Financial contribution:

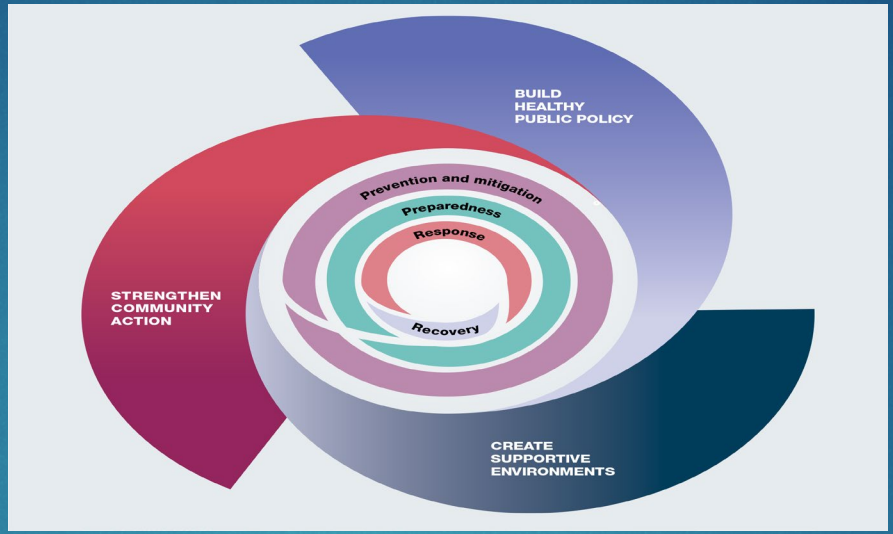
Building Bridges to Resilience: Identifying International Good Practice Principles in Applying Health Promotion to Emergency Preparedness and Response

Findings from Scoping Review of International Literature (Phase I) & Introduction to Methodological Approach to practice-based International Evidence (Phase II)

Dr Catherine Anne Field, Dr Mary Jo Lavelle (University of Galway), Dr Geraldine McDarby, HSE West

Context

Global Public Health Emergencies (pandemics, natural disasters, climate-related and conflict crises)



Health Promotion action aeas to support community resilience (Source: The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2023)

Attention shift
emergency preparedness, prevention mitigation of impacts & important role of essential public health function of emergency preparedness and response (PHAC 2023).

GPHE

- complex turbulent events,
- unpredictable impacts
- overwhelming health systems
- disproportionately affecting vulnerable populations

(Corbin et al., 2021).

Growing focus on resilience and communities
Health promotion's potential to improve health and well-being focused on collaborating with communities and targeting the determinants of health
(Public Safety Canada, 2019; Haldane et al., 2021; Council of Canadian Academies, 2022).

Project Overview

Building Bridges to Resilience: Identifying International Good Practice Principles in Applying Health Promotion to Emergency Preparedness and Response

Scoping Review

Identify and map published best practice examples of health promotion principles and strategies that have been applied to support emergency preparedness and response

Work Package 1

Survey and Interviews

Informed by the scoping review, this work package will gather additional information and discuss findings through a survey as well as in-depth interviews

Work Package 2

Analysis of Findings

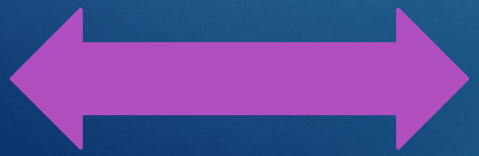
Outcomes of the analysis shall seek to identify practice-based evidence derived from programs and actions implemented in real-life settings

Work Package 3

Dissemination

Findings will be synthesized into a detailed report

Work Package 4



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Work Package 1
Research Team

WP1 is lead by academics and researchers at the Health Promotion Research Centre, University of Galway , Ireland

Designated as a WHO Collaborating Centre for Health Promotion Research in 2009, Health Promotion Research Centre (HPRC) at the University of Galway has an active multidisciplinary research programme, and collaborates with regional, national and international agencies on the development and evaluation of health promotion interventions and strategies.

Financial contribution
Canada

Ollscoil na Gaillimhe
University of Galway

Scoping Review

Aim

Work package 1 utilises a scoping review methodology:

- To identify and map published best practice examples of health promotion principles and strategies that have been applied or implemented to support emergency preparedness and response.
- To frame and refine the search, collection, and analysis of case studies.
- To consider the full breadth of the emergency management continuum from prevention and mitigation to preparedness and response.

Financial contribution
Canada

Scoping Review

Methodology

This scoping review follows the methodological framework outlined by Arksey and O'Malley (2005) and refined by Levac, Colquhoun, and O'Brien (2010).

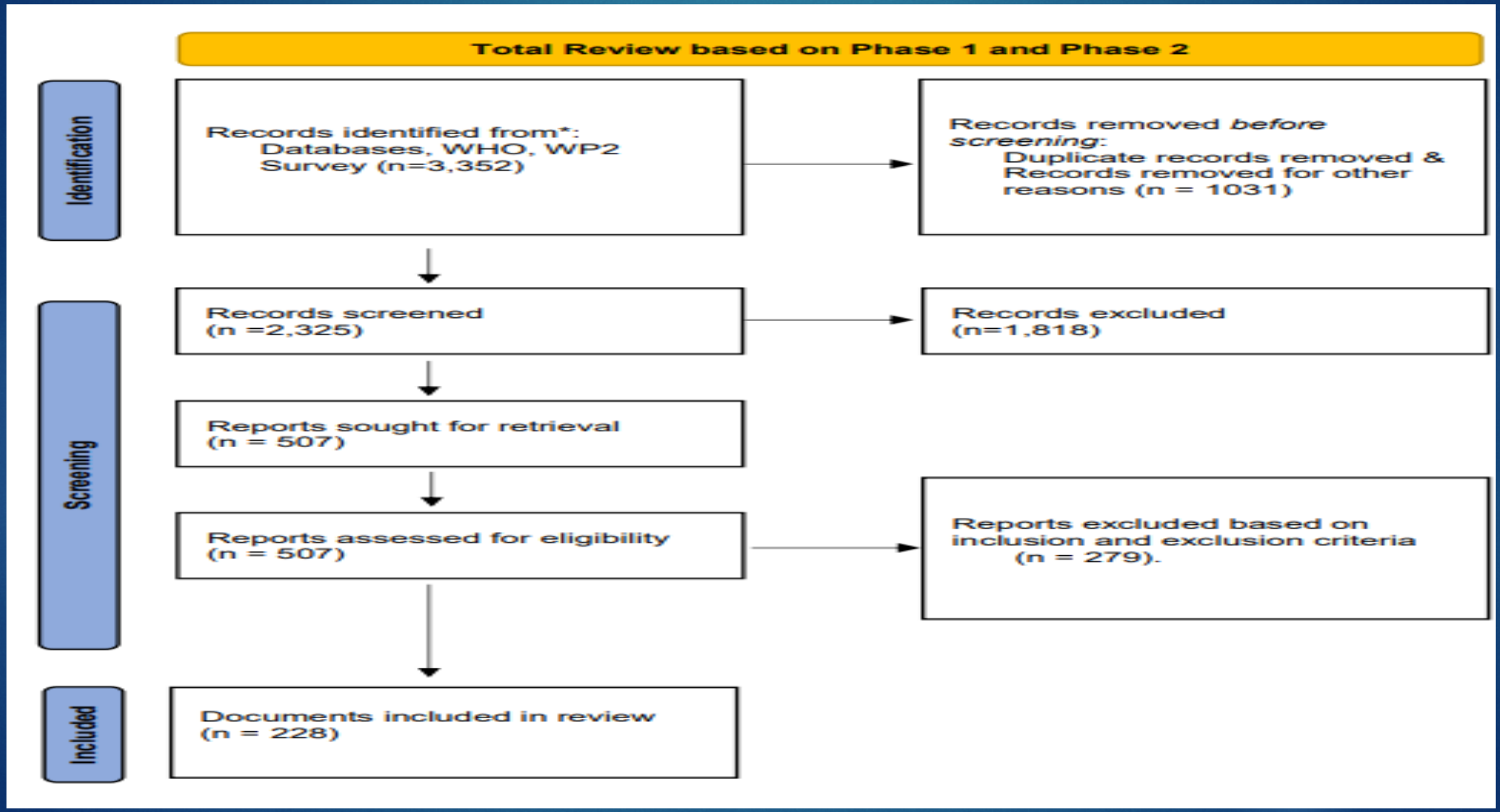
The review is conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines to ensure comprehensive and transparent reporting.

Search Strategy

- **Peer-review Literature Databases**: A systematic search conducted across electronic databases, including Medline, PubMed, Scopus, and CINAHL (Phase I)
- **Grey Literature**: To capture non-peer-reviewed evidence, searches will include grey literature databases of key IANPHI and other organizations with an identified role in emergency preparedness and responses (Phase II)

Financial contribution
Canada

Search Strategy (phases 1&2)



Search Strategy:

Strategies (OR)	Equity (OR)	Emergency setting
•Health Promotion •Health education •Health communication •Health literacy •Community participation •Health policy •Capacity building •Empowerment •Social support	•Health inequities •Health equity •Vulnerable populations •Social determinants of health •Socioeconomic factors •Health status disparities	•Emergencies •Disaster medicine •Disaster planning •Disasters •Relief work •Civil defense •Mass casualty incidents •Natural disasters •Epidemics •COVID-19 •SARS •Ebola •Climate change •Disease outbreaks
•Risk communication •Crisis communication •Community engagement •Risk & emergency communication		•Emergency response •Emergency preparedness •Emergency recovery •Emergency mitigation

Phase 1: Academic Literature

Inclusion Criteria
1 OR 2 AND 3
(N=126)

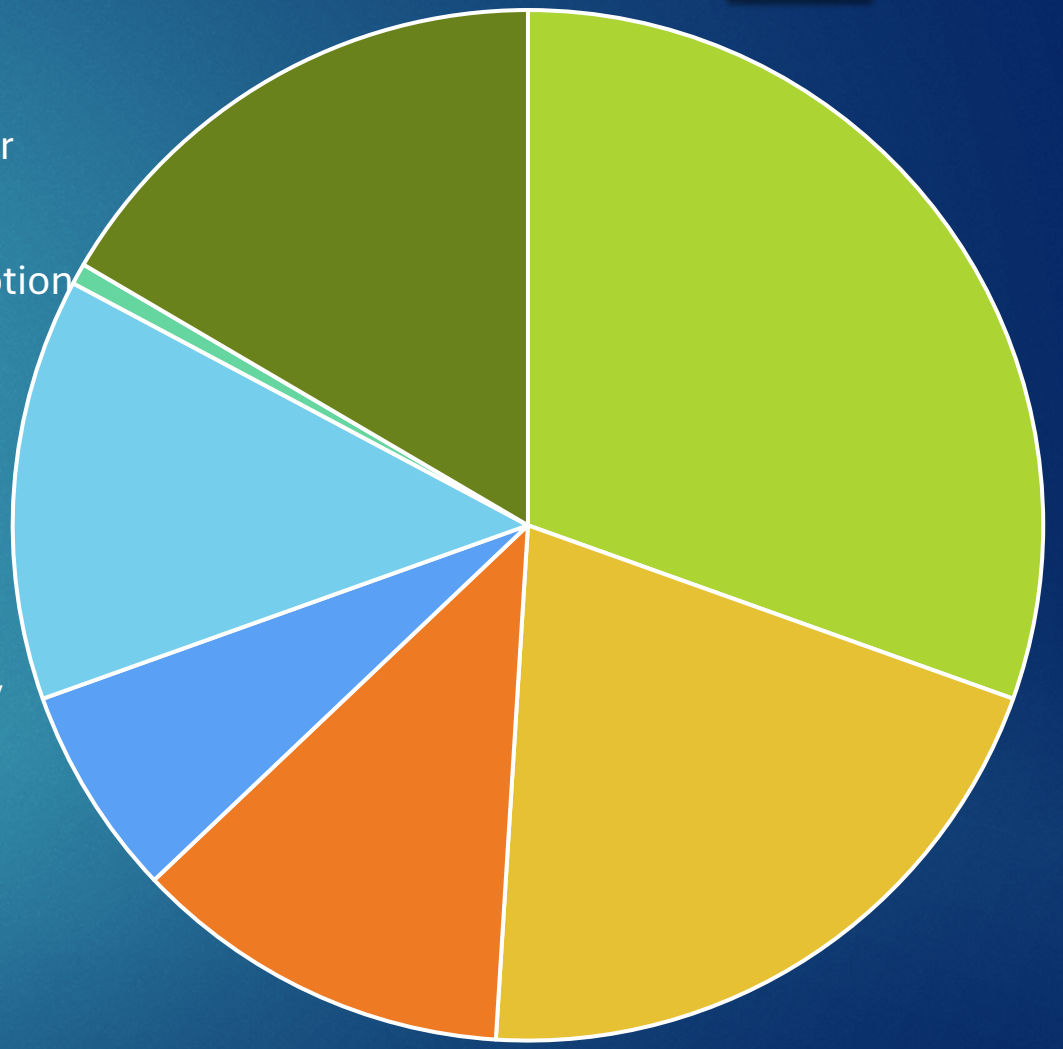
1-Describe or refer to a health promotion strategy
OR

2-Describe or define a **vulnerable population or group** (e.g. migrants, elderly, children, those with chronic disease or disability, homeless, sex workers, drug users, geographic remoteness, etc.)

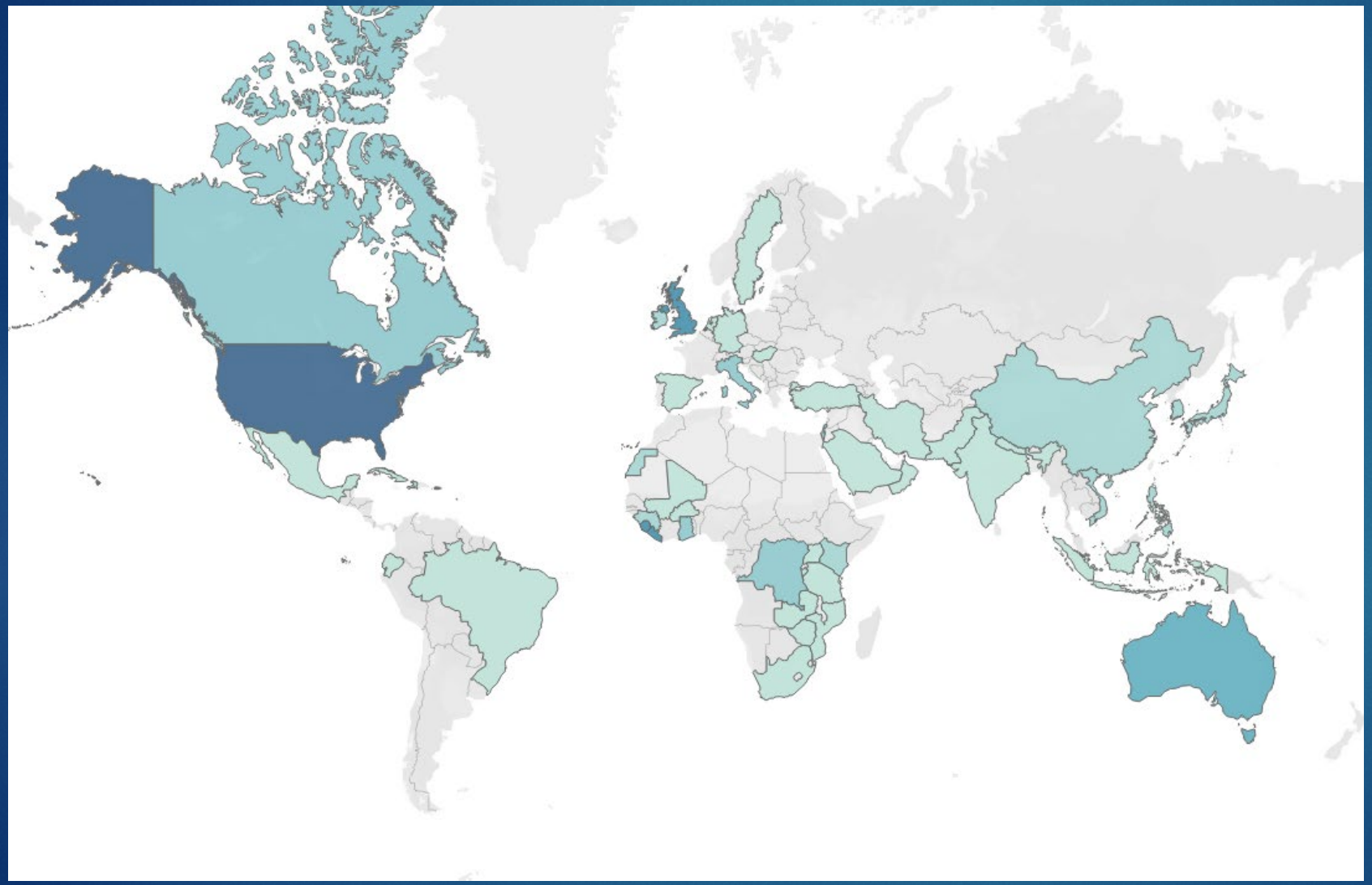
3-Address a defined **emergency context** from planning to recovery

Reasons for Exclusion (N=151)

30.5%	Editorial, letter to the editor, commentary, perspective pieces, or other pieces not including a description of methods
20.5%	Does not describe, identify or articulate a specific health promotion strategy or intervention or vulnerable group (I 1&2)
16.6%	Disease prevention rather than Health Promotion (I,1)
13.2%	Does not address an emergency context (I ,3)
11.2%	Purely conceptual with no application of intervention or strategy
0.7%	Focuses on the effectiveness/efficacy of a clinical or medical intervention on the general population
10.6%	Other: - Purely descriptive with respect to health disparities (describing or measuring disparities within emergency context e.g. higher rates of covid among certain groups, higher mortality, etc) - Purely academic focus (curricular development, development of research capacity, etc)



Geographic Distribution

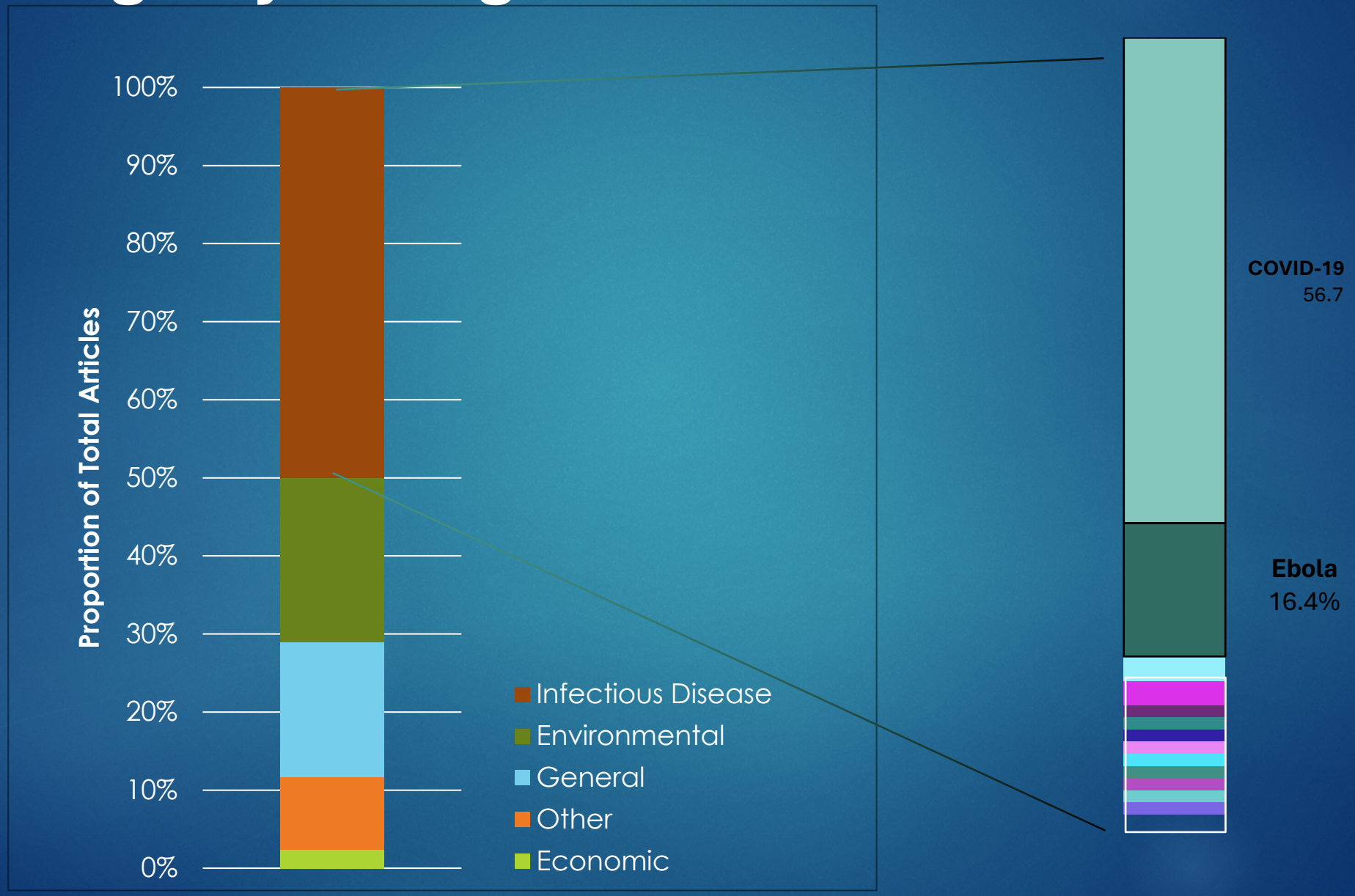


- North America(n=56)
- Africa (n=35)
- Asia: (n=24)
- **Europe (N-17)**
- Australia (n=5)
- Central America (n=5)
- South America (n=2)

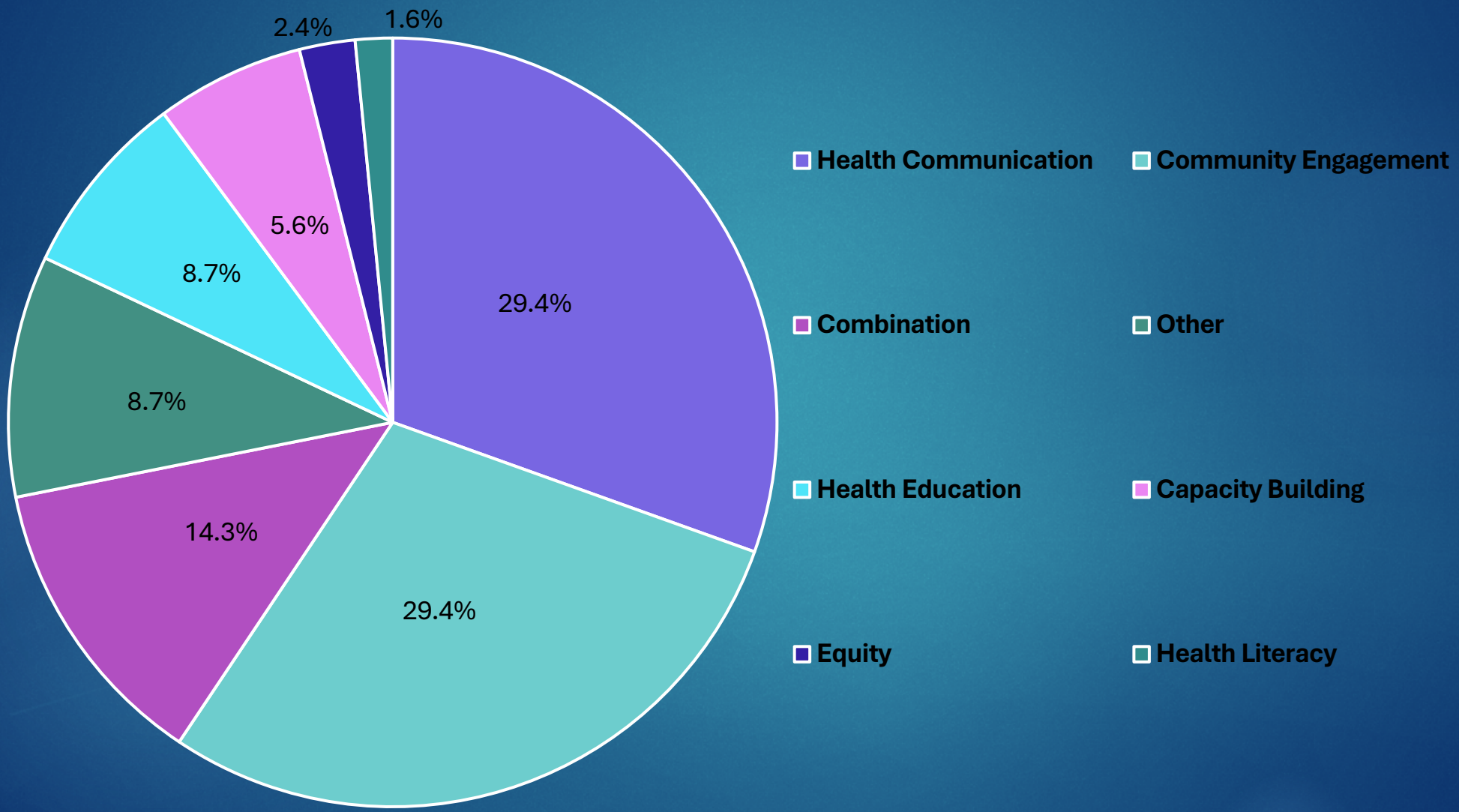
Emergency Phase

General	Prevention & Mitigation	Preparedness	Response	Recovery
7.1%	8.7%	32.5%	**48.4%**	3.2%

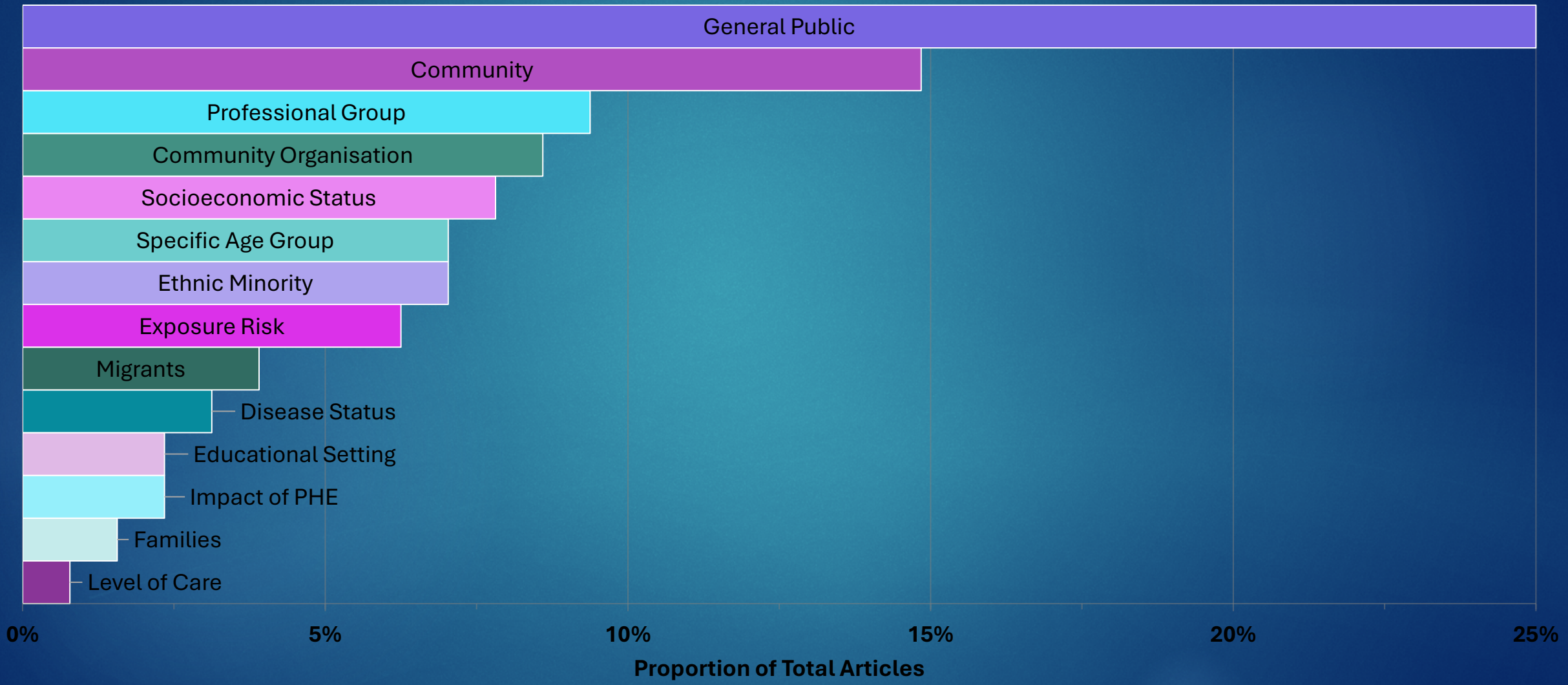
Emergency Setting



Health Promotion Strategies



Target Population



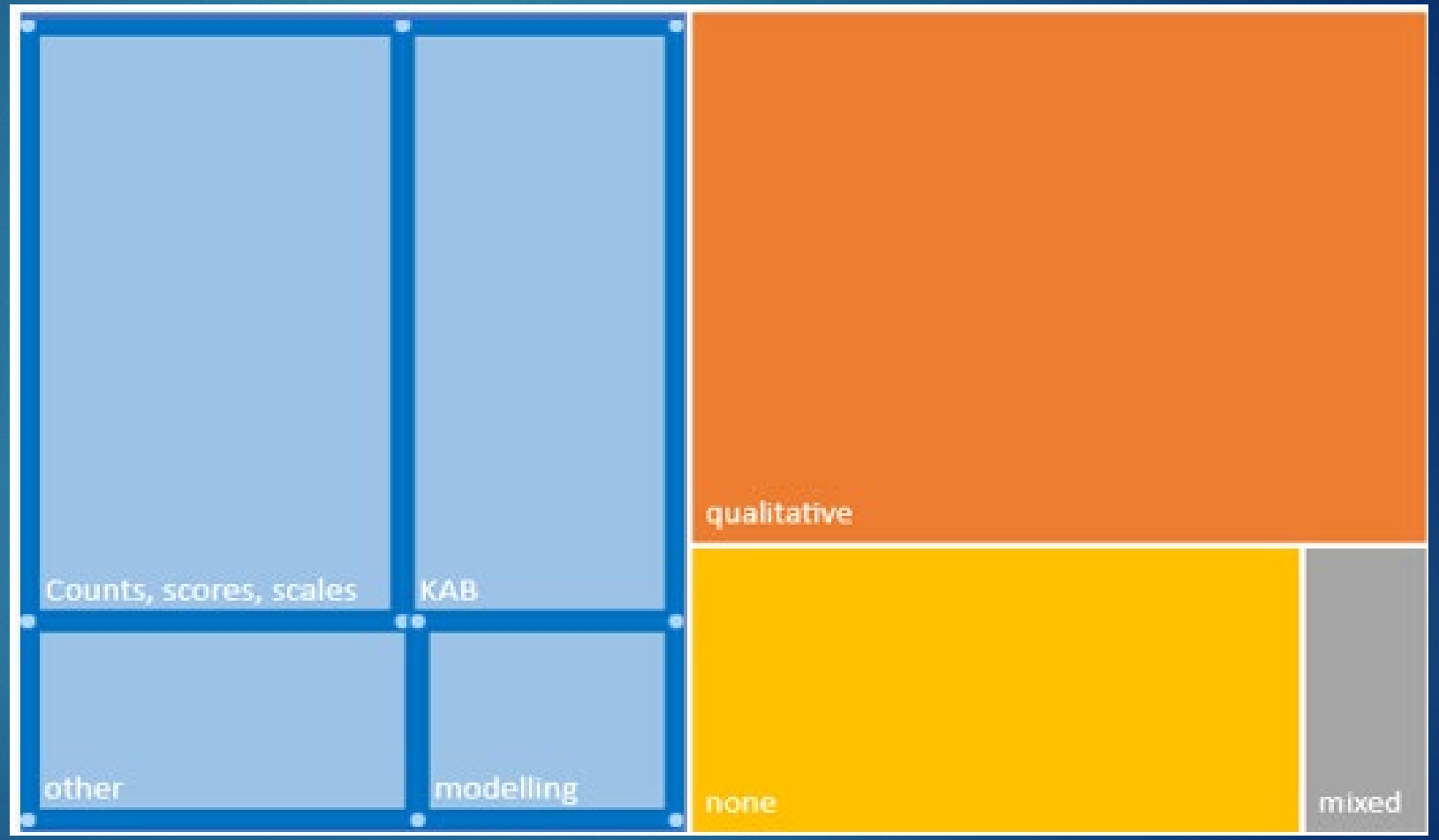
Outcome Measures

Quantitative

Qualitative

None

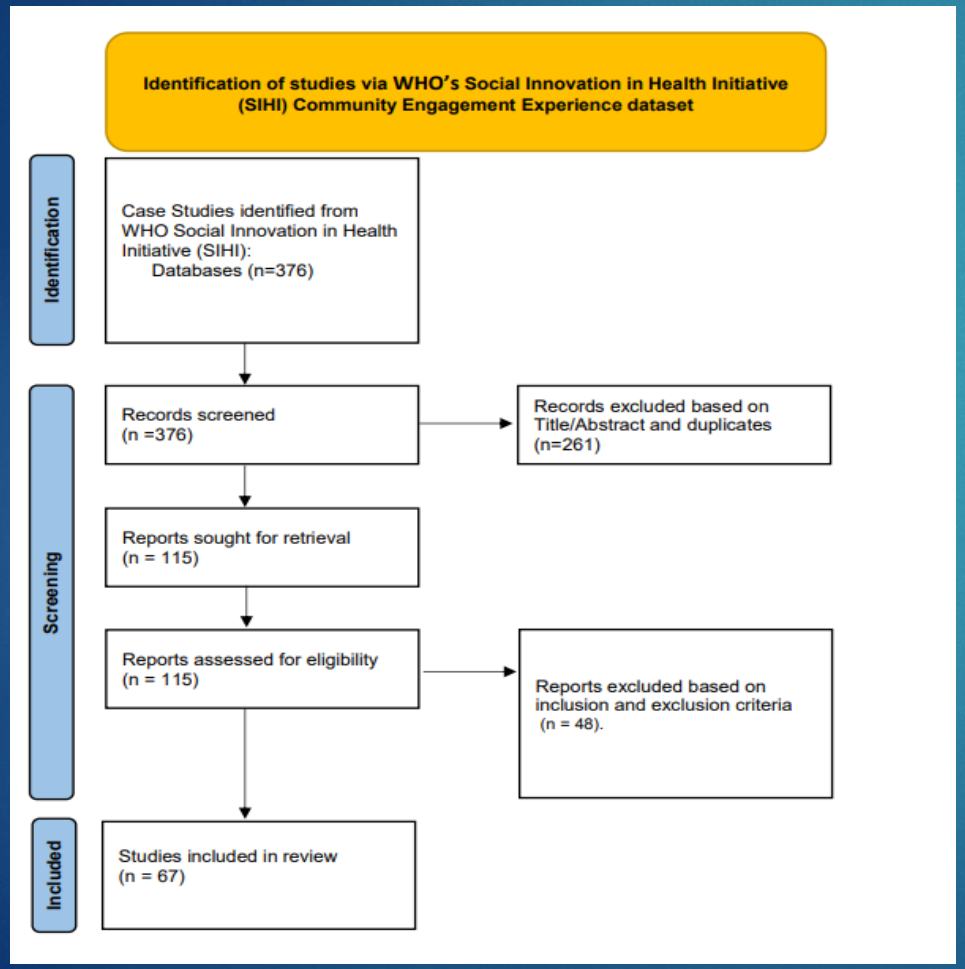
Mixed



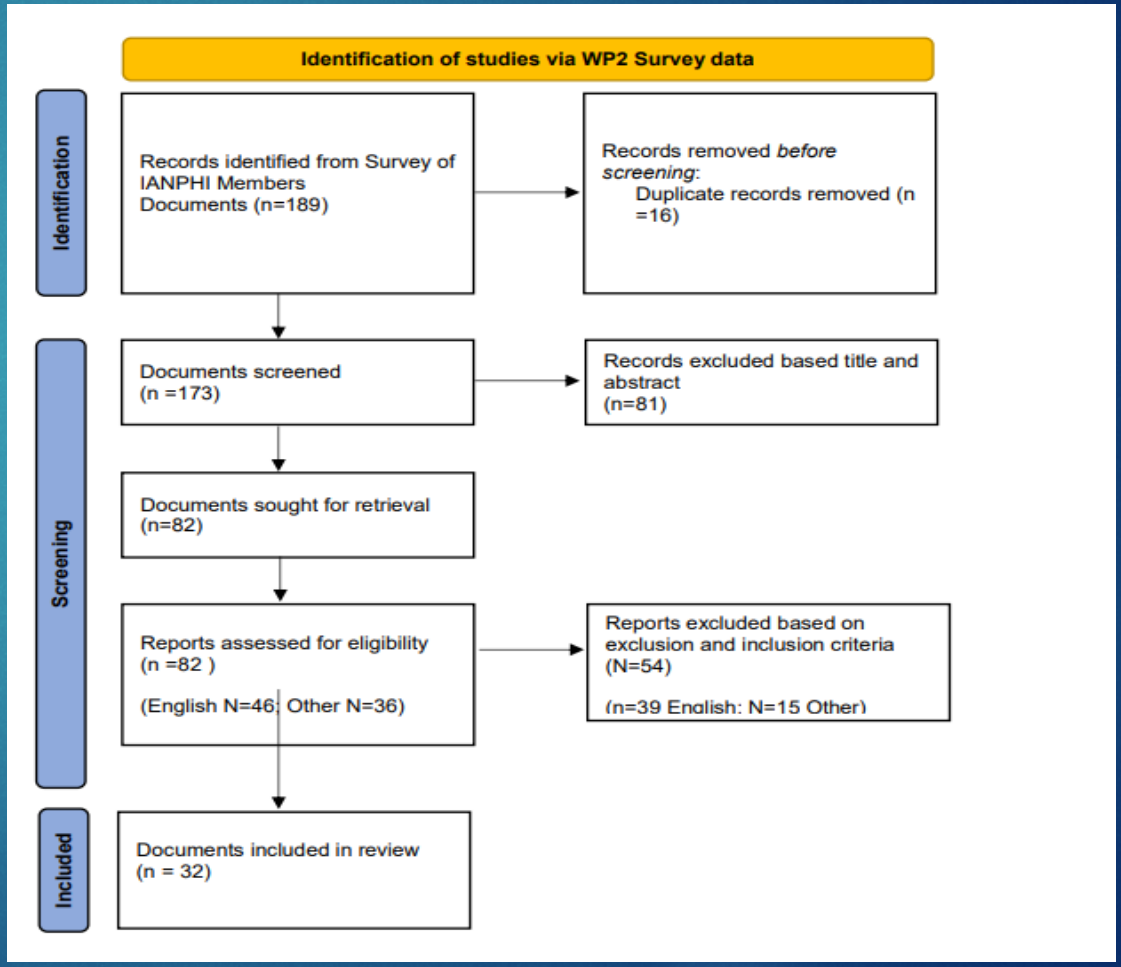
Phase 2: Grey Literature

Grey Literature

Grey Literature WHO



WP 2 Grey Literature Survey IANPHI Members



Phase 2 examined 99 grey literature case studies and articles (the WHO/SIHI community engagement dataset (n=376 case studies) and IANPHI members survey (n=189 documents)

Focused on **health promotion** in emergencies: prevention & mitigation, preparedness, response, and recovery.

Aims: identify best practices and policy implications for embedding health promotion across the emergency cycle.

Geographic Distribution

41 unique countries represented.

Most frequent: Sierra Leone (7), Nigeria (4), Liberia (4), Brazil (3), Philippines (3), USA (3), Japan (3), Guinea (3).

Strong representation from **West Africa, Latin America, and Asia**, reflecting high-impact events (Ebola, COVID-19, Zika, natural disasters).

Emergency Phases & Settings

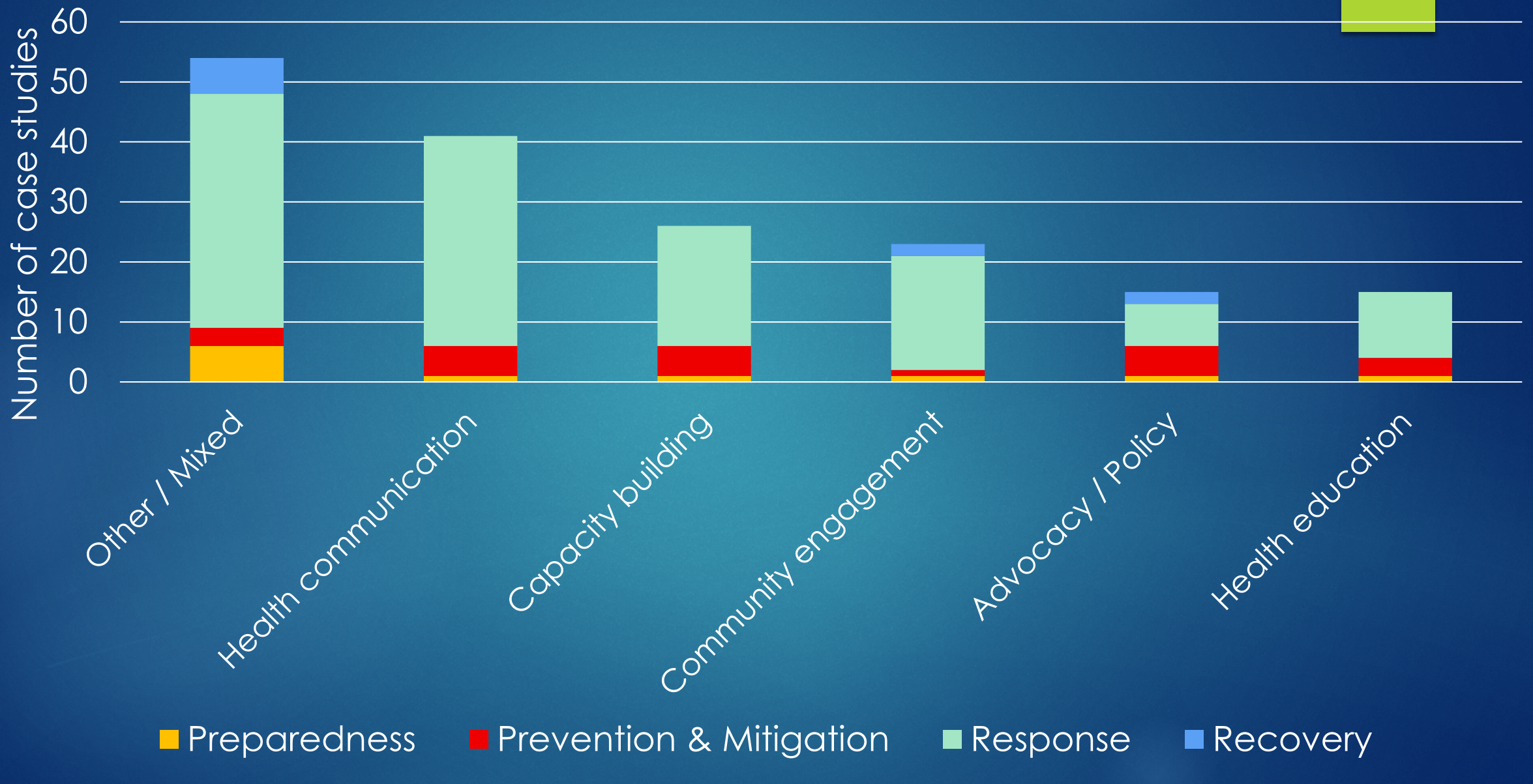
Emergency phases:

- Response: 55 cases
- Preparedness: 8
- Prevention & mitigation: 6
- Recovery: 5

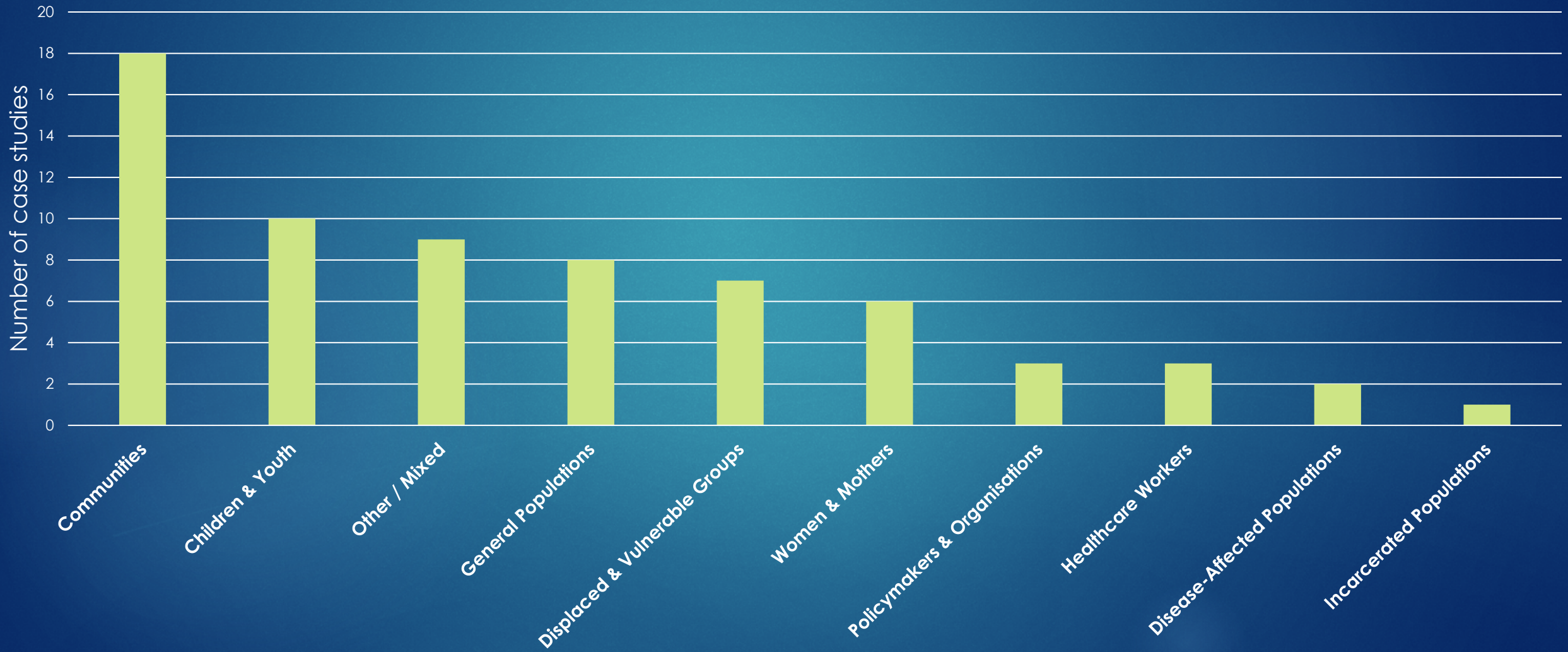
Settings:

- Infectious disease: 46
- Other hazards: natural disasters, conflict, humanitarian crises, SRH, child health, environmental, chemical, nuclear.

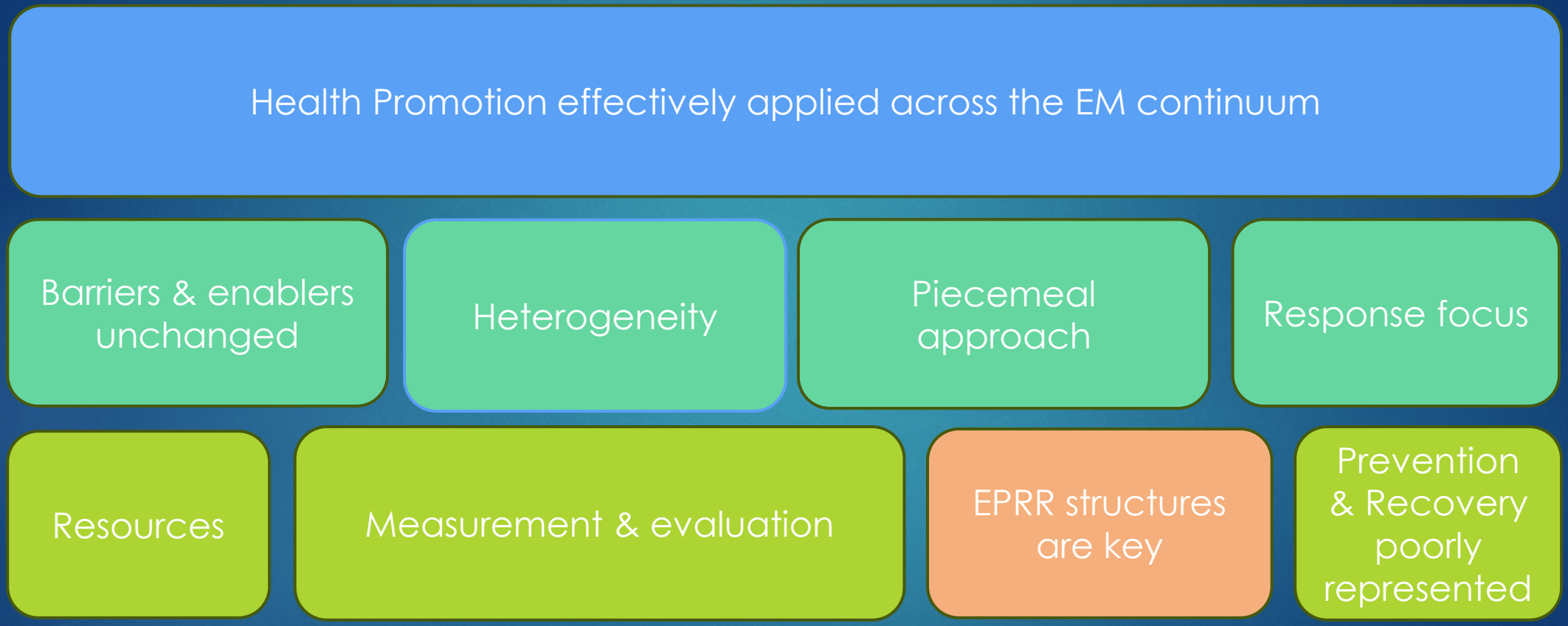
Health Promotion Strategies by Emergency Phase



Target Population Categories in Case Studies



Phase 1 Key Findings International Literature



Phase 2: Key Findings

1. Community-Centred Approaches Work	2. Existing Infrastructure Can Be Leveraged	3. Equity and Inclusion Are Critical	4. Recovery and Preparedness Are Underserved	5. Measurement Needs Strengthening	6. Policy & Governance Integration
Trusted local messengers and culturally relevant formats boost legitimacy and uptake.	Schools, radio, hotlines, and peer networks allow rapid scaling with minimal new investment.	Tailoring to language, literacy, mobility, and digital access ensures reach to marginalised groups.	The bulk of documented work occurs in **response**; preparedness and recovery cases are rare.	Indicators are inconsistent across phases and settings.	Community roles should be formalised in emergency operations (liaison officers, advisory panels).
Faith leaders, CHWs, and community-based organisations are effective conduits.	Social protection registries and routine services can be adapted for emergency delivery.	Gender and child-focused approaches remain underused outside maternal/child health.	Recovery requires deliberate resourcing for social reconnection, mental health, and continuity of services.	Embedding lean, phase-specific evaluation frameworks improves comparability and learning.	Advocacy and policy change during recovery can embed lessons for future resilience.

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With thanks

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UoG – Dr John Gannon, Aoife McDarby, HPRC

Questions????