is limited understanding of the distinctive contribution they make and the ways they cope. Women are the key drivers of livelihood, therefore, the economic losses resulting from natural hazards may have massive impacts on their mental health. This study examines how the self-help women's groups in rural Nepalese communities provide economic, social, socio-political, and public-health support to build safer, sustainable, and resilient communities.

Method: In-depth open-ended interviews were conducted between January 2021–April 2021 with grassroots women leaders(n=8) representing their (women's/mother's) group inquiring about their activities related to risk reduction and perspectives on how they cope during natural hazards. The findings were analyzed and discussed using two analytical frameworks namely, the Sustainable Livelihood Approach (SLA) and Bronfenbrenner's Socio-Ecological Model (SEM) as scaffolds. Data analysis followed the thematic analysis technique.

Results: Two major themes emerged from the in-depth interviews: 1) Women are doing their part and 2) Help-seeking behavior as a barrier and facilitator. The traditional female household roles such as cooking, feeding, and caring during pre-disaster states are extended to rescuing, protecting, laborious cleaning, and providing physical and emotional support during disasters. The pre-and post-disaster care responsibility and help-seeking behavior have implications for health, safety, well-being and sustainability. The findings also suggest the inevitability of self-care for women during and post-disasters.

Conclusion: The care roles of women involve both livelihood and health benefits for the family and the entire community. To mitigate the physical and mental health burden for women amplified during natural hazards, self-care should be a critical component of advocacy in disaster awareness campaigns and help-seeking behavior should be promoted as a strength rather than insufficiency.

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Systematically Identifying and Evaluating Strategies for Strengthening Community Resilience

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Introduction: Vulnerable populations were the most impacted by the COVID-19 pandemic. This included those with underlying health conditions, self-employed, low-income, people with limited access to health care, and the elderly. To capture these lessons and identify resilience actions, the Health Emergency and Disaster Risk Management (Health EDRM) Framework was used to guide the application of the Public Health System Resilience Scorecard (Scorecard).

Method: This study was conducted in Australia, Bangladesh, Japan, Slovenia, Turkey, and the United States. Participants included emergency professionals, doctors, nurses, environmental health specialists, researchers, and government officials. The Scorecard was used to rank the level of preparedness from 0-5 (5 the highest) for the public health system resilience indicators. Following the individual workshops, recommendations were collated and interpreted to develop consolidated priority actions.

Results: The priority actions related to surge capacity, mental health, ecosystems, societal needs, and high-risk populations. To address surge capacity issues, determining whether existing disaster structures have the capacity to provide support for hospitals during patient surges. This could include services that enable telehealth and primary health care to support hospitals during a crisis. Mental health services at the local government level should be evaluated and awareness of ecosystem risks in urban and rural areas needs to increase. Strategies for achieving reciprocal trust are required to enable uptake of public health information, and the extent at which pre-existing chronic health issues are likely to exacerbate needs to be understood and addressed.

Conclusion: This study revealed several areas for strengthening public health system resilience. Priority actions relate to addressing needs relating to surge capacity, mental health, ecosystems, societal needs, and high-risk populations. This serves as a framework for transforming public health systems to become more adaptive, flexible, and focused on enabling societies to function at the highest possible level when responding to a disaster or pandemics.

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A Descriptive Analysis of the Health Care Aspects of Industrial Disasters Around the World

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Introduction: Industrial disasters can have a myriad of repercussions ranging from acute deaths, injuries, and long-term adverse health impacts on nearby populations to political fallout and environmental damage. This is a descriptive epidemiological analysis of industrial disasters occurring between 1995 and 2021 which may provide useful insight for health care systems and disaster medicine specialists to better prevent and mitigate the effects of future industrial disasters.

Method: Data was collected using a retrospective database search of the Emergency Events Database (EM-DATS) for all industrial disasters occurring between January 1, 1995, and December 31, 2021.

Results: 1,054 industrial disasters were recorded from 1995 to 2021. The majority of these disasters occurred in Asia (720, 68.3%), with 131 (12.4%) in Africa, 107 (10.2%) in Europe,