Dr. Ning Ning

Dr. Ning obtained her Ph.D. in Health Management and Social Medicine from Harbin Medical University (2010). She is currently Associate Professor, Harbin Medical University and Associate Director of Social Medicine Department. Recent years, Dr. Ning’s research focuses on the disaster resilient communities building for all-hazards environment, especially on public health emergencies, from the perspective of community participation, communication, self-awareness, and critical reflection. Her research can help the communities to assess and analyze the resilience with respect to disaster prevention, preparedness, response, and recovery. She has identified community resilience may be impacted by community participation, community support, residents’ leadership and residents’ security awareness etc. She continues to explore the community disaster resilience from socio-economic multidimensional domains to strength and empower communities.

Publications


Challenges for community resilience building towards public health emergencies in China

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Ingenuity, knowledge, and organization alter but cannot cancel humanity's vulnerability to invasion by parasitic forms of life. Infectious disease which antedated the emergence of humankind will last as long as humanity itself, and will surely remain, as it has been hitherto, one of the fundamental parameters and determinants of human history.”
McNeill in Plagues and Peoples, 1976
China stands better prepared with transformed public health and health care systems.

Building the resilience of nations and communities to disasters

Community resilience

the sustained ability of communities to withstand and recover from adversity
Framework for Analyzing Community resilience towards public health emergencies

Dynamic interactions of 
People 
Community 
Societies 
Environment

Understand local communities
Identify vulnerabilities, risks and impact
Formulate adaptation options
Assess and prioritize options
Implement measures
Monitor and evaluate effectiveness
Review strategy

Public Health Emergencies
Biological factor
Collective effort
7.3% with public health training & drill
16.1% with public health emergency plan
38.9% with bulletin board
28.2% with evacuation assembly area
14.1% with emergency alert issued

33.1% with household emergency plan
7.8% with essential emergency supplies

38.6% with emergency knowledge
48.1% with risk awareness
50.9% has participated community activity
43.2% with self-efficacy

2506 residents
Identify major strengths & weaknesses
Connection

Resources

Transformative potential

Disaster management

Information & Communication

Confirmatory factor analysis

Five-factor model of community resilience

Heilongjiang

Sichuan

Guangdong

Five-factor model of community resilience
Case study

Community participation in the prevention and control of dengue in Guangdong

Dengue is fast emerging pandemic-prone viral disease in many parts of the world

Implementation of clean home intervention project

The impact over 1 year (2015)

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Number of block organizers</td>
<td>1538</td>
</tr>
<tr>
<td>trained</td>
<td></td>
</tr>
<tr>
<td>Average number of households</td>
<td>22.6</td>
</tr>
<tr>
<td>per organizer</td>
<td></td>
</tr>
<tr>
<td>Number of homes visited</td>
<td>7268</td>
</tr>
<tr>
<td>Number of clean homes</td>
<td>4215 (58%)</td>
</tr>
</tbody>
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3 times higher risk of developing dengue
Households not visited and assessed

Block organizer
Approach

Community empowerment
allows the local population to drive eradication of the disease in their environment.

Leadership support
crucial to engage the local population

‘clean home’, integrates surveillance information and vector control strategies with social mobilisation.

Social mobilization
integrates different members of the community, from householders to political leaders, in order to raise awareness of dengue, deliver resources and services and ensure sustained community participation.

Capacity building and training
Sustainable programmes and modification of individual behaviour are essential in mosquito-control initiatives

Laboratory
Epidemiological surveillance
Social communication
Integrated Management Strategy
Environment
Integrated vector control
Patient care
A smart community is a healthy community

“technology is not a panacea. To get the cities we want, we must always keep the people we serve at the centre of our efforts.”

Social mobilisation & community participation crucial

Thanks for Your Attentions!