

Role of Local Public Health in Disaster Recovery: Successes and Challenges after Hurricane Irene and Superstorm Sandy

Background

Federal policy directs the development of a national preparedness goal and identifies core capabilities for effective recovery after disasters. However, guidance regarding how to train health professionals to support these capabilities is incomplete. This study aims to identify the learning needs of public health leaders during long term recovery from Hurricane Irene and Superstorm Sandy.

Study Design

- 5 case study locations from Hurricane Irene (2) and Superstorm Sandy (3)
- 92 professionals were interviewed, including 11 public health leaders
- Data were qualitatively analyzed using NVivo 10

Questions Analyzed

Thematic areas presented here included successes, challenges, public health's contribution to the community recovery plan, and any advice the respondents had for other public health leaders undergoing community recovery after a disaster.

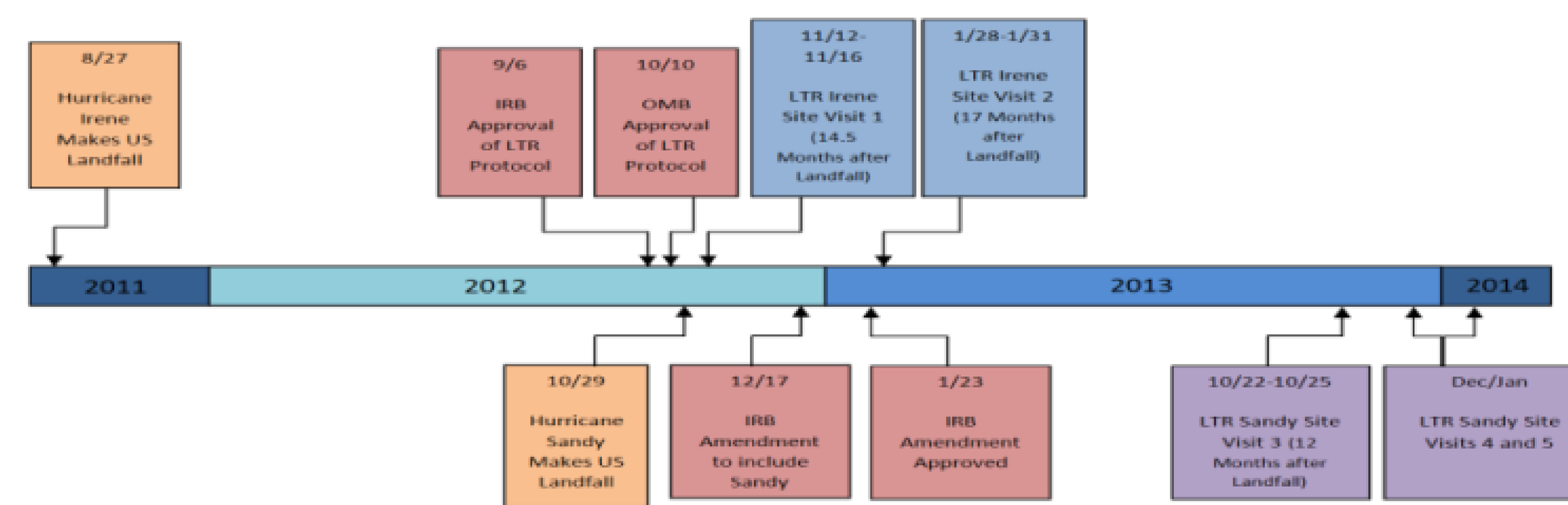


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Successes

Coordination of Mental Health Programs
 Pet Plans for Shelters and Evacuees
 Pre-event Understanding of Employee Roles
 Post-event Communication with Partners
 Pre-event Planning with Volunteer Organizations
 Staff Dedication
 Community Outreach Through Disaster Recovery and Restoration Centers
 Provision of Insurance Documentation
 Post-event Updates to Evacuation, Patient Tracking, and Food Safety Plans
 State Boards Updated Protocols and Procedures Post-Event

Timeline of Irene and Sandy-related Events



Challenges

Mental Health for Children, Domestic Violence, Substance Abuse
 Integration of "Lessons Learned" Into Existing Plans
 Coordination with Local, State, and Federal Partners
 Credentialing Clinical Volunteers
 Volunteer and Donations Management
 Long-term Support of Other Healthcare Partners
 Extended Sheltering Plans and Patient Tracking
 Training in Disaster Recovery
 Exposure to Mold
 Abandoned Structures and Permitting Issues
 Canvassing and Supporting Non-evacuees in Their Homes
 Long-term Epidemiological Monitoring
 Delay in Asset Requests and Asset Arrivals
 Shortage of Nurses
 Delayed Recovery Grant Awarding
 Unclear Criteria for Individual and Business Reimbursements
 Long-term Communication Via Social Media

Health Services

Provided cleanup supplies, protective equipment, immunizations. Staffed medical needs shelters and mental health services. Provided support to other healthcare entities.

Modifying Plans

Addressed specific needs uncovered by the storms (i.e. canvassing community members that hadn't evacuated) and made plans more flexible.

The Role Public Health Played in Disaster Recovery

Workforce Education

Trained other public health employees in their role during a disaster, and helped train other members of the disaster healthcare workforce (i.e. pharmacists).

Community Engagement

Educated the community and assessed individual recovery needs, built relationships with volunteers and community organizations, participated in active recovery activities and future disaster planning.

Advice for Successful Recovery

1. Know health department role in long-term community recovery.
2. Integrate recovery activities into plans.
3. Communicate expectations of employees.
4. Build relationships with local, state, & federal partners pre-event.
5. Use the Incident Command System.
6. Get advice from disaster survivors.
7. Plan Disaster Recovery Centers with FEMA.
8. Create volunteer management plans.
9. Anticipate non-response from impacted volunteers.

References

1. National Disaster Recovery Framework: Federal Register Volume 76, Issue 217 (November 9, 2011)
2. Presidential Policy Directive 8 (PPD-8): National Preparedness
3. Nvivo QSR International Pty Ltd. Version 10, 2012.
4. Photo: Survivors drape their home with banners to thank volunteers for helping to clear debris as part of the recovery process following Hurricane Sandy. © Rosanna Arias/FEMA