

Community Resiliency: Where do we go from here?

...a summary report from a multi-disciplinary conference on creating resiliency in communities following public tragedy

**Center for Public Health Practice
College of Public Health
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PUBLIC HEALTH PRACTICE**
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Introduction

On October 27 and 28, 2010, 31 individuals attended *Reinventing Normal: Community Resilience in the Face of Tragedy*, a 1.5 day conference in Columbus, Ohio. The stated purpose of the conference was to *provide a framework for identifying community needs and expectations, defining responder roles, and establishing dialogue within communities to respond to public tragedy.*

The conference was jointly sponsored by the Ohio Public Health Association, the Center for Public Health Practice (located in the College of Public Health at The Ohio State University), the Ohio Funeral Directors Association, the Ohio Hospital Association, the Ohio Department of Mental Health, and the Ohio Psychological Association.

The highlight of the conference was Ken Doka, PhD, who represented the Hospice Foundation of America and presented, *When Loss Is Sudden*. Drawing on real examples of tragedies, such as Columbine and September 11, 2001 he described how the public copes with shared loss. Other features of the conference were:

- findings of a project identifying community expectations during a crisis;
- defining grief as a public health issue;
- establishing a family assistance shelter;
- mental health resources, and finally;
- a panel of representatives from a variety of disciplines who discussed their respective roles, limitations, and experiences in tragedy response and recovery.

On the afternoon of October 28, 2010, conference attendees participated in a facilitated group discussion, *Where do we go from here?* intended to assist participants in establishing critical next steps for their own communities. The Center for Public Health Practice in the College of Public Health at The Ohio State University facilitated this culminating World Café style discussion (www.theworldcafe.com). This report presents a summary of the process used and the conversations that resulted.

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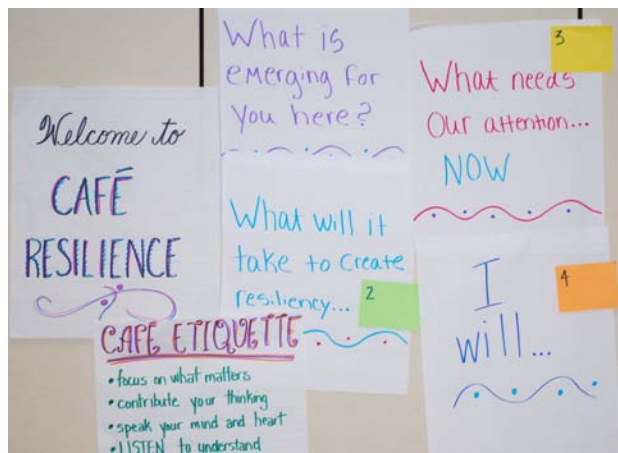
Process

Once the purpose, flow, and dialogue guidelines were reviewed, the participants worked in small groups to answer the following questions:

- **What is emerging for you here?**
- **What will it take to create resiliency...**
- **What needs our attention...NOW?**

With the exception of one person who remained at each table as a host, participants moved to new tables, forming new groups for each question. Following each discussion, responses were shared, collected, and grouped by focus and/or subject in order to identify emerging themes. After each group reported their top three responses, the facilitator shared themes with the audience in order to verify that all subjects were categorized accurately.

Finally, each individual was asked to complete the statement, “I will...”, in order to secure commitment to action once he/she returned home. “I will...” statements were shared within the larger group. Responses to each question follow in summary form.



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What is emerging for you here?

Themes

- **Partnership and Relationships.** Strengthening current relationships and forming new partnerships with mental health providers, faith-based organizations, and other agencies that play a role in community response are necessary. Specifically involving mental health organizations and professionals as part of emergency preparedness planning is needed.
- **Resources.** Assessment of resources that communities will need, as well as resources they might already have but are unaware of is needed. A range of resources will be needed necessitating individuals to work across disciplines to provide them.
- **Awareness and Knowledge.** Many participants mentioned an increase in personal awareness regarding grief, mental health, and community resilience. Several also identified an emerging ability to identify the forms and processes of grief. Participants intend to share information with community partners.
- **Complexity of Issue.** The complexity of creating plans that involve many different aspects of recovery and the potential to become overwhelmed are apparent. Questions about who is responsible for bringing the plan together and who has time to do this work were raised.
- **The “PLAN”.** There was a new appreciation for incorporating mental health elements into all levels of recovery planning. Plans should include grief recovery and continuity of operations that assist healing for responders and caregivers. Keeping plans “alive”, flexible, and responsive to world changes and events is essential.

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What will it take to create resiliency...

Themes

- **Communication and Education.** Taking this new knowledge back to communities and sharing are important first steps. Incorporating psychological first aid, grief education, and self-care practices in plan response documents was recognized. Creating a system that assures responders are cared for and treated can assure they are better able to assist others. Especially important was the ability to remain dynamic, with the flexibility to adjust strategies when necessary.
- **Commitment.** Commitment from leadership at all levels - and within a diverse representation of agencies - is essential to creating resiliency.
- **Authentic Relationships.** Establishing authentic relationships across disciplines is paramount to helping communities recover. Coordinating efforts to bring individuals/agencies who are involved and engaged to the table will foster these partnerships. An added benefit of authentic partnerships is the support these networks can create among caregivers and first responders.
- **Outreach and Invigoration.** In order to invigorate and encourage volunteerism, communities should renew their efforts to provide Community Emergency Response Team training or encourage participation in the Medical Reserve Corps. Community exposure to resiliency planning can be an important way to attract support from new agencies and individuals.
- **Experience Success.** Experiencing a successful, coordinated response would build confidence and promote more involvement from new partners.
- **Caring for Others.** Identify and access resources to assist individuals to care for themselves and their loved ones during times of tragedy. Identify alternative solutions to problems that utilize strengths within a community. Providing community members with opportunities to help their neighbors will positively reinforce a sense of community and help people to recover. Creating opportunities for community members to obtain closure following public tragedy can honor the impact of the event and promote subsequent healing.

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What needs our attention...NOW?

Themes

- **Educate/Secure Buy-In.** Sharing the knowledge learned with others is important to establish support for a recovery plan. Educate authorities about the importance of planning for recovery.
- **Relationships.** Break barriers within agencies to ensure cooperation and good communication. Determine how to best build relationships among and between agencies and organizations in order to form productive partnerships. Enlisting the support of non-traditional, diverse responders can assure care for *all* members of a community.
- **Define the “It”.** Define what each community needs in advance of an incident.
- **Identify Resources.** Inform planning by asking community members what would be important to them during a public tragedy. Create a list of resources, stakeholders and networks in order to identify what is already in place and what is needed. The list of resources should include the number of available volunteers, personnel, services, shelters, and mental health resources.
- **The PLAN.** Update current response plans to include recovery. Incorporate mental health resources, grief recovery tools, and rituals that will promote community healing. Provide education on the updated plan. Move beyond rhetoric about plans and create written, tangible documents.
- **Education and Training.** Cross-train individuals to play multiple roles, if required, so resources are sustained during a disaster. Train and re-train the right people to prevent inadequate response when a situation does arise. Provide the public with information about plan development to create trust in the plan.

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“I will...”

Participants of the World Café represented a broad range of organizations, including state and local health departments, state and local mental health agencies, faith-based organizations, health care systems, and a food pantry. The following five themes capture the commitments from each individual that concluded the Café.

The “PLAN”

I will...

- Reevaluate current plans on mental health and change them as needed.
- Talk to EMS and fire of my city and county to see if they have a plan and give my insight on it - especially on the mental health plan.
- Read/develop/update health department mass fatality plan.
- Query our county emergency preparedness plan for current mental health planning resources regarding recovery.
- Assess how preparedness should be added to emergency response plans for individuals with developmental disabilities, providers, and county boards of developmental disabilities.
- Work to integrate the issues of grief and mental health services into our emergency response plan.

Partnerships

I will...

- Work to build relationships to better aid the community in resilience.
- Work with EMA to hold a workshop for FBO's. Work with EMA to conduct a resource assessment.
- Learn more about resources available in my local community. Try to promote resiliency to those in my circle of influence.

New Opportunities

I will...

- Suggest to the Food Summit chair to address this at next meeting. Research availability of grants/resources to plan for emergency “shelter boxes”.
- Continue to look for new opportunities to introduce or incorporate the grief recovery component in public health settings.

continued

“I will...”, *continued*

Awareness

I will...

- Be aware of mental health issues when I assess/evaluate local health department continuity of operation plans.
- Write newspaper article on community resilience. Discuss topics with EMA Director and Disaster Mental Health Coordinator.
- Listen, Plan, Lead, Train
- Publicize psychological first aid resource to first responders.



Sharing Knowledge

I will...

- Develop a presentation selling mental health/recovery plan to EMA, government entities, and other parties.
- Spend more time mentoring communities on mass fatality planning and add additional guidance to the state mass fatality guidance plan.
- Provide our MRC Coordinator with feedback on notes and materials to pass on to colleagues and volunteers and EMS counterparts and public notices.
- Develop a resiliency presentation for staff development of my department.
- Expand my knowledge on "THE" topic.
- Share new thoughts and perspectives on mental health component of grieving rituals.

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Moving Forward

The “I will...” statements created at the conclusion of the conference provided participants with the opportunity to commit to acting based on what they learned. Sharing this knowledge within their own agencies and assessing current resources were among the priorities identified. Verbal feedback from several conference participants also suggest a need for ongoing education about the covered topics for the professionals representing multiple disciplines that are called upon to respond when tragedy strikes.

Future plans are being considered to develop additional educational opportunities; for more information and updates, please check the Center for Public Health Practice’s website: <http://cph.osu.edu/practice>.

“Planning for community resilience works better than trying to pull it all together after the fact.”

-Conference participant



“Incredible insight to grief itself – overall comprehensive understanding of why it should be taken as a separate , individual topic of study for providers and just your health planners/health folk, everyday guy on the street.”

-Conference participant