Please if you can include the the 10 slides with writers notes and the 4 pages.  
Thank you!  
  
Develop a disaster recovery plan to lessen health disparities and improve access to community services after a disaster. Then, develop and record a 10-12 slide presentation (please refer to the PowerPoint tutorial) of the plan with audio and speaker notes for the Vila Health system, city officials, and the disaster relief team.  
  
As you begin to prepare this assessment, you are encouraged to complete the Disaster Preparedness and Management activity. The information gained from completing this activity will help you succeed with the assessment as you think through key issues in disaster preparedness and management in the community or workplace. Completing activities is also a way to demonstrate engagement.  
  
Professional Context  
  
Nurses perform a variety of roles and their responsibilities as health care providers extend to the community. The decisions we make daily and in times of crisis often involve the balancing of human rights with medical necessities, equitable access to services, legal and ethical mandates, and financial constraints. In the event of a major accident or natural disaster, many issues can complicate decisions concerning the needs of an individual or group, including understanding and upholding rights and desires, mediating conflict, and applying established ethical and legal standards of nursing care. As a nurse, you must be knowledgeable about disaster preparedness and recovery to safeguard those in your care. As an advocate, you are also accountable for promoting equitable services and quality care for the diverse community.  
  
Nurses work alongside first responders, other professionals, volunteers, and the health department to safeguard the community. Some concerns during a disaster and recovery period include the possibility of death and infectious disease due to debris and/or contamination of the water, air, food supply, or environment. Various degrees of injury may also occur during disasters, terrorism, and violent conflicts.  
  
To maximize survival, first responders must use a triage system to assign victims according to the severity of their condition/prognosis in order to allocate equitable resources and provide treatment. During infectious disease outbreaks, triage does not take the place of routine clinical triage.  
  
Trace-mapping becomes an important step to interrupting the spread of all infectious diseases to prevent or curtail morbidity and mortality in the community. A vital step in trace-mapping is the identification of the infectious individual or group and isolating or quarantining them. During the trace-mapping process, these individuals are interviewed to identify those who have had close contact with them. Contacts are notified of their potential exposure, testing referrals become paramount, and individuals are connected with appropriate services they might need during the self-quarantine period (CDC, 2020).  
  
An example of such disaster is the COVID-19 pandemic of 2020. People who had contact with someone who were in contact with the COVID-19 virus were encouraged to stay home and maintain social distance (at least 6 feet) from others until 14 days after their last exposure to a person with COVID-19. Contacts were required to monitor themselves by checking their temperature twice daily and watching for symptoms of COVID-19 (CDC, 2020). Local, state, and health department guidelines were essential in establishing the recovery phase. Triage Standard Operating Procedure (SOP) in the case of COVID-19 focused on inpatient and outpatient health care facilities that would be receiving, or preparing to receive, suspected, or confirmed COVID- 19 victims. Controlling droplet transmission through hand washing, social distancing, self-quarantine, PPE, installing barriers, education, and standardized triage algorithm/questionnaires became essential to the triage system (CDC, 2020; WHO, 2020).  
  
This assessment provides an opportunity for you to apply the concepts of emergency preparedness, public health assessment, triage, management, and surveillance after a disaster. You will also focus on evacuation, extended displacement periods, and contact tracing based on the disaster scenario provided.  
  
Demonstration of Proficiency  
  
By successfully completing this assessment, you will demonstrate your proficiency in the following course competencies and assessment criteria:  
  
Competency 1: Analyze health risks and health care needs among distinct populations.  
Describe the determinants of health and the cultural, social, and economic barriers that impact safety, health, and disaster recovery efforts in a community.  
Competency 2: Propose health promotion strategies to improve the health of populations.  
Present specific, evidence-based strategies to overcome communication barriers and enhance interprofessional collaboration to improve disaster recovery efforts.  
Competency 3: Evaluate health policies, based on their ability to achieve desired outcomes.  
Explain how health and governmental policy affect disaster recovery efforts.  
Competency 4: Integrate principles of social justice in community health interventions.  
Explain how a proposed disaster recovery plan will lessen health disparities and improve access to community services.  
Competency 5: Apply professional, scholarly communication strategies to lead health promotion and improve population health.  
Organize content with clear purpose/goals and with relevant and evidence-based sources (published within 5 years).  
Slides are easy to read and error free. Detailed audio and speaker notes are provided. Audio is clear, organized, and professionally presented.  
Note: Complete the assessments in this course in the order in which they are presented.  
  
Preparation  
  
When disaster strikes, community members must be protected. A comprehensive recovery plan, guided by the MAP-IT (Mobilize, Assess, Plan, Implement, Track) framework, is essential to help ensure everyone’s safety. The unique needs of residents must be assessed to lessen health disparities and improve access to equitable services after a disaster. Recovery efforts depend on the appropriateness of the plan, the extent to which key stakeholders have been prepared, the quality of the trace-mapping, and the allocation of available resources. In a time of cost containment, when personnel and resources may be limited, the needs of residents must be weighed carefully against available resources.  
  
In this assessment, you are a community task force member responsible for developing a disaster recovery plan for the Vila Health community using MAP-IT and trace-mapping, which you will present to city officials and the disaster relief team.  
  
To prepare for the assessment, complete the Vila Health: Disaster Recovery Scenario simulation.  
  
In addition, you are encouraged to complete the Disaster Preparedness and Management activity. The information gained from completing this activity will help you succeed with the assessment as you think through key issues in disaster preparedness and management in the community or workplace. Completing activities is also a way to demonstrate engagement.  
  
Begin thinking about:  
  
Community needs.  
Resources, personnel, budget, and community makeup.  
People accountable for implementation of the disaster recovery plan.  
Healthy People 2020 goals and 2030 objectives.  
A timeline for the recovery effort.  
You may also wish to:  
  
Review the MAP-IT (Mobilize, Assess, Plan, Implement, Track) framework, which you will use to guide the development of your plan:  
Mobilize collaborative partners.  
Assess community needs.  
Plan to lessen health disparities and improve access to services.  
Implement a plan to reach Healthy People 2020 goals or 2030 objectives.  
Track community progress.  
Review the assessment instructions and scoring guide to ensure that you understand the work you will be asked to complete.  
Note: Remember that you can submit all, or a portion of, your draft recovery plan to Smarthinking Tutoring for feedback, before you submit the final version for this assessment. If you plan on using this free service, be mindful of the turnaround time of 24-48 hours for receiving feedback.  
  
Note: If you require the use of assistive technology or alternative communication methods to participate in this activity, please contact [DisabilityServices@capella.edu](mailto:DisabilityServices@capella.edu) to request accommodations.  
  
Instructions  
  
Every 10 years, The U.S. Department of Health and Human Services and the Office of Disease Prevention and Health Promotion release information on health indicators, public health issues, and current trends. At the end of 2020, Healthy People 2030 was released to provide information for the next 10 years. Healthy People 2030 provides the most updated content when it comes to prioritizing public health issues; however, there are historical contents that offer a better understanding of some topics. Disaster preparedness is addressed in Healthy People 2030, but a more robust understanding of MAP-IT, triage, and recovery efforts is found in Healthy People 2020. For this reason, you will find references to both Healthy People 2020 and Healthy People 2030 in this course.  
  
Complete the following:  
  
Develop a disaster recovery plan for the Vila Health community that will lessen health disparities and improve access to services after a disaster. Refer back to the Vila Health: Disaster Recovery Scenario to understand the Vila Health community.  
Assess community needs.  
Consider resources, personnel, budget, and community makeup.  
Identify the people accountable for implementation of the plan and describe their roles.  
Focus on specific Healthy People 2020 goals and 2030 objectives.  
Include a timeline for the recovery effort.  
Apply the MAP-IT (Mobilize, Assess, Plan, Implement, Track) framework to guide the development of your plan:  
Mobilize collaborative partners.  
Assess community needs.  
Use the demographic data and specifics related to the disaster to identify the needs of the community and develop a recovery plan. Consider physical, emotional, cultural, and financial needs of the entire community.  
Include in your plan the equitable allocation of services for the diverse community.  
Apply the triage classification to provide a rationale for those who may have been injured during the train derailment. Provide support for your position.  
Include in your plan contact tracing of the homeless, disabled, displaced community members, migrant workers, and those who have hearing impairment or English as a second language in the event of severe tornadoes.  
Plan to lessen health disparities and improve access to services.  
Implement a plan to reach Healthy People 2020 goals and 2030 objectives.  
Track and trace-map community progress.  
Use the CDC's Contract Tracing Resources for Health Departments as a template to create your contact tracing.  
Describe the plan for contact tracing during the disaster and recovery phase.  
Develop a slide presentation of your disaster recovery plan with an audio recording of you presenting your assessment of the Vila Health: Disaster Recovery Scenario for city officials and the disaster relief team. Be sure to also include speaker notes.  
Presentation Format and Length  
You may use Microsoft PowerPoint (preferred) or other suitable presentation software to create your slides and add your voice-over along with speaker notes. If you elect to use an application other than PowerPoint, check with your instructor to avoid potential file compatibility issues.  
  
Be sure that your slide deck includes the following slides:  
  
Title slide.  
Recovery plan title.  
Your name.  
Date.  
Course number and title.  
References (at the end of your presentation).  
Your slide deck should consist of 10-12 content slides plus title and references slides. Use the speaker's notes section of each slide to develop your talking points and cite your sources as appropriate. Be sure to also include a transcript that matches your recorded voice-over. The transcript can be submitted on a separate Word document. Make sure to review the Microsoft PowerPoint tutorial for directions.  
  
The following resources will help you create and deliver an effective presentation:  
  
Record a Slide Show With Narration and Slide Timings.  
This Microsoft article provides steps for recording slide shows in different versions of PowerPoint, including steps for Windows, Mac, and online.  
Microsoft Office Software.  
This Campus page includes tip sheets and tutorials for Microsoft PowerPoint.  
PowerPoint Presentations Library Guide.  
This library guide provides links to PowerPoint and other presentation software resources.  
SoNHS Professional Presentation Guidelines [PPTX].  
This presentation, designed especially for the School of Nursing and Health Sciences, offers valuable tips and links, and is itself a PowerPoint template that can be used to create a presentation.  
Supporting Evidence  
Cite at least three credible sources from peer-reviewed journals or professional industry publications within the past 5 years to support your plan.  
  
Graded Requirements  
The requirements outlined below correspond to the grading criteria in the scoring guide, so be sure to address each point:  
  
Describe the determinants of health and the cultural, social, and economic barriers that impact safety, health, and recovery efforts in the community.  
Consider the interrelationships among these factors.  
Explain how your proposed disaster recovery plan will lessen health disparities and improve access to community services.  
Consider principles of social justice and cultural sensitivity with respect to ensuring health equity for individuals, families, and aggregates within the community.  
Explain how health and governmental policy impact disaster recovery efforts.  
Consider the implications for individuals, families, and aggregates within the community of legislation that includes, but is not limited to, the Americans with Disabilities Act (ADA), the Robert T. Stafford Disaster Relief and Emergency Assistance Act, and the Disaster Recovery Reform Act (DRRA).  
Present specific, evidence-based strategies to overcome communication barriers and enhance interprofessional collaboration to improve the disaster recovery effort.  
Consider how your proposed strategies will affect members of the disaster relief team, individuals, families, and aggregates within the community.  
Include evidence to support your strategies.  
Organize content with clear purpose/goals and with relevant and evidence-based sources (published within 5 years).  
Slides are easy to read and error free. Detailed audio and speaker notes are provided. Audio is clear, organized, and professionally presented.  
Develop your presentation with a specific purpose and audience in mind.  
Adhere to scholarly and disciplinary writing standards and APA formatting requirements.  
Additional Requirements  
  
Before submitting your assessment, proofread all elements to minimize errors that could distract readers and make it difficult for them to focus on the substance of your presentation.  
  
  
following articles will help you better understand public health assessment and surveillance as well as the nurse's role in disaster preparedness and management in the workplace and community.  
  
Centers for Disease Control and Prevention. (n.d.). Coping with a disaster or traumatic event. <http://track.smtpsendemail.com/9064971/c?p=Et2D4tyU6m5nI2EcvZ633fBA2mU9beL4jFqnDau2_W_3jr7gYuT-wX2fW8zCz3ctsxsDVpFLO-JCoBI7IPcSeei2xrgbh96_CwtNidpLzaJ9Ke74WiCNPkA93lhzCZ28TouY3SDzJbD1Jout35Wv8HnH0pBbGgLtc-JtyPBj-sQ=>  
Centers for Disease Control and Prevention. (n.d.). Emergency preparedness and response. <http://track.smtpsendemail.com/9064971/c?p=gGee4EuhKVJ4iF2MQxopf8vrg4WCoDIccHKLnjeyiWkhC_zJvqa0X9cFPtKyotJfhnLcHBOClYjwlBOytPoCKbyTlk3qgO543lx2bbCbIM3vsemU2ChwnzjnzZ8VgWxKQckIRHapufQ8DmdYWpz5qQ==>  
Centers for Disease Control and Prevention. (2011). Guidance on microbial contamination in previously flooded outdoor areas. U.S. Department of Health and Human Services. <http://track.smtpsendemail.com/9064971/c?p=ZdLg01w-0oU0EBomnzzr0Wzyr0Zdj1mTgNoInoNUAVu_1j2mzVGl62EO1ZAMVUlYvwBAZv4dvvvLHYed91XzTXoetlOryOYU1O9IG2igmDVrqzvVAF_Lc85-9ubfyxUYmW-rVYnOukOL-u5i7vvtoOD-LYRJZtcTHALE1DWqcttt86O9YFem9Sj9bjq5R8M0>  
Federal Emergency Management Agency (FEMA). (n.d.). National Flood Insurance Program. FloodSmart. <http://track.smtpsendemail.com/9064971/c?p=HCENOaeQqxWnZGtRaD0cCOJZhAEhjwtRlrwBPmRNgOdx1I5Rp43MUWQXCGupT-ZKcKDkiQap8TfLZqjVomH4LFqVv_eeVEAk_fp7W83944AC89AWUL7ajtbSeBJCA8Q7af62jaUniU4PLhEr2w_Xgg==>  
Calonge, N., Brown, L., & Downey, A. (2020). Evidence-based practice for public health emergency preparedness and response: Recommendations from a national academies of sciences, engineering, and medicine report. JAMA, 324(7), 629630.  
Khan, Y., O'Sullivan, T., Brown, A., Tracey, S., Gibson, J., Généreux, M., & Henry, B., & Schwartz, B. (2018). Public health emergency preparedness: A framework to promote resilience. BMC Public Health, 18(1), 1344.  
Madrigano, J., Chandra, A., Costigan, T., & Acosta, J. D. (2017). Beyond disaster preparedness: Building a resilience-oriented workforce for the future. International Journal of Environmental Research and Public Health, 14(12), 114.  
Ready.gov. (n.d.). Plan ahead for disasters. <http://track.smtpsendemail.com/9064971/c?p=5rOkXblV-B3IZdc6KC0wAfbIcubqH0RpRuJFKgMnXeoLuUBMRQj9yGPC91PFPhgM8zQhcqcmxYix0V7mL1DSvDvpI4gYbgqZSn_iR8-BEz4jnY0R28bJB_L54fjlFSp1>  
U.S. Department of Homeland Security. (n.d.). Plan and prepare for disasters. <http://track.smtpsendemail.com/9064971/c?p=xMUu9rBh4dM0WnazcjI7dIIU9UUrzNCurL1IhIMaXCuaxefxBwketmfQP9HNm5dOzL2cYnTdj8fyFTfHpZtEJHVgqK_RKKO7f-wLTX7uGm3qujmvtGWag98FqXBaDPT1MMS9GUMs4XIZTr_FIQgBHMF7VcRxqjz7gNpp2yTg9Vc=>  
Xue, C.-L., Shu, Y.-S., Hayter, M., & Lee, A. (2020). Experiences of nurses involved in natural disaster relief: A meta?synthesis of qualitative literature. Journal of Clinical Nursing, 29(23-24), 45144531.  
The following resources will help in developing a disaster recovery plan.  
  
U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). Healthy People 2030. <http://track.smtpsendemail.com/9064971/c?p=tFvGT7ZdAEHNlrmAN7AkH7JLyqJ63D4L5YhopycukxtzBTyomQf3d9ZaPB-p3K_xjPxErowvKo77Mdw9gRaV99gs_0MxAChIxD7lKeAdshinjcB_NEpSUe1n72wqaq6U0oYKDNl3oZhRqG0a5_5EIg==>  
U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). Program planning. Health People 2020. <http://track.smtpsendemail.com/9064971/c?p=09eYxEc8xauzzjhaVqM2mlkvOGq5bkPl2dluevCyrJYG10Waz-niehJNM_MPpBINLZlOg5g_8QKroKGZELgeRn9zXmZ28xv6ZaZXMWuJun3bAq3j4Ae_BTlgy5LsE2u5EM5aF6lxdYbYQbVNhU_3rW7nH1SdJnwgLeDCmmsCSUw-mVoXbsK7CV8Wy-j1napN>  
Information on MAP-IT, a guide to using Healthy People 2020 in your community.  
  
Vila health scenario  
  
Valley City has had a great year, growing on a number of fronts. But all of our growth and success exists in the shadow of the recent past, a case of recent wounds slowly healing and fading to scars.  
  
No one who was in Valley City two years ago will ever forget the catastrophic derailment of an oil-tanker train and the subsequent explosion and fire. While fatalities were fewer than they could have been, six residents of our city lost their lives. Nearly two hundred were hospitalized, and much of the city was temporarily evacuated. Several homes near the railroad tracks were leveled, and our water supply was contaminated by oil leakage for several months.  
  
Life has resumed, and we have begun to thrive again, in our fashion. But the nagging feeling recurs: When the disaster struck, were our institutions properly prepared? No one wakes up in the morning expecting a train derailment, of course. But responsible institutions think about things that could go wrong within the realm of possibility, and make a plan. Many individuals performed brave, inspired, selfless service in the chaos of the derailment, but it is clear in retrospect that much of the work was improvised, disorganized, and often circular or at cross-purposes.  
  
For the first two hours of the crisis, the Valley City Fire Department was caught unprepared by the damage to the city water supply caused by the explosion, which was more extensive than had been considered possible. The Fire and Police departments had trouble coordinating radio communications, and a clear chain of command at the scene between departments was painfully slow to emerge. The hospital was woefully understaffed for the first six hours of the crisis, taking far too long to find a way to bring additional staff and resources onto the scene. The city health department was unacceptably dilatory in testing the municipal water supply for contaminants.  
  
A call from the Herald's offices to City Hall confirmed that the city's disaster plan is over a decade old, and is unfortunately myopic both in the events it considers as possible disasters and in the agencies it plans for. It is of utmost importance to the future of our city that this plan be revised, revisited, and expanded. All city agencies should review their own disaster plans and coordinate with the city for a master plan. The same goes for crucial non-government agencies, most especially the Valley City Regional Hospital. Of course, this all exists in the shadow of budget cuts both at city hall and the hospital.  
  
The sun is shining today, without a cloud in the sky. This is the time to make sure we are ready for the next storm, so to speak, to hit our city. No one knows what the next crisis will be or when it will come. But we can count on the fact that no one will get up that morning expecting it.  
  
Hello, thanks for stopping by. I hope you’re settling in well.  
  
I'd been planning on talking to you about disaster planning in the near future anyway, but now it looks like it's a lot more urgent. I'm not sure if you've heard, but the National Weather Service says we’re going to be at an elevated risk for severe tornadoes in Valley City this season. I’m taking that as a clear sign that it’s time we get serious about disaster planning. And it’s not just me… The mayor just called me and asked the hospital to check our preparedness for a mass-casualty event, given recent qualms about the way the derailment was handled. For instance, did you see that op-ed in the paper about disaster planning?  
  
Anyway. My particular concern is patient triage in the near term and recovery efforts over the next six months. As I work on a more formal response to the Mayor about where we're at for this threat, I'd appreciate it if you could do some research and planning on this matter. Even if we dodge the bullet on these tornadoes, there'll be something else in the future. We need to stop putting it off and get serious about our disaster planning.  
  
What I'd like for you to do first is take some time to talk to a good cross-section of people here at the hospital about what happened last time, and about our disaster plan in general. Make sure you get people from administration as well as frontline care staff; after all, problems can be visible in one area but not another a lot of times. So spread it around! Since you weren't here for the train crisis, I think you're in a unique position to have a fresh, unbiased outlook on it. Actually, first you might find it useful to take a look at the hospital fact sheet, just to brush up on our basics here.  
  
After you've looked at the fact sheet and done some talking to people, I'd like you to swing back by and we'll talk about next steps.  
  
Thanks!  
  
Valley City, ND, Demographics  
  
Population: 8,295 (up from 6,585 in 2010 census)  
  
Median Age: 43.6 years. 17.1% under age 18; 14.8% between 18 and 24; 21.1% between 25 and 44; 24.9% 46 – 64; 22% 65 or older.  
  
Officially, residents are 93% white, 3% Latino, 2% African-American, 1% Native American, 1% other.  
  
---additionally, unknown number of undocumented migrant workers with limited English proficiency  
  
Special needs: 204 residents are elderly with complex health conditions; 147 physically disabled and/or use lip-reading or American Sign Language to communicate.  
  
Note that the Valley City Homeless shelter runs at capacity and is generally unable to accommodate all of the city’s homeless population. Also, the city is in the midst of a financial crisis, with bankruptcy looming, and has instituted layoffs at the police and fire departments.  
  
Valley City Region Hospital Fact Sheet  
  
105-bed hospital (currently 97 patients; 5 on ventilators, 2 in hospice care.)  
  
NOTEWORTHY: Both of VCRH’s ambulances are aging and in need of overhaul. Also, much of the hospital’s basic infrastructure and equipment is old and showing wear. The hospital has run at persistent deficits and has been unable to upgrade; may be looking at downsizing nursing staff.