



Community Resilience
CRPC
Planning Committee

NEWSLETTER



Highlights

IN THIS ISSUE

P. 1
HIGHLIGHTS

P. 2-3
RESILIENCE IN ACTION

P. 4
TRAININGS AND EVENTS

P. 5
IN THE NEWS

P. 6
ANNOUNCEMENTS

P. 7
REPORTS & JOURNAL ARTICLES

P. 8
STAY CONNECTED

As a leading organization reaching diverse communities, we invite you to learn about CRPC.

Did you know?

- ◆ The Community Resilience Planning Committee (CRPC) consists of a large body of community partners organized by a Steering Committee of approximately 20 representatives from different community organizations.
- ◆ The mission of the CRPC is to increase the capacity of New York City Communities to prepare for, mitigate, respond to and recover from public health emergencies.
- ◆ The CRPC collaborates and partners with the Department of Health and Mental Hygiene (DOHMH), community organizations and faith-based organizations to improve communication, planning and coordination of shared resources in order to build community resilience.
- ◆ While CRPC is welcoming community partnerships year-round, we open up membership for the Steering Committee in September.

On behalf of DOHMH's Office of Emergency Preparedness & Response (OEPR), we look forward to a mutually beneficial partnership.

If you have any questions about the CRPC or are interested in joining the Steering Committee, please reach out: communityresilience@health.nyc.gov

February Steering Committee Host



DOING THE MOST GOODSM

Founded: 1889

Mission: The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

Services: Adult Rehabilitation, Veterans Affairs Services, Prison Ministries, Elderly Services, Combating Human Trafficking, Missing Persons, Hunger Relief, Housing and Homeless Services, Christmas Assistance, Youth Camps & Recreation, Kroc Centers, International Sponsorship, World Services Office, Emergency Disaster Relief

Website: www.salvationarmyusa.org/

Resilience In Action

The Impact of the Primary Care Emergency Preparedness Network (PCEPN) Model in New York City

Marsha Williams, MPH² and Marc Jean, MPH^{1, 3}

The Primary Care Emergency Preparedness Network (PCEPN) was formed in 2009 in partnership with the Community Health Care Association of New York State (CHCANYS) and the Primary Care Development Corporation to support emergency preparedness and response among New York City's primary care sector. CHCANYS leads this partnership. This project is grant-funded by the U.S. Department of Health and Human Services (HHS) Healthcare Preparedness Program (HPP) and the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Program (PHEP).

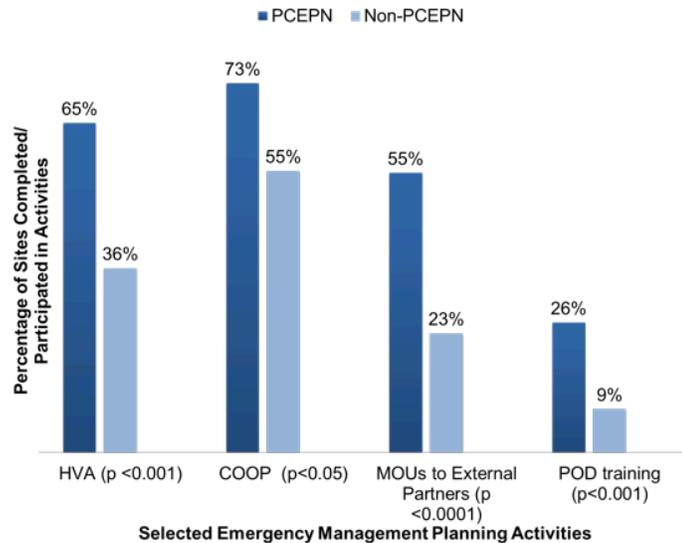
PCEPN's main focus is to increase the level of emergency preparedness capacity across the primary care sector in NYC through:

- 1) Advocacy for primary care emergency management activities
- 2) Coordination of information among stakeholders
- 3) Technical assistance to build/maintain primary care EM capacity
- 4) Integrating primary care into NYC emergency planning

PCEPN is open to all primary care providers in NYC; currently its members include Federally Qualified Health Centers (FQHCs), "FQHC Look-Alikes", specialty clinics, hospital affiliated ambulatory care sites and school-based clinics.

PCEPN achieves its mission by conducting baseline emergency management assessments to help sites determine their level of preparedness and offering resources to address gaps identified. These resources include on-site technical

Comparison of Emergency Management Programs: PCEPN vs. Non-PCEPN, NYC 2015



assistance, emergency management toolkits (e.g., emergency operations plans), drills and exercises and education and training.

Recently, DOHMH conducted a short-term impact evaluation to determine the level of preparedness of sites that participated in PCEPN versus those sites that did not participate in PCEPN. The evaluation period spanned five years, from April 2009 to December 2014.

The evaluation process entailed the deployment of a comprehensive online survey/questionnaire to participating PCEPN sites as well as non-PCEPN sites. PCEPN members were reached via email by CHCANYS, and non-PCEPN sites were reached via New York State Department of Health's Integrated Health Alert Notification System. The questionnaire comprised several domains: facility/center demographic information, emergency management plans, continuity of operations, drills and exercises and community linkages. These domains were chosen based on the Health Resources Services Administration (HRSA) Emergency Management Expectations for FQHCs, as well as

HHS emergency management capabilities for health care systems. The results from the evaluation indicated that PCEPN members were more likely to have ever conducted an Hazard Vulnerability Assessment (HVA), conducted an assessment to identify essential services, established a memorandum of understanding (MOU) with external partners for the protection of vaccine and completed training on Point of Dispensing (POD) of prophylaxis during an emergency (see figure above). The top three gaps that were identified by respondents were improved communication, train-the-trainer programs and resource availability during emergencies. Overall, this impact evaluation revealed that PCEPN member sites fare better in emergency preparedness than non-PCEPN sites and highlighted the importance of expanding the membership of PCEPN in New York City.

¹ New York City Department of Health and Mental Hygiene Office of Emergency Preparedness and Response ² Centers for Disease Control and Prevention Office of Public Health Preparedness and Response

Resilience In Action

BHIV Taking Aim to Assist Providers in Emergency Preparedness

Rachel B. Davis, MPH and Beau J. Mitts, MPH

In the wake of Superstorm Sandy, which struck the New York City/ New Jersey area in October 2012, DOHMH's Bureau of HIV/AIDS Prevention and Control (BHIV) began preparedness activities to ensure that contractors and clients were ready to face this emergency. BHIV efforts came in the days leading up to and following the storm. BHIV Technical Assistance (TA) teams contacted each provider via telephone and email for post-Sandy storm updates. They assessed whether the programs were operational, agencies had sustained damage and programs needed any additional assistance. While many contractors fared well and reported limited interruptions to client services, it became apparent that many of them didn't have formal, written emergency preparedness and Continuity of Operations (COOP) plans needed to deal with emergency situations most effectively. With support from federal funders, BHIV introduced an emergency preparedness plan requirement as a contractual agreement for all program grantees in 2014. In addition, BHIV determined that it was imperative to assess the current preparedness levels of HIV service providers.

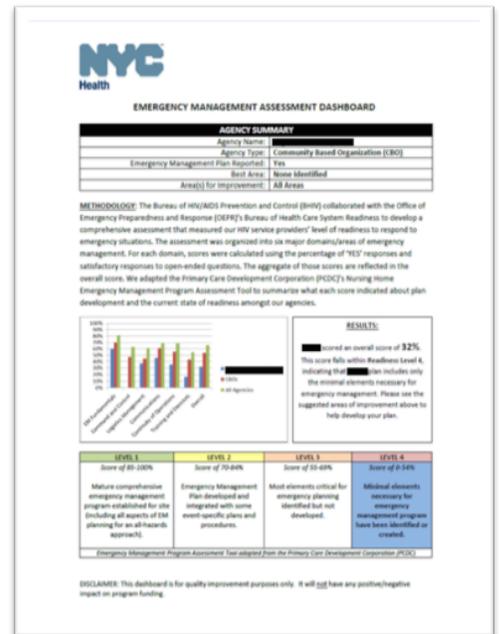
In order to meet this goal, BHIV collaborated with DOHMH's Office of Emergency Preparedness and Response (OEPR)'s Bureau of Healthcare System Readiness to develop a comprehensive assessment. The intention of this assessment was to gain a more thorough understanding of the current state of readiness and resource gaps for emergency management among BHIV's funded providers. The assessment included

75 questions adopted from various projects such as the Primary Care Development Corporation (PCDC)'s Nursing Home Emergency Management Program Assessment Tool. Questions were divided within six main domains: Emergency Management Fundamentals, Command and Control, Logistics Management, Communications, COOP and Training and Exercises. Launched in February 2015, BHIV sent the assessment to 94 agencies throughout the five boroughs and the Tri-County area. Hospitals, community based health centers, community based organizations and those providing legal, housing and home health services were among the 84 agencies to complete the assessment. On average, agencies scored a 66% (Level 3). This denoted that agencies had identified the most critical elements for emergency planning but had not yet developed them. Results also revealed that 13% of respondents didn't have an emergency plan. Those who reported having a plan had scored highest on the "Emergency Management" domain, as they reported having plans that were updated and approved by management within the last five years. On the contrary, agencies scored lowest on the "Training and Exercises" domain, revealing that agencies' staff were not trained on all aspects of their plans and had not been exercising their plans regularly.

During its spring and summer 2015 provider meetings, BHIV provided its first round of TA on emergency management concepts—focusing on plan development/improvement in the problem areas identified by the assessment. Assessment results were disseminated to each participating agency in the form of dashboards. The dashboards (pictured here) detailed agencies' results on each domain, as well as suggested areas for plan improvement. Senior administrators have reached out to BHIV expressing how helpful the dashboards have been for them. One

such provider (Argus Community) stated: "Your feedback was greatly appreciated and we are very interested in improving the areas identified ... The executive staff is interested in improving our plan and ensuring that our staff and participants are able to understand the plan."

While resources are limited, BHIV staff are dedicated to providing as much support to agencies as possible. Emergency management fact sheets, plan templates and invitations to participate in several of our partners' TA projects, such as PCEPN's Mystery Patient Drill Project represent the continued efforts to helping our providers on the road to resiliency in the time of crises.



Emergency Management Assessment Dashboard, sent to each provider detailing its performance on the assessment. Agency name has been omitted.

Trainings & Events

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

Formidable Footprint - A National Community/Neighborhood Exercise Series

March 26, 2016
(+more times/dates)

A team of national, regional, state and local agencies and organizations has undertaken an effort to develop, conduct and evaluate a recurring series of disaster exercises entitled "Formidable Footprint." This series of exercises serves as an opportunity for community and faith-based organizations along with governmental agencies to assess their capability to prepare for, respond to and recover from a variety of natural disasters (earthquake, flood, hurricane, influenza pandemic, solar storm, tornado and wildfire) that affect communities and neighborhoods across the United States. For agencies and organizations planning to participate, it is recommended that a minimum of three individuals participate in the exercise working together as part of a disaster planning/response team. By working together as a team you will be able to enhance your disaster knowledge and strengthen your teams' overall capabilities. There is no charge to participate in one or several of the neighborhood exercises. Click [here](#) for participation information and registration.

Creating Healthy Homes for Older Adults Training

April 6, 2016
9:30am-1:30pm

DOHMH and the City's Poison Control Center are conducting this FREE four-hour interactive training for professionals working with older adults. The training will cover: falls Prevention, medicine safety, extreme heat, consumer product safety and environmental data portal. To register please email healthyhomes@health.nyc.gov by March 4, 2016.

New York State Citizen Preparedness Corps Training

April 23, 2016
2:00pm
(+more dates/times)

Since 2010, New Yorkers across our state have experienced the devastating impact of hurricanes, tropical storms, tornadoes, floods and blizzards. This presentation has been designed to give you knowledge of how to reduce the impact of disasters and emergencies on you, your family and your community. New York State is offering two-hour training sessions for residents to have the tools and resources to prepare for any type of disaster, respond accordingly and recover as quickly as possible to pre-disaster conditions. Each family participating will receive a free Citizen Preparedness Corps Response Starter Kit. To see a list of upcoming courses and to register, click [here](#).

Network Leadership Training Academy

May 16-18, 2016
Denver, CO

The Network Leadership Training Academy (NLTA) is a place where network leaders gather to learn, share ideas and develop skills for engaging in the "network way of working." This three-day training is for network managers and leaders to learn how to address the challenges of building, managing and evaluating effective inter-organizational networks. Early registration ends April 4, 2016. Click [here](#) for more information.

FEMA Emergency Management Institute Distance Learning

Online Training

The Emergency Management Institute's Distance Learning Section offers the Independent Study Program. This is a distance learning program that offers training to the nation's emergency management network and the general public. It serves as both an alternative means to deliver valuable training to the professional and volunteer emergency management community, and an opportunity to improve public awareness and promote disaster preparedness nationally. The Independent Study Program offers over 180 training courses via its training website. All are offered free-of-charge to those who qualify for enrollment.

Access online classes [here](#).

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 \(PAHO\)](#).

For providers, the latest information, including laboratory test instructions and forms, health alerts and latest guidance, [click here](#).



Health Department Announces Expanded Operating Hours for STD Clinics - Increasing Access to STD Care, Part of NYC's Plan to End AIDS Epidemic

The Health Department recently announced expanded hours for its STD clinics, including new weekend hours. These changes are the first of many clinic enhancements expected throughout 2016 as part of Mayor de Blasio's NYC Plan to End the AIDS Epidemic, and the administration's commitment to increasing access to testing and treatment for sexually transmitted diseases – including the continuing battle against hepatitis and syphilis infections throughout the city. Access the article [here](#).

With Guinea Declared Ebola-Free, Health Department Concludes Its Response and Closes Monitoring Program for Incoming Travelers

In January, the Health Department announced that it had concluded its response to West Africa's Ebola Virus Disease (EVD) outbreak and had suspended its monitoring program for incoming travelers. The World Health Organization formally declared the EVD outbreak in Guinea over after 42 days (twice the maximal incubation period) had passed since the last person in Guinea confirmed to have EVD had a second negative Ebola virus test result. The Health Department issued a Health Alert to providers across the city stating that formal monitoring had ended, and that providers should consult CDC guidance regarding evaluation of travelers from Guinea, Sierra Leone and Liberia, consider other travel-associated diseases, especially malaria, when evaluating febrile patients returning from these countries, and implement infection control precautions as appropriate. The Health Department's response to the outbreak in West Africa began in August of 2014, before the first case of Ebola was reported in the United States. Access the article [here](#).

Health Department Announces Upcoming City Initiative - Neighborhood Health Action Centers

The Neighborhood Health Action Centers is an upcoming City initiative to increase clinical and non-clinical community-based programs in neighborhoods with disproportionately high rates of chronic disease and premature death. The Action Centers, slated to launch in late 2016, will operate in renovated spaces of currently underutilized City-owned buildings, providing much-needed quality and suitable space for experienced community-based organizations and Health Department staff to work together in a coordinated manner to advance neighborhood health. Learn more [here](#).

Announcements

Seasonal Health Alert



April showers bring May flowers, but they could also bring **flash flooding** caused by thunderstorms and other intense rainstorms. Flash flooding is the number one cause of deaths associated with thunderstorms, claiming more than 140 lives each year in the United States.

Know the Terms:

- ◆ **Flood/Flash Flood Watch** - Flooding or flash flooding is possible in your area
- ◆ **Flood/Flash Flood Warning** - Flooding or flash flooding is already occurring or will occur soon in your area

How Can I Prepare for a Storm or Flood?

- ◆ Stay informed on the progress of the storm through local TV, radio and internet broadcasts. Follow instructions from city officials given during broadcasts.
- ◆ Determine if you are in an evacuation zone and follow all directions to prepare for evacuation (i.e., prepare a “go bag”). Have a supply of your prescription drugs and health and hygiene supplies such as toiletries and a first aid kit.
- ◆ Have a battery operated radio and flashlight available with fresh batteries and an extra set of batteries.
- ◆ Buy foods that require no refrigeration and little or no preparation for cooking. Have a supply of food and water for a minimum of three days.
- ◆ Keep an appliance thermometer in your refrigerator and freezer in the event of a power outage.
- ◆ Move your outdoor furniture, trash cans, flower pots, etc. indoors or secure them.
- ◆ Have an evacuation plan for your pet. Ideally, you should arrange to shelter pets at a kennel or with friends or relatives outside the evacuation area. Service animals that assist people with disabilities are always allowed in shelters. The NYC emergency shelter system allows pets, but you will be responsible for their care.

Reports & Journal Articles

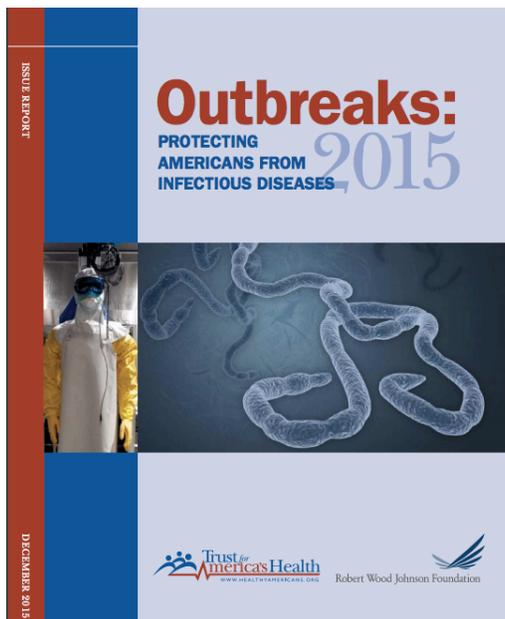
Outbreaks: Protecting Americans from Infectious Disease

Jeffrey Levi, Laura M. Segal, Dara Alpert Liebermann, Kendra May, & Rebecca St. Laurent

The Outbreaks: Protecting Americans from Infectious Diseases report found that more than half (28) of states scored a five or lower out of 10 key indicators related to preventing, detecting, diagnosing and responding to outbreaks. Five states—Delaware, Kentucky, Maine, [New York](#) and Virginia—tied for the top score, achieving eight out of 10 indicators.

The report, from Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF), concluded that the United States must redouble efforts to better protect the country from new infectious disease threats, such as MERS-CoV and antibiotic-resistant superbugs, and resurging illnesses like whooping cough, tuberculosis and gonorrhea.

A summary of the report can be found [here](#), and the full version can be accessed [here](#).



Source: Jeffrey Levi, Laura M. Segal, Dara Alpert Liebermann, Kendra May, and Rebecca St. Laurent. (2015). Outbreaks: Protecting Americans From Infectious Diseases. Trust for American Health. [Online](#).

Framing for Resilience Through Social Learning: Impacts of Environmental Stewardship on Youth in Post-disturbance Communities

Justin G. Smith, Bryce DuBois, Marianne E. Krasney

Civic ecology practices, such as community gardening and citizen-led urban reforestation and wetland restoration, provide opportunities for social learning. Because social learning is an important component of community resilience, we suggest that civic ecology practices can be a strategy for responding to and mitigating environmental disturbances in an era threatened by climate change.

Despite the links between civic ecology, social learning and community resilience, empirical research that systematically considers these connections is limited. This study addresses this gap by introducing 'frames' as an approach to considering social learning outcomes and process. More specifically, we provide a model for investigating the role civic ecology education programs play in shaping youths' capacity to understand and respond to environmental disturbance. We used participant observation and cognitive mapping to assess social learning among three youth restoration programs working in the wake of Hurricane Sandy in New York, NY, and after the 2013 floods in Boulder, CO. In all three programs, youth demonstrated social learning and cognitive change by shifting their emphasis from the *impacts of disturbance* towards a *solutions-based* framing that focused on community, action, and mitigation. However, the depth of these changes was not uniform across all programs, suggesting that variations in program length, community context, social identity, and opportunities for self-defined action may shape overall impacts of programs and youth capacity for future action.

Source: Smith, JG, B DuBois, and ME Krasny. (2015). Framing for Resilience through Social Learning: Impacts of Environmental Stewardship on Youth in Post-disturbance Communities. Sustainability Science. [Online](#). 1-13. DOI: 10.1007/s11625-015-0348-y



Please disseminate this
newsletter widely with
stakeholders

STAY CONNECTED

NEWSLETTER STAFF:

Roshin Kurian, MPH
rkurian@health.nyc.gov

Ingrid Gonzalez, LMSW
igonzal3@health.nyc.gov

CONTRIBUTORS:

Marsha Williams, MPH
Marc Jean, MPH
Rachel B. Davies, MPH
Beau J. Mitts, MPH

ADDRESS:

Department of Health and Mental Hygiene
42-09 28th St.
Long Island City, NY 11101

EMAIL:

communityresilience@health.nyc.gov

WEBSITE:

Find out more [about us.](#)

