

Breakout Session 2 Summary: Health Planning for All Phases of a Disaster Including Risk Assessment with Concern for Vulnerable Populations

Junichi Sugawara, Tohoku Medical Megabank Organization, Tohoku University; and Kevin Yeskey, MDB, Inc.

Cross-cutting Principle:

- Development of public health communications that connect people and communities to their health resources and needs before, during and after a disaster
- Reduction of health disparities to vulnerable populations as a result of a disaster. An end state should be that every population with similar exposures/incidents have identical health outcomes.
- Public health/disaster preparedness as a shared responsibility that starts at the individual and grows to the community/state

Consultative Theme 1: Health status is a risk factor during emergencies and disasters. Access to basic health care and public health services improves health outcomes throughout the risk management cycle

Primary Considerations:

- Populations that include individuals with poor baseline health face increased risk during disasters
- Addressing underlying health conditions improves the resilience and recovery of those affected by disasters.
- Access to adequate health services through prepared health systems that remain functional during and after a disaster.
- Strengthening health infrastructure provides dual utility for health promotion and disaster response and strengthens the ability of population to react to unforeseen future risks
- Disease and injury surveillance identifies underlying risks and needs
- Community and individuals with strong behavioral health recover better than those with behavioral health issues.
- Improved health promotes economic viability

Recommendations:

- Promote the concept of shared responsibility for disaster risk reduction between individuals and their communities;
- Encourage collaborative health solutions through public/private partnerships
- Ensure that behavioral health services are embedded in community health systems
- Identify health conditions present in the community that would be exacerbated during a disaster
- Utilize public health disease metrics, rates/burdens of noncommunicable diseases (NCDs), and access measures

Consultative Theme 2: Public health and medical experts must be engaged in the disaster risk management process at all levels

Primary Considerations:

- Health emergencies are potential disasters and all emergencies have health impacts
- Many determinants of health are outside of medical services (i.e. poverty)
- Health planning, response, and recovery require integration with other response resources
- Improved coordination reduces burden on health system

Session 2 - Breakout Session Summary

Recommendations:

- Engage health and medical experts in the disaster risk management (DRM) process at all levels
- Identify and train a cadre of health providers who understand disaster risk reduction (DRR) and emergency planning
- Encourage health providers to participate in DRR planning; all DRR plans should include health component
- DRM plans should include how external support is integrated into response plans

Consultative Theme 3: Engage and empower vulnerable populations to identify their own needs and develop strategies to lower their risks and enhance their resilience

Primary Considerations:

- Risks vary by community scenario; often disenfranchised
- Not all vulnerable populations are defined by a health state
- Vulnerabilities lead to health outcome disparities in certain populations

Recommendations:

- Develop mechanisms to identify and map vulnerable populations
- Involve vulnerable populations when developing DRR strategies
- Study the relationship between vulnerabilities and disaster health through an international science advisory mechanism
- Implement Article 11 of the “Convention on the Rights of Persons with Disabilities”
- Maximize universal design approaches that benefit all while planning for the most vulnerable groups, i.e.: wheelchair ramps, liquid medicine
- All populations, including the vulnerable, should have access to facilities and services.