

Community Resilience Roundtable on the Implementation of Homeland Security Presidential Directive 21 (HSPD-21)

Schoch-Spana M, Courtney B, Franco C, Norwood A, Nuzzo J. *Biosecurity Bioterrorism*.2008;6(3).

Background

On April 23, 2008, the Center for Biosecurity of the University of UPMC (Center) convened an invitational meeting to discuss community resilience for catastrophic health events and to help inform implementation planning for Homeland Security Presidential Directive 21 (HSPD-21), which was released in October 2007. HSPD-21 identified community resilience as one of the “four most critical components of public health and medical preparedness” alongside biosurveillance, countermeasure distribution, and mass casualty care. The directive also asserted “the important roles of individuals, families, and communities” in managing public health emergencies.

The meeting was organized into 3 topic-driven discussions: a practical definition of community resilience, lessons from prior public participation programs for disasters, and recommendations for federal program and budget priorities in the area of resilience. The Center subsequently published a report reflecting the meeting participants’ prepared remarks, pre-event survey findings, and major themes arising during the roundtable discussions.

Major Conclusions

Proactive measures to build community resilience should, at a minimum, address the following:

- Cross-sector partnerships.
- Critical roles of community- and faith-based organizations, especially as intermediaries with vulnerable populations.
- Strong social networks and robust communication linkages.
- Active engagement of the public in preparedness policy decisions.
- Vital, interconnected public health, safety, and medical institutions.
- Strong, diversified economic base with broadly distributed opportunity.

Two kinds of investments are important for federal programming concerning community resilience:

- Initiatives that integrate the contributions of the public and community-based groups into the more formal public health and medical systems for preparedness and response.
- Initiatives that support broad community development goals, in which citizens work together to solve priority problems and learn how to communicate and share resources.

Discussion Points Among Meeting Participants

More than a community’s ability to “bounce back,” resilience refers to and depends upon a community’s ability to do the following:

- Minimize damage to life and the economy, adapt to the unexpected, and rebound quickly from a disaster.
- Prevent harm in the first place (rather than just coping after harm has been done).

- Integrate self-sufficient citizens and a robust infrastructure for public health and disaster response.
- Establish and maintain strong, trusted communication linkages across all sectors, before, during, and after a crisis.

Non-governmental organizations play a critical role in securing vulnerable populations during disasters.

- Participants agreed that government agencies alone cannot promote preparedness and response activities within at-risk populations; nor can they serve as the only safety net for vulnerable groups during a disaster.
- Trusted intermediaries such as community-based groups and faith-based organizations are critical partners in any preparedness and response system

Community resilience and public health preparedness inform each other, but are not mutually exclusive.

- Some attendees argued that, while a robust system for handling health consequences of a disaster is important, and the public has a key role in it, it may not be the essential foundation of a resilient community. Resilience emerges from a strong, diversified economy with widely distributed opportunity, lively social networks for the exchange of information and emotional and material support, and a collective sense of self-efficacy.
- Others agreed that building preparedness and response capacity to catastrophic health events can be a practical exercise in building community resilience, depending on how it is done. Another attendee underscored that deciding between the 2 is a false choice.

The public involvement practices with the most potential to build community resilience are those least in evidence today. Agency collaboration with grassroots leaders, organized volunteer activities, and forums for citizen input into emergency plans hold great potential for enhancing community resilience; however, many communities do not have the necessary skills and resources to excel at these techniques.

Adequate federal seed money is necessary to implement the vision of multi-sector partnerships and community engagement.

- The federal government must secure adequate preparedness grant funding for health and safety agencies, as these agencies are the backbone of multi-sector partnerships.
- The federal government must create a funding stream that permits localities to hire a full-time program coordinator whose job is to facilitate cross-sector partnerships among diverse audiences.
- The federal government also must create a funding mechanism that makes it easier for local community- and faith-based organizations to collaborate with health and disaster agencies, as these organizations can play a critical role in response and recovery efforts.
- In light of diverse local hazards, distinct community geographies and demographics, and as yet unknown pathways to resilience, participants underscored that any federal grants program for “community resilience” should be flexible in its implementation.

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