

An Overview on Disaster Management and Public Health

Rita Sebastian*

Social Studies Education, Teachers College Columbia University, USA

Description

Critical stakeholders in the disciplines of risk management and risk reduction, particularly those involved in public health, emergency and disaster management, and vulnerability and resilience science, are not communicating effectively. Plans for hazard mitigation that are nationally mandated frequently ignore socioeconomic analyses, prioritise physical exposure, and routinely leave out public health issues. Research on how vulnerability studies, risk assessments, public health risk assessments, and healthcare systems interact is currently lacking [1]. The case study in this article from the Idaho public health sector establishes an objective, science-based, and data-driven process that advances the status of risk assessments by incorporating stakeholder input and feedback.

This Idaho Public Health Jurisdictional Risk Assessment (PHJRA) sets itself apart as an assessment tool that makes use of a sub-county vulnerability model as well as a combination of socioeconomic, demographic, and public health indicators that allows multiple stakeholders to better visualise risk in their jurisdictions. This case study contributes to the definition of a new technique called residual risk assessment for determining the risk that persists after mitigation measures are put in place (RRA) [2]. The findings show that the study area's social and health systems are spatially diverse in their susceptibility. They also show that the health districts' residual risk and their ability to mitigate it vary. This result demonstrates an RRA-driven vulnerability index that has national or global applicability for the public health and catastrophe management sectors.

It was impossible to compare the observations reported in the published studies because of how many the studies' objectives, approaches, analyses, and conclusions varied from one study to the next. We draw the conclusion that professors and programmes either do not seek out evidence-based methods of teaching public health to students of health professions or, if they do, do not communicate the results [3]. As a result, chances to make sure those future graduates of health professions programmes are as well-prepared as possible to contribute to the public's health are likely to be lost. Management is nowadays required by almost all organisations using public funds. Hence, quality management in public health services (PHS) first serves to make transparent the services offered the performance, and the quality of services to comply with public demands for accountability. In addition, by following generally accepted concepts and methods of quality management, it could help to improve the performance of PHS [4].

As a second function, quality management by PHS can be delineated. In this, PHS assumes the role of an independent quality manager of health services by reporting comparatively on regional services, their performance and the quality of care on a population basis. The review was directed utilizing an internet based overview regulated one and 2 years after Hurricane Sandy to the association organizations of 369 CBO and the New York Department of Health and Mental Hygiene. The overview surveyed the design and toughness of organizations, how they were impacted by storm harm, and whether more associated networks were related with better recuperation results. The periods of crisis the executives are relief, readiness, reaction, and recuperation. Ideal catastrophe reaction requires information and comprehension of the US debacle reaction structure. In a debacle, the nearby government is quick to begin a reaction [5]. It starts the episode order framework, actuates the nearby crisis the executives plan, sets up a crisis activities focus, and enacts common guide arrangements depending on the situation. Help from the state and national legislatures might be mentioned. Clinics answer utilizing the medical clinic occurrence order framework.

Conflict of Interest

None.

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How to cite this article: Sebastian, Rita. "An Overview on Disaster Management and Public Health." *J Health Edu Res Dev* 10 (2022): 100018.

*Address for Correspondence: Rita Sebastian, Social Studies Education, Teachers College Columbia University, USA, E-mail: rsebastian0023@gmail.com

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Date of Submission: 08 April, 2022, Manuscript No. jbhe-22-69770; **Editor Assigned:** 12 April, 2022, PreQC No. P-69770; **Reviewed:** 20 April, 2022, QC No. Q-69770; **Revised:** 23 April, 2022, Manuscript No. R-69770; **Published:** 30 April, 2022, DOI:10.37421/2380-5439.2022.10.100018