UNISDR Scientific and Technical Advisory Group
Case Studies - 2014
Promoting inclusive engagement and community disaster resilience in Québec City

The problem
Disasters and large scale emergencies have the potential to create a substantial gap in the ability of people to prepare for, respond to, and recover from adversity.

Community engagement is a central component of disaster resilience but in most communities, there is no consultation between emergency planning and social services, health, and community organisations. Moreover, there are few evidence-based interventions that have demonstrated effectiveness in fostering community resilience. In Québec City as in other urban centres, emergency preparedness efforts have struggled to link high-risk population groups and community associations with disaster management and multi-sectorial expertise.

The science
Community-based participatory research (CBPR) is a partnership approach that engages community stakeholders to contribute their expertise to better understand and take action on complex health and social issues. The Enhancing Resilience and Capacity for Health (EnRiCH) project is a CBPR initiative to develop, implement and evaluate an inclusive collaborative asset-mapping intervention that could contribute to resilience and adaptive capacity. An important feature of the intervention framework was the emphasis on inclusive engagement of high-risk populations in contingency planning and asset mapping.

The EnRiCH Community Intervention Protocol consisted of two distinct components. The first was the asset/needs assessment session to complete a SWOT analysis (strengths, weaknesses, opportunities, and threats), using the Structured Interview Matrix (SIM) as a facilitation technique for inclusive dialogue between community partners.

The second component was the Collaborative Asset Mapping Task to engage partners in the creation of a database of assets in their community. The CHAMPSS Functional Capabilities Framework was introduced as a classification system for identifying community services and programs addressing the functional needs and capabilities of individuals. These categories are: Communication, Housing, Awareness, Mobility and transportation, Psychosocial, Self-care and daily living tasks, and Safety and security (CHAMPSS).

The application to policy and practice
A significant implication that resulted from the EnRiCH collaborative asset-mapping intervention in the Québec City community was the merging of The EnRiCH Project and "Le projet K", a local initiative developed by the Municipality of Québec City to enhance the population’s resilience to disasters.

As a result of this merger, formal agreements with 211 and other key community partners have been established to develop action plans targeting specific objectives such as:
- Assisting community-based organizations in building their own business continuity of operations plan;
- Mapping areas of vulnerability and services according to the CHAMPSS Functional Capability Framework to adequately reach out and support high-risk population groups;
- Managing spontaneous volunteers in a state of emergency;
- Establishing inter-sectorial coordination mechanisms.

Did it make a difference?
The emergency planning and response in Quebec City, now includes community groups as active partners. The collaboration helped to create an integrated planning table, which included city authorities, 211, social services and the community groups that provide services to high-risk populations.

References

Authors: [Elizabeth Gagnon, MSc (Telfer School of Management, University of Ottawa), Nicole Paré (Ville de Québec), Claude Vanasse (211 Québec Regions), Dr. Tracey O’Sullivan (Interdisciplinary School of Health Sciences, University of Ottawa), Dr. Wayne Cornell (Institute of Population Health, University of Ottawa)]
Authors: [Elizabeth Gagnon, MSc (Telfer School of Management, University of Ottawa), Nicole Paré (Ville de Québec), Claude Vanasse (211 Québec Regions), Dr. Tracey O’Sullivan (Interdisciplinary School of Health Sciences, University of Ottawa), Dr. Wayne Corneil (Institute of Population Health, University of Ottawa)]