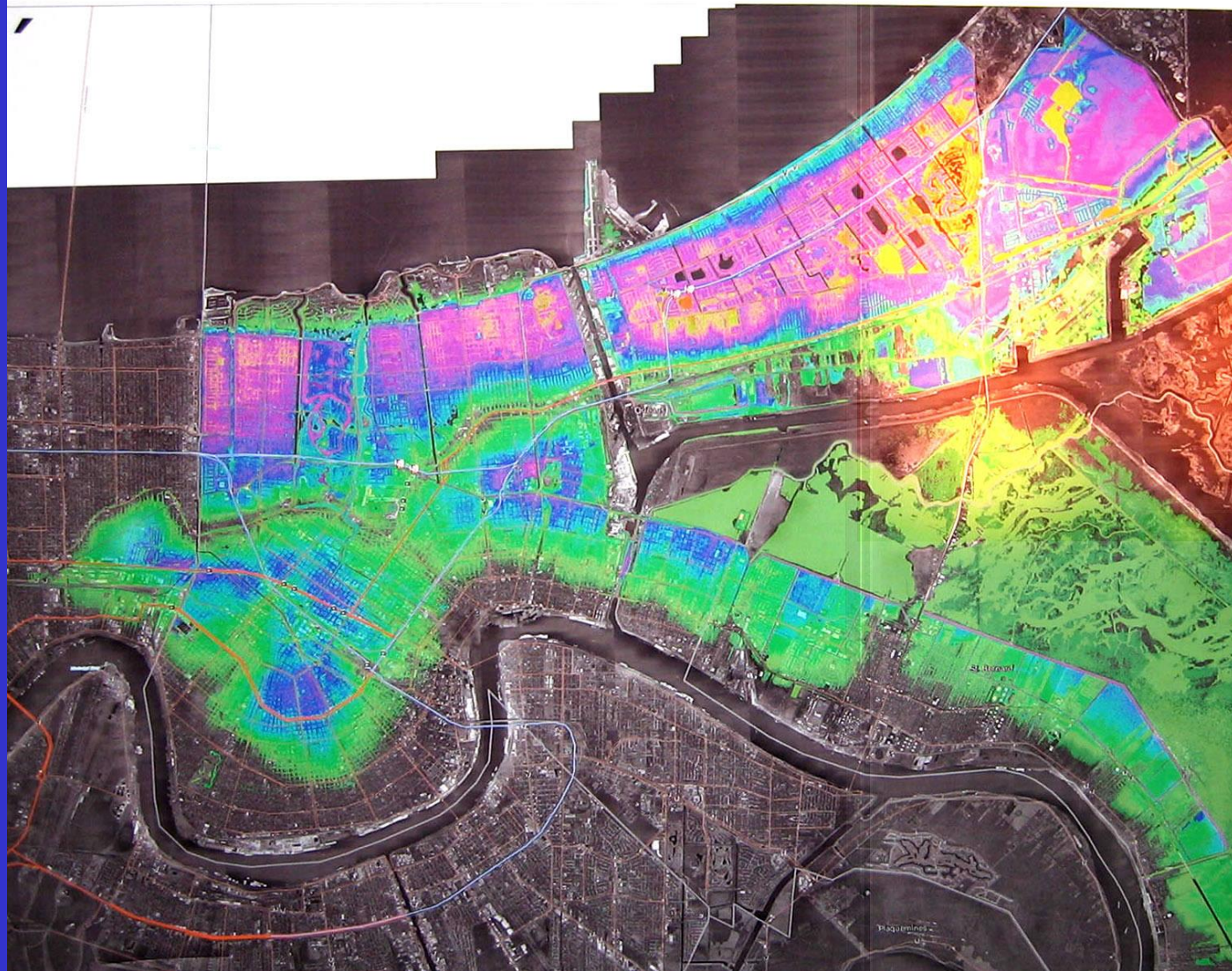
Hurricane Katrina



Formed:	Aug 23, 2005
Dissipated:	Aug 31, 2005
Damages:	\$81.2 Billion
Fatalities:	>1,800
Displacements:	1.2 million



Water Depth Analysis - Downtown New Orleans



Description	
Water Depth Analysis	
0 - 1 Feet	Green
1 - 2 Feet	Light Green
2 - 3 Feet	Dark Green
3 - 4 Feet	Teal
4 - 5 Feet	Blue
5 - 6 Feet	Dark Blue
6 - 7 Feet	Purple
7 - 8 Feet	Dark Purple
8 - 9 Feet	Magenta
9 - 10 Feet	Orange
10 - 11 Feet	Yellow
11 - 12 Feet	Light Orange
12 - 13 Feet	Dark Orange
13 - 13.5 Feet	Red



FEMA

Water Depth Analysis created on 09/06/2005.
Analysis data based on event high water marks.



Community Resilience

- Basic notion of resilience is the ability to bounce back from
 - Stress
 - Pressure
 - Disturbance
- Resilience as a Process of Adaptive Capacities (Norris 2008)

Themes in Defining Resilience

- Resilience is a multi-component process
- Community, organizational and individual resilience
- Critical incident-specific and long-term resilience
- Barriers to utilization of services/infrastructure
- Communication and connectedness
- Community engagement and participation

Resilience Model

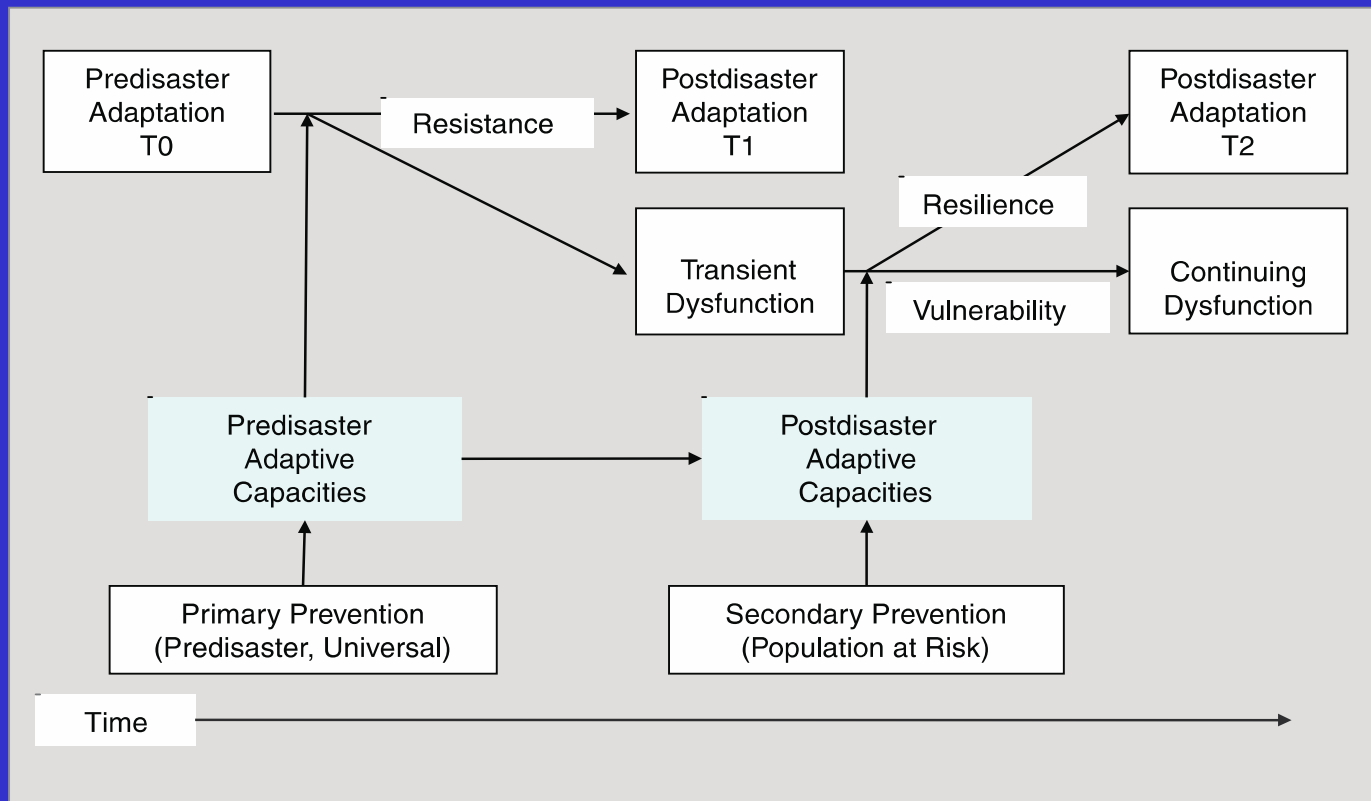


FIGURE 3-1 Proposed model of resilience.

SOURCE: Norris et al., 2008.

Adaptive Capacities for Community Resilience

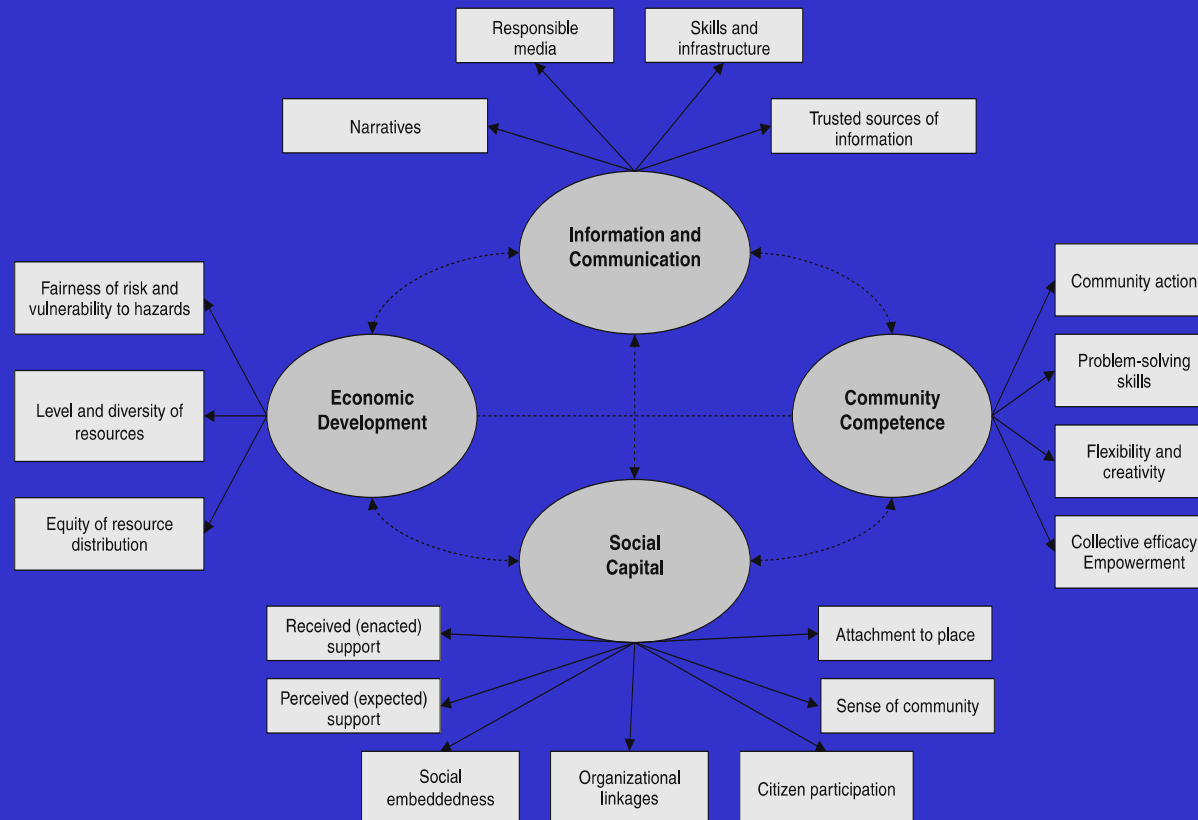
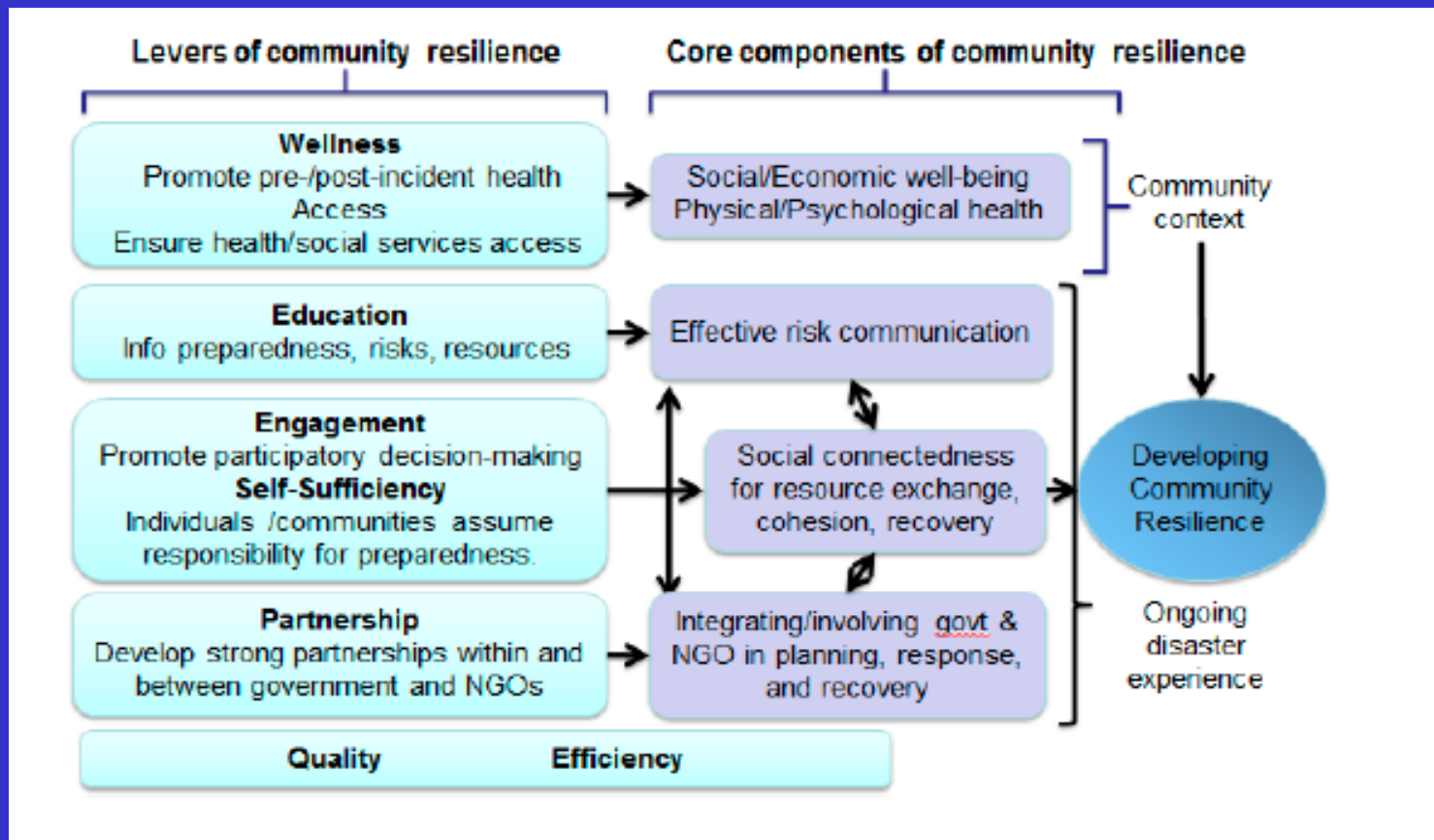


FIGURE 3-2 Adaptive capacities for community resilience.

SOURCE: Norris et al., 2008.

Los Angeles County Disaster Resilience Model



LACCDR Logic Model

Inputs	CR Levers	Activities	Outputs	Outcomes (evaluation method)
LACDPH	Education	Committee builds toolkit, mapping website, Community Resilience Measure	Community Resilience Toolkit for dissemination	Increased organizational networks among Coalitions (PARTNER Tool)
Academic Partners	Engagement	Committee provides technical assistance	Community Resilience Measure for planning	Increased CR skills among coalitions (Table-top Exercise)
USGS	Self-sufficiency	Train nurses in CR	CR trained nurses	Increased participation in CR activities (PHRETS)
ENLA	Organizational Partnerships	Train communities in CR and Toolkit	Coalitions broaden membership from 11 sectors	Increased CR skills, such as PFA (PHRETS)
Media Consultant		Coalitions write CR Workplan	CR activities implemented in community	Increased self-sufficiency (PHRETS)
Community coalitions				Increased social networks available for disasters (PHRETS)
Funders				

Intervention to Enhance Community Resilience

- LACCDR Tabletop Exercise
 - Extended Heat Wave Scenario
 - Resilience coalitions performed the same or better than the preparedness coalitions on the partnership and self-sufficiency levers
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- Chandra A et al. *Disaster Med Public Health Preparedness*. 2015;9:484–488

Interventions to Enhance Community Resilience

- Community Partners in Care (CPIC) -Ken Wells, Loretta Jones, Bowen Chung et al.
- Highlighted the advantage of community coalition to enhance behavioral health and social outcomes among under-resourced communities with high rates of trauma
- Cochrane Review (2015) – first rigorous study to demonstrate advantage of community coalition approach



Community-Based Participatory Research and Planning

- Partnership between researchers, policymakers, and the community designed to
 - Identify and address community needs
 - Achieve buy-in by involving the community in pursuing solutions
 - Build local capacity to solve problems

Rapid Evaluation and Action for Community Health in Louisiana (REACH-Louisiana)

– Goals:

- Understand the impact of the disaster on health care and health in New Orleans
- Increase community's capacity
 - To assess problems in the post-disaster environment
 - To design community-generated, research-informed solutions

– Phase One: Qualitative access to care assessment

REACH-LA Scientific and Community Partners

- RAND Health
- UCLA Clinical Scholars Program
- UCLA Health Services Research Center
- George Washington University, Dept. of Health Policy
- USC School of Social Work
- Tulane School of Public Health, Department of Health Systems Management
- Israelite Baptist Church
- Holy Cross Neighborhood Association/ Tulane-Xavier Center for Bioenvironmental Research
- Latino Health Access Network of Catholic Charities
- Latino Health Outreach Project
- St Anna Episcopal Medical Mission
- Common Ground Health Clinic
- Louisiana Public Health Institute

Our Approach

- Key stakeholder interviews
 - Policymakers and health sector recovery planners
 - Administrators and providers
 - Community health leaders and advocates
- Community discussion groups
 - Seventy-six community members, many uninsured
 - One discussion group in Spanish
- Community feedback conference
 - Discussion of partnered process, preliminary results, and potential next steps with community stakeholders

Findings

- Access challenges found across all sectors:
 - Primary care
 - Hospital
 - Specialists

Access Challenges

- *“I don’t want my most ill patients to come back at this point because I don’t think that services are integrated enough or available in an appropriate way”*
- *“We would get faxes from (the hospital) a couple of times per week that would say ‘please don’t send patients to the hospital’...That was really a crisis.”*

Findings

- Access challenges
- Emerging mental health needs
 - High incidence of
 - Clinical disease
 - Pervasive high stress

Emerging Mental Health Needs

- *“The biggest concern is ...the way mental health problems impact people’s daily lives...It’s like, it’s not the alligators, but it’s the gnats that are constantly sort of nipping at you.”*
- *“So mental health issues...God, we have no idea of the generational impact”*
- *“... and we say, what do we do if we have somebody that needs inpatient (psychiatric) care? And he took his glasses off, and he looked at us, and he said ‘Do you know how to pray?’ because there is no inpatient care”*

Findings

- Access challenges
- Emerging mental health needs
- Community resources and adaptations
 - Coordination of service delivery
 - Community ownership of health programs

Community Resources & Adaptations

- *“We got together and started to talk about our needs....we really wanted to collaborate and decide about what (was) needed.”*
- *“(The new Common Ground Health Clinic) is one of the expressions of the community, trying to move towards creating conditions for health and well being, and including getting into health-related services.”*

Findings

- Access challenges
- Emerging mental health needs
- Community resources and adaptations
- Potential solutions
 - Further partnership and integration of services
 - Leadership, transparency, and participation in recovery processes

Potential Solutions

- *“There’s a great opportunity to put something into place...Katrina has broken down a lot of the barriers to the discussion and the obstacles.”*
- *“(United States DHHS Secretary Michael) Leavitt has been here...but I am getting tired of talking. Are we going to do something? ...Because old things are going to begin to pop up, and necessity is going to drive what gets developed. And you will have missed your opportunity....”*
- *“The single biggest thing that has to be done is, there has to be a much higher level of collaborative planning...a community’s capacity for health does not reside solely in government.”*

REACH-Louisiana

Phase 1 Conclusions

- Significant challenges with access to primary, preventive, and specialty care, especially for poor
- Hope, skepticism, and confusion about formal policy goals and potential solutions in recovery planning
- Pride in and uncertain future of community-driven solutions
- Diverse community and policy stakeholders can share perspectives in a public forum sponsored by a community-academic coalition





Thank you