

Evaluating the Health Impact of Disaster Inquiries in Australia

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Study/Objective: The aim is to evaluate contemporary Australian disaster practice.

Background: The evolution of disaster practice has displayed that the management of disasters extends beyond immediate response needs, and that effective recovery from these events requires a broad, coordinated capacity building perspective, rather than a traditional short term response effort. The concept and practice of reducing disaster risk can be achieved through systematic efforts to analyse and manage the causal factors of disasters, rather than apply current, operational, response designed risk management actions. It is therefore timely to assess the relationship of proposed strategies, and the social determinants of health as a holistic approach to disaster practice.

Methods: Contemporary Australian disasters inquiries were to determine what, if any recommendations support action on the causal factors of health and wellbeing as described by the World Health Organization (WHO), using the Social determinants of health as a reference standard. The intent was to examine whether the recommendations undertook action on improving public health, and thus improved community resilience and reduced vulnerability.

Results:

- Seven post disaster inquiries were reviewed.
- Although the scope and Terms of Reference of reports were broad enough to be inclusive of risk, risk factors and resilience, the recommendations focused primarily on emergency management structure and practice, and demonstrated low engagement in health, health equity, and/or health protection as drivers or outputs.

Conclusion: The National Strategy for Disaster Resilience has also identified that disasters are increasing in their complexity and frequency. Priorities of prevention and mitigation have been firmly embedded within this strategy, to mitigate the effects of disasters upon the community. There is an opportunity to further engage public health practice with disaster management professions and examine:

- what role does disaster health practice play in shaping the social environment in ways conducive to better health and,
- how interventions can assume wider responsibility for creating more healthy, resilient societies

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The Expert Group Health Research and Care after Disasters and Environmental Crises: An Analysis of Research Questions Formulated by Dutch Health Authorities for the Expert Group between 2006 and 2016

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Study/Objective: The aim of this study is (1) to examine developments in the research questions, submitted to the Expert Group Health Research and Care after Disasters and Environmental Crises between 2006 and 2016, and (2) to explore implications of the research questions for the nature of advice given to national and local health authorities.

Background: After the Bijlmermeer plane crash (1992) and the Enschede fireworks disaster (2000), the need to rapidly enclose available knowledge on disaster health research and psychosocial support in crisis situations was broadly recognized in the Netherlands. A decade ago the Dutch ministry of health installed the Expert Group to assist health authorities in addressing complex issues raised by (potential) public health crises.

Methods: Questions submitted to the Expert Group were categorized along their possible knowledge objectives: (1) health care provision in practice, (2) policy-making, (3) public interest, and (4) scientific interest. Stakeholders were interviewed to gain a better understanding of the advice and its implementation in relation to the crisis context.

Results: Despite notable variation in cases and type of questions, most of the 24 questions were aimed at practical health care provision, policy-making and public interest. In practice, the Expert Group recommended approaches that could be more passive or active. Regardless of the proposed attitude, a safety valve should be embedded in the process to guard public health interests. For instance, a possible lesson to verify (learned from a long-lasting soil remediation of a former tarmac construction site), is that a more proactive attitude by the Expert Group in future cases might prevent unnecessary hiccups in addressing health hazards (i.e. reduce exposure of citizens to stressful circumstances).

Conclusion: Discussion: Several practical recommendations were formulated based on the material. Evaluation of advice and its implementation is important for quality improvement.

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Conceptualizing the Essential Elements of Public Health

Emergency Preparedness in Canada

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Study/Objective: This research aims to conceptualize the essential elements of public health emergency preparedness in Canada.

Background: While emergency preparedness is a core public health function in Canada, public health emergency preparedness activities operate largely in the background until an event of concern raises their profile, as was observed during the Severe Acute Respiratory Syndrome (SARS) outbreak and recently, with Ebola Virus Disease. Despite the lessons learned from SARS, a persistent challenge for public health practitioners is defining what it means to be prepared for the Canadian public health system.

Methods: This research used a qualitative study design. Six focus groups were conducted across Canada, employing the Structured Interview Matrix technique. The purposive sample consisted of inter-disciplinary professionals with roles in or relevant to public health emergency preparedness. Rich qualitative data was analyzed using content analysis. Emergent themes were identified by incorporating empirical data from each phase of the Structured Interview Matrix. Integrated knowledge translation was incorporated throughout the study design and involved knowledge users in study design and analysis.

Results: will be presented for the essential elements of public health emergency preparedness across all-hazards emergencies. Emergent themes include the consideration of structures important to preparedness for emergencies, and the processes and resources found to be essential to preparedness in Canada. Detailed examination of elements will explore practice and experience; collaboration; communication; learning and recovery; and ethical considerations in planning and decision-making.

Conclusion: This study presents findings on the essential elements of public health emergency preparedness in Canada. These elements can guide practice in informing preparedness activities. Countries with health systems similar to Canada may use the findings in conceptualizing preparedness within public health systems globally.

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Improving Maternal, Newborn and Women's Reproductive

Health in Crisis Settings: A Cochrane Systematic Review

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Study/Objective: To identify, synthesize and evaluate the effects of a health system and other interventions aimed at improving Maternal, Newborn and Women's Reproductive Health (MNWRH) in crisis settings.

Background: Maternal, newborn and reproductive health is a major problem in humanitarian/crisis settings mainly due to disrupted health service delivery, with substantially higher levels of morbidity and mortality compared to stable settings. Improving maternal, newborn and reproductive health in crisis settings is a global priority, especially in the context of the UN sustainable development goals.

Methods: A Cochrane-based systematic review was carried out using the guidelines for Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). We systematically searched seven databases, two trial registries, three specialized grey literature sources, hand-searching, reference lists and contact with experts in the field.

Results: Out of 10,998 records (10,391 from databases and 607 from other sources), only three studies met our strict inclusion criteria, including one study in-progress. An additional 17 'near miss' excluded studies were also explored in the analysis. The two included studies are part of a randomized trial involving female survivors of sexual violence with of high levels of post-traumatic stress disorder (PTSD) symptoms, and combined depression and anxiety symptoms in a post-conflict setting. The first study assessed the impact of cognitive processing therapy (a mental health intervention) provided by trained community-based paraprofessionals, compared to individual support on mental health outcomes. The second investigated the impact of Village Savings and Loans Associations (a group-based economic intervention) on economic, social and psychological functioning outcomes. The in-progress study is investigating the effect of an intervention package on the frequency of facility based births and perinatal mortality.

Conclusion: The evidence base for improving MNWRH in crisis setting remains relatively weak. More robust and well-designed studies are needed.

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The Progress from the Acute Phase to Subacute Phase in Disaster Medical Assistance at the Kumamoto Earthquake on April, 2016

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Study/Objective: We are going to investigate and review the smooth disaster medical relief activity to the Kumamoto earthquake on April, 2016; for the future, through this precedent, the acute phase to sub-acute phase.

Background: The Kumamoto earthquake occurred on April 14th and 16th, 2016. Based on Japanese the disaster medical relief system, DMAT (Disaster Medical Assistant Team) had dispatched under the Ministry of Health and Labor. After one week from the earthquake in the Aso area, we had initiated the medical coordination center, which was named Aso Disaster Recovery Organization (ADRO).

Methods: Investigate and review the process of establishment ADRO and its operations.