

STATEN ISLAND COAD

Community Organizations Active in Disaster

A coalition of the Staten Island Not for Profit Association

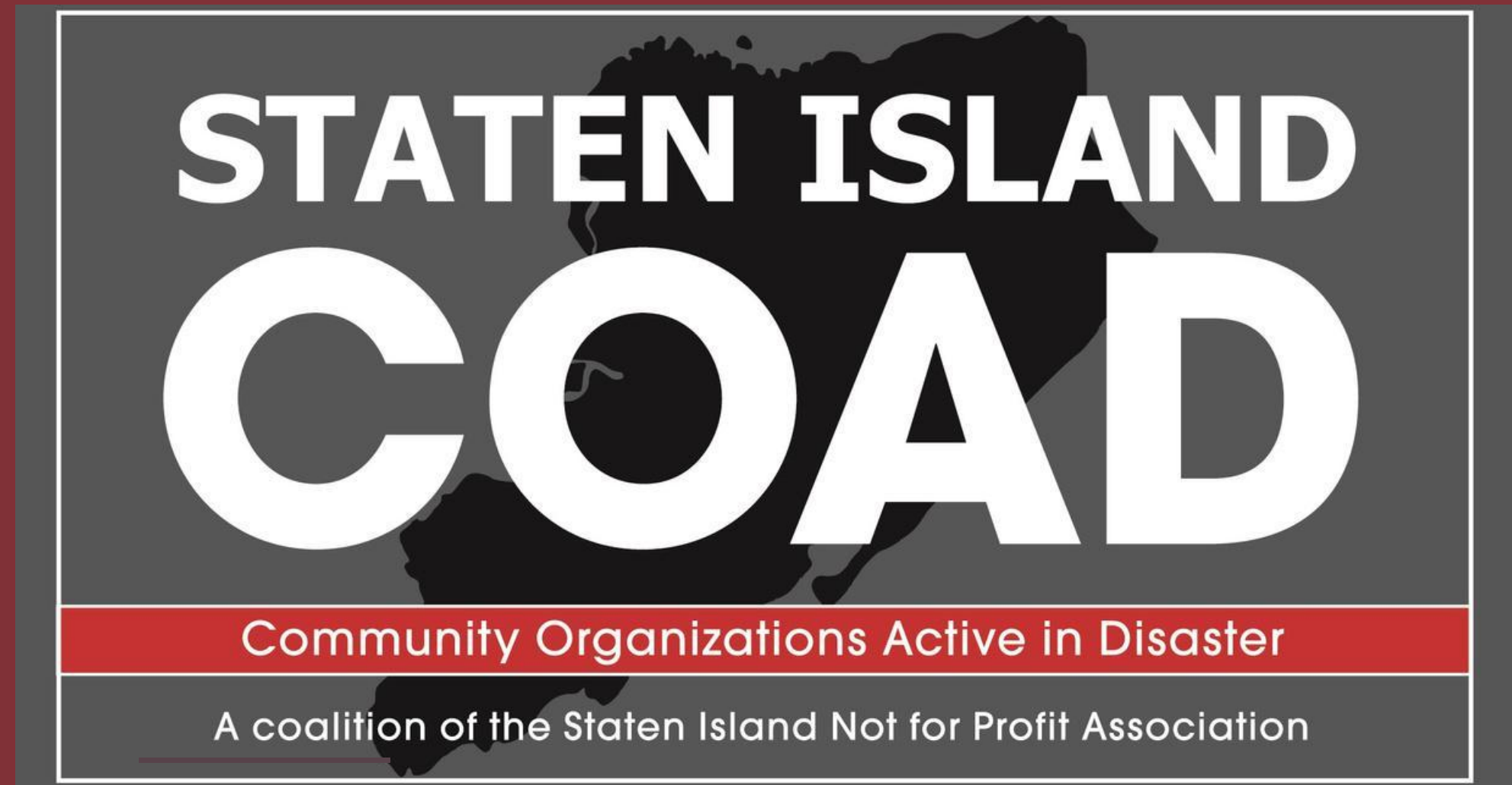
Cross-Sector Emergency Preparedness

Successes & Challenges of SI COAD's integration of
the Medical Ecosystem Subcommittee



Richmond University
Medical Center

Staten Island Community Organizations Active in Disaster



The mission of the coalition is to better prepare Staten Island community organizations for future large-scale emergencies as well as everyday disasters, either natural or man-made, through education, communication, situational awareness, and assessing needs and gaps.

Inclusivity in Emergency Preparedness

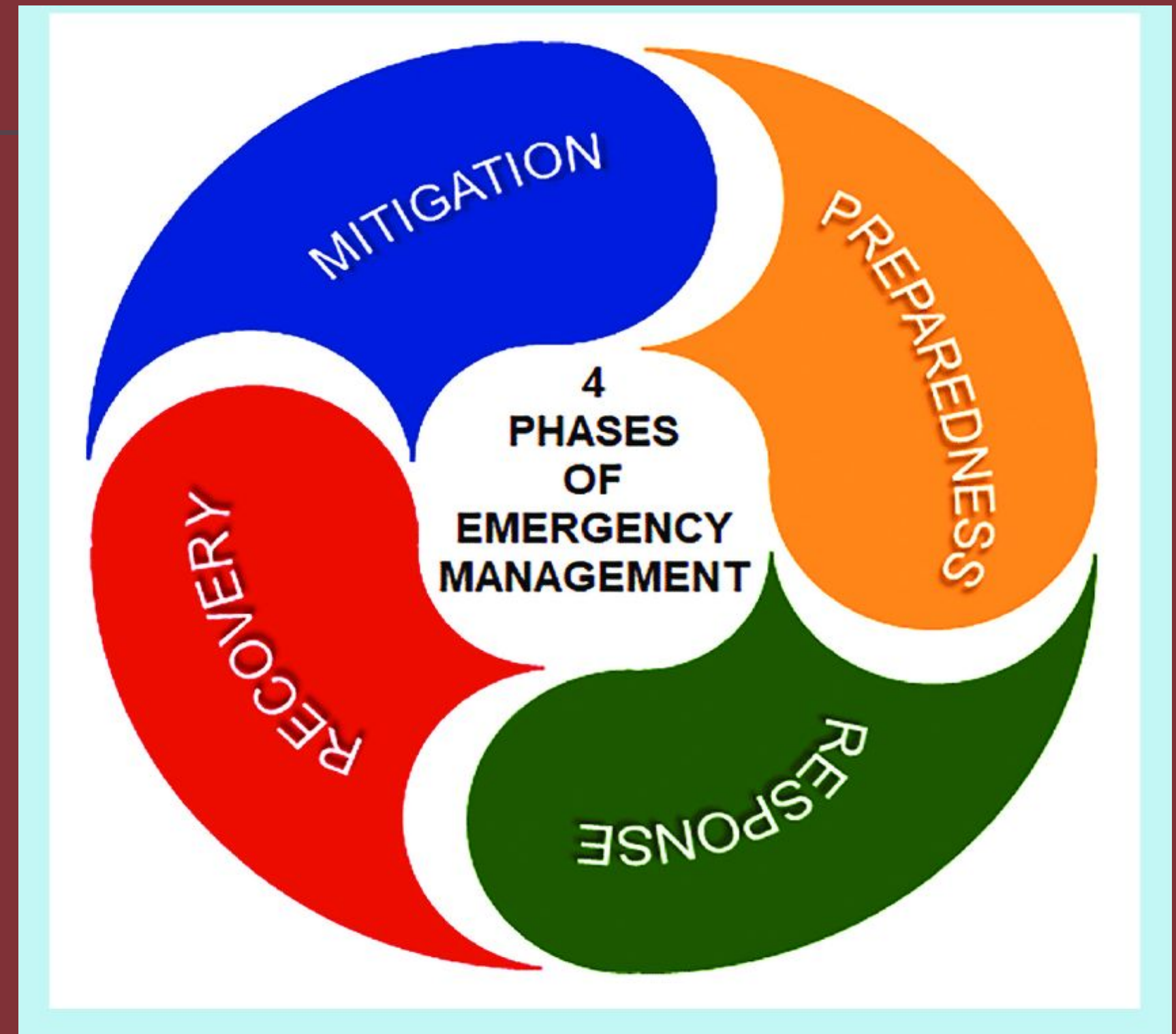
Inclusivity strengthens emergency preparedness by advancing equitable access, efficient collaboration, and trust-building across sectors.

- Equity
 - Improved connectivity to special needs, hard-to-reach, and otherwise vulnerable subpopulations.
 - Centralized access to government agencies and official updates, promoting equitable resource distribution.
- Efficiency
 - Strengthened information- and resource-sharing across providers.
 - Unified approaches to advocacy and mobilization of resources.
- Trust
 - Hyperlocal awareness and the ability to leverage community expertise.
 - Stronger partnerships fostered through consistent collaboration and inclusivity.

Serving in all phases

Emergency management
phases are non-linear

Collaborative work aims to
fulfill capacity and community
needs relevant to the cyclical,
often overlapping phases



Medical Ecosystem Subcommittee (MES)

Looking to enhance medical response in the borough, the Richmond County Medical Society reached out to SI Borough President's Office. This led to connectivity to SI COAD, which lacked significant engagement with health/medical providers.

To initially develop the MES framework, local healthcare leaders, clinicians, and City representatives brought together:

- pharmacies
- hospitals
- nursing homes
- adult homes
- group home partners
- sector specialties (e.g. dialysis, social care, mental health, hospice, home health)
- FQHCs

And leveraged partnerships with NYC DOHMH, NYCEM, and Greater NY Hospitals.

COVID-19 Response & Recovery



During the COVID-19 pandemic, the SI COAD and Medical Ecosystem Subcommittee (MES) **pivoted from preparedness and situational awareness to active response and recovery**, addressing unprecedented challenges in real time.

Key Activities:

- Rapid Needs Assessment
- Resource Mobilization and Advocacy
- Coordinated Support for Providers
- Transition from Testing to Vaccination Efforts

The success and challenges of this collaborative effort emphasized the importance of sustained partnerships and adaptability.

Initial Response

An community Incident Command System (ICS) team was established, consisting of representatives from both local hospitals, the medical society/primary care physicians, skilled nursing facilities, nonprofit and community-based organizations, and the Office of the Borough President. The group met daily to **discuss challenges and response efforts and to advocate on behalf of Staten Island to the city and state.** The broader coalition was receiving **regular updates and guidance on mandates, resources, funding, and relief opportunities for nonprofits.**

NEEDS ASSESSMENT



- Adapted & adopted from SI LTRO
- Cross-sector to evaluate the full landscape
- Tailored to reveal specific needs (e.g. cleaning supplies, PPE, etc.)



TRAINING & EDUCATION

- PPE
- “Stop the Spread” practices
- Resources & information being made available by public health agencies





ADVOCACY & SECURING RESOURCES

- SI representation in citywide response efforts (despite absence of public hospital)
- Escalate concerns through member affiliations with city/state response efforts
- Raise & distribute funds and supplies to under-resourced providers



PARTNERSHIPS FOR TESTING

- Coordinate access and availability for highly vulnerable, underserved, &/or disconnected populations
- Improve community awareness of local testing locations
- Facilitated collaboration between healthcare agencies and providers, especially to ensure facility compliance



Early Recovery

As the initial response shifted towards recovery, the focus of SI COAD and MES efforts transitioned from testing to **supporting phased roll-out of vaccines and bolstering continuity of care**. This phase emphasized inclusivity and equity, addressing critical needs through targeted vaccination campaigns, including pop-up clinics for older adults, individuals with disabilities, and homebound residents. **Updated needs assessments and broad communication strategies** supported providers in safely resuming in-home services.

SUPPORTS FOR PROVIDER STAFF

- Coordinative support for testing, care, and vaccination
- Assist providers returning to in-home service provision



ONGOING SITUATIONAL AWARENESS & ASSESSMENT

- Updated needs assessments
- Broad communication of key messaging and guidance
- Identify supports for discharged patients, homebound residents, etc.



ONGOING ADVOCACY & RESOURCES SOLICITATION

- Support SI inclusion in vaccination plans & initiatives
- Support provider access to resources needed to safely sustain services
- Strengthen service provision to homebound residents by building trust and relationships with off-borough providers



PARTNERSHIPS FOR VACCINATION

Pop-ups to serve key populations:

- Older adults
- Individuals with disabilities
- Homebound residents
- Group home residents

Community awareness campaigns &
CBO support to raise vaccine
confidence & equity



A framework for collaborative preparedness

“Don’t let *perfect* be the enemy of good.”



Acknowledging Barriers; Identifying Opportunities

Successful coalition building and collective preparedness is a **long-term** effort.



A **commitment of time and resources** is needed to support the **human capital and capacity** for sustained collaboration in all phases of emergency response.

Logistical, cultural, and regulatory factors can present both barriers and opportunities to collaborative preparedness.

Support of **government and local officials** is critical to collective success.

Grow from what you know

Getting started with collective preparedness doesn't mean that you have to lead the charge; start by positioning your agency to contribute to it.

- What tools, templates, and communications plans do you already have in place? Are they up-to-date?
- Map key stakeholders who you already have connectivity to. Consider:
 - Government agencies
 - Social services, social care providers
 - Peer providers
- Engage staff in 'refresher training' on response protocols, continuity of operations, etc.

Get engaged

- Evaluate potential role(s) of community stakeholders in agency planning
- Cultivate inclusive partnerships
 - Connect with community-based organizations (CBOs) to identify shared goals.
 - Attend community events or coalition meetings.
 - Pursue partnerships that address capacity gaps, such as language access or cultural credibility.
- Connect with local COAD networks, CENs, healthcare coalitions, and umbrella agencies.



*Thank
you!*

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