

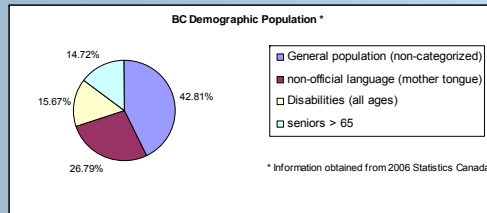
LINKING EMERGENCY SOCIAL SERVICES AND HEALTH IN BC

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BACKGROUND

- Since 2007 a groundswell of initiatives regarding at risk populations has been undertaken and continues to flourish in BC ⁽¹⁻⁶⁾
- As well, a significant amount of literature is available regarding vulnerable populations and identified gaps ⁽⁷⁻¹³⁾
- An environmental scan of Emergency Social Services (ESS) practitioners who respond to adverse events on behalf of the Provincial Emergency Program validated these findings as an issue.
- Outcomes from the Medical Functional Needs sub-committee ⁽¹⁴⁾ report as defined by the Functional Needs Framework were also utilized ⁽¹⁵⁾
- As a result, this ad hoc committee has been struck to explore the gaps identified between Health Services and Emergency Social Services (ESS) and endeavors to produce deliverables that will ensure a sustainable and integrated response.
- Over the past year, this working group has met regularly and are in the final stages of completing a project charter. With a defined scope and clear objectives we hope to garner support and feedback from the EP community as we launch our ideas into action.



PURPOSE/OBJECTIVES:

- Identify and engage NGO services (such as St. John Ambulance, local Victim Services) to determine capacity to provide basic health/ESS services.
- Provide psychosocial education, information and available tools to ESS.
- Develop resource tools indicating type of services and how accessed including after hours (contact lists)
- Develop sustainable forum in which to exchange educational awareness and networks that form relationships between ESS and regional health service providers for possible duplication in other regions
- Determine mechanism for integrated health planning and response at the local authority level.
- Provide a model for the development of a health response team to support Reception Centres (RCs) and Group Lodging (GL).
- Develop a concept of operations for an integrated response of Level 3 ⁽¹⁾ activations at the municipal, regional and provincial level between ESS and health.



MATERIALS AND METHODS

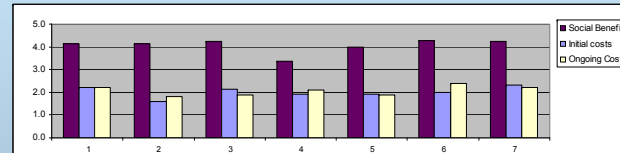
Objective Process:

- Invested stakeholders reviewed current provincial initiatives as well as conducted a literature review and environmental scan to determine outstanding health service gaps
- Following this several brainstorming sessions were held with input obtained from various community groups to determine potential health needs required during an adverse event.
- Input was sought from individuals in emergency management, health care and ESS at the provincial and local (urban and rural) levels
- Once compiled, the objectives were developed and the group began the process of determining potential deliverables.
- Each objective was then evaluated based on the following criteria:
 - In and out of scope
 - Links and dependencies
 - Barriers and constraints
- The committee developed a measurement tool (sample below) with defined criteria for ranking the objectives. This tool will be used to measure the following:
 - Compare the objectives against social benefit and financial impact
 - Evaluate outcomes of deliverables post implementation

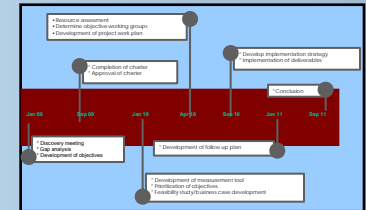
MEASUREMENT TOOL:

Social Benefit	1	2	3	4	5
Individual Impacts	No impact	Minimal impact	Moderate impact	High impact	Extreme Impact
Health Impacts	0-20%	21-40%	41-60%	61-80%	81-100%
ESS Impacts	0-20%	21-40%	41-60%	61-80%	81-100%
Response Rate	0-20%	21-40%	41-60%	61-80%	81-100%
Economic	No impact	Minimal impact	Moderate impact	High impact	Extreme impact
Geographic Equity	No impact	Minimal impact	Moderate impact	High impact	Extreme impact
Population Equity	No impact	Minimal impact	Moderate impact	High impact	Extreme impact
Timeliness	No impact	1 satisfaction	1 well being	1 quality of life	1 morbidity/mortality
Financial Impact (Initial Costs)					
Start up costs	No cost	<\$1000	>\$1000	>\$5000	>\$20000
Staff Costs	No cost	<0.5 FTE	0.5-1.0 FTE	>1.0 FTE	Specialized profession
Non-labor costs	No cost	<\$1000	>\$1000	>\$5000	>\$20000
Financial Impact (Ongoing Costs)					
Non-Labor costs	No cost	<\$1000	>\$1000	>\$5000	>\$20000
Labor costs	No cost	<0.5 FTE	0.5-1.0 FTE	>1.0 FTE	Specialized profession

EVALUATION:



CHARTER TIMELINE:



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