



Community Resilience CRPC NEWSLETTER Planning Committee

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Highlights

Easily one of the most iconic cities in the world, New York City is beloved by residents and visitors alike.

NYC is a potential target to a multitude of natural and man-made disasters. Its large population density, numerous national landmarks and status as an international hub for finance, travel and culture make it

The New York City Department of Health and Mental Hygiene (DOHMH) works to prevent, protect against, respond to and increase NYC's ability to recover from the public health impacts of emergencies. A steam pipe explosion, a coastal storm, an anthrax attack, a flu pandemic—whatever the emergency, DOHMH is charged with critical preparedness and response roles, with the primary goal of protecting the public's health. DOHMH does this through partnerships with various city, state and federal agencies, health care facilities, community leaders and community organizations to better protect and meet the needs of NYC citizens.

You can find resources and guidance on how you can better connect, prepare and respond to public health emergencies [here](#).

Read [stories](#) and watch a short [video](#) that focuses on moments and places in time where investments made in planning and response truly saved lives and protected the health and well-being of New Yorkers.

Thank you to our April CRPC Steering Committee host

VILLAGECARE

About: VillageCare is a community-based, not-for-profit organization serving people with chronic care needs, as well as seniors and individuals in need of continuing care and rehabilitation services.

Mission: We promote healing, better health and well-being to the fullest extent possible.

Services: Our care is offered through a comprehensive array of community and residential programs, as well as managed care. VillageCare has provided health care services to individuals residing within New York City for over 35 years.

Website:

www.villagecare.org/

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Resilience In Action

New York City Department of Health and Mental Hygiene Collaborates with Local Community Partners to Develop Scenario-Specific Response Guides

Daryl E. Johnson, MPH, CHES and Roshin Kurian, MPH

DOHMH's Office of Emergency Preparedness and Response (OEPR) seeks to increase awareness and resilience among individuals, families and community organizations and businesses, to improve their ability to prepare, respond to and quickly recover from man-made or natural disasters.

DOHMH collaborated with community organizations and faith-based organizations, spearheading the development of response guides for individuals and families as well as community organizations and businesses.

This unique approach included the following activities:

- ❖ Created a workgroup comprised of internal and external partners
- ❖ Conducted multiple input sessions with organizations to include those that serve vulnerable populations
- ❖ Held discussions around gaps in content, clear messaging, strengths and weakness, and overall layout and visual appearance
- ❖ Used feedback to enhance development of hazard-specific response guides
- ❖ Developed a response guide template and created a color-coded system with icons to link emergency categories with actionable steps (e.g., green for Extreme Weather, including extreme heat, linked with a green fan icon for staying cool)

The individual and family response guides can be found [here](#), and the guide for organizations and businesses can be found [here](#).

Feedback from the sessions led to the development of a Community Organization and Business Toolkit, containing preparedness and continuity planning for organizations as well as key information on specific threats, plus additional preparedness, response and recovery information.

These guides provide critical public health preparedness information related to seven key threats: extreme weather, biological, power outage, explosions, radiological/nuclear, hazardous chemical and pandemic influenza. Depending on the nature of the threat, there are numerous steps to take to mitigate the impact and increase the speed of recovery.

A total of ten response guides, along with the toolkit, were developed outlining simple, clear and actionable steps that individuals, families or organizations can take to respond to and recover from an emergency.



Resilience In Action

The New York City Health Care Coalition: Summary of Coalition Activities, 2014-2015

Marc Jean, MPH and William Lang, MS

Significant economic and social impact and the intensity of recent disasters such as the H1N1 pandemic and Superstorm Sandy call for the need to strengthen the collaboration of hospitals, various health care sectors, public health, emergency management and community organizations and faith-based organizations in response to complex emergencies. Knowing the importance of integrating health care coalitions into emergency preparedness, response and recovery phases, the U.S. Department of Health and Human Services' Office of the Assistant Secretary of Preparedness and Response provides funding to develop new and existing local health care coalition groups. With support from various stakeholders, OEPR organized the New York City Health Care Coalition (NYCHCC) in Budget Period I (2012–2013).

The NYCHCC is a collaboration of hospitals, various health care sectors and nontraditional emergency preparedness partners organized and integrated in support of the citywide incident management structure to better prepare for and respond to large-scale public health threats, mass casualty incidents and catastrophic health events. Ultimately, the NYCHCC hopes to increase the City's capacity to protect New Yorkers in an emergency.

In order to do this, the NYCHCC funded 17 independent health care groups consisting of five Subject Matter Expertise groups, seven Network/Systems and five Borough-type coalitions.

In fall 2015, the DOHMH OEPR Bureau of Healthcare System Readiness (BHSR) conducted an NYCHCC review of work performed during Budget Period 3 (BP3). The purpose of this evaluative review was to: (1) Establish a baseline of the NYCHCC activities, (2) provide a snapshot of the coalition work from fiscal year 2014 to 2015, (3) inform DOHMH's preparedness work for BP5 and beyond and (4) identify promising practices that we could tailor and adopt for future coalition development.

BHSR's approach to implementing and supporting projects and programs organized around five major elements of emergency management, also known as the "Big 5 Capabilities," was adopted for use in coalition's scope of work and served as a framework for this review.

The Big 5 Capabilities are: 1) Assessment, 2) Planning, 3) Training, 4) Exercising and 5) Communications/Situational Awareness.

We took a step-wise approach to reviewing the activities performed during BP3. In Step 1, the focus was on "proposed work" at the beginning of BP3. We collected and reviewed all coalition-related BP3 Scopes of Work (SOW).¹ In Step 2, we focused on "completed work" at the end of BP3 by collecting grants management data submitted by member groups through Salesforce®.² Step 3 was our first round of analysis. We used Microsoft Excel 2010 to enumerate coalition activities and deliverables by count/type and dollars reimbursed. Additionally, in October 2015, we administered a voluntary 4-item online survey to NYCHCC leadership in order to have a better understanding of the number and composition of the various NYCHCC components (see Table 1). Finally, Step 4 was our second round of analysis. We delved deeper into the deliverable content to identify promising practices for all Big 5 Capabilities.

Table 1. Ecosystem of the New York City Health Care Coalition by Coalition Type and Sector, FY 2014 – 2015.

Ecosystem of the NYC Health Care Coalition by Coalition Type and Sector, FY 2014 – 2015			
Sector	Approximate Total in NYC	Total in ≥1 Healthcare Coalition	Approximate Reach (or Penetration)
Hospitals	55	55	100%
Nursing Homes	173	156	90%
Adult Care Facilities	77	62	80%
Primary Care Centers*†	--	297	--
Specialty Care Centers*	--	6	--
Other Partners*† (CBO/FBOs, etc.)	--	430	--

*Denominator is unknown.

†These facilities are not mutually exclusive.

(CONTINUED ON NEXT PAGE)

¹ The Scopes of Work (SOW) were one of the main products used for the analysis. This document is a formal agreement that specifies all the criteria of a contract between a vendor and the funding source. The SOW clearly documents the project requirements, milestones, deliverables, end products, documents and reports that are expected to be provided by the vendor.

² Salesforce.com is a cloud computing company and customer relationship management (CRM) product.

Resilience In Action

(FROM PREVIOUS PAGE)

We limited the number of practices to two per capability and took the following selection criteria into consideration: Uniqueness, reach/ number of participants, representativeness of planning partners/disciplines, ability to replicate in other coalitions and jurisdictions and finally cost effectiveness.

Our sample consisted of 22 executed contracts or SOWs among the 17 health care member groups in BP3. Of these, we collected a total of 160 coalition-related deliverables. All coalition work was valued at \$1.4 million in BP3. The coalitions completed 98% of all deliverables committed or proposed. When distributed by count/type among the Big 5 Capabilities, the majority of the NYCHCC deliverables were tagged as Planning activities (37%) whereas Communications/Situational activities accounted for 13 % of deliverables. By dollars reimbursed, funded coalition activities accounted for 30% Planning, 28% Exercising, 20% Training, 15% Assessing and 12% Communications/ Situational Awareness (see Table 2).

Table 2. Selected Promising Practices among New York City Health Care Coalition Groups by Capability, FY 2014-2015.

Big 5 Capability	Promising Practices
Assessment	<ul style="list-style-type: none"> Adopted from The Brooklyn Coalition, the <i>Staten Island Communities Active in Disaster Coalition</i> used the Situational Awareness Tool to assess the level of preparedness of their coalition’s participants. The <i>Primary Care Emergency Preparedness Network</i> used the Kaiser-Permanente © Hazard Vulnerability Assessment (HVA) tool to administer a sector-wide HVA to determine the risk of certain hazards to the primary care sector and identify preparedness gaps.
Planning	<ul style="list-style-type: none"> The <i>Brooklyn Coalition</i> outlined the coalition charter and provided a template to support the establishment of newly-formed healthcare coalitions. The <i>Mount Sinai Hospital System Emergency Management Partnership – Network Coalition</i> designed, validated, and conducted a Non-hospital Capacity and Capability Facility Assessment Tool and Facility-Type Focused Emergency Management Program and Training Guidelines.
Training	<ul style="list-style-type: none"> <i>New York Presbyterian Hospital Network Coalition</i> rolled out an e-FINDS training tailored to their network in order to train and increase the number of staff members as Data Reporters and Reporting Administrators. The <i>Adult Care Facilities (ACFs) Coalition</i> engaged and trained the ACF sector by hosting an Emergency Preparedness Webinar and Audio Conference Series.
Exercising	<ul style="list-style-type: none"> The <i>Queens County Emergency Preparedness Healthcare Coalition</i> conducted a borough-wide full scale exercise on the functionality of e-FINDS. The <i>NYC Pediatrics Disaster Coalition</i> designed and conducted a neonatal intensive care unit full scale exercise.
Communications/ Situational Awareness	<ul style="list-style-type: none"> In a collaborative approach, the <i>Nursing Homes Trade Association Coalition</i> rolled out the Emergency Radio Communication Program to NYC’s nursing homes sector. The <i>Bronx Emergency Preparedness Coalition</i> established the Staff Support Center to support the psychosocial needs of staff who may respond to an emergency.

In the final segment of this evaluative review, we highlighted promising practices from BP3 mapped to Big 5 Capabilities and the contracted coalitions that developed them (see Table 3). The NYCHCC has produced practices and interventions that have improved the way the health care

system prepares for, responds to and recovers from disasters. DOHMH will continue to support coalition building for future budget periods by: 1) strengthening the five core capabilities while emphasizing training and exercise activities, 2) building out the overarching NYCHCC structure to include a place for all organizations and individual members and 3) frequently promoting and sharing promising practices at local and national settings. We have also determined that future evaluation of NYCHCC activities would be enhanced by: developing coalition membership profiles, monitoring advancement and status of coalition development and administering a routine formal risk assessment.

Table 2. Distribution of the Coalition Deliverables Across the Big 5 Capabilities, FY 2014 – 2015.

Distribution of the Coalition Deliverables Across the Big 5 Capabilities, FY 2014 – 2015				
Big 5 Capability	Distribution of Coalition Deliverables by Count (n=160)	Distribution of Coalition Deliverables by Count (%)	Distribution of Coalition Deliverables by Dollars Reimbursed (\$)	Distribution of Coalition Deliverables by Dollars Reimbursed (%)
Assessment	27	17	\$210,850	15
Planning	59	37	\$425,850	30
Training	28	18	\$242,000	20
Exercising	26	16	\$398,500	28
Communications/ Situational Awareness	20	13	\$165,700	12

Trainings & Events

Please share this information with your staff and community as appropriate.

Trauma in Children and Adolescents: Addressing the Intersections

May 20, 2016
9:00am-4:00pm

This full-day training will focus on addressing childhood and youth trauma in a clinical and educational context. We will explore the interrelationships between mental health, identity and how childhood and youth trauma are exacerbated by systems of oppression including racism, heterosexism, sexism and ageism. This interactive session will draw on evidence-based best practices for supporting young people who have experienced trauma. Participants will leave with helpful tools and effective interventions.

The training will be at The Vanderbilt at 300 Father Capodanno Boulevard, Staten Island, NY 10305. The fee is \$125 for the conference (includes continental breakfast and lunch) and an additional \$25 if you are requesting a CE Certificate.

To register, contact Patricia Verardi at the Staten Island Mental Health Society, Inc. 718-442-2225 ext. 300 or email pverardi@simhs.org.

Field Innovation Team (FIT) Presents: Do Tank

June 14, 2016
10:00am-4:00pm

Field Innovation Team, or FIT, is a nonprofit that responds to crises while simultaneously working on disaster preparedness and risk reduction at local, state, national and international levels. They are hosting a design workshop called a Do Tank in the Bronx, New York, with emergency management, hospital professionals, direct care professionals and community emergency response teams to make communities with vulnerable populations more resilient and design solutions with the community for future disaster preparedness. Professionals and community members will be engaged in our three-step design process, network with subject-matter experts in the emergency management field and utilize a human-centered design approach to prototyping innovative solutions.

DaVita Williamsbridge Dialysis, 3525 White Plains Road, Bronx, NY 10467.
RSVP: Friday, May 20 at info@fieldinnovationteam.org.

Ethical Decision Making

June 27, 2016
6:00pm-8:00pm

How do we provide the best care when the needs of our patients, neighbors and friends exceed the resources we have on hand? This question confronts responders in almost every disaster.

Join us as Sheri Fink, MD, MPH, author of *Five Days at Memorial*, and two-time Pulitzer Prize winner, discusses the challenges inherent in delivering medical care during crises.

CUNY School of Law, Court Square, Long Island City, NY directly across from Citibank building. Light supper and registration at 5:30pm.

RSVP: email Betty Duggan at bduggan@health.nyc.gov.

In the News

Health Department Updates Guidance on Zika Virus Prevention

The CDC has issued a Health Advisory on Zika Virus infections for returning travelers from Central America, South America, the Caribbean, and Mexico. The CDC has also issued a Level 2 Travel Advisory for those same areas. For maps of the latest affected areas, visit the websites for the [Center for Disease Control and Prevention \(CDC\)](#) and the [Pan American Health Organization \(PAHO\)](#).

[Click here](#) for the latest updates and alerts for all New Yorkers, including providers.



New York City Sends 1M Condoms to Puerto Rico to Fight Zika Virus

The Health Department's official "NYC Condoms" will be donated through the local Puerto Rico Department of Health, officials plan to announce Monday.

Puerto Rico, which has recorded one death from the virus, has already been hit with 474 locally transmitted cases, more than anywhere else in the United States, and the outbreak is expected to get worse.

The virus is largely spread by mosquitoes and can also be passed on through sex.

Zika is linked to a severe birth defect called microcephaly, where babies are born with unusually small heads.

"As the Zika virus epidemic spreads and we continue to learn more about the risk of sexual transmission and birth defects, we wanted to use our resources to help our

longstanding partners in Puerto Rico," Health Commissioner Mary Bassett wrote to her Puerto Rican counterpart, Ana Rius Armendáriz.

In New York City, there have been 78 cases of Zika identified, but none were transmitted locally. Officials have been gearing up to make sure the disease doesn't begin to spread here.

The city gave out more than 37 million free NYC Condoms last year, and has handed out 340 million since the distribution program began in 2007.

"For too long American citizens in Puerto Rico have received second-class treatment," said City Council Speaker Melissa Mark-Viverito.

"The Zika virus poses a serious threat across the globe and the high infection rates in Puerto Rico are a somber reminder that Congress must grant Puerto Rico as much health care funding as it provides to all other U.S. Citizens."

It's not the first time the city's branded rubbers have made their way to the Caribbean—the Daily News reported in 2014 that the condoms were being smuggled and sold for cash in the Dominican Republic.

Source article found [here](#).

The Mayor's Office of Recovery and Resiliency Shares the City's New Resiliency Maps

The Mayor's Office of Recovery and Resiliency is excited to share a new interactive map of the City's multilayered \$20 billion resiliency portfolio to ensure neighborhoods, the economy and public services will be ready to withstand and emerge stronger from the impacts of climate change and other 21st century threats.

The release of this map builds on the de Blasio Administration's #OneNYC commitment to create a more transparent and effective City government that serves New Yorkers across the five boroughs.

The new interactive map shows the locations of projects while offering a range of features that allow anyone to see background information on each project, including the agency, funding source, schedule phase and budget, as well as links to more information.

The interactive map can be found [here](#).

Announcements

May is the Time for Hurricane Preparedness

May is the time for your agency to prepare for a potential land-falling tropical storm or hurricane. Learn how to prepare your organization.

Public Awareness is Emergency Preparedness

The effects of Superstorm Sandy were felt by many New York City communities. These effects are testimony to the wide-ranging impacts and challenges that will present itself to a large urban city during a coastal storm. Furthermore, Sandy demonstrated the critical need to prepare beforehand to ensure resiliency efforts are successful in the aftermath of a public health disaster. Hurricanes and tropical storms are among nature's most powerful and destructive phenomena. If your agency is located in an area prone to hurricanes, it is imperative to be prepared. Even areas well away from the coastline can be threatened by dangerous flooding, destructive winds and tornadoes from these storms.

Determine Your Organization's Risk

The first thing you need to do is find out if your organization and its location(s) are in a storm surge/hurricane evacuation zone. If your agency is in a hurricane evacuation zone, identifying an alternative site, perhaps another office location outside of the flood zone to continue operations is recommended. Another option is co-locating with another agency not located in the evacuation zone to continue program operations. You can work out an agreement with them to use their location as an alternative to providing services to your clients. Be proactive and put the plan in writing for your organization prior to a hurricane.

Research Your Community's Susceptibility to a Public Health Emergency

Assessing your agency's risk is an important task that must occur routinely to prevent emergencies and help reduce their impact. Actions that can be done to learn more about your community's susceptibility to an emergency are: review past public health emergencies, recognize potential public health threats, identify vulnerable members of your community, list gaps in resources needed to maintain continuity of operations and know your organization's facilities and building risks.

Develop a Continuity Of Operations Plan (COOP)

Developing a COOP will allow you to analyze and understand which products and services are critical to your business operations. It will introduce you to the risks and hazards to which your business may be vulnerable. Based on this information, you can develop strategies to ensure that your business can quickly recover and continue operating through any type of disruption. Please take a look at DOHMH's business response guides to begin thinking about your operations plan. You can find the link to this resource [here](#).

Develop a Crisis Communications Plan to Reach Out to Staff and Clients Before and After a Hurricane

An important component of the preparedness program is the crisis communications plan. Your organization must be able to respond promptly, accurately and confidently during an emergency in the hours and days that follow. Many different audiences must be reached with information specific to their interests and needs.

Complete Your Written Hurricane Plan

The time to prepare your organization for a hurricane is before the season begins, when there is time and no pressure. Take the time now to develop the hurricane plan for your organization. Discuss the plan with key decision makers at your agency to ensure everyone is familiar with the plan. Being prepared before a hurricane threatens makes your organization more resilient to the storm's impacts of wind and water.

Develop a List of Agency Supplies for an "Agency to Go Kit"

Developing a list of supplies and documents required to continue critical services to your clients is prudent. The list should include: items needed to document services, alternate plans to set up operations, copies of critical agency documents and your communications plan. Your organization will need supplies not just to get through the storm but for the potentially lengthy and unpleasant aftermath. Plan to have enough required supplies to last a minimum of two weeks. You should keep all supplies needed for continuity of operations in an accessible location, ready to go in the event of an emergency.

Secure an Insurance Checkup

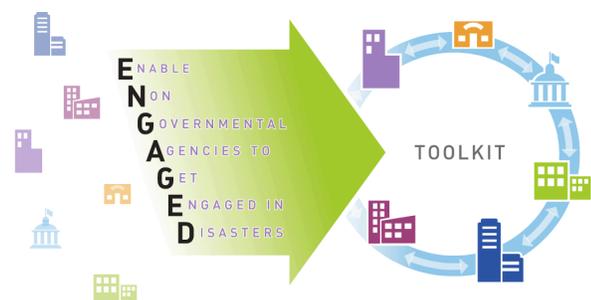
Your organization should contact their insurance company to request an insurance checkup to ensure it has flood insurance to repair or even replace damaged assets.

Reports & Journal Articles

ENGAGED Toolkit: Improving the Role of Nongovernmental Organizations in Disaster Response and Recovery

The RAND Corporation has partnered with the Chinese Academy of Science and Technology for Development to explore the role of Chinese and U.S. nongovernmental organizations (NGOs) — specifically, voluntary associations, philanthropic organizations, advocacy groups, community groups, and businesses — in disaster response and recovery. The team was asked to identify the key assets and skills of NGOs and to develop a toolkit (the Enabling NonGovernmental Agencies to Get Engaged in Disasters, or ENGAGED, Toolkit) to facilitate more reliable and effective NGO involvement in disaster preparedness, response, and recovery.

The toolkit assists public health and emergency planners and NGO stakeholders in determining the capacity and capability of particular NGOs for disaster response and recovery. In addition, the toolkit fills an important gap in knowledge and understanding about the key elements that drive NGO participation. Revisiting the toolkit routinely can help an NGO monitor its progress in achieving goals for engagement in disaster response and recovery and for working with other NGOs in a community or region.



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Source: Acosta, Joie, Anita Chandra, Vivian Towe, Yandong Zhao and Yangxu Lu. ENGAGED Toolkit: Improving the Role of Nongovernmental Organizations in Disaster Response and Recovery. Santa Monica, CA: RAND Corporation, 2016. <http://www.rand.org/pubs/tools/TL202.html>.

The Critical Need for Animal Disaster Response Plans



Photo by Shutterstock

In the tragic aftermath of disasters over the past 30+ years, people have learned that disaster planning for individuals, for communities and for many businesses must include animals. This paper discusses why emergency planning for animals is a necessity for individuals and animal-focused businesses, as well as being a critical element in community disaster response strategies. Communication between affected groups and integration of disaster plans provide for a better response, which allows for a quicker recovery. Ensuring that animals are included in disaster mitigation/preparedness/response/recovery plans increases resilience. It will provide a framework to manage personal and business preparedness and to launch animal disaster preparedness initiatives in communities.

Source: Rogers C. The critical need for animal disaster response plans. *J Bus Contin Emer Plan*. 2016 Spring;9(3):262-71. PubMed PMID: 26897622. <http://www.ncbi.nlm.nih.gov/pubmed/26897622>.



Please disseminate this newsletter widely with stakeholders

STAY CONNECTED

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