An Environmental Scan of Community, Hospital, and Public Health Integration for Disaster Response in the City of Milwaukee
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BACKGROUND:
Disaster preparedness is a national priority, and separate regions can face different obstacles based on socioeconomic status and cultural segregation, with vulnerable communities disproportionately exposed to disaster related health risks and bearing more disaster related disease burden. In the aftermath of significant failures with the Hurricane Katrina Response, the Federal Emergency Management Agency (FEMA) identified “Whole Community” disaster response as an important area for advancement. While Milwaukee is at somewhat lesser risk than other mid-sized cities for natural disasters, the segregation of the city by poverty status and racial background make the importance of community engagement in disaster events particularly salient for the region.

HYPOTHESIS:
We hypothesize that three key arenas, community-based organizations (CBOs), governmental response agencies, and healthcare systems, are not fully aware of how their specific strengths interact to support overall disaster management efforts during major crisis events.

OBJECTIVES:
This project evaluated cross-sector community disaster awareness and barriers to integration between healthcare systems, government, and community-based organizations (CBOs) in the City of Milwaukee.

METHODS:
An environmental scan was performed using key-informant interviews, and a later “world café” with 77 representatives from all three sectors, exploring familiarity with FEMA’s “Whole Community” approach, levels of cross-agency integration, and disaster experience. Data were analyzed qualitatively, using grounded theory.

RESULTS:

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<tr>
<th>Avoidance of One-Size-Fits-All Plan</th>
<th>CBO</th>
<th>Government Agencies</th>
<th>Healthcare System</th>
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<tbody>
<tr>
<td>In the context of how impersonal plans would affect communities, people in our community would absolutely not respond well, if at all, to government workers in helicopters screaming “leave your house you’re going to die.”</td>
<td>\textit{“FEMA is headed in the right direction. We can’t be all things to all people. A universal plan is not the answer, we cannot write one, print and distribute it, then file it away until a disaster strikes. We need to get away from here is the formula for disaster preparedness.”}</td>
<td>In the context of the importance of embracing community, “we are very tied to the patients we serve, and learning about our patients’ lives benefits not only our patients but our staff’s ability to serve them.”</td>
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| Community Limitations to Planning | \textit{“Overall, we feel we contribute to disaster response through a sense of community awareness [...] but there is no protocol, this would all be reactionary.”} | \textit{“Half of the problem with preparedness is in communication between government agencies, CBOs and the public.”} | \textit{“In the context of the prioritizing disaster planning, “it is something we want to get to, but priorities keep slipping. It’s just not imminent.”} |

| Current Relationships Between Sectors | CBOs speak a similar language to each other, so collaboration could be much easier. The government has rules and so many requirements, which makes it hard to apply to the community level. | \textit{“Overall, problems exist with vertical (city, state, national) and horizontal (across different organizations) integration. We need a fundamental change in the culture surrounding emergency response, that this must include equitable relationships between different community members: government, citizens, non-profit organizations, and the corporate sector.”} | \textit{“Healthcare services focus more on managing and treating the surge of disaster patients and the coordination to get the patients to the hospital. We are not down the line engaging community partners.”} |

| Authoritative Role Ambiguity | In context of disaster protocols, "it can’t be assigned prescriptively." | \textit{“Main constraints in achieving the Whole Community approach are as follows:} 1) Perceived scope of authority to share information and give directions 2) A misunderstanding of roles of different agencies.” |

DISSCUSSION:
Major discrepancies between the theory of “Whole Community” response and its application persist. Prioritizing disaster planning is a challenge for CBOs. A balance between community-specific plans and a national template encompassing communication, early planning, and post-disaster business continuity is needed.

NEXT STEPS:
CBO motivation focusing on low probability but high impact events competes for attention, dedication, and financial support with other organizational goals. Business continuity in the aftermath of predictable problems, and how improving business continuity planning may also less frequent and more catastrophic events is of interest. Addressing these “upstream” factors may prove to be an effective way to ensure CBOs have a greater chance of surviving, continuing to serve their communities, and be available to engage with outside response agencies.

REFERENCES:


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