

Reflections from the Organizational Track of the Community Resilience Planning Activity

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Responses to the action checklist were answered from the lens of Public Health Nursing with the State of Alaska, my employer and organization.

Assets

Alaska Public Health Nursing has cultivated a robust network of assets, all of which are achieved from the action list. Competency assets are honored through mandatory employee learning modules and are a requirement for all personnel. Other assets like money are held in reserves and are managed by the state budget—making the money vulnerable to legislative action and reform. Conceivably the sturdiest assets within Alaska Public Health Nursing are the: relationships, data, and services. Built into the delineated roles and services are specific, emergency preparedness nurses in each Alaskan region, available to work at community and system level to develop framework and partnerships with local emergency planning taskforces. The role of the emergency preparedness nurse is an asset both internally to the workforce, and externally for community support and function.

Improve Household Preparedness of Consumers, Employees, and Suppliers

While the organization does emphasize the importance of employee, consumer, supplier preparedness, it's tough to put premiums on the follow through. Alaska Public Health Nursing falls short on allowing employees to utilize worktime to develop a family reunification plan. The workforce is composed of mostly nurses and in the event of a disaster or community emergency, nurses would likely be called upon for support and services. Without this aspect of personal employee planning, a vulnerable area is left open. I would humbly recommend mandating all

staff develop a household plan and develop how that relates to work responsibilities when duty calls.

We are sorely missing an exercise that encompasses the facets of disaster response. While we routinely complete a “phone drill” and “call-down” exercises, it would be wise to develop a training that includes other partners and responders. I suspect the Covid-19 pandemic has disenchanted inspirations to pull together a drill, many people are exhausted and planning drills requires methodical care and collaboration. Several years ago, the city of Juneau simulated a plane crash, including fire/rescue, hospital personnel, and other key agencies. We are ripe to develop a similar simulation exercise. It might be surprisingly refreshing to partner through this exercise.

Consider the Effects of Climate Change

Over the past decade, a record number of mudslides has impacted livelihood in Southeast Alaska, a massive rainforest. Additionally, flooding, forest fires, glacial recession are just a few of many climate changes that have had devastating consequences to communities, and individual lives in Alaska.

Alaska Public Health Nursing could benefit from improving coordination and messaging, both internally to employees, and externally. To develop a strategic plan, partnerships with other state agencies could be incredibly beneficial, utilizing the strengths of interagency alliance.

Link the Organization’s Daily Routine to Disaster Resilience

By large, Alaska Public Health Nursing is successful at addressing the action items under this category. Nursing teams readily share information about planning and resiliency during routine office visit, regardless of what services the client is seen for. The organization thrives by

working with other parties to identify vulnerable populations and developing plans of care to assist and support in the event of emergency. Covid-19 offered an ongoing exercise of working remotely, and capacity to shift schedules—prudent to continue exploring even through the rigors of pandemic, with curiosity of how this could be improved upon and how to increase organizational communication, especially when people are isolated or working remotely.

Address Behavioral Health Issues Before, During and After Disaster

Perhaps easier to “assess” what individual employees are doing for self-care versus promotion and encouragement of self-care. Recently our organization has offered trainings that cover qualities of resilience. 1:1 behavioral health resource in Alaska continues to be limited, and a challenge to access with limited providers that can offer services. The organization could expand on activities that stimulate healthy work environment (i.e. exercise, eating healthy, sleep health, ensuring quality breaks, meaningful reflection).

Determine How to Work with the Broader Community Around Disaster Resilience

Alaska Public Health Nursing is uniquely positioned as a state agency and has the benefit of application and installment through state government. Sometimes the work can be perceived as higher-level system work, not necessarily engaging at local/community level. There exists a lot of potential to partner with key groups and organizations to incentivize emergency planning at the community level, through offering guidance on strategic framework and engagement tools.

Develop Data Systems to Track Preparedness and Recovery Planning

I grimaced when reading through this section... The organization is sorely lacking under these actionable steps. Covid-19 spotlighted the deficits in our organization’s ability to collate data and efficiently share data with other agencies. We are still documenting with archaic paper

charting systems and use fax to transfer information and referrals. I would highlight these actionable items as top priority for addressment, as they are crucial in tracking and recovery operations. In truth, the organization is not forsaken in all aspects of data systems and tracking, most of the action items under this reference are partially satisfied. For example, we do have a system in place for contacting employees in event of emergency—but lack resources to push notifications out to broader audiences. We completely lack a process for capturing post-disaster needs and have a meek development on tracking resources. Overall, this area needs significant care to fortify the recommendations.